

Safe and Drug-Free Schools and Communities— State Grants (CFDA No. 84.186)

I. Legislation

The Safe and Drug-Free Schools and Communities Act of 1994, Title IV of Amendments to the Elementary and Secondary Education Act of 1965, as amended (20 U.S.C. 7111-7118) (expires September 30, 1999).

II. Funding History

<u>Fiscal Year</u>	<u>Appropriation</u>
1987	\$161,046,000
1990	460,554,000
1991	497,702,000
1992	507,663,000
1993	498,565,000
1994	369,500,000
1995	440,981,000
1996	440,978,000

III. Analysis of Program Performance

A. Goals and Objectives

The purpose of the program is to provide federal financial assistance to states for school- and community-based programs of violence and drug and alcohol abuse education and prevention, including programs to prevent violence in and around schools.

B. Strategies to Achieve the Goals

Services Supported

Approximately 40 million school-age children in public and private schools (kindergarten through grade 12) are served by Safe and Drug-Free Schools and Communities Act (SDFSCA) programs. High-risk youth, including children of substance abusers, economically disadvantaged youth, and dropouts or youth who were at risk of dropping out of school, are the main focus of programs operated with governors' funds (V.1).

Services provided include student training and instruction, staff training and development, student support services, purchase or development of instructional materials, training for parents and community members, community awareness and coordination, and needs assessment and evaluation. Most frequently, programs focus on improving students' knowledge, attitudes, and values about drugs; developing students' decision-making skills and self-confidence; developing students' social and interpersonal skills; enhancing the knowledge, skills, and abilities of staff involved in drug prevention programs; and referring and counseling students with problems (V.1).

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Each state allocation is divided between the SEA and the Office of the Governor; while SEA funds flow through districts to schools, the majority of governors' program funds are provided via grants to community agencies for projects to serve young people who are not easily reached through schools, such as dropouts. The SEA must allot most of its funds to local educational agencies (LEAs) and intermediate educational agencies on the basis of enrollment in both public and private, nonprofit schools, and must target 30 percent of these funds on high-need districts. LEAs determine how to allot the funds they receive to their schools. No more than 9 percent of the states' SEA allocation may be used for program administration, training, and technical assistance activities. For the governors' program, 5 percent may be used for administrative costs and 10 percent must be used for law enforcement education partnerships.

Strategic Initiatives

SDFSCA National Programs support a variety of initiatives designed to improve the quality of drug and violence prevention programs being implemented across the nation, including those activities being supported with SDFSCA state grant funds. A detailed description of those activities is found in the Strategic Initiatives section of Chapter 117.

C. Program Performance—Indicators of Impact and Effectiveness

Safe and Drug-free Schools — DRAFT			
Goal: To help ensure that all schools are safe, disciplined, and drug free by promoting implementation of high quality drug and violence prevention programs.			
Objectives	Indicators	Source and Next Update	Strategies
Outcomes			
1. Reduce alcohol and drug use and availability in schools.	<p>1.1 Rates of alcohol and drug use (alcohol, marijuana, tobacco) in schools will decrease.</p> <p>1.2 The number of students who are offered illegal drugs at school will decrease. <i>1992 levels were 10%, 18% and 23% for 8th, 10th, and 12th grades.</i></p>	<p>1.1 Monitoring the Future (MTF), 1997 (8th, 10th, and 12th grade use of alcohol, marijuana, tobacco use measured.)</p> <p>1.2 MTF, 1997</p>	<p>The strategies for working with schools are focused on helping schools to improve the quality of their drug and violence prevention programs. Components include:</p> <ul style="list-style-type: none"> ● Bringing researchers together to assist in identifying elements of promising prevention programs. ● Developing set of "principles of prevention." ● Identifying promising prevention programs and strategies.
			<ul style="list-style-type: none"> ● Hosting conference for SEAs, Governors, and large SEAs to showcase promising programs. ● Collaborating with OJJDP on implementation of truancy initiative. ● Collaborating with OJJDP on support to provide assistance to schools in violence prevention activities. ● Develop plans for large scale demonstration program focusing on creating safe schools.

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Objectives	Indicators	Source and Next Update	Strategies
			<ul style="list-style-type: none"> Identify and provide support for programs, practices, that have proven effective in creating safe schools.
<p>2. Reduce number of criminal and violent incidents in schools.</p>	<p>2.1 The number of criminal and violent incidents in school (by students) will decrease.</p> <p>2.2 The number of weapons and firearms carried to school will decrease. <i>12% of high school students carried weapon on school property.</i></p> <p>2.3 The number of physical fights resulting in injury will decrease. <i>1993 Baseline: 16%:</i></p> <p>2.4 The number of physical attacks, threats on teachers will decrease. <i>Teachers physically attacked was 2 percent; threatened was 8%.</i></p>	<p>2.1 National Crime Survey, 1997; MTF, 1997 (threatened, injured, and theft.)</p> <p>2.2 Center for Disease Control's (CDC) biennial Youth Risk Behavior Survey (YRBS), 1997; annual data on ED/Gun Free School Act, 1997</p> <p>2.3 Biennial YRBS, 1997</p> <p>2.4 MTF, 1997</p>	<ul style="list-style-type: none"> Provide training and technical assistance, in collaboration with the Department of Justice, to SEAs and LEAs on effective violence prevention strategies.

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	<p>2.5 The number of students who don't go to school because they feel unsafe will show decrease. <i>In 1991, 7% of 8th graders; 4% of 10th graders; and 3% of seniors did not go to school because they were afraid.</i></p> <p>2.6 The number of school-related homicides will decrease. <i>CDC/ED study: 85 school-associated homicides in 1992-1994</i></p> <p>2.7 The number of students whose learning is occasionally interfered with by misbehaving students will decrease. <i>In 1992: 53% of 8th and 10th graders had their learning occasionally interfered with by other misbehaving students.</i></p>	<p>2.5 MTF, 1997</p> <p>2.6 Study needs to be conducted for 1998/99 and interim, if possible.</p> <p>2.7 MTF, 1997</p>	
3. Reduce alcohol and drug use among school-aged youth.	<p>3.1 Rates of alcohol and drug use among school-aged children will decrease.</p> <p>3.2 Increasing percentages of students will report negative attitudes toward drug and alcohol use.</p>	<p>3.1 MTF, 1997 (marijuana, cocaine, LSD, heroin, meth, tobacco, and alcohol); National Household Education Survey, 1998</p> <p>3.2 MTF, 1997</p>	<ul style="list-style-type: none"> ● In collaboration with the White House's Office of National Drug Control Policy (ONDCP) and HHS, ED will assist in development of an Administration-wide media campaign to reduce youth drug use.

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			<ul style="list-style-type: none"> ED will host focus groups around country to help identify most effective message to send to youth, regarding drug use.
Quality programs and services			
4. Assist IHEs to implement effective drug and violence prevention programs.	<i>4.1 To be determined</i>	<i>4.1 To be determined.</i>	<ul style="list-style-type: none"> Award discretionary grants for the development, implementation, validation, and dissemination of model programs and strategies. Support a training and technical assistance center.
5. Assist LEAs to align their programs with ED’s principles of effectiveness for prevention programs — Research-based — Tied to a needs assessment — Objectives are measurable — Goals are tied to outcomes — Periodic evaluation — Demonstrations are permitted	5.1 By 1999, all LEAs will use prevention programs that are based on the principles of effectiveness.	5.1 Survey, to be developed, 1998	<ul style="list-style-type: none"> Develop and promulgate principles of effectiveness for prevention programs. Develop guidance and provide technical assistance to states and local education agencies in how to apply the principles. Work with HHS and the Office of National Drug Policy to identify and promote the most effective programs. Establishing a Safe and Drug-Free Schools Program (SDFSP) Internet web page to make schools aware of promising practices.

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			<ul style="list-style-type: none"> ● Hold a conference for all SEAs, governors' offices, and large LEAs on what works. ● Disseminate joint ED/Justice publication on conflict resolution. ● Reinstigate the Safe and Drug-Free Schools Recognition Program (this will provide models). ● Letter to be sent to all Chief State School Officers informing them of need to develop more effective prevention programs. ● Conduct a teleconference, in collaboration with the Department of Justice, on effective programs.
6. Ensure that LEAs enforce the Gun-Free Schools Act.	<p>6.1 By 1997 all LEAs receiving ESEA funds will have a policy requiring notification of law enforcement of all incidents where a firearm is involved.</p> <p>6.2 By 1997 all LEAs receiving ESEA funds will have policies requiring the expulsion for a year of students who bring firearms to school.</p>	<p>6.1 Annual performance reports from local programs, 1997, and ED staff monitoring, 1997</p> <p>6.2 Gun Free Schools Act data collection, 1997</p>	<ul style="list-style-type: none"> ● As part of monitoring activities LEAs will be asked to provide evidence that districts have policies related to these three issues. ● ED will identify school districts not in compliance and will provide technical assistance in order to come into compliance.
	6.3 All LEAs have policies prohibiting smoking in school.	6.3 ED/LEA survey supplemented with data from HHS/CDC School Health Policies and Programs Report, 1997	

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7. Assist LEAs to set policies prohibiting the sale, distribution, and use of alcohol, drugs, and tobacco products at school or at school-sponsored functions.	7.1 By 1997, all LEAs will have policies prohibiting the sale, distribution, and use of alcohol, and other drugs at school or at school-sponsored functions and activities.	7.1 ED/LEA survey, supplemented with data from SHPPS Survey, 1997.	<ul style="list-style-type: none"> ● ED will develop policy for ensuring "medical marijuana" is kept out of all schools, and will disseminate policy to all SEAs. ● ED will identify school districts not in compliance and will provide technical assistance in order to come into compliance.
8. Improve the quality and use of state and local performance data.	<p>8.1 All states will conduct statewide surveys or collect statewide data of alcohol and drug use of students and incidents of crime and violence in schools.</p> <p>8.2 All LEAs will collect and report to SEA incidents that are in violation of the Gun Free Schools Act.</p> <p>8.3 By July 1997, all SEA and Governor's programs will have acceptable performance indicators.</p>	<p>8.1 ED/SDFS Survey, 1998</p> <p>8.2 ED Gun-Free Schools Act data collection, 1997</p> <p>8.3 Review of ED files, 1997.</p>	<ul style="list-style-type: none"> ● Develop discretionary grant program to improve SEAs' capacity to collect and analyze data. ● Include requirement to collect appropriate data for recognition under Recognition Program. ● No state plan to be approved without performance indicators. Those SEAs that are unable to develop appropriate indicators will be provided technical assistance.

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	<p>8.4 All states will use performance indicators to make decisions regarding approval of LEA application for FY 1997 funding.</p> <p>8.5 By July 1997, all LEAs will have performance indicators for their SDFS programs.</p> <p>8.6 LEAs will routinely use performance indicators to determine if activities should be continued or modified.</p>	<p>8.4 ED/SDFS Survey, 1998</p> <p>8.5 ED/LEA Survey, 1998</p> <p>8.6 ED/LEA Survey, 1998</p>	<ul style="list-style-type: none"> ED will identify school districts not in compliance and will provide technical assistance in order to come into compliance.
Federal administration (Safe and Drug Free Schools office)			
9. Provide high-quality products and technical assistance that helps align local programs with principles of effectiveness.	<p>9.1 A high proportion of persons responding to inquiries regarding use of products developed by SDFS will rate them as "high quality" or higher, and as "useful." or "very useful."</p>	<p>9.1 Approval needed from OMB to include feedback form on all SDFS products and materials.</p>	<ul style="list-style-type: none"> SDFS will develop process for obtaining feedback on all of its products.
10. Maintain strong administrative and fiscal control over the state and discretionary grant programs.	<p>10. All audit findings or issues identified by GAO, IG, or other auditors will be responded to within the time frame set by the agency conducting audit or report.</p>	<p>10. Relevant GAO, IG, and Audit Reports.</p>	<ul style="list-style-type: none"> All audits to be reviewed for identification of patterns of abuse or problems, remedial action to be taken once identified. SEAs to be briefing in new audit procedures.

Information on Indicator Data Sets for Safe and Drug Free Schools Program		
Data Set	What Collected	When Collected
<i>Monitoring the Future (MTF)</i>	<i>National data (from selected nationally represented LEAs) on alcohol and drug usage, and on victimization in schools.</i>	<i>Annual (First collected in 1975)</i>
<i>School Health Policies and Programs Study (SHPPS)</i>	<i>State, district, and school level data on alcohol, drug, and violence policies and practices.</i>	<i>First collected in 1994, will be collected again in 2000.</i>
<i>NCES, Schools and Staffing Survey</i>	<i>Provides information on safety and victimization (including bullying, physical attack, robbery) and on classroom disruptions.</i>	<i>Conducted every two years. Information available for: 1987-88; 1990-91; 1993-94.</i>
<i>ED/OESE Drug-Free Schools and Communities Act Survey</i>	<i>Provides a variety of information--process and outcome--related to alcohol and drug use, and violence in schools.</i>	<i>Initial survey to cover July 1993 through June 1995 (1993-94 and 1994-95 school years).</i>
<i>National Crime Victimization Survey</i>	<i>Provides a variety of information on crime and victimization.</i>	<i>Conducted annually by the Bureau of Justice Statistics. BJS prepared a special analysis of school crime in 1992; another is due to be released in 1997.</i>
<i>Gun-Free Schools Act Report</i>	<i>Number of violations of the GFSA, e.g., number of students who are caught with firearm in school.</i>	<i>Annual (First report due 1997.)</i>
<i>National Household Education Survey (NHES)</i>	<i>Provides information on school safety and discipline.</i>	<i>1993 NHES provided information on School Safety and Discipline.</i>
<i>School Associated Violent Deaths in the United States</i>	<i>Provides information on the number, nature, and circumstances surrounding school-associated violent deaths: homicides and suicides.</i>	<i>Initially conducted for 1992-93/1993-94 school years. Need to negotiate future study or to include questions regarding school associated violent deaths in another survey.</i>

Evaluation Findings

Characteristics of DFSCA State and Local Programs: Summary of the 1989–91 State Biennial Performance Reports (V.2) and Characteristics of DFSCA State and Local Programs: Summary of the 1991-93 State Biennial Performance Reports (V.3), summarize SEA and governors' reports. These reports apply to the antecedent (Drug-Free Schools and Communities Act, or DFSCA) program.

School-Based Drug Prevention Programs: A Longitudinal Study in Selected School Districts summarizes the findings from a study of school-based drug prevention programs sponsored by the U.S. Department of Education's Drug-Free Schools and Communities program (now reauthorized as the Safe and Drug-Free Schools and Communities program). [Data collection for this longitudinal study, which began in the 1991–92 school year and ended in 1994–95, predated the implementation of statutory changes made by the Improving America's Schools Act of 1994 in Title IV of the Elementary and Secondary Education Act. The changes made in the 1994 act, in addition to adding violence prevention to the program, target 30 percent of the local educational agency (LEA) funds to LEAs with the greatest need for program services.]

The study collected data annually from approximately 10,000 students in 19 school districts over four years, and included case studies of the drug prevention programs in those districts. The confidential students' surveys covered student self-reported use of alcohol and other drugs, as well as related measures such as attitudes and beliefs towards drugs. Although the student responses derive from a nonrepresentative sample of districts, the responses are consistent with national trends. The case studies focused on implementation of the drug prevention programs and included interviews with program and school staff, reviews of program materials, and observations of prevention activities (V.4).

Evaluation findings and other data sources that relate to the performance indicators for the program are summarized as follows:

Objective 2: Reduce number of criminal and violent incidents in schools.

The use of drugs was related to violent behavior in schools. A much larger proportion of current users of alcohol and other drugs (32 percent of them) reported being involved in school fights as the aggressors than did current nonusers (14 percent of those students) or students who had never tried drugs (6 percent). Higher levels of reported gang activity and violence at school were significantly associated with greater drug use and more tolerant views toward drugs (V.4).

Objective 3: Reduce alcohol and drug use among school-age youth.

Between 1989 and 1993, SEA and LEA programs continued to grow, reaching almost all districts and focusing on students in general (V.2, 3).

- In 1992–93 about 40 million students received DFSCA services through SEAs and LEAs (up from 39.5 million students in 1990–91); 97 percent of LEAs participated (94 percent in 1990–91), with 34 percent participating via consortia (38 percent in 1990–91) (V.2, 3).
- Target populations served by LEAs in 1992–93 were students in general (85 percent), teachers (66 percent); and parents (57 percent); 1990-91 targets were students in general (68 percent), teachers

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(51 percent), high-risk youth (33 percent), counselors (27 percent), and parents (23 percent) (V.2, 3).

- Most LEA funds were used for teacher training (68 percent), student instruction (67 percent), curriculum development (64 percent), student assistance programs (58 percent), special one-time events (55 percent), and parent involvement (52 percent). Primary uses in 1990–91 were student assistance programs, student instruction, teacher training, and curriculum development (V.2, 3).

Between 1989 and 1993, governors' programs increased their focus on school-age youth, including disadvantaged youth and students in general (V.2, 3).

- Populations served in 1992–93 included school-age youth (63 percent, up from 43 percent in 1990–91); law-enforcement officials and other community members (22 percent, down from 26 percent); parents (11 percent, down from 27 percent); and teachers, counselors, other school staff (3 percent, down from 5 percent) (V.2, 3).
- In 1992–93, populations targeted by high-risk youth projects were economically disadvantaged youth (83 percent, up from 49 percent in 1990–91); students experiencing academic failure (71 percent, up from 36 percent), and children of drug users (70 percent, up from 42 percent). Discretionary projects most often targeted students in general (75 percent, up from 43 percent) (V.2, 3).

Some drug prevention programs improved student outcomes, but effects were small (V.4).

- Student outcomes were somewhat better in districts where the prevention programs had greater stability over time (in place for a long period, with continuity of staff, planning, and leadership), and in districts with more extensive program components (targeting both the general student population and high-risk students, and including student support services—such as student assistance programs, student support groups, individual and group counseling, mentoring projects, and conflict mediation) (V.4).

Results from *Monitoring the Future*, an annual national survey of 8th-, 10th-, and 12th-graders, show that alcohol, tobacco, and other drug use is a serious problem for school-age youth. After 12 years (1979–91) of steady decline, youth drug use has recently increased (although levels are still significantly below the peak reached in 1979). The 1995 *Monitoring the Future* study found that drug use by 8th-, 10th-, and 12th-graders continued to increase (V.5):

- Marijuana use increased significantly in 1995: 16 percent of 8th-graders used marijuana in 1995 (up from 6 percent in 1991); 35 percent of 12th-graders used marijuana in 1995 (up from 22 percent in 1992). Moreover, *daily* use continued to rise; nearly 1 in 20 12th-graders (4.6 percent) uses marijuana daily (V.5).
- Use of alcohol generally remained steady but high—30 percent of 12th-graders had *five* or more drinks in a row during the two weeks preceding the survey (V.5).
- Drug use is widespread and begins early; 38 percent of 8th-graders have tried an illegal drug (including inhalants) at least once. (Use of alcohol is not included in the percentage reported for illicit drugs; 55 percent of 8th-graders indicated that they have taken a drink.) (V.5).

Beliefs about drugs' harmfulness are important determinants of use. Monitoring the Future found the proportions of students seeing drugs as dangerous continued to decline in 1995 (V.5).

- For example, the recent increase in marijuana use has been accompanied by a sharp decline in the perceived risk of using marijuana, which generally began after 1991 in all three grade levels (e.g., while 79 percent of 12th-graders in 1991 thought regular marijuana users run a "great risk" of harming themselves, by 1995 only 61 percent thought so) (V.5).
- Peer disapproval is also an important deterrent, and tolerance for drug use has recently increased, although most youth disapprove of trying drugs. Even for marijuana, 57 percent of 12th-graders disapprove of trying it (V.5).

Student behaviors, beliefs, and attitudes about drugs in the Department's longitudinal study mirrored national trends, showing increases over time in drug use and attitudes and beliefs favorable to drug use (V.4).

- Alcohol was the most widely used substance for students at any grade level, and it was also the first drug that most students tried. One-third of students surveyed had tried alcohol (more than just a sip) prior to or while in grade 5. Eighteen percent of 8th-graders and 24 percent of 9th-graders reported being heavy users of alcohol (V.4).
- Students believed that their peers approved of drugs more than they themselves did (and more than the peers reported) and held inflated beliefs about the amount of drugs their peers used (V.4).
- Students who reported that they had positive school experiences were significantly less likely to use drugs than their peers who had negative experiences with school (V.4).
- Concerning student use of time, activities associated with lower drug use included engaging in sports and exercise, doing volunteer work, and spending more than two hours per day on homework; spending more time on video games or watching television was associated with greater drug use (V.4).

Larger social influences should be considered in any future research and in rethinking drug prevention efforts (V.4).

- Wide variations in student drug use in the different communities studied suggest that research should explore alternative models that can influence social norms affecting student behavior (V.4).

Objective 5: Assist LEAs to align their programs with ED's principles of effectiveness for prevention programs.

Few schools employed program approaches that have been found effective in previous research (V.4).

- Districts rarely implemented approaches that, according to current research, have the greatest potential for making a difference for students, such as those that teach children how to resist and deal with the powerful social influences for using drugs and those that correct the misperceptions of peer drug use. A likely reason is the higher cost of these approaches, particularly in terms of teacher training and staff time (V.4).

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- While all school districts conducted informal assessments of their programs periodically, fewer than half conducted and responded to the evidence of more formal evaluations in selecting or altering their programs (V.4).

Program delivery was variable and inconsistent, even within schools (V.4).

- The amount and content of prevention programming varied greatly from classroom to classroom and school to school, even within districts that were attempting to deliver consistent programs (V.4).
- Inconsistent implementation resulted because teachers and counselors simply did not have enough time, support, training, or motivation to provide all the instruction or other activities that they had planned to provide (V.4).

Objective 7: Assist LEAs to set policies prohibiting the sale, distribution, and use of alcohol, drugs, and tobacco products at school or at school-sponsored functions.

In 1995 the U.S. Department of Health and Human Services published the results of the School Health Policies and Programs Study. This study, which collected data in 1994, included surveys of all 50 states and the District of Columbia, a nationally representative sample of public and private districts, and a nationally representative sample of public and private middle/junior high and senior high schools. One area studied was state, district, and school policies prohibiting tobacco, alcohol, and other drug use. The study included questions about whether these policies existed, and about such policy characteristics as when and where they apply and the specific statements, rules or procedures they contain (V.6).

Results showed that virtually all districts and schools (97 percent) have written policies concerning alcohol and other drug use; 96 percent of districts prohibit student alcohol and other drug use in school buildings and grounds during school hours; 90 to 92 percent prohibit such use in school buildings and grounds at all times. Furthermore, 82 percent of all states recommend, and 85 percent of all districts include as part of these policies, descriptions of violations and possible consequences; 82 percent of states recommend, and 77 percent of district policies include, procedures for communicating the policy to students, staff, and parents; 82 percent of states recommend, and 72 percent of district policies include, support for prevention education (V.6).

IV. Planned Studies

In 1996 the U.S. Department of Education began a study of school violence and violence prevention efforts. This study will obtain information on the incidence of violence in schools nationally and the effectiveness of approaches to preventing violence in schools. The study design includes a national survey and case studies of selected schools. Preliminary information will be available in 1998, and the study is due to be completed in 2001.

V. Sources of Information

1. Program files.
2. J. Thorne, B. Gorham, J. Holley and B. Cook, Characteristics of DFSCA State and Local Programs: Summary of the 1989-91 State Biennial Performance Reports (Washington, DC: U.S. Department of Education, 1997).
3. M. Tashjian, S. Silvia, and J. Thorne, Characteristics of DFSCA State and Local Programs: Summary of the 1991–93 State Biennial Performance Reports (Washington, DC: U.S. Department of Education, 1997).
4. S. Silvia and J. Thorne, Executive Summary of School-Based Drug Prevention Programs: A Longitudinal Study in Selected School Districts (Washington, DC: U.S. Department of Education, 1997).
5. University of Michigan, “Drug Use Rises Again in 1995 among American Teens” (Ann Arbor, MI: Author, 1995).
6. J. Ross, K. Einhaus, L. Hohenemser, B. Greene, L. Kann, and R. Gold, “School Health Policies Prohibiting Tobacco Use, Alcohol and Other Drug Use, and Violence,” in Journal of School Health 65(8), 333-336, October 1995.

VI. Contacts for Further Information

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