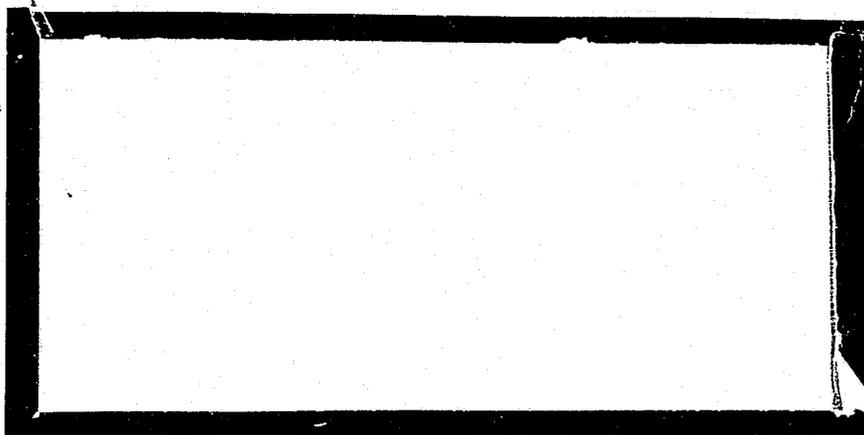


1799571



1799571

1799571

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been
granted by
Public Domain/NIJ/OJP
U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

**CROSS-SITE COMPARISONS AND CONCLUSIONS:
THE COMMUNITY RESPONSES TO DRUG ABUSE
NATIONAL DEMONSTRATION PROGRAM
FINAL PROCESS EVALUATION REPORT
VOLUME 1**

Submitted to the
National Institute of Justice

Prepared by:

Dennis P. Rosenbaum
Susan F. Bennett
Betsy D. Lindsay
Deanna L. Wilkinson
Brenda Davis
Chet Taranowski
Paul J. Lavrakas

with assistance from:

Trish McElvain
Morris Anyah
John Urbik

Center for Research in Law and Justice
University of Illinois at Chicago

May, 1993

Supported under awards #89-IJ-CX-0026 and #90-DD-CX-0015 from the National Institute of Justice, Office of Justice Programs, U. S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position of the U.S. Department of Justice.

Acknowledgements

The evaluation team would like to acknowledge the assistance of all those who helped to make this evaluation possible, beginning where all grassroots activity begins -- with the participating communities. First, interviews with hundreds of local residents and leaders strengthened our understanding of the target communities and the anti-drug programs being studied. We are grateful for the time they spent with our interviewers on the telephone and in person. Second, we want to thank each of the ten community organizations and their staff for allowing us to study them. The project directors and other members of their organization were willing to give up valuable time to be interviewed and to show us around during our many site visits.

The evaluation team would like to thank the National Crime Prevention Council and the National Training and Information Center for graciously cooperating with our many requests for information and interviews. Providing technical assistance to 10 community groups from coast to coast on a limited budget is no easy task, especially when an evaluation team that wants to monitor your activities. At NCP, Marie Nagorski, Robert Coates, Jeannie O'Neil, and Jack Calhoun all contributed directly to the evaluation, and gave us useful feedback along the way. At NTIC, Jacki Feldman and Shel Trapp worked with the evaluation staff to provide information and various insights about grassroots strategies.

At the level of the federal government, we want to thank Ron Tretheric and Maggie Heissler(?) from the Bureau of Justice Assistance, U.S. Department of Justice, for their contribution to the initial planning process, and for recognizing, after the first year, that the participating community groups needed additional funding to make this a viable demonstration/evaluation project.

Finally, we want to express our appreciation to Lois Mock, our project monitor from the National Institute of Justice, who did an excellent job of giving us feedback and monitoring our progress throughout the evaluation. With the participating of so many agencies and organizations, Lois also served effectively as a key liaison and critical link in communication process.

Dennis P. Rosenbaum
5/93

Volume I

TABLE OF CONTENTS

I.	Introduction	
A.	Drugs and their Impact on Communities.....	1
B.	Response to the Drug Problems.....	7
C.	The CRDA Demonstration Program.....	10
D.	Evaluation Objectives.....	16
E.	General Approach to the Evaluation.....	16
II.	Evaluation Methodology	
A.	Overview.....	19
B.	Field Research Methodology.....	20
C.	Community Assessment Surveys.....	25
III.	Program Planning and Implementation Methods	
A.	Introduction.....	31
B.	Planning Process.....	32
C.	Forging Partnerships.....	42
D.	Needs Assessments and Surveys.....	55
E.	Role of Police.....	57
F.	Community Organizing.....	63
G.	Mobilizing Churches.....	72
H.	Utilizing the Media.....	81
I.	Technical Assistance.....	89
IV.	Anti-drug Programs and Strategies	
A.	Community Awareness Programs.....	109
B.	Surveillance and Reporting Strategies.....	111
C.	Closing Drug Houses.....	117
D.	Strengthening Prosecution or Sentencing.....	128
E.	Legislative Initiatives.....	133
F.	Drug-Free Schools.....	142
G.	Youth Activities.....	152
H.	Treatment.....	157
I.	Summary of Programs and Strategies.....	161
J.	Program Highlights and Sidebars.....	162
V.	Conclusions.....	172
VI.	References.....	178

I. INTRODUCTION

A. Drugs and their Impact on Communities

Illegal drugs have become a major social problem in the United States with far-reaching consequences for individuals, communities, and the nation as a whole. Drugs have had the most devastating impact on poor inner-city neighborhoods where drug abuse and violence have combined to accelerate the process of decline. Middle-class residents, businesses, and jobs have continued to depart for the suburbs, leaving a growing number of poor residents more isolated and helpless than ever. In their place, drug markets have created a criminal underclass that is involved in the distribution, sale, and use of these substances (Johnson et al., 1990).

The drug problem has received considerable national attention in recent years, and as a result, Americans are prepared to define it as a major social ill that requires action. In 1988 and 1989, national surveys using a variety of target audiences, including the general public (New York Times/CBS, 1990), police executives (Lavrakas & Rosenbaum, 1989), and African-Americans (Lavrakas, 1988), consistently found that drugs were viewed as the single most important problem facing the nation. As a result, President Bush repeatedly stated that the drug problem was his administration's top domestic priority (Shenon, 1990).

Public attitudes about drugs have changed dramatically since the 1960s, and a number of health and public safety issues have solidified this growing intolerance of illegal substances. The "drug problem," although subject to manipulation by the media and public officials, has come to represent a wide range of personal and social problems that have been attributed to the sale and use of illegal drugs. These adverse consequences, as well as the nature and extent of the drug problem, provided the impetus for the emergence of community-based anti-drug initiatives in neighborhoods across the United States.

Link to a Growing Wave of Violence A dramatic up surge of violent crime has hit American cities during the past few years. Sizeable increases in homicide were reported in many large cities in 1989, and the trend did not change in 1990 and 1991. Increases from 20 to 50 percent per year have been common among the larger U.S. cities. Nationally, the total number of homicides rose 4 percent in 1989 and an additional 9 percent in 1990 (Federal Bureau of Investigations, 1991).

The availability of more powerful firearms and larger drug markets are often cited by government officials, law enforcement executives, and researchers as the leading factors behind this rise in violent killings (e.g. Reuter et al., 1988). The available research evidence is consistent with the widespread belief that drugs and crime are strongly linked. Although researchers have been slow to develop an adequate theoretical framework to explain this relationship, nevertheless, local studies indicate, for example, that violence is associated with heroin use, and that homicide is often connected with drug use by the victim (See Goldstein, Brownstein, Ryan, & Bellucci, 1989, for a review of studies). Furthermore, the Drug Use Forecasting (DUF) Program of the National Institute of Justice has collected a wealth of data on drug use among arrestees. Voluntary urine specimens in 21 major cities during 1989 indicated that the percentage of males testing positive for a drug at the time of arrest ranged from 53 to 82 across cities. For females, the percentage testing positive ranged from 45 to 83 (National Institute of Justice, 1990). Although the DUF methodology does not guarantee representative samples of various crime offenses, nevertheless, the prevalence of drug use was higher than anyone had expected, and clearly suggests a close link between drugs and crime.

Despite this evidence, we do not know how drugs and violence are related. Research

has yet to establish the extent to which drug-related violence is the result of (a) pharmacologically-induced excitation and irrational thoughts, (b) economic compulsion to finance expensive drug habits, or (c) systemic factors in a competitive drug market where violence is part of the normal pattern of interaction (Goldstein, 1985). The American public has been especially concerned about the growing crack problem, and with help from the media, has endorsed the hypothesis that cocaine produces violent altered states which can explain the rise in homicides in many U.S. cities. However, work by Goldstein and his colleagues (1989), suggests that crack-related homicides in New York were largely attributable to a violent crack distribution system (e.g. disputes between competitive dealers, enforcement of norms, robberies of dealers, elimination of informers, collection of debts, etc.) rather than to psychopharmacological or economic impulses of the offender. Clearly, more research is needed to explain these important relationships.

Changes in Drug Use Patterns Statistics on drug use trends bring both good and bad news. The good news is that drug abuse among the general population is on the decline. The national household survey of the National Institute of Drug Abuse (NIDA) found that recent use of any type of drug dropped from an estimated 23 million Americans in 1985 to 14.5 million in 1988. Similarly, NIDA's annual survey of 15,000 high school seniors conducted by the University of Michigan reveals that use of marijuana and stimulants continued to decline throughout the 1980s.

Thus, the national picture with regard to occasional use of illegal drugs looks promising, but a closer look at the data reveals another problem that has taken front stage in recent years, namely the frequent use of cocaine (i.e. cocaine addiction). Although cocaine use among the general population has been on the decline since the mid 1980s, frequent, "hardcore" usage of cocaine has increased dramatically in recent years, bringing with it a host

of social and medical problems. The NIDA household survey found that the number of Americans who report using cocaine at least weekly has risen from 647,000 in 1985 to 862,000 in 1988. The High School Senior survey shows that cocaine use increased in the early 1980s and has stabilized at about 15-17 percent. In criminal circles, the use of cocaine is much higher. By aggregating data from the 21-city DUF program, we find that, the average city reported 50% of their male arrestees and 49% of the female arrestees as testing positive for cocaine.

Individual and Community Impact of Drugs In recent years, we have learned in a painful way that the abuse of illegal drugs is hazardous to the health of individuals, families, and communities. The price to the individual drug abuser and his/her family can be significant. Drug abuse can result in unemployment, physical abuse of family members, divorce, illness, and ultimately death. One statistical illustration is provided by the dramatic rise in the number of deaths due to cocaine abuse during the 1980s (NIDA, 1987). Hospital admissions due to drug abuse are declining in general, but cocaine-related admissions have continued to climb, and account for about one-third of the drug-related incidents (NIDA, 1988). Treatment for drug addicts is desperately needed, but for the majority, treatment programs are simply not available (e.g. Administrative Office of the Illinois Courts, 1990)

Impact on Children All too often, the war on drugs has overlooked the impact of drugs on children. From their mother's womb to their family environment, to the neighborhood in which they play, thousands of urban children are now being exposed, first hand, to drug abuse. This is an issue of growing importance to community leaders, as well as to the medical and educational professionals. The federal government estimates that approximately 325,000 children are born each year to drug-abusing mothers, and perhaps as many as one-third of these are exposed to crack (see Chira, 1990). Although it is difficult to isolate the effects of

exposure to drugs (given a multitude of other adverse conditions in the child's environment), nevertheless, medical professionals report that in the most severe cases, "crack babies" suffer from seizures, cerebral palsy, and mental retardation. More commonly, experts have observed a range of psychological, emotional and learning problems as the children develop. For the first time in 1990, many of these children with special disabilities entered school, and education experts expressed concern that many of our nation's already dysfunctional inner-city schools will be overwhelmed.

At another level, inner-city communities are concerned that their children are not protected or insulated from drug activity and extreme violence that emanate from the family or the streets. On a daily basis, many children are directly exposed to drug deals, drug and alcohol abuse, violent killings and shootings, physical assault, gang warfare, and a host of other crime-related problems. A recent study of 1000 school children in Chicago, for example, revealed that 74 percent had witnessed a murder, shooting, stabbing, or robbery, and 46 percent had, themselves, been a victim of a violent act (Bell & Jenkins, cited in Kotulak, 1990). The intense fear of crime among children and parents has been documented, but the long-term impact on their lives remains unknown.

The high level of stress may partially explain why many youth become cut off from their own emotions as adolescents and seem insensitive to others (cf. Zinsmeister, 1990). The problems that illegal drugs create for America's adolescents are numerous and not yet fully understood, but certainly range from repeated truancy to teen suicide and violent death on the streets. Research on youth gangs indicates that drug trafficking is a major function of these groups in both urban and suburban areas (e.g. Fagan, 1989; Rosenbaum & Grant, 1983). Gang warfare and shootings are an inevitable by-product of this illegal market.

Impact on Neighborhoods The open sale of drugs on neighborhood streets is

viewed as a serious sign of disorder or incivility to local residents. Neighborhood residents from six cities (surveyed as part of the present evaluation) ranked illegal drugs near the top of a long list of local problems. Research by community scholars can be interpreted to suggest that open drug markets, like other signs of disorder, can have a number of negative consequences for urban neighborhoods. Skogan's (1990) detailed analysis of 40 neighborhoods revealed that signs of disorder (in general) appear to stimulate fear of crime, undermine a community's capacity to exercise informal social control, lead to more serious crime, spark neighborhood dissatisfaction, and damage the residential housing market. The visible presence of drug deals, teens "hanging out," and active "drug houses," indicate to local residents that neither the community nor the police have control over the activities which occur in the neighborhood. Residents begin to feel that this is not a good environment to raise children, to conduct business, or even to live. Hence, the cycle of neighborhood decline and disinvestment is set in motion.

Fear of crime is one of the driving forces behind community decline and citizen withdrawal. In addition to the fear-arousing unpredictability associated with disorders, near-record levels of street violence are likely to cause higher levels of fear among neighborhood residents. Research indicates that fear is heightened when the media plays up local crime incidents, when residents exchange stories about crime victimization, and when they, themselves, are victims of crime (see Rosenbaum & Heath, 1990). The same processes are likely to apply to information about drugs and drug dealers. At the core of many residents' fear of crime is the fear of violent attack, and in the case of drugs, fear of retaliation by drug dealers is believed to be widespread, and not without some justification.

Drugs are part of a growing set of problems that characterize poor inner-city neighborhoods. The flight of the middle class and the loss of good jobs has contributed to the

growing concentration of poverty in these areas over the past 30 years (e.g. Hughes, 1988). The employment rate for minority young adults has declined from 78 percent in 1968 to about 35 percent today (Larson, 1988). The poverty experienced by the underclass has been exacerbated and maintained by the decline of the school systems (Reed, 1988), a sizeable increase in the percentage of single-parent households over the past two decades (Glick, 1988), and a significant reduction in the supply of affordable housing (Ropers, 1988). Out of this stressful environment emerges a host of other interconnected problems, including drug abuse, crime, youth gang violence, prostitution, unwanted teenage pregnancy, HIV/AIDS, and other adverse health conditions, including homelessness.

Despite widespread feelings of hopelessness and despair, residents of these neighborhoods are not broken. Some parents, community leaders, and community organizations have reached a point where they are prepared to fight back against the most visible and painful problems in their environment-- drugs and gangs. In recent years, communities across the United States have started campaigns to reclaim their streets and neighborhoods from the drug dealers and violent gang members who have made their daily lives so unpleasant.

B. Responses to the Drug Problem

Law enforcement agencies at the federal, state, and local levels waged a war against drugs throughout the 1980s, and these activities were reinforced when President Bush and his Drug Czar developed a national drug control strategy in September of 1989. Much of this effort was directed at controlling the supply of drugs rather than reducing the demand for drugs. Efforts to control supply include crop eradication, interdiction of shipments, asset seizure and forfeiture, and the prosecution of organized crime and money laundering schemes (Hayeslip, 1989). At the local level, traditional law enforcement strategies have

focused on gang enforcement, undercover surveillance, "buy busts," and the arrests of local dealers and users for possession. Some of these conventional law enforcement tactics have been effective at increasing drug confiscations and arrests (see Hayeslip, 1989 for a review), but the larger battle against drugs in many high-crime urban neighborhoods is being lost.

Recently, police departments have begun searching for new strategies to combat drugs, giving particular attention to street-level enforcement as a means of achieving incapacitation and deterrence. Police crackdowns have become a highly debated subject with uncertain results (see Kleinman, 1989). Temporarily removing suspects from the neighborhood does little to address the larger problem in the community.

As with other police programs, we are discovering that police are limited in their ability to fight crime without the cooperation and involvement of local residents (Heinzelmann, 1989; Lavrakas, 1985; Rosenbaum, 1988). Thus, innovative police departments are giving greater attention to strategies such as drug hotlines or Crime Stopper programs (cf. Rosenbaum, Lurigio, and Lavrakas, 1989), and community policing and problem-solving strategies (cf. Eck & Spelman, 1987; Pate et al, 1986), because these approaches often prescribe a role for the community and other agencies that can muster the resources needed to combat the drug problem.

Community Initiatives Drug abuse has become a national issue because of grassroots activity and national media attention. Dissatisfied with past responses to the drug problem, many community groups and local residents across the country are "mad as hell" and "aren't going to take it anymore." They have come to realize that the problem will not be solved unless they play a major role in solving it. Consequently, citizens are now fighting back in various ways, seeking to reclaim the streets from gangs and drug pushers, and restore their neighborhood to a place where people can live without fear and without illegal drugs. The

nature of these community responses to drugs and the outcomes achieved are largely undocumented, but the challenge being put forth by these voluntary organizations is laudable and of substantial interest to community scholars. One of the primary objectives of the present evaluation is to document these activities in ten communities and share their experience with other communities.

Community leaders have been bold and creative. The activities of Fathers Clemens and Pflieger in Chicago illustrate the level of intensity behind community organizing efforts. They were arrested many times during their campaign to stop the sale of drug paraphernalia in Chicago neighborhood stores. In Kansas City, Missouri, a voluntary community group called the Ad Hoc Group Against Crime received national media attention with its strategy of going door-to-door seeking information about drug dealers. By working closely with police, they managed to close many "crack houses" in Kansas City (McQueen, 1989).

However, the community's fight against drugs is a difficult one, with many obstacles and challenges. Neighborhoods with the most serious drug problems are generally low-income, high-crime areas, where the barriers to citizen participation are higher than normal (see Rosenbaum, 1987; 1988). High levels of unemployment, transiency, crime, disorder, single-parent families, ethnic heterogeneity and inadequate public services each contribute to feelings of fear, distrust, and psychological "helplessness" on the part of local residents. Generally, these forces combine to work against citizens getting involved in collective action, and against the development of a shared set of standards to regulate social behavior. Yet researchers are puzzled because citizens appear to be getting involved in larger numbers to combat drug dealers. The reasons for this level of citizen participation in the drug war are not fully understood at this point.

To suggest, however, that the "war" against the drug dealers has been easy and

citizens are lining up to go to battle would be misleading. The situation has improved over the past two years, but in the beginning, the battle was often lonely and dangerous for those involved. The case of grocery store owner Lee Arthur Lawrence, who served as a model of the concerned citizen, illustrates the point. He fought back against drug pushers in his Miami neighborhood for five years, but his life was threatened many times, and in March of 1989 year, he was gunned down in the doorway of his store by a spray of 30 bullets (Schmalz, 1989). Later his son noted, "He always said God would look out for him. But one person can't carry a whole community. He never got the support he needed. They don't give a damn." (Schmalz, 1989). In this social and physical context, community organizers and evaluators must view small improvements in the neighborhood as major accomplishments. Furthermore, one of the lessons from this example is that communities will need to organize themselves so that other Arthur Lawrences in cities across the country are not left standing alone.

C. The CRDA Demonstration Program

In 1988, the National Training and Information Center (NTIC), its affiliated organizations, and the National Crime Prevention Council (NCPC) developed a national demonstration program called "Community Responses to Drug Abuse," which involved community-based organizations spread across nine U. S. cities. The general approach taken by these community organizations was supported by previous research in community crime prevention (Bennett & Lavrakas, 1989; Podolefsky & Dubow, 1981; Skogan, & Maxfield, 1981). The implementation groups were comprised of "participatory, empowering, grassroots, bottom-up approach, multi-issued, community-based organizations [that] have had extensive success in building communities and developing leaders." (NCPC/NTIC proposal, p. 7).

Furthermore, the approach to funding and site selection was unique and may ultimately affect the success of the demonstration. Unlike most government-funded programs -- which involve a "trickle-down" approach to program funding and development--this was truly a "bubble-up" approach (cf. Curtis, 1987; Lavrakas & Bennett, 1989). These organizations approached the Department of Justice demanding that something be done in their communities. The Bureau of Justice Assistance responded to their request by funding the Community Response to Drug Abuse (CRDA) demonstration. In effect, these communities and organizations were not selected for funding, but rather were self-selected. This self-selection process, along with the atypical levels of training present by virtue of their affiliation with NTIC and NCPC, may have increased the probability that successful outcomes will be achieved. Finally, the technical assistance model was influenced by NCPC's decision to draw upon the earlier evaluation of the Eisenhower Foundation's Neighborhood Program in ten communities (see Bennett & Lavrakas, 1989; Lavrakas & Bennett, 1989). For these reasons, the probability of success was estimated to be higher than usual for community-based efforts.

Over a three-year period, beginning in May 1989, the 10 sites planned and implemented a variety of anti-drug programs. First, they established various methods and strategies for planning and implementing their activities. These approaches varied by site, but some common methodologies emerged, including the creation of partnerships with law enforcement and other city/social service agencies. The multi-agency task force approach was promoted by the technical assistance team as a vehicle for planning anti-drug strategies and creating partnerships. In sum, a strong planning process was carried out during the first year with assistance from NCPC and NTIC, and a wide variety of anti-drug strategies were then implemented. This report will describe the planning and implementation methods, as well

as the anti-drug programs that resulted from these efforts.

The National agencies NCPC and NTIC served jointly as program administrators and technical assistance providers. The two organizations had distinct operating philosophies and had not previously worked together. Still, they developed a complementary and cooperative partnership during the program. Given the limited funding and the high demand for technical assistance, they negotiated a clearer division of work during the first phase of the program, with NCPC having primary responsibility for program administration and NTIC, for technical assistance, in the later stages.

The CRDA organizations and their communities The following ten community organizations comprised the national CRDA program (in alphabetical order).

Council Bluffs, Iowa Citizens for Community Improvement (CCI). Serves the city of Council Bluffs (pop. 55,000), an economically depressed area of largely white, blue collar workers.

Des Moines, Iowa Citizens for Community Improvement (CCI). Serves the city of Des Moines, but the target area was a predominantly African-American, low-to-moderate income area on the near north side.

Hartford Areas Rally Together (HART). Serves the city of Hartford, but the target area was a low income, predominantly Hispanic neighborhood, with a substantial number of white and African-American residents.

Logan Square Neighborhood Association (LSNA). Serves the Logan Square neighborhood in Chicago, a predominantly Hispanic community of working, low income residents, with an influx of white middle income residents.

Northwest Bronx Community and Clergy Coalition (NWBCCC). Serves the Northwest Bronx area, and a heterogeneous target area defined primarily by low income Hispanic and African-American residents.

Oakland Community Organization (OCO). Serves the city of Oakland, California. Selected target areas were low-income, heterogeneous neighborhoods with a mixture of African-American, Hispanic, and white residents.

Self-Help for African People Through Education (SHAPE). Serves the Third Ward Community Development Area in Houston, Texas, a predominantly low income, African-American neighborhood.

South Austin Coalition Community Council (SACCC). Serves the South Austin neighborhood on Chicago's west side, a predominantly African-American community of working, low income residents.

Union Miles Development Corporation (UMDC). Serves the Union Miles community on the southeast side of Cleveland, a community of low-to- moderate income residents, largely African-Americans.

Waterloo, Iowa Citizens for Community Improvement (CCI). Serves the city of Waterloo, with a target area on the east side that is a mixture of African-American and white families with low-to-moderate incomes.

Six CRDA groups are umbrella organizations of neighborhood associations established through grass-roots organizing. In general, their goal is to establish associations and assist them in taking collective action against problems identified by residents. The neighborhood associations are often formed when a group of residents approach the organization for help with a local problem. In response, the organization works with the residents to solve the problem as well as to create a local association that will enable residents to act collectively to improve their neighborhood further. Members represent their associations within the umbrella organization's activities, which are aimed generally at increasing residents' ability to control their communities, to hold public agencies accountable, and to improve the communities' quality of life. These six umbrella organizations cover the entire city or a large area within a metropolitan center (e.g., NWBCCC in the Bronx). Their method of organization and definition of their target areas means that there is some fluctuation in the member associations. Further, among current member associations, their activity level and degree of skill and experience varies.

Three organizations (SACCC in Chicago, LSNA in Chicago, and UMDC in Cleveland) are not umbrella organizations, but are community organizations serving a single target area. SACCC and LSNA in Chicago have similar goals as outlined for the umbrella organizations. Although its orientation is similar to the other organizations, UMDC in Cleveland is a

community-based development corporation, which has focused on housing rehabilitation and has recently started work on commercial development projects as well.

Finally, SHAPE in Houston is the most distinctive among the CRDA organizations. Although it involves numerous residents as volunteers, it is primarily a social service organization. The organization provides educational and social programs for local youth and their parents. In contrast, the other CRDA organizations only occasionally provide services directly. Their efforts are usually focused on pressuring public agencies to improve or add services or to develop new organizations to offer needed services. Their role, in other words, is more one of public advocacy and community empowerment.

Eight of the CRDA organizations are affiliated with the National Training and Information Center (NTIC), a Chicago-based organization that provides training and technical assistance to community organizations. The Oakland Community Council does not belong to NTIC, but is a member of PICO, which is a similar organization based in California. Only SHAPE (in Houston) does not belong to a similar organization. Membership in NTIC or PICO provides the organizations a means of staying in touch with state and national policy developments and of sharing strategies and tactics among member organizations, as well as receiving more specific technical assistance.

In short, the CRDA organizations have a similar grass-roots base and stress the need for broad-based community development or community empowerment. Their primary roles appear to be public advocacy and leadership development. To that end, they have addressed a wide range of issues that were identified by community residents. Illegal drugs and substance abuse (including alcohol, particularly among minors) have become concerns for many residents in these communities.

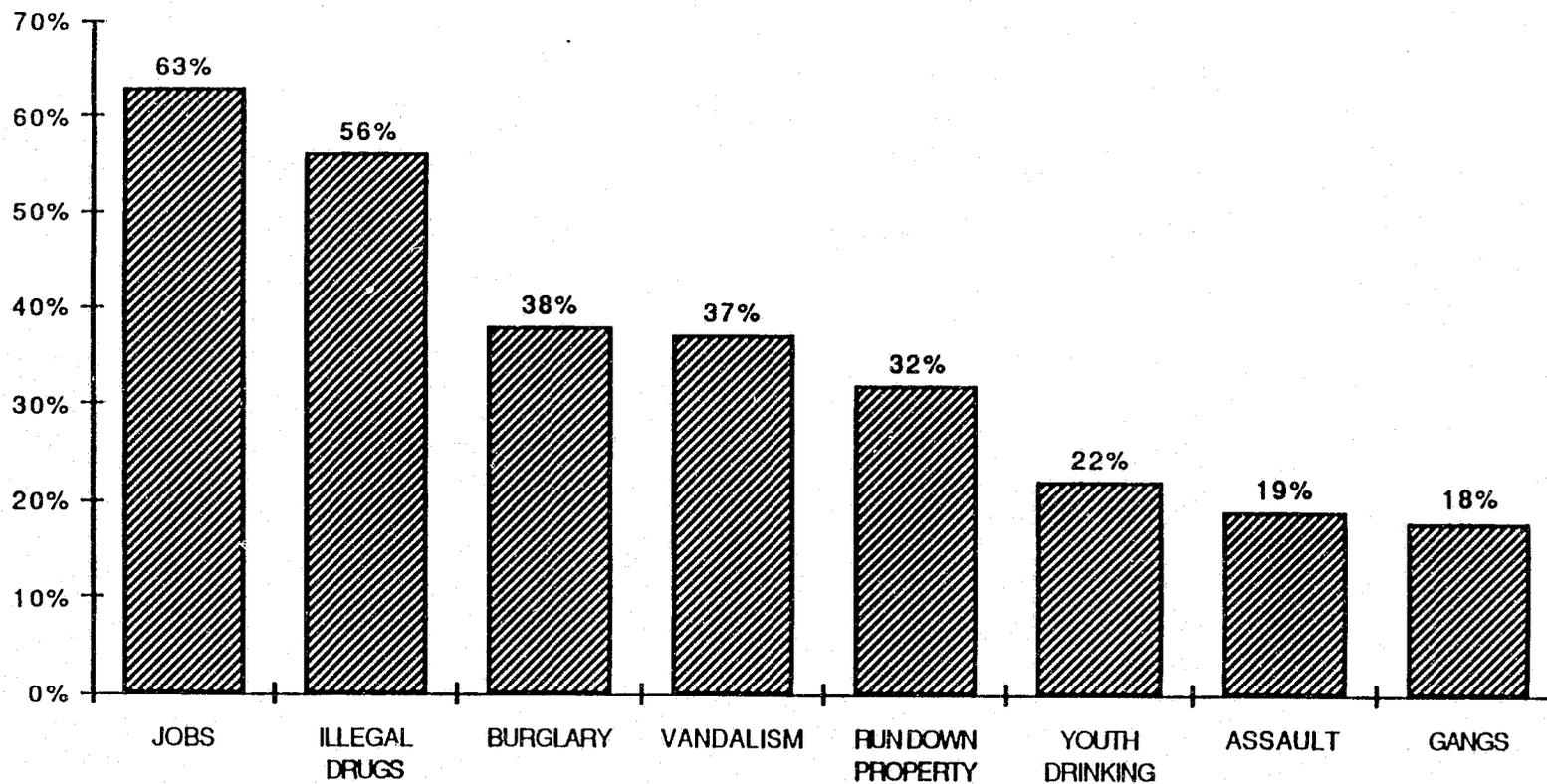
All the communities were experiencing problems with drug dealing and substance

abuse. Among the residents in the six communities with telephone surveys (see section III for more details), better than half replied that illegal drugs were a "big problem" in their community. Only a lack of jobs was mentioned more frequently as a "big problem" (see Figure 1). The percentage ranged from a high of 61 percent in the Northwest Bronx, where to a low of 28 percent in Waterloo, Iowa. In the Northwest Bronx, illegal drugs was mentioned most frequently, although they ranked third among Waterloo residents, who seemed more concerned about jobs and stealing. In the other four communities, illegal drugs were the second most frequently mentioned "big" problem, following a lack of jobs. Although gangs and illegal drugs are often associated together, most residents did not consider gangs to be a serious problem in their community.

Program Goals The goals of the CRDA program were originally stated as follows.

- (1) To empower community residents to feel more comfortable and less fearful in their communities, (willing to go out more, willing to participate in community life);
- (2) To provide community residents with knowledge of resources which can be of assistance to their community;
- (3) To test a variety of drug abuse prevention strategies, e.g., those with special emphasis on housing, law enforcement, schools, youth, etc.;
- (4) To introduce effective drug reduction activities which empower communities to take action and implement prevention programs;
- (5) To develop a process through which on-going working relationships can be built and maintained between city and state organizations, e.g., police, church, social services, housing authority, etc.;
- (6) To develop a local community task force to assist in the development of a community-wide drug abuse prevention program and evaluate its effectiveness;
- (7) To establish measurable indices of success which relate to each community's specific workplan (e.g. number of drug houses removed, number of community residents and agencies involved, number of prevention programs held in school, etc.).

FIGURE 1
PERCENTAGE OF RESPONDENTS IN SIX SITES
WHO REPORT EACH PROBLEM
AS A "BIG PROBLEM"
(N = 1169)



Many of these are laudable program goals, but the extent to which certain goals could be achieved during a three year funding period (especially goals #1 and #2) was uncertain. The available timeframe for the CRDA demonstration and evaluation did not allow for the study of long-term effects, and one of the clear lessons from previous research is that changes in the quality of neighborhood life will take substantially longer than expected (see Rosenbaum, 1988). Nevertheless, these program goals provided a useful framework for guiding the process evaluation.

D. Evaluation Objectives

The major objectives of this process evaluation were as follows:

- (1) To describe the problems, community resources, and the planning process used as the basis for developing the community anti-drug initiatives in the demonstration sites;
- (2) To assist organizations in shaping and focusing their activities by providing them with local community assessment data;
- (3) To describe the major strategies, activities, and program components at each site and, by analysis and synthesis, articulate the models of intervention that they represent;
- (4) To describe the nature, extent, and perceived usefulness of technical assistance provided to each demonstration program;
- (5) To provide a general assessment of the extent to which local program goals were accomplished;
- (6) To provide NIJ, BJA, and the demonstration participants with feedback that can be used to strengthen both current and future strategies for combating drugs at the community level.

E. General Approach to the Evaluation

This was not a conventional process evaluation because it also included a formative

evaluation component designed to assist in the development of the anti-drug programs. This was a collaborative and interactive venture that involved meetings and discussions with NIJ and the technical assistance team at various intervals. Although we maintained a reasonable amount of independence by adhering to social science methodologies and standards of confidentiality, nevertheless, the evaluation staff tried to work with the technical assistance agencies to maximize the usefulness of the evaluation data for program purposes and to minimize interference with program operations. Their input, as well as input from NIJ and BJA staff, was sought at the beginning of the evaluation through a meeting hosted by the University of Illinois at Chicago. Other meetings were held in the course of the project to discuss the evaluation plans, coordinate site visits, and request copies of reports. Near the conclusion of the project, major sections of the draft final report were submitted to the funding agency, technical assistance providers, and the 10 community organizations involved in CRDA to obtain their feedback regarding technical accuracy. Three members of the evaluation staff also participated in a technical assistance workshop in Washington as guest speakers. In addition, community assessment surveys were conducted in six target areas and the results were fed back to the local sites and technical assistance providers through mini-reports.

The evaluation team did not, however, provide direct technical assistance to any of the local sites. Even the mini-reports describing our survey findings were disseminated through NCPD.

The primary purpose of this evaluation was to document organizational strategies and specific activities within a framework of limited expectations. With only three years and limited funding, the CRDA organizations could hardly be expected to make major changes in the social environment. One of the major lessons from recent evaluations in this field is that it takes many years and lots of resources to affect the community (cf. Lavrakas & Bennett,

1989; Rosenbaum, 1988). Hence, the focus of the evaluation was on describing the development and implementation of community-based methods and programs to combat drugs and highlighting "small victories" that were achieved. This evaluation was not designed to produce hard-and-fast "success or failure" decisions. Rather, the intent was to produce a set of descriptive case studies and cross-site comparisons that would provide a picture of the current state-of-the-art in community anti-drug initiatives.

This evaluation also provided an opportunity to apply and extend the knowledge that has accumulated in the field of community crime prevention over the past decade. Our previous work, funded by the Ford Foundation, Eisenhower Foundation, and National Institute of Justice, provided the background for this assessment (e.g. Bennett & Lavrakas, 1988; Lavrakas & Bennett, 1988; 1989; Lewis, Grant, and Rosenbaum, 1988; Rosenbaum, 1988; Rosenbaum, Lewis, and Grant, 1986). Other evaluations also influenced our thinking, especially those conducted by Roehl & Cook (1984) and Wandersman and his colleagues (1985).

The application of community-based strategies to the problem of drug dealing and abuse offered a new set of challenges that expanded our current knowledge base. Special attention was given to the types of relationships that developed with the police and other agencies as they attempted to address the drug problem. The relationships that developed with the national technical assistance organizations (i.e. NCPC, NTIC) and the Justice Department (BJA) were also examined. In addition to documenting the nature and extent of technical assistance, the evaluation examined how local community organizations viewed and acted upon their relationships with national organizations that provided outside assistance.

II. THE PROCESS EVALUATION METHODOLOGY

A. Overview

The objectives of this evaluation were achieved through the use of multiple methods, including both quantitative and qualitative approaches. The primary approach to the early assessment was to collect a wide range of data (primarily qualitative) that would serve to describe program planning and development, assist in problem definition and program refinement, and estimate success with implementation. This section contains a description of the field research methods, the community assessment surveys, and the variables and measures of interest.

At the start of the evaluation, the evaluation team arranged a major planning meeting with attendees from NIJ, BJA, NCPC, NTIC, University of Illinois at Chicago, and Northwestern University. The purpose of the meeting was to (1) introduce, and obtain feedback on, the overall evaluation plan; (2) seek updated information regarding the status of the demonstration programs at each site; and (3) coordinate site visit plans with the technical assistance providers to minimize the burden on local program staff.

The initial meeting covered the overall evaluation plan, roles and responsibilities of all national organizations, and evaluation issues at specific sites. Input was also sought from all participants regarding the allocation of sample surveys across sites, with attention given to the type of strategy being implemented at each site. Input was also sought regarding possible items for inclusion on the community assessment surveys.

NTIC and NCPC expressed concern about whether the local programs would be open to the idea of an evaluation and whether they would have adequate time to cooperate in evaluation meetings. Suggestions for overcoming possible obstacles were discussed. In the

final analysis, the cooperation levels were extremely high at most of the sites.

B. Field Research Methodology

Qualitative field research was the central methodological approach used in this process evaluation. These data provided critical insights into the planning process, the organizational structure, the types and levels of activities implemented, and the obstacles that emerged. The commonalities and differences among the sites in terms of their methods of planning and implementation and their anti-drug programs were carefully documented through field work and a review of program-related documentation.

Key Process Questions

The field research addressed several key questions that were derived from previous evaluations in the field and from our initial understanding of the CRDA demonstration program. These process questions are listed below.

The Planning Process The processes involved in planning the local anti-drug programs was of primary interest. Topics of interest included:

- Planning and organizing methods employed by the grassroots organizations.;
- The role of the local community task force in the planning process;
- Identified resources needed for planning and implementation;
- The short-range and long-range goals established in the organizations workplans;
- The development of new strategies or the continuation of old strategies;
- Changes over time;
- Needs-assessment and problem-definition activities.

Program Implementation A careful documentation and description of the groups' activities and programs was a primary goal of this evaluation. Topics of interest included:

- strategies, activities, and specific programs that were implemented;
- community response to various CRDA activities or programs;
- community organizing approaches that were employed to enhance citizen participation and maintain the momentum of the program;
- strategies designed to "empower" community residents and make them feel more

efficacious; and
--problems, if any, that were encountered during program implementation.

Partnerships The development of partnerships and networks as part of the CRDA program was also an important focus of the evaluation. This demonstration gave special emphasis to the development of partnerships in order to "co-produce" public safety and prevent drug abuse. Topics of interest included:

- the different types of partnerships planned and implemented;
- the affect of the CRDA program on the relationship between the grantee organization and the local police department; and
- the role of the task force in partnership development.

Technical Assistance Our previous research on community-based initiatives found that technical assistance was sorely needed in many cases and can be very beneficial to local community organizations if properly administered.(Bennett & Lavrakas, 1989). Specific topics of interest included:

- the different types of technical assistance offered by NTIC and NCPC;
- the different types of TA requested by the CRDA groups;
- the administration process of the TA, including: telephone contacts, site visits, workshops, mailings, etc;
- the nature of the relationship between NCPC and NTIC, and between the TA providers and the local community organizations, specifically functionality and level of cooperation;
- preceived effectiveness of the TA viewed by the recipients; and
- the types of TA that were considered the most useful.

Field Methods

Program activities and processes were documented by means of the following field methods: (1) the review of program documents; (2) key-person interviews; and (3) participant observations. Most of this research activity occurred during site visits by the evaluation team. Before describing these methods, the site visit schedule is reviewed.

Five site visits were conducted for each of the 10 program sites over a period of approximately 30 months. The majority of site visits lasted two days, but some required three days. The length of each site visit depended on the site's ability to accommodate the evaluation team and our specific information needs.

The first round of site visits was conducted in the fall of 1989 with either representatives from NTIC, NCPC, or both. The primary purpose of this first visit was to introduce local program staff to the field evaluators and the evaluation plans and to collect some field data from project directors.

The second round of site visits was conducted approximately four months later in January and February, 1990, to monitor progress in the field. Programs had received additional technical assistance by the second visit, and in most cases, had made significant progress toward implementation. The third wave of site visits was completed in May of 1990. This delay provided another lag of approximately four months and gave us an opportunity to observe the programs after their first year funding had ended on March 31, 1989.

The groups were refunded for a second year, and at the end of that year received supplemental funds for an additional six months (referred to here as the "third year"). During this period, the impact evaluation was initiated, and we were able to complete two additional site visits. NIJ approved our plan to include this additional field work in the Phase I process report. This decision meant that local grantees had an additional 18 months to strengthen their anti-drug activities, thus adding significantly to the data base used in this report to document progress. Thus, the present report contains the process documentation for the full CRDA program, which ended November 31, 1991.

Review of Documents Several types of documents were obtained and reviewed. First, the evaluation staff examined each site's workplan to determine specific program goals,

strategies, and planned activities. Second, the staff examined the quarterly reports submitted to NTIC and NCPC to learn about both programmatic and fiscal changes. Quarterly reports varied in detail; nevertheless, they were an important source of information about local developments, problems, and future plans. Third, the evaluation team requested and received information about materials prepared by NTIC or NCPC for distribution to local programs. Training and technical assistance information was obtained in this manner, in addition to information obtained through interviews.

Key-person Interviews The key-person interview was the methodology used most frequently during our site visits to each program. On-site interviews were completed with the following persons: (1) the director or head of the grantee organization; (2) the project director or coordinator of the drug abuse prevention program; (3) other program staff if available; (4) a member of the program task force; (5) resident volunteers where appropriate; (6) a police department representative involved in the program; and (7) other community leaders. The specific individuals to be interviewed at each site were selected through information in the quarterly reports, conversations with project directors, and meetings with the technical assistance team.

Key-person interviews covered a broad range of topics, such as overall program goals and strategies, the planning process used, specific activities and operations, types of problems encountered with planning or implementation, the extent and nature of program partnerships, program achievements, and the quality and nature of technical assistance.

Separate interview protocols were developed for key-persons in primary roles: the project director, task force member, community leader, police representative, and technical assistance providers. (These protocols can be found in Volume 4, Appendices). With the exception of the second visit, these instruments were modified with each wave of data

collection. This was an iterative process, and new sets of questions emerged as the evaluation team learned more about the local programs and as programs evolved from the planning phase to the implementation phase.

Interviews were also conducted with representatives of NCPC and NTIC who administered the program and provided technical assistance for the demonstration project. Both NTIC and NCPC staff were interviewed on three occasions. During the NTIC Drug Conference in December, 1989, interviews were conducted with NTIC and NCPC staff to obtain information about their activities and perceptions with respect to the TA process. NTIC staff also provided copies of their quarterly reports and technical assistance correspondence throughout the three-year demonstration. During the NCPC and NTIC technical assistance workshop in March, 1990, interviews were conducted with NCPC staff. NCPC provided copies of their quarterly reports and other pertinent information. This workshop also provided an opportunity for direct observation of the TA process. NTIC and NCPC staff were also asked to describe their role and that of the other organization in the context of the national CRDA demonstration. These interviews were conducted separately so that one technical assistance agency would not influence the response of the other. The third and final interview with NCPC and NTIC staff was conducted by telephone in June, 1991.

Observations Observations provided data that were unavailable through more reactive self-report measures. The field staff collected observational data in two settings: at local sites and at cluster workshops. During local site visits, field observers attended any program activities that were scheduled during site visits, such as meetings of the task force, staff training sessions, planning sessions, and community meetings. These interactions provided a first-hand look at the program in operation although the opportunities to observe program activities varied by site. In addition, field observers toured the target areas to see the

neighborhoods.

NTIC and NCPC organized three workshops for project groups during the CRDA demonstration program. Evaluation staff attended the second and third cluster workshops to learn more about the technical assistance program, and to hear about the concerns and issues facing local project staff. In addition, the second workshop which the evaluators attended, provided an opportunity to answer specific questions about the community assessment reports that had been distributed to the groups and about the evaluation, in general.

C. Community Assessment Surveys

Rationale Surveys of local residents were conducted for reasons of formative and impact assessment. Local survey data were used to give feedback to program personnel at each site and the technical assistance team (NCPC and NTIC) for program planning purposes. Survey information was used by program personnel to define the target problems more clearly and to determine whether the issues being addressed by the community organization were the same as those being expressed by a random sample of local residents. This feedback was provided in the form of site-specific community assessment reports that described the responses of local residents. Several grantee organizations commented that they found the survey information interesting and useful, but the primary benefit seemed to have been the legitimacy that it provided to their anti-drug initiatives, resulting from the participation of two major universities and the Department of Justice.

Quantitative survey information also served as baseline data in the event that an impact evaluation was conducted. Later, NIJ did fund a separate impact evaluation, and as part of this follow-up assessment, additional waves of survey data were collected to estimate

the amount of change in residents' perceptions and behaviors. The present report contains only descriptive information relevant to the process evaluation and does not include results from the impact evaluation. The later assessment will be completed in the fall of 1992.

Samples Although 10 sites were funded under eight grants (Iowa distributed the funding to three cities), survey data were collected in only six sites. Two of the eight grantees -- Logan Square (Chicago) and SHAPE (Houston) were excluded from the survey component because they were pursuing youth-oriented programs that were not amenable to assessment with this methodology. Because resources were not available to mount alternative evaluation designs focused on the behavior of targeted youth, these two sites were included in the process evaluation only. In Iowa, only one of the three sites was selected based on uniqueness, implementation effort during the early months, and evaluability. Hence, the following six sites were surveyed: Bronx, Chicago (South Austin), Cleveland, Hartford, Oakland, and Waterloo.

For each of the six sites, random samples were drawn from designated target areas using a reverse directory. The geographic boundaries were determined through conversations with each local project director. Prior experience indicates that random-digit dialing is impractical and inefficient for small community target areas. Although a reverse directory limits sampling to households with listed telephone numbers, we have not found that this creates a significant bias in the results. That is, persons with unlisted telephone numbers show a similar pattern of responses to those with listed numbers on the types of measures proposed.

Taking into account that some portion of the households in these predominantly lower-income neighborhoods do not have telephones, and that such households are the most likely to not list their numbers, we estimated that our sampling frame included approximately

40 to 60 percent of the households in each neighborhood. In Bronx and Hartford, Spanish-language interviewing was conducted with a small, but significant proportion of the population -- 14 percent and 13 percent, respectively.

By concentrating our sampling in drug-plagued communities, interviewing was made more challenging because of residents' fear and distrust. The local grantee organizations expressed special concern that our interviewers not identify their organization as cooperating with the research. They were concerned that local drug dealers might be among the residents interviewed. Furthermore, they felt that "honest residents" might be suspicious of anyone who called to ask questions about drug activity. Special attention was given to these issues during interviewer training.

Many of the telephone numbers that were sampled from the reverse directories were "bad" numbers in that they were either not working or they did not reach a household in the target area, even though the number was listed as being in that area at the time the directory was printed. Eliminating these ineligible numbers, response rates across the six communities varied from 58 to 73 percent. This is a reasonably good range of responses given the special nature of the populations being interviewed and the resources available for the surveys.

Questionnaire Construction After input was sought from project directors, a draft version of the community resident survey was mailed to each site, as well as to NIJ, NCPC, and NTIC for comments. The draft was then revised and a pilot test was conducted in multiple sites to make certain that questionnaire items were understood by respondents and that the length of the questionnaire was within the budgeted time limit.

The community assessment survey included a common set of questions for all communities and a few questions that were added by local program personnel and tailored to the needs of specific sites. When given the opportunity to include questions on the survey,

only two of the six organizations suggested any items.

Four generic areas were covered in the survey. First, residents were asked about the nature and magnitude of local drug-related problems in their neighborhood. Second, residents were queried about their awareness of anti-drug activities sponsored by the local community organization. Third, residents were asked whether they had participated in these anti-drug activities. Finally, residents were asked to evaluate these strategies in terms of their perceived effectiveness in combating the drug problem.

The survey instrument was also crafted to insure that key impact measures were represented in the event that an impact evaluation was funded in the future. Many of the measures used had been validated in previous evaluations of community crime prevention programs (see Rosenbaum, 1986). Specifically, in addition to program-specific questions, residents were queried about perceived changes in the crime and drug problems, perceptions of incivilities, fear of crime, social interaction and cohesion, surveillance and crime reporting activity, willingness to intervene, and crime prevention actions to protect oneself or one's property.

From November, 1989 through January, 1990, the Northwestern University Survey Laboratory fielded the first resident surveys in each of the designated sites, completing nearly 1200 interviews. Interviews were conducted primarily during evening and weekend hours from the Survey Laboratory's centralized telephone room. In each household either the female or male head-of-household was the designated respondent. Up to ten call-backs were made with hard-to-reach respondents. (For a look at the frequency results, see the section on "Needs Assessment").

Data Analysis and Products

The process evaluation yielded several types of data that were prepared in report form.

First, five consecutive site visits yielded voluminous amounts of data on each program. Each site visit resulted in extensive field notes, completed interviews, and the gathering of program-related materials. This information was used to develop descriptive case studies for each program. Using the site as the unit of analysis, case study methods were applied to summarize and synthesize the data (Patton, 1987; Yin, 1989). However, the case studies produced for this evaluation were not entirely generated from conventional inductive analysis. The categories of information were constructed largely by the research team and were responsive to the information needs of the National Institute of Justice and a multi-site evaluation. Because of the limited amount of time spent at each site, and the need for cross-site comparison (via standardized data), some general topic areas were investigated during each site visit, and these became the structure for the case studies. These topics were initially determined by our prior research in this area and the information requested by the government. Thus, each case study narrative covers the following areas: community background, the history of the parent organization, the planning process used to develop the CRDA program, the task force and partnerships that were created, project goals and strategies, project activities implemented, community responses to the program, technical assistance, achievements, problems and institutionalization. The case studies are contained in a single report entitled, Ten Case Studies: The Community Responses to Drug Abuse National Demonstration Program, Final Process Evaluation Report, Volume 2.

The degree of standardization in the data collection process gave the evaluation team an opportunity for cross-site analysis and synthesis. Data from all ten sites were summarized, compared, and synthesized to determine commonalities and differences across sites. The synthesis and conclusions reached from this analytic process are reported in Cross-Site Comparisons and Conclusions: The Community Responses to Drug Abuse National

Demonstration Program, Final Process Evaluation Report, Volume 1. This volume contains the background literature, a description of the CRDA program and evaluation plans, the evaluation methods employed, the planning and implementation strategies adopted by the CRDA grantees, and the anti-drug programs they implemented.

Third, the community survey results were presented in the form of mini-reports for each site. These reports showed program staff how local residents felt about possible anti-drug programs and how they defined the local drug/crime problems. These descriptive reports have been combined into a single report, entitled Community Assessment Survey Results in Six Neighborhoods: The Community Responses to Drug Abuse National Demonstration Program, Final Process Evaluation Report, Volume 3.

III. PROGRAM PLANNING AND IMPLEMENTATION METHODS

A. Introduction

The CRDA organizations used various methods in planning and implementing the community-based anti-drug programs. Although essential to the programs, these methods were distinct from program strategies (discussed in the next section) inasmuch as they were not directly aimed at reducing local drug problems. Instead they were a means of mobilizing resources and focusing efforts to implement specific anti-drug strategies. Although the particular planning and implementation methods used in these programs were clearly influenced by the nature of the problem being addressed, these methods are not specific to community drug problems (as the strategies are) and are often used by community-based organizations for other programs.

The national agencies (NCPC and NTIC) encouraged the use of some program methods for all the organizations. These methods included a community-based planning process, a detailed workplan, the creation of a task force, and the use of partnerships (both in the task force and in other aspects of program implementation). Other methods were commonly used for all on going programs by the organizations, such as organizing community residents, conducting various types of needs assessments, and using the media to publicize community events and organizational successes. Some methods, although not unique to anti-drug strategies, did seem to arise in response to problems or challenges in addressing local drug problems, such as mobilizing churches or forming partnerships with the police department.

This section reviews eight of the planning and implementation methods used by the CRDA organizations, including ways in which the organizations may have modified common implementation methods to accommodate problems specific to anti-drug strategies.

B. Planning Process

The CRDA organizations were encouraged to plan their anti-drug programs through a community-based planning process, using a task force that included community residents, community leaders, and appropriate agency representatives. The result was to be a detailed workplan, including goals, objectives, and measurable outcomes for those goals.

Prior research on community-based programs has emphasized the importance of the planning process for program success (Bennett and Lavrakas, 1989; McPherson and Silloway, 1981; Podolefsky, 1984). In particular, past experiences suggest that community programs, which need sustained resident participation in order to succeed, have more success in implementing strategies if the program is tailored to local conditions and is planned with community residents. Residents' involvement should not be limited to choosing among a list of pre-selected strategies; rather they should be involved in problem identification, development of possible strategies, and selection of program strategies. This planning process increases residents' ownership of and commitment to the program, as well as increasing the program's chances for achievement by focusing on specific community issues and making the best use of available resources in the community.

To assist the organizations, NCPC and NTIC held a conference in the spring of 1989 for the CRDA organizations that focused on planning and developing the workplan (See IA Section for the rest of the agenda). In the six months that followed, both NCPC and NTIC reviewed drafts of workplans and helped the organizations prepare the final revisions. The CRDA organizations also prepared workplans for the second and third years of the demonstration program, although the major planning effort appears to have been the first one. The initial planning process appears to have taken six months, although many organization

staff described planning as an ongoing process. In a few instances, the CRDA workplan represented a continuation of existing efforts (with some extensions or additions) and the planning process was not extensive. At the other end of the spectrum was the Logan Square Neighborhood Association in Chicago, which formed a new task force that spent almost two years in preparing a proposal and the necessary organizational network for a new school based prevention and treatment program.

Factors to be considered in assessing program implementation, include the following aspects of the planning process: the persons and agencies participating in the planning; resources used in planning; content of the workplans; and changes in workplan goals.

Participants in Planning Process Despite encouragement to form and use task forces (including other community leaders and agency representatives), most CRDA organizations relied on organization members (usually residents) and staff to develop the CRDA workplan, especially during the first year. In general, the reliance on the organizations' staff leadership was a conscious decision of the organization that was congruent with established policy. As grassroots organizations, they emphasized the role of residents in making decisions and the development of community leaders through residents' involvement in organization and community activities. The ability of community residents to maintain control over the program and to hold local agencies accountable was of primary importance in most CRDA organizations. To include representatives from other organizations and agencies, who were likely to have "expert" status relative to residents, was generally regarded as contrary to the goals of community control and leadership development. The CRDA organizations that relied primarily on members and staff for planning included NWBCCC (Bronx), OCO (Oakland), CCI-Waterloo, CCI-Des Moines, and UMDC (Cleveland).

Several grantees used existing committees or groups (within the organization) to complete the planning. The use of existing groups may have been due in part to the short time frame available. To recruit members for a new committee, make them familiar with the program, and complete a detailed workplan would take considerable time. With only one year of funding initially, the CRDA organizations needed a shorter planning phase. Thus, UMDC (Cleveland) staff, for example relied heavily on discussions of local drug problems that had taken place at an earlier planning retreat to write their workplan. Both HART (Hartford) and OCO (Oakland) based their workplans on community assessments done by member groups, which was part of their ongoing planning process.

Less frequently, CRDA organizations involved residents in the planning process through community meetings. The Des Moines CCI held three meetings with residents of the proposed target area with the support of NTIC staff. CCI staff used the results of those meetings to write the workplan. SHAPE (Houston) also used community meetings when it initially became involved in anti-drug programs in 1985, although it did not hold additional meetings to develop the CRDA workplan.

Several groups used agency representatives as sources of information during planning. HART, for instance, used the School Health Systems Advisory Group, Hartford Dispensary (a drug treatment program), and the police department's narcotics unit in developing the first workplan. In some cases, staff or community leaders contacted relevant agencies after community meetings to obtain needed information or follow-up on decisions made at those meetings. As the program developed, these resource persons often became more closely involved in CRDA planning (see section on Task Forces and Partnerships).

A few CRDA organizations gave other organizations or agency representatives a more active role in program planning. LSNA (Chicago) formed a task force of several social service

agencies to plan a new school based prevention and treatment program that would be appropriate for the neighborhood's cultural groups. SACCC (Chicago) used a network of other community organizations for planning, including its own Board, tenant organizers, Building Owners and Management Association, Project CLEAN, and the Garfield Austin Interfaith Network. Finally, SHAPE (Houston) relied in part on professional consultants for planning.

As already noted, planning was a continuous process for most organizations and each prepared three workplans during the CRDA program. Participants in the planning process changed in many sites, either through the creation of new committees made up previously involved organization members or a more formal inclusion of agency representatives as technical assistance providers. In Cleveland, for instance, the UMDC formed three new committees (two of residents and one of ministers, politicians, and agency representatives) to plan and implement the program. The Council Bluffs CCI task force worked closely with several agencies and organizations in the city and later re-structured the task force to include these representatives.

Resources Used in Planning As already noted, many organizations relied on their own resources and information in planning for the CRDA program. One resident noted, for instance, that the drug problems in the community were so obvious that the group did not need to spend time collecting information to identify the problems. And for some organizations, the CRDA grant represented an opportunity to continue or expand existing anti-drug activities, which meant that the group already had knowledge of and familiarity with this policy issue. Four organizations conducted community assessments through member organizations (HART and OCO) or held community meetings to obtain resident feedback (SACCC and CCI-Des Moines). At least five organizations used other agencies or organizations either to help plan (e.g., SACCC, which interacted with other local organizations)

or to provide technical assistance (e.g., HART). Finally, most organizations reported that they contacted NTIC, NCPC, or both for assistance with the planning process. After the initial planning process, several organizations used community conferences to obtain resident feedback and help plan ongoing CRDA programs. In Cleveland, for instance, two UMDC committees sponsored a day long conference near the end of the first year that basically determined the focus of the second year workplan (see section on Community Awareness Strategies).

Workplans: Goals The first year workplans included basically four different kinds of goals: law enforcement; treatment; prevention (education, youth, and improvement of physical environment) and community awareness and networking. Distinctions between these goals were not always clear-cut. Improving policing-community interactions, for instance, might be considered either a law enforcement related goal or a networking goal. Generally, however, the typology provides a useful way of discussing the workplan goals. (see Table 3-1 for summary of each CRDA organization's goals).

Law enforcement goals were the most frequent. All ten organizations identified at least one such goal and half identified more than one. The most common law enforcement goals included closing drug locations or drug houses, establishing drug free school zones, and reducing drug sales. (Obviously the law enforcement related goals as well as most other goals had the ultimate purpose of reducing drug sales in the community; this section discusses only those goals explicitly identified in the workplans.) Such goals were probably the most common for at least two reasons. First, in communities with visible drug dealing, residents were undoubtedly most concerned about the prevalence of drug dealers and the dangers associated with dealers. In order to address residents' concerns, and increase their feelings of safety sufficiently to involve them in other activities, the programs needed to

TABLE 3-1

FIRST YEAR WORKPLAN GOALS

<u>Enforcement Goals</u>	<u>Organization</u>
Reduce drug sale Close drug locations/houses	HART, SACCC, SHAPE CCI-Council Bluffs, CCI-Des Moines, UMDC, SACCC, OCO, NWBCCC
Drug free school zones	HART, SACCC, LSNA
Reduce liquor sales to minors	CCI-Council Bluffs
Enforce park regulations	CCI-Council Bluffs
Establish anonymous reporting system	CCI-Waterloo
Decrease gang involvement	SHAPE
Improve police-community interaction	SHAPE
More effective community policing	HART
Evict tenants who deal drugs	CCI-Des Moines
<u>Community Awareness and Networking goals</u>	<u>Organization</u>
Establish CRDA task forces	UMDC, SACCC, LSNA CCI-Des Moines
Establish new member organizations or associations	OCO, NWBCCC, SHAPE HART
Develop support from local agencies, referral networks	HART, LSNA, NWBCCC
Anti-drug rally	CCI-Waterloo

TABLE 3-1 CONT.

FIRST YEAR WORKPLAN GOALS

<u>Education, Prevention and Youth Goals</u>	<u>Organization</u>
Drug education program (youth)	HART, SACCC, LSNA
Drug education (community) and access to rehabilitation	NWBCCC
Organize youth board	HART
Establish youth center	CCI-Council Bluffs, CCI-Waterloo
<u>Physical Environment Goals</u>	<u>Organization</u>
Rehabilitation of drug houses, abandoned houses	HART, UMDC. CCI-Des Moines
Clean vacant lots that are drug locations	UMDC
Improve park lighting	CCI-Waterloo

increase enforcement efforts. Second, many of these goals were short-term, in that they could be implemented more quickly and with less planning than the goals of establishing a drug education program or youth. Thus, they provided more immediate and more visible evidence of progress against local drug problems than more long-term goals like drug education programs.

Community awareness and networking goals were also common; nine organizations identified at least one such goal. These goals included establishing a CRDA task force or creating new associations or member organizations in the city, and establishing networks with relevant agencies or organizations in the city. Primarily instrumental in nature, identifying the organizing and networking goals involved creating linkages or resources needed to carry out other program goals. CRDA organizations, for instance, needed active resident members to increase reporting of drug activities to the police and press for increased enforcement activities.

Education, prevention and youth goals occurred slightly more frequently than improvement of the physical environment. Education programs were the most common and usually focused on youth in the schools. The most ambitious of these plans was that by LSNA (Chicago). Only NWBCCC (Bronx) mentioned providing drug education to the community (both youth and adults) or increasing access to rehabilitation services; both were part of a long-term strategy that the group anticipated would not get much beyond the planning phases during the CRDA grant. Three organizations planned to establish a youth board or a youth center. These were also longer-term goals, requiring additional resources and substantial planning.

Finally, four CRDA organizations included goals that focused on improving the physical environment by eliminating physical conditions that contributed to drug dealing. Improving

park lighting and cleaning vacant lots that were sites of drug dealing were shorter term goals that could potentially be accomplished within the first year. The more common physical environment goals dealt with housing: eliminating abandoned housing through demolition or rehabilitation or acquiring and rehabilitating closed drug houses for low-income rental or drug treatment facilities. The latter involved more planning and development of substantial resources.

Changes in Workplans In the second and third years, most CRDA organizations expanded their workplan goals and occasionally dropped goals that proved untenable during the first year. HART (Hartford), for instance, dropped the goal of improving the community service officer program due to a lack of response from city agencies. Only CCI-Council Bluffs retained the same goals throughout the program. Its lack of expansion was probably due to changes in the executive director, the CCI Board, and the CRDA task force.

The new goals generally represented a broader approach to anti-drug programming. Although three groups added additional law enforcement goals, groups were more likely to add prevention goals, like drug education programs, youth programs, or broader social programs. OCO's (Oakland) workplans demonstrate this change most clearly. After focusing on closing drug houses and developing new member organizations in the first and second years, OCO began working on drug free school zones, an after-school program, and expanding local job and housing opportunities in the second and third years. Their efforts regarding job opportunities were particularly impressive, as they worked with local businesses and government agencies to provide training and jobs for Oakland residents in the local airline industry. In contrast, HART added three law enforcement goals: prosecution of landlords and tenants involved in drug dealing, improvement of community-police interaction, and the reduction of legal options of drug dealers who were being prosecuted. Nonetheless, HART

also added the goals of developing drug treatment programs for adolescents and working on related problems of unemployment, housing, and education.

Some groups added community awareness or networking goals, often at increased levels compared to the first year. NWBCCC, for instance, worked on developing new tenant associations throughout the demonstration, but in the latter part of the program focused on holding multi-neighborhood meetings, linking tenant associations to share information on anti-drug strategies, and involving local clergy in anti-drug efforts. SACCC decided to return to "basics" and work on block clubs; at the same time, though, it sought to develop a network that could engage in city-wide, comprehensive anti-drug planning. Community awareness or networking goals were added about as frequently as law enforcement goals.

No groups added physical improvement goals to the second and third year workplans, although several groups began to realize that closing drug houses sometimes increased neighborhood blight as the number of abandoned, boarded-up buildings grew. These concerns were reflected in OCO's, UMDC's and HART's efforts to improve local housing opportunities.

Planning as an Ongoing Process As noted elsewhere (see the section on Community Organizing), most CRDA organizations engaged in a more fluid planning process than the more "rational" process outlined by NCPD or NTIC. Their need to maintain resident involvement and develop community leadership meant responding to residents' concerns and community issues as they arose. Long-term or general goals (e.g. reducing drug trafficking) remained relatively stable, but the strategies and activities for those goals changed in response to current issues. The Council Bluffs, CCI, for instance, stopped working on problems of teenage drinking in local parks as the weather cooled and residents became less interested in park usage. For most groups, then, it seemed that the workplan served as a

guideline for program activities, but most likely did not function as a specific blueprint.

Reflecting on the CRDA planning process, one director commented that it "forced us to put things on paper, forced us to think them out, to think through the steps. We may not carry it out the same as it is in the workplan, but we had to think about it carefully. I think that was good for us." An organizer in the same organization explained the typical process:

It's a developmental process. Finding out who's active and interested; identifying what their concerns are; talking about strategies; and working out how to proceed in each community depending on the situation.

In short, the CRDA organizations used an ongoing and more flexible planning process than commonly used in more bureaucratic organizations.

Logan Square Neighborhood Association (LSNA): In considering the planning process for the CRDA programs, it should be noted that LSNA's planning represented a unique case. The organization had decided prior to receiving the grant that it was interested in developing a comprehensive education and treatment program for the local school, in part because existing programs were considered inadequate and insensitive to the community's diverse cultural groups. Concerned that the program be comprehensive and adequately funded, the task force established by LSNA spent most of two years in developing the program, writing grant proposals, and developing local organizational networks. Implementation of this primary component of the LSNA anti-drug program started only near the end of the grant period. (See the case history for LSNA for more details.)

Factors Influencing Planning Process The nature of the planning process and the contents of the CRDA workplans appeared to be influenced by several factors. First, the short grant period of one year with only the possibility of continued funding put considerable pressure on the CRDA organizations to plan the program strategies and move into

implementation as quickly as possible. The organizations felt it would increase their chances of being able to report some program achievements and successes when asking for continued funding near the end of the first year. The need for a shorter planning phase, however, made it more difficult to engage in community-based planning unless the organization already had such mechanisms in place. Second, several groups had existing procedures for planning new programs. Although these procedures were not always compatible with NCPC recommendations for planning, they allowed the organizations to focus planning efforts early and mobilize members for the new program. Third, the role of most CRDA organizations as organizers meant that planning processes were more flexible and responsive to ongoing affairs than is typical of planning processes for more bureaucratic organizations. Given this approach, detailed workplans may be less useful to grass-roots organizations. Fourth, the existing state of anti-drug programming in the city influenced the role of the CRDA organizations in such efforts and their development of anti-drug strategies. The Council Bluffs CCI and HART, for instance, took on major role as coordinator of anti-drug efforts in the city during the first year. Although several different groups and agencies were working on drug issues, little effort was being made prior to the CRDA program to network or coordinate among these groups. In Waterloo, however, the city had already established a committee to coordinate anti-drug efforts and the local CCI focused more on developing its own anti-drug strategies than serving as coordinator. Finally, the organizations' prior involvement in anti-drug activities influenced both the planning process (generally making it briefer) and workplan contents. OCO, for example, continued its existing strategies of organizing residents through the churches and working with the Beat Health Unit of the police department to close drug houses. Finding that these strategies were well established by the end of the first year due to prior work, OCO expanded their workplan goals considerably during years two and

three to include youth programs as well as programs to broaden job and housing opportunities for residents.

C. Forging Partnerships

The concept of co-production of safety grew out of an increasing understanding of the limitations of police acting alone to prevent crime (Bennett and Lavrakas, 1989). Generally, co-production has meant communities and police working together on neighborhood watch and other crime prevention programs. In the CRDA demonstration, it involved the community working not only with the police, but with a myriad of organizations. In planning the program, the national agencies that were involved assumed that the pervasiveness and complexity of the drug problem required cooperative working by a broad range of organizations. The NCPC proposal focused on the need for "a plan of action that builds consensus and cohesion among the residents and institutions in the larger community." The CRDA organizations worked to establish these linkages through the CRDA task force and other forms of partnerships with local organizations and agencies.

CRDA Task Forces The CRDA grant required that the organizations establish a task force of concerned residents and relevant city agencies. The functions of the task force were to (1) assist in the development of a community-wide drug abuse prevention program and (2) evaluate its effectiveness (NCPC Proposal). Despite the grant guidelines, the task forces differed across the sites in terms of their membership, structure, and program functions.

Membership At the beginning of the program, several CRDA organizations were reluctant to form task forces. Some organizations felt that a task force would only duplicate the efforts of the organization's Board or existing anti-drug task forces. In Chicago, for instance, SACCC was already working with three multi-organization groups that were focusing

on the drug problem.

Other CRDA organizations were concerned about the composition of the task force. Their reluctance to include agency representatives was based on two main factors. First, leadership development and community empowerment are primary goals of the CRDA organizations. To involve agency representatives in their decision-making processes tended to undermine those goals. As one CRDA project director explained: "We need to organize the community first before bringing in outside experts. If they participate too early in the process, it will discourage residents from actively participating and taking leadership roles." Second, the organizations' usual strategy in dealing with community problems was to identify the local actors with responsibility for that problem and then take action to hold them accountable. If those local actors became participants in some of the organization's programs, then their advocacy role might be compromised. Initially, five CRDA organizations decided against including agency representatives on the CRDA task forces and relied on residents as task force members (the three CCI groups in Iowa, UMDC in Cleveland, and OCO in Oakland). By the end of the first program year, nine of the organizations had working task forces; SHAPE (Houston) was funded late in the first year, so it had not yet formed a task force.

Although some organizations did not request that the police and other local agencies identify representatives to serve as members on the task force, all organizations relied on these agencies for information, other technical assistance, and cooperation in implementing the CRDA program. In Council Bluffs, for instance, CCI asked that the police and the prosecuting attorney's office attend several meetings to advise on the design, use, and enforcement of drug-free school safety zones signs. Most organizations expanded the task forces by the third year to include agency representatives. Interestingly, although many task

forces increased agency membership during the program, NWBCCC's task force decreased. NWBCCC had a large task force with multiple agencies represented during years one and two. In the third year, the group decided to focus on crime issues generally and included only the police on the task force.

As can be seen in Table 3-2, the agencies represented on CRDA task forces near the end of the grant period were quite varied. The agencies most frequently included on the task forces included the police, other criminal justice agencies (e.g., prosecuting attorneys, sheriff's office, or Drug Enforcement Administration), substance abuse agencies (e.g., the National Council on Alcohol or rehabilitations centers), and education groups (e.g., school boards or PTAs).

It should also be noted that in five CRDA organizations at least some of the resident members of the task force were representatives of community or neighborhood associations. In these sites, the CRDA task force functioned as an umbrella group, providing a forum for community associations to share information on possible strategies, and their implementation successes and failure. An OCO staff member explained that community members of the task force were more effective because of their constituencies.

Task Force Structure In general, the structure of the task forces was informal. None of the CRDA groups established specific procedures for selecting members of the task force or electing officers. Several CRDA task forces used committees or formed smaller groups that worked more effectively, involved more people in the anti-drug program, and reduced demands on existing leaders. In many instances, these committees were ad hoc. They formed around a specific issue, activity, or event and disbanded once their purpose was accomplished. UMDC, for example, generally used ad hoc committees to plan community events. Three CRDA organizations formed more permanent committees within the task force:

TABLE 3-2

CRDA Task Forces

Organization	Community Representatives	Agency Representatives	Other Task Force and Committees
CCI Council Bluffs	10 members	police pharmacist	church task force youth task force (14 memb.)
CCI Des Moines	18 members residential members are representatives of neighborhood associations	Model Cities Office National Council on Alcoholism PTA/ Police local church Fairgrounds Area Steering committee	juvenile justice committee youth forum committee school signs committee National Night Out Year 2 committee
CCI Waterloo	11 members	East Side Ministerial Alliance Northeast Council on Substance Abuse AARTS (youth center)	SAFE Task Force Ad hoc Committees Year 3
UMDC Cleveland	10 members	none	MOM: task force of churches and related agencies (10-22 members) Youth task force
LSNA Chicago	15 members	15 representatives [agencies not listed]	LSNA crime committee (pre-existing)
SACCC Chicago	20-30 members representatives of 4 community assoc.	Police (3)/US Attorney State Attorney (2)/ Drug Enforcement Administration Circuit Court/ Sheriff's Office/Illinois Criminal Justice Information Authority	

CCI in Des Moines, LSNA in Chicago, and SHAPE in Houston. Staff and resident members, however, expressed concern about the committees' effect on increased difficulties in coordinating activities.

Program Functions of the Task Forces The task forces adopted four basic functions for the CRDA program: program planning, program implementation, policy development (setting policy for the grantee organization and lobbying state and local policy makers), and fundraising. Most task forces were not in place to plan the first year CRDA program, but they planned program strategies and events throughout the grant period. Most task forces were also involved in program implementation (see Table 3-3). Involvement in policy development and fundraising tended to occur during later phases of the program; more than half of the task forces assumed these functions as well.

Additional Task Forces In addition to the primary CRDA task force, four organizations formed (or attempted to form) task forces of local youth and of local churches: Council Bluffs CCI, UMDC in Cleveland, HART in Hartford and NWBCCC in the Bronx. Waterloo CCI and SACCC also attempted to form a task force of local churches. Concerned about the exposure of youth to both drug use and drug selling, these organizations sought to involve youth in planning and implementing strategies to reduce youth involvement in drugs and alcohol. The attempt to mobilize churches occurred for various reasons, including difficulties in using typical tactics for organizing residents, need for additional resources, and the power and legitimacy of churches in some communities. (See sections on Youth Programs and Mobilizing Churches for additional information.)

In sum, the utility and composition of task forces varied across the CRDA programs. For organizations with structures already established to perform the program functions of the task forces and in communities with existing multi-agency task forces, forming a new task

TABLE 3-3

PROGRAM FUNCTIONS OF CRDA TASK FORCES

Site	Program Planning	Program Implementation	Policy Development	Fund-raising
NWBCCC, Bronx	X	X	X	
UMDC, Cleveland	X	X	X	X
HART, Hartford	X	X	X	X
SHAPE, Houston	X	X	X	X
CCI, Council Bluffs	X	X		
CCI, Des Moines	X	X	X	
CCI, Waterloo	X	X	X	X
LSNA, Chicago	X			X
OOO, Oakland	X	X	X	
SACCC, Chicago	X		X	X

force for the CRDA program seemed unnecessary and potentially a waste of resources. Many CRDA organizations also questioned the use of agency representatives and other "experts" on the task force. These groups tended to grow during the program, to include a broader range of agencies (at least as informal, advisory members) and to include a broader range of program functions.

Other Partnerships In addition to those that belonged to the task force, the CRDA organizations worked with a number of agencies and organizations in developing and implementing the CRDA program. The nature of these partnerships varied substantially, in terms of their frequency and the nature of the interactions. Ordering the partnerships by their level of involvement or interaction, they included the following: sharing of information; referral of clients; responsiveness to requests for service/assistance; ad hoc planning and cooperation; ongoing cooperation; and collaborative efforts.

Frequently, the CRDA organizations contacted an agency to request that they respond to an identified problem. In Des Moines, for instance, CCI helped neighborhood associations press city agencies to board up or demolish abandoned housing that posed safety hazards for the community. Such requests fit within the normal operations of the city agencies and the role of the CRDA organizations was primarily that of advocate or ombudsman.

The ad hoc planning and cooperation partnership involved a more intensive relationship, but one that was generally temporary. OCO in Oakland, for instance, noted that it formed important and extensive partnerships, but these generally focused on a particular strategy and ended with the implementation of the strategy. An example would be the partnerships formed in many of the sites to create drug free school zones. This strategy generally required cooperation and assistance among a wide group of organizations: the school board, local schools, PTAs or other parent organizations, the police, the local

prosecuting attorney's office, and sometimes the city council (either to provide funding or to pass local ordinances). Once the signs were posted, however, this coalition was no longer needed.

Some strategies required ongoing cooperation among a group of agencies, although each agency or organization remained autonomous. In order to establish the court watch strategy named Bench Press in Waterloo, CCI needed to establish a link with the court system that would keep the group informed of the court schedule. Although the strategy required action by the court system that it would not normally take, it also was an action that required only moderate effort by the courts and did not alter the normal workings of the courts. Similarly, most organizations that utilized the hot spot cards tried to establish a new interface with the police department, so that the organization could report information received through the hot spot cards and the police could provide feedback on how they acted on that information.

Less frequently, CRDA organizations developed a collaborative partnership, in which the organizations worked jointly to develop an ongoing program that required some reduction in the partners' autonomy. The best example of a collaborative partnership in the CRDA program was the new task force formed by LSNA in Chicago to develop a comprehensive community prevention program for students, parents and schools. In Oakland, OCO utilized a collaborative partnership among city agencies called the Beat Health Unit, which used police and various inspectional services to close drug houses.

For some sites, the strategies focused primarily on developing such networks. The Council Bluffs CCI, for instance, sponsored a city-wide conference on drug problems and as a result, took on a new role as "city-wide coordinator" for anti-drug efforts. The major strategy in Logan Square (Chicago) was drug prevention education and treatment programs for the local

schools, which also required working primarily with other agencies and organizations.

The range of agencies with which the CRDA organizations formed partnerships was broad. It included police, prosecuting attorneys' offices, other criminal justice agencies, fire department, inspectional services, public housing authorities, city councils and state legislatures, school boards, PTAs, local churches and ministerial associations, other community organizations, parks and recreation departments, youth programs, drug education programs, and substance abuse agencies and treatment programs. Table 3-4 lists the primary partnerships identified by the CRDA organization staff during the second program year. Some of these partnerships were particularly crucial for the CRDA programs and are discussed in other chapters (the Role of the Police; Mobilizing Churches; and Legislative Initiatives).

Maintenance of Partnerships In discussing means of maintaining their partnerships, the CRDA organizations identified three major tactics. First, partnerships should be structured to maintain accountability. Second, partnerships need time and sustained interaction in order to develop respect and trust among the members. Finally, the partnership should be defined as a coalition designed to facilitate interaction. Each tactic is reviewed briefly.

As already mentioned, many CRDA organizations were concerned about their existing role as community advocates and continued ability to hold public agencies accountable to their constituencies. Staff stressed the need to define roles of the partners clearly, to identify the benefits expected by partners, and to identify what each partner could offer in order to maintain accountability. By establishing the parameters and expectations upfront, staff expected that the personal relations that developed through partnerships would be less likely to undermine the need to maintain accountability.

Several groups mentioned the need to allow sufficient time for partnerships to develop.

TABLE 3-4

PRIMARY PARTNERSHIPS IN THE CRDA PROGRAM (Third Year)

<u>Organization</u>	<u>Partners: Law Enforcement</u>	<u>Partners: Others</u>
SHAPE, Houston	police and fire depts.	housing dept./city council/legislature parks and rec. dept.
SACCC, Chicago	police; police-narcotics U.S. Attorney's Office State's Attorney Office Illinois Criminal Justice Authority	local school councils Westside Ministers Assoc./Prevention Partners treatment centers (3) community organizations (3)
LSNA, Chicago		Boys and Girls Club Logan Square Youth center local churches (2) SOY- youth education program
CCI, Waterloo	police; sheriff County Attorney's Office	AARTS (youth center)/schools (just starting in year 3)
CCI, Des Moines	police County Attorney's Office	local PTA's churches/Chamber of Commerce National Council on Alcoholism Community College Youth program
CCI, Council Bluffs	police; sheriff	school board treatment program (1)/B-MAD (youth prevention Program)
UMDC,	police	City Council Cleveland members/treatment center (1)/local YMCA

TABLE 3-4 cont.

PRIMARY PARTNERSHIPS IN THE CRDA PROGRAM (Third Year)

<u>Organization</u>	<u>Partners: Law Enforcement</u>	<u>Partners: Others</u>
NWBCCC, New York	New York Police Dept. Housing Authority Police Probation Department New York City Housing Authority U.S. Drug Enforcement Administration District Attorney's Office	Borough President's Office Department of Parks and Recreation Department of Transportation Board of Education Dept. of Housing Preservation and Development New York State Division for Youth State Division of Substance Abuse Services Promesa and Pheonix House (treatment) Dept. of Environmental Protection
HART, Hartford	Hartford Police Dept.	City Manager's Office School Board The Conneticut Alcohol and Drug Abuse Council City Youths Services City Office of Substance Abuse City Council
OCO, Oakland	Oakland Police Dept District Attorney's Office City Manager	City /Mayor Superintendent of Schools Port of Oakland

NOTE: This list represents only those partnerships that staff identified as primary partners during the second program year; most organizations worked with several more agencies and organizations during the CRDA program.

Members of LSNA, for instance, pointed out that organizations and agencies with different goals and organizational styles needed time to develop trust and respect through interactions. Many organizations had not previously developed partnerships and needed time to develop the appropriate skills as well as incorporate the new ways of functioning into their operations. SHAPE (Houston) also explained that other agencies are unlikely to enter into partnerships unless they can anticipate that the program will have consistency and longevity. To form a working relationship with a program that may end in a few months was considered a waste of resources. Staff changes also hampered partnerships. For instance, several changes in UMDC staff required new partnerships or re-affirmation of existing ones. Or on the other side, changes in local administrations due to elections, promotions, or transfers required re-negotiating arrangements with city agencies. A common example was the promotion or transfer of police personnel involved with the CRDA project.

Finally, forming partnerships requires becoming familiar with and respecting the partner's goals and functioning as equal partners. CRDA organizations stressed that the function of a partnership should be to facilitate interaction among groups, not to force one group's agenda on the other(s).

Problems with Working in Partnerships

In discussing their experience in partnerships, CRDA organizations identified several problems or drawbacks. Most of these problems applied to partnerships generally, although a few focused on the partnerships that developed through the task force. The difficulties are outlined briefly.

Differences in Goals and Strategies Although organizations may share a concern

about drug problems, they may have different solutions in mind or different tactics for achieving those solutions. In Chicago, SACCC's cooperative working with other agencies on issues of billboard advertising broke down when the partners disagreed on whether to negotiate with the companies involved. LSNA (Chicago) discovered that it was particularly difficult to resolve differences in approach between professionals or service providers and community organizers. NWBCCC staff agreed, noting that they worried about adopting an "agency mindset" that they felt was contrary to their own approach. These differences in styles, constituencies, and decision-making processes emphasized the delicate process of negotiating partnerships in a manner that allowed the CRDA groups to retain sufficient autonomy and yet benefit from cooperative activity within the partnership.

Prior Relationships with Agencies Most of the CRDA organizations played an advocacy role on a variety of issues, so their relationship with some local agencies was adversarial. It was sometimes necessary to overcome past relations in order to develop partnerships for the CRDA program.

Issues of Competition and Politics Not surprisingly, several organizations noted that groups wanting to focus on anti-drug efforts tended to compete for limited resources, from funding to volunteers. SACCC (Chicago), for instance, decided against forming a new task force during the first program year because there were already several anti-drug task forces; another task force would have used up scarce resources without adding much to the local anti-drug efforts. Groups working within the same policy arena also ran into issues of "turf". An agency that has had primary responsibility for designing drug education programs, for instance, may be reluctant to share that decision-making with new partners, like community-based organizations. Finally, when partners shared responsibility for a strategy, there were questions about who should receive credit for what aspects of that strategy in

public forums, like news reports. Although residents and staff indicated that the important thing was that the work was accomplished, they naturally resented it when they thought they had not received proper credit for their work publicity.

Size of Groups and Effectiveness As partnerships become larger, especially when formalized into decision-making groups like task forces, it becomes more difficult to function effectively. NWBCCC, for instance, had a large and diverse task force membership during the first two years (see Table 3-1). NWBCCC staff noted that often agency representatives were not involved in task force discussions, because the agenda topics for that meeting were not relevant to their expertise or agency functioning. And as more groups became involved, more perspectives and differing styles must be balanced in making decisions. Although some groups noted the difficulty in getting large groups to function effectively, others noted that a larger group increased access to resources, resulted in more creative strategies, and helped avoid burnout of a small group of leaders.

Agency Representatives as Intimidators Most CRDA organizations included agency representatives on their task forces by the third year and had also formed extensive partnerships with agencies. Despite the benefits of including agency representatives (see next section), some organization leaders noted that several community representatives felt uncomfortable participating in the task force with a substantial proportion of agency representatives (see Table 3-1). In at least one organization community participation declined during the grant period as result of intimidation issues. Nonetheless, those community representatives who stayed on the task force became bolder about challenging agency representatives by the end of the grant.

Need for a Broader Agenda and Reduced Time for Local Issues In developing partnerships to deal with the drug problem, CRDA organizations found that they had to adopt

a broader agenda and spend more time forging relationships with other organizations. As a consequence, they had fewer resources to devote to community organizing and to the other neighborhood issues which were also priorities for their organizations. OCO, for instance, developed a workplan in the third year with broader social goals of increasing employment and housing opportunities. Working on these goals required developing partnerships at the city and state levels, rather than the neighborhood level that had been the focus of prior OCO activities. An OCO staff member noted that fewer neighborhood participants attended the organization's annual meeting and suspected that it was partly a result of the group's broader focus during the preceding year.

Advantages to Working in Partnerships.

In discussing partnerships during the second program year, CRDA organization staff identified several advantages to developing partnerships and including agency representatives on task forces.

More Collaborative Relationships As was already mentioned, most CRDA organizations previously had more adversarial relationships with some local agencies. Working together with the agencies in the CRDA drug program generally resulted in the groups developing a more collaborative style of interaction. In Des Moines, for instance, the CCI took action against a local businessperson whose tavern was the location for numerous criminal incidents. Initially intending to request a revocation of the liquor license, the group found that the businessperson was willing to cooperate and started to negotiate for needed changes. As a result, the CCI drug task force started to consider developing a mediation approach to address some neighborhood problems. In discussing this change in tactics, a HART staff member commented, "We have to get beyond blaming each other to what we can do to help the situation." Nevertheless, this advantage was often considered in balance with

the ongoing concern about continuing to hold local agencies accountable.

Increased Trust An advantage related to the change to a more collaborative style was the increased trust among local agencies. Given time to interact and become familiar with each other, local groups found that suspicions about the other groups decreased and willingness to cooperate in anti-drug activities increased. This process was particularly important in LSNA (Chicago), for instance, which formed a new task force of social service agencies to plan a comprehensive and community-wide prevention program.

Increased Legitimacy Several CRDA organizations reported that their legitimacy among local groups was heightened by the program. First, the receipt of a federal grant added to their legitimacy. Second, the change to a more collaborative style often meant that their image changed from that of "troublemaker" to an organization willing to work towards solutions. Local agency representatives offered similar assessments of changes in the organization's status as a result of the program. In one site, for example, a police officer commented that few city agencies had been willing to work with the group prior to the CRDA grant, as their confrontational style had contributed to an image of being problematic and troublesome; several agencies, however, were working with the group on the anti-drug activities.

Agency Representation on Task Force Some groups that included agency representatives on their task forces mentioned some advantages to that arrangement. First, it formalized relationships between neighborhood leaders and agencies, creating a firmer link between the two groups. Second, it increased the group's access to a broader range of resources. Third, it resulted in more creative planning of strategies as it combined the residents' perspectives with the experience of the agency representatives.

Summary Early in the development of the program, most CRDA organizations

realized that the complexity of the drug problem necessitated developing a program in cooperation with other organizations and agencies. An effective program required knowledge and expertise in multiple areas (law enforcement; use of civil laws; treatment and rehabilitation; prevention and education; etc.) as well as substantial resources. Any organization acting alone had little chance of being effective. Guidelines from NCPC and NTIC also stressed the need for working through partnerships and developing task forces, although that particular operating style was not typical for CRDA organizations. By the end of the program, all organizations had developed extensive working partnerships, often including agencies on their task forces. And these new partnerships were often mentioned as one of the major accomplishments of the CRDA program.

The number and kind of partnerships that were formed by the CRDA organizations were influenced by several factors: the interest of other agencies and organizations in local drug problems; the ability of those groups to act on that interest; existing anti-drug task forces or networks in the city; and the CRDA organizations' prior relationships with other groups. In some cases, the need to develop organizational networks or partnerships may have lessened the organizations' focus on organizing community residents, developing community leaders, and addressing neighborhood level problems. Organization staff expressed concern about the community retaining control over the organization's agenda in the face of "expert" participation through the task forces and other partnerships as well as continuing to hold agencies accountable. OCO staff, for instance, noted that the membership of the task force was fluid, depending on the issue under consideration, and that fluidity helped maintain the community's control over the program.

Despite these tensions introduced in the organizations' operations, the new partnerships and working relationships were often cited as major accomplishments of the

CRDA programs. Program and executive directors pointed out that the partnerships increased their legitimacy and effectiveness, at the same time that their organizations maintained their ability to hold agencies accountable. Using a more collaborative or cooperative style of interaction, as opposed to the more confrontational and adversarial style more common for these organizations, was a major change and required different skills and tactics. The tensions experienced in making these changes are not unique to the CRDA organizations or the anti-drug program, and the organizations differed in the extent to which they faced these concerns. Other studies have indicated that community-based groups usually reach a stage of development in which they must make changes to maintain effectiveness: (1) organize at a broader level than the community in order to address current issues, and (2) increase their access to social service and governmental agencies to obtain needed resources or services (Menefee-Libey, 1985; Thomas, 1986). The challenge is to maintain their grassroots membership base and continue to develop local leaders while developing their organizational network. The CRDA organizations were well aware of the need to maintain that balance and appeared committed to finding the means of doing so.

D. Needs Assessments and Surveys

In developing new anti-drug strategies, the CRDA organizations often researched community opinion, other available programs, existing legislation, or other needed information. Such efforts were not new for the organizations, although the anti-drug strategies may have required more research than other community issues given the complexity of the issue and the need for networking. All the CRDA organizations reported doing some form of research for the demonstration program.

Surveys of Residents A survey of residents' opinions was often part of an organizing effort. Oakland Community Organizations (OCO), for example, always used one-to-one individual interviews and house meetings when organizing a new church community organization. The interviews fulfilled several functions. Information on residents' concerns helped staff focus activities for the group and provided support for the group's requests when dealing with other organizations or agencies. At the same time, residents received information about OCO and learned about ways of working collectively on community problems. Other surveys focused on specific aspects of local drug problems. The Waterloo CCI used a survey of residents around Sullivan Park to obtain information on residents' concerns about drug dealing in the park, to inform residents of their anti-drug activities, and to identify new community leaders. And a group formed by the Des Moines CCI surveyed local school students to identify possible activities for a new youth center.

Surveys of Service Providers Some CRDA organizations surveyed service providers to identify what drug-related activities were already available. LSNA (Chicago) interviewed school principals to learn about the drug prevention programs being offered in the schools prior to planning a new, more extensive school program. Other CRDA organizations surveyed social service agencies to identify drug treatment programs to which residents could be referred.

Fact Finding Efforts CRDA organizations often gathered information to verify concerns expressed by residents and to support their requests for action by other agencies. When HART (Hartford) members and residents became concerned over the lack of enforcement of the drug-free school zone ordinance, HART worked with parents and another organization to gather information on arrests and fines under the ordinance. They planned to present the resulting report to the schools and criminal justice officials, to justify a request for

more enforcement. OCO (Oakland) did extensive research on the city budget during the third year of the CRDA program to identify funding sources for community policing, afterschool recreation programs, and job training and placement programs. In addition to research on the budget, OCO staff indicated that they held 60 research meetings with city departments to learn about the city budget and the local power structure.

Research on Legislation Many of the anti-drug strategies required familiarity with existing legislation at both the state and local levels. Both NTIC and NCPC provided information on legislative strategies, but these often had to be researched at the local level as well. CRDA organizations researched existing nuisance abatement laws, drug free school zone laws, the use of federal days, and similar issues. In those instances where the needed laws were not already on the books, the CRDA organization sometimes helped draft legislation and pressured legislative bodies to pass it.

In addition to learning how to make creative use of existing laws, the CRDA organizations worked on ways to create new options. UMD in Cleveland, for instance, explored ways to increase the ability of local groups to buy abandoned houses from HUD for rehabilitation. The organizations focused more on these issues as the limitations inherent in stricter law enforcement's ability to eliminate local drug problems became more clear.

E. Role of Police

Each of the ten CRDA programs worked cooperatively with the local police department on at least some of their program strategies. Many programs started with a strong focus on increased enforcement, encouraging citizens to report drug activities to the police, obtaining agreement from the police for increased patrol visibility and follow-through on citizen information, drug house closures, citizen patrols or Neighborhood Watch programs, enforcing

drug-free school zones, drug education, and other similar strategies. Cooperative relations were obviously beneficial in implementing these kinds of strategies. This section briefly reviews the community's perceptions of the police department (for those communities with a resident survey) and the various roles assumed by the police during the CRDA program.

Community Perceptions of Police

As explained earlier, telephone interviews of residents were done in six of the communities during the first year of the program: South Austin (Chicago), Bronx, Cleveland, Hartford, Oakland, and Waterloo. During the interviews, residents were asked several questions about the local police department.

A majority of residents in five of the communities said that they were at least "somewhat satisfied" with police services in their community. The exception was the Bronx community: 62 percent of Bronx residents said that they were somewhat or very dissatisfied with their police services. At the other end of the spectrum, 50 percent of Waterloo residents said that they were "very satisfied" with their police services; only 13 percent were dissatisfied (see detailed results in volume 3 of the final report).

A substantial proportion of residents in each community had contacted the police during the previous year to report an incident. Reporting ranged from a low of 31 percent in Waterloo to a high of 54 percent in Hartford. Despite their dissatisfaction with local police service, about 4 out of 10 Bronx residents had called the police during the past year.

Residents were also asked who had responsibility for stopping illegal drugs: the police, residents, or both. A majority of residents thought that both residents and police were responsible, ranging from 50 percent in South Austin (Chicago) to 63 percent in Waterloo. Among those residents who assigned responsibility to one or the other group, there was not a clear pattern as to which group was more generally considered responsible. Residents

seemed about evenly divided between assigning responsibility to the police and to the residents. The two exceptions were South Austin (Chicago), where residents were more likely to identify residents as responsible, and Hartford, where residents were more likely to identify the police as responsible.

Finally, residents were asked whether the police were willing to work as partners with the community. Residents of Oakland and Waterloo were the most positive about police willingness to work with the community. For the other four communities, residents most often replied that the police were "somewhat willing" to work with the community. It should be noted, however, that more than one fifth of the residents in South Austin (Chicago) and the Bronx were not certain about the willingness of the police.

In summary, a substantial proportion of community residents were generally satisfied with police services, had reported at least one incident to the police during the past year, thought the police were willing to work with the community, and thought that they shared responsibility with the police for stopping illegal drugs. Exceptions to these conclusions should be kept in mind: Bronx residents were generally dissatisfied with police services. Both the Bronx and South Austin (Chicago) residents were more likely to be uncertain about police willingness to cooperate with the community. (Please note that these residents were not necessarily members of the CRDA organizations and those members may have somewhat different opinions.)

Police Roles in CRDA Programs

During the first year of CRDA activities, the police department often worked with the organizations in strengthening or developing new law enforcement strategies to decrease drug dealing in the communities. Drug dealing was a frequent and highly visible activity in these neighborhoods, so it is not surprising that residents' first efforts focused on strengthening

enforcement efforts. At least one organization (NWBCCC in the Bronx) explained their workplan strategy as focusing first on law enforcement efforts to secure the neighborhood, making it safer and less threatening for residents. Once residents felt more in control of their community, the organization planned to develop strategies that focused on youth and the causes of crime.

As can be seen in (Table 3-5), the CRDA organizations developed several program strategies aimed at enhancing enforcement. The strategies summarized in the table have commonalities across the CRDA programs, in part because of the networking among the programs that was fostered by NTIC and NCPC during the first year. Thus, many of the groups used "hot spot" cards as a way for residents to anonymously report information on drug dealers and users to the police. Police assistance, as identified in the table, should be viewed as a generic outline, from which the individual programs frequently varied.

This section also reviews law enforcement oriented strategies and other CRDA strategies in which police had a definite role, the involvement of police officers in general program development, and some results of the police-community collaborative efforts. Many of these strategies had similar goals of increasing arrests (and convictions) of drug dealers, reducing drug dealing as a visible activity in the community, and strengthening and expanding legal options for dealing with problems of drug dealing. Although many of these relied on criminal statutes, the organizations also pursued other legal means, such as housing inspections and civil laws that could be adapted for use in reducing drug dealing.

Task Force Membership and Planning

In four communities, police officers served as members of the task force or ad hoc committee, which meant that they attended meetings, helped network with other groups and agencies for program activities, and provided technical assistance as needed. Although in six

TABLE 3-5

THE ROLE OF THE POLICE IN PROGRAM STRATEGIES

SITES	Program Strategies	Kinds of Assistance from Police	Program Goals
South Austin Cleveland Council Bluffs Des Moines Hartford Logan Square Waterloo	Hot Spot Cards (Reporting)	Meet with residents Procedure to receive information regularly Develop strategy for patrolling or increasing visibility in high traffic locations Provide feedback to organization on action taken and results	Reduce drug selling in high traffic locations
South Austin Bronx Cleveland Des Moines Hartford Oakland	Closing crack houses	Arrests of dealers Use of abatement ordinance Use of federal days Coordination with inspectional services and housing court	Reduce drug selling
Bronx Council Bluffs Houston Logan Square	Block watch and citizen Patrols	Vertical sweeps of apartment buildings Training of members Providing equipment Response to calls	Increase citizen reporting and reduce drug selling
Bronx Des Moines Waterloo	Court Watch	Provide information on community drug cases and their court dates	Alert court personnel of community concerns
Cleveland Council Bluffs Des Moines Hartford Houston Logan Square Waterloo	Drug-Free School Zone Signs (DFSZ)	Design of signs Help obtaining and posting signs Commitment to enforce DFSZ	Reduce drug activity around schools (and parks)
Bronx Cleveland Waterloo	Rallies	Provide security Represent police dept's support	Promote public awareness and involvement
Houston Hartford	Youth Programs	Police officers as volunteers	Improve police and community relations
Bronx Houston Hartford Oakland	Task Force Membership	Attendance at meetings Assistance in networking and developing resources Providing technical assistance	Involvement of police in program development

communities, police officers were not officially members of the CRDA task force, they were involved in program planning and development in those communities. Officers attended meetings as invited and fulfilled many of the same functions as those serving as "official members". This should not be interpreted as saying that it makes no difference whether officers are designated as official members of the task force, but rather that the police can play an important role in developing the program even when they are not task force members.

The focus of collaborative planning with the police changed as the programs developed. UMDC (Cleveland), for instance, started a "pilot program for community-police involvement in enforcement resource allocation" in the third year of the program. The group planned a community survey to ask residents what they considered appropriate priorities for the police in their communities. Following the survey, the group planned to hold a meeting with residents and police to discuss local priorities. After focusing primarily on hot spot cards in the first year, HART (Hartford) increased the community's interaction with the police during the second year through monthly crime committee meetings throughout the target areas and started new enforcement programs in two target areas as well as an anonymous drug hotline.

Police-Organization Relationship

For several organizations, the cooperative work with the police was a significant change from earlier, more adversarial relations. Both OCO members and police officers in Oakland noted, "Trust is the major accomplishment [of the program]. We never had it before." Similarly, HART (Hartford) identified the attendance and participation of police at the task force meetings as one of the primary accomplishments of the first year. A significant change in relations was also experienced by SACCC in Chicago. Relations with the police were not good during the initial stages of the program and the organization found it more productive to work with the State's Attorney's office and the DEA. As the program

developed, however, the local commander became more supportive of the organization's approach to the drug problem -- enough so that some critics suggested that he needed to spend more time on enforcement and less on organizing the community. Nonetheless, neither group saw the more cooperative approach as being "coopted" by the other organization. In a few communities, the organizations and police reported continued disagreements over development of the CRDA program or police strategies as evidence that neither side was dictating to the other.

Although many organizations experienced improved relations with the police department, a few continued to report problems in developing cooperative relationships. In the third program year, LSNA in Chicago emphasized efforts to work with local law enforcement. In the group's opinion, the Chicago police neglected the community as a resource: "We can mobilize people to support the efforts of the police but sometimes they don't appreciate this." SHAPE (Houston) also targeted police-community relations as a goal for the CRDA program. Residents of the target community distrusted police and were reluctant to report incidents. In fact, the Gillum-Delany Justice Committee was formed by SHAPE because of alleged police brutality against African-Americans. SHAPE tried to improve relations by involving police officers (especially African-Americans) as role models in their youth programs, pressing for a civilian review board to hear complaints of brutality, and providing sensitivity training for police workshops. Despite these efforts, relations remained strained, especially with non-African-American officers.

A cooperative, working relationship with the police seemed critical to the development of most programs, in large part, perhaps, because of the strong emphasis on law enforcement efforts during the first year. This new relationship had several benefits, in addition to the more obvious one of providing needed support for law enforcement strategies, like closing drug

houses. First, knowing that the organization had support from the police department provided an additional incentive and encouragement for residents to take action that would have generally aroused fear of reprisals. Second, the cooperative stance frequently increased the organization's legitimacy in local political circles and enhanced their networking with other agencies and organizations. Third, while working on law enforcement strategies with police, many residents began to realize the limitations (as well as the benefits) of those strategies and to consider needed adjustments to the CRDA effort in order to deal with other aspects of the drug problem. Finally, for police departments, the CRDA program frequently provided support for their requests for additional resources, changes in local ordinances, and so forth.

The relationship between the CRDA organizations and the police was in many sites reciprocal in nature. In some sites, the CRDA organizations provided assistance to the police department in maintaining programs. For example, in Council Bluffs one of the VISTA workers updated the Neighborhood Watch files and began organizing new groups when the crime prevention officer indicated that he had insufficient time to work on Neighborhood Watch as well as the DARE program. Similarly, when the police department in Waterloo began receiving requests for help in forming Neighborhood Watch groups, the department referred them to the Waterloo CCI because of the department's lack of resources. Clearly, in these instances, the CRDA organizations provided needed resources for local police departments.

F. Community Organizing

Numerous evaluations of community crime prevention programs have noted the difficulties in generating and maintaining participation in such activities (Bennett and Lavrakas, 1988; Henig, 1985; Lindsay and McGillis, 1986; Silloway and McPherson, 1985; and Rosenbaum, Lewis, and Grant, 1986). These problems tend to be particularly acute in

communities that are more in need of crime prevention programs (cf., Skogan, 1989). Researchers and practitioners have identified several characteristics of communities that contribute to low participation: residents with fewer resources and less experience in organizational activities; community populations that are heterogeneous and transient; lack of community organizations and institutions to sponsor collective activities; and a high crime rate that undermines the trust between residents that is needed for collective action. Other factors that make participation problematic are related to the nature of crime prevention programs: the cyclic nature of crime problems; the relatively low frequency of crime incidents in most communities; fear of crime that may cause residents to withdraw socially; and the intangible goal of crime prevention programs (Lavrakas & Lewis, 1980; Lavrakas & Bennett, 1988).

Several tactics have been suggested as ways of alleviating the difficulties associated with citizen participation: face-to-face contacts with residents, embedding crime prevention activities in multi-issue community organizations, and allocating program or organizational resources for maintenance activities. The ten CRDA sites varied in community organizing strategies, encountered a variety of problems during implementation, and developed a number of tactics to overcome these difficulties.

Obviously, in implementing any community program, an organization needs to generate participation by residents. The type and extent of participation varies with the nature of the program, however, and not all CRDA programs needed broad-based community participation (for example, the school-based preventive education program in Logan Square). Typically, most programs planned some activities that needed broad-based participation and several workplans included community organizing goals. For the purposes of this report, community organizing refers to activities that generate or maintain participation by individual residents, either adults or youth. Several organizations also worked on increasing

participation by local organizations and agencies (e.g., local churches). These program activities are considered in other sections of the report (see sections on Partnerships and Task Forces and on Mobilizing Churches). The community organizing goals and plans are reviewed briefly for each CRDA program.

Problems Related to Participation in Anti-Drug Activities

Although the focus of CRDA programs on local drug problems certainly places them in the broad spectrum of community crime prevention programs, their focus on drug dealing and drug using intensified problems in generating or maintaining participation, changed the factors related to low participation, and affected the kind of tactics useful in increasing participation.

Numerous factors have been discussed as contributing to problems of participation in community activities. Several of these are characteristics of the community or its residents (e.g., high transience, low level of available resources) that cannot be directly or easily changed by a community organization. They are not considered in this discussion. Instead the focus here is on factors related to the nature of an anti-drug program. Three factors appeared related to the groups' difficulties in generating resident participation in CRDA activities.

Fear of Retaliation The most obvious reason for increased difficulty in generating participation was fear among residents that drug dealers would retaliate if they knew that residents were acting against them. Program staff noted this as a problem in most sites. It seems likely that this problem is enhanced by the media's coverage of drug problems and community reactions to them. Both newspaper and TV news programs highlight stories of local residents who take a stand against drugs and suffer retaliation from drug dealers. The high visibility of such incidents may increase residents' perceptions of their risks beyond a more "objective" assessment of risks of retaliation. Such problems should not be entirely

discounted, however, as several incidents of retaliation occurred during the CRDA program. In Oakland, a participating resident's house and car were burned. In South Austin, a tenant organizer's apartment was hit by gunfire. And in Hartford, a business person's windows were repeatedly broken and arson was attempted at his business.

Generally, fear of retaliation seemed to play a bigger role in deterring participation in anti-drug activities than fear of crime does in community crime prevention programs. Although it has been frequently postulated that fear of crime causes people to withdraw socially, thus decreasing their participation in community activities, community organizers in community crime prevention programs rarely cited fear as a reason for non-participation in those evaluations that have considered participation problems. One is more likely to hear that residents do not participate because they do not have the time, have more pressing problems, or do not think that they can make a difference (e.g., Lavrakas and Bennett, 1988).

Stigma A second reason for difficulty in generating participation was the stigma some people associated with becoming involved in drug abuse programs. The groups cited this problem less frequently than fear of retaliation, although it may surface more as groups go beyond law enforcement strategies and include more treatment and education strategies. This issue was raised in Hartford when the organization attempted to hold classes on problems of drug abuse in local schools for students and their families. Staff reported that the low participation at the classes was due to the fact that if a resident attended a class, the rest of the community would think that there was a problem of substance abuse within the family.

Complexity of the Drug Problem The complexity of the drug problem appeared to influence community organizing in two ways. First, some organizations were not able to use their normal organizing tactics. Generally, the organization used a three-step process to organize around a particular issue: (1) identify a problem, (2) identify a single person or

agency responsible for solving that problem, and (3) plan an "action" by residents to hold that person or agency (the target) accountable responsible and commit them to a particular means for resolving it. As one director explained about the CRDA program, though, there was not an individual person or agency who could be identified as "responsible" for the local drug problem. This group described their alternative strategy as identifying a particular need (within the broad range of needs associated with local drug issues) and trying to find a means of meeting that need.

Second, the complexity also forced groups to network with other organizations and agencies in order to have an effect on local drug problems. For several groups, this kind of networking meant a significant change in their operating styles. Many of the CRDA organizations restricted their planning and decision-making to residents, rarely involving agencies (especially any outside of the community) in their planning. Strategies like drug education programs in local schools required ongoing, cooperative relations with several other agencies. The networking also required considerable staff and member commitment, decreasing the resources available for mobilizing individual residents (see the section on forging partnerships).

Tactics for Increasing Community Participation

The CRDA organizations reported using four major tactics to generate community participation. Two of these tactics--"one-to-one" contacts with residents and the use of "side issues" -- are also frequently used in community crime prevention programs, although they function somewhat differently in these anti-drug programs. The other two tactics--reliance on local institutions to identify leaders and the use of group responses -- are infrequently used in other crime prevention programs. Each is reviewed briefly.

Personal Contacts The importance of personal contacts in persuading people to become involved has been noted not only for crime prevention activities but for other kinds of collective activities as well (Bennett and Lavrakas, 1988; McCourt, 1977; McPherson and Silloway, 1981; O'Keefe, 1986; Rosenbaum, 1988). Talking to people individually appears to be the most effective way to persuade them to become involved in community activities. Organizers for community groups spend considerable time "doorknocking" when they need to develop or reinforce their grass-roots support.

Given residents' concerns about becoming involved in anti-drug activities, CRDA organizers reported that personal contacts were particularly important. Unfortunately, organizers frequently could not go door-to-door meeting and talking with residents about the CRDA program. In some sites, residents were reluctant to have organizers stand on their doorsteps as it might then identify them as taking action against drug-dealers. These problems forced CRDA organizers to identify possible leaders and participants through other groups, where individuals could be approached in less threatening ways. Although the means of developing personal contacts changed, this tactic for generating participation remained central to the CRDA programs that included community organizing goals. One CRDA staff member, for example, reported that almost all of the work the program had accomplished had been done through face-to-face contacts.

Use of Side Issues In many crime prevention programs, neighborhood issues that are only indirectly related to crime are included in program activities. These issues help organizers maintain residents' interest and provide more tangible accomplishments than reducing crime rates, thus helping to alleviate some problems in maintaining participation. CRDA organizers sometimes used side issues as well, but more often to generate participation rather than to maintain it. Fearful of becoming openly involved in anti-drug

activities, residents sometimes found it easier to organize around related issues, such as the physical condition of their neighborhood. Through their work on such issues, residents began developing trust in the group and experience in working collectively. As the physical conditions of the community were often related to drug dealing and drug use (e.g., a prevalence of abandoned houses), organizers and residents expected that their activities would affect drug activities. Once active, the residents generally began to work more directly on local drug issues. Some groups also reported that they worked on developing activities that were aimed at drug problems, but were less fear-provoking for residents. SACCC in Chicago, for instance, made the sale of drug paraphernalia one of its first targets.

In most CRDA communities, related or side issues were not needed to maintain interest or provide more tangible accomplishments. Drug dealing and use were fairly constant and visible activities, unlike the kinds of crimes usually targeted in community crime prevention programs. Removing drug dealers from a neighborhood corner or park was a more visible and tangible accomplishment than reducing the number of home burglaries. The related issues were more important as providing ways to become initially involved in less threatening activities.

Reliance on Local Institutions As noted above, community organizations frequently use "doorknocking" to inform residents about local problems and encourage them to participate in collective activities to address those problems. Unable to use doorknocking in some communities, CRDA organizers contacted local institutions to enlist their help in recruiting participants. Most frequently, organizers relied on churches and schools. In some communities, the churches and schools were among the few institutions still active.

Given the traditional involvement of churches in community organizing, it was not surprising that the organizations worked through local churches to recruit members. Several

CRDA organizers also commented on the importance of churches as a social institution ^{IN} African-American communities. Gaining the support of the churches gave the program an important legitimation among African-American residents, especially if the organization staff and members were predominantly white. In Oakland, organizing through the churches was a well-developed tactic. For other CRDA organizations, however, working through churches was a new method and required the additional work of establishing relations with the churches. Also, although the organizers found that working through churches usually increased their legitimacy, the affiliation with a church sometimes made it more difficult to develop a group of residents within a given geographic area. Finally, organizers sometimes found it difficult to enlist the support of churches. Some of the problems identified by the organizers included the churches' reluctance to identify drug problems as within their scope of responsibility, their tendency to focus activities only on their own members, and some ministers' cautious response to interracial, interfaith groups. Despite these difficulties, churches played an important role in several CRDA programs.

The other local institution frequently used by CRDA organizers to recruit participants were the schools. Schools provided good contacts with residents in part because most schools remained locally based (that is, they draw students from a limited geographic area around the school) and because programs frequently wanted to involve youth and their partner in CRDA activities. Although schools seem a natural partner for CRDA programs, some sites found it difficult to develop cooperative relationships with local schools. A Hartford staff member, for instance, reported that schools did not always want to admit that there were drug problems in or around the school. In other sites, the difficulties arose more in negotiating cooperation among different groups with different approaches already working through the local schools.

Community-Wide Responses Several CRDA groups held marches and rallies during the first year. Such community-wide responses provided a safer way for residents to oppose local drug activity. A Waterloo resident who participated in the candlelight march in a park known for drug-dealing commented that retaliation was unlikely when such a large group acted together. Community-wide events were also frequently viewed as a way of symbolically taking back the community (park, street corner, etc.), at least for a short period of time. Participants described such events as serving notice to drug dealers that they were not wanted in the community and that residents were not going to tolerate them. Finally, organizations frequently united speakers who were well-known for their anti-drug activities at the rallies. These speakers generally focused on motivation and encouraging residents to take action against local drug activity. One resident reported that a speaker had acknowledged that such action was dangerous, but reminded the audience that people had taken such risks in the sixties for the civil rights movement and perhaps it was necessary to do so again. Although most sites held such activities infrequently, then, they sometimes worked to generate participation in other CRDA activities. Rallies and fairs have also been used in community crime prevention programs, but they generally serve different purposes. Community crime prevention fairs are more likely to be annual events, held to disseminate information on local programs and to provide a social event for residents.

Summary Most evaluations of crime prevention programs view organizing residents as part of the implementation process and consider it an intermediate program goal -- that is, a goal that needs to be accomplished if the ultimate program goals of reduced crime and fear of crime are to be achieved. For most of the CRDA organizations, however, generating participation or organizing residents was not viewed as just a necessity for the implementation of the anti-drug program. As noted by one staff member, "community involvement is the

program." In short, community organizing was an ultimate goal of the organization. For these organizations, community organizing should not be seen only as generating participation in certain activities. It is "improving the lives of neighborhood people, ... [and] empowering the neighborhood people to improve their own lives, ... [There are two standards for community organizing. First, the organizations bring members together to discuss problems and possible solutions, develop an issue agenda out of their priorities among these problems. Second, their members participate directly in acting on that agenda..." (Menefee-Libey, pp. 2-3)].

The emphasis on community organizing influenced program implementation (see Table 3-1). In particular, it meant that the planning process was much more fluid and ongoing than would be expected in a more traditional approach to planning. Organizations worked on identifying interested residents, developing community leaders, and designing program strategies to focus on resident-identified problems. The organizations wanted to address local drug problems (whatever those might be), but in ways that strengthen residents' ability to act collectively for their own self-defined interests. Detailed workplans are not as useful in these situations as they are for organizations with more firmly defined activities. The organizations needed flexibility in developing and implementing anti-drug activities. As an Oakland staff member explained: "OCO's process involves listening to needs, being responsive to needs, and developing leadership and a constituency around the problem. The process is the most important; the workplan is just a by-product."

G. Mobilizing Churches

In many urban neighborhoods, the church is one of the few community-based institutions remaining that is concerned with the well-being of the community and its residents. Because the church is an integral part of American life, it has not gone untouched by the

ravages which have permeated society, including the devastating problem of substance abuse. Urban problems have traditionally resulted in church members seeking solace from the church and its clergy. In an effort to be more responsive to the growing needs of their members, many churches have begun to expand into more non-traditional approaches and to utilize the knowledge and expertise of those in the community (Walker, 1991).

Why does the church need to be involved in the substance abuse issue? Proponents for church involvement argue that substance abuse in our society has resulted from a decline in individual, family and community values and view society as "morally bankrupt."

Furthermore, they claim that the community institution most responsible for reinforcing positive values is the church. Opponents of church involvement argue that substance abusers are a living example of the "wages of sin," and contend that their problem should be addressed by social workers, law enforcement and elected officials. But as one CRDA director stated, "if a local church is not involved in social issues, such as substance abuse, it has failed the community". CRDA organizations that encouraged church involvement recognized that the church should not deal with the substance abuse problem in a vacuum. Prevention theory encourages involvement of all institutions within the community which are engaged in the day-to-day life of community residents. A central concept in prevention states that there is no one agency or institution which will be able to solve a problem, such as substance abuse. (Walker, 1991).

The benefits of church involvement in combatting drug abuse include:

- Churches have readily available populations where larger numbers of people can be accessed;
- Churches have legitimacy in the community;

--Churches are part of networks/alliances which allow them to tie into a larger number of resources (Schaps et al., 1980).

Churches have responded to the problem of substance abuse in four ways: (1) developed treatment/counseling programs, (2) coordinated prevention efforts, (3) organized coalitions/task forces, and (4) implemented church-based organizing.

Treatment /Counseling

Some clinicians suggest that religion can be a potentially powerful force for the prevention of substance abuse. Religion can provide a powerful means of dealing with the pain, suffering and disappointments which are a part of life and living. Many argue that it can provide an "emotional high" to replace the drug-induced highs. (Indeed, Alcoholics Anonymous and Narcotics Anonymous offer a spiritually-oriented approach). Some churches in the CRDA sites met the problem "head-on" by providing treatment programs such as the program planned in Hartford (See Hartford Case Study). In other instances, churches provided counseling and other resources for addicts.

Prevention The most frequent response of churches in the CRDA demonstration was to get involved in the prevention of substance abuse. An effective strategy was to coordinate church activities with existing drug prevention programs and social service agencies. Not only were there benefits to the church, the existing drug prevention programs and agencies benefited as well.

Task Forces/Coalitions The type and level of church involvement in task forces/coalitions varied across the CRDA sites. The first level of involvement entailed having at least one minister, priest, youth minister or church worker serving on the CRDA task force. Many of these churches were asked to join the task force because they operated drug prevention, counseling, referral and/or treatment programs in the community. In Waterloo,

CRDA staff felt the involvement of churches from the African-American community provided legitimacy to the CRDA program sponsored by a predominantly white organization. In Oakland and the Bronx, churches were members of the local organizations, so they were directly involved with the CRDA task forces at the site.

Another strategy involved churches forming their own coalition or task force as part of the CRDA grant. In Council Bluffs, the CRDA organizer conducted a survey of youth ministers on teen problems as a mechanism for forming a church task force. This was the first time Council Bluffs churches had worked together. The task force sponsored a Youth and Family Fair. In one Chicago neighborhood, the churches served as centers for youth activity, being neutral places where gang "turf" was eliminated. In Cleveland, Mission on Miles (MOM) was the name of an informal task force of ministers, public officials, residents, law enforcement, schools, and treatment providers. They organized rallies in locations where drugs were sold, conducted marches, and co-sponsored a neighborhood drug conference. In Waterloo, churches hosted Sunday picnics in a park where major drug dealing had occurred. The Ecumenical Advisory Group (EAG) in Hartford helped organize a religious mass and march against drugs that involved community youths, adults, priests, politicians and police.

In Hartford and Chicago, clergy were in the forefront of the drug paraphernalia issue. In Chicago, ministers asked store owners to rid their shelves of drug paraphernalia and post anti-paraphernalia signs in their stores. In Hartford, the EAG educated the community about the drug paraphernalia problem. Two store owners voluntarily removed drug paraphernalia, as a result of their efforts.

It should be noted that most church activities, such as the marches and vigils in the Bronx, received extensive media attention which contributed significantly to their success in bringing attention to issues and initiating change. (See section on Utilizing the Media).

Church-Community Organizing One anti-drug strategy used to mobilize congregations into local church organizations is church community organizing. During the last twenty years, community organizing, as developed by Saul Alinsky, has undergone a profound transition. In its infancy, organizing was primarily a secular movement. Although Alinsky worked closely with churches and clergy members, he relied on them mostly for financial and human resources. Organizing was seen as a civic activity. From the 1940's until his death in 1972, Alinsky saw the locus of organizing as the neighborhood council, a coalition of civic and church-related organizations that came together to work on common self-interests. Church members comprised coalitions, but did not act as a church. After Alinsky's death, community organizers began to develop a new model of organizing. The locus of this method was the church instead of neighborhood coalitions. Today, church-based community organizations exist in most urban areas across the United States (Keddy, 1991).

Although, the church and neighborhood models of community organizing draw heavily upon the Alinsky heritage, Keddy (1991) describes some key differences between them on four elements: structure, discipline, value and the role of the organizer.

The Neighborhood Model

Structure In this model, neighbors band together to form a neighborhood council or organization. Most neighborhoods lack existing patterns of activity, and residents generally do not have strong relationships with their neighbors. Therefore, residents must create something out of nothing. The church is involved in the organizing effort by rendering support to the neighborhood organization. Many of its members, including the clergy, participate in the organization. However, the church in and of itself is not the center of the organizing process. Neighbors spend time canvassing their community and focus on issues of direct concern to their immediate surroundings.

Discipline People who happen to live in the same neighborhood may or may not share similar values and ways of working together. Hence, the level of discipline in a neighborhood organization is often tenuous at best. Furthermore, because a neighborhood does not have institutional leaders, its leadership may be inconsistent. Leaders may come and go, depending on whether or not the issue directly affects them.

Value The principal value of the neighborhood organization enables people to act on issues that affect their immediate self-interest. Without this kind of an organization, neighbors are often mere victims of opportunistic exploiters in their area. Since, the primary motive is immediate self-interest, the organization tends to react to problems, to "put-out brush fires," and not respond in a proactive manner to improve the quality of life of its members. Without a pressing concern, the neighborhood organization struggles and often disintegrates.

The Role of the Organizer Due to the absence of natural relationships among members of a neighborhood, an organizer must spend much of his/her time creating opportunities where people can develop relationships. Without an existing structure of leadership, an organizer often plays a central role in the organizing process and assumes responsibilities that ideally should be performed by local leaders.

The Church/Community Model

Structure In the church/congregation model, the community organization is a part of the structure of the church and is seen as an essential element of church life. While the parish community organization is open to non-parish members, the majority of leaders evolve from the parish. The clergy view organizing as a part of social ministry and church ministry. Unlike the neighborhood, the church provides the organizing effort with a body of people who are in relationship with one another, an institutional base, and existing leadership. Because the organizing effort occurs within a formal structure, the leaders of a church organization are

able to mobilize people in a much greater fashion than the leaders of a neighborhood organization. The church organization also serves the internal self-interest of the church.

Discipline The members of a church organization hold common values and share a similar understanding of leadership. Because they are accustomed to working together, the leaders of a church organization are able to develop a common discipline of organizing. Leaders within the organization spend a lot of time and energy doing "one-to-one's" (personal visits with their family, friends, and fellow parishioners to discuss concerns and to prepare for action) and house meetings. Each leader has a network of persons with whom s/he is consistently interacting and whom s/he can rely upon when it comes time to take action on an issue.

Value While a neighborhood organizes primarily in order to respond to an immediate issue, a church organization works not only to respond to issues, but also to create a greater sense of community within the congregation. Although issues are still central to the organizing process, they are not the sole motivation behind the process; equally important is the establishment of relationships within the parish and the formation of the community. If the organization is not faced with a pressing issue, it does not dissolve if the relationships between its members are maintained. Issues continue to emerge from on-going conversations held between the leader and his/her constituency.

The Role of Organizer Whereas in the neighborhood model, the organizer seeks to facilitate the creation of relationships among people, in the church model, she/he essentially reorganizes existing relationships. The opportunity to work within an existing leadership structure allows the organizer to concentrate efforts on training leaders in organizing skills. Furthermore, with or without the organizer, the leadership structure remains. Church leaders are able to assume a degree of responsibility within the organizing process that is generally

not available to neighborhood leaders.

The Oakland CRDA grantee, OCO, used a church community model for organizing the community around all social issues. The first step in the process involved a meeting between an OCO staff member and the pastor or priest to secure an invitation to work with the church leaders to build a local church organization. The second step included OCO staff scheduling one-to-one meetings with identified leaders to hear their concerns and see if the leaders were interested in forming a local church organization (Figure 3-1).

The third step was a series of training sessions for leaders conducted by OCO staff. The end result was the formation of an organizing committee whose members conducted one-to-one visits and house meetings to strengthen relationships, hear concerns and invite participation in the local church organization.

The fourth step was a decision by the church organizing committee to address specific concerns which were identified. The members researched and identified available resources and agencies responsible for addressing specific concerns.

The fifth step of the process was a community meeting where the church organization leadership secured a commitment from responsible agencies to respond to identified concerns.

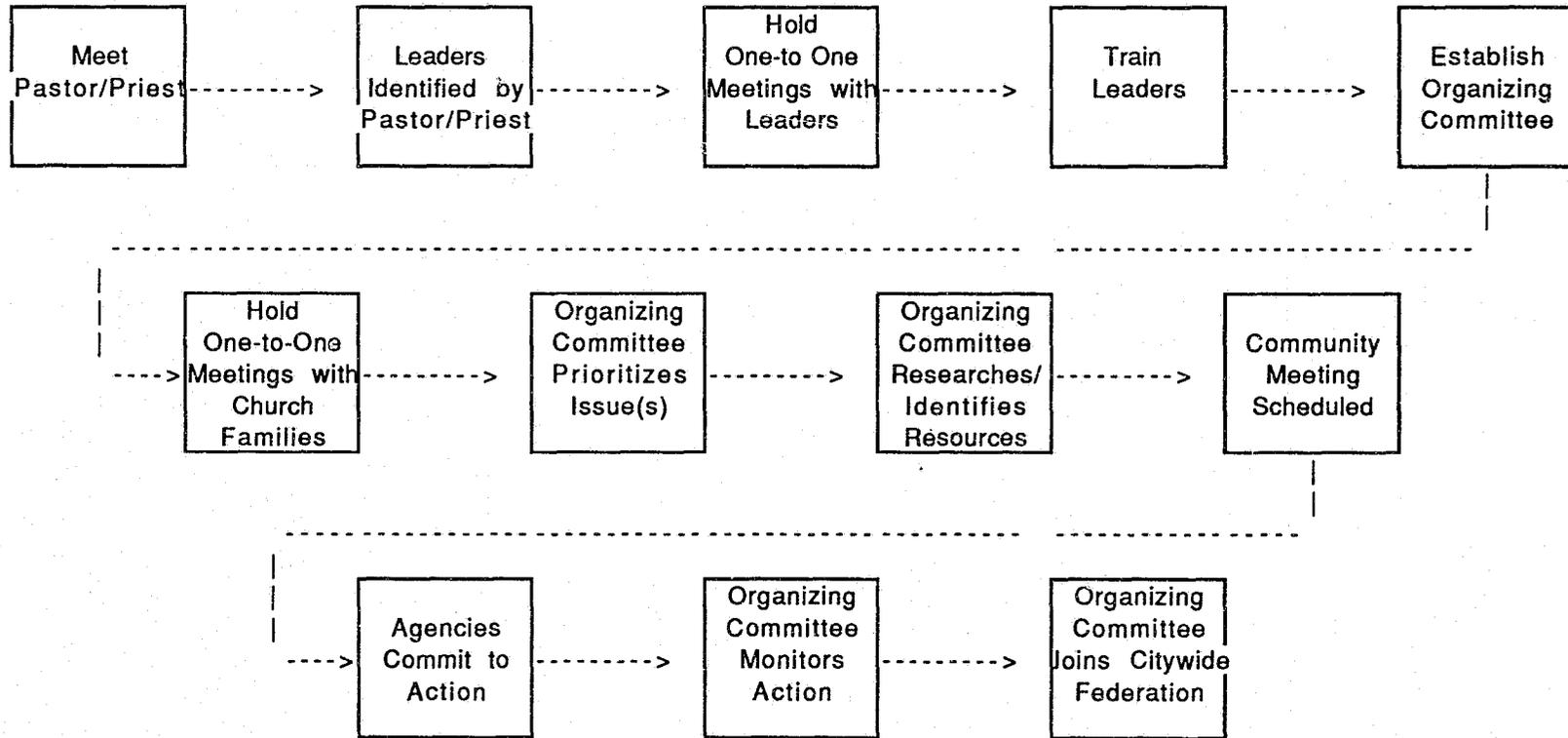
The sixth and final step was the organizing committee monitoring actions taken by agencies. At this time, the local church community organization also decided to formally join OCO's city-wide federation of organizations or participate as a non-affiliated organization.

Based on OCO's successful organizing approach, other CRDA sites considered emulating their strategy (See Figure 3-1: The Process of Mobilizing Churches).

Problems and Tactics for Mobilizing Churches Even with the successes, CRDA staff encountered problems with mobilizing churches in the community. The reluctance of some

Figure 3-1

THE PROCESS OF MOBILIZING CHURCHES



pastors, primarily African-American pastors, to join interfaith groups and support white organizers has historical roots based on the African diaspora. For over a century, African slaves were not allowed to practice religion, independently. Religion was used by white slave masters to substantiate subservience and inferiority. Out of the oppression of slavery in the South and discriminatory white churches in the North, grew the independent Black church. Because of this history, some ministers are reluctant to work with outsiders and "question those who claim to have the answers and solutions for their people" (Congress of National Black Churches).

If a community-based substance abuse program desires the involvement of clergy, particularly those from African American churches, the community organizer should:

- Know the religious community
 - Be familiar with church alliances, coalitions, and fellowships
 - Know the structure (centralized versus decentralized) of the church
 - Know the denominations' agendas
 - Know the strengths and weaknesses of each pastor
 - Identify a pastor who will be an advocate
 - identify lay leaders who will be involved in the implementation of the program.
- (Congress of National Black Churches).

Summary The CRDA sites which actively involved churches benefitted from the credibility provided by pastors and churches to the anti-drug effort. If a pastor or priest allowed access to his/her congregation, it provided a strong base from which to organize the larger community.

The Reverend Lewis M. Anthony, from Varick Memorial A.M.E. Zion Church in Washington, D.C. summarized the role of churches during a speech at a national drug conference. He said the church should (1) provide access to the community, (2) instill and reinforce community values, and (3) change attitudes of pastors who are still part of the problem, not the solution. The CRDA sites did just that as they continued to contact, organize

and involve the churches in the war against drugs.

H. Utilizing The Media

Many of the activities initiated by community organizations in the CRDA program involved "working" the media. For grassroots community-based organizations "working" the media meant using it to serve a specific purpose in their organizing efforts. CRDA organizations targeted both print and electronic media as resources to enhance their efforts. The types of media coverage sought included press releases, interviews, exclusives, special or feature articles, editorials, public service announcements, headline news, and live coverage of an event. CRDA leaders explained that a number of purposes were served by the media, including:

- increasing awareness about the drug problem;
- sending a message to drug dealers;
- increasing awareness about their organization;
- notifying residents about upcoming anti-drug events;
- explaining the purpose/meaning of a specific strategy;
- summarizing and synthesizing information on relevant issues and public policies;
- obtaining credit for accomplishments; and
- holding policy makers accountable for statements made in public.

All of the ten CRDA organizations used the media in one capacity or another as part of the implementation of CRDA strategies.

Beginning in the late 1970s and continuing today, various national anti-crime media campaigns have targeted both criminals and citizens. These pro-social programs were designed primarily to reduce crime (and more recently, drug abuse) by encouraging individuals and households to take preventive measures. The national media campaign, coordinated by the National Crime Prevention Council's ad, featuring the trench-coated dog "McGruff," is the best example of a major government-funded media initiative (see O'Keefe,

1986). The national media campaign, a "Partnership for a Drug Free America" that emphasizes the physical health consequences to substance use, is another fine example of advertising campaigns using public service announcements to address the drug issue at the national level. At the local level, law enforcement agencies have teamed up with the media to encourage citizen involvement in the criminal justice system. By publicizing unsolved crimes, promising anonymity, and offering cash rewards, Crime Stoppers programs encourage citizens to serve as informants providing tips that lead to arrest of suspected felons. Crime Stoppers is the most popular media-based program to encourage citizen involvement to solve felony crimes (see Rosenbaum et al., 1987).

While some research has examined these national and local programs that involve partnerships between the media and other agencies, the CRDA evaluation documents the relationship between the media and grassroots organizations.

Community-based, issue oriented organizations, such as those involved in the CRDA program, have clearly defined roles for the media in their efforts. Grassroots organizers trained in the Saul Alinsky style of organizing consider the media an important tool in community action work. As such, they have established informal relationships with the media to further their organizational and programmatic objectives. Historically, the media has been shown to be an effective vehicle for the mass-distribution of information; it greatly increases the number of people contacted and the amount of information received. As O'Keefe and Reid (1990) note, however, the use of the media has limits (e.g., messages must be carefully designed for specific subpopulations within the community in order to be effective). Many of the organizations in this study recognize the merits and the limitations of the media and try to use it accordingly to their advantage. The discussion that follows will attempt to provide examples of how and why both print and electronic media were used by CRDA organizations

in localized anti-drug programs.

Increase Public Awareness The CRDA community organization used the media to increase citizens' awareness about the drug problem in the community. By working on the drug issue through a variety of strategies many of the organizations gained the attention of the media. For example, most of the sites planned a big event to launch the CRDA program in their communities. The media was considered an important factor in the successful implementation of the opening strategy in most cities. In Waterloo, Iowa, for instance, CCI planned a large anti-drug rally to kick off the new program. The event was heavily advertised through fliers, posters, large billboards on buses, local talk show programs on radio and television, and announcements in local church bulletins. CCI used the media to make the rally sound appealing to as many people as possible. The media announced the event to the public and followed-up with coverage of the activities. Hence, it played a critical role in "hyping the event" up as much as possible and increasing attendance.

The anti-drug rally in Waterloo was the beginning of numerous attempts by CCI to educate the community about the drug problem. Program activities focused on the eastside of town where the drug problems were most visible. Extensive media coverage of these activities served to heighten awareness of the problems in this area and the need for action. CCI also received national media attention from U.S. News and World Report.

Increase Awareness of Organization The media coverage also served to increase citizen knowledge and awareness regarding the community organization and its purpose. For most CRDA groups, this demonstration project was their first attempt to address the drug problem as an organization. Many of the organizations had reputations in the community for being leaders on other issues, such as bank redlining (UMDC in Cleveland and CCI in Iowa sites).

At the outset, several organizations submitted articles to local newspapers describing briefly the CRDA program. Some organization leaders explained that introducing the new program as a U.S. Department of Justice funded project would add legitimacy to the work of the organization in the eyes of the public and possibly enhance the building of trust and relationships. In most sites the groups became known as a resource and an alternative to the police department for addressing the drug problem. The media played an important role in promoting that image. Over the course of the thirty-month CRDA demonstration program, most of the grantee organizations obtained media coverage on a regular basis.

In addition, local newspapers provided significant coverage of the CRDA organizations meeting with President Bush. Through the efforts of NCPD, President Bush had invited the CRDA community groups to the White House to commend them for their efforts at combating drugs with voluntary community action. This national recognition was useful in legitimizing and promoting voluntary community action against drugs.

Message to Drug Dealers The media was used in many of the CRDA cities to "put drug dealers on notice." In Oakland, for example, OCO was able at the outset of the CRDA program to get a major article written about the efforts of the organization and the Beat Health Unit. This story was structured to be a warning to drug dealers. It discussed some of the activities already underway to combat the problem, future plans, and additional resources that will be used to rid the OCO neighborhoods of drug abuse. In the Bronx, NWBCCC used the coverage of a rally to send the message that the "people of the community" will not stand by and let drug dealers take over their neighborhoods (the "Fighting Back" message). The media articles portrayed local residents as angry and ready for action. Thus the organization used the media in an attempt to shape citizens' perceptions and mobilize resources in the fight against drugs. The organizers learned quickly which contact persons within the media would

provide the best coverage for their organization. They found that developing a positive relationship with a reporter or other media personality was beneficial for getting coverage and increasing the chances that the coverage would be positive. Because many of the anti-drug strategies were city-wide (or could have had city-wide effects), the major newspaper, television, and radio stations were important to the CRDA sites. Thus, relationships were developed and maintained with specific reporters.

Notification of Events and Strategy Rationale For the CRDA program the media was used often to notify residents about upcoming anti-drug events or activities and thus, to encourage citizen participation. For nearly every strategy implemented by the CRDA organizations, some type of media coverage was utilized. In Waterloo, CCI printed their "Hot Spot Cards" in the newspaper, which not only increased the distribution of the cards, but also explained this new reporting system to a wide audience.

In Council Bluffs, CCI used the National Crime Prevention Council's media campaign "Take a Bite out of Crime" with McGruff, the Crime Dog, and the Neighborhood Watch program to promote citizens involvement in anti-drug efforts. CCI leaders found that Council Bluffs' residents were concerned about the problems of drug and crime in their neighborhood but were unwilling to get actively involved in anti-crime/drug efforts. CCI relied heavily on the preexisting knowledge and positive perceptions of those programs to persuade residents to get together to solve problems in the community.

In Waterloo and Des Moines, Iowa, when the organizations posted the "drug free zone" signs near local schools and parks, front page stories with pictures appeared in both local newspapers. The articles explained CCI's purpose behind the signs and what the new law meant for the drug problem. In addition to the articles covered in the newspaper, Council Bluffs, Des Moines, and Waterloo CCI, each wrote and distributed a pamphlet that described

in more detail the purpose of this strategy. In Chicago, the Logan Square Neighborhood Association (LSNA) was successful in obtaining media coverage for their anti-drug activities. They received several days of media exposure on one of the local Spanish-speaking television station's news programs. Due to the nature of the prevention activities planned by LSNA, the media exposure did not directly increase participation in the CRDA efforts. At the time of their media events the majority of planned anti-drug programs were not yet operational. The coverage did, however, lend credence and legitimacy to LSNA's planning and organizational work. The publicity seemed to motivate task force members to stay active despite delays. In general, media coverage was used by LSNA to raise the morale of the community, permitting residents to see their community and the LSNA organization in a positive light. Oftentimes, community organizations will publicize good media coverage in newsletters or flyers to make community residents aware of their successes; this was demonstrated in Logan Square and other CRDA sites.

Targeting inappropriate Media For the South Austin Coalition Community Council (SACCC) in Chicago, one aspect of the mass media became a target, and therefore, opponent of the group's anti-drug efforts. Although the group "worked" the media as described above, they also identified it as one of many sources contributing to the problem of use/abuse among minorities. The group, as part of a citywide anti-drug coalition, launched a major attack on advertisers as part of the CRDA program. SACCC led a campaign against one particular billboard company in their neighborhoods. The organization conducted research on billboards in the South Austin area and found that fifty-one percent of all billboards advertised alcohol or tobacco. The group protested the advertising of such products in minority communities and worked to remove the signs. In the end, the campaign to control the types of media advertising in the African-American and Hispanic communities

appears to have been successful (see the Chicago SACCC Case History).

Accountability of Public Officials Many of the activities of CRDA grassroots organizations were political in nature, and the use of the media was no exception. Activities that targeted public officials were almost always covered by media sources. The organizations saw this as an important tool to hold public officials accountable to the promises they made. Typically, public meetings served one particular purpose: to get officials to take notice of problems and do something about them. Community leaders felt that media coverage potentially could expand the impact of politicians' statements by increasing the amount of exposure. OCO, for example, became very active in the election of a new Mayor in Oakland. They promoted an anti-drug platform that they asked all the mayoral candidates to endorse. OCO utilized the drug issue to support or challenge the candidates and since the group had a large constituency, it may have had a sizeable effect on the election. By putting pressure on elected officials and sticking to threats of action, the OCO organization gained the support of city officials.

In many of the CRDA sites, local neighborhood newspapers (where available) provided a fairly substantial amount of media coverage. For example, in the Bronx, virtually all of the program's coverage was provided by local media sources. The larger New City newspapers rarely covered the activities of NWBCCC, although the New York Daily News ran a story on the luncheon held with President Bush, as mentioned earlier.

Information on Issues and Policies Throughout the CRDA program the media was used for collecting information on relevant issues and policies that would affect the community and possibly the drug problem. Because knowledge of activities in the community and on the streets was vital for maintaining an effective issue-oriented community-based effort, the organizations collected news articles on a variety of issues pertaining to the drug war. In all

three of the Iowa sites, for instance, CCI clipped every drug-related article they came across, both locally and nationally. From this information they initiated new anti-drug strategies. In Council Bluffs, for example, an article appeared in the newspaper reporting a fifty percent increase in residential burglary. CCI used this information to get residents to reactivate Neighborhood Watch groups. In Waterloo, CCI followed the sentencing of court cases in the local newspaper. Based on this information, CCI documented and publicized the fact that offenders were being sentenced inconsistently for drug offenses and were receiving lenient sentences.

The Bench Press strategy developed from media stories on how the criminal justice system was operating in Waterloo. After the initial "monitoring" session of a court case by the Bench Press volunteers, a number of articles and news stories were written and shown on television. CCI staff members were invited to speak on radio talk shows to discuss the pro's and con's of this strategy. In Waterloo, CCI found that all court cases attended by the Bench Press volunteers received mention in the newspaper.

Finally, community organizations in the CRDA program encouraged citizens to write letters to the editor, either to support or oppose a city policy. This strategy was used most effectively in smaller cities like Waterloo and Council Bluffs. Editorials and letters to the editor stirred emotion in the community and were geared to promote action rather than idleness.

Summary Documentation of the role of the media is important for understanding the dynamics of grassroots community organizations in their attempt to enhance citizen awareness and participation in anti-drug activities. Obviously, there are many ways in which such organizations "work" the media. Although previous research has not studied the relationship between grassroots organizations and the media, it is clear from the experiences of the ten CRDA organizations that many programs were reliant on the media to convey

messages, promote behavior, and reward certain efforts.

I. Technical Assistance

Introduction

Similar to the experience of other national crime prevention demonstrations, technical assistance to the CRDA grantee organizations played an important role in the successful implementation of the demonstration program. Grantee staff felt the funding, training and technical assistance from the National Crime Prevention Council (NCPC) and the National Training and Information Center (NTIC) contributed significantly to the planning phase, the implementation of the CRDA programs, and to the continuation of the local program efforts.

Technical Assistance Philosophy

Technical assistance is often thought of as proactive, reactive, or some combination of the two. Responding only to requests for assistance is reactive; providing unsolicited information, technical assistance, and training opportunities is proactive. When NTIC and NCPC staff were asked to describe technical assistance delivery in those terms, they reported that it was both proactive and reactive. Training in the areas of planning, goal setting, and workplan development were mentioned as proactive forms of technical assistance. Reactive technical assistance was provided in response to telephone requests or special needs identified in the site's quarterly reports. However, reactive assistance did result in proactive efforts as well. For example, one site requested information on a certain topic that NCPC or NTIC felt was pertinent to all the sites, so they sent the information to everyone (proactive).

Over the course of the CRDA demonstration, the technical assistance emphasis shifted. NCPC and NTIC provided technical assistance more proactively during the first year of the demonstration than in the second year. NCPC staff stated that during the second year of CRDA "there were more requests for technical assistance (reactive) once the programs

were up and running. In addition, the type of requests shifted from program implementation to expanding the collaborations and program institutionalization."

During the three years of the CRDA demonstration, NCPC and NTIC made an effort to keep in touch with the grantee sites without being overbearing. Biweekly phone consultations with each CRDA site was typical by either NCPC or NTIC. One NCPC staff member commented, "I want them to know they are not out there by themselves. We can share the lessons we have learned from being in the trenches. My goal for technical assistance is to empower sites to 'do for themselves', not have NCPC and NTIC staff do for them."

NCPC and NTIC Roles

The roles of NCPC and NTIC in the CRDA demonstration were described in the proposal to the Bureau of Justice Assistance (BJA). As NTIC and NCPC did not keep detailed records of their technical assistance efforts, the evaluators could gather only general information during interviews and a review of quarterly reports.

During the CRDA program, the proposal work elements for NCPC and NTIC included:

NCPC

- Conduct site visits to assist with workplan development;
- Plan and design the start-up workshop;
- Conduct an orientation workshop for all CRDA sites;
- Provide technical assistance and monitor progress via site visits;
- Design and implement a final technical assistance workshop;
- Produce a final report;
- Responsible for the overall administration and fiscal management of the demonstration program (ie.,renewing contracts, monitoring report submission, sending reports to BJA, providing timely payments to sites).

Even though it was not mentioned as a work element in the first-year proposal, NCPC assumed most of the administrative responsibility for CRDA, which consumed a great deal of

NCPC staff time. It should be noted that even though NCPC administered the CRDA demonstration, BJA was actively involved in program oversight.

NTIC

- Staff and coordinate Project Clean, a city-wide anti-drug coalition in Chicago;
- Conduct site visits to assist with work-plan development;
- Conduct site visits to provide technical assistance;
- Coordinate orientation workshop with NCPC;
- Serve as a clearinghouse for CRDA sites;
- Trouble-shoot through weekly phone conversations;
- Collect all quarterly reports and prepare quarterly programmatic and fiscal reports for NCPC.

- Partner with NCPC to provide technical assistance and monitoring via site visits and telephone calls;

- Be responsible for on-going coordination and planning with NCPC on a regular basis through phone calls and planning meetings;

- Report to NCPC after each site visit regarding the technical assistance provided and site progress; and

- Consult with NCPC on the design and delivery of the technical assistance workshop.

An additional responsibility NTIC had that was mentioned in the telephone interview, but not mentioned in the second-year proposal, was the identification of federal and non-federal national funders for the continuation of the national and local CRDA efforts. One NCPC staff member described the role of NTIC as a "partner" with NCPC in providing technical assistance/training and administrative oversight. In addition, the staff member felt NTIC was in a position to play a larger advocacy role than NCPC and provided credibility to the CRDA program at the grass roots level. Another NCPC staff member described NTIC as an "ambassador" with most of the CRDA grantees, (with whom they had long standing relationships), and a resource for drug-related issues and strategies. NTIC described

NCPC's role as the go-between with the Department of Justice and NTIC, thus the grant administrators, and providers of technical assistance that NTIC was unable to furnish.

Changes in Roles

There were changes in the roles and responsibility of the technical assistance agencies, based on the experience of the first year of CRDA. After numerous meetings, it was agreed that "given the reduction in funding, certain responsibilities should be more clearly divided. NTIC will no longer have an overall administrative and management role in the demonstration. The efforts of NTIC will be more focused on technical assistance, building on their strong experience and in organizing communities to fight drugs." (NCPC/ NTIC Proposal to BJA).

The CRDA demonstration was the first time NTIC and NCPC had worked together and the relationship between the two agencies was developmental, much like the technical assistance process. In the beginning, staff mentioned instances when "communication was not as good as it could be," but felt this was an issue, like in any new relationship, that would be resolved over time. When asked how the NCPC/NTIC relationship was working, staff described an "open, direct, complementary, cooperative" partnership during the first year of the CRDA demonstration. They talked about how they worked well as a team, in spite of or because of their differences in orientation. During the interview conducted in the second year, an NCPC staffer commented that, "we found each others' strengths during the first year and worked together. It has been a developmental process. Relationships have been built with people and the agencies. We respect each other's abilities."

NTIC felt that the two agencies had a good working relationship, but that at times the two agencies had to sit on opposite sides of the table on certain issues. For example, when NTIC and the CRDA sites fought for third-year funding, NCPC did not participate in the

meetings with BJA because of their funding relationship with the agency. One NTIC staff member also commented that even though the CRDA staff from each agency worked well together, there needed to be more coordination between NTIC and staff from NCPC who were involved with other drug-related training and technical assistance projects.

Both agencies spent a great deal of time planning technical assistance workshops and conferences, interfacing with the evaluation team, and responding to miscellaneous requests for information about the CRDA program. They also planned national press conferences, briefings with former Director William Bennett, and assisted with a White House Luncheon honoring the "local heroes" in the war against drugs. NCPC prepared profiles of the CRDA sites to promote the CRDA program and to respond to numerable requests that were received from the media, academics, policy-makers, politicians, community groups, and law enforcement agencies, especially as the CRDA sites began actually implementing their programs.

Technical Assistance Types and Topics

The first technical assistance provided to the CRDA sites after the grants were awarded was the CRDA Orientation Workshop in May, 1989 in Chicago. This workshop and others that followed were thoroughly planned. Technical assistance was implemented to provide opportunities designed to meet the needs of the participants. Twenty-five CRDA participants from eight sites attended the Chicago workshop. The purpose of the workshop was to provide site staff with the skills, information, and resources they needed to implement their CRDA program effectively. The goals for the workshop participants were as follows:

--To understand clearly they are part of a unique national demonstration that seeks to learn the best ways to combat drugs at the community level;

--To begin building partnerships and to share resources with each other;

- To become aware of the programmatic, fiscal and evaluation requirements of the contract;
- To become aware of the resources and technical assistance available;
- To gain the ability to organize and work with a community Task Force on Drug Abuse Prevention;
- To understand the need to develop a workplan with the community that addresses specific community needs and meets project requirements;
- To describe ideas and suggestions for overcoming fear in confronting the drug issue in their local communities.

After the workshop, all sites except one (who did not need the assistance) had an on-site session, facilitated by NCPD and NTIC staff, to assist in the planning and development of their workplans. NCPD and NTIC conducted phone consultations twice weekly with the sites to assist in the start-up of the programs. There were major mailings to all sites providing them with information about the new national drug policy, and in some cases, information specifically tailored to their program needs.

The initial start-up period was prolonged due to the lack of program planning and development skills needed to prepare a workplan. In order to qualify for BJA funding, workplans and budgets went through many revisions. The planning process required more visits to the sites and telephone consultation than was envisioned by NCPD and NTIC. The content and kinds of technical assistance sometimes contributed to positive organizational changes. The planning process, for example, proved to be an important management tool adopted by several of the sites.

In March, 1990, a second CRDA workshop was held in Washington, D.C. Seventeen CRDA participants from eight sites attended. The goals for the workshop participants were as follows:

- Identify school prevention programs that work;

- Identify techniques for keeping drug houses closed;
- Identify potential funding sources;
- Share lessons learned, successes gleaned, and implications for the future;
- Demonstrate an understanding of asset seizure/forfeiture laws and paraphernalia laws;
- Use techniques that will enable them to work more effectively with law enforcement regarding prevention and treatment issues;
- Use techniques that will maintain and revitalize their community Task Force; and
- Identify resources and technical assistance available from NTIC and NCPC.

Workshop topics that were presented at the cluster workshop included closing drug houses, school drug prevention, communities working with law enforcement, legislation, private sector fundraising, maintaining and revitalizing task forces and the CRDA evaluation. Participants were asked to evaluate the usefulness of the workshop and whether it met its goals. The results of the participant evaluation can be found in the "Technical Assistance Evaluation" section.

NTIC conducted the "Challenge for the '90's: Drug-Free Neighborhoods" conference in December, 1989 in Chicago. Over 500 people attended, including representatives from seven CRDA sites. NCPC assisted by hosting workshops and plenary sessions. Workshop topics included school-based prevention programs, mass media and substance abuse, substance abuse in the workplace, local churches fight against drugs, combatting substance abuse in public housing, and gangs and drugs, to name a few. Two of the plenary sessions focused on the legalization/decriminalization of drugs and national anti-drug legislation. (The NTIC conference should not be confused with the CRDA workshops because it included many invitees who were not participants in the CRDA program).

In February, 1991, a third CRDA workshop was held in Washington, DC. Twenty

CRDA participants from nine sites attended. The goals for the workshop participants were as follows:

- Identify techniques for starting or expanding drug free school zones;
- Use techniques that will assist sites in establishing and using existing laws to eliminate drugs and drug dealers in the community;
- Identify effective strategies for maintaining and revitalizing a community drug prevention task force;
- Identify how to access funds from local foundations for drug abuse prevention programs;
- Mobilize youth involvement in community drug abuse prevention programs; and
- Identify strategies used by CRDA demonstration sites to address drug abuse in the community.

The philosophy of this workshop was different than the previous two workshops in that it emphasized peer exchange and technical assistance. Except for presentations made by three keynote speakers, the sessions conducted over the three-day workshop were all conducted by CRDA site staff. As one NCPC staff member stated, "There was clear ownership [by the CRDA sites] of the TA Workshop." Topics included program institutionalization, drug free school zones, partnerships with churches, schools and youth, mobilization of youth, establishing and using existing laws to eliminate drugs and drug dealers, and maintaining and revitalizing task forces.

The peer technical assistance extended beyond the workshop setting. During the second and third years of the CRDA demonstration, the relationships between the sites continued to build and there was constant peer exchange of information over the phone or through the mail.

Beyond the technical assistance provided by NCPC & NTIC during workshops, ongoing technical assistance was provided through site visits, written materials, and telephone

consultations. Tables 3-6 and 3-7 summarize NCPC's level of activity and Tables 3-8 and 3-9 summarize NTIC's level of activity for the three years of the CRDA demonstration. The mere listing of technical assistance in these tables understates the quantity and quality of technical assistance provided. For example, there were as many as 10 phone calls by NCPC to one CRDA site on a particular issue and there were always lengthy after-hours discussions with staff during NCPC and NTIC site visits.

When asked which sites requested and/or received the most technical assistance over the three-year demonstration, the TA providers mentioned UMDC, HART, SACCC, LSNA, SHAPE and the Iowa CCI sites. UMDC required a number of on-site visits to train the new staff who had limited organizing experience. SACCC requested assistance with their funding proposal and Waterloo received volumes of written materials. LSNA requested extensive information and assistance during their extended start-up phase. SHAPE became a CRDA site in the second year of the demonstration and required assistance to quickly move beyond workplan development into program implementation.

When asked which sites requested and/or received the least technical assistance, both organizations mentioned OCO and NWBCCC, during the first year of CRDA; but OCO was the only one mentioned during the second and third years of the evaluation. NWBCCC started working on the drug issue in 1985, so its staff already had extensive experience in this area. OCO was (and is) part of the PICO network, a national organization that provides leadership training, staff development training, and ongoing consultation so OCO received a great deal of technical assistance and training from that organization.

Other Technical Assistance

During the first year of the CRDA demonstration, the sites received a limited amount to technical assistance from other local, regional and national sources. The one exception was

TABLE 3-6

**TECHNICAL ASSISTANCE PROVIDED BY
THE NATIONAL CRIME PREVENTION COUNCIL (NCPC)***

Site Visit Location	Number of Visits	Year
LSNA (Chicago)	2	1989-1990
	1	1990-1991
SACCC (Chicago)	1	1989-1990
	1	1990-1991
UMDC (Cleveland)	2	1989-1990
	1	1990-1991
Council Bluffs CCI	3	1989-1990
	1	1990-1991
Des Moines CCI	3	1989-1990
	1	1990-1991
Waterloo CCI	3	1989-1990
	1	1990-1991
OCO (Oakland)	2	1989-1990
	1	1990-1991
HART (Hartford)	2	1989-1990
	1	1990-1991
NWBCCC (Bronx)	1	1989-1990
	1	1990-1991
SHAPE (Houston)	2	1989-1990
	3	1990-1991

*Chart reflects data through 3/31/91. Data for 4/1/91-10/31/91 was requested but not yet available for the publication of this report.

TABLE 3-7

**Technical Assistance Provided by
National Crime Revention Council (NCPC)**

Written Materials

Resource package to all sites on various drug strategies and National Drug Strategy
Public and private sector funding information
Drugs and public housing
Community mobilization
School programs/curriculum
Church models
Treatment models
Other model drug programs in U.S.
Youth center development
Gangs
Types of drugs
Drug prevention education
Other drug conferences
Spanish crime/drug prevention materials

On-Site & Telephone Technical Assistance & Training

CRDA grant administration by grantee	Workplan monitoring
Evaluation orientation	Drug house closures
Youth centers	Mobilizing youth
Small claims courts	Court monitoring
Program institutionalization	Satanism and occult
Community/police partnership	Civilian Review Boards
Getting your drug abuse prevention program started	Proposal development
Task Force development and maintenance	Drug-free school zones
Fundraising and funding sources	Staff and leadership training
Assistance with obtaining VISTA volunteers	Biweekly monitoring calls
Workplan development, revisions, and implementation	(all sites)

TABLE 3-8

**TECHNICAL ASSISTANCE PROVIDED BY
THE NATIONAL TRAINING AND INFORMATION CENTER (NTIC)**

Site Visit Location	Number of Visits	Year
LSNA (Chicago)	7	1989-1990
	1	1990-1991
SACCC (Chicago)	3	1989-1990
	2	1990-1991
UMDC (Cleveland)	6	1989-1990
	4	1990-1991
Council Bluffs CCI	3	1989-1990
	3	1990-1991
Des Moines CCI	4	1989-1990
	3	1990-1991
Waterloo CCI	5	1989-1990
	4	1990-1991
OCO (Oakland)	1	1989-1990
	0	1990-1991
HART (Hartford)	2	1989-1990
	3	1990-1991
NWBCCC (Bronx)	3	1989-1990
	6	1990-1991
SHAPE (Houston)	0	1989-1990
	4	1990-1991

TABLE 3-9

Technical Assistance Provided by National Training and Information Center (NTIC)

Written Materials

Clippings on the other CRDA sites (all sites)
Project Quest school curriculum
Drug treatment facilities in Chicago
Other drug conferences to attend
Drugs in public housing - Public Law 100-690
Paper on Federal Days (all sites)
ACTION grant information
Drug-Free Schools grant information
Illinois Nuisance Abatement Law and civil suits
Safe School Zone & Anti-Drug Paraphernalia laws & signs
Illinois Drug Paraphernalia Control Act
Paper on basic organizing strategies to reduce fear

On-Site & Telephone Technical Assistance & Training

Workplan development & review	Community needs assessment
Organizational development	CRDA progress reports
Task Force development and maintenance	Anti-drug strategy development
Safe School Zones	Nuisance Abatement Ordinance
Asset Forfeiture Law	Organizing to reduce fear
Drug paraphernalia	Alcohol & tobacco billboard bans
Fundraising and funding sources	Staff, board and leadership training
Community/issue organizing	Organizing churches/clergy
Local conference/meeting planning	Housing and drug issue
Beat Health Model	Community/police partnership
Afterschool program	Block watch organizing and reactivating
Youth involvement	Drug money laundering
Drug conference/rally planning	Biweekly monitoring calls (all sites)

the Oakland grantee which received technical assistance and training from PICO. As the CRDA sites became fully operational in the second and third years, they expanded their networks and received information and assistance from a variety of sources. The following national agencies and organizations provided information and assistance to the CRDA sites:

- National Center for Early Adolescence
- National Center for Community Policing
- Center for Community Change
- ACTION
- Partnership for a Drug-Free America
- U.S. Department of Health and Human Services
- Congress of National Black Churches

On a local level, the sites turned to their local police departments, drug treatment centers, universities, and support centers to receive the technical assistance and training they needed.

Technical Assistance Evaluation

NCPC and NTIC made every effort to informally evaluate all technical assistance through feedback from the sites. The organizations made modifications based on site input. Based on the feedback, NCPC and NTIC staff assumed that the information and training was helpful and useful. Information from the process evaluation interviews with the sites verified that assumption.

When asked what effect NCPC and NTIC technical assistance had on the development of the first year workplan, CRDA staff felt that it provided the training and a format they need to complete the workplan. CRDA sites used task force members, other agencies, and/or the expertise of neighborhood residents to develop the workplan. Four sites said they also integrated NCPC and NTIC program information into their workplan strategies.

When asked about the types of assistance CRDA sites received, the local staff generally reiterated the list of services presented in Tables (3-6) through (3-9). Even though CRDA staff felt there were more similarities than differences between the roles of NCPC and NTIC-CRDA staff more often requested the "hands on" type of training from NTIC because they were perceived as being "in the streets", as one interviewee put it. Information about program models and public/private funding resources was more often requested from NCPC.

During the second and third years of CRDA, staff defined NTIC's and NCPC's roles more clearly. The roles were consistent with the changes previously mentioned in the NCPC/NTIC proposal to BJA. NCPC functioned more as a grant monitor/administrator and a clearinghouse for information/referral than as a direct provider of technical assistance and training. Five of the ten sites commented that they had limited contact and less direct technical assistance from NCPC during the second and third years of the CRDA demonstration. In contrast, two of the sites commented on the extensive assistance they received from NCPC in fundraising, institutionalization of their program, and the entree NCPC provided into national policy and funding arenas.

NTIC was also described as a grant monitor and referral source during the second and third years, but they were most often perceived by the sites as the primary provider of on-site training and technical assistance. In particular, NTIC staff conducted training sessions in community organizing, fundraising strategies, leadership skill development, and a variety of drug strategies. NTIC also provided ongoing phone consultation to the sites, as needed.

When asked about the usefulness of the assistance from NCPC and NTIC over the three-year demonstration, the overwhelming response was that it was "helpful and useful," especially the Cluster workshops which provided site staff an opportunity to exchange information. One interviewee said, "The information broadened our ideas of what we could

do. It provided a different slant on an issue." Another commented, "We used the information about successful efforts elsewhere as leverage with public officials."

One problem experienced by some sites was the slow response to telephone and/or quarterly report requests for materials or consultation. Other sites identified the need for NTIC and NCPC to be more knowledgeable about the CRDA grantee organizations, so that assistance could be adapted to their particular needs and circumstances. But the end of the third year, "the technical assistance was better because they were more knowledgeable now about the issue due to their involvement with CRDA," according to one CRDA staffer.

A formal participant evaluation was not administered after the May, 1989 workshop, but the following comments were included in NTIC's May-July, 1989 quarterly report:

Positives

- All organizations were represented;
- Good interaction between the groups, NCPC and NTIC;
- Seemed to be the beginning of a good team spirit; and
- Good response to agenda.

Negatives

- Too much in two days;
- Too much of the conference "happened to" the groups, rather than "with" the groups;
- Newness of NTIC and NCPC relationship; (this will change in the future once NTIC and NCPC become comfortable in working with each other).

CRDA site staff were asked about the usefulness of the May, 1989 NCPC/NTIC workshop during the evaluation site visits. The interviewees reported that the conference increased enthusiasm and motivation, built leader confidence, renewed energy, and provided new program ideas.

A formal evaluation was completed by participants who attended the March, 1990

workshop. The purpose of the workshop was to provide a forum for the exchange of information and resources on effective community strategies to reduce drug abuse and fear. When asked to rate how well the workshop had achieved its purpose on a 1-5 scale (1 = "not well" and 5 = "to a great extent"), 80% of the participants gave a perfect 5. The other 20% said the purpose was achieved "to some extent."

The majority of the participants felt the workshop goals were "fairly well met" or "well met." When asked in what ways the workshop was valuable and what was the strongest aspect of the workshop, respondents said the networking, discussion groups, and information sharing were the most valuable. The question regarding the least valuable or weakest aspect of the workshop produced varied responses. Some participants named particular sessions (eg., schools, fundraising) while others mentioned session length, style of presentation, and the diversity of the CRDA grantees as the weakest aspect of the workshop. When asked about topics for future training sessions, participants suggested involvement of businesses, churches, and schools, lobbying techniques, community organizing in diverse communities, and more culturally sensitive sessions. Generally, participants felt that annual training sessions would be useful. When asked about the type of follow-up technical assistance that would be helpful, participants most often wanted information on funding sources to continue their anti-drug program.

A participant evaluation was completed by those who attended the final workshop which was held in February, 1991. The purpose of the workshop was to provide a forum for the exchange of information and resources on effective community strategies to reduce drug abuse and share techniques for institutionalizing drug prevention activities in the community. When asked to rate to what extent the workshop had achieved its purpose on a 1-5 scale (1= "not well" and 5= "to a great extent"), 70% of the participants who completed the evaluation

responded with a 5. The other 30% said the purpose was achieved "fairly well." Participants were also asked to rate each workshop session on a 1-5 scale, in what ways the workshop was valuable, and what were the most useful and least useful aspects of the workshop.

Eighty percent of the participants reported that the workshop sessions had achieved their purpose "to a great extent" or "fairly well." The new information about drug strategies, the opportunity to exchange experiences with the other sites, and the enthusiasm which was generated were the most valuable aspects of the workshop.

The question regarding the strongest or most useful aspects of the workshop cited by the participants were the peer facilitation, the ownerships of the sessions by site leaders, youth involvement, establishing and maintaining community task forces, working with churches, fundraising, and the "shopping mall" information exchange.

The weakest or least useful aspects of the workshop were the length of the sessions, too much information at one time, redundancy of old material, and too many handouts. But when given the opportunity to comment on the least useful aspect, a number of respondents said "there were no weak spots and that everything was useful."

Technical Assistance Problems and Successes

This section describes the problems and successes of the technical assistance effort based on interviews with staff from the two technical assistance agencies. One of the problems with the technical assistance program during the first year of CRDA demonstration was the three-month start-up period. Some TA staff felt that there was "too much paper pushing" when site staff should have been out organizing their neighborhoods. The one-month workplan development phase after the May workshop would have been adequate. Additional fine tuning of the workplan could have been accomplished during the implementation phase. Other technical assistance staff and some CRDA site staff

acknowledged the lengthy start-up phase, but argued that some sites needed the additional time to plan an effective program and convene the Task Force. To some extent, these differences of opinion reflect basic differences in style and orientation between NCPC and NTIC. The NCPC staff promoted a detailed planning approach, focusing on needs assessment, goal setting, and establishing measurable objectives in the context of a detailed workplan. NTIC also recognized the need for such planning activities, unless and until it appeared to interfere with program implementation. Emphasizing the limited time and resources available for implementation, NTIC staff promoted a community organizing approach designed to mobilize community residents against the target problem. Consequently, NTIC was more inclined to move ahead with community activities (to initiate and sustain citizen involvement) and then work out the workplan details as the program developed.

A related administrative problem was the time it took local program staff to complete the quarterly progress report. As one TA provider stated, "Since the organizations have a skeleton staff, the organizers were pulled off the street for two to three days to prepare the report."

Another problem encountered by NCPC and NTIC staff was that each new drug issue and related activities required a commitment of time and resources beyond what was originally projected in the CRDA technical assistance workplan and budget. One TA staffer commented, "We're stretched. The demand for technical assistance and on-site work cannot be met with the existing budget." The total budget for technical assistance for the CRDA demonstration was as follows:

	1989	1990	1991
--	------	------	------

NCPC	\$115,000	\$52,074	\$25,000
NTIC	\$60,000	\$48,000	\$15,000

The BJA funding was based on providing technical assistance to seven CRDA sites, but in reality there were ten sites due to the fact that there were three sites in Iowa and the addition of the Houston site in year two. Even though there was second and third year funding for the CRDA sites and the technical assistance agencies, it was not considered a "victory" due to the inadequacy of the funding level. CRDA funds paid for two part-time staff at NTIC and NCPC in the first year. In the second and third year, NCPC had only one staff person to provide technical assistance, monitor grants, coordinate with NTIC and liaison with BJA. NTIC staff were also cut back, even though the volume of work was not reviewed. It should be noted that the hours worked by CRDA staff well exceeded the time/budget allocation. Non-CRDA staff from both organizations volunteered countless hours of their own time to support the project during the three year demonstration.

The limited fiscal resources impacted the type of technical assistance NCPC and NTIC were able to provide. The most cost effective type of assistance was written information sent to sites reactively and proactively on a variety of topics. But a NCPC staff member commented, "The CRDA sites did not have a lack of information, they lacked skills in certain areas. Unfortunately, there were no funds to conduct on-site workshops in skill development and other issues."

The final problem identified by the technical assistance staff was NCPC's and NTIC's different styles in delivering on-site technical assistance as a team. NTIC staff felt it was important to share information from their experience and that of the other sites during the site

visits. They felt the need to "hold the CRDA organizations accountable and push them to use this information as they implemented their programs." In contrast, NCPC's style was less directive in that they "wanted sites to come up with their own ideas."

When NTIC staff were asked about technical assistance successes, they proudly stated that although their organization had only worked on the drug issue for three years, it had accomplished a great deal. They designed a new drug training package, completed four issue papers (federal days, public coin telephones, drug paraphernalia, and safe school zones), developed a guide to the Chicago Police Department (one was planned for the courts as well), and sponsored a very successful national drug conference. NTIC staff also completed an anti-drug organizing manual entitled, "Taking Our Neighborhoods Back".

Another success they cited was the relationship that had been "formed with new sites and forged with sites they had worked with before." In the beginning of the CRDA demonstration, some of the new sites did not work that closely with NTIC, but that changed over time.

A final success experienced by NTIC was the national recognition for their work with the CRDA demonstration and the local recognition for their work with Project Clean, a drug collaboration and program in Chicago. "Locally the Chicago Police Department, the Chicago Housing Authority, United Way, the Board of Realtors and others have called us for technical assistance. In addition, we get calls regularly from city and state agencies around the country."

NCPC staff considered the May 1989 workshops as the first technical assistance success because "it helped everyone feel they were part of a major effort." Because of the contributions of NCPC and NTIC, "the sites feel they are not alone in the effort". Another NCPC success was the workplan process and product which demonstrated to the sites the

need and value of planning. NCPC staff commented, "When we started working with the groups who were all movers and shakers, they were single-issue focused and wanted immediate action. They had no time for planning and were initially resistant to the process. The technical assistance showed them how to plan and develop a workplan which became a tool for them to address the complexity of the issue, identify resources, develop strategies, and build partnerships with once adversarial agencies." The technical assistance provided by NCPC and NTIC also assisted the sites in the implementation of their programs. The technical assistance was "content-specific and skill development focused."

Another NCPC accomplishment was the increased credibility CRDA sites had with local, state and national funders due to the relationships NCPC brokered with a number of private sector funders. "Sites knew how to write grants, but they did not know the politics of fundraising and how to approach foundations and corporations," a NCPC staff member commented. NCPC also secured extensive national and local media exposure for the CRDA sites.

NCPC cited as another major success the recognition of the "unsung heroes" by President George Bush and William Bennett, the former Director of the Office of National Drug Control Policy. Twenty-seven community leaders, including representatives from the ten CRDA sites, were honored at a White House luncheon in March, 1990. This marked an unprecedented meeting of community leaders and top public officials.

A final accomplishment cited by NCPC was the formation of the National CRDA Advisory Board, which included representatives from community and national organizations, churches, schools and law enforcement. The purpose of the Advisory Board was:

--To increase members' awareness of crime and drug issues that are faced daily by community residents across the nation;

--To provide ideas, suggestions and resources to assist communities as they address the problem of crime and drugs;

--To assist in the identification and referral of corporations, foundations and other funding sources that will assist community groups in addressing the problem of crime and drugs;

--To assist NCPC in defining its overall role in community drug abuse prevention.

The CRDA Advisory Board held its first meeting in April, 1990 and met annually during the CRDA demonstration. In addition, The "working" board also provided feedback to NCPC and training for CRDA sites where appropriate.

Summary By the end of the third year of the CRDA grant, the technical assistance providers were able to claim success. The technical assistance team of NCPC and NTIC played a significant role in the successful implementation of the CRDA demonstration at the ten sites. They had also developed a good working relationship between the two agencies and with the local sites. However, neither of these outcomes was assured at the start. Approaching the TA function from quite different perspectives, NCPC and NTIC learned to appreciate each other's style and unique expertise. In the process, they developed a cooperative relationship based on mutual respect.

Similarly, the relationships between the TA organizations and the local programs could not be taken for granted and required a tremendous level of effort. Although NTIC had a prior relationship with many of the sites, NCPC was "starting from scratch." By the end of the first year, after extensive time in the field, NCPC staff gained the trust and respect of the local community organizations.

Both organizations were asked to reflect on the CRDA experience and share the lessons learned. NCPC felt CRDA was an excellent model that needed a greater infusion of

funding for the demonstration sites and the delivery of technical assistance. With additional funding, NCPC would have provided more on-site technical assistance and hired a middle manager with a law enforcement background to assist in the administration of the program. A final reflection by NCPC was that the program evaluation "should have been built into the local program design and not conducted by outside evaluators."

NTIC staff learned that a demonstration like CRDA needed a five-year funding commitment from BJA, instead of a single year of funding with uncertainty of renewal. Given the same circumstances they would have asked for more oversight responsibility and control of the CRDA demonstration. They recognized that BJA did not have an established relationship with NTIC when the CRDA demonstration started, but felt that a relationship developed over the course of the three-year initiative.

In closing, community organizations with established track records in community organizing (such as the CRDA sites) have a better chance of implementing sustained anti-drug programs than organizations without a history of success, but the CRDA demonstration again underscores the importance of technical assistance. Without the dissemination of information and the provision of technical assistance across the CRDA sites, local planning and implementation efforts would not have achieved the level of program success the CRDA sites experienced.

IV. ANTI-DRUG PROGRAMS AND STRATEGIES

A. Community Awareness Strategies

Most of the CRDA organizations used a mix of marches, rallies, conferences, and community meetings during the implementation of the anti-drug program. Although these have all been placed under the rubric of "community awareness strategies", they actually had several functions. First, they did increase residents' awareness of local drug problems and of the anti-drug activities sponsored by the CRDA organization. Second, they increased the awareness of city agencies and drug dealers alike of the commitment of residents to ridding their communities of drug problems. Third, they provided a way for residents to participate in anti-drug efforts that were less threatening because of the number of people involved. Fourth, they helped to motivate residents to participate in anti-drug activities in their communities. Finally, they highlighted specific problems or concerns of the neighborhood and provide publicity about those issues to the broader community.

Marches and Rallies CRDA organizations generally used marches and rallies to publicize specific problems and to motivate residents. Because marches involved relatively large groups of individuals, residents felt safer from possible retaliation from drug dealers than when they participated in other activities, like block club meetings.

The Waterloo CCI, for example, used a rally to kickoff the new anti-drug program, with Father Kakalec of Philadelphia as the main speaker. Having a dynamic speaker who has been involved in anti-drug activities nationally energized residents and helped convince them that it was possible for them to take action against local drug problems. The rally was well attended and received substantial media coverage. SACCC (Chicago) organized a similar march in cooperation with the local police district and another organization to "reclaim" a neighborhood within the South Austin community. Some CRDA organizations also held

religious rallies or prayer vigils, also intended to demonstrate residents' commitment to reclaiming their community from the drug dealers.

Conferences In contrast to rallies, conferences were generally day-long events during which residents, agency representatives, police, and various experts shared information and ideas about local drug problems, youth issues, or both. In addition to increasing participants' knowledge of local drug problems and of anti-drug strategies, these conferences helped the CRDA organization to plan program activities.

The Council Bluffs CCI, for instance, held a city-wide conference at the start of the CRDA program. Most agencies and organizations of Council Bluffs that were involved in drug issues attended the conference. The results included new partnerships that CCI used throughout the program and substantial changes in the first year workplan.

In Cleveland, UMDC's Safety Committee and Mission on Miles committee jointly sponsored a conference on community drug programs at the end of the first year. The conference speakers addressed five topics: community-based programs that worked, youth programs, the role of churches, drug-related legislation, and drug treatment. Its purpose was to inform residents about local drug problems and anti-drug strategies as well as obtain feedback from residents about their concerns and preferences.

Community Meetings Community meetings were generally the culmination of a CRDA organization's work on a particular issue. After the organization had spent time researching and discussing an issue, it scheduled a meeting with relevant agency representatives to present their information and proposed action. Some organizations referred to these meetings as "actions." In addition to negotiating specific actions with city agencies, the community meeting often helped to develop local leadership. Usually, resident members of the CRDA organization helped prepare for the meeting by talking to other residents and gathering

information. Then, resident members chaired the meeting and discussed possible actions with agency representatives. These activities helped residents develop skills in acting collectively and holding public agencies accountable.

OCO (Oakland) held numerous community meetings throughout the CRDA program with various government agencies: the public housing authority, the police, the district attorney, superintendent of schools, mayoral candidates, and transit authority. Concerns raised during these meetings included security and maintenance in public housing, patrol in drug locations, development of safe school zones, plea bargaining with drug dealers arrested near schools, and after school programs.

Summary The CRDA organizations used many, if not all, of these strategies prior to the CRDA program; this experience may have contributed to the general success of the groups with these strategies. There were the usual problems of speakers for rallies cancelling or public officials not attending meetings. Overall, the groups used these strategies effectively to increase community awareness, knowledge, and participation as well as to pressure other groups and agencies to take action. In addition, they were useful in dealing with some problems that were more specific to the anti-drug program. The rallies and marches provided a less threatening way for residents to participate than other activities, and the conferences helped the organizations build networks with groups interested in the local drug problem.

B. Surveillance and Reporting Strategies

The idea that neighborhood residents should serve as the "eyes and ears" of the police has been a central theme of community crime prevention programs since the early 1970s. Programs encouraging citizens to "watch out" for and report suspicious activity became widespread in the 1980s (Rosenbaum, 1988). Neighborhood Watch, Crime

and citizen patrols are popular examples of surveillance and reporting programs that have been adapted to the drug war. Several CRDA organizations were able to build upon components of these established crime prevention programs as a means of enhancing citizen participation in their anti-drug initiatives. The use of "hot spot" cards, watches, and patrols is examined in this section.

Hot Spot Cards In several communities, the CRDA organization found that residents were reluctant to report information on local drug dealing to police because of fear of retaliation. Often times an informant's identity was not carefully protected by local police, thus leaving the reporter vulnerable to attack. To address this problem, "hot spot" cards were distributed to community residents in seven CRDA sites to record suspicious persons, locations, and vehicles associated with repeated drug activity. The hot spot card strategy was employed for several purposes: (1) to provide the anonymity needed to protect citizens from retaliation; (2) to increase citizen participation in anti-drug programs; and (3) to assist police and community organizations in identifying "hot spots" of drug activity and developing anti-drug strategies.

In recent years, criminologists have shown considerable interest in the geography of crime and drug activity, noting that a disproportionate amount of illegal activity occurs at specific addresses, or within certain blocks or larger areas (Cohen & Felson, 1979; Sherman, 1989). The community can play a major role in identifying these hot spots (i.e. areas with high concentrations of crime or drug activity). Once identified, this information about the place of crime can be used to plan corrective action (e.g. Maltz, Gordon, & Friedman, 1991).

Hot spot cards are meant to facilitate the process of community involvement in defining areas of drug activity by providing a formal, anonymous channel. In general, the CRDA organization printed and distributed the forms, collected responses from residents, and passed the information on to the police department. Some organizations (e.g., Des Moines,

Waterloo, and Hartford) kept logs and/or pin maps of the information received, which were also combined with information on arrests. Means of distributing the cards varied. Some organizations used the cards primarily to assist in forming the block clubs or block watches; that is, they distributed hot spot cards at the initial meetings of a new block watch and then continued to offer them through block captains. Others passed out the cards at community meetings, on fliers about meetings, at churches, in local newspapers, and similar outlets. (The hot spot card strategy is outlined in Table 4-1).

The Waterloo organization, which used the hot spot cards very successfully, had printed 30,000 cards by February 1990. It distributed the cards through a variety of local outlets, but noted that it required continual work to maintain existing outlets and to find new ones. The programs differed most in their agreements with the police department regarding follow-up on the hot spot cards. In Cleveland, for instance, UMDC reached an agreement with the police for patrol cars at hot spots during peak activity time, but did not receive information about arrests or other action taken by the police at hot spots identified by residents. In contrast, the Waterloo CCI met regularly with an assigned police officer to learn what action had resulted from hot spot information.

Success with hot spot cards varied as measured by the breadth of distribution, police response to the cards, and resulting action against the hot spots. In Council Bluffs, for example, the police department had already established a drug hotline that residents could call anonymously. The organization passed out hot spot cards at block watch meetings, encouraging residents to use them for organizing their information before calling the police or mailing in the card if they were nervous about even calling the hotline. Although leaders considered the hot spot cards a good organizing tool for the block watches, the cards were not central to the anti-drug program. The cards were more successful in communities that did

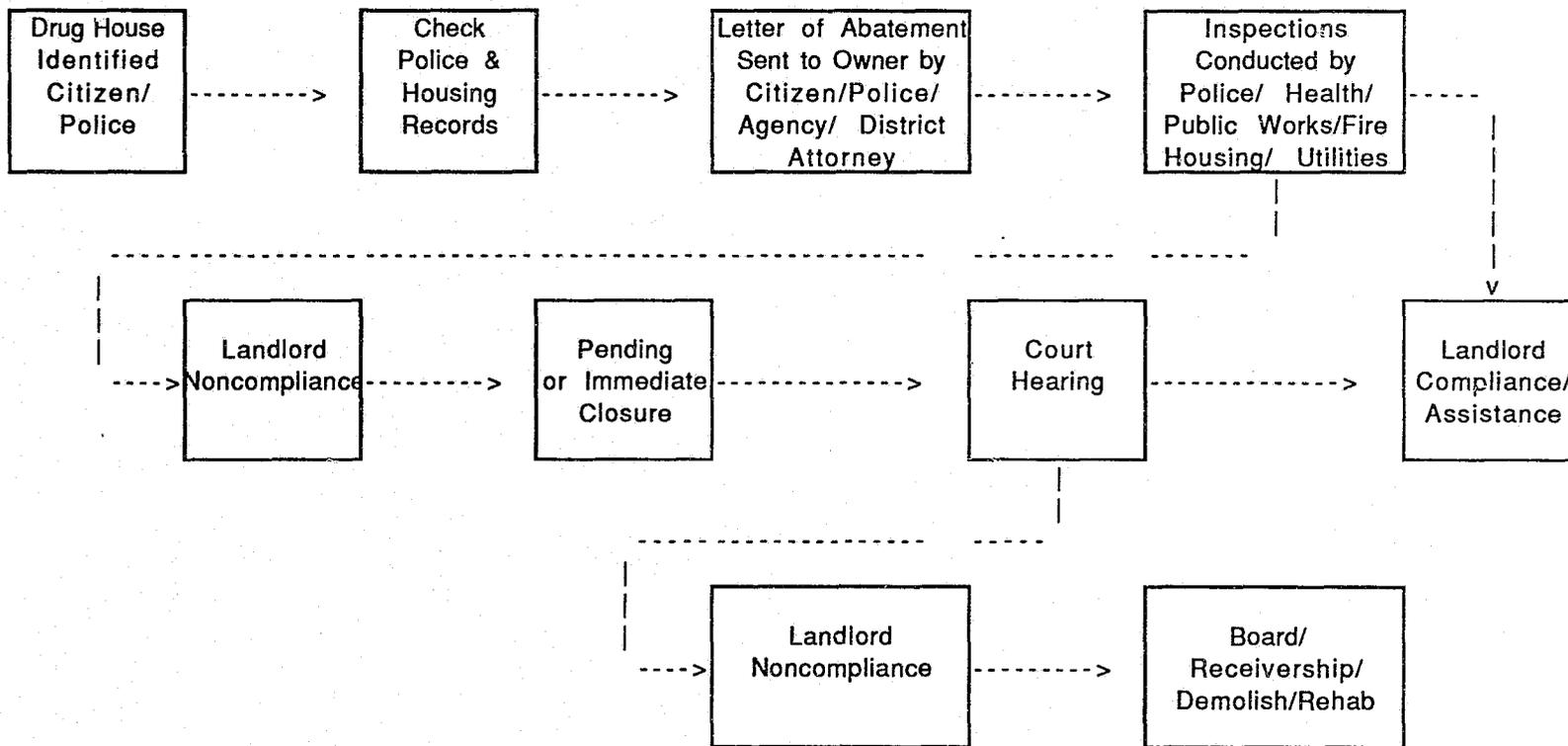
TABLE 4-1
HOT SPOT CARDS

Funded Activities	Planning	Implementation	Goals
Community Response to Drug Abuse	<p>Develop form of hot spot cards</p> <p>Identify resources for printing, distribution, and mailing</p> <p>Arrange with police department for receipt of cards, follow-up activity, and feedback to organization</p> <p>Plan monitoring system</p>	<p>Distributed hot spot cards on ongoing basis through variety of sources</p> <p>Obtained publicity in local newspapers and news programs</p> <p>Copied cards as received and passed on to police department</p> <p>Monitor identified hot spots, police response, and end result of case through logs or maps</p> <p>Provide feedback to residents on success</p>	<p>Develop working relationship with police</p> <p>Close a specified number of drug locations</p> <p>Mobilize residents for other anti-drug activities</p>

Workplans including hot spot cards: Cleveland, Logan Square, Waterloo, Council Bluffs, and Des Moines.

Figure 4-1

REMOVING THE PLACE OF DRUG ACTIVITY: THE DRUG HOUSE



not already have

means of reporting drug information anonymously. The Waterloo CCI received a substantial response, not only from residents of Waterloo but from nearby towns as well (The latter were forwarded to the appropriate police departments). Information from these cards resulted in several major arrests.

Neighborhood Watches and Patrols

Traditionally, Neighborhood Watch or Block Watch programs have involved neighbors coming together to discuss local problems, crime prevention tips, and plan future "watching" activities and other crime-reporting activities. The initial "startup" meetings were often arranged by crime prevention officers from local police departments or "community organizers" from voluntary community organizations.

Typically, meetings included a presentation on specific crime prevention activities, such as property identification (engraving), home security, and other "target hardening" approaches conducted by experts. The Watch groups usually developed a telephone "tree" (list of neighborhood household names and numbers) which participants could use to notify neighbors about suspicious activity or to obtain their assistance. The meetings often involved informal discussion of community problems and what could be done about them. In many cases, members were also encouraged to have their property engraved with an identification number at the police station. The police department would then post "Neighborhood Watch Area" signs and hand out stickers for the windows of participating homes.

Community organizations view Neighborhood Watch programs as a possible organizing tool as well as a crime prevention strategy. Many of the CRDA organizations were involved (or became involved) with existing Watch groups or started new Watch groups. The Neighborhood Watch program was used in four main ways by the CRDA demonstration sites:

(1) in the traditional way, as a community crime prevention strategy; (2) as an organizing tool for other activities; 3) as a program that could be developed into a more formal neighborhood association; and 4) as a mechanism for building stronger working relationships with the police department. Each will be discussed below with examples from the ten CRDA sites.

The most extensive use of the Neighborhood Watch program was in Council Bluffs, Iowa. CCI found that residents were reluctant to get involved in any type of organized anti-drug activities. Community leaders felt that area residents were generally satisfied with the conditions of the city and did not define the problems as serious. Thus, citizen participation in general was a problem for CCI.

At the beginning of the CRDA demonstration, Council Bluffs CCI held a city-wide conference on the drug issue and, as a result, the police department asked for assistance in reactivating "old Neighborhood Watches." The Chief of police suggested that this "old" program might be a good starting point to get residents involved once again in their blocks and neighborhoods. CCI staff members began updating the police files on existing Watches and then started organizing the blocks. Calls were made to residents in particular Council Bluffs neighborhoods to discuss the idea of setting up Watch programs. In addition, organizers conducted numerous one-to-one contacts with residents in order to increase participation.

CCI leaders attempted to incorporate other anti-drug activities into the Neighborhood Watch meetings. The newly established Watch groups were concerned with a variety of issues including: teenage alcohol abuse, run-down housing stock, poor upkeep of properties, a city-wide referendum to change the political structure of Council Bluffs, a proposed landfill, residential burglaries, illegal drug activity, "drug houses," other crime related problems and the lack of community recreation for youth. The Watch meetings provided a forum to discuss

these issues and possible solutions. The general procedure was that police representatives would attend the first meeting and provide training for members. By the end of the CRDA grant, over fifty Neighborhood Watch areas had been organized in Council Bluffs. CCI worked with city officials to design new signs for a "new" program. The old signs were removed and replaced by fluorescent green signs reading, "Neighborhood Crime Watch." The new signs gave the appearance of being modern and were easily visible from a distance.

A similar situation developed in Waterloo, Iowa. CCI became interested in organizing block clubs as a means of motivating residents to take a more active role in dealing with the neighborhood problems. When the Waterloo police department received a number of calls from residents interested in starting or reactivating a Neighborhood Watch in their area, it approached CCI, and the organization agreed to handle requests for "startup" meetings.

In Waterloo, CCI began researching the status of old Watch areas and the requirements for a Watch area. As they began to organize neighborhoods, CCI decided that the old Neighborhood Watch program was outdated. The group felt that the traditional Watch signs had no real "teeth" and agreed with the police chief that the program was "old fashioned." Furthermore, community apathy was seen as too strong to overcome with a "weak" program. Nevertheless, the literature and guidelines provided by the police department had not been updated and CCI was requested to implement a program that had met with limited success in Waterloo. The police department still required that residents mark their property with identification numbers and register with the department in order to obtain the Watch stickers and signs. CCI planned to revitalize this old program and use it as a tool to overcome citizens' apathy and develop more formalized block or neighborhood associations.

In Houston, SHAPE developed a program called, the "Harambee Community Watch"

which was essentially a foot and bike patrol conducted by parents, SHAPE staff, and community residents. SHAPE volunteers operated and maintained a base station which served as the communication center for the Watch program. The volunteer patrol responded to complaints called in over CB radios. The bike patrol consisted of two 10-speed bicycles with 2-way radios strapped to handlebars, and staffed by volunteers from local colleges and universities.

On several occasions, the Harambee Community Watch prompted dissident students to relocate "fights" and disturbances to remote locations such as alley-ways and narrow spaces between buildings. The bike patrol provided a speedy response and greater access to out-of-the-way locations. It also enabled volunteers to conduct "street counseling" with young people. By the end of the CRDA program, SHAPE had expanded its program to cover eight school areas.

Many of the other CRDA sites organized and worked with neighborhood associations and block clubs to implement the anti-drug programs in their cities. Planning surveillance and other anti-drug activities at the level of small groups was an important component of the CRDA demonstration program at most sites.

C. Closing Drug Houses

On a national, state and local level there is a widely held belief that increased surveillance and arrest of drug dealers is the best strategy for closing down drug operations. Community residents and police chiefs alike push politicians to commit more resources to hire additional police officers and purchase "new technology;" however, the experience of the CRDA grantees attests to the limitations of such an approach.

In closing drug locations, some CRDA organizations relied on the police alone, while others relied on a multi-agency approach. In the "police-only" approach the organization

typically encouraged residents to report drug activity to the police through "hot spot" cards or other channels of reporting anonymously. As police conducted follow ups and arrested drug dealers, the assumption was that the drug dealing in that location would cease.

In the multi-agency approach, residents still played a role in reporting "hot spots," but the city responded with the police department, fire department, and various inspectional services, which increased the likelihood of action being taken against not just the dealer, but the landlord as well. It was believed that this action would have a long term impact compared to the "police only" approach. Obviously, this approach is applicable primarily in communities where the drug dealing tends to occur inside buildings, as opposed to street dealing.

Finally, it should be noted that although each CRDA program is categorized here as using a police-only approach or one of two multi-agency approaches, the CRDA organizations modified their initial strategies based on the results achieved and on information shared among CRDA organizations. Hence, this categorization of programs makes them appear more static and less flexible than they actually were.

Police-Only Approach CCI in Des Moines, CCI in Waterloo, and UMDC in Cleveland used a police-only approach in closing drug locations. This strategy was probably most successful in Waterloo with its Hot Spot Card approach and police commitment. In the first year, police credited the Hot Spot Cards with several arrests, including two murderers. [See the section on hot spot cards for more information.]

SHAPE in Houston also relied on police enforcement to reduce drug dealing, although the process varied from the one used in Waterloo, Des Moines, and Cleveland. A SHAPE committee worked with the Mayor's office to examine the use of nuisance abatement ordinances for reducing drug dealing. The committee successfully pushed the passage of an ordinance that allowed police officers to issue notices or citations to owners of "dangerous

buildings used as suspected crack houses and other illegal activity." After receiving a notice, a landlord had five days to remedy the situation or the police issued a citation for violation. During 1991, SHAPE used this ordinance to get corrective action at numerous buildings.

Although this strategy had some successes, its limitations in stopping drug dealing became clear during the CRDA implementation. In the ten CRDA communities, increased enforcement by the local police departments did not prove to be an effective strategy because the drug dealer was usually released in a matter of hours or the drug organization quickly replaced a drug look-out, runner or dealer after an arrest. Because the criminal justice system is overburdened with drug cases, it took months before the offender went to trial, allowing the dealer to continue his/her drug operation. As one community leader stated, "The police are very frustrated because every time they raid a house, the drug dealers are back on the street the next day. That's very demoralizing to a police officer who risks his or her life to raid the place."

Enforcement did not provide long-term solutions for the problems associated with drug activity, drug dealers, or one of the main culprits, the landlord. Drug houses were successfully closed at two CRDA programs after the local police department stepped up arrests in the target area. But within a short period of time, the drug activity had resumed at these locations because the landlord did not evict the residents arrested for dealing. As one respondent commented, "There is now a recognition by community residents and law enforcement officials that regular drug arrests have no effect on shutting down drug traffic locations."

Multi-Agency Strategy Four CRDA sites engaged in a more comprehensive, multi-agency approach to closing drug houses. Three of the four sites employed a community model with police support and the fourth employed a police model with community support. They creatively used nuisance abatement laws, the police department, other regulatory

agencies, concerned landlords, judges, banks and community pressure to close drug houses. A general model for closing drug houses is shown in (figure 4-1); which is based on the experiences of SACCC, HART and NWBCCC. Each of the four approaches is described in this section.

The SACCC program in Chicago found that the most effective strategy for vacating and boarding up a drug house was through Housing Court. The steps in the process were as follows:

- The drug houses are identified by community residents and the Chicago Police Department;
- The Chicago Police Department sends a letter of abatement to the landlord, agent or bank who holds the trust;
- The Department of Inspection Services checks for other violations and/or pending cases and inspects the property within 30 days;
- The landlord is given time to eradicate the problem; if no action is taken or the landlord is unwilling, prosecution begins;
- The case is heard in Housing Court and all cases from a given community are heard on the same day;
- The landlord is given time to eradicate the problem; if no action is taken, the building is put into receivership or boarded, if abandoned.

SACCC staff cited three major victories with this strategy during the CRDA project. In the first, one drug house was rehabilitated and reoccupied with responsible tenants. In another instance, action taken by the Housing Court on another drug house removed the drug activity from the entire block. The final victory was the closure of an apartment/hotel by 200 federal agents and local police using Federal Days (described below). Nineteen members of a major drug ring were arrested, including a police sergeant.

In Hartford, HART employed another community-based approach to closing drug

houses. The first step was for neighbors to identify the drug houses. The second step was to gather information about the frequency and type of criminal activity, who owned the house, who held the mortgage, and miscellaneous tax and occupancy information. Even though it varied by location, the City Treasurer and the Court of Deeds were generally the sources of ownership information.

Once the research was complete, a letter was sent to the landlord stating the neighbors' concerns (including nearby churches and schools) and inviting him/her to a meeting to discuss possible solutions. In one Chicago community, a similar letter was sent in the name of a drug task force which included the State's Attorney, the U.S. Attorney and judges; this protected the community residents.

If the landlord did not attend the meeting or attended, but was not cooperative, HART requested the Housing Department to perform an inspection within two weeks. Staff also urged other agencies, such as the Fire Department, to conduct appropriate inspections. If landlords still refuse to cooperate, HART informed banks and mortgage companies of the troubled properties. All of this was accomplished without the legal support of a nuisance abatement ordinance which the other cities had in place. Major victories included the rehabilitation of one property (HART helped the owner acquire the loan), a well-publicized arrest of a landlord for fire code violations, and the seizure of a major drug house by the U.S. Marshall.

An additional strategy initiated by SACCC and HART involved working with landlords who approached them for ways to address the drug problems within their properties. SACCC has organized the Building Owners Management Association which met regularly with the police about the drug problem. HART also worked on a drug-free strategy with concerned property owners in Hartford. Staff helped them get low-interest loans to improve their property

and encouraged them to add a drug-free clause to the lease.

The NWBCCC program in the Bronx instituted a "Safe Building Program". As with the other program models, apartment residents identified the problem units and shared that information with the police. Once an arrest was made, the police forwarded the information to the local neighborhood association. The neighborhood association notified the owner of the arrest; if the owner was cooperative, a meeting with the owner and the tenants was arranged. The District Attorney was also notified and a letter was sent to the owner informing him/her of State Law R.P.A.P.L. 15. The law required the owner to begin eviction proceedings within five days of being informed about a narcotics arrest. Once the building's problems were addressed by the police and the owner through arrests, evictions, and repairs, NWBCCC worked with tenants.

In year two of the CRDA demonstration, the NWBCCC began implementing Operation Drug Lock Out, modeled after the Beat Health Unit in Oakland (also described in this section). The organization worked with the Borough Police Commander and the District Attorney's Office to adapt the Oakland model to the Northwest Bronx community and identified other agencies to be included in the Operation Drug Lock Out efforts. As this strategy was still in an experimental phase in the Northwest Bronx, the process differed from that used in Oakland (e.g., process of identifying problem buildings), but the general approach was the same. The primary difficulty in implementing the multi-agency approach was the refusal of the fire department to participate, despite numerous fire safety violations in the buildings being targeted, and a formal request by the Mayor asking for their involvement.

The fourth site with a comprehensive, multi-agency approach was Oakland Community Organizations (OCO), which used a police model with community support. Due to the negative effect that crack houses had on the quality of life in Oakland neighborhoods, OCO

put pressure on the City of Oakland to create the Beat Health Unit in 1988. The process for identifying and closing drug houses was already established prior to the CRDA program and the City of Oakland had allocated some resources for this strategy during the initial phase of the program. After it achieved considerable success in the first year, the City provided additional resources and expanded the Unit.

OCO staff and leaders shared the knowledge and expertise they gained on this issue at CRDA workshops and several CRDA organizations planned to implement a similar strategy. Because the Beat Health program was important to the CRDA initiative nation-wide, it is reviewed here in greater detail.

The Oakland Community Organizations (OCO) had three tools available to them to deal with drug houses: California's Drug Nuisance Abatement Act, action in small claims court, and the Oakland Police Department's Beat Health Unit. According to the Drug Nuisance Abatement Act, private citizens, city attorneys, and district attorneys can bring a civil suit against property owners who allow drugs to be used or placed on their property. This strategy was similar to those already described in the South Austin (Chicago) and Hartford examples.

Small claims court was the second strategy tried by Oakland residents. The speed and low cost of a small claims court action made it an attractive alternative to civil litigation. In California, a small claim can be filed for \$6.00 and served personally or by the court for an additional \$4.00. Unlike protracted civil suits which can take up to five years to be heard, small claims proceedings are heard within 30 days. While there are some small claims limitations, such as a maximum claim set at \$2,000, individual claims can be consolidated into a single judgment against a single defendant.

In one California community, neighbors were fed up with the robberies, solicitation by

prostitutes and the drug paraphernalia in their backyards. They joined forces and filed a case in small claims court, resulting in an award of \$18,000. More importantly, the problem tenants were evicted by the landlord.

The third tool was the Beat Health Unit, a Oakland Police Department program that has received considerable recognition nationally. In the words of the Unit's Director,... It is a "coordinated program with City, County and State regulatory agencies using non-traditional methods to close down crack houses, illegal businesses, apartment houses, board and care homes, illegal auto dismantlers, hotels and motels (DeVries, 1989)." The Unit was credited with closing over 260 crack houses in its first 18 months of operation. After its first year, the City Council approved \$1.5 million in Oakland Redevelopment Agency funding to continue and expand this very successful program.

The first step in closing a drug house in Oakland was the identification of a drug location. Each week up to 10 more cases were referred to the unit. Generally, Beat Health cases originated from the following sources:

- information received at community meetings which were regularly attended by Beat Health officers;
- calls to the Beat Health Unit;
- referrals from patrol officers;
- referrals from other agencies;
- referrals from Beat Health personnel while in the field;
- calls for service to the OPD communications;
- information from the drug hot line;
- vice arrests; and
- field contact reports.

When a complaint was received, a police service technician (PST) searched the computer for other calls on the property to corroborate the complaint. The Beat Health Unit has a policy to involve neighborhood organizations with the drug abatement process, so the PST also determined whether or not the complainant was a member of an organization. If an organization did not exist in the problem area, the caller was encouraged to set up a block watch through the Oakland Police Department's Home Alert program.

A Beat Health Staff Report (2/91) outlined the case process once a complaint is filed. A case proceeds as follows:

1. Drive-by. The PST in whose district the address is located visits the location within five days following receipt of a report. Impressions from the drive-by are discussed with the district's officer.
2. Site Visit. Officers conduct site visits by contacting residents at the address. They ask who is living at the address and request permission to enter. If permission is granted (it usually is), the premises are inspected. The goal of the site visit is to confirm the existence of drug activities and gather information about the residents.
3. Notification Letter. A letter is mailed notifying the property owner of the police investigation.
4. SMART Inspection. Appointments are made with the Specialized Multi-Agency Response Team (SMART) and the property owner. The property owner's presence during the SMART inspection encourages a quick response.
5. Rehabilitation Begins. On the day of the SMART Team inspection, it is possible that a property owner will request assistance in securing the property against trespassers while rehabilitation takes place.

The officer thoroughly explains the consequences of an 11570 lawsuit to the property

owner. Owners are usually anxious to cooperate and clean up their properties. Beat Health personnel are familiar with the kinds of improvements that serve to minimize the potential for drug activity. Verbal or written guidelines can be provided, depending on the circumstances.

6. Confirmation Letter. Following the SMART inspection, a letter is sent confirming the inspections and any conversations that took place at the site.

7. Case Closure. Officers and PST's visit the property periodically (about once a week) to monitor the situation. If the owner is making improvements and there are no more arrests or complaints, the situation is monitored. When the address is completely rehabilitated or appropriately occupied, photographs are taken and the case is closed. Neighbors are alerted to keep an eye on the property and to call the Beat Health Unit if the situation changes.

Drug locations are recommended for court action when drug activity continues despite efforts by Beat Health Unit representatives to help property owners abate the situation. If after a site visit, SMART inspection, and two notification letters, no significant improvements have been made or illegal drug activities continue, the file will be turned over to the City Attorney for processing under the Drug Nuisance Abatement Act.

In an 11570 action the City needs only to support a civil burden of proof. Requests for temporary restraining orders must be supported by evidence demonstrating the presence of a nuisance. Cases that are selected for litigation are chosen because sufficient corroboration exists to show that the nuisance seriously threatens the health and safety of the surrounding areas.

Another component planned for the Beat Health Unit is property management training for landlords. Unit staff feel it is key to maintaining a drug-free property. A draft of a training manual is being prepared. It is modeled after a successful project in Portland, Oregon.

Problems and Limitations

CRDA organizations that worked on closing drug houses identified several problems related to their actions. First, innocent tenants may be displaced and left without housing when the group succeeds in closing a building that has drug dealers. In Oakland, if officials determined that an unsafe condition existed and the dwelling must be closed, attempts were made to relocate tenants with the assistance of the County Emergency Response Team. Money was set aside to provide temporary Housing for evicted tenants who were eligible for such funds. Also, special attention was paid to the care of children whose parents were arrested during a closure.

Second, dealers may reoccupy closed drug houses and continue their illegal drug operations, after the initial action taken by the organization. Keeping drug houses closed generally required continued action by the organization and residents. In most CRDA sites, residents and patrol officers monitored closed drug houses. If any drug traffic or other problems returned, residents notified police and other agencies immediately. Even with cooperative landlords and police officers, it can be difficult to keep them closed. In Cleveland, UMDC rehabbed a prior drug house and rented the apartments to new tenants. Drug dealers continued to use the porch, hallways, and basement shortly thereafter; however, UMDC looked for ways to secure the building and eliminate the drug dealers again.

Third, closing drug houses can contribute to neighborhood blight by increasing the number of abandoned, boarded up buildings. Furthermore, demolishing closed drug houses reduces the amount of affordable housing in the community. In Hartford, HART attempted to use a new anti-blight program started by the city to deal with the unexpected problem of neighborhood blight that resulted from the increase in closures and foreclosures. Given the

city's failure to collect fines, however, landlords felt little need to comply, so the program provided little remedy.

Summary

Despite these problems with the strategy of closing drug houses, the CRDA organizations eliminated numerous drug locations, at least for a time. In some instances, the locations had been a serious concern among residents for a long time. The vast majority of landlords remedied the problem once they received official notification through nuisance abatement procedures, thus eliminating the need for a lengthy legal hearing. Although closing the drug houses was only one step in eliminating local drug problems, CRDA organizations had already started to look at ways to sustain the gains from the initial closure. These groups explored ways to purchase the closed housing and convert it to positive use for the community, which would reduce associated neighborhood blight and increase affordable housing.

Even with success in closing drug houses and keeping them closed, the strategy should not be viewed as an end, but as only one means of reclaiming a neighborhood. As one community leader stated, "So you close down the drug house; then what?" This individual saw the answers in long-term strategies that promote drug treatment, quality education, job training, and affordable housing. Consistent with the government's "Weed an Seed" concept, the weeding out of drug activity must be followed by community building that will sustain the new environment.

D. Strengthening Prosecution or Sentencing

Many community organizations in CRDA came to realize that the enforcement of laws against illegal drug activity was not solely the responsibility of law enforcement. During the

initial planning phase of the CRDA programs, the focus was primarily on "getting as many dealers off the streets as possible." Therefore, most groups began working with their police department to monitor and report illegal activity in the neighborhood. As they became more involved with law enforcement, several organizations discovered that the criminal justice system as a whole was "part of the problem." Consequently, they decided to redistribute their efforts and expand their focus to include other criminal justice agencies. These community organizations found that keeping dealers off the streets required the cooperation and commitment of city government, city/county/state attorneys, drug prosecutors, and judges. Although most CRDA organizations recognized that working with the police was not the only solution to the drug problem in the community, several groups continued to pursue primarily law enforcement strategies.

Court Watch Community groups involved in some type of court monitoring program generally developed three different approaches: 1) having a physical presence at court sentencings, 2) following court dockets and dispositions, and 3) verbally applying pressure on drug prosecutors.

Two groups participating in CRDA (CCI in Des Moines and Waterloo, IA) developed a court monitoring strategy in which concerned citizens sat in on drug cases. The presence of citizens in the courtroom was meant to pressure judges to apply the law and sentence dealers to appropriate sentences. Citizens felt that the law was there to protect them and that all "links" in the criminal justice chain needed to be connected.

The strategy known as "Operation Bench Press" began first in Waterloo, Iowa, as CCI's research showed that the majority of drug dealers were receiving suspended sentences. The group worked to recruit volunteers for the Bench Press through block clubs, churches, and lunch programs for seniors. They viewed the court monitoring program as a means to

hold prosecutors and judges accountable and to monitor the implementation of a new state law on drug offenses.

During the second year of the CRDA program, the court monitoring strategy began to take shape in Waterloo. Over one hundred volunteers signed up to be members of the Bench Press and a very good working relationship was developed with the new Waterloo Assistant Drug Prosecutor. The bench press consisted of a mixture of people: housewives, ministers, retirees, the unemployed, and citizens who were able to get away from their jobs during the day or worked second and third shifts. The court monitoring strategy demanded a considerable amount of time and perseverance. CCI staff and community residents who became involved in the monitoring program were surprised by the way the court system works. Community representatives expressed disbelief at how frequently cases were delayed.

One assistant drug prosecutor who supported the efforts of the Bench Press provided them with information on court dates and cases. She believed that the efforts of the citizen group made her job easier and that judges needed to be reminded, when passing down sentences, that drug dealers harm real people.

CCI staff devoted a great deal of time tracking offenders and their cases through the judicial system. A log was kept of the offenders profile: name, address, prior offenses, disposition of prior cases, and current offenses. The name of the judge and a summary of his/her statements at sentencing were also maintained.

After the profile of a case was gathered and a date for sentencing was set, CCI staff began calling "pressers" to let them know when the next case was scheduled. The group would meet thirty minutes before this scheduled time to discuss the facts of the case, the defendant, the judge, and the attorneys. The citizens sat together quietly on one side of the courtroom wearing red buttons that read " COMMUNITY RESPONSES TO DRUG ABUSE,

IOWA CCI". At first, citizens were a little intimidated but after more experience with the monitoring, they did not fear the drug dealers as much. Usually the lawyers told the defendant about the bench pressers. When the Bench Press first began, several judges questioned the presence of the group in the courtroom; at which time a Bench Press spokesperson explained that they were a group of concerned citizens who wanted to see that drug dealers received the appropriate sentences.

When a case was finished, the citizen group left the courtroom and completed a questionnaire evaluating the courtroom events. They discussed the roles of the prosecutor, the defense attorney, the judge, and the defendant. Oftentimes, cases were postponed, but the CCI staff continued to track them. According to CCI staff, the Bench Press program was meant to show judges that people other than the defendant were affected by the judge's sentence and that by "slapping the hands" of repeat offenders judges were sending the wrong message to young people.

The Bench Press had a short-term effect on the community. It spurred residents to participate in the court system, and to learn about courtroom procedures. As such, the program empowered community residents to take a stand against something they felt was wrong. The approach was meant to hold judges accountable to the public. One spokesperson expressed the hope that the Bench Press program would have long-term effects by keeping dealers in prison for many years. Judges will use the new laws which call for stricter and increased penalties for drug offenses, and the dealers will be forced out of the community."

CCI staff and the drug task force planned to expand this strategy to get more information about judges and the decisions they made. This experience revealed that the average citizen knew very little about what transpires in the courtroom and the inclinations of

different judges. CCI also planned to research the decisions of judges (who are elected officials) and prepare a newsletter describing the results.

Although this strategy was considered very effective, many problems were encountered in the implementation. The group became frustrated by the fact that judges were reconsidering sentences after the defendant had served ninety days in prison. This "Shock Treatment" policy in Iowa, was based on the concept that ninety days in prison would give the offender time to re-think his/her behavior or receive the necessary drug abuse treatment. This policy presented a number of problems for the court monitoring group. In one case, for instance, a defendant was sentenced to thirty years under the enhanced penalty law within a drug-free school or park zone. Three months later, the sentencing came up for reconsideration and the sentence was reduced to one year in a residential facility and two years probation. Members of the Bench Press were extremely disappointed with the action of the court. They decided to get more involved in legislation to make sure that enhanced penalties were not reconsidered and that cases were handled uniformly.

Based on the noted success with Bench Press in Waterloo, CCI in Des Moines decided to implement a similar program. The group expressed a desire to monitor the sentencing of repeat drug offenders for the same reasons Waterloo desired to do so (offenders were getting light or suspended sentences). Late in the second year of the CRDA program, CCI's Bench Press became operational in Des Moines, Iowa. One VISTA organizer conducted the background research on cases, court dates, and judges. He coordinated the volunteers, the schedule, and meetings with the prosecution. CCI had over 40 volunteers signed up for the Bench Press and had attended six sentencings by the end of the CRDA program (all of the cases were postponed to a later date). Each time that Bench Press monitored a sentencing, the group of volunteers got larger. Pressers were concerned that

dealers who were released (without stiff sentences) would retaliate against the Bench Press members. CCI leaders were confident that such fears would decrease with time and experience.

Des Moines CCI encountered a number of problems implementing this strategy. Unlike the experience in Waterloo, Des Moines CCI had to conduct much of the information gathering themselves. The Court Clerk provided access to the court docket and computer records, but the process of retrieving this information was extremely time consuming. Des Moines also had to deal with transportation issues because the Court House was in the downtown area and most of CCI's constituency resided on the north side. Like Waterloo, the Des Moines Bench Press developed a case profile that included the defendant's name, address, charges, sentencing date, prior drug arrest, plea bargaining, age, height, race, gender, name of the judge, prosecutor, defense attorney, and the police identification number.

In Chicago, SACCC was involved in the monitoring of housing court outcomes. Like the program in Iowa, SACCC to held judges accountable, but in this case, they wanted Nuisance Abatement laws enforced. SACCC volunteers applied steady pressure on housing court judges to get drug houses condemned, vacated, and boarded up. (For more explanation see "Closing Drug Houses").

E. Legislative Initiatives

Community residents, searching for ideas to strengthen their anti-drug efforts, lobbied for new or revised legislation. Community organizers used legislation as an organizing tool and a safe way to involve residents in the drug war. According to community organizers, once people feel empowered with a legislative success, they are more willing to confront drug dealers in more direct ways. The laws at issue were generally classified as nuisance, city

zoning, or state criminal codes.

Several legislative initiatives were pursued during the CRDA demonstration: nuisance abatement, asset forfeiture, unfair business practices, small claims court, beepers, drug paraphernalia, drug-free school zones, billboard campaigns, federal days, and drug tax stamp act. Each are briefly reviewed in this section and some are covered in greater detail in other sections of this report. In many cases, community action was geared toward the enhancement and enforcement of existing laws rather than the drafting of new legislation.

Nuisance Abatement Laws When the act was first conceived (1915), the intent was to focus on houses of prostitution and liquor stores. The current objective of the Nuisance Abatement program is to identify building owners and notify them that a public nuisance exists. The laws are designed to prosecute building owners who knowingly permit illegal activities, including the sale of drugs on their property. States with nuisance abatement laws include Oregon, California, Illinois and Missouri.

A typical nuisance abatement procedure begins with a letter being sent to the owner documenting the problem, demanding corrective action and suggesting that the owner hire an attorney. In more than 90% of the cases, the owner corrects the problem after receiving notification. If the owner fails to address the problem satisfactorily, court is the next step. In some cases, a remedy may be court supervision of the property for up to one year.

This approach was used successfully by CRDA programs in Oakland, Chicago, Houston. The Oakland Police Department's Beat Health Unit served as a model for other sites. The Chicago site, in turn, assisted the Cook County States Attorney in setting up a Nuisance Abatement Unit. South Austin and Logan Square were two of nine neighborhoods selected as demonstration sites for the Nuisance Abatement Pilot Program in Chicago. (see Closing Drug Houses for detailed information.)

Asset Forfeiture. In U. S. v. Eight Rhodesian Stone Statutes, 449 F. Supp. 193, 195 (C.D. Cal. 1978) defined assets forfeiture as "the divestiture without compensation of property used in a manner contrary to the laws of the sovereign." The process of seizing assets is not new to American law. It has been used against smugglers since the beginning of American law. However, seizing assets in criminal cases is a new procedure. To date, 49 states have statutes to address this issue (Vermont is the exception). Some of the crimes covered under the statutes include the trafficking, manufacturing, and cultivation of drugs, racketeering, and contraband. Examples of property seized include conveyances, cash and other negotiable instruments, paraphernalia, personal and real estate. Before assets can be seized, the prosecutor must prove knowledge and consent of the illegal activity by the owners.

The proceeds from asset forfeiture are typically shared by state and local government (primarily law enforcement), school districts, and in more recent instances, with hospital and drug treatment centers. As part of the CRDA program in Illinois, organizations lobbied for legislation that would require a percentage of all seized asset deposits be shared with organizations that are involved with drug education, prevention, treatment, law enforcement and community organizing. The concept is similar to a program operating in Dade County Florida. Funds are distributed by the Metro Dade Police Department based on request for proposals for drug education prevention. Funding is not given to organizations for drug rehab because Florida statutes prohibits this expenditure. Some of the participants are Informed Families, a community organization and Project D.A.R.E. which is implemented in all Florida schools.

Unfair Business Practices Another tool in the war against drug dealers is a lawsuit claiming unfair business practices. The federal government has effectively employed the RICO laws (Racketeer Influenced and Corrupt Organizations Act) to stop drug activity. These

lawsuits are based on the premise that business operators who participate in illegal activity have an unfair advantage over persons who are operating businesses legally. Therefore, if the government can demonstrate that the business was formed with illegal funds, then the government will order the business to divest. In Oakland, lawsuits were brought against motel and liquor store owners in the name of unfair business practices.

Small Claims Court The use of small claims court has been an effective strategy against drug dealers or landlords who own property that is used for drug sales. A Berkeley, California resident organized her neighbors and sued the landlord who owned a crack house in their neighborhood. Twenty people won the maximum of \$2000 each. They went to court claiming a loss in property value and safety due to drug dealing on their block. In other instances, owners have been forced to sell their property to pay off the victims. In Illinois, some community organizations have sued under this remedy, but have not had the same success. The disadvantage of using small claims court is that the plaintiff must face the landlord in court. If the landlord is the drug dealer, neighbors may face retaliation. There is also a 30-day appeal process.

Beeper Ordinances Ordinances prohibiting students from carrying beepers in school have been used in the drug war. The National School Safety Center reports that this type of ordinance is generally passed on by school districts. However, some cities and states have implemented "Beeper Ban" laws, including Los Angeles, San Francisco, Texas and Florida. In Chicago and other cities, the legislative success against beepers encouraged many local residents who were afraid to "work the streets and confront the dealers." However, the use of cellular telephones for drug transactions has emerged as a new problem in urban schools.

Drug Paraphernalia This type of statute prohibits the sale of all equipment and products that are marketed for the sale, manufacture or use of controlled substances. It

includes pipes, miniature cocaine spoons, vials, mirrors, decorative razors and other drug paraphernalia. Approximately 25 states have passed drug paraphernalia legislation. The only CRDA sites without drug paraphernalia laws were the Iowa sites.

The typical drug paraphernalia act states that merchants selling paraphernalia who have knowledge of their intended use will be fined \$1000 per item found in their possession and charged with a misdemeanor. These acts often contain an asset forfeiture clause where violators could lose profits or property acquired through paraphernalia sales.

Catholic priests and community leaders from Chicago were instrumental in organizing local anti-paraphernalia campaigns that spread to many cities across the nation. Many marches and protests were held on the issue. The involvement of the priests brought national media attention and was instrumental in getting the Illinois State House of Representatives to pass the legislation. In Chicago, the drug paraphernalia campaign was also used as an organizing tool to involve community residents and ministers. Community organizers contacted store owners requesting that they voluntarily remove paraphernalia and post signs stating "No Drug Paraphernalia Here."

To date, there have been no arrests of offenders under the Illinois statute. Many of the court cases were dismissed because sales were not made to persons under eighteen. However, several rally leaders have been charged with destruction of property. Father Clements, Father Pflieger and Dick Gregory have all been arrested. Many areas are lobbying for stiffer sentencing.

Drug Free School Zones There is a federal law which doubles the penalty for selling drugs or being involved in gang activity "within 1000 feet of a school or areas where children congregate." Although Congress passed a federal Drug Free School Zone law as part of the Omnibus Anti-Substance Abuse Act of 1988 [21USC 845a (supp. 1989)], federal law

enforcement resources have been insufficient to effectively police such zones. Each state will need Drug Free School Zones legislation to achieve a deterrent effect (National Coalition for Drug-Free School Zones, 1990). All of the states that have CRDA demonstration sites (with the exception of Texas) have drug-free school zone legislation. SHAPE was active in proposing legislation, however the bill died in committee.

In many cities, community organizers and residents posted drug-free school zones signs throughout their community. The legal significance of posting the signs was to establish "knowledge and intent" by giving notification and warnings to potential violators of increased penalties and to provide the basis for deterrence. However, the 1000-foot rule has not been consistently enforced by local law enforcement. As a result, the Attorney General in California has agreed to pursue legislation that will change the language from discretionary to mandatory. In Hartford, during the second year of the CRDA program, HART was instrumental in the passage of the drug-free school zone ordinance. During the third year, parents from HART conducted research to track arrests under this law found that the police were not noting the arrest on the crime report. In other communities, community leaders reported that arrests were being made, but offenders were not being properly charged under the new law.

Drug-free school zones have raised other issues. For example, how will the law apply to drug trafficking and gang activity after school hours? Are school grounds and nearby places where children congregate still considered protected areas, even if children are not around? Is the penalty still increased to a felony charge? At present, the law does not address these questions.

Billboard Campaign As a result of community organizers and residents becoming involved in anti-drug issues and understanding the public health implications of drugs and other disease-promoting consumer products, residents are mobilizing to combat public health issues.

In Chicago, Project CLEAN, a city-wide organization of community groups (including two CRDA organization) demanded that billboards advertising "alcohol and tobacco products" be removed from areas "...where children congregate." This is the same language used in the Drug-Free School Zone legislation. The billboard campaign has become a national issue. The campaign supporters believe that alcohol and tobacco advertisers are targeting minorities such as African-American and Hispanic communities and some see it as a form of genocide.

Some minority leaders felt the same argument could be applied to alcohol as well. Alcohol abuse and fetal alcoholism are more common among minorities than non-minorities. In Chicago, community groups reached the conclusion (based on their own research) that there was a disproportionate number of billboards in African-American and Hispanic communities that advertised alcohol and tobacco products, especially adjacent to schools, hospitals and parks.

Billboard campaign proponents saw this as a "right to life" issue because the product destroys human life. The more radical faction, viewed the campaign as a case of civil disobedience. In Chicago, for example, several groups staged "midnight raids" painting over alcohol and tobacco signs. In Texas, a group responded by painting signs with health messages, quoting statistics on the number of minorities killed by these products. Others "blocked-out" the product name and advertising copy.

Campaign opponents (i.e, the advertisers, billboard sign companies and product manufacturers) stressed that the actions of the campaign participants constituted a violation of

individual rights and a case of censorship. The radical participants were viewed as vandals. Nevertheless, the radical faction succeeded in negotiating with R.J. Reynolds to remove advertisements from billboards in African-American and Hispanic communities. (See Chicago-SACCC Case Study for further details).

In addition, the opponents claimed there was no evidence that billboard advertising of alcohol and tobacco was linked to the problems cited. Therefore, they argued that as long as the products were legal, they would continue to manufacture, sell and promote them.

Community groups continued the campaign battle by pressuring local politicians to sponsor ordinances that prohibit outdoor advertising of alcohol and tobacco products. In addition, community leaders met with major billboard companies to encourage them to discontinue objectionable advertising copy near schools and parks.

Federal Days This is a process where drug locations are raided by federal law enforcement officials or local officers deputized as federal officers for a particular day. The original idea began in Massachusetts. The procedure has a different name in each location. Some of the names used include federal days, operation eagle, and operation pressure point. The Federal Days strategy was employed by a number of CRDA sites. Federal agents, deputize local law enforcement officials, and the U.S. Attorney focuses its efforts on a particular area and all arrests for that day are made on federal charges. The advantages of using Federal Days are described in Taking Our Neighborhoods Back, a handbook written and distributed by NTIC. They are:

- higher bond is set;
- federal courts are less crowded;
- federal judges tend to be less lenient than state and local judges;
- federal law imposes stiffer penalties for most convictions;

--federal legislation doubles penalties for convictions for drug arrests within 1000 feet of school buildings;

--federal seizure of property laws have stricter standards and tend to be more effective than state and local legislation;

--federal prisons are less crowded and convicted drug dealers can be sentenced to serve time anywhere in the U.S..

Law enforcement officials target the drug users as well as the drug dealers by saturating the target area and charging offenders with as many criminal and/or civil violations as possible.

The advantages of making an arrest under federal charges include the availability of federal dockets, stiffer penalties, a greater probability that offenders will be convicted and serve prison time, and more stringent asset forfeiture rules.

The process is as follows: community organizers/residents target a location where drug sales are prevalent and local police have been unsuccessful in tackling the problem. Community groups contact the U.S. Attorney and request a specific number of "federal days" for their area. If the U.S. Attorney agrees to target the drug location, an investigation will be scheduled. After a lengthy fact finding, a raid is planned and executed.

There are some disadvantages of this method: (1) the local police may not cooperate, which could erode or destroy any existing relationship between the community group and the area police, and (2) the community residents will be asked to testify at the arraignment, and therefore, must face the accused.

Drug Stamp Tax Act The drug stamp tax act is a law that was passed by the Iowa legislature in 1990 for the purpose of increasing penalties connected with illegal drug activity. CCI in Waterloo was instrumental in initiating the legislation. The law requires that drug dealers purchase one of three different stamps (depending on the type of controlled substance). The buyer is required to purchase the stamps from the Iowa Department of

Revenue and Finance. Under this law, a dealer caught in "...possession of a minimum of 42-1/2 grams of a substance consisting of or containing marijuana, 7 grams of a controlled substance sold by weight, or 10 dosage units of a controlled substance not sold by weight, such as pills or capsules," faces both civil and criminal penalties (Chapter 421A of the Iowa Code). In the civil matter, the Department of Revenue and Finance will assess the tax and penalty and proceed to collect the amounts using jeopardy assessment procedures and property seizure. The criminal tax offense is a Class D felony, which carries a penalty of five years in prison and/or a \$7,500 fine. This legislation was considered another tool to be used to target drug dealers by increasing the "cost" of committing drug offenses.

CCI leaders were pleased to see the drug stamp tax act passed because in general, they felt that Iowa drug laws were lax compared to other states. CCI continued to follow the progress of enforcing this new law throughout the CRDA program and noted limited success.

F. Drug-Free Schools

The prevalence of crime and drug activity in the school environment has become a topic of national concern. The media has come to recognize what school officials have known for some time, namely, that the learning environment in schools across the United States has been damaged by violence, gang activity, and the availability of illegal drugs. This concern has translated into a host of prevention and enforcement programs that address the drug problem in and around America's schools.

Two categories of anti-drug programs are described in this section: within-school programs, consisting of drug prevention curricula taught in the classroom or other programs implemented within the school building itself, and externally-based programs, usually involving increased law enforcement, neighborhood watch efforts, or other strategies to organize the

neighborhood around school property. The relationship between the CRDA organizations and local schools was an important component of the anti-drug initiatives at several sites.

Within-school Programs

Classroom-Based Prevention Programs Classroom-based programs typically involved drug education with the intention of preventing students from initiating drug use. Some programs included counseling services for students, but most centered on a standardized drug education curricula taught as part of the school's health or science curriculum. DARE (Drug Abuse Resistance Education), QUEST (Quest International), SMART, and "Here's Looking at You 2000" were some of the curricula used on the schools at the CRDA sites (See Botvin, 1990; Hansen, 1990, for a review). D.A.R.E. was the most popular program and is taught by specially-trained police officers in all 50 states.

The utilization of standardized within-class drug prevention curriculum has a long history. Initially, these programs relied on simplistic approaches, using "scare tactics" to dissuade youth from experimentation with drugs. In general, these early prevention programs in the 1960s and 70s delivered messages that failed to consider the credibility of the message sender, or even the exact message that was being relayed (Johnson, 1985). The lessons of these early programs were that untested drug education curricula were at best ineffective and at worst promoted drug abuse.

Subsequent research in psychology led to the development of programs far more sophisticated and standardized. Newer curricula have given greater attention to the social and cultural pressures on youth to use drugs. The social skills needed to resist peer pressure have been emphasized, but a comprehensive set of skills are covered, including cognitive, effective and social responses (Rosenbaum, et al, 1991).

The CRDA program in Hartford, implemented a comprehensive program called ADAPT

(Alcohol, Drug Abuse, Prevention and Training) at several schools. The ADAPT program went beyond classroom instruction to target four environments that surround young people: family, school, peer group and community. The ADAPT program included the training of 400 teachers in the "Here's Looking at You 2000" drug abuse curriculum. In addition, students were exposed to several weeks of lectures and programs addressing issues related to drug abuse. HART also developed after-school programs which provided recreation, counseling, and educational support.

Within classroom programming was also utilized by SHAPE in Houston. This particular program relied on an Afro-Centric model, designed to build students' self esteem.

In Chicago, SACCC worked to increase the use of Project D.A.R.E. in community elementary schools. In addition, SACCC relied on speakers from the community to address the problem of self-esteem among students. The self-esteem program was developed for use by teachers and by community leaders who give classroom presentations. CCI members in Des Moines also fought to keep the D.A.R.E. program in their community. Although citizens generally had positive responses to the one-year D.A.R.E. Pilot project, school officials and other experts supported the "Smooth Sailing" program.

LSNA in Chicago planned a within-school program as part of a comprehensive plan for a school-community partnership. The classroom program selected for implementation used parts of the Lions Quest curriculum, supplemented with local materials. The curriculum was supported by a network of schools and youth service providers throughout the community. The classroom program was only a starting point in a comprehensive prevention program that followed high-risk students for several years after their initial contact. The overall plan for developing the program was to organize the agencies within the Logan Square neighborhood, coordinate the administration of services, raise consciousness regarding drug abuse, and

develop a school-based but community-wide prevention program.

In Waterloo, CCI worked with the Police Department's D.A.R.E. officers to educate sixth graders about harmful effects of drugs. CCI interns with assistance from a local university developed an anti-drug skit that involved children from the audience to act out situations related to peer pressure and drug use. In addition, a CCI staff member dressed up as McGruff, the Crime Dog to present an anti-drug message to first grade students in several schools.

In both Chicago and Houston, local decision makers felt that the commercial packages were inappropriate, either in part or totally, for particular cultural groups. The Logan Square neighborhood was predominantly a low-income Hispanic community, while Houston's and South Austin's target areas were predominantly low-income African-Americans.

Parental Involvement These strategies were developed to bring parents inside the schools for various purposes, often having them serve as hall monitors, teacher's assistants or activities coordinators. The use of parents illustrated the community's belief that additional supervision of students will contribute to a safer, more drug-free environment for the students. The primary aim of these programs was to reduce the availability of drugs to students.

The SHAPE program in Houston recruited parents to serve as within-building hall monitors and teacher's assistants. It was believed that the parents could help to maintain order in the schools, model pro-social behavior for their children, and offer a strong presence in the school environment. Although the main objective in Houston was to provide a safe environment for children, the physical presence of parents was believed to increase the accountability of school staff. Overall, parents and teachers were pleased with the program, but organizers acknowledged the common problem of maintaining parental motivation and participation.

In addition, SHAPE offered a program called Parent Awareness Network (PAN) aimed at parents to support the effects of its within-classroom programming. Parents were recruited to participate in prevention activities by making a personal commitment to maintain a drug-free home. Parents were asked to sign a pledge asking that they (1) not serve illegal mood altering chemicals to minors; (2) properly supervise gatherings in their homes; (3) be receptive to information from other parents who report possible drug or alcohol use by their children; and (4) offer support to participating individuals within the PAN network. In Logan Square similar support was proposed for parents. LSNA planned for the development of parent information sharing sessions, relying on meetings between parents in their homes or churches to provide information on prevention and intervention strategies.

In Hartford, HART worked to operate after-school education programs for high-risk youth who attended school. These programs were to be run by parents involved in PTO's who would volunteer to work with youths in school-related activities. Unfortunately, HART staff members had difficulty recruiting volunteers. Leaders reported that many Hispanic men would not let their wives go to work or volunteer outside of the home and most of the volunteers involved in the after-school program were women.

These strategies, although largely successful did encounter difficulties. One problem CRDA organizers encountered was the difficulty in getting parents involved, but even more difficult was keeping them involved. A sustained effort was necessary to successfully challenge the problem of drug abuse and crime in the neighborhoods, and hence, a long-term effort spanning an extended period of time was necessary. The organizations supporting prevention would need to be institutionalized and become self-sustaining to guarantee such prolonged influence.

Externally-Based Programs

Community groups involved in the CRDA projects developed several programs that operated in the environment immediately surrounding the school. The primary purpose of these strategies was to prevent drug activities on or near school property. The most widely touted initiative was the establishment of a Drug Free School Zone (DFSZ). This anti-drug strategy is discussed in some detail (Also, see Legislation Initiatives).

Drug Free School Zones The establishment of a DFSZ entailed the creation of a geographically defined area that included the immediate school property and areas around the school premises (usually within 1,000 feet). In this area the penalties for the sale or possession of illicit substances were significantly increased. This approach consisted of an enforcement-oriented program in which the geographical areas immediately surrounding schools were designated as drug-free. Persons apprehended for selling or possessing illicit substances in these locations were subject to increased criminal penalties. This program was designed to serve as a deterrent to drug use in the vicinity of schools, but it was also often used as a community organizing tool.

As part of the CRDA program, Drug Free School Zones (DFSZ's) were implemented in Council Bluffs, Iowa; Logan Square in Chicago; Hartford, Connecticut; South Austin in Chicago; in Oakland, California; in Cleveland, Ohio; in Waterloo, Iowa; in Des Moines, Iowa; and in Houston, Texas. Program advocates argued that DFSZs had several primary benefits: (1) they serve as an effective community organizing tool; (2) they remove drug dealers from the streets for extended periods of time; (3) they serve to deter drug users/dealers in the area, and (4) as a result, they provide a safer, drug-free environment in which students can learn without these distractions.

The process of developing DFSZ areas was typically initiated at the grassroots level

by community organizations. Since the implementation of DFSZ required state, city, or county legislation, community groups often had to first institute the appropriate legislation. Working toward the passage of such laws required a considerable organizational effort both at the community and state level. A national DFSZ law was enacted, but to insure strong laws and enforcement at the local level, community groups have worked hard for the passage of state and local laws.

When a DFSZ law was passed, an accurate map of the Drug Free Zone was drawn. This map delineated the exact boundaries of the affected area surrounding the schools. Often the overlapping boundaries between various DFSZ's substantially increased the penalties for drug use or possession throughout an entire city.

Once the boundaries of the DFSZ were defined, efforts were made to publicize the creation of the area and to inform dealers/users of the harsher penalties for illegal activities in these zones. Signs were erected to serve as a deterrent for drug related activity. Often the creation of the zone was announced via media campaigns and highly visible rallies, all of which raised the community's consciousness regarding the problem of drugs, even beyond the boundaries of the area specifically affected by the zone.

The process of creating the DFSZ also served as a community organizing tool. It required residents to work together to address several issues: the legislative process, fundraising for the signs, and obtaining the support of law enforcement, school administrators, prosecutors, and the media. All of these issues provided tangible opportunities for community residents to become involved and experience success in relatively non-threatening activities. This type of participation helped create partnerships between community organizations and the police, local government, business leaders, church groups, and school administrators.

The DFSZ were not, however, an empirically tested strategy, and therefore, their actual

impact on the community has yet to be determined. This strategy is based on several important assumptions which must be met if DFSZ's are to be effective. Assumptions about the behavior of local residents, police, and potential offenders should be examined. DFSZ programs assume, for example, that the message delivered will be attended to. Will the signs be read and understood by the target audience, drug dealers or users? Will the target audience be aware of the community rallies or other media efforts? Even if these conditions are met, will these incentives be strong enough to influence a potential dealer's motivation to sell drugs? If the answer to these questions is no, then the likelihood of a deterrent effect is small.

Assumptions also exist relative to the actual enforcement of the DFSZ. Although most of the sites that did successfully initiate the zones believed the programs were helpful, many CRDA sites struggled with the reality of non-enforcement of the law by police, prosecutors and judges. Although the signs were posted and the program was implemented, the enhancement of penalties within a DFSZ were not usually applied.

In defense of the DFSZ, the program apparently had a symbolic value for the community and the organizers. For many residents the posted signs were evidence of a success in the war against drug dealers. The signs represented a physical symbol to the community, demonstrating that they could reclaim territory once claimed by the drug dealers. Thus, even if the effect of the signs did not specifically deter dealers, the signs inspired and motivated residents which, in turn, may have affected the community in a multitude of positive ways.

Some critics have rejected the DFSZ signs on the grounds that they focus too much attention on the drug problem in the area, telling local residents that the problem may be more serious than they once thought, which might lead to resident disengagement from the

community and the school. Advocates of the program argue that this position represents misplaced concern with the school's or community's image and demonstrates a "head in the sand" mentality.

DFSZ's may be more effective in concert with other drug abuse prevention efforts such as within-school prevention programs, options for parental involvement and parent organizing around educational issues.

Citizen Surveillance Several of the CRDA sites chose to emphasize the physical safety of the students. Parent watches or patrols were implemented in the vicinity of the schools immediately before, during, and after school. The intent was to improve student safety and reduce drug activity on the student's journey to and from school by providing additional surveillance. When a watch was in place, the assumption was that children would have less exposure to offers of drugs, and less exposure to drug related violence. (See: Surveillance and Reporting Strategies).

The Hamarabee Community Watch in Houston, was an illustration of a community program which provided escort and patrol services for children coming to and from school. The program was part of a larger scale neighborhood watch organized by SHAPE in which volunteers took the responsibility of organizing civilian patrols and reporting crime to the police.

In Council Bluffs, a youth task force was developed in which youths were encouraged to report individuals engaged in the use or the sale of drugs and/or alcohol around the schools. One of the main goals of this group was to get school officials and parents to recognize that drug and alcohol problems were pervasive and that something needed to be done. Although difficulties were encountered in recruiting representatives from all local high schools, organizers appeared satisfied with the efforts of the group.

Increased Police Presence Several CRDA sites implemented strategies for increasing patrol and enforcement activities in proximity of schools. The assumption was that increased police presence would act as a deterrent to the sale of drugs in the area and would remove drug dealers from the area through an increased volume of arrests. In addition, these strategies would promote a learning environment that was safe and drug free.

Summary Many strategies were employed within and outside of schools through the CRDA program, and the types of strategies pursued changed over time. Generally speaking, CRDA sites moved toward more prevention activities and community organizing around education issues, while de-emphasizing exclusively law enforcement approaches.

All of the sites acknowledged the value of effective enforcement initiatives. Without a sense of safety and security, schools could not operate effectively. Law enforcement initiatives addressed the immediate issues of violence in the community and the availability of drugs to youth. But without the implementation of prevention program, law enforcement appeared to have only a temporary effect. Organizers realized that increased police activity and harsher penalties were only one part of an effective strategy, and must be followed by other programs.

Efforts were also directed at preventing youth from using drugs through education and environmental programs. In addition, organizations learned that the conditions needed to promote academic success had to be addressed. Consequently, organizing efforts were directed at securing the resources necessary for quality schools.

All of these factors were considered essential to insure sustained progress in the war against drugs and to insure long-term neighborhood recovery from the scourges of drug abuse. The hope is that mobilizing community resources toward both enforcement and prevention objectives will create a synergy, with each intervention benefiting from the other's

implementation, leading to a higher community awareness regarding drug abuse and fostering a sense of empowerment among community residents.

G. Youth Activities

Adolescence is the time when many youths experiment with illegal drugs and become involved in criminal activity. Since research in drug prevention points to the need for early intervention (Kandel & Yamaguchi 1985), adolescents are often the target of prevention programs. Oftentimes, these programs employ strategies to take youths "off of the streets," providing recreational opportunities, mentors, or specific skills training to improve social, educational or occupational competence. Programmatic options have ranged from tutoring and summer Olympic programs, to structured academic curricula specifically focused on preventing drug abuse. These programs are delivered through social service agencies, churches, the police or other community organizations.

Several variants of such youth oriented activities were explored by the CRDA organizations. These programs included three main approaches: (1) recreation and social activities, (2) employment and training programs, and (3) educational tutoring programs.

These initiatives were designed to provide alternatives to drug abuse and to provide the skills necessary to succeed in school or to secure legitimate gainful employment. As with crime and delinquency prevention in general, there was the expectation that programs which attempted to use a variety of concurrent strategies would be more likely to experience success than narrow individually-focused programs (Richards 1990; Murray & Perry 1985; Yin, 1986).

A primary assumption is that providing constructive alternatives to drug use for adolescents will dissuade them from self-destructive or criminal activities. The presence of

positive role models such as ministers, coaches, police officers or other responsible adults is considered important for delinquency prevention (Hirshi, 1969) or drug prevention (Oetting and Beauvais, 1988). The opportunity to participate in diverse activities such as organized recreation could provide youth with appropriate role models, often not available in lower income, high crime, or otherwise disorganized communities. In addition, positive skills could be taught to participants which might prepare them for future vocational opportunities, or at least provide positive peer experiences. Such programming at the CRDA sites varied from computer clubs to poster contests. For the most part, these opportunities were offered by the community organizations, themselves, through other agencies with positive working relationships with the CRDA organization or through cooperation with local community churches.

Recreation and Social Activities All of the CRDA programs included strategies to address the need for recreation and social alternatives for youth. Each site tended to approach the issue in a slightly different way, however. Three of the ten sites worked to get a youth center established to service the neighborhood (no such service was available prior to the CRDA demonstration). Overall, the programs sponsored by the youth centers consisted not only of recreational opportunities but some type of training and tutoring programs. Other sites sponsored dances, a youth task force, youth membership on the organization's task force, peer counseling, and recreational activities, such as, summer camps, out-of-state trips, athletic events, and artistic projects.

In the Bronx, youth organizers, neighborhood youth, and parents opened an after-school center. The center provided tutoring by Fordham University students, homework assistance, drug seminars by treatment professionals, field trips, recreational activities and employment and career planning opportunities. Youths also planned a Youth Conference for

young people living in the northwest Bronx. Over 75 youths attended sessions on drugs, education, employment and recreation.

In Waterloo, Iowa, CCI worked closely with two local residents to elicit funding to open a youth center for primarily African-American youths. CCI and NTIC helped the owners of African-American Recreation Transformation System (AARTS) write a grant proposal that secured the funding to subsidize the startup costs of the center. Because the ongoing and active relationship between the owners of AARTS and CCI, many activities were co-sponsored events. AARTS provided a number of opportunities for youth including a teen advisory board, drama classes, tap and ballet, talent shows, an exercise class, and drug prevention classes. The center was considered a "drop-in" center for local teens and provided music for their entertainment. A strict policy prohibiting the use, sale, or possession of drugs and alcohol was enforced. The center sponsored a drum corp and color guard with over thirty members. This group traveled to other cities to compete in contest with other youth programs like AARTS.

A number of problems or limitations of the youth center approach were experienced in Waterloo. Although AARTS was originally intended to target "high risk" youth, it tended to attract more of the "achievers" because these adolescents were willing to make the commitment to stay "clean." Unfortunately, other local officials expressed a similar sentiment that certain youths in the community were just "lost" and that concerned citizens should concentrate their efforts on the "next generation." In Waterloo's case, providing youth with positive alternatives did not seem to have the intended effect that program visionaries sought.

In Cleveland, UMDC also helped an active community resident concerned about youth, establish a community center for youth. Through UMDC's Youth Concerns Committee the center opened late in the CRDA program. Up to that point, the committee planned

alternative activities for youths and held the activities in the home of an active community leader. A number of programs and activities were sponsored by the Youth Committee in Cleveland. A free-lunch program was provided at the center during the summer of 1991 with funding commitments from the City of Cleveland. The group continued to plan and implement a structure for positive alternatives that would appeal to young people. The leader planned a variety of activities for all ages of youth, both educational and recreational in nature. Because the youth center was housed in what used to be a fast-food restaurant, youths gained first-hand experience in the everyday operation of a business. Youths learned to cook, service customers, clean-up, do basic bookkeeping, and order supplies. In addition, many youths learned valuable carpentry skills as they rehabilitated the center's building. The youth committee continued to search for possible funding sources and was successful in getting a commitment from a local bank with the assistance of UMDC. Although UMDC became less involved as the Youth Committee developed, it played an important supportive role in legitimizing the Center.

Other community groups took different approaches to youth prevention programs. In Hartford, the HART organization, in collaboration with a local school, sponsored meetings for youths such as a pre-halloween "No To Drugs" rally. Over 200 youths and parents attended the event. HART also assisted in the development and implementation of an after-school program in the targeted schools. After-school activities included classes on AIDS, suicide prevention, alcoholism, and leadership development. Recreational activities included exercise, music, handcrafts, dance, drama, cooking, computers and cartooning. Classes were also held for parents on drug and gang prevention, parenting skills and motivating children to do well in school.

Mentoring and Tutoring Programs The SHAPE organization in Houston, recruited law enforcement officers to serve as volunteers, in what was called the "Partners Program." These officers provided adult role models for young males growing up in single-parent families. The police officers offered tutoring, as well as cultural and recreational enrichment. SHAPE also offered a "Summer Youth Program" consisting of classes in arts and crafts, dance, music and foreign languages. The summer program ended with a weekend camping trip, including the children's families.

Training and Employment Programs In general, the CRDA programs did not comprehensively address issues of employment or job training, but mainly focused on removing youth from the streets. One exception was in Oakland. OCO was very concerned about the issue of unemployment. During the CRDA demonstration, OCO conducted meetings with United Airlines due to the fact that one of two maintenance facilities in the country was located there. OCO discovered that 300 United Airline mechanics retire each year and saw that as an opportunity to institute an airline mechanics training program. By the end of the CRDA program period, United Airlines, the Port of Oakland and the School Board agreed to open an Aviation High School in 1992 to train and graduate 200 airplane mechanics a year. The start-up cost was estimated at \$1 million.

Youth Leadership In Council Bluffs, Iowa, CCI developed a youth drug task force that consisted of representatives of local junior and senior high schools. With the support of CCI as a parent organization, the task force established elected officers, organizational by-laws, requirements for membership, and regular meeting schedules. The group planned and developed youth dances, searched for possible locations and funding for a community youth center, sporting events, talent shows, public speaking events, peer counseling, peer tutoring, leadership development within the schools, and anti-drug booths at the county fair.

In addition, CYCB organized and ran two public forums on drug, alcohol, and gang-related problems in Council Bluffs. The group planned to conduct at least two public forums per year. The youths were actively involved in fundraising efforts to support and sustain their efforts. Youth Councils were also formed in Hartford and the Bronx.

H. Treatment

Treatment for drug addiction was not a high priority for most CRDA programs. However, several CRDA sites chose to promote treatment services in some capacity despite the general lack of direct service provision by the groups. For example, Logan Square in Chicago developed a plan that if implemented, would link prevention and treatment services through the community's schools. Other sites moved toward the development of treatment resources within the community. In Hartford, HART successfully worked with local agencies to raise funds for the development of drug rehabilitation centers. In Chicago's South Austin neighborhood, SACCC recommended expansion of treatment services for the poor. Although treatment was not a major focus of the initial CRDA workplans these are a few examples of related services that were pursued or developed as the CRDA program evolved over the three-year grant period.

This section will review the progress of local grantees in their attempts to make such services available within their neighborhoods.

CRDA Treatment Initiatives As was mentioned earlier, several sites worked to make treatment resources more available. Some sites placed the expansion of treatment services on their agenda but found this process to be difficult and later dropped it. LSNA in Chicago's Logan Square neighborhood developed a network of prevention services and elicited the support of community treatment agencies to provide clinical services when necessary. A special grant was sought and obtained to support this initiative. Although the grant was

awarded at the close of the CRDA program, the program was yet to be implemented. In Cleveland, UMDc wanted to increase treatment services by publicizing existing programs. A Rehabilitation Center (Wings of Hope) located in the Union Miles community had had a bad reputation since it first opened, (It had generally been viewed with suspicion by many community members because of the frequency of "seedy" characters hanging around). UMDc and the Mission on Miles task force supported the Center and referred individuals for their services.

The Bronx organization included increasing access to treatment as part of their first year's goal. They developed a relationship with two local treatment programs--Phoenix House and promesa--and was responsible for direct referrals to both programs. NWBCCC also networked with an intake center to refer individuals to treatment centers in other neighborhoods. In general the organization improved access to drug rehabilitation programs in the Bronx.

In Hartford, the HART staff advocated for the development of extensive adolescent and adult treatment services in their community. First, the HART staff assisted a successful residential program, Hogar Crea, in identifying funds for two treatment facilities that would serve 70 addicts. Second, HART's Anti-Drug Collaborative worked with a local hospital and the City to establish two community-based adolescent drug treatment centers (Family Service Centers) that would provide individual and family services and referral to 600 adolescents a year. Third, a group of pastors joined together to establish a Christian-based drug treatment program. A residential facility for 30 clients was leased and renovated. Arrangements were made with another local church to provide counsel services for the residents.

The Waterloo and Council Bluffs, CCI organizations relied on networking with local agencies to secure access to treatment services. SACCC in Chicago's South Austin

neighborhood sought to include the coordination of treatment services as part of their intervention. SACCC also organized a campaign for a Drug Free Westside with various service providers.

Emerging Problems Although treatment services were often included in the community's plan to address drugs, some difficulties arose in the coordination of activities with treatment providers. Only a few of the CRDA grantee organizations had members of the treatment community involved in the planning process, so treatment was not well represented on some of the CRDA task forces. Even in those groups where service providers were members of the task force, (e.g. LSNA in Chicago), it was noted that organizers and clinicians tended to have significantly different work styles. Organizers were inclined toward community action while clinicians tended to prefer a more deliberate protracted approach to planning. These differences led to difficulties in communication between clinicians and organizers.

In addition, the tight time frames in which the CRDA grants were administered made it difficult to plan treatment programs because of the type of detail and coordination of activities required. Constituents of community groups often looked for more immediate relief from drug-related crime or felt that they didn't have adequate time to implement elaborate plans.

Considering the option of treatment services for the community also entailed a different perception of drug users than organizers were accustomed to. Rather than viewing addicts as criminals and threats to the neighborhood, a treatment orientation suggested a shift in perspective to seeing addicts as persons who are afflicted with the disease of addiction. Sympathy and support for drug users is more likely when drug users are viewed as victims of the social forces of the community rather than perpetrators of crime. Adopting this viewpoint was not been easy for community leaders who pursued (exclusively) an aggressive law enforcement approach especially during the early phase of CRDA.

Another difficulty was related to the availability of services. Although current treatment modalities appear to be helpful in responding to the crack and cocaine crisis, low-income addicts have limited access to services. The number of treatment beds has increased rapidly in recent years, but the majority are only available for patients with private insurance.

Treatment resources were also limited due to the unavailability of programs which specifically addressed the cultural norms of particular communities. Language problems or insensitivities to local cultural customs often provided an obstacle to treatment for individuals from minority groups. Logan Square found it difficult to locate agencies sensitive to the needs of the Hispanic community in Chicago. Although such resources did exist, they were considered inadequate to meet the large number of referrals that were expected from the new outreach program.

Summary Treatment was considered an important, but difficult, response to the problem of drug abuse in the CRDA communities. Several CRDA sites worked to increase the availability of treatment services and some (HART and LSNA) established new treatment programs for adolescents and adults. Other sites felt constrained by the limits of time in relation to their plans and did not undertake the ambitious task of working with treatment providers or attempting to facilitate the development of new treatment programs. Several sites worked to increase the availability of services through coordination or networking with existing drug treatment agencies.

The benefits from treatment services must be assessed as long-term outcomes. The communities will not see the immediate effects as they do when a drug house is closed or a drug free school sign is posted. If treatment is effective, it provides long-term assurance of an individual's return and useful contribution to the community. In the long run this may contribute to a more permanent reduction in crime and drug abuse in the target communities.

Figure 2
The CRDA Program

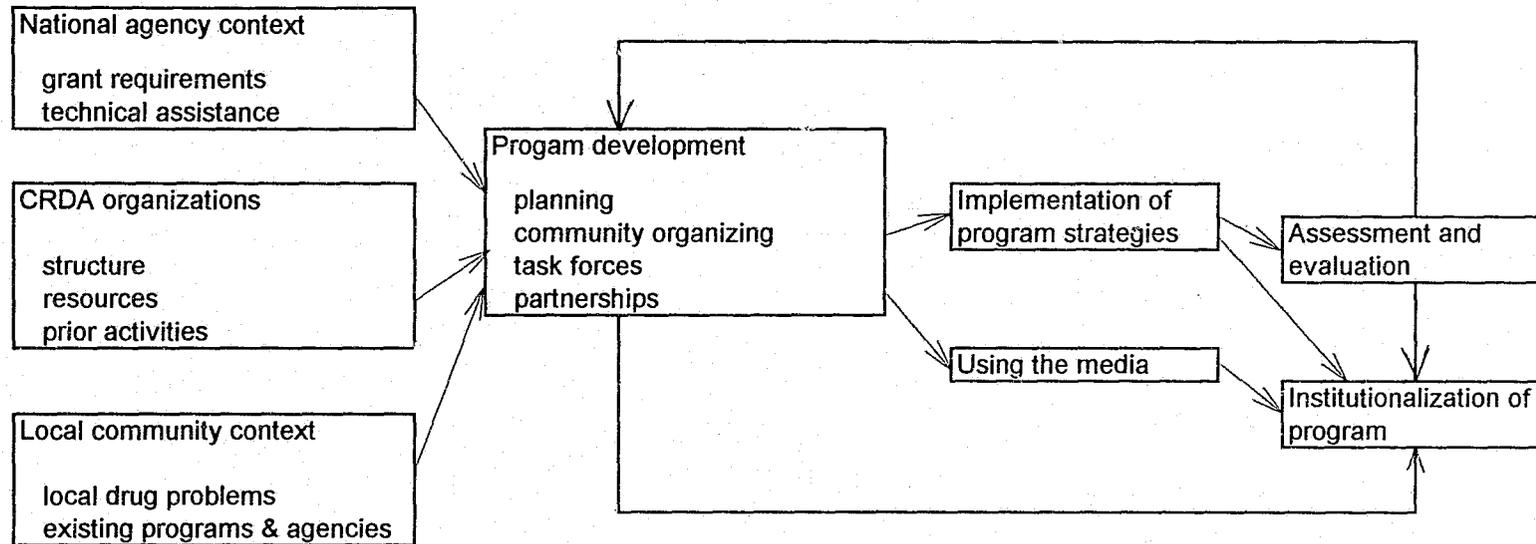
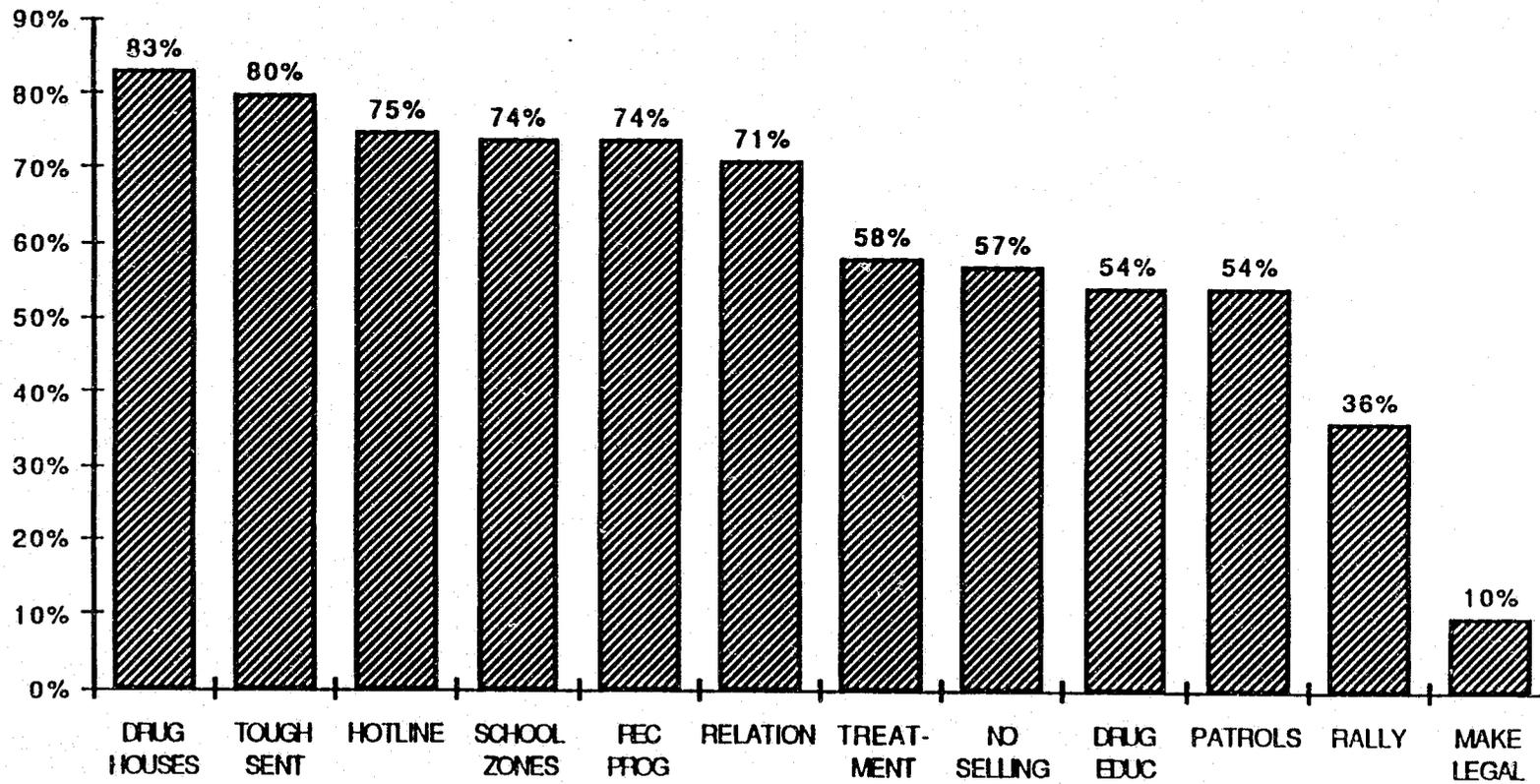


FIGURE 3
PERCENTAGE OF RESPONDENTS IN SIX SITES
WHO REPORT EACH ANTI-DRUG STRATEGY
AS "VERY EFFECTIVE"
(N = 1169)



I. Summary Tables of Program and Strategies

Bronx, New York

COMMUNITY ORGANIZATION CHARACTERISTICS:	Northwest Bronx Community and Clergy Coalition, (NWBCCC) Grassroots, community-based, multi-issue organization
COMMUNITY CHARACTERISTICS:	Economically depressed; low education, low income population Large number of homeless; poor school system
RACIAL COMPOSITION:	400,000 in NWBCCC area: 47% Hispanic, 43% African-American 6% White, 4% Southeast Asian & Irish immigrants
TARGET POPULATIONS:	Northwest Bronx residents
ANTI-DRUG STRATEGIES ORGANIZING THE COMMUNITY: Start/maintain neighborhood watches/patrols Identification & reporting of drug "hot spots"	Organized tenant assoc's. to address drugs & crime problems Local Drugs Out Committees identified "hot spots"
STRENGTHENING ENFORCEMENT EFFORTS: Increase street-level enforcement Close drug houses Monitor prosecutors and judges Change state legislation or city ordinances Collaborate with landlords	Regularly met w/ police to report "hot spots" Implemented Operation Lock Out; Involved US Marshall N/A N/A Met with cooperative landlords on "hot spot" buildings
PROTECTING YOUTH: Create drug-free school zones Drug education in schools Parental involvement Youth social activities Tutoring programs	N/A N/A Parental involvement in youth center Opened youth centers for recreational, cultural & drug prevention ed. Held at youth center by Fordham Univ. students
TREATING DRUG USERS: Assessment and referral services Provide treatment services Networking with service providers	N/A N/A Referred people to two treatment programs: Phoenix House & Promesa
DEVELOPING THE COMMUNITY: Employment & training programs Improve physical conditions in N 'hood Improve low income housing	Youth conference, met with Department of Labor in D.C. Organized N'hood task forces to improve parks, schools & streets Organized tenant associations to address drugs & related problems
PROGRAM PROCESS:	Local Drugs Out Committee prioritized issues and planned strategies with coalition-wide; Organized tenant assoc's; formed community task forces, conducted comnty mtgs., marches, vigils & rallies
OTHER ACTIVITIES:	Involved with effective implementation of police CPOP program
CONTINUATION FUNDING:	One grant for less than \$30,000
ACCOMPLISHMENTS/HIGHLIGHTS:	Operation Lock Out, drug house/ bldg closures, US Marshall seizure of apt.bldg; 33 tenants assoc's., youth center, youth conference youth council, clergy involvement

Chicago, IL -Logan Square

COMMUNITY ORGANIZATION CHARACTERISTICS:	Logan Square Neighborhood Association (LSNA) Grass-root, community-based, multi-issue organization
COMMUNITY CHARACTERISTICS:	Low income, working poor Influx of upwardly mobile middle class
RACIAL COMPOSITION:	Largely Hispanic of Cuban, Puerto Rican and Mexican origins (66%) More whites moving back to community (28%)
TARGET POPULATIONS:	All residents, but primarily youth
ANTI-DRUG STRATEGIES	
<u>ORGANIZING THE COMMUNITY:</u>	
Start/maintain neighborhood watches/patrols	N/A
Identification & reporting of drug "hot spots"	Through cooperation with police
<u>STRENGTHENING ENFORCEMENT EFFORTS:</u>	
Increase street-level enforcement	Succeeded in changing local police leadership
Close drug houses	N/A
Monitor prosecutors and judges	N/A
Change state legislation or city ordinances	In relation to Drug-Free School Zones
Collaborate with landlords	W/ police provided info & assistance to Landlords about drugs
<u>PROTECTING YOUTH:</u>	
Create drug-free school zones	Implemented zones
Drug education in schools	Extensive prevention program planned
Parental involvement	Parental involvement planned
Youth social activities	Social activities thru churches and social services planned
Tutoring programs	Programs through churches planned
<u>TREATING DRUG USERS:</u>	
Assessment and referral services	Planned extensive assessment and referral services
Provide treatment services	Planned through social service agency
Networking with service providers	Extensive networks through case management system
<u>DEVELOPING THE COMMUNITY:</u>	
Employment & training programs	Programs through social service agencies planned
Improve physical conditions in N'hood	Rallies for "Paint Outs"
Improve low income housing	Greater commitment to N'hood thru mortgage program
PROGRAM PROCESS:	Heavy emphasis on planning comprehensive programs through meetings with social service providers
OTHER ACTIVITIES:	Rallies; developed grant proposals & more services through OSAP
CONTINUATION FUNDING:	Secured large OSAP grant for comprehensive prevention program planned under CRDA grant
ACCOMPLISHMENTS/HIGHLIGHTS:	Developed extensive prevention case mgt. system funded by OSAP; Increased cooperation between local agencies

Chicago, IL -South Austin

COMMUNITY ORGANIZATION CHARACTERISTICS:	South Austin Coalition Community Council (SACCC) Grass-roots, community-based, multi-issue organization
COMMUNITY CHARACTERISTICS:	Low income ("working poor"), 30% below poverty level 71% < 25 yrs. old, drop-out rate=23%
RACIAL COMPOSITION:	86% African American, 9% white, 4% Hispanic, 1% other.
TARGET POPULATIONS:	All residents of the community
ANTI-DRUG STRATEGIES ORGANIZING THE COMMUNITY: Start/maintain neighborhood watches/patrols Identification & reporting of drug "hot spots"	N'hood watch program; some civics have watch prgms. Method used by civics & tenant associations
STRENGTHENING ENFORCEMENT EFFORTS: Increase street-level enforcement Close drug houses Monitor prosecutors and judges Change state legislation or city ordinances Collaborate with landlords	"Enforcement Zones" created in 3rd year Success in closings and use of housing court Used to follow cases through housing court Worked with other organizations on Asset Forfeiture, Drug-Free Zones Worked with BOMA (Building, Owners & Mgmt. Assoc.)
PROTECTING YOUTH: Drug education in schools Parental involvement Youth social activities Tutoring programs Create drug-free school zones	Instrumental in getting DARE in 2 area schools Limited Referrals to local youth group for positive alternatives Summer program in math w/ Algebra Project & DePaul U. volunteers Posted signs at area schools with rallies
TREATING DRUG USERS: Assessment and referral services Provide treatment services Networking with service providers	N/A Organized the campaign for a Drug-Free Westside Plans to coordinate treatment & service providers on Westside
DEVELOPING THE COMMUNITY: Improve physical conditions in N 'hood Improve low income housing Employment & training programs	Sponsored area clean-ups PRIDE (a subsidiary of SACCC) develops affordable new & rehab housing Summer program for low-income youth, but fixed # of jobs
PROGRAM PROCESS:	Meetings, rallies, newsletter, leaflets
OTHER ACTIVITIES:	Housing development, consumer advocate for utilities, insurance, and public welfare
CONTINUATION FUNDING:	1st Church of Oak Park-\$7700, United Way -\$36,000
ACCOMPLISHMENTS/HIGHLIGHTS:	Closed drug houses, built coalitions, enforced nuisance abatement; developed comprehensive drug plan for the westside

Cleveland, OH

COMMUNITY ORGANIZATION CHARACTERISTICS:	Union Miles Development Corporation (UMDC) Community-Based development and Issue-oriented organization
COMMUNITY CHARACTERISTICS:	30 Sq Block Area defined as program "target area". Southeast side Low to moderate income, highest rate of abandoned housing in the city, Poor economic base, lacks stores, many satisfied long-time residents
RACIAL COMPOSITION:	95% African-American, remaining 5% composed of Hispanic and White
TARGET POPULATIONS:	Residents living in the Union-Miles Community
ANTI-DRUG STRATEGIES	
ORGANIZING THE COMMUNITY:	
Start/maintain neighborhood watches/patrols	Organized/expanded block or street clubs
Identification & reporting of drug "hot spots"	Hot spot cards, meetings with police, citizen surveillance
STRENGTHENING ENFORCEMENT EFFORTS:	
Increase street-level enforcement	Increased reporting, monitoring police activities
Close drug houses	Increased reporting, community meetings, anti-drug rallies
Monitor prosecutors and judges	N/A
Change state legislation or city ordinances	Drug-free zone legislation, asset forfeiture, Ohio receivership laws
Collaborate with landlords	Rehabing buildings, HUD properties, free winterization
PROTECTING YOUTH:	
Create drug-free school zones	Started in N'hood, spread to city-wide, not implemented yet
Drug education in schools	N/A
Parental involvement	Parents worked as volunteers-new youth center, Steering Committee
Youth social activities	Developed-alternatives for youth, facilitated youth center
Tutoring programs	peer tutoring, parental tutoring planned at the youth center
TREATING DRUG USERS:	
Assessment and referral services	N/A
Provide treatment services	One minister in M.O.M. ran a treatment center
Networking with service providers	Through M.O.M., Wings of Hope
DEVELOPING THE COMMUNITY:	
Improve physical conditions in N 'hood	Housing development and rehab buildings
Improve low income housing	Worked with bank to make low interest loans available to low-income
Employment & training programs	Restaurant component of youth center, rehabed the building,
PROGRAM PROCESS:	Developed 3 separate committees to serve the function of Task Force Meetings, Rallies, Conferences, Door-knocking, Press Conferences, Network w/ Officials, Collaboration/Confrontation, Train Leadership
OTHER ACTIVITIES:	Home weatherization, home repair, free home paint program, renovation & management of multi-unit buildings, buy & rehab homes Hold city officials accountable to residents, e.g. banking issue
CONTINUATION FUNDING:	Funding for a new community-police enforcement pilot program which would expand CRDA efforts was obtained from the Cleveland Foundation and the Gund Foundation
ACCOMPLISHMENTS/HIGHLIGHTS:	Community meetings with public officials, drug conference, Mission on Miles Task Force, youth center, increased awareness, closing and rehabing drug houses, getting officials to respond, promise from the city to post Drug-free zone signs at all schools.

Council Bluffs, Iowa

COMMUNITY ORGANIZATION CHARACTERISTICS:	Citizens for Community Improvement, (CCI) Grassroots, Community-based, multi-issue organization
COMMUNITY CHARACTERISTICS:	Population of 55,000 residents located near Omaha, NE Blue-collar, "bedroom" community, over 66 % homeowners economically depressed, lacks recreational facilities
RACIAL COMPOSITION:	96.9 % White, 0.7% African-American, 1.8% Hispanic, 0.3% American Indian, & 0.3% Asian
TARGET POPULATIONS:	Primarily low to moderate income areas of the city on west side
ANTI-DRUG STRATEGIES ORGANIZING THE COMMUNITY:	
Start/maintain neighborhood watches/patrols	Updated police files on old program & organized over 50 watches
Identification & reporting of drug "hot spots"	Hot spots cards, N'hood Watch programs, citizen surveillance
STRENGTHENING ENFORCEMENT EFFORTS:	
Increase street-level enforcement	Met with police to report suspicious activity & pressure enforcement
Close drug houses	Identified drug houses and pressured police to close them
Monitor prosecutors and judges	Monitored cases related to "minors in possession" of alcohol
Change state legislation or city ordinances	Researched juvenile laws & specified crime property ordinance
Collaborate with landlords	Worked with apartment residents on tenant/landlord problems
PROTECTING YOUTH:	
Drug education in schools	Distributed pamphlets explaining the drug-free school zones
Parental involvement	Parents assisted with activities sponsored by CYCB
Youth social activities	Youth dances, youth task force, & planning alternatives
Create drug-free school zones	Posted over 90 "Iowa Laws Strictly Enforced" signs nearby schools
Tutoring programs	N/A
TREATING DRUG USERS:	
Assessment and referral services	Networked information with a local chemical dependency center
Provide treatment services	N/A
Networking with service providers	N/A
DEVELOPING THE COMMUNITY:	
Employment & training programs	N/A
Improve physical conditions in N 'hood	Organized N'hood Watch programs which often focused on clean-up
Improve low income housing	
PROGRAM PROCESS:	Developed a drug task force, youth task force, partnered with other agencies and city officials; door-knocking, telephone contacts, community meetings/forums, pamphlets, city-wide events
OTHER ACTIVITIES:	Landfill, sewage pump house, traffic, noise, utility pricing, weed control, and the use of block grant monies
CONTINUATION FUNDING:	Limited Small one-year grant from the Iowa Department of Health, CHD one year grant
ACCOMPLISHMENTS/HIGHLIGHTS:	Youth Task Force, Re-establishing/establishing over 50 Neighborhood Watch Programs, city-wide conference and teen alcohol forum considered community leader on the drug issue Posted over 90 drug-free school zone signs

Des Moines, IA

COMMUNITY ORGANIZATION CHARACTERISTICS:	Iowa Citizens for Community Improvement, (CCI) Grassroots, Community-based, multi-issue organization
COMMUNITY CHARACTERISTICS:	Low to moderate income, single family homes & absentee rental properties Abandoned housing, drug-dealing and prostitution problems
RACIAL COMPOSITION:	City-wide: White 87.7%, African-American 7.1%, Hispanic 2.4%, American-Indian 0.4%, Asian 2.4% Target area: 38% African-American, 9.0% Asian
TARGET POPULATIONS:	Residents on the near north side: "Model Cities" area
ANTI-DRUG STRATEGIES ORGANIZING THE COMMUNITY: Start/maintain neighborhood watches/patrols Identification & reporting of drug "hot spots"	Organized new N'hood Associations and worked with existing groups Hot spot cards, meetings w/ law enforcement, citizen surveillance
STRENGTHENING ENFORCEMENT EFFORTS: Increase street-level enforcement Close drug houses Monitor prosecutors and judges Change state legislation or city ordinances Collaborate with landlords	Pressured police with calls & letters, Increased reporting Use of "Federal Days", monitored activity Collected information, obtained court dates, Bench Press implemented Drug-free zones, Specific Crime Property Ordinance, Juvenile laws Worked to evict drug using/dealing tenants
PROTECTING YOUTH: Drug education in schools Parental involvement Youth social activities Tutoring programs Create drug-free school zones	CCI Task force & community pressured to reinstate the DARE program N/A Sponsored dances, juvenile justice forum, invited youth N/A Posted drug-free zone signs around schools and parks
TREATING DRUG USERS: Assessment and referral services Provide treatment services Networking with service providers	N/A N/A Networked information with service providers in the city
DEVELOPING THE COMMUNITY: Employment & training programs Improve physical conditions in N 'hood Improve low income housing	N/A Organized N'hood clean-up around several drug houses Helped residents find resources for rehab/improvement projects
PROGRAM PROCESS:	Door-knocking, community surveys, researching various topics, Community meetings, forums, rallies, planning meetings, training workshops
OTHER ACTIVITIES:	Tenant organizing, Affordable first-time homeownership program Organized to save a N'hood library & health care center
CONTINUATION FUNDING:	Limited: Grant from Iowa Department of Health, 1-year, Episcopal Church Campaign for Human Needs, \$7,000., 1-year
ACCOMPLISHMENTS/HIGHLIGHTS:	Organized several neighborhoods, closed crack houses, drug task force, safe-school zones, Bench Press, National Night Out, conferences, forums, networking of neighborhood associations, problem solving

Hartford, CT

COMMUNITY ORGANIZATION CHARACTERISTICS:	Hartford Areas Rally Together (HART) Grassroots, Community-based, multi-issue organization
COMMUNITY CHARACTERISTICS:	Economically depressed, somewhat transient population Lack of decent affordable housing, high unemployment particularly in the Puerto Rican community
RACIAL COMPOSITION:	55,000 population in HART Area: 45% White, 40% Hispanic (primarily Puerto Rican), 15% African-American.
TARGET POPULATIONS:	Three HART Target Areas: 75% Hispanic (primarily Puerto Rican) 15% White; 10% African-American--low to moderate incomes
ANTI-DRUG STRATEGIES ORGANIZING THE COMMUNITY:	
Start/maintain neighborhood watches/patrols	Organized blocks & crime committee within local N'hood associations
Identification & reporting of drug "hot spots"	Local crime committee identified "hot spots"
STRENGTHENING ENFORCEMENT EFFORTS:	
Increase street-level enforcement	Report "hot spots"; police at monthly mtg; COMPASS; other agency enfmt.
Close drug houses	Closed drug houses using police, US Marshall & other city agencies
Monitor prosecutors and judges	Monitored enforcement/prosecution of drug-free school zone
Change state legislation or city ordinances	Drug-free school zone ordinance; drug seizure \$ for defense
Collaborate with landlords	Met with landlords in "hot spots" buildings, drug-free leases
PROTECTING YOUTH:	
Create drug-free school zones	Established drug-free school zones, posted 600 signs
Drug education in schools	ADAPT; Trained teachers in drug curriculum
Parental involvement	Parent leadership team est. at HART schools
Youth social activities	Afterschool prgm w/ recreational & drug prevention
Tutoring programs	N/A
TREATING DRUG USERS:	
Assessment and referral services	2 Hogar Crea Treatment Facilities; 2 Family Service Centers
Provide treatment services	Church-based Treatment Facility
Networking with service providers	With Above Agencies
DEVELOPING THE COMMUNITY:	
Improve physical conditions in N 'hood	N'hood associations addressed loitering, blight, abandoned cars
Improve low income housing	Met with landlords to deal with code violations etc.
Employment & training programs	25% increase in SYTEP job slots
PROGRAM PROCESS:	Local N'hood organizations prioritized issues & HART staff planned, monitored, assisted with implementation; Door-knocking, comnty mtgs, marches/rallies, collaborations
OTHER ACTIVITIES:	Actively involved w/ other city & state drug task forces
CONTINUATION FUNDING:	Multiple grants totalling \$ 225,000 (\$76,000 for youth Prevention, \$49,000 drug intervention & \$110,000 for family service centers)
ACCOMPLISHMENTS/HIGHLIGHTS:	Drug-free school zones, expansion of ADAPT, funding for after-school program, \$20 million school construction bond issues, increase in SYTEP job slots, drug house closures, & 2 Family Service Centers.

Houston, TX

COMMUNITY ORGANIZATION CHARACTERISTICS:	Self-Help for African People through Education, (SHAPE) Community-based, case management, service oriented multi-issue organization
COMMUNITY CHARACTERISTICS:	Pop. 26,077 low income, 75% rental, vacancy rate 26% Cuney Homes Public Housing Development
RACIAL COMPOSITION:	84% African American, 9% white, 4% Hispanic, 3% other
TARGET POPULATIONS:	Youth in TWEDA N'hood
ANTI-DRUG STRATEGIES ORGANIZING THE COMMUNITY:	
Start/maintain neighborhood watches/patrols Identification & reporting of drug "hot spots"	The school watch program will be expanded to 8 Used "hot spot" cards
STRENGTHENING ENFORCEMENT EFFORTS:	
Increase street-level enforcement Close drug houses Monitor prosecutors and judges Change state legislation or city ordinances Collaborate with landlords indirectly	N/A Few were closed & boarded using health code violations N/A School zone legislation died in committee N/A
PROTECTING YOUTH:	
Create drug-free school zones Drug education in schools Parental involvement Youth social activities Tutoring programs	Legislation on hold; SHAPE waiting to post signs D.A.R.E. provided by schools, alternative programs by SHAPE Parent patrol at 4 schools Numerous activities offered each day of the week Daily after school, along with help for homework
TREATING DRUG USERS:	
Assessment and referral services Provide treatment services Networking with service providers	Provided in all areas of basic life problems Clients are referred to appropriate agencies SHAPE has excellent relationship with area providers
DEVELOPING THE COMMUNITY:	
Improve physical conditions in N 'hood Improve low income housing Employment & training programs	Community clean-ups were sponsored N/A Training; entrepreneurial skills, self-employment
PROGRAM PROCESS:	Service providers, meetings, rallies, org. newspaper
OTHER ACTIVITIES:	Youth programs, cultural activities, parenting classes, self-esteem building, summer activities, etc.
CONTINUATION FUNDING:	OSAP: \$1 million (3 year grant)
ACCOMPLISHMENTS/HIGHLIGHTS:	Established parent patrol, expanded school watch to other schools, maintained large volunteer base, youth conflict resolution skills; children produced t-shirts, videos, records, food-coop programs (after 4H)

Oakland, CA

COMMUNITY ORGANIZATION CHARACTERISTICS:	Oakland Community Organizations (OCO) Grassroots, church/community multi-issue organization
COMMUNITY CHARACTERISTICS:	Economically depressed, high drop out rates, lack of affordable housing, high unemployment, poor school system
RACIAL COMPOSITION:	OCO's 20,000 member families: 45% African-American, 35% Hispanic, 15% White, 5% Asian
TARGET POPULATIONS:	Low income and female head of household families
ANTI-DRUG STRATEGIES	
ORGANIZING THE COMMUNITY:	
Start/maintain neighborhood watches/patrols	N/A
Identification & reporting of drug "hot spots"	Church/community organizations reported monthly
STRENGTHENING ENFORCEMENT EFFORTS:	
Increase street-level enforcement	Increased patrol around schools and "hot spots"
Close drug houses	Closed 300+ drug houses; enhanced Beat Health Unit
Monitor prosecutors and judges	DA stopped plea bargaining on school-zone arrests
Change state legislation or city ordinances	City redirected development funds for housing, jobs
Collaborate with landlords	N/A
PROTECTING YOUTH:	
Create drug-free school zones	Posted signs throughout the City
Drug education in schools	N/A
Parental involvement	Meetings with principals, teachers, school supt.
Youth social activities	Meetings w/ recreation department; planned after-school programs
Tutoring programs	Identified funds for after-school program
TREATING DRUG USERS:	
Assessment and referral services	N/A
Provide treatment services	N/A
Networking with service providers	N/A
DEVELOPING THE COMMUNITY:	
Improve physical conditions in N'hood	Increased lighting; improved maintenance from OPHA
Improve low income housing	Researched funding sources to build affordable housing
Employment & training programs	Establish aviation high school w/ United Airlines
PROGRAM PROCESS:	Staff conducted 1-to-1's and house meetings to identify issues; established organizing committees; conducted community action, annual convention & task forces
OTHER ACTIVITIES:	Served as lead community-based organization in city on variety of issues including drugs, jobs, housing & alternatives for youths
CONTINUATION FUNDING:	Multiple grants totalling \$125,000
ACCOMPLISHMENTS/HIGHLIGHTS:	New church/community organizations; closed 300+ crack houses thru Beat Health Unit; partnership developed between OCO, OPD, DA, judges, schools; City funds committed for after-school, housing & jobs programs, & drug-free school zones

J. Program Highlights and Sidebars

BRONX SIDEBAR

The building at 1804 Harrison was well-known for its drug dealing. Dealers operated out of apartments and buyers took up residence in the hallways. Finally, the tenants decided to organize and reclaim their building. They developed a strategy to address the drug problem, with the help of the Northwest Bronx Community and Clergy Coalition (NWBCCC) Drugs Out organizer.

The tenant group first met with the landlord and told him that he would be held responsible for any injuries or deaths to residents that resulted from the drug dealing, and that they would hold their rents until conditions improved.

The group then met with the police and the District Attorney to discuss increasing arrests and prosecutions of dealers in the building.

Within two months, there were 26 arrests, 5 evictions and 2 lockouts. The landlord installed new security doors, added lighting to the hallway and paid for an armed guard at night, while the tenants provided security during the day. The tenants painted the hallways and lobby with paint provided by the landlord.

According to resident leaders, "We are still a little afraid-the building is not completely clear. The tenants, police, landlord and the justice system are all in this together, and it will work if everyone stays on top of the problem" (Bronx Press-Review).

CLEVELAND SIDEBAR

UMDC leaders and residents of the Union-Miles Neighborhood planned to implement "Drug Free Zones" in their community. Area residents felt that the tactic would be beneficial to the children near schools. A number of parents involved with UMDC, were afraid to let their children walk to and from school because of the level of drug-dealing that went on near the schools. After talking with local Police, other residents, School Officials, City Officials, and Clergy, the group discovered that other Neighborhoods in the City were very interested in the "Drug Free Zone" signs and that the strategy would probably expand to a City-wide initiative.

UMDC soon realized that expanding the program would create more work and delay the process. Clearly, the committee had achieved a victory with the City. However, because the City of Cleveland was undergoing a severe financial crisis, funding for the program became a more serious issue. Because the program was going to be City-wide and had administrative support, the Mayor promised that the City would fund the program.

The Safety Committee worked for months on designing the signs and identifying locations. The amount of red tape involved in working with the City nearly destroyed the "Drug Free Zone" initiative. After over a year of delays, UMDC was hopeful that the signs would be posted before the start of the 1991-92 School year. Finally, by August the signs had been made and were scheduled for posting within a month. In spite of the starts and stops with this program, UMDC learned that through persistence the program was successful.

COUNCIL BLUFFS SIDEBAR

The drug problem in Council Bluffs, Iowa was more hidden than in many other communities. Although, illegal drug activity was becoming more of a problem in the area, alcohol abuse especially among minors was considered the most severe problem. Recreational activities and positive alternatives for youths were non-existent in Council Bluffs.

A number of events occurred that alarmed residents and teens alike. Many of the local establishments that were licensed to sell alcohol had a reputation for selling to minors. One evening after a football game, several members of one of the area High School teams entered a store in uniform and purchased alcoholic beverages. The youth were videotaped inside the store and when this incident became public knowledge many residents were outraged.

Community residents felt that the drug and alcohol problems facing young people needed to be addressed. Citizen's for Community Improvement (CCI) began working with a number of youths and residents to monitor and regulate the illegal sale of alcohol to minors. The organization pressured Police to enforce the "Minors in Possession" laws and prohibit area businesses from selling alcohol to minors.

Near the end of the CRDA demonstration program, a number of changes had been made in Council Bluffs. By gathering information on incidents of alcohol sales to minors, CCI and area residents were able to inform the Police Department of illegal sales so that they would regularly patrol the suspected businesses. Youth were also involved in identifying and stopping several house parties by reporting the activity to parents and community leaders. The issue of alcohol abuse among youth was discussed at a community-wide Forum during the program. The efforts increased awareness about the problem and lead to a search for possible solutions.

DES MOINES SIDEBAR

In the past decade, the "Model Cities" area of Des Moines had undergone a number of changes. The 10th Street area had serious problems, most residents felt that City Services, such as, Police, Housing, and Street and Sanitation Departments completely ignored that part of the city. The rate of drug-dealing, prostitution, gang activity was considered very high.

Through the efforts of Citizens for Community Improvement (CCI), residents in the "Model Cities" area began to get organized and develop a plan to decrease the problems in their neighborhoods. Several neighborhood associations (pre-existing and newly formed), began targeting problems in the area. The 10th Street Block Club, for example, started focusing its efforts on eight abandoned houses on the block (out of seventeen). The group met frequently with City Officials to discuss the problems and possible solutions. As a result, the City agreed to clean up and demolish three abandoned lots and increase Police patrol in the area. In addition, two houses were purchased, rehabbed, and inhabited by families. CCI assisted the Block Club in forming a working relationship with a local church group interested in local housing problems. Throughout the CRDA program, the 10th Street Block Club continued to pressure City Officials to provide adequate services to its residents and improve the overall conditions of the neighborhood. The group found that tackling one problem at a time was an effective way of ridding the Block of serious disorder problems.

HARTFORD SIDEBAR

The drug problem in Hartford had reached crisis proportions by 1988. Drug-related violence had increased along with the fear of law-abiding community residents who were confronted by drug dealers, prostitutes and drug abusers daily. Criminal justice, social service, and City agencies' individual efforts to address the drug problem were in vain. But once the Hartford Areas Rally Together (HART) received the CRDA grant, the tide started to turn.

In the fall of 1989, concerned residents, politicians, police, educators, youth advocates and drug treatment providers, joined forces as the HART Anti-Drug Collaborative.

A major event organized by the Collaborative was a "Community Rally Against Drugs." On a snowy January afternoon, over two hundred people attended the rally at a local church. Among those who attended were residents, business owners, health professionals, social workers, drug rehabilitation experts, students from neighborhood schools, police, city and state officials. Never before had such a diverse group of people come together in support of this pressing issue.

Prior to the rally, an anti-drug poster contest was conducted in the local elementary schools. The winner was announced at the rally and the Mayor agreed to print the sign as part of the new Drug Free School Zone program. The rally also featured information from substance abuse agencies, anti-drug school songs performed by neighborhood youth, and speeches by HART leaders. The rally received widespread media publicity, with over 500,000 people viewing it on local television. It made the top news story of the day.

"This rally has been a long time coming," said HART's president. "For more years than I can remember, business interests, government agencies and residents either tried to deny the existence of drugs, or tried to deal with the problem alone. But now an alliance has been formed" (The Hartford Courant).

HOUSTON SIDEBAR

The Harambee Community Watch is a before and after-school patrol program operated by SHAPE staff and volunteers. Parents of students are actively recruited from local elementary and middle schools. The aim of the school patrol is to ensure the safety of students as they walk to and from school through areas considered by local residents as "danger zones" and include unboarded abandoned buildings, tall weeds and a condemned motel frequented by prostitutes and drug dealers.

The parents patrol the periphery of the school as well as areas inside the school-hallways, cafeteria, bathrooms. Occasionally, parents serve as teacher aides, when needed. Students from local colleges and universities are recruited as volunteers and are effective role-models for younger students.

The program has increased and maintained the level of parental involvement from its initial roster of 8 to approximately 200 volunteers at 4 out of 8 schools in the area. School administrators report that the inclusion of parents has reduced the incidence of disciplinary actions. Parents feel empowered to tackle issues on school safety, educational policies and curriculum, as well as social and political concerns.

LOGAN SQUARE SIDEBAR

Perhaps the greatest achievement of the Logan Square CRDA project was the development of a working network of agencies within the community. For the first time, social service providers were able to focus their efforts on tackling the problem of drug abuse in a coordinated manner. But also, due to the influence of the CRDA, the agencies were able to transcend the goal of addressing only drugs and began working together on a wide range of issues.

Prior to the organizing activity, there was little communication and a great deal of distrust between providers. The police felt isolated and complained that it was difficult to obtain services for youth they had identified as at high risk. Due to a lack of coordinated efforts, the police and social service agencies lacked a unified approach to attacking the pervasive problems of youth, drugs and gang activity in Logan Square.

Since agency directors and community leaders did not have a clear understanding of the missions of the various providers, solid relationships could not exist. For progress to be made it was essential that the agencies begin talking. The CRDA process brought the leaders of these programs together for the first time, establishing face-to-face interaction between them in an atmosphere conducive to trust.

By the Spring of the first year, task force members were satisfied that a solid foundation had been developed for further community cooperation. The effects of this networking could be seen, for example, in the successful participation of the agencies at the rallies designed to introduce the early components of the program. In addition, many noted an increased ease in communication. The agencies now felt they could call on each other for support and resources. All of those involved, developed a more sophisticated knowledge of the planning process, a clearer definition of their own agency's mission and a wider perspective for seeing how their organization fit into the community as a whole.

By cooperating in the development of a related grant proposal, agencies were able to negotiate turf issues and look at the allocation of resources in a coordinated manner. Clearly, such networking could not have occurred without the efforts of the Logan Square Neighborhood Association and the catalyzing effects of the CRDA grant.

OAKLAND SIDEBAR

MacArthur Boulevard, according to one community leader, "was known for its cocaine strip motels." The 105-unit Mission motel was one of the worst. The major cocaine dealer lived in the motel and rented four rooms as smoke houses. Hundreds of dealers, sellers, and prostitutes constantly lined the street in front of the motel.

The first action against the Mission Motel owner came from the Oakland Police Department's Beat Health Unit. The owner received numerous citations for major housing and fire code violations, and all of the vacant apartments were boarded-up.

Next, 15 residents who lived around the Mission Motel, filed 40 complaints against the motel owner in small claims court. Each asked for \$2,000 (small claims court maximum) for "the emotional and mental anguish caused by the alleged cocaine dealing, prostitution and other illegal activities around the motel" (The Oakland Tribune).

Finally, the motel was sold to a new owner who plans to demolish the 5-acre motel to build townhouses. In addition, a group of Baptist ministers plan to buy more than 30 MacArthur Boulevard motels, and turn them into drug-free, low-income housing.

SOUTH AUSTIN SIDEBAR

The drug house located down the street from the South Austin Coalition Community Council (SACCC) headquarters provided an early challenge to the CRDA project. The strategies employed to "shut-down" this drug house required six months of continuous community involvement.

Drugs were blatantly sold inside and outside of the building. The public telephones in the area was commandeered by drug dealers and used to take telephone orders for drugs. This drug house was allegedly operated by a local district police officer.

SACCC's strategies to "shut-down" this location took persistence and creativity. SACCC members pressured property owners, to no avail, but a host of other tactics eventually yielded success. These include:

- o a tour of the neighborhood for local building court judges with special emphasis on this building;
- o telephone calls to the bank holding the mortgage;
- o negotiations with the telephone company to change the area public phones to "outgoing calls only;"
- o a police "drug raid" arresting dealers, users and the policeman alleged as "kingpin", who later resigned from the police force and was convicted on drug charges;
- o the building court's issuance of an order to vacate and board-up the building.
- o Finally, SACCC's public rally and march with the posting of a Drug Free School Zone sign to celebrate the community's victory.

The building was later sold to a new owner, who was informed of the building's history by member of SACCC.

WATERLOO SIDEBAR

The Sullivan Park area on Waterloo's east side was notorious for open drug sales and other illegal activity. Residents in the area were afraid to use the park, most parents would not let their children play in the park, and many citizens avoided the area completely because of fear. Early in the CRDA program, CCI and community residents identified the park as a primary drug "hot spot" and source of fear in the community. CCI found, in a survey of Sullivan Park area residents, that the level of fear was high and the activity in the park limited the use of the neighborhood by many people.

Local residents explained that the park had become a chaotic place for illegal drug use and drug-dealing. Oftentimes, residents would find syringes and other drug paraphernalia around the park.

At the beginning of the CRDA program, CCI lead a battle with City Officials to increase security lighting in Sullivan Park. After months of delay and struggle the group, with the assistance of the new Chief of Police got the lights installed. The Police Department increased patrol and enforcement near the park. In addition, Drug Free Zone signs were posted in and around the park, therefore, enhanced penalties could be used to force dealers out of the park area.

CCI planned a number of events (marches/rallies, recreational activities, etc.) to celebrate the "victory" in Sullivan Park. By highlighting the positive changes, CCI hoped to send a strong message to drug-dealers. By the end of the second year, area residents began to feel safer and returned to using the park. In addition, local churches organized weekly picnic/family events in the park during the warmer months.

V. Conclusions

The present evaluation demonstrates how much can be accomplished by local community organizations with very limited federal funds. Although the federal funding did not significantly change the programs being planned by the 10 community groups at the time of the grant award, it did allow them to pursue their anti-drug agenda with greater intensity, focus, and persistence. Furthermore, in many cases, the federal monies and the group's association with the U.S. Department of Justice was instrumental in strengthening their organizational legitimacy in the eyes of other city, state and national agencies. This respect, in turn, helped them to secure additional funds from other sources to continue their battle against street-level drug activity. However, the groups felt that the level of federal funding and the timeframe for full-scale implementation were insufficient. More time and larger grant awards were needed to plan and implement the types of programs that were envisioned.

Consistent with previous research, technical assistance (TA) was critical to the successful development and implementation of various anti-drug programs. Although local groups did not adopt all of the concepts promoted by the national TA providers, the information and expertise offered by NCPC and NTIC were considered helpful by most groups. The cluster workshops sponsored by the TA providers (with participants from all CRDA organizations) were extremely effective for cross-site fertilization and knowledge transfer. Promising ideas for dealing with the drug problem were shared at these meetings, and within months, other sites were implementing similar strategies thousands of miles away. A larger TA role and budget would have greatly enhanced the program activities and their longevity. The groups, for example, desired more assistance with grant writing and

fundraising, but the TA team was functioning on a very limited budget and stretched very thin.

The planning process was not entirely problem-free. The concept of an inter-agency task force was initially rejected by several groups, but the importance of partnerships became more evident over time. Forming a new task force for the CRDA program seemed unnecessary and potentially a waste of resources for organizations with structures already established to perform the program functions of the task forces and in communities with existing multi-agency task forces. Several CRDA organizations also questioned the use of agency representatives and other "experts" on the task force, concerned that community residents would lose control over the agenda.

Different approaches to planning were evident from the national TA providers and the local organizations. NCPC (and to a less extent, NTIC) promoted a formal, "rational" approach to planning, involving needs assessment, the development of goals and objectives, the use of measurable indicators of success, etc. The local community organizations preferred a more fluid planning process that was immediately responsive to the community, and blended planning with implementation. Their need to maintain resident involvement and develop community leadership meant responding to residents' concerns and community issues as they arose. Clearly, there are merits to both approaches, and our impression was that both sides learned something from each other. Being able to articulate a workplan with a clear set of program goals and objectives is very important for establishing legitimacy with national funding agencies and creating a long-term vision of the anti-drug initiative, but understanding the immediate needs of the community is critical to the survival of these organizations.

The CRDA demonstration program was an educational experience for all participants. The evaluation team noticed a general change in focus and orientation of the groups after their first year in the field. The CRDA organizations learned that the enforcement programs --

which were the backbone of their efforts-would not be sufficient to solve the drug problem. With the stiffening of criminal penalties for drug offenses and the dramatic increase in drug arrests, the criminal justice system is being taxed far beyond its capacity. More drug arrests have meant additional activity for the entire criminal justice system. In addition to overcrowded jails, the number of prosecutions, convictions and stiff prison sentences have skyrocketed. Today, virtually every state prison system has exceeded its limits, even in the face of court orders to reduce overcrowding. The criminal justice system is on the verge of collapse and as a coping mechanism, it has become a revolving door for serious offenders who are arrested and immediately released on the own recognizance. This state of affairs raises the question of whether these aggressive enforcement efforts have undermined the desired deterrent effect of punishment, as drug dealers become familiar with the revolving door of the criminal justice system.

The CRDA organizations worked extremely hard on a broad range of anti-drug strategies. Many of these strategies were geared toward enforcement and reflected the community's outrage over the persistent presence of drug dealers and drug-related violence in their neighborhoods. Enforcement-related activities also provided an easy vehicle to get angry/fearful residents involved and have them experience success. With the passage of time, some groups came to realize that the criminal justice system provided only a limited solution to the drug problem, and turned their attention to education, prevention and treatment responses. This expansion of focus was a precursor to the government's new "Weed and Seed" program, which is based on the premise that "weeding" out drug offenders is only the first step, and must be followed by a broad range of services to prevent others from becoming involved in drugs. The CRDA organizations have started to plant the "seeds" of prevention with youth-oriented programs, but a substantial investment of funds will be needed to insure

their success.

Recognizing the complexity of the drug problem as the CRDA program progressed, some groups expanded into broader partnerships with other agencies. By the conclusion of the CRDA program, all participating organizations had developed extensive working partnerships in addition to those maintained through the task force. Organizations reported a number of advantages to creating partnerships including the development of more collaborative relationships, increased trust between organizations, increased organizational legitimacy, increased access to a broader range of resources, and other benefits. However, partnerships were not without their problems. The transition from an adversarial to a collaborative relationship, for example, created some tensions and will require the development of a different set of skills and tactics. The biggest concern for community organizations is that partnerships have a tendency to pull them into a broader agenda (i.e. city-wide and state-wide issues), as well as cause them to devote more of their (limited) resources fostering inter-agency relationships. While this change may be necessary to attack the drug issue effectively and increase their access to needed social and governmental services, these organizations will need to continue their traditional organizing activities in order to maintain their membership base and develop local leadership.

Closing drug houses was a major anti-drug strategy employed by the CRDA organizations. It required considerable coordination of effort and persistence, but in the end, the groups often succeeded in removing the problem. For community organizers, closing each drug house was a visible success and helped to empower the community in this "war." However, problems with this approach can arise. In the short-term, innocent tenants may be displaced and left without housing when the group succeeds in closing a building that has drug dealers. Also, drug dealers may reoccupy closed drug houses and continue their illegal

drug operations after the initial action taken by the organization. Keeping drug houses closed generally requires continued action by the organization and residents. Perhaps the biggest question is what impact this strategy will have on the target neighborhoods in the long run. Will short-term victories become long-term liabilities? Closing drug houses can contribute to neighborhood blight by increasing the number of abandoned, boarded up buildings. Furthermore, demolishing closed drug houses reduces the amount of affordable housing in the community. The long-term viability of this anti-drug strategy may depend upon the extent to which these issues are adequately addressed.

The creation of Drug Free Schools Zones was another extremely popular anti-drug strategy employed by CRDA organizations. The posting of zone signs clearly provided a number of immediate benefits from a community organizing perspective in the battle for turf with drug dealers. The effectiveness of this strategy in creating a safer school environment, however, remains uncertain. If signs alone are sufficient for deterrence, then this approach may be effective, but if enforcement is needed, then communities may be disappointed in the long run. Once the Drug Free School Zone signs have been posted, local police need to follow up with arrests and prosecutors need to take advantage of the laws for increased penalties. Clearly, in some CRDA sites this was not happening, and in others, the enforcement activity was unknown. The CRDA organizations sometimes found it necessary to put pressure on both the police and prosecutors for enforcement of the signs.

Finally, the role of the church in anti-drug initiatives is a noteworthy chapter in the CRDA demonstration. Although the organizers found that working through churches usually increased their legitimacy, some found it difficult to enlist the support of churches. Some of the problems identified by the organizers included the churches' reluctance to identify drug problems as within their scope of responsibility, their tendency to focus activities only on their

own members, and some ministers' cautious response to interracial, interfaith groups. Despite these difficulties, churches played a critical role in several CRDA programs. In general, churches provide a relatively untapped source of influence in inner-city neighborhoods for addressing the drug problem.

VI. References

- Administrative Office of Illinois Courts (1990). p.5.
- Bell and Jenkins, in Kotulak, R. (1990). "Study Finds Inner-city Kids Live With Violence." Chicago Tribune, September 28, p.1.
- Bennett, S. F., & Lavrakas, P. J. (1989). Community-Based Crime Prevention: An Assessment of the Eisenhower Foundation's Neighborhood Program, Crime and Delinquency, 35: 345-365.
- Bennett, S. F., & Lavrakas, P. J. (1988). Evaluation of the Planning and Implementation of the Eisenhower Foundation's Neighborhood Program Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Chira, S. (1990). "Crack babies turn 5, and schools brace." New York Times, May 25, p.A1.
- Cohen, L. E., & Felson, M., (1979). "Social Change and Crime Rate Trends: A Routine Activity Approach." American Sociological Review. 44: 588-608.
- Curtis, (1987). "The Retreat of Folly: Some Modest Replications of Inner-City Success." The Annals Volume 494.
- De Vries, Tom (1989). "The New Urban Guerillas." California, September, (pp. 62-68).
- Drug Stamp Act Chapter 421a of the Iowa Code.
- Eck, J. E., & Spelman, W., with Hill, D., Stephens, D. W., Stedman, J. R., & Murphy, G. R. (1987). Problem Solving: Problem-Oriented Policing in Newport News. Washington, D.C.: Police Executive Research Forum.
- Glick, P. C. (1988). "Demographic Pictures of Black Families." In H. McAdoo (Ed.), Black Families (pp. 33-51). Park, CA: Sage Publications.
- Goldstein, P. J., Brownstein, H. H., Ryan, P. J., & Bellucci, P.A. (1989). "Crack and homicide in New York City, 1988: A conceptually-based event analysis." A paper presented at the annual meeting of the American Society of Criminology, 1989.
- Grant, J. A., Lewis, D. A., & Rosenbaum, D. P. (1988). "Political Benefits of Program Participation: The Case of Community Crime Prevention." Journal of Urban Affairs, 10: 373-85.
- Federal Bureau of Investigation (1991) Uniform Crime Reports. Washington DC: author.
- Flay, B. R., Koepke, D., Thompson, S., Santi, S., Best, J. A., Brown, K. S. (1989). "Six Year Follow-up of the First Waterloo School Smoking Prevention Trial." American Journal of Public Health, 79, 1371-1376.

- Friedman, J., & Rosenbaum, D. P. (1988). "Social Control Theory: The Salience of Components by Age, Gender, and Type of Crime." Journal of Quantitative Criminology, 4: 363-81.
- Hayeslip, D. W. Jr. (1989). "Local-level Drug Enforcement: New Strategies." NIJ Reports, No. 213, March/April, 2-6.
- Heinzelmann, F. (1989). "The Federal Role in Supporting Research and Demonstration Efforts in Crime Prevention and Control." Paper presented at a symposium on Police and Citizen Crime Prevention. Annual Meeting of the Academy of Criminal Justice Sciences, Washington, D.C., March 29, 1989.
- Henig, Jeffrey (1985). Citizens Against Crime: An Assessment of the Washington, D.C. Neighborhood Watch. Paper Presented at the Annual Meeting of the American Society of Criminology, San Diego.
- Hester, R. K., & Miller, W. R. (1988). Empirical Guidelines for Optimal Client-Treatment Matching. In E. Rahdert and J. Grabowski (Eds.) Adolescent Drug Abuse: Analysis of Treatment Research (pp. 27-38) Rockville: U.S. Department of Health and Human Services.
- Hirschi, Travis (1969). Causes of Delinquency. Berkeley: University of California Press.
- Hughes, M. A. (1988). Concentrated Deviance or Isolated Deprivation?: The "Underclass" Idea Reconsidered. Report Prepared for the Rockefeller Foundation. Princeton, NJ: Princeton Urban and Regional Research Center, Princeton University.
- Johnson, B. D., Kaplan, M. A., & Schmeidler, J. (1990). Days with Drug Distribution: Which Drugs? How Many Transactions? With that Returns? In R. Weisheit (Ed.), Drug, Crime and the Criminal Justice System. (pp.193-214). Cincinnati, OH: Anderson.
- Kandel, D. B. & Yamaguchi, K. (1985). "Developmental Patterns of Illegal and Medically Prescribed Psychotropic Drugs from Adolescence to Young Adulthood." In C.L. Jones & R.J. Battjes (Eds.), Etiology of Drug Abuse: Implications for Prevention (pp. 193-235). Rockville: National Institute on Drug Abuse.
- Keddy, Jim (1990). Community Organizing as Christian Praxis. Master Thesis, Graduate Theological Union. Berkeley, CA.
- Kleinman, Mark A. R., (1988). "Crackdowns: The Effects of Intensive Enforcement on Retail Heroin Dealing." In Street-Level Drug Enforcement: Examining the Issues. (Ed.) Marcia R Chaiken, Washington DC., National Institute of Justice. August.
- Larson, T. E. (1988). "Employment and Unemployment of Young Black Males." In J.T. Gibbs (Ed.), Young, Black and Male in America: An Endangered Species. (pp. 18-27). Dover, MA: Auburn House Publishing.

- Lavrakas, P. J. (1988). Richard Clark and Associates 1988 Survey of Black Americans. Evanston, IL: Northwestern University Survey Laboratory.
- Lavrakas, P. J. (1987). Telephone Survey Methods: Sampling, Selection and Supervision. Newbury Park, CA: Sage.
- Lavrakas, P. J. (1985). "Citizen Self-Help and Neighborhood Crime Prevention Policy." In L. A. Curtis (ed.), American Violence and Public Policy. New Haven, CT: Yale University Press.
- Lavrakas, P. J. & Lewis, D. A. (1980). "Conceptualizing and Measuring Citizen Crime Prevention Behaviors." Journal of Research in Crime and Delinquency, July, 254-272.
- Lavrakas, P. J., & Bennett, S. F. (1989). A Process and Impact Evaluation of the 1983-86 Neighborhood Anti-Crime Self-Help Program: Summary Report. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Lavrakas, P. J., & Bennett, S. F. (1988a). Cross-Site Impact Evaluation Report for the Neighborhood Anti-Crime Self-Help Program. Draft Final Impact Report to the Eisenhower Foundation. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Lavrakas, P. J., & Bennett, S. F. (1988b). "Thinking about the Implementation of Citizen and Community Anti-Crime Measures." In T. Hope & M. Shaw (eds.), Communities and Crime Reduction. London: Her Majesty's Stationary Office.
- Lavrakas, P. J., & Rosenbaum, D. P. (1989). Crime Prevention Beliefs, Policies, and Practices of Chief Law Enforcement Executives: Results of a National Survey. Evanston, IL: Northwestern University Survey Laboratory.
- Lavrakas, P. J., & Tyler, T. R. (1983). "Low Cost Telephone Surveys." Symposium: Research Methods When Resources are Scare. Evaluation '83, Chicago, IL.
- Lewis, D. L., Grant, J. A., & Rosenbaum, D. P. (1988). The social Construction of Reform: Crime Prevention and Community Organizations. New Brunswick, NJ: Transaction.
- Lindsay, Betsy D. and Daniel McGillis (1986). Citywide Community Crime Prevention: An Assessment of the Seattle Program, in D.P. Rosenbaum ed., Community Crime Prevention: Does it Work? Beverly Hills, CA: SAGE Publications.
- Maltz, M. D., Gordon, A. C., Friedman, W., (1991). Mapping Crime in Its Community Setting: Event Geography Analysis. New York, Springer-Verlag.
- McCourt, Kathleen (1977). Working-Class Women and Grassroots Politics. Bloomington, IN: Indiana University Press.

- McPherson, Marlys and Glen Silloway (1981). Planning to Prevent Crime, in D.A. Lewis, Ed., Reactions to Crime. Beverly Hills, CA: SAGE Publications, 1981.
- McQueen, M. (1989). "'You've got to clean up this blight'" USA Today, May 23, p. 1A (cover story).
- Menefee-Libey, David (1985). The State of Community Organizing in Chicago. Planning Paper #1. Chicago: Community Renewal Society, February, 1985.
- Murray, D. M. & Perry, C. L. (1985). "The Prevention of Adolescent Drug Abuse: Implications of Etiological, Developmental, Behavioral and Environmental Models." In C.L. Jones & R.J. Battjes (Eds.), Etiology of Drug Abuse: Implications for Prevention (pp.236-256). Rockville: National Institute on Drug Abuse.
- National Crime Prevention Council and National Training and Information Center (1988). Community Responses to Drug Abuse. A proposal to the Bureau of Justice Assistance, U. S. Department of Justice.
- National Training and Information Center (1990). National Coalition Drug-Free School Zone. Pamphlet.
- National Institute on Drug Abuse (1988). Data From the Drug Abuse Warning Network: Annual Data 1987. NIDA Statistical Series, Rockville, Maryland.
- National Institute on Drug Abuse (1987). Data From the Drug Abuse Warning Network: Annual Data 1986. NIDA Statistical Series I, No. 6, Rockville, Maryland.
- National Institute of Justice (1990). "Drugs and Crime: 1989 Use Forecasting (DUF) Annual Report." Research in Brief, June. Washington, D.C.
- National Institute of Justice (1988). Drug Use Forecasting (DUF): April-June 1988 Data. Washington, D. C.: The Author. November.
- New York Times/CBS (1990). Nationwide polls conducted September 17-20, 1989. Question: "What do you think is the most important problem facing this country today?"
- Oetting, E. R. & Beauvais, F. (1988). "Common Elements in Youth Drug Abuse: Peer Clusters and Other Psychosocial Factors." In S. Peele (Ed.) Visions of Addiction. (pp 141-161). Lexington Books.
- O'Keefe, Garrett (1986). in D.P. Rosenbaum Ed., Community Crime Prevention: Does it Work? Beverly Hills, CA: Sage Publications.
- Omnibus Anti-Substance Abuse Act of 1988 21 U.S.C. 845a. (Supp.1989).

- Pate, A. M., M. A. Wycoff, W. G. Skogan, & L. Sherman. (1986). Reducing Fear of Crime in Houston and Newark. Prepared for the National Institute of Justice, U.S.: Department of Justice. Washington, D.C.: Police Foundation.
- Podolefsky, Aaron (1984). Rejecting Crime Prevention Programs: The Dynamics of Program Implementation in High Need Communities. Paper Presented at the Annual Meeting of the Academy of Criminal Justice Science, Chicago, IL.
- Podolefsky, Aaron and Dubow, F.,(1981), Strategies for Community Crime in Urban America. Evanston: Center for Urban Affairs, Northwestern University, Charles C. Thomas Pub. Springfield, IL.
- Reed, R. J. (1988). "Education and Achievement of Young Black Males." In J. T. Gibbs (Ed.),
- Reuter, P., et al. (1988). Drug Use and Drug Programs in the Washington Metropolitan Area. Santa Monica, CA: RandCorporation.
- Richards B. (1990). The Limitations of Schools Based Drug Education Press Release. JACO, 601 E. Morton Ave., Jacksonville, IL.
- Roehl, J. A., & Cook, R. F. (1984). Evaluation of the Urban Crime Prevention Program. Washington, D.C.: National Institute of Justice, U. S. Department of Justice.
- Ropers, R. H. (1988). The Invisible Homeless: A New Urban Ecology. New York: Insight Books.
- Rosenbaum, D. P. (1988). "Community Crime Prevention: A Review and Synthesis of the Literature." Justice Quarterly, 5, 323-395.
- Rosenbaum, D. P. (1987). "The Theory and Research Behind Neighborhood Watch: Is it a Sound Fear and Crime-Reduction Strategy?" Crime and Delinquency, 33, 103-34.
- Rosenbaum, D. P. ed. (1986). Community Crime Prevention: Does it Work? Beverly Hills, California: Sage Publications.
- Rosenbaum, D. P., & Grant, J. (1983). Gangs and Youth Problems in Evanston: Research Findings and Policy Options. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Rosenbaum, D. P., & Heath, L. (1990). "The "Psycho-logic" of Fear Reduction and Crime Prevention Programs." In J. Edwards, E. Posavac, S. Tindel, F. Bryant and L. Heath (eds.), Applied Social Psychology Annual, (vol. 9). New York: Plenum.

- Rosenbaum, D. P., Hernandez, E., & Daughy, S. Jr. (1991). "Crime Prevention, Fear Reduction, and the Community." In W. A. Geller (ed.), Local Government Police Management (Golden Anniversary edition). Washington, D. C.: International City Management Association.
- Rosenbaum, D. P., Lewis, D. A., & Grant, J. A. (1986). "Neighborhood-Based Crime Prevention: Assessing the Efficacy of Community Organizing in Chicago." In D. P. Rosenbaum (ed.), Community Crime Prevention: Does it Work? Beverly Hills, CA: Sage.
- Rosenbaum, D. P., Lurigio, A. J., & Lavrakas, P. J. (1989). "Enhancing Citizen Participation and Solving Serious Crime: A National Evaluation of Crime Stoppers Programs." Crime and Delinquency.
- Rosenbaum, D. P., Rosenbaum, S. M., & Friedman, J. (1985). Delinquency and Youth-at-Risk. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Rossi, P. H., & Freeman, H. E. (1985). Evaluation: A Systematic Approach. Beverly Hills, CA: Sage Publications.
- Schmalz, J. (1989). "One Citizen's War on Drugs: A Lonely Fight, then Death." New York Times, March 24, p.1.
- Secretary of Health and Human Services (1987). Sixth Special Report to the U.S. Congress on Alcohol and Health. Rockville: U.S. Department of Health and Human Services.
- Shenon, P. (1990). "War on drugs remains top priority, Bush says." New York Times, September 9, p.A12.
- Sherman, L. W., Gartin, P. R., Buerger, M. E., (1989). "Hot Spots of Predatory Crime: Routine Activities and the Criminology of Place" Criminology 27, 1, 27-55.
- Silloway, Glenn and Marlys McPherson (1985). The Limits to Citizen Participation in a Government Sponsored Community Crime Prevention Program. Paper Presented at the annual Meeting of the American Society of Criminology, San Diego.
- Skogan, W. G. (1990). Disorder and Decline: Crime and the Spiral of Decay in American Cities. New York: The Free Press.
- Skogan, W. G. (1989). Communities, Crime and Neighborhood Organizations, Crime and Delinquency. July.
- Skogan, W. G. (1987). Disorder and Community Decline. Final Report to the National Institute of Justice. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.

- Skogan, W. G. & Maxfield, M. G. (1981). Coping With Crime: Individual and Neighborhood Reactions. Beverly Hills, CA. Sage.
- Silloway, Glenn and Marlys McPherson (1985). The Limits to Citizen Participation in a Government Sponsored Community Crime Prevention Program. Paper Presented at the annual Meeting of the American Society of Criminology, San Diego.
- Stewart, J. K. (1989). "Director's Note." NIJ Reports, No. 213, March/April.
- U.S. v. Rhodesian Stone Statutes 449 F. Supp. 193, 195 (C.D. Cal. 1978).
- Walker, Marcus. (1991). "Church Based Programming", South Austin Coalition. Community Council.
- Wandersman, A., P. Florin, D. M. Charis, R. C Rich, and J. Priestby (1985). "Getting Together and Getting Things Done." Psychology Today. November; 65-71.
- Weiss, C. H. (1972). Evaluation Research: Methods of Assessing Program Effectiveness. Englewood Cliffs, NJ: Prentice-Hall.
- Yin, R. K. (1986). "Community Crime Prevention: A Synthesis of Eleven Evaluations." In D. P. Rosenbaum (Ed.) Community Crime Prevention: Does it Work? Beverly Hills, CA: Sage Publications.
- Yin, Robert K. (1989). Case Study Research: Design and Methods. Second Edition, Newbury Park, Sage Publications.
- Zinsmeister, K. (1990). "Growing up scared" The Atlantic Monthly, June, pp. 49-66.