

*Parents  
Helping  
Parents:*

A Guide For Action

A Center for Substance Abuse Prevention  
Meeting and Conference Document  
March, 1999

Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration



# TABLE OF CONTENTS

Page Number

<b>Foreword</b> .....	<b>iii</b>
<b>Acknowledgments</b> .....	<b>iv</b>
<b>Background of The Parent Movement</b> .....	<b>1</b>
<b>Models of Parent Action Groups</b> .....	<b>3</b>
Parent Peer Groups	
Parent Classroom/School Groups	
Parent Neighborhood Groups	
Parent Support Groups	
Examples of Existing Parent Support Groups	
Community-Wide Parent Action Groups	
Examples of Existing Groups	
Grandparent Groups	
Examples of Existing Grandparent Groups	
Fatherhood Groups	
Examples of Existing Fatherhood Groups	
Single Parent Groups	
Example of Single Parent Groups	
Parent Coalitions (For examples of Parent Coalitions, see “Coalitions,” page 12)	
<b>Exemplary Substance Abuse Prevention Programs</b> .....	<b>9</b>
<b>Coalitions</b> .....	<b>12</b>
What is a coalition?	
Parent Coalitions	
Community Parent Coalitions and Examples	
State Parent Coalitions and Examples	
National Parent Group Coalitions and Examples	
<b>Forming and Sustaining a Parent Group</b> .....	<b>18</b>
Why form a parent group?	
Who should be involved?	
How large should the group be?	
The First Meeting	
Sample Agenda for a First Meeting	
Agenda Items for Subsequent Meetings	
Recruiting and Retaining Parents	
Assessing Community Readiness for Substance Abuse Prevention	
Identifying Community Parenting and Substance Abuse Issues for Change	
Define the Community	
Focus Groups	
Canvassing	
Generating a Statement of Purpose or Mission	
Length of Mission/Purpose Statement	
Sample Statements of Purpose or Mission	
Selecting Goals, Objectives and Strategies/Tasks to Achieve the Goals	
What is a Goal?	

Sample Goals	
What are Objectives?	
Sample Objectives	
What are Strategies/Tasks?	
When Parent Action Group Members Disagree	
Conflict and Consensus Building	
<b>Working for Change .....</b>	<b>29</b>
Lobbying vs. Advocacy	
Tips to More Effective Advocacy	
Tips for Increasing Media Coverage	
<b>Evaluation .....</b>	<b>33</b>
Measuring Success	
Who Can Evaluate?	
What to Evaluate	
Why Conduct Program Evaluations?	
<b>Fund Raising and Marketing .....</b>	<b>35</b>
Fund Raising	
Marketing	
<b>Educating Parents About Substance Abuse and Parenting Issues .....</b>	<b>37</b>
Planning Prevention Programming	
Examples of Parent Training and Skill Building Programs	
Choosing a Parenting Enhancement and Skill Building Program	
Key Elements of Effective Parenting Programs Checklist	
Planning Prevention Programming	
Mobilizing the Parent Action Group	
<b>Resource Organizations .....</b>	<b>48</b>
Federal Resources on Substance Abuse Prevention	
National Organizations for Substance Abuse Prevention	
<b>Internet Resources .....</b>	<b>56</b>
Federal Internet Resources	
Foundations	
Networks for Families and Parents	
Advocacy Organizations	
<b>Bibliography .....</b>	<b>63</b>
Resource Materials for Parent Action Groups	
Coalition Building/Community Involvement	
Self-Evaluation/Data Collection	
Recommended Reading for Parents, Grandparents and Other Caregivers	
<b>References .....</b>	<b>68</b>

## FOREWORD

Much has changed since parents of the 1970s mobilized to close crack houses, shut down head shops, reclaim their neighborhoods and help their children choose to say no to drug abuse. There is no longer a “typical” family structure consisting of a mom, a dad and one or more children. Now there are single parent families, blended and mixed families, foster families and a growing number of grandparents raising their grandchildren.

Today’s parents and caregivers face many challenges and deal with unique substance abuse issues unknown to earlier generations. But some things remain consistent - - although peer influences can **seemingly** take priority during the teen years, the majority of high school seniors report the main reason they choose not to use alcohol, tobacco or illicit drugs is **because of parental or guardian influences**. Parents must, therefore, not only have accurate, up-to-date information available to them, they must be given the tools necessary to help their children make healthy, drug-free choices.

***Parents Helping Parents: A Guide For Action*** is designed to be a resource for a parent, group of parents, grandparents or others wishing to help prevent substance abuse. It includes information on (1) models of parent groups, (2) how to work for change in one’s community and (3) resources in the areas of substance abuse prevention and parenting. It is the hope of the Office of National Drug Control Policy, Substance Abuse and Mental Health Services Administration and Centers for Substance Abuse Prevention that this Guide will be a helpful resource in the efforts to once again mobilize parents to actively work for change in their communities.

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## BACKGROUND OF THE PARENT MOVEMENT

Although parents have come together in productive ways concerning the general health, care and education of their children since the beginning of the 1900s, in the area of substance abuse prevention, what is known as the “Parent Movement” actually first began in the late 1970s. At that time parent action groups began forming in response to the then rapid increase of drug use among America’s youth. “Recreational” drugs, especially marijuana, once limited to the counter-culture of the 1960s had become socially acceptable to a major portion of the population, and their use became widespread.

Many parents grew concerned about this epidemic and “responded by taking on the responsibility of educating neighbors and friends,” (*The American Prevention Movement, National Families In Action*). Parents organized themselves into action groups and began reclaiming their communities by working to close shops that openly sold drug paraphernalia and by closing neighborhood crack houses. In effect, parents became the drug abuse prevention specialists of the 1980s, and the movement became known as the “Parent Movement.”

Throughout the 1980s, as more and more parents were educated about the drug problem and determined to do whatever it took to help their young people stay drug free, trends in drug use among America’s young people began going down. Simultaneously, as public awareness of the drug use problem increased, so did the demand for substance abuse prevention and education strategies. Parents across the United States began to advocate vigorously for prevention messages and services to be directed to youth and their families.

Parent and community groups grew both in size and in numbers. National parent groups such as National Families In Action (NFIA), National Federation of Parents for Drug Free Youth (later known as National Family Partnership, or NFP), Parent’s Resource Institute for Drug Education (PRIDE), and the American Council on Drug Education (ACDE), were organized. Many States launched parent initiatives. Parenting education programs began to include more substance abuse specific information.

Although the National Institute on Drug Abuse (NIDA) had prevention as part of their mission, the need for greater help at the Federal level became apparent and the Anti-Drug Abuse Act of 1986 created the U.S. Office for Substance Abuse Prevention (OSAP). Grants for substance abuse prevention programs and groups were awarded, support materials were generated and technical assistance was made available to parent action groups all over the country. Strong parent involvement coupled with increased funding made a powerful combination; drug use trends among America’s youth went down.

Over the next decade, an erroneous attitude developed that the drug “war” was over. Consequently, the level of parent involvement in the struggle against substance abuse fell lower and lower, as did funding for substance abuse prevention efforts.

In the mid 1990s, drug use among America’s youth once again began to climb. Substance

abuse and related issues resurfaced as major societal concerns; parents were voting on legalization of marijuana and other drugs; underage drinking had become a “rite of passage” for young people.

Responding at the Federal level to the upward trend in drug use, the Department of Health and Human Services (HHS), under the leadership of Secretary Donna Shalala, created the Youth Substance Abuse Prevention Initiative (YSAPI). This initiative was designed as a complement to the first goal of the President’s 1998 National Drug Control Strategy (a ten-year plan), which is to “Educate and enable America’s youth to reject illegal drugs as well as the underage use of alcohol and tobacco.”

Secretary Shalala designated the Substance Abuse and Mental Health Services Administration (SAMHSA) as the lead agency for YSAPI. SAMHSA was charged with coordinating HHS programs and collaborating with other organizations to reverse the upward trend of alcohol, marijuana and illicit drug use among 12-17 year olds.

An important component of the Youth Substance Abuse Prevention Initiative, is the Parenting IS Prevention Project (PIPP). PIPP strengthens existing anti-drug programs for parents and families while expanding participation and regenerating enthusiasm for a national parenting effort by:

- Providing information, referral and networking with parents and organizations regarding substance abuse prevention;
- Maintaining an interactive web site at [www.emory.edu/NFIA/PIPP/](http://www.emory.edu/NFIA/PIPP/);
- Identifying, assisting and mobilizing parents and other appropriate adults for youth substance abuse prevention;
- Maintaining a Washington, DC area National Parent Networking Office and
- Working with appropriate media to feature messages promoting parent focused youth substance abuse prevention.

Research tells us there are things parents can do to prevent a variety of risky behaviors among their kids, including drug use. The National Longitudinal Study on Adolescent Health, published in the *Journal of the American Medical Association*, September 1997, found that students who reported close emotional ties with their families and parents were significantly less likely to engage in the use of drugs, cigarettes and alcohol.

Parents are our children’s best line of defense against the loss of their right to a safe, drug free environment. With this in mind, there is an ongoing, comprehensive Federal effort to work with national and community parent and substance abuse prevention organizations all over America in mobilizing parents and revitalizing the parent movement.

## MODELS OF PARENT ACTION GROUPS

An extensive survey, including a search of the Internet, available literature and consultation with people involved with parent action groups all over the United States identified many parent action groups/organizations which focus solely on parenting and substance abuse prevention. These parent action groups, usually organized by parents for parents, tend to fit into one of the following models:

- Parent Peer Groups
- Parent Classroom Groups
- Parent Neighborhood Groups
- Parent Support Groups
- Community-Wide Parent Groups
- Grandparent Groups
- Fatherhood Groups
- Single Parent Groups
- Parent Coalitions

**Parent Peer Groups** are centered around the friendship circle of a group of young people. They can be very informal groups of 2 or 3 parents which meet periodically at a member's house to discuss parenting issues, or larger groups which meet to share concerns and discuss solutions. This group of parents usually agree among themselves on curfews, party rules and behavior expectations for their young people.

Some of the national parent action groups, such as National Families In Action (NFIA) and National Federation of Parents for Drug Free Youth (which later became known as National Family Partnership), actually began as parent peer groups meeting around kitchen tables to discuss what they could do about the growing level of drug use among their young people. .

**Parent Classroom/School Groups** are made up of parents of young people who attend the same school or are in the same classroom at school. This type of group focuses on the education of parents and/or children which attend a particular school and typically meets at the school in the evenings or other times agreed upon by the group. This type of group can be particularly effective in agreeing on curfews, acceptable party behavior and supervision and chaperoning strategies.

Many parent classroom groups work for change in school and school district policies regarding extra-curricular activities and may even agree on the style of clothing to be worn to school by their young people. Some very structured groups have organized the schools through home rooms so that every parent is reached with information. Others have become involved in working directly with the schools on codes, guidelines and policies.

PTA's are examples of this type of group. The National Congress of Parents and Teachers (PTA), has begun a substance abuse prevention program and may be reached for

assistance in organizing this type of parent group.

**National Congress of Parents and Teachers (PTA)**

330 North Wabash Avenue, Ste. 2100

Chicago, IL 60611-3690

800-307-4782

(312) 670-6782

(312) 670-6783 (fax)

Email: [info@pta.org/](mailto:info@pta.org/)

Web site: [www.pta.org/](http://www.pta.org/)

Most National PTA programs relate to involving parents and families in child education. Partnership with corporate sponsors produced a substance abuse prevention parenting program. GTE Corporation and National PTA collaborated on a "kit" entitled "Common Sense: Strategies for Raising Alcohol and Drug Free Children," which is distributed by National PTA.

**Parent Neighborhood Groups** may meet in homes, schools, churches or other neighborhood facilities and are usually started by parents wanting to make changes in the neighborhood in which they live. They may deal with issues such as how near to school campuses alcohol or tobacco billboards should be allowed, identifying safe houses for children who may need somewhere to go in an emergency, or agreeing to "watch out" for neighborhood children.

Many parent neighborhood groups work with their local police departments, setting up neighborhood watch groups to increase security. Some groups have actually worked to close down local crack houses and to reclaim their neighborhoods to make them safe for their children.

Families have been reached through informal coffee meetings or door-to-door solicitation as well as neighborhood get-togethers such as ball games, cook-outs, etc. This group also has the advantage of involving senior citizens living in the area.

**Parent Support Groups** are made up of parents who are having difficulty with their young people. Many parents find reinforcement and support in meeting and working with other parents who are experiencing the same problems. Such groups may be informally structured or may be organized through local mental health or hospital programs.

There are several national support groups which began as local groups, and expanded as more and more people benefitted from involvement with them. The following are national support organizations which have local affiliates throughout the country.

**Al-Anon/Alateen**

Al-Anon/Alateen Family Group Headquarters, Inc.

1600 Corporate Landing Parkway

Virginia Beach, VA 23454

Web site: [www.al-anon.alateen.org/](http://www.al-anon.alateen.org/)

This is a program of recovery based on Twelve Steps, Twelve Traditions and Twelve Concepts of Service adapted from Alcoholics Anonymous (AA). It is self-

supporting through members and group contributions and the sale of Al-Anon literature. Meetings are free, anonymous and confidential. This group's primary purpose is to help families/friends of alcoholics recover from the effects of problem drinking. For meeting sites and times, see the yellow pages under "Alcoholism."

**ToughLove International**

P.O. Box 1069

Doylestown, PA 18901

Phone: (800)333-1069

Fax: (215)348-9874

Web site: [www.toughlove.org/](http://www.toughlove.org/)

ToughLove is a non-profit organization whose goal is to stop destructive behavior in families and communities through cost-effective, community-based, self-help groups. It is funded by memberships, group registrations, sales of materials, workshops, contributions, grants and fund raising programs. ToughLove International strives to: establish at least one parent support group and one Kids Program in every school district, promote a positive, realistic image of parents and young people and to help adolescents become responsible adults.

**Community-Wide Parent Action Groups** are organizations addressing several different community areas such as parent and school education, legislation, drug paraphernalia availability and court watching. In some areas, several established community parent groups have joined together to form a Community Parent Coalition.

Adolescent tobacco, alcohol and illicit drug abuse is a problem which is dealt with most successfully when all facets of the community are willing to address it. Entire community involvement is a powerful way to change the environment in which young people mature.

**Cobb Community Parents in Action**

P.O. Box 1088

Marietta, GA 30061

Phone: (770) 528-6755

Fax: (770) 528-6767

This grassroots organization partners with community children's hospitals, school systems and local businesses to provide a variety of services and information. They publish a monthly newsletter entitled "Family Matters," hold community forums and a leadership institute to help parent peers offer other parents support.

**Parents Empowered to Save Teens (PEST)**

2010 Armory Drive

Mt. Pleasant, SC 29464

Phone: (843) 856-0406

Fax: (843) 886-8005

PEST offers Parent to Parent training where the parents learn to take charge and responsibility in the raising of their children. They also offer dances for youth and after-Prom parties.

**PRIDE of St. Tammany**

P.O. Box 3336  
Covington, LA 70434  
Phone: (504) 893-5247

Focuses offering various parenting workshops that deal with issues such as:  
How To Talk So Kids Will Listen (6 week program)  
Parent to Parent (4 week video-based program)  
Siblings Without Rivalry  
True Colors - a program helping parents and children identify their assets.

**United Neighbors Against Drugs**

2141 North Howard Street  
Philadelphia, PA 19122  
Phone: (215) 426-4631

United Neighbors Against Drugs runs informal parenting classes, including information on disciplining children in a non-violent manner. Their focus is helping Hispano/Latino parents adjust to the non-Latino mainstream community.

**Wadsworth Concerned Neighbors Against Drugs**

P.O. Box 59223  
Philadelphia, PA 19102  
Phone: (215) 665-6175

The focus of this community group is to give families anti-drug alternative activities. It also works with kids to keep them in school and better their academic achievement.

**Washington Township Municipal Alliance**

P.O. Box 356  
Long Valley, NJ 07853  
Phone: (908) 876-1980

The Alliance focuses on creating a drug-free community safe from violent crime. They support a local youth-run coffee shop where young people can listen to music, talk, exhibit their art, hold workshops or just “hang out.”

**Grandparent Groups** are growing in number as grandparents are taking a more active role in raising their grandchildren. It is estimated that nearly 4 million children live in a household headed by a grandparent and for over 1.5 million of these children no parent is present; the grandparent assumes the role of primary care giver. Censes Bureau information indicates that grandparent-headed families cross all socioeconomic and ethnic groups. Many face legal and social problems.

There are some national organizations which are developing programs specifically for grandparents and the public in general.

### **American Association of Retired Persons (AARP)**

AARP Grandparent Information Center  
601 E Street, NW  
Washington, DC 20049  
Phone: (202) 434-2296  
Fax: (202) 434-6466

AARP established a Grandparent Information Center in 1993 to serve as a national resource center for grandparent-headed families to:

1. Provide grandparents raising grandchildren with information and referrals about services and programs that can help them;
2. Increase public awareness about grandparents raising grandchildren,
3. Work with and provide technical assistance to social service agencies, grandparent support groups and others interested in helping these families;
4. Examine issues confronting grandparent-headed families and seek solutions to address these problems; and
5. Facilitate cooperation among the aging, children, family and legal systems to assist grandparent-headed families.

### **Grandparents Reaching Out (GRO)**

141 Glen Summer Road  
Holbrook, NY 11741  
Phone: (516) 447-0062  
Fax: (516) 472-4450

GRO is a non-profit support group for grandparents and other caregivers who are raising their grandchildren. One of its target groups are grandparents denied visitation and those fighting for custody of their grandchildren. Through emotional support, educating policy makers, conducting workshops, sponsoring annual seminars and designing service and referral programs to meet specific social needs, GRO helps grandparents with the difficulties they encounter in a parenting or non-parenting role. It has affiliate chapters which hold monthly meetings and feature guest speakers who focus on issues and problems impacting on the lives of grandparents and their grandchildren. It also offers a newsletter, named "New Horizons," which informs and educates the membership about the issues of grandparenting.

**Fatherhood Groups** are also growing in number, with over 2,000 grassroots groups alone. These groups have organized in response to the growing numbers of fathers wanting to be more effective in helping raise their children.

### **The National Center for Fathering**

10200 W. 75<sup>th</sup> Street  
Shawnee Mission, KS 66204  
Phone: (800) 593-3237

The National Center for Fathering was founded in 1990 by Dr. Ken Canfield in response to the dramatic trend toward fatherlessness in America. It is establishing partnerships with local organizations throughout the country to provide ongoing support to local

fathers and offers a curriculum to address the challenges faced by African American fathers.

**The Fatherhood Project**

The Families and Work Institute  
330 Seventh Avenue, 14<sup>th</sup> Floor  
New York, NY 10001  
Fax: (212) 465-8637

The Fatherhood Project was founded in 1981 by Dr. James A. Levine. This is a national research and education project that is examining the future of fatherhood and developing ways to support men's involvement in child rearing. Its books, films, consultation, seminars and training all present practical strategies to support fathers in their parenting role.

**The National Fatherhood Initiative**

One Bank Street, Suite 160  
Gaithersburg, MD 20878  
Phone: (301) 948-0599 or  
(800) 790-DADS  
Fax: (301) 948-4325  
Email: NF11995@aol.com

Founded in 1994, this initiative seeks to encourage fathers to invest the time, commitment and responsibility good fathering requires. It is working to provide the resources and impetus needed to re-establish fatherhood as a national priority by convening national and local meetings, developing State and city fatherhood campaigns, developing and disseminating products that promote fatherhood skill building and conducting research into attitudes about fatherhood and the factors that facilitate or impede responsible fatherhood.

**Single-Parent Groups** are organizations which deal with issues specific to single parent families, such as legal, social and spiritual concerns and the problems associated with being divorced, never-married, or separated parents.

**Parents Without Partners International, Inc. (PWP)**

401 North Michigan Avenue  
Chicago, IL 60611-4267  
Phone: (312) 644-6610  
Fax: (312) 321-5194

Web site: [www.parentswithoutpartners.org/](http://www.parentswithoutpartners.org/)

PWP is a not-for-profit, membership organization focusing on social, educational and issues-advocacy needs of single parents worldwide. It offers the opportunity to interact with other single parents facing the unique challenges of single-parenting today. PWP sponsors an annual convention, access to group insurance programs, purchasing discounts, scholarship programs and access to an interactive web site where single parents can freely meet other single parent members.

**Parent Coalitions** are *groups of parent action groups* working collaboratively on issues of common interest, such as policy and legislative advocacy and the prevention of substance abuse among young people. (See the “Coalitions” section of this guide for examples of parent coalitions.)

## EXEMPLARY SUBSTANCE ABUSE PREVENTION PROGRAMS

The following grassroots prevention programs have been recognized as Exemplary Substance Abuse Prevention Programs by SAMHSA/CSAP, National Association of State Alcohol and Drug Abuse Directors (NASADAD) and National Prevention Network (NPN). These programs have been evaluated for effectiveness using standardized, research-based criteria.

**Cultural Enhancement Through Storytelling** is a community-based prevention program on the Tohono O’odham Indian Reservation near Tucson, Arizona, designed to create a strong cultural identity as a protective factor against substance abuse. Targeted at youth ages 12 to 14, the program integrates stories, songs and dances about the O’odham culture into a classroom setting and into other community activities. It also strives to get adults in the community to assume leadership roles in cultural activities. The program’s underlying philosophy is that a deeper understanding and respect for the O’odham way, told through stories that teach respect for school, community, family, heritage, and self, can help to strengthen and empower youth. This program serves adolescents in the Indian Oasis Baboquiveri School District, 60 miles southwest of Tucson, Arizona. It also targets individuals in the community of Sells, Arizona, who are encouraged to participate in project activities as learners and contributors, particularly as teachers of the Tohono O’odham culture. It includes three classroom-based curricula: Health Studies Curriculum: “Problem Solving skills and Natural Highs,” Social Studies Curriculum: “Family Structures and Role Models,” and Language Arts Curriculum: “Oral Literature and Inner Strength.”

### **Cultural Enhancement Through Storytelling**

National Council on Alcoholism and Drug Dependence, Inc.  
12 West 21<sup>st</sup> Street  
New York, NY 10010  
Phone: (212) 206-6770  
Fax: (212) 645-1690

**The Albuquerque Partnership** in Bernalillo County, New Mexico, focuses its prevention efforts in 10 neighborhoods. Each neighborhood has developed a plan of action based on its need to provide for a healthy community. For example, the Partnership collaborates with the Hispanic Chamber of Commerce on educational initiatives in math, engineering, and science for Hispanic middle and high school students. In areas of policy, education, dropout prevention, safety, drug prevention, and community development, the Partnership collaborates with residents, schools, and with health, law enforcement and other community-based organizations. Ninety-one active Partnership members represent several entities within the community. This collaboration has resulted in the development of educational scholarships for Hispanic middle and high school students and sponsorship of special student projects.

**New Mexico Advocates for Children and Families**

801 Encino Place, Suite F-21  
Albuquerque, NM 87120  
Phone: (505) 244-9770  
Fax: (505) 244-9771

**Parent Party Patrol (PPP)**, was created to diminish un-chaperone parties and adult-sponsored drinking parties. This grass-roots, all volunteer organization provides free expert panel presentations and disseminates information to educate parents and community groups about the dangerous social activities and legal and civil ramifications that parents and youth can face as a result of un-chaperone parties or adult-sponsored drinking parties.

**Parent Party Patrol**

1501 Pacific Avenue, Suite 202  
Tacoma, WA 98401-2322  
Phone: (253) 572-7870  
Fax: (206) 627-3593

**The Hispanic Initiative**, located at the Allen Apartment Complex in Annapolis, Maryland, was created to address the diverse needs of the large population of Spanish-speaking immigrants residing in Anne Arundel County. The project began with a focus on alcohol and drug prevention and is now a comprehensive health program using recreational family activities and home visits to increase alcohol and drug family protective factors.

**Anne Arundel County Department of Health Prevention Services**

2660 Riva Road, 4<sup>th</sup> Floor  
Annapolis, MD 21401  
Phone: (410) 222-7295  
Fax: (410) 222-7385

**Kansas Family Partnership** stresses the role of families in preventing substance abuse. It organizes mass media campaigns, provides skill-building training in risk-focused prevention and encourages the development of local and statewide coalitions. This program focuses on families with children ranging in age from birth to 12 and has three curriculums that address different racial and ethnic groups. It is aimed at helping parents address issues relating to alcohol, tobacco and illicit drug use by youth. It has worked with special-needs families, migrant families, foster parents and families recovering from substance abuse.

**Kansas Family Partnership**

2209 SW 29<sup>th</sup> Street  
Topeka, KS 66611  
Phone: (913) 266-6161  
Fax: (913) 266-3833

**Salem Community Alliance** is targeted to reach all of its ethnically and racially diverse community. The Salem Community Alliance involves all sectors of the community in addressing issues and problems that concern them, such as unemployment, substance abuse, the law, disabilities and media responsibility. Its prevention activities include developing educational workshops, building coalitions, reducing environmental risk factors as well as marketing and outreach. It uses Peer Action Groups, interagency and inter-community projects, citywide events and a newsletter to implement these strategies.

**Salem Community Alliance - Center for Addictive Behaviors**

27 Congress St.  
Salem, MA 01970  
Phone: (508) 745-8890  
Fax: (508) 741-3104

**Dealing With Feelings** is a prevention and skills-building program coordinated through the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma in Oklahoma City. Aimed at developing coping skills in young children, the program serves approximately 500 fourth-grade students throughout the State. It is based on the rationale that children at high risk for emotional disorders, substance abuse, and violence have limited coping skills for dealing with feelings and solving problems. To enhance the children's protective factors and reduce their risk factors, the program used storytelling, hands-on exercises and music to teach children a four-step process for learning to cope with their feelings. Children learn the importance of accepting their feelings, pausing for reflection, generating positive options and acting on the best choice.

**Emotional Health Center**

Department of Psychiatry and Behavioral Sciences  
University of Oklahoma, Health Sciences Center  
P.O. Box 26901  
Oklahoma City, OK 73190-3048  
Phone: (405) 271-4219  
Fax: (405) 271-3808

**Positive Choices for Academic Success** in Las Vegas, Nevada, is a comprehensive educational, pre-vocational and life skills development program to encourage academic success and promote a gang-free and drug-free lifestyle among junior and senior high school students. A donated building in a high-crime, low-income, gang-ridden area in West Las Vegas is the setting for the program, which consists of 20 four-hour Saturday classes. These classes prepare students for SAT and ACT exams, provide current information on AIDS and substance abuse prevention as well as develop students' personal skills so they can obtain and maintain employment, create a budget, use a computer and plan a career. The program's Youth Council develops community service projects, special educational and community enrichment activities and program curriculum. Participants complete 30 hours of community services as part of the program.

**West Las Vegas Pride Community Development Corporation**

7313 Cogburn Street

Las Vegas, NV 89131

Phone: (702) 395-0919

**Parenting Project** knows parents are the best resource for helping young people avoid school, delinquency and drug problems. It offers free parent education programs designed to help parents understand children's developmental stages and develop problem-solving techniques that build competence in parents, reinforce parent commitment and enhance family bonds. Programs are offered in English and Spanish. The Parenting Project's philosophy features positive behavior management and communication skills, conflict resolution and violence prevention and address issues such as blended families, single parents, children with special needs and children at risk for substance abuse.

**Parenting Project - Clark County Family and Youth Services**

3464 E. Bonanza Road

Las Vegas, NV 89101

Phone: (702) 455-5295

Fax: (702) 455-5454

## COALITIONS

**What is a coalition?** A coalition is a formal alliance of organizations, groups, and agencies coming together to work for a common goal. There are about as many kinds of coalitions as there are kinds of organizations. There are parent coalitions, business coalitions, and community coalitions which include representation from a wide range of community members. Most coalitions are long-term alliances which undertake numerous projects.

There are some characteristics common to the members of the most effective coalitions. Each member of an effective coalition will:

- Believe it needs help to reach its individual goals,
- Agree with other members on common ground and a clear mission or purpose,
- Understand and accept that members will agree on some issues, but disagree on others,
- Believe the members will over time receive benefits comparable to their contributions and
- Be willing to negotiate among other members as the need arises.

**Parent Coalitions** are parent groups which are also coalitions, or groups of groups. They may be found at the community, State and national levels.

**1. Community Parent Coalitions** may be made up of representatives from parent neighborhood groups, parent peer groups, grandparent groups, fathering groups and other interested groups. Coalitions are found at the community, State and national levels. Because community coalitions are particularly effective in pulling together business, elected officials and governmental officials, their perspective is usually professional rather than parental. Therefore, to achieve the most balanced support of planning and advocacy tasks, parent groups should be involved in community coalitions to help identify and solve alcohol, tobacco and other drug-related problems in their communities. Following are some examples of Community Parent Coalitions along with a brief description of each. (These coalitions may be contacted for information about their programs and strategies.)

### **Coalition For A Healthy Community**

1332 North Euclid Avenue  
Pasadena, CA 91101  
Phone: (626) 583-2751  
Fax: (626) 792-8056

Coalition For A Healthy Community in Pasadena, California has successfully worked for change in the areas of alcohol policy development, neighborhood empowerment and ensuring after care for those in substance abuse recovery.

**Santa Barbara Community Prevention Coalition**

119 North Milpas Street  
Santa Barbara, CA 93103  
Phone: (805) 897-1902  
Fax: (805) 564-5477

This coalition is strengthening families and communities by providing comprehensive substance abuse prevention services to at-risk youth and families. This coalition includes the Multicultural Community Partnership and the Healthy Start Partnership.

**Capital Area Substance Abuse Council (CASAC)**

20 West Main  
Avon, CT 06001  
Phone: (860) 676-9320  
Fax: (860) 676-9354

CASAC is a community coalition established in 1990 composed of members from all segments of the Hartford region. CASAC's mission is to develop and carry out strategies to reduce substance abuse in the region through community mobilization. They support and encourage growth of neighborhood parent collaboratives.

**Lake County In-Touch**

19351 W. Washington Street, CLC-Bldg. #1  
Grayslake, IL 60030  
Phone: (847) 223-6363  
Fax: (847) 223-8540

Besides maintaining a resource library, offering youth life skills trainings and parenting skills enhancement trainings, Lake County In-Touch has initiated, in a collaborative effort with local hospitals and birthing centers, a parents-of-newborns campaign; new parents leave the hospital with a packet of helpful parenting information and a tee-shirt for the new-born with the words "Born to Be Drug Free" on the front.

**Substance Abuse Initiative of Greater Cleveland (SAI)**

614 W. Superior Avenue, Suite 300  
Cleveland, OH 44113  
Phone: (216) 781-2944  
Fax: (216) 781-2988

SAI is known as a builder of community and parent action groups. Making use of VISTA volunteers and National Guard personnel minimizes overhead, while maintaining community involvement. SAI offers youth and parenting skill enhancement trainings for ethnic minority populations.

### **The Miami Coalition for a Safe and Drug-Free Community**

University of Miami  
400 S.E. 2<sup>nd</sup> Ave., 4<sup>th</sup> Floor  
Miami, FL 33133  
Phone: (305) 375-8032  
Fax: (305) 371-6645

This coalition ranks as a top coalition in the nation by Community Anti-Drug Coalitions of America. Its primary source of funding is from private-sector organizations from which it acquires multi-year commitments. This group then engages foundations to obtain a match for their private-sector monies. The Miami Coalition makes extensive use of its 5,900 volunteers.

### **San Antonio Fighting Back**

850 E. Drexel  
San Antonio, TX 78210  
Phone: (210) 533-6592  
Web site: [www.tyc.state.tx.us/prevention/fightbac.htm/](http://www.tyc.state.tx.us/prevention/fightbac.htm/)

A membership organization, this group is one of three national, locally-based programs and serves 320,000 people in the San Antonio area. It operates out of three Neighborhood Resource Centers located throughout the target area which provide training, coordination, support, resource development and technical assistance for community activities and serve as a “one-stop” service center where several health and human service agencies are located to provide convenient, community-based, accessible and holistic care.

**2. State Parent Coalitions** function very much the same as do national parent coalitions. These groups usually involve a broad range of community and State organizations in their prevention efforts and offer multi-faceted substance abuse prevention programming throughout the State in which they are located.

### **Arkansans for Drug Free Youth (ADFY)**

2020 West Third Street, Suite 1C  
Little Rock, Arkansas 72205  
Phone: (501) 375-1338  
Fax: (501) 376-3747  
Email: [adfy11@adfy.org/](mailto:adfy11@adfy.org/)

ADFY is a nonprofit organization whose mission is to educate and motivate Arkansas families, youth and communities in the development of healthy, drug free youth. Established in 1985, ADFY is the result of parents, teachers, students and others joining together to take action against the mounting problem of drug use. Funded through grants, individual contributions and fund raising activities, ADFY’s programming strategies include: a community-based mentorship program, a State Youth Board, alternative events for youth, trainings for parents and youth, an annual Red Ribbon Drug Awareness Celebration and sponsors an annual Governor’s Youth Conference on Alcohol, Tobacco and Other Drugs.

## **Drugs Don't Work!/Parents Work! The Governor's Prevention Partnership**

30 Arbor Street  
Hartford, CT 06106  
Phone: 1-800-422-5422  
Fax: (860) 236-9412

*Drugs Don't Work!/Parents Work!* - The Governor's Prevention Partnership leads a statewide movement to prevent drug and alcohol abuse and related problems in Connecticut's youth through:

1. A school partnership involving over 10,000 educators,
2. A business partnership designed to reach parents with prevention knowledge and skills,
3. The Connecticut Mentoring Partnership, which promotes and supports youth mentoring programs, and
4. The media partnership, which involves over 70% of the state's top print and broadcast media.

The *Parents Work!* component of this organization is designed to reach parents through their workplaces and community-technical colleges. It includes a "self-help" kit of materials such as games and conversation starters that make it easier for parents to talk to their kids about drugs.

### **Greenville Family Partnership (GFP),**

617 East McBee Avenue  
Greenville, SC 29601  
Phone: (864) 467-4099  
Fax: (804) 467-4102  
Web site: [gfpdrugfree.org/](http://gfpdrugfree.org/)

GFP was formed in 1984 for the purpose of uniting parents and children to prevent the illegal use of alcohol, tobacco and illicit drugs. Through school-based prevention activities, community training programs and resources, GFP promotes substance abuse awareness, prevention and community mobilization. It maintains a resource center and web site and sponsors an annual, State-wide Red Ribbon substance abuse prevention awareness campaign.

### **Informed Families of Dade County**

2490 Coral Way, Suite 301  
Miami, FL 33145-3449  
Phone: (305) 856-4886  
Fax: (305) 856-4815

Informed Families' programs and services provide awareness, education, training and involvement through nine main programmatic strategies: Red Ribbon Drug Awareness Week, Youth Power clubs for drug-free teens, Prom Promise (to help reduce the number of fatalities associated with teenage drunk driving), a Speakers Bureau and Resource Center; Parenting Workshop series; Youth Leadership Training; Safe Homes/Safe Parties (designed for helping parents set safe party guidelines); Community Empowerment Facilitator Training and Health and Wellness Fairs.

**Minnesota Star of the North Prevention Coalition**

2829 Verndale Avenue

Anoka, MN 55303

Phone: (612) 427-5310

Fax: (612) 427-7841

Email: JFunk@miph.org/

This coalition has as its purpose to form and support the operation of a Statewide coalition of neighborhood and community prevention partnerships to reduce and/or prevent the problems caused by the abuse of alcohol, tobacco and illicit drugs. In 1995 CSAP awarded Minnesota a five year community prevention coalition demonstration grant.

**National Family Partnership of Alaska (NFP of Alaska)**

PO Box 1350

Nome, Alaska 99762

Phone: (907) 443-5888 or

(800) 478-5888

Fax: (907) 443-3880

NFP of Alaska supports community based organizations and coalitions in their efforts to promote healthy, drug free youth throughout the State. Some of their programs and strategies include: a youth-family awareness hotline, a coffee house named "The Java Hut" which provides a positive, drug free place for young people, a peer to peer outreach project, as well as parent education and training and convening parent and youth meetings.

**Ohio Parents for Drug Free Youth**

1875 Morse Road, Suite 301

Columbus, OH 43229

Phone: (614) 268-6255

Fax: (614) 268-7533

Ohio Parents for Drug Free Youth serves Ohio through a program named "Statewide Prevention Coalition." This coalition unites prevention partners by sharing resources, workshops, training, funding opportunities and advocacy. It also provides technical assistance to Ohio communities and other parent groups and sponsors an annual statewide Red Ribbon Drug Awareness Week.

**Prevention Partners, Inc.**

One Mustard Street, Suite 400

Rochester, NY 14609

Phone: (716) 288-2800

Fax: (716) 288-2847

Email: drugslie@frontiernet.net

Prevention Partners, Inc. offers Statewide programming strategies, including skill building trainings for parents and youth, community mobilization, clarifying and influencing community norms in support of healthy lifestyles, alternative drug-free activities for youth, advocacy, mentoring and role modeling. It works

collaboratively with schools, businesses, health organizations, faith organizations, media, law enforcement, community leaders, families and youth. They have an onsite resource center, a lending library and a mobile resource vehicle, called the Prevention Extension and offers a newsletter called "Prevention Partners Network."

**Utah Federation for Youth, Inc.**

120 North 200 West  
Salt Lake City, Utah 84103  
Phone: (801) 538-9836  
Fax: (801) 538-4383  
Email: UFYI@email.state.ut.us

Utah Federation for Youth is a statewide non-profit organization dedicated to promoting healthy communities through the prevention of substance abuse and violence. The Utah Federation for Youth, Inc. collaborates with agencies, families, parents, youth, community organizations and interested individuals to promote prevention programs and services to a Statewide audience. It houses and manages a lending library and resource center, sponsors the Ohio Red Ribbon Drug Awareness Week activities, sponsors annual youth events and sponsors an annual POWER parenting conference.

**3. National Parent Group Coalitions**, usually for a membership fee, provide their members with the latest substance abuse prevention related information and an annual meeting with the opportunity to discuss topics of concern and attend training and education sessions. National parent coalitions provide an opportunity to have an impact on legislation by giving grassroots parent organizations a national voice.

**National Coalition of Grandparents, Inc.**

137 Larkin St.  
Madison, WI 53705  
Phone: (608) 238-8751  
Fax: (608) 238-8751 (same as phone)  
Email: sedun@inxpress.net

National Coalition of Grandparents, Inc. is a consortium of grandparent groups and professionals throughout the United States. Meeting twice annually in various parts of the country, they discuss issues pertaining to grandparenting, especially targeting those issues around raising grandchildren and being denied access to the grandchildren. They also offer counseling referral and information on pending and current legislation and research.

**National Family Partnership (NFP)**

c/o Informed Families of Dade County  
2490 Coral Way, Ste. 301  
Miami, FL 33145  
Phone: (305) 856-4886  
Fax: (305) 856-4815

National Family Partnership, formerly National Federation of Parents for Drug Free Youth, has been a membership organization made up of grassroots parent groups all across the United States. It has been a national voice for parents in legislative advocacy as well as the national sponsor of the annual National Red Ribbon Drug Awareness Celebration.

**Parenting Coalition International  
(formerly National Parents' Day Coalition)**

1025 Connecticut Avenue, Suite 615

Washington, DC 20036

Phone: (202) 530-0849

Fax: (202) 887-6109

This group is a national campaign designed to honor parents. It was responsible for getting the fourth Sunday of every July recognized as National Parents' Day and signed into law by President Clinton in 1994. It is a membership organization which sponsors an annual Awards Ceremony for organizations and individuals who develop innovative programs, research and training to improve the quality of life for families. They sponsor an annual "Strengthening Families-Building Communities" conference and satellite broadcast for parents, educators, practitioners, administrators, researchers and advocates.

## FORMING AND SUSTAINING A PARENT ACTION GROUP

**Why form a Parent Action Group?** Perhaps there is no parent action group in existence in a given area and a parent or group of parents determine the need for one. Careful consideration should be given to the reasons for organizing a group, since each group member will need to be able to discuss those reasons as well as talk about how the group will benefit the community. Some of the most common reasons for organizing a parent action group are:

- To establish a support group with which to share parenting concerns, experiences and discuss solutions,
- To work for change in their neighborhoods and communities,
- To have a more powerful voice for change in public policy and
- To learn more about helping young people choose to stay drug free.

**Who should be involved?** The answer to this question depends on the type of parent group being formed (See “Models of Parent Action Groups”), and what it wants to accomplish. If those organizing the group want a parent support group made up of friends or neighborhood parents, those involved will typically be those that helped organize the group.

**How large should the group be?** Again, that depends on what the group hopes to achieve and how the group members interact with one another. A Parent Support group, for example, seems to be most effective at no more than 8 to 10 members. Parent Peer and Parent Classroom groups will be self-limited in size. An effective Community-Wide Parent Action Group should be reflective of the size of the community.

Rather than view substance abuse as a problem whose prevention is the responsibility of only a segment of a community (schools, for example), substance abuse must be viewed as a problem of the larger community whose members must share the responsibility for substance abuse prevention. Prevention efforts must reach across and involve multiple and diverse segments of the community. Parents should be recruited from every sector: education, law enforcement, mental health, the faith community, grassroots neighborhood organizations and businesses, for example. Be sure to include segments typically under-involved, such as business and labor (Join Together 1993).

A key reason for including many community segments in prevention programming is that numerous research studies have shown that developing a consistent community wide message has proven to be more effective than individual prevention strategies. Single-shot, uncoordinated drug abuse prevention efforts (e.g. short media blitzes, lectures in schools, alternative youth activities, self-esteem enhancement programs) when done

alone are often ineffective or have limited, short term benefits (Muskowitz 1989; Goodstadt 1980: 1987).

It is helpful to include a few people who have some community involvement or volunteer service experience. Also, because working for change involves asking the people with power in the community for their support, it is important to include some “key players” who would be able to make the necessary connections. Elected officials will show an interest in the group the more active and visible it becomes.

Everyone involved in the group should have a sense that they are helping the group achieve the desired goals for change. If a group consists of enough members, committees may be set up to deal with specific areas; one committee may see to the meeting location and refreshments.

Successful organization requires a commitment to the community and a sincere effort to meet the needs of the people and groups comprising the new organization’s network. If the organization is seen as a resource for networking, for support and for education, people will want to be associated with it.

**The First Meeting** will probably involve only those people determined to organize a group. It is important that this meeting, and each successive meeting, have a written agenda. This agenda may either be mailed to the group before, or handed out at the beginning of the meetings. Mailing the agenda beforehand gives members the opportunity to think about the topics up for discussion.

Before scheduling a meeting of those interested in organizing a group:

1. Check the community and school calendars to keep conflicting activities to a minimum.
2. Find a place for the meeting. Many banks, churches and schools have rooms available for community meetings.

**Sample Agenda for a First Meeting:**

1. Determine what kind of parent group is being formed? (See *Types of Parent Groups*)
2. What are the purpose and goals of the new group?
3. What will the group’s name be? (And how will it reflect the group’s purpose?)
4. Identifying a temporary chairperson
5. When will the next meeting be?
6. Community resource people to be invited to subsequent meetings
7. Agreeing upon meeting length for subsequent meetings
8. A time for networking and refreshments

**Suggestion:** Regular meetings should be no longer than 1 to 2 hours; special meetings may be called if more time is needed. Sure death to volunteer organizations are;

1. meetings that drag on and on and
2. lack of activity or projects.

**Agenda items for subsequent meetings** should include:

1. Assessing community readiness for substance abuse prevention strategies
2. Identifying 2 or 3 areas of concern or community needs
3. Prioritizing those areas of concern
4. Identifying solutions to, or tasks toward dealing with the concerns
5. Identifying resource people and organizations to help with the process
6. Identifying possible barriers
7. Determining how to deal with those barriers
8. Deciding who will be responsible for what tasks
9. Monitoring progress and measuring success
10. Celebrations for each forward step

It is important to involve a skillful facilitator early in the process of building the parent action group. A good facilitator will be able to keep the group focused during meetings, not always easy to do, since the issues related to substance abuse are emotionally charged.

There may be people in the group who have family members or friends affected by substance abuse and who feel the need to talk about it. Even though it is important to stay as close to the printed agenda as possible, people should be allowed some time to speak to the group. Perhaps a special time can be set aside for just such sharing. It is important to remember that people most affected by substance abuse tend to be the most committed workers in its prevention.

Guest speakers may be invited to present information of interest to the group; a doctor could speak about the effects of drugs on maturing bodies, a school administrator could present school policy regarding use or possession of alcohol, tobacco or other drugs by students and staff. Be sure the speakers understand their statements are to be brief and allow ample time for questions.

A panel of young people responding to questions regarding what's going on in the community can be an effective way to educate the group. Not only will young people know a great deal about the community the adults may not know, but this gives the adults a chance to learn how the young people feel about the community and gives the young people a voice in the decisions being made.

### **Recruiting and Retaining Parents**

All coalitions face the challenge of recruiting and successfully engaging parents. Many parents respond best to personal contact, either through face-to-face interaction or by

direct telephone calls placed by the group leaders. Parents may also be reached by:

- Announcements at community events and in newsletters
- Door-to-door recruitment, especially by a neighbor or someone known to the parent
- Solicitations at churches
- Invitations to participate through the school.

A critical issue in recruiting is WHO does the recruiting? If done through a church, information about the group may be included in the bulletin or other church publication. If through the schools, letters of invitation may be sent by the school principal. Recruitment by a trusted authority figure and respected peers may also be effective.

Sustaining involvement is usually more challenging than the initial recruitment. Some ways to insure continued involvement may be: Providing child care (could be covered by a local business or parents could take turns staying with the children)

Transportation for those who could not otherwise attend meetings (perhaps a collaborative agreement with a local business to cover this cost)

Food at the meetings - may be simple refreshments, or may be a meal

Payments for time

Small gifts for children

Special family outings

Recreation for older siblings and

Tutoring for older siblings.

## **Assessing Community Readiness for Substance Abuse Prevention**

Research has shown that the successful reduction of drug abuse requires the wide-scale involvement of multiple segments of the community (Pentz et al. 1986). This community wide approach to drug abuse prevention allows communities to tailor prevention efforts to their local needs and resources.

Prevention programs created by local citizens are more likely to succeed and continue operating than programs dictated from outside the community (Heller 1990). Therefore, because local solutions are more likely to have a greater impact in reducing the problem of drug abuse at the local level, it is essential that communities possess the capacity and capabilities that are required to address and prevent drug abuse. The community must be adequately prepared to initiate substance abuse prevention efforts; community readiness is vital if a prevention effort is to have a reasonable chance for success.

Materials are available to further help determine community readiness. For ordering information see "Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools" in the Bibliography section of this guide.

## **Identifying Community Parenting and Substance Abuse Prevention Issues For Change**

**Define the Community.** Exactly who and what IS the community? We all live and participate in communities. A community may be large or small and can be as simple as a few people who think of themselves as “us” and who share some common interests, concerns, or activities. A community may be a political unit (State, county, township, voting district or political party); a place where common public services are shared (schools, parks, shopping centers, utilities); a residential area (town, neighborhood, subdivision or block); or an institution (church, synagogue, neighborhood center, club, workplace, college).

Things to consider when defining the community are:

**Community Demographics** - Who lives in the community? What are the ages, ethnicities, religious preferences? Are there single parent families? Single people? Young people? Senior Citizens?

**Community Social Life** - Where do people get to know each other socially? What are the accepted social activities? How do newcomers meet people? What groups are active in the community?

**Community Economic Base** - What are the industries or sources of income in the area? Where do people spend their money? What opportunities are there? Is there high unemployment?

**Community Leadership** - Who are the community leaders (elected, non-elected, obvious and not-so-obvious)? Which are the influential groups? Who are the people who know what’s going on in the community? Who are the people who are skilled, popular or listened to by others?

**Health and Well-being** - What are the major health resources? Are there plenty of things to do for all age groups and interests? What are the health concerns of the community?

**Values** - Are there any “community” beliefs that seem to dominate or affect decision-making? How unified or divergent are people’s values? What is the “community spirit” and how is it expressed?

**Community Communications Systems** - How is information spread? What are the mass media outlets and the informal means of spreading information?

Once the community has been described, the following questions will serve as guidelines to help determine direction:

- What, exactly, is of concern? Why is it a concern? What makes it a concern?
- What factors contribute to the concern? (For example values, behaviors, attitudes, laws, the economy, social pressures, even what various agencies will or won't do.)
- How do these factors relate to each other? (Example - if the concern is around the community value that it's okay for high school youth to have keg parties, how does the economy or social pressures relate to that?)
- What other information is needed to better understand the nature of the concern? Where can that information be found?
- What are the attitudes or thoughts to be changed? Who thinks that way and why?
- What are the behaviors to be changed? (Be sure to include the behavior of those who are cause for concern as well as those who interact with them, such as families, friends, employers, teachers, service agencies, etc. as a way to avoid blaming people.)
- Are the concerns about lack of information, misinformation, or a lack of skills or services?
- Who are the people involved with this concern and in what way? (The answer to this question will help determine the many different people to involve and communicate with, all of whom can assist in some way to resolve the concern.)
- What will be done to resolve the concern?

**Focus Groups** are one way in which the above questions can be answered. A focus group may be part of the first or second meeting of the parent action group.

The most effective size for a focus group seems to be about 8 or 9 people. If the overall group is 15 or more, it should be split into smaller focus groups. Each focus group will answer the questions outlined above and a designated "scribe" will write the answers down on newsprint (which will later be transcribed and sent to members for reference purposes). Those responses will help the parent group focus their efforts. The transcribed results of the focus group will be used as the basis of group discussion at the next meeting to help identify common threads of community concerns, to prioritize those concerns, to select 3 or 4 upon which to focus and then to develop strategies to deal with those concerns.

**Canvassing** the community will also glean important information, but is more time-consuming and labor-intensive than a focus group. "Canvassing" is actually going door-to-

door, or telephoning the people in the community and asking questions about their concerns for the community. Barriers to this approach include: what time of the day to reach people who may be working? If telephoning, when will this be done, since most people do not like to be disturbed at home after work by someone on the phone. A positive aspect to this type of information-gathering, however, is that people are given the opportunity to express ideas and concerns one-on-one without any possible pressure which could occur in a group dynamic.

### **Generating a Statement of Purpose or Mission**

It is important for the group to generate a statement of purpose or mission early in the organization stages. This will not only give the group a sense of identity, but will help define and focus its programs and goals. In generating the statement of purpose or mission, it is helpful to ask the question “**Who are we and why are we here?**” As the group discusses this question, a volunteer should write down the ideas on newsprint so everyone can watch the process.

### **Length of Mission/Purpose Statement**

Although it is best to keep the mission/purpose statement brief and as succinct as possible, the length of the mission/purpose statement is entirely up to the group. Some mission statements are only a few words long; others are several sentences long. The tendency is to either write too detailed a statement or to generate too global a statement. But the most important consideration is that the statement be both generated by and acceptable to the members of the group. It may help to use the following open-ended statements as catalysts to creative discussion:

- The purpose of (group name) is to . . .
- We want to accomplish . . .
- We want to help our community by . . .
- As parents, we want for our young people . . .

### **Sample Statements of Purpose/Mission**

Following are some statements of purpose/mission for reference:

1. Lead and support the community and parents in nurturing the full potential of drug free youth
2. Do whatever it takes to come between our young people and drugs
3. Identify those factors in our community which encourage our young people to abuse substances and work to change them
4. Inform the community of the economic and social costs of substance abuse; Determine what works in prevention; and Educate parents about the dangers of underage alcohol, tobacco and illicit drug use on developing youth
5. Provide support to and enhance community alcohol, tobacco and other drug abuse prevention efforts thereby enhancing overall health of the community

### **Selecting goals, objectives and strategies/tasks to achieve the goals**

Many people use the terms “goals” and “objectives” as if they were the same. In planning, however, these words carry different meanings.

**What is a Goal?** A goal is an ultimate outcome of a long period of activity. It sets the general direction for the work performed. Goals should be chosen that are in line with the group's statement of purpose or mission; there should never be a conflict between the goals selected and the purpose of the group. If that happens, the group needs to re-assess what they hope to accomplish. It may even need to change focus and generate new goals.

Because the problem of alcohol, tobacco and other drug use among America's young people is so widespread, identifying the problems will probably not be difficult. The results of the focus groups and/or of any canvassing that is done will undoubtedly yield many concerns from which the group can choose.

After looking at the community for what needs to be changed, the next step is to select 2 or 3 of those goals upon which the group wants to affect change. Clear-cut goals provide the best means of staying on track and being able to measure your success. The goals and objectives will need to be based on:

- Purpose of the organization
- Realistic capabilities of the organization
- Community needs

Remembering that a goal is a desired outcome, an objective is a measurable way to get the goal achieved, and Strategies/Tasks are the activities to achieve the objectives:

1. Review the list of identified concerns
2. Prioritize them and select 2 to 3 for recommendation as goals to the group
3. Determine objectives - Identify the ways to help make the goals reality
4. Identify tasks to support the objectives - such as seminars, brochures, workshops, community forums, petition-signing drives, etc.

Prioritizing the concerns/needs expressed by the community and selecting 2 - 3 as goals that are winnable and do-able may require more thought. Examples of areas that may need work are:

1. School district policy regarding possession or use of alcohol, tobacco or other drugs, acceptable dress, closed or open campus issues, rules for athletes regarding substance use, etc.
2. Curfew issues
3. How far from school campuses are liquor stores, billboards with tobacco or alcohol ads,
4. Does the convenience store near campus sell tobacco products to under-aged youth?
5. How to get substance abuse prevention information out to the community
6. What are local law enforcement procedures regarding arrest for underage drinking or possession or use of illegal substances?
7. Are laws on underage drinking and possession or use of illegal substances enforced?

8. Are there areas of the community where it is known that young people can get drugs - such as a crack house?
9. Are there any recreational alternative activities for young people?
10. Any plans for safe prom night activities?
11. Are there any safe homes near campus where young people can get help if the need arises?
12. Are effective parenting programs available to the community residents?

This list is far from complete. Each community is unique, with its own unique set of problems and needs. The key is to find out exactly what the needs are. Talk to the young people. They usually have a great deal of information about what's going on in their communities.

A good way to develop prevention goals is to assign the task to a small number of individuals who are familiar with the concerns which were identified. The group can then analyze the identified concerns point by point, drafting a goal statement for each identified problem area.

A draft of the goals/objectives/tasks statements may be submitted to other interested members of the community for review, comment and possible revision. This is especially important when planning for an entire neighborhood or a whole community. The more people involved in the early stages of the planning, the greater the support available once the program begins.

### **Sample goals**

Reduce Student Alcohol, Tobacco and Illicit Drug Use  
 Foster and Change Community Attitudes Regarding Drug Use  
 Make the Community Safe From Illegal Drug Use  
 Support Healthier Lives for Families  
 Promote a More Productive Workforce  
 Increase Coordination Among Government, Businesses, Schools, Service Providers and Citizens

**What are Objectives?** Objectives are specific accomplishments to be achieved during a given period of time. For example, a family's vacation goal might be "to see the major sites in Washington, DC." The objectives might consist of places to visit on specific days. In other words, the objectives help achieve the goal, or general purpose, by translating it into a series of specific, manageable steps.

Objectives may be identified by answering the question "What measurable results of projects/programs that will work toward our goal (s) can be achieved in what length of time?" The objectives associated with a given prevention goal are basically the milestones that must be attained in reaching that goal.

### **Sample Objectives**

Using the first sample goal above, "Reduce student alcohol, tobacco and illicit drug

use,” some objectives to help reach that goal might include:

1. Offer two parent education and skill building trainings over the next 6 months to at least 100 parents (since research tells us parents play a very important role in whether their young people use tobacco, alcohol or illicit drugs)
2. Over the next 6 months, check all the convenience stores within a 10-block radius of the high school to determine if they are selling tobacco to underage youth
3. Disseminate marijuana information sheets to 500 families within the next 2 months
4. Pass out flyers to 100 homes in a given neighborhood to invite them to a community meeting about billboard with alcohol and tobacco ads within the next 45 days

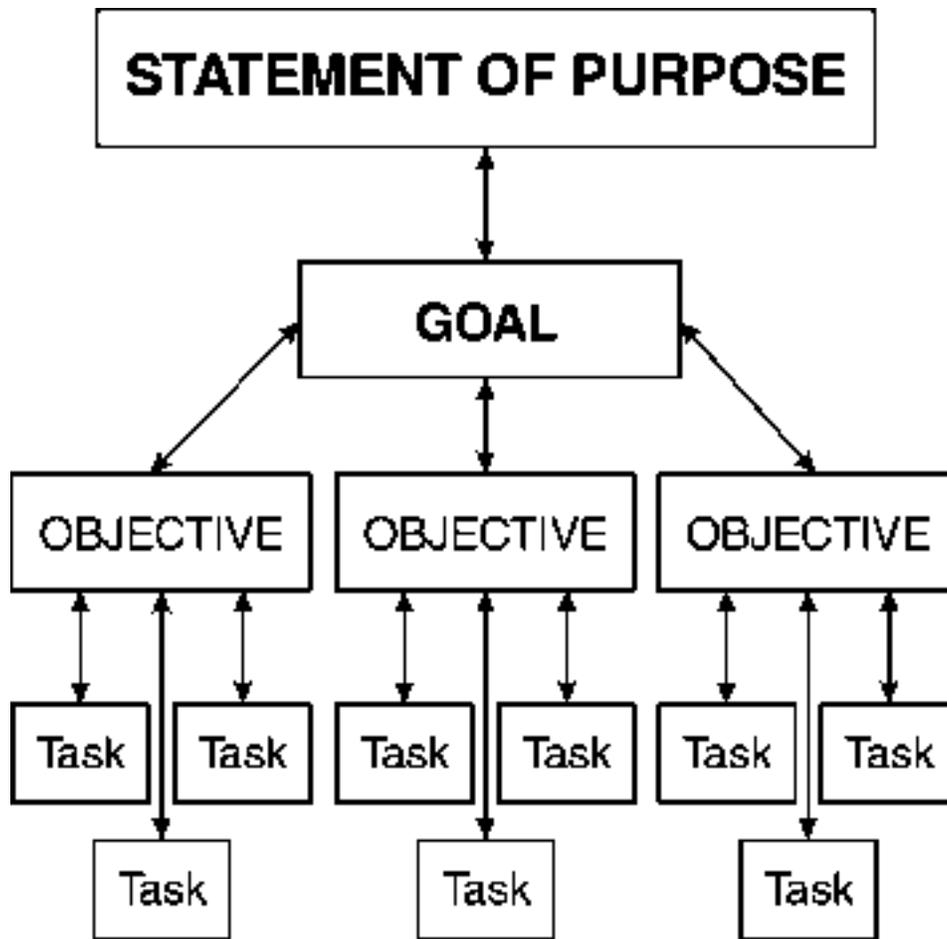
It is important that objectives be written in measurable terms so there is no question about when and whether they have been achieved. Without a target date and number the parent group, and certainly any funding agency, will likely disagree on whether or not that objective has been reached.

Specifying a measurable target to reach in a given amount of time also helps planners select objectives that are realistic and attainable. The tendency is to be too optimistic about what can be done in a short period of time. At the same time, dividing the work into manageable amounts will help planners identify the resources required and deadlines for obtaining them.

Setting objectives requires careful thought. The best approach is to begin with a prevention goal that has a high priority for the community. List all of the short-term results or conditions that must be attained to reach the goal. Next, select those results from the list that can be achieved during the first 6 months of the program’s operation (it is better to underestimate rather than overestimate what can be accomplished). When this list is completed, select the things that could be achieved during the first 12 months. Items on the list that cannot be achieved during the first year are classified as long-term objectives. Also, establishing time lines and budgets for each objective will be of tremendous assistance during the evaluation process.

**What are Strategies/Tasks?** Strategies, or tasks, are the actions taken in pursuit of accomplishing objectives. In the earlier family vacation example, the goal was to “see the major sites in Washington, DC,” and the objectives were to “see specific places on specific days.” If one of the objectives is to visit the Smithsonian Institute on Tuesday, the strategies/tasks necessary to make that happen might include: checking mass transit stations, costs and routes; checking if there are tickets required to get in, and if so, at what cost; etc.

The following figure is for clarification of this model. The goals will be driven by the statement of mission or purpose; for each goal, there will be several objectives and several more tasks associated with each objective.



Each task helps achieve an objective; each objective helps achieve a goal; each goal is tied to the Statement of Purpose.

### **When Parent Action Group Members Disagree**

All groups of people at some time or other experience internal conflict. Conflict in and of itself is not a negative thing. In fact, some types of conflict are positive and can stimulate growth and progress of the group.

### **Conflict and Consensus-Building**

Conflict is destructive when it:

- Diverts energy from important activities and issues;
- Destroys morale or divides the group;
- Deepens differences;
- Diminishes cooperation and group cohesiveness;
- Breaks down communication; or
- Reinforces judgmental or stereotypical thinking.

Conflict is constructive when it:

- Surfaces concerns or clarifies issues;
- Results in authentic communication;
- Results in the solution of problems;
- Broadens perspectives and alternatives;
- Builds cohesiveness among people by working through tough issues; or
- Helps individuals apply what they have learned to future conflict situations.

A good way to deal with negative conflict is to follow these problem-solving techniques:

**1. Clarify the problem.** What makes the problem important to the group? What is the issue? Where do the members of the group stand on the issue? The time spent at this stage, even when members are anxious to get on with recommending solutions and strategies, is critical.

**2. Generate solutions.** All possible solutions should be raised in a brainstorming effort. Do not spend time haggling over whether or not certain solutions can be achieved; just get down on paper as many proposed solutions as the members of the group can generate. Everyone should feel free to make suggestions - and not have to justify those suggestions.

**3. Evaluate solutions.** Logic and data should be emphasized as the group considers, challenges, questions, probes and tests the proposed solutions. Now is a good time to develop criteria for choosing a solution.

**4. Select the best solution.** This involves deciding together (not necessarily voting) on the best solution. The one solution most acceptable to all parties should be selected - consensus rather than voting. Make sure the "best" solution is in relation to the defined problem, and not simply the easiest way out.

**5. Implement the solution.** How will the agreed-upon solution be carried out? Who will be involved? Be specific - otherwise people may assume someone else will do it.

**6. Evaluate the implementation of the solution.** Plan for an evaluation of the solution after a specific period of time. Is the solution working? Are those involved satisfied with the outcome? The first solution chosen is not always the best or most workable - the group may need to consider alternate solutions or begin the problem solving process again.

## WORKING FOR CHANGE

*“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” Margaret Mead*

### What’s the difference between Lobbying and Advocacy?

Under the law, a nonprofit organization is lobbying when it:

1. States its position on specific legislation to legislators or other government employees who participate in the formulation of legislation,
2. Urges its members to contact government employees or legislators regarding legislation, or
3. States its position on legislation to the general public and asks the public to make such contacts.

Although nonprofit organizations can lobby, Federal tax law limits the amount of lobbying they can do. Additionally, nonprofit organizations must consult their funders to make sure their funders do not restrict lobbying activities. For more information, nonprofit organizations should get legal advice to make sure they are in compliance with the tax laws.

“Legislative Advocacy” is another way of “becoming involved in affecting legislation.” More and more parent groups are deciding to work for change at the law-making level. In fact, the active involvement of such groups has had a distinctive impact on local, State and Federal legislation.

There is a difference in the roles and jurisdiction of local, state and national elected officials. It is important to know which government official to approach, what the issue is, where that government official is located, when to make the approach and how the whole process works.

Government is divided into three basic areas, each area having a specific function and jurisdiction. A local elected official has no legislative power on State matters and elected State officials have no legislative power at the Federal level.

**Local Government** - Locally elected officials may be called councilmen, commissioners, or journey-men and are elected only by the people whom they directly serve, such as precincts, cities or counties. They deal with matters affecting cities and counties. They have influence at the State or Federal level but have no vote in such matters.

Local government has been responsive to parent groups in passing such legislation as anti-paraphernalia laws (ruled constitutional by an 8 to 0 vote of the United States Supreme Court in March, 1982). In Baltimore, Maryland, for example, local parent groups were successful in getting legislation passed to remove alcohol and tobacco billboards which were near schools ( legislation which was upheld on appeal). Such legislation reflects

community values and can be enforced through local law enforcement agencies. Most city and county government bodies meet on a weekly or bi-weekly basis; offices are usually located in City Halls or County Court Houses.

**State Government** - Most State legislatures are bicameral, meaning they have two legislative bodies known as the House of Representatives and the Senate. The elected members of these bodies are called Representatives, Assemblymen or Delegates (depending on the State) and Senators.

State legislatures meet at prescribed times of the year at the State capitol. During the remainder of the year they can generally be found in home districts (see the local phone book or contact the Chamber of Commerce). Parent group representatives should meet with State legislators when they are in the home district. Any meetings should be by appointment. Note: while State legislation has an effect at the local level, elected State officials have no official say in local or Federal matters.

State legislatures have become increasingly responsive to tobacco, alcohol and drug related legislation, in part, because of the advocacy of parent groups and other interested organizations. Parent groups have been involved in the passage of State anti-paraphernalia laws in a number of States and have been instrumental in encouraging legislation banning look-alike drugs, increasing penalties for drunk driving and other tobacco, alcohol and drug related legislation.

When legislatures are in session, most States have a toll-free line for inquiries about the status of proposed bills. When calling, have the number of the bill about which the inquiry is being made and some understanding of the legislative process.

To write a State senator or representative, the correct form of address is:

The Honorable (full name of senator or representative)  
Member, (name of State) House of Representatives  
or  
Member, (name of State) State Senate  
(Address)  
Dear Representative (last name) or  
Dear Senator (last name)

**Federal Government** - The seat of the federal government is located in Washington D.C., and each citizen is represented by two senators in the United States Senate and by one congressman in the United States House of Representatives. Senators are elected at large in each State and congressmen are elected only by the voters in their specifically defined district. Congressmen and Senators deal only with Federal legislation. While U.S. congressmen and senators may spend time in Washington, all have staffed offices in their home districts which are accessible to the general public. The correct form of address to write a Senator or Congressman is:

The Honorable (name)  
Member, United States House of Representatives  
or  
Member, United States Senate  
Dear Congressman (last name) or  
Dear Senator (last name)

### **Tips to More Effective Advocacy:**

- Learn how the law-making process works.
- Make a point of meeting your elected official before you have an issue to discuss. Then when you need to see them about an issue, they will likely remember you.
- Person-to-person meetings are best, but if not possible, put your issue in writing. When writing, be sure to:
  1. Make the letter short and confine it to one subject
  2. Identify yourself and your organization
  3. Know your subject
  4. Be friendly
  5. Be constructive - If you believe a bill should not be passed, explain why and offer suggestions for amendment.
  6. Ask for a reply
  7. Urge others to write
  8. No form letters and no petitions!
  9. When your congressman votes in favor of your issue, send a hand written "thank you" note.
- Approach your own elected officials - not those from other districts. Elected officials respond to the people who elected them - their constituency.
- Choose one or two issues. Don't "shotgun" by covering several issues at one time.
- Believe in the issue and be as well informed as possible about it.
- Know the subject better than the elected official does. Be prepared to explain how the legislation will affect you personally.
- Be honest and straight-forward.
- Be concise and to the point. An elected official has a limited amount of time to spend with any one person. If meeting in person, leave after making your point.

- Don't talk to your elected official too soon. Understand that when a bill is still in Committee, the Committee controls it. Unless your official serves on that particular Committee, he will not be involved until it reaches the House or Senate floor.
- Don't put the official in an embarrassing position which could affect re-election.
- Don't use pressure tactics, threaten or become angry.
- Don't burn any bridges; someone not with you today may be with you tomorrow.

It has been estimated that one letter or call represents the opinion of 400 citizens. Citizen pressure can have a tremendous influence on elected officials, the media, and the products produced and advertised by businesses. Your group can make a difference.

**Tips for Increasing Media Coverage** - It doesn't do any organization much good to try to do things no one knows about or hears about. Media involvement in the group is crucial to the growth and longevity of the organization and can vastly increase community support of prevention projects and activities. To get the most mileage out of local media:

- 1. Develop a media contact list** comprised of community newspapers, high school and college newspapers and radio stations. Get addresses, phone numbers, fax numbers and names of editors and division directors. When doing a mailing, it will more likely be read if addressed to an individual.
- 2. Develop a media kit** for each opportunity and include a press release with the names of local contacts and spokespersons, fact sheets, photographs if available, brochures, booklets and any other information which will help convey the message.
- 3. Send out entire press kits** or select pieces to target different markets. Send opinion editorials (op-eds) to the editor, announcements to city editors for events, etc.
- 4. Time mailings well in advance of events** - weekly newspapers often have space filled months in advance of publication time.
- 5. Request that print media send you a "tear sheet"** (page from the publication containing the published article) if they use or adapt your piece.
- 6. Follow up mailings with phone calls.** Ask if the material was received, reiterate major points of the information or activity and ask if any further information is needed in order to get the piece published or broadcast.
- 7. Evaluate the effectiveness of media materials.** Monitor which pieces

were published/broadcast and which were not. Analyze the reasons. Did the releases get printed but not the op-eds or letters? Perhaps the problem is column space. Sometimes the problem is timing, and the information needs to get out further in advance next time. Ask for feedback on why the piece was not published/broadcast. Learn from mistakes.

- ☞ Recommended resource publication on media coverage: *Making Prevention Work: Actions for Media*. For ordering information see Bibliography section entitled “Coalition Building/Community Involvement.”

## EVALUATION

**Measuring Success** - Obviously, if something does not work, we do not want to repeat it. Conversely, if something does work, we want to know not only how well, but why it worked so we can do it again. How can we measure the success of a project? There are any number of techniques and tools that may be used to measure success - and many of them are self-administered.

Evaluation is *collecting and using information to answer questions about the program*. It is an ongoing process and a way of helping determine how to improve a program. It helps inform decisions - it is a tool to use in problem solving. Two common questions asked about evaluation are:

1. "Do we need an outside expert?" and
2. "How much will this cost?"

The answer to the first question is often "no." A self-assessment tool is usually sufficient for assessing a program being done by a parent group. Expert evaluators are usually called in for large, comprehensive programs or for an effort which requires a more precise, research-based approach.

The answer to the second question is "it depends." It depends on the type of evaluation done. Rigorous evaluations of large-scale prevention projects can be expensive. However, it is possible to do self-evaluation projects with a very small financial outlay, especially if reliance on paid consultants is minimized.

Evaluation of a program should be done:

1. During the design and development of the program,
2. During the implementation of the program,
3. At the completion of each activity and
4. At the end of the program.

There are three types of evaluation:

- 1. Process evaluation** - describes, measures and assesses program activities and materials. It documents what was done, when, to whom and to how many. It answers questions like: What did we do? When? Where? To how many? What did we do well? What do we need to improve? Process evaluation "counts the widgets." For example, if we want to lower the substance abuse among teenagers, we know that parent education programs can do that: we plan to conduct six parent education classes of 12 sessions each, send a monthly newsletter to all parents, sponsor three billboards, conduct a symposium on parenting and put ads in the weekly shopper and weekly radio shows for the year. Process evaluation assesses to make sure we did all those things

we said in our plan we would do.

**2. Outcome evaluation** - measures the program achievements and describes the program's immediate effects. It answers questions like; Did the program change the knowledge level, the attitudes, or the behaviors of the participants? Did the program increase the awareness of the participants on the issue it was designed to raise? Factors that we measure are sometimes called "indicators" of the larger problem targeted for attack.

For example, in the above case example, if we want to lower the use of substance abuse among teenagers, we know that lack of parent monitoring is a risk factor and that our parent education program gives parents skills in monitoring, so our outcome evaluation seeks to measure the change in the number of parents in our program who now monitor their children more closely after the parenting program.

**3. Impact evaluation** - looks beyond the immediate results to assess and measure longer term effects and impact on the larger community as well as unintended program effects. It seeks to answer the question: Did the parenting program decrease the use of substance abuse among teenagers in our community?

## Why Conduct Program Evaluations?

There are several reasons for conducting evaluations of programs:

1. To determine the effectiveness of programs for participants;
2. To document that program objectives have been met;
3. To provide information about service delivery that will be useful to program staff and other audiences;
4. To enable program staff to make changes that improve program effectiveness; and
5. Because funding agencies require it.

Prevention programs that address drug and alcohol use are doing so in a relatively new field. We are still learning about what kinds of prevention strategies are effective, what strategies are not effective and what strategies may even be counter-productive.

 For recommended resource publications for program evaluation see Bibliography section entitled "Evaluation/Data Collection" in back of this guide.

## FUND RAISING AND MARKETING

Many parent action groups meet their annual budgetary needs solely by **fund raising** within their own communities.

Before beginning fund raising efforts the following questions should be answered:

1. What type of parent group is doing the fund raising?
2. If the goal is to become a long-term parent group, is there a board of directors?
3. Is the group a private, nonprofit (501-C3) corporation?
4. Does it have tax exempt status?
5. Have the goals, objectives and marketing package been developed?

If the group wanting to raise funds is very informal with the sole purpose of giving parents a chance for networking with other parents, numbers 2 through 5 above may be omitted. But if the group is working for long term change within the community, these things need to be in place before asking people or other organizations for money.

Because there are Federal and State laws governing 501-C3 corporations, it is a good idea to consult a corporate attorney to find out the steps required to attain that status. Many attorneys work for no charge to worthy enterprises, and most offer the first consultation free. Once this has been done:

**Step 1** - Develop a fund raising plan. How much resource funding is needed? Determining the amount of funds needed will help meet the objectives.

At this time, the group needs to write out a budget for the upcoming period. The period can be quarterly, semiannually, or annually. The budget includes expenses and funds. Your budget should have listed on one side all of your expenses and on the other side all of your fund raising activities, including in-kind donations (a donation of products or services in place of money).

**Step 2** - Identify sources for funding. For example:

- State Agencies
- Civic Organizations
- United Way
- Individuals
- Foundations
- Federal sources (check the Federal Register)

**Step 3** - Choose more than one method of fund raising. Some possibilities are:

- Direct Mail - Sending letters to a carefully chosen list requesting a contribution.
- Grants
- Personal Contact
- Fund raising events

 For Funding Foundations, see the "Internet Resource" section at the end of this guide.

**Marketing** involves how people view the organization; everything done by the organization relates in some way to marketing. The trick is to make sure people view the organization in the desired way. This is done through face-to-face contact, written materials and promotions. Always keep the goals in mind when working on marketing materials. It must be made clear to the public what the organization does and what it is about.

**Face to Face:** The first marketing tool is the people involved in the group. The board of directors, advisory board and volunteers all combine to project an image; they are walking, talking advertisements. Make it clear to everyone involved what the goals are so they all give the same message.

**Written Materials:** The organization should have an attractive brochure answering the questions of Who? How? Why? What? When? and Where? It should be professional, sincere and factual. It should be neat, clear and concise. The eyes should be able to follow through smoothly from one item to the next. Large, easy-to-read type and white space are two tools used to interest the reader: *Always* include an address and phone number.

A fact sheet is another type of promotional material. This is simply a statement of goals and structure of the organization. It should include the mission, board of directors, advisors, staff, projects, future goals, funding status and a sentence or two about what sets the organization apart from others. The fact sheet is useful when requesting funds.

Some organizations do an educational package. This would include drug facts, prevention models, personal testimonials, resources available, etc.

**Promotions:** Promotions are used to generate positive publicity. Consider having a local business sponsor a drug-free party, bumper stickers, pins, etc. Try to use businesses that appeal to young people, such as pizza restaurants, amusement parks, etc.

Another type of promotion is media promotion. Send press releases to local papers on a regular basis. Make sure the release is double-spaced and includes a contact name at the parent organization, someone who will be available to answer questions, etc.

Public Service Announcements (PSA s) are a free service offered by the media. Not only will they run taped announcements at no charge, but they will often help make them.

 Recommended resource publications dealing with funding and marketing: "Prevention Pipeline," "The Future by Design." For ordering information see Bibliography section entitled "Coalition Building/Community Involvement" in back of this guide.

## **EDUCATING PARENTS ABOUT SUBSTANCE ABUSE AND PARENTING ISSUES**

Parents are the first line of defense in successful efforts to prevent youth substance abuse. Research indicates that young people who reported strong ties with their parents and families were significantly less likely to engage in risky behavior, including substance abuse (JAMA 1997).

**Planning prevention programming** that recognizes parents' important role in decisions made by young people will strengthen not only youth resistance to substance abuse, but will strengthen families and the community.

There are three basic types of parent training programs:

1. Parent Support
2. Parent Education
3. Parenting Enhancement and Skill-Building

Following are some **examples of parent training and skill building programs** which are available to parent action groups for use both within their own memberships and for use as outreach to the community. Most of these programs have copies of the curriculum and packets available to groups for a preview period at no cost and many offer periodic trainings for trainers for those wishing to offer trainings in their communities. Although this is an overview of many of the parenting enhancement and skill building programs available, it is not intended to be a complete listing.

**Active Parenting of Teens** for parents of preteens and teens

**Active Parenting Today** for parents of children ages 2 to 12

**1,2,3,4 Parents!** for parents of children ages 1 to 4

### **Active Parenting Publishers**

810 Franklin Court, Suite B

Marietta, Georgia 30067

Phone: 1-800-825-0060

Fax: (770) 429-0034

Email: [Cservice@activeparenting.com](mailto:Cservice@activeparenting.com)

Web site: [www.activeparenting.com/](http://www.activeparenting.com/)

The mission of Active Parenting is to improve the lives of families by providing innovative video and discussion programs to organizations so they may help parents and their children. Produced in 1983, Active Parenting was the first video-based parenting program in existence. Active Parenting of Teens and Active Parenting Today are designed as six, two-hour sessions and 1,2,3,4 Parents! is designed as three, one and one-half hours sessions. These programs include videotapes, discussion guides, Leader's Guides, Parent's Workbooks and promotional brochures. The programs all deal with issues such as the

developmental stages of children and young people and Active Parenting of Teens addresses critical teen problems such as drugs, violence, peer pressure and teen sexuality.

### **Family And School Together (FAST)**

Family Service America  
11700 West Lake Park Drive  
Milwaukee, WI 53224-3099  
Phone: 1-800-221-3726  
Fax: (414) 359-1074

The main purpose of FAST is to prevent school failure, enhance family functioning, prevent familial substance abuse and reduce stress. It also addresses the parent-school relationship by helping parents become more actively involved with their child's school.

The core of the program involves eight weekly multifamily meetings usually held in schools, during which positive experiences in family interaction are facilitated by a leadership team. The leadership team has at least four members: a parent partner, a school partner, a community-based substance abuse prevention partner and a community-based mental health partner. Each session features the following key elements:

1. A shared family meal
2. Communication games played at a family table
3. Time for couples
4. A self-help parent group
5. One-to-one quality play and
6. A fixed door prize that each family wins once.

The program attempts to strengthen bonds within families, among families and between families and community. At the end of 8 weeks, families graduate from the program and participate in monthly follow-up meetings, FASTWORKS, for 2 years. The program develops a support network that helps parents learn how to be the primary prevention agents for their own children. FAST collaborates with schools, parents and not-for-profit human service agencies to strengthen the family's internal bonds as well as its bonds with the school and community. The follow-up meetings are run by parent graduate volunteers, with backup from the collaborative leadership team.

Evaluation results after 8 weeks show statistically significant improvements in the child's classroom and home behaviors in family closeness and in parent involvement in school. Social isolation is reduced and long-term evaluation indicates these gains are maintained. FAST is now active in 25 States, Washington, DC and Canada.

**Families Can Make A Difference:  
A Substance Abuse Prevention Program**

Child Development and Family Studies  
Purdue University  
West Lafayette, IN 47907-1269  
Phone: (765) 494-2937  
Fax: (765) 494-0503

This parent skill enhancement training is designed to help parents develop a better understanding of how they can help children avoid or stop substance abuse. It is based on research indicating the effectiveness of strategies such as building effective communication, setting limits and close family bonding. The program's main components include a video with discussion guide and related exercises. The facilitator's guide contains three presentation formats: Two are intended for delivery to parent groups and one is for community groups. This program was developed at Purdue University in 1992 by V.L. Spurlock and colleagues. Pre- and post-evaluation questionnaires are available at the above address.

**Focus on Families**

Social Development Research Group  
146 North Canal, Suite 211  
Seattle, WA 98103  
Phone: (206) 685-1997  
Fax: (206) 543-4507

The main purpose of Focus on Families is to reduce parents' risk for relapse, cope with relapse incidents, reduce drug use, increase family management skills, reduce child risk factors, increase protective behaviors and decrease the incidence of substance abuse among children.

This program is most appropriate for addicted parents enrolled in methadone treatment and who have had at least 90 days of treatment prior to beginning it. Families participate in a 5-hour family retreat to learn about the curriculum, identify goals and participate in trust-building activities. This is followed by 32 sessions of 90 minutes each, held twice weekly for 16 weeks. Sessions are held in the mornings for parents, with practice sessions in the evening for parents and children together. Topics covered include family goal setting, relapse prevention, communication skills, management skills, family expectations about substance abuse use, teaching skills to children and helping kids succeed at school. Sessions and follow-up home care are provided by master's level therapists.

**Los Niños Bien Educados and Effective Black Parenting Program**

Center for the Improvement of Child Caring  
11331 Ventura Boulevard, Suite 103  
Studio City, CA 91604-0903  
Phone: 1-800-325-2422

*Los Niños Bien Educados* is based on child-rearing research with Latino families

and recommendations of nationally respected Latino educators and mental health specialists. *Los Niños* presents a wide range of basic child-rearing skills, along with “dichos” or Latino proverbs, used to make the learning and use of skills compatible with Latino cultural traditions. Parents learn how to praise effectively, to confront, to use family conversations and to employ “time out” procedures. The program is widely used in schools, mental health and social service agencies, churches and hospitals. It addresses school dropout prevention and drug and child abuse. It is taught as a 12-session class for groups of parents, with the last session serving as a graduation celebration. In addition to basic program materials, an audiocassette presentation is available.

The initial field testing of this program in the 1980s was with newly immigrated Latino families and was found to be highly successful. Participating parents reported their relationships with their kindergarten children as being either better or much better, whereas parents who did not attend the classes saw their relationships with their children as being the same or getting worse over a comparable time period. Children’s behavior improvements were reported by parents and confirmed by teachers. *Los Niños Bien Educados* is now being used nationwide as the centerpiece of parent involvement programs in school districts, as part of dropout prevention projects and as part of community efforts to combat poor outcomes for youth.

*Effective Black Parenting Program* teaches a set of parenting strategies and child management skills from within an African-American perspective using African proverbs to reinforce ancestral heritage. The Pyramid of Success for Black Children, Modern Black Self-discipline, Pride In Blackness and Chit-Chat Time are examples of culture-based strategies. Parents learn to put child management skills to work in their families to raise proud and confident children.

### **Positive Indian Parenting**

Northwest Indian Child Welfare Institute  
Parry Center for Children  
3415 S.E. Powell Blvd  
Portland, OR 97202

This curriculum is designed to provide a brief, practical culturally-specific training program for Indian Parents. The first goal of the curriculum is to help Indian parents explore the values and attitudes expressed in traditional child-rearing practices and then to apply those values to modern skills in parenting. Since there is no one tradition among Indian people for child rearing, several examples from numerous tribes are used as examples. It is the assertion of this curriculum that parents can develop positive attitudes, values and skills that have their roots in Indian cultural heritage, thereby promoting the growth and well-being of the Indian child through positive parenting.

**MELD**

123 North Third Street, Suite 507  
Minneapolis, MN 55401  
Phone: (612) 332-7563  
Fax: (612) 344-1959

This parenting enhancement training is aimed at parents of newborns to 3-year-olds. It uses peer support groups to help strengthen families by reducing the social isolation that can lead to child abuse and neglect. Various program activities are undertaken to increase parents' knowledge of child development; to increase parents' ability to solve problems, make decisions and manage family life and to nurture parents' personal growth. Support peer groups meet weekly or twice a month for a period of 2 years. Groups are facilitated by community volunteers who are carefully recruited, trained and supervised by a local certified MELD professional.

A MELD Young Moms program was studied at seven sites and found to have resulted in a positive and significant shift in attitudes and beliefs about parenting and nurturing children. Some outcomes included more appropriate expectations in line with the child's abilities; increased awareness of the child's needs and better response to those needs.

**Nurturing Parenting Program**

3160 Pinebrook Road  
Park City, UT 84098  
Phone: (801) 649-9599

This program is aimed at families with children ages 0 through 19. Its purpose is to build nurturing skills as an alternative to abusive parenting attitudes and practices. It is based on a re-parenting philosophy. It seeks to stop the generational cycle of child abuse, reduce juvenile delinquency and alcohol abuse and reduce teen pregnancy. Parents and children attend separate groups engaging in cognitive and affective activities that build self-awareness, self-esteem and empathy. They learn alternatives to yelling and hitting as well as enhanced family communication patterns and expectations that are realistic in terms of the child's stage of development.

This program includes 13 different versions that target specific age groups, cultures and needs. For example, there are special programs for infants, school-aged children, and teens; Hispanics, Southeast Asians and African Americans; and children with special learning needs and families in recovery. Group sessions are held weekly for 2 to 3 hours, and for a period of 12 to 45 weeks. Programs can be held in group sites or delivered in the home setting.

The Parent Connection  
Work in America Institute  
700 White Plains Road  
Scarsdale, New York 10583  
Phone: 1-800-787-0707  
Fax: (914) 472-9606  
Web site: [www.workinamerica.org/](http://www.workinamerica.org/)

Established in 1992, The Parent Connection focuses on the importance of the parent/child relationship in its efforts to help children avoid harmful substances. Originally designed for use in the workplace, this program teaches parents how to communicate more effectively with their children about substance abuse.

The program is a communications program which facilitates discussion of substance issues parent to parent. This sharing process involves role-playing games and "what would you do in this situation?" activities. Busy, working parents learn how to find time to talk with their young people about substance abuse and related topics. To help parents feel more confident in discussions with their children, they are taught the street names of drugs and their effects on young growing bodies.

Designed for 10 sessions, the full curriculum is available in English and Spanish and reaches parents of children ages 5 through 9 and of youth ages 10 through 15. Also included is a complete marketing plan so facilitators can recruit parent participants.

### **The Parent Project**

Northern Illinois Council on Alcoholism and Substance Abuse (NICASA)  
3179 N. Fish Lake Road  
Round Lake, IL 60073  
Phone: (847) 546-6450  
Fax: (847) 546-6760

The main purpose of this training is to establish networks for working parents, improve paren/child relationships; help balance work and family life; improve corporate climate for workers; improve parents' skills in preventing substance abuse and other problems that occur in teen years. It is most appropriate for working parents of children ages birth through 18.

The program is presented at work sites during the lunch hour. It addresses common issues such as balancing work and family, communication, discipline, learning styles, sibling relationships, sex role conditioning, substance abuse and other issues. It also focuses on specific developmental issues: child care, tantrums, sleeping and eating patterns, communicating with school personnel, peer pressure and establishing family policies regarding substance use. School performance, male/female relationships and increasing levels of responsibilities as children grow older are also addressed.

A study showed that some parents reported significant and lasting changes in their child's behavior and rated children's behavior more positively. Their parenting practices changed positively and punitiveness declined. Parental stress and depression were reduced. Increases in substance abuse knowledge and negative attitudes toward drug use were noted.

Parent to Parent, Parenting for Safe and Drug-Free Youth  
The Passage Group (formerly PRIDE Parent Training)  
1240 Johnson Ferry Place, Suite F10  
Marietta, GA 30068  
Phone: 1-800-487-7743  
Fax: (770) 565-4749

The purpose of this parenting skills enhancement training program is to empower parents to counter influences of drug culture in the lives of their young people. It is aimed at parents of children of all ages.

Parent to Parent offers a unique approach in helping parents deal with the difficult issues facing today's families. It is not a program that attempts to preach to parents about how to raise their children, nor does it attempt to impose its own standards or values upon parents. Instead, it is an interesting and dynamic video-based workshop designed to bring parents together for the purpose of helping their children through the challenging passage into adulthood. The Parent to Parent program is contained in 8 video sessions dealing with:

- The Me Within
- Put Yourself In The Way
- Awareness Is Your Best Friend
- Remember The Difference
- Expect and Inspect
- Never Cry Alone
- Take Time For Yourself
- When All Else Fails

This program is designed to challenge the thinking of the participants. Each session is conducted by a local facilitator who uses the video modules to convey information regarding issues such as alcohol and drug use, character development, communication skill and more. The real power of Parent to Parent is in the exercises and discussions which follow each of the video modules. It is during this time the parents begin to internalize the information and develop a plan of action that fits the needs of their own families.

**Preparing for the Drug-Free Years (PDFY)**

Preparing for the Drug-Free Years  
130 Nickerson Street, Suite 107  
Seattle, WA 98109  
Phone: 1-800-736-2630

This program is aimed at parents of children in grades 4 through 9 that wish to

reduce risks of drug abuse and other behavioral problems. PDFY is designed for use before children begin experimenting with drugs. Its focus is on family relations, family management practices and family conflict resolution. Parents acquire the skills to reduce children's risk factors for drug abuse. They also learn the principles of social development strategies to strengthen family bonding.

PDFY features two volunteer workshop leaders, one of whom is a parent, who deliver the program in five 2-hour sessions or ten 1-hour sessions. Parents learn to increase children's opportunities for family involvement, teach needed skills and provide reinforcement and consequences for behavior. Discussion topics include: the nature of the problem, reducing risks by strengthening family bonds, conduct of family meetings, fostering of communication, establishing a family position on drugs, reinforcing refusal skills, anger management and creating a parent support network.

### **Strengthening Families Program (SFP)**

Department of Health Promotion and Education

University of Utah

300 S. 1850 E, Room 215

Salt Lake City, UT 84112-0920

Phone: (801) 581-8498

Fax: (801) 581-5872

Web site: [www.strengtheningfamilies.org/](http://www.strengtheningfamilies.org/)

The Strengthening Families Program (SFP) was developed in response to a request from drug-abusing parents at a methadone maintenance clinic to help them improve their parenting skills. Since its initial inception in 1983 as a program for mostly white, middle class parents, SFP has been made culturally sensitive for:

- Rural and urban African-American families
- Asian/Pacific Islander families
- Hispanic families, and
- Low socio-economic status families, regardless of race or ethnicity.

SFP provides 13 weekly meetings of 2 to 3 hours in length. Three separate courses are offered: Parent Training, Children's Skills Training and Family Life Skills Training. Parents learn how to gain the child's attention and reinforce positive behavior; they also acquire skill in communication, substance use education, problem solving, setting boundaries and maintenance. Kids learn communication, understanding feelings, social skills, problem solving, resisting peer pressure, substance use issues and rule compliance. Families jointly practice therapeutic child play and conduct weekly meetings to address issues and plan activities. Incentives to participation include transportation, child care and family meals.

## **Strengthening Multi-Ethnic Families and Communities**

1220 S. Sierra Bonita Avenue

Los Angeles, CA 90019-2552

Phone: (213) 936-0343

Fax: (213) 936-7130

The main purpose of this program is to reduce drug/alcohol use, teen suicide, juvenile delinquency, gang involvement, child abuse and domestic violence and is aimed at parents of children ages 3 through 18. It integrates various proven prevention/intervention strategies that reduce violence against self, the family and the community. Its short-term objectives are to increase the parents' sense of competence; the positive interactions and relationships among the family, the parents and the children; the child's self-esteem, self-discipline and social competency; and the involvement of parents in community activities. Parent training classes are held in churches, schools, community agencies and other locations. The program includes 12 3-hour sessions taught in consecutive weeks. Materials are available in English, Spanish, Vietnamese and Korean. A Russian translation is in progress.

- ☞ Listings for recommended resource publications for educating parents are found in Bibliography sections entitled "Coalition Building/Community Involvement" and "Recommended Reading for Parents, Grandparents and Other Caregivers" in the back of this guide.

### **Choosing a Parenting Enhancement and Skill Building Training Program**

Choosing a culturally and ethnically appropriate parenting program when there are so many programs available may seem a daunting thing. However, the key to determining which program is the best fit for a particular parent group is a fairly straightforward process:

#### **Step One: Obtain review copies of potential parent training programs.**

It is difficult to select a parenting program without actually having an opportunity to examine and discuss the program with the whole parent group. Most parent training publishers are aware of this and will send a sample curriculum to a group for review with the stipulation that it is to be returned within an agreed-upon length of time.

#### **Step Two: Review potential parent training curricula.**

Once curriculum review kits have been received, the group should meet to look them over and discuss them. Using the following checklist of the Key Elements of Effective Parenting Programs, evaluate each of the curriculum review kits. It will be helpful for each person to have a copy of the check list for reference as they go through the process.

- ☞ The following checklist may be used to identify strengths and weaknesses and determine where adjustments may need to be made in **any** prevention program under consideration.

## **Key Elements of Effective Parenting Programs Checklist**

### **1. Knowledge of the target population**

(the people intended to receive the program)

Has the target population been defined by age, gender, socio-economic status and cultural characteristics?

Have cultural characteristics of the target population been considered, including traditions and customs?

Have patterns of substance use been examined?

Are mechanisms in place to monitor the continued appropriateness of the strategy for the target population over time?

If the answer to these questions is “no,” the group risks choosing inappropriate strategies, resistance from the community and lack of support or engagement in the effort. For example, a parenting program targeted to inner-city parents will not be appropriate for rural parents.

### **2. Clarity and realism of expected results**

(Focus on specific, realistic goals; consider the goals in the context of the larger prevention goals of the community.)

Has the potential “reach” of the effort been considered?

Has the potential “strength” of the effort been considered?

Have specific goals of the effort been defined?

Have general prevention goals been defined and are goals of the effort coordinated with them?

If it is clear the goals cannot be achieved, has the effort been re-examined?

If the answer to any of these questions is “no,” the effort risks a loss of focus, or promising more than can be attained.

### **3. Corroborative empirical evidence of potential effectiveness**

(When available, gather and use reliable empirical evidence of effectiveness from comparable programs to select and guide the current effort.)

Have previous experiences with this type of effort been identified?

Has evaluation evidence of effectiveness been identified?

Has the methodological soundness of previous evaluations been assessed?

If the answer to any of these questions is “no,” the effort risks making unnecessary mistakes by not learning from experiences of others.

### **4. Conceptual soundness**

(Use a logical conceptual framework to connect the prevention effort with its intended results and the overall goal of reducing substance abuse. Base the

conceptual framework used to explain the prevention effort on what is already known; refine or revise the framework as needed to reflect new learning from public health, behavioral sciences or other fields.)

- Have logical connections between prevention activities and goals been identified?
- Has support for other well-established theories been examined?
- Have plans been made to update the effort should new information become available?
- Has the nature of motivation to use alcohol and drugs been considered?

If the answer to these questions is “no,” the effort risks the inability to effectively address the problem with unintended or unrelated effects.

### **5. System integration**

(Design and implement the prevention effort to build on and support related prevention efforts. Design and implement the prevention effort with consideration for the strains that it may place on different parts of the system.)

- Have other related prevention efforts in the target area been identified?
- Has the effort been carried out in coordination with other prevention efforts?
- Have opportunities to maximize effectiveness by building on other efforts been identified?
- Have possible system strains caused by the effort been planned for? (e.g., budgetary considerations and adequate personnel).
- Have ways to avoid or minimize any strains been planned?
- Have representatives from other parts of the system been included in the planning process?

If the answers to any of these questions is “no,” the effort risks fragmentation of effort, inefficient use of resources, missed opportunities for synergy and unproductive competition.

### **6. Appropriate structuring of the effort**

(Carry out the prevention effort through activities consistent with the availability of personnel, resources and realistic opportunities for implementation. Create opportunities for the exercise of leadership across a broad range of participants.)

- Has the effort been segmented into manageable components?
- Are components designed to strengthen each other?
- Has the planning for the overall effort been centralized and coordinated?
- Have the budget, staff and activities been decentralized?
- Have participants been involved as leaders?
- Have leadership roles been used to broaden participation/investment in the effort?

If the answers to any of these questions are “no,” the effort risks overwhelming too few people with too much work, leading to delays, extra costs and less attention to quality.

## **7. Appropriateness of timing, intensity and duration**

(Time the prevention effort so that implementation coincides with a period of peak community concern or the target population's readiness for the change intended. Design the prevention effort for delivery with sufficient intensity in exposure, breadth and impact to produce its intended results and deliver it over a long enough period of time so the results can be sustained.)

Has advantage been taken of transient opportunities and "teachable moments"?  
Has readiness to address controversial problems or difficult strategies been carefully assessed?

Has the intensity of effort been matched to the intensity of the problem?

Has the effort been maintained or repeated over a long enough period of time to maintain effectiveness?

Have efficient ways been found for applying "booster" interventions?

If the answers to these questions are "no," the effort risks misdirected effort and failure to realize the full potential of the effort.

## **8. Inclusive participation**

(Include in the prevention effort activities that "grab" and maintain buy-in of key decision-makers and leaders and of those organizations and individuals who directly or indirectly will be responsible for implementing the effort.)

Have key decision makers in the target area been identified?

Are key decision makers actively involved in planning and executing the effort?

Have formal and informal leaders been identified?

Have formal and informal leaders been involved in the effort?

Where appropriate, have recipients of the prevention strategy been involved in planning and implementation?

Have cultural issues been considered in efforts to foster inclusive participation?

If the answers to these questions is "no," the effort risks lack of interest and support from key persons and organizations.

## **9. Attention to quality of delivery**

(Design and implement the prevention effort for the highest possible quality in each step of its execution.)

Has each implementation feature been planned and executed for highest quality?

Has attention been paid to management issues?

Has attention been paid to staff qualifications and characteristics?

Has the effort been changed as needed to respond to events and opportunities?

If answers to these questions are "no," the effort risks overlooking key details and thus weakening the potential impact of the effort.

## **10. Commitment to evaluation and effort refinement**

(Pay close attention to monitoring as well as to process and outcome evaluation.)

Has the effort been planned with monitoring and evaluation in mind?

Has outcome evaluation been conducted to measure success of the effort in producing desired results?

Has the evaluation been integrated into the effort?

Has the effort been continuously monitored?

Have careful records been kept and used in assessing the effort?

Has information from monitoring and evaluation been used to improve the effort?

If the answers to these questions are “no,” the effort risks missed opportunities for redirecting and improving the effort and for determining its effectiveness.

**Step Three: Select the most appropriate parent training program**

**Step Four: Find funding to support the chosen program**

**Step Five: Market the program to the target population**

**Step Six: Implement the training - evaluating the process along the way**

**Step Seven: Evaluate the training as a learning and continued funding tool.**

## **Planning Prevention Programming**

Because of the high level of interest in substance abuse and related issues, many substance abuse-related materials and programs have been generated. Some are going to be more effective than others. Substance abuse prevention is not a “one size fits all” situation in which any set of prevention materials and programs will work as well as any other; it should be a process of careful examination and selection. In the process of selecting prevention programming, it will be helpful to use the list of the 10 Key Elements of good programs found in the segment entitled “Choosing a Parenting Enhancement and Skill Building Training Program.” Each potential program should be reviewed using this checklist to assess the potential effectiveness of that program. This process will give a solid base to the activities and programs selected for implementation.

**Mobilizing the parent action group** to work for change is not always a simple thing to achieve. When people share a sense of community they are motivated and empowered to change problems they face; when people feel an important part of a community, they will be more likely to work for needed changes. It’s important that the group continually be involved in activities/projects and that everyone has a role.

☞ Recommended resource materials on strategies to help mobilize communities, see “Resource Materials for Parent Action Groups” in the Bibliography section of this guide.

## RESOURCE ORGANIZATIONS

### Federal Resources on Substance Abuse Prevention

**Bureau of Justice Statistics (BJS)** focuses on drugs and crime data and covers law enforcement and crime rates.

#### **BJS**

U.S. Department of Justice  
633 Indiana Avenue, N.W.  
Washington, DC 29531  
Phone: (202) 307-0765

BJS Automated Information System, a clearinghouse for BJS, offers drug and crime related information and materials. Fax-on-demand and Internet services also available.

#### **National Criminal Justice Reference Service (NCJRS)**

Box 6000  
Rockville, MD 20849-6000  
Phone: (202) 307-6100  
Web site: [www.ncjrs.org/](http://www.ncjrs.org/)

**Center for Mental Health Services (CMHS)**, a center within the Substance Abuse and Mental Health Services Administration (SAMHSA), focuses on efforts to demonstrate, evaluate and disseminate service delivery models to treat mental illness, promote mental health and prevent the development or worsening of mental illness when possible. It conducts information exchange and education programs, promotes effective programs and services, emphasizes comprehensive, integrated systems of care, including consumer and family self-help programs. Its programs are family oriented, with a strong element of parent and child advocacy.

#### **CMHS**

5600 Fishers Lane, Room 15-99  
Rockville, MD 20857  
Phone: (301) 443-0001  
Fax: (301) 443-1563  
Web site: [www.samhsa.gov/cmhs/cmhs.htm/](http://www.samhsa.gov/cmhs/cmhs.htm/)

**Center for Substance Abuse Prevention (CSAP)**, a center within SAMHSA, focuses attention and funding on the prevention of substance abuse. CSAP was formed in 1992 by Congressional mandate to provide national leadership in the Federal effort to prevent alcohol, tobacco and illicit drug problems. Its primary role is to bridge the gap between science and practice in the area of substance abuse prevention.

**CSAP**

5600 Fishers Lane, Ste. 900  
Rockwall II Building  
Rockville, MD 20857  
(301) 443-0365  
(301) 443-5447 (fax)  
Web site: [www.samhsa.gov/csap.htm/](http://www.samhsa.gov/csap.htm/)

**Center for Substance Abuse Treatment (CSAT)**, a center within SAMHSA, focuses attention and funding on the development and assessment of treatment techniques and models.

**CSAT**

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Rockwall II, 5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-5052  
Web site: [www.samhsa.gov/csac/csac.htm/](http://www.samhsa.gov/csac/csac.htm/)

CSAT's National Drug Information and Treatment Referral Hotline:  
1-800-662-HELP (4357)

**National Clearinghouse for Alcohol and Drug Information (NCADI)**, a SAMHSA project, is a comprehensive resource available to the public. It offers the most current and comprehensive information about substance abuse prevention and distributes the latest studies and surveys, guides, videocassettes and other types of information. Staffed by both English and Spanish speaking information specialists, NCADI offers recommendations for appropriate publications, posters and videocassettes; conducts customized searches; provides grant and funding information and referral services. Most of the materials obtainable from NCADI are at no cost. Much of the inventory is downloadable from the internet.

**NCADI**

PO Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
(301) 468-6433 (fax)  
Web site: [www.health.org/](http://www.health.org/)

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)** focuses attention and funding on research on alcohol abuse and alcoholism and their prevention and treatment.

**Prevention Research Branch  
National Institutes of Health**

5600 Fishers Lane  
Rockville, MD 20857  
Phone: (301) 443-1677  
Fax: (301) 443-8774  
Web site: [www.niaa.nih.gov/](http://www.niaa.nih.gov/)

**National Institute on Drug Abuse (NIDA)** focuses attention and funding on research on substance abuse and its treatment and on the dissemination and application of this research.

**NIDA**

6001 Executive Boulevard, Room 5274, MSC 9581  
Bethesda, MD 20892-9581  
Phone: (301) 443-9127  
Fax: (301) 443-6480

**Fax subscription request for *NIDA Notes* to:**

Fax: (301) 294-5401  
Web site: [www.nida.nih.gov/](http://www.nida.nih.gov/)

**National Technical Information Service (NTIS)** makes available numerous publications on many topics, including substance abuse.

**Office of Community Safety and Conservation  
Department of Housing and Urban Development**

451 7<sup>th</sup> St., SW, Rm. 4112  
Washington, DC 20410  
Phone: (202) 708-1197  
Fax: (202) 401-7965

**Office of National Drug Control Policy (ONDCP)** is responsible for national drug control strategy; sets priorities for criminal justice, drug treatment, education, community action and research.

**Executive Office of the President**

Washington, DC 20503  
Phone: (202) 395-6700  
Web site: [www.whitehouse.gov/WH/EOP/ondcp/html/ondcp.html/](http://www.whitehouse.gov/WH/EOP/ondcp/html/ondcp.html/)

**ONDCP Drug Policy Information Clearinghouse**

PO Box 6000  
Rockville, MD 30849-6000  
Phone: 1-800-666-3332  
Fax: (301) 519-5212

**Substance Abuse & Mental Health Services Administration (SAMHSA)** seeks to improve the quality and availability of prevention, treatment and rehabilitation services in order to reduce illness, death, disability and cost to society resulting from substance abuse and mental illnesses.

5600 Fishers Lane, Room 14C-14  
Rockville, MD 20857  
(301) 443-5437  
Web site: [www.samhsa.org/](http://www.samhsa.org/)

### **National Organizations for Substance Abuse Prevention**

**African American Parents for Drug Prevention (AAPDP)** is a national collective of African Americans who are assuming parenting, nurturing and/or socialization responsibilities for African American children and youth. It includes biological parents, grandparents, aunts and other blood relatives, as well as non-blood relatives within the African American culture.

**AAPDP**  
311 Martin Luther King Dr.  
Cincinnati, OH 45219  
Phone: (513) 475-5359  
Fax: (513) 281-1645

**AVANCE, Inc.**, established in 1973, is a pioneer of parent education, family support and fatherhood education programs. By providing support and education services to low-income predominantly Hispanic families, AVANCE strives to strengthen the family unit and enhance parenting skills.

**AVANCE**  
301 S. Frio, Suite 380  
San Antonio, TX 78207  
Phone: (210) 270-4630  
Fax: (210) 270-4612

**Center on Addiction and Substance Abuse at Columbia University (CASA)** is a think/action tank that studies substance abuse as it affects our society. Its mission is to inform Americans of the economic and social costs of substance abuse, to assess what works in prevention, treatment and law enforcement, to encourage every individual and institution to take responsibility to combat substance abuse and addiction, to provide tools to those on the "front lines" and to remove the stigma of abuse. Conducts the National Survey of American Attitudes on Substance Abuse.

**CASA**

152 W. 57<sup>th</sup> Street  
New York, NY 10019-3310  
Phone: (212) 841-5200  
Fax: (212) 956-8020  
Web site: [www.casacolumbia.org/](http://www.casacolumbia.org/)

**Community Anti-Drug Coalitions of America (CADCA)** Although not strictly a *parent* coalition, CADCA's mission is to promote and facilitate comprehensive responses to the nation's problems of drugs and drug-related violence, so parenting and related issues are a major component of its programming strategies. It publishes reproducible technical assistance manuals for community coalitions entitled "CADCA Strategizers" to help streamline the planning process and cover such topics as long range planning, board and staff development, development of media strategies, marketing planning, fund raising for coalition operations and programs and more. Portions of the Strategizers are downloadable from the CADCA web site.

**Community Anti-Drug Coalitions of America (CADCA)**

901 North Pitt Street, Suite 300  
Alexandria, VA 22314  
Phone: 1-800-54-CADCA or (703) 706-0560  
Fax: (703)706-0565  
Web site: [www.cadca.org/](http://www.cadca.org/)

**National Families in Action (NFIA)** operates a drug information center and emphasizes policy issues opposing decriminalization of marijuana, sale of drug paraphernalia and "responsible use" (rather than abstinence) messages in drug education. NFIA supports the revitalization of parental involvement in drug abuse prevention and publishes *Drug Abuse Update*, a quarterly journal containing abstracts of articles published in journals, academic articles and newspapers on drug abuse and other drug issues.

**NFIA**

Century Plaza II  
2959 Clairmont Rd., Ste. 150  
Atlanta, GA 30329  
Phone: (404) 248-9676  
Fax: (404) 248-1312  
Email: [nfia@mindspring.com/](mailto:nfia@mindspring.com)  
Web site: [www.emory.edu/NFIA/](http://www.emory.edu/NFIA/)

**Drug Watch International** is a volunteer non-profit information and advocacy organization which promotes the creation of healthy drug-free cultures. The organization upholds a comprehensive approach to drug issues involving prevention, education, intervention/treatment and law enforcement/interdiction.

The purpose of Drug Watch is to provide the public, policymakers and the media with current drug information, factual research and expert resources and to counter drug legalization measures.

**Drug Watch International**

P.O. Box 37218

Omaha, Nebraska 68137

Web site: [www.DrugWatch.org/](http://www.DrugWatch.org/)

**Join Together** is a staff resource center created by a grant to the Boston University School of Public Health. Join Together's five program areas are: 1. Technical assistance in the development of comprehensive strategies; 2. Sponsoring public policy panels to address issues coalitions identify as barriers to their success; 3. Fellows Program recognizing community leaders who have made significant contributions toward reducing the harm from substance abuse; 4. Join Together Online brings community coalitions together to debate issues, share successes; 5. Getting substance abuse focused on the local and national agenda.

**Join Together**

441 Stuart Street, 7<sup>th</sup> Floor

Boston, MA 02116

(617) 437-1500

(617) 437-9394 (fax)

Email: [info@jointogether.org/](mailto:info@jointogether.org/)

Web site: [www.jointogether.org/](http://www.jointogether.org/)

**MADD** is a nonprofit organization founded in 1980, whose focus is to look for effective solutions to the drunk driving and underage drinking problems, while supporting those who have been victimized by drunk driving. MADD also sponsors parenting programs, youth training, a poster/essay contest and a national youth summit. It has made available to parents at no cost an interactive CD Rom, which teaches parenting skills.

**MADD**

511 East John Carpenter Frwy., #700

Irving, TX 75062

Phone: 1-800-GET-MADD or (214) 744-6233

Fax: (214) 869-2206

Web site: [www.madd.org/](http://www.madd.org/)

**Marin Institute for the Prevention of Alcohol and Other Drug Problems** develops, implements and disseminates approaches to prevention, focusing on environments that support and glamorize alcohol and illegal drug use.

**Marin Institute for the Prevention of Alcohol and Other Drug Problems**

24 Belvedere Street  
San Rafael, CA 94901  
Phone: (415) 456-5692  
(415) 456-0491 (fax)  
Web site: [www.marininstitute.org/](http://www.marininstitute.org/)

**National Association for Native American Children of Alcoholics (NANACOA)** strives to help individuals and communities break the cycle of addiction among Native Americans. Its objectives are: establishment of a national network for Native American Children of Alcoholics; development of information for Native American communities which include publications, videotapes and posters; and annual national conference for Native American children of alcoholics and others working in Native communities and informing local and national policymakers about the needs of this population. Publishes a newsletter *Healing Our Hearts* for Native people.

**National Association for Native American Children of Alcoholics (NANACOA)**

1402 Third Ave., Ste. 1110  
Seattle, WA 98101  
800-322-5601  
(206) 467-7686  
(206) 467-7689 (fax)  
Email: [nanacoa@nanacoa.org/](mailto:nanacoa@nanacoa.org)  
Web site: [www.nanacoa.org/](http://www.nanacoa.org/)

**National Asian Pacific American Families Against Substance Abuse (NAPAFASA)** is a private, nonprofit, national membership coalition dedicated to strengthening families and promoting culturally-competent substance abuse and related services to Asian and Pacific Islanders. NAPAFASA focuses on substance abuse and all its related problems including: health care; gang and domestic violence; mental health; and poverty. NAPAFASA holds national conferences on prevention and treatment issues.

**National Asian Pacific American Families Against Substance Abuse (NAPAFASA)**

300 W. Cesar Chavez Ave., Ste. B  
Los Angeles, CA 90012  
Phone: (213) 625-5795  
Fax: (213) 625-5796  
Web site: [www.igc.apc.org/apiahf/napafasa.html/](http://www.igc.apc.org/apiahf/napafasa.html/)

**National Association of State Alcohol and Drug Abuse Directors (NASADAD)** is a private, non-profit organization established to foster the development of a comprehensive alcohol and illicit drug abuse program capability

in each State, facilitate the evaluation, dissemination and interstate exchange of alcohol and illicit drug information among the State Agency Directors and others interested in the field and to encourage the Federal Government to engage with the States in cooperative and comprehensive planning and the use of government resources at all levels.

**National Association of State Alcohol and Drug Abuse Directors (NASADAD)**

808 17<sup>th</sup> Street, NW, Ste. 410  
Washington, DC 20006  
Phone: (202) 293-0090  
Fax: (202) 293-1250  
Email: dcoffice@nasadad.org/  
Web site: www.nasadad.org/

**National Hispano/Latino Community Prevention Network (NHLCPN)** is comprised of community members and leaders dedicated to raising the consciousness of society to the inherent strengths, capabilities and resources the Hispano/Latino community offers to the well-being of the nation. The mission of NHLCPN is to build a national Hispano/Latino agenda that will establish and maintain their participation in the policy-making process.

**National Hispano/Latino Community Prevention Network (NHLCPN)**

PO Box 2215  
Española, NM 87532  
Phone: (505) 747-1889  
Fax: (505) 747-1623  
Email: HMONTROYA@aol.com  
Web site: www.emory.edu/NFIA/CONNECTIONS/NHLCPN/

**National Inhalant Prevention Coalition (NIPC)** is a non-profit organization begun in 1990 as the Texas Prevention Partnership. It began to focus on inhalant abuse and related issues. NIPC serves as an information and research clearinghouse for inhalant abuse; it produces a quarterly newsletter and offers a national crisis hotline for referral purposes. NIPC also conducts a community mobilization program every year called the National Inhalants and Poisons Awareness Week (NIPAW), which takes place the third week of March and has generated a no-cost, bilingual (English and Spanish) coordinators kit for use during NIPAW.

**National Inhalant Prevention Coalition (NIPC)**

2904 Kerby Lane  
Austin, TX 78703  
Phone: (512)480-8953 • 1-800-269-4237  
Fax: (512)477-3932  
Email: nipc@io.com  
Web site: www.inhalants.org/

**National Interfaith Alliance Against Substance Abuse (NIAASA)**, a consortium of faith communities, proposes leadership and community collaborative efforts at the local level. This group issued a Call To Action, which states that they wish to cooperate with all groups in making the spiritual institutions available to the strategies of prevention, treatment and training.

**NIAASA**

5885 Robert Oliver Place  
Columbia, MD 21045  
Phone: (410) 730-9132 or (410) 740-2045  
Fax: (410) 730-9132  
Email: NIAASA98@aol.com/

**National Prevention Network (NPN)**, an organization of State alcohol and other drug abuse prevention representatives and an affiliate of NASADAD, provides a national advocacy and communication system for prevention.

**National Prevention Network (NPN)**

808 17<sup>th</sup> Street, NW, Ste. 410  
Washington, DC 20006  
Phone: (202) 293-0090  
Fax: (202) 293-1250  
Email: smcgencey@nasadad.org/  
Web site: www.nasadad.org/

**Parents Resource Institute for Drug Education (PRIDE)**, a membership organization, focuses on alcohol, tobacco and other drug prevention, especially in youth. Also conducts an annual substance use survey and provides drug prevention technical assistance services and materials.

**Parents Resource Institute for Drug Education (PRIDE)**

3610 DeKalb Technology Parkway, Ste. 105  
Atlanta, GA 30340  
Phone: 1-800-853-7867 or (770) 458-9900  
Fax: (770) 458-5030  
Email: pridepc@mindspring.com/  
Web sites: www.prideusa.org/  
www.americaspride.com/

**Safe Homes** encourages parents to sign a contract stipulating that when parties are held in one another's homes, there will be a strict no-alcohol/no-drug-use policy.

**Safe Homes**

Erie County Council for the Prevention of Alcohol and Substance Abuse  
4255 Harlem Road  
Amherst, NY 14226  
Phone: (716) 839-1157

**Youth Power** (formerly “Just Say No”), is a community and school-based program dedicated to the well being of children and teenagers. It builds resiliency and teaches youth to discover and hone their assets to succeed in all areas of their lives. It offers tools for forming alliances with other organizations and generating community support.

**Youth Power**

200 Franklin Street, Suite 400  
Oakland, CA 94612  
Phone: 1-800-258-2766 or (510) 451-6666  
Web site: [www.justsayno.org/](http://www.justsayno.org/)

## INTERNET RESOURCES

It is recommended that any internet information obtained be double-checked against research publications. Although there is a great deal of valuable information available on the internet, there are also many sites which contain incorrect information about substances.

### **Children, Youth and Families At Risk (CYFAR)**

**Web site:** [www.reeusda.gov/new/4h/cyfar/cyfar.htm/](http://www.reeusda.gov/new/4h/cyfar/cyfar.htm/)

This web site contains information about effective programs for at-risk youth and families, including a 4-H Youth Development Curriculum. In the interest of sustaining and expanding community programs for at-risk children and families, the CYFAR Initiative funds a broad variety of support and technical assistance programs.

### **Children, Youth, Family Consortium (CYFC) Electronic Clearinghouse**

**Web site:** [www.cyfc.umn.edu/](http://www.cyfc.umn.edu/)

This web site includes a range of information pertaining to child, youth and family health, education and welfare. It is useful for informing everything from practical parenting to formulating policies and designing and implementing programs. Created in 1992 by the Consortium and the Cooperative Extension System.

### **Join Together Online (JTO)**

**Web site:** [www.jointogether.org/](http://www.jointogether.org/)

Join Together, a project of Boston University School of Public Health, is a national resource for communities working to reduce substance abuse.

### **McGruff's List of Web Links**

**Web site:** [www.ncpc.org/links.htm/](http://www.ncpc.org/links.htm/)

This web site offers a number of online resources for children, teens, parents and others. It links with sites dealing with substance abuse, research, support and information.

### **Common Sense Parenting**

**Web site:** [www.parenting.org/](http://www.parenting.org/)

This web site lists workshops offered by Boys Town. There is a cost associated with the trainings. For more information, call 1-800-545-5771.

## **Federal Internet Resources**

**Educational Resources Information Center (ERIC)  
Clearinghouse on Elementary and Early Childhood Education (EECE)  
University of Illinois at Urbana-Champaign  
Children's Research Center  
51 Getty Drive  
Champaign, IL 61820-7469  
Phone: (800) 583-4135 or (217) 333-1386  
Web site: <http://ericps.crc.uiuc.edu/ericeece.html/>**

EECE is part of the system of ERIC clearinghouses sponsored by the Department of Education. Collects and disseminates research, literature, fact sheets, and briefing papers on physical, cognitive, social, educational and cultural development of children from birth through early adolescence. Includes information on parenting and family relationships.

### **Federal Interagency Forum on Child and Family Statistics**

**Web site: [www.cdc.gov/nchswww/nchshome.htm/](http://www.cdc.gov/nchswww/nchshome.htm/)**

Founded in 1994 by Executive Order 13045 to foster collaboration in reporting on Federal data on kids and families. Includes agencies in Departments of Agriculture, Commerce, Education, Health and Human Services (HHS), Housing and Urban Development (HUD), Justice, and Labor; the National Science Foundation; and the Office of Management and Budget.

### **U.S. Department of Health and Human Services (USDHHS), Administration for Children and Families (ACF), Head Start Bureau**

**Web site: [www.acf.dhss.gov/programs/hsb/](http://www.acf.dhss.gov/programs/hsb/)**

Head Start home page; links to programs, current initiatives, evaluation studies, training and technical assistance (TA) regional network, grantees, frequently asked questions (FAQs), and resource library.

### **USDHSS, Administration on Children, Youth and Families (ACYF)**

**Web site: [www.acf.dhhs.gov/programs/acyf/](http://www.acf.dhhs.gov/programs/acyf/)**

ACYF administers Federal programs supporting positive development of children, youth, and families; protective services; child care; and adoption. Home page has links to bureaus and research, demonstration, and evaluation studies.

### **National Clearinghouse on Families and Youth (NCFY)**

**P.O. Box 13505**

**Silver Spring, MD 20911-3505**

**Phone: (301) 608-8098**

**Fax: (301) 608-8721**

**Web site: [www.acf.dhhs.gov/programs/fysb/programs/ncfy.htm/](http://www.acf.dhhs.gov/programs/fysb/programs/ncfy.htm/)**

NCFY, funded by the Administration for Children and Families, has a library

on family and youth issues, special issue forums, outreach and networking, and publication.

**National Clearinghouse for Alcohol and Drug Information (NCADI)**

**Web site:** [www.health.org/](http://www.health.org/)

Sponsored by SAMHSA, USDHHS, this web site offers an online database of prevention materials, PREVLINe, that can be searched for information on parenting education specific to drug abuse prevention. Also has information services staff, distribution capability, customized searches and other services.

**National Criminal Justice Reference Service (NCJRS)**

**P.O. Box 6000**

**Rockville, MD 20849-6000**

**Phone: (800) 851-3420**

**Fax: (301) 519-5500**

**Web site:** <http://www.ncjrs.org/homepage.htm/>

NCJRS, a source of information on criminal and juvenile justice, is a collection of clearinghouses supporting all bureaus of the U.S. Department of Justice, and ONDCP.

**National Child Care Information Center (NCCIC)**

**301 Maple Avenue West, Suite 602**

**Vienna, VA 22180**

**Phone: (800) 616-2242**

**Fax: (800) 716-2242**

**Web site:** <http://ericps.ed.uiuc.edu/nccic/abtnccic.html/>

NCCIC, sponsored by the DHHS Administration for Children and Families (ACF), offers child care information, provides outreach to ACF grantees and the broader child care community (electronic networks and databases, clearinghouses and national organizations, State program activities, promising practices), and publishes a bimonthly bulletin.

**Office of National Drug Control Policy (ONDCP)**

**Web site:** [www.whitehousedrugpolicy.gov/](http://www.whitehousedrugpolicy.gov/)

This ONDCP web site offers updated information on substance abuse prevention, education, treatment, data and statistics, enforcement and news and public affairs. It also lists various initiatives and strategies dedicated to enable youth to reject illicit drug use.

**Parenting IS Prevention Project (PIPP)**

**Web site:** [www.emory.edu/NFIA/PIPP/](http://www.emory.edu/NFIA/PIPP/)

Part of the National Parenting Initiative ( a component of ONDCP's 10-year, *1998 National Drug Control Strategy*), PIPP offers an interactive web site which includes up-to-date drug information, resource information for parents, including tips for parenting and reproducible publications. It offers a parents' chat forum and links to other key prevention web sites.

## Foundations

### **Carnegie Foundation**

**437 Madison Avenue  
New York, NY 10022  
Phone: (212) 371-3200  
Fax: (212) 754-4073  
Web site: <http://www.carnegie.org/>**

Focuses on education and healthy development of children and youth. Supports parenting program development and evaluation. Began Starting Points initiative in 1994.

### **Annie E. Casey Foundation**

**701 St. Paul Street  
Baltimore, MD 21202  
Tel: (410) 547-6600  
Fax: (410) 547-6624  
E-mail: [webmail@aecf.org/](mailto:webmail@aecf.org)  
Web site: <http://www.aecf.org/>**

Funds work on building knowledge base for system reform and community change. Focuses on families, children, foster care, and mental health of urban children. Sponsors KIDSCOUNT initiative to track status of children. Funded many fatherhood initiatives.

### **The Commonwealth Fund**

**One East 75<sup>th</sup> Street  
New York, NY 10021-2692  
Phone: (212) 535-0400  
Fax: (212) 606-3500  
Web site: <http://www.cmwf.org/>**

Funds Healthy Steps for Children, a program to develop partnerships with community foundations. Its goal is to significantly impact outcomes for 100 families per site.

### **Ford Foundation**

**320 East 43<sup>rd</sup> Street  
New York, NY 10017  
Phone: (212) 573-5000  
Fax: (212) 599-4584  
Web site: <http://www.fordfound.org/>**

Human Development program area focuses on helping individuals, families, and communities gain social and economic opportunity. Grants focus on reproductive health including adolescent sexuality and AIDS prevention, early childhood and youth development, family support, welfare reform, and job-training programs. Supporter of Family Resource Coalition, AVANCE, and various parenting program evaluations.

**Robert Wood Johnson Foundation**

**P.O. Box 2316**

**Princeton, NJ 08543-2316**

**Phone: (609) 452-8701**

**Web site: <http://www.rwjf.org/>**

Three main areas of interest: access to health care, kids with disabilities, and substance abuse prevention. Has over 75 programs currently active. Supports surveillance of youth alcohol, tobacco, and other drug use; interactive computer-based prevention programs; and research on health and safety of urban youth.

**W.K. Kellogg Foundation**

**One Michigan Avenue East**

**Battle Creek, MI 49017-4058**

**Phone: (616) 968-1611**

**Web site: <http://www.WKKF.org/>**

Interested in comprehensive approaches to youth. Initiative called Families for Kids seeks to take on State welfare systems by promoting the child's viewpoint in considering the issues of foster care and family separation.

**A.L. Mailman Foundation**

**707 Westchester Avenue**

**White Plains, NY 10604**

**Phone: (914) 681-4448**

**Web site: <http://www.mailman.org/>**

Committed to ideals of the family resource movement. Continuing assistance in training of family support workers. Evaluation, refinement, and dissemination of adaptable and sustainable models for parent leadership development, family-friendly service integration, and community building. In 1977 funded Center for Family Support at Bank Street College. Helped fund Family Resource Coalition "best practices" project.

**The Pew Charitable Trusts**

**2005 Market Street, Suite 1700**

**Philadelphia, PA 19103**

**Phone: (215) 575-9050**

**Web site: <http://www.pewtrusts.com/>**

Supports nonprofit activities in areas of culture, education, the environment, health and human services, public policy, and religion. In 1997, with more than \$4.5 billion in assets, the Trusts awarded \$181 million to 320 nonprofit organizations. Recently published *See How We Grow: A Report on the Status of Parenting Education in the U.S.* Full text version available from <http://www.pewtrusts.com/docs/grow.html/>.

## Networks for Families and Parents

### **Adolescence Directory Online**

**Center for Adolescent Studies  
Indiana University  
Bloomington, IN**

**Web site:** <http://education.indiana.edu/cas/adol/adol.html/>

Electronic guide to information on adolescent issues: conflict, violence, mental health, including alcohol and other drug abuse and counselor resources.

### **Early Childhood Educators' and Family Web Corner**

**Beth Conant, Early Intervention TA Consultant  
Western Instructional Support Center  
5347 William Flynn Highway  
Gibsonia, PA 15044**

**Web site:** <http://www.nauticom.net/www/cokids/index.html/>

Links to a wide variety of resources in health and nutrition, child care, education, parenting information consumer education, safety, special education, social issues and policy, advocacy, and entertainment.

### **National Network for Family Resiliency (NNFR)**

**Web site:** [www.hec.ohio-state.edu/famlife/nnfr1/nnfrmain.htm/](http://www.hec.ohio-state.edu/famlife/nnfr1/nnfrmain.htm/)

Includes sections on parenting education, programs and curricula, violence prevention, inter-generational issues, research, and evaluation. Currently conducting a multi-State research project to gather needs assessment data on preferred designs for parenting education programs. Has interactive evaluation model and Parenting Education Resource Center with descriptions of parenting education programs. Has links for Parenting Database, Children's Trust Fund Parenting Education Resources.

### **National Parent Information Network** (part of ERIC Clearinghouse on Elementary and Early Childhood Education - see above)

**Web site:** <http://npin.org/>

Has searchable database of parenting resources, monthly news update, FAQs, full text resources for parents and those who work with parents, calendar of conferences, and links to other Internet resources of interest.

### **The National Parenting Center (TNPC)**

**Phone:** (800) 753-6667

**Web site:** <http://www.tnpc.org/>

Helps parents expand their skills and strengths by providing comprehensive and responsible guidance from nine child-rearing experts. Has a *ParentTalk Newsletter* updated daily, TNPC Shopping Center, chat rooms, bulletin boards, and other features.

**Family Resource Information, Education and Network Development Services (FRIENDS)**

**Web site:** <http://chtop.com/ntap2.htm/>

Collaborative effort of Chapel Hill Training-Outreach Project, Inc., and the Family Resource Coalition of America. Has bulletin board, products, evaluation center and Virtual Resource Center where individuals can read newsletters, print fact sheets, and share resources.

**Strengthening Families**

**Web site:** [www.strengtheningfamilies.org/](http://www.strengtheningfamilies.org/)

This project allows the University of Utah to continue and update work done since 1990 to identify the most effective family and parenting programs for the prevention of delinquency. Currently, this project is seeking information on parenting or family programs that meet the project's criteria. This project has identified approximately 32 family strengthening programs, which are listed in "Strengthening America's Families: A Use's Guide" available from the Juvenile Justice Clearinghouse, 1-800-638-8736.

**Advocacy Organizations**

**Child Welfare League of America, Inc.**

**440 First Street N.W.**

**Washington, DC 20001-2952**

**Phone: (202) 638-2952**

**Web site:** [www.cwla.org/](http://www.cwla.org/)

CWLA offers a clearinghouse of information, provides training, and advocate for member agencies. An influential voice in parenting and family support.

**Children's Defense Fund**

**25 E Street N.W.**

**Washington, DC 20001**

**Web site:** [www.childrensdefense.org/](http://www.childrensdefense.org/)

Advocates for America's poor and minority children and those with disabilities.

**Family Resource Coalition of America (FRCA)**

**20 North Wacker Drive, Suite 1100**

**Chicago, IL 60606**

**Tel: (312) 338-0900**

**Fax: (312) 338-1522**

**Web site:** <http://chtop.com/frc.htm/>

FRCA facilitates communication among more than 2,500 programs, provides training and TA, and offers information about family resource programs. It also provides a clearinghouse of information on family support, and published a "best practices" project which established a set of core principles for practitioners.

**National Center on Fathers and Families (NCOFF)**

**University of Pennsylvania  
3700 Walnut Street, Box 58  
Philadelphia, PA 19104-6216**

**Web site: [www.ncoff.gse.upenn.edu/](http://www.ncoff.gse.upenn.edu/)**

Has links to core learning areas, Fatherlink web site, publications, national resources, product downloads, and online literature databases.

**National Head Start Association (NHSA)**

**1651 Prince Street  
Alexandria, VA 22314  
Phone: (703) 739-0875**

**Web site: <http://www.nhsa.org/>**

Membership organization. Provides education and advocacy on behalf of Head Start, a quarterly journal, updates of policy and legislation, special studies and reports, training conferences, and leadership institutes.

**Zero to Three: National Center for Infants, Toddlers and Families**

**734 15<sup>th</sup> Street N.W., 10<sup>th</sup> Floor  
Washington, DC 20005-2101  
Phone: (202) 628-1144 or 1-800-899-4301**

**Web site: [www.zerotothree.org/](http://www.zerotothree.org/)**

Gathers and disseminates information through publications, a training institute, fellowship program, and technical assistance to communities, States and Federal Government.

## BIBLIOGRAPHY

Unless otherwise noted, the listed publications are available at no cost from NCADI at 1-800-729-6686.

### Coalition Building/Community Involvement

The following resource publications are especially helpful for parents/caregivers and parent groups which want to mobilize for change in their communities.

**PREVENTIONAlert** Supported by CSAP, this is an ongoing series of publications which offer research-based information regarding substance abuse programming and resources to program planners. Also downloadable from [www.health.org/pubs/qdocs/prevalert/23.htm/](http://www.health.org/pubs/qdocs/prevalert/23.htm/)

**“Parent Training Is Prevention: Preventing Alcohol And Other Drug Problems Among Youth In The Family”** A 184-page booklet, this publication was produced by the U.S. Department of Health and Human Services. Its purpose is to help communities identify and implement programs designed specifically for parents. The guide begins with basic information on prevention, addresses the importance of parenting in family development, provides detailed descriptions of specific roles parents play in raising alcohol and other drug free children, highlights ethnic and cultural considerations and concludes with guidelines for program implementation. DHHS Publication No. (ADM)91-1715

**“Prevention Plus II. Tools for Creating and Sustaining Drug-Free Communities”** This 541-page resource publication provides a framework for organizing or expanding community alcohol and other drug prevention activities for youth into a coordinated, complementary system. It is written for persons from the community who are serious about prevention and in a position to assist in organizing a community effort. It explains how individual, interpersonal and environmental factors all contribute to substance abuse and provides strategies for combating each factor. Worksheets, charts and other aids are included. 1989. Publication No. ADM #89-1649.

**“Turning Awareness Into Action: What Your Community Can Do About Drug Use in America”** This bilingual (English and Spanish) booklet is for anyone concerned about preventing substance abuse problems at the community level. It gives examples of successful community prevention programs, as well as guidelines for finding out more about community prevention needs and taking action. It also includes lists of governmental and non-governmental prevention resources and gives background information on the problems caused by substance abuse among young people. Publication order no. PHD519.

**“The Future by Design. A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach.”** This book provides

extensive information on how to build substance abuse prevention community partnerships. It includes how to initiate a community-wide prevention effort, gain leadership, maintain the momentum, plan activities and build resources, as well as putting together a newsletter, arranging a conference and broadcasting a weekly community radio show. 1991.

**“Making Prevention Work”** is a unique collection of documents designed so anyone needing to gather solid and reliable prevention information easily and quickly may do so. It contains background information about what works in prevention, risks and protective factors, data, camera-ready facts, figures and charts, talking points and print ads for use with the media and action steps for substance abuse prevention. 1995, DHHS publication no. (SMA)95-120.

**“Making Prevention Work: Actions for Media”** is a one-page tip sheet to help get more media coverage. A helpful addition to other media materials. NCADI Order #MPW005

**“You Can Increase Your Media Coverage. CSAP Communications Technical Assistance Bulletin”** is one of a series of bulletins which were developed to assist programs that are working to prevent alcohol, tobacco and other drug problems. This eight-page booklet offers a broad range of information including: Using local, State and national “hooks” as a catalyst for extra coverage; Identifying media spokespersons for the organization; Developing and maintaining media lists; Using news releases effectively, and more. NCADI Order # MS491

**“Citizen’s Action Handbook on Alcohol and Tobacco Billboard Advertising”**  
This 40 page handbook documents the problem of outdoor tobacco and alcohol advertising targeted at inner-city residents and gives an action plan for mobilizing concerned citizens to do something about the problem. Billboard control is described: what can be done, banning new billboards, allowing exchanges, re-writing zoning regulations and restricting the messages of billboard ads. Written by McMahon, E.T., and Taylor, P.A. in 1990, this publication is available from the Center for Science in the Public Interest. Phone: (800) 237-4874, Fax: (202) 332-9110.

**“Prevention Pipeline”** is a re-producible bimonthly magazine developed by CSAP for the Substance Abuse and Mental Health Services Administration (SAMHSA), Public Health Service and U.S. Department of Health and Human Services. It contains prevention news and research findings and identifies resources for planning, implementing and evaluating prevention programs and seeks to stimulate an exchange of information among national, state and local specialists working to prevent substance abuse problems. For subscription mail check or money order in the amount of \$28 (for a one-year subscription), payable to the National Clearinghouse for Alcohol and Drug Information, Department PP, P.O. Box 2345, Rockville, MD 20847-2345. Or call NCADI at 1-800-729-6686 for more information.

**“Prevention Primer”** is a reference tool for prevention practitioners. It incorporates

the principles of a public health approach to preventing alcohol, tobacco and illicit drug problems in its summaries of issues and strategies. It also provides a brief history of prevention efforts and an overview of key topics, issues, principles and approaches that have proven successful. The topics are indexed in alphabetical order, including a partial list of referenced publications available through NCADI.

Publication no. PHD627. The Prevention Primer may be downloaded from the internet at: [www.health.org/pubs/primer/](http://www.health.org/pubs/primer/)

**“A Review of Alternative Activities and Alternatives Programs in Youth-Oriented Prevention: CSAP Technical Report 13”** is a document produced by SAMHSA/CSAP to help those in prevention better understand alternatives prevention strategies - what works well and why. At 44 pages in length, it offers research and background on the alternative activities approach, conclusions and recommendations, a Bibliography and lists some sample alternative activity programs for young people. A helpful resource to any parent group desiring to offer alternative activities as a strategy to help young people stay drug free. DHHS Publication No. (SMA) 96-3117.

***The Drug Abuse Prevention Dissemination and Applications (RDA) Materials*** are designed to help practitioners plan and implement more effective prevention programs based on evidence from research about what works. These materials provide practitioners with the information they need to prepare their communities for prevention programming and to select and implement substance abuse prevention strategies that effectively address the needs of their local communities. Included in this set of materials are:

**“Drug Abuse Prevention: What Works,”** a 91 page document produced by the National Institute on Drug Abuse as part of The Drug Abuse Prevention Research Dissemination and Applications (RDA) materials, provides an overview of the theory and research on which these materials are based. It includes a definition of prevention, descriptions of substance abuse risk and protective factors and a discussion of the key features of three prevention strategies that have proven effective. It also explains how prevention efforts can be strengthened by using knowledge gained through research. NIH Publication No. 97-4110.

**“Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools,”** a 172 page document produced by the National Institute on Drug Abuse as part of The Drug Abuse Prevention Research Dissemination and Applications (RDA) materials, introduces the concept of community readiness for substance abuse prevention programming. The manual defines community readiness and provides a rationale for assessing a community’s readiness prior to the planning or implementation of substance abuse prevention activities. NIH Publication No. 97-4111

**“Drug Abuse Prevention and Community Readiness: Training Facilitator’s Manual”** is a 9-hour, modular training curriculum, designed for

use by training facilitators in introducing prevention practitioners and community members to the basic theory of substance abuse prevention and the three prevention strategies. The facilitator's manual also provides them with the skills to assess and increase the readiness of a community to launch a prevention effort. The curriculum includes talking points for lectures, instructions for conducting discussions and exercises, overheads and handouts. NIH Publication No. 97-4112

To receive above three publications as a package, order No. PREVPAK.

### **Self-Evaluation/Data Collection**

The following publications are especially good resources for parent action groups needing to evaluate their programs. Available from NCADI at 1-800-729-6686.

**“Prevention Plus III. Assessing Alcohol and Other Drug Prevention Programs at the School and Community Levels. A Four-Step Guide to Useful Program Assessment.”** This 461-page workbook was created for use in program evaluation. It can be useful to community partnership programs and coalitions that want to assess and document their individual activities. It has boiled program assessment down to a four-step model and comes complete with worksheets and easy-to-follow guidelines. This comprehensive manual is divided into four steps and includes information on identifying goals and desired outcomes, process assessment, outcome assessment and impact assessment. The book includes worksheets and other useful tools designed to help in the overall evaluation and planning of prevention programs. 1991. Publication No. ADM #91-1817. Cost is \$25

**“Handbook for Evaluating Drug and Alcohol Prevention Programs: Staff/Team Evaluation of Prevention Programs (STEPP)”** Although printed in 1987, written by Dr. David Hawkins and Dr. Britt Nederhood, this publication is still a powerful resource for parent groups needing to evaluate their programs. This 113-page handbook begins by answering questions such as:

- Why bother evaluating?
- Do we need experts?
- How do we begin?

It explains the various kinds of measurements and how to make use of what is learned from the evaluation process. Included are “Think Sheets” and sample survey instruments along with an annotated Bibliography. DHHS Publication No. (ADM) 87-1512. No cost.

**“Measurements in Prevention: A Manual on Selecting and Using Instruments To Evaluate Prevention Programs. CSAP Technical Assistance Report 8”** Printed in 1993, this publication gives detailed, step by step information on choosing an evaluation tool, then using the information to make programmatic decisions. Publication Order No. BK213, 1993

## **Recommended Reading: Parents, Grandparents and Other Caregivers**

The following research-based publications contain information specifically for parents and other care givers. Each is a good resource to those who want to help children choose healthy life styles. The following available at no cost from NCADI at 1-800-729-6686.

**“Growing Up Drug-Free: A Parent’s Guide to Prevention,”** a publication of the Department of Education, has been updated and is now available. This guide addresses many topics including: why a child decides to use drugs; how to address a parent’s past drug use and includes pictures; slang terms and side effects of a wide variety of drugs. Available by calling 1-877-433-7827, or from NCADI. NCADI Publication No. PHD 533.

**“Keeping Youth Drug-Free: A Guide for Parents, Grandparents, Elders, Mentors and Other Caregivers,”** is a booklet that gives guidelines to caregivers in communicating with youth. It is geared to the parents or guardians of 9-to-13 year olds, but the material and exercises can also work for other age groups. DHHS Publication No. (SMA) 97-3194.

**“Young Teens: Who They Are And How To Communicate With Them About Alcohol & Other Drugs”** is a booklet that focuses on parents and caregivers of young people between 10 to 14 years of age. It looks at some of the most common developmental characteristics of this age group and reviews the growing literature on how best to approach them with prevention messages. This booklet does not go into detail about the dangers of tobacco, alcohol and illicit drug use by young people, nor does it list statistics, but focuses on marketing concepts that will reach young people with the information and skills they need to make wise decisions. DHHS Publication No. (SMA) 93-2033.

**“Media Sharp”** is a multimedia program (includes a video), for parent groups, educators and youth civic leaders that teaches the fundamentals of analyzing media messages. This guide focuses on the lifestyle and behavioral choices portrayed and promoted in the media, with special emphasis on alcohol and tobacco use. It is co-sponsored by the American Academy of Pediatrics and the National Education Association. Available at no cost from Centers for Disease Control Publication Department at (770) 488-5122, ask for Publications.

**“Marijuana: Facts Parents Need to Know,”** and **“Marijuana: Facts for Teens”** are two short booklets for parents and their children to review the scientific facts about marijuana. They both answer many often-asked questions about marijuana; the parent booklet offers tips for talking to young people about marijuana. Published by the National Institute on Drug Abuse in 1995. No cost. For parents: NCADI Publication No. PHD712,1995. For teens: NCADI Publication No. PHD713,1995.

The following are available for purchase:

**A Guide to the Drug Legalization Movement and How You Can Stop It**, Rusche, S., National Families in Action, 1997. This book gives a detailed overview of the movement in America to legalize marijuana and other dangerous drugs. Ms. Rusche offers suggestions for concerned individuals and groups regarding strategies for fighting this movement. Available from National Families in Action. Phone: (404) 248-9676. Cost is \$10.

**Grandparenting in a Changing World**, written by LeShawn, Eda. (1997), explores grandparenting at a time when roles and challenges facing grandparents are changing. It describes grandparenting styles, the raising of children and what role grandparents have in that process, as well as provides a primer on the child development process and stages. It also includes a list of grandparenting resources. Available through Newmarket Press, 18 East 48<sup>th</sup> St., New York, NY 10017; Phone: (212) 832-3575; Fax (212) 832-3629 (\$11.95, plus shipping).

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