

DRUG-FREE



Schools and Communities

The mission of OU's Southwest Center is to serve as a "social catalyst," focusing on preventing human tragedy, not cleaning up after the damage has been done.

by RANDALL TURK



**SOUTHWEST
REGIONAL
CENTER
FOR DRUG-FREE
SCHOOLS AND
COMMUNITIES**

Most Americans agree that alcohol and other drug abuse among the nation's youth is a problem of the highest priority—one that requires funding and other resources to defeat. For many years, social authorities have maintained that crime, poverty and racial conflict are often symptoms of other, more pervasive social ills. Could it be that alcohol and drug abuse in school-age children spring not just from individual aberration, but from "social norms" that need changing?

This is the premise for the Southwest Regional Center for Drug-Free Schools and Communities, one of five such agencies established by a 1986 federal law to combat alcohol and drug abuse in local communities. The SWRC was formed in October 1987 through a cooperative agreement between the U.S. Department of Education and Public and Community Services, a part of the University's division of Continuing Education and Public Service.

The SWRC mission is to serve as a "catalyst for social change" leading to significant reduction in substance

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abuse in 10 states: Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas and Utah. The emphasis of SWRC and its sister agencies is to weave together the efforts of parents, educators, citizens' groups and policymakers to bring about changes in public attitudes that, together, will reduce alcohol and other drug abuse trends.

The center has an annual operating budget of approximately \$3 million, a staff of 30 and a colossal ambition of bringing positive social change to 18,000 schools and communities. The goal is to reverse alarming indications that as many as 900,000 school-age youth and their families throughout the region suffer the consequences of alcohol and other drug abuse.

Perhaps the most important aspect of the Southwest Center's mission is in drawing the distinction between "prevention" and "therapy." Just as treatment on an individual basis failed to eradicate major health problems such as typhus and smallpox, therapy programs for drug and alcohol victims are concerned with existing symptoms and their causes, not prevention of the diseases. Social activists say therapy is reactive, prevention is proactive.

"Proven approaches to social problems have been around for decades but haven't been applied to substance abuse prevention until just the last four or five years," says OU Assistant Vice Provost John Steffens, who supervises the Public and Community Services division of Continuing Education and Public Service. "Centers like this are approached from the viewpoint of methods to achieve long range

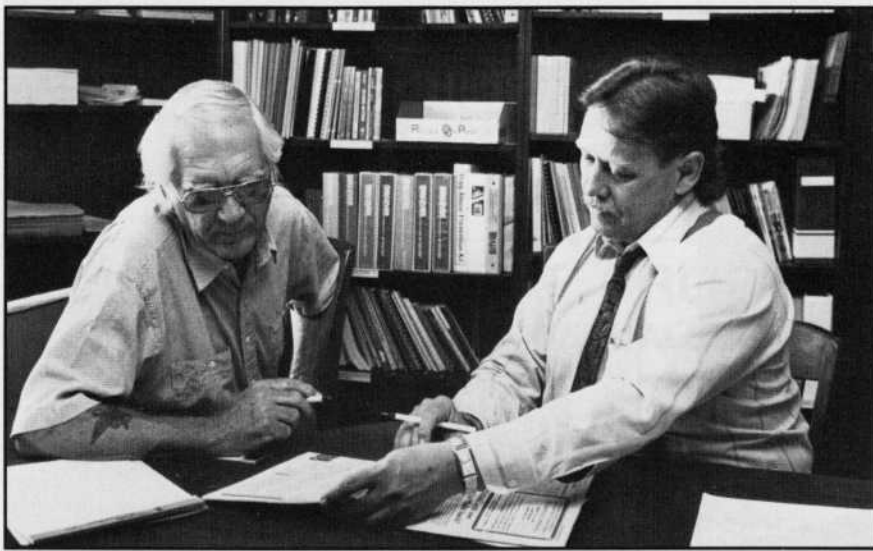
social change. This is not a traditionally organized center. With such immense objectives, the traditional model of organization doesn't work. If you have to change norms, you have to change the critical mass."

The Drug-Free Schools and Communities Act of 1986 allocates \$250 million per year to be distributed to states and communities engaged in drug and alcohol prevention programs. State education agencies receive 70 percent of the federal funding, and governors' offices in participating states administer the remaining 30 percent. The SWRC and other centers are responsible for training school and community teams to assess the problems and "mobilize their communities" to address them.

SWRC's charge from the U.S. Department of Education includes four major areas of responsibility: train school/community teams in prevention; assist state education agencies; assist local education agencies and institutions of higher education; and evaluate and disseminate information on effective prevention strategies and programs. In carrying out these functions, the SWRC is helping communities and states focus public efforts on the problem.

The law emphasizes collaboration among existing agencies for best use of resources and cooperation between communities and states.

"Once we were funded, we visited with each of the states to explain the 1986 Omnibus Alcohol and Drug Act and our role in helping them carry out prevention programs," Steffens said. "The states had to be convinced we were legitimate. I was surprised how



SWRC's fiscal and field operations heads, Bill Lee, left, and Manny Brandt, review FY92 plans for the 10-state region.

receptive states were to collaborative concepts.”

Just how prevalent is the alcohol and drug abuse problem? According to a study by the National Council on Alcoholism, an estimated 4.6 million of the nation's youth, ages 14 to 17, experience negative consequences of alcohol use—including arrests, involvement in accidents, poor health and impaired school performance. One-third of America's 40 million public school students are believed to be “at risk” for school failure and dropping out of school. Studies indicate alcohol and drug abuse is a problem for an overwhelming majority of these youth.

In a report to Congress, the U.S. Department of Education urged a multifaceted approach to substance abuse problems among youth, with schools serving as the focal point. “Children and adolescents develop their basic values and attitudes through contacts with numerous institutions and groups, including family, church, peers, adult friends, social clubs, work place, neighborhood and schools,” the report maintains. “These values and attitudes largely determine their behavior, impact their decisions and cause them to conclude that using alcohol and drugs is an attractive or unattractive option. For any number of reasons, many children and youth in today's society are choosing to use chemical substances.”

Federal policymakers acknowledge that educators alone can't possibly solve the complex societal problem of youth-related alcohol and drug abuse. Says the DOE: “To combat student drug use most effectively, the entire

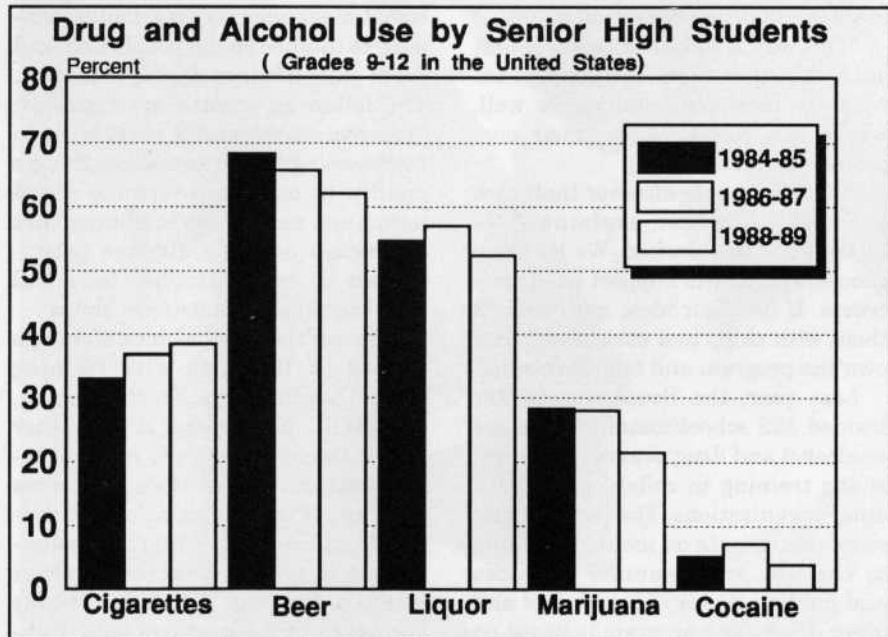
community must be involved: parents, schools, students, law enforcement authorities, religious groups, social service agencies and the media.”

The 10-state Southwest region is vast and diverse, “made up of small urban and rural areas with problems, largely ignored,” comments Michael O. Lowther, SWRC director. Formerly chief of the Public Information, Prevention and Human Resources Development Division of the Oklahoma Department of Mental Health and Substance Abuse Services, Lowther says the objectives of the center change from time to time to meet the

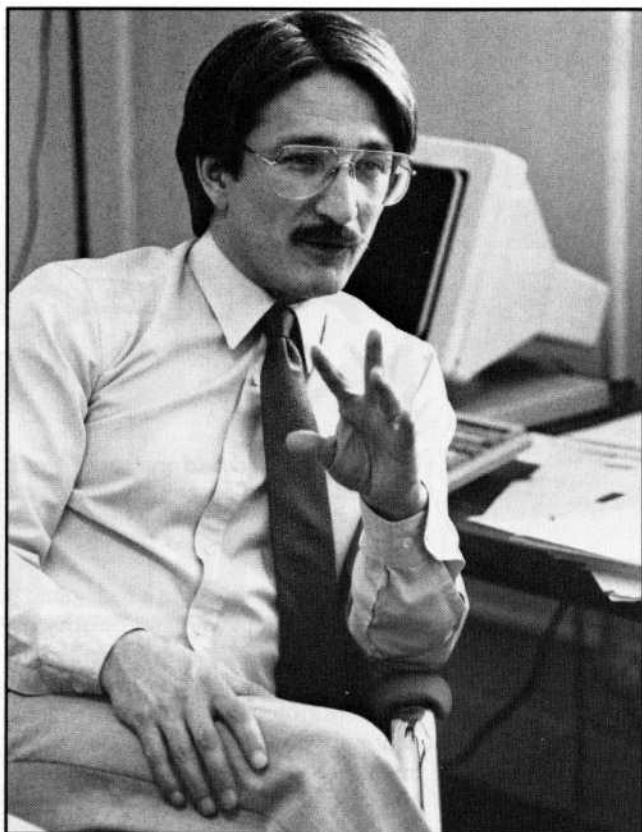
needs of all 10 states in the region.

“The concept of the Southwest Center is unique,” he says. “Unlike the other four centers, we have coordinators from our staff living in each state to deliver the services. That makes us very responsive.”

Each state provides office space, utilities and clerical support for the coordinators, an example of cooperation between regional and state levels. Communication with state coordinators is a critical function of the SWRC, an agency whose principal product is information. State coordinators are equipped with laptop computers for in-



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SWRC director Michael O. Lowther has OU staff coordinators living in each of the 10 states to deliver services.



Assistant vice provost John E. Steffens was surprised at the states' willingness to adopt collaborative concepts.

stant dialogue with the regional headquarters. But they have no set agenda, no established program to carry out for the regional headquarters. Their primary function is to help states achieve social change with their own alcohol and drug prevention plans.

"This way, the state takes on ownership," Lowther says. The concept extends to local communities as well, where local people know their own problems best.

"We help people discover their own answers," Lowther explains. "We know what has worked. We let them choose. People will support what they create. If it's their idea, and we help them with skills and assistance, they own the program and take care of it."

Last year, the Southwest Center trained 522 school/community teams in alcohol and drug prevention, much of the training in collaboration with other organizations. The training sessions concentrate on methods leading to changes in community attitudes and public policies about alcohol and other drugs. The program is based on the Public Health Model to explain the complexity of the alcohol and drug issue in society. It examines the "agent," (alcohol and other drugs), the

"host" (school-age youth) and the environment, or the availability of alcohol and other drugs and how the community regards these conditions.

The training emphasizes how the three factors of the model interrelate, sometimes giving way to a double standard to confuse young people and lead them into life-threatening behavior. The following themes are repeated: grassroots involvement must occur to increase community awareness; change apathy to concern; overcome social norms and community conditions that encourage abuse; influence policymakers to create tougher laws and penalties against substance abuse.

"We can't create the kinds of change needed in 10 states with training alone," Lowther says. For that reason, the SWRC also works at two other levels: strengthening the regional infrastructure of available resources such as prevention agencies and programs and working with state policymakers to provide local communities access to funding. The center "trains trainers" to help states and communities deal with their own specific needs.

There have been two "summits" for state officials from throughout the re-

gion to emphasize the need for collaboration and cooperation among state agencies that can have common problems and overlapping functions. In the summit meetings, the state leaders have analyzed their own problems, learned of methods to deal with them and created their own action plans.

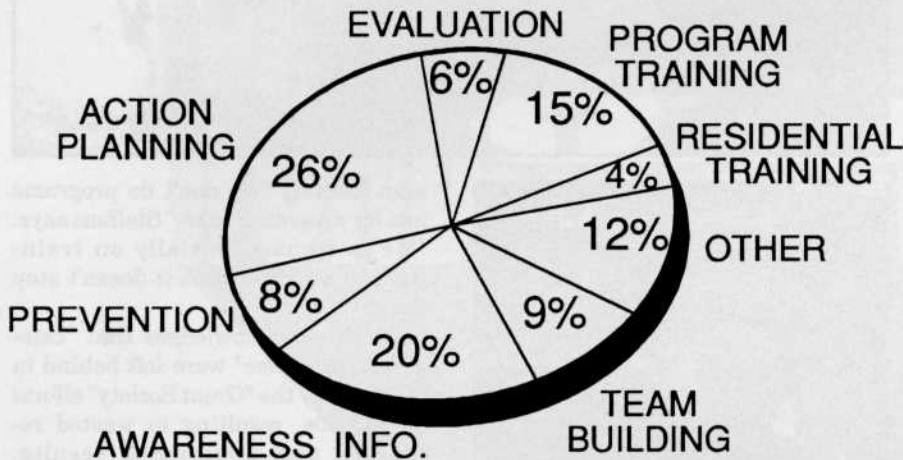
"In government, there's a tendency for 'empires' to be insular," Lowther observes. "Policymakers need to think about what people need to help them carry out ideas creating conditions to prevent alcohol and drug abuse. Prevention is inclusive, not exclusive."

It has been little more than three years since the Southwest Regional Center began operations, and the impact registered in local communities is just beginning to be documented. A June survey of 263 school and community teams trained by the Southwest Center established that 93 percent of the teams had completed their first action plan, and 68 percent had developed a second set of community goals. More than 60 percent of the teams had gained additional volunteers and generated money for prevention activities.

Positive results are occurring throughout the region as states and

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TYPES OF SERVICE PROVIDED SWRC SERVED 39,488 INDIVIDUALS IN 1990



tion in the classroom, treatment programs and counseling.

—Oklahomans are developing partnerships to fight drug and alcohol abuse and other teen problems. The Oklahoma Highway Safety Office has implemented the “Young Oklahoma Drinking and Driving Alternative,” a community-based response to the number one cause of death and injury for young people in Oklahoma. Out of 610 school districts in Oklahoma, 400 have applied for Drug-Free funds through the State Department of Education. Oklahoma recently has established and funded a statewide network of Area Prevention Resource Centers. These APRC’s are funded through the State Department of Mental Health and Substance Abuse Services and have worked closely with SWRC in several training activities.

—Kansas Governor Mike Hayden has developed an extensive anti-alcohol and drug abuse campaign known as “Toward a Drug-Free Kansas.” Goals of the plan include increasing education and teacher training on drugs in public schools; establishing

communities become “empowered” with the skills necessary to create social change.

Some examples of what states in the Southwest region are doing in their prevention efforts:

—In Arkansas, a special session of the legislature was called by Governor Bill Clinton to consider expanded funding and legislation for the state’s war on drugs. The agenda included additional appropriations for youth drug treatment programs, increased penalties for distributing drugs to children under age 12 and revoking drivers licenses of young people convicted of drug or alcohol-related offenses. The University of Arkansas has received a \$141,000 grant from the U.S. Department of Education to train teachers, administrators and guidance counselors in alcohol and drug abuse prevention.

—Louisiana last year became one of the first states in the nation to pass comprehensive legislation to address alcohol and drugs in the school. One of the results of a drug-free youth rally at the capitol was a series of major laws dealing with alcohol and other drug abuse in and around schools and mandating alcohol and drug educa-



G.E. Mullen’s specially commissioned painting “La Familia” has been reproduced as a SWRC poster, displayed here by program development director Dianna Runnell. Incorporated are the themes of family role models, community support and the will to achieve those goals and dreams that enhance the quality of life.

A group of western Kansas volunteers, right, develops a plan of action during a Community Team Training session.

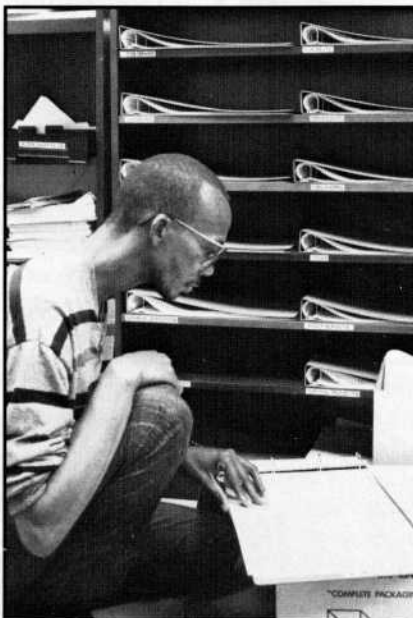


drug education, intervention and support services at state colleges and universities; supporting local prevention initiatives through regional drug and alcohol abuse prevention centers and coordinating the alcohol and other drug abuse prevention efforts of nine different state agencies. Nearly 300 public schools in Kansas have had teams of school and community representatives trained to develop and implement school-based prevention programs.

—Representative of Texas projects is "Rainbow Days Inc.," a non-profit corporation in Dallas using curriculum-based support groups to prevent the use of alcohol and other drugs. "Kids' Connection" community-based groups are offered in eight-week cycles to children ages 4 through 16 and their parents during the early evening hours. On another front, the Texas Commission on Alcohol and Drug Abuse is developing baseline survey data on the incidence and prevalence of the use of alcohol and drugs, an important step in evaluating the state's prevention programs.

Are cultural norms and attitudes about alcohol and drugs changing in the Southwest region? "We don't know yet," Lowther admits. "The concept of this center goes back to the '60s, to community development based on the roots of democracy. When communities begin to use these methods, things change."

The decline of smoking throughout the country is an example of how prevention concepts work, Lowther says. "There's been a massive social change about smoking. The social norm changed because people did some very



SWRC staffer Wavie Reed studies a report from one of the 10 Southwest states.

purposeful things. We're using some of the same methods to combat drug and alcohol abuse in the schools."

Another aspect of SWRC is about to emerge, the "urban initiative" programs being developed for cities. "We have six or seven major cities in the region, but the rest of the area is smaller urban and about 70 percent of it rural," Lowther says. "We're preparing to take this mobilization idea into three to five of the major urban areas. There are some differences in the cities, and safety is a major issue. In rural areas, the issue is involvement."

The emphasis on problems of the cities, where the need for prevention activities is well established, will constitute a new dimension for the South-

west Center. "We don't do programs just for programs' sake," Steffens says. "We've focused initially on training and on youth, but it doesn't stop there."

Steffens acknowledges that "categorical problems" were left behind in the cities by the "Great Society" efforts of the '60s, resulting in wasted resources and diminished results. "Everybody had the same goals in mind, but social service agencies competed with each other. Collaboration makes it much easier and more effective to create social change," he says.

A survey by the National Institute on Drug Abuse shows young people reporting the use of drugs and alcohol in 1988 were fewer than in the years 1982 and 1985. In 1982, for instance, 65 percent of young people reported having tried alcohol. In 1988, only 50 percent reported ever drinking alcohol. In 1982, marijuana had been tried by 27 percent, compared to 17 percent in 1988. Cocaine use among young people dropped by more than half, to 3 percent in 1988.

Steffens and his staff take delight in seeing alcohol and other drug abuse rates dropping throughout the country, but they warn that significant and lasting changes will take time. "Smoking cessation took 15 years to accomplish, and most progress was achieved in the last 7 or 8 years," Steffens says.

"Within the next couple of years, we'll have much more impact information about the success of prevention programs. We can't stop now, or we'd be overtaken. We can take encouragement we're still in the lead, but we still have a long way to go." 