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# Commission on the Prevention of Drug & Alcohol Abuse: Final Report

Commission on the Prevention of Drug & Alcohol Abuse

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Attorney General  
John K. Van de Kamp's

# Commission on the Prevention of Drug & Alcohol Abuse

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## Final Report

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May 1986

NON-CIRCULATING



Attorney General John K. Van De Kamp's  
Commission on  
The Prevention of Drug and Alcohol Abuse

Chief Deputy Attorney General  
Nelson Kempfsky

May 9, 1986

Special Assistant Attorney General  
Roger Carrick

The Honorable John K. Van de Kamp  
Attorney General, State of California  
1515 K Street, Suite 511  
Post Office Box 944255  
Sacramento, California 94244-2550

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On behalf of your Commission on the Prevention of Drug and Alcohol Abuse, I hereby submit to you our final report and recommendations.

We believe, as you do, that the solution to drug use and alcohol misuse in our society lies in reducing the demand for such substances; therefore, we are seeking to change the norm. This requires a statewide strategy involving all segments of our society. The problems of drug and alcohol abuse affect all of us. We must all take action in preventing future generations of our children from growing up in a society where illicit drug use is the acceptable norm and alcohol-related traffic fatalities are the leading cause of death among teens.

These views drove us to focus our entire attention on families and youth in particular, for we must begin with the young before they ever start experimenting.

You asked us to study the effectiveness of current strategies and programs in California in preventing drug and alcohol abuse among young people, and examine how these efforts can be improved to move California toward a norm of no drug use and no alcohol misuse.

To accomplish these tasks, we invited representatives from government, health care, religious organizations, the media, schools, community organizations and private industry to share their views with us on the involvement of their respective sectors in the prevention of drug and alcohol abuse among youth. The "Statement of the Commission" summarizes our view of the problem of youth drug and alcohol abuse and what we believe can be done to combat this problem.

On behalf of all Commission members, I wish to express our appreciation for having had the pleasure of serving on your Commission. Your bold undertaking of this complex issue is so vital to the health, development and future of our society.

I would also like to thank Mr. Jack Dugan, Executive Director of the Commission, and his staff at the Crime Prevention Center, for their assistance and contributions leading to the overall success of this effort. In addition, I wish to thank the many individuals who testified before the Commission, and those state and federal agencies who provided valuable information to help us accomplish our tasks.

The Commission will work closely with your office to assist in the implementation of the many recommendations contained in this report.

Respectfully submitted,

COMMISSION ON THE PREVENTION  
OF DRUG AND ALCOHOL ABUSE

*Thomas Kilgore, Jr.*

REVEREND THOMAS KILGORE, JR.  
Chair

Executive Director  
Jack Dugan  
(916) 324-7878

Senior Consultant  
Kathryn Jett  
(916) 324-7863

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John K. Van de Kamp's  
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**Final Report**

# **Commission Staff**

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**JACK DUGAN**, *Executive Director*  
**ROGER CARRICK**, *Policy Advisor*  
**KATHRYN JETT**, *Chief Consultant*  
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**ISABEL SARTORE**, *Principal Word Processor*

## **Acknowledgments**

The Commission extends its thanks to **Rodney Skager, Ph.D.**, for his presentations on the *Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, 11*, and **Robert Garner, Miriam Black and Michael Sparks** for their overviews of funding systems and prevention strategies.

In addition, the Commission expresses its appreciation to Commissioner **Lucien Haas** for his valuable contributions in the writing and editing of this report and to Commissioner **Robert H. Coombs, Ph.D.**, for his conceptual framework of preventive approaches which guided the Commission's activities.

Finally, the Commission wishes to acknowledge **Sylvia Prime, Marie Vivanco, Alice Garcia, Adrienne Downey and Gabrielle D'Andrea** of the Attorney General's Crime Prevention Center for their support and contributions in the preparation of this report and in the overall success of this project.

# Table of Contents

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	Page
<b>Statement of the Commission . . . an executive summary .....</b>	<b>3</b>
<b>Findings and Recommendations</b>	
Introduction .....	15
Chapter 1: Media .....	21
Chapter 2: Religious and Voluntary Organizations.....	31
Chapter 3: Schools .....	47
Chapter 4: Private Sector and Public Employers .....	61
Chapter 5: Health Care .....	71
Chapter 6: Law Enforcement and Regulatory Agencies.....	83
Chapter 7: A Superfund—for the Prevention of Drug and Alcohol Abuse Among Our Children .....	103
Chapter 8: Program Evaluation .....	111
<b>Appendices</b>	
A. Witnesses Before the Commission .....	119
B. Commissioner Biographies .....	125
C. Commission Process.....	129
D. A Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, 11 .....	131
E. Attorney General’s Multimedia Campaign .....	137
F. Prevention Strategies and Resources.....	139
G. Notes .....	143



# Statement of the Commission ... an executive summary

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## STATEMENT OF THE COMMISSION . . . an executive summary

We submit our final report on the Prevention of Drug and Alcohol Abuse with strong, mixed feelings. The alarming spread of drug and alcohol abuse among children and young people is a serious and pervasive problem. Hundreds of thousands of our children are endangered—their lives and their futures. Crime, violence and tragedy sear the lives of victims, families and friends. The other side of that coin—what to do about the problem—has baffled and eluded society. We see the sickness but not the cure. Your Commission shares the frustration of all those struggling for answers to this serious dilemma.

But the overwhelming consensus of the Commission is that, while instant, simple solutions are not now available, it is time to begin a major assault on reducing drug and alcohol use among our children. No acceptable alternatives exist.

Given the awesome dimensions of the problem—the social, health and economic costs of drug and alcohol abuse—we conclude that this problem is, indeed, a “plague” and an “epidemic,” as many of the witnesses before the Commission testified.

We believe that the heart of this effort is the family. As a former United States President stated: “The family is the cornerstone of our society. More than any other force, it shapes the attitude, the hopes, the ambitions and the values of the child. When the family collapses, it is the children that are usually damaged. . . .” We also recognize that, as children grow, they are influenced by television, teachers and friends. We know, too, that parents do not want to raise a child dependent on drugs or alcohol, yet many parents feel overwhelmed and confused, and others suffer in quiet desperation because they don’t know how to help their child or where to turn for help.

We also conclude that the drug and alcohol abuse problem is an extraordinarily complex social, health and cultural issue which will require an integrated and broad response by all facets of the state and the community—schools, law enforcement and public and private organizations.

Following is a summary of the dimensions of the juvenile drug and alcohol abuse problem and our principal recommendations for future action.

### The Problem:

Research studies and polls, nationally and within the state, reveal that use and abuse of drugs and alcohol by children are epidemic in our schools, on the streets, and in neighborhoods of every community in California. Incredibly, over 50 percent of current 11th grade students report having tried alcohol by the age of 11 or younger; 20 percent of 11th grade students drink beer once a week or more often; 13 percent of the 11th graders use marijuana once a week or more; and 7 percent use it once a day or more often. Drug and alcohol abuse cuts across both sexes, all economic classes and all racial and ethnic groups.

Alcohol is by far the leading drug of choice of juveniles and is the most dangerous. More than 3,000 drivers age 18 and under involved in fatal and injury accidents in 1984 “had been drinking.” The total fatal and injury accident rate for teenage drivers is approximately *three times* the rate for drivers 20 years of age and over. And studies show that young drinking drivers have substantially higher rates of accident involvement than do older age groups.

The tragic—and ominous—fact is that children “learn” to use drugs and alcohol at an early age and then graduate into adulthood to join literally millions of others in regular and more serious drug and alcohol abuse. For that reason alone, it is more urgent than ever to address these problems early to prevent children from using drugs and alcohol in the first place. Once children have been initiated into drug and alcohol use, it is far more difficult to interrupt the potentially dangerous and often deadly sequential cycle of accidents, crime and addiction that inevitably follows. Even more tragic is that some children “learn” their habits at home.

The health, social and economic costs of drug and alcohol in our society are virtually immeasurable. But one recent report by a Harvard medical economist estimates that alcohol alone costs the nation \$80 billion a year in deaths, injuries, accidents, disease and hospital treatment. Studies show that for every dollar we collect in alcohol taxes, it costs us \$10 in damages. The National Research Council estimates 150,000 people die every year from alcohol-related causes. The State Department of Alcohol and Drug Programs estimates that substance abuse cost California business alone \$17.7 billion in 1984.

Although the death, injury and health toll from illegal drugs is not measurable, the day-to-day evidence in the news media suggests that millions of lives are scarred by the drug “industry” which officials estimate has sales, nationally, of \$80 billion a year. The trail of deaths, crime and human misery recorded in the news and in official statistics overwhelms credibility. We turn our eyes and minds from the numbing reality of a rampant social disease for which there appears to be no end in sight.

For alcoholics, there is such painful paralysis between the need to drink and the need to stop that they literally cannot see what is going on. This is called “denial,” and society as a whole seems to be in similar denial. The horror of the destruction of young lives by drugs and the absence of any vision of what one can effectively do has led society into “looking the other way” or “doing something else.”

Astonishingly, this massive sickness which warps our children and spreads like a cancer throughout society has been virtually ignored as a social and health problem. Instead, we have criminalized it. As a crime problem, it is sensationalized on the front pages and in television shows. Government directed ‘task forces’ make highly publicized drug “busts.” We rail at the foreign countries who flood our streets with marijuana, cocaine and heroin.

And yet, we underfund programs for research, prevention, education, and treatment of drug and alcohol abuse. These programs are totally lacking in many communities. Often, it seems, parents and educators look the other way or refuse to face the reality that even small children are vulnerable; that many young children will get involved in drugs and alcohol and many of them will die on the streets in alcohol-related automobile accidents.

Does all this sound like a crisis? We believe there is a crisis of the national will, a failure to act in the face of danger, a denial of the facts and a flight from reality. We are being tested—and we are failing.

## **What Can Be Done?**

If this state and nation have the will, we believe that a reduction in juvenile drug and alcohol abuse is possible through a combination of prevention, education, treatment, and enforcement and through a massive effort by parents, community organizations, media and the private sector. Crucial to the effort will be the support of elected officials in the Legislature and those agencies in close and constant contact with children, principally schools. Crucial also will be the organization of parents and communities—aided by the mass media—in a concerted and continuing fight against drug and alcohol abuse. Without such support, school and government programs alone will fail.

The Commission reviewed and studied scores of educational programs and after-school and neighborhood efforts to reach out to children and young people involved in or threatened by drug and alcohol abuse.

We examined many exciting programs and we heard over and over again from educators, law enforcement officials and public and private agency experts in prevention that a comprehensive, successful prevention program must encompass these elements:

- A major, new and comprehensive drug and alcohol program for all public schools for all grades from kindergarten through high school. Emphasis should be on the development and implementation of programs which teach children to say “no” to drugs and alcohol and resist peer pressure when offered them. Programs must be sensitive to racial, ethnic and cultural diversity of the California school population. Finally, programs must be designed with an evaluation component.
- Families must be strengthened. Parents must be aided in the increasingly difficult task of successfully raising children in a drug-oriented society. The active support of parents for school prevention programs is crucial to their success. Parents must also be helped with supportive services and in learning effective techniques to develop healthy drug/alcohol-free youth.
- Law enforcement and regulatory officials, through reducing availability of drugs by arrest and seizure and by closer enforcement of laws governing alcohol sales and possession by minors, must be supported and encouraged by parents and educators in cooperative programs that reach out to the community. Firm law enforcement and swift, sure justice is an important preventive and deterrent force. In addition, the Department of Alcoholic Beverage Control needs to be scrupulous in questioning the human impact of their decisions, as must local permit-issuing agencies.
- The mass media, especially television, radio and the music-video recording industries, must do a better job of self-policing to reduce the incidence of images and messages it projects which appear to glorify or condone drug and alcohol use. Public and private agencies need the media’s help in presenting positive images to reinforce school and private agency programs which encourage children to say “no” to drugs and alcohol. These agencies must depend on the media to present news and information about the health, economic and social costs of drugs and alcohol to the community at large.
- The public and private sectors must become more involved. Prevention must have broad public support if it is to succeed. It is not just a school program, nor just law enforcement. In the final analysis, public support must translate into community political action and public and private sector and community programs which will provide the leadership and principal thrust for prevention efforts.
- Health care providers are central to any prevention effort involving youth and parents. Drug and alcohol abuse among youth is a serious health problem and it must be addressed as part of a strengthened health education program in all public school grades. Medical and mental health care providers, counselors, and public agencies in contact with children must be provided with training and accurate information about drug and alcohol abuse among children and how to deal with it.

- Churches, religious organizations and volunteer health, educational and social organizations exist in every community and must play a key role in developing and supporting drug and alcohol abuse prevention programs. Information and training for these groups as well as other programs to encourage their participation in fighting drug and alcohol abuse among our children are essential.
- Research and evaluation must be an integral part of all prevention strategies. While it is clear that a wide variety of prevention efforts are underway across the state, there are virtually no sound evaluations of these efforts. We know very little about how existing programs function, what impact they have or whether they are cost-effective.

The struggle will be long and costly and cannot succeed without the close cooperation of parents, families, teachers, law enforcement and health officials. It cannot succeed without quality leadership. It cannot succeed without a plan and without clearly defined and attainable goals. We are proposing the outline of such a plan in the recommendations of our report and a way to implement it. We propose a beginning and we ask you to use your office to lead a concerted effort in the long struggle ahead against drug and alcohol abuse. This is not a dream. Rather, it is an awakening from the nightmare that threatens our children and corrodes our society.

The plan we are proposing has two major elements:

- First, an unprecedented and sweeping new initiative to create a \$600 million-a-year state "Children's Superfund" to finance a massive new youth drug and alcohol abuse prevention effort in California. (See ch. 7.) This Children's Superfund will be totally self-financed by taxes on alcohol and cigarettes and earmarked solely for the prevention of drug and alcohol abuse among our youth. These new taxes are fair and are long overdue. They will raise taxes on alcohol and cigarettes only to the level at which they would be today had they been indexed for inflation. Neither tax has been increased for 18 years.
- Second, the creation of the California Master Plan for the Prevention of Drug and Alcohol Abuse Among Our Children. (See ch. 7.) This master plan would provide the basic design for a coordinated statewide program and would involve two levels of planning: the state and the community.

Mr. Attorney General, we realize that this is only the framework of a general plan for action. Details of an initiative measure for submission to the voters in 1988 should be worked out by a citizens' committee appointed by you. The committee should also assume the obligation for conducting a statewide campaign for the initiative on the 1988 June Election ballot.

We also believe that work on many of the recommendations we are making for a "master plan" for drug and alcohol abuse prevention should begin immediately and not await formation of the Superfund. Many will require individual legislative action. Others are administrative. Your committee should work on these.

### **Conclusion:**

This has been a difficult but rewarding assignment. Your Commission heard testimony from 62 witnesses and read hundreds of pages of documents, reports and books. What we heard was a passionate cry for help. "Our children are suffering. They are threatened and they are in danger." This was the message we received. It is the message we pass on to you and to the people of California. Drug and alcohol abuse is a cancer that permeates all levels of society—our schools, our families, our work places, the mass media, and the streets and neighborhoods of every community. It has been for too long an almost invisible force behind a host of disastrous consequences. Let us now tear away its mask and deal with the reality. Society created this monster. We can and must control it.

We respectfully submit to you and the people of California the following recommendations to prevent drug and alcohol use and abuse among our children and youth.

# RECOMMENDATIONS

## MEDIA—CHAPTER 1

### Recommendation 1

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL LAUNCH A STATEWIDE, MASS MEDIA CAMPAIGN DIRECTED AT CHANGING PEOPLE'S TOLERANT ATTITUDES TOWARD DRUG AND ALCOHOL USE AMONG YOUTH. THIS EFFORT SHOULD INCLUDE: (A) A MEDIA TASK FORCE COMPRISED OF INDUSTRY REPRESENTATIVES; (B) THE DEVELOPMENT OF A COMPREHENSIVE PUBLIC SERVICE CAMPAIGN; AND (C) "CELEBRITY AID"—A CONCERT FROM WHICH PROCEEDS WOULD GO TO YOUTH DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.

### Recommendation 2

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL CONVENE ANNUAL MEETINGS FOR MEDIA AND ADVERTISING REPRESENTATIVES TO PRESENT CURRENT AND UPDATED INFORMATION FROM MEDICAL AND SOCIAL RESEARCH TO HELP THEM STAY ABREAST OF NEW DEVELOPMENTS AND TRENDS IN DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.

### Recommendation 3

THE COMMISSION RECOMMENDS THAT THE GOVERNOR ESTABLISH AN ANNUAL MEDIA AWARDS PROGRAM FOR TELEVISION, VIDEO, CINEMA, PRINT, RADIO AND ADVERTISING TO RECOGNIZE AND HONOR SIGNIFICANT CONTRIBUTIONS TO DEGLAMORIZING DRUG AND ALCOHOL USE AND PROMOTING HEALTHY LIFE STYLES AMONG OUR YOUTH.

### Recommendation 4

THE COMMISSION RECOMMENDS THAT THE ADVERTISING INDUSTRY ADOPT SELF-REGULATING POLICIES TO DISCOURAGE THE USE OF MARKETING MESSAGES WHICH CONTRIBUTE TO DRUG AND ALCOHOL ABUSE AND ARE DIRECTED AT AGE GROUPS UNDER 21.

## RELIGIOUS AND VOLUNTARY ORGANIZATIONS—CHAPTER 2

### Recommendation 1

THE COMMISSION RECOMMENDS THAT RELIGIOUS ORGANIZATIONS USE COMMUNITY PREVENTION RESOURCES TO PROVIDE TRAINING FOR CLERGY AND TEACHERS, AS WELL AS LAY LEADERS, IN PREVENTION STRATEGIES AND HEALTH EDUCATION.

### Recommendation 2

THE COMMISSION RECOMMENDS THAT NATIONAL AND STATEWIDE NONDENOMINATIONAL RELIGIOUS ORGANIZATIONS PROVIDE STRONG LEADERSHIP AND SUPPORT OF MEMBERS' INVOLVEMENT IN DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.

### Recommendation 3

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE RELIGIOUS ORGANIZATIONS TO: (A) SPONSOR STRUCTURED PREVENTION EDUCATION ACTIVITIES FOR YOUTH; (B) ACTIVELY SUPPORT AND REINFORCE A NO-DRUG/ALCOHOL-USE MESSAGE; (C) INCORPORATE PREVENTION PROGRAMS INTO ACTIVITIES FOR YOUTH AND FAMILIES; (D) IMPLEMENT SPECIAL PROGRAMS FOR "HIGH-RISK" YOUTH; (E) CONDUCT PREVENTION TRAINING FOR PARENTS AND, (F) PROVIDE DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION WITHIN, OR CONNECTED WITH, WORSHIP SERVICES ON A PERIODIC BASIS.

### Recommendation 4

THE COMMISSION RECOMMENDS THAT LOCAL COMMUNITY-BASED PREVENTION COUNCILS BE ESTABLISHED TO DEVELOP AND COORDINATE DRUG AND ALCOHOL ABUSE PREVENTION ACTIVITIES, TO PROMOTE INNOVATIVE COMMUNITY PROGRAMS, TO DEVELOP STABLE FUNDING SOURCES, TO DISSEMINATE CURRENT INFORMATION, AND TO PROVIDE THE SUPPORT SYSTEM AND NURTURING ENVIRONMENT NEEDED FOR DRUG/ALCOHOL-FREE YOUNG PEOPLE.

**Recommendation 5**

THE COMMISSION RECOMMENDS THAT STATEWIDE AND LOCAL VOLUNTEER ORGANIZATIONS BE INCLUDED ON ANY NEW STATE-LEVEL PREVENTION COUNCIL(S).

**Recommendation 6**

THE COMMISSION RECOMMENDS THAT PEER LEADERSHIP TRAINING PROGRAMS AND PEER SUPPORT GROUPS FOR YOUTH BE ESTABLISHED AND MAINTAINED WITHIN SCHOOLS AND THE COMMUNITY.

**Recommendation 7**

THE COMMISSION RECOMMENDS THAT SCHOOLS, THROUGH PARENT ORGANIZATIONS, ADULT EDUCATION PROGRAMS, OR HEALTH CARE AGENCIES PROVIDE PARENTING AND DRUG AND ALCOHOL ABUSE PREVENTION AND EDUCATION TO PARENTS AT LEAST ONCE A YEAR.

**SCHOOLS—CHAPTER 3**

**Recommendation 1**

THE COMMISSION RECOMMENDS THAT THE EDUCATION CODE OF THE STATE OF CALIFORNIA BE AMENDED TO REQUIRE ALL SCHOOL DISTRICTS TO ADOPT AND IMPLEMENT K-12 DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION CURRICULUM IN CONFORMANCE WITH CRITERIA ESTABLISHED BY THE STATE DEPARTMENT OF EDUCATION REGARDING CURRICULUM CONTENT TO ENSURE THAT ALL MATERIALS CLEARLY COMMUNICATE A "NO DRUG AND ALCOHOL USE" MESSAGE, ARE AGE APPROPRIATE, AND SENSITIVE TO THE LANGUAGE AND CULTURE OF THE TARGET AUDIENCE.

**Recommendation 2**

THE COMMISSION RECOMMENDS THAT LEGISLATION BE DEVELOPED TO PROVIDE LEGAL IMMUNITY TO TEACHERS WHO INTERVENE IN THE DRUG AND ALCOHOL PROBLEMS OF THEIR STUDENTS.

**Recommendation 3**

THE COMMISSION RECOMMENDS THAT THE ROLE OF SCHOOL TEACHERS, COUNSELORS, NURSES AND ADMINISTRATORS AS AGENTS FOR THE PREVENTION OF DRUG AND ALCOHOL ABUSE BE REINFORCED THROUGH:

- (A) REQUIRING DEMONSTRATED COMPETENCY IN DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION AS A CONDITION OF TEACHER CREDENTIALING AND LICENSE RENEWAL;
- (B) PROVIDING SALARY AND OTHER INCENTIVES TO TEACHERS AND OTHER SCHOOL PERSONNEL TO WORK WITH STUDENTS TO ALLEVIATE THE PSYCHOLOGICAL AND SOCIOLOGICAL EFFECTS OF DRUG AND ALCOHOL ABUSE;
- (C) TRAINING TEACHERS TO IDENTIFY AND INTERVENE APPROPRIATELY WITH STUDENTS WHO ARE AT "HIGH RISK" TO ABUSE DRUGS OR ALCOHOL OR ARE UNDER THE INFLUENCE OF EITHER.

**Recommendation 4**

THE COMMISSION RECOMMENDS THAT SCHOOL BOARDS:

- (A) IDENTIFY AND COMMIT ADEQUATE FUNDING FOR PREVENTION EDUCATION;
- (B) ESTABLISH INCENTIVES FOR THE PARTICIPATION IN EXTRACURRICULAR ACTIVITIES BY TEACHERS, STUDENTS, AND PARENTS IN ESTABLISHING A DRUG-FREE ENVIRONMENT AND THE NORMS TO SUSTAIN IT;
- (C) EXPAND IN-SERVICE TEACHER TRAINING TO INCLUDE INFORMATION RELATING TO DRUG AND ALCOHOL ABUSE AND ITS PREVENTION;
- (D) ADOPT DISTRICT POLICIES FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE.

#### **Recommendation 5**

THE COMMISSION RECOMMENDS THAT PUBLIC AND PRIVATE SCHOOLS ESTABLISH AND REINFORCE AN ENVIRONMENT IN WHICH NO USE OF DRUGS AND ALCOHOL IS THE SOCIAL NORM THROUGH:

- (A) CLEARLY DEFINED AND COMMUNICATED LAWS, POLICIES, PROCEDURES, AND SANCTIONS RELATED TO ALCOHOL AND DRUG USE ON CAMPUS;
- (B) COOPERATIVE EFFORTS WITH PARENTS TO PREVENT DRUG AND ALCOHOL USE AT SOCIAL EVENTS SPONSORED BY SCHOOL GROUPS AND ATTENDED BY STUDENTS;
- (C) SUPPORT OF YOUTH-INITIATED ACTIVITIES THAT ARE FREE OF DRUG AND ALCOHOL USE;
- (D) PREVENTION EFFORTS, ESPECIALLY THOSE INVOLVING PEER SUPPORT;
- (E) SPECIAL EDUCATION AND SCHOOL-RELATED STUDENT ASSISTANCE PROGRAMS FOR "HIGH-RISK" AND DRUG-ABUSING STUDENTS OR STUDENTS WHO ARE DRINKING.

#### **Recommendation 6**

THE COMMISSION RECOMMENDS THAT PUBLIC SCHOOL STUDENTS COMPLETE ONE SEMESTER OF HEALTH EDUCATION INCLUDING ALCOHOL AND DRUG EDUCATION BEFORE THE ELEVENTH GRADE AND DEMONSTRATE KNOWLEDGE OF THE EFFECTS AND CONSEQUENCES OF DRUG AND ALCOHOL USE THROUGH ACCEPTABLE SCORES ON STANDARDIZED COMPETENCY TESTS AS A REQUIREMENT FOR GRADUATION.

#### **Recommendation 7**

THE COMMISSION RECOMMENDS THAT PUBLIC-PRIVATE PARTNERSHIPS BE ENCOURAGED TO DEVELOP FUNDING FOR PREVENTION PROGRAMS TARGETED AT YOUTH UNDER 12 AND IN THE SEVENTH AND EIGHTH GRADES.

#### **Recommendation 8**

THE COMMISSION RECOMMENDS THAT, IN ORDER FOR SCHOOLS TO RECEIVE FUNDS FROM ANY STATE AGENCY FOR ALCOHOL AND DRUG PREVENTION EDUCATION, THE FOLLOWING CRITERIA MUST BE MET:

- (A) INITIAL TRAINING MUST INCLUDE MEMBERS OF THE SCHOOL BOARD, THE SUPERINTENDENT, PRINCIPAL, DESIGNATED TEACHERS, SCHOOL PERSONNEL, COMMUNITY AGENCIES, AND PARENTS;
- (B) A LONG-TERM COMMITMENT TO A DRUG AND ALCOHOL PREVENTION PROGRAM, PREFERABLY OF AT LEAST A FIVE-YEAR DURATION;
- (C) A DETAILED DESCRIPTION OF THE SCHOOL PLAN, ITS IMPLEMENTATION, AND ITS EVALUATION.

#### **Recommendation 9**

THE COMMISSION RECOMMENDS THAT THE DEPARTMENT OF EDUCATION'S EXISTING REFERENCE CENTER SERVICE BE EXPANDED TO INCLUDE DRUG AND ALCOHOL EDUCATION INFORMATION IN THE COMPUTER DATA BASE, WITH INPUT FROM THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, THE OFFICE OF TRAFFIC SAFETY, THE OFFICE OF CRIMINAL JUSTICE PLANNING, AND THE DEPARTMENT OF JUSTICE.

### **PRIVATE SECTOR AND PUBLIC EMPLOYERS—CHAPTER 4**

#### **Recommendation 1**

THE COMMISSION RECOMMENDS THAT THE PRIVATE SECTOR BE ENCOURAGED TO FORM PARTNERSHIPS WHICH PROMOTE DRUG AND ALCOHOL PREVENTION ACTIVITIES FOR CHILDREN, YOUTH AND FAMILIES IN LOCAL COMMUNITIES.

#### **Recommendation 2**

THE COMMISSION RECOMMENDS THAT THE PRIVATE SECTOR BE ENCOURAGED TO DEVELOP PERSONNEL POLICIES WHICH PROMOTE FAMILY HEALTH AND PREVENT DRUG AND ALCOHOL PROBLEMS; AND FURTHER RECOMMENDS THAT THE GOVERNOR ESTABLISH AN ANNUAL AWARDS

PROGRAM TO RECOGNIZE AND HONOR SIGNIFICANT PRIVATE SECTOR PERSONNEL POLICIES.

**Recommendation 3**

THE COMMISSION RECOMMENDS THAT THOSE COMPANIES THAT HIRE YOUTH, AGES 16-21, BE ENCOURAGED TO:

- (A) PROVIDE INFORMATION THAT PROMOTES HEALTH AND DISCOURAGES USE OF ILLEGAL DRUGS AND ALCOHOL.
- (B) PROVIDE WORK-SITE CLIMATES THAT PROMOTE YOUTH INVOLVEMENT IN HEALTHY LIFE STYLES.
- (C) SUPPORT EXISTING PREVENTION PROGRAMS IN THE COMMUNITY THAT FOCUS ON CHILDREN AND YOUTH.

**Recommendation 4**

THE COMMISSION RECOMMENDS THAT PRIVATE INDUSTRY, PUBLIC EMPLOYERS, AND EDUCATIONAL INSTITUTIONS ADOPT AND IMPLEMENT EMPLOYEE ASSISTANCE PROGRAMS FOR EMPLOYEES AND THEIR FAMILIES EXPERIENCING DRUG AND ALCOHOL PROBLEMS.

**Recommendation 5**

THE COMMISSION RECOMMENDS THAT PROFESSIONAL SPORTS TEAMS AND INTERCOLLEGIATE SPORTS PROGRAMS IMPLEMENT DRUG TESTING, INTERVENTION AND COUNSELING PROGRAMS.

**HEALTH CARE—CHAPTER 5**

**Recommendation 1**

THE COMMISSION RECOMMENDS THAT THE LEGISLATURE ESTABLISH A PERMANENT SELECT COMMITTEE FOR THE DEVELOPMENT OF POLICY INITIATIVES FOR THE YOUTH OF CALIFORNIA.

**Recommendation 2**

THE COMMISSION RECOMMENDS THAT THE GOVERNOR, LEGISLATURE, THE SUPERINTENDENT OF PUBLIC INSTRUCTION, AND THE DIRECTOR OF THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS PLACE PRIORITY ON THE DEVELOPMENT AND FUNDING OF K-12 ALCOHOL AND DRUG ABUSE PREVENTION CURRICULUM AND PROGRAMS WITH SPECIAL EMPHASIS PLACED ON THE UNDER 10 AGE GROUPS.

**Recommendation 3**

THE COMMISSION RECOMMENDS THAT (A) THE GOVERNOR CREATE AN INTERAGENCY INTERGOVERNMENTAL COUNCIL ON DRUG AND ALCOHOL ABUSE PREVENTION; (B) THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS SERVE AS THE LEAD AGENCY IN THIS COUNCIL; AND (C) THE COUNCIL BE CHARGED WITH THE PLANNING, COORDINATION AND PROMOTION OF DRUG AND ALCOHOL PREVENTION PROGRAMS IN THE STATE OF CALIFORNIA.

**Recommendation 4**

THE COMMISSION RECOMMENDS THAT THE SUPERINTENDENT OF PUBLIC INSTRUCTION AND THE STATE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS ESTABLISH A FUND OR FISCAL INCENTIVES FOR THE DEVELOPMENT OF PARENTING EDUCATION AND TRAINING PROGRAMS.

**Recommendation 5**

THE COMMISSION RECOMMENDS THAT INSTITUTIONS FOR TRAINING HEALTH CARE PROVIDERS ESTABLISH MINIMUM STANDARDS FOR TRAINING IN THE APPROPRIATE METHODS OF INTERVENTION AND EDUCATION OF YOUTH ON ALCOHOL AND DRUG PROBLEMS.

**Recommendation 6**

THE COMMISSION RECOMMENDS THAT THE GOVERNOR AND THE LEGISLATURE ADEQUATELY FUND A STATEWIDE RESOURCE CENTER WHICH PROVIDES INFORMATION TO HEALTH CARE PROVIDERS AND THE GENERAL PUBLIC ON DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS, RESEARCH, CURRICULUM, LITERATURE AND FILMS.



**Recommendation 7**

THE COMMISSION RECOMMENDS THAT ROTATING HEALTH WARNING LABELS BE PLACED ON ALL ALCOHOLIC BEVERAGE CONTAINERS; AND THAT HEALTH WARNINGS BE PLACED ON ALL ADVERTISEMENTS FOR ALCOHOLIC BEVERAGES.

**LAW ENFORCEMENT AND REGULATORY AGENCIES—CHAPTER 6**

**Recommendation 1**

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE PROFESSIONALS IN THE JUVENILE JUSTICE SYSTEM TO DEVELOP EDUCATIONAL PROGRAMS ON DRUG AND ALCOHOL ABUSE FOR PROBATION OFFICERS, DISTRICT ATTORNEYS AND JUDGES.

**Recommendation 2**

THE COMMISSION RECOMMENDS THAT THE GOVERNING BODIES OF ALL EDUCATIONAL INSTITUTIONS DEVELOP AND ADOPT POLICIES TO FULLY COOPERATE WITH LAW ENFORCEMENT OFFICIALS IN ENFORCING DRUG AND ALCOHOL LAWS ON CAMPUS AND INFORM ALL SCHOOL EMPLOYEES, STUDENTS AND PARENTS OF THE POLICY.

**Recommendation 3**

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL, STATE SUPERINTENDENT OF PUBLIC INSTRUCTION, LOCAL SCHOOL DISTRICTS, AND LOCAL LAW ENFORCEMENT AGENCIES THROUGHOUT THIS STATE DEVELOP PARTNERSHIPS TO EXPLORE AND IMPLEMENT JOINT EDUCATIONAL PROGRAMS TO MEET THE SPECIFIC NEEDS OF THEIR COMMUNITIES.

**Recommendation 4**

THE COMMISSION RECOMMENDS THAT LOCAL LAW ENFORCEMENT AGENCIES INSTITUTE SOBRIETY CHECKPOINT PROGRAMS.

**Recommendation 5**

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL SPONSOR LEGISLATION TO ENACT THE "MODEL DRAM SHOP ACT OF 1985" PREPARED BY THE LEGAL STUDIES UNIT OF THE PREVENTION RESEARCH CENTER.

**Recommendation 6**

THE COMMISSION RECOMMENDS THAT THE BOARD OF TRUSTEES OF THE STATE COLLEGES AND UNIVERSITIES AND THE BOARD OF REGENTS OF THE UNIVERSITY OF CALIFORNIA PROHIBIT PROMOTIONAL ACTIVITIES BY ALCOHOLIC BEVERAGE MANUFACTURERS AND DISTRIBUTORS ON STATE CAMPUSES.

**Recommendation 7**

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE THE USE OF ZONING ORDINANCES, CONDITIONAL USE PERMITS, AND ENVIRONMENTAL IMPACT HEARING PROCEDURES DESIGNED TO MINIMIZE ALCOHOL-RELATED PROBLEMS IN THE COMMUNITY.

**Recommendation 8**

THE COMMISSION RECOMMENDS THAT THE GOVERNOR AND THE LEGISLATURE PROVIDE ADEQUATE FUNDING TO THE DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL (ABC) FOR THE PURPOSE OF ENFORCING THE ALCOHOLIC BEVERAGE CONTROL ACT.

**Recommendation 9**

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE LOCAL LAW ENFORCEMENT AGENCIES TO INSTITUTE "DECOY" PROGRAMS IN COOPERATION WITH THE DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL.

## **A SUPERFUND—FOR THE PREVENTION OF DRUG AND ALCOHOL ABUSE AMONG OUR CHILDREN—CHAPTER 7**

### **Recommendation**

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL APPOINT A CITIZENS' COMMITTEE TO DRAFT AND QUALIFY AN INITIATIVE WHICH ESTABLISHES A SUPERFUND FOR DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS AND ANCILLARY SERVICES DIRECTED TO JUVENILES, INCREASES EXCISE TAXES ON ALCOHOL AND CIGARETTES ON THE BASIS OF THE RECOMMENDATIONS OF GOVERNOR DEUKMEJIAN'S TAX REFORM ADVISORY COMMISSION (OCTOBER 1985), AND EARMARKS THAT PORTION OF THE TAXES WHICH ACCRUE FROM THE INFLATION-ADJUSTED INCREASES FOR DEPOSIT INTO THE NEW SUPERFUND.

## **PROGRAM EVALUATION—CHAPTER 8**

### **Recommendation 1**

THE COMMISSION RECOMMENDS THAT WHENEVER FEASIBLE, THE DEVELOPMENT AND REFINEMENT OF EFFORTS TO COMBAT DRUG AND ALCOHOL ABUSE SHOULD PROCEED SEQUENTIALLY FROM (1) POLICY FORMATION AND PROGRAM DESIGN, TO (2) ACCOUNTABILITY EVALUATION, TO (3) PROGRAM ASSESSMENT EVALUATION.

### **Recommendation 2**

THE COMMISSION RECOMMENDS THAT FOR PROGRAMS FUNDED WITH TAX DOLLARS, AN AMOUNT OF MONEY EQUAL TO AT LEAST 10 PERCENT OF A PROGRAM'S OPERATING BUDGET SHOULD BE SET ASIDE FOR EVALUATION.

### **Recommendation 3**

THE COMMISSION RECOMMENDS THAT NEW PROGRAMS FUNDED WITH TAX DOLLARS SHOULD BE SUPPORTED ON A THREE-YEAR CYCLE WITHIN A ZERO-BASED BUDGET PERSPECTIVE.

### **Recommendation 4**

THE COMMISSION RECOMMENDS THAT EXISTING PROGRAMS FUNDED WITH TAX DOLLARS SHOULD BE ACCOUNTABLE TO THE FULLEST DEGREE THAT IS PRACTICAL.

### **Recommendation 5**

THE COMMISSION RECOMMENDS THAT EFFORTS SHOULD BE MADE TO DIRECTLY INVOLVE THE STATE'S COLLEGES AND UNIVERSITIES IN THE EVALUATION RESEARCH.

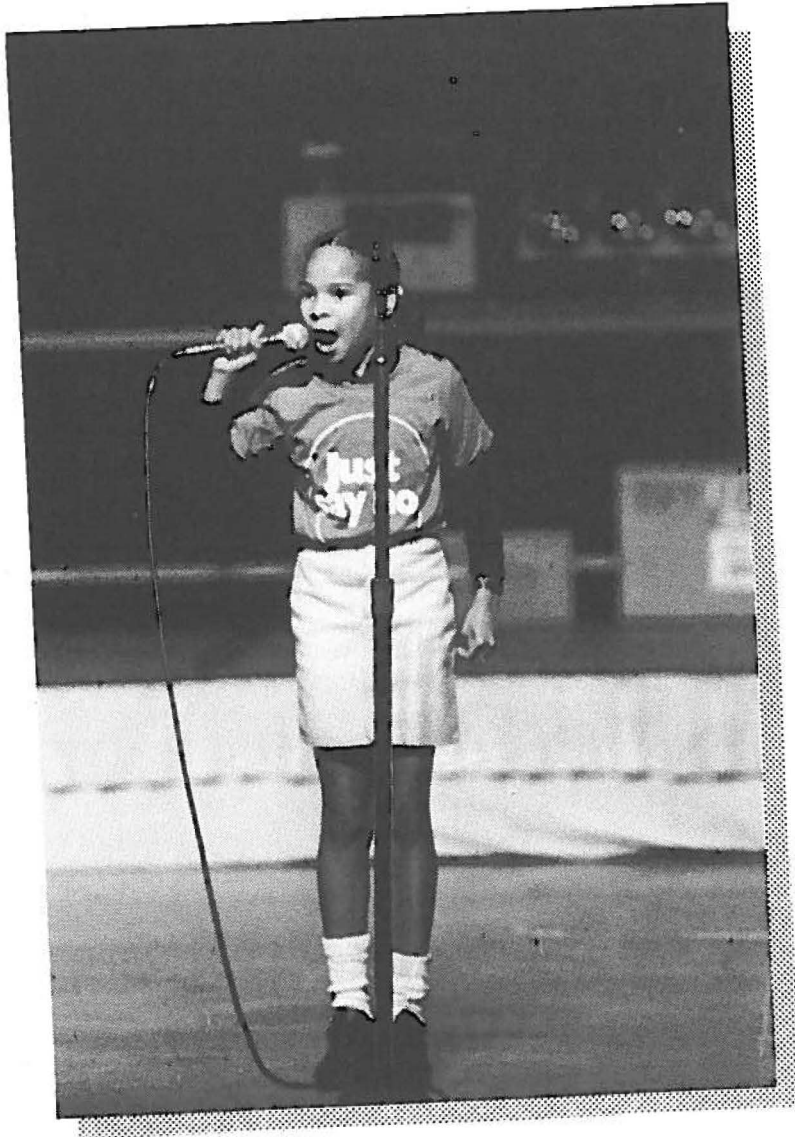
### **Recommendation 6**

THE COMMISSION RECOMMENDS THAT ANY STATEWIDE DRUG AND ALCOHOL ABUSE CLEARINGHOUSE CONSIST OF INFORMATION ON (1) THE RESULTS OF NEEDS ASSESSMENTS, (2) PREVENTION PROGRAMS IN PROGRESS, AND (3) EVALUATIONS OF PROGRAM EFFECTIVENESS.



# Findings and Recommendations

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**“What we need most of all is a strong value system instilled in our young people. Parents, schools, churches and community groups need to work together to ensure that their youngsters have the opportunity to form positive attitudes about their potential contribution to society and to obtain training that will help them become constructive members of our community... Every institution of our society is involved... we must act together if we are to succeed.”**

**– Lionel Wilson, Mayor  
City of Oakland**

# FINDINGS AND RECOMMENDATIONS

## INTRODUCTION

Drug and alcohol problems have adverse effects on cognitive and social development of our youth, safety in our schools and communities, the productivity of our work force, and the physical and emotional health of our citizens.

Government's response to the problem has been to fund treatment involving direct services for individuals and families experiencing chemical dependency or alcohol problems and to fund prevention efforts which emphasize two approaches: (1) the traditional law enforcement approach to prevent illegal drug use and alcohol misuse, designed to reduce the "supply" of drugs and the illegal sale and use of alcohol; and (2) the prevention approach that establishes education and training activities to decrease the "demand" for drugs and change social norms and influences regarding drug and alcohol abuse and alcohol-related problems. These two approaches make up the supply and demand equation and are illustrated in the chart below.

<b>Supply</b>	<b>Demand</b>
<b>Law Enforcement Activities</b>	<b>Education and Prevention Activities</b>
<ul style="list-style-type: none"><li>• Arrest of Offenders</li><li>• Drug Seizures</li><li>• Minimum Age Laws</li><li>• Penalties for Misuse</li><li>• Arrest of Dealers</li><li>• Crop Eradication</li><li>• Control Foreign Production</li></ul>	<ul style="list-style-type: none"><li>• School-based Curricula</li><li>• Parent Training</li><li>• Drug and Alcohol Education</li><li>• Community Education</li><li>• Service Training</li><li>• Public Service Messages</li><li>• Informational Publications</li></ul>

Attorney General John K. Van de Kamp is carrying out a commitment to "reduce" the supply of illegal drugs in California through his Campaign Against Marijuana Planting (CAMP) and drug enforcement programs aimed at major traffickers, unethical doctors and pharmacists who divert prescription drugs, clandestine high-tech drug laboratories, and money laundering systems that shelter drug profits.

These "supply" side programs were addressed in 1983-1984 by Attorney General Van de Kamp's Commission on Narcotics which examined the illicit production, importation and distribution of illegal drugs. That Commission made recommendations to improve law enforcement's ability to impact the supply and use of these controlled substances. Although the Commission on Narcotics focused its attention on reducing the supply of illegal drugs, it also concluded: "Full success cannot be achieved unless a significant impact is made on the demand side of the problem . . . through innovative education and prevention programs."<sup>1</sup> Last year, the Attorney General's approach to the drug problem was expanded to address the "demand" side of the equation. Thus, he established this Commission on the Prevention of Drug and Alcohol Abuse to examine youth strategies and programs that impact the "demand" side of the problem and to move California from a social norm of drug use to one of "no use."

## AN OVERVIEW OF PREVENTION STRATEGIES

Prevention may be defined as activities, programs or policies aimed at enabling people to stay healthy and encouraging communities to strengthen environments which promote health and change those conditions which predispose individuals to develop problems.

Traditional prevention definitions and strategies focused on the individual and were primarily designed to operate within the school setting. Modern or second-generation strategies include broad-based community involvement and examine environmental influences or risks that contribute to the abuse of drugs or alcohol. Therefore, prevention strategies focus either on the individual or the environment.

- *Individual* strategies are designed to increase self-esteem and sense of value as well as provide techniques to cope with stress, make decisions and resist peer pressure to use drugs and/or alcohol.
- *Environmental* strategies focus on those influences, such as the schools, the work place and the media, which surround the individual. These strategies involve the entire community in creating strong, positive environments which support drug-free life styles and reduce alcohol-related risks (i.e., drinking and driving) through public policies.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports: Research to date suggests that given the complexity of factors influencing drinking behavior and the wide range of drinking problems, the most promising prevention strategies are those that combine a variety of approaches targeting both the individual and the total environment. <sup>2</sup>

Prevention can be viewed in stages that reflect the individual's use of or experimentation with drugs or alcohol. These stages are known as (1) primary; (2) secondary; and (3) tertiary.

- *Primary* prevention assumes that the individual has never tried drugs or alcohol and is aimed at enforcing the no-use norm by building positive self-esteem, developing good coping and refusal skills, and providing information on drugs and alcohol.
- *Secondary* prevention assumes that the individual is in the early stages of use but does not regularly use drugs. Secondary prevention/intervention strategies are aimed at stopping drug use by providing drug information, developing decision-making and refusal skills, improving family communication, and may also include individual counseling.
- *Tertiary* prevention assumes that the individual is regularly using drugs but has not become a habitual user. Tertiary prevention/intervention includes counseling, drug education and family therapy. There is a very fine line between the tertiary level of intervention and treatment services.

Many prevention approaches today focus on children before first use. After an extensive review of current prevention programs, one researcher concluded that cost-effective programs will most likely include: community volunteers working with youth in community settings; strategies that target high-risk children and youth; messages that stress healthy life styles and focus on short-term health consequences and integrated, coordinated and long-term strategies that address environmental influences on youth. <sup>3</sup>

The 1984 report by Rand Corporation concluded, "Top priority should be given to developing and testing drug use prevention programs for junior high school students based on a peer influence model that has been successfully applied to cigarette smoking." The Rand report went on to state, with respect to alcohol, "No presently available approach to alcohol prevention appears to warrant major investments. However, youthful drinking remains a prime cause of automobile accidents and other serious problems. We, therefore, recommend that the greatest resource be devoted to small scale experimentation with a variety of alcohol prevention approaches possible at the senior high school level and targeted at drinking and driving." <sup>4</sup>

There are a number of theories, strategies and/or approaches to reduce or eliminate adolescent drug or alcohol use. Not all of them have been presented in this overview; however, the Commission was most influenced by those primary prevention strategies that focus on the individual and support healthy drug/alcohol-free life styles for youth.

## THE COMMISSION APPROACH

The drug and alcohol abuse problem is pervasive and multifaceted and affects every aspect of American society. The Commission, therefore, attempted to develop a comprehensive plan of prevention involving as many significant segments of society as possible—the mass media, private industry, religious and voluntary organizations, schools, health care providers, and law enforcement and regulatory agencies.

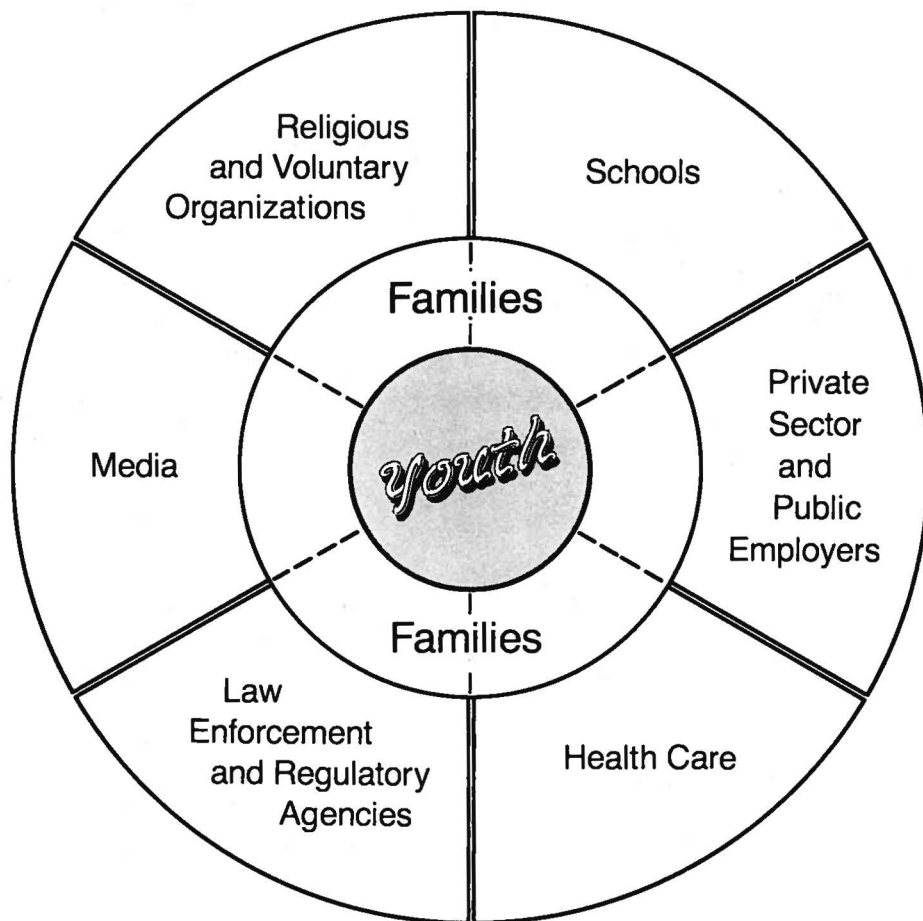
The Commission believes that the prevention of youth drug and alcohol abuse requires a coordinated, multifaceted approach—one that strengthens families of varying racial, ethnic, and socioeconomic circumstances, and rewards youth of all ages and developmental circumstances for a drug-free life style.

The Commission further believes that there are no single strategies or programs which in isolation can consistently and clearly communicate no-use norms.

These assumptions comprise the conceptual model that has guided the Commission's activities. Diagram 1 illustrates the interrelationships of the segments of society that influence youth.

1.

### **A Conceptual Model for Preventive Approaches to Alcohol and Drug Abuse**



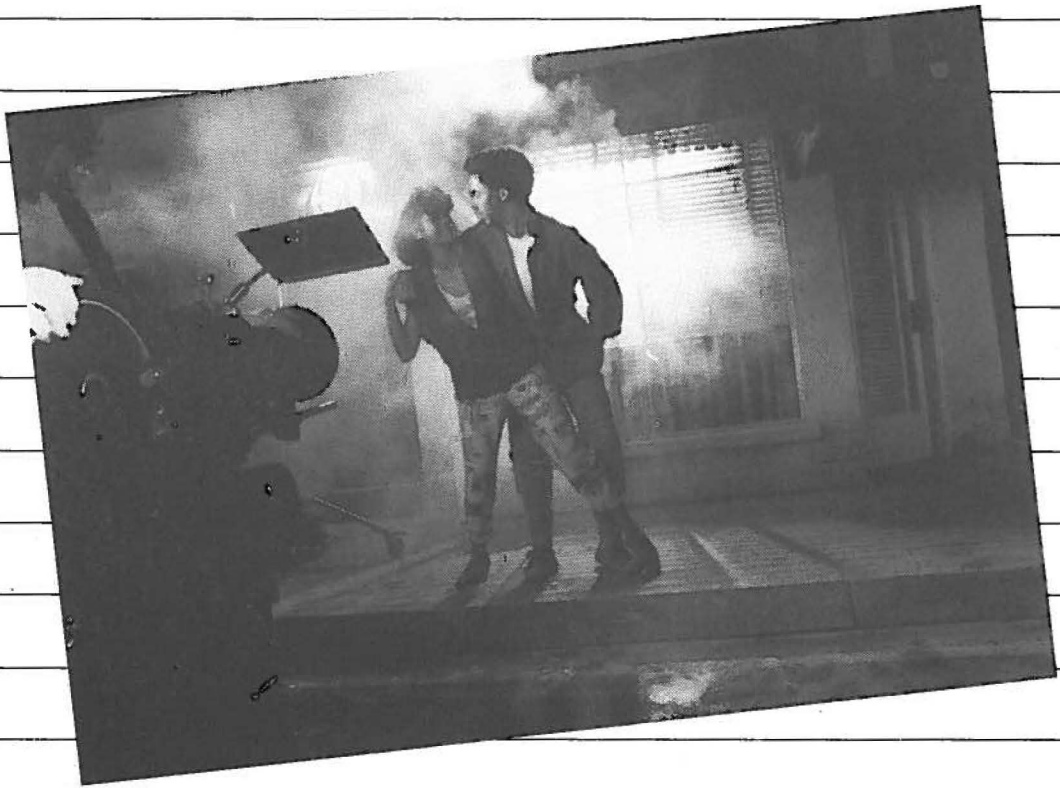


## **THE REPORT**

The Commission's Report is organized into eight chapters, each containing an introduction, followed by recommendations and discussions. The six major areas influencing youth, Media (ch. 1), Religious and Voluntary Organizations (ch. 2), Schools (ch. 3), Private Sector and Public Employers (ch. 4), Health Care (ch. 5) and Law Enforcement and Regulatory Agencies (ch. 6), are followed by A Superfund—For the Prevention of Drug and Alcohol Abuse Among Our Children (ch. 7), and Program Evaluation (ch. 8).

These findings and recommendations are a first step in the movement to change attitudes and norms regarding drug and alcohol use by youth. They were developed from the Commission's examination of youth prevention strategies and programs that impact the "demand" side of the problem and are designed to include all citizens of California in an ongoing comprehensive effort to prevent youth drug and alcohol abuse.

# 1. Media



**“It is incomprehensible that the American public’s reaction to the loss of life, productivity, and a staggering one hundred twenty billion dollar social liability brought about by costs incurred from tobacco, alcohol and drug abuse does not begin to equal the public’s outrage over the change in the Coca Cola formula.”**

– Susan Newman  
The Scott Newman Center

**“... It seems that there’s some relationship between the level of advertising and consumption (of alcohol)... The issue is how to approach controlling advertising, or limiting it, or changing its focus in a way that can affect consumption in a positive way.”**

– Laurie Soman

# CHAPTER 1: MEDIA

## INTRODUCTION

### History

Since the end of World War II when television first burst into the American home with astonishing speed and pervasiveness there has been an unbroken line of rising public interest about the connection between the growing extent and power of the mass media and the behavior of children, adolescents and young people.

By 1948 and 1949 Americans bought 200,000 television sets every month and, in 1950, seven million sets were installed in United States homes. Although 40 million Americans were still listening to radio, the battle between the two media was quickly settled. In five years television was the dominant media force in the vast majority of homes. And it became the instant source of criticism, blame and hand-wringing. Surveys in the early 1950s showed that by the time a student graduated from high school he or she would have spent 11,000 hours in class and 15,000 hours in front of a television set. <sup>1</sup> Today, 30 years later, surveys estimate 12,000 hours in school and between 20,000 and 30,000 hours of television by graduation day. <sup>2</sup>

Coincident with the rise of television in the 1950s came a sudden burst of public concern about rising juvenile delinquency, culminating in widely reported hearings of a United States Senate Committee. Educators, sociologists and psychologists, along with parent groups, testified about the influences of television, comics and other forms of mass media. The committee was bombarded with thousands of letters from angry and concerned parents blaming "the media" for the apparent rise in juvenile delinquency (statistics involving the behavior of children have always been sketchy, unreliable and subject to controversial interpretation). Although the Senate investigation of the mass media shed much heat on the subject, conclusions and remedies were hard to come by. The report of the hearings was inconclusive.

Writer William Manchester chronicled the rise, change and power of the media in the 1950s with vivid reports of violence, sex and bad taste:

"Roughly one-third of the new programs for children were devoted to crime and violence," he wrote. "The number of American firms manufacturing toy guns jumped from ten to nearly 300. . . . Some murders on the screen were quite horrible." He went on to state: "Jack Gould of the *New York Times* campaigned against close-ups of young girls being strangled, but the predominant view in the network hierarchy was that TV was no gorier than, say, 'Jack the Giant Killer'. . . . Anyway, violent programs were popular: kids wanted them. Therefore decisions to increase the homicidal level were reached in the 60 square blocks around Madison Avenue." <sup>3</sup>

But if television dominated the attention of the news media and concerned parents, it was in fact only one part of a "media explosion" that swept America in the 1950s and continues unabated today. Literally billions of paperback books and popular rock and jazz records have been sold. Radio stations proliferated and movies surged back into prominence when they discovered new ways to offset television's attractions. Fueling the media bombardment was a huge increase in advertising budgets.

### The Current Situation

The Commission finds that nothing much has changed since the 1950s when television first captured the attention of the American public, families and social critics. Today, "the media" is still the center of controversy. In the midst of an epidemic of drug and alcohol abuse by children and adolescents, television films and recordings are once again the object of strong and heated finger-pointing, blame and investigations.

In 1985, the United States Senate Committee on Commerce, Science and Transportation held hearings on rock music lyrics. The committee called on the recording industry to print warning labels and/or the lyrics of songs that contain explicit sex, violence or substance abuse on record jackets. <sup>4</sup>

Mrs. Susan Baker, cofounder of Parents Music Resource Center (PMRC), a Washington, D.C., group of mothers and wives of senators, testified at the committee hearings that "Teenage pregnancy and suicide rates are at epidemic proportions . . .

and rape is up. It is our contention that pervasive messages aimed at children which promote and glorify suicide, rape, and sadomasochism have to be numbered among contributing factors.”<sup>5</sup> PMRC also cited rock lyrics for promoting drug abuse. As a result of the hearings, the Record Industry Association of America published “guidelines” for producers encouraging use of a printed warning on offensive recordings, such as “Explicit Lyrics-Parental Advisory,” or printing of the lyrics themselves.

Also in 1985, the United States Senate Permanent Subcommittee on Investigations held hearings on movie ratings systems which included suggestions for a “Substance Abuse” or “SA” designation that warns parents of film scenes depicting messages that normalize drug use or alcohol abuse.

Among other witnesses testifying was Michael Satchell, Associate Editor of *Parade Magazine* which published a cover story in July 1985 on: “Does Hollywood Sell Drugs to Kids.” Satchell testified that “with only a modest investment in time and effort, I was able to identify and view 57 major motion pictures—many made in the past five years—that contained positive drug messages.” He found only nine with negative messages. Satchell also stated: “Several of the films aimed primarily at the teenage and young adult audience suggest that marijuana—and for that matter, heavy drinking—are necessary components for having a good time. Getting blitzed on pot or booze is treated in these films as a sort of inevitable rite of teenage passage”<sup>6</sup>

The *Parade* article asked readers to respond to a two-question poll on whether motion pictures showing gratuitous drug abuse should have an “SA” (substance abuse) rating or be given an “X” rating which is currently in use for sexually and violently explicit films. Satchell commented that 55,000 replies came back with 90 percent approval of both proposals.

The Motion Picture Association of America, which enforces the film rating system, recently voluntarily adopted a “PG-13” rating for films which depict drug use. Under the new guidelines, any film that contains a drug use scene will receive a “PG-13” rating and a movie with a graphic drug scene will be given an “R” or “X” rating.<sup>7</sup>

Although television and movie producers are concerned about public criticism of shows that appear to condone drug use, it appears that alcohol is in a different category. Gratuitous use of alcohol, when it is not necessarily germane to the story or scene, is widespread both in television and films. Although there have been industry efforts to reduce the number of such incidents, alcohol use and abuse are portrayed in many current films. The 1986 Academy Award winner for best film, “Out of Africa,” for example, has numerous alcohol scenes involving the stars Meryl Streep and Robert Redford associated with their romance. Would this film have been just as powerful and emotional without as many scenes depicting the use of alcohol or the association of alcohol with romance? “Down and Out in Beverly Hills,” another immensely popular recent film, is cited both for alcohol use and a scene where the daughter describes her boyfriend to her father: “He only smokes marijuana and does a little cocaine. He’s a normal adult.” Audiences laugh. It’s a joke.

#### **Advertising—Its Role**

Advertising is an integral part of “the media.” It pays the bills for commercial television and radio and most of the print media—newspapers and magazines. It is estimated that the alcoholic beverage industry spends about \$1.2 billion a year on advertising and, to the extent it is relevant to this discussion, the drug industry spends \$1.9 billion on advertising.<sup>8</sup>

The American Bar Association’s (ABA’s) Section on Individual Rights and Responsibilities conducted an eight-month study by an Advisory Commission on Youth Alcohol and Drug Problems on a wide range of subjects involving substance abuse, including the role of alcohol advertising and the promotion of alcohol on college campuses. The ABA group heard from 160 witnesses in hearings in three cities and received over 250 recommendations and hundreds of pages of studies and reports on various aspects of drug and alcohol abuse among youth.

In its final report to the ABA in July 1985, the Advisory Commission explored four proposals on alcohol advertising: (1) a total ban on all broadcast media advertising; (2) time and manner restrictions; (3) required equal time or counter advertising; and

(4) required warning labeling of alcohol products. The report suggests that research supports "the consideration of the possibility and propriety of various remedial measures," but it did not support a definite proposal.

The issue raises a wide range of legal, administrative and policy questions that, given the broad protections of the First Amendment to the Constitution, may never be resolved. Nevertheless, the Advisory Commission's report points out, the issue will not go away. States, citizen groups, individual citizens and legislative bodies are all involved. The Federal Trade Commission in April 1985 rejected a petition from the Center for Science in the Public Interest for rule making, citing the inadequacy of research linking alcohol advertising to alcohol abuse. The federal Bureau of Alcohol, Tobacco and Firearms (BATF) has been considering promulgation of a rule on alcohol advertising since 1978. It has received 5,000 comments and 140 citizen petitions, but no action by that group is in sight.

In a paper published in 1984, Dr. Lawrence Wallack of the Prevention Research Group of the Institute of Epidemiology and Behavioral Medicine, Medical Research Institute of San Francisco, described BATF's record on controlling alcohol advertising as "dismal."

"(Alcohol) advertising for several reasons is clearly misleading, yet the public's representative (BATF) has been and continues to be the handmaiden of the industry it should be regulating and it is unlikely that any change in this relationship will be forthcoming."

Wallack agrees that there must be continuing research on the content and effects of alcoholic beverage advertising, but he cites an editorial by the influential *Advertising Age* journal dismissing the alcohol industry's protestations that their advertising does not affect consumption:

"A strange world it is, in which people spending millions on advertising must do their best to prove that advertising doesn't do very much!"

Wallack cites two proposals for countering alcohol advertising: (1) elimination of the federal tax deduction for alcoholic beverage advertising; and (2) levying a 10 percent tax on alcoholic beverage advertising to fund counter advertisements showing the down-side of alcohol consumption.

### Summary

This brief overview of "the media" and advertising industries points the Commission to a few comments but not many hard conclusions. The general subject is an enormous tangle of constitutional rights, conflicting and controversial politics, legal questions and individual vs. commercial "rights." The Commission had neither the time nor the resources to adequately address the scores of questions raised by witnesses appearing before us and hundreds of pages of comments and research. However, these points stand out:

- For good or for bad, there is general agreement that the mass media and advertising influence the behavior of children and adolescents in the use and abuse of drugs and alcohol. Parents, peers and other influences are part of the puzzle too but "the media" must accept its part and responsibility in contributing to a "normalization" of the use of drugs and alcohol in our society.
- Although scientific studies are inconclusive and additional and continuing research is needed into the connection between drug and alcohol abuse and the mass media, there is a growing consensus that action needs to be taken now to ensure that children are not subjected to one-sided, positive portrayals of drugs and alcohol by the media and advertising industries without learning the negative aspects of using drugs and alcohol.
- Self-regulation by the mass media and advertising industries is the ideal solution to correcting abuses of encouraging drug and alcohol use among children. However, voluntary actions alone will probably not be enough. Political, legal, legislative and regulatory measures will be needed.
- California is in a unique position to lead the way in addressing the media's impact on the drug and alcohol problem because much of the television, film and recording industries are located in this state, principally Los Angeles. California's actions will influence other states

and the federal government. It should be noted, however, that regulation of the media and advertising, to the extent it would be desirable and constitutionally feasible, is primarily a federal issue, preempted by the Constitution, interstate commerce laws and Congress. Nevertheless, a wide range of possibilities for state action exists, and encouragement of self-regulation by the media and advertising industries is clearly feasible.

- As indicated elsewhere, the Commission encourages the Attorney General to use this report as the basis for a continuing effort to work with the media and advertising industries, the state administration and the Legislature, along with private organizations, on the full range of issues and recommendations by this Commission. The media represents only a fraction of the total integrated and comprehensive effort that must be made to combat drug and alcohol abuse among our children and adolescents.
- Creation of the recommended "Children's Superfund" (see ch. 7) would provide funds for both research into media and advertising questions and for state public service announcements and other educational and informational materials for use by the media and other organizations.

## RECOMMENDATIONS

Following are the Commission's recommendations and discussions:

### RECOMMENDATION 1:

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL LAUNCH A STATEWIDE, MASS MEDIA CAMPAIGN DIRECTED AT CHANGING PEOPLE'S TOLERANT ATTITUDES TOWARD DRUG AND ALCOHOL USE AMONG YOUTH. THIS EFFORT SHOULD INCLUDE: (A) A MEDIA TASK FORCE COMPRISED OF INDUSTRY REPRESENTATIVES; (B) THE DEVELOPMENT OF A COMPREHENSIVE PUBLIC SERVICE CAMPAIGN; AND (C) "CELEBRITY AID"—A CONCERT FROM WHICH PROCEEDS WOULD GO TO YOUTH DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.

#### Discussion:

Media leadership is a key component to orienting public opinion toward promoting a healthy life style for children and young people. Major public figures, in both the public and private sectors, can use their influence to reduce drug and alcohol abuse among our youth. To paraphrase Edmund Burke: *the only thing necessary for the triumph of drugs and alcohol is for good men to do nothing*. The Commission recommends that the Attorney General invite the participation of advertisers, celebrities, script writers and producers in a media task force to create a campaign against youth drug and alcohol abuse. The campaign should focus on the 10-15 year old age group, provide accurate information about the consequences of drug and alcohol abuse, and reinforce positive alternatives to drugs and alcohol. The campaign should be coordinated with school, church and private groups to promote similar messages. A media task force would provide for the best minds in radio, television and print media to use their expertise in the fight against drug and alcohol abuse.

The Commission heard several ideas for the media task force to consider:

- Creating a "Smokey the Bear"-type media symbol to represent the entire campaign against drug and alcohol abuse. This symbol would be used in public service announcements, bumper stickers, billboards, flyers, etc.
- Sponsoring landmark youth events such as major walkathons, "Celebrity Aid" concerts, etc. An example of a landmark youth event is the nationwide walk against drugs by the "Just Say No" clubs on May 22, 1986. Young celebrities are expected to participate in the walk as well. In planning this event, club members throughout the nation are encouraged to coordinate with police, local media and service organizations. In addition, they are encouraged to work with local government officials to declare May 22, 1986 as "Just Say No Day."
- Developing a strategic public service campaign in conjunction with supportive television programming which is anti-drug/alcohol use.
- Encouraging celebrities to speak often against the use of drugs and alcohol.

Some representatives of the media industry have started working on efforts to reduce drug and alcohol use among youth. For example, the representative for the Entertainment Industries Council, an organization designed to bring the power and influence of the combined media industries—recording companies, the motion pictures industry and television—to the forefront of the national war on drugs, testified:

“Those of us in the entertainment industry believe that there is a great opportunity before us to educate young people to make a decision—to make a right decision—ideally not to be involved in drugs and alcohol abuse.”<sup>9</sup>

The Commission also heard testimony from the Advertising Council, which presently coordinates and creates advertising campaigns for various health and social concerns, such as crime, drinking and driving, and drug abuse. In 1984 alone the media donated well over three-quarters of a billion dollars of free time and space to public service campaigns developed by the Advertising Council.

The Commission recognizes that there are other agencies and organizations (such as those mentioned above) which conduct media campaigns relative to reducing drug and alcohol abuse. However, the Attorney General, as the chief law officer of this state, has the power, influence and opportunity to conduct a massive statewide effort which promotes healthy life styles and clear, consistent “no-use” messages for youth.

The Commission believes that an overall statewide media campaign must also include the use of public service announcements (PSAs) directed at “target” audiences. It must seek ways to increase reception of the PSAs by children and young people. Research indicates that adults view PSAs much more often than children or teens.

Data by the A. C. Nielsen Company showed that of the 98 PSAs relating to drug and alcohol abuse aired by CBS during the month of January 1985, the gross audience impressions (number of times viewed by audience members) were as follows: adults, 421.97 million; teens (ages 12-17), 10.4 million; and children (ages 2-11), 68.1 million. A similar study of NBC's airing of 585 PSAs through the months of January to May 1985, in Los Angeles, produced the following results: adults (ages 18-24), 24.34 million; teens (ages 12-17), 5.89 million; and children (ages 2-11), 10.41 million.<sup>10</sup> It is clear from the above data that PSAs are not reaching the younger audiences.

In addition, PSAs must be developed to reach the state's diverse racial, ethnic and cultural groups. “We can't neglect the fact [that there has been] tremendous growth in the Hispanic population in Los Angeles, nor the fact that the language of preference and the language of entertainment . . . with which [we] reach a large segment of Los Angeles' population is Spanish,” said Leo Ramos, Assistant to the General Manager, KMEX-TV, Los Angeles.<sup>11</sup>

A public service campaign directed at a variety of audiences and aired at appropriate viewing times is essential to an overall statewide media strategy to increase public awareness and responsibility.

To further promote and support drug/alcohol-abuse prevention efforts at the state and local levels, the Commission recommends the creation of an annual “Celebrity Aid” music concert. This concert would dedicate its proceeds to the prevention of drug and alcohol abuse among youth. A rock music concert featuring drug-free celebrities who are role models for today's youth will appeal to youth in a positive upbeat fashion. The concert should focus on resisting peer pressures to use drugs or alcohol and promoting drug/alcohol-free life styles.

The Commission believes that the Attorney General's sponsorship of a statewide media effort, involving a media task force or advisory group, a public service campaign and a benefit rock concert will have a long-term impact on today's youth—providing them with alternatives to drugs and alcohol and with encouragement to “say no.”



## RECOMMENDATION 2:

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL CONVENE ANNUAL MEETINGS FOR MEDIA AND ADVERTISING REPRESENTATIVES TO PRESENT CURRENT AND UPDATED INFORMATION FROM MEDICAL AND SOCIAL RESEARCH TO HELP THEM STAY ABREAST OF NEW DEVELOPMENTS AND TRENDS IN DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.

### Discussion:

The Commission recognizes that accurate information about the effects of drug and alcohol use is not readily available to the media and advertising industries. Although a few existing organizations, e.g., the Scott Newman Center and the Entertainment Industries Council, do offer technical assistance to film makers, journalists, writers and producers, there is still an information gap that needs to be filled. Presenting research findings to film makers, journalists, writers and producers will enable them to more accurately portray the effects and consequences of drug and alcohol use in their productions.

One example of information which should be presented to media and advertising representatives is that a very small amount of alcohol, often smaller than the legal blood alcohol content level of .10 percent, can produce erratic, dangerous driving. Drivers must learn that the consumption of even a very small amount of alcohol and/or drugs can endanger lives.

For example, research indicates that drivers between the ages of 16 to 19 with a blood alcohol level of .08 have approximately a 25 percent relative risk of being involved in a *fatal* crash. Furthermore, 13 percent of all driver fatalities involving persons from the ages of 16 to 19 years of age had blood alcohol levels of less than .08.<sup>12</sup>

The Commission believes that media and advertising representatives need to accurately portray the health, social and legal consequences of using drugs or alcohol. To do this, they must be provided with the most current and up-to-date information by experts in the field of drug and alcohol abuse prevention. The Commission therefore recommends that the Attorney General convene meetings on an annual basis which bring together media and advertising representatives to educate them on new trends and current developments relative to drug and alcohol abuse.

## RECOMMENDATION 3:

THE COMMISSION RECOMMENDS THAT THE GOVERNOR ESTABLISH AN ANNUAL MEDIA AWARDS PROGRAM FOR TELEVISION, VIDEO, CINEMA, PRINT, RADIO AND ADVERTISING TO RECOGNIZE AND HONOR SIGNIFICANT CONTRIBUTIONS TO DEGLAMORIZING DRUG AND ALCOHOL USE AND PROMOTING HEALTHY LIFE STYLES AMONG OUR YOUTH.

### Discussion:

California has long been recognized as the major media center for television, films and recordings. Being in the forefront of media production carries with it an obligation to support and encourage excellence in the media industry. To encourage the media to deglamorize the use of drugs and alcohol and promote positive, healthy life styles, the Commission recommends that an annual media awards program should be established to reward achievements in this field.

There has been little public recognition for programs which have gone against the norm and attempted to promote healthy life styles. Commissioner Judy Price, Vice President, Children's Programming, CBS, commented that negative news "sells papers." "You hear about the groups that are out to attack us, but you don't hear about the good."<sup>13</sup>

Programs must be recognized for their positive impact on the problem of drug and alcohol abuse. Following broadcast of "Not My Kid," a film dealing with a rehabilitation program, local adolescent detoxification units received 52 to 100 extra calls. Susan Newman, Director of the Scott Newman Center, attributes this to the fact

that "the television show had taken the mystery out of detoxification programs."<sup>14</sup> It succeeded in giving "permission to pursue appropriate treatment"

Commissioner Judy Price also stated that "Oftentimes in public television, one award will make the difference in obtaining future funding." In 1980, ABC won the first Scott Newman Drug Abuse Prevention Award for an "Afterschool Special" entitled "Stoned." Designed for elementary school children and teenagers, it depicted the negative consequences of marijuana use by a high school student. As a result of its impact, "Stoned" was subsequently retecast in 1981 during prime time.<sup>15</sup>

The Commission believes that competition can spur the media industry to greater achievements in producing movies, films shows and videos which deglamorize the use of drugs and alcohol and promote positive, healthy life styles for youth. Standards for the media awards should be developed by the Governor in conjunction with the Attorney General's Media Task Force (Recommendation 1).

#### RECOMMENDATION 4:

**THE COMMISSION RECOMMENDS THAT THE ADVERTISING INDUSTRY ADOPT SELF-REGULATING POLICIES TO DISCOURAGE THE USE OF MARKETING MESSAGES WHICH CONTRIBUTE TO DRUG AND ALCOHOL ABUSE AND ARE DIRECTED AT AGE GROUPS UNDER 21.**

#### Discussion:

Advertisements are an inescapable part of everyone's life. They are heard on the radio and they are seen on television, on billboards and in magazines, newspapers and movies. Most children see about 20,000 commercials a year on television.<sup>16</sup>

The Commission believes that children grow up in an environment saturated with messages promoting the use of alcohol and over-the-counter drugs:

"[W]hen asked about their sources of information on abusable substances, younger children are likely to cite parents, television, and schools in that order. . . . With regard to medicines, children, irrespective of age, were most likely to report the media as their primary source of information, followed by family and health professionals."<sup>17</sup>

The Commission is concerned about the regulation of advertisements with regard to drug and alcohol use. Presently, advertisements are subject to regulation on both the federal and state level. On the federal level, the Federal Trade Commission (FTC) and the Bureau of Alcohol, Tobacco and Firearms (BATF) oversee advertisements.

The FTC has the statutory authority to regulate unfair deceptive advertisements of alcoholic beverages through the United States mail or in commerce under 15 United States Code section 52.

Federal law permits the Secretary of the Treasury, by regulation, to prohibit statements which are "false, misleading, obscene, or indecent" in advertisements for distilled spirits, wine, or malt beverages made by mail or interstate or foreign commerce. (27 U.S.C. § 205, subd. (f).) Even more broadly, it permits the Secretary to prohibit any statements relating to "irrelevant" matters, "irrespective of falsity," which the Secretary finds misleading. However, both FTC's and BATF's enforcement authority are limited by the First Amendment of the United States Constitution.

At the state level, regulation of liquor advertisements is restricted as follows:

"The use in any advertisement of distilled spirits of any subject matter, language, or slogan addressed to and intended to encourage minors or immature persons to drink the distilled spirits is prohibited." (Bus. & Prof. Code, § 25664.)

These federal and state regulations are supplemented by the efforts of trade associations to regulate their industries through "self-regulatory" policies or guidelines.

The most widely known industry code restrictions (self-regulatory) are the prohibition of "distilled spirits" advertisements on television or radio and the taboo of the *actual* drinking of alcohol in commercials. There are also guidelines by the beer and wine manufacturers which discourage marketing strategies that appeal to youth, such as using young models, rock music or young celebrities, or placing ads in youth-oriented

media. For example, the Code of Good Practice adopted in 1975 by the Distilled Spirits Council of the United States (DISCUS) contains statements such as "all advertisements of distilled spirits shall be modest, dignified and in good taste." Further, DISCUS has established a code review board that considers complaints filed by interested parties and reports its findings to the responsible advertiser.

The Commission recognizes the potential of self-regulating guidelines as an efficient means to police the industry. For example, some guidelines require association members to agree to abide by the guidelines of the codes as a condition for membership. However, compliance with the trade association codes is only voluntary.

Even with government regulation and industry self-regulation, the Commission remains concerned about marketing products to an audience vulnerable to a misperception of their proper and legal use.

Alcoholic beverage advertisements tend to increase the social acceptability of alcohol use by using role models and depicting an association with wealth, success, recreation, sports and leisure. The market is saturated with advertisements on television, radio, and in print media which show drinking alcohol as common behavior. Although these advertisements are *directed* at adult audiences, children or young people of all ages see or hear the advertisements. Often, celebrities and athletes, who have an especially strong impact as role models for children and youth, are used to market alcoholic beverages. As one witness testified:

"This society assumes that there is 'better living through chemistry'—whether it is the multibillion dollar pharmaceutical industry, the international liquor companies, or the most underground distribution of illicit substances. This society looks for pain eradication, relief, gusto, and a lift, through substances." <sup>18</sup>

Advertisements for over-the-counter drugs link drug use to coping with life's everyday problems such as insomnia, indigestion, headaches, backaches and upset stomach. We have become a pain-phobic society. Consumers will more likely question which over-the-counter drug to use rather than whether or not they need to use it at all. Through over-the-counter drug advertisements, people of all ages look for pain relief in a pill rather than looking for the source of the discomfort (i.e., poor eating habits, lack of exercise, stress, etc.)

Whatever the impact has been on restricting advertising by government regulations or current self-regulating policies, there has been no reduction in the amount spent on advertisements or in the use and abuse of drugs and alcohol among our children and young people.

The drug and alcohol industries combined create an environment hostile to the development of a healthy social norm. The aggregate of pro-drug and pro-alcohol use messages tends to precondition a child to accepting use. For example, alcohol is so prevalent that it seems as ordinary as a soft drink.

Various groups have started organizing to bring the problems of advertising of drugs and alcohol to the public's attention. One such group is project SMART (Stop Marketing Alcohol on Radio and Television). In a national poll prepared by *Business Week*, February 25, 1985, the American public favored banning alcohol advertising from the broadcast media by 57 percent. <sup>19</sup>

The Commission recognizes that the support of the media, whose work influences the life styles, attitudes and opinions of our children, is needed in the fight against drug and alcohol abuse. This kind of support cannot be mandated by government; it must come willingly and enthusiastically from the media and advertising industries themselves.

The Commission believes that it is in the best interest of the advertising industry to adopt self-regulating policies and to ensure compliance industrywide. A method of evaluation for compliance should be an integral part of these self-regulating policies.

# 2.

## Religious and Voluntary Organizations



**“We have to work together; it’s not just the church’s problem, it is not just the law enforcement officer’s problem, it’s not just the parent’s problem. It’s society’s problem.”**

– Father Richard Brown,  
Our Lady of Guadalupe Church

**“In a general sense, all youth programs should include much more input from the youth themselves... Also, we should allow local communities to select those programs they feel most suited to their own needs.”**

– Peter K. O’Rourke, Director  
Office of Traffic Safety

## **CHAPTER 2: RELIGIOUS AND VOLUNTARY ORGANIZATIONS**

### **INTRODUCTION**

There is no simple formula for preventing drug and alcohol abuse within our communities. It takes time, energy and resources to identify the problems and implement strategies to overcome them. The problems of drug and alcohol abuse can be turned around if and when communities become involved and community norms are changed. For this to happen, as many different people and organizations as possible need to be involved in the process—working together, not in isolation or, worse yet, in competition with each other.

Community involvement in drug and alcohol abuse prevention is a recent movement. Research and other information on effective community strategies and resource needs is limited. The Commission recognizes the importance of national, state and local parent groups, parent-teacher associations and youth peer support groups in promoting the development of community-based drug and alcohol abuse prevention programs. Such organizations have put forth a tremendous amount of effort in providing technical assistance, training, and resource materials to government agencies, community organizations, health care providers, schools, parents and youth. The Commission also recognizes the importance of religious organizations in providing guidance and support to families. Religious organizations can be very influential within local communities. They often act as the focal point for community activity. Their influence should not be ignored when developing community approaches to prevent youth drug and alcohol abuse.

Through verbal and written testimony, research, and commissioner deliberations, the following findings regarding religious and voluntary organizations were made:

- An effective communitywide approach to prevent youth drug and alcohol use should include religious organizations. Religious organizations are in a key position to guide young people away from becoming involved in drugs or alcohol.
- Local communities need to identify their unique problems and organize themselves to develop solutions which meet their special needs.
- National, state and local service clubs, such as Lions Clubs, Kiwanis International and the Soroptomists, play an important role in efforts to prevent drug and alcohol use among youth.
- Parent organizations, youth groups, and parent-teacher organizations are excellent resources to assist schools, churches and government agencies in the implementation of prevention programs that promote healthy life styles.
- There is a need for more parent education programs and youth peer assistance programs to deal with drug and alcohol use among youth.

There remains a clear need to address, as a community, the complex problems of drug and alcohol use by youth through linking the actions of elected officials, service providers, the media, volunteer organizations, government agencies, families, churches, neighbors and youth in a collaborative effort to prevent such abuse.

### **RECOMMENDATIONS**

Following are the Commission's recommendations and discussions:

#### **RECOMMENDATION 1:**

**THE COMMISSION RECOMMENDS THAT RELIGIOUS ORGANIZATIONS USE COMMUNITY PREVENTION RESOURCES TO PROVIDE TRAINING FOR CLERGY AND TEACHERS, AS WELL AS LAY LEADERS, IN PREVENTION STRATEGIES AND HEALTH EDUCATION.**

Discussion:

Clergy and church educators are burdened with the same lack of information or

misinformation about drug and alcohol abuse as are others in our society, e.g., physicians and educators. In order for clergy and church educators to implement effective programs which educate youth about drug and alcohol abuse prevention they must also know about the effects of drugs and alcohol, the influence of peer pressure and the strategies for preventing drug and alcohol use and promoting self-confidence and healthy life styles.

There are many community organizations, health care professionals and government agencies that can provide this type of education to clergy and church educators. Adult education programs, law enforcement agencies, county drug and alcohol programs, local councils on alcoholism, local prevention specialists, and parent groups, are a few such resources which should be considered. Some of these resources are further discussed in Recommendation 7 of this chapter.

The Commission believes that religious organizations would be more effective in preventing drug and alcohol use among their youth through the use of existing agencies or organizations within the community. These resources can provide education on prevention and other health issues for their clergy, teachers and lay leaders.

#### **RECOMMENDATION 2:**

**THE COMMISSION RECOMMENDS THAT NATIONAL AND STATEWIDE NONDENOMINATIONAL RELIGIOUS ORGANIZATIONS PROVIDE STRONG LEADERSHIP AND SUPPORT OF MEMBERS' INVOLVEMENT IN DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS.**

#### **Discussion:**

There are many national and statewide religious associations which are comprised of local church clergy. These associations and organizations provide technical assistance, training materials and other resource information to the clergy for use in their local religious sectors. In addition, special councils or committees are formed to further research specific topics identified as social concerns or health issues.

The Commission strongly believes that the issues of youth drug and alcohol use should be considered by these religious organizations and associations as a priority at the state and national levels and that the development of prevention strategies should be encouraged. For local religious organizations to effectively implement and support community prevention programs, they need to establish networks with other religious organizations and share information. State and national organizations are in a position to provide this needed support and leadership.

The Commission recommends that the Attorney General contact the leaders of these state and national religious organizations to encourage their involvement in assisting local prevention programs and activities which promote healthy drug/alcohol-free life styles for our youth.

#### **RECOMMENDATION 3:**

**THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE RELIGIOUS ORGANIZATIONS TO: (A) SPONSOR STRUCTURED PREVENTION EDUCATION ACTIVITIES FOR YOUTH; (B) ACTIVELY SUPPORT AND REINFORCE A NO-DRUG/ALCOHOL-USE MESSAGE; (C) INCORPORATE PREVENTION PROGRAMS INTO ACTIVITIES FOR YOUTH AND FAMILIES; (D) IMPLEMENT SPECIAL PROGRAMS FOR "HIGH-RISK" YOUTH; (E) CONDUCT PREVENTION TRAINING FOR PARENTS AND, (F) PROVIDE DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION WITHIN, OR CONNECTED WITH, WORSHIP SERVICES ON A PERIODIC BASIS.**

#### **Discussion:**

Religious organizations represent, for many citizens, the source of values supporting a healthy and drug/alcohol-free life style. These organizations should be encouraged to link the power of their specific teachings with current drug and alcohol abuse

expertise and to use state-of-the-art prevention and recovery techniques enhanced by the energy and vision of their spiritual message.

Although religious organizations have consistently promoted health and well-being among their members, their specific involvement in the prevention of drug and alcohol abuse among youth is very new. Many religious organizations offer intervention and treatment services to their members experiencing substance abuse problems, but have yet to incorporate prevention strategies into their on-going activities and community structure.

Research on the religious community's involvement in youth drug and alcohol abuse prevention is limited. Although there may be many examples of the involvement of religious organizations in primary prevention efforts, only a few were brought to the attention of the Commission.

In San Diego, Father Richard Brown of Our Lady of Guadalupe Church actively reaches out to the youth in his community, especially minority youth in low-income areas. He works very closely with the Barrio Station, a community youth service organization, offering his guidance, counseling and assistance to troubled youth. He helps them with their community activities and talks to them about using drugs and alcohol and what they can do to stay away from such influences. He believes that the clergy must go where the teens are to help them stay in school and become good citizens.

The Prime Time Project, also in San Diego, is a cooperative effort between a youth Christian organization called Young Life and a coalition of four local churches. They sponsor functions and special events for youth which continually reinforce a message of health and well-being. The Young Life group networks with organizations such as Students Against Driving Drunk (SADD) and other youth groups to help promote no-drug-use messages for the youth of their community.

The Lutheran Church of America is also active in promoting drug and alcohol abuse education throughout its congregations—clergy, lay leaders and members. Specifically, the church periodically conducts Alcohol Awareness Sundays throughout California, Arizona, Nevada, Utah and Hawaii—reaching 260 congregations. Some of the districts within the Lutheran Church of America have substance abuse resource persons. These individuals design and implement prevention and education programs for their clergy and members, as well as provide for intervention services. Their services are directed to all age levels.

The Commission found that most religious denominations have organized youth groups which provide an opportunity for social interaction and skill development. These youth groups are encouraged to conduct activities which include a “no-drug/alcohol-use” message and promote health and well-being among themselves and their families. The efforts of these youth groups can be enhanced by more involvement in the groups' activities, by providing adult leadership and by using resources within the community.

The youth groups can form “Just Say No” clubs and sponsor events such as health fairs and “rap sessions” which provide more information on resisting peer pressure, developing decision-making skills, coping with relationships and emphasizing the importance of healthy, drug/alcohol-free life styles.

The Commission believes that efforts should also be made to implement or sponsor special programs for “high-risk” youth; those who are from low-income, single-parent, or chemical-dependent-parent families. The religious community has a unique opportunity, through the great number of people it serves, to reach out to these youth and offer them structured after-school activities, special team or athletic events, or additional educational programs.

In addition, religious organizations are encouraged to conduct workshops or seminars for families which present information on health, nutrition and drug and alcohol abuse prevention. It is the opinion of the Commission that parents are not being offered sufficient information in understanding drug and alcohol problems; in identifying, confronting and appropriately handling their children's use of drugs; and in



identifying and using techniques to help their children say “no” to drugs and alcohol. Religious organizations are encouraged to use their power and influence and existing community prevention resources to sponsor training for parents.

Worship services provided by religious organizations are effective vehicles which offer messages to members about a variety of issues. The Commission believes that religious organizations should be encouraged to incorporate a message of “no drug or alcohol use” by youth into or connected with worship services. They are also encouraged to help young people move from a social norm of drug and alcohol use to one of “no use.”

The Commission believes that religious organizations are a valuable resource and should be considered as part of a communitywide strategy to promote health and well-being among youth. Their influence is powerful and their following is large. They have the opportunity to establish networks with existing organizations and agencies and to lend their support to prevention activities.

#### RECOMMENDATION 4:

**THE COMMISSION RECOMMENDS THAT LOCAL COMMUNITY-BASED PREVENTION COUNCILS BE ESTABLISHED TO DEVELOP AND COORDINATE DRUG AND ALCOHOL ABUSE PREVENTION ACTIVITIES, TO PROMOTE INNOVATIVE COMMUNITY PROGRAMS, TO DEVELOP STABLE FUNDING SOURCES, TO DISSEMINATE CURRENT INFORMATION, AND TO PROVIDE THE SUPPORT SYSTEM AND NURTURING ENVIRONMENT NEEDED FOR DRUG/ALCOHOL-FREE YOUNG PEOPLE.**

#### Discussion:

A comprehensive approach to preventing drug and alcohol use among youth must include the entire community, which should be viewed as an extension of the family. All too often government agencies design, plan and implement programs without assessing the true needs of individual communities. Residents and business owners at the grass roots level must be involved in identifying the problems and resources within their community, establishing community networks and developing solutions to the problems of drug and alcohol use by youth which promote a safe and nurturing environment.

Local community-based prevention councils comprised of committed and dedicated parents, youth, health care professionals, school administrators and teachers, and representatives from government entities, service clubs, religious organizations, businesses, foundations and law enforcement agencies can develop and coordinate effective prevention efforts tailored to their community's needs. They can also provide input regarding ancillary services, such as intervention and treatment services. These prevention councils should be independent of, yet recognized by, existing county or government-based advisory boards. (See Diagram 2.)

The Commission also found that the needs of traditionally underserved minority populations in low-income communities are best met by empowering the community to carry out its own prevention programs. Within all communities, there are “key” people who actively care for the needs of their own neighborhoods. Across the state and the nation, grass-roots groups in inner cities are forming their own “prevention councils” to take positive action against drug and alcohol use among their youth. These inner-city councils are enlisting representatives of minority-owned media, minority-owned businesses, religious organizations, youth-serving agencies, schools, and many other agencies and organizations that have the greatest stake in the success of minority youth and the well-being of the community in general. <sup>1</sup>

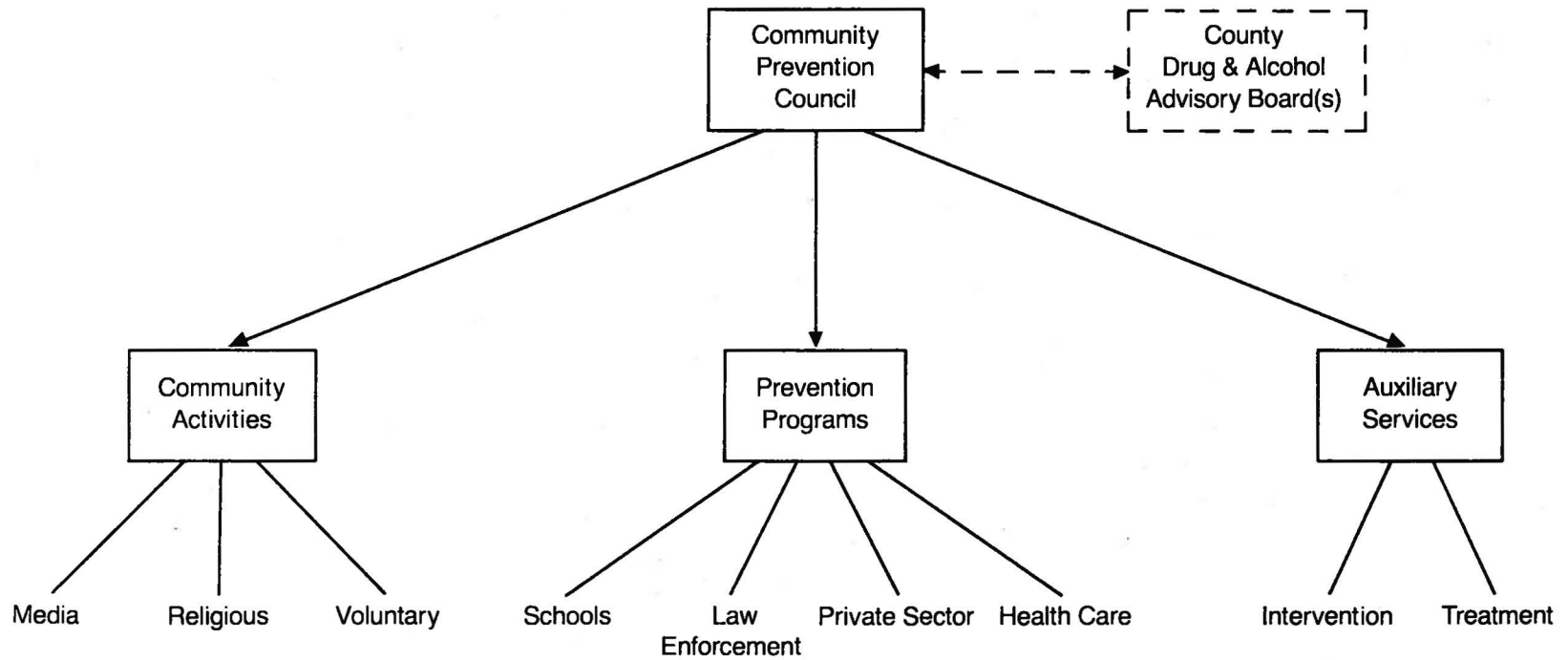
Problems faced by many local prevention councils include a lack of commitment from community leaders and public officials, the inability to establish networks with other community councils, and a lack of training in community organizing techniques.

In California, every county has a drug advisory board and an alcohol advisory board. The purpose of these boards is to assist the county drug and alcohol program administrators in designing countywide plans, including strategies for prevention, intervention and treatment.

# Community Drug and Alcohol Abuse Prevention Councils

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2.



The local prevention councils, of which this recommendation speaks, differ from the county advisory boards in that these councils are “grass-roots” organizations which focus primarily on prevention, the establishment of networks, and the identification of resources to help the youth in their individual communities.

Many grass-roots-level community organizations throughout the state have formed as the result of individuals concerned about the safety, health and well-being of the youth in their schools and neighborhoods. The Commission heard testimony from representatives of a few of these local organizations: The Oakland Interagency Council on Drugs, San Diego’s Alcohol and Drug Abuse Prevention Task-Force (ADAPT), and the South Central Organizing Committee of Los Angeles.

- The Oakland Interagency Council on Drugs was established as part of Oakland’s “War on Drugs” to reduce and prevent drug abuse and to reduce illicit drug trafficking. The Council brings together government agencies and citizen groups to review the drug trafficking and drug-related problems; to support education, prevention and treatment programs within the community; to assist neighborhood organizations in their plans to reduce drug trafficking and prevent drug abuse; to share resources; and to emphasize to the public the cooperation and teamwork of the highest levels of government and community leadership in addressing these problems. As presented in Oakland Mayor Lionel Wilson’s testimony:

“... What we need most of all is a strong value system instilled in our young people. Parents, schools, churches and community groups need to work together to ensure that their youngsters have the opportunity to form positive attitudes about their potential contribution to society and to obtain training that will help them become constructive members of our community. . . . Every institution of our society is involved. . . . We need to do everything positive that we can do . . . and we must act together if we are to succeed.”<sup>2</sup>

The Interagency Council works closely with and supports such local organizations as Oakland Parents in Action and the Organizing Committee of Oakland.

- San Diego’s Alcohol and Drug Abuse Prevention Task-force (ADAPT) is structured differently from other community-based councils. ADAPT, a unique grass-roots movement, consists of 10 local elected officials who use their influence and their networks to open the doors in order to “make things happen.” ADAPT’s overall mission is to reduce the incidence of drug and alcohol abuse throughout San Diego County, with emphasis on youth and their families. Its goals include providing legislative recommendations for local, state and federal governments; determining the current level of drug and alcohol use among youth in San Diego; promoting cooperation between public and private service sectors; encouraging the implementation of comprehensive, school-based programs; and raising the consciousness of community members and the media regarding the impact of drug and alcohol use on youth and family. ADAPT lends its support to a number of local activities, such as Rally Against Drugs (RAD); organizations such as Students Against Driving Drunk (SADD) and Californians for Drug-Free Youth; and projects, such as “liquor store decals” which enlist liquor stores around schools to cooperate in not selling liquor to students. This project is an attempt to encourage merchants to be actively involved in preventing people from gathering outside their stores and buying alcoholic beverages for minors.
- In South Central Los Angeles, concerned parents, community leaders and business owners organized to take a stand against the crime and violence that was shattering their neighborhoods. According to Edith Nealy, Chair of the South Central Organizing Committee (SCOC), there are approximately 1,000 liquor outlets in South Central Los Angeles—more than in the entire State of Pennsylvania! Recognizing the impact that these liquor retail outlets have on young people’s consumption of alcohol, SCOC banded together to address the issue. In 1984, SCOC organized for a conditional use permit that would limit the number of liquor stores in South Central Los Angeles. Although SCOC’s efforts did not get rid of the existing stores, they did stop any new ones from coming into their community.

SCOC has also joined hands with the local sheriff, police chief and district attorney to develop a plan to suppress drug dealing in their neighborhoods and implement programs and activities for children as an alternative to drug and alcohol use.

Edith Nealy expressed SCOC’s concerns motivating their efforts to suppress drug dealing, stating:

“We are rushed, pressured and locked into low-paying jobs, living in unsafe and overcrowded housing. In short, we are ripe for the drug merchants who offer instant happiness, instant escape, status, and a sense of belonging. The most vulnerable are our children.”<sup>3</sup>

The Commission’s research also identified the National Chemical People Project, the San Diego Rally Against Drugs, and Lassen County’s Local Education on Abuse of Drugs (LEAD) as examples of community-based prevention efforts.

- In November 1983, two one-hour PBS network broadcasts were presented as part of a unique outreach project designed to combine the impact of television with the power of community action. In “The Chemical People,” television programming served as a focus around which concerned citizens could meet to discuss their unique problems with drugs and alcohol and seek possible solutions. In conjunction with the first program, thousands of town meetings were held and, as a direct result, over 9,000 task forces were formed, each committed to finding solutions for unique community problems. Designed to inform and motivate, the television programs provided the impetus for communities to form task forces.<sup>4</sup> The problems that these task forces have experienced include the lack of strong leadership and the community’s commitment to follow up and maintain its involvement in the fight against drugs.
- The San Diego Rally Against Drugs is an example of a community rally promoting a no-drug-use message. Community leaders in every community were organized to go into every school, every scout troop, every church and Little League team in order to get children and their parents to sign a pledge to say “no” to drugs. This effort culminated in over 25,000 citizens marching down a main street declaring that “San Diego Says No to Drugs!” This is an example of what can happen when community leaders and agencies, schools, organizations and service clubs come together to make a difference.
- The Lassen County’s Local Education on Abuse of Drugs (LEAD) Program is a community-based advisory group comprised of parents and representatives of a variety of professions, businesses and service clubs. It was established to help develop programs and strategies which meet the special needs of their rural community. The purpose of the advisory group is to make the community aware of substance abuse problems among all age levels and establish direction toward the prevention of these problems. The advisory group members make presentations throughout the community and sponsor fundraising events to support their activities.

The Commission strongly believes that grass roots-based prevention councils which coordinate community prevention efforts and use available resources can be very effective in providing and promoting a safe and nurturing environment which encourages drug/alcohol-free life styles for youth. Community support and initiative is a very important element in the overall prevention strategy. The community organizing process is more than just a way of dealing with the drug and alcohol abuse problems. It is a means of restoring faith in local communities, creating new linkages and networks among community residents and reconnecting the community with itself.

#### RECOMMENDATION 5:

**THE COMMISSION RECOMMENDS THAT STATEWIDE AND LOCAL VOLUNTEER ORGANIZATIONS BE INCLUDED ON ANY NEW STATE-LEVEL PREVENTION COUNCIL(S).**

#### Discussion:

Informally and on occasion, state-level agencies involved with the issues of drug and/or alcohol abuse convene meetings in an effort to share information and resources. However, this approach lacks the commitment of state policy makers to coordinate their activities and disseminate information to local communities on a regular basis. Throughout its hearings, the Commission heard testimony from program specialists who emphasized the need for a statewide prevention committee or council. Quality leadership at the state level is necessary to provide local communities the opportunity to establish networks with each other. This “networking” is essential to

effectively share information, ensure the most efficient use of funds and minimize "reinvention of the wheel."

This recommendation stresses the importance of including representatives of active volunteer organizations on the state-level prevention council that this Commission is recommending be established in Health Care Recommendation 3. State and local volunteer organizations, such as the California Prevention Network, the Californian's for Drug-Free Youth, Oakland Parents in Action, and parent/teacher organizations play a vital role in providing the necessary resources to combat drug and alcohol abuse in their communities. They are also building their own networking systems which enable them to assess available resources and strategies and to better coordinate their activities. Their involvement on a state-level council would ensure that their views and needs are represented and that their activities are promoted and shared with other communities.

The California Prevention Network (CPN), formerly known as the California Primary Prevention Network, is a statewide network of prevention professionals and interested individuals representing a variety of different disciplines including mental health, drug abuse, juvenile justice, youth and family, and public health. The network seeks to improve the quality of prevention activities and promote interdisciplinary cooperation among professionals and programs through statewide symposiums, networks, newsletters, legislative advocacy, and regional network development.

The Californians for Drug-Free Youth and Oakland Parents in Action are further discussed in Recommendation 7.

State-level agencies, such as the Department of Alcohol and Drug Programs, the Office of Traffic Safety, and the Office of Criminal Justice Planning have either formally or informally established advisory groups or councils to assist them in their efforts to address the problems of drug and alcohol abuse. However, there is no single state-level council specifically addressing *prevention* issues and strategies.

The Department of Alcohol and Drug Programs (ADP) administers both the State Drug Advisory and the State Alcohol Advisory Boards, each of which has a prevention committee. These boards, which are comprised of local prevention and treatment providers, advise ADP on drug and alcohol issues. Representatives of other state agencies are not included on the advisory boards. ADP does, however, bring together on an informal basis program experts from other state agencies to share information and develop strategies to further promote statewide prevention efforts.

The Office of Traffic Safety administers the Governor's Interagency Advisory Council on Alcohol, Drugs and Traffic Safety. This advisory group was initially formed in 1980 by an executive order signed by then Governor Edmund G. Brown, Jr. The council is comprised of directors of state agencies involved in drug, alcohol and traffic issues, representatives of the Legislature, two judges, one police chief and two representatives of the California Highway Patrol. The purpose of the council is to review programs and state and federal legislation pertaining to alcohol, drugs and traffic safety. The Council also concerns itself with issues that will enhance the California Highway Safety Plan, which includes the prevention and deterrence of driving under the influence.

The Office of Criminal Justice Planning (OCJP) established the Drug Suppression in the Schools Advisory Committee, pursuant to AB 1983 (Chapter 952, Statutes of 1983—LaFollette). The advisory committee consists of various local program experts, educators, law enforcement personnel, community organizers and representatives of state agencies. It assists OCJP in implementing the Suppression of Drug Abuse in Schools Program, which provides funding to local school districts and law enforcement agencies to implement partnership programs. This advisory group reviews program guidelines and recommends funding strategies to OCJP. The Drug Suppression Program consists of prevention, intervention, referral and apprehension activities. The prevention aspect is but one of the issues addressed by this group.

The state-level council, which this Commission is recommending be established, should consist of key representatives of the Attorney General's Office, the State Department of Education, the Department of Alcohol and Drug Programs, the Office of Traffic Safety, the Department of Youth Authority, the Office of Criminal Justice

Planning, the Department of Alcoholic Beverage Control, the Department of Health Services, and other appropriate agencies, as well as representatives from local and statewide volunteer parent and youth organizations. The focus of this council would be prevention. Its purposes should include coordinating state-level prevention programs, activities and strategies and providing direction, leadership and resources to local agencies, organizations and prevention councils. This council should meet on a regular basis to ensure that its goals and objectives are accomplished and to facilitate effective networking among its constituents.

Funding sources for the state-level prevention council should come from the state General Fund until other sources have been identified. Another possible funding source is the "Children's Superfund" which the Commission is recommending be established from tax increases on tobacco and alcohol. See chapter 7 for a more detailed discussion of this funding source.

It is the judgment of the Commission that state-level prevention activities must be coordinated and that volunteer organizations must be involved in this process to best use our state's resources. This is essential for the success of community programs.

#### RECOMMENDATION 6:

**THE COMMISSION RECOMMENDS THAT PEER LEADERSHIP TRAINING PROGRAMS AND PEER SUPPORT GROUPS FOR YOUTH BE ESTABLISHED AND MAINTAINED WITHIN SCHOOLS AND THE COMMUNITY.**

#### Discussion:

Recognition of peer influence as a motivator among youth is not a recent phenomenon. Positive peer influence is one of the best methods of organizing the resources of youth and their ability to help each other. Many students experiencing problems with drugs or alcohol tend to turn to a friend or peer for answers to their problems. In many cases they receive inappropriate "advice or lectures" by an individual who lacks the special information/skills to help. Positive peer counseling by professionally trained adolescents can and does fill this void and can lead to positive outcomes for youth seeking help.

One researcher, Vassos (1971), also believes that "Peer influence is one of the best methods of organizing the resources of students and their ability to help other students become more successful in the school setting. A supervised program of peer influence modeling can be one of the most effective methods of alleviating the ills of mass education and should be considered for possible inclusion into school counseling programs." <sup>5</sup> When peer influence is channeled for positive change, commitment to change is enhanced by students discovering an affiliation with other students who wish to make similar changes.

Implementation of peer support groups and training programs has been limited. These programs are often hampered by a lack of adult sponsorship, and by inadequate student training.

Just as peer pressure can encourage negative, antisocial behavioral patterns among youth, it can also be effective in developing positive social norms if organized and channeled properly. Recognizing this potential impact, a number of youth groups have formed to influence and support the youth of their communities to accept and adopt healthy, drug/alcohol-free life styles. Some of these groups are self-initiated; others are formed with the help of school personnel, concerned parents, the private sector, state and national campaigns, etc.

The following types of "peer power" programs can help to address many different factors associated with adolescent problem behavior:

- *Positive peer influence* programs can help channel peer pressure in positive directions; they help to develop and enhance self-esteem, as well as problem-solving and decision-making skills.
- *Peer teaching* provides participating adolescents with meaningful roles and real-world responsibilities at a time when youth are increasingly isolated from such roles and duties.
- *Peer counseling* programs assist young people in solving problems and coping with some of

the challenges with which they are confronted in modern society; problems concerning family, friends and school are commonly targeted for resolution.

- *Peer participation* programs function as a link between the world of adolescents and the world of adults by providing minors with real-world situations and tasks and adult guidance in accomplishing them.<sup>6</sup>

Mary Ann McCarthy of San Diego's ADAPT program stated in her testimony that the problems experienced by youth-initiated programs include insufficient training and a lack of adult sponsors. Many student/youth organizations do not receive training in leadership, decision-making, or management skills. In many cases, when the group's leader moves away or graduates the impetus may not be there for the program to continue. Training for the members, as well as the leaders, is essential for the survival of youth-initiated programs.

The Commission did not have the opportunity to hear presentations from all of the successful efforts; however, there are some well-known programs which should be mentioned, such as Reach America, the "Just Say No" clubs, Project LEAD (as developed by the Quest National Center in Ohio), Students Against Driving Drunk (SADD), Safe Rides, the Youth/Parent Educators Program (as developed by the Center for Human Development), and Telesis II's Adolescent Peer Program.

- Reach America—Training Teens as Drug Education Resources, was designed by the National Federation of Parents for Drug-Free Youth (NFP) to change the attitudes of young people about drug use through education and role modeling, to reinforce a norm of nondrug use, and to demonstrate to those already using drugs that a drug/alcohol-free life is healthier and more fun. In its first 18 months of operation, the program is estimated to have reached over 20,000 young people. Local Reach America projects are initiated by schools, or parents or other community groups, who contract with NFP for a two-day student training session in which youth of high school age are trained to work with grade school and junior high school students. Upon completion of the training, students can work with drug education teachers in their school, serve as resources to churches and other community groups, and form youth groups. The functions and activities of these youth groups vary according to the needs of each community.
- The "Just Say No" clubs program was initiated in 1984 in Oakland, California, by Oakland Parents in Action. It was partially supported through a grant from the San Francisco Foundation and currently receives some support through the Pyramid Project. The program is targeted to fourth through sixth graders and teaches them skills for rejecting drug use without feeling socially isolated. These clubs encourage elementary school children and their parents to become involved in drug prevention. This program has received national recognition from First Lady Nancy Reagan, with her "No Drug Use" message, as well as a tremendous amount of support from Kiwanis International and the National Parent/Teachers Association. "Just Say No" clubs are generally sponsored by various parent groups, teacher organizations, local prevention councils and service organizations. To date, there are over 50,000 members across the country. In Oakland, California, for example, "Just Say No" clubs exist in 11 Oakland schools, representing over 1,500 students. "What began as the children's attempt to counter the norms that say yes to drugs has caught the hearts and minds of millions of adults and children and blossomed into a national movement that teaches a whole generation a new norm, that of saying 'NO!'" (Joan Brann, Director of Oakland Parents in Action (and Commission member).)<sup>7</sup>
- Project LEAD (not to be confused with Lassen County's LEAD Program) started in 1982 by the Quest National Center in Ohio and the Junior League (a national women's service organization) to develop youth leadership skills through community service. It is now a nationwide effort, involving thousands of students from public and private schools in urban and rural areas. Its goals are to build self-esteem, to develop future community leaders, and to engage large numbers of high school students in voluntary activities. Junior League "mentors" work with groups of students, teaching them leadership skills and personal skills such as conflict resolution, problem solving, and communication. A priority of the program is to involve students who are often denied leadership opportunities, such as young women, minorities and the disabled.<sup>8</sup>
- The Students Against Driving Drunk (SADD) program offers a different approach to the

problem of alcohol misuse. In essence, it is not a prevention program; it is more of a peer assistance program which operates on the basis of students assisting other students and encourages no driving after drinking. Most SADD chapters require students and their parents to sign a "contract" which pledges youth to call their parents when they are drunk in order to get a safe ride home; and parents, in return, agree to pick up their child—no questions asked at that time.

- Safe Rides, another youth program, is staffed and operated by teens who help peers get home when they find themselves without safe transportation due to a drinking or drug-using driver.
- The Youth Educators Program and the Parent Educators Program were developed by the Center for Human Development in Lafayette, California, using the "natural helpers" concept. This concept involves identifying volunteer parents and youth who have "naturally" good listening, communication and decision-making skills, then training them to use their skills to help youth with drug and alcohol problems. The Youth Educators Program trains high school students to work with junior high students in promoting healthy, drug/alcohol-free life styles. The Parents Program trains parents to work with students in grades K-6, with an emphasis on grades 4, 5 and 6. They discuss with the students the impact of peer pressure and how to resist it, along with how to best develop their own decision-making skills. Over 1,000 volunteer parents have been trained in 50 schools.
- Telesis II of California, Inc., has developed and implemented an Adolescent Peer Counseling Program into an accredited course of study throughout a number of San Diego County schools. Students are enrolled in a program which teaches them basic counseling, communication and decision-making skills. In turn, the students can provide assistance to their fellow classmates and help educate them to the perils of a life style where drugs and alcohol are used. Students offer nonjudgmental listening, moral support, and positive alternatives, but little or no advice. Rather than act as an officious "advice giver" or "problem solver," a peer counselor is a sensitive friend who uses communication skills to encourage responsible problem solving. <sup>9</sup> Telesis II receives funding from San Diego County to implement this program.

Finally, the California Conference on the Prevention of Youth Drinking and Driving—TEENWORK '86, is a unique example of an interagency effort to assist youth in developing their own peer support group and programs. It is a cooperative venture between the Office of Traffic Safety, the Department of Alcohol and Drug Programs, the State Department of Education, and Stanislaus County. The conference is planned by youth, run by youth and attended by approximately 400 youth.

These are but a few examples of commendable programs which use peer leadership and support to sensitize youth to peer pressure and the influences of their family, the media and society in general to use alcohol and/or drugs, and help them develop specific techniques for resisting these pressures. However, efforts to develop peer assistance programs are not without problems. Quality leadership is lacking and it takes a great deal of dedication, time and energy to get a club or group organized and to maintain its effectiveness.

It is the recommendation of the Commission that school districts sponsor student-initiated drug and alcohol abuse prevention programs and support them with adequate staff, money and time. Parent organizations and community service groups are also encouraged to sponsor student peer groups and "say no" campaigns. School districts and community groups are further encouraged to sponsor conferences and training seminars for these peer groups and to share their experience with other communities and schools throughout the state.

#### RECOMMENDATION 7:

**THE COMMISSION RECOMMENDS THAT SCHOOLS, THROUGH PARENT ORGANIZATIONS, ADULT EDUCATION PROGRAMS, OR HEALTH CARE AGENCIES PROVIDE PARENTING AND DRUG AND ALCOHOL ABUSE PREVENTION AND EDUCATION TO PARENTS AT LEAST ONCE A YEAR.**

#### Discussion:

Education of the entire community, not only children, must be addressed. Parents,



many from a drug/alcohol-using era, need education about the health consequences of using drugs or alcohol and must be taught the techniques to educate their children regarding this type of abuse. Adults must be taught the responsibilities inherent in their roles as parents. Once educated, they can recognize the influence and impact they have on the lives of their youngsters. The Commission believes that the most appropriate vehicle to provide this education is the schools, through parent organizations, adult education programs or health care agencies dealing with substance abuse problems.

Drug and alcohol use, chemical dependency and other alcohol-related problems such as drinking and driving are among the most difficult subjects for parents to understand and to discuss with their children. Most parents do not know how to recognize the "signs" that their children may be using drugs and/or alcohol; or what to do when a family member is afflicted. Many are unwilling to admit that their children may be using drugs and/or alcohol.

It is the opinion of the Commission that parents and families need to take a more active role in communicating not only a "no-drug/alcohol-use" message to their children, but also promoting messages that stress healthy life styles. To do this, parents need to be educated about the effects of drugs and alcohol on their children. They must be able to give their children the necessary tools to combat often overwhelming peer pressure and they must understand the media's influence, as well as their own influence, on their children's development. In addition, they need to learn the various substance abuse prevention techniques and strategies and to identify support systems available within the community.

The Commission believes that schools should be the vehicle for providing this type of education for parents by involving existing parent/teacher organizations, parent groups and community resources. Information on drugs and alcohol should also be provided through adult education programs, again using community resources and prevention program experts.

The current involvement of parents' groups in the prevention of drug and alcohol use is significant. According to Dr. Karol Kumpfer, in her presentation to the American Academy of Child Psychiatry, these parental groups generally focus on one or more of three goals: (1) changes in the home to counter pro-drug messages; (2) changes in the youth's social environment; and (3) community awareness campaigns. A national example of the usefulness of parent groups in their approach to prevention are Chemical People and the National Federation of Parents for Drug-Free Youth (NFP). The emphasis of these community prevention efforts is on creating a climate in which children are getting a "no-drug-use" message from respected adults and peers in schools, media and the community at large.<sup>10</sup>

The uniqueness of the parent movement—wherever it occurs—is in its grass-roots origin, profiting from a diversity of individual participants from all ages and walks of life. Parent group efforts may vary greatly from community to community, but almost all such organizations have a common purpose: to educate themselves and others about drugs and alcohol, their effects, and the drug-based culture that underscores today's society.

The National Institute on Drug Abuse (NIDA) has provided long-term assistance to the parent groups movement. It has supported parent group consultants entering different communities to identify problems and develop appropriate community interventions; helped to sponsor meetings and conferences, such as the PRIDE Annual Conference and the National Federation of Parents for Drug-Free Youth (NFP) Conference; encouraged networking within states and regions; and developed materials useful to prevention initiatives. These efforts have aided in the proliferation of community groups; there are now 8,000 NFP groups and 4,000 PRIDE groups.<sup>11</sup>

NIDA has been particularly concerned with developing prevention initiatives designed to meet the special needs of minority and inner-city populations. With that in mind, NIDA has sponsored and helped to develop the Oakland Parents in Action Program, a model inner-city prevention program organized to help Oakland's minority population. Oakland Parents In Action was formed in 1984 as a result of a

group of parents who were concerned about the drug problem in Oakland and its devastating effect on their children and who wanted to take positive steps to combat the problem. The project was initially funded through a grant from the San Francisco Foundation and is currently receiving support from other local foundations and NIDA. Its objectives include facilitating cooperative efforts between parents and school officials to set school policies regarding student drug and alcohol use, planning and implementing a parent education program regarding the effects of drugs and the various prevention strategies, establishing youth groups and involving parents in peer support groups. These efforts have been replicated in three other communities across the nation by Oakland Parents in Action and will continue to serve as a model for other minority communities.

The Californians for Drug-Free Youth (CADFY) and PRIDE of Georgia were the first of the statewide volunteer coalitions, forming in 1980. CADFY sponsors statewide training and educational conferences, as well as regional workshops. CADFY also prepares newsletters, provides technical assistance to other communities which are implementing prevention programs, and networks with school districts, state agencies, national organizations and local programs. These volunteers are educating, training, and establishing networks within their communities to create a drug-free environment, strengthening youth and family potential.

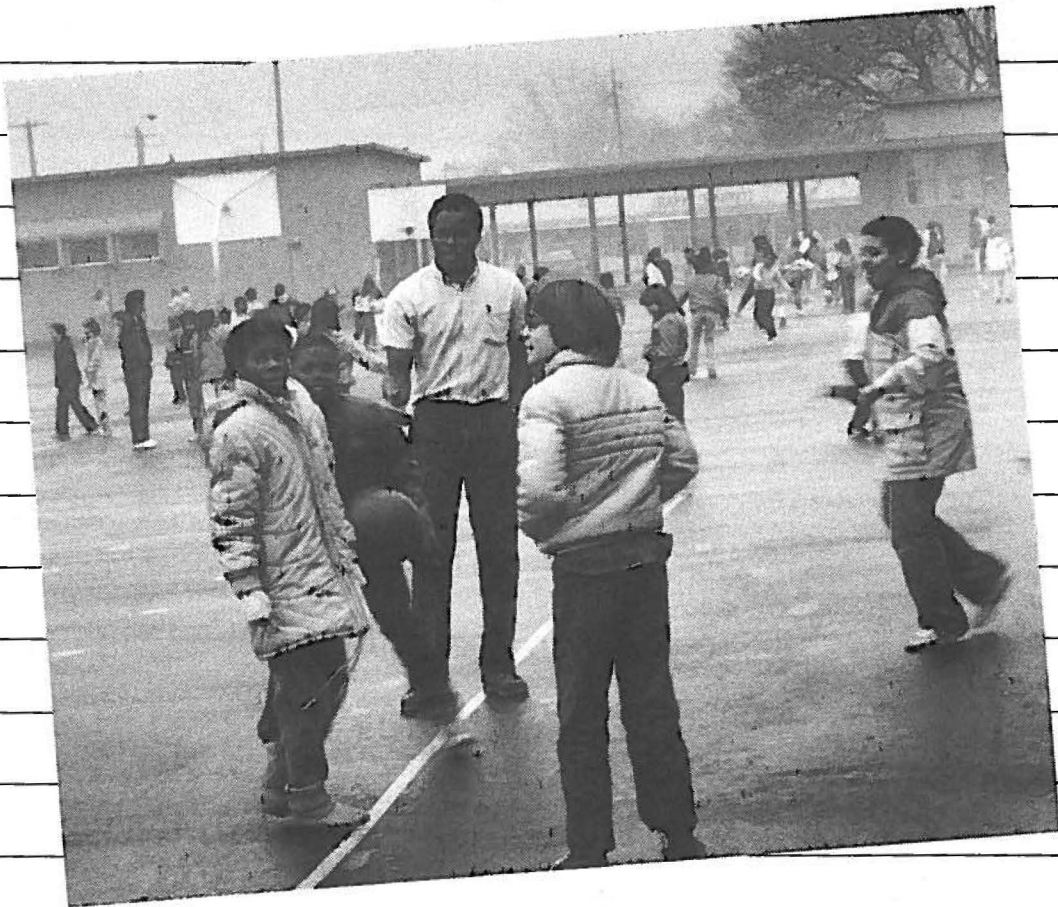
These concerned parents began by educating their families, friends and community members. They established networks with influential community members and organizations to encourage their involvement in the prevention of drug and alcohol use by children. This grass-roots movement of parents has been effective in helping to create a constructive environment to nurture children. When determined parents commit to youth and decide on a mutual stand, parent power is a tremendous force for societal change. And, with the support of their parents, the youth can effect that change more rapidly and permanently.

The Commission believes that the efforts of parent groups should be given more recognition by schools, school districts, county offices of education, the criminal justice system and local community organizations as a worthwhile approach to providing substance abuse education for parents. In addition, schools should take more of a leadership role in teaching parents about substance abuse and updating them in current law and state-of-the-art strategies. Parent education is a crucial part of what we know must happen for effective student education.



# 3.

## Schools



**“You’ve got to point out that drug and alcohol prevention is at least as important as teaching reading and writing in the educational system, because you’re not going to learn reading and writing when you’re doped up.”**

– Daryl Gates,  
Chief of Police,  
City of Los Angeles

**“The original mandate for drug education in the schools in California occurred in 1938... Do we really believe that the drug situation has not changed since then? We’ve been 48 years at this and we haven’t solved the problem. Perhaps we should go back and look at the ‘mandate.’”**

– Nancy Siemers  
San Diego County

## CHAPTER 3: SCHOOLS

### INTRODUCTION

Our educational institutions face many difficult problems today. Drugs and the problems associated with alcohol use may be the underlying cause of many of them. Some choose to blame the educational system and our schools for all failures of society and others argue that the system has failed and is no longer effective. As important as these factors may be, they are not the focus of the Commission's charge. The Commission's charge is to examine how drug and alcohol abuse prevention programs operate in the schools.

Since the 1880s,<sup>1</sup> some form of school-based drug education has been mandated by state law. Most recently, the Education Code was amended in the late 1960s<sup>2</sup> to require, as part of the course of study in California, "health, . . . including the effects of alcohol, narcotics, drugs, and tobacco upon the human body" (Ed. Code, § 51202). State law places the primary responsibility for coordinating programs designed to satisfy the requirements of the Education Code with the State Department of Education (SDE). Although the role of SDE is significant, the authority for implementing curriculum standards lies at the local district level.

Our state's system of public instruction is vast, involving 4,151,110 students, 173,756 teachers (certificated personnel), 58 county offices of education, 1,029 local school districts, and 7,416 schools (1984-1985).<sup>3</sup> We found that over one-third of all drug and alcohol abuse prevention programs are designed to operate in schools, and for good reason—no other institution in our society provides a more universal access to children and young adults.<sup>4</sup>

However, we do not know if there is in fact a drug and alcohol abuse prevention program in every school in this state.

Therefore, the Commission's recommendations are directed to state government, school boards, school administrators, local schools, parents, colleges and universities which prepare our teachers, and the teachers themselves.

These recommendations do not provide a quick solution, but represent a more comprehensive approach designed to change norms and involve all levels of the system. There is no doubt that implementing these recommendations will be costly, but we must consider this statement by United States Senator Patrick Moynihan, "The nation who fails to place its children first, finishes last."<sup>5</sup>

The Commission's recommendations are based on the following general findings on drug and alcohol use prevention programs in our schools:

- The use and abuse of drugs and alcohol in our public schools has a direct negative impact on teachers, parents, and students.
- Public schools must be part of the solution to our drug and alcohol abuse problems, for the future of public education will be seriously compromised if our schools are not made drug and alcohol free. Therefore, public schools must be responsible for providing drug and alcohol use prevention education.
- Schools need to find ways of rewarding positive alcohol-free and drug-free life styles. They must help to create both formal and informal reward systems that will strengthen the norm of no drug/alcohol use.
- Schools must work closely with their local communities to establish successful long-term prevention and education programs.
- Schools, in cooperation with other community agencies, need to provide healthy, attractive and exciting alternatives to alcohol and drug use and need to help children to develop reliance on inner resources and to develop skills in which they can take pride.
- Schools need to develop programs targeted to specific populations. Drug and alcohol use and abuse preferences of different ethnic and social class subcultures apparently differ. The "drug of choice" in one group may have little or no appeal to another. Cultural diversity

should be considered in the design and implementation of prevention programs in the schools.

- Schools need to provide students and their parents with clear, accurate and appropriate information on alcohol and drug use.

## RECOMMENDATIONS

Following are the Commission's recommendations and discussions:

### RECOMMENDATION 1:

**THE COMMISSION RECOMMENDS THAT THE EDUCATION CODE OF THE STATE OF CALIFORNIA BE AMENDED TO REQUIRE ALL SCHOOL DISTRICTS TO ADOPT AND IMPLEMENT K-12 DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION CURRICULUM IN CONFORMANCE WITH CRITERIA ESTABLISHED BY THE STATE DEPARTMENT OF EDUCATION REGARDING CURRICULUM CONTENT TO ENSURE THAT ALL MATERIALS CLEARLY COMMUNICATE A "NO DRUG AND ALCOHOL USE" MESSAGE, ARE AGE APPROPRIATE, AND SENSITIVE TO THE LANGUAGE AND CULTURE OF THE TARGET AUDIENCE.**

#### Discussion:

The Education Code does not provide the State Department of Education with the authority to mandate K-12 curricula, nor does it reflect more modern approaches to effective drug and alcohol abuse prevention.

As a result, methods of prevention education are fragmented. Most schools are not providing K-12 curricula on drug and alcohol abuse prevention. Leadership and guidance is needed from the state in developing and selecting programs or curricula that provide up-to-date and accurate drug information, appropriate methods for communicating the information, and the norms and values of the community.

Education regarding drugs and alcohol has been in the schools for over 100 years. In response to the drug epidemic of the late 60s and early 70s, the Education Code was amended to address an increased need for drug and alcohol education in the schools. Although the Education Code does contain requirements for drug and alcohol education, it does not mandate a K-12 curriculum. The current Education Code provides:

- Instruction about the effects of alcohol, narcotics, drugs, and tobacco on the human body are required to be a part of the course in health at appropriate elementary and secondary grade levels. (Ed. Code, § 51202.)
- Local school governing boards are required to adopt regulations specifying the courses and grades in which instruction about alcohol, narcotics, and restricted dangerous drugs will be offered. (Ed. Code, § 51203.)
- The adopted course of study for grades one through six shall include . . . health, including instruction on the principles and practices of individual, family and community health. (Ed. Code, § 51210, subd. (f).)
- Instruction about alcohol, narcotics, drugs, and tobacco shall be conducted in conjunction with health courses or other appropriate areas of study. (Ed. Code, § 51260.)

Current law promotes what has been termed an "information only approach" to alcohol and drug prevention. This approach relies heavily on scare tactics and provides some information on the effects of drugs and alcohol on the human body. It assumes that the individual uses drugs because of a lack of information, and that by providing that information, the individual will choose not to use drugs. This method is outdated and some researchers even claim that it may contribute to increased drug and alcohol abuse.

Although the Education Code has not been amended to reflect current needs, the State Department of Education and many local county offices of education, local school boards and school districts have attempted to remain current on the research and to implement more up-to-date prevention curricula and strategies. However, without state leadership, these efforts are sporadic.

Several new laws which reflect more current strategies and approaches to effective school-based prevention programs have recently been enacted. These laws have not affected the Education Code, but have established collaborative efforts among the State Department of Education, the Department of Alcohol and Drug Programs, the Office of Criminal Justice Planning, and the Department of Justice. These laws also require county offices of education, county drug program administrators, local law enforcement agencies, and the community to collaborate in the development and implementation of school-based prevention programs.

- The "School Community Primary Prevention Program" (SB 1409, Chapter 1285, Statutes of 1982; SB 110, Chapter 456, Statutes of 1985) is administered by the Department of Alcohol and Drug Programs and the State Department of Education. To date, programs in 25 counties have been established.
- The "Suppression of Drug Abuse in Schools Program" (AB 1983, Chapter 952, Statutes of 1983) is administered by the Office of Criminal Justice Planning. To date, 32 projects have been established.
- The "Interagency School Safety Demonstration Act" (SB 1394, Chapter 1457, Statutes of 1985) is administered by the State Department of Education and the Department of Justice. Of the 30 projects funded under this legislation, 18 of them focus on the prevention of drug abuse and alcohol-related problems.
- The "Positive Role Model Project" (AB 2126, Chapter 1306, Statutes of 1985) is administered by the State Department of Education, in coordination with the Department of Justice and in cooperation with the Department of Alcohol and Drug Programs and the Office of Criminal Justice Planning. Two organizations, one in Northern California, and one in Southern California, have been selected to implement the role model pilot programs.

The funding criteria and standards were developed by the respective state funding agency. Funding for these new school-based approaches expand beyond the cognitive "information only approach" and provide for affective, cognitive, behavioral, alternative, and skill-building approaches. (See Appendix F.) Some programs involve parent educators and peer counselors and incorporate practice sessions on developing resistance and refusal skills, such as "how to say no to drugs and alcohol," and "how to resist peer pressure."

The Commission believes that prevention must begin at the elementary school level, before drug use ever occurs. School-based prevention programs must be a comprehensive effort, beginning at kindergarten and continuing through high school. The Commission further believes that it is the responsibility of local schools to provide accurate and up-to-date information to students. The Commission further supports the request of school administrators that the state provide leadership and assistance in the selection of appropriate curriculum from the abundance of programs available.

However, the Commission's intent is not that any one single curriculum be adopted statewide, but rather that the State Department of Education establish criteria to assist schools in selecting and implementing appropriate K-12 programs.

Some curricula, while encouraging decision-making skills and providing drug information, fail to communicate a strong "no-use" message. Earlier curricula used terms such as "hard and soft" drugs or "misuse" of drugs, which are ambiguous as to the message imparted. "Misuse" implies that there may be an appropriate use of an illegal substance, while "hard and soft" may communicate the notion that "soft" drugs are less harmful than "hard" drugs. Both terms are inaccurate.

Other curricula, while communicating appropriate "no-use" messages, may still fall short of communicating this information in a manner or context that particular ethnic, minority, or racial groups can relate to. It is important to reflect community values and norms in the teaching of a school-based curriculum. Local districts should receive assistance from the state and work with local community agencies in adapting existing curricula to their own local needs.

The Commission found that although there has been some resistance by school administrators and teachers to a mandated curriculum (or any one curriculum), there is evidence that many schools are not implementing effective K-12 prevention



curriculum or being provided with the guidance necessary to do so. Without a mandate there will not be a consistent implementation of drug and alcohol use prevention curriculum throughout the state.

A change in the Education Code will provide the State Department of Education with authority to establish mandated criteria for a K-12 drug and alcohol prevention curriculum.

**RECOMMENDATION 2:**

**THE COMMISSION RECOMMENDS THAT LEGISLATION BE DEVELOPED TO PROVIDE LEGAL IMMUNITY TO TEACHERS WHO INTERVENE IN THE DRUG AND ALCOHOL PROBLEMS OF THEIR STUDENTS.**

**Discussion:**

In many schools it is standard procedure for teachers to refer students suspected of having a drug or alcohol problem to the principal, counseling office, or the school nurse for evaluation of the problem and action.

However, there is concern that school teachers will ignore drug/alcohol use on school campuses and that students will not be referred for appropriate treatment because they fear legal retribution from students or their family members if they do.

If teachers are to be asked to become more active in enforcing school policies and to intervene in suspected or known drug and alcohol abuse, they first should be provided the legal immunity to do so.

The Commission requests that the Attorney General determine if teachers need legal immunity to intervene (1) when they suspect drugs and alcohol are being used and sold on campus, (2) when students are suspected of possession of illegal drugs and alcohol, (3) when a student has made known his or her drug or alcohol use and is seeking help or assistance from teachers. If immunity is required, the Attorney General should then prepare draft legislation.

The Commission finds that it is necessary to empower teachers to intervene without fear of reprisal when circumstances warrant action.

**RECOMMENDATION 3:**

**THE COMMISSION RECOMMENDS THAT THE ROLE OF SCHOOL TEACHERS, COUNSELORS, NURSES AND ADMINISTRATORS AS AGENTS FOR THE PREVENTION OF DRUG AND ALCOHOL ABUSE BE REINFORCED THROUGH:**

- (A) REQUIRING DEMONSTRATED COMPETENCY IN DRUG AND ALCOHOL ABUSE PREVENTION EDUCATION AS A CONDITION OF TEACHER CREDENTIALING AND LICENSE RENEWAL;**
- (B) PROVIDING SALARY AND OTHER INCENTIVES TO TEACHERS AND OTHER SCHOOL PERSONNEL TO WORK WITH STUDENTS TO ALLEVIATE THE PSYCHOLOGICAL AND SOCIOLOGICAL EFFECTS OF DRUG AND ALCOHOL ABUSE;**
- (C) TRAINING TEACHERS TO IDENTIFY AND INTERVENE APPROPRIATELY WITH STUDENTS WHO ARE AT "HIGH RISK" TO ABUSE DRUGS OR ALCOHOL OR ARE UNDER THE INFLUENCE OF EITHER.**

**Discussion:**

School personnel play a critical role in the development of our youth. Teachers, counselors, nurses and administrators have contact with and influence youth throughout their school-age years.

Recruiting and retaining quality teachers to educate our youth is essential. In the next several years, California public schools will need tens of thousands of new teachers to meet the needs of a surging population of children. It will become increasingly difficult to recruit and retain these teachers unless our school environments are improved and the problems of drug/alcohol use and drug-related violence on school campuses are addressed.

In some areas of Los Angeles, it is reported that one-half of all new teachers resign at the end of, or even during, their first year of teaching. It is suggested that drug abuse and the attendant behavioral problems are elements in this disenchantment of new teachers. <sup>6</sup> Even experienced teachers may become demoralized by the problems that drug and alcohol abuse create in the classroom. The student using alcohol or drugs is not a student open to learning. Drug and alcohol abuse create an environment that is not conducive to learning.

The problem of alcohol and drug abuse will not disappear in the near future. Many students have parents who are alcoholics or who are drug dependent. Some researchers state that children of alcoholics are four times more likely than other students to become alcoholics themselves. <sup>7</sup>

Recognizing the critical role of teachers and other school personnel, steps must be taken to assure that they are equipped to address alcohol and drug issues and that there are appropriate and meaningful incentives for them to do so.

Although Education Code section 51261 requires that teacher education institutions provide courses for prospective teachers in drug education and the effects of tobacco, alcohol, narcotics and restricted dangerous drugs, there was no evidence presented during the Commission's public hearings that our colleges and universities are adequately preparing teachers or other school personnel for the reality of drug and alcohol use on school campuses. Considering the prevalence of this problem among school-age youth, teachers, nurses, counselors and other key personnel must be well trained and informed.

The Superintendent of Public Instruction should stress the importance of demonstrated competency by teachers in alcohol and drug abuse prevention and education. Teachers already credentialed should be provided appropriate education and tested for competency when those licenses or credentials are up for renewal. The Commission on Teacher Credentialing and State Department of Education should establish minimum educational standards in drug and alcohol abuse prevention for all teachers, not just health teachers, and other certificated personnel.

Teachers and other school personnel must be trained to identify "high-risk" students, such as children of alcoholics, to learn how to appropriately intervene. It is equally important for them to have the ability to intervene with students who are under the influence of either drugs or alcohol.

The Commission found that there are many positive efforts designed to reduce the incidence of chemical abuse by youth. However, if certificated school personnel are not equipped with accurate and up-to-date information or the skills to appropriately intervene and refer a student for needed help, these prevention efforts may suffer.

Finally, the Commission recognizes the valuable role of teachers and school personnel in drug and alcohol abuse prevention. School district boards should consider increased salaries or other incentives for teachers and personnel who are working with students who are chemically dependent or who have other problems relating to drug and alcohol abuse. School personnel need to be encouraged to work with prevention and intervention efforts.

#### **RECOMMENDATION 4:**

##### **THE COMMISSION RECOMMENDS THAT SCHOOL BOARDS:**

- (A) IDENTIFY AND COMMIT ADEQUATE FUNDING FOR PREVENTION EDUCATION;**
- (B) ESTABLISH INCENTIVES FOR THE PARTICIPATION IN EXTRACURRICULAR ACTIVITIES BY TEACHERS, STUDENTS, AND PARENTS IN ESTABLISHING A DRUG-FREE ENVIRONMENT AND THE NORMS TO SUSTAIN IT;**
- (C) EXPAND IN-SERVICE TEACHER TRAINING TO INCLUDE INFORMATION RELATING TO DRUG AND ALCOHOL ABUSE AND ITS PREVENTION;**

(D) ADOPT DISTRICT POLICIES FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE.

Discussion:

The Education Code authorizes local school boards to certify as to the adequacy of curriculum to meet the requirements of the law. Although the State Department of Education issues guidelines, standards or frameworks to develop curriculum which can be used by local districts, the ultimate responsibility for implementation lies with the local school board.

Many schools are interested in developing prevention efforts on campus but lack adequate funding, school personnel, faculty advisors or incentives to establish effective prevention programs and policies. In other districts, drug and alcohol abuse prevention may not be perceived as a high priority. School boards need to exercise their power to encourage school personnel, parents, and students to become involved in prevention and to promote healthier and safer schools by developing policies that encourage alcohol/drug-free environments.

It is also within the discretion of school boards to allocate funding resources for use in their districts. It has been suggested that one resource which may be used for drug and alcohol use prevention efforts is the California State Lottery funds. Although the Commission recognizes that there are other local school needs, such as replacing outdated textbooks, it is equally important to prevent the proliferation of drugs on campus. (The Commission's primary funding recommendation is discussed in chapter 7.)

School boards also have the discretion to establish incentives or to negotiate with unions to create incentives for teachers and school personnel to be actively involved in drug and alcohol abuse prevention. The Commission heard in public testimony that many student-initiated prevention programs or clubs are unable to recruit faculty advisors to meet school requirements. The Commission supports student-initiated prevention activities and encourages school boards to establish financial incentives or official recognition for teachers' contributions to the prevention field. The same approach could be used to encourage parents to become advisors.

As mentioned several times in this report, student efforts must receive support and recognition when they attempt to create positive peer pressure to not use drugs and alcohol. School boards should make every effort to encourage the establishment of drug/alcohol-free clubs and give the needed attention to support these organizations. Most experts agree that positive peer pressure to not use drugs and alcohol is powerful and the Commission believes that youth must receive support from their peers if the norm of no drug/alcohol use is to be established on our school campuses.

School boards can be leaders in prevention. In San Diego, the school boards, in conjunction with parent/teacher organizations, are establishing "Just Say No" clubs in the elementary schools. Other school boards have adopted models using parent educators to deliver the prevention program in the classroom. A parent educator model was discussed at the San Francisco hearing by the Director of the Center for Human Development in Contra Costa County.<sup>8</sup> Still other prevention strategies involve students trained by community-based prevention programs or school personnel to deliver curriculum or counsel other students. This model, known as "peer counseling," was described by Telesis II and several other witnesses at public hearings.<sup>9</sup>

In Santa Clara County, a system of collaborative support was established between the county schools and the county drug program administrator. Here, schools arrange for their teachers to be trained in the delivery of the "Quest-Skills for Adolescents" curriculum by the county drug office. The schools pay for the training and the county drug office provides matching funds and ongoing consultation and support to the participating schools.<sup>10</sup> The advantage of this program which should be highlighted is that schools, in time, are able to be self-sufficient in providing their prevention efforts.

One resource not discussed thus far is the county office of education. County offices are perhaps the greatest resource for developing and sharing prevention program

information. School districts are encouraged to work with their local county office of education in order to expand their resources and support for prevention program activities. There are several examples of county offices that provide districts with model policies, programs, teacher training and program development. In Sacramento County, the Office of Education is involved with many of the above-mentioned approaches and has also sponsored a statewide demonstration project—Friday Night Live—which is designed to reduce youth drinking and driving accidents and fatalities.

School boards should also examine ways to encourage teachers to learn more about drug and alcohol abuse, their symptoms, the disease concept of chemical dependency, and other related problems. Teachers have an excellent opportunity, if informed and trained, to intervene early before problems become worse. Parent groups are also concerned that teachers should be adequately informed so that they may provide students with accurate and factual information. In order for teachers to remain current, school boards must allocate funds for in-service teacher training.

Some schools, although aware of the drug and alcohol problems on campus, have not taken steps to ensure that appropriate policies and procedures are established. School boards can adopt model policies and provide their schools with the needed leadership, guidance and funding to institute these policies.

The Commission believes that school boards are the key to drug and alcohol prevention at the local level. School boards can provide leadership and direction to administrators, teachers, parents, and students. The Commission further recognizes that without school board support, long-term positive results from school prevention programs may be jeopardized.

#### **RECOMMENDATION 5:**

**THE COMMISSION RECOMMENDS THAT PUBLIC AND PRIVATE SCHOOLS ESTABLISH AND REINFORCE AN ENVIRONMENT IN WHICH NO USE OF DRUGS AND ALCOHOL IS THE SOCIAL NORM THROUGH:**

- (A) CLEARLY DEFINED AND COMMUNICATED LAWS, POLICIES, PROCEDURES, AND SANCTIONS RELATED TO ALCOHOL AND DRUG USE ON CAMPUS;**
- (B) COOPERATIVE EFFORTS WITH PARENTS TO PREVENT DRUG AND ALCOHOL USE AT SOCIAL EVENTS SPONSORED BY SCHOOL GROUPS AND ATTENDED BY STUDENTS;**
- (C) SUPPORT OF YOUTH-INITIATED ACTIVITIES THAT ARE FREE OF DRUG AND ALCOHOL USE;**
- (D) PREVENTION EFFORTS, ESPECIALLY THOSE INVOLVING PEER SUPPORT;**
- (E) SPECIAL EDUCATION AND SCHOOL-RELATED STUDENT ASSISTANCE PROGRAMS FOR "HIGH-RISK" AND DRUG-ABUSING STUDENTS OR STUDENTS WHO ARE DRINKING.**

#### **Discussion:**

Schools have become a focal point of drug use and sales. Pressure to use drugs and alcohol is a frightening and all too often real threat to our children. In a 1985 *USA Today* survey, 57 percent of students said they buy most of their drugs at school.<sup>11</sup> Schools are not offering students the opportunity to learn in a drug-free environment due to the lack of policies, procedures and sanctions designed to establish and reinforce nonuse of drugs and alcohol on campus.

In 1982, the California voters passed Proposition 8, the "Victim's Bill of Rights." This bill, in part, guarantees the right of students and staff to attend campuses which are safe, secure and peaceful. Considering that an array of school-related violence, including gang activities, are rooted in drug abuse, schools must make every effort to institute and clearly communicate well thought out policies and procedures on how drug and alcohol abuse will be handled.

In 1983, the Legislature passed SB 1983 (Chapter 952, Statutes of 1983;

LaFollette—Suppression of Drugs in the Schools). Administered by the Office of Criminal Justice Planning, the bill encourages cooperation between local law enforcement and schools by funding local programs to: (1) reduce drug use on campus, (2) suppress drug trafficking, and (3) provide intervention and referrals. These programs have been received enthusiastically by schools and communities.

It is the Commission's opinion that school policies concerning drug and alcohol use on campus need to clearly communicate the consequences of use, how teachers will refer students needing help or suspected of use, and how the family will become involved. These policies should not only be communicated to students, but should be presented to parents or guardians as well. Suggested methods for communicating these policies include: (1) having parents sign the policies and return them to school administrators or teachers, (2) publishing the policies in school newsletters, or (3) mailing the policies directly to the parents. It is advisable to involve school personnel, unions the PTA-PTO and student leaders in policy development efforts. Schools should also reexamine existing policies, particularly those that condone cigarette smoking on campus because research suggests that cigarettes are a "gateway" drug that may lead to more serious or illicit drug use.<sup>12</sup>

Parent groups and PTAs-PTOs are very interested in providing drug-free school and social environments, and should be called upon to assist the schools. These parent groups help sponsor drug-free clubs and social events such as "Just Say No" clubs and Students Against Driving Drunk (SADD) chapters, and drug-free dances, bowling leagues, sporting and athletic events. PTAs-PTOs should also be encouraged to become active in providing training to parents, and support them in communicating no-alcohol/no-drug use norms and standards to their children.

From public testimony, the Commission learned that student-initiated organizations such as SADD chapters or "Safe Rides" needed faculty support. Without this support, student-initiated organizations cannot be officially sanctioned by the schools. In addition, students involved in drug-free activities should receive ample recognition and support. Their organizations provide a supportive atmosphere and positive peer pressure in communicating a message to not drink and drive and to say "no" to drugs.

Positive school climate, peer support and healthy drug-free and alcohol-free social events will not, however, have an effect on those students who are alcohol or drug dependent. Student Assistance Programs (SAPs) must be developed on school campuses to assist teachers in identifying and helping these high-risk students.

SAPs are a popular and useful intervention strategy. School-based SAPs have been implemented widely throughout the United States, including California, and are particularly useful at the junior high and senior high school level. According to the Hazelden Foundation, SAPs are designed to assist educators and those involved in the continuum of education to better respond to the students' struggles. SAPs are designed to:

- Provide assistance to students troubled by physical, emotional, social, legal, sexual, medical, family and drug and alcohol use problems.
- Improve the quality of education in schools and the school environment.
- Utilize existing community resources rather than requiring new professional staff.
- Enlist the support and involvement of all professional staff members.
- Focus on educational concerns rather than attempting to resolve major social problems.<sup>13</sup>

SAP policies and procedures should also define the role of school administrators, teachers and the student assistant assessment teams and provide for in-service training for community agency personnel, parents, staff and teachers.

The Commission believes that public schools have an obligation to maintain safe, alcohol/drug-free environments for learning through clearly defined policies and procedures, cooperative efforts with parents, and support of youth-initiated activities and student assistant programs.

#### RECOMMENDATION 6:

**THE COMMISSION RECOMMENDS THAT PUBLIC SCHOOL STUDENTS COMPLETE ONE SEMESTER OF HEALTH EDUCATION INCLUDING**

**ALCOHOL AND DRUG EDUCATION BEFORE THE ELEVENTH GRADE AND DEMONSTRATE KNOWLEDGE OF THE EFFECTS AND CONSEQUENCES OF DRUG AND ALCOHOL USE THROUGH ACCEPTABLE SCORES ON STANDARDIZED COMPETENCY TESTS AS A REQUIREMENT FOR GRADUATION.**

**Discussion:**

Instruction in junior and senior high schools regarding the effects of tobacco, alcohol, narcotics, dangerous drugs, and other dangerous substances is required by state law. However, the comprehensiveness of the courses of instruction offered to meet this requirement varies. The Commission concluded that there is no real incentive for schools to present comprehensive drug and alcohol information as there is with many other courses of instruction.

The Commission further concluded that an appropriate incentive to ensure that course are designed and delivered in a comprehensive fashion would be to require demonstrated knowledge through the California Assessment Program (CAP), Comprehensive Test of Basic Skills (CTBS), and other standardized tests.

As mentioned in earlier discussions, drug and alcohol information must be considered as one segment of comprehensive K-12 curricula. Students should receive accurate and up-to-date information on the health, legal and social consequences of drug and alcohol use and abuse. The CAP and CTBS would measure how well students learned this material. If schools are to take seriously the importance of communicating this information to students, the results of their teaching must be measured. As presented in public testimony by one witness, "School board members don't see the correlation necessarily between what's happening with their students with drug problems and the low test scores."<sup>14</sup>

The Commission concluded that adding this information to the CAP and CTBS was the most effective means to ensure that drug and alcohol curriculum content is accurate, thoroughly presented and given sufficient priority by school boards, administrators and teachers.

**RECOMMENDATION 7:**

**THE COMMISSION RECOMMENDS THAT PUBLIC-PRIVATE PARTNERSHIPS BE ENCOURAGED TO DEVELOP FUNDING FOR PREVENTION PROGRAMS TARGETED AT YOUTH UNDER 12 AND IN THE SEVENTH AND EIGHTH GRADES.**

**Discussion:**

Schools are often looked to as the place to solve many of our social problems. The increased emphasis on educational requirements, as well as test scores, often burden school personnel and keep teachers from becoming involved in prevention efforts. A great number of school-based programs fail due to wavering faculty and administrative support and a lack of funding.

Current prevention programs are based upon the premise that schools cannot implement successful long-term prevention efforts in isolation from their communities. Public and private employers can join with schools to form partnerships to bolster funding, assist in the development of curricula and sponsor youth-oriented and initiated clubs.

Local businesses and civic organizations have funded school-based programs such as "Just Say No" clubs in many communities, and purchased or funded the development of prevention curriculum for community programs. Foundation funding may also be sought for similar school-based efforts.

Local businesses or companies have also adopted schools. When a company adopts a school, it provides needed resources or sponsors alternative programs for youth. Other companies may lend employees to schools or provide opportunities for underprivileged or low income youth to gain exposure to the business world.

The Commission further recommends that these public/private partnerships employ a primary prevention approach which targets children before the age of first use or under the age of 12. Other high-risk age groups that should be targeted are those

children entering the 7th and 8th grade levels. These children are at the vulnerable point of transition from elementary to junior high school and find themselves turning more to their peers for approval and recognition.

Community-based agencies can also form partnerships with the private sector. At the San Francisco public hearing, Bank of America presented its child care plan which is an example of a unique partnership between a major corporation, a private foundation and community-based child care providers. The employer in this case provides, at a low and reasonable cost, child care for its employees. The partnership mutually benefits all entities involved. The employer benefits through more attentive employees, resulting in high productivity levels and better working atmosphere. The parents or employees benefit from their peace of mind in knowing that their children are being adequately cared for. The community-based child care facilities benefit through adequate funding, and the foundation administers the fund. Prior to this endeavor, employees could not find affordable child care and child care facilities were having difficulty establishing themselves and acquiring the financial stability necessary to provide good services. This partnership is a good model of communities banding together around a specific, well-defined problem, establishing networks and resources, and seeking solutions which are productive to all concerned.<sup>15</sup> This model can be applied in establishing public and private partnerships for funding school-based drug and alcohol abuse prevention programs.

Finally, these partnerships should design programs and strategies that can be evaluated over time. Prevention programs or curricula should build in a program evaluation to measure their success and impact. (See ch. 8.)

**RECOMMENDATION 8:**

**THE COMMISSION RECOMMENDS THAT, IN ORDER FOR SCHOOLS TO RECEIVE FUNDS FROM ANY STATE AGENCY FOR ALCOHOL AND DRUG PREVENTION EDUCATION, THE FOLLOWING CRITERIA MUST BE MET:**

- (A) INITIAL TRAINING MUST INCLUDE MEMBERS OF THE SCHOOL BOARD, THE SUPERINTENDENT, PRINCIPAL, DESIGNATED TEACHERS, SCHOOL PERSONNEL, COMMUNITY AGENCIES, AND PARENTS;**
- (B) A LONG-TERM COMMITMENT TO A DRUG AND ALCOHOL PREVENTION PROGRAM, PREFERABLY OF AT LEAST A FIVE-YEAR DURATION;**
- (C) A DETAILED DESCRIPTION OF THE SCHOOL PLAN, ITS IMPLEMENTATION, AND ITS EVALUATION.**

**Discussion:**

Through testimony, the Commission learned that a common problem among schools is that prevention is not recognized as a long-term project requiring long-term support from every level of the school and community.

As discussed previously, the Commission found that schools in isolation from their communities cannot establish long-term, successful prevention programs. Communities, families, and the media communicate powerful information and have a tremendous influence over children. Schools basically have a second chance to affect their students' perception of drug/alcohol-use norms in their community.

In making this recommendation, the Commission looks to the State Department of Education and other state funding agencies and training institutions to place their highest priority on technical assistance to the school boards, superintendents, principals, teachers, and other school personnel who are developing long-term prevention plans. The State Department of Education should, on a regular basis, provide training for school board members, superintendents, principals, teachers, other school personnel, parents, and members of community agencies. If districts and schools are to meet these standards to apply for state funds, the technical assistance necessary to develop, implement, and evaluate these long-term plans should be made available to them. School personnel should also be offered the opportunity to fully understand prevention strategies and rationales, and the need for long-term planning.

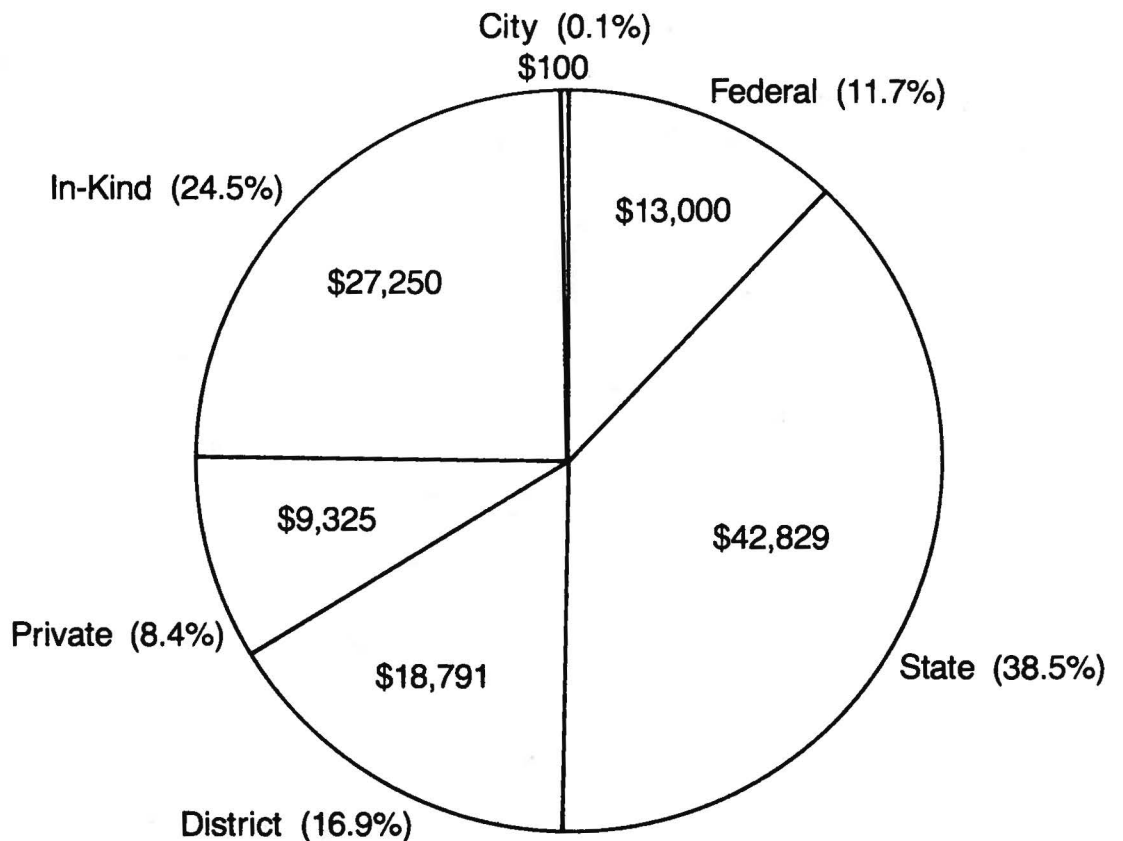
One source of training and technical assistance available to school districts is the United States Department of Education, Western Regional Training Center, located in Oakland, California. This Alcohol and Drug Abuse Education Program (ADAEP) provides training and follow-up support to teams consisting of five to seven representatives of local schools and communities.<sup>16</sup> Diagram 3 illustrates their activity level in California from July 1985-January 1986.

3.

### California Team and Cluster Grant Funding

(July 1985 — January 1986)

Dollars in Thousands



Source: Alcohol and Drug Abuse Education Program (ADAEP)  
National Data Base and Program Support Project



The Commission also recognizes, through public testimony, that communities and schools were concerned about the cumbersome application processes for funding. It is not the intention of the Commission to further burden schools that are taxed by existing administrative problems or to place barriers between schools that are not enjoying adequate administrative support and funding sources. This recommendation is intended to provide incentives for school districts to make a long-term commitment to prevention efforts and is made with the expectation that the state funding sources will provide the necessary assistance in helping school districts comply with these standards.

**RECOMMENDATION 9:**

**THE COMMISSION RECOMMENDS THAT THE DEPARTMENT OF EDUCATION'S EXISTING REFERENCE CENTER SERVICE BE EXPANDED TO INCLUDE DRUG AND ALCOHOL EDUCATION INFORMATION IN THE COMPUTER DATA BASE, WITH INPUT FROM THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, THE OFFICE OF TRAFFIC SAFETY, THE OFFICE OF CRIMINAL JUSTICE PLANNING, AND THE DEPARTMENT OF JUSTICE.**

**Discussion:**

The State Department of Education (SDE) is mandated by state law to establish an information center of current drug and alcohol education materials, including effective courses of study, curriculum guides, teacher materials, reference materials, and reports of current school district policies related to drug and alcohol education. (Ed. Code, § 60111.)

SDE's existing Reference Center has staff and computer capability for storing and transmitting information to school districts on current curricula, including some drug and alcohol educational materials, etc. The Reference Center also has daily computer access to the National Education News and the State Library's reference system for a variety of curriculum programs and information. By issuing fact sheets, lists of current reports and other information, the Reference Center could also operate as a lending library.

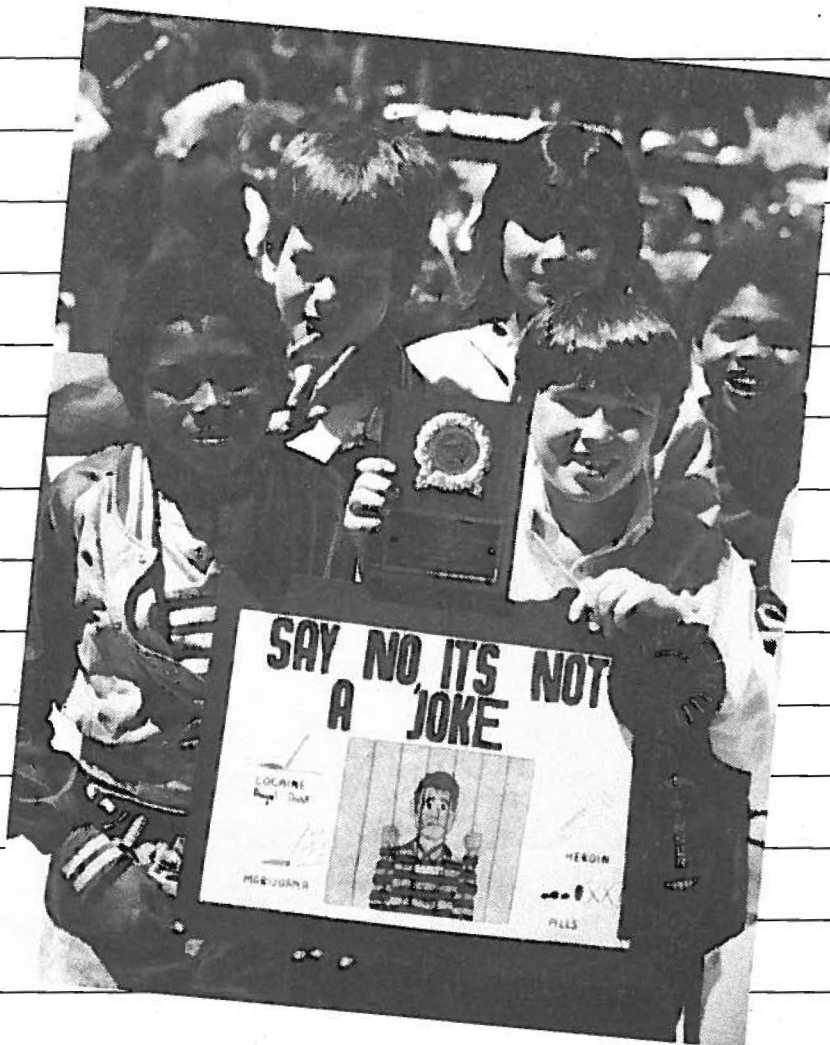
Due to the lack of adequate funding and staff, the Reference Center has not developed its full capabilities in collecting and disseminating current drug and alcohol information and curricula or in coordinating with other state agencies regarding their curriculum standards and drug prevention program activities. As a result, current levels of effort are insufficient to meet the needs of local school districts.

The recommendation to expand or centralize existing state-level resource centers was presented to this Commission more often than any other. In addition, the Commission received written testimony stressing the need to coordinate, collect, and disseminate information regarding prevention resources. There is one other state agency, the Department of Alcohol and Drug Programs, authorized by law to establish a drug and alcohol prevention clearinghouse or resource center. Because school districts, administrators, teachers and other school personnel are accustomed to working with SDE, the Commission concluded that it is appropriate for this specialized resource center to be expanded.

The Commission further recommends that the resources developed by the Department of Alcohol and Drug Programs should be shared with those developed by SDE's Reference Center. The Department of Alcohol and Drug Programs' Resource Center should expand its current level of effort in order to address the statewide need for information. The State Department of Education's Reference Center should primarily provide information to the education system.

# 4.

## Private Sector and Public Employers



**“Public and private entities... can band together around a specific, well-defined problem, network their resources and seek solutions which are productive to all concerned.”**

– Rod Libbey  
Bank of America

**“The private sector has assumed an increasingly active role in prevention. However, much more support will be needed in the coming years. California’s children will eventually enter the work force, and it is in everyone’s best interest to have them begin their work careers capable and healthy. All of the evidence suggests that drug and alcohol abuse can threaten their potential.”**

– Tom Adams,  
Commissioner

## CHAPTER 4: PRIVATE SECTOR AND PUBLIC EMPLOYERS

### INTRODUCTION

The private sector has responded to the challenge and the opportunity to support prevention programs by developing curricula, school-based student activities, media and public awareness campaigns, and community-based activities.<sup>1</sup> During recent years, the field of drug and alcohol abuse prevention has benefited from support from the private sector, largely the local business community and corporate America. As public funds have dwindled, the private sector has assumed an increasingly active role in prevention. However, the Commission believes that even more support will be needed from the private sector in the coming years. Our children will eventually enter the work force, and it is in our interest to have them begin their work careers capable and healthy and to become productive citizens.

Public employers have also responded to the need to prevent drug and alcohol abuse among their employees. These private and public employer prevention programs fall into three major categories: personnel policies, on-site health promotion and training, and community involvement for workers and their families. The programs within these categories vary depending on the nature of the organization and work site involved.

Personnel policies designed to assist employees and balance their work and their family responsibilities tend to be very cost effective. These personnel policies and employer prevention programs benefit both the employees and the employer. Some employer programs are thought to save employers one-third of the employee's average salary and wages owing to decreased absenteeism, improved production and a reduction in sick leave.

The private sector is also realizing that it is in their interest to become involved in the local community. The reasons for this participation are generally similar from one company to another, and they are not affected to any great extent by a company's size. Giant multinational corporations are often motivated by the same interests that affect small businesses. These include:

- *Promoting good community relations.* Corporate social responsibility goes beyond conventional notions of public relations; it creates a responsible citizenship role for the company. In return, it generates good will and support, which often leads to improved business.
- *Developing a better-prepared work force.* In the prevention area particularly, companies often cite the importance of helping young people to improve their employment skills and their education as a major reason for participating. The youth of today are the employees of tomorrow.
- *General community improvement.* The concept of corporate social responsibility reflects the perception of many companies that the time has long since passed when they could focus exclusively on profits without any regard to the welfare of their employees or the communities upon which they have an impact. The stresses and strains of modern society have made corporate leaders aware that unless they help to improve their communities, social problems will eventually have long-term negative effects on their interests.

The private and public sectors need to become partners in preventing the use of drugs and alcohol among our youth. Private sector participation in health promotion, prevention programs and community activities complements community efforts and public programs. The benefits of this private sector involvement are numerous and include, among others:

- *Resources.* As public funding and other resources for social programs become increasingly strained, resources from the private sector are very important. Resources include in-kind services, financial contributions, and materials.
- *Leadership.* Through the contribution of skilled and highly motivated volunteers, the private sector can contribute leadership to preventive programs. Youth programs, are sometimes

viewed by local communities with a mixture of indifference and hostility. Leadership from the private sector is vital to make preventive programs a community priority. The leadership can open doors that would otherwise remain closed to youth-serving organizations.

- *Organizational skills.* The private sector has highly skilled employees to organize groups, meetings, and community coalitions. The skills of the private and public sectors can be complementary and need to be joined. For example, private sector representatives may be particularly effective at public speaking; their public sector counterparts may be much more adept at helping a project to clear bureaucratic hurdles.

Since about the mid-1970s, management and labor have become interested in health promotion and disease prevention programs for families as well as individual workers. Since family support is so important to people, management is often hiring an entire family when it takes on a new employee. The private sector is now being recognized as a major contributor to these family prevention efforts.

Finally, the private sector and public employers have demonstrated numerous examples of corporate, local business and public employer sponsorship of prevention programs, both on and off the work site. In some cases, the financial support has been extensive; in others, the commitment of personnel has been exemplary.

The private sector and public employers also have a vested interest in healthy children: for the short run, parents are more productive workers if their children are growing up healthy; for the long run, these children will enter the work force one day.

## RECOMMENDATIONS

Following are the Commission's recommendations and discussions:

### RECOMMENDATION 1:

**THE COMMISSION RECOMMENDS THAT THE PRIVATE SECTOR BE ENCOURAGED TO FORM PARTNERSHIPS WHICH PROMOTE DRUG AND ALCOHOL PREVENTION ACTIVITIES FOR CHILDREN, YOUTH AND FAMILIES IN LOCAL COMMUNITIES.**

#### Discussion:

Through its investigation, the Commission found that many exciting private sector prevention projects were underway and that private sector/community partnerships can be very effective in promoting drug and alcohol abuse prevention. Corporate America has provided direct funding for many national and community-based projects, both large and small. It has also provided skilled personnel to participate in the planning and developing of prevention programs, supplied volunteers to many national, state and community efforts, supported education and public awareness, and joined in partnerships to prevent drug and alcohol abuse.

This recommendation is aimed at encouraging the private sector to become more active in prevention by providing: (a) funds to assist prevention efforts such as specialized curriculum, youthful drug-free activities and media campaigns that promote no use by children and youth; (b) personnel to provide leadership in local/state prevention efforts by serving on committees, doing volunteer work, and assisting in fundraisers; and (c) personnel to work with youth in community prevention projects, such as sports, theatre, and arts activities.

The Commission found numerous examples of businesses that have demonstrated effective participation in the above-mentioned activities. Some examples are:

- *Business leaders—A National Partnership to Prevent Drug and Alcohol Abuse Among Youth.* In 1985 a national partnership of business, professional, and government leaders was formed to prevent drug and alcohol abuse among youth. The goals of the organization include promoting the right of young people to grow up healthy, preventing early experimentation with alcohol and drugs, increasing the availability of promising preventive approaches to alcohol and drug problems, and increasing awareness and availability of alcohol and drug treatment services for youth. In order to translate this national level resolve into local

action, the partnership has been encouraging the formation of similar partnerships at the state, county and city levels. The services of the partnership are being developed and may eventually include developing national level technical assistance materials for use by state and local partnerships; identifying model programs suitable for replication elsewhere; contributing assistance to prevention projects in search of funds; and/or providing cash awards to replicate exemplary projects.

- *Citicorp (and others)*—“*World of Work*.” This program teaches 9-15 year old youths about life in the business and professional worlds. The students are called “interns,” and the adults they work with for a year are called “mentors.” The interns visit the mentors at their jobs every three weeks for a year. They learn all about the job, and the education needed to enter that profession. Every month, the mentors and the interns and their families get together for a special dinner. The “World of Work” program is designed to give inner-city youth first-hand experience in the professional world; to provide them with successful, accessible role models; to motivate them to reach their potential; to supply them with information they need to set and pursue career goals; to provide them with individual attention and encouragement; and to serve as an opportunity for interested citizens to make a direct and meaningful contribution to the community. Many of the volunteers for the “World of Work” program come from local service organizations, such as the Rotary Club. The “World of Work” program is a special activity of the “Just Say No” clubs that are forming in hundreds of communities to stop drug abuse among young people. It is one part of a massive effort to involve children in positive, healthy, and drug-free life styles. The original program was coordinated by the Oakland Parents in Action.
- *Coleco “Winners Say No”*—*Superheroes Champion the Cause of Prevention*. This special teaching aid, distributed by Coleco in the fall of 1985 to over 25,000 schools in 110 urban school districts, consists of a full-color fold-out newsletter featuring mythological superheroes and professional sports figures stressing the importance of saying “no” to drugs. It includes suggestions for classroom discussions on such topics as winners, courage, victories, and peer pressure, as well as ways to incorporate similar concepts in creative writing, art, and drama lessons. A poster was mailed with the newsletter featuring San Diego Chargers’ quarterback Dan Fouts, along with five grade school children and a fantasy figure. The materials were designed to augment existing prevention curricula, and include sources of information on drugs, drug abuse, and prevention programs.

The Commission believes that employers play an important role in local community prevention planning, in funding local projects and in developing new approaches for youth drug and alcohol prevention.

The complementary skills and resources that the public and private sector partners bring to prevention activities is the single most important benefit of a combined effort. The partnerships lead to new ideas, coalitions, and solutions to problems that might not have been developed by either partner working in isolation.

#### RECOMMENDATION 2:

**THE COMMISSION RECOMMENDS THAT THE PRIVATE SECTOR BE ENCOURAGED TO DEVELOP PERSONNEL POLICIES WHICH PROMOTE FAMILY HEALTH AND PREVENT DRUG AND ALCOHOL PROBLEMS; AND FURTHER RECOMMENDS THAT THE GOVERNOR ESTABLISH AN ANNUAL AWARDS PROGRAM TO RECOGNIZE AND HONOR SIGNIFICANT PRIVATE SECTOR PERSONNEL POLICIES.**

#### Discussion:

Many companies develop health promotion and drug and alcohol abuse prevention programs for their employees and include the entire family. These programs provide important prevention services to our youth by protecting and improving the health of their parents. When the family is the target of prevention activities, the children benefit. Prevention efforts at the work site can have a profound impact on family health and can reduce drug and alcohol problems for all members of the family.

Work life and family life cannot be treated separately, particularly when over 60 percent of all families have two or more wage earners (children included) and the majority of mothers work. There are three times as many working mothers today than

in 1950, and many of them are single. Given these significant changes in the composition of the work force, it is not surprising that a 1969 George Washington Business School survey found tension between "work" and "family" to be rising. In this survey, only 1 percent of workers reported any conflict between their work and family lives. By 1977, approximately 25 percent of the respondents complained of this problem.

Family/work-site dynamics and the influence of one on the other has a direct impact on employers.

The Commission is encouraging employers to develop personnel policies that assist families in coping with the stress of balancing home and work pressures. Some of the more promising policies the Commission recommends include:

- Day care for children of working parents that is close to or within the work site.
- Flex time, job sharing, and paternity leaves.
- On-site health promotion and training for employees and families.
- Community involvement for workers and their families, such as "World of Work," athletics, health fairs, etc.
- Employee Assistance Programs.

Each of the policies is discussed below:

- *Day Care.* The number of single-parent families and families in which both parents work has increased dramatically in recent years. As a result, about 30 million children in the United States have working mothers. Many women are also choosing to have children late in life and demand both a satisfying career and time with their children. In response to the child care needs of workers, many companies, such as Stride Rite, Zale, and Newville Mobile Socks, have established on-site day care facilities. These on-site facilities, although expensive, appear to be cost effective in reducing lateness, absenteeism, and the cost of retraining replacements for new mothers. These facilities also allow parents to visit their children during breaks.
- *Flex time*—This policy allows employees to choose flexible working hours. Most companies prefer to have all employees present for a certain length of time during core hours, e.g., for at least two hours between 10 a.m. and 2 p.m. But even this requirement may be eliminated. Some companies, Dupont for instance, are broadening flex time options by operating plants 24 hours a day and allowing employees to choose the 40-hour combination that best suits their needs. This policy can be particularly helpful to parents who can choose different schedules to spend more time with their children.
- *Job sharing*—Through this arrangement, two or more people combine their efforts to produce the equivalent of one full-time position. For example, one might work in the morning and the other in the afternoon, or each for two and one-half days a week.
- *Paternity leave*—Paternity leave permits the father to take leave upon the birth of a child. Procter and Gamble, a forerunner in this area, gives the new father a two-week leave and the option of taking a six-months' leave of absence without fear of losing his job.
- *Sick leave*—To promote health awareness, certain firms pay their employees for not using sick leave. One criticism of this policy is that it might encourage some employees to work when they are sick.
- *On-site health promotion and training*—On-site facilities designed to promote health activities tend to be expensive, but they offer convenient opportunities for becoming and remaining fit. A number of companies have opened facilities to workers and their families and have also provided families with other types of opportunities for maintaining their health. For example, Century Insurance Co. established an on-site gym with facilities for family members of all ages. In addition, Control Data Corp. developed a less expensive variation on this theme by arranging for families to use the facilities and equipment maintained by the University of Dallas. These and other companies have observed that the most effective way to alter unhealthy family patterns is to institute family health promotion, such as weight reduction, smoking cessation, drug abuse prevention, and alcoholism treatment programs.

- *Employee Assistance Programs (EAPs)*—These programs, established through management policies and procedures, are designed to assist supervisors to identify and refer employees who are experiencing personal problems, such as drug or alcohol abuse, that interfere with work productivity to the EAP for assistance and appropriate referrals. These programs are often available to employees and family members on a self-referral basis as well.
- *Worker and family involvement in off-site community activities*—These programs encourage and enable company employees and families to participate in community activities. Typically, individuals who become involved increase their understanding of the role of the family in the community and also gain personal satisfaction from their contributions to the community life.

The Commission concluded that employers and employees both benefit from policies that encourage good health and respond to today's family and community needs; and further, that when the family is the target of prevention, the children benefit.

The Commission believes that those companies who establish exemplary policies and programs that benefit workers, families and communities should be recognized for their contributions. The Commission recommends that the Governor establish an annual awards program to recognize those employers who, through policy and programs, have made a significant contribution to alcohol and drug abuse prevention among our youth.

**RECOMMENDATION 3:**

**THE COMMISSION RECOMMENDS THAT THOSE COMPANIES THAT HIRE YOUTH, AGES 16-21, BE ENCOURAGED TO:**

- (A) **PROVIDE INFORMATION THAT PROMOTES HEALTH AND DISCOURAGES USE OF ILLEGAL DRUGS AND ALCOHOL.**
- (B) **PROVIDE WORK-SITE CLIMATES THAT PROMOTE YOUTH INVOLVEMENT IN HEALTHY LIFE STYLES.**
- (C) **SUPPORT EXISTING PREVENTION PROGRAMS IN THE COMMUNITY THAT FOCUS ON CHILDREN AND YOUTH.**

**Discussion:**

As discussed under previous recommendations, many employers are taking steps to encourage good health, to disseminate information regarding drug and alcohol abuse and to establish policies and programs that encourage treatment for personal problems.

The Commission believes that those companies who employ youth between 16-21 have a unique opportunity to communicate a clear no-drug/alcohol-use message through company policies, work-site standards and partnerships with community organizations. These employers often provide the training ground for young workers. They have the first opportunity to tell new workers that drug and alcohol abuse is not acceptable on the work site and to encourage healthy life styles.

These employers also have an opportunity to identify and assist young adults if personal problems, such as drug and alcohol abuse, are discovered. Too often these young, first-time employees, are simply terminated. Although termination may be required in some cases, a referral for needed help may save an otherwise good employee, prevent other employers from inheriting a problem employee, or provide the youngster with the support that is sometimes needed in order to seek help.

The Commission concludes that companies employing 16-21 year olds have both a unique opportunity and obligation to influence these youth and young adults by promoting healthy work climates, discouraging drug and alcohol use and supporting community prevention programs.

**RECOMMENDATION 4:**

**THE COMMISSION RECOMMENDS THAT PRIVATE INDUSTRY, PUBLIC EMPLOYERS, AND EDUCATIONAL INSTITUTIONS ADOPT AND IMPLEMENT EMPLOYEE ASSISTANCE PROGRAMS FOR EMPLOYEES AND THEIR FAMILIES EXPERIENCING DRUG AND ALCOHOL PROBLEMS.**

**Discussion:**

Employee Assistance Programs (EAPs) are not new. They have been around since the



1940s. These programs originally were designed to intervene with employees who were showing evidence of an alcohol problem. The earlier programs, some still in existence today, were called Employee Alcohol Programs.

EAPs are designed to assist employees, and, many times, family members, who are experiencing difficulty on the job due to personal problems. Many programs were initially established to deal with alcohol and drug problems but were later expanded to include financial, legal and marital problems. EAPs generally provide intervention and counseling services, referrals to professionals in the community, and assistance to supervisors in making referrals to the program.

Today it is estimated that there are over 5,000 programs nationally and that approximately 60 percent of the Fortune 500 companies have some sort of EAP in place.

The National Institute on Alcohol Abuse and Alcoholism considers these programs to be cost effective and highly effective for intervening in alcohol problems.<sup>2</sup>

The Commission supports the implementation of these programs at the work site and finds them to be a valuable tool in assisting families who experience drug and alcohol problems.

#### RECOMMENDATION 5:

**THE COMMISSION RECOMMENDS THAT PROFESSIONAL SPORTS TEAMS AND INTERCOLLEGIATE SPORTS PROGRAMS IMPLEMENT DRUG TESTING, INTERVENTION AND COUNSELING PROGRAMS.**

#### Discussion:

Our athletes are "heroes" and role models to a large segment of our youth. They are highly visible and highly rewarded for their accomplishments. The Commission believes that their role demands responsibility to those youth who emulate them and that drug use and alcohol abuse among these "heroes" should not be tolerated. The Commission further believes that it is appropriate to ensure that athletes are drug free by means of testing and that it is appropriate to make testing a condition of employment for this extremely attractive role.

It appears that many collegiate and professional sports figures, like other members of our society, have alcohol and drug abuse problems. However, the highly visible exposure of these problems conveys a mixed message to youth—children see these highly paid role models as "superhuman," for they represent the paragon of physical fitness and ability. What message goes to our youth when they see the images of their athletic heroes associated with drugs or alcohol?

The National Basketball Association (NBA) is nearing its third year of a comprehensive drug rehabilitation plan. In a March 19, 1986 Associated Press article, Gary Bettman, general counsel to the NBA, was quoted as saying the plan was "working well." He added, "The players, as role models, felt that they wanted to make a statement that drugs and professional basketball did not mix." A similar sentiment was expressed by Mr. Delvin Williams, former running back for the San Francisco 49ers and current director of "Pros for Kids."

Baseball Commissioner Peter Ueberroth recently disciplined 21 players for drug use and, in a recent *USA Today* article (March 7, 1986), he vowed baseball will be drug-free this season. In the same article, it was reported that 77 percent of people surveyed across the United States would not object to being tested for drug use in the work place; 64 percent favored testing professional athletes; and 65 percent also favored testing amateur sports or high school students. In the poll, 69 percent also favored testing college athletes, with 26 percent opposed.

According to an article published on March 1, 1986, in *The Journal*, a monthly publication of the Addiction Research Foundation, urinalysis testing is currently in use in sports. Organizations that use urinalysis testing include teams from the National Football League (NFL), the NBA, minor league baseball and the Big 8 Conference

(colleges). The National Collegiate Athletic Association (NCAA) is considering adopting a testing program for performance-enhancing drugs, which are primarily stimulants. Some of the programs are with the approval of the athletes, some are without.

It is the opinion of the Commission that drug testing in conjunction with other appropriate intervention and counseling programs will influence those athletes abusing drugs or alcohol to seek treatment and would act as a deterrent to increasing drug use and alcohol abuse.

One Northern California trucking company reported that about 17 percent of their 600 drivers tested positively for drug and alcohol use during the first test one year ago. When recently tested, everyone passed. Similar success was also recently reported by the San Diego Padres baseball team.

Educational institutions must also act on their responsibility to stop the use of drugs and abuse of alcohol by athletes. Not to do so is quite simply irresponsible.

The Commission concludes that drug testing, intervention and counseling must begin early in order to effectively deter, interrupt or prevent athletes from abusing illicit drugs. The Commission believes that if we are to move to a norm of no drug/no alcohol use, the message that drug use will *not be tolerated* must be communicated clearly and consistently by all segments of our society.

The Commission is aware of the complex legal questions involved in testing. In fact, there was heated debate on this issue and two commissioners did not concur with this recommendation. We leave the legal questions to the judicial system. Other questions, such as whether urinalysis testing should be voluntary or mandatory and the overall reliability of the test cannot be resolved by this Commission.

The United States Supreme Court and state legislators will ultimately decide whether drug testing is fair and reasonable and under what circumstances it can be carried out.



# 5.

## Health Care



**“We have places in our county where we know kids are drinking every Friday and Saturday night, yet little is being done... We turn our heads, thinking, ‘okay, they’re only drinking; better than smoking pot or doing some other drug.’”**

– Michael Sparks  
Acoholism Council  
of Marin County

**“A planned regular schedule of education regarding abuse of drugs and alcohol should be developed, should reach all students, and be a part of a mandated curriculum required for graduation.”**

– Gary D. Macomber, Director  
Department of  
Developmental Services

## **CHAPTER 5: HEALTH CARE**

### **INTRODUCTION**

The health implications of drug use and alcohol abuse have only begun to penetrate the public's awareness. The associated health care costs are staggering and the complexity of the drug and alcohol abuse problem and its serious threat to our nation's economic and social well-being require attention and action by the Governor, the Legislature, state agencies, state licensing boards and educational institutions.

Grass-roots efforts initiated by those closest to the victims, such as parents, families, and educational institutions, have frequently been responsible for stimulating the development of public and private agency prevention programs, the evolution of prevention specialists, and the involvement of health care providers. However, not all professionals who are looked to for assistance in providing prevention, intervention or treatment of drug/alcohol-related problems have had the appropriate education and training. Primary health care providers, such as doctors, nurses, psychiatrists, clinical psychologists, social workers, and marriage, family and child counselors, have limited education and training in the recognition and diagnosis of early drug and alcohol problems. Formal professional education and training has typically addressed only the recognition and diagnosis of the most advanced stages of chemical dependency.

Even the need for insurance reimbursement for the treatment of chemical dependency is just beginning to be recognized by parents, employers, unions, employee associations, and health insurance providers.

The Commission recognizes that support for prevention activities is growing, and that the prevention movement appears to be gaining momentum. We now have the tremendous potential for reducing the long-term health costs of drug and alcohol abuse on our children, families, communities and society. However, the Commission believes that success will only be achieved if major efforts are made by the state agencies, professional associations, public and private agencies and organizations providing prevention or other health care services, and all individual primary health care practitioners to improve our existing system.

The Commission believes that the time has come for state policy makers to (1) make drug and alcohol abuse prevention among our youth a high priority; and (2) create a statewide mechanism for planning, coordinating and promoting drug and alcohol abuse prevention programs in the state.

### **RECOMMENDATIONS**

Following are the Commission's recommendations and discussions:

#### **RECOMMENDATION 1:**

**THE COMMISSION RECOMMENDS THAT THE LEGISLATURE ESTABLISH A PERMANENT SELECT COMMITTEE FOR THE DEVELOPMENT OF POLICY INITIATIVES FOR THE YOUTH OF CALIFORNIA.**

#### **Discussion:**

The focus of this Commission was on youth drug and alcohol abuse, however, we were exposed to the many related problems affecting youth such as the plight of "latchkey" children, child abuse, teenage suicide, youth gangs and poverty. These issues, beyond the scope of this Commission but associated with youth alcohol and drug abuse, call for action.

California's systems for providing children and youth services are complex and involve many agencies at the state and local level. Most states have established at least one statewide legislative or administrative mechanism to see that children's needs are adequately addressed in the planning and implementation of state programs. More than one-third of the states have special legislative committees to guide the overall development of policies and priorities for children's services. Some states have such a committee in each chamber of the Legislature. There are a total of 27 of these special legislative committees addressing children's services. <sup>1</sup>

In 32 states, nonlegislative mechanisms have been established either by executive order or by legislation. Most have established a Governor's Commission, Council or Office. Twenty-two states have such bodies placed within the Governor's Office itself or in another executive branch of government, and two states have offices of children services which are freestanding.<sup>2</sup>

Most states having these committees or agencies believe they are highly effective in bringing about improvements in planning and coordination of policies and programs affecting children.

The Commission believes that the California State Legislature should demonstrate an ongoing commitment to our state's youth by permanently establishing a select committee on children and youth. The Commission further believes that the primary function of this committee should be to ensure comprehensive statewide planning for children's services in California.

The Commission recognizes that the California Senate has recently reestablished its Select Committee on Children and Youth, which was dissolved following the passage in 1984 of Proposition 24 which mandated reductions in legislative spending. The committee, originally established in 1977 and chaired by Senator Robert Presley since its inception, has provided a valuable service to California's youth by focusing on policy issues affecting their lives.

At the federal level, California Congressman George Miller led a successful effort to establish the Select Committee on Children, Youth and Families in the United States House of Representatives in 1983. Congressman Miller is chair of this committee.

These committees, at the state and federal level, are essential if we hope to develop comprehensive and coherent policies affecting our children and youth.

#### RECOMMENDATION 2:

**THE COMMISSION RECOMMENDS THAT THE GOVERNOR, LEGISLATURE, THE SUPERINTENDENT OF PUBLIC INSTRUCTION, AND THE DIRECTOR OF THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS PLACE PRIORITY ON THE DEVELOPMENT AND FUNDING OF K-12 ALCOHOL AND DRUG ABUSE PREVENTION CURRICULUM AND PROGRAMS WITH SPECIAL EMPHASIS PLACED ON THE UNDER 10 AGE GROUPS.**

#### Discussion:

After examining current youth prevention programs and strategies, the Commission concluded that statewide implementation of a comprehensive K-12 curriculum is critical. The Commission further concluded that programs which target the under 10 age group offer the most promise for preventing drug and alcohol abuse.

Most prevention strategies in schools focus on junior high and high school students. Recent surveys indicate that drug and alcohol use begins earlier and support the need for prevention to begin at the elementary level. (See Appendix D.) The primary prevention programs (before first use) must motivate and support young children to say "no" to drug and alcohol use.

The Commission, in reviewing drug and alcohol prevention programs, concluded that comprehensive K-12 curricula would have the greatest impact over time in preventing drug and alcohol abuse and would strengthen the health care provider's role in communicating a "no-drug-use" message to children. Primary health care providers can support these programs by being involved in classroom presentations dealing directly with youth and the effects of drug and alcohol on their bodies. For example, one expert witness,<sup>3</sup> a pharmacist, testified that she works with elementary school students to help them understand that no drug is unconditionally safe. She went on to encourage the Commission to support drug prevention education beginning at the kindergarten level.

Prevention programs do not happen at one time in one place. They must begin early and be reinforced by parents at home, by adults in the community and by educators in the school setting. Prevention begins early in a child's development with parents

setting standards and developing no-drug/no-alcohol norms within the home setting. Beyond the home, the schools have a second chance to reinforce these no-drug/no-alcohol use norms. Primary prevention begins early in grades K-3 with an emphasis on developing self-awareness, self-esteem, responsibility and the skills in problem solving, decision making and communication. By the 4th grade, a specific focus on drugs and alcohol and coping skills should be included; and, no later than the 6th grade, peer resistance skills should be introduced and should continue throughout the secondary level.

The Commission concluded that a K-12 curriculum, and other programs, targeting the under 10 age group have the greatest potential for successful outcomes and recommends that the Governor, the Legislature, the Superintendent of Public Instruction, and the Director of the Department of Alcohol and Drug Programs place priority on their development and funding. (See ch. 3, Recommendation 1, for further information regarding K-12 curricula.)

#### RECOMMENDATION 3:

THE COMMISSION RECOMMENDS THAT (A) THE GOVERNOR CREATE AN INTERAGENCY INTERGOVERNMENTAL COUNCIL ON DRUG AND ALCOHOL ABUSE PREVENTION: (B) THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS SERVE AS THE LEAD AGENCY IN THIS COUNCIL: AND (C) THE COUNCIL BE CHARGED WITH THE PLANNING, COORDINATION AND PROMOTION OF DRUG AND ALCOHOL PREVENTION PROGRAMS IN THE STATE OF CALIFORNIA.

#### Discussion:

Within state government, the Department of Alcohol and Drug Programs is the department which is organizationally responsible for drug and alcohol abuse prevention programs. (See Diagram 4.) According to the department, approximately \$27 million has been budgeted for prevention for fiscal year 1985-1986. Two other state agencies, the State Department of Education and the Office of Criminal Justice Planning, are directly involved in funding community/school-based prevention. In addition, we estimate that at least 12 other state agencies, such as the Office of Traffic Safety, the California Youth Authority and the Department of Mental Health, provide prevention funds or resources to local communities for youth drug and alcohol abuse prevention. The Commission recognizes that each of these departments has an important role in drug and alcohol abuse prevention and supports multiagency involvement at both the state and local level.

However, there is no clearly defined, lead agency responsible for coordinating these state department activities. During the months of research and written and public testimony, the fragmentation of efforts became evident. Repeatedly, the Commission heard from individuals requesting coordination, centralization and leadership in state prevention efforts.

The Commission received comments from various state department directors emphasizing the need for coordination and centralization of resources. The Director of the Department of Mental Health wrote: "I believe that interagency coordination at the state level is essential." <sup>4</sup> In addition, the Director of the California Conservation Corps stated: "I see the need for coordination of prevention efforts. At the present time, each agency has its own program. This leads to a lack of coordination, and in some cases, duplication of efforts. Communication and coordination go hand-in-hand and should be improved." <sup>5</sup>

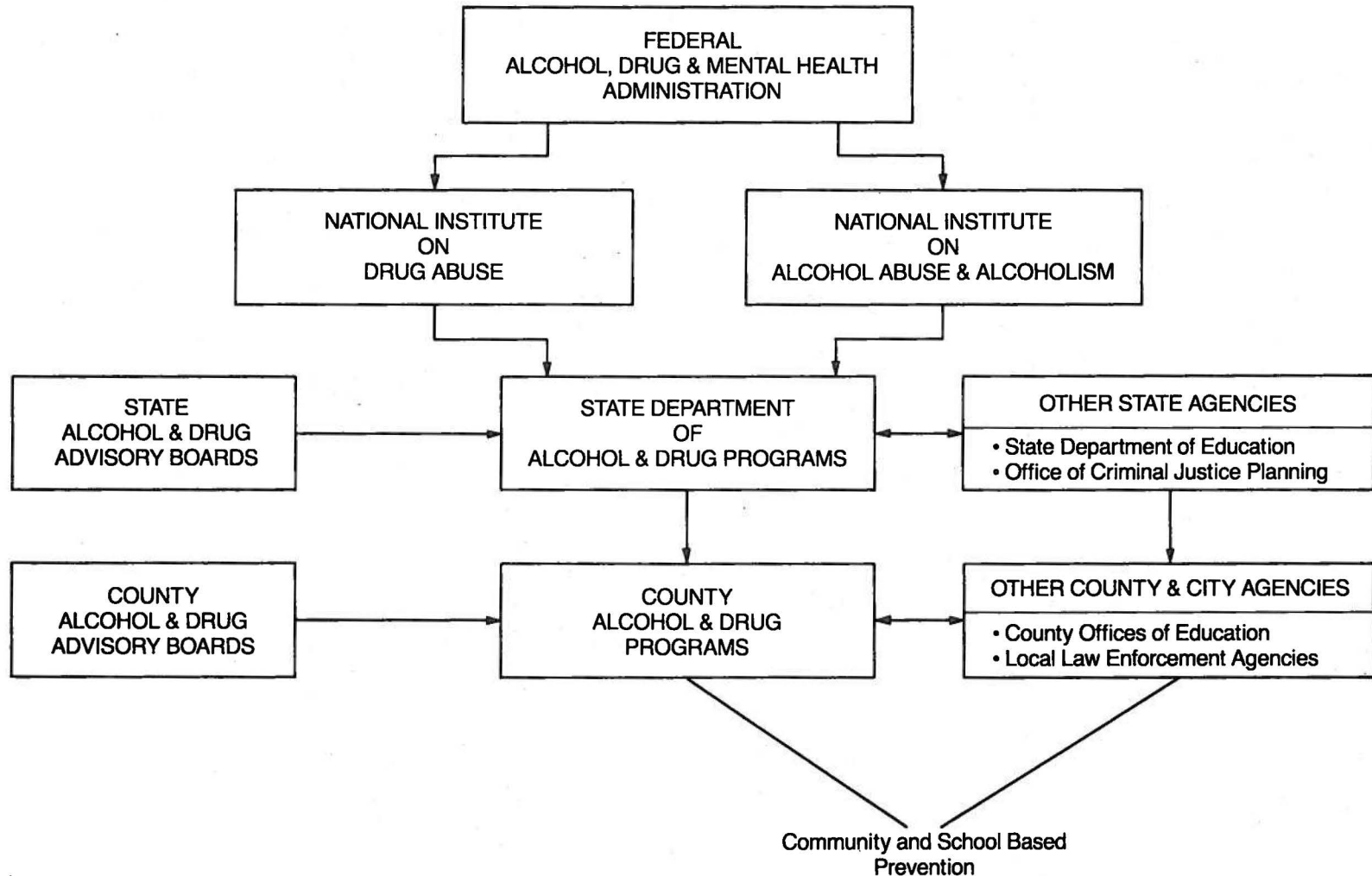
As can be seen, many state departments are responding to the alcohol and drug abuse problem, and the Commission believes that there are a number of valuable and meaningful efforts underway. However, two major findings of the Commission are that (1) insufficient resources have been committed to drug and alcohol abuse prevention efforts targeted to our youth, and (2) state-level planning and coordination of prevention programs is inadequate.

Parents, professionals, community leaders and the general public throughout our state convinced the Commission of the need for a clearly defined and coordinated response



# Primary Government Funding Agencies \* For Alcohol & Drug Abuse Prevention Services

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\* Does not reflect all state agencies that may fund.

for the State of California to the drug and alcohol abuse problem. Often, legislative and community inquiries as to the Commission's task resulted in requests that we develop a "master plan" which would spell out the various departments' roles in drug and alcohol abuse prevention. The plan should focus not only on what should be occurring, but specifically provide details for the general public as to which government departments are involved, and their level of support in terms of overall department priorities, specific objectives and funding.

The Commission urges the Governor and the Legislature to establish a state-level prevention council, representing all state departments involved with drug and alcohol abuse prevention, to plan, coordinate and promote drug and alcohol abuse prevention programs and to designate the Department of Alcohol and Drug Programs as the lead agency in this council.

#### RECOMMENDATION 4:

**THE COMMISSION RECOMMENDS THAT THE SUPERINTENDENT OF PUBLIC INSTRUCTION AND THE STATE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS ESTABLISH A FUND OR FISCAL INCENTIVES FOR THE DEVELOPMENT OF PARENTING EDUCATION AND TRAINING PROGRAMS.**

#### Discussion:

The Commission believes that parenting education is an effective strategy towards preventing drug and alcohol abuse and that prevention efforts, in general, must involve the parents whenever possible. Parents are, in fact, the most important element in establishing no-drug-use messages and reinforcing this norm for our children and youth.

There appears to be a general agreement among drug and alcohol abuse prevention specialists that parent training programs are effective. Historical documentation on prevention has referred to parent training, education and skill building as effective prevention strategies. Further research suggests that parenting education can enhance the influence of a parent, strengthen the family, and ultimately affect the probability of a young person becoming involved with illicit drugs.

However, the Commission found that parenting education and training is not a high priority with funding agencies and receives little support. First, treatment providers must be kept up-to-date on the latest trends, issues and research before school-based prevention strategies come into play. By this time, funding will have been exhausted. When training courses are offered to parents, they are well attended.

One training authority describes three groups of parents who are eager for parenting training. The first group are those parents of new school-aged children from kindergarten through the 5th grade. The second group are those parents of 601 status offenders (minors who are habitually disobedient or truant) who are fearing loss of control over their children. And the third group are immigrant parents, such as Asians and Hispanics, who are attempting to understand and integrate new cultural norms into their family systems.<sup>6</sup> A group that should be targeted for parenting training is drug abusing or alcoholic parents. One major hospital study found that 68 percent of drug-abusing parents had parents that were also abusers.<sup>7</sup>

In public testimony, Rachel Ortiz, Director of the Barrio Neighborhood Center in San Diego, expressed concern regarding the lack of funding for neighborhood drug and alcohol abuse prevention services. She and her staff have attempted to work with families around prevention issues, but found that the treatment and intervention services, and the administration of the Center, required their full attention. Again, parent education and support are needed but cannot be made priorities due to the lack of funds.

The Commission concluded that though parent involvement in the overall community prevention effort is essential, it cannot be effectively legislated. However, government funding agencies and training and educational institutions can play a leadership role by developing financial incentives to encourage the development of parenting education and training classes.

The Commission recommends that the State Department of Education encourage and fund the development of school-based curriculum designed to improve parenting skills. The Commission further recommends that the Department of Alcohol and Drug Programs reinstitute its parent training efforts through the creation of financial incentives for local community- and neighborhood-based parent training courses. Such funding incentives might include grants to local communities or regional parent training centers.

#### RECOMMENDATION 5:

**THE COMMISSION RECOMMENDS THAT INSTITUTIONS FOR TRAINING HEALTH CARE PROVIDERS ESTABLISH MINIMUM STANDARDS FOR TRAINING IN THE APPROPRIATE METHODS OF INTERVENTION AND EDUCATION OF YOUTH ON ALCOHOL AND DRUG PROBLEMS.**

#### Discussion:

Historically, professional education for physicians, registered nurses, psychologists, clinical social workers, and marriage, family and child counselors has not included classroom instruction or training on alcoholism or other chemical dependency issues. The pervasiveness of the drug and alcohol abuse epidemic requires an awareness by all health care providers serving families and youth in the identification and treatment of such problems. Current law requires that certain minimum educational requirements be met by newly educated applicants for licensure as physicians, nurses, psychologists, social workers, and marriage, family and child counselors. However, this requirement has not been fully implemented.

By enacting SB 1796 (Chapter 1149, Statutes of 1984), the Legislature sought to ensure that marriage, family and child counselors, psychologists, registered nurses, clinical social workers and physicians had received adequate instruction or achieved a minimum level of competence in the subjects of alcoholism and chemical substance dependency. The new law amended the appropriate practice acts and provided that all new professional applicants matriculating on or after January 1, 1985 (clinical social workers), after September 1, 1985 (physicians, registered nurses, psychologists), or after January 1, 1986 (marriage, family and child counselors), be required to receive instruction in or have completed adequate instruction and training in the subject of alcoholism and chemical substance dependency, as a qualification for licensure. This legislation did not affect those professionals currently in practice or those persons who had already completed their educational requirements on those effective dates.

The following describes the progress of each licensing agency in the implementation of these requirements:

- The Board of Medical Quality Assurance, Division of Licensing, reported that they had not yet developed the guidelines or regulations for physicians, but that they were in the process of initiating these activities.
- The Psychology Examining Committee plans to hold public hearings to review course content in May 1986.
- The Board of Registered Nursing has developed minimum standards for schools of nursing to include the alcoholism and chemical substance dependency component in their curriculum. The standards provide that the content may be addressed in one course or be integrated throughout the curriculum. The guidelines suggest subject areas for the curriculum, however, they are not mandatory.
- The Board of Behavioral Science Examiners has adopted regulations to ensure that applicants for clinical social worker and marriage, family and child counselor acquire a minimum level of competency in the required subject area. Unfortunately, the Board is having difficulty in getting the regulations approved by the Office of Administrative law.

Although these licensing boards and committees are in the process of implementing the legislation, the responsibility for establishing and instituting curricula lies with educational institutions. The Commission therefore encourages the educational institutions to ensure that adequate education and training in alcoholism and chemical dependency is included in the required curriculum for health professionals.

The Commission suggests that professional associations should encourage their members to seek training on alcoholism and chemical dependency, including how to identify these problems, how to intervene, and how to make appropriate professional referrals.

Perhaps one of the most aggressive professional organizations leading the nation in developing a body of knowledge in chemical dependency is the California Society on Alcohol and Other Drug Dependencies. This group originated as a committee of the California Medical Association and by 1982, developed "the distinct body of knowledge" that forms the core of a three-day educational program for physicians. Subsequently, they developed a pool of questions that will be used in the national certification process of the American Medical Association's Society on Alcohol and Other Drug Dependencies. The first national certification examination will be held in November 1986. It is based on California's examination which is designed to evaluate a physician's degree of knowledge in diagnosing and treating chemical dependency.

The National Institute on Drug Abuse (NIDA) has made an effort to provide health care professionals with some baseline information on drug and alcohol abuse by developing and promoting certain activities. NIDA is working with national professional organizations to assist them in providing training for their members on drug and alcohol abuse and to encourage them to sponsor educational forums. For example, the American Academy of Pediatrics and the American Academy of Child Psychiatry presented one-day symposiums at their annual meetings which focused on prevention and treatment of adolescent substance abuse. NIDA also collaborated with the Academy of Pediatrics in the development of a handbook for its members on the treatment of substance abuse.

Professional health care providers, particularly those who frequently come in contact with troubled families and youth, should specifically be targeted for training.

The Commission urges licensing agencies, educational institutions, and professional organizations to ensure that minimum educational requirements for primary health care providers are established and maintained. This will ensure that health care professionals become more proficient in recognizing, diagnosing, treating and referring individuals and families affected by drug and alcohol problems.

#### RECOMMENDATION 6:

**THE COMMISSION RECOMMENDS THAT THE GOVERNOR AND THE LEGISLATURE ADEQUATELY FUND A STATEWIDE RESOURCE CENTER WHICH PROVIDES INFORMATION TO HEALTH CARE PROVIDERS AND THE GENERAL PUBLIC ON DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS, RESEARCH, CURRICULUM, LITERATURE AND FILMS.**

#### Discussion:

Under current law two state departments, the Department of Alcohol and Drug Programs and the Department of Education, are authorized to administer an information clearinghouse (or resource center) on alcohol and drug abuse prevention. However, the Commission concluded during its deliberations that their current level of effort is insufficient to meet the public's needs. The Commission believes this public need for information is a high priority which is supported by extensive written and public testimony.

The existing state clearinghouses lack adequate funds, staff, visibility and do not effectively coordinate their activities with other state, federal and local agencies. There is also a need for centralizing existing information on drug and alcohol abuse prevention. The Commission believes that expanded resource centers should serve as more than a depository for information. Ideally, these centers would have highly visible mechanisms for disseminating information through newsletters, catalog publications, and access to computerized information systems. The centers should also have the capacity to disseminate current research findings and maintain catalogs of resources, movies, tapes, public service announcements, and cassettes, as well as other literature developed by government, voluntary, private and professional organizations. Through its research, the Commission found that other states, including Wisconsin,

Illinois and Minnesota, have developed centralized resource centers for the collection and dissemination of prevention information. The federal clearinghouses administered by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) also provide models for effective centralized resource centers.

The Commission concluded that the existing clearinghouse administered by the Department of Alcohol and Drug Programs could be expanded, with adequate funding, to function as the state's primary drug and alcohol prevention resource center and to meet the public's need for a centralized effective resource center. The Commission also concluded that the State Department of Education's clearinghouse should continue to serve the educational community and that close coordination between the Department of Alcohol and Drug Programs and State Department of Education clearinghouses should be maintained. A conceptual design for a coordinated state clearinghouse system is illustrated in Diagram 5. This diagram illustrates how the clearinghouse would interact with the national and state agencies and organizations for collecting and disseminating resources. The other prominent relationship demonstrated in the diagram is between Department of Alcohol and Drug Programs and State Department of Education and the distinctive points to which they disseminate information.

The Commission strongly believes that the Governor and Legislature should allocate sufficient funding to implement this recommendation. The State of California will benefit by the increased availability of information, decreased duplication of efforts and the increased capability of local communities to replicate successful prevention program models.

Finally, the field of prevention is evolving rapidly. New technologies, strategies, concepts and research data are constantly surfacing. The capability to provide a centralized resource center for the collection and effective dissemination of this information is essential to support the successful promotion of drug and alcohol prevention activities in California.

#### RECOMMENDATION 7:

**THE COMMISSION RECOMMENDS THAT ROTATING HEALTH WARNING LABELS BE PLACED ON ALL ALCOHOLIC BEVERAGE CONTAINERS; AND THAT HEALTH WARNINGS BE PLACED ON ALL ADVERTISEMENTS FOR ALCOHOLIC BEVERAGES.**

#### Discussion:

The Commission believes that warning labels on all alcoholic beverage containers, combined with public service announcements warning of the dangers of alcohol, are a component of a comprehensive prevention strategy.

The Commission was especially concerned about the use of alcohol by pregnant women. National, state and local substance use surveys indicate an increasing trend of alcohol use by adolescent girls and young women. Many of these young women are not aware of the effects of alcohol use during pregnancy on their unborn child.

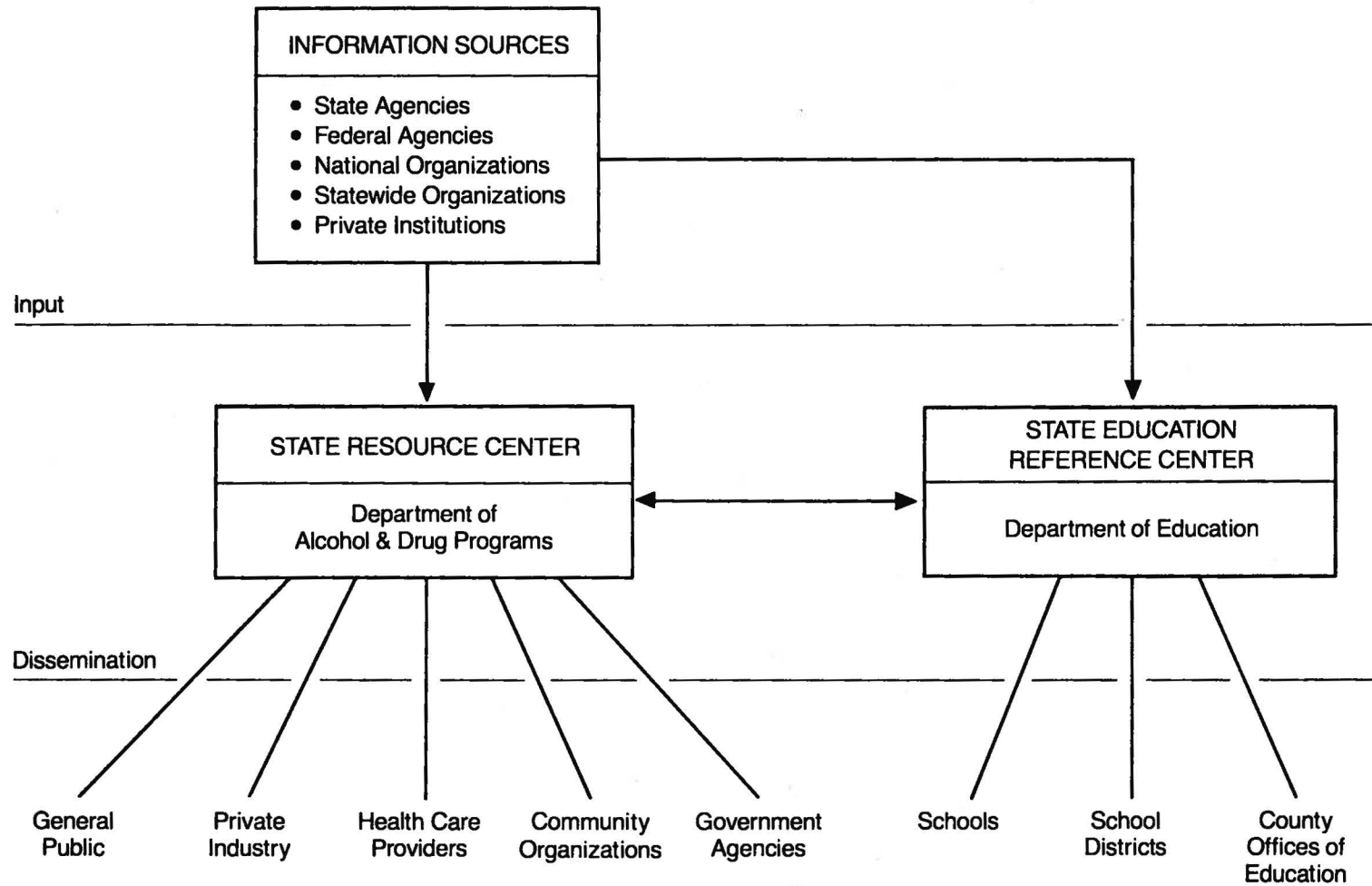
A 1984 issue of *Health Tips*, a publication of the California Medicine Education and Research Foundation, stated:

"Nutrition and good health are crucial during pregnancy. What a pregnant woman eats or drinks has a direct effect on the growth and development of her unborn baby. The choice women make about drinking alcohol during pregnancy is particularly important. In recent years studies have linked alcohol consumption during pregnancy to birth defects and a host of other health problems. Approximately one baby in every 750 live births has all the characteristics of Fetal Alcohol Syndrome."<sup>8</sup>

The effects of alcohol consumption on a fetus, known as fetal alcohol syndrome, has been recognized in the United States since 1973. Although it is a preventable congenital abnormality, the State Department of Alcohol and Drug Programs estimates that 3,600 babies are born in California each year with fetal alcohol effects. It is also estimated that California spends roughly \$150 million each year on treatment

# Drug and Alcohol Abuse Prevention Resource Center(s)

5.



for children born with birth defects resulting from alcohol.<sup>9</sup>

Fetal alcohol syndrome is characterized by a variety of defects, including but not limited to mental retardation, low birth weight, poor growth rates, small head circumference, cardiac valve defects, fine-motor dysfunction, and abnormal facial characteristics. There is even evidence that moderate alcohol consumption can result in spontaneous abortions,<sup>10</sup> still births,<sup>11</sup> prematurity,<sup>12</sup> low birth weight,<sup>13</sup> low placental weight,<sup>14</sup> and short birth lengths.<sup>15</sup>

In September 1982, Commission member Dr. Jokichi Takamine, then representing the American Medical Association (AMA), testified in conjunction with Dr. LeClair Bissell before the United States Senate Subcommittee on Alcohol and Drug Abuse and the Committee on Labor and Human Resources on this issue. In his testimony, he stated:

"The Association strongly supports public education efforts. One method of disseminating information, supported by AMA, is through the labeling of alcohol bottles. In 1978, the AMA House of Delegates recommended that warning labels on alcohol containers should provide the following warning 'Alcohol may be injurious to your health and, if consumed during pregnancy, to the health of unborn children'."

In addition to educating the public, there is a continuing need to educate physicians. The American Medical Association and other medical groups are active in this effort.

In New York, a public education program built on the message that "to be perfectly safe, women should abstain from alcohol during pregnancy," was conducted in conjunction with a professional education effort. The New York State Medical Society assisted in this effort by preparing a questionnaire for physicians to use with pregnant women to determine the extent of their alcohol and tobacco use.

Research indicates that women should be concerned about even low or moderate drinking during pregnancy. Some other studies suggest that even alcohol consumption at relatively low levels, one ounce per day, may be an important factor in minimal brain dysfunction, estimated to affect approximately 5-10 percent of the school age population in the United States. Minimal brain dysfunction is characterized by abnormalities of attention, behavior, and learning.<sup>16</sup>

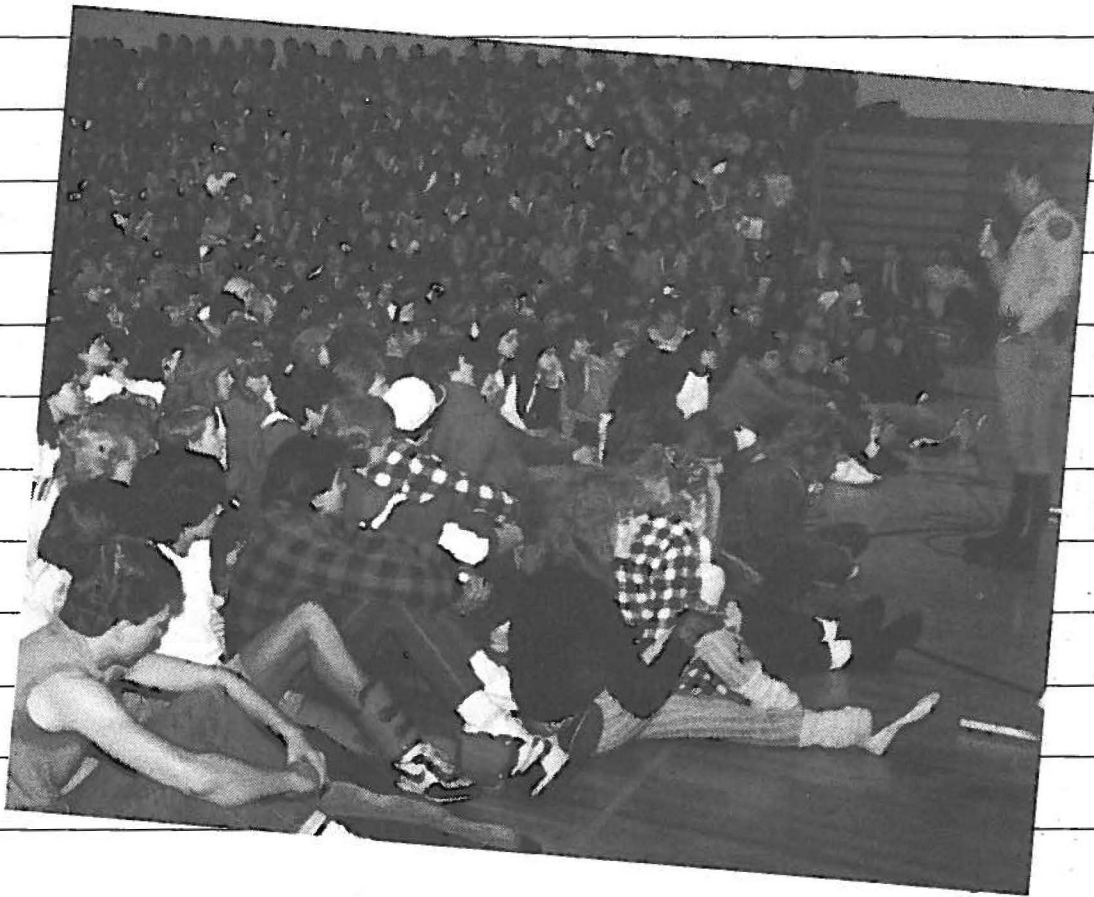
In his 1982 congressional testimony, Dr. Takamine concluded: "... The research is by no means conclusive, but, until more research is available to resolve the issue definitively, we believe the only safe course is to abstain from drinking during pregnancy."

The Commission believes that extensive public education efforts on the health effects of alcohol abuse, especially on pregnant women, should be conducted. One important component of these efforts should be the use of rotating health warning labels on alcoholic beverage containers.

On a related issue, the Commission also recommends that further research on whether rotating health warning labels should be placed on over-the-counter drug containers be conducted.

# 6.

## Law Enforcement and Regulatory Agencies





**“We recognize that alcohol abuse is a very serious problem. Perhaps the only reason that it’s a greater problem than narcotics abuse and other drug abuse is the fact that it’s more readily available, it is legally obtained. But the abuse of drugs and narcotics is growing at such a rate that I believe at some point it may equal or exceed the abuse problem that alcohol poses.”**

– Sherman Block, Sheriff  
County of Los Angeles

# CHAPTER 6: LAW ENFORCEMENT AND REGULATORY AGENCIES

## INTRODUCTION

Public policy regarding illicit drugs is clear: they are illegal and law enforcement agencies are responsible for enforcement of state and federal laws prohibiting their manufacture, import, sale, possession and use. But public policy regarding alcohol, by far the widest and most health threatening "drug of choice" of the American people and the young people who are the object of this Commission's study, is ambivalent and inconsistent.

Drug laws are felony and misdemeanor crimes enforced by federal, state and local law enforcement agencies. Alcohol laws are enforced by the California Highway Patrol, local law enforcement agencies, and other state regulatory agencies and may result in arrests, citations, warnings, probation, treatment, and license revocation. The Department of Alcoholic Beverage Control licenses alcoholic beverage outlets, and shares responsibility with local law enforcement agencies to enforce the provisions of the Alcoholic Beverage Control Act, which includes the legal drinking age. The California Highway Patrol and local law enforcement agencies enforce drunk driving laws, including the legal presumption of being drunk with a .10 blood alcohol content. The Department of Motor Vehicles is responsible for the administration of our driver's license laws.

Testimony before this Commission stressed the breadth and scope of the problem of drug and alcohol use and abuse among our youth. Literally millions of young Californians are breaking the laws regarding alcohol and other drugs. The Commission found that enforcement of laws governing the use and possession of illicit drugs and alcohol by juveniles is weak. Testimony also indicated that delinquency, truancy, gang violence, robberies, burglaries and auto accidents can be attributed in some extent to substance abuse. In 1984, 350,000 persons under the age of 20 were arrested for felony and misdemeanor crimes, many of them directly involving drugs and alcohol. In that age group, 66,000 were arrested for felony and misdemeanor crimes involving alcohol—drunk driving, drunkenness and violation of liquor laws; 46,000 were involved in felony and misdemeanor drug law violations.<sup>1</sup>

These arrest data are supplemented by the findings of the California Youth Authority in a 1984 statewide study of 53 juvenile probation camps operated by 23 separate counties. In their survey of 3,152 wards with an average age of 15.7 years, 31 percent had a prior history of alcohol-related problems and 46 percent had a prior history of drug problems. Although only 9 percent of the wards were committed for various drug, narcotic or marijuana offenses, only 1 percent were committed for traffic or drunk driving-related offenses.<sup>2</sup> Thus it appears that the use of drugs and alcohol among these 15 year olds was not addressed until they were arrested for other crimes.

The Commission's recommendations and discussion for law enforcement and regulatory agencies are presented in two sections: Section 1, "Law Enforcement," and Section 2, "Alcohol Policy Issues."

### Section 1. Law Enforcement

This Commission did not address law enforcement's traditional role in the "war on drugs," nor did it address the juvenile justice system. Those issues were examined by the Attorney General's Commission on Narcotics. However, the law enforcement officials appearing before this Commission on the Prevention of Drug and Alcohol Abuse—Los Angeles Police Chief Daryl F. Gates, Los Angeles County Sheriff Sherman Block, and San Diego Police Chief William B. Kolender—were all members of the Attorney General's Commission on Narcotics, which concluded in its February 1984 Final Report that:

"Enforcement activities are primarily designed to deal with the supply side of the drug problem. However, success cannot be achieved unless a commensurate impact is made on the demand side of this equation. The ultimate long-term

success of drug control efforts is contingent upon a marriage of educational and prevention efforts carried out by the law enforcement community, private industry, the educational sector, the medical community, the Legislature, the media, and parent/youth groups, all of which need to be supplemented by an educated and involved public.”<sup>3</sup>

In particular, these law enforcement officials stressed the need for programs in school, beginning as early as kindergarten and continuing through high school, to teach the prevention of drug abuse; and each agreed that school prevention programs, along with law enforcement, were the key to long-range control of both juvenile and adult drug and alcohol abuse.

## **RECOMMENDATIONS**

The Commission on the Prevention of Drug and Alcohol Abuse agrees with their conclusion and makes the following recommendations to assist law enforcement in carrying out its role in the prevention of drug and alcohol abuse:

### **RECOMMENDATION 1:**

**THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE PROFESSIONALS IN THE JUVENILE JUSTICE SYSTEM TO DEVELOP EDUCATIONAL PROGRAMS ON DRUG AND ALCOHOL ABUSE FOR PROBATION OFFICERS, DISTRICT ATTORNEYS AND JUDGES.**

#### **Discussion:**

The public's interest and concern about drug and alcohol abuse have resulted in major public policy initiatives to curb drunk driving, to increase criminal penalties and to strengthen sentencing and forfeiture laws for drug offenses. Because of the serious nature of drug and alcohol abuse and its relationship to juvenile delinquency, domestic violence, child abuse, truancy, dropouts, gang violence, and automobile accidents, it is critical that judges, prosecutors and probation officers be knowledgeable about drug and alcohol issues.

Educational programs on drug and alcohol abuse for professionals in the juvenile justice system are essential to an effective response to the problems.

The Judicial Council's Center for Judicial Education and Research currently sponsors three-day educational institutes for municipal and justice court judges, superior court judges, and new judges, and a one-week Continuing Judicial Studies Program which is offered twice a year. The educational content of these programs is developed by program committees made up of representative groups of California judges. In the past, speakers on drug and alcohol issues have participated in the programs. The Judicial Council is also developing a local court education project to establish a system for disseminating educational materials to judges who are unable to attend the institutes.

In 1985, the Legislature passed SB 1303, which appropriated \$100,000 to the Judicial Council to develop an educational program on drug and alcohol abuse. The legislation was vetoed by the Governor.

The California District Attorneys Association also sponsors an annual three-day seminar on narcotics prosecution and has developed a special manual on prosecution of driving under the influence cases.

The Commission believes that these existing educational programs for judges and district attorneys make an important contribution to law enforcement's efforts to combat drug and alcohol abuse. The Commission further believes that the Attorney General should encourage continuation of these programs and the development of other special programs on drug and alcohol abuse for professionals in the juvenile justice system.

## RECOMMENDATION 2:

THE COMMISSION RECOMMENDS THAT THE GOVERNING BODIES OF ALL EDUCATIONAL INSTITUTIONS DEVELOP AND ADOPT POLICIES TO FULLY COOPERATE WITH LAW ENFORCEMENT OFFICIALS IN ENFORCING DRUG AND ALCOHOL LAWS ON CAMPUS AND INFORM ALL SCHOOL EMPLOYEES, STUDENTS AND PARENTS OF THE POLICY.

### Discussion:

The Commission believes drug and alcohol abuse laws should be enforced on all school campuses from elementary through graduate schools. Our educational institutions prepare our children to become healthy, productive, law abiding citizens. The attitudes toward drug and alcohol use and abuse on school campuses by our educators has an important influence on our children, youth, and young adults. The Commission encourages California's educational institutions to adopt policies to fully cooperate with law enforcement agencies and to assist them in enforcing drug and alcohol laws.

These school policies should make a clear distinction between what is a criminal violation and a discipline problem. They should delineate a school's responsibility to cooperate with local law enforcement agencies when students, employees, or others violate drug and alcohol laws on campus. They should require that all school employees, students, and parents be informed of the policy. (See ch. 3, Recommendation 5.)

## RECOMMENDATION 3:

THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL, STATE SUPERINTENDENT OF PUBLIC INSTRUCTION, LOCAL SCHOOL DISTRICTS, AND LOCAL LAW ENFORCEMENT AGENCIES THROUGHOUT THIS STATE DEVELOP PARTNERSHIPS TO EXPLORE AND IMPLEMENT JOINT EDUCATIONAL PROGRAMS TO MEET THE SPECIFIC NEEDS OF THEIR COMMUNITIES.

### Discussion:

A major finding of the Commission is that law enforcement and school partnerships are an effective means to prevent drug and alcohol abuse by juveniles. In California, School/Law Enforcement Partnerships have had positive results for everyone involved. Communities have benefited, as crime is reduced and schools have benefited, as average daily attendance is increased and vandalism is reduced.

Today, the school/law enforcement partnership concept is recognized as a successful strategy to improve the quality of the school environment, to establish joint drug and alcohol abuse prevention programs, to reduce truancy and daytime crimes, and to reduce the incidence of narcotics trafficking on school campuses.

Although the Commission did not have the opportunity to become acquainted with all the worthwhile programs throughout the state involving law enforcement and school partnerships, the following illustrates how this strategy is being implemented.

#### **The Suppression of Drug Abuse in Schools Program**

In 1983, the Legislature enacted AB 1983 (Chapter 952, Statutes of 1983—LaFollette), to establish the Suppression of Drug Abuse in Schools Program in the Office of Criminal Justice Planning (OCJP). In its program guidelines, OCJP describes the intent of the legislation:

“Although successful models for drug education and prevention programs exist, they traditionally exclude active law enforcement involvement. AB 1983 (Chapter 952, Statutes of 1983) recognizes the importance of this participation. It clearly mandates full partnership between educators and law enforcement personnel in developing and implementing a program containing: prevention, education, detection and apprehension strategies. Crime prevention practitioners understand and support the advantages of a prevention and apprehension partnership. AB

1983 will provide an opportunity to extend a successful program model to all California schools to support a safe, drug-free environment in which our children can learn.”<sup>4</sup>

This legislation provides for the funding of programs jointly developed and administered by law enforcement agencies and school districts. During the first year, 13 sites, with a target population of 364,685 youth and funding of \$1.9 million were ultimately selected under this program: Contra Costa County, Los Angeles City, Garden Grove, Antioch, Butte County, Earlimart District, Menlo Park, Oakland, Pajaro Valley, Salinas District, San Benito Union, San Diego District, and Sonoma County.<sup>5</sup>

Law enforcement representatives from two programs funded by the Suppression of Drug Abuse in the Schools Act presented testimony to the Commission.

At the Los Angeles hearing, Los Angeles Police Chief Daryl Gates and officials of the Los Angeles Unified School District described their jointly developed Drug Abuse Resistance Education (DARE) program:

In Project DARE, unarmed uniformed police officers teach a formal validated prevention curriculum to fifth, sixth and seventh grade students in selected schools on a regular basis. The objectives of the program are to increase students' self-esteem and to develop their cognitive skills regarding drugs to the extent that the students will be able to reason that drugs are harmful. To accomplish these objectives, the teachers/officers use role playing and other interactive teaching techniques. The officers also visit kindergarten through fourth grade classes in those schools approximately five or six times each and provide a “one day” program for other schools, which usually involves an officer-presentation to a school assembly followed by classroom visitations.

The department stresses that Project DARE avoids “scare tactics,” but rather, stresses “self-esteem, assertiveness, peer pressure resistance, decision making and alternatives to drug abuse.” Chief Gates also reported that the DARE model has been adopted by several other California cities and is being studied by law enforcement agencies from around the country.<sup>6</sup>

Also funded by the Office of Criminal Justice Planning (OCJP), San Diego's substance abuse prevention program stresses school-community-law enforcement cooperation in a comprehensive approach. Police Chief William B. Kolender of San Diego testified before the Commission and described the elements of this program, which include:

- Substance abuse curriculum K-12.
- Police officers making classroom presentations.
- Police department videos for students, parents and teachers.
- Involvement of community agencies.
- A police manual for school administrators on drug abuse.
- Police department referral program for arrested students.
- A liquor store contact program involving parent volunteers.
- Student and parent pledge cards for drug and alcohol abuse.
- Parent education courses.

In his testimony, Chief Kolender said, “A successful substance abuse prevention program must be backed by lowering the tolerance for drug abuse. The Department takes an aggressive enforcement stance when dealing with suppliers, pushers and users.”

The San Diego Police Department made 250 school campus arrests for drug violations in the last two years. A school survey to determine support for the campus program revealed that 85 percent of parents, 83 percent of teachers, and 47 percent of students were in favor of a substance abuse program. Of the students, 28 percent were opposed and 25 percent had no opinion.<sup>7</sup>

### **School/Law Enforcement Partnership**

In 1983, Attorney General John K. Van de Kamp and State Superintendent of Public Instruction Bill Honig formed the School/Law Enforcement Partnership Program to coordinate joint efforts between educators and law enforcement agencies to provide safe school environments, promote regular school attendance and reduce truancy. The Partnership presented regional conferences for both educators and law enforcement officers on methods to reduce school violence and to increase attendance. A regional Resource Cadre was also created, composed of 50 experts from education and law enforcement to assist schools and criminal justice agencies to implement programs that ensure safe campuses. The number of Resource Cadre members has now increased to 70.

The success and popularity of this partnership resulted in 1985 legislation (SB 1394—Beverly, Chapter 1457, Statutes of 1985) which enacted a two-year Interagency School Safety Demonstration Act to:

- Fund 30 joint programs between law enforcement agencies and schools addressing school safety and truancy in their communities;
- Sponsor regional conferences to identify exemplary programs and successful techniques; and
- Establish regional training teams composed of trained educators and law enforcement officers to assist in the development of local programs in their own and other communities statewide.

The first joint program awards to 15 elementary school districts, 7 high school districts, and 8 unified school districts or county offices of education were announced in March 1986. Although the projects may address several topics, 18 of them focus on the prevention of drug abuse and alcohol-related problems. In addition, the two one-day regional conferences emphasized drug and alcohol abuse prevention programs.

The School/Law Enforcement Partnership is also participating in the implementation of AB 2126 (Stats. 1985, ch. 1306). This bill requires the development of a three-year pilot program involving school activities, community activities and summer programs which employ a "positive role model" concept to curtail substance abuse by children. The appropriation for this legislation is \$427,500 per year.

In other testimony before the Commission, Los Angeles County Sheriff Sherman Block stressed the need for school programs as early as the fourth grade and, eventually, K-12. His department has formed a narcotics prevention unit whose deputies have received over 200 hours of specialized training and are now working with more than 20 school districts. By September, the department will be in contact with the remaining 24 other districts in the county. "Our deputies are resource managers who will work with school districts, schools, and teachers," Block testified. "They will provide the resources of our department that would enhance the schools' substance abuse curriculum. Where appropriate and when the teacher requests it, our deputies will assist in the presentation of specific lesson plans to the students." Block also stated that his deputies will be involved in community drug prevention programs, and he stressed the need for parent involvement and education in prevention work.<sup>8</sup>

Mayor Lionel J. Wilson of Oakland submitted testimony describing the Oakland Interagency Council on Drugs, comprised of city, county, state and federal law enforcement agencies, school prevention programs, and community organizations. While law enforcement is an important part of the Oakland strategy against drugs, Wilson cited "... community support and initiative is the most important element [and] it must be cultivated, supported, and assisted." He also called for a broader strategy, "I have been especially concerned with the great problem of unemployment among our young people, particularly low income minority youth. I strongly believe that an essential ingredient in our plan for success lies in providing job training and employment."<sup>9</sup>

The Commission recognizes the value of the school/law enforcement partnerships which have been developed and implemented throughout the State of California. We encourage local school districts and local law enforcement agencies to explore and

implement joint education programs in their communities and we support the efforts of the Attorney General, the State Superintendent of Public Instruction, the Legislature and the Governor in developing statewide programs and strategies to assist the development of these partnerships.

## Section 2. Alcohol Policy Issues

The Commission, influenced by testimony and work from James Mosher, Associate Director for Policy Studies for the Prevention Research Center of the Pacific Institute for Research and Evaluation, Berkeley, California, used a public health approach in making its recommendations on the prevention of alcohol-related problems. A public health approach views the individual, existing within a system which has a powerful impact on his health. The triad of environment-host-agent is used to describe the system impacting a given public health problem. To prevent alcohol-related problems among individuals, attention must be given to all three levels of the system: the environment, where the drinking may take place; the agent, alcohol; and the host or individual suffering problems.<sup>10</sup>

The recommendations and discussions in this section are developed to address the public policies—laws, rules, regulations, and other rules of conduct that affect the use, distribution, and marketing of alcoholic beverages—which may reduce environmental risks. In the *Prevention Action Plan for Alcohol-Related Problems*, Wittman defines “environmental risk” as referring “exclusively to human environments—managerial, social, and physical environments created by people. Examples of high risk environments are practices in the service of alcoholic beverages that encourage rapid and heavy consumption; design of physical settings that inordinately expose people who have been drinking to accidents or violence; irresponsible sales and marketing practices of the alcoholic beverage industry that disregard laws and minimize problematic consequences of drinking; norms that encourage heavy drinking and personal risk taking while drinking.”<sup>11</sup>

The recommendations are presented in two parts: A. “Drunk Driving” and B. “Department of Alcoholic Beverage Control.”

### A. Drunk Driving

The Commission believes that drunk driving is the most lethal form of substance abuse among our youth, with alcohol being the leading cause of death among young people. In 1984 in California, there were 2,311 fatal car accidents in which 2,607 people died, most of them young people; and there were 43,000 car accidents which resulted in 68,000 injuries—all of them alcohol related. Drunk drivers start young. And the deaths start very early too. In 1984, 457 drunk drivers of age 16 were involved in accidents with 21 persons killed; in the 17-year-old group there were 920 drunk driver accidents with 55 deaths; at 18 years of age, 1,556 drunk driver accidents with 70 deaths; and at 19 years of age, 2,131 drunk driver accidents with 97 deaths. The toll keeps right on mounting through successive age groups, peaking out at age 22 with 2,576 drunk driver accidents and 142 deaths.<sup>12</sup>

Research studies since 1972 have proved repeatedly the strong link between young drivers (16-19) and overinvolvement in traffic arrests, accidents and deaths. Raymond C. Peck, Chief of the Research and Development Office of the Department of Motor Vehicles, in a research paper published by the University of California at Los Angeles in 1985, said:

“The total fatal and injury accident rate for teenage drivers is approximately three times the rate for drivers 20 and over. Because past research indicates that teenage drivers drive less than adult drivers, these data indicate that the fatal and injury accident rate per mile for male teenage drivers would be even more inflated.”<sup>13</sup>

Peck’s paper also points out that teenagers and young drivers have “substantially higher rates of ‘had been drinking’ accident involvement than do older age groups.” Peck also shows that young drivers have a higher rate of arrests for driving violations than do older drivers, corroborating the theory that young drivers are prone to risk

taking. They are faster, more reckless drivers, and get into more accidents and are involved in more hit-and-run incidents than older drivers. <sup>14</sup>

Research is not conclusive on the reasons for the large number of teenage drivers involved in traffic accidents and arrests (including those involving alcohol). However, in a written statement to the Commission, Alvin J. Livingston, Chief Deputy Director of the Department of Motor Vehicles, concludes that "our own research, and the findings of others, indicate that license suspensions are more effective than rehabilitation and education programs in reducing *safety risk*, as distinguished from the more general societal issue of eliminating or 'curing' the root causes and manifestations of substance abuse . . . there is very little in the way of solid scientific evidence to support the efficacy of educational and rehabilitative efforts designed to 'prevent' or 'cure' substance abuse." <sup>15</sup>

The Rand Corporation, in its 1984 study of available research for its report, *Strategies for Controlling Adolescent Drug Use*, concluded that "No presently available approach to alcohol prevention appears to warrant major investments. However, youthful drinking remains a prime cause of automobile accidents and other serious problems. We therefore recommend that greater resources be devoted to small-scale experimentation with a variety of alcohol prevention approaches, possibly at senior high level and targeted at drinking and driving." <sup>16</sup>

The Legislature last year enacted SB 127 (Chapter 1455, Statutes of 1985) requiring that the State Department of Education include information on the dangers involved in consuming alcohol or drugs in connection with driving. The bill also authorized the Department of Motor Vehicles to require driving schools to include curriculum on the dangers of drinking and drugs and driving.

The Department of Motor Vehicles also has a provisional licensing program for new drivers which requires them to be aware of the dangers of drugs and alcohol in driving, along with knowledge of the laws governing restrictions on drug abuse in driving and other information on traffic safety. The same program authorizes the Department of Motor Vehicles to move more quickly to restrict or remove the driving privilege of teenagers who evidence driver record problems such as traffic arrests. The evaluation of the provisional licensing program will be given to the Legislature this year. <sup>17</sup>

Although a lot of emphasis has been placed on "prevention" programs to reduce drunk driving by juveniles and young people, the strongest emphasis on reducing drunk driving has come in the law enforcement, regulatory, and criminal justice systems.

Organizations such as Mothers Against Drunk Driving (MADD) have led the fight for tougher laws against drunk drivers, longer jail and prison terms, stricter law enforcement and more effective use of regulatory powers of agencies like the Department of Motor Vehicles. The Legislature and local officials have joined in the fight in enacting stricter laws and greater law enforcement. In recent years, California, strongly supported by the Attorney General's Office, has enacted a law establishing a .10 blood alcohol content (BAC) test as *per se* drunk driving.

The Presidential Commission on Drunk Driving of 1982 established 19 standards for states as countermeasures for driving under the influence (DUI). California has adopted 13 of the recommendations. These included such measures as a mandatory seat belt law, sobriety checkpoints, dram shop laws, vehicular homicide while DUI and mandatory jail sentences for driving on suspended or revoked license. <sup>18</sup>

The state has not yet acted affirmatively on six of the Presidential Commission's 19 recommendations. These are administrative license pickup, preliminary breath testing by law, exclusion of DUI plea bargaining, a minimum 90-day mandatory driver's license suspension or revocation on first offense DUI, a mandatory DUI pre/post-sentence investigation and ongoing DUI training for prosecutors and judges.

In response to the Presidential Commission on Drunk Driving report of 1983, the State of California, by executive order of Governor George Deukmejian, created an



Intergovernmental Advisory Council on Alcohol, Drugs and Traffic Safety composed of representatives of the Office of Traffic Safety, the Departments of Alcoholic Beverage Control, Alcohol and Drug Programs and Motor Vehicles, the California Highway Patrol, the California State Senate and Assembly, the Department of Justice, law enforcement, the judiciary and one district attorney. The council was charged with "prevention and deterrence of DUI" as its primary concern, combining law enforcement, criminal justice and education-prevention programs. In its first report last year it made the following recommendations:

- For legislative action: (1) sobriety checkpoints; (2) administrative driver's license suspension for DUI; (3) preliminary breath testing (PBT); (4) use of computer printouts for proof of prior conviction for DUI; and (5) repeal of the Vehicle Code section dealing with retention of breath sample.
- DUI program improvement proposals: (1) increased DUI training for local police; (2) reporting DUIs to law enforcement by private citizens; (3) creation of local DUI task forces to encourage local programs against DUI; and (4) creating self-sufficient DUI programs.
- General recommendations: (1) continued and expanded marijuana eradication effort; (2) creation of a statewide drug and alcohol abuse information program centered in all public libraries; (3) creation of a drug and alcohol abuse education program for elementary school grades K-8; and (4) development of training programs to assist educators in identification of alcohol and drug abuse problems among students.<sup>19</sup>

The Commission concurs in the above recommendations by the Intergovernmental Advisory Council and urges the Legislature, Attorney General and the Governor to implement them and those of this Commission.

## RECOMMENDATIONS

Following are the Commission's recommendations for reducing the incidence of drunk driving:

### RECOMMENDATION 4:

**THE COMMISSION RECOMMENDS THAT LOCAL LAW ENFORCEMENT AGENCIES INSTITUTE SOBRIETY CHECKPOINT PROGRAMS.**

#### Discussion:

The use of "sobriety checkpoints" was recommended by both the President's Commission on Drunk Driving (1983) and the National Transportation Safety Board (April 1984).

The 1983 Report of the President's Commission on Drunk Driving recommended that police agencies use "judicially approved roadblocks to achieve a high perception of risk of detection for driving under the influence." The report specified that law enforcement agencies should identify high incidence times, assign resources accordingly, and develop guidelines for the use of the checkpoints.<sup>20</sup>

The National Transportation Safety Board supported the use of checkpoints when it adopted a study on deterrence of drunk driving in April 1984. The report studied the use of checkpoints in 21 states and four foreign countries and recommended to the governors of 20 states and territories that they be used on a periodic and continuing basis as part of a comprehensive enforcement program. It further recommended that the checkpoints be conducted according to accepted procedures and constitutional safeguards.<sup>21</sup>

The California Highway Patrol instituted checkpoints in pilot communities after a 1984 Attorney General's Opinion concluded that "California law enforcement agencies may lawfully utilize checkpoints in the detection and apprehension of persons driving under the influence of intoxicating substances if sufficient safeguards are taken to minimize the intrusions on motorists." (67 Ops.Cal.Atty.Gen. 472 (Nov. 8, 1984) 84-902.)

In November 1984, the California Highway Patrol released its summary findings from its survey of drivers stopped in sobriety checkpoints. Pamphlet/surveys on driver

attitudes regarding the checkpoint program were given to all drivers stopped at checkpoints for voluntary completion and return by mail to the California Highway Patrol. Of those drivers responding, the results indicated significant public support for the program:

- 89.3 percent did not believe that the checkpoint delayed traffic;
- 79.1 percent believed the checkpoints were a deterrent;
- 86.9 percent believed that the checkpoints increased the risk of arrest for driving under the influence;
- 86.4 percent approved the use of checkpoints as an enforcement tool.

After the 1984 holiday season, the California Highway Patrol reported that from December 14-31, 1984, the number of accidents and fatalities in the test communities of Bakersfield, Redding, Glendale, and North Sacramento County dropped by 19 percent.<sup>22</sup>

The success of the pilot program has led to the adoption of the "sobriety checkpoint" program into the California Highway Patrol's regular enforcement program.

On the basis of these findings, the Commission recommends that local law enforcement agencies institute sobriety checkpoint programs to reduce the incidence of alcohol-related traffic fatalities and injuries in their communities.

#### RECOMMENDATION 5:

**THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL SPONSOR LEGISLATION TO ENACT THE "MODEL DRAM SHOP ACT OF 1985" PREPARED BY THE LEGAL STUDIES UNIT OF THE PREVENTION RESEARCH CENTER.**<sup>23</sup>

#### Discussion:

Until recently, alcoholic beverage outlets paid little attention to their role in the drunk driving prevention movement. But according to testimony from James Mosher, author of the "Model Dram Shop Act of 1985" and Associate Director of the Prevention Research Center, this is changing: "Many, many of our restaurants and bars, those who serve alcoholic beverages, are now taking steps that they haven't taken before to make their environments less risky. One of the reasons for this is that they are fearful of the potential liability of being sued if one of their customers goes out and has a crash."<sup>24</sup>

The 1983 Report of the Presidential Commission on Drunk Driving focused attention on the problem by recommending that states enact "dram shop" laws establishing liability against any person who sells or serves alcoholic beverages to an individual who is visibly intoxicated. In its commentary on this recommendation, the Commission stated that "Dram shop laws are not intended to replace common law liability or vigorous enforcement of State ABC regulations as useful countermeasures to driving under the influence. . . . Dram shop laws also reinforce the principle that others have a responsibility to prevent intoxicated individuals from driving."<sup>25</sup>

This Commission also supports the enactment of dram shop laws and believes that the enactment of the "Model Dram Shop Act of 1985" by the California Legislature would be an effective strategy to prevent drunk driving. The model act was designed after an 18-month federally funded research project by the Prevention Research Group of the Medical Research Institute of San Francisco. The group, now located at the Prevention Research Center of the Pacific Institute for Research and Evaluation, developed the act from a health and safety perspective to prevent drunk driving and to address several problems in current dram shop law and practice. The Prevention Research Center was started two years ago with a grant from the National Institute on Alcohol Abuse and Alcoholism, to study "environmental approaches to the prevention of alcohol related problems." The Center uses a public health model of prevention which looks at the individual as he interacts within his environment and locates those aspects of the environment that are unhealthy and put people in danger or pose threats to their health.

In alcohol public policy, the term "dram shop" refers to the alcoholic beverage outlets licensed by the Department of Alcoholic Beverage Control. To develop the model act, the Legal Studies Unit of the Prevention Research Center analyzed in detail the role of dram shop liability in the prevention of alcohol-related problems, particularly drunk driving and the current status of server intervention programs. "Server intervention" is a term used to describe the reforms or prevention efforts of retail establishments to reduce the risk of serving alcoholic beverages to intoxicated or underage persons. The major elements of the model act are dram shop liability, model business practices defense, and server intervention training.

Dram shop liability is the major provision of the model act. The model provides that any person who suffers injury as a result of the acts of an intoxicated driver may sue the alcoholic beverage retailer (and their employees or agents) who, at the time of furnishing of the alcohol, was required by law to hold an alcoholic beverage license. The Prevention Research Center believes that the placement of the financial burden and responsibility on the irresponsible sellers/servers of alcoholic beverages will increase their awareness of a shared responsibility to prevent drunk driving and other alcohol-related problems emanating from their establishments.

Differing from existing California law which holds an alcoholic beverage outlet liable only for injuries resulting from the negligent service or sale to an "obviously intoxicated minor," the model act specifically includes liability for injuries resulting from the negligent service or sale to obviously intoxicated adult. (Bus. and Prof. Code, §§ 25602, subd. (b), 25602.1.) The legal review of dram shop cases by the Prevention Research Center found that cases do not examine the defendant's serving and management practices. They also found that many licensees feel that lawsuits are inevitable despite taking a responsible approach to the service of alcoholic beverages because existing law provides very little guidance to defendants regarding what is expected of them to avoid liability.

The model act establishes the "Responsible Business Practices Defense" to be used in addition to any defenses generally applicable to tort actions under state law. This defense provides that a licensee who can prove that "responsible business practices," as defined in law, were in effect at the time of furnishing an alcoholic beverage to an intoxicated person subsequently causing an injury, would be exempt from dram shop liability.

A list of management policies developed from an evaluation of the best server intervention programs in the country is included in the model act. The policies also provide an explicit guide for courts and juries to use in evaluating an establishment's adherence to a reasonable standard of care to protect the public. This will lead to a standardization of those business practices which are most conducive to prevention.

The Commission believes that training in responsible server intervention techniques will make managers and employees more aware of their responsibilities to the public when serving alcohol to obviously intoxicated patrons. Server intervention techniques are designed to assist servers in determining when a patron is intoxicated, verifying identification of patrons suspected of being minors, recommending alternative transportation options for intoxicated patrons, and developing standard procedures for handling belligerent, problem, or intoxicated patrons, etc. It is also anticipated that businesses which can show adherence to the standards will be able to justify lower insurance premiums as an incentive for compliance.

The Commission strongly supports the enactment of the "Model Dram Shop Act of 1985," which appropriately places a prevention responsibility on alcoholic beverage outlets to protect the public from the dangers of drunk drivers.<sup>26</sup>

## RECOMMENDATION 6:

THE COMMISSION RECOMMENDS THAT THE BOARD OF TRUSTEES OF THE STATE COLLEGES AND UNIVERSITIES AND THE BOARD OF REGENTS OF THE UNIVERSITY OF CALIFORNIA PROHIBIT PROMOTIONAL ACTIVITIES BY ALCOHOLIC BEVERAGE MANUFACTURERS AND DISTRIBUTORS ON STATE CAMPUSES.

### Discussion:

For many college students, access to and regular use of alcoholic beverages becomes a fact of life in leisure time, at social events and at sporting events. Although campus policies call for the enforcement of all laws, including alcohol-related offenses, drinking by underaged students is a reality.

The Commission believes that the State of California, through its policies on its campuses, should reflect a commitment to obey all alcohol laws and promote the public health, welfare and safety. This commitment should include prohibition of all promotional activities by alcoholic beverage manufacturers and distributors on state campuses, such as:

- The encouragement or permission to hold any game or contest involving consumption or giving of alcoholic beverages as an awarded prize.
- The sale/offer to sell alcoholic beverages at a discount price.
- The offer of two or more alcoholic beverage drinks for the price of one or the offer of free drinks.
- The offer of any other form of rebate on the price of alcoholic beverages for limited periods of time.
- The advertisement or promotion of any of these practices.<sup>27</sup>

### B. Department of Alcoholic Beverage Control

The Department of Alcoholic Beverage Control is a constitutional agency whose basic functions were established in 1932, when prohibition was repealed. The licensing, regulation, and taxation of the alcoholic beverage industry was originally assigned to the State Board of Equalization. In 1954, the Department of Alcoholic Beverage Control (ABC) was created to assume all licensing, enforcement, and rule-making responsibilities to enforce the provisions of the Alcoholic Beverage Control Act. The Legislature, in creating the new department, stated that the department's purpose was to provide a "governmental organization which will ensure a strict, honest, impartial, uniform administration and enforcement of the liquor laws throughout the State." (Bus. & Prof. Code, § 23049.)

The Commission believes that if we are to make any progress in the fight against drunk driving and alcohol abuse, the Department of Alcoholic Beverage Control must be strengthened and given a broader mandate which clearly includes a public health and prevention orientation to reduce environmental risks. This is not a new issue. ABC's mandate currently suggests that the primary purpose of the Alcoholic Beverage Control Act is to protect the "safety, welfare, health, peace, and morals of the people of the State" (Bus. & Prof. Code, § 23001), but it has in fact almost exclusively stressed two functions only: licensing and enforcement.

### Licensing Program

The act establishes more than 50 categories of licenses for manufacturers, wholesalers, shippers, warehouses, outlets, restaurants, stores, importers, clubs, stadiums, etc. The law specifically limits the number of premises for which an on-sale general license (authorizes the sale of all types of alcoholic beverages for consumption on the premises) can be issued to one for each 2,000 inhabitants of the county in which the premises are situated (Bus. & Prof. Code, § 23816), and limits the number of premises for which an off-sale general license (authorizes the sale of all types of alcoholic beverages for consumption off the premises in original, sealed containers) can be issued to one for each 2,500 inhabitants of the county in which the premises area situated (Bus. & Prof. Code, § 23817). However, there are no population-based restrictions on the number of beer or beer-wine licenses which can be issued.

Regardless of the type of license, whether new or a transfer, ABC is responsible for investigating applicants to ensure that all licensing criteria have been met (Bus. & Prof. Code, § 23958). Because the ABC is the only government agency with the authority to issue alcoholic beverage licenses, it has placed a higher priority on its responsibility to carry out the licensing provisions of the law.

The location of proposed liquor outlets often causes conflict in the community and raises public policy issues. The South Central Organizing Committee of Los Angeles has been struggling for years against the proliferation of liquor outlets in their community and is also seeking stronger regulation of them, claiming liquor stores have become breeding grounds for crime. Suburban and upper class neighborhoods, on the other hand, or those with strong church and civic groups, often successfully resist new liquor outlets in their communities, with the result that there is greater concentration of outlets in other neighborhoods.

In fiscal year 1984-1985, ABC received 16,530 applications for licenses and 10,721 protests against these applications. After ABC field staff investigated the applicants and the protests, 2,236 of the applications were withdrawn and 216 were denied. As of June 30, 1985, ABC reported having a total of 71,123 licensees.<sup>28</sup>

### **Enforcement Program**

Generally, the enforcement responsibilities of ABC are shared with local law enforcement agencies. In reality, this has meant that local law enforcement agencies investigate the criminal offenses while ABC investigates business practices violations of the Alcoholic Beverage Control Act. There are 147 ABC investigators and 36 supervisors; they have peace officer status, the authority to make arrests, and have received training from the Commission on Peace Officer Standards and Training (POST). The act requires local law enforcement agencies to "immediately notify the department of any arrests made by them for violations over which the department has jurisdiction which involve a licensee or licensed premises." The act further provides that "The department shall promptly cause an investigation to be made as to whether grounds exist for suspension or revocation of the license or licenses of the licensee." (Bus. & Prof. Code, § 24202.) However, every peace officer and every district attorney is mandated to enforce the Alcoholic Beverage Control Act as part of their broader responsibility to enforce all laws in the community. (Bus. & Prof. Code, § 25619.)

The California Constitution empowers ABC "to deny, suspend or revoke any specific alcoholic beverage license if it determines for good cause that the granting or continuance of such license would be contrary to public welfare or morals, or that a person seeking or holding a license has violated any law prohibiting conduct involving moral turpitude." (Cal. Const., art. 20, § 22.) To exercise the "police power" to revoke or suspend a license, ABC must issue an "accusation" which sets forth the acts or omissions with which the licensee is charged, based upon at least one of the grounds set forth in the Alcoholic Beverage Control Act.

A licensee is entitled to an administrative hearing on the accusation to present a defense against the charges made. The hearing is held before an administrative law judge who makes a proposed decision which is filed with the ABC director for adoption. Within certain limitations, the law also provides that a licensee may pay a fine in lieu of serving a license suspension if the ordered period of the suspension does not exceed 30 days and ABC finds that public welfare and morals would not be impaired by the substitution of a fine for the actual suspension of the licensed business. To pay a fine, a licensee must file a "petition for an offer in compromise." The actual dollar amounts of "petitions for offers in compromise" are based on the guidelines set forth in the law. (Bus. & Prof. Code, § 23095.)

Any ABC decision ordering a penalty assessment, suspension or revocation of any license may be appealed to the Alcoholic Beverage Control Appeals Board which was established by the Constitution.

ABC reports that state and local law enforcement agencies filed 14,058 reports with them in fiscal year 1984-1985, which resulted in the following ABC actions:

- 3,618 reports were the basis for the issuance of 1,361 accusations.
- 6,716 reports were filed for disorderly history.
- 628 reports were referred to investigation by ABC staff.
- 3,724 reports required no action.

In addition to the police reports, ABC received 3,932 complaints from sources other than law enforcement. At the end of fiscal year 1984-1985, 2,167 enforcement assignments were carried over to the next fiscal year.

Overall in fiscal year 1984-1985, ABC filed 2,587 accusations in which there were 1,558 cases involving minors. From these accusations, 1,350 petitions for offers in compromise were filed, resulting in payment of \$1,283,213.92 in lieu of suspensions, and 162 licenses were revoked.<sup>29</sup>

ABC director Jay Stroh described his efforts to improve ABC's enforcement program. He has placed an emphasis on professional peace officer training for field investigators, and the development of new programs to involve local law enforcement agencies. Recently, ABC published an *ABC Enforcement Manual* to assist peace officers in the conduct of investigations of violations of the Alcoholic Beverage Control Act. The manual is designed to increase peace officers' awareness of the laws covered by the Alcoholic Beverage Control Act and to share enforcement techniques in this specialized field of law enforcement. A brief history of the department, a discussion of ABC's investigation and enforcement procedures, as well as remedies available to licensees, and a review of the most frequently violated laws are included in the manual. ABC promises to work more closely with local law enforcement agencies in providing the kind of specialized training and knowledge necessary for them to enforce the Alcoholic Beverage Control Act.<sup>30</sup>

James Mosher, Associate Director of the Prevention Research Center, and other witnesses before the Commission called for a comprehensive review of the Department of Alcoholic Beverage Control (ABC) and its mandated functions.<sup>31</sup> They clearly support the strengthening of the department with a broader public health and prevention mandate to control alcoholic beverages. A new mandate would strengthen ABC's ability to address the reduction of environmental risks.

This recommendation is also supported by reports and audits of ABC. For example, the *1967 report from the Governor's Survey on Efficiency and Cost Control* urged consideration of complete revision of the Alcoholic Beverage Control Act. The report concluded that "It should result in more efficient use of existing personnel and rendition of improved service to the public."<sup>32</sup> And in 1979, a report by the Department of Finance pointed out that statutory goals for alcoholic beverage control have remained unchanged since the post-Prohibition era. The report went on to state, "[A]t the present time the Department of Alcoholic Beverage Control lacks the type of departmental goals or objectives that make possible the evaluation of effectiveness. . . . We believe that the Department should have a goal that describes the desired outcome of its particular role in relation to alcoholic beverage control."<sup>33</sup>

## RECOMMENDATIONS

Because of the complexity of the law and the administration of the licensing and enforcement provisions, the Commission's findings and recommendations should be viewed within the larger framework of the suggestion that ABC be strengthened with a broader public health and prevention mandate.

Following are the Commissions's recommendations on the Department of Alcoholic Beverage Control:

**RECOMMENDATION 7:**

**THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE THE USE OF ZONING ORDINANCES, CONDITIONAL USE PERMITS, AND ENVIRONMENTAL IMPACT HEARING PROCEDURES DESIGNED TO MINIMIZE ALCOHOL-RELATED PROBLEMS IN THE COMMUNITY.**

**Discussion:**

There is a requirement in state law that an applicant for an alcoholic beverage retail license must have local zoning approval to be licensed. (Bus. & Prof. Code, § 23790.) Even with this policy, not all local jurisdictions have zoning policies to address the issue of alcohol retail outlets and alcohol-related problems in their communities. A 1984 study by the Prevention Research Institute estimated that 40 percent of California communities do not have any special review requirements for alcohol outlets; about 30 percent require special reviews for on-sale outlets only (restaurants, bars, taverns), and about 30 percent require reviews for both on-sale and off-sale outlets. In addition, more than 40 cities and two counties statewide have enacted policies to limit the number of permits for the sale of beer or wine at gasoline station locations.<sup>34</sup>

Although the number of "general" licenses issued is based on the population of a county, the number of beer-wine retail licenses issued is not restricted. (Bus. & Prof. Code, §§ 23816-23817.) Since 1975, the number of off-sale beer-wine licenses (Type 20) has increased by 4,402, and the number of off-sale general licenses (Type 21) has increased by 894.

Protests of alcohol licenses in communities without zoning ordinances, conditional use permits, or other hearing procedures must be made to the district office of the Department of Alcoholic Beverage Control during the 30-day public comment period. The state protest procedure is generally regarded as being less responsive to a community's interests to minimize alcohol-related problems than a local zoning or conditional use permit hearing because it must be made within the framework of an administrative hearing and in conformance with state law.<sup>35</sup>

Under these state procedures, even if proposed premises are located in a high-crime area, in an area of overconcentration, in close proximity to residences, within the immediate vicinity of churches, hospitals, playgrounds, schools, or nonprofit youth facilities, a license application may not be denied unless it is proved that issuance would be contrary to public welfare and morals.<sup>36</sup> To warrant a denial, the administrative law judge must be satisfied that certain evidentiary criteria are met.

For many communities and voluntary organizations, these state procedures are too formal and intimidating, which discourages their participation in the licensing process. This system for license protest was described in a 1981 study of the Department of Alcoholic Beverage Control as having a built-in imbalance in favor of the interests of the applicants over the interests of the community. It even suggested that a heavier burden of proof is placed on the community than on the applicant.<sup>37</sup> The problem of lack of local control of licensing was also addressed by the American Assembly for the Western Region on Public Policies Affecting Alcoholism and Alcohol Related-Problems in their recommendation which urged return of control over licensing to the local communities.<sup>38</sup>

In testimony before the Commission, Ms. Edith Nealy, Chairperson of the South Central (Los Angeles) Organizing Committee, described the success of Los Angeles' new zoning policy: "Since 1984, no new liquor outlets have been opened in South Central Los Angeles."

The Commission believes that local prevention efforts will be more successful if local communities and organizations are involved in developing and implementing strategies to minimize alcohol-related problems. The use of zoning ordinances, conditional use permits, and environmental impact hearing procedures in local communities is one strategy that can be successful.

#### RECOMMENDATION 8:

THE COMMISSION RECOMMENDS THAT THE GOVERNOR AND THE LEGISLATURE PROVIDE ADEQUATE FUNDING TO THE DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL (ABC) FOR THE PURPOSE OF ENFORCING THE ALCOHOLIC BEVERAGE CONTROL ACT.

#### Discussion:

The Commission heard testimony regarding ABC's inability to carry out its present enforcement mandate with existing resources. The following testimony highlights the concerns raised:

"The ABC system in this state has been absolutely devastated in the last five years. There are a total of two enforcement officers for the entire County of San Francisco. And these are the folks who are supposed to be enforcing the laws against serving minors. There is simply no way they can do it under the present staffing situation." (James Mosher, Associate Director, Prevention Resource Center, Berkeley.)

"Increase Department of Alcoholic Beverage Control staff and resources to a level necessary to meet the constitutional and legislative mandates for license control and enforcement of alcoholic beverage control laws." (Susan Zepeda, County Alcohol Program Administrators Association of California.)

The Commission shares these concerns and recommends that the Governor and the Legislature provide adequate funding for ABC to carry out its enforcement functions. Since 1967, audits, studies, and reports have examined ABC's ability to carry out its mandate to enforce the Alcoholic Beverage Control Act.

The *1967 Report of the Governor's Survey on Efficiency and Cost Control* noted that "approximately 44% of the departmental effort is devoted to issuance and renewal of 45 different types of licenses." The report made 10 recommendations, including one to "Strengthen the investigative staff if the department is to fulfill its statutory obligation to enforce the provisions of the Alcoholic Beverage Control Act." The report also recommended the creation of reasonable standards to enable the department to determine the extent of any increase in personnel of the investigative staff and the establishment of detailed work measurement programs to supplant the historical productivity statistics.<sup>39</sup>

In his *Report to the Joint Legislative Budget Committee for Fiscal Year 1976-1977*, the Legislative Analyst recommended the development of measures to determine staffing requirements in fiscal year 1976-1977.

A *1979 Staff Reference Report* on ABC, prepared by the Program Evaluation Unit of the Department of Finance, found that as a result of an increase in the number of licensing applications, ABC assigned highest priority to licensing investigations, by shifting staff from other activities, e.g., enforcement/compliance. The major effects of this shift were an increase in the time required to respond to allegations of Alcoholic Beverage Control Act violations and an overall decline in the ABC's capability to generate its own enforcement investigations. The report also noted the need for the development of staffing ratios to be used to determine and justify the number of staff actually required, and to provide verifiable data as a basis for allocation of staff between districts.<sup>40</sup>

A 1981 study of the department's investigators, funded by the Department of Alcohol and Drug Programs, found that "The licensing function of ABC is first in importance for the Department. After this, enforcement investigators are required to perform back track investigations and investigate complaints in that order of priority. Receiving the lowest priority are preventive enforcement and exploratory investigations . . . It appears that field work has been drastically cut back over the past two years, from budget cuts and staff attrition. Some districts have cut out all field work from routine activities, while others send a solitary team to work in the field once a week. By contrast, two years ago, the districts in this area pursued field investigations and put two or three teams out to work 2-4 nights a week."<sup>41</sup>



Finally, in January 1982, a staffing study was completed for the ABC by Arthur Young and Company. The study, a joint effort involving Arthur Young consultants and a team of seven ABC employees, and developed quantified staffing standards and guidelines for supervisors, investigators, and clerical personnel in the department's 23 field offices. The report based its staffing standards on the work methods and procedures used by staff during the last half of the calendar year 1981. Development of new improved methods to increase operating efficiency was not included within the scope of the study. The report showed calculations of staffing requirements at 100 percent of standard and 80 percent of standard. In the report, Arthur Young and Company explains that, "When timed workload standards are developed, staffing requirements based upon the unmodified standards are referred to as staffing at 100 percent of standard. Staffing at this level assumes that, on the average, all employees will perform the work at or near the time standards that were developed. In practice, however, it is not likely that all jobs can be performed so efficiently. Personnel turnover, equipment failure, and other factors cause a loss in efficiency and/or productive time. Consequently, decisions often are made to staff at a level below 100 percent of standard. The degree to which staffing is established below the 100 percent level depends upon various factors, including the type of work, level of employee, working environment, etc." <sup>42</sup> The report recommended that the 80 percent standard be used for clerical classifications and the 100 percent standard be used for investigator positions.

If the 100 percent staffing standard for licensing investigations, prevention and surveillance had been adopted, an additional 58 investigators and 6 supervisors would have been added to the fiscal year 1981-1982 budget (224 investigators and 41 supervisors). <sup>43</sup> Unfortunately, the Legislature and the Governor disregarded the recommendations of this study and instead continued to reduce the staffing of the Department of Alcoholic Beverage Control.

The steady reduction of positions in ABC's budget, beginning in 1978 and continuing through the 1984-1985 fiscal year, has eroded their ability to enforce the Alcoholic Beverage Control Act. In fiscal year 1978-1979, ABC regulated 59,220 licensees with 458 positions; by fiscal year 1984-1985, ABC regulated 71,123 licensees with only 362 positions. During this six-year period, while the licensee population increased by 20.1 percent, staffing was reduced by 20.96 percent. For fiscal year 1985-1986, this translates into the 147 ABC investigators and their 36 supervisors spending only one-third of their time on enforcement activities.

The Commission believes that the findings of the 1979 Department of Finance study, the 1982 staffing study by Arthur Young and Company, combined with the workload data, the testimony of witnesses, and the documentation of actual alcoholic beverage sales to minors, support this recommendation to the Legislature and Governor to adequately fund the Department of Alcoholic Beverage Control for the purpose of enforcing the Alcoholic Beverage Control Act. Funding for the enforcement program can be derived from an increase in license fees and the collection of administrative fines for violations of the Alcoholic Beverage Control Act.

**RECOMMENDATION 9:**

**THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL ENCOURAGE LOCAL LAW ENFORCEMENT AGENCIES TO INSTITUTE "DECOY" PROGRAMS IN COOPERATION WITH THE DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL.**

**Discussion:**

"Decoy" programs are designed to minimize the sales of alcoholic beverages to minors. In a decoy program, a local law enforcement agency recruits a minor to visit bars, liquor stores, convenience stores, markets, and large supermarkets to attempt to make a purchase of an alcoholic beverage. ABC recommends that minors who appear to be 20 or 21 years of age not be selected for the program. If while attempting the purchase, the minor is asked his age, he tells the truth and if identification is requested, he presents valid identification showing actual age. If the minor succeeds in making the purchase, the local law enforcement officers accompany the minor back

into the establishment to identify who made the sale and to issue the citation. Historically, the use of "decoys" has been regarded as an inexcusable form of entrapment and, until recently, has not been relied upon as an enforcement strategy.

In 1978, the Department of Alcoholic Beverage Control (ABC) began to experience significant staff reductions which resulted in field staff being assigned to licensing investigations from enforcement and compliance efforts.

These staffing reductions were occurring concurrently with the public's increased awareness of teenage drunk driving fatalities and the development of new and stricter penalties for drunk driving. In 1979-1980 fiscal year, ABC was budgeted one staff position per 129 licensees; by 1982-1983, ABC was budgeted one staff position per 182 licensees. These reductions required ABC to reassess its enforcement options. ABC management decided to establish policies and procedures to encourage greater cooperation and assistance from local law enforcement agencies. One of the changes in policy was the decision to provide assistance to local law enforcement agencies interested in establishing "decoy" programs to stop the sale of alcohol to minors.

The "decoy" program was first used as an enforcement tool in 1983, when the City of Glendale sought assistance from ABC to develop its program. After a series of trials and errors, a reasonable set of guidelines was developed by ABC to deal with the question of entrapment. The guidelines recommend that adequate notice/warning be provided to licensees prior to the initiation of a program and also make suggestions on the selection of the minor to serve as "decoy" to minimize potential evidence problems in judicial proceedings. ABC suggests that prior to the initiation of a "decoy" program, letters be sent from the police chief or sheriff to all licensees and that the media also be alerted through press releases. By ensuring that all ABC licensees are put on notice prior to the initiation of a program, criticisms of the program as a form of "entrapment" are minimized. The decision to institute a "decoy" program must be carefully considered in consultation with the local district attorney and ABC. <sup>44</sup>

In December 1985, the Fresno Police Department's "decoy" program reported that 102 or 37 percent of 296 establishments visited made sales to minors. When Fresno first started the decoy program over two and a half years ago, 60-65 percent of the establishments visited were making sales to minors. According to ABC Director Jay Stroh, "In those jurisdictions where the decoy program has been used two and three times, violations have dropped down to an 18 percent factor." <sup>45</sup>

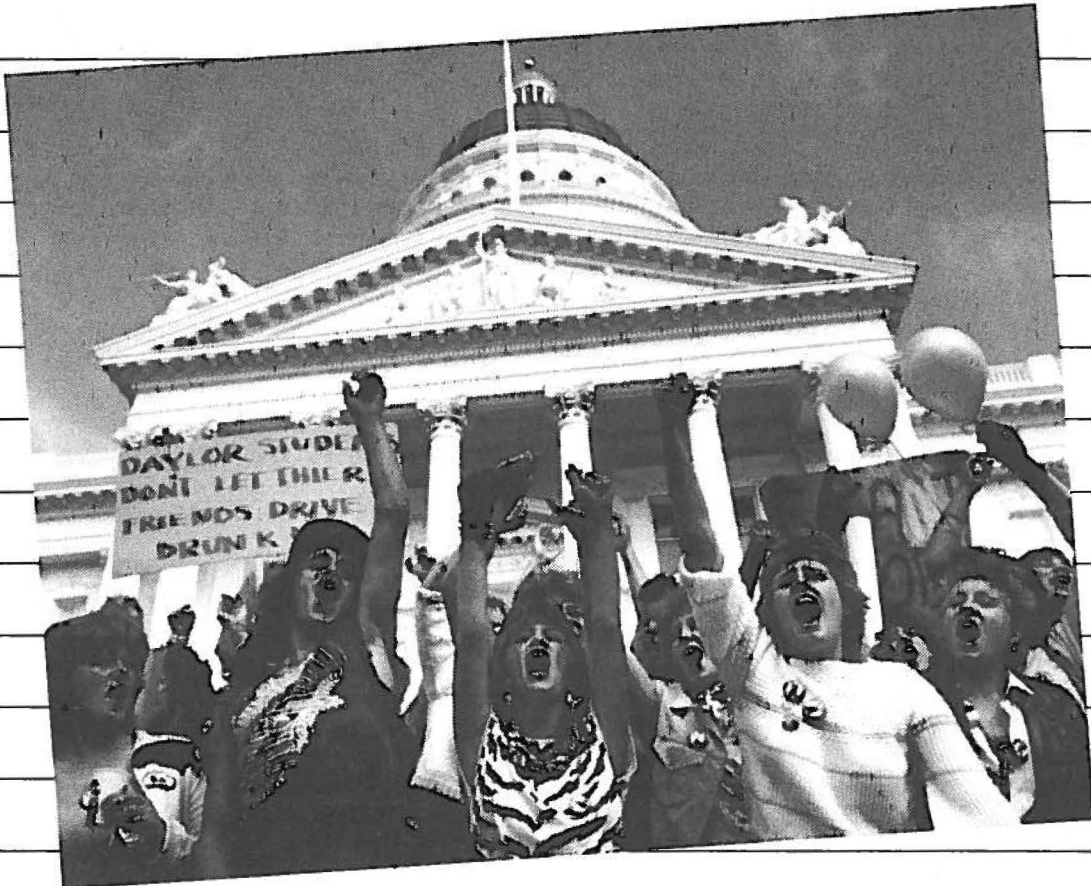
The recent Fresno experience is just one example of the massive number of violations of the laws establishing the drinking age at 21. ABC reports that in fiscal year 1983-1984, 56 local law enforcement agencies instituted "decoy" programs which resulted in the issuance of 98 warnings and 359 accusations from ABC. By fiscal year 1984-1985, 81 law enforcement agencies instituted "decoy" programs which resulted in the issuance of 4 warnings and 747 accusations. <sup>46</sup>

The Commission supports the use of the "decoy" program as an enforcement strategy to reduce the incidence of teenage drunk driving fatalities and injury accidents. We believe that the joint efforts of local law enforcement agencies and the ABC are appropriate and necessary to actively enforce the Alcoholic Beverage Control Act.



# 7.

## A Superfund (for the prevention drug & alcohol abuse among our children)



**“If you go into a supermarket in California today, you will find that the cheapest form of beer will cost less than a soft drink. The two product lines, beer and soft drinks, are now priced competitively.”**

– James Mosher  
Prevention Resource Center

**“We’d better start looking at what we can do for our children... we had better try to find resources, individuals and business persons to keep our programs going... we don’t want these first and second graders, 10 to 15 years from now, being destroyed by the drug epidemic.”**

– Donna Masters  
Police Officer

# **CHAPTER 7: A SUPERFUND—FOR THE PREVENTION OF DRUG AND ALCOHOL ABUSE AMONG OUR CHILDREN**

## **INTRODUCTION**

The charge to this Commission was to find ways to prevent drug and alcohol abuse among our youth. The Commission deliberated for several months and heard testimony from many citizens and experts. It was concluded that the problem is extraordinarily complex and that simple solutions are not available. The Commission found that its efforts cannot succeed without the total involvement of each community and without leadership and funding from the state.

The Commission believes that it is time to begin a bold new initiative to reduce drug and alcohol use among our youth, and makes the following recommendation to the Attorney General and to the People of the State of California:

## **RECOMMENDATION**

**THE COMMISSION RECOMMENDS THAT THE ATTORNEY GENERAL APPOINT A CITIZENS' COMMITTEE TO DRAFT AND QUALIFY AN INITIATIVE WHICH ESTABLISHES A SUPERFUND FOR DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS AND ANCILLARY SERVICES DIRECTED TO JUVENILES, INCREASES EXCISE TAXES ON ALCOHOL AND CIGARETTES ON THE BASIS OF THE RECOMMENDATIONS OF GOVERNOR DEUKMEJIAN'S TAX REFORM ADVISORY COMMISSION (OCTOBER 1985), AND EARMARKS THAT PORTION OF THE TAXES WHICH ACCRUE FROM THE INFLATION-ADJUSTED INCREASES FOR DEPOSIT INTO THE NEW SUPERFUND.**

### **Discussion:**

In examining the problem of drug and alcohol use among our youth and in seeking ways to prevent this major societal problem, the Commission focused its inquiry on the role of the media, religious and voluntary organizations, schools, health care providers, the private sector and public employers, and law enforcement and regulatory agencies in educating and persuading our youth not to drink or take drugs. After extensive public hearings and deliberations, the Commission developed over 40 recommendations in these 6 areas for improving California's efforts to prevent drug and alcohol use by our children and youth.

The commissioners were concerned that these broad-ranging recommendations might not be effectively implemented if approached in a piecemeal manner. The Commission recognized the need for an comprehensive and cooperative response by state and local government, by public and private agencies and, most important, by each local community.

In seeking a means to accomplish this critical and ambitious goal, the commissioners decided that two elements were essential: (1) a master plan for the prevention of drug and alcohol abuse among California's youth, and (2) sufficient funding to finance the prevention activities and programs of the master plan.

Believing that the People of the State of California would be willing to finance a major youth prevention effort, and recognizing the difficulties in attempting to secure adequate funding through the legislative process, the Commission recommended "that the Attorney General appoint a citizens' committee to draft and qualify an initiative which establishes a superfund for drug and alcohol abuse prevention programs and ancillary services directed to juveniles, increases excise taxes on alcohol and cigarettes on the basis of the recommendations of Governor Deukmejian's Tax Reform Advisory Commission (October 1985), and earmarks that portion of the taxes which accrue from the inflation-adjusted increases for deposit into the new superfund."

This major recommendation, then, provided the general framework for the Commission's proposal for the prevention of drug and alcohol abuse among our children by proposing to: (1) establish a "Children's Superfund," (2) create a major new revenue source for the superfund, and (3) mandate the expenditure of superfund monies for drug and alcohol abuse prevention programs and ancillary services directed to juveniles.

The Commission's proposal to implement this recommendation by establishing an initiative citizens' committee, a superfund revenue source and a master plan for the prevention of drug and alcohol use among California children is discussed below:

#### **Citizens' Committee**

Recognizing the complexity involved in drafting an initiative and the difficulties inherent in attempting to qualify the initiative, the Commission recommended that the Attorney General appoint a citizens' committee for these purposes. The Commission is proposing the initiative be qualified for the June 1988 Primary Election ballot.

The Commission believes that the charge of the citizens' committee shall be to:

- Determine the revenue requirements for a comprehensive statewide program for the prevention of drug and alcohol abuse among our children;
- Determine specific cigarette and alcoholic beverage tax rate changes to provide the revenue;
- Draft the tax initiative;
- Qualify the initiative; and
- Promote the initiative in the general election.

The Commission further believes that the tax initiative should include the following:

- Guidelines for the administration of the Children's Superfund.
- Guidelines for the allocation of superfund monies.
- A requirement for the development of a California Master Plan for the Prevention of Drug and Alcohol Abuse Among Our Children.
- A requirement to establish a state prevention council to oversee the superfund operation.
- Criteria for funding community prevention efforts, including the establishment of community prevention councils to develop, implement and coordinate community prevention activities, programs and ancillary services.

#### **Superfund Revenue Source**

The Commission, in seeking a major revenue source for the new superfund, recommended increases in "excise taxes on alcohol and cigarettes on the basis of Governor Deukmejian's Tax Reform Advisory Commission (October 1985)" and earmarking "that portion of the taxes which accrue from the inflation-adjusted increases for deposit into the new superfund."

The Tax Reform Advisory Commission Final Report (October 1985) specifically recommended the following two changes in the taxes imposed on alcoholic beverages and cigarettes:

- An upward adjustment of these taxes to reflect the general price inflation since the rates for these taxes were last adopted; and
- The annual indexing of these taxes to take into account future inflation.<sup>1</sup>

Although the Tax Reform Advisory Commission recommended the increase in alcoholic beverage and cigarette taxes to offset proposed reductions in personal income taxes, this Commission believes that a tax increase on alcoholic beverages and cigarettes should be used, at least in part, to reduce drug and alcohol use and abuse by youth.

The Tax Reform Advisory Commission estimated that these "changes in the alcoholic beverage and cigarette taxes would result in at least an additional \$600 million of revenues after allowing for possible decreases in consumption."<sup>2</sup>

The Tax Reform Advisory Commission, in justifying its recommendation to increase the alcoholic beverage tax, states:

“The state’s alcoholic beverage taxes were last adjusted in 1967. During the intervening seventeen years the California Consumer Price Index (CPI) has tripled from a base value of 100 for 1967 to an estimated 328.5 for 1985. Consequently, alcoholic beverage taxes (which are based on volume rather than value) yield a significantly lesser percentage of total tax revenues, and represent a dramatically smaller burden on the taxpayer today than when these taxes were established originally or most recently adjusted.

“For example, for FY 1967-68, the revenues from the alcoholic beverage taxes were \$95 million, or 2.6 percent of general fund revenue. For FY 1985-86, alcoholic beverage taxes are estimated to be \$140 million, or 0.5 percent of general fund revenue.

“The anticipated yield from alcoholic beverage taxes would be substantially greater if these taxes had been indexed since 1967. The estimated \$140 million for FY 1985-86 would be \$460 million or \$320 million in additional revenue based upon the 329 percent increase in the CPI. The actual amount of such increase of revenue is an unknown, however, since an adjustment of alcoholic beverage taxes could lead to a decrease in the consumption of alcoholic beverages. This could have important social consequences; for example, a reduction in the number of lives lost in highway accidents due to drunken drivers.”<sup>3</sup>

A 1985 study by the National Academy of Sciences lends support to the Tax Reform Advisory Commission’s statement that inflation adjustment of alcoholic beverage taxes could have important social consequences by suggesting that “several lines of experimental and econometric evidence indicate that the price of alcohol has a substantial effect on how much people drink, which means that federal and state governments, by not keeping taxes up with inflation, have contributed to the increase in drinking in America since the 1950s.”<sup>4</sup>

The Tax Reform Advisory Commission, in justifying its recommendation for increasing the cigarette tax, further states:

“As noted for alcoholic beverage taxes, the cigarette tax rate has also not been indexed since 1967, the year in which the rate was established at \$0.10 per pack. The tax yield in FY 1983-84 at its current rate was approximately \$263 million in revenue, of which \$185 million was state general fund revenue and \$78 million was special fund revenue remitted to local government. In view of the fact that the Consumer Price Index has more than tripled since 1967, it can be safely assumed that a fully indexed cigarette tax would produce substantially more revenue for the state than is now the case.

“As with the alcoholic beverage taxes, the cigarette tax revenue represents a smaller burden on the taxpayer today. For example, for FY 1967-68, the general fund revenue from the cigarette tax was \$159 million, or 4.5 percent of general fund revenue. For FY 1985-86, cigarette tax general fund revenue is estimated to be \$257 million, or 0.7 percent of general fund revenue.

“The anticipated yield from the cigarette tax for FY 1985-86 is \$257 million. Had the tax been indexed by the CPI, the revenues would have been \$844 million, an increase of \$587 million. Of this increase, \$411 million would be state general fund revenue. However, the amount of such an increase of revenue is an unknown, since it is possible that an upward adjustment of cigarette taxes could lead to a decrease in consumption. Decreased cigarette consumption may have potentially important side-benefits, such as a possible reduction in the number of deaths to which smoking is attributed as an active factor.”<sup>5</sup>



The Tax Reform Advisory Commission Final Report included the following table <sup>6</sup> (our title added) to show the current alcoholic beverage and cigarette tax rates and the tax resulting from using the Consumer Price Index (CPI):

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### Inflation Adjusted Cigarette & Alcohol Beverage Taxes

Tax	Current Law	Adjusted for Inflation*
Cigarettes (per pack)	\$0.10	\$0.33
Distilled spirits (per gallon)	2.00	6.57
Beer (per gallon)	0.04	0.13
Sparkling wine (per gallon)	0.30	0.99
Sweet wine (per gallon)	0.02	0.07
Dry wine (per gallon)	0.01	0.03

\*Indexed from 1967 to 1985

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This Commission believes that these increases in alcoholic beverage and cigarette taxes should be enacted through a tax initiative and all, or a significant portion, of these funds should be used to establish a "Children's Superfund" to finance California's Master Plan for the Prevention of Drug and Alcohol Abuse Among Our Children.

#### Master Plan

The California Master Plan for the Prevention of Drug and Alcohol Abuse Among Our Children, financed by the Children's Superfund, would involve two levels of planning: (1) state, and (2) community.

The state master plan, developed with community input, would provide the basic framework for a coordinated statewide program and define the respective roles of the state and communities in relation to each other and in terms of the overall program. This plan would also define the state's role in relation to federal and national programs. The Commission is recommending that state-level activities be planned, coordinated and promoted by a state prevention council, and that the statewide resource center be adequately funded. (See ch. 5, Recommendations 3 and 6.)

The community master plan would provide the framework for coordinating the publicly funded programs with the programs of local communities, and would define the prevention activities, programs and services for individual communities.

The Commission believes that each community master plan should be developed and implemented by a community prevention council and should include community activities, prevention programs and ancillary services. (See ch. 2, Recommendation 4.)

Community activities include those conducted by the media, by religious organizations and voluntary organizations. It is important to involve the media in promoting healthy drug/alcohol-free life styles and in accurately representing the social, legal and health consequences of drug and alcohol use. The media's role cannot be overemphasized. They have the greatest potential for reaching the maximum number of youth. Religious and voluntary organizations can reinforce the no-use message on a more personal level and strengthen families by educating parents and providing them with support and information. (See chs. 1 and 2.)

A comprehensive plan for successful prevention programs should include mandated drug and alcohol abuse prevention education in schools, private sector and public employer programs, health care provider programs, and law enforcement programs.

Education must begin as early as kindergarten so that children may develop the skills, values, and desires necessary to say "no" to drugs and alcohol. This must be educationally reinforced through grade 12. Public and private employers have an investment in supporting local youth drug and alcohol prevention projects through in-kind services and financial support of school and community prevention efforts, as well as prevention programs at the work site. Health care providers are community leaders and untapped information resources. They are a crucial link in the community's efforts to communicate no drug and alcohol use messages to youth and equally important in identifying and diagnosing chemical dependency problems.

Those health care providers involved in prevention programs are vital to the community's planning process. Local law enforcement programs are the key in stemming the illegal use and sale of drugs. These programs are also designed to decrease the demand for drug and alcohol by youth. (See chs. 3-6.)

A community master prevention plan should involve all of the key community influences: media, religious and voluntary organizations, schools, public and private employers, health care providers, and local law enforcement agencies. By combining these forces, a powerful message not to use drugs or alcohol can be communicated to youth.

And finally, the community master plan needs to address the ancillary services, i.e., intervention and follow-up services, that exist in a community to help youth with drug and alcohol abuse problems who are identified through the community prevention program.

#### **Conclusion**

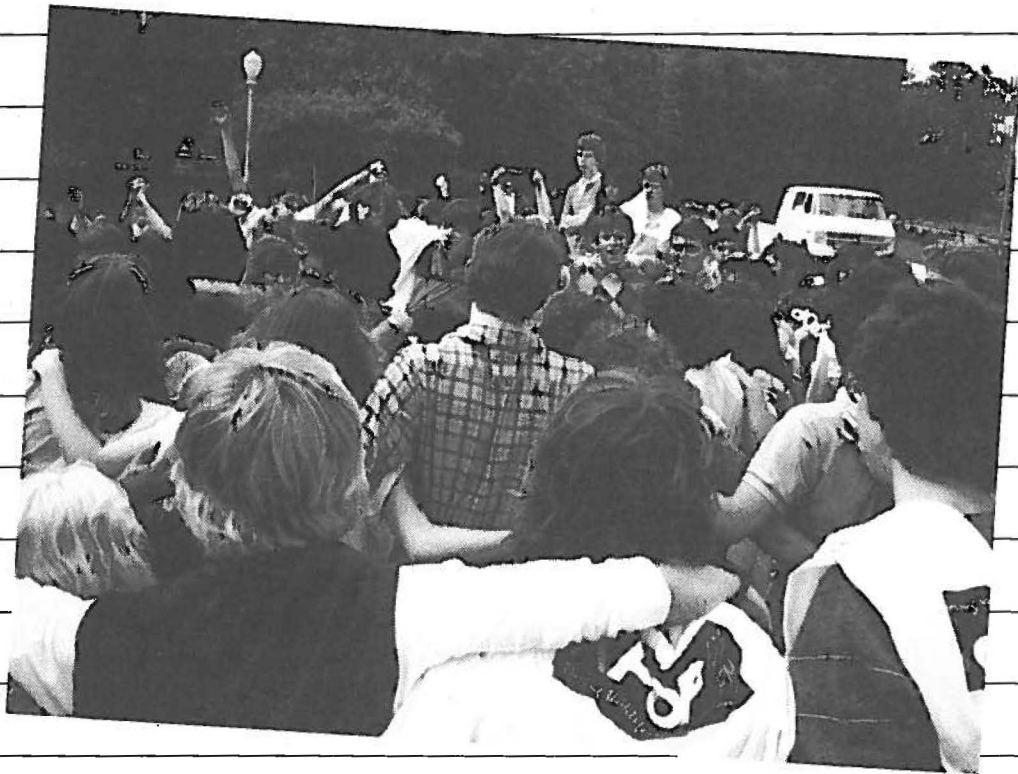
The Commission believes the critical and pervasive problem of drug and alcohol abuse among our children will continue to grow unless an unprecedented and bold new effort is made to prevent its spread.

The Commission therefore recommends the establishment of a "Children's Superfund" to develop and fund California's Master Plan for the Prevention of Drug and Alcohol Abuse Among Our Children.



# 8.

## Program Evaluation



**“I think in our field we often set ourselves up for failure because there is no way a drug program or an alcohol program can ever prevent drug abuse or prevent alcohol abuse. The actors who have primary responsibility are... the school, the family and the community.”**

– Robert Garner  
Santa Clara County Drug Program  
Administrator

## CHAPTER 8: PROGRAM EVALUATION <sup>1</sup>

### INTRODUCTION:

The Commission was given a mandate to document problems with drugs and alcohol among the state's young people and the relationships between substance abuse and other social problems. The Commission was asked to develop recommendations to address these problems and improve matters. The Commission through its deliberations found that the information base on which to build such recommendations was very limited.

First, it was difficult to obtain good data on the extent of drug and alcohol abuse among youth. The Attorney General, as part of his comprehensive effort to prevent drug and alcohol abuse by California youth, commissioned a survey concurrent with this Commission to determine the extent of drug and alcohol use by youth. The survey was released in April and summary findings are contained in Appendix D. Clearly, there are currently thousands of young people in California experimenting with these substances, but vital details are obscure. There was almost no credible information about time trends, i.e., are things getting worse and, if so, how fast? Likewise, if one focused on a particular geographical area such as a city, county or neighborhood, there was rarely much information specific to that locale.

In short, sound policy recommendations must be based on detailed and credible documentation of the problem, and no such documentation exists. Without such information, one risks designing responses that are poorly conceived and misdirected. For example, if one were interested in supporting specific prevention programs, where would one invest the money?

What communities, schools and age groups should be selected? Without sound and disaggregated measures of need, a proper determination cannot be made. One risks spending money on the wrong target.

Second, while it is clear that a wide variety of prevention efforts are underway across the state, there is very little systematic information that is centrally available or that allows comparison of programs. The absence of such information is troubling because the answer to "What is being done now?" is "It's hard to tell." For example, should greater investments be made in programs to reduce drinking and driving among youth, such as SADD or Safe Rides? That depends in part on determining the number and sizes of chapters of these organizations across the state. While such information could be collected in principle, it is not readily available now. One important implication is that it is difficult to properly gauge whether additional resources should be invested, and if so, where.

Finally, there are almost no sound evaluations of the various prevention efforts already underway across the state. We know almost nothing about how existing programs function, what impact they may be having, or whether they are cost-effective. It is important to emphasize that one risks making two kinds of errors without this information: one may falsely conclude that a program is working or falsely conclude that a program is not working. In the first case, money is being wasted on efforts that are actually ineffective (or even harmful); in the second case, effective programs may be ended despite the good they are doing. In brief, *it costs not to know*.

Collecting good information is often expensive. And the Commission fully recognizes that the research must serve the prevention programs, not the reverse. Consequently, a reasonable balance must be struck between dollars invested in information and dollars invested in programs. For example, the Commission is recommending that at least 10 percent of all money allocated to programs be used to collect information on how well those programs function. That is, program evaluation should be an *integral* part of funded program activities, but must not be allowed to dominate the budgetary process.

To make this clearer, consider a hypothetical set of drug prevention programs across the state costing \$10 million a year in tax dollars. A research program costing \$500,000

a year would be *cost-effective* if the information collected led to savings (e.g., through more efficient use of staff) totaling only slightly more than 5 percent of the \$10 million budget. And in many cases, such saving would be easily achieved.

To summarize, the Commission strongly endorses the need for applied research that promises to make prevention efforts more effective. Good applied research costs, but ignorance costs more.

## **RECOMMENDATIONS:**

Following are the Commission's recommendations and a discussion thereof:

### **RECOMMENDATION 1:**

THE COMMISSION RECOMMENDS THAT WHENEVER FEASIBLE, THE DEVELOPMENT AND REFINEMENT OF EFFORTS TO COMBAT DRUG AND ALCOHOL ABUSE SHOULD PROCEED SEQUENTIALLY FROM (1) POLICY FORMATION AND PROGRAM DESIGN, TO (2) ACCOUNTABILITY EVALUATION, TO (3) PROGRAM ASSESSMENT EVALUATION.

### **RECOMMENDATION 2:**

THE COMMISSION RECOMMENDS THAT FOR PROGRAMS FUNDED WITH TAX DOLLARS, AN AMOUNT OF MONEY EQUAL TO AT LEAST 10 PERCENT OF A PROGRAM'S OPERATING BUDGET SHOULD BE SET ASIDE FOR EVALUATION.

### **RECOMMENDATION 3:**

THE COMMISSION RECOMMENDS THAT NEW PROGRAMS FUNDED WITH TAX DOLLARS SHOULD BE SUPPORTED ON A THREE-YEAR CYCLE WITHIN A ZERO-BASED BUDGET PERSPECTIVE.

### **RECOMMENDATION 4:**

THE COMMISSION RECOMMENDS THAT EXISTING PROGRAMS FUNDED WITH TAX DOLLARS SHOULD BE ACCOUNTABLE TO THE FULLEST DEGREE THAT IS PRACTICAL.

### **RECOMMENDATION 5:**

THE COMMISSION RECOMMENDS THAT EFFORTS SHOULD BE MADE TO DIRECTLY INVOLVE THE STATE'S COLLEGES AND UNIVERSITIES IN THE EVALUATION RESEARCH.

### **RECOMMENDATION 6:**

THE COMMISSION RECOMMENDS THAT ANY STATEWIDE DRUG AND ALCOHOL ABUSE CLEARINGHOUSE CONSIST OF INFORMATION ON (1) THE RESULTS OF NEEDS ASSESSMENTS, (2) PREVENTION PROGRAMS IN PROGRESS, AND (3) EVALUATIONS OF PROGRAM EFFECTIVENESS.

### **Discussion:**

In principle, one can view the development of sound prevention programs as going through three steps, each informed by sound applied research: (1) policy formation and program design, (2) accountability evaluations, and (3) program assessment evaluations.

#### **Policy Formation and Program Design**

Before a prevention effort is launched, there are several critical questions for which answers must be found. First, under the concept of "Needs Assessment," one asks "*Where is the problem and how big is it?*" Not only is it silly to fix something that is not broken, but in order to properly design a remedy, a problem needs to be specified in considerable detail. As we noted above, while it is readily apparent that thousands of California youngsters are victims of drug and alcohol abuse, the precise dimensions of the problem are unknown. Thus, it is difficult to design an overall prevention strategy for the state as a whole.

Once the problem is well documented and thoroughly described, one needs to ask “*Can we do anything about the problem and, if so, what?*” Here, it is important to turn to past research or existing scientific theory to learn whether it is possible even in principle to improve matters and, if so, what sorts of strategies seem promising. Equally important is consultation with experienced practitioners for their views and ideas. The point, then, is that a vital step in the development of responses to substance abuse is to delineate the options. Otherwise, one risks overlooking interventions with considerable potential.

With the options described, the time comes to ask “*Will a particular program work?*” It is at this point that experiments should be employed to test on a small scale whether one or more of the possible responses may have the desired effects. That is, promising programs should be field tested with experiments using random assignment, where feasible, and under the most ideal conditions possible. Programs that fail to show beneficial impacts at this stage can then be discarded with relative safety.

In other words, if a program fails under ideal conditions, it is very unlikely to succeed when implemented on a routine basis. For example, “ideal conditions” include sufficient funds to fully implement the program as designed. If the program fails when functioning with sufficient funds, it is very unlikely to succeed at the curtailed levels of funding that hamstring so many prevention efforts. Note that if the experimental program is not properly funded, it may have failed either because the concept was wrong *or* because the correct concept was not properly implemented. The program was not given a fair test in this case.

Finally, assuming that one or more programs show beneficial effects in the experimental phase, one next needs to consider “*Can agencies deliver an effective program?*” That is, it is one thing for a program to work under the ideal conditions of the experimental phase. It is quite another for a program to work when moved from the “hot house” to the sites where it will be regularly functioning. For example, the use of theatrical productions written, produced and played by former drug users may work well as a model program when administered by motivated individuals with extensive theatrical experience. It may fail when implemented in recreation centers or schools without access to such leadership. In other words, successful programs have to work with the resources likely to be available in practice.

#### **Accountability Evaluation**

Once a program is “up and running” it is natural to address whether the program is functioning as envisioned. Several specific questions follow.

First, it is vital to ask “*Is the program reaching the appropriate beneficiaries?*” Two kinds of errors may be made: the program could be reaching a clientele for which it was not intended, or the program could be overlooking its intended clientele. For example, a recreation center funded to reach troubled youngsters may be primarily a popular hangout for kids who would do just fine without the recreation center.

Second, one must consider “*Are appropriate benefits being delivered?*” The program may be working with the intended beneficiaries, but may not be providing the intended services. A particular chapter of a program designed to prevent drinking and driving among adolescents may, for instance, function more as a social setting for its members than as a source of transportation for intoxicated young people.

Third, one must not overlook fiscal accountability: “*Are program funds being used appropriately?*” For example, one needs to be sure that funds allocated to support community-based drug and alcohol prevention programs are not used to further other goals (as admirable as they may be) of the sponsoring community organizations.

#### **Program Assessment Evaluation**

In the end, it is essential to know if a prevention program is having its desired impact. Indeed, impact assessment is what many applied researchers mean by “evaluation research.” Three distinct questions need to be asked under the concept of impact assessment.



First, it is essential to consider the question: "*Can the effectiveness of the program be estimated?*" While one might wish to gauge the impact of any given prevention program, there will be circumstances in which credible evaluations will be impossible. There is, then, no reason to attempt an impact assessment.

For example, all impact assessments require a comparison group. Thus, it would be impossible to estimate the impact in California of new drunk driving legislation on automobile fatalities unless there were comparable data on the number of fatalities before as well as after the new legislation. Likewise, in order to determine if "Just Say No Clubs" are effective in reducing drug use among youngsters in a particular community, one would need either drug use measures on club members before they joined or drug use measures for comparable youngsters who were never club members.

Having one or more comparison groups is a necessary but insufficient condition for a sound impact assessment. For example, some research designs are far more powerful than others. Designs based on random assignment to experimental and control conditions (often called "true experiments") are almost universally recognized as the most effective way to estimate program impact in an unbiased manner. There are also several "quasi-experimental" designs that under certain circumstances can lead to credible results. If a true experimental design or one of the strong quasi-experimental designs cannot be employed, the impact assessment may not be worth doing. The more general point is that before an impact assessment is undertaken, it is vital to determine whether a credible set of findings is likely.

Second, one needs to address the question: "*Did the program work?*" The idea is simply summarized; one needs to estimate the difference between what resulted from the prevention program and what would have happened had the prevention program not existed. One is seeking, therefore, quantitative measures of impact; are things better and, if so, by how much? One is also trying to determine the degree to which estimates of program impact can be attributed to the program itself rather than some other cause. For example, one might observe a drop in the number of automobile fatalities following new drunk driving legislation. However, the decline may actually stem from other legislation requiring the use of seat belts, which was passed about the same time. Or, the decline may actually be a consequence of "natural" seasonal variation in automobile fatalities. Drunk driving legislation implemented in the early fall might, in the short-run, falsely appear to be effective, if Californians drive fewer miles in the fall than in the summer (and hence, experience fewer fatalities). Clearly, in order to make credible causal inferences about a program's impact, strong research designs are required.

Third, a program may have a beneficial impact but not be cost-effective. Hence the final question: "*Was the program worth it?*" The answer lies in determining whether the benefits derived from the program are worth more than the benefits that would have followed from alternative uses (technically, the next best use) of the program's resources.

Having addressed the steps of developing sound prevention programs, the Commission explored other issues with regard to funding and evaluating prevention programs.

With respect to new and existing programs, the Commission believes that at the end of three years, support for new programs should be withdrawn unless the program's effectiveness has been empirically demonstrated. Existing programs should be held to the same high evaluation standards as new programs funded with tax dollars, unless the program can demonstrate that imposing such standards after the fact is unrealistic, i.e., that the same level of empirical research is not possible for an existing program. When such a case can be made successfully, the highest evaluation standards that are practical should be required. As discussed before, the Commission believes that at least 10 percent of the program's operating budget should be used for these evaluations determining program effectiveness.

The Commission believes that efforts should be made to directly involve the state's colleges and universities in these program evaluations. The Commission found that many models for the involvement of state colleges and universities in evaluation research already exist, such as research conducted jointly by state agencies and university faculty, the use of student interns as research staff on agency projects, agency advisory committees made up of university researchers, and others.

The Commission also believes that a statewide clearinghouse of information should include information on the results of needs assessments, prevention programs in progress and evaluations of program effectiveness. Information provided by the clearinghouse should be available to programs and communities throughout California.

To summarize, all programs designed to prevent drug and alcohol use and abuse should be designed with the best information available. Once implemented, these programs should be evaluated for effectiveness. Within the bounds of practicality, accountability is vital. This means that money must be provided for the necessary applied research. It also means that research should be an integral and ongoing part of all prevention strategies. Reiterating an earlier theme, good research is costly, but ignorance costs more.



# Appendices



**“School board members don’t see the correlation necessarily between what’s happening with their children with drug problems and their low test scores.”**

– Mary Ann McCarthy  
San Diego County

**“I feel that in our short period of time, we really established a cohesive and positive group to give a message to teenagers that it’s okay to say ‘No.’”**

– Deborah Dorn  
Teen Connection

# Appendix A.

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## Witnesses before the Commission

HEARING IN SAN FRANCISCO, CALIFORNIA  
DECEMBER 12, 1985

**DELVIN WILLIAMS**

Executive Director, "Pros for Kids"  
San Mateo, California

**BERT ALSTON**

Director of Urban Affairs, Citicorp Savings  
Oakland, California

**ROD LIBBEY**

Alcohol and Drug Program Manager, Bank of America  
San Francisco, California

**LAURIE SOMAN**

Staff Coordinator, Division of Scientific and Educational Activities  
California Medical Association, San Francisco, California

**SHERRIN BENNETT**

Executive Director, Center for Human Development  
Lafayette, California

**NED WALSH**

Administrator, Division of Substance Abuse,  
Mendocino County Department of Public Health  
Ukiah, California

**BYRON KUNISAWA**

Director of Administration  
San Francisco Multicultural Prevention Resource Center  
San Francisco, California

**WAYNE CLARK**

Director, Community Substance Abuse Services  
City and County of San Francisco, California

**THE HONORABLE LIONEL J. WILSON**

Mayor, City of Oakland, California  
(Testimony presented by Mr. Evilio Grillo, Consultant)

**DONNA MASTERS**

Police Officer, Oakland Police Department  
Oakland, California

**ELEANOR CURRY**

Public Affairs Director, KSOL Radio  
San Mateo, California

**JAMES MOSHER, J.D.**

Associate Director for Policy Studies Prevention Research Center  
Berkeley, California

**JOHN STEWART**

Manager, International Activities and Program Development Division  
Lions Club International, Oakbrook, Illinois

**ANDREA SCHNEIDER**

Prevention Services Coordinator  
Drug Abuse Bureau, County of Santa Clara  
San Jose, California

**ROBERT H. MARKUSE**  
San Mateo County Drug Abuse Board  
San Mateo, California

**JANICE AURAH KRAMER**  
Spiritualist  
San Francisco, California

**WAYNE B. ALLBIN**  
Attorney at Law  
San Francisco, California

**ROBERT D. TREPP, D.O.**  
Physician, Private Practice  
Cotati, California

**DARRYL INABA**  
Director, Haight-Ashbury Free Medical Clinic Drug Programs  
Chairman, Asian American Substance Abuse Task Force  
San Francisco, California

**DAVIS JA**  
Executive Director, Asian American Residential Recovery Services, Inc.  
San Francisco, California

**MARY HELEN DOHERTY**  
Director, Santa Clara County Bureau of Alcoholism Services  
San Jose, California  
Also representing the County Alcohol Program  
Administrators Association of California

**ELVIE WHITNEY**  
Project Director, San Francisco Prevention Project  
San Francisco, California

## **HEARING IN SAN DIEGO, CALIFORNIA**

**JANUARY 9, 1986**

**WILLIAM B. KOLENDER**  
Chief of Police  
City of San Diego, California

**J. STRYKER MEYER**  
Staff Writer, *The San Diego Union*  
San Diego, California

**FATHER RICHARD H. BROWN, S.J.**  
Pastor, Our Lady of Guadalupe Church  
San Diego, California

**RACHAEL ORTIZ**  
Executive Director, Barrio Station  
San Diego, California

**MARY ANN McCARTHY**  
Vice Chair, Alcohol and Drug Abuse Prevention Task-force (ADAPT)  
Coordinator, San Diego Rally Against Drugs  
San Diego, California

**NANCY SIEMERS, Ph.D.**  
Social Concerns Education Coordinator  
Health Services Department  
San Diego, California

**WILLIAM ALKIRE, Ph.D.**  
Project Manager, Substance Abuse Prevention Programs

Sacramento County Office of Education  
Sacramento, California

**DEBORAH DORN**  
Community Consultant for Teen Connection  
Pacific Beach, California

**DAVID CLEVELAND**  
President, Telesis II of California Incorporated  
San Diego, California

**EDUARDO A. PEREZ**  
Social Program Specialist, San Diego Street Youth Program  
San Diego, California

**DANA KUEFFNER**  
Drug Abuse Administrator, Alcohol and Drug Abuse Services, Alameda County  
Representing the California Association of Drug Program Administrators

**SUSAN ZEPEDA, Ph.D.**  
Deputy Director, Health Care Agency  
Alcohol Program Administrator, Orange County  
Representing the California Association of Alcohol Program Administrators

**DIANE SPIERER**  
Doctor of Pharmacy  
Executive Director, Straight Talk on Prevention (STOP) Program  
Los Angeles, California

**ANGELA CARMEL**  
Member, Students Against Driving Drunk (SADD)  
Point Loma High School  
San Diego, California

**MARY ANN PENTZ, Ph.D.**  
Associate Professor and Director of Community Prevention Research  
University of Southern California  
Los Angeles, California

**SUSAN NEWMAN**  
Director of Special Projects, Scott Newman Center  
Pasadena, California

**V. C. LEAGUE**  
Project Director, Western Training and Development Center  
Oakland, California

**KEN MEIL**  
Vista Unified School District  
San Diego, California

**JESSICA LEWIS**  
Community Resources and Self Help (CRASH), Inc.  
San Diego, California

## **HEARING IN LOS ANGELES, CALIFORNIA JANUARY 29, 1986**

**SHERMAN BLOCK**  
Sheriff, Los Angeles County  
Los Angeles, California

**ANTHONY SMULDERS, Ph.D.**  
First Vice Chairman  
Los Angeles County Narcotics and Dangerous Drugs Commission  
Los Angeles, California



**EDITH NEALY**

Chairwoman, South Central Organizing Committee (SCOC)  
Los Angeles, California

**JAY R. STROH**

Director, Department of Alcoholic Beverage Control  
Sacramento, California

**DARYL F. GATES**

Chief of Police  
City of Los Angeles, California

**DR. RUTH RICH**

Director, Drug Abuse Resistance Education (DARE) Project  
Instructional Specialist, Health Education  
Los Angeles Unified School District  
Los Angeles, California

**PATRICIA SCHNEIDER**

Director, Health and Social Issues, Wine Institute  
San Francisco, California

**BRIAN L. DYAK**

President, Entertainment Industries Council, Inc.  
North Hollywood, California

**LARRY STEWART**

Chair, Alcohol and Drug Abuse Committee for the  
Caucus of Producers, Writers, and Directors  
Chair, Issues and Policy Committee of the  
Entertainment Industries Council, Inc.  
Van Nuys, California

**DR. EDWARD JACOBS**

Pediatrician, Private Practice  
Chair, Substance Abuse Committee, California Chapter 2  
American Academy of Pediatrics  
Arcadia, California

**JAY RODRIGUEZ**

Vice President, Corporate Information  
National Broadcasting Company (NBC)  
Burbank, California

**DANNY GOLDBERG**

President, Gold Mountain Records, Ltd.  
Producer of "Miami Vice" Soundtrack Album  
Los Angeles, California

**MICHAEL Des BARRES**

Actor-Singer-Songwriter, MCA Gold Mountain Records, Ltd.  
Los Angeles, California

**LEOPOLDO L. RAMOS**

Assistant General Manager, KMEX TV  
Hollywood, California

**RICHARD P. DWAN**

Vice President, Western Region, The Advertising Council, Inc.  
Los Angeles, California

**JENNIFER FREED**

Statewide Project Director, Human Relations Institute  
Santa Barbara, California

**MICHAEL S. THOMPSON**

Deputy Director, Mayor's Criminal Justice Planning Office  
Los Angeles, California

Representing the State Advisory Board on Drug Programs

**DAVID E. MORSE**

Education Consultant, Elk Grove Unified School District  
Elk Grove, California

**ROBERT SUNDANCE**

Executive Director, Indian Alcoholism Commission of California  
Los Angeles, California

**CYNTHIA LASKIN**

Student

Representing Safe Rides Program and Mothers Against Drunk Driving (MADD)  
Pasadena, California

**JENNY PULSKAMP**

Student

Representing Students Against Driving Drunk (SADD)  
South Pasadena, California

In addition, written testimony was received from the following organizations that were invited to testify but could not appear before the Commission:

**MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT**

Submitted by: Ann Priebe, School Nurse, Seaside High School

**ANHEUSER-BUSCH COMPANIES, INC.**

Submitted by: Michael M. Wolfe, Manager, Consumer Affairs



# Appendix B.

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## Commissioner Biographies

**REVEREND THOMAS KILGORE, JR.**, Chair of the Commission, began his professional career as a principal of public schools in North Carolina over 40 years ago. He has held pastorates in North Carolina, New York City and in Los Angeles. Throughout his career he has been in the forefront of the civil rights movement as a supervisor of the New York City Southern Christian Leadership Conference Office, as an organizer of the 1963 March on Washington and as an Executive Board Member of the Southern Christian Leadership Conference. Since 1963, Pastor Kilgore has led the Second Baptist Church in Los Angeles. He has also been instrumental in reopening and staffing Henderson Community Center for youth activities in the Los Angeles South Central area, establishing the Second Baptist Child Development Center, and numerous other community and church programs.

**JEFF JUE**, Vice Chair of the Commission, is the Director of the Merced County Department of Mental Health. His duties include serving as the County Administrator for Alcohol and Drug Programs. The Department provides a broad range of primary prevention, promotion, and educational programs in a rural setting. He is a licensed clinical social worker, member of the Board of Directors of the California Prevention Network, member of the California Conference of Local Mental Health Directors and chair of their Special Population Committee.

**WILLIAM T. ADAMS** is the Vice President of Pacific Institute for Research and Evaluation in Lafayette and the Project Director of the Pyramid Project. For the past eight years, he has managed the Pyramid Project and worked on the Balancing Head and Heart Project which identified exemplary drug abuse prevention programs across the country. He has provided technical assistance to prevention programs throughout the nation and has written many papers and presented numerous speeches regarding the parents movement. Mr. Adams has been actively involved in the development of the "Just Say No" clubs movement, which has been recognized by Nancy Reagan, and sponsored by the Oakland Parents in Action organization.

**KERMIT J. ALEXANDER** is currently the Account Manager for Gannett Outdoor Advertising Company. He has been a teacher, coach, and professional football player, and a San Francisco juvenile probation officer.

**JUDITH (JUDY) ARENDSEE** is Chair of Californians for Drug-Free Youth, a 14-person statewide volunteer board which is educating, training and establishing community networks to create a drug-free environment. For five years she has been involved in prevention efforts, co-founding a parent/community group in the San Diego area. Mrs. Arendsee is the California State Networker for the National Federation of Parents for Drug-Free Youth (NFP), Chair of the Distribution Committee of the Rancho Santa Fe (RSF) Community Foundation, Past President of the RSF School Board, and former Director of the La Jolla Playhouse.

**ELGIE BELLIZIO** has served as a teacher, coach and Physical Education Department Chair in the Salinas Union High School District for over 35 years. In 1970 he developed the Sunrise House-Youth/Family Crisis Center, of which he is Executive Director. Mr. Bellizio is also Commissioner of Athletics for 17 high schools; Coordinator, Salinas Union High School District Alcohol/Drug Abuse Prevention Cluster; and member of the Office of Criminal Justice Planning's Advisory Committee on the Suppression of Drugs in Schools. He has served as a consultant on drug and alcohol abuse for many public and private agencies, including the State Department of Education, National Institute on Drug Abuse, and the United States Department of Education's Western Training and Development Center. During 1985, he conducted workshops on Drugs and Their Impact on Athletics for over 200 junior and senior high schools.

**RICHARD A. BERK** is a Professor of Sociology at the University of California, Santa Barbara, where he is Director of the Social Process Research Institute and is affiliated with the Program in Applied Probability and Statistics. Professor Berk is on the Board of Directors of the Social Science Research Council, the Board of Trustees of the Law and Society Association, and the Board of Overseers of the General Social Survey. His research interests include evaluation research, applied statistics, and the criminal justice system.

**JOAN BRANN** is Project Director of Oakland Parents in Action, a project of the Pacific Institute for Research and Evaluation. She also sits on the Board of directors of the Institute and is one of the Institute's Vice Presidents. Ms. Brann works with parents and children in drug education, prevention, parenting, and educational support activities.

**ROBERT J. BURKHARDT, JR.**, is the Director of the San Francisco Conservation Corps (SFCC). He has been an educator and involved with youth programs for the past 25 years. He is interested in the development of a national service program for youth. In the SFCC he is in daily contact with youth, many of whom have had alcohol and drugs affect their lives. It is Mr. Burkhardt's goal to be part of a coalition to develop strategies to prevent drug and alcohol abuse among our youth.

**ROBERT D. CAMPBELL** is a division chief with the Los Angeles County Sheriff's Department where he has served for over 30 years. He commands a Field Operations Region comprised of seven sheriff's stations and four specialized bureaus, which encompasses crime prevention, juvenile operations, gang suppression, and narcotics prevention. Chief

Campbell has pioneered several innovative programs. His most recent efforts have been in the formation of multijurisdictional criminal apprehension teams and a joint effort with school districts on narcotics prevention programs.

**IRENE REDONDO-CHURCHWARD** is the Executive Director of Project INFO, Inc., an agency that provides alcohol and drug abuse prevention services and senior citizen nutrition programs. The prevention programs focus on teaching communication skills to at-risk youth and their families. Under a National Institute of Drug Abuse (NIDA) grant, she helped develop a curriculum for 5th and 6th grades entitled "*Pickles and Jams*" (*and how to get out of them*). Ms. Redondo-Churchward currently serves as Chair of the California Prevention Network. In 1984, she was an advisor at the National Youth Drinking and Driving Conference in Washington, D.C. She assisted in the planning of the "Prevention 1986" Conference and the state Youth Drinking and Driving Conference.

**ROBERT H. COOMBS** is a Professor of Medical Sociology at University of California, Los Angeles (UCLA), School of Medicine, and Director of the Office Education, UCLA Neuropsychiatric Institute and Hospital. He received his Ph.D. in Sociology/Philosophy of Science from Washington State University. Dr. Coombs has published 7 books and more than 100 articles on topics related to adolescent and professional development. A licensed clinician, he also serves on many educational and policy boards that deal with substance abuse and mental health.

**RAMON DESAGUN** is a high school government and interpersonal communications teacher. He is Vice Chair of the Civil Rights in Education Committee of the California Teachers Association's State Council of Education. Mr. Desagun has co-authored San Joaquin County's Drug Abuse Curriculum for grades 9-12. He is also Chair of the Department of Social Sciences at Linden High School and serves as a mentor teacher.

**ALICIA DONDERO** has been a prevention specialist for 12 years. She is currently the Prevention Coordinator for the Ventura County Drug Abuse Program. She has watched the approaches to drug abuse change from rehabilitation to an emphasis on prevention. Dr. Dondero has worked as a trainer and consultant nationally and internationally in Brazil, Mexico, Guatemala and Micronesia. She is founder and Past Chair of the California Prevention Network and works with parents in both English and Spanish in the area of prevention. She is also a specialist in program and curriculum development.

**PERSIDA DRAKULICH** is Director of School Health Programs for the State Department of Education. A registered nurse with an M.A. in Health Education and a Ph.D. in Educational Administration, she has spent her entire professional life in the field of prevention at state and district levels, including the statewide School-Community Primary (Drug Abuse) Prevention Program, as well as in child abuse prevention, comprehensive health education and health services programs. Dr. Drakulich taught health education at the University of California, San Diego, and served the San Diego Unified School District as the administrator/teacher-counselor and curriculum writer of the districtwide Drug and Narcotic Education and Sex Education Program. She was also a member of the Attorney General's Commission on the Enforcement of Child Abuse Laws.

**ROBERT J. FREDRICKS** has served for the past five years as Executive Director of Programs for Operation Cork, a program of the Joan B. Kroc Foundation in La Jolla, California. He began his recovery from alcoholism over 10 years ago. As Director of the Employee Assistance Program for the San Diego Padres, he is a recognized leader in drug testing and employee-wellness programs. Mr. Fredricks also serves on alcohol/drug advisory boards for Hazelden Foundation (Hazelden/Cork Sports Center), Dartmouth Medical School, and Morehouse School of Medicine, and is active in community education programs.

**GAIL FULLERTON** has been the President of San Jose State University (SJSU) since September 1978. Prior to that date, Dr. Fullerton was Executive Vice President of the university and was appointed Dean of Graduate Studies and Research in 1972. She holds the rank of Professor of Sociology and has been a member of the Department of Sociology at SJSU since 1963. She is also Chair of the Senior Accrediting Commission of the Western Association of Schools and Colleges; member, Board of Trustees and Executive Committee, EDUCOM; member, California Academy of Sciences Advisory Council; member, Board of Directors of the Associated Western Universities, Inc., serving as Immediate Past Chair; as well as a member of numerous other national, state and local advisory and policy boards. She holds a Ph.D. in Sociology from the University of Oregon.

**LUCIEN HAAS** is a retired press secretary, speech writer and policy analyst for former Governors Edmund G. "Pat" Brown and Edmund G. "Jerry" Brown, United States Senator Alan Cranston, and Attorney General John K. Van de Kamp. He has also served as communications director in a number of state and national election campaigns, and has been a newspaper reporter. Mr. Haas is currently President of Picris Echioides Association of California.

**ROBERT HARRIS** is the President of Universal Television and an officer of MCA, Inc., the largest supplier of prime time programs to the networks. He believes that the media plays a part in shaping attitudes and has been responsible for award winning programs including "Mothers Against Drunk Drivers: The Candy Lightner Story," and "Quincy."

**ERWIN OKUN** is the Vice President for Corporate Communications of Walt Disney Productions. He is a graduate of Cornell University and has a master's degree from Columbia University in Journalism. Mr. Okun was originally a journalist, working as a police reporter in Cleveland.

**JUDY M. PRICE** is the Vice President of Children's Programs and Daytime Specials for CBS Entertainment (1983-present). From 1976-1983 Ms. Price held the same position for ABC Entertainment, and prior to that was the producer of American Bandstand for Dick Clark Productions (1970-1976). From 1980-1984 she served two terms as Governor of the Children's Branch of the Academy of Television Arts and Sciences.

**REVEREND T. TERRENCE RICHEY** directs the Alcoholism Advisory Board of the Archdiocese of Los Angeles. This Board sponsors prevention programs for the local church and performs "interventions" leading to treatment for impaired clergy. Father Richey directs retreats throughout the State of California for recovering alcoholics, addicts and family members. He also conducts substance abuse education in treatment centers, community groups and schools.

**JOKICHI TAKAMINE, M.D.**, is an internist in private practice and has been involved in dealing with substance abuse problems for 24 years. In 1969, he chaired the Los Angeles Mayor's Committee on Narcotics and Dangerous Drugs; is a former member of the American Medical Association (AMA) Task Force on Drugs and Chairman of the AMA Task Force on Alcoholism; and lifetime member of the Parent Teachers Association (PTA) and the Venice PTA Clinic. Dr. Takamine has also participated in an AMA project to define prevention terms. Within the AMA, alcoholism and alcohol-related problems are regarded as a top public health problem and, most likely, the number one family problem. He also travels the country giving workshops on drug and alcohol abuse prevention.

**CHAUNCEY L. VEATCH III** is the Director of the California Department of Alcohol and Drug Programs. He is First Vice President of the National Association of State Alcohol and Drug Abuse Directors; member, United States Department of Health and Human Services National Advisory Council on Drug Abuse; member, United States Attorney General's National Partnership to Prevent and Reduce Drug and Alcohol Problems Among Youth; and serves on other state and national advisory and policy boards and commissions concerned with substance abuse. Dr. Veatch is a graduate of the University of the Pacific in Stockton, California, and holds a Juris Doctor of Law Degree from the University of Notre Dame.

**BARRY M. WADE** is an assistant chief of police with the Los Angeles Police Department, where he has served for more than 25 years. He received a B.S. degree in Business Administration from the University of California, Los Angeles, and a masters degree in Public Administration from the University of Southern California. Assistant Chief Wade's current assignment with the Los Angeles Police Department includes the following functions: Anti-Terrorist, Internal Affairs, Organized Crime, Narcotics Enforcement, Vice Enforcement, Labor Relations, Public Affairs, Asian Task Force, and DARE, the Department's Drug Abuse Resistance Education Program.

**BARBARA WILLIAMS** is a sociologist, Head of the Behavioral Sciences Department, and Director of the Criminal Justice Program at The Rand Corporation. Funded by the Conrad N. Hilton Foundation, Rand is conducting a multiyear test of a school-based curriculum designed to reduce adolescent drug use. The curriculum is being tested in 7th and 8th grade classrooms in 30 schools on the West Coast. Dr. Williams received her Ph.D. in Sociology from the University of Illinois.



# Appendix C.

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## Commission Process

### Purpose and Scope

The Commission on the Prevention of Drug and Alcohol Abuse was appointed by Attorney General John K. Van de Kamp in October 1985. The 26-member Commission was charged with examining youth prevention strategies and programs within California and providing recommendations for their improvement.

The Commission members varied in their areas of skill and expertise—representing the media, professional sports, government, law enforcement, education, health care, religion, parent groups and prevention organizations.

### Methodology

The Commission focused on the following segments of society which influence youth and families:

- Media (including the mass media and advertising and sports industries)
- Religious and Voluntary Organizations
- Schools (both public and private)
- Private Industry
- Health Care Providers
- Law Enforcement and Regulatory Agencies

Over a four-month period, the commissioners deliberated on issues relating to drug and alcohol abuse, with specific focus on youth and primary prevention efforts. All issues were addressed by the full Commission in an interdisciplinary forum.

### Commission Meetings

The Commission held four meetings—on November 6 and December 12, 1985, and on January 30 and February 20, 1986. At these meetings, issues were identified, examined, evaluated and eventually developed into policy recommendations.

### Issue Briefs

Commissioners submitted issue briefs consisting of a problem statement, a discussion and a recommendation. The issue briefs were a mechanism for the commissioners to explore issues and develop recommendations.

### Public Hearings

The Commission held three public hearings—on December 12, 1985, in San Francisco; on January 9, 1986, in San Diego; and on January 29, 1986, in Los Angeles. The purpose of these hearings was to receive expert and public testimony on drug and alcohol abuse prevention strategies and programs for youth—what works, what doesn't—and on recommendations for improving these prevention strategies. A total of 62 persons appeared before the Commission to provide expert and public testimony.

### Written Testimony

Written testimony was submitted by most of the persons invited to testify at the public hearings. Information was also requested from voluntary organizations and public representatives working in the prevention field.

In addition, letters were sent to state agencies involved in the prevention of drug and alcohol abuse asking them to identify successful prevention strategies and programs, describe government's role in prevention and



recommend how prevention strategies can be improved. The following state agencies responded with relevant information for use in this report:

Department of Alcohol and Drug Programs  
Office of Criminal Justice Planning  
California Highway Patrol  
Office of Traffic Safety  
California Youth Authority  
Department of Developmental Services  
Department of Mental Health  
Department of Health Services  
Department of Motor Vehicles  
California Conservation Corps

## **Committees**

Working committees were formed for each of the six areas examined by the Commission. An additional committee was formed to address research and evaluation issues.

Preliminary recommendations were formulated using issue briefs, public hearings and written testimony. Each committee then compiled its final recommendations and submitted them to the full Commission for a final decision.

## **Commission Report**

The recommendations of the full Commission and a discussion of each recommendation became the basis for the Commission's Final Report. This report will serve as a catalyst for additional needed studies and policy changes.

# Appendix D.

## Statewide Survey of Drug & Alcohol Use

### REPORT TO THE ATTORNEY GENERAL'S COMMISSION ON THE PREVENTION OF DRUG AND ALCOHOL ABUSE

#### A STATEWIDE SURVEY OF DRUG AND ALCOHOL USE AMONG CALIFORNIA STUDENTS IN GRADES 7, 9, 11

WINTER 1985-1986

Rodney Skager, Ph.D.

#### Introduction

Information in this report is limited to survey questions dealing with (a) frequency of use of 17 psychoactive substances, (b) frequency of polydrug use (use of more than one substance on a given occasion), and (c) age of first use and intoxication for alcohol vs. other drugs. The final report of the survey will incorporate additional information, including students' experiences with prevention education, perceptions of peer acceptance of drug and alcohol use, number of adults known who use alcohol and other drugs, ratings of harmfulness of alcohol vs. other drugs, etc.

The questionnaires were administered anonymously under conditions designed to maximize the cooperation of the respondents. All participation was voluntary, with most or all schools explaining in a letter to parents the purpose of the survey and the method of sampling within the school. Previous experience has shown that there is virtually no loss of participants under these procedures.

#### The Sample

These results are based on a sample of 45 high schools and 42 junior high or middle schools. The sampling plan divided the state into six regions and sampled proportionally according to school enrollment within regions. Schools were stratified as "high vs. low" on the following three variables: senior class enrollment, parental socioeconomic status, and percent limited or non-English speaking. Sampling of schools within cells defined by the stratification was randomized using the SASS PROC PLAN computer program.

The survey was conducted at grades 7, 9, and 11. Senior high schools were sampled initially and the primary "feeder" middle schools or junior high schools were then identified. Agreement to participate was sought by means of a letter from the Attorney General to the superintendent of the district in which each school was located. In the few cases where agreement was not forthcoming, alternative schools from the same sampling category were randomly selected.

Student sampling was conducted at the school level. Principals were asked to select a 25% random sample of students at each grade level selected for participation. For very small schools (enrollment at each grade level less than 50), a minimum of 10 students was selected. Continuation high schools were included in the sample in a proportion approximately equal to their number in each of the sampling cells. Detailed sampling procedures and administration guidelines were provided to principals, along with sample letters to parents and instructions for returning the completed surveys.

The sample on which the current data are based consists of 2,087 seventh, 2,533 ninth, and 2,759 eleventh grade students. Ethnically, the total sample breaks down as follows: Asian, 691; Black, 764; Hispanic, 1,670; American Indian, 224; White/Anglo, 3,347; and Other, 635. There was an almost equal representation of male and female students.

**TABLE 1**  
**Number of Male and Female Students by Grade Level**

	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>	<i>Total</i>
Male .....	1,052 (50.9%)	1,240 (49.4%)	1,350 (49.5%)	3,642 (49.9%)
Female .....	1,014 (49.1%)	1,269 (50.6%)	1,378 (50.5%)	3,661 (50.1%)
No Response .....	21	24	31	76
Totals .....	2,087	2,533	2,759	7,379

**TABLE 2**  
**Ethnic Identification by Grade Level**

	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>	<i>Total</i>
Asian .....	183 (8.9%)	218 (8.7%)	290 (10.5%)	691 (9.4%)
Black .....	197 (9.5%)	245 (9.7%)	322 (11.7%)	764 (10.4%)
Latino/Mexican/Hispanic .....	518 (25.1%)	607 (24.2%)	545 (19.8%)	1,670 (22.8%)
American Indian .....	84 (4.1%)	75 (3.0%)	65 (2.4%)	224 (3.1%)
White/Anglo .....	811 (39.2%)	1,161 (46.2%)	1,375 (50.0%)	3,347 (45.6%)
Other .....	274 (13.3%)	207 (8.2%)	154 (5.6%)	635 (8.7%)
No Response .....	20	20	8	48
Totals .....	2,087	2,533	2,759	7,379

## Results

The results are provided in Tables 3 through 10 accompanying this report. Each will be described and briefly discussed.

- **Percent Using Each Substance:**

Students were asked to indicate their own frequency of use of each substance during the previous six months. Responses were on a seven point scale from "never" to "more than once a day." The percentages of students using each substance at least once during that period are given in Table 3.

For 7th grade students alcohol was the most frequently used substance (beer, 41.1%), followed by inhalants (17.6%), and marijuana (9.7%). The high level of inhalant use was noted earlier at this grade level in surveys conducted in Orange and Ventura Counties.

At grade 9, two types of alcohol were used by a majority of students at least once (61.0% for beer and 56.1% for wine). Marijuana use increased to 32.2%, a threefold increase over 7th grade consumption. Inhalant use decreased slightly to 16.3% of the students. Approximately 10% of the students reported amphetamine and cocaine use.

Well over two-thirds of 11th grade students reported at least some use of alcohol in

the previous six months. The number of students reporting marijuana use increased to 42.1%. Cocaine use was reported by 17.6% of the respondents, with amphetamines at 15.3%. Inhalant use dropped to 13.8%, a trend also noted in previous surveys. The most frequently used psychedelic substances were mushrooms at 8.8% and LSD at 6.0%. Nine point four percent (9.4%) of the students reported at least some use of narcotic drugs other than heroin (codeine, etc.).

Again, these percentages refer to all substance use, including that by students who may have used a given substance only once.

**TABLE 3**  
**Percent Use of Each Substance at Least Once**  
**During Previous Six Months**

	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>
Beer .....	41.1%	61.0%	69.2%
Wine .....	40.1%	56.1%	62.0%
Liquor .....	20.8%	43.7%	53.1%
Marijuana .....	9.7%	32.2%	42.1%
Cocaine .....	2.8%	9.7%	17.6%
Amphetamines .....	2.2%	10.5%	15.3%
Inhalants .....	17.6%	16.3%	13.8%
Hashish .....	1.7%	9.8%	13.1%
Other Narcotics .....	1.9%	5.8%	9.4%
Mushrooms.....	3.4%	5.8%	8.8%
Tranquilizers .....	2.7%	7.2%	8.1%
LSD .....	1.4%	4.1%	6.0%
Sedatives.....	1.0%	3.9%	5.4%
Barbiturates .....	1.2%	4.3%	4.0%
PCP .....	1.5%	3.1%	3.1%
Other Psychedelics .....	1.2%	2.0%	2.5%
Heroin.....	1.1%	1.1%	1.2%

● **Percent Using Weekly:**

Since rates of use for most substances drop dramatically when the measure is weekly or more frequent use, data are reported in Table 4 only for the seven most commonly used substances (beer, liquor, marijuana, amphetamines, cocaine, inhalants, and mushrooms).

There is very little weekly use of any of the seven substances among 7th grade students. Beer was reported most frequently (less than 3% of the students).

By the 9th grade, 11.9% of the students reported weekly or more frequent use of beer, while 9.3% reported weekly use of marijuana. The remaining nonalcoholic substances were used by only about 1% of students.

Weekly beer consumption was reported by 20.1% of 11th graders. Weekly marijuana use rose to 13.4%. Marijuana thus was the dominant nonalcoholic drug in use on a weekly or more frequent basis. The next most frequently used illicit drug was cocaine, used at least weekly by 3% of 11th grade students.

It is also important that inhalant use as often as once per week was at a very low level (1% or less) for all three grades. As in earlier (Ventura and Orange Counties) surveys, consumption of this class of substances (which includes hydrocarbons such as gasoline and paint thinner) appears to be limited almost entirely to occasional use.

**TABLE 4**  
**Percent Using Weekly or More Often**

	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>
Beer .....	2.4%	11.9%	20.1%
Liquor .....	1.2%	7.0%	9.6%
Marijuana .....	0.9%	9.3%	13.4%
Cocaine .....	0.4%	1.4%	3.0%
Amphetamines .....	0.2%	1.2%	2.4%
Inhalants .....	0.8%	1.1%	0.9%

● **Percent Using Daily:**

Table 5 presents percentages of students using each of the substances one or more times daily. While it is not possible to draw an absolute line between experimentation and addictive use, it is generally agreed that daily use of any psychoactive substance by 12, 14, or even 16 year olds places them in a category of extremely high risk.

Less than 1% of the 7th grade students reported daily use of any of the seven substances. Beer was highest at 0.7%.

Slightly over 5% of the 9th graders reported daily marijuana use. For the first time, use of this drug exceeded that of alcohol, with daily beer use reported by only 2.4% of 9th grade students.

This trend continued at the 11th grade level where 7.4% of the students reported daily marijuana use. Even beer consumption fell well behind at 3.0%. Daily cocaine use was reported by 1.1% of students, a dramatic drop from the 17.6% occasional use, possibly due to the high cost of this drug.

**TABLE 5**  
**Percent Using Daily or More Often**

	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>
Beer .....	0.7%	2.4%	3.0%
Liquor .....	0.2%	1.4%	1.4%
Marijuana .....	0.4%	5.2%	7.4%
Cocaine .....	0.2%	0.7%	1.1%
Amphetamines .....	0.1%	0.4%	1.0%
Inhalants .....	0.5%	0.6%	0.2%
Mushrooms .....	0.2%	0.3%	0.1%

● **Polydrug Use:**

Polydrug use refers to use of two or more drugs on the same occasion. This is a dangerous form of substance use, since the action of drugs used together is synergistic, e.g., transcending in unpredictable ways the effects of similar amounts of each substance used alone.

Students were asked to indicate whether they had engaged in polydrug use over the previous six months. Response options were on a scale of from never to 10 or more times.

Table 6 reveals that 7.7% of 7th graders, 15.3% of 9th graders, and 17.8% of 11th graders reported polydrug use on at least one occasion in the previous six months. Adding the last two rows of the table shows that 1.0% of 7th grade, 6.7% of 9th grade, and 12.4% of 11th grade students engaged in this practice more often than once per month.

**TABLE 6**  
**Percent Reporting Polydrug Use in Previous Six Months**

	<i>Grade 7</i>	<i>Grade 9</i>	<i>Grade 11</i>
Once or Twice .....	7.7%	15.3%	17.8%
3 to 6 Times.....	2.1%	7.0%	9.1%
7 to 10 Times.....	0.5%	2.5%	5.4%
10 or More Times.....	0.5%	4.2%	7.0%
Total Use .....	10.8%	29.0%	39.3%

● **Age of First Alcohol Use:**

Table 7 summarizes student reports on the age at which they first tried alcohol. The most informative figures in this and the following tables lie on the diagonal running from left to right (bold face numbers). By age 12, 57.8% of 7th grade students reported having tried alcohol at least once. For 9th graders, 77.6% reported having tried alcohol by age 14. Finally, 85.0% of 11th grade students reported trying alcohol by age 16.

**TABLE 7**  
**Alcohol Experimentation:**  
**Percent Trying Alcohol at Least Once by Age and Grade**

	<i>% By Age 11 (Grade 6)</i>	<i>% By Age 12 (Grade 7)</i>	<i>% By Age 14 (Grade 9)</i>	<i>% By Age 16 (Grade 11)</i>
Grade 7.....	50.8%	<b>57.8%</b>		
Grade 9.....	41.0%	56.2%	<b>77.6%</b>	
Grade 11.....	29.1%	37.9%	67.4%	<b>85.0%</b>

● **Age of First Alcohol Intoxication:**

Table 8 presents summary data on the age at which students first experienced alcohol intoxication. By age 12, 15.8% of 7th grade students reported that they had been intoxicated on alcohol at least once. Alcohol intoxication was reported by 47.1% of 9th grade students by age 14 and 65.2% percent of 11th grade students by age 16.

Among students in California high schools, having experienced alcohol intoxication is at least a statistically "normal" experience by the 9th or 10th grade. Students in grade 11 who have managed to avoid alcohol intoxication are in a distinct minority.

**TABLE 8**  
**Alcohol Intoxication:**  
**Percent Intoxication at Least Once by Age and Grade**

	<i>% By Age 11 (Grade 6)</i>	<i>% By Age 12 (Grade 7)</i>	<i>% By Age 14 (Grade 9)</i>	<i>% By Age 16 (Grade 11)</i>
Grade 7.....	11.7%	<b>15.8%</b>		
Grade 9.....	12.8%	22.3%	<b>47.1%</b>	
Grade 11.....	9.0%	15.2%	42.5%	<b>65.2%</b>

● **Age of First Other Drug Use:**

Table 9 provides information of the age at which students first tried a drug other than alcohol. For 7th grade students, 10.7% had tried such a drug by age 12. For grade 9, nearly 36% had done so by age 14. Finally, for grade 11, 51.4% had tried a drug other than alcohol by age 16.

**TABLE 9**  
**Other Drug Experimentation:**  
**Percent Trying Other Drug(s) at Least Once by Age and Grade**

	<i>% By Age 11 (Grade 6)</i>	<i>% By Age 12 (Grade 7)</i>	<i>% By Age 14 (Grade 9)</i>	<i>% By Age 16 (Grade 11)</i>
Grade 7.....	6.6%	10.7%		
Grade 9.....	7.0%	14.3%	35.7%	
Grade 11.....	5.8%	10.8%	29.9%	51.4%

● **Age of First Other Drug Intoxication:**

Table 10 reveals that 8.0% of 7th grade students by age 12 had been high on a drug other than alcohol. By the time they were 14, 30.3% of 9th grade students had had this experience. Finally, 45.1% of 11th grade students had been high on a drug other than alcohol by age 16. While the latter percentage is lower than that for alcohol (65.2%), it is still quite substantial, amounting to almost half of 11th grade students.

**TABLE 10**  
**Other Drug Intoxication:**  
**Percent High at Least Once by Age and Grade**

	<i>% By Age 11 (Grade 6)</i>	<i>% By Age 12 (Grade 7)</i>	<i>% By Age 14 (Grade 9)</i>	<i>% By Age 16 (Grade 11)</i>
Grade 7.....	4.4%	8.0%		
Grade 9.....	5.7%	11.4%	30.3%	
Grade 11.....	5.2%	8.8%	25.1%	45.1%

Having been high on a drug like marijuana is so common by grade 11 that it can no longer be described as deviant in any statistical sense. Conversely, probably a large segment of the peer culture, if not the majority, must consider at least some experience with the psychological effects of both alcohol and illicit drugs to be a normal part of growing up, just as sexual experience in adolescence has come to be considered as normal or expected. This is the challenge faced by all who are involved in the prevention of alcohol and other drug use by secondary school students in California and elsewhere in the nation.

# **Appendix E.**

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## **Multimedia Campaign**

### **ATTORNEY GENERAL'S MULTIMEDIA CAMPAIGN**

#### **"BE AN ORIGINAL . . . YOU HAVE THE RIGHT TO SAY NO"**

Attorney General John K. Van de Kamp's overall strategy to promote the prevention of drug and alcohol abuse among youth includes a statewide public awareness media campaign.

The media (television, radio, video, theater and print) is a powerful influence in our society, playing a significant role in communicating specific messages which can alter public opinion, attitudes and behavior.

Although many state and national organizations have embarked on multimedia campaigns which address the issues of drug abuse, alcohol abuse, alcoholism or alcohol-related problems, the Attorney General's campaign focuses on a theme, a message and a format with which most of today's young people can readily identify. The theme is "Be an Original"; the message is "You have the right to say no"; the format is rock video.

This statewide public awareness effort consists of two public service announcements (PSAs) produced by the Attorney General's Crime Prevention Center. These high-energy PSAs are designed to appeal to a teenage audience, offering them a clear, positive and upbeat message. The first PSA addresses the issue of teenage drinking and driving; the second one addresses the problem of drug use.

The "Be an Original" drinking driver PSA presents a clear and positive alternative to a major cause of teen deaths—drunk driving. Not just another horror story, this spot provides an answer teenagers can readily understand—just say "no." Simply put, "You have the freedom to 'Be an Original'; you *don't* have to ride with drinking drivers, and you *do* have a right to say 'no' to peer pressure."

This PSA was produced in both English and Spanish and distributed in November 1985 to television stations, radio stations and theaters statewide. It has also aired nationally on station WTBS and on MTV. In addition, the Armed Forces Radio and TV transmitted the spot worldwide to 40 countries. "Be an Original" has also received a number of regional and national advertising awards for both creative excellence and originality of concept.

The drug abuse prevention PSA follows the same positive rock video format as the drinking driver spot and again emphasizes the right to say "no" to peer pressure. The target date for the release of the "Be an Original" drug abuse prevention PSA is July 1986.







# Appendix F.

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## Prevention Strategies & Resources

### PREVENTION STRATEGIES

Most strategies or programs are designed for use in schools and involve one or more of the following approaches, which may also apply to family or community settings:

*Information:* This includes accurate information about physical and psychological effects of drugs, alcohol and other substances. This approach will generally include the legal, social and medical consequences of use.

*Affective Strategies:* This includes classroom activities such as positive self-esteem building, interpersonal relationships, communication skills, decision making and understanding of personal values.

*Behavioral:* This model is characterized by training students to resist peer pressure to smoke cigarettes or use drugs and alcohol. Some models use older students to present the classroom sessions and students practice techniques to refuse peer pressure. This model has been successful with respect to adolescent cigarette smoking.

*Alternatives:* This approach presents alternatives to using drugs. Some examples are: exposure to community services, athletic programs, or programs that offer on-the-job experience in various occupational settings.

*Life/Career Planning:* This includes training in such areas as parenting and may be a school-based class targeting high school students or a community adult education program.

*Family-Oriented Programs:* Family counseling, family communications, problem-solving techniques and parent support groups are among the approaches used. Drug and alcohol problems affect the entire family, and many times parents or other siblings are involved in substance abuse. Family-oriented approaches are important and help strengthen families and provide parents with needed information, training and support.

*Environmental Approaches:* This approach is broadly applied to environments surrounding the individual. These include: schools, work place, home and the community. This model is not used in isolation of the more individual approaches and is generally more effective with regard to legal drugs such as cigarettes and alcohol. An example would be school policies and procedures that support no-drug/alcohol-use on campus or work place procedures that discourage drinking, cigarette smoking or drug use. Another school-based environmental approach is the Students Against Driving Drunk (SADD) and Safe Rides chapters which advocate not drinking and then driving.

*Public Policy:* This approach includes the community in examining those policies that may encourage the inappropriate or excessive use of alcohol and other drugs. Again, this approach is not used in isolation of the individualized methods and is most commonly applied to legal drugs or alcohol. Examples of public policies are: increasing excise taxes in an effort to decrease consumption or inappropriate use, local ordinances that ban the sale of alcoholic beverages at gasoline stations. Public policies and environmental approaches are similar in that they focus on environmental influences and involve the entire community.

### ***School-Based Curriculum, What to Look For:***

- Curriculum should be comprehensive in scope, starting at kindergarten and extending through the 12th grade.
- Curriculum should be offered in conjunction with instruction on health and other related courses.
- Prevention activities should be scheduled throughout the school year. One-shot approaches should be avoided.
- Curriculum should include decision-making, coping (affective learning) and refusal techniques and skills (behavioral), and accurate, up-to-date information on the legal, social and health risks associated with drug use (information).
- Classroom activities should emphasize the stress and influences that are associated with environmental factors such as peer pressure, media advertising and other efforts that depict drug and alcohol use as socially acceptable and attractive.
- Curriculum should be adapted or designed to meet local community needs. It should be representative of students' language and culture.
- There should be clearly stated objectives for each level of the curriculum.
- School personnel, parents, PTA/PTO and even students, when appropriate, should be part of the planning and implementation of programs. School-based programs should be part of a total community prevention plan.
- Curriculum should clearly relate no-drug/alcohol-use messages regarding illegal drugs and alcohol to younger age groups and involve high school students in clubs and organizations that discourage the inappropriate use of these substances.

- Programs and curriculum should have a proven track record and not be just a fad. Contact your county, state or national prevention resources for help.
- "Information only" or "scare tactic" approaches should be avoided. They are usually not believed by students and may sometimes spark interest in experimenting with drugs.
- A total school-based prevention program should not be confused with organizations that are designed to prevent alcohol-related problems, such as drinking and driving. These are important efforts and are aimed at reducing teenage drinking and driving accidents or fatalities, but should be viewed as one part of a total program effort.

## **PREVENTION RESOURCES**

The resources listed below represent many of the federal, state and local agencies and organizations which provide information and services relative to drug and alcohol abuse prevention.

### **Federal Agencies:**

#### **OFFICE OF POLICY DEVELOPMENT OFFICE OF DRUG ABUSE POLICY**

Executive Office of the President  
1600 Pennsylvania Avenue N.W.  
Washington, D.C. 20500  
(202) 456-1414

#### **DEPARTMENT OF EDUCATION ALCOHOL AND DRUG ABUSE EDUCATION PROGRAM (ADAEP)**

Western Regional Center  
A. H. Development and Training System, Inc.  
100 Webster, Suite 204  
Oakland, California 94607  
(415) 452-0901

#### **ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION (ADAMHA)**

5600 Fishers Lane  
Rockville, Maryland 20857  
(301) 443-4797

#### **NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)**

(301) 443-4373  
Clearinghouse: (301) 468-2600

#### **NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)**

(301) 443-6487  
Clearinghouse: (301) 443-6500

#### **NATIONAL INSTITUTE ON MENTAL HEALTH (NIMH)**

(301) 443-3877  
Clearinghouse: (301) 443-4514

#### **DEPARTMENT OF TRANSPORTATION NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION**

400 Seventh Street S.W.  
Washington, D.C. 20590  
(202) 426-9550

### **Independent Establishments and Government Corporations**

#### **ACTION**

806 Connecticut Avenue N.W.  
Washington, D.C. 20525  
(202) 254-3958

### **National Organizations:**

#### **NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH**

1820 Franwell Avenue, Suite 16  
Silver Spring, Maryland 20902  
(301) 649-7100

**MOTHERS AGAINST DRUNK DRIVING (MADD)**  
669 Airport Freeway, Suite 310  
Hurst, Texas 76053  
(817) 268-6233

**NATIONAL PARENTS' RESOURCE INSTITUTE FOR DRUG EDUCATION, INC.**  
100 Edgewood Avenue, Suite 1216  
Atlanta, Georgia 30303  
1 (800) 241-7946

**NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS**  
31706 Coast Highway, Suite 201  
South Laguna, California 92677  
(714) 499-3889

**NATIONAL COUNCIL ON ALCOHOLISM**  
12 West 21st Street, 7th Floor  
New York, New York 10010  
(212) 206-6770

**State Agencies:**

**ATTORNEY GENERAL'S OFFICE**  
Crime Prevention Center, Suite 383  
Post Office Box 944255  
Sacramento, California 94244-2550  
(916) 324-7863

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**  
111 Capitol Mall  
Sacramento, California 95814  
(916) 445-1940

**STATE DEPARTMENT OF EDUCATION**  
721 Capitol Mall  
Sacramento, California 95814  
(916) 445-4688

**OFFICE OF CRIMINAL JUSTICE PLANNING**  
1130 K Street, Suite 300  
Sacramento, California 95814  
(916) 324-9100

**OFFICE OF TRAFFIC SAFETY**  
7000 Franklin Boulevard  
Sacramento, California 95823  
(916) 445-0527

**CALIFORNIA HIGHWAY PATROL**  
2555 First Avenue  
Post Office Box 898  
Sacramento, California 95804  
(916) 445-1564

**DEPARTMENT OF MENTAL HEALTH**  
1600 - 9th Street  
Sacramento, California 95814  
(916) 323-8241

**CALIFORNIA YOUTH AUTHORITY**  
4241 Williamsborough Drive  
Sacramento, California 95823  
(916) 445-4673

**DEPARTMENT OF MOTOR VEHICLES**  
2415 First Avenue  
Sacramento, California 95818  
(916) 445-0600

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
1901 Broadway  
Sacramento, California 95818  
(916) 445-6811

**Statewide Organizations:**

CALIFORNIANS FOR DRUG-FREE YOUTH, INC.  
Post Office Box 1758  
Thousand Oaks, California 91360  
(805) 373-0215

CALIFORNIA PREVENTION NETWORK  
300 North San Antonio Road  
Santa Barbara, California 93110  
(805) 964-8255

MOTHERS AGAINST DRUNK DRIVING (MADD)  
Post Office Box 188  
Lancaster, California 93534  
(805) 945-6233

**Local Agencies:**

Contact your:

COUNTY DRUG/ALCOHOL ADMINISTRATOR  
COUNTY OFFICE OF EDUCATION  
SCHOOL DISTRICT OFFICE  
COUNTY SHERIFF'S DEPARTMENT  
POLICE DEPARTMENT

# Appendix G.

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