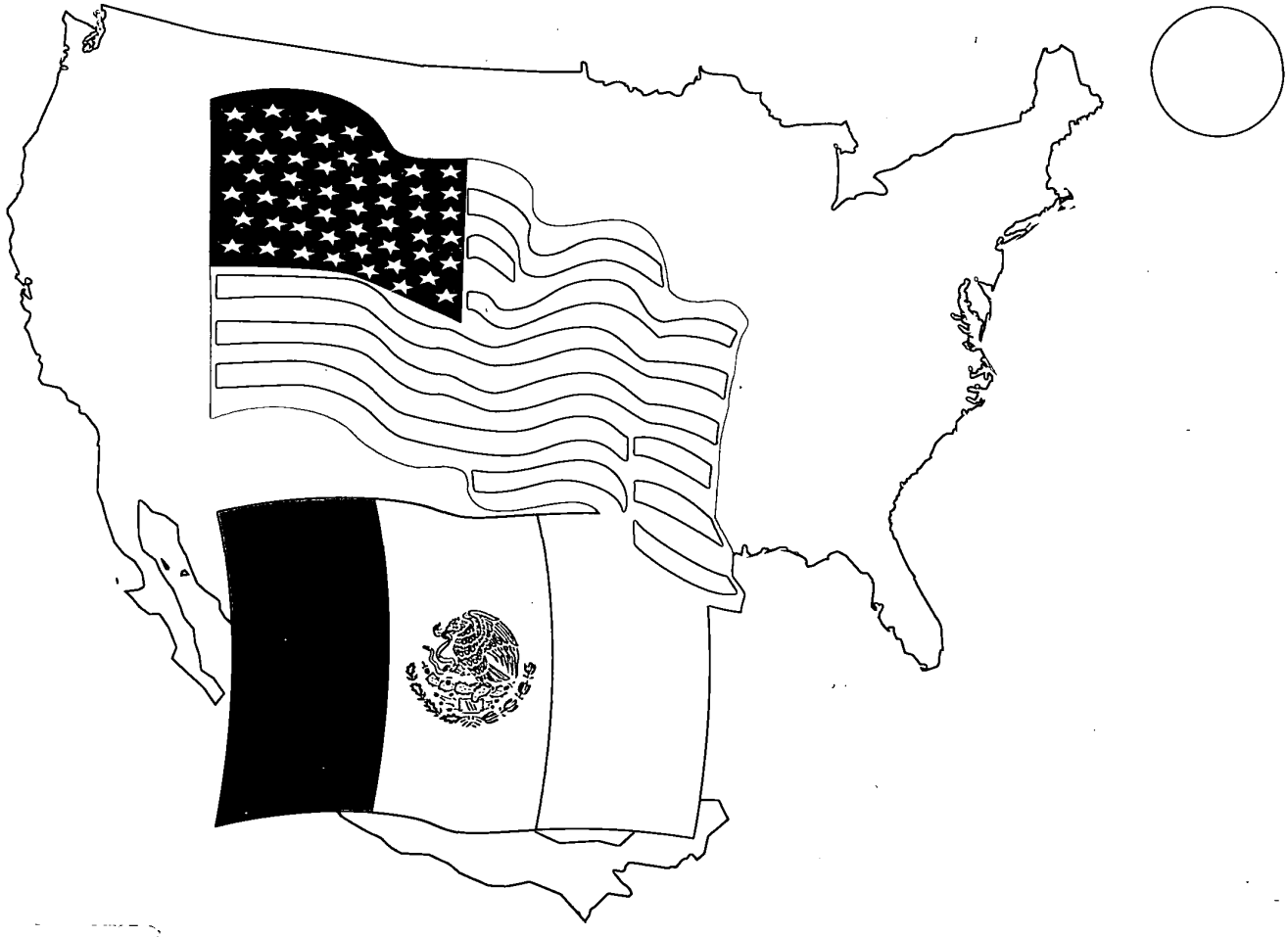
United States and Mexico High Level Contact Group



ɛdings of the United States and Mexico ɪtional Demand Reduction Conference

8-20, 1998

Texas

Sponsored by

The Office of National Drug Control Policy

and the

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

United States and Mexico
High Level Contact Group

Proceedings of the United States and Mexico Bi-National Demand Reduction Conference

March 18-20, 1998
El Paso, Texas

Sponsored by
The Office of National Drug Control Policy
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Acknowledgments

This report is based upon presentations and discussions at the U.S.-Mexico Bi-National Demand Reduction Conference held at the Camino Real Hotel, March 18-20, 1998, in El Paso, Texas. All remarks were edited for clarity. It is our hope that we have accurately captured each speaker's intent. Any errors or omissions in content are entirely the responsibility of the editorial staff.

The Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) acknowledge the cooperation and support given by the following organizations and individuals or those sponsoring the event:

In the United States: the National Institute on Drug Abuse (NIDA); the Health Resources and Services Administration (HRSA); the U.S. Department of Education (ED); the Drug Enforcement Administration (DEA); the U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL); the Utah National Guard; and the Intercultural Development Research Association (IDRA).

In Mexico: the Under-Secretariate for Disease Prevention and Control, Ministry of Health; the National Council on Addictions (CONADIC), Ministry of Health; the Directorate of Epidemiology, Ministry of Health; and the Mexican Institute of Psychiatry.

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Introduction

The people of the United States and Mexico share a common commitment to combat drugs. Both countries alike recognize that drug use puts our children, our families and even our democracies at risk. We hold a common understanding that the demand for drugs, which is a universal problem, drives the deadly trade in these illegal substances.

Under the leadership of Presidents Zedillo and Clinton we have made significant progress in building cooperative efforts to rid our nations of the threat of drugs. We created the High Level Contact Group for Drug Control in March, 1996 to improve the health and well-being of our peoples through drug control and prevention. We have also produced three important agreements: the United States Declaration of the U.S.-Mexico Alliance Against Drugs, the U.S.-Mexico Bi-National Drug Threat Assessment and a U.S.-Mexico Bi-National Drug Strategy. Our cooperation to reduce the availability of drugs through aggressive interdiction, tough law enforcement and sound judicial processes is well established and remains vital to our success.

Now we have turned the strength of our common commitment to the challenge of eliminating the demand for drugs through citizen participation, service delivery and inter-governmental collaboration. The Bi-National Demand Reduction Conference, held in El Paso, Texas, was the first step in implementing the demand reduction goals set forth in our Bi-National Strategy. Researchers, practitioners, treatment and prevention experts from both nations came together in El Paso in an effort to share their expertise, exchange ideas, and strengthen through cooperation, our shared ability to reduce drug use.

The Conference was an important step forward to develop both a mutual understanding of how we can best reduce drug demand, and a strategy to achieve this end. From the Conference emerged eight concrete, pivotal strategy areas where continued implementation efforts should focus on:

- Research cooperation and the exchange of technical information to provide the building blocks of sound science-based initiatives;
- Public information and awareness to look at the effects of media as both contributing to and preventing substance abuse in Mexico and the United States;
- Community participation as a method to organize citizens, the faith community and public agencies to combat drugs at the local level;
- Youth, who represent the future of United States and Mexico, the first and foremost objective of bi-national cooperation;

- Special populations whose characteristics may place them at risk for substance abuse and who require additional methodologies and initiatives;

- Workplace efforts which address early intervention and prevention with corporations, small businesses and organized labor at work to increase demand reduction at work;

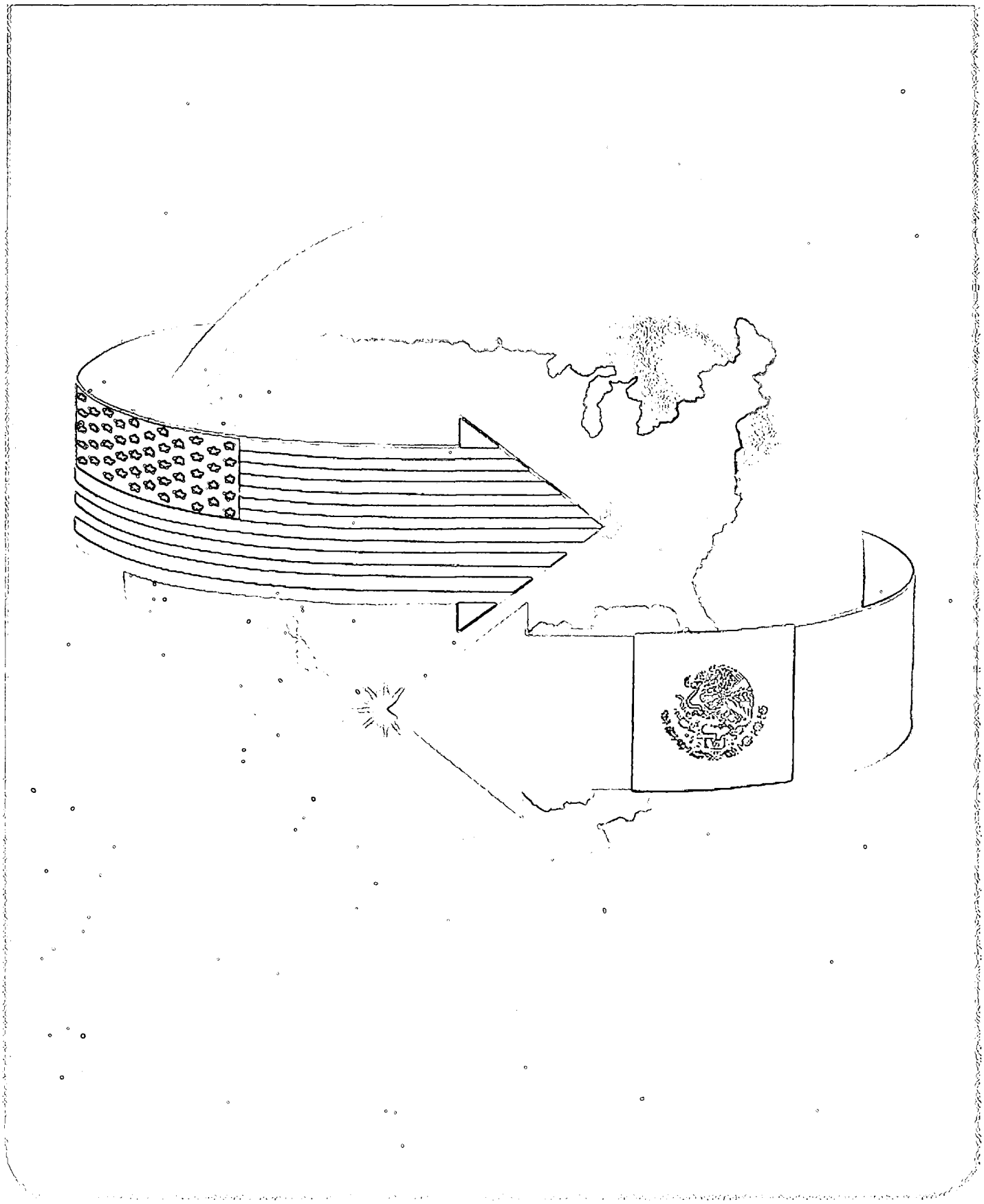
- The incidence of HIV/AIDS which presents a challenge to our countries in promoting public health;

- Violence and drug-related problems that are areas of concern especially at our border area.

We will use new technology to promote bi-national work groups explored at the El Paso conference. The initial discussions have already led to information exchange via Internet and new media initiatives that optimize public awareness of the dangers of drug use. The High Level Contact Group will continue to serve as the forum to promote continuous action and results in these eight areas. It is a pleasure to offer these proceedings as another milestone in the evolution of demand reduction cooperation.

Dr. Juan Ramón de la Fuente
Secretary of Health
Mexico

Barry R. McCaffrey
Director
U.S. Office of National Drug Control Policy



Bi-National Demand Reduction Conference Overview

Since its inception in March 1996, the U.S. and Mexico High Level Contact Group on Drug Control (HLCG) has worked to strengthen cooperation between the U.S. and Mexico and to elevate the priority of drug demand reduction issues within and between the two governments.

The U.S.-Mexico High Level Contact Group Bi-National Demand Reduction Conference represented an important and innovative first cooperative step by our two nations to reduce drug demand. In May 1997, at the Mexico City Summit, President Ernesto Zedillo Ponce de León and President William J. Clinton signed the Alliance Against Drugs, which was designed to strengthen our nations' joint commitment to reducing drug abuse. This agreement included 16 Alliance Points, the first of which focused on reducing drug demand by means of anti-drug information. In February 1998, the United States and Mexico agreed to a Bi-National Strategy committing both nations to specific measures in their fight against illegal drugs. An important aspect of that shared effort is taking the cooperative steps needed to reduce drug demand and eliminate the drug problem at its roots.

This unique conference brought together experts in prevention, treatment, and research as well as government officials, educators, and community leaders from both countries to address the causes and consequences of drug abuse. During the course of two-and-a-half days of meetings, more than 300 experts from Mexico and the United States discussed setting up an appropriate framework for demand reduction, reviewed current drug-use trends, and, most importantly, worked in smaller groups to develop explicit strategies in eight pivotal areas.

The recommendations of the eight working groups had several common themes, which included: the need for increased funding for improving bilateral cooperation in training and research, in the sharing of scientific and technical information, and in the creation of joint prevention programs. Detailed strategies proposed in each of the specific areas are summarized in this report.

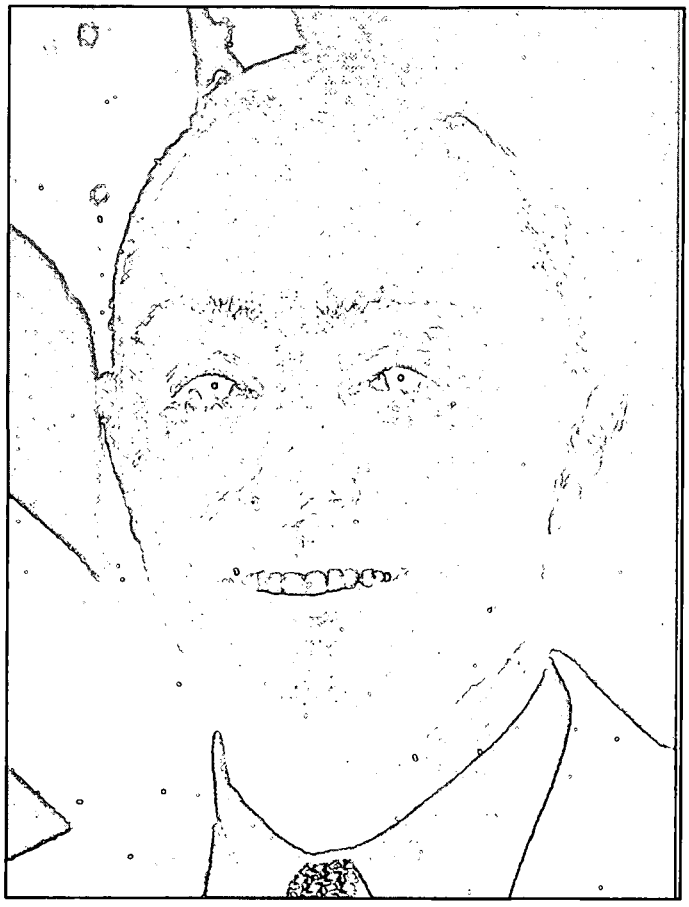
As these proceedings amply demonstrate, conference discussions were candid, lively, and, ultimately, highly productive. Participants took seriously the task of improving bi-national cooperation and bridging cultural, linguistic, and national boundaries with mutual respect for their differences. The interest and enthusiasm of the participants were contagious and persistent; as many people attended the final session as did the initial plenary session.

Most importantly, as the speakers at the closing session noted, the "products" of the conference were not limited to the participants' shared enthusiasm or to their specific recommendations in the eight areas involved in demand reduction. Rather, the group began to take concrete steps to make those recommendations a reality. Participants initiated cooperative efforts within their shared areas of professional and geographical interest. The continued expansion of those joint international efforts is likely to be this conference's most enduring accomplishment.

Eight Pivotal Strategy Areas

- Research Cooperation and the Exchange of Technical Information
- Public Information and Awareness
- Community Participation
- Youth
- Special Populations
- The Workplace
- HIV/AIDS
- Violence and Drug-Related Problems

Barry R. McCaffrey
Director, Office of National Drug Control Policy, USA



General McCaffrey opened the conference by welcoming the participants from both nations. He noted that they have impressively broad skills in areas that range from drug treatment and prevention to child advocacy and mass communications. He further stated that this meeting represents the first time that hundreds of experts from Mexico and the United States have met together to discuss our common need to reduce drug demand. To do so successfully, he claimed, requires an ongoing cooperation and a firm international alliance.

General McCaffrey especially applauded the professional and political leadership shown by both nations in preparing for this meeting. He noted that both countries have worked very hard to produce a thoughtful and focused agenda. Participation by our parallel government agencies, national organizations, researchers, and service providers was encouraged and was built into the framework of the conference.

This meeting represents the first time that hundreds of experts from Mexico and the United States have met together to discuss our common need to reduce drug demand.

General McCaffrey stressed five salient points:

1) the United States' and Mexico's long history of bi-national cooperation;

2) the large number of citizens in both countries who share common economic and cultural concerns;

3) the fact that national drug problems actually represent a series of local drug epidemics, which require local and community coalition-building efforts to address them;

4) the need to use mass-media technology with significant emphasis on parental involvement;

5) the need for ongoing, international cooperation based on mutual respect for the contributions of the nations involved.

Mr. Juan Rebolledo Gout
Under-Secretary of Foreign Affairs, Ministry of Foreign Affairs, Mexico

Mr. Rebolledo cited the increasingly positive changes in U.S.-Mexican cooperation, which now enable both nations to work together better because they understand each other better. This includes having the institutional channels to address our comprehensive fight against drugs. As he indicated, however, the bilateral strategy requires a balanced focus on different facets of drug problems. Essentially, he claimed, our two nations must have strict respect for each other's sovereignty and shared

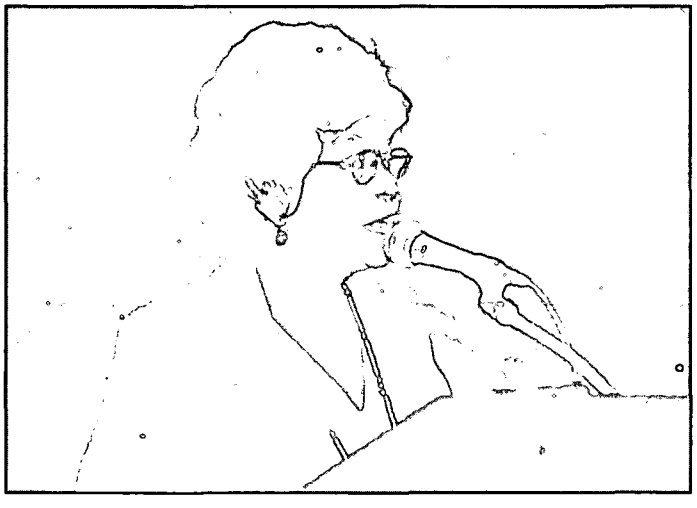
responsibility. We must also have a comprehensive approach, reciprocity of all actions, and efficient law enforcement in both countries.

Both nations work together better, because they understand each other better.

Mr. Rebolledo concluded by stressing the importance of making our efforts ongoing. It is also important, he said, to determine the impact and efficiency of our collaborative efforts in combating drug abuse from the standpoint of drug consumption as well as drug production.

Dr. Nelba Chavez
Administrator, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, USA

Dr. Chavez greeted the participants on behalf of the Secretary of Health and Human Services, Dr. Donna E. Shalala, who also shares a strong commitment to bi-



national drug demand reduction. As Dr. Chavez pointed out, this conference underscores the reality that one nation cannot confront this problem alone. She noted that the participating experts have played roles in practically every major recent advance in prevention, treatment, research, and education. In her view, this effort marked the first bi-national step in implementing Alliance Point One—that is, to "reduce the demand for illicit drugs through the intensification of anti-drug information and educational efforts, particularly those directed at young people and through rehabilitative programs."

Our shared objective is to open up a joint dialogue leading to larger solutions.

Despite a reduction in U.S. drug use, Dr. Chavez noted that drugs continue to be a threat to youth. This is why SAMHSA is making a significant investment in prevention programs in the border states. This is also why Mexican support of programs that work with the children who live on the border is critical. She mentioned the other objectives of the conference, including those of strengthening research cooperation, exchanging technical information, increasing public awareness, and developing improved prevention and treatment programs. She identified the conference sessions as demonstrating that our two nations are committed to these cross-cutting issues, with special emphasis on youth, community participation, special populations, workplace, HIV/AIDS, and violence. She emphasized that our shared objective is to open up a joint dialogue leading to larger solutions.

Mr. Mariano Francisco Herrán Salvatti
Attorney General's Special Office for Crimes Against Health, Mexico

Mr. Herrán noted that drug abuse has a great impact on families, youth, and public health. Though it involves issues of both supply and demand, he claimed that the only long-term, viable solution to the drug problem is prevention. As he pointed out, the Mexican Government has developed a National Drug Control Strategy for the years 1995 to 2000. This document has a comprehensive focus that addresses the problem on three levels of

government. On one level, he explained, it provides guidelines for controlling demand as well as supply and places special emphasis on prevention. In that sense, education is an important preventive measure, because drug use is closely related to cultural values as well as to individual attitudes about life. He further stated that information is basic to addressing actions, attitudes, and behaviors that improve health and social well-being. Multiple activities that promote strong family ties and reinforce desirable social values (although not necessarily specifically placing emphasis on drugs) are needed. In conclusion, Mr. Herrán stressed that children are the most precious treasure of any country. Thus in their interest, he noted that the U.S. and Mexico need to make concrete commitments to drug demand reduction.

Children are the most precious treasure of any country. In their interest, we need to reach concrete commitments to drug demand reduction.

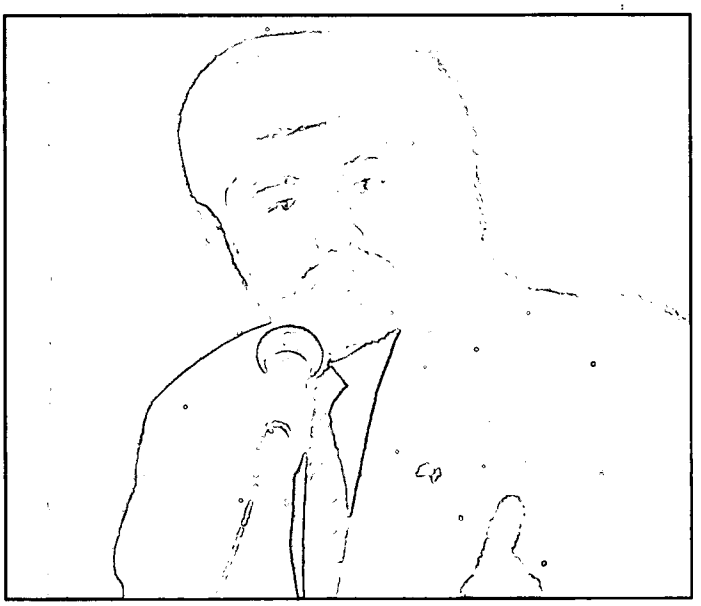
Dr. David F. Musto
Professor of Child Psychology and History of Medicine, Yale University School of Medicine, USA

Dr. Musto provided a historical perspective on international cooperation in addressing the drug problem. As he explained, these efforts began in 1909 with the Shanghai Commission and the subsequent Hague Opium Conference, which led to the 1912 Hague Opium Convention. After World War I, he noted, initial observance of this convention was entrusted to the League of Nations and the World Court. However, lack of U.S. participation, fostered by U.S. isolationism and suspicion of the motives of foreign powers, and later Chinese disorganization impeded these international efforts. World War II further hampered cooperation. In 1945, the United Nations assumed overall responsibility for treaty enforcement and for coordinating global drug strategy. During this period, the Cold War, which lasted until 1990, made cooperation difficult. With the end of the Cold War, Dr. Musto stated that unprecedented possibilities have emerged for international cooperation including the launching of bi-national efforts to curb drug abuse.

With the end of the Cold War, there have come unprecedented possibilities for international cooperation including the launching of joint efforts to curb drug abuse.

Dr. Juan Ramón de la Fuente
Secretary of Health, Mexico

Dr. de la Fuente began by stressing the vital importance of taking a much more comprehensive approach to the bilateral fight against drugs. He noted that consumption and demand are now being given the emphasis they merit in the chain of drug trafficking. Although Mexico has historically emphasized both aspects, he stated that the explicit will of President Clinton and President Zedillo has finally given it shared expression. A meeting like this, he claimed, would have been unthinkable only a few years ago.



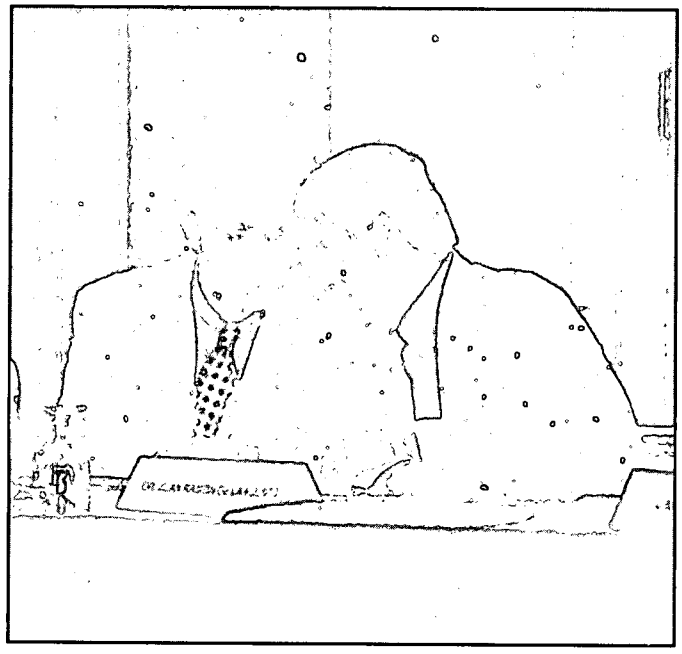
This conference represents an unprecedented effort at the highest level and the beginning of a new era in bilateral relations and multilateral anti-drug efforts. Dr. de la Fuente noted that, with greater efficiency in reducing drug demand, positive effects on other drug-related social problems, such as crime, delinquency, domestic violence, teenage pregnancy, HIV and sexually transmitted infections, are also likely. Effective efforts, he stressed, demand cooperation, not confrontation, recriminations or decertification. By translating the recommendations of the Conference's experts into viable policies, well-defined strategies and quantifiable goals, we are not only making progress in our relationship with each other, we are also building a new international consensus.

As Dr. de la Fuente also stated, because of its leadership role in this hemisphere, the Inter-American Drug Abuse Control Commission of the Organization of American States is an important forum for building an international focus in our fight against drugs.

With greater efficiency in reducing drug demand, positive effects on other drug-related social problems such as crime, delinquency, domestic violence, teenage pregnancy, HIV and sexually transmitted infections are also likely.

The International Drug Commission of the United Nations also has just begun preparatory work for the special session of the U.N. General Assembly to address the fight against drug abuse. In addition, the Commission has recommended a drug demand reduction policy to further strengthen our new relationship. This is in accordance with a long-established Mexican commitment initiated several years ago.

Dr. de la Fuente concluded by noting that this conference, the first of many that surely will occur, is in accord with the will of the governments of Mexico and the United States. But above all, it represents the wishes of the people of Mexico and the United States. In democracies what we must do is learn to interpret the desires of the people.



General Barry R. McCaffrey and Dr. Juan Ramón de la Fuente confer on bi-national demand reduction issues.

A Theoretical Framework for Demand Reduction - Summary of Presentations

Co-Moderators: Dr. Hoover Adger Jr., and Dr. Roberto Tapia-Conyer

Research and Evaluation

Dr. Karol L. Kumpfer

Director, Center for Substance Abuse Prevention,
Substance Abuse and Mental Health
Services Administration,
Department of Health and Human Services, USA

Dr. Kumpfer stated that the total cost of drug abuse in the U.S. is about $1,000 per person per year, but the total amount the U.S. spends on drug abuse prevention, treatment, and research is only about $3 per capita per year, about the cost of one of our Big Macs. After 20 years of research, she claimed, we now know that a well-coordinated, comprehensive, community-wide approach to prevention, aimed at parents and youth, works. But, as she pointed out, what is needed is a consistent "no use" drug message to youth, coupled with making young people aware that we care about them and that we are determined to achieve a strong, drug-free community in their interest.

Parents are the major factor deterring young people from drug abuse.

While recognizing that peer and other influences play a role, Dr. Kumpfer stated that national and international studies in the Western Hemisphere demonstrated that parents are the major factor deterring young people from drug abuse. Referring to General McCaffrey's comment, she reiterated that the war on drugs will be won around the kitchen table by parents and kids talking about drug abuse and its implications. She expressed regret that there is little overlap between the usual drug prevention activities or programs available in practice in communities or schools and what research has indicated is actually effective.

Dr. Kumpfer pointed out that several phases of research leading to effective methods can be identified:

Phase 1 - Hypothesis development;

Phase 2 - Methods and curriculum development;

Phase 3 - Controlled international trials—based on the earlier phases, conducting a controlled, demand reduction, drug-abuse prevention program under optimal conditions to see if it works;

Phase 4 - Defined population studies—testing the techniques found to be effective with a wide range of ethnic populations under real-life field conditions (e.g., in rural and urban areas and in the barrios and colonias);

Phase 5 - Demonstrations and implementations—conducting large-scale demonstrations with an emphasis on dissemination research to ensure that the methods developed actually work under field conditions and can be readily adopted;

Phase 6 - Full-scale use—helping schools, communities, and the local funding sources carry out these proven prevention programs on a wide scale.

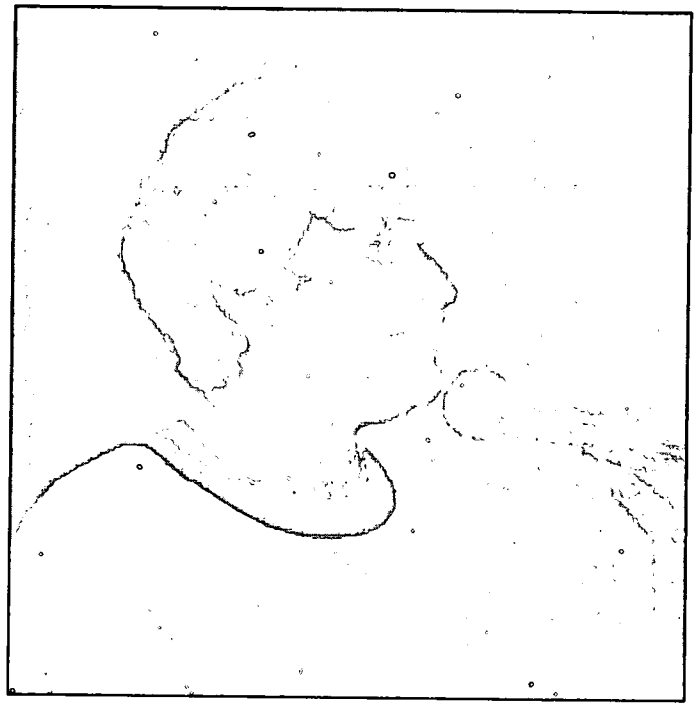
Dr. Kumpfer explained that part of the function of SAMHSA'S Centers for Substance Abuse Prevention, Treatment, and Mental Health Services is to help build the necessary bridges between research and practice. This enables effective models to be field-tested for wide-scale use and dissemination, she noted. In closing, Dr. Kumpfer stressed that all of the conference participants were equally important in achieving this continuum of research-based practice. She stated that a strong demand reduction strategy is essential and noted that, as long as there is a demand for drugs, there will be producers. By developing effective demand reduction strategies, we can significantly reduce the economic and social problems that the abuse of drugs poses for both our countries.

Ms. Haydée Rosovsky
Director, National Council on Addictions (CONADIC) Ministry of Health, Mexico

Ms. Rosovsky briefly summarized Mexico's experience with research information systems and outlined its collaborative efforts with the National Institute on Drug Abuse (NIDA), the National Institute on Alcoholism and Alcohol Abuse (NIAAA), and the Centers for Disease Control and Prevention (CDC). As she explained, the Secretariat of Health, the Directorate of Epidemiology , and the Mexican Institute of Psychiatry all play leading roles in conducting her nation's research and addiction programs. For instance, the Institute of Psychiatry has been conducting epidemiological surveys since the mid-1960s, and, under the aegis of the Secretariat of Health, Mexico's Youth Integration Center provides information on adolescent drug-use trends. Ms. Rosovsky said that the Mexican Government is interested in the magnitude of the drug problem, the groups most affected by drug use, and the extent to which studies being conducted can contribute to better decisions on drug prevention, treatment, and social communication. Accurate information on drug-related medical and social problems is essential in order to take appropriate action, she said. Such information also contributes to establishing research goals.

Despite limited resources for research in Latin America, Mexico has been a leader in this area.

Ms. Rosovsky noted that two national household drug surveys have been conducted in Mexico with a third planned for 1998. Unfortunately, she explained, national surveys provide little information on the highest drug-risk groups, those who are often no longer in school or who are



marginalized. Groups such as "street children," children who live or work on the streets, usually are not included in schools or household surveys. Limited work with such children, she noted, indicates inhalant use is common, second only to that of marijuana. She therefore emphasized the use of ethnographic and focal studies, which permit evaluating both qualitative and quantitative aspects of the drug problem.

Ms. Rosovsky concluded by offering several recommendations with respect to cooperation between Mexico and the United States. She emphasized the importance of the migrant-worker population, which lives in both countries and frequently lacks stabilizing family and

community influences while living abroad. In the border region, she noted, it is important to learn more about family and other factors that increase the risk of drug abuse or that have protective significance.

Accurate information on drug-related medical and social problems is essential in order to take appropriate action.

Ms. Rosovsky stated that the U.S. and Mexico also need more basic epidemiological and social research concerning problems linked to drug use such as domestic and other types of violence and crime. It is very important, she said, to compare native population groups in rural and urban settings to determine social, family, community, attitudinal, and normative factors that affect drug use in both countries. She stated that we also need to know who is most likely to succeed in the various drug programs in order to maximize the likelihood of successful treatment outcomes.

Treatment

Dr. Shirley Coletti
President, Operation PAR, Inc., USA

Dr. Coletti began by stressing the importance of this joint effort to attack drug abuse at all levels, starting with drug education and prevention in all schools and at all grade levels. She noted that the casual user's demand for alcohol or drugs is markedly affected by the perceived harm these substances pose. This is often mediated by such events as the death of a famous athlete from drug use or changes in social sanctions related to use. Unfortunately, in the United States, she explained, drug use is often glamorized by the mass media and advertising. She called for strong public awareness campaigns to offset these negative influences.

Dr. Coletti maintained that accessible treatment is essential to reduce chronic drug use. Chronic users, she noted, rarely discontinue their use without treatment. Thus, services need to be integrated into a coordinated, community-wide strategy for reducing drug problems. This strategy must include economic development opportunities, physical and mental health care, changes in the criminal justice system, and support from other key institutions in both nations.

Further, comprehensive treatment services must be available to all who need them, including adolescents and pregnant and postpartum women. Unlimited treatment access and strong prevention efforts directed toward even younger children are important in demand reduction.

Dr. Coletti noted that 15 years ago we saw fairly functional families; less incest, violence, criminality, and promiscuity; and only limited access to drugs. Now, she claimed, we often see second- and third-generation substance abusers displaying a much wider range of pathology. She cited the case of a 14-year-old girl with a 12-year history of drug abuse that began with her parents blowing marijuana smoke into her mouth at the age of 2. By age 11, she had become a prostitute in order to survive and to obtain drugs. Dr. Coletti claimed that such cases, once rare, are now common. Children having children, who must then raise themselves, are America's most serious challenge. She cited statistics revealing that the parents of some 6.2 million children reported illicit drug use in the month preceding a recent survey.

Dr. Coletti also cited the case of a boy who had 25 adverse drug-related encounters with his school and with the justice system but who had never been referred for drug treatment. Ignoring such children rarely works. She called instead for more family counseling, mental health services, academic and vocational assistance in addition to drug treatment. Similarly, she maintained, pregnant women and those with children need multiple services such as parenting skills training, moral development, and help in integrating into their communities.

As Dr. Coletti explained, her organization, Operation Parental Awareness and Response (PAR), stresses parental involvement. It also works to increase the family's ability to cope and teach their children values, morals, citizenship, and social skills. Additionally children with deficient academic skills are helped to succeed in school.

Dr. Coletti concluded by noting that both nations need to fund process and outcome research to reinforce what works and to eliminate what does not. She stated that research has shown that treatment improves health, reduces health care costs, and leads to more productive citizens. We must therefore work toward demand reduction, one person, one family at a time, she said. If there is "excess money" in State and Federal budgets, it should be used to provide unlimited access to treatment, because strong prevention and treatment are important solutions to demand reduction.

Dr. Victor Guisa Cruz
Director, Treatment and Rehabilitation Youth Integration Centers, Mexico

Dr. Guisa noted that Mexico, like other countries, regards drug abuse as an urgent public health problem. He cited a recent National Addiction Survey which found that 3.9 percent of the Mexican population, or approximately 1.6 million people, have used drugs one or more times. He also claimed that patient reports covering the years 1990 to 1996 indicate some 50,000 Mexicans sought treatment. Most (60 percent), he stated, were between the ages of 15 and 20; men outnumbered women 10 to 1. Further, initial consumption of drugs usually began between ages 10 and 19, and 60 percent of these patients indicated that had used drugs for more than five years. Seventy-two percent had used marijuana, and 51 percent had used inhalants; and while use of these drugs remained stable over the period studied, cocaine use increased from 12 to 40 percent. Designer drugs also are appearing more frequently in Mexico, Dr. Guisa noted, and there are concerns that risk factors for HIV infection are increasing as well.

Drug dependency clearly has complex causes, so our management of the problem demands a complex response.

Dr. Guisa stressed the importance of health teams being well informed about the complications of drug use, the importance of early diagnosis, and the need for specialized treatment. Because substance abuse has a complex etiology, he stressed the importance of studying genetic, biochemical, neurophysiological, and socioenvironmental factors. As he noted, there are now multi-modality treatment alternatives that can be applied by multidisciplinary teams to achieve successful treatment outcomes. Given that drug use is multifaceted, he indicated that treatment approaches must be similarly multidimensional. Psychiatrists, psychologists, social workers, educators, religious leaders, and anthropologists can all contribute to effective treatment, he claimed.

Dr. Guisa asserted that both emergency treatment for abstinence syndromes and specialized long-term treatment programs are needed. Treatment should include the use of medications to counteract the effects of drugs or other factors contributing to their use (e.g., depression and anxiety). He also called for drug maintenance programs to replace illicit drugs with controlled substances (e.g., methadone for street opiates) and claimed that treatment should increasingly include techniques to improve family and social function, residential treatment, community therapy, and self-support elements. Drug dependency clearly has complex causes, Dr. Guisa stressed, so our management of the problem demands a complex response.

Prevention

Dr. Gilbert J. Botvin

Professor of Public Health and Psychiatry, Director of the Institute for Prevention Research, Cornell University Medical College, Department of Public Health, USA

Over the past 20 years, Dr. Botvin noted, we have learned much about the etiology of drug abuse, about risk and protective factors, and about how drug abuse progresses. We also have learned a great deal about prevention. In this regard, he noted three critically important points:

1. Drug prevention works when conducted under the right conditions using appropriate, research-based models and carefully implemented programs.

2. These programs can substantially reduce drug use, sometimes by as much as half, and their effects are persistent.

3. There is a serious gap between our research findings and prevention practice.

Dr. Botvin pointed out that phased studies up to and including large-scale, randomized, controlled studies have been conducted and published in the leading scientific journals. In his view, these studies reveal that providing drug information alone does not work, nor do "scare tactics." However, we persist in using both these approaches, he said. A focus on social influences promoting drug use, he claimed, especially when combined with approaches enhancing general competency, does work. He noted that studies in the United States and elsewhere show that it is possible to decrease the use of tobacco and alcohol as well as marijuana and other illicit drugs. Moreover, these programs can be effectively implemented by regular classroom teachers, adult program providers, or peer leaders in school and classroom settings.

Dr. Botvin summarized what has been learned in this area. Accordingly, the critical period for onset of drug use in the U.S. is preadolescence and adolescence. Prevention, therefore, must begin in middle or junior high school, he claimed. Prevention strategies must focus on teaching drug resistance skills to children to enable them to resist using drugs and avoid high-risk situations. Making children aware that drug use is not the norm they often believe it to be is also important, he stated. So is teaching personal self-management skills and general social skills.

Dr. Botvin recalled that for years in the U.S. a distinction was made between so-called legal substances such as tobacco and alcohol and illegal ones such as marijuana. More recently, however, within the past 10 years, he said, there has been a recognition that use of any of these substances is all part of a general context of addictive behaviors. As Dr. Denise Kandell and others have found, children who initially start with alcohol and tobacco often move on to marijuana and other illicit drugs. Apart from their role as "gateway" drugs, Dr. Botvin claimed that cigarettes are a more serious public health problem, from the standpoint of morbidity and mortality, than the use of illicit drugs. He pointed out that prevention efforts targeting cigarette smoking were also found to be effective in dealing with alcohol and marijuana use. This, and the recognition that all these problems are interrelated and involve similar risk and prevention factors, led to the development of a prevention approach that targets all of them.

Drug prevention works when conducted under the right conditions, using appropriate research-based models, and carefully implemented programs.

Rather than focusing on the least we can do to be effective, Dr. Botvin argued that we must recognize the importance of continuing efforts that begin with at least 12 to 15 treatment sessions in the first year. One-, two-, or three-session programs simply do not work, he claimed. Even with a much larger number of sessions, at least two years of booster interventions are also needed. Dr. Botvin stressed that programs must also accurately conform to the

model and be "user friendly." That is, he claimed, teachers and students must find them interesting and workable in the real world. He also emphasized the need for quality control to prevent "program drift." By that he meant the gradual adulteration of program content by the introduction of extraneous material or the reduction of essential elements.

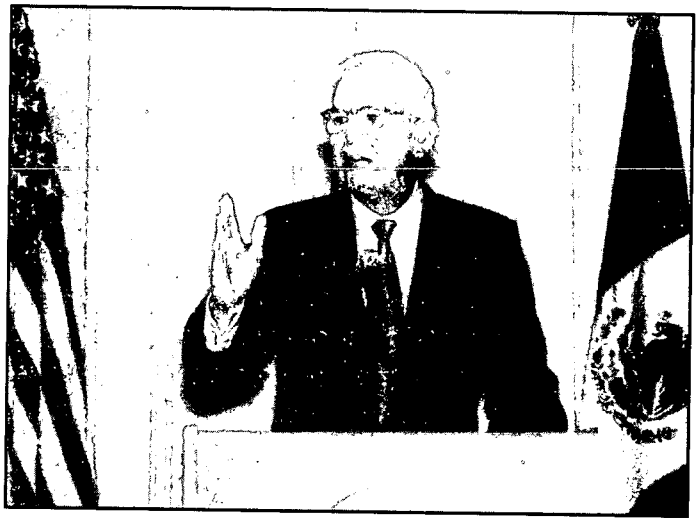
Dr. Botvin pointed out that the life-skills training approach designed to enhance adolescent competence, coupled with enhancing drug resistance skills, has reduced drug use generally by 50 to 60 percent and sometimes by as much as 87 percent, with effects lasting at least 6 years. He stated that young adults aged 23- to 24-years-old are presently being studied to determine whether these programs have longer lasting effects. Thus, for the first time, he claimed, drug prevention will not need to rely on guesses and wishful thinking but can be based upon carefully conducted research. In closing, he asserted that we now need to close the gap between the research-based techniques and actual practice.

Mr. Jesús Cabrera Solís
Director General, Youth Integration Centers, Mexico

Mr. Cabrera began by emphasizing that since the U.S. and Mexico agree that drug problems have both supply and demand components, the two nations need to develop actions and policies that focus on both keeping drugs from people and people from drugs. In the immediate and long term, he claimed, we must reduce demand using both specific and nonspecific measures. As he pointed out, nonspecific means include education generally, health education specifically, and the reinforcement of the importance that good health plays in our lives. Specific prevention aims toward complete abstinence from using drugs. Both means reinforce drug-free lifestyles and the capacity to achieve a drug-free community.

We need to develop actions and policies that focus on both keeping drugs from people and people from drugs.

According to Mr. Cabrera, the last national survey conducted in Mexico in 1993 indicated that 75 percent of its children over age 10 have a smoking problem, while 10 percent have an alcohol problem. However, 99.6 percent do not have a problem with illegal drugs, he claimed. Less than one percent—only 0.4 percent of Mexican children—reported use of illegal drugs in the previous year. However, 90 percent of 50,000 patients treated for drug abuse had begun using these drugs between the ages of 10 and 12. Thus he asserted that all programs must address drug use in children under 10 and especially those between 10 and 15 years old living in high drug-risk areas. Drug prevention should also include an emphasis on sports, recreational activities, and other skill development through agencies not necessarily directly involved in drug prevention. He also noted that the survey to be conducted this year is expected to show an increase in both the frequency and magnitude of drug use in Mexico.



In terms of prevention research, Mr. Cabrera suggested that we need to reduce risk factors, increase protective factors, and identify which of these are most important for specific groups. We also need valid and statistically reliable, quantitative data that are not inflated, as well as diagnostic information that will enable us to identify high-risk areas at both the neighborhood and community levels.

Mr. Cabrera maintained that the U.S. and Mexico must adhere to the best scientific models available. We

must also work to assure that our operational staffs adhere to those models. Prevention programs and the models on which they are based must correspond closely, he stated. The technical quality and the quality of interpersonal services must also be high, and these aspects must be monitored in terms of treatment outcome and behavioral changes that occur both mid- and long-term.

Mr. Cabrera stressed that the assembled conference work groups must also consider the relevance of public information and media dissemination to the groups being targeted. It is important to show the general public that international and interagency bi-national efforts can have a significant impact on drug abuse and addiction.

In the workplace, he claimed that we should be concerned about possible drug-abuse risks and about ways to encourage healthy family interactions that reduce the likelihood of drug use. We should be especially concerned about employees in public transportation and public safety, he noted, and the possible added risk posed by drug abusers in those areas.

With respect to AIDS, Mr. Cabrera stated that both the U.S. and Mexico should be concerned about efficient reduction of high-risk behavior. Outreach to high-risk injection drug users should be included in these efforts, he noted. Antagonist and substitute-drug programs that reduce high-risk drug behavior also need more emphasis. He called for more warnings about the traumatic consequences of drug-related domestic violence and, in particular, the drug-related psychological, physical, and sexual abuse of children. There is a need, he claimed, to emphasize the early detection of psychiatric co-morbidity and to consider possible legislative actions to help reduce alcohol, tobacco, inhalant, and other drug abuse such as stricter law enforcement and laws to discourage drug abuse by drivers. Finally, Mr. Cabrera suggested that we should consider legislative changes to reduce the violent content in mass media that may also contribute to deviant behavior and drug abuse.

Public Awareness, the Media, and Information Dissemination

Mr. Daniel Schecter

Assistant Deputy Director/Acting Deputy Director,
Office of Demand Reduction,
Office of National Drug Control Policy, USA

Mr. Schecter first outlined the National Anti-Drug Youth Media Campaign, a program he predicted would change the landscape of the drug problem in the United States. Over the past 15 to 16 years, he stated, the U.S. has cut the rate of drug use in the general population by half. Cocaine use has been reduced by over two-thirds, he claimed; however, some rates of drug use began to increase in 1991 and 1992. For example, he pointed out that marijuana use, while still well below its historically highest levels, tripled among eighth graders between 1991 and 1996. Starting in 1991, there was also a reduction in children's perceived risk of their drug use. This has been described as a kind of "generational forgetting," Mr. Schecter noted—that is, each new generation has to relearn the lessons of the previous generation.

Each new generation has to relearn the lessons of the previous generation.

Mr. Schecter claimed that there has been a marked decrease in the frequency of anti-drug public service announcements in the mass media. Fewer ads are being shown on TV, he said, and these ads are less likely to be shown during prime time. Related to this, he assailed the increasingly benign attitude toward drug use in movies and on TV. He further noted that within two blocks of the conference hotel, one could buy T-shirts featuring marijuana leaves.

To combat these forces, Mr. Schecter offered the words of novelist Flannery O'Connor: "Sometimes it is necessary to push very hard against the age in which you live." The National Youth Anti-Drug Media Campaign is

intended to do just that, he argued, noting that the U.S. Congress appropriated $195 million for this campaign in 1998. He stressed that this campaign not be viewed as a one-time initiative, but as part of a long-term, five-year effort. It affirms, in his view, on a nonpartisan basis, that prevention can and does work. This campaign focuses on children ages 9 to 18. The group experts agree that this should be the major target. Sixty percent of ONDCP's resources are directed toward this group, he noted, with the other 40 percent directed toward parents and other adults who influence youth. The goal, he claimed, is to make drugs less acceptable and to increase the perception of their risk.

Mr. Schecter noted that this is the first paid anti-drug media campaign on such a large scale in U.S. history. It is also the product of a public-private sector partnership. As he explained, the Partnership for a Drug Free America together with the Advertising Council are providing the ads on a cost-free basis in cooperation with the networks, magazines, and newspapers.

Mr. Schecter praised the extensive planning that has gone into this effort, noting that 30 youth-focus panels and the nation's leading researchers in prevention and communications advised ONDCP on how to structure this campaign. It is a truly comprehensive effort in that it includes the Internet, where pro-drug messages are so often seen. Other mass media, billboards, magazines, classrooms—every type of media that can have impact—are included as well.

As Mr. Schecter explained, the first part of the campaign, a test phase limited to 12 cities, began in January 1998; the campaign will go national in July 1998. He concluded by showing film clips of the campaign's content in English and Spanish.

Ms. Carmen Millé

Director of Information and Training, National Council on Addictions (CONADIC), Ministry of Health, Mexico

Ms. Millé described Mexican efforts to utilize mass media to deter drug abuse. As she explained, the group CONADIC is trying to reach is a very large one: all those at risk of potentially engaging in the social and experimental use of drugs. Its goal, she claimed, is to get those persons to decide not to try drugs.

The message itself must be coherent and adhere to the values and norms of the individual's social group.

Ms. Millé pointed out that the decision to try drugs has both rational and nonrational behavioral components. Rationally, she commented, knowledge, prior experience, observation, the environment, and personal analysis all play a role in weighing the advantages and disadvantages of drug use, including possible gratification and harm that may result from use. She noted that, unfortunately, nonrational components also enter into the drug-use decision, including aspects that are termed social representations: the assumptions, prejudices, beliefs, and expectations of the potential user's group and the social traditions of that group. Nonrational components are the most important factors in making the drug-use decision, she noted; therefore messages concerning drug use must include both rational and nonrational aspects. She also argued that prevention programs in schools, the community, and the family—in all areas of social coherence—must take both the rational and nonrational aspects into account.

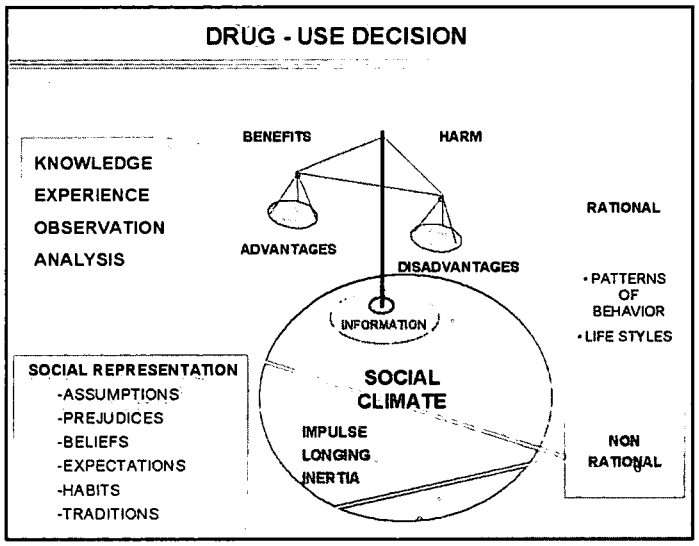
According to Ms. Millé, the message itself must be coherent and adhere to the values and norms of the

individual's social group. It must also be congruent with the behavioral patterns and lifestyle of the individual because these aspects are relevant to the anticipated benefits of drug use. She further claimed that the message source must have credibility and moral authority, given the involvement of nonrational concepts. For this reason, she stated, the target population must be well defined, specific, and very interested in the problem.

Ms. Millé stressed that drugs are of wide interest, and the product we sell through media campaigns must maintain the interest of the consumer. Thus, the channels used to address drug abuse must be multiple, and there must be more than just one message in the media. She maintained that different mechanisms such as face-to-face prevention efforts that include outreach and other means of reaching the target population are needed. If the message meets these criteria, she claimed, it will focus more attention on the issue and achieve a greater level of awareness among the intended groups. Further, if the target groups' expectations are positive, and positive attitudes, behaviors, and customs are reinforced, a slight change may be expected. However, if these groups have negative expectations, she noted that two things may happen: there may be open rejection of the message because it was not clearly conveyed, or the message may be blocked because the recipients do not associate it with anything they expected from the media.

Ms. Millé cited some data from a survey by the Mexican Institute of Psychiatry in Mexico City dealing with middle school students' social perceptions of marijuana and cocaine. As she explained, only 2 percent of this student cohort felt that marijuana use was not dangerous; the remainder felt it was either dangerous or very dangerous. Similarly, only 1 percent perceived heroin and inhalants as not dangerous. The majority of the students surveyed perceived that their parents, teachers, and other adults, felt students should not use drugs (94 to 98 percent). Further, most peers and best friends (87.5 percent) considered it bad to use drugs. Given these generally negative perceptions that drug use is dangerous and undesirable, Ms. Millé noted that campaigns that further strengthen this perception are desirable. Such campaigns can also emphasize to youth that their peers strongly disapprove of drug use.

Ms. Millé concluded that if research in other parts of the country yields similar findings to those in Mexico City, it would not be very productive to use a *"just say no"* type campaign in Mexico. She noted that in Mexico's general



population, peer disapproval is stronger than pressure to use illicit drugs; however, this may not be true among more marginalized persons or youth dropouts, for whom the problem of drug addiction may already exist. Ms. Millé stressed that it is also important to modify general perception of, and reinforce the distinction between drug intoxication and addiction. These are often discussed as though they are the same, she stated, yet they are actually two different kinds of problems, which must be addressed differently. In doing so, she emphasized the importance of talking about the drug problem based on well-founded information. To the extent that the prevention community is able to do so, she concluded, we can deal with the problem more rationally and comprehensively.

Two major keynote addresses were given at the Bi-National Demand Reduction Conference, one at the luncheon on March 19th, the other at the banquet that evening. The following section summarizes those two speeches. The luncheon speaker, introduced by General McCaffrey, was Dr. Nelba Chavez, the Administrator of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. Dr. Chavez encouraged her audience to see that reducing drug abuse requires loud and clear messages at home, at school, and at work from leaders on both sides of the border. The banquet speaker, introduced by Ms. Haydée Rosovsky, was Mr. Jesús Cabrera Solís, Director of the Youth Integration Centers in Mexico. As Mr. Cabrera pointed out, the Centers provide health care services while offering an array of social services addressing the problems of drug addiction in the Mexican community.

Dr. Nelba Chavez

Dr. Chavez began by noting that no two countries are working together on more important issues, with a more direct effect on the lives of their citizens, than are Mexico and the United States. She further stated that no work our two nations are doing together is more important than this conference. Addressing the first Alliance Point in our shared Bi-National Drug Strategy, she claimed, is basic to mutual progress in combating the drug problem. This Alliance Point stresses the need "to enhance anti-drug information, intensify educational efforts, and build on our rehabilitative programs." She explained that the multiple workshops being held at the conference were designed to encourage this very diverse group of attendees to focus on equally diverse areas such as community participation, youth, special populations, HIV and AIDS risk, public information and awareness, drug prevention, involvement of the business community, and innovative programs in the workplace.

Dr. Chavez noted that drug abuse is a public health problem that knows no national boundaries. She contended that it is on the border that we most need to mount a crusade against it. To that end, she explained, SAMHSA is currently spending $350 million along the southwest border. She cited the group Alviane, which means "to heal," as an example of a treatment provider SAMHSA is helping to serve migrant populations in five remote west Texas counties. SAMHSA is also supporting prevention initiatives to translate and disseminate educational materials through bi-national workshops that train community leaders on substance abuse, she said, while other projects administer school-based surveys in border sister cities. In her view, these projects, like this conference, are the "seeds," for growing public health solutions, based on mutual collaboration and consistent, culturally appropriate strategies.

Dr. Chavez emphasized that reducing drug abuse is not a single-shot effort. It requires loud and clear messages at home, at school, and at work from leaders on both sides of the border. She maintained that it is also important that substance abuse services be made available to all who need them. Further, increasing the cultural competence of those who provide those services is important to that effort. As she noted, drawing on our own experiences to meet personal crises can contribute to building better public health resources to cope with drug abuse. She cited the example of tree growth to suggest that a tree survives during a prolonged drought by strengthening its root system; this ensures more rapid growth later when conditions improve. Similarly, she claimed that this conference provides a similar opportunity to strengthen our roots in a time of trouble to provide more enhanced opportunity for growth and development.

Mr. Jesús Cabrera Solís

Mr. Cabrera described his program and its outcomes. He explained that the Youth Integration Centers are primarily state-sponsored civilian organizations, whose primary objective is to provide health care through offering such social services as prevention, treatment, rehabilitation, training, and research concerning the problem of drug addiction in the Mexican communities.

According to Mr. Cabrera, the Centers' 29 years of experience in this area have allowed them to develop and consolidate a holistic approach to the drug problem. As he pointed out, there are currently 52 regional centers, 10 offices, 2 training units, and 4 clinical projects located at strategic points throughout Mexico. The staff of 1,131 consists mainly of mental health professionals who provide interdisciplinary services and who are supported by a network of more than 10,000 volunteers. During 1997, Mr. Cabrera noted, the Centers provided 246,000 sessions to more than two million people. More than half of those (56 percent) were provided primary prevention services; 43 percent received awareness and direct promotion of services; and the remaining 1 percent received treatment and rehabilitation services. Professional staff saw about half of those served, he noted; the other half were seen by volunteers who mostly work in primary prevention and promotion. Most clients (92 percent) received information, 7 percent received guidance, and the remaining 1 percent received training. The Centers' community participation components involved more than 900,000 people who collaborated in activities designed to promote public health. The Centers placed a great deal of emphasis on reports to the community; presentation of research, books, and forums; and meetings of volunteers and health workers.

Mr. Cabrera stated that some 28,000 people have received therapeutic services through the Youth Integration Centers, almost all (99 percent) on an outpatient basis. The remaining 1 percent were hospitalized and received a range of treatment services. Nearly half (46 percent) of those assisted on an outpatient basis were substance abusers; the remainder were family members of substance abusers. A preconsultation visit was used to determine motivation for treatment, treatment expectations, and to promote awareness of clients' problems as well as ensure active participation in treatment, he pointed out. Two-thirds of the more than 12,000 drug users seen were classified as drug-dependent abusers, 28 percent as experimental or social users, and only 3 percent as repeat offenders. Four out of five were assisted in individual therapy; 30 percent participated in family therapy, while 20 percent were involved in group therapy. As appropriate, Mr. Cabrera explained, some cases received pharmacotherapy. Of the 2,700 Center "graduates," half (52 percent) reported being improved and cut short their treatment, a third obtained partial discharge, and 15 percent were discharged following improvement.

Lastly, Mr. Cabrera pointed out that of the 308 Center patients who were hospitalized, two-thirds were admitted to residential treatment. Of these, two-thirds experienced a total remission of drug abuse-related symptoms, a fifth had partial remission, and the remainder (16 percent) voluntarily withdrew from treatment. The other third of the patients who were hospitalized received treatment for drug overdoses and withdrawal and were then seen on an outpatient basis. Forty-four percent of those achieved full remission of symptoms, 47 percent achieved partial remission; and the remaining 9 percent did not complete treatment because of rule violations.

Drug Abuse Research: Science for Policy and Practice

Summary of Presentations

Moderator: Mr. Daniel Schecter
Assistant Deputy Director/Acting Deputy Director for Demand Reduction
Office of National Drug Control Policy, USA

Dr. Donald R. Vereen

Medical Officer, Office of the Director,
National Institute on Drug Abuse,
Department of Health and Human Services, USA

Dr. Vereen began by stating that the conference attendees' joint mission is to bring the power of scientific research to bear on drug abuse and addiction. Science, he claimed, has brought us to an unprecedented understanding about drug abuse and addiction, which has revolutionized our view. As this research indicates:

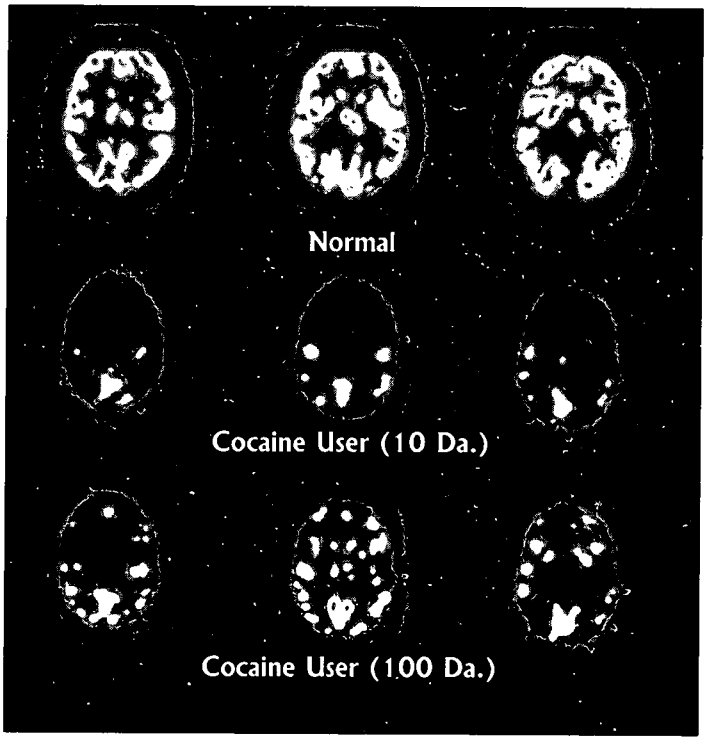
1. Drug abuse is a preventable disease, and

2. Addiction is a treatable disease.

As Dr. Vereen noted, users report they take drugs to feel better, to self-medicate, to relieve depression, and in response to peer pressure. In reality, he explained, from the standpoint of neurophysiology, they are stimulating the striatum, two crescent-moon shaped areas in the middle of the brain, that are sometimes called the "pleasure center." Preventing experimentation with drugs that stimulate this pleasure center is our joint objective, Dr. Vereen told the audience. The long-range, joint objective, he claimed, is to emphasize protective factors and resiliency.

Drug abuse is a preventable disease, and addiction is treatable.

Dr. Vereen's second major point was illustrated by slides he showed of images of the brain under normal conditions and while under a drug's influence. The point was that addiction is a brain disease that affects complex behavior and thinking, particularly the functioning of the brain's frontal lobes. After a period of abstinence, he explained, visible recovery occurs. He stressed, however, that the brain can function abnormally even when there are no obvious structural changes. He also emphasized the possible molecular, subcellular brain activities affected by drugs. Although this is a simplified model, Dr. Vereen noted that treatment efforts make it clear that the brain can be changed by pharmacological and behavioral interventions.



Using research as a tool is an innovation, but research-based innovation need not be to the detriment of community-based efforts.

Addiction is not simply a brain disease, Dr. Vereen indicated. It is a brain disease expressed behaviorally within a social context. Thus, he stressed that the motivation for use, treatment, and long-term recovery must also occur within this context. The National Institute on Drug Abuse,

he claimed, is committed to doing research on all these levels. It is also committed to having research data replace ideology as the basis for what we do about drug abuse and addiction. He proffered that, while there is no magic bullet, we must all sing the same song, and it must begin with research.

Although understanding the brain's reward system is important, Dr. Vereen stressed that we must be careful to recognize that this system is not the only thing playing a role in drug abuse and addiction. The reward system also operates within a context; understanding the system and the context in which it operates can help us to better understand addiction and the underlying motivation for taking drugs in the first place.

It is important to say that using research as a tool is an innovation, but research-based innovation need not be to the detriment of community-based efforts which are also being supported. The challenge is to evaluate what we are doing to make a difference and to determine its effectiveness. Research and community-based efforts need to work together as we look forward to working with all of you.

Dr. Silvia L. Cruz

Professor Titular, Center for Research and Advanced Studies, National Polytechnic Institute, Mexico

Dr. Cruz began by noting that basic biomedical research is a key component of efforts to improve our comprehension of drug addiction. As she explained, it allows us to understand better both the mechanisms of action and the health hazards of abused drugs. Although the ultimate goal of basic investigation is to apply the knowledge achieved in the laboratory to humans, she stated that most research is performed using experimental animals. Drug effects are also studied at different levels, she claimed, from nucleic acids to whole organisms. Moreover, based on our knowledge of drug effects, the demand for drugs can be reduced through prevention programs that warn populations about drug hazards. Similarly, it is becoming a common practice to incorporate pharmacological tools into comprehensive drug-abuse treatment programs. Dr. Cruz asserted that basic research can also influence drug production and suggested that a clear example is provided by inhalants. A better understanding of their mechanisms of action could lead to the identification of less toxic substances that would be used in commercial products, she said.

Based on our knowledge of drug effects, the demand for drugs can be reduced through prevention programs that warn populations about drug hazards.

Dr. Cruz also pointed out that research concerning the effects of different drugs of abuse has been done in Mexico for more than two decades. For historical reasons and because of particular interest in her country, she noted that special attention has been paid to two groups of drugs: opioids and inhalants. This research has been strengthened by Mexican-American collaboration. Such interactions, she stressed, are very useful and should be promoted in the future.

Dr. Donald Goldstone

Director, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, USA

Dr. Goldstone first provided an overview of SAMHSA's National Household Survey on Drug Abuse. This survey, he noted, was designed to provide a broad epidemiological picture of drug abuse in the general population of the United States and has been conducted annually since 1971. He briefly discussed the survey's history, limitations, recent findings, and probable future directions.

As perceived risk of drug use diminishes, use tends to increase, and in recent years the perceived risk of cocaine use, for example, has decreased.

As Dr. Goldstone noted, in the beginning, the Survey was conducted rather inconsistently in that the time of the year, the intervals between surveys, and the sizes of the samples all varied. The household survey was designed to provide a national probability sample using actual household interviews in which sensitive data were collected anonymously. The survey also included sociodemographic data on the participating families as well as some limited behavioral data (e.g., a few questions about criminal behavior).

Dr. Goldstone highlighted the Survey's 1996 data (the table has since been updated to reflect the 1997 Survey data). He noted that an estimated 4.7 percent of the U.S. population used marijuana, and another 1.4 percent were using other illicit drugs but not marijuana. Furthermore, drug use declined from 1979 to 1996. Although drug use among youth increased from 1992 to 1995, there was a decrease in use, primarily among those aged 12 to 15, from 1995 to 1996. However, Dr. Goldstone claimed that the picture presented by perceived risk may be less sanguine. As perceived risk diminishes, he noted, use tends to increase and in recent years the perceived risk of cocaine use, for example, has decreased.

Dr. Goldstone stated that several significant changes are now under way to make the survey more sensitive to drug trends. For example, the size of the sample, beginning in January 1999, will increase sharply—from 19,000 to 69,000 households (i.e., 69,000 respondents). Moreover, samples in each of the eight largest states will include 3,700 respondents; for the rest of the country, the sample will be 900 per state. The total sample in each of the three age categories (12 to 17, 18 to 25 and over 25 years) will be 23,000. The larger the samples, the more accurate estimates of overall use.

In the year 2000, he noted, a second major change is planned: a computer-assisted, personal interview will be used, which will result in overnight data transfer and a higher quality data set. An audio computer-assisted technique will also be used to ask questions in sensitive areas and increase the validity of responses. The third major change will be in the content of the questionnaire. According to Dr. Goldstone, information solicited will cover such areas as insurance coverage, treatment, and prevention as well as respondents' antisocial behavior.

Although the household survey is a useful indicator of trends, Dr. Goldstone pointed out that it has some limitations. It is focused, for example, on the general population living in households. Thus, he explained, it does not include institutional populations (e.g., prisoners), children under the age of 12, and those unlikely to be found in household units (e.g., the homeless). Moreover, not everyone tells the truth, making absolute information uncertain. Nevertheless, he claimed that the household survey is a useful indicator of trends and an important part of an increasing effort by government to obtain objective data by which progress in solving the drug problem can be more accurately gauged.

See next page for excerpt from 1997 U.S. National Household Survey on Drug Abuse

Trends in Percentage of Respondents Age 12 and Older Reporting Drug Use in the Past Month: 1979-1997

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996	1997
(Unweighted N)	(7,224)	(5,624)	(8,021)	(8,814)	(9,259)	(32,594)	(28,832)	(26,489)	(17,809)	(17,747)	(18,269)	N/A
Any Illicit Drug Use[1]	14.1	—	12.1	7.7	6.7	6.6	5.8	5.9	6.0	6.1	6.1	6.4
Marijuana/hashish	13.2	11.5	9.7	6.2	5.4	5.1	4.7	4.6	4.8	4.7	4.7	5.1
Cocaine	2.6	2.4	3.0	1.6	0.9	1.0	0.7	0.7	0.7	0.7	0.8	0.7
Crack	—	—	—	0.3	0.3	0.3	0.2	0.3	0.2	0.2	0.3	0.3
Inhalants	—	—	0.6	0.4	0.4	0.4	0.3	0.3	0.4	0.4	0.4	0.4
Hallucinogens	1.9	0.9	1.2	0.6	0.4	0.5	0.4	0.4	0.5	0.7	0.6	0.8
Heroin	0.1	0.1	0.1	*	*	*	*	*	0.1	0.1	0.1	0.2
Nonmedical use of any psychotherapeutic[2]	—	—	3.8	2.1	1.7	1.9	1.5	1.5	1.2	1.2	1.4	1.2
Stimulants	—	—	1.8	1.2	0.6	0.4	0.3	0.5	0.3	0.4	0.4	0.3
Sedatives	—	—	0.5	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1
Tranquilizers	—	—	2.2	1.3	0.6	1.1	0.8	0.6	0.5	0.4	0.4	0.4
Analgesics	—	—	1.4	0.7	0.9	0.8	0.9	0.8	0.7	0.6+	0.9	0.7
Any illicit drug other than marijuana[1]	—	—	6.1	3.4	2.7	3.0	2.4	2.4	2.3	2.6	2.7	2.6
Alcohol	63.2	56.6	60.2	54.9	52.6	52.2	49.0	50.8	53.9	52.2	51.0	51.4
"Binge" Alcohol Use[3]	—	—	20.2	15.0	14.4	15.5	14.5	14.6	16.5	15.8	15.5	15.3
Heavy Alcohol Use[3]	—	—	8.3	5.8	6.3	6.8	6.2	6.7	6.2	5.5	5.4	5.4
Cigarettes	—	—	38.7	35.3	32.6	33.0	31.9	29.6	28.6	28.8	28.9	29.6
Smokeless Tobacco	—	—	—	3.9	3.9	3.7	4.0	3.2	3.3	3.3	3.2	3.2

*Low precision; no estimate reported.

— Estimate not available.

NOTE: Estimates here for 1979 through 1993 may differ from estimates for these survey years that were published in other NHSDA reports. The estimates shown here for 1979 through 1993 have been adjusted to improve their comparability with estimates based on the new version of the NHSDA instrument that was fielded in 1994 and subsequent NHSDAs. See Appendix E for further discussion of adjustment procedures.

NOTE: Estimates for "binge" and heavy alcohol use in this table differ from the corresponding estimates in Chapter 7 because of different treatment of missing values. In the present table, respondents who had a missing response to the item "In the past 30 days, on how many days did you have five or more drinks on the same occasion?" were excluded from the analysis. Conversely, in Chapter 7, those who had a missing response on this days of use item were essentially treated as non-binge or non-heavy users.

[1] Any illicit drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any illicit drug other than marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who have also used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter-drugs.

[3]"Binge" alcohol use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all heavy alcohol users are also "Binge" alcohol users.

+Difference between estimate and 1996 estimate is statistically significant at the .05 level.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1979-1997

Dr. María Elena Medina-Mora
Director, Social and Epidemiological Research, Mexican Institute of Psychiatry, Ministry of Health, Mexico

Dr. Medina-Mora's presentation, entitled "Drug Use in Mexico—Lessons from the Epidemiological and Psychosocial Study," described the use and abuse of, as well as dependence on, mind-altering drugs in Mexico. It was based on epidemiological studies carried out during the last 20 years by various Mexican research institutions.

As Dr. Medina-Mora noted, while drug abuse is a problem in most countries, local social and cultural differences exist. The studies she discussed used the same methodology used internationally, which included general public surveys, student surveys, surveys of other populations, surveys of various information systems. She explained however, that other methods have also been developed to approach difficult groups and to discover the environments in which drug use occurs.

The increase in substance abuse in Mexico is largely due to cocaine use.

According to Dr. Medina-Mora, the available data indicate that the spectrum of drug abuse and dependency in Mexico is changing in the following ways: (1) increased use of cocaine, (2) the appearance of designer drugs, (3) increased risk of heroin use by some groups, (4) increased alcohol abuse among adolescents, and (5) increased drug use by women in rural areas. The increase in substance abuse in Mexico is largely due to cocaine use. She explained that in Mexico City cocaine use among abusers of drugs who were followed had increased from 4 percent in 1986 to 39 percent in 1996. She noted that Mexico's Youth Integration Centers, which treat youthful abusers, found a corresponding increase in cocaine abusers, from 12 percent in 1990 to 46 percent in 1996. She also pointed out that, according to data from the National Addictive Disease Control Monitoring System, in 1991, 6 percent of those who abused cocaine had begun with it; however, by 1997 this figure had increased to 16 percent.

Dr. Medina-Mora also warned of the dangers of new drugs such as Refractyl Ofteno. This intoxicating drug first appeared in Mexico City in 1995, she noted. Other drugs used for medical treatments, such as Flunitareparm, are also increasingly being abused: the number of times known drug users reported using this drug rose from 16 reported cases in 1988 to 105 cases in 1994. Further, drugs such as amphetamines are also appearing on the Mexican market.

In closing, Dr. Medina-Mora noted that studies carried out among adolescents have suggested that the risk of drug use rises when: teenagers believe their friends would approve or be indifferent to their using drugs; they do not fully understand the risks; they have emotional problems manifested by depression and suicidal thoughts; they have behavioral problems (e.g., using weapons to rob or selling drugs).

Work Group Reports on Demand Reduction
Summary of Overview, Discussion, and Recommendations

Research Cooperation and Exchange of Technical Information

Facilitators:

Dr. Patricia Needle, USA
Acting Director, International Program Office of Science Policy and Communication, National Institute on Drug Abuse

Dr. María Elena Medina-Mora, Mexico
Director, Social and Epidemiological Research, Mexican Institute of Psychiatry, Ministry of Health

Presenters:

Dr. Zili Sloboda, USA
Director, Division of Epidemiology and Prevention Research, National Institute on Drug Abuse

Dr. Silvia L. Cruz, Mexico
Professor Titular, Center for Research and Advanced Studies, National Polytechnic Institute

Overview:

Dr. Sloboda opened this session by noting that cultural differences exist both within and across the U.S. and Mexico, and that those differences must be taken into account. At a previous 1995 joint meeting with Mexican researchers, she recalled, there was an emerging awareness that neither U.S. nor Mexican society is homogeneous. Although that meeting emphasized ideas, she explained that a specific, integrated research agenda was lacking. Such an agenda, she claimed, should range from basic research to studies of prevention and treatment. She also stressed that basic researchers need to be involved in other areas of research. In particular, she emphasized the need to refine measurements, to develop enduring infrastructures to ensure institutional continuity, and to facilitate the use of common measures and comparable statistical methods. In her view, the training of researchers and the development of the means to ensure continuing financial support of joint research efforts are vital concerns. For the first time, she noted, policy makers are talking about policy decisions being informed by research. She encouraged the attendees at this meeting to begin thinking about how this can be done most effectively. Lastly, Dr. Sloboda emphasized the need to continue to organize small working meetings of scientists annually to ensure that a long-term commitment to cooperative international research becomes a reality.

Dr. Medina-Mora added that it was not the first time researchers from both countries had gotten together to exchange experiences and share interests; some cooperation had already been undertaken, part of which had a long history. She suggested that in order to ensure continuity, specific actions should be decided upon and volunteers to pursue the work should be appointed. This suggestion was accepted by the participants.

Similarly, Dr. Cruz stressed the need to encourage not only institutional cooperation but also the kinds of person-to-person cooperation required to allow the more abstract institutional objectives to be achieved.

Discussion:

The discussants identified several key priority research topics in the course of this session. For example, they noted that culture must be studied within the context of community institutions. They also claimed that the research agenda must focus on the wide variation in drug abusers ranging from heroin to marijuana users. They felt that the conference attendees must develop comparable conceptualizations of the drug problem as well as comparable measures that permit meaningful epidemiological and other research comparisons.

The need to develop valid and reliable cross-cultural attitudinal measures was also noted, as was the need to look at resiliency, or protective factors, particularly those in Mexican culture, that appear to result in children remaining drug free. At the same time, they suggested that it would be useful to do adaptation research to study the impact of cultural changes that affect drug use.

The discussants posed that it is necessary to define "demand" more adequately and to do research on emerging drugs and how their street prices affect demand in order to make better policy decisions. Research currently under way and planned by non-governmental and community organizations, they noted, should be tracked through an international database, which should include the funding agencies that are supporting this kind of work. This would capitalize on existing research infrastructures along the border, they explained.

Culture must be studied within the context of community institutions.

The discussants also acknowledged that Federal governments will not be able to support all of the work that is needed: thus, the support of State and local governments, community organizations, and private research foundations must be enlisted.

The exchange of technical information and its utilization, the discussants noted, can be facilitated in many ways. They mentioned specific activities to improve bi-national communication and suggested forming working committees to initiate them. These included plans to establish a Web site and a peer-reviewed electronic journal for the exchange of research information. An annual bi-national symposium was also considered. In each of these areas, individuals were identified to initiate contacts and to begin planning. Plans were also discussed to encourage professional development activities such as training for pre- and postdoctoral students, exchange visits among researchers, etc.

Another suggested initiative called for increasing the bi-national exchange of technical information and data, beginning with the exchange of code books, data, and instruments of existing research. An additional step would involve establishing a collaborative, bi-national public health research agenda for demand reduction policy and practice. The group also supported bi-national prevention-program planning and evaluation design in community-based organizations, through collaborative training and technical assistance.

Recommendations:

To strengthen and enhance bi-national cooperation on research and evaluation to reduce demand for illicit drugs, this work group recommended:

- Improving bi-national communication about and knowledge of existing research by researchers, policymakers, and practitioners.

- Increasing bi-national exchange of technical information and data.

- Establishing and implementing a collaborative, bi-national public health research agenda for demand reduction policies and practice.

- Supporting prevention program planning and evaluation in community-based organizations through collaborative bi-national training and technical assistance.

- Assuring adequate and stable bi-national funding to meet the objectives of the required research on the demand reduction strategy.

Public Information and Awareness

Facilitators:

Ms. Judy Braslow, USA
Deputy Director, Office of Policy and Program Coordination, Substance Abuse and Mental Health Services Administration

Mr. Javier Urbina Soria, Mexico
General Director of Health Promotion, Ministry of Health

Presenter:

Mr. Roger Pisani, USA
Consultant

Ms. Carmen Millé, Mexico
Director of Information and Training, National Council on Addictions, Ministry of Health

Overview:

Mr. Pisani's presentation clearly demonstrated the powerful impact of a well-organized advertising campaign in promoting a given strategy. He stressed the following salient issues related to public information and awareness: advertising campaigns can be effective prevention tools if properly done; the U.S. and Mexico should immediately increase efforts devoted to prevention and demand reduction campaigns; the participation of a variety of types of experts (e.g., media, prevention, research, and evaluation) is critical to program success; and campaigns must recognize national, regional, and local dynamics, particularly in the border area.

Ms. Millé described the steps to be taken when developing a campaign to ensure its best results. She also gave an overview of the different preventive campaigns used in Mexico to raise public awareness and/or to promote treatment facilities. She concluded that more inclusive efforts are needed, and welcomed the one recently initiated by a private Mexican TV corporation that gathered together public and private supporters.

WHEN DEVELOPING A CAMPAIGN

by Carmen Millé, CONADIC

1. Thou shalt base the campaign on a theoretical framework.
2. Thou shalt establish the results expected in a set time period within a long-term period.
3. Thou shalt set specific objectives in regards to protection, predisposition, and risk factors.
4. Thou shalt not forget to analyze and define the target population.
5. Thou shalt apply marketing techniques, developing a creative program.
6. Thou shalt link the campaign with preventative and treatment programs.
7. Thou shalt generate methods for resolving doubts and for interpersonal support.
8. Thou shalt not limit thyself to one medium to broadcast messages.
9. Thou shalt reinforce messages through support measures and mechanisms.
10. Thou shalt follow up on the development process and evaluate concrete results

Discussion:

The dangers of personal anti-drug testimonies by celebrities were discussed. For example, in Mexico a well-known soccer star was used as a figure in an anti-drug campaign, but a few days after the launching of the campaign it was discovered that he was a cocaine user.

The importance of offering action alternatives rather than simply creating anxiety about the drug problem was also emphasized. An example given of the former involves promoting sports and family integration as forces in opposition to drug use. Another involves providing a 24-hour toll free telephone number for obtaining additional information and further assistance; this latter approach, it was noted, has been successful in both countries. Participants also agreed that multi-media efforts must provide consistent messages via the different media. All modes of communication must be explored and used including radio, television, the Internet, newspapers, association publications, and movies. Further, efforts to modify values were encouraged but the discussants indicated that these would require a long-term effort and cannot be accomplished in a single campaign.

The value of teaching drug-prevention leaders to become effective newsmakers was also stressed. The discussants indicated that newsmaking skills, such as holding press conferences and actively soliciting local media to run local demand reduction stories, can be taught. Such methods can broaden the impact of drug prevention programs by making flexible use of changing events in the community such as drug-related accidents and other incidents.

Although programs and messages need to be consistent, the discussants stressed that they must also be varied to suit different age groups, different segments of the population, and different types and levels of drug involvement. By targeting these efforts differently, they claimed that programs highlighting the dangers of specific drugs such as methamphetamine have been effective in making both users as well as the general public aware of the risks these drugs pose.

Possible inclusion of anti-drug messages in popular entertainment such as Mexican soap operas, which reach large audiences, was mentioned. The potential value of a symbol for drug-free living (e.g., a specific flower used in the Mexican campaign sponsored by TV Azteca) was discussed. Including such a drug-free symbol in many types of displays and product labels could serve as a daily reinforcement to drug-free living, the discussants argued. For example an athletic patch emphasizing this theme was added to youngsters' athletic uniforms to heighten awareness, in a New England community. A tabloid newspaper produced by children themselves was successfully used in Cali, Colombia, to disseminate anti-drug messages. The need was stressed for media campaigns to be supported by community coalitions, which include schools as well as as many other community institutions as possible, and to stay within the context of the community or the message may go unheard. Lastly, the discussants noted the importance of setting goals and monitoring results. Poorly designed campaigns can detract from anti-drug efforts and may even glamorize drug use inadvertently, and ongoing evaluation of their impact is essential.

Recommendations:

This work group recommended:

- Reinforcing public campaigns in media, using all means.
- Being proactive in working with the news media to develop and place demand reduction-related stories.
- Collaborating with television and film producers to utilize entertainment as a powerful communication vehicle.

- Developing and promoting a universal symbol of freedom from drug use.

- Building strong linkages with private and educational sectors to strengthen and reinforce anti-drug efforts (e.g., campaigns, messages).

Community Participation

Facilitators:

Mr. Dan Fletcher, USA
Special Assistant to the Director,
Division of State and Community Systems Development,
Center for Substance Abuse Prevention,
Substance Abuse and Mental Health Services Administration

Mr. José Castrejón, Mexico
Director, Program Coordination
National Council on Addictions
Ministry of Health

Presenters:

Dr. William B. Hansen, USA
President, Tanglewood Research, Inc.

Dr. Cristóbal Ruiz-Gaytán, Mexico
Minister of Health in the State of Jalisco,
Coordinator of the State Council on Addictions

Overview:

The Community Participation work group shared the perspectives of other conference attendees on the importance of community participation. Dr. Hansen noted first of all that the term has multiple meanings. For example, "community" can be defined by geographical boundaries, commonly shared values, and agreed-upon needs, and it can mean different things to different government and civic organizations. He concluded, however, that the most important definition of community from the standpoint of prevention is the collective definition developed by the people themselves. Those actually involved in a community, he noted, should be the ones to define it. Beyond that, he claimed that participation is essential and that it involves action, structure, accountability, local determination, and both the formal and informal leadership of a community.

Dr. Hansen further maintained that substance abuse is a complicated problem with profound negative effects for all sectors of society. In his view, demand reduction requires simultaneous effort and shared participation by multiple sectors. The focus, therefore, must be on the lives of people where they live, work, and find leisure. Consequently, efforts and approaches must be based on the perceptions, needs, and realities in the community, and the members of the target community must be actively engaged.

Demand reduction requires simultaneous effort by multiple sectors, and shared participation is vital to having an effect on the problem.

Dr. Ruiz-Gaytán began by stating that in Mexico the drug dependency phenomenon is addressed at three preventive levels (primary, secondary, terciary). He noted that involving community participation in each and every one of these levels is fundamental, as are federal and state actions that will result in the improvement of communities' technical and administrative capabilities. Further, nongovernmental organizations and self-help groups also offer an array of experience and services to help reduce drug demand. The only way to fight the use and abuse of drugs that cause addiction, Dr. Ruiz-Gaytán concluded, is to strengthen the collaborations with each and every nation that is striving to build a common front to overthrow this

world phenomenon whose political, economic and fundamentally social consequences have the potential to destroy a whole society.

Discussion:

Some of the issues and concerns raised included the need to define community participation and to share information on "what works." The discussants emphasized the need to bring law enforcement and demand reduction elements closer together to address specific areas and groups such as education, schools, public health, women's issues, street children, and other children at risk. With respect to community, they noted, it is important to carefully define the target population in terms of geography or other common group characteristics. With respect to participation, it is important for outsiders to listen to community members and be responsive to community needs. Drug prevention workers also need to learn the local language as well as the local argot, to learn how the community is organized and how to gather community indicators. Identifying "natural" leaders, those who play significant leadership roles in the community's accomplishments, as well as "political" leaders was also seen as important.

Recommendations:

This group offered the following recommendations:

- A bi-national border plan should be developed to identify and address the drug problem in border communities.
- Successful existing youth projects should be identified and implemented bi-nationally.
- Specific training programs (including youth training) that involve community participation should be developed, with a focus on research, evaluation, treatment, prevention, and awareness.
- Bi-national research, evaluation, and technical exchange projects should be carried out with community participation.
- Special populations' needs should be addressed (e.g., migrants, youth, families, and other at-risk groups.)
- A bi-national work group should be formed to follow up on the recommendations and issues identified. It should include related disciplines such as mental health and education.

Youth

Facilitators:

Dr. Soledad Sambrano, USA
Director, Individual and Family Studies,
Division of Knowledge Development and Evaluation,
Center for Substance Abuse Prevention,
Substance Abuse and Mental Health Services Administration

Dr. Raúl Zapata Aguilar, Mexico
Director of Prevention, Youth Integration Centers

Presenters:

Dr. James Kooler, USA
Deputy Director, California Mentor Initiative Office,
Prevention Services Program,
Department of Alcohol and Drug Programs

Ms. María Elena Castro, Mexico
Director, Institute for Preventive Education
and Risk Attention

Overview:

Dr. Kooler began by noting that although Mexico and the United States have launched major initiatives to address

substance abuse by youth in the past decade, the problem persists. In Mexico, he claimed, 11 percent of school students have consumed drugs and 30 percent have been involved in some type of risk-taking behavior. In the U.S., 55 percent of eighth graders and 79 percent of high school seniors have used alcohol. He indicated that a major factor probably involved in the behavior of U.S. youth is that 42 percent of their waking hours are unsupervised.

Ms. Castro began by noting that Mexico is a country with 25 million young people aged 12 to 24, which represents 25 percent of the total population. Approximately 70 percent of these youth do not attend school and proportions for variables such as employment, underemployment and vagrancy for this group are unknown, as is the percentage of young nonstudents who abuse drugs. She also pointed out that this is the most vulnerable group of Mexican citizens who fall into drug use.

Regarding demand reduction, she stated that in Mexico many important activities have been directed toward young populations, including epidemiological research on students; the development of registry systems and better qualitative research methods; the use of prevention models in schools that include group work to strengthen protective attitudes and safety net creation; the development of teaching materials for preadolescents, adolescents, and youths; the establishment of internment institutions, self-help groups, and half-way houses for young addicts; and the launching of full scale public awareness campaigns aimed at personal development and early detection. Nevertheless, she claimed, the list of challenges continues to be larger than the list of accomplishments, and the most important remaining challenge is to develop a policy that integrates and enforces the work of all sectors of our society to achieve equity and quality of services for youth. She stressed that this focus must include all youths: those in school, the under-employed, those in streets, at work aces, and those in the communities across the country.

Discussion:

The importance of the name recognition of some popular programs that recently have come under criticism was discussed. Rather than eliminate such programs, the discussants suggested that it might be more desirable to correct their shortcomings since attaining similar name recognition for a new program is expensive.

The desirability of involving youth directly in planning and organizing programs directed toward them was repeatedly stressed by these participants, several of whom offered examples from their own experience. One participant noted that youth programs in Mexico that have involved youth directly have had the dual advantage of having greater peer impact and providing youthful participants with extra opportunities to discuss ways of dealing with drug abuse. This facilitates communication not only among youth but among concerned and caring adults. Innovative materials that youth produce particularly well they noted, include plays about drugs, murals, and other displays having special appeal to young people. Such material enables adults to learn from young people what works for them personally in avoiding drug use, the discussants claimed. They also help to dispel the myth that drug use is normative behavior.

Major questions were addressed by this group and some tentative conclusions were drawn. For example, consensus was reached about what interventions work in decreasing youthful substance abuse and which can reduce risk factors for abuse. There was, however, group concern that appropriate methodologies to evaluate the effectiveness of ongoing prevention programs have not yet been employed.

The group also supported the development and wider dissemination of bilingual systems for sharing current knowledge about existing youth programs and appropriate evaluation methodologies.

Recommendations:

This group recommended:

- Forming work groups to collect and disseminate information on prevention, treatment, and evaluation models via Web pages, clearinghouses, and conferences.
- Involving youth in leadership roles in the design and planning of prevention/treatment programs.
- Developing specific common strategies for border youth (e.g., establishing border work groups and implementing more programs targeting these youth).
- Involving the whole community in promoting healthy lifestyles for youth on both sides of the border.

Special Populations

Facilitators:

Dr. Ruth Sanchez-Way, USA
Director, Division of State and Community Systems Development, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

Dr. Nelly Salgado de Snyder, Mexico
Researcher, Mexican Institute of Psychiatry, Ministry of Health

Presenters:

Dr. Juana Mora, USA
Professor, Department of Chicana/o Studies, California State University–Northridge

Ms. Patricia Reyes del Olmo, Mexico
Technical Director, Center Against Addictions, "Ama la Vida" Foundation

Overview:

Based on her review of the U.S. literature, Dr. Mora established that several populations should be regarded as "special." Such populations, she explained, have been generally excluded from the literature, disconnected from services, and marginalized from society. They include vulnerable groups of women, migrants, individuals with co-morbidity, high school dropouts, indigenous populations, runaways, gays and lesbians, and the handicapped.

Ms. Reyes del Olmo pointed out that the Mexican literature identified the following groups as needing special attention: pregnant adolescents, incarcerated populations, indigenous populations, the homeless, elders, migrants, maquiladora workers, street children, women, and prostitutes.

She explained drug abuse prevention efforts for these special populations represent a complex spectrum of activities, because risk conditions for substance use are strengthened and more resistant, and the alternatives for specific treatment are increasingly more difficult to enact, as rehabilitation and social reinsertion strategies are viewed as being out of context.

Ms. Reyes del Olmo stated that Mexican research carried out from 1985 to date confirm that (a) it is necessary to allot greater resources for research and specific care of these populations, (b) these populations have expressed specific needs for efforts aimed at reducing risk and lowering the degree of harm caused by their consumption of toxic substances, and (c) it is necessary to develop strategies for the integral care of these populations based on the need to improve their quality of life within the context of their reality.

Both Dr. Mora and Ms. Reyes del Olmo stressed that the work done by both countries on special populations is of the utmost importance due to the consequences of substance use among these populations. When these people learn to use drugs on one side of the border, they will continue to do so at home.

Discussion:

There was considerable discussion during this session about which groups should be regarded as "special" populations. Whether women generally should be considered a special population or whether only those at high risk or especially vulnerable should be identified as such was a significant point of discussion. The discussants noted that the concept of special populations does not have the same connotations in Spanish as in English, and there was agreement that groups needing special attention in one country may not require similar emphasis in the other (e.g., specific ethnic groups). They further agreed that criteria that can be applied in identifying special populations include the following:

- Vulnerability.
- Socially disadvantaged status.
- Special needs.
- Lack of access to services.
- Social contexts predisposing to drug use.

The discussants also identified special populations common to both nations. These include:

- Women in high-risk contexts.
- Migrants.
- Street/runaway children and those "working the street".
- U.S./Mexico border populations.
- The elderly.
- Racial/ethnic minorities.
- High school dropouts.
- Pregnant adolescents.
- Incarcerated individuals.
- Children with incarcerated parents.

Recommendations:

This group offered the following recommendations:

- Establishing a Web page on the above-noted special populations, to include such information as a bibliography, a glossary of terms, funding sources, and a list of experts specializing in each group.
- Developing an inter-institutional, bi-national network for the exchange of expert capacities and materials.
- Increasing bi-national research funding on current and emerging special populations.
- Developing, funding, and increasing the bi-national exchange of effective treatment modalities.

The Workplace

Facilitators:

Dr. Joseph H. Autry III, USA
Acting Deputy Director,
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

Dr. Marco Polo Peña-Corona, Mexico
General Coordinator, Institutional Committee for Health Promotion Against Addictions, Mexican Social Security Institute

Presenters:

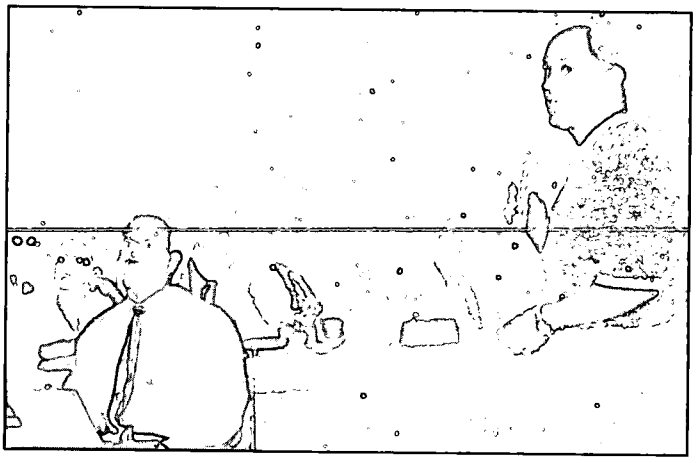
Ms. Mary Bernstein, USA
Director, Office of the Secretary, Office of Drug and Alcohol Policy and Compliance, Department of Transportation

Ms. Guillermina Natera, Mexico
Head, Psychosocial Research Department, Mexican Institute of Psychiatry, Ministry of Health

Overview:

Although other types of drug abuse are a problem in both Mexico and the United States, Ms. Bernstein noted that alcohol abuse is the most serious drug problem in the workplace in both countries. Moreover, workplace alcohol and other drug abuse has implications extending well beyond the individual employee and the work environment itself. In addition to diminished productivity and increases in industrial and vehicular accidents linked to drug use, she noted that employers are potentially legally liable for the behavior of drug-impaired employees. These combined factors provide added incentive for companies to develop better drug programs on the job.

According to Ms. Bernstein, Employee Assistance Programs (EAPs) are important in dealing with employees' alcohol and drug abuse, but they are largely limited to larger companies in the United States and are quite rare in Mexico. Even in the U.S., companies employing less than 50 employees rarely have EAPs, she noted. In the absence of such programs, formal education and prevention programs and drug-oriented training for supervisors usually does not occur. Ms. Bernstein explained that drug testing in connection with hiring is a deterrent to drug use and noted that habitual drug users are less likely to seek employment with companies that have testing programs. However, pre-employment testing provides no assurance of continued drug abstinence, she said.



In Mexico, participants noted that the usual practice in most companies when an employee is found to be using drugs is to simply fire him or her. A very few companies have experimented with more elaborate modes of intervention, although some have had some success in reducing alcohol abuse by encouraging their employees to "count their drinks" (i.e., to be more moderate in their alcohol consumption). Ms. Bernstein argued that one barrier to these efforts is that heavy drinking is often socially acceptable, especially for males, even among those in supervisory roles. There are, however, strict screening requirements for becoming a licensed commercial vehicle driver in Mexico, she noted, and Mexican drivers who are

later found to have impaired performance as the result of alcohol or drug use are usually peremptorily dismissed. In the United States it was reported that certain occupational groups are more likely to use alcohol and drugs than other groups. For example, construction workers, helpers, laborers, auto mechanics, and workers in food preparation are more likely to use alcohol and drugs than those employed as dental health aides, child-care workers, teachers, administrative support staff or law enforcement personnel.

Ms. Natera began by noting that epidemiological surveys have reported a higher alcohol use among people who work than among the jobless population. These studies also estimated that a great proportion of Mexican workers have problems associated with alcohol. She noted that generally data on alcohol consumption impact and its connection to the workplace is scarce and that even fewer prevention programs have been developed to treat alcoholism.

Ms. Natera added that because drug use is increasing among the general population in Mexico, particularly among workers, it is necessary to:

- Strengthen a culture among employers supporting the notion that that investing in health is better than spending on disease.
- Identify the workplace as a setting for prevention for the most productive stratus of society.
- Evaluate prevention and treatment needs in high-risk enterprises such as leather-goods shops, paints factories, maquiladoras, transportation businesses, etc.
- Strengthen company-worker-family-community prevention links.
- Develop indicators to evaluate cost-benefit of prevention programs.

Discussion:

While there was little disagreement on the need to emphasize drug abuse prevention among youth, the discussants noted that the highest rates of drug use occur among young adults, most of whom are in the workplace. It was pointed out that, according to one study, nearly three out of four drug abusers is employed; thus the workplace has a strategic role to play in prevention, intervention, and referral to treatment if the demand for drugs is to be reduced. Discussants also indicated that the workplace must assist in creating a culture that discourages drug use. Moreover, workplace programs must begin to take alcohol abuse as seriously as other forms of drug abuse.

There was concern among this work group that there be consistency in program elements, particularly with respect to education and training. Similar messages should be given in schools, in the community, and in the workplace, they noted. Further, service providers should be trained in prevention, early recognition, and referral for treatment for substance abuse. This would not only benefit the substance abusing employee, the participants contended, but also improve the quality of data on drug abuse in the workplace. They stressed the need for uniform data concerning levels of substance abuse as well as the costs associated with it locally, regionally, and in various industries. They also highlighted the importance of engaging top management in order to make access to prevention, training, and treatment a workplace reality rather than only a desirable concept.

There was also agreement on the value of bi-national programs to reduce alcohol and drug abuse among motor vehicle operators, given that drivers from both countries operate vehicles on both sides of the border. The discussants noted that most experts agree that alcohol and other drug use, in connection with the operation of motor vehicles exacts a high toll in injuries and deaths in both countries.

There was agreement as well that drug treatment works and that it is also cost-effective. One figure cited was that every dollar invested in treatment reduces the cost of drug abuse by seven dollars. It was noted, however, that effective workplace drug programs require the direct involvement not only of management but also that of business associations and particularly of the unions representing the employees of the companies involved.

Recommendations:

Recommendations emerging from this group called for:

- Consistency in program elements.
- More data infrastructure.
- Increased national will and resources.
- More follow-up meetings and activities.
- Enhanced engagement of top management.

HIV/AIDS

Facilitators:

Ms. M. Valerie Mills, USA
Associate Administrator for AIDS Policy and Coordination, Substance Abuse and Mental Health Services Administration

Ms. Nora Gallegos Vázquez, Mexico
Underdirector of Technical Development, National Council on Addictions Ministry of Health

Presenters:

Dr. Antonio Estrada, USA
Assistant Professor, Mexican American Studies and Research Center, University of Arizona

Dr. Carlos Magis, Mexico
Director of Research, National Council of Prevention and Control of AIDS Ministry of Health

Overview:

Dr. Estrada began by noting that the conference participants have a unique opportunity to target HIV/AIDS prevention among several at-risk groups in the border area. These include not only injection drug users but also drug users whose drug use affects their ability to practice safe sex, including gay and bisexual males who may or may not use drugs as well as those engaged in the sex trade.

We have a unique opportunity to target HIV/AIDS prevention among several at-risk groups in the border area.

Dr. Estrada indicated that his center looked at HIV risk from a qualitative and quantitative perspective. He showed a series of slides of shared injection and drug-use paraphernalia to illustrate the ease with which infection can be transmitted. As he explained, use of any kind of bleach disinfectant is a rarity among drug injectors in the border area. For example, only one-sixth of the Mexican users interviewed had ever actually used bleach to disinfect their needles and syringes. Moreover, needles discarded where drug users congregate were also a hazard to others in the area, and contaminated paraphernalia markedly increase the risk of hepatitis and other infections. The risks of infection for non-drug-using sexual partners is also a serious public health problem, he stated.

Despite these obvious risks, Dr. Estrada pointed out that there is a critical lack of a drug-treatment infrastructure to treat intravenous drug users in the border areas; and there are only a few agencies, mostly under religious auspices, that provide HIV/AIDS intervention. He also reported seeing increasing intergenerational addiction and drug dealing in rural areas as well as increasing addiction among previously drug-free individuals from the interior of Mexico who migrate to the border area where drugs are more readily available. Dr. Estrada concluded by

stating that the present is a critical time to develop comprehensive, theory-based interventions that target injection drug users, their sexual partners, and others at risk for HIV in the border areas.

Dr. Magis began by noting the 423 Mexican AIDS cases associated with injected drug use (IDU) since 1983. He identified the cities of Guadalajara, Mexico City, Tijuana, and Mexicali as the places with the most such cases in the nation. He also referred to a special study conducted at treatment centers and prisons in the northern city of Tijuana, Baja California, the purpose of which was to estimate the drug use prevalence among their populations. The results showed that 36 percent of the prison population use drugs. The drug most frequently used during the last 12 months was heroin by 96.2 percent of the population in treatment centers, and by 94.3 percent of those in prisons. The HIV prevalence was of 0.94 percent in treatment centers and 2.27 percent in prisons. Dr. Magis added that sentinel studies conducted in 18 Mexican states reported an increase in HIV prevalence among the IDU group.

Dr. Magis recommended sharing information with colleagues from the U.S. as well as exploring different settings, such as prisons, to continue with specific research targeted at the border region.

Discussion:

The wide variability across geographical areas of drug abusers' knowledge concerning HIV transmission was noted by the discussants. For example, in Ciudad Juárez (Mexico), an outreach program to reach injection drug users has apparently reduced HIV infection. Other non-injected, abused drugs, including alcohol, were identified as playing a role in HIV transmission by making high-risk sexual contact more likely. Mexican participants noted that the AIDS epidemic in Mexico is largely due to males having sexual relations with males. In a sample of Mexicans living in the United States, it was claimed that most (75 percent) of the AIDS cases studied were also the result of males having had sex with other males.

Discussants reported that according to the Texas AIDS Surveillance Report, out of some 43,000 AIDS cases, 63 percent were homosexual and bisexual men, whereas only 13 percent were intravenous drug users; however, the possibility of overlap in these categories exists. By contrast, a discussant pointed out that more than half of the AIDS cases among Puerto Ricans were attributed to intravenous-drug use while another 15 percent had contracted the disease through sexual contact with intravenous drug users. The group consensus was that it may be necessary to develop different strategies to collect information in various Spanish-speaking populations in the United States. It was also noted that studies in both countries have involved relatively small numbers. The possibility was raised that the apparent differences between intravenous drug use as a cause of HIV infection in the two countries may be the result of underreporting in Mexico. The behavioral dynamics associated with the HIV/AIDS epidemic in Mexico and the United States may also be markedly different because of social and cultural differences.

The discussants noted that it would be desirable to test U.S. and Mexican AIDS cases for Hepatitis B and C, since these diseases are also of public health concern. However, the high cost of such testing was seen as a problem. They also stressed that it is important to address women's issues pertaining to the HIV/AIDS epidemic in both countries.

Recommendations:

This group recommended:

- Creating a formal bi-national body on demand reduction and HIV/AIDS under the coordination of an organization with appropriate linkages in both the U.S. and Mexico.

- Increasing funding for research, capacity building, public information campaigns, and program development that addresses the links between substance abuse and HIV transmission.

- Developing a formal mechanism for the exchange of epidemiological information.

- Reviewing policies that impede trans-border health efforts and taking steps to assuage these.

- Increasing efforts to better understand the magnitude and nature of HIV risk among drug-using populations in the U.S. and Mexico.

Violence and Drug-Related Problems

Facilitators:

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Dr. Luciana Ramos, Mexico
Researcher, Division of Social and Epidemiological Research, Mexican Institute Psychiatry, Ministry of Health

Presenters:

Dr. Albert Mata, Jr., USA
Associate Professor, Division of Human Relations, University of Oklahoma

Dr. Walter Beller, Mexico
General Director of Crime Prevention and Community Services
Attorney General's Office

Overview:

Dr. Mata's initial point was that the border cities are not simply narcotic trafficking centers, although they are highly affected by drug abuse and related violence. His second point was that drug-related violence needs to be approached not only from a criminal justice perspective but from a public health point of view. He noted that each year in the United States, 50,000 to 60,000 people die as a result of interpersonal violence, which is as many as were killed during the entire 10-year period of the Vietnam War. Moreover, he claimed that both Mexico and the U.S. have what is often referred to as a subculture of violence.

Dr. Mata emphasized the need to study drug- and alcohol-related domestic violence, which often leads to violence in the workplace. He cited Paul Goldstein's tripartite model, which emphasizes three possible factors promoting drug-related violence: the direct pharmacological action of abused drugs; the high cost of a drug habit; and societal conditions such as racism, poverty, lack of motivation, poor education, and so forth. Perhaps 30 to 40 percent of violence is related to crime committed to support the cost of using drugs, Dr. Mata noted. For different drugs, he pointed out that the time required to become addicted and thus to obtain large amounts of money to support a drug habit varies. For example, developing dependence on heroin may take longer than becoming dependent on crack cocaine. He also noted that a less obvious but socially important aspect of drug-related violence is that which leads to domestic violence within the family directed at children. As he explained, we have comparatively little data dealing with this issue, especially its impact on children's development.

Perhaps 30 to 40 percent of violence is related to crime committed to support the cost of using drugs.

Dr. Mata stressed the need to examine better the costs of drug-related violence and to earmark some of the drug forfeiture money resulting from law enforcement for research, prevention, and treatment. Although the results of programs aimed at anger control, conflict mediation, and other non-violent alternatives have not yet been adequately documented, he suggested that this type of public health approach needs to be

encouraged. In his view, outcomes and cost-effectiveness must also be carefully studied if public acceptance for prevention programs is to be achieved.

Dr. Beller began by explaining that the literature regarding this matter foresees three possible causal connections between drug abuse and crime: (a) drug use causes delinquency; (b) delinquency leads to drug use and; (c) no causal relationship exists between drugs and delinquency. Each hypothesis holds some truth, he claimed, and none is essentially disposable. However, when causal links between drugs and crime are suggested, they create a complex problematic that demands an equally complex methodology in order to be understood.

As Dr. Beller concluded, given that the drug-crime connection issue is a social one, and all social issues involve an interlocking system of systems, partial or sectorial policies designed to reduce illegal use or to eradicate illicit drug trafficking are condemned to failure. Only a policy that integrates: (a) repression and prevention; (b) efforts to combat drug trafficking and encourage demand reduction and; (c) national and international directives may be successful.

In all these efforts he mentioned that the support and cooperation of all citizens, civil organizations, private companies, and mass media are irreplaceable. No one isolated action, well-intended though it might be, will be able to fulfill the objective of attaining a safe, harmonious, and integrated drug-free society.

Discussion:

In the ensuing discussion, Dr. Mata noted that a promising model for public health intervention is the CDC's Youth Violence Prevention Program. He claimed that recreational sports programs to channel youthful tendencies toward violence into athletics are also promising. Something as simple as obtaining local funds to light athletic fields at night may significantly reduce youth violence, he pointed out.

The discussants stressed that judicial alternatives such as domestic violence and drug courts should deal not only with the perpetrators of violence but also try to help the families involved. By dealing with drug offenses using alternatives other than incarceration, they claimed, such programs provide added incentives for drug abusers to remain in treatment; they also often provide post-treatment vocational assistance. Although these programs are new and outcome data on them are lacking, the discussants felt that they offer promising ways to reduce drug-related violence. The Austin Police Department's Victim Assistance Program, which helps victims of crime obtain needed services from various agencies, was applauded for its role in providing assistance to victims of drug-related violence.

Recommendations:

The work group identified the following recommendations:

- Establishing a bi-national working group with responsibility for developing an information and research exchange program to prevent violence and related problems caused by drugs.

- Conducting extensive bi-national research and investigation into the biomedical, psychological, penal, and sociocultural factors related to violence and drugs to help us understand the phenomenon in its complexity and to produce elements for its solution.

- Establishing bi-national programs focused on drug-associated violence in schools, in the workplace, and in communities, and integrating these efforts into a massive bi-national media campaign.

- Establishing a bi-national, multimedia project to demonstrate acceptable behaviors that counter drug-related violence.

- Establishing a pilot program on the United States-Mexico border that incorporates information sharing, research, primary prevention, and a multi-media campaign that takes into account local community characteristics.

Summary of Closing Remarks

Dr. Nelba Chavez, the Administrator of the Substance Abuse and Mental Health Services Administration, warmly thanked the conference's leadership and expert participants from both Mexico and the United States who worked so hard to make the meeting a success. She stated that the participants have not only laid the foundation but have also created a framework for dealing with our nations' shared concern about drug abuse. It is very clear, Dr. Chavez emphasized, that we have a lot of work to do to continue down the avenues that this meeting has so ably paved. She noted that many meetings end with the participants simply feeling good about the energy and enthusiasm that was shown and the exciting interactions that occurred, but afterwards, little occurs. However, she expressed confidence that that is not going to happen this time because this is a powerful group of leaders in all areas, not only education, treatment, and prevention, but also in the community.

Dr. Chavez told the audience that, as leaders, it is our responsibility to follow-up on the common agenda we have agreed upon. Too often, she noted, as we go our separate ways we take paths that bring us into conflict, but this is an outcome that we can no longer afford. Instead, she proposed that the tremendous energy, commitment, and enthusiasm we have generated at this conference must fuel our future vision.

Dr. Chavez outlined several concrete future steps to ensure action. The first of these is publishing the proceedings of this conference in both English and Spanish to summarize our deliberations, so they can be made widely available in both countries. She noted that this meeting and each of its recommendations mark the beginning of a process as well as a challenge to us as leaders, to seize the opportunities for progress created by the wonderful discussions that have occurred.

Dr. Chavez concluded by noting that real progress will not be measured in what was done here, but by what we do when we return to our institutions and local communities. We are responsible for keeping the spirit of collaboration alive and ensuring that our shared goals are achieved through long-term commitment and much work.

Ms. Haydée Rosovsky, the Director of the National Council on Addictions of the Mexican Ministry of Health, also thanked those involved in making the conference a success—the participants as well as the many supporting staff—for their invaluable contributions. She noted that crossing the national and cultural ideological borders that separate us is far more difficult than crossing a geographical border. However, she praised the spirit that exists within and between the U.S. and Mexico today as one of mutual respect and a sincere desire to cooperate. She declared that this is a marvelous achievement one cannot always be certain will occur at a meeting like this and pointed out that the large attendance at the closing session is an indication of the shared enthusiasm.

Ms. Rosovsky further suggested that the conference achieved its two major purposes. The first of these, she noted, was to provide a follow-up to the political mandate of our respective governments and transform a shared political intention into a practical reality. The second was to transform this intention into the technical and professional plans needed to have an impact on actual practices in our respective communities. Ms. Rosovsky noted that she shared with Dr. Chavez the fervent hope that the energy and enthusiasm generated at this meeting will be transformed into enduring progress through mutual cooperation on shared initiatives.

Dr. Hoover Adger, Jr., Deputy Director of the Office of National Drug Control Policy, closed the conference by concurring with the previous two speakers that the success of this meeting will be measured in terms of its outcomes.

On behalf of ONDCP Director McCaffrey, Dr. Adger noted that the participants did a tremendous job for which an enormous debt of gratitude is certainly due. The

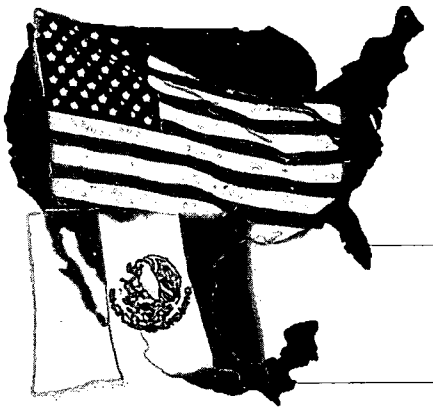
opportunity to share and communicate with one another was on a level that will certainly help us to take significant steps toward a still higher level.

Dr. Adger concluded his remarks by noting that despite our many differences, our two nations have many commonalities. The one thing that truly binds us together is our mutual concern for our families and our communities. As he stated, the U.S. and Mexico share a strong desire to work together in ways that will ensure a brighter future on both sides of the border.

Finally, Dr. Adger said that having had the opportunity to watch the planning group work over many months made it particularly satisfying to see the hard work culminate in such a successful enterprise. On behalf of the Office of National Drug Control Policy, he again thanked everyone who made the meeting so successful.

New Powerful Messages

Through the leadership of General Barry R. McCaffrey, Director of the White House Office of National Drug Control Policy (ONDCP), and the commitment of numerous outstanding members of Congress, $195 million has been appropriated by Congress for a new, national anti-drug media campaign. "This is your brain on drugs. Any questions?" is one of the campaign's powerful new messages.



High-Level Contact Group
U.S. and Mexico Bi-National Demand Reduction Conference
Camino Real Hotel, El Paso, Texas

CONFERENCE AGENDA

Wednesday, March 18

2:00 p.m. - 9:00 p.m.	Registration in Hotel Lobby
5:00 p.m. - 6:00 p.m.	Facilitator's Orientation
7:00 p.m. - 9:00 p.m.	Reception

Thursday, March 19

8:00 a.m. - 9:00 a.m.	Continental Breakfast
9:00 a.m. - 10:30 a.m.	**Opening Session** Welcome and Greetings from Key Dignataries **Moderator:** Jack Peters, Staff Director, Office of National Drug Control Policy (USA) **Speakers:** Nelba Chavez, Ph.D., Administrator, Substance Abuse and Mental Health Services Administration (USA) Mariano Francisco Herrán Salvatti, Attorney General's Special Office for Crimes Against Health (Mexico) David F. Musto, M.D., Professor, Yale University School of Medicine (USA) Juan Ramón de la Fuente, M.D., Secretary of Health (Mexico)
10:30 a.m. - 10:50 a.m.	Break
10:50 a.m. - 12:20 p.m.	**Theoretical Framework for Demand Reduction** **Co-Moderator:** Hoover Adger, Jr., M.D., MPH, Deputy Director, Office of National Drug Control Policy (USA) **Co-Moderator:** Roberto Tapia-Conyer, M.D., Undersecretary for Disease Prevention and Control, Ministry of Health (Mexico)

Research and Evaluation:
Karol L. Kumpfer, Ph.D., Director, Center for Substance Abuse Prevention (USA)
Haydée Rosovsky, Director, National Council on Addictions - Ministry of Health (Mexico)

Treatment:
Shirley Coletti, D.H.L., President, Operation PAR (USA)
Victor Guisa Cruz, Director, Treatment and Rehabilitation, Youth Integration Centers (Mexico)

Prevention:
Gilbert J. Botvin, Ph.D., Professor, Cornell University Medical College (USA)
Jesús Cabrera Solís, Director General, Youth Integration Centers (Mexico)

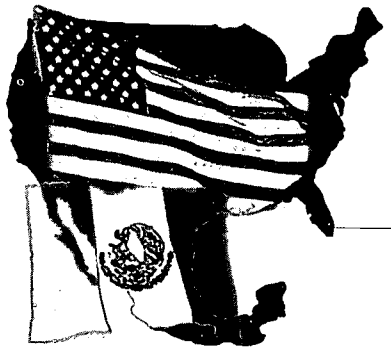
Public Awareness, the Media, and Information Dissemination:
Daniel Schecter, Assistant Deputy Director/Acting Deputy Director, Office of Demand Reduction, Office of National Drug Control Policy (USA)
Carmen Millé, Director of Information and Training, National Council on Addictions, Ministry of Health (Mexico)

12:20 p.m. - 12:40 p.m. Break

12:40 p.m. - 2:00 p.m. Luncheon
Host: Director Barry R. McCaffrey, Office of National Drug Control Policy (USA)
Speaker: Nelba Chavez, Ph.D., Administrator, Substance Abuse and Mental Health Services Administration (USA)

2:00 p.m. - 5:30 p.m. **Work Group Sessions:**
Research Cooperation and Exchange of Technical Information
Public Information and Awareness
Community Participation
Youth
Special Populations
The Workplace
HIV/AIDS
Violence and Drug-Related Problems

7:00 p.m. - 9:00 p.m. Banquet



Introductions: Ms. Haydée Rosovsky, Director, National Council on Addictions - Ministry of Health (Mexico)
Speaker: Jesús Cabrera Solís, Director General, Youth Integration Centers (Mexico)

Performance by Mariachis

Friday, March 20

8:00 a.m. - 9:00 a.m. Continental Breakfast

9:00 a.m. - 10:30 a.m. **Speaker Panel: "Drug Abuse Research: Science for Policy and Practice"**
Moderator: Daniel Schecter, Assistant Deputy Director/Acting Deputy Director Office of Demand Reduction, Office of National Drug Control Policy (USA)
Speakers: Donald B. Vereen, M.D., Medical Director, Office of the Director, National Institute on Drug Abuse (USA)
Silvia L. Cruz, Ph.D., Researcher, Center for Research and Advanced Studies, National Polytechnic Institute (Mexico)
Donald Goldstone, M.D., Ph.D., Director, Office of Applied Studies, Substance Abuse and Mental Health Services Administration (USA)
María Elena Medina-Mora, Ph.D., Director of Social and Epidemiological Research, Mexican Institute of Psychiatry, Ministry of Health (Mexico)

Questions and Answers

10:30 a.m. - 10:45 a.m. Break

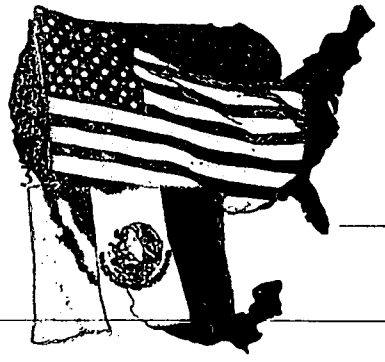
10:45 a.m. - 12:15 p.m. Work Group Sessions

12:15 p.m. - 12:30 p.m. Break

12:30 p.m. - 1:40 p.m. Luncheon
Networking and Exchange of Ideas and Future Issues

1:40 p.m. - 3:00 p.m. Concluding Plenary Session
Work Group Reports to Conference Participants
Conference Closing
Speakers:
Nelba Chavez, Ph.D., Administrator, Substance Abuse and Mental Health Services Administration (USA)
Ms. Haydée Rosovsky, Director, National Council on Addictions - Ministry of Health (Mexico)
Hoover Adger, Jr., M.D., Deputy Director, Office of National Drug Control Policy (USA)

Adjournment



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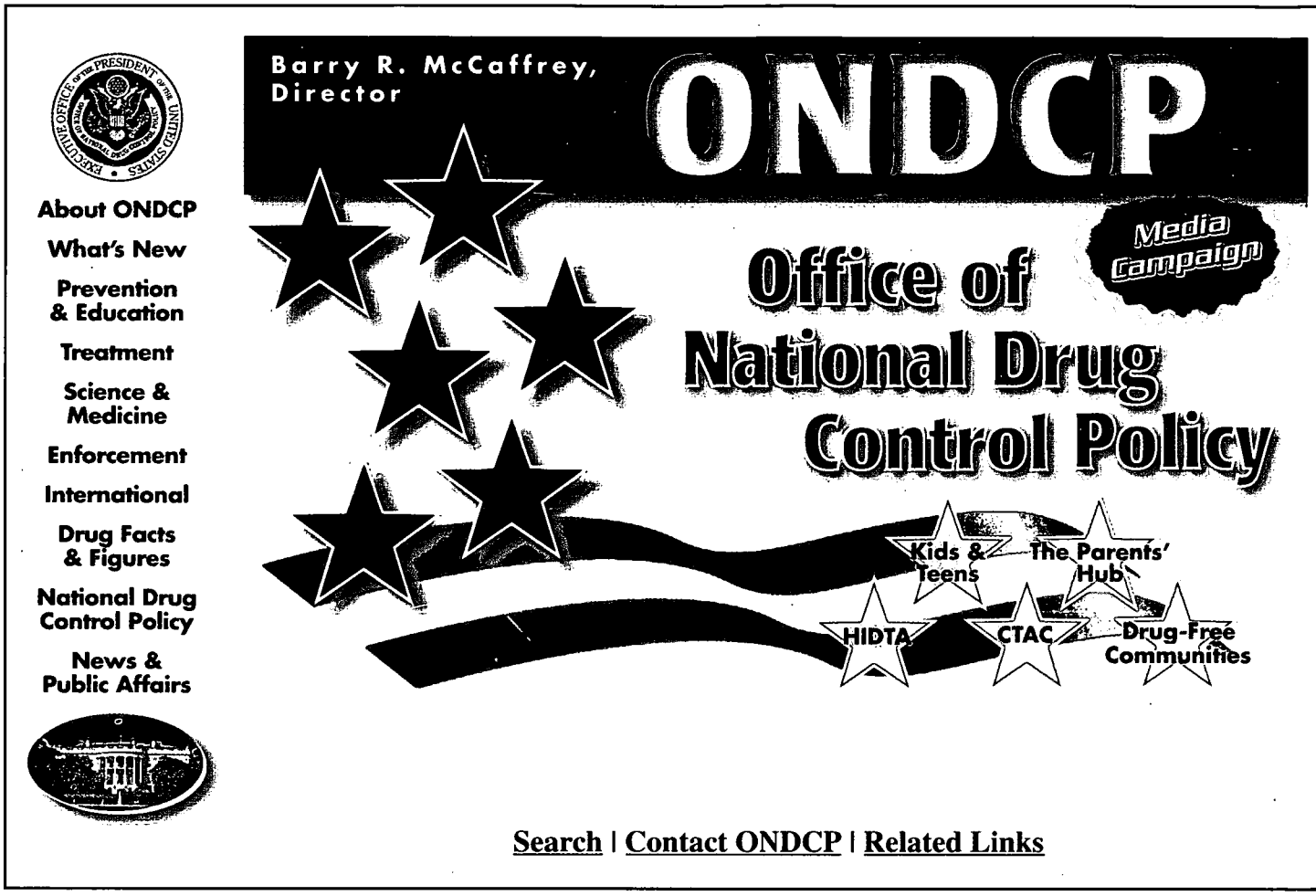

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