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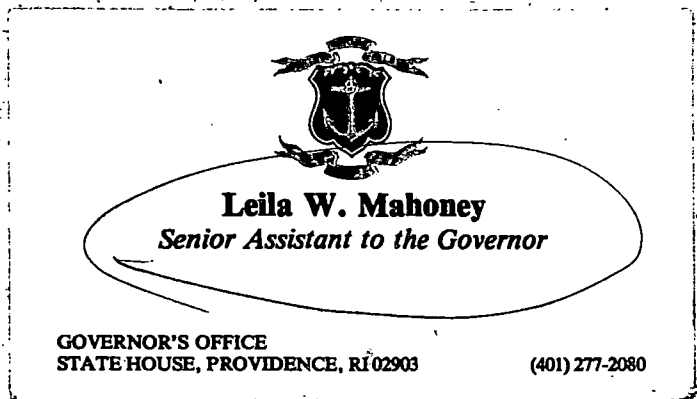
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Sec. Skinner.....

Repub. gov
w/ clerk
in WH



elementary...

Gov Schools -

proposal { early childhood educ.
School side mgmt.



State of Rhode Island and Providence Plantations

EXECUTIVE CHAMBER, PROVIDENCE

Edward D. DiPrete
Governor

TO: Christine Geer

FROM: Leila Mahoney
Office of Governor Edward D. DiPrete

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**State of Rhode Island and Providence Plantations****EXECUTIVE CHAMBER, PROVIDENCE****Edward D. DiPrete**
*Governor***SUGGESTED TALKING POINTS FOR PRESIDENT BUSH**
AT HOME OF GOVERNOR EDWARD D. DIPRETE

- * PERSONAL FRIENDSHIP BETWEEN PRESIDENT, MRS. BUSH AND GOVERNOR AND MRS. DIPRETE:
 - + PAT AND ED WERE GUESTS OF BARBARA AND ME ON SEVERAL OCCASIONS WHILE I WAS VICE PRESIDENT LIVING AT THE NAVAL OBSERVATORY.
 - + ED WAS ALSO ONE OF SEVERAL GOVERNORS WHO MET WITH ME, MEMBERS OF MY FAMILY, AND MY CLOSE ADVISORS IN KENNEBUNKPORT IN SEPTEMBER OF 1987.
- * HE HAS BEEN A TRUSTED ADVISOR ON ISSUES AFFECTING THE NORTHEAST -- HAVE SPOKEN WITH HIM ON NUMEROUS OCCASIONS; HAVE WORKED WITH HIM PERSONALLY AND THROUGH JOHN SUNUNU.
- * ONE OF THE ISSUES ON WHICH HE IS CONSIDERED A NATIONAL LEADER IS EDUCATION.

Discuss things & people
in an open way.

...not really, just - study...

-2-

- * HAD THE OPPORTUNITY TO HEAR HIS PRESENTATION AT THE EDUCATION SUMMIT ON A NEW, BOLD, AND INNOVATIVE PROGRAM THAT HAD EVERYONE TALKING: THE CHILDREN'S CRUSADE FOR HIGHER EDUCATION.

\$10 mil. /

target: from fed

st +

priv. sector

1991 -

3rd G.
students.

10 years

public

school

free
from train.

- * THIS PROGRAM -- WHICH HAS ONE OF THE MOST LOFTY GOALS OF ANY PLANNED OR EXISTING EDUCATION PROGRAM ANYWHERE IN THE NATION -- STANDS TO LIFT HALF A GENERATION OF YOUNG PEOPLE OUT OF THE CYCLE OF POVERTY AND DISADVANTAGE -- NOT BY THROWING MONEY AT THEM -- BUT BY EXTENDING A CARING HUMAN HAND TO HELP CHILDREN SUCCEED.

needs test.

- * IT COMBINES ALL THE ELEMENTS OF SUCCESS: A PUBLIC-PRIVATE PARTNERSHIP; THE INVOLVEMENT OF HUNDREDS OF VOLUNTEER MENTORS AND TUTORS; A CLEAR SET OF RESPONSIBILITIES AND GOALS; AND AN INNOVATIVE FINANCING STRUCTURE -- WHICH EVEN BOASTS OF A MONEY-BACK GUARANTEE.

10,000, 3rd graders.

- * AND JUST AS IMPORTANT: THE VISIONARY POLITICAL LEADERSHIP OF ED DIPRETE TO GET THE JOB DONE.

- * IT'S THE KIND OF PROGRAM WE'RE TALKING ABOUT WHEN WE SAY "A THOUSAND POINTS OF LIGHT."

- * IT'S JUST ONE MORE EXAMPLE THE KIND OF LEADERSHIP THAT ED

~~Ed Diprete~~
W. Post - Editorial
LABOR DAY

apprenticeship program.

2

6:

John Chaffee.

-3-

DIPRETE HAS DEMONSTRATED ALL ALONG.

- * THROUGHOUT HIS THREE TERMS AS GOVERNOR, HE HAS KEPT EDUCATION REFORM AT THE TOP OF THE PUBLIC AGENDA, WITH PROGRAMS SUCH AS:

- + LITERACY AND DROPOUT PREVENTION ACT.
- + HIGHER EDUCATION IMPROVEMENT ACT.
- + EDUCATION EXCELLENCE FUND.
- + INCREASED STATE FUNDING TO LOCAL SCHOOL DISTRICTS.
- + EARLY CHILDHOOD INTERVENTION PROGRAMS.

- * AND FOR THE FUTURE:

+ SCHOOL CHOICE.

+ GOVERNOR'S SCHOOLS.

+ SCHOOL TECHNOLOGY INITIATIVE.

proposal by Sept 1990.

- * I THINK IT'S REMARKABLE HOW HIS ECONOMIC POLICIES TURNED

-4-

RHODE ISLAND FROM A JOB-POOR STATE INTO ONE WITH ONE OF THE COUNTRY'S LOWEST UNEMPLOYMENT RATES.

- * BY CREATING NEW OPPORTUNITIES FOR ALL RHODE ISLANDERS, HE'S LIFTED THEIR HORIZONS AND BROUGHT REAL PROSPERITY TO THIS STATE.
- * HIS WORKFORCE 2000 PROGRAM IS ONE OF THE NATION'S BEST JOB TRAINING PROGRAMS.
- * HIS OUTREACH TO FOREIGN TRADE -- PARTICULARLY TO THE NATIONS OF THE PACIFIC BASIN -- SHOWS HIS DETERMINATION TO ASSIST RHODE ISLAND BUSINESSES IN BECOMING EVEN MORE PROFITABLE.
- * HIS CREATION OF THE RHODE ISLAND PARTNERSHIP FOR SCIENCE AND TECHNOLOGY WILL HELP KEEP RHODE ISLAND ON THE CUTTING EDGE OF THE NEW HI-TECH INDUSTRIES OF THE FUTURE.
- * HE REMAINS COMMITTED TO IMPROVING RHODE ISLAND'S BUSINESS CLIMATE -- BECAUSE HE UNDERSTANDS THAT IT IS THE PRIVATE SECTOR WHICH IS THE GREAT ENGINE OF JOB CREATION AND PROSPERITY.
- * HIS PRO-ENVIRONMENTAL POLICIES HAVE HELPED MAKE RHODE

-5-

ISLAND A LEADER AMONG OUR MOST PROGRESSIVE ENVIRONMENTAL STATES.

- * HIS STATEWIDE RECYCLING PROGRAM IS A NATIONAL MODEL.
- * HE HAS CHAMPIONED THE DRINKING WATER PROTECTION ACT.
- * HE HAS UNDERTAKEN AN UNPRECEDENTED PROGRAM OF OPEN SPACE, SHORELINE, AND FARMLAND ACQUISITION AND PRESERVATION.
- * HE CREATED THE RHODE ISLAND ENVIRONMENTAL TRUST FUND TO ENSURE CONTINUED IMPROVEMENT OF NARRAGANSETT BAY WATER QUALITY.
- * AND HE HAS TAKEN A STRONG STAND TO KEEP RHODE ISLAND'S AIR BREATHABLE -- ADAMANTLY OPPOSING THE CONSTRUCTION OF COAL-FIRED POWER PLANTS AND PROMOTING STRICTER AUTOMOBILE EMISSIONS STANDARDS.
- * ED DIPRETE HAS SHOWN HOW A SEASONED, CAPABLE, AND EXPERIENCED EXECUTIVE CAN RISE TO A CHALLENGE -- WHETHER WE'RE TALKING ABOUT VISIONARY PROGRAMS FOR THE FUTURE; CONFIDENTLY LEADING A STATE THROUGH A HURRICANE; TAKING CHARGE OF A POTENTIAL DISASTER LIKE THAT TRAGIC OIL SPILL OFF NEWPORT THIS PAST JUNE; OR SKILLFULLY MANAGING THE

-6-

STATE'S FINANCES AT A TIME WHEN OTHER NORTHEAST STATES -- AND WE NEED ONLY LOOK TO RHODE ISLAND'S NEIGHBOR TO THE NORTH -- ARE IN FISCAL TURMOIL AND CRISIS.

- * I'M PROUD TO HAVE ED DIPRETE AS A FRIEND. AND ALL RHODE ISLANDERS OUGHT TO BE PROUD TO HAVE HIM AS THEIR GOVERNOR.

ADDITIONAL COMMENTS IF DRUG PROGRAM VISIT
IS NOT INCLUDED ON THE SCHEDULE

- * GOVERNOR DIPRETE HAS TAKEN THE LEAD IN FIGHTING SUBSTANCE ABUSE IN RHODE ISLAND: HAS DECLARED A THREE-FRONT WAR ON ILLEGAL DRUGS -- TREATMENT, EDUCATION, AND ENFORCEMENT.
- * HE HAS APPOINTED THE STATE'S FIRST CABINET-LEVEL DRUG PROGRAM DIRECTOR; ESTABLISHED THE INTER-AGENCY TASK FORCE ON DRUGS; CREATED THE STATE POLICE NARCOTICS SQUAD.

CLEAN AIR KID'S CAMPAIGN,

303

433-7449.

STUDENT ASSISTANCE PROGRAM

The Division of Substance Abuse, Department of Mental Health, Retardation and Hospitals will use its \$230,000 of the Ferry Bill #86-H8497 to establish a network of four to eight high school student assistance programs (based on a ratio of one counselor to 1,000 students) as pilot projects. The nationally recognized Westchester County Student Assistance Program model will be adopted and tailored to Rhode Island's special needs. The student assistance program is modeled after the employee assistance programs that have been successfully used by industry to identify and aid employees whose work performance has been negatively affected by alcohol, drugs, mental health, or personal family problems. The student assistance program uses professional counselors to help students who may be at high risk for developing substance abuse and other problems such as teen pregnancy, child abuse, suicide, mental health, children of alcoholics, and others who may need special guidance. Emphasis is placed on prevention and early intervention.

The goals of the student assistance program will be:

1. To provide a mechanism for intervening with students who have or are developing drug or alcohol problems.
2. To provide a broad-brush service which will also address mental health, familial, and other related problems.
3. To improve school attendance, reduce the dropout rate, and reduce disciplinary action in the high school.
4. To prevent the development of alcohol and drug abuse among high school students.
5. To reduce the incidence of alcohol and drug abuse problems among students.
6. To demonstrate to school districts that providing alcohol and drug abuse prevention and intervention service in the school is cost-effective and enables the school to more effectively carry out its job of educating students.

The student assistance counselors are based as full time or part time employees within the high school. The student assistance counselors receive clinical supervision from the student assistance project coordinator and receive one hour of supervision per week from the high school principal. Counselors must be chosen carefully to meet the needs of the school and interact well with the school administration. In order to assure this, the school administration has final choice of pre-screened candidates. A student assistance counselor must have a minimum of a master's degree in social work, psychology, or a related helping field and two years post-master's full time clinical experience working with adolescents. The counselor must be credible to the school administration, faculty, student body, student's parents, and the local community.

Four to eight new student assistance programs will be piloted in schools where school districts express an interest in participation and

meet the appropriate demographic criteria. Further, schools, in order to implement a successful program, must agree to some non-negotiable items. A written policy statement describing the use of the student assistance program must be developed. The school must agree not to reduce any existing pupil personnel services without a corresponding decrease in student enrollment while the school has a student assistance program. Four to eight pilot projects will be placed in schools that will reflect a cross section of Rhode Island schools. It is anticipated that when a track record of success is established with the pilot programs more communities will request student assistance programs and funding needs can be reviewed.

There are presently seven high schools in Rhode Island with various degrees of student assistance programming. These efforts are all attached to community treatment agencies. Fifty thousand dollars of the funds will be used to support these existing high school programs with the provision that these programs adopt minimum standards of the Westchester County model which will be the Rhode Island statewide model (i.e., staff credentials, training, central coordination, broad-brush model, statewide reporting requirements).

Based on the consultation with Ellen Moorehouse, a nationally recognized authority on student assistance programs and the primary designer of the Westchester County model, central control of statewide student assistance programs for hiring staff and continuity of program administration are important elements. The plan to staff the student assistance program is to hire qualified professionals as consultants to the Division of Substance Abuse. Creating new state positions for the program is not advisable because of civil service requirements and the inability to share the selection of counselors with the school districts. Contracting out to multiple agencies would greatly diminish the ability to identify and replicate a statewide model. Until there is demonstrated student assistance programming expertise in the state, contracting out to a new single non-profit entity is a risky venture. It is planned to spin off the program once firmly established and the necessary experience is in place.

A coordinating consultant would be hired to begin the program. This person must have administrative and clinical expertise. The coordinator must also have program development experience and experience in working successfully with school administrators. The coordinator would be hired by September 1, 1986. From this point, the four to eight new pilot projects would be developed and fully operational by January, 1987. The coordinator will report to the Assistant Director of the Division of Substance Abuse.

Ellen Moorehouse, executive director of Student Assistance Services in Westchester County, New York, will be available to provide consultation on program and staff development. She has been to the Division on two occasions in the past six months to meet with Division staff. She has also met with the treatment programs association and the prevention programs association. On all occasions, the Westchester County student assistance program model was well received.

STUDENT ASSISTANCE PROGRAM

Budget Proposal

Coordinator	\$ 30,000
Counselors (\$23,000 x 5)	115,000
Secretarial Services	10,000
Training (includes Ellen Moorehouse consultation and training; special training packages)	16,000
Travel (200 miles/month/counselor; 500 miles/coordinator)	3,600
Equipment	5,400
Contracting with treatment agencies which have student assistance programs	50,000
Total	<u>\$ 230,000</u>

Proposal for Expansion of Student Assistance Services in the State of Rhode Island

The Health Education, Alcohol and Substance Abuse Prevention Act (#86-H8497 Sub A) generated 1.5 million dollars from July 1, 1986, to June 30, 1987. Nine hundred thousand dollars of the amount generated was allocated to the Department of Health, the Department of Elementary and Secondary Education and the Department of Mental Health, Retardation and Hospitals to establish continuous health education programs dealing primarily in the areas of alcohol and substance abuse. The act generated a six hundred thousand dollar surplus in the 1986-87 fiscal year.

The Department of Mental Health, Retardation and Hospitals used its allocation of the \$230,000 to establish seven Student Assistance Programs as pilot projects in seven Rhode Island high schools. Seven programs were implemented and are operating successfully at the following high schools:

Woonsocket
Mount Pleasant (Providence)
Cumberland
Middletown
South Kingstown
Warwick Veterans Memorial
Bristol

Two additional programs were established at Scituate High School and Pilgrim High School in Warwick with funding from local school departments and the Drug Free School Fund obtained by school departments.

As was reported in the Department's annual report to the governor and general assembly, the pilot programs have been extremely successful and well received by the schools, community, and students.

Since the establishment of the pilot programs the Student Assistance Services program director has met or talked with members of fourteen other school departments that have requested a Student Assistance Program for their school.

The goal of the Department of Mental Health, Retardation and Hospitals is to expand Student Assistance Services to all high schools and junior high schools in Rhode Island but the Department does not have the capacity or funding to expand all at once.

Due to the success of the pilot project, the increasing need and requests from other school districts, the Department of Mental Health, Retardation and Hospitals is requesting an additional \$280,000 for the purpose of expanding to 7 - 8 new junior and senior high schools in 1988-89 and to establish Rhode Island Student Assistance Services as a private nonprofit corporation for central administration of the program statewide. This funding would come from the surplus generated by the Health Education, Alcohol and Student Assistance Prevention act.

Proposal

Over the course of three years, the schools which were funded in the first year would be required to come up with a local match of 20% of the cost for year 1989-90 and increasing to 40% for year 1990-91. This increasing local match would allow for further expansion to new schools that would also be able to match the state dollars. This plan would make it possible to establish Student Assistance Programs in sixteen new high schools by 1991.

Draft
Rhode Island Student Assistance Services
Budget Summary for Spin-Off and Expansion
July 1, 1987 - June 30, 1988

Annual Expense Budget

Personnel Expenses

Annual Expense

Executive Director	\$ 36,000
Counselor	23,000
Counselor	23,000
Counselor	21,000
Counselor	20,000
Counselor (half time)	11,500
Secretary	15,000
Fringe (18% + Worker's Compensation)	27,710
Bookkeeper/Accountant	6,300
Total	<u>\$183,510</u>

Operating Expenses

Rent & Utilities (includes telephone installation & equip.)	\$ 20,000
Audit	4,000
Postage	1,200
Telephone	2,500
Office Supplies and Expenses	500
Insurance (malpractice, liability)	2,500
Total	<u>\$ 30,700</u>

Program Expenses

Equipment	\$ 10,112
Travel	3,000
Printing/Copying	800
Advertising	800
Staff Development and Training	800
Books, Journals, Pamphlets	500
Membership Fees	600
Petty Cash	350
Total	<u>\$ 16,962</u>

Total Budget	\$231,172
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Draft - Two

Contracted Student Assistance Programs (Division)

Child and Family Services of Newport (Middletown High School)	\$ 23,000
ROAD Counseling Program (Cumberland High School)	23,000
CODAC (Bristol High School)	23,000
Total	\$ 69,000
Total Committed	\$ 300,172

Annual Income Budget (Rhode Island Student Assistance Services)

Division of Substance Abuse	\$ 230,000
Scituate School Department	\$ 13,570
Total	\$ 243,000
	\$ 300,172
Less	243,570
Balance to be Raised:	\$ 56,602

Expansion to Seven New Schools

Personnel	
Seven Counselors	\$ 161,000
Clinical Supervisor	28,000
Fringe	34,398
Total	\$ 223,398
Plus Amount Needed to Spin-Off	56,602
	\$ 280,000

Schools

Central Falls High School
Tolman High School (Pawtucket)
Toll Gate High School (Warwick)
Ponaganset High School (Foster, Gloucester)
North Kingstown High School
Barrington High School
Coventry High School

Other schools that have expressed interest:

Tiverton High School
Nathaniel Greene Middle School
Classical High School (Providence)
Hope High School (Providence)
Central High School (Providence)
Narragansett High School
Davies Vocational (Lincoln)

The Urban Collaborative Accelerated Program

A Collaborative Program For At-Risk Students in the Public Schools of
East Providence, Pawtucket, and Providence

Table of Contents

Proposal	1
Operating Budget	8
Budget Justification.	9
Start Up Costs.	11
Board and Staff.	12
Public Education Fund 501 (c) (3)	13
Pulic Education Fund Board	14
Pulic Education Fund Board Resolution	17

Appendix

"Planning under way on program to help potential dropouts,"
The Providence Journal Bulletin, P. E-3, January 3, 1989.

"Study Urges Dropout-Prevention Efforts in Middle Grades,"
Education Week, P.7, October 19, 1988.

"Don't Remediate: Accelerate," by Henry Levin, Accelerating
the Education of At-Risk Students, A Stanford University
Centennial Conference, Henry Levin, Conference Director.

"Department of Education Validates Project COFFEE," The
Worcester Evening Gazette, June 18, 1986.

Letters of Support: Joseph Almagno, Superintendent of
Providence; Richard Charlton, Superintendent of Pawtucket;
John DeGoes, Superintendent of Providence.

Vita of Robert DeBlois

The Urban Collaborative Accelerated Program represents an innovative and pragmatic response by the public school systems of Providence, Pawtucket, and East Providence to the problem of dropouts. By forming an independent public entity, the cities will offer one hundred at-risk students an opportunity to enroll in a school formed solely for the purpose of meeting their unique needs. The school will not focus on the students' past failures in school, but instead will present them with the chance of working on an accelerated tract whereby they will be able to make up years they have fallen behind their peers. While offering this opportunity for accelerated promotion, the school will also serve as a center for the coordination of counselling, community services, and family outreach that are essential for helping at-risk urban students succeed in school.

Planning for the school was begun in February of 1987 and involved the cities of Central Falls, Pawtucket and Providence. These cities comprise much of the urban area in Rhode Island, and their school departments serve some of the poorest families in the state. Depending on the statistics that one uses, the dropout rate in these cities averages between thirty-five and forty-five percent. By working with the Commissioner of Education, the superintendents of these cities developed a profile of a middle school student who has previously repeated one or more grades and is currently exhibiting characteristics indicative of a future dropout. They also conducted a needs assessment that indicated a very large number of these students had the ability to succeed in school and could benefit from accelerated promotion. In January of 1988 a committee of teachers and administrators from the three cities developed an outline for a school that could give these students the personal and academic support that would allow them to succeed, when placed back into the mainstream of their regular high schools, after a period of intervention that would last from

one to three years. Due to budget restrictions, Central Falls has been unable to join the Collaborative at this point, although this remains a possibility for the future. In January of 1989 the city of East Providence also decided to join the Collaborative.

The innovative nature of the Urban Collaborative begins with its structure. By using enabling legislation in the State of Rhode Island for cooperative educational ventures, the cities of Pawtucket, East Providence, and Providence will form a legally independent organization to run the Collaborative. The board of the Collaborative must be comprised of the superintendents of the participating school districts who will hire a director to oversee all aspects of the school. The Board will also be consulted by an advisory board comprised of parents, teachers, business people, and community leaders. The school will manage its own budget and will bill the participating school districts based on the number of students from each district enrolled. Teachers in the Collaborative will work under a separate agreement directly between themselves and the Collaborative, an agreement that will not be bound by teacher contracts in either city. The Providence Teachers Union, noted for its progressive response to such problems as dropouts, was instrumental in developing this arrangement with the collaborative.

Although unusual, the structural model of the Collaborative is not without solid and successful precedent. In Rhode Island, the Northern Rhode Island Collaborative for special education students is based on the same structure and is successfully meeting the needs of another unique, albeit different, group of students. The most notable structural model for non-special education students that are at risk of dropping out, is the

COFFEE (Cooperative Federation For Educational Experiences) program in Oxford, Massachusetts. COFFEE serves approximately 120 seriously at-risk students in sixteen Central Massachusetts school districts. COFFEE was begun in 1975 as a collaboration of three school districts seeking to serve 25 students who did not fit any programs offered in the schools. The program has been recognized as a model program through the National Diffusion Network of the US Department of Education and has also received a great deal of publicity for the unique partnership that COFFEE has established with the Digital Corporation.

Another innovative aspect of the school that holds significant promise is the concept of accelerated promotion. Research has consistently shown that most dropouts are of average or better ability than their counterparts who succeed in school. What is most inappropriate for these students is a program concentrating primarily on remediation, something the students find boring and disconnected from their own lives. The opportunity of accelerated promotion, combined with a curriculum that forces the students to deal with current real world problems, stands a greater chance of allowing students to see education in a different light. By creating an atmosphere of high status and high expectations, the students have a better chance of developing a positive self identity as achievers. Finally, by allowing students to make up a year or two in their education, the school is helping them make real and substantive changes in their progress, as opposed to just moving them from the 15th to the 20th percentile in their subjects. These same approaches are the foundation of a group of accelerated schools in California that opened in September, 1987 as a

partnership between Stanford University and selected schools in San Francisco and Redwood City.

The specific curriculum of the Urban Collaborative will be divided into three areas. The first is the continuous progress curriculum that will allow students to advance to a new level as soon as they have completed a previous one. Mastery of learning rather than time in class will be the determinant factor of promotion. In this phase of instruction teachers will individualize teaching to the greatest extent possible. This continuous progress will be combined with interdisciplinary group projects, the second part of the curriculum. In this component students will apply skills to the exploration of topics, and solving of problems that are readily available, using the community as a workshop. Students will get out of the classroom frequently and will be encouraged to take control of their own learning, something they will have to do upon leaving the Urban Collaborative. Finally, students will also be involved in career exploration. The goal of this career segment will be to impress upon the students the tremendous possibilities that exist in the world of work for a person who is educated. The career component will also focus on those traits that are necessary for anyone to be successful in a job, such as honesty, dependability, punctuality, and above all, the ability to learn quickly in a variety of different settings. In this segment of the curriculum, the school will work closely with local businesses and organizations in the private sector. In accordance with this goal, the Urban Collaborative will be based at the Opportunities Industrial Center in Providence, an attractive new facility for community services and adult

education, a very valuable resource that is currently under-utilized during the daytime.

The community outreach that will exist in the curriculum, will be a hallmark of the entire school. Teachers will serve as teacher/counselors and will oversee all aspects of the students' development. From the earliest stages of application, parental involvement will be expected. The staff of the school will make themselves available to parents at times convenient to them, and in settings that are not intimidating to parents, many of whom did not have successful school experiences themselves. Aside from family outreach, the school will also try to coordinate other outside services available in the community such as, health and nutritional services, counseling in a range of areas (sex, drugs, alcohol, abuse,, non-violent resolution of conflict, self-esteem, etc.) and part time jobs.

The budget for the first fiscal year of the Urban Collaborative is approximately \$610,000, or \$6,100 per student. As a basis of comparison, the Rhode Island Public Expenditure Council listed the 1987-88 average per pupil cost for Rhode Island public school students, based on average daily attendance, as \$5,456. With just reasonable increases this number can be projected to come very close to the 1989-90 costs expected for the Urban Collaborative. It should be noted though that the Urban Collaborative will be working with a more difficult group of students, will provide them greater services, and will do so with a more positive student ratio than exists in the schools from which these students will come. It should also be noted that all staff costs are based on salaries presently paid by the Providence School Department for the same or similar positions. The cost savings in comparison to traditional urban middle and high schools are

attributable to several areas: lower plant overhead, a greater flexibility of staffing options due primarily to the small size of the school, a greater expected percentage of teachers on a lower salary step, and a more widespread use of school volunteers. Non-staff expense projections in the budget are based on programs of similar size and/or philosophy.

Funding for the Urban Collaborative is expected to come from several sources, the primary one being local tax revenues from the participating cities, which will be reimbursed by the state according to their regular formula-based share of state funding. Another expected source of funding will be the State of Rhode Island and this funding will come in two different ways. The first will be through a hoped for grant through the Department of Education, provided by money set aside for literacy and dropout prevention. If awarded, the expected range of this grant will be about \$30,000. The second source of direct state funding will be through a line item in the state budget, allocating funds directly to the Collaborative. The amount sought through this channel will be \$100,000. Aside from state and local funds the Collaborative will also seek a federal grant in the range of \$75,000. Finally, the Collaborative will also actively solicit private funds from corporations and foundations, both local and national. These funds will be most helpful in launching those parts of the school that are both promising and innovative, (intensive staff inservice, summer programs, community liason) yet which may be difficult to fund through traditional public sources, primarily because of the tremendous demands on these funds.

In its first year the Collaborative will also incur some start up costs, roughly estimated at \$50,000. Approximately 30% of this amount will

go toward an intensive staff inservice and a student orientation that will take place in the summer of 1989. During the inservice the professional staff will discuss and plan all aspects of the school. During the orientation students will have a one week session in which they will be introduced to the teachers and each other in a camp-like setting that will help establish positive momentum for the September start of the school year. In subsequent years the Collaborative plans to initiate a more extensive summer session. In this summer session, the curriculum will be less technically academic and more explorational, physically active, and interpersonal. Students will be encouraged to take part in this or other similar programs, like the SPIRIT Program, for which they might be eligible. The impact of such programs on student attitude and performance is often significant.

The Urban Collaborative Accelerated Program is an idea whose time has come. It is a reasonable yet forceful response to the problem of urban dropouts. The Urban Collaborative can also serve as a laboratory in which such things as school based management, flexible learning environments, and holistic approaches to students, can be tried and then used on a larger scale in other schools. Recently, in discussing the problem of dropouts with his school board, Superintendent Joseph Almagno noted that, "These students have been passed over or put down so many times in life that they begin to believe that they cannot succeed." Aside from helping them develop their skills, the Urban Collaborative will teach these students the more important lesson that they can make something of their lives, that they can indeed be a success.

URBAN COLLABORATIVE OPERATING BUDGET BEGINNING 7/1/89

Line	STAFF	
S1	DIRECTOR	\$49,000
S2	COUNSELOR	\$42,000
S3	HEAD TEACHER	\$42,000
S4	TEACHERS (5)	\$178,400
S5	LIBRARIAN (.5)	\$18,000
S6	PHYS ED (.4)	\$14,000
S7	SECRETARY	\$17,800
S8	AIDES	\$12,500
S9	UNEMPLOY 3.5%	\$13,080
S10	HEALTH INS	\$37,500
S11	RETIREMENT	\$37,900
S12	FICA	\$28,065
S13	TOTAL STAFF	\$490,244
	EXPENSES	
E1	RENT	\$55,000
E2	TELEPHONE	\$4,500
E3	REPAIR/MAINTENANCE	\$1,000
E4	BOOKKEEPING	\$4,000
E5	AUDIT	\$2,500
E6	INSURANCE	\$9,000
E7	POSTAGE	\$1,000
E8	STATIONARY/OFF SUPPLIES	\$3,000
E9	PRINTING/PHOTOCOPY	\$3,000
E10	INSTRUCTIONAL SUPPLIES	\$7,500
E11	FIELD TRIPS/CAREER EXPLOR	\$3,500
E12	CONSULTING	\$2,000
E13	LEGAL	\$2,000
E14	CONFERENCES	\$750
E15	INSERVICE	\$2,000
E16	TRAVEL	\$500
E17	HOSPITALITY	\$500
E18	TRANSPORTATION	\$4,000
E19	NURSE/SPECIAL SERVICES	\$2,500
E20	RECREATION	\$2,500
E21	ADVERTISING	\$1,000
E22	SPECIAL PROGRAMS	\$3,500
E23	PERIODICALS/LIBRARY	\$1,500
E24	EVALUATION	\$2,500
E25	DUES	\$500
E26	TOTAL EXPENSES	\$119,750
T1	TOTAL STAFF	\$490,244
T2	TOTAL EXPENSES	\$119,750
T3	TOTAL	\$609,994

BUDGET JUSTIFICATION - OPERATING BUDGET

Line:

- S1, Director: Based on Providence salary for school coordinators (12 months). Salary for current school year (1988 - '89) is \$51,627.
- S2, Counselor: Based on Providence teacher scale for 1989 - '90, 10th step, master's degree, plus \$2500 for expected additional time.
- S3, Head Teacher: Based on Providence teacher scale for 1989 - '90, 10th step, master's degree, plus \$2500 for expected additional time.
- S4, Teachers: Based on Providence teacher scale for 1989 - '90, 8th step, master's degree, plus \$5000 total for expected additional duties. Five (5) teachers.
- S5, Librarian: Based on Providence teacher scale for 1989 - '90, 9th step, master's degree. A half time (1/2) position. Required by B.E.P.
- S6, Phys Ed: Based on Providence teacher scale for 1989 - '90, 9th step, master's degree. A two-fifths (2/5) position. Required by B.E.P.
- S7, Secretary: Based on Providence clerks' salary schedule, 1988 - '89, plus five percent (5%) estimated increase, 10 month position.
- S8, Aides: Providence hourly rates for 1988 - '89: \$7.32 - \$8.53/hr.
- S9, Unemployment: Computed at 3.5% of total staff payroll.
- S10, Health Insurance: Blue Cross and Delta Dental. Exact policy still to be worked out with Blue Cross. Teachers would be in a pool of other organizations of similar size.
- S11, Retirement: Employer contribution (10.15%). Collaborative will seek legislation to be included in state retirement system.
- S12, F.I.C.A.: Computed at 7.51% of total payroll.
- S13, Total Staff: Self explanatory.
- E1, Rent: Quoted cost of space at Opportunities Industrialization Center in Providence. Includes heat, electricity, and janitorial.
- E2, Telephone: Projected based on similar sized schools.
- E3, Repair/Maintenance: Same as E2.
- E4, Bookkeeping: Based upon quoted estimates from Ernst & Whinney.
- E5, Audit: Same as E4.
- E6, Insurance: Based upon quoted estimates from Starkweather & Shepley. Includes \$1,000,000 General Liability, and Workmen's Compensation.

E7, Postage: Same as E2.

E8, Stationary/Office Supplies: Same as E2.

E9, Printing/Photocopy: Same as E2.

E10, Instructional Supplies: Same as E2.

E11, Field Trips/Career Exploration: Projected, based upon the SPIRIT Program.

E12, Consulting: Same as E2.

E13, Legal: Same as E2.

E14, Conferences: Same as E2.

E15, Inservice: Same as E2.

E16, Travel: Same as E2.

E17, Hospitality: Same as E2.

E18, Transportation: Same as E11.

E19, Nurse/Special Services: Projected, based upon Northern Rhode Island Collaborative.

E20, Recreation: Same as E11.

E21, Advertising: Same as E19.

E22, Periodicals/Library: Same as E2, and based upon B.E.P. requirements.

E23, Evaluation: Same as E11.

E24, Dues: Same as E2.

E25, Total Expenses: Self explanatory.

T1, Total Staff: Same as S13.

T2, Total Expenses: Same as E25.

T3, Total: Self explanatory.

START UP COSTS

Staff Inservice	\$12,000
Student Orientation	5,000
Furniture, Supplies, Equipment	33,000
TOTAL	\$50,000

START UP COSTS JUSTIFICATION

Staff Inservice: Includes \$400 per week salary for 6 teachers and 1 counselor (\$11,200), plus secretarial, stipends for outside speakers, educational materials, and secretarial.

Student Orientation: Includes \$400 each for 7 staff members. Other costs are estimated, based on experience of SPIRIT Program, for such things as site and facility rental, recreational supplies, transportation, field trips (for example, museum of science, whale watch, or aquarium) cookout supplies, guest speakers or local artists, film, and other supplies.

Books, Learning Supplies, Furniture, and Equipment: Estimate includes audio visual equipment, textbooks, library books, reference books and materials, computer software, mastery learning kits, student desks and tables, student lockers, recreational equipment, office furniture, and McIntosh computer for office work and student projects.

Urban Collaborative Board of Directors

Mr. Joseph Almagno, Superintendent
Providence School Department
480 Charles Street
Providence, Rhode Island 02904

Dr. Richard Charlton, Superintendent
Pawtucket School Department
Park Place
Pawtucket, Rhode Island 02860

Mr. John DeGoes, Superintendent
East Providence School Department
80 Burnside Avenue
Riverside, Rhode Island 02915

Staff

* Robert DeBlois, Director
c/o 380 Prospect Street
Seekonk, Massachusetts 02771

* See appendix for Vita

Note: By Rhode Island law governing cooperative schools, the board of the Urban Collaborative must be comprised of the superintendents of the participating school systems.

The Urban Collaborative will also establish an Advisory Board, comprised of teachers, parents, and other educators, as well as representatives from local businesses and community organizations.

Internal Revenue Service
District Director

G.P.O. BOX 1680
BROOKLYN, NY 11202

Department of the Treasury

Date:

APR 11 1988

PROVIDENCE EDUCATION FUND
30 EXCHANGE TERRACE
PROVIDENCE, RI 02903

Employer Identification Number:
22-2689787

Contact Person:
MICHAEL HEMINGWAY

Contact Telephone Number:
(718) 780-4051

--
Caveat Applies:
No

Dear Applicant

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 509(a)(1).

Your exempt status under section 501(c)(3) of the Code is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status.

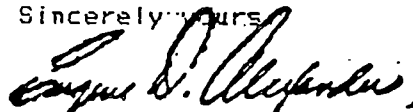
This supersedes our letter dated Nov. 3, 1987.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Eugene D. Alexander
District Director

Public Education Fund

Board of Directors

Michael C. Noble, Chairman
Senior Vice President
Fleet National Bank

Charles H. Wharton, Vice Chairman
Senior Vice President-Investments
Prudential-Bache Securities, Inc.

Kenneth M. Racette, President
Executive Vice President
RIHT Financial Corporation

Mary Lynne Poole, Vice President
MLP Consulting

Richard H. Gregory III, Secretary
Tillinghast, Collins & Graham

John J. Natalizia, Treasurer
Executive Vice President
Newport Electric Company

Joseph A. Almagno **
Superintendent of Schools
City of Providence

Jonathan Bell
Hinckley, Allen, Snyder & Comen

Peter Cassels
Public Relations Manager
AT&T

B. Jae Clanton
Executive Director
Urban League of Rhode Island

Andrew M. Curry
President
Connect Corporation

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Textron, Inc.

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President, Duffy & Shanley

Karl F. Ericson
Peat, Marwick Main & Co.

Hope Drury Goddard
Artist

Susan Haffenreffer
Investing For Women

Bradford F. Hood
Vice President/Account Supervisor
FERREIRA/PETERS, Inc.

Georgina Macdonald
President
The Meridian Group

Dr. Charles J. McDonald
Professor & Head, Division of
Dermatology
Roger Williams Hospital

Vincent P. McWilliams **
Chairman
Providence School Board

Marcia B. Reback **
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Providence Teachers Union

Robert E. Rice**
Vice Chairman/Education
Greater Providence Chamber of Commerce
President & General Manager
WPRI-TV 12

Sylvia E. Robinson
Assistant to the Commissioner
RI Office of Higher Education

Dr. Theodore R. Sizer
Chairman, Department of Education
Brown University

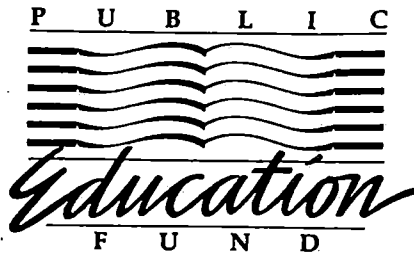
Dr. William E. Trueheart
Executive Vice President
Bryant College

William D. Vanech
Vice President
Kidder Peabody & Co.

Henry S. Woodbridge
Executive Director
Workforce 2000

Dr. Arthur Zarrella
Assistant Superintendent of
Schools for Secondary Education
Providence School Department

**Ex-officio members



112 Union Street
Suite 502
Providence, RI 02903
(401) 521-8980

January 20, 1989

Mr. Robert DeBlois
Director
Urban Collaborative Accelerated Program
380 Prospect Street
Seekonk, MA 02771

Dear Rob:

As you requested, the Public Education Fund, in a Board Resolution, has agreed to act as broker for the Urban Collaborative Accelerated Program (UCAP) in any requests for funding made by UCAP. At the December 13, 1988 meeting of the Board of Directors, the following resolution was passed:

Resolved: That the Public Education Fund is hereby authorized (i) to accept and disburse funds in furtherance of the Urban Collaborative Accelerated Program (UCAP), a program whose goal is to design an alternative school for at risk middle school students, and (ii) to pay over the balance of any funds received to any nonprofit organization sponsoring this program upon receipt by the Fund of evidence that the sponsor is as organization exempt from tax under Section 501(c)(3) of the Internal Revenue Code.

The Fund is pleased to be able to support the efforts of the Urban Collaborative. This letter should serve as confirmation of the Fund's intent to act on behalf of UCAP in your efforts to secure support for this program. Please feel free to refer any questions about this matter to me. I will be happy to respond.

Sincerely,


Barbara S. McKay
Executive Director

BSM/

Appendix

Planning under way on program to help potential dropouts

Providence, Pawtucket systems join forces
on special middle school to aid target group

By JAMES M. O'NEILL
Journal-Bulletin Staff Writer

PROVIDENCE — Folks sometimes complain when they run into the bureaucracy of a school system. Imagine having to deal with two systems. Simultaneously.

On the same project.

For Pawtucket native Robert DeBlois, 34, working as a consultant for the Pawtucket and Providence School Departments to create a special middle school for potential dropouts, the logistics are only a fraction of his worries.

DeBlois will spend coming months finding students for the school, hiring teachers, satisfying legal needs to incorporate the school and pushing legislation to create a single school for two cities.

Oh, and while he's at it, finding space to house the school would be helpful, too.

Only then will he and the school's yet-to-be-picked staff address such issues as a curriculum to make both cities happy, and how many students will come from each.

DeBlois optimistic

DeBlois insists that won't be nearly as difficult as it may sound. "There is a commitment on the part of the state education commissioner, the two superintendents and elected officials to develop the resource that is our young people," a diplomatic DeBlois says.

What DeBlois plans to do is take sixth-, seventh- and eighth-graders from Pawtucket and Providence who have failed to advance a grade one year and sometimes two, and not only keep them in school and prepare them for the transition to high school, but accelerate them by a year and return them to mainstream schools so they can graduate with the students they started out with.

These are students DeBlois says have a 50 percent to 90 percent chance of dropping out if left alone in the regular system.

Still, he has no doubt it can be done. "It's progressive, but practical," he insists. "There will be two things that ... make it difficult for every school to be like this. We can focus on a particular population, and the school size will be small.

"Everything about this school will be focused on these students' needs. We'll have no need to consider how our policies affect a larger system. If we want the school day to go from 10 a.m. to 4 p.m., we don't have to worry that it can't be done."

The school, he says, will be independent.

It sounds like the utopia of every teacher's dreams.

- The school, which may be housed at the Opportunities Industrialization Center, a South Providence job training agency, will serve 100 students.

- There will be only 15 students per class. The Providence ratio is 26.

- There will be a full-time guidance counselor for the students, and teachers will be heavily involved in counseling and tutoring. The Providence middle school ratio is 1 counselor for 2,220 students, and counselors spend as much time on paperwork as they do counseling.

- Teachers will have a major say in how the students will be taught and in determining the curriculum and scheduling, DeBlois says. At most schools, that doesn't happen.

- There will be emphasis on parent participation, including parent support meetings. "Parents will be strongly encouraged to participate, asking their kids if they have homework, giving them a good, quiet place at home for them to do their work," DeBlois says.

He says all of that won't cost much more per student than what either school system now spends — about \$4,700 in Providence's case. The school, which still must be officially approved by the two cities'

'Everything about this school will be focused on these students' needs.

We'll have no need to consider how our policies affect a larger system.'

ROBERT DeBLOIS

Project consultant

school boards, will be financed through federal, state, local and private sources.

The school will provide help for a group that has largely been ignored when it comes to special programs: average middle school students.

DeBlois and Providence School Supt. Joseph Almagno say most special programs help elementary or high school students, and those at either end of the spectrum — the gifted and those in most dire need — but rarely those left floundering in the middle.

DeBlois says many middle level students are potential dropouts who are just as smart as those who succeed, but family conflicts or other problems erode their confidence.

The Pawtucket-Providence school will try to restore that confidence and enthusiasm. DeBlois says there will be many hands-on projects, so students will have tangible evidence of their efforts.

Self-esteem a key

"That is critical — to enhance their self-esteem," DeBlois says.

"I'd expect a large component to be the reinforcing of self-worth and the dignity of the individual," Almagno has said. "These children have lost out because, just as success breeds success, failure breeds failure.

"These students have been passed over or put down in life so many times that they begin to believe they cannot succeed."

But if DeBlois and his school succeed, so will his students.

The school is scheduled to open in September. "I think it will stand as a potential model for other urban areas," DeBlois predicts.

Study Urges Dropout-Prevention Efforts in Middle Grades

Efforts to keep children from dropping out of school must begin in the middle grades, a new report advises, and should include school-based reforms that enhance achievement, promote self-esteem, and provide personalized, rather than punitive, discipline.

The report, prepared by the Massachusetts Advocacy Center and the Center for Early Adolescence at the University of North Carolina, attempts to merge what its authors say have until now been two mutually exclusive areas of research: effective middle-school practice and dropout prevention.

"While current literature on school dropouts makes scant reference to specific needs of middle-grades students, current literature on middle-level education largely ignores the particular needs of the most vulnerable students in the intermediate grades," says the report, "Before It's Too Late: Dropout Prevention in the Middle Grades."

Early Signs Cited

But it is in the middle grades that at-risk students begin to show multiple signs that they may eventually drop out, the report points out. Many are over-age for their grade, lag in basic skills, and have a poor attendance record.

"Rather than admit their inadequacies," the report says, "they misbehave."

The report quotes this dropout portrait by Dale Mann, professor of education at Teachers College, Columbia University: "Most students quit because of the compounded impact of, for example, being poor, growing up in a broken home, having been held back in the 4th grade, and, finally, having slugged 'Mr. Fairlee,' the school's legendary vice-principal for enforcement."

Such practices as grade retention, tracking and ability grouping, a rigidly standardized curriculum, and disciplinary suspensions often encourage alienated students to leave

school, the report argues. And attendance policies, it adds, usually do little to address the reasons students may cut classes.

A dropout-prevention strategy in the middle grades must include, according to the report, "both academic and social support for vulnerable students, along with an assessment of school policies . . . that undermine a school's holding power."

Plans must include "both academic and social support for vulnerable students, along with an assessment of school policies . . . that undermine a school's holding power."

— From "Before It's Too Late"

demographic and social support for vulnerable students, along with an assessment of school policies and practices that undermine a school's holding power for all its young adolescent students."

Strategies Proposed

The report recommends a three-to five-year effort at the building level for addressing the dropout problem. Each middle school is

urged to establish a "school-improvement and dropout planning committee," composed of teachers, administrators, parents, students, and others in the community.

The report suggests that schools develop a pilot program to support

at-risk students, initiate ongoing teacher training on the issue, and review school policies and practices.

It advocates structural reform to establish team-teaching units that would emphasize interdisciplinary instruction.

Program Qualities Cited

"These reforms should have the following characteristics," the report says:

- A "mainstream orientation" so that students are not stigmatized or pulled out into a separate, in-school setting.

- An immediate, personalized, and non-punitive approach to absences and other disciplinary problems—one that attempts to "reconnect" students who have "disengaged" from school.

- Attention to remediation of basic reading and mathematics skills.

- Assurance that every student targeted for support services knows that at least one adult in the school cares about him or her.

The report was written by Anne Wheelock of the Massachusetts Advocacy Center, who is the author of "The Way Out: Student Exclusion Practices in Boston Middle Schools," and Gayle Dorman, formerly of the Center for Early Adolescence and now program director for education of the Lilly Endowment.

Copies of the report are available for \$9, prepaid, from the Center for Early Adolescence, Suite 223, Carr Mill Mall, Carrboro, N.C. 27510; or, the Massachusetts Advocacy Center, 76 Summer St., Boston, Mass. 02110.

—K.O.

Court's Ruling Seen Spurring Settlement of Asbestos Claims

More than 6,000 public and private schools will benefit from the U.S. Supreme Court's decision this month not to review the financial reorganization plan of the Johns-Manville Corporation, a former asbestos manufacturer.

Manville had filed for protection under Chapter 11 of the federal bankruptcy code in 1982. Its reorganization plan, which will include property-damage compensation for 5,040 public schools and school districts and 1,220 private schools, was stalled pending the High Court's decision on a challenge to the bankruptcy pro-

posal. (See *Education Week*, Oct. 12, 1988.)

Under the plan, the company has established two trust funds—one to handle personal-injury claims and the other to handle property-damage claims by schools and other purchasers of its asbestos-containing products.

The property-damages fund will initially receive \$100 million from Manville and \$25 million from the personal-injury fund.

William Bullock, the company's director for investor relations, said that depending on the

amount the company receives in settlements with its insurance carriers, an additional \$235 million may be shifted from the personal-injury fund to the property-damages trust.

Mr. Bullock said he did not know when schools would begin to receive money from the property-damages fund. He said that further information about the fund can be obtained by writing the Manville Property Damage Settlement Trust, Claims Resolution Facility, P.O. Box 15808, Park Square Station, Stamford, Ct. 06901.

—E.P.

Don't remediate: accelerate

Henry M. Levin

At-risk students are highly susceptible to academic failure. Poverty, cultural differences, or linguistic differences trigger low academic achievement and high dropout rates. These educational deficiencies later translate into poor life chances for employment, income, and political and social participation.

When at-risk students start school, they lack many of the standard skills on which the school curriculum is based. By sixth grade, they are about two years behind grade level in achievement; by twelfth grade, they are about four years behind—if they stay in school. About half do not complete high school.

Currently, at-risk students are assisted with remedial services, which often pull them out of regular classrooms. Unfortunately, experience has shown that this strategy will keep these students from becoming academically able because: 1) it institutionalizes them as slow learners, thus reducing expectations for their success; 2) it slows down the pace of instruction so that they get farther and farther behind their peers; 3) it emphasizes the mechanics of basic skills without giving them the substance that will keep them interested and motivated; 4) it provides no way to close the achievement gap between disadvantaged and advantaged students; and 5) it does not help teachers and parents formulate strategies to improve the learning of their students and children.

What we need is a policy that accelerates learning for at-risk students, so that they will be academically able at an early phase of their schooling. The Stanford Accelerated Schools Project has designed an accelerated elementary school that will help these children catch up with their non-disadvantaged peers by the end of sixth grade. The entire school is dedicated to this objective, and this commitment is reflected in the involvement of many participants. Teachers, parents, and students have high expectations, and set deadlines for students to meet particular educational requirements. The educational staff tailors the accelerated school's dynamic, instructional programs for its own needs. And the program uses all available resources in the community—including parents, senior citizens, and social agencies.

Acceleration can not only raise achievement, but reduce dropout rates, drug use, and teenage pregnancies by creating a strong sense of self-worth and educational accomplishment for students who would normally feel rejected by schools and frustrated with their own skills.

The school is based on an accelerated curriculum. It uses an assessment system that evaluates the performance of children periodically to assure that they are on the appropriate accelerated trajectory.

The curriculum will be heavily language-based, even in mathematics. Language use will be emphasized across the curriculum, with an early introduction to writing and reading for meaning. The curriculum will also show the usefulness of what is being learned and introduce a problem-solving orientation.

Parents will be deeply involved in two ways. First, they will be asked to sign a written agreement that clarifies the obligations of parents, school staff, and students. The agreement will be explained to parents and translated, if necessary. Second, the parents will have opportunities to interact with the school program and to receive training so that they can actively assist and support their children. Parents will be asked to set high educational expectations for their children, to support their children's success, and to encourage their reading.

An extended-day program will provide rest periods, physical activities, the arts, and a time period for independent assignments or homework. During this period, college students and senior citizen volunteers will assist students. Since many of the students are "latch-key" children, extending the school day is likely to be attractive to parents. Instructional strategies will also include peer tutoring and cooperative learning. Both have been shown to be especially effective with disadvantaged students.

These broad features of the accelerated school make it a total institution for accelerating the educational progress of the disadvantaged, rather than just a grafting of compensatory or remedial classes onto the elementary school's conventional agenda. Central to this strategy is putting curriculum and instructional decision-making back into the hands of the teachers.

Each school will have an overall steering committee and task forces that will be composed of teachers and other staff. The principal will be the "instructional leader" who will coordinate and guide this committee and address the logistical needs to translate its decisions into reality. School staff will set out a program that is consonant with student needs and the strengths of the district and school. Information, technical assistance, and training will be provided by district personnel. In this way, the reform will be a "bottom-up" approach in which those who provide the instruction will also make the decisions that they will implement and evaluate.

We believe that this approach has a high probability of ultimate success because: it emphasizes the goal of bringing students up to grade level by the completion of sixth grade; it stresses accelerated learning and high expectations; it relies on a professional model of school governance that is attractive to educators; it can benefit from instructional strategies that have shown good results for the disadvantaged within existing models of compensatory education; and it draws upon all of the resources available to the community, including parents and senior citizens.

The Stanford Accelerated Schools Project is now working with two elementary schools in the San Francisco Bay Area as they establish their own accelerated school programs. In addition to these two pilot schools, the State of Missouri established a statewide system of accelerated pilot schools this autumn, and the State of Illinois is planning a statewide network for autumn 1989.

These pilot programs will provide a basis for building our knowledge about implementing changes. Ultimately, we expect



CHRISTINE HURRELL, Grade 1

to train groups on a regional basis, so that they can assist school districts to create their own accelerated schools. In addition, we expect to create an Accelerated Schools clearinghouse at Stanford that will do research, disseminate information, and provide training for a bold national movement to address the needs of disadvantaged children.

The focus is on the elementary school as a whole rather than on a particular grade, curriculum, teacher training method, or other more limited strategy. Underlying the organizational approach are three major assumptions: First, the strategy must elicit a unity of purpose from all participants. Second, it must "empower" the major participants and raise their feelings of efficacy and responsibility to the school and its students. Third, it must build on the considerable strengths of its participants rather than decrying their weaknesses.

Unity of purpose. Parents, teachers, and students must agree on a common set of goals for the school that will be the focal point of everyone's efforts. Clearly, these should focus on bringing children into the educational mainstream so that they can fully benefit from their future schooling and their adult opportunities.

Empowerment. Parents, teachers, and administrators must have the ability to make important decisions for the school and home to improve the education of students. This power will break the present stalemate among administrators, teachers, parents, and students, in which the participants tend to blame each other as well as other factors "beyond their control" for the poor education of disadvantaged students. Unless all the major actors can be empowered to seek a common set of goals and to influence the educational and social process that can achieve those goals, the desired improvements will not happen.

Building on strengths. Accelerated schools must use all the learning resources that students, parents, school staff, and communities can bring to education. In the quest to blame someone for ineffective schools, it is easy to exaggerate the weaknesses of the various participants and ignore their strengths. Parents have considerable strengths for influencing their children's education, not least of which is a deep love for their children and a desire for their children to succeed. Teachers are capable of insights, intuition, and teaching and organizational acumen that are lost in schools that exclude teachers from decision-making. Parents and teachers are largely neglected wellsprings of talent in the schools.

The strengths of disadvantaged students are often overlooked because they lack the learning behaviors of middle-class students. But disadvantaged students carry their own unusual assets that can be used to accelerate their learning. These often include an interest and curiosity in oral and artistic expression; the ability to learn through hands-on projects; the ability to learn to write before they can use the "decoding" skills that are prerequisite to reading; and, like everyone else, the ability to be engrossed in intrinsically interesting tasks. In addition, such students are enthusiastic and effective learning resources for other students through peer tutoring and cooperative learning approaches.

School-based administrators are also under-utilized when they are given "command" roles to meet the directives and standard-operating-procedures of districts, rather than allowed to work creatively with parents, staff, and students. Communities, too, have considerable resources, including youth organizations, senior citizens, businesses, and religious groups that should be viewed as major assets for the schools and the children of the community.

With these three building-blocks—unity of purpose, empowerment, and building-on-strengths—the Accelerated School uses an accelerated curriculum and accelerated instructional strategies to bring all children up to grade level and into the educational mainstream. We can help all students see themselves as productive learners with many future possibilities. Ultimately, we must treat at-risk students in the same way that we treat all "gifted and talented" students. In short, we must accelerate, not remediate.

Henry M. Levin is a Professor of Education and Economics at Stanford University. This summary is excerpted from his Conference Keynote Address.

Department of Education validates Project Coffee

By JEAN LAQUIDARA HILL.

OF THE WORCESTER GAZETTE

OXFORD

Project Coffee, an alternative educational program for potential dropouts, has been validated by the U.S. Department of Education of Washington, D.C.

The validation makes Project Coffee one of six educational programs in the country to be validated twice, and the first in the country to be validated for a total of eight years, Project Coffee Director Michael H. Fields said. The first four-year validation expires this month.

"Validation means Coffee is a model, the best of its kind, and worthy of replication across the country," Fields said. "Coffee is a regional dropout prevention program serving disaffected and alienated secondary school students from 16 communities in Central Massachusetts," he explained.

The program provides basic instruc-

tion, occupational training, pre-employment education, life coping skills, group and individual counseling and a work-study option.

"To be successful at validation we had to statistically prove that Project Coffee students, as a result of program intervention, increased their academic achievement, improved their school attendance, and have more employment opportunities than those students who drop out of school," Fields said.

"According to Massachusetts Department of Education, only 23 percent of students who drop out of school are employed. Seventy percent of the Project Coffee students who have graduated, and who have been identified as having many of the same characteristics as individuals who drop out, are employed because they stayed in school," said Fields.

Project Coffee was founded by Superintendent of Schools Dr. Francis G. Driscoll in 1979 with 25 students in three school districts, Auburn, Oxford

and Webster. Now, 120 students are enrolled in the program at three sites, Oxford, Auburn and Webster.

"The hallmark of the program is our strong school-business partnership with Digital Equipment Corp.," Fields said. "Since 1980 Digital has contributed more than \$2 million worth of hardware, software, consulting time and staff training time to Coffee and Oxford public school students."

"Digital of Marlboro serves as an internship site for Coffee students enrolled in the high tech training programs (including) computer repair and word processing. This year we were able to provide an internship at DEC for three (traditional) high school students as well," Fields said.

Participating communities are Oxford, Webster, Auburn, Dudley, Charlton, Sutton, Leicester, Southbridge, Spencer, Worcester, Uxbridge, Millbury, West Boylston, Milford, Sturbridge and Douglas.

Vita

Robert DeBlois
380 Prospect Street
Seekonk, Massachusetts 02771

Birthdate: 4/14/54
Telephone: 508-336-4532

Education

- BA University of New Hampshire: English Education. Graduated December, 1976
MA Brown University: English. Graduated June, 1982
MA R.I. College: Education. In Progress - Degree expected, December, 1989

Related Work Experience

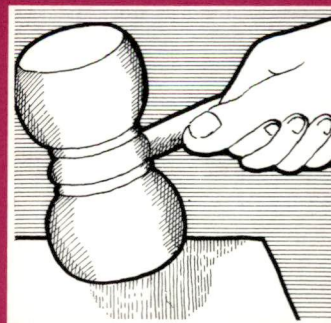
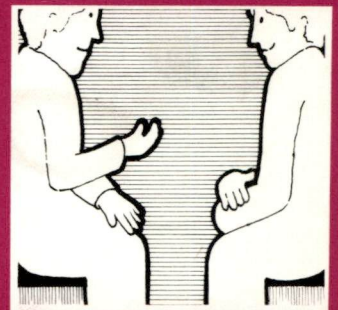
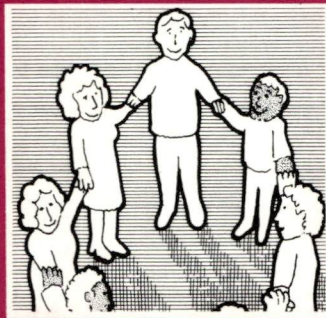
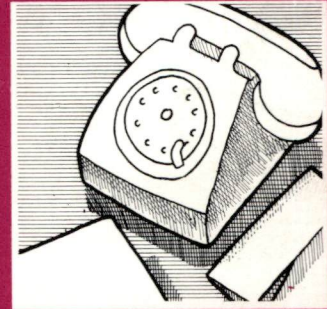
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|---|--|
| October, 1984 - September, 1988
SPIRIT Program
301 Butler Avenue
Providence, Rhode Island 02906 | Position: Founder and Executive Director.
In charge of administering all aspects of
program: fund raising, budget (\$92,000),
legal matters, publicity, hiring of staff,
recruitment and selection of students,
curriculum development, and all other day
to day operations. Coordinated successful
legislation for state appropriation of
\$30,000. |
| January, 1983 - June, 1987
Rhode Island College
Providence, Rhode Island 02908 | Position: Part time faculty. Instructor
of courses in composition, Western liter-
ature, and journalism. |
| September, 1977 - June 1980
Bishop Keough High School
145 Power Road
Pawtucket, Rhode Island 02860 | Position: English teacher and moderator
of several extra-curricular activities. |

Certification and Affiliations

- RI and MA certification as teacher of secondary English, valid for life.
RI provisional certification as secondary principal, and certifiable as
middle school principal.
Trustee, Community Prep School, Providence. Chair, Education Committee.
Member of Task Force, Providence Dropout Prevention Collaborative. Chaired
planning subcommittee on structure.

Selected Publications

- "Students get wrong message." The Patriot Ledger (Quincy, MA) 24 March
1986.
"Education and the Marketplace" and "Toward a Curriculum for Potential
Dropouts." Scheduled for publication in NASSP Bulletin, February and
March, 1989.



THE GOVERNOR'S GUIDE FOR THE PREVENTION OF ALCOHOL AND DRUG ABUSE

Governor Edward D. DiPrete
State of Rhode Island and Providence Plantations

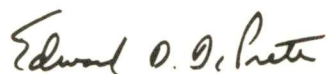
A Message from Governor Edward D. DiPrete

Drug and alcohol abuse is a crisis which challenges us as individuals, families and communities. It affects our ability to work and be productive, and to play and enjoy life. Most of all, it prevents our youth and, indeed, all of our citizens from growing and living healthy lives. Crime, child abuse, birth defects, suicide, traffic and work-related accidents, domestic violence, AIDS and most other social problems are directly linked to the abuse of drugs and alcohol. The campaign against substance abuse is one which merits our best and most ardent energies.

The Governor's Campaign Against Alcohol and Drug Abuse is a commitment to lead and coordinate the fight against substance abuse. It is a battle which must be waged in our health agencies, in our courtrooms, in our schools, on our streets and in our homes. It requires leadership not only from the State House, but also from school boards and town councils, union halls and corporate offices, and state and community agencies. Only a cooperative and coordinated effort will be successful in meeting this challenge.

The Governor's Guide for the Prevention of Alcohol and Drug Abuse is a "hands on" publication for those persons concerned about substance abuse in their communities. It is intended to provide basic information about the nature, type and availability of prevention and treatment services in Rhode Island. It identifies sources of funding and information and suggests guidelines for parents and all those concerned about the use and abuse of drugs and alcohol. The Guide explains enforcement issues and lists laws and penalties related to drug and alcohol abuse, particularly those affecting the average citizen. Finally, and perhaps most significantly, it proposes guidelines for local communities wishing to assess their needs and plan programs which will effectively combat substance abuse and create a healthier environment in which to live and raise children.

Referring to substance abuse, President Reagan has said: "We must determine how we, as free people, will conduct our lives; what our standards are, what behavior we will and will not tolerate. The time has come to decide on this issue and act, each one of us." This Guide is a blueprint for action. With it, those concerned about the future of our State can carry forward this Campaign Against Alcohol and Drug Abuse and ensure that we do, in fact, meet this challenge before us.



Edward D. DiPrete, Governor
State of Rhode Island



**THE
GOVERNOR'S
GUIDE
FOR THE
PREVENTION OF
ALCOHOL
AND
DRUG ABUSE**

Acknowledgments

Grateful appreciation is extended to the members of the Project Advisory Committee for their valuable assistance throughout the project; to Chief William P. Tocco, Johnston Police Department, for his input regarding law enforcement issues; to Jan Torres, Special Projects Coordinator for the *Rhode Island Substance Abuse Information and Resource Guide* for sharing information regarding resources on task forces, support groups, helplines and national information sources; and to the directors and staff of the various state departments who provided information for this Guide:

Department of Mental Health, Retardation and Hospitals
Thomas Romeo, Director

Department of Education
J. Troy Earhart, Commissioner

Department of Health
Denman Scott, Director

Department of Transportation
Matthew Gill, Director

Department of Corrections
John Moran, Director

Some of the information contained in Chapter 5: *A Community Action Plan* was obtained from the *Prevention Planning Workbook*, a National Institute on Drug Abuse publication, and from *Getting Started*, published by the New York State Education Agency.

Project Advisory Committee Members

Edward Walsh, Chairperson
Director, Governor's Office on Highway Safety

David Hamel	Prevention, Education and Training Coordinator: Rhode Island Division Substance Abuse
Gillette Hunt	Coordinator: Rhode Islanders for Drug Free Youth
Gail Mastropietro	Substance Abuse Education Coordinator: Rhode Island Department of Education
Robert Rice	General Manager, President: WPRI-TV; Co-Chairperson: Rhode Island Substance Abuse Coalition
Allan Stein	Assistant Vice-President: United Way of Southeastern New England
Robert Vincent	Senior Policy Associate: Office of the Governor

This Guide was prepared for the
Governor's Office on Highway Safety
Rhode Island Department of Transportation
in cooperation with the
Governor's Committee on Youth, Alcohol and Substance Abuse
by
Human Ecology Associates
31 Deerfield Road
Cranston, Rhode Island

Sandra Puerini DelSesto
Project Manager

Rosalind Kurzer
Assistant Project Manager

Charles Mojkowski
Consultant

Table of Contents

Introduction

Purpose of Guide	1
How to Use This Guide	1

Chapter 1 Information: Getting the Facts

Basic Definitions	3
Nature and Scope of the Problem	3
Substance Abuse Services in Rhode Island - Then and Now	7
Trends in Substance Abuse Services	9
Local Sources of Information	10
National Sources of Information	11
Information Helplines and Hotlines	13
Planning and Research Documents	13
Assessing Resources on Substance Abuse Topics	13

Chapter 2 Prevention: Creating a Healthy World

Categories of Prevention Services	17
Effective Prevention Strategies	18
Service Approaches in Prevention	19
Assessing a Prevention Program	21
Comprehensive Community-Based Programs	21
School-Based Prevention Programs	32
Alternative Programs	34
Intervention Programs	34
Statewide Initiatives	35

Chapter 3 Treatment: Helping Those in Need

Types of Treatment Facilities	37
Types of Treatment Services	38
Training of Chemical Dependency Professionals	39
Treatment Services in Rhode Island	39
Guidelines for Parents and Other Caring Persons	53
Planning for Treatment Services	53

Chapter 4 Enforcement and the Law: The "Supply" Side of Prevention

Current Laws in Rhode Island	57
Handling a Possible Infraction of the Law	61
Criminal Offenders and Treatment	61
Law Enforcement in the Community	61

Chapter 5 A Community Action Plan: Your Guide for Planning

Stage I: Preliminary Planning	65
Stage II: Program Planning	68
Stage III: Finalization of Overall Plan	73
Checklist for Community Planning	74

Directory

Listing of Substance Abuse Organizations	75
Suggested Readings for Parents	91

Introduction

The growing recognition of the seriousness of substance abuse in our society has resulted in the development of numerous sources of information and assistance. Paradoxically, this explosion of resources sometimes has made it more difficult for persons seeking assistance to sort through all of the resources. Whether planning a comprehensive substance abuse program or locating an appropriate facility, the task of identifying, accessing and using resources for substance abuse prevention, treatment and enforcement is a formidable task. Service agencies are proliferating, and sorting out all of this information is a difficult and time-consuming task. Determining just what information and services appropriately respond to a given set of needs requires considerable skill. The *Governor's Guide for the Prevention of Alcohol and Drug Abuse* seeks to organize and describe the many modes of assistance currently available to Rhode Islanders. In addition, the Guide provides broad criteria for evaluation and community action. In the best sense of the word "guide," this publication is a "road map" for those who are concerned about the critical problem of substance abuse and want to take positive action to solve it.

How to Use This Guide

This Guide is intended for those persons who are concerned about the problem of substance abuse and want to take action to prevent it. While it is written primarily for members of community planning groups or task forces, it is also intended to be a resource for those individuals who are in a position to plan substance abuse programs or who provide assistance to those using alcohol or drugs.

To use the Guide most effectively, readers should review the table of contents as well as Figure 1 which provides a conceptual framework for the Guide. The focus of this document is substance abuse prevention. As illustrated in Figure 1, all substance abuse prevention activities constitute aspects of a continuum of service. Therefore, substance abuse programs relating to this continuum, while divided into several components, should not be seen as separate entities. Rather, these programs form a continuous progression of strategies that meet specific, identifiable needs. The various substance abuse program approaches are designed to identify critical points in a person's, group's or society's life where a particular strategy will have a higher likelihood of changing lifestyle in a positive direction.

The development of programs along the continuum of service has widely varying personal, social and economic possibilities and considerations depending on the community. Regardless of these, balance and a combination of approaches is the key to success in planning effective, comprehensive substance abuse prevention programming.

In planning for prevention of substance abuse, one must first begin with *Information*. This section will provide basic facts about the prevalence of the problem, what has been done in Rhode Island and where to obtain additional information on the topic. Each of the next three chapters - *Prevention*, *Treatment* and *Enforcement and the Law* - begins with a basic explanation of the topic, then provides a listing of programs and services or laws. The Prevention and Treatment chapters also suggest ways to assess or plan in each respective area. Chapter 5, *A Community Action Plan*, is addressed to those persons who wish to plan a comprehensive community program. It suggests planning steps and lists resources for planning and funding.

The *Directory* contains an alphabetical index of all agencies and organizations involved in substance abuse activities. This listing is coded so that readers can identify the type of service each organization provides and its primary location in the Guide. The *Directory* also contains a list of suggested readings for parents.

Tables

1. Facts About Psychoactive Drugs	4
2. Prevalence of Alcohol Abuse by Geographic (Catchment) Area	6
3. National Resources for Drug and Alcohol Information	12
4. Hotlines, Helplines and Information	13
5. Rhode Island Resource and Planning Documents	15
6. Prevention Strategies	18
7. Substance Abuse Prevention Programs in Rhode Island	22
8. Advocacy Groups for Prevention	31
9. Local Community Task Forces and Parent Groups	33
10. Support Groups for People in Crisis	40
11. Substance Abuse Treatment Services in Rhode Island	42
12. Signs and Symptoms of Possible Alcohol/Drug Abuse	54
13. Guidelines for Parents and Other Caring Persons	55
14. Enforcement Agencies in Rhode Island	62
15. Funding Resources for Substance Abuse Prevention in Rhode Island	72

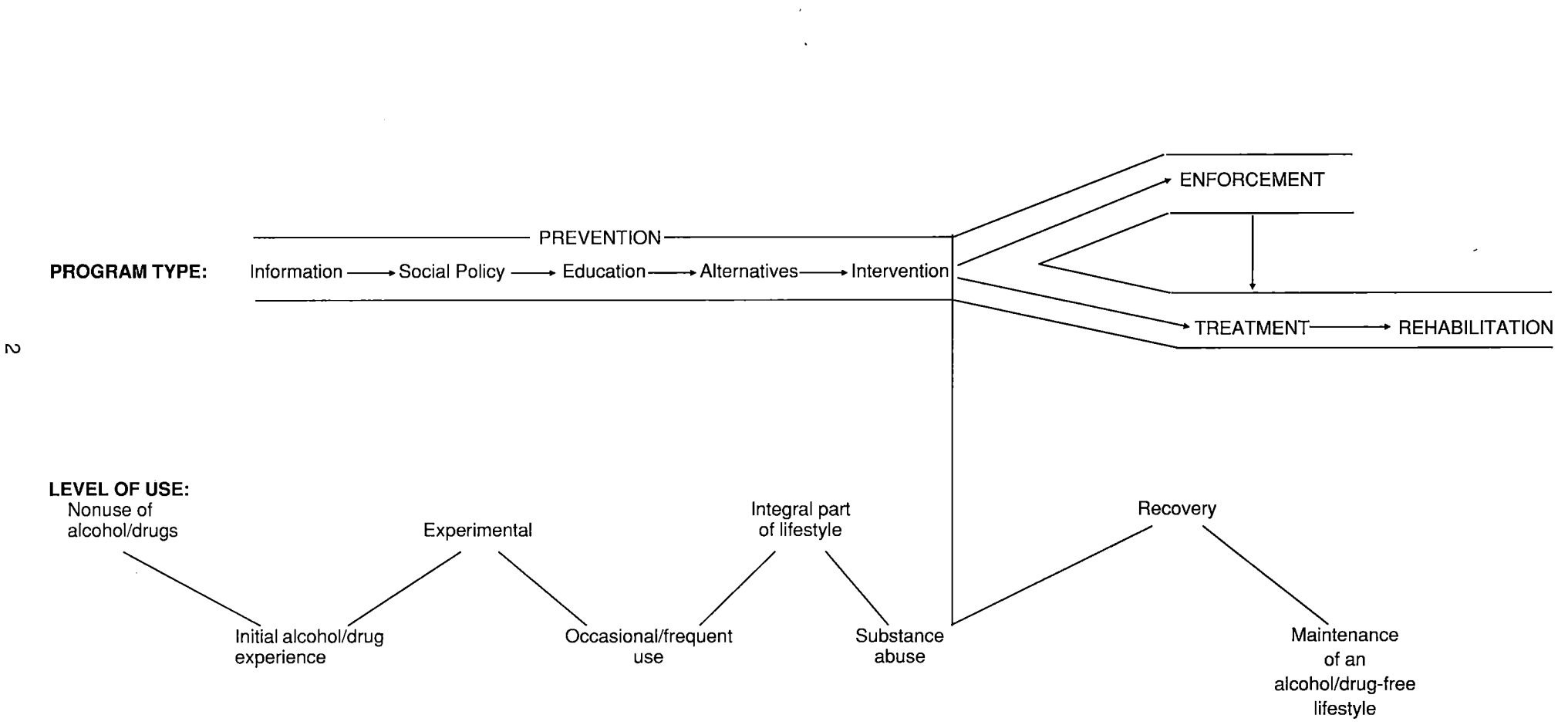
Figures

1. The Continuum of Substance Abuse Prevention Activities	2
2. Service Approaches in Prevention	20
3. Geographic (Catchment) Areas of Substance Abuse Services	41
4. Community Groups and Substance Abuse Prevention Activities	71

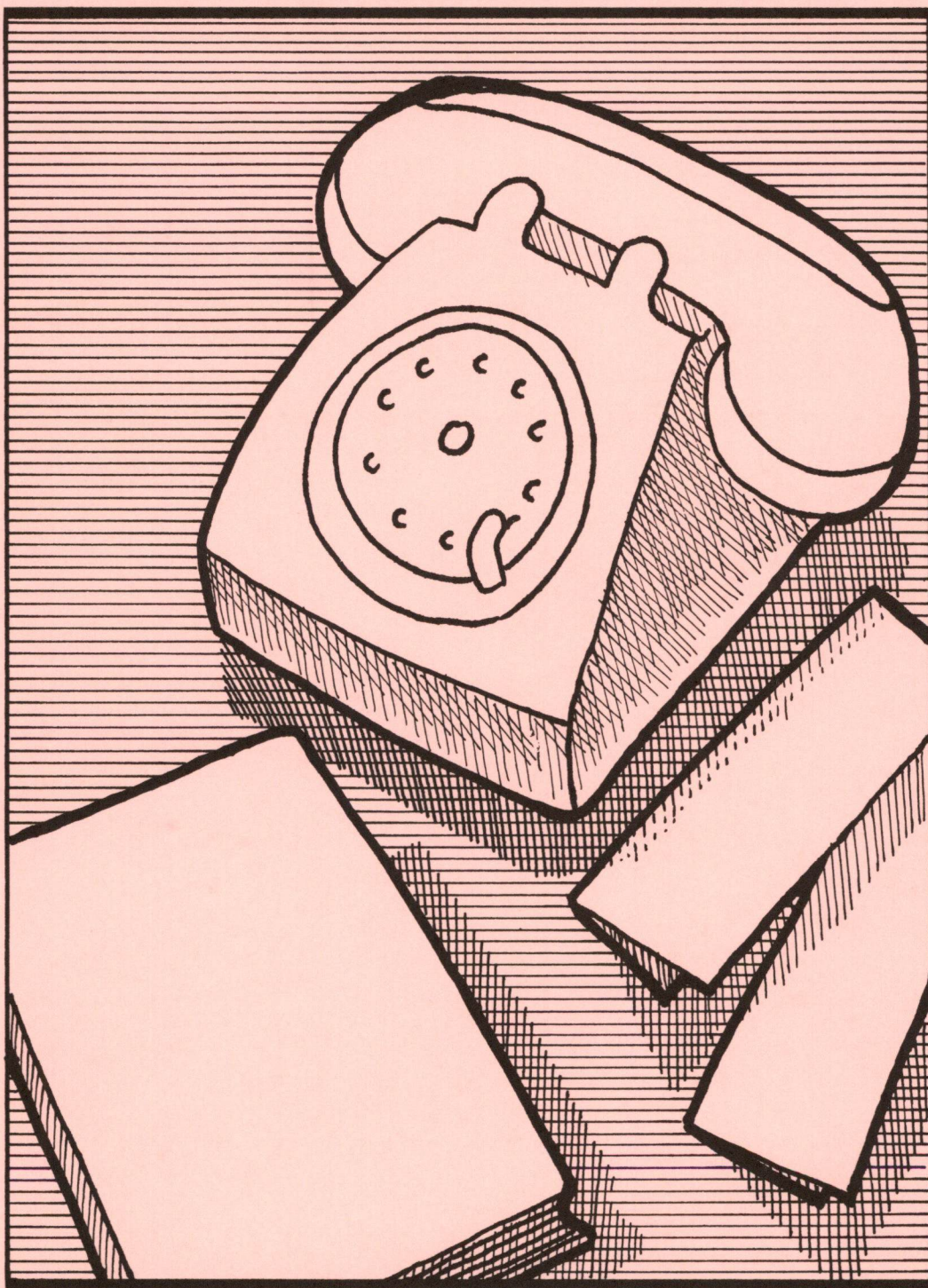


Figure 1

The Continuum of Substance Abuse Services



INFORMATION



Getting the Facts

"To know that we know what we know, and that we do not know what we do not know, is true knowledge."

- Anonymous

INFORMATION

Is alcohol a drug?
Is mescaline available on the streets?
What is "excessive drinking?"
What is "responsible drinking?"
What is "angel dust?"
When do kids start using illicit drugs?
Why is drug abuse such a problem now?
What is the most abused drug?

Substance abuse, though agreed to be a major social problem confronting our communities, is nonetheless a source of confusion and questioning for many people. Most, while aware of those drugs often abused, do not have basic information about drugs' long- and short-term effects or of their actual availability. Some persons refuse to consider alcohol or tobacco to be drugs despite the fact that their etiology as a psychoactive chemical is doubtless. In most circles it would also be difficult for people to agree on definitions of such terms as "excessive drinking" or "addiction" or on parameters of use, such as guidelines for what is referred to as "responsible drinking."

In order to begin a dialogue about substance abuse and its prevention, a foundation of basic information and a definition of purpose must be made by all concerned. Getting accurate information is the first step in prevention. Individuals in a community group must be certain that they share a knowledge base and a common mission. This chapter provides basic information about psychoactive drugs, an overview of the substance abuse problem and services available in Rhode Island, and resources for those wishing more information. Further information on prevention, treatment, enforcement, as well as community planning, is found in the appropriate chapters of this Guide.

Basic Definitions

A drug, by definition, is a chemical substance which, when taken into the body, changes or alters the way the body and/or mind works. A psychoactive drug is a drug which primarily alters the way the mind works though body functions are also affected.

Psychoactive drugs are divided into four main categories depending on their particular effect:

Stimulants accelerate or speed up the mind/body processes.

Depressants depress or slow down the mind/body processes.

Hallucinogens alter perceptions of time, space, sound, sight, etc.

Narcotics kill pain and depress the mind/body processes.

Popular drugs not usually categorized because their effects are so changeable include PCP or angel dust, marijuana, inhalants and a group of analog drugs called "designer drugs." Steroids, though not considered primarily psychoactive drugs, do have some mind-altering effects, and so must also be mentioned here.

Table 1 provides an overview of the more commonly abused drugs and their effects.

The Nature and Scope of the Problem

Within the state of Rhode Island, substance abuse is a problem of widespread scope. The current *State Health Plan* lists alcohol and drug abuse among the four most severe health status problems in Rhode Island. A *Community Needs Assessment* completed by the United Way of Southeastern New England in 1987 identified substance abuse as one of the two key problem areas for Rhode Island. The economic impact of substance abuse on the state in terms of lost work productivity, health care costs and accidents is estimated to be in the millions of dollars yearly.

TABLE 1: Facts About Psychoactive Drugs

DRUGS	SHORT-TERM EFFECTS	LONG-TERM EFFECTS	DEPENDENCY	WITHDRAWAL	DESCRIPTION
STIMULANTS Amphetamines (speed) Cocaine Caffeine Nicotine	Loss of appetite Increased pulse rate and blood pressure, alertness, sleeplessness	Insomnia, increased anxiety, restlessness Cocaine, speed: Malnutrition, paranoia Nicotine: Respiratory disorders, cancer, ulcers, arteriosclerosis	High	Irritability, Inability to concentrate, Depression	Amphetamines: capsules Cocaine: white, crystalline powder which is "snorted," injected, smoked in a form called "freebase," crystallized in a very potent form called "crack" Caffeine: coffee, tea, cola drinks Nicotine: tobacco products
DEPRESSANTS Alcohol	Initial relaxation, loss of inhibition, decreased reasoning ability, lessened coordination, slowed reflexes, slurred speech	Cirrhosis, heart disease, brain damage	High	Convulsions Tremors Hallucinations Anxiety	Alcohol: liquor, beer, wine
Tranquilizers Valium Librium Barbituates Sleeping pills Methaqualone Quaaludes Sopors	Muscle relaxation, decreased alertness (similar to drunkenness)	Tiredness, irritability DRUGS FOUND MOST FREQUENTLY IN EMERGENCY ROOM OVERDOSE CASES	High	Convulsions Tremors Hallucinations Anxiety	Tranquilizers: tablets, capsules Barbituates: tablets, capsules Methaqualone: tablets
HALLUCINOGENS LSD Psilocybin Mescaline Peyote	Illusions, hallucinogens, alterations in perception of time, space, etc., disorientation	Possibility of flashbacks or psychosis	Unknown	None	LSD: Impregnated in sugar pills, blotter paper or gelatin squares, sprinkled on marijuana, found as tablets of any size or color Mescaline: Peyote derivative, white crystalline powder (rare) Peyote: Mushroom (rare)

5	NARCOTICS Codeine Heroin Morphine Opium	Drowsiness, slowed breathing, nausea, feeling of well-being	Weight loss, increased risk of infection, reduction in sex hormones	High	Watery eyes and nose, loss of appetite, irritability, tremors, panic, chills, nausea, sweating, pain	Usually white powder or liquid
	UNCLASSIFIED Marijuana	Feeling of well-being, increased appetite, short-term memory loss, increased pulse rate	Loss of drive and interest, depression, reduced memory and thinking ability	High	Insomnia, decreased appetite	Marijuana: Crumbled, dull green or brownish leaves with sweet, pungent smell
	PCP (angel dust)	Hallucinations, disorientation, panic/fear, sense of well-being, numbness	Possibly "flashbacks," anxiety, depression, reduced cognitive ability, can cause severe mental disorders and unexpected violent behavior, high overdose potential	Moderate	Unknown	PCP: Water soluble white, crystalline powder, commonly found as tablet or capsule of any size or color, can be sprinkled on parsley, tobacco, marijuana
	Designer Drugs PC Panalogs, DMT, DET, DPT, PMA, STP, "China white" - fentanyl	Varied	Possible brain damage, death Dangerous since effects are unknown and drug potency very high	Varies/Unknown	Varies/Unknown	All chemicals with a molecular structure or psychoactive action similar to a controlled drug Designed to side-step current restrictions of sale and use
	Steroids Phenpropionate (Durabolin) Dianabol	Alleged gain in lean muscle bulk/strength Increased body weight	Stress on connective tissue, aggression, cessation of natural hormone production Women: masculinization Youth: disturbance of growth, sexual and bone development Men: disturbance of sexual function, hypertension, increased cholesterol	Psychological	Depression Loss of bulk Irritability	Tablets, capsules
	Inhalants Toluene	Initial feeling of well-being, giddiness, reduction of inhibitions, stupor, mild hallucinations	Confusion, drunkenness, slurred speech, muscle incoordination, nausea, respiratory depression and other sedative effects	Possible	Hallucinations, headaches, chills, delirium tremors, hangovers	Plastic cements, various adhesives, aerosols, solvents

The Rhode Island Division of Substance Abuse recently published studies prepared by Brown and Harvard Universities which document the level of use and abuse of alcohol and drugs respectively among Rhode Islanders. According to the study by the Brown University Center for Alcohol Studies in 1985, the prevalence of alcohol abuse is particularly significant:

- Over 70,000 Rhode Islanders are alcohol abusers. This represents 10.1 percent of the state's total population.
- Over 24,000 Rhode Island youth, ages 12-19, are using alcohol each month.

The Center for Alcohol Studies estimated the number of alcohol abusers by geographic area as follows:

TABLE 2
Prevalence of Substance Abuse By Geographic
(Catchment) Area

Catchment Area	Population 18 years +	Alcohol Abusers	Percent of Population
1 NORTHERN RI	81,869	7,850	9.6
2 PAWT/CENT FALLS	66,583	6,292	9.4
3 PROVIDENCE	120,383	12,411	10.3
4 NORTHWEST RI	123,383	12,029	9.8
5 KENT CTY	11,874	1,276	10.1
6 WASHINGTON CTY	68,077	7,593	11.1
7 EAST BAY	73,207	7,090	9.7
8 NEWPORT CTY	59,176	6,378	10.1
Total State	704,222	70,928	10.1

The Harvard Study completed in 1987 focused on current nonmedical use and abuse of drugs. Among its most relevant findings:

- One quarter of all Rhode Islanders have reported using or abusing drugs illicitly at some time in their lives.
- One half of all young adults (ages 20-29) have used at least one drug nonmedically. Nearly half in this age group have used marijuana; 17 percent have used cocaine.
- Ten-percent of Rhode Island youth age 12 and over have used at least one drug illicitly in the past year. This translates to over 82,000 persons.
- Other than alcohol, marijuana was the most used and abused drug among adolescents. One quarter of all adolescents have used marijuana at least once, and forty-three percent of marijuana abusers in Rhode Island are teenagers.
- Thirty-six percent of the current drug abusers in Rhode Island are teenagers even though they represent only 16 percent of the total population. The prevalence of abuse among adolescents is fairly evenly distributed geographically in the state.
- Drug use increases with education level through the first few years of college, particularly with respect to marijuana and cocaine use. Thereafter, it levels off.
- No significant differences in overall drug use were measured by racial/ethnic groups.
- HIV-infected (those testing positive for AIDS antibodies) intravenous drug users will probably be the major link in the spread of the AIDS epidemic to the general heterosexual population in Rhode Island. Medical costs for drug users with AIDS alone is anticipated to be in the hundreds of millions of dollars over the next decade.

The Governor's Office on Highway Safety has compiled data on one significant social problem related to drug and alcohol use, that of drinking and driving. According to its statistics for Rhode Island:

- Over 4200 arrests are made yearly for drunk driving.
- Fifty percent of all highway deaths yearly are related to alcohol.

The 1986-87 Teen Wellness Check as reported by the Rhode Island Department of Health provides self-reported data of use by over 2000 of Rhode Island's high school students:

- Forty-three percent of eighteen year olds have driven or ridden while under the influence of alcohol or drugs.
- Approximately 33% of twelfth grade students use alcohol with other drugs.
- More than 19% of eighteen year olds in school report drinking five or more alcoholic drinks per day.
- Fifty-eight percent of all high school boys and 50% of high school girls reported getting drunk in the preceding month.

The Governor's Justice Commission's analysis of youth arrest reports that:

- Fifty-nine percent of all juvenile arrests are drug or alcohol related.

Statistics such as these confirm the findings of the Rhode Island *State Health Plan* and the United Way's *Community Needs Assessment*. They indicate the need for state and local communities to commit time, energy and funds to substance abuse prevention. They further testify to the fact that substance abuse knows no boundaries of age, sex, geography, race or economic status.

While the system of treatment has expanded greatly in Rhode Island, the Harvard and Brown Studies of drug and alcohol services in the state estimated that the current system is serving only 29 percent of the drug abusers and 50 percent of the alcohol abusers who represent appropriate candidates for treatment. Such data confirms the existence of a need for expanded services in the substance abuse treatment system as well.

Substance Abuse Services in Rhode Island - Then and Now

Rhode Island shares a history of psychoactive drug use in the United States dating back to the Indians' use of coca, peyote and mescaline and to the first settlers' use of alcohol as both beverage and medicine. It was not very long ago that heroin and cocaine could be purchased legally in any state as ingredients in tonics or sodas, while alcohol and drug addiction was treated as a moral weakness or mental illness. In fact, bias about the nature of addiction continues to exist today.

In Rhode Island it was not until 1951 that a state agency, the Division of Alcoholism, was established to address the problem of alcohol abuse. It soon began to provide detoxification services, outpatient counseling and alcohol education programs. State-operated drug programs were not implemented until 1973. The primary impetus for this occurrence, consistent with the situation in other parts of the country at the time, was the need to deal with the heroin addiction epidemic among poor young adults and the marijuana and LSD use by middle class and working class youth. In prevention, the first programs to be funded by the Division of Substance Abuse were initiated in 1975. They were Human Ecology, a school-based program, ROAD, a Woonsocket alternatives program for youth, soon to be followed by Channel One, a state-wide replication of a community-based youth program. These programs remain in existence today.

The Rhode Island substance abuse treatment system was formally consolidated into a single comprehensive network in 1976 with the formation of the Rhode Island Division of Substance Abuse as a unit within the Department of Mental Health, Retardation and Hospitals. The formation of the Division represented a union of the system consistent with the philosophy that both alcoholism and drug abuse were

substance abuse addictions and that all programs addressing this should be coordinated.

For many years, nearly all substance abuse programs were private, nonprofit organizations with no or sliding fee scales primarily funded by the Division of Substance Abuse. Many treatment programs grew out of local community hotlines or community unity interest groups. Primarily, they treated the poor while those financially able sought help from the traditional medical community. As the instances and/or recognition of substance abuse spread to the middle class community in the 1970's, concern with third-party health insurance payment for treatment in the private sector became an issue. In 1980 the state passed legislation mandating third-party reimbursement for alcohol treatment. In January 1988 this mandate will extend to treatment for drug abuse.

The Division of Substance Abuse currently funds over forty treatment programs throughout Rhode Island. They license and monitor about thirty private and nonprofit alcohol treatment programs, ten drug treatment programs and twelve dual, i.e., drug and alcohol or substance abuse, treatment programs. A complete listing of these is available in Chapter 3 of this guidebook.

In prevention, the Division currently funds and monitors eight prevention programs in six geographic regions of the state. The remaining two regions, Washington County and East Bay, will have funded programs by February 1988. In addition, local communities or agencies have initiated their own prevention efforts. Many have task forces or parent groups which are listed in Chapter 2. The state also has a parent coalition, Rhode Islanders for Drug Free Youth, with staff housed at the Division.

Statewide committees and commissions have also formed to address specific issues around the topic of substance abuse. Examples of these include the Governor's Committee on Youth, Alcohol and Substance Abuse, the Rhode Island Substance Abuse Coalition, the Governor's Justice Commission and the Rhode Council on Alcoholism. Organizations such as these and their specific missions are listed in Chapter 2. Since 1983 the Governor's Office on Highway Safety (GOHS) has sponsored major statewide initiatives specifically addressing the issue of youth and alcohol and drug abuse. It has been the primary sponsor of an annual Governor's Conference on Youth, Alcohol and Substance Abuse for secondary school students and teacher/coordinators of prevention activities. GOHS also funds the system of coordinators in every high school, monies for educational materials as well as the statewide "Just Say No" program. In addition, it has supported or initiated legislation addressing prevention or enforcement issues with reference to substance abuse, including drunk driving, teen-impaired driving, and education and community planning.

Both the Rhode Island Departments of Education and Health have also played a significant role in the state's mission to prevent substance abuse. The Department of Education (RIDE) provides resources to school districts in health and substance abuse prevention, curriculum development and programming. It monitors the implementation of State-mandated alcohol and drug education. It also is supervising the Drug-Free Schools Act which allocates monies to all school districts for substance abuse activities beginning with curriculum implementation. RIDE also provides technical assistance and opportunities for training of school staff, parents and community members in this area. The Department of Health (RIDH) has developed a Tobacco, Alcohol and Drug Survey as well as an individual health risk appraisal, the Wellness Check, which assists individuals, school and communities in assessing the extent of use of these substances in their locale. RIDH provides technical assistance in survey administration and in health education and promotion and is also conducting a major research project in community prevention.

Public Law 35-4-18, also known as the Ferry Bill, passed in 1986, reiterated a mandate for drug education at all grade levels, K-12, and allocated funding for the development of prevention initiatives under the direction of the Departments of Health, Education and Mental Health, Retardation and Hospitals. As a result of this legislation, some of the prevention activities that have been undertaken include guidelines for

curriculum development in substance abuse education, legislation, school staff training programs and a program of Student Assistance Counselors for high schools.

It is anticipated that, on the local level, the number of prevention programs will increase not only as a result of the Drug-Free Schools Act which is federal legislation but also because of Rhode Island Public Law 16-21.2-1, also known as the Bramley Bill. The Bramley Bill provides funds to cities and towns on a per capita basis for the development of community-based prevention programs. The Bramley Bill will be administered by the Rhode Island Division of Substance Abuse which will provide technical assistance to municipalities for its implementation.

TRENDS IN DRUG ABUSE SERVICES

According to the Harvard Study, several trends in the substance abuse field are having and will continue to have a profound effect on future substance abuse planning for Rhode Island:

1. Substance abuse has spread into solid working class and middle class populations. While alcohol abuse has been recognized for a longer period as a problem, however inadequately addressed, abuse of other drugs was largely confined to underprivileged young adult males of minority populations. Recent national and local surveys indicate that drug use has spread throughout society. The cocaine epidemic of the 1970's and 80's has had the greatest impact on the middle class population disposed to its use by a history of "recreational" marijuana use. Cocaine--a drug considered possibly more addictive than heroin--has been tried by 7.2% of the general Rhode Island population and 9.3% of college-educated persons. As a result, there is every reason to expect that an increasing number of persons will need substance abuse treatment services.

2. Poly-drug use is the norm among those using and abusing drugs. While in the past abuse of alcohol was often separated from that of other drugs, this is no longer the case, except perhaps in older members of the population. Those who abuse one drug are likely to abuse another and usually abuse drugs in combination. Licensing of treatment programs for both drugs and alcohol is being encouraged in the *Rhode Island Substance Abuse State Plan*.

3. Substance abuse, including addiction to both alcohol and drugs, is recognized as a bio-behavioral disease process. Addiction to drugs and alcohol is no longer viewed as a moral weakness but as a disease state that is treatable. There is also increasing evidence that there is a biological basis to the underlying conditioning process of addiction to both drugs and alcohol. This information should have a significant effect on education, particularly for those who seem to be at risk for substance abuse.

4. Methodological innovations will significantly increase a community's ability to plan its substance abuse services. Improved assessment techniques will allow a community to estimate the extent of its substance abuse, the need for specific services and the effectiveness of both its prevention and treatment programs. Both the Brown and Harvard Studies make specific recommendations regarding the types and locations of needed substance abuse services and should be considered by any persons planning programs in this area.

5. The AIDS epidemic will alter profoundly the demands and priorities for preventing and treating drug abuse in Rhode Island in the next few years. At present, 32% of AIDS cases in Rhode Island have been intravenous drug users. The Harvard Study predicts that, at the current rate of infection, 80% of intravenous drug users will become infected by 1994 and will represent the main cause of heterosexual transmission of the disease.

These five revolutionary changes are having a profound impact on the nature of substance abuse services, not only in Rhode Island but nationally as well. Those concerned about addressing the problem must be aware of its current nature and scope, and of those substance abuse services already in existence, before attempting to plan specific local programs. This guidebook will serve that end.

Local Sources of Information

Almost all local programs which provide substance abuse services will also provide basic drug and alcohol information from their particular perspective. Many have a speakers' bureau for group or class presentations. These programs and their telephone numbers are listed alphabetically in the directory and coded as to their primary service orientation: prevention, treatment or enforcement.

The following state departments will provide basic information on drugs and alcohol as well as assistance in the areas listed:

Department	Type of Information
Department of Mental Health, Retardation and Hospitals Division of Substance Abuse 464-2191	national and local data on drug and alcohol use, listing of substance abuse programs and support groups, telephone numbers of any substance abuse service referral, program planning, educational materials
Department of Education 277-2651	educational materials, curriculum, program planning - schools
Department of Health Office of Health Promotion 277-2853	national and local data on drug, alcohol and tobacco use, educational materials, community/school assessment and surveys, program planning
Department of Health Office of Drug Control 277-2837	national and local use data, current law, drug identification
Governor's Office on Highway Safety 277-3024	data re: drinking and driving, educational materials, drinking and driving laws, program planning
Office of the Attorney General 277-4400	current law enforcement issues
Governor's Justice Commission 277-2620	current law, juvenile justice issues related to substance abuse

Community agencies which will also provide basic information in given areas include those summarized in the chart on the following page.

	Tobacco	Alcohol	Drugs
American Automobile Association		X	
American Cancer Society	X	X	
American Heart Association	X		
MADD, RI Chapter		X	
Narragansett Council of Camp Fire, Inc.	X	X	X
Narragansett Indian Health Service		X	X
RI Council on Alcoholism (newsletter on trainings and workshops)		X	
RI Lung Association	X		X
Rhode Islanders for Drug Free Youth (newsletter)		X	X
United Way of Southeastern New England (newsletter on legislation and other issues)		X	X
Rhode Island Pharmaceutical Association			X

A more complete listing of these organizations also can be found in the directory.
 Another helpful source of information or assistance to Rhode Islanders, particularly regarding funding and legislation, is the Congressional delegation:

House

Senate

District 1

The Honorable Fernand J. St. Germain
 204 John E. Fogarty Federal Bldg.
 Providence, RI 02903
 528-5050

and

2108 Rayburn House Office Bldg.
 Washington, DC 20515
 202-225-4911

District 2

The Honorable Claudine C. Schneider
 30 Rolfe Square
 Cranston, RI 02910
 528-5020

and

1512 Longworth House Office Bldg.
 Washington, DC 20515
 202-225-2735

The Honorable Claiborne Pell
 One Exchange Terrace
 418 Federal Bldg.
 Providence, RI 02903
 528-5456

and

535 Russell Senate Office Bldg.
 Washington, DC 20510
 202-224-4642

The Honorable John H. Chafee
 301 Pastore Federal Bldg.
 Providence, RI 02903
 528-5294

and

567 Dirksen Senate Office Bldg.
 Washington, DC 20510
 202-224-2921

National Sources of Information

Single copies of current educational material or research regarding drugs and alcohol can be obtained by writing or calling the organizations listed in Table 3. This service is usually provided free.

TABLE 3

National Resources for Drug and Alcohol Information

American Council on Drug Education

5820 Hubbard Dr.
Rockville, MD 20852
301-984-5700

Membership - \$25/yr.

CDC (Center for Disease Control)

Atlanta, GA 30333

DSAP

Alcohol Drug & Mental Health Adm.
Rockville, MD 20857

DRACON

5600 Fishers Lane
Rockville, MD 20857

MADD

Mothers Against Drunk Driving

669 Airport Freeway, Suite 310
Hurst, TX 76053
817-268-6233

Annual membership & newsletter
\$20/yr.

NFP

**National Federation of Parents for
Drug-Free Youth**

8730 Georgia Ave., Suite 200
Silver Spring, MD 20910
301-585-KIDS

Annual national conference - \$15.
Membership includes newsletter.
Parent information hotline:
1-800-554-KIDS

NASADAD/NPN

**National Association of State Alcohol
and Drug Abuse Directors/National
Prevention Network**

444 North Capitol St. NW
Suite 520
Washington, DC 20001

NIAAA

**National Institute on Alcoholism and
Alcohol Abuse**

5600 Fishers Lane
Room 16-105
Rockville, MD 20857

NIDA

**National Institute on Drug Abuse
U.S. Dept. of Health & Human
Services**

5600 Fishers Lane (Parklawn Bldg.)
Rockville, MD 20857

**National Clearinghouse for Alcohol &
Drug Abuse Information**

P.O. Box 2345
Rockville, MD 20852
301-468-2600/301-443-6500

Alcohol Awareness Service

\$12/yr. quarterly magazine - Alcohol, Health, &
Research World.

PRIDE

**Parents' Resource Institute for Drug
Education**

100 Edgewood Ave.
Atlanta, GA 30303
1-800-241-9746

Annual national conference, telephone
informational tapes, \$20 annual membership
includes newsletter

Project SMART

**(Stop Marketing Alcohol on Radio
and Television)**

P.O. Box 19125
Washington, DC 20036
202-332-9110

U.S. Dept. of Education

400 Maryland Ave. NW
Washington, DC
202-245-8601

U.S. Dept. of Justice

Drug Enforcement Administration
Washington, DC 20537
202-633-1249

**White House Drug Abuse
Policy Office**

The White House
Washington, DC 20500

Information Helplines and Hotlines

Table 4 provides a list of both local and national helplines and hotlines with their telephone numbers. It also indicates the general type of information they provide. The purpose of such a service is to give basic information or a referral. It is not to provide extensive or thorough research on a subject nor is it to provide counseling to persons in need of treatment. Helplines and hotlines, however, are a good place to begin when interested in a topic or when in need of help, particularly in a crisis.

Planning and Research Documents

The National Institute on Drug Abuse is the best source of current research on issues relating to tobacco, alcohol and other drugs. The other organizations previously listed in Table 3 will also provide research and planning materials.

Locally, at least fourteen planning and research documents have been prepared recently in Rhode Island. Their names and general content, as well as a contact person and most appropriate readers for each, can be found on Table 5 on the following pages. Persons involved in long-range community-based substance abuse planning are encouraged to avail themselves of these materials. They provide data, identify program needs and offer guidelines for planning and development. Their utilization should be a first step in a community needs assessment process.

Assessing Resources on Substance Abuse Topics

When evaluating resources on substance abuse, the following questions should be asked:

- * Is it current, i.e., published within the past three to four years?
- * Is it accurate? Is it consistent with other information on the subject?
- * Is it appropriate (reading level, age level) for the target audience?
- * Is it relevant? Does it address an aspect of the issue that is meaningful to the target audience?
- * Is the information giver qualified to make a statement on the subject or make an appropriate referral?

TABLE 4
Hotlines, Helplines and Information

AIDS Hotline (Public Health Service)	1-800-342-2437	Information on AIDS
Alcohol 24 Hour Helpline	1-800-252-6465	Adcare, Worcester, information & national referral
Alcoholics Anonymous	737-8777 (Warwick) 765-2525 (Woonsocket) 846-2622 (Newport) 438-8860 (E. Prov.)	Support and crisis intervention
Al-Anon	785-9722	Self-help fellowship for families of problem drinkers
Alateen	785-9722	Support for teenagers usually in families of alcoholics
Child Abuse & Neglect Hotline (RI)	1-800-742-4453	24 hour reporting of child abuse or neglect
Cocaine Helpline	1-800-COCAINE	Counseling and help for drug users
Detox Admission Information	464-2531	Crisis, referral, intervention and information
Division of Substance Abuse	464-2191	Information and referral
Drug Free Workplace Hotline	1-800-843-4971	Information for employers on combating drugs in the workplace

Table 4 (Continued)

FBI Boston (ME, NH, MA)	1-617-742-5533	To report a missing person: 24 hour line
FBI (RI)	272-8310	To report a missing person: 24 hour line
Good Hope Hotline	1-800-752-HOPE	24 hour emergency, statewide hotline. Information and referral
Narcotics Anonymous	461-1110	Support and crisis intervention for the drug user
Nar-Anon	461-1110	Support for friends and relatives of drug users
National Federation of Parents for Drug Free Youth (NFP)	1-800-554-KIDS	Information and referral
National Institute on Drug Abuse	1-800-662-HELP	Referral and drug information (9 a.m. - 3 a.m. Mon. - Fri.) (12 p.m. - 3 p.m. Sat. & Sun.)
National Institute on Drug Abuse	1-800-638-2045	Technical assistance for schools, parents, communities (prevention strategies)
Parents' Resource Institute for Drug Education (PRIDE)	1-800-241-9746 1-800-241-7946	Drug information Tapes on drug/alcohol information (5:00 p.m. - 8:30 a.m.)
Poison Information Center Rhode Island Hospital	277-5727	Emergency information: 24 hour service
Pregnancy Risk Hotline	801-583-2229	Information on the risks of using alcohol and drugs for a pregnant or nursing woman
Rhode Islanders for Drug Free Youth	464-2191	Information and referral for parents, schools, students
Rhode Island Project AIDS	277-6502	Information and assistance for people concerned about AIDS
RUNAWAYS		
National Runaway Switchboard	1-800-621-4000	Help referral for runaways in crisis
Rhode Island Runaway Youth Project	521-SAFE	24 hour service to runaways and other street youth
Samaritans	272-4044	Suicide and crisis intervention
Tel-Med	521-7120	Free library of taped messages on health and medical topics
Travelers' Aid of Rhode Island	521-2255	24 hour emergency assistance to street people and people in crisis whose problems relate to movement from one area to another
United Way Helpline	351-6500 1-800-367-2700	24 hour referral service for all persons in need

**TO REPORT A DRUNK DRIVER
TO REPORT SOMEONE SELLING DRUGS
(anonymous)**

**1-800-525-JAIL
277-2837 (days)
277-2840 (eves)**

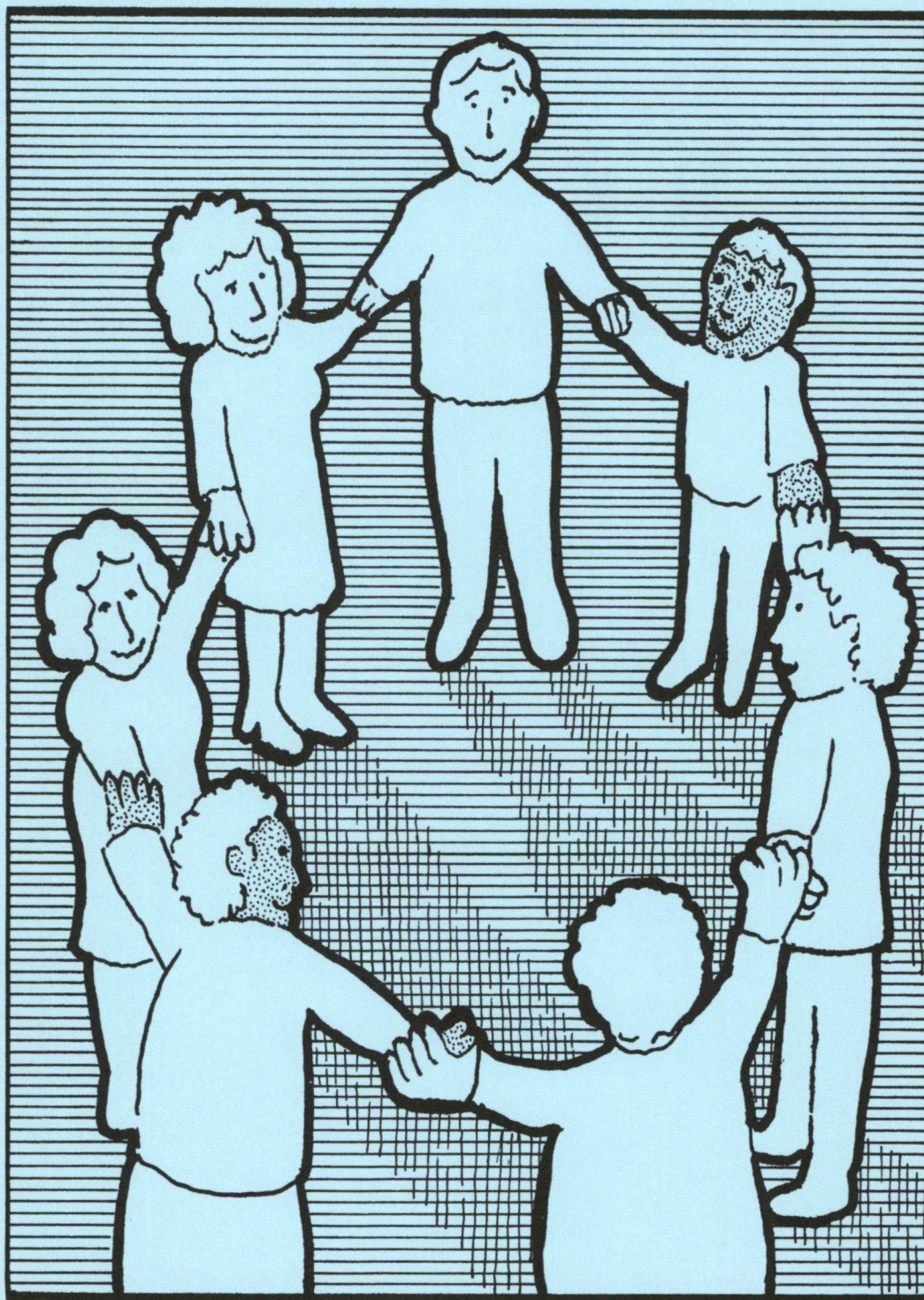
TABLE 5
Rhode Island Resource and Planning Documents

Primary User	Name of Document	Content	Contact Person
Educators	Instructional Guidelines for School Health Education K-12	Goals and expected outcomes to assist local school districts develop and refine their curriculum in health education, including substance abuse, to comply with the Basic Education Program (BEP)	Gail Mastropietro Substance Abuse Coordinator RI Department of Education
School committees and Administrators	Guidelines for School Substance Abuse Policy	Policy statements to assist local districts in the development of comprehensive substance abuse policy for schools	Gail Mastropietro Substance Abuse Coordinator RI Department of Education
Educators and Community Planners	A Selected List of Substance Abuse Curricula and Resources	Descriptions of available substance abuse curricula and prevention and treatment services in Rhode Island	Sheila Hildebrandt Prevention Program Planner RI Division of Substance Abuse
Educators and Community Planners	High School Alcohol, Tobacco and Drug Survey Wellness Check	Computerized surveys of substance use/abuse behaviors for grades 9-12. Yearly data available by community. Wellness check available to businesses.	Robert Cabral, Ph.D. Health Program Administrator RI Department of Health
Teens	Youth Yellow Pages	A self-referral directory for adolescents on issues of concern to them	Joy Williams Director of Information and Referral Services United Way
Planners of Alcohol Treatment Services	Substance Abuse Treatment in Rhode Island: Population Needs and Program Development (Brown Study)	A report of data, services and program needs in alcohol treatment	Kerry O'Neil Community Program Coordinator RI Division of Substance Abuse
Planners of Substance Abuse Services	A Drug Treatment and Prevention Plan for Rhode Island (Harvard Study)	A report of data, services and program needs in drug treatment	Kerry O'Neil Community Program Coordinator RI Division of Substance Abuse
Planners of Substance Abuse Treatment Services	Rhode Island Substance Abuse State Plan	A policy guide for the development of substance abuse services	Kerry O'Neil Community Program Coordinator RI Division of Substance Abuse

Table 5 (Continued)

Primary User	Name of Document	Content	Contact Person
Planners of Substance Abuse Treatment Services	Summary of the Short and Long Term Plans of Licensed Alcohol and Substance Abuse Facilities in Rhode Island - 1986	A description of current patterns of substance abuse treatment	Kerry O'Neil Community Program Coordinator RI Division of Substance Abuse
Planners of Health and Substance Abuse Services	Rhode Island State Health Plan, 1987-1992	Goals and objectives for providing equal access to quality health care in all areas at a reasonable cost in RI	Melinda Komiske Chief, Office of Health Systems Planning RI Department of Health
Planners of Health and Substance Abuse Services	Health Planning and Development Technical Report Series	Series of analyses of health care issues in RI	Bill Waters, Ph.D. Assistant Director for Health Policy RI Department of Health
Persons Interested in Alcohol Treatment Services	Directory of Substance Abuse Treatment Services in Rhode Island	A listing of substance abuse treatment programs in RI and nearby states	Audrey Oppenheimer Director RI Council on Alcoholism
Community Service Planners	United Way Community Needs Assessment - 1987	An identification of problems and human service needs in RI	Allan Stein Assistant Vice-President Agency & Community Services United Way
Physicians and Other Medical Professionals	Substance Abuse Information and Resource Guide	A description of drugs commonly abused and substance abuse services available, primarily for medical professionals	Jan Torres Special Projects Coordinator RI Division of Substance Abuse

PREVENTION



Creating a Healthy World

A Prevention Story

Once upon a time there were three persons standing by a turbulent, surging river. They saw that the people swimming in the river were having difficulty staying afloat. Wanting to help, the first person jumped into the torrent and was able to save one of the struggling swimmers. The second person decided to go upstream and urged those playing in the river to come out before the water became treacherous. Some of the swimmers took the advice; but others swam on, ignoring the warning. The third person made his way even further up the river where the people were diving. He told them of what awaited them below and suggested a better, safer place to swim; and they didn't venture in at all.

- Anonymous

PREVENTION

Prevention is *a process of purposeful activities and strategies designed to enhance the health and well being of individuals, families and communities which provides a healthy, positive behavioral, nonchemical dependent life style and therefore precludes, forestalls or impedes the development of substance abuse and related problems.* The fable told in the paragraph on the left is intended to illustrate that prevention is the primary and most effective action in a continuum of activities addressing the problem of substance abuse ranging from prevention to intervention and treatment. Previously, both the lack of scientific proof and the wide variety of prevention activities have inhibited the ability of prevention programs to be accountable by statistical methods. Nonetheless, two widely heralded national reports, the Rand Report, "Strategies for Controlling Adolescent Drug Abuse," and the White House's "National Strategy on Drug Abuse and Drug Trafficking," both concluded that prevention, over and above law enforcement and treatment, is the more promising, essential element in the long range goal of eliminating the abuse of alcohol and other drugs.

While this Guide focuses primarily on alcohol and other drugs and their abuse, it would be incomplete without addressing tobacco. Many people are reluctant to categorize tobacco with other psychoactive drugs. It nonetheless contains a powerful addictive stimulant, nicotine, and is singly responsible for more deaths than alcohol and drug abuse combined. Furthermore, extensive research has determined tobacco to be a "gateway" drug, i.e., a drug whose use frequently precedes alcohol and other drug use by youth. Therefore, any prevention program, particularly those targeting elementary grade children, should also address tobacco use as a substance abuse issue if the program is to be comprehensive and effective in the long term.

Categories of Prevention Services

Primary prevention services have been defined as fitting into two main categories:

- services aimed at individual change and development
- services aimed at community change and development of groups organized to provide prevention activities

Strategies in the first category focus on individuals, particularly those at risk for developing substance abuse- related problems who have not yet developed significant dysfunction. Such strategies attempt to forestall or prevent the onset of problems related to an individual's use of alcohol or drugs. The purpose of projects in the second category is to fund activities which assist communities/groups in developing prevention services.

The Public Health Model encourages those concerned about substance abuse to consider the relationship between the drugs themselves, those who use them, and their environment. The three factors relate directly to the two categories of prevention services. The factors are:

The "Host" - an individual and his/her knowledge about alcohol/drugs, the attitudes that influence drug use patterns and the drug use behavior itself.

The "Agent" - the drug itself, its content, distribution and availability.

The "Environment" - the setting or context in which the drugging/drinking occurs and the community mores that influence users.

The first categories of services addresses the "agent" and the needs of the "host" while the second set refers to the "agent" and the "environment." *Any prevention effort should consider all three factors, as well as their interaction, in developing community based programs.*

Effective Prevention Strategies

A total of ten prevention strategies has been named and defined by the National Prevention Network and will be useful to communities in assessing program needs. Table 6 provides definitions and examples of these.

TABLE 6
Prevention Strategies

Strategy	Definition	Examples
Information	activities designed to provide accurate and timely information about alcohol and drugs and their effects on individuals, families, and communities	school assemblies, one-time presentations, media campaigns, youth/parent seminars, brochures, posters, newsletters
Education	a structured process to assist individuals/organizations/communities to increase knowledge and to develop or improve their life skills	school curriculum programs, parent education series, peer education programs
Training, Technical Assistance, Consultation	activities designed to strengthen the capacity of local prevention organizations and individuals to plan and conduct prevention programs/services/activities	staff training on specific skills or issues
Alternatives	programs providing challenging positive growth experiences in which people can develop the skills needed to become socially mature and offering positive alternatives to drug-taking behaviors	community fairs, youth-run businesses, drug/alcohol-free social events, Youth-to-Youth, SADD, Prom/Grad projects, "Just Say No"
Early Intervention	services which help people identify their alcohol/drug problems and initiate strategies to resolve them	hotline assistance, peer counseling, Driving While Intoxicated (DWI) programs, Employee Assistance Programs, Student Assistance Programs
Environmental Change	programs which seek to identify and change social and physical environmental factors that influence behaviors and patterns related to drinking alcohol and using drugs. Change methods include: modifying drinking or drug use settings, insulating others from undesirable behaviors, or changing reactions to drinking/drug use behaviors	media campaigns, establishment of youth recreation centers, abolition of "happy hours", MADD

Social Policy	programs which attempt to influence drinking and drug-using behaviors in the general population or specific target groups or settings	changing laws, enforcement procedures, governing availability and distribution; changing tax policies; modifying advertising practices, automobile safety regulations
Evaluation	studies which demonstrate the presence or absence of relationships between prevention activities and drinking and drug-using behaviors of targeted populations	DWI education vs. arrests, Curriculum evaluation Prevalence studies
Research	basic and applied research to identify, test and validate new approaches and techniques in prevention	Children of Alcoholics studies
Comprehensive	programs or systems that purposefully combine several strategies listed above in an integrated community-wide approach	Comprehensive school-based programs Channel One

re: National Prevention Network

Generally speaking, the more strategies used, the more comprehensive the prevention program and the greater its chances for success.

Service Approaches in Prevention

There are five major service approaches which have been found to be effective prevention modalities (Figure 2). They are:

- comprehensive community-based programs
- school-based prevention programs
- alternative programs
- intervention programs
- state-wide initiatives

Presently, the Division of Substance Abuse funds seven community-based prevention programs and one school-based prevention program. It also supports a statewide parent action model, Rhode Islanders for Drug Free Youth (RIDFY), and two intervention programs (Rhode Island Employee Assistance Program and Rhode Island Student Assistance Program). In addition, all outpatient treatment programs traditionally have community outreach programs.

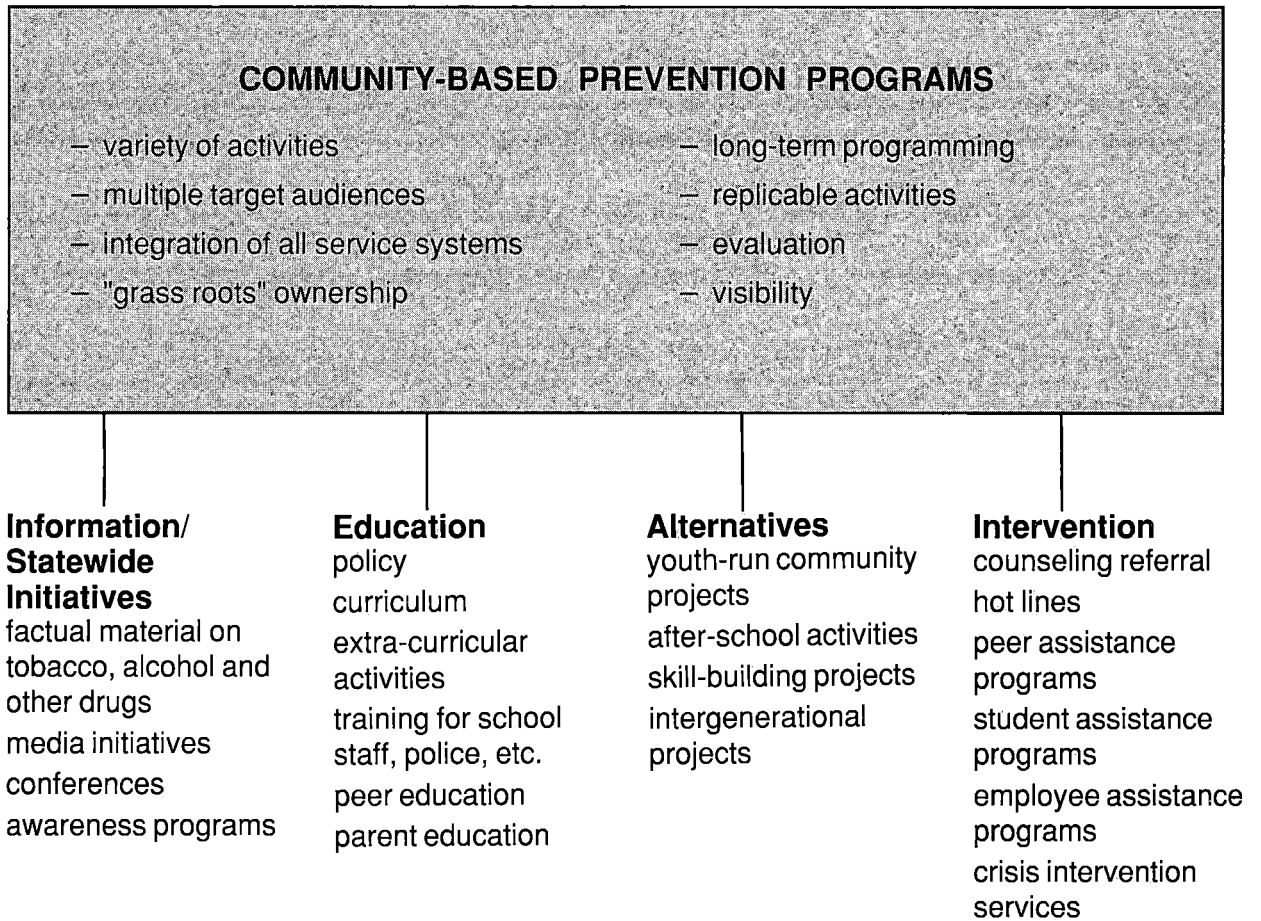
Some local community centers have also developed prevention programs which are not funded or monitored by the Division of Substance Abuse. Individual towns have also formed parent groups which are offered technical assistance by the coordinator of RIDFY. The Rhode Island Employee Assistance Program is available to all Rhode Island businesses while the Rhode Island Student Assistance Program funds and/or supervises programs in seven high schools. Others are administered by local treatment programs.

Statewide initiatives include substance abuse prevention programs implemented by state agencies as well as activities initiated by focused interest groups. Examples of

Figure 2

Service Approaches in Prevention

The five main service approaches in prevention are: information/statewide initiatives, education, alternatives, intervention and community-based programs. The community-based model is the most comprehensive approach. It contains elements of each of the remaining four approaches and has the characteristics listed below:



the former are statewide conferences or media campaigns related to substance abuse and co-sponsored by state agencies. Media campaigns, such as those by the Governor's Office on Highway Safety against drinking and driving, provide important information to the entire population and can contribute to change in societal attitudes towards drug and alcohol use. Conferences are effective mechanisms for disseminating information, providing training, identifying prevention volunteers and providers, and stimulating networking among groups. Examples of focused interest groups include the Governor's Committee on Youth, Alcohol and Substance Abuse, the Rhode Island Substance Abuse Coalition, the Rhode Island Council on Alcoholism, and the Drug and Alcohol Treatment Association. Such groups have the capacity to mobilize interested parties from the public and private sector to address a specific agenda such as reducing substance abuse among youth, increasing the effective enforcement of existing drunk driving laws, or advocating for needed services in the field. These committees provide a necessary and valuable service to the substance abuse network; particularly in their role as advocates.

The accompanying chart (Table 7) lists all programs which, when surveyed, stated that they were involved in substance abuse prevention activities. Following that is a list (Table 8) of committees and coalitions whose activities primarily focus on substance abuse prevention. Together they represent the major force for prevention in Rhode Island and, therefore, represent the best resources for assistance in prevention program planning.

Assessing A Prevention Program

As previously explained, there are five basic service approaches for prevention activities. Each has its own guidelines for assessing effectiveness which should be considered. The primary characteristics and examples of each are listed below:

Comprehensive Community-Based Prevention Programs.

According to the National Prevention Network, there are twelve attributes of successful community prevention programs:

- A broadly representative program *planning process*
- A written document containing *goals and objectives*
- A number of *different prevention activities* acting in concert
- Program alternatives targeted to *multiple targets* and populations
- Data collection and analysis models that assure a strong *evaluation* base
- A program of work *sensitive to the needs of all* groups in the community
- *Integration* into the existing health care system
- "*Grass roots*" ownership of the program by all the community groups involved
- *Long-term commitment* to continued service
- Flexibility within *multiple systems* and levels of organizations and social systems
- A marketing and *promotional approach* to key policy-makers that seeks to involve them in continued support
- A documented program that can be explained, interpreted and *replicated* in similar settings

Programs in a community working separately can make an impact, each in its own domain. However, a coordinated group of programs operating in concert under an umbrella or task force can have an enhanced impact by creating a community image as a caring, concerned and healthy place to live, work and raise a family. The Bramley Bill requires such a initiative task force to coordinate community substance abuse activities. Used wisely, a community task force can facilitate the development of appropriate prevention activities and reduce the duplication of unneeded services. Two cities, Cranston and Warwick, presently have prevention programs which are community-based and have full-time coordinators. They and other local task forces are listed on Table 9.

TABLE 7
Substance Abuse Prevention Programs in Rhode Island

PREVENTION PROGRAM	STAFF TRAINING & SUPPORT					DIRECT PROGRAM SERVICES				OTHER SERVICES						GEOGRAPHIC AREA								SPECIAL SERVICES		
	SCHOOL STAFF	ADMINISTRATORS	BUSINESS	SOCIAL SERVICE WORKERS	POLICE/ENFORCEMENT	SCHOOL-BASED PROGRAMS	PARENT PROGRAMS	OUT-OF-SCHOOL YOUTH PROGRAMS	COMMUNITY GROUPS	PROGRAMS FOR BUSINESS	PROGRAM DESIGN	POLICY DEVELOPMENT	CURRICULUM DEVELOPMENT	ALTERNATIVE PROGRAMS	INTERVENTION PROGRAMS FOR HIGH RISK YOUTH	STUDENT ASSISTANCE PROGRAMS	STATEWIDE	1	2	3	4	5	6		7	8
ACTION 24 Weybosset St. - Room 200 Providence, RI 02903 401-528-5424							X	X	X						X		X									services for housing authorities student volunteer programs
Alcoholism Services of Cranston, Johnston and Northwestern RI 1090 Cranston St. Cranston, RI 02920 401-943-2021	X	X	X	X	X			X		X					X						X					
American Automobile Association 501 Centerville Road Warwick, RI 02886 401-732-5000	X					X	X				X		X				X									curriculum with alcohol focus
American Cancer Society 400 Main St. Pawtucket, RI 02860 401-722-8480/1-800-662-5000	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									focus: tobacco media programs
American Heart Association 40 Broad St. Pawtucket, RI 02860 401-728-5300	X		X			X				X	X		X				X									focus: tobacco patient education self-help Quit Smoking media programs
Boy Scouts of America Narragansett Council 175 Broad St. Providence, RI 02903 401-351-8700						X	X	X	X								X									RI except Tiverton and Little Compton
Brown Bag Prescription Evaluation Project - URI 125 Fogarty Hall Kingston, RI 02881 401-792-2734									X								X									Review by pharmacists of individual's prescriptions Programs often target elderly

[illegible]

* Division of Substance Abuse Prevention Funding and Monitoring

GEOGRAPHIC AREA

- 1) **NORTHERN RI:** BURRILLVILLE, CUMBERLAND, WOONSOCKET, LINCOLN, NORTH SMITHFIELD
- 2) **PAWTUCKET:** PAWTUCKET, CENTRAL FALLS
- 3) **PROVIDENCE:** PROVIDENCE

- 4) **NORTHWEST RI:** FOSTER, SCITUATE, JOHNSTON, CRANSTON, GLOCESTER, SMITHFIELD, NORTH PROVIDENCE
- 5) **KENT COUNTY:** WARWICK, WEST WARWICK, WEST GREENWICH, EAST GREENWICH, COVENTRY
- 6) **WASHINGTON COUNTY:** NORTH KINGSTOWN, HOPKINTON, SOUTH KINGSTOWN, CHARLESTOWN,

BLOCK ISLAND, EXETER, RICHMOND,
NARRAGANSETT. WESTERLY

- 7) **EAST BAY:** EAST PROVIDENCE, WARREN,
BARRINGTON, BRISTOL
- 8) **NEWPORT COUNTY:** PORTSMOUTH,
JAMESTOWN, TIVERTON, MIDDLETOWN, NEWPORT,
LITTLE COMPTON

PREVENTION PROGRAM	STAFF TRAINING & SUPPORT					DIRECT PROGRAM SERVICES					OTHER SERVICES					GEOGRAPHIC AREA								SPECIAL SERVICES		
	SCHOOL STAFF	ADMINISTRATORS	BUSINESS	SOCIAL SERVICE WORKERS	POLICE/ENFORCEMENT	SCHOOL-BASED PROGRAMS	PARENT PROGRAMS	OUT-OF-SCHOOL YOUTH PROGRAMS	COMMUNITY GROUPS	PROGRAMS FOR BUSINESS	PROGRAM DESIGN	POLICY DEVELOPMENT	CURRICULUM DEVELOPMENT	ALTERNATIVE PROGRAMS	INTERVENTION PROGRAMS FOR HIGH RISK YOUTH	STUDENT ASSISTANCE PROGRAMS	STATEWIDE	1	2	3	4	5	6		7	8
Governor's Office on Highway Safety 345 Harris Ave. Providence, RI 02909 401-277-3024					X	X		X	X	X		X		X			X									Media programs conferences
Human Ecology Associates 31 Deerfield Rd. Cranston, RI 02920 401-781-8831	X	X	X	X	X	X	X		X	X	X	X	X		X		X									Model curriculum K-12
Joslin Community Development Corp. 231 Amherst St. Providence, RI 02909 401-421-8062								X																		Serves western Providence
Junction Human Service Corp. 662 Hartford Ave. Providence, RI 02909 401-351-6743	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									Providence Academy - Alternative school for adolescents
MADD, RI Chapter P.O. Box 26 Woonsocket, RI 02895 401-766-4755							X		X								X									
Mental Health Services of Cranston, Johnston & NW RI 1516 Atwood Ave. Johnston, RI 02919 401-275-2160	X				X																X					

PREVENTION PROGRAM	STAFF TRAINING & SUPPORT					DIRECT PROGRAM SERVICES					OTHER SERVICES					GEOGRAPHIC AREA								SPECIAL SERVICES			
	SCHOOL STAFF	ADMINISTRATORS	BUSINESS	SOCIAL SERVICE WORKERS	POLICE/ENFORCEMENT	SCHOOL-BASED PROGRAMS	PARENT PROGRAMS	OUT-OF-SCHOOL YOUTH PROGRAMS	COMMUNITY GROUPS	PROGRAMS FOR BUSINESS	PROGRAM DESIGN	POLICY DEVELOPMENT	CURRICULUM DEVELOPMENT	ALTERNATIVE PROGRAMS	INTERVENTION PROGRAMS FOR HIGH RISK YOUTH	STUDENT ASSISTANCE PROGRAMS	STATEWIDE	1	2	3	4	5	6		7	8	
Rhode Island Department of Education Center for Health Education 22 Hayes St. Providence, RI 02909 401-277-2651	X										X	X	X				X										Funding
RI Department of Health Community Alcohol Abuse Prevention Project 75 Davis St. Providence, RI 02908 401-277-2570					X				X	X	X		X		X			X									Prevention Research Project in Woonsocket funded by Center for Disease Control Training of liquor licensures, emergency room staff
RI Department of Health Office of Health Promotion 75 Davis St. Providence, RI 02908 401-277-6957	X	X				X	X		X				X				X										Wellness check
Rhode Island Division of Substance Abuse 600 New London Ave. Cranston, RI 02920 401-464-2191									X		X	X					X										Funding Technical assistance for Bramley Bill funds
RI Employee Assistance Program 33 College Hill Rd. Warwick, RI 02886 401-828-9560	X	X	X	X	X				X	X	X	X					X										training for labor organizations



Rhode Island 4-H Program Woodward Hall, URI Kingston, RI 02881 401-792-2959								X	X								X												
RIGHA 530 North Main St. Providence, RI 02904 401-331-3000 ext. 514							X							X		X													
Rhode Island Lung Association 10 Abbott Park Place Providence, RI 02903 401-421-6487	X						X					X		X			X											focus: tobacco, marijuana media programs	
RI Student Assistance Services Substance Abuse Adm. Bldg. Cranston, RI 02920 401-464-2191	X	X	X	X	X	X	X					X	X			X	X	X											
Rhode Islanders for Drug-Free Youth Substance Abuse Adm. Bldg. Cranston, RI 02920 401-464-2191								X		X		X	X				X											technical assistance to parent groups parent newsletter	
* ROAD Counseling Program 8 Court Street Woonsocket, RI 02895 401-769-3100	X	X					X	X	X					X	X	X		X										peer support groups	
* Smithfield Youth Development Council, Inc. (Channel One) 64 Farnum Pike Esmond, RI 02917 401-231-7932	X	X			X	X	X	X	X					X	X	X												youth-run businesses	
* Smith Hill Center 110 Ruggles St. Providence, RI 02918 401-331-4290	X	X		X		X	X	X	X		X		X	X	X					X							K.I.D.S. curriculum Grades 1-8		

* Division of Substance Abuse Prevention Funding and Monitoring

GEOGRAPHIC AREA

- 1) **NORTHERN RI:** BURRILLEVILLE, CUMBERLAND, WOONSOCKET, LINCOLN, NORTH SMITHFIELD
- 2) **PAWTUCKET:** PAWTUCKET, CENTRAL FALLS
- 3) **PROVIDENCE:** PROVIDENCE

- 4) **NORTHWEST RI:** FOSTER, SCITUATE, JOHNSTON, CRANSTON, GLOCESTER, SMITHFIELD, NORTH PROVIDENCE
- 5) **KENT COUNTY:** WARWICK, WEST WARWICK, WEST GREENWICH, EAST GREENWICH, COVENTRY
- 6) **WASHINGTON COUNTY:** NORTH KINGSTOWN, HOPKINTON, SOUTH KINGSTOWN, CHARLESTOWN,

- BLOCK ISLAND, EXETER, RICHMOND,
NARRAGANSETT, WESTERLY
- 7) **EAST BAY:** EAST PROVIDENCE, WARREN,
BARRINGTON, BRISTOL
- 8) **NEWPORT COUNTY:** PORTSMOUTH,
JAMESTOWN, TIVERTON, MIDDLETOWN, NEWPORT,
LITTLE COMPTON

PREVENTION PROGRAM	STAFF TRAINING & SUPPORT					DIRECT PROGRAM SERVICES					OTHER SERVICES					GEOGRAPHIC AREA								SPECIAL SERVICES		
	SCHOOL STAFF	ADMINISTRATORS	BUSINESS	SOCIAL SERVICE WORKERS	POLICE/ENFORCEMENT	SCHOOL-BASED PROGRAMS	PARENT PROGRAMS	OUT-OF-SCHOOL YOUTH PROGRAMS	COMMUNITY GROUPS	PROGRAMS FOR BUSINESS	PROGRAM DESIGN	POLICY DEVELOPMENT	CURRICULUM DEVELOPMENT	ALTERNATIVE PROGRAMS	INTERVENTION PROGRAMS FOR HIGH RISK YOUTH	STUDENT ASSISTANCE PROGRAMS	STATEWIDE	1	2	3	4	5	6		7	8
Stopover Shelters of Newport County P.O. Box 553 Portsmouth, RI 02871 401-683-1824						X									X										X	
URI Health Services Potter Bldg. - Butterfield Rd. Kingston, RI 401-792-2246						X																				Services for URI students only Peer Education Program
Warwick Dept. of Human Services Substance Abuse Prevention Program 3275 Post Rd. Warwick, RI 02886 401-738-2000 ext. 233	X	X	X	X	X	X	X		X	X	X	X	X	X	X							X				Warwick only Consultation to senior groups
Washington County Community Mental Health Center, Inc. P.O. Box 899 Charlestown, RI 02813 401-364-7705				X	X	X	X																X			

* Division of
Substance Abuse
Prevention Funding
and Monitoring

GEOGRAPHIC AREA

- 1) **NORTHERN RI:** BURRILLEVILLE, CUMBERLAND, WOONSOCKET, LINCOLN, NORTH SMITHFIELD
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- 4) **NORTHWEST RI:** FOSTER, SCITUATE, JOHNSTON, CRANSTON, GLOCESTER, SMITHFIELD, NORTH PROVIDENCE
- 5) **KENT COUNTY:** WARWICK, WEST WARWICK, WEST GREENWICH, EAST GREENWICH, COVENTRY
- 6) **WASHINGTON COUNTY:** NORTH KINGSTOWN, HOPKINTON, SOUTH KINGSTOWN, CHARLESTOWN,

- BLOCK ISLAND, EXETER, RICHMOND, NARRAGANSETT, WESTERLY
- 7) **EAST BAY:** EAST PROVIDENCE, WARREN, BARRINGTON, BRISTOL
- 8) **NEWPORT COUNTY:** PORTSMOUTH, JAMESTOWN, TIVERTON, MIDDLETOWN, NEWPORT, LITTLE COMPTON

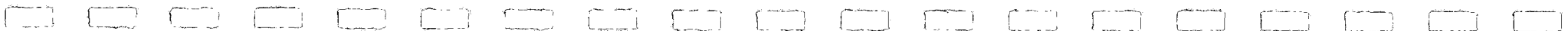


TABLE 8

Advocacy Groups for Prevention

American Cancer Society

400 Main Street,
Pawtucket, RI 02860
401-722-8480

American Heart Association

40 Broad Street
Pawtucket, RI 02860
401-728-5300

**Automobile Association of
Rhode Island**

501 Centerville Road
Warwick, RI 02886
401-732-5000

D.A.T.A.

One Richmond Square
Providence, RI 02903
401-521-5759

Governor's Campaign Against Drugs

c/o William McCann
State House
Providence, RI 02903
401-277-2080

**Governor's Committee on Youth,
Alcohol and Substance Abuse**

c/o William Allen, Co-chairperson
United Way
Providence, RI
401-521-9000

**Governor's Office on
Highway Safety**

345 Harris Avenue
Providence, RI 02909
401-277-3024

MADD, RI Chapter

P.O. Box 26
Woonsocket, RI 02895
401-766-4755

**RI Association of Substance Abuse
Prevention Programs**

P.O. Box 327
Greenville, RI 02828
401-231-7932

Rhode Island Council on Alcoholism

500 Prospect St.
Pawtucket, RI 02860
401-725-0410

**RI Department of Health
Office of Health Promotion**

75 Davis Street
Providence, RI 02908
401-277-6957

Rhode Island Lung Association

10 Abbott Park Place
Providence, RI 02903
401-421-6487

**Rhode Island Substance Abuse
Coalition**

c/o Robert Rice
WPRI - TV
Catamore Blvd.
East Providence, RI 02915
401-438-7200

**Rhode Island Substance Abuse
Council**

c/o Leo Gracik
RI Division of Substance Abuse
600 New London Ave.
Cranston, RI 02920
401-464-2091

Parent groups are often grass-roots efforts and herein have rested their strength. Effective groups share a common view of the problem of substance abuse and support a range of activities that can include improved supervision of youth, careful community-wide limit setting on youth behaviors, and a unified expression of parental expectations to youth, school and community agencies. A parent group's activities can be as varied and creative as the imaginations of its members. Its effectiveness will be enhanced if:

- its projects are grounded in a firm prevention philosophy
- it is sensitive to the needs of all groups in the community
- it works together with schools, law enforcement and other community agencies
- it networks with parent groups in other communities

Parent groups presently active in Rhode Island are listed in Table 9.

School-Based Prevention Programs.

There are at least six major components of an effective school-based prevention program. They include:

- **School substance abuse policy.** The Rhode Island Department of Education has issued *Guidelines for School Substance Abuse Policy*, a document to assist school districts in the development of policy. A comprehensive policy addresses not only matters of discipline but also topics such as referral, the rights of students seeking help, curriculum and staff training as they refer to substance abuse.

- **Comprehensive K-12 substance abuse curriculum.** Public Law 16-22-12 requires that all school districts provide substance abuse education to all students in grades K-12.

An effective curriculum should at all grade levels:

- increase positive self-awareness
- provide an opportunity for the development of problem-solving and decision-making skills as well as peer resistance skills
- provide accurate, current information about tobacco, alcohol and other drugs
- assist in the recognition of stress and stressors and in the identification of positive coping mechanisms to deal with stress
- encourage healthy alternatives to destructive behaviors
- be age and grade-level appropriate
- be easy to use, flexible and current
- address the needs of the special education and bilingual student
- address specific health issues related to substance abuse such as AIDS and Fetal Alcohol Syndrome

The Rhode Island Division of Substance Abuse has published *A Listing of Substance Abuse Curricula and Resources*.

The Department of Education's *Instructional Guidelines for School Health Education* provides instructional concepts and expected outcomes with which school districts must comply in order to meet the requirements for instruction in mental health and substance abuse at each grade level. These *Guidelines* assist curriculum planning teams in the formation of developmentally sound, sequential, integrated curriculum programs and in the assessment of the efficacy of published curricula.

- **Ongoing staff training.** All school staff should be provided with in-service training on all aspects of substance abuse education and early problem intervention including: factual information, effective teaching strategies, current laws, recommended interventions, local treatment and alternative resources, etc. Training should be adapted to the special roles in prevention each segment of the school staff serves.

- **Extra-curricular activities.** School activities should provide opportunities for youth to develop healthy behaviors as alternatives to drug and alcohol use. They should also encourage students to take a stand against drug abuse by becoming involved in programs such as SADD (Student Against Driving Drunk), Youth to Youth or "Just Say

TABLE 9

Community Task Forces & Parent Groups: September 1987

Barrington

Barrington Cares

P.O. Box 1162
Barrington, RI 02806

Burrillville

Burrillville Narcotics Guidance Council

Box 223
Glendale, RI 02826

Charlestown/Richmond/Hopkinton

PICK (Parents Interested in Chariho Kids)

c/o Chariho High School
Wood River Jct., RI 02894

Cranston

Mayor's Advisory Committee on Alcohol & Substance Abuse

Carmine Catalano, Coordinator
c/o Dept. of Community Development
14 Hayward St.
Cranston, RI 02910

Cumberland

Cumberland Chemical People Task Force, Inc.

c/o Capt. Paul Mooney, President
Juvenile Division
Cumberland Police Dept.
Diamond Hill Road
Cumberland, RI 02864

East Greenwich

East Greenwich Citizens Who Care

P.O. Box 1146
East Greenwich, RI 02818

East Providence

Rhode Islanders for Healthy Youth

c/o Claire O'Neill
124 Roger Williams Ave.
Rumford, RI 02916

Exeter/West Greenwich

Committee on Abusive Substance Education (CASE)

c/o Midge Kirk
Metcalf Middle School
Nooseneck Hill Road
Exeter, RI 02882

Johnston

Johnston Substance Abuse Task Force

c/o Ralph Jasparro
Johnston Public Schools
345 Cherry Hill Road
Johnston, RI 02919

Middletown/Newport

Drug Awareness Resource Team (TEAM)

c/o Elizabeth Ivy
1 Coggleshell Circle
Middletown, RI 02840

Narragansett

Narragansett Fights Back

c/o Marge Huggins, President
430 Ocean Road
Narragansett, RI 02882

Scituate

Scituate Alcohol & Substance Abuse Task Force

c/o Judy Jessup, Chairperson
Scituate High School
Trimtown Road
Scituate, RI 02857

South Kingstown

South Kingstown Concern for Youth Committee

c/o Nancy Brown
South Kingstown High School
81 Columbia St.
South Kingstown, RI 02879

Warwick

Mayor's Council on Substance Abuse

Cara Wilson, Coordinator
c/o Department of Human Services
City Hall
Post Road
Warwick, RI 02886

No" and fostering a drug-free school climate. Peer education and peer counseling are other excellent examples of effective strategies in this category.

- **Early intervention.** At every age, level programs targeting children of substance abusers and other high risk youth should be developed and implemented. All secondary schools should seriously consider the establishment of a student assistance program.

- **Parent education.** Local communities should endeavor to involve parents in the development of school policy addressing substance abuse issues. They should also provide parents with basic information about substances of abuse as well as parenting skills which promote the development of healthy, drug-free youth.

Alternative Programs.

Cities and towns should provide a wide variety of activities which focus individual and group energies on drug-free life styles, group activities to fight drug and alcohol abuse, and the encouragement of a drug-free environment. Alternative programs typically target youth. Successful ones:

- offer constructive activities that are meaningful to youth and inconsistent with negative behaviors
- provide opportunities for youth to increase their skills and range of experiences
- promote communication between young people and other age groups
- are heterogeneous in composition involving all youth, including those at risk for substance abuse
- promote community ownership and self-investment in the program
- provide meaningful youth involvement in community projects
- foster youth ownership and self-investment in all activities
- foster constructive peer pressure

The Channel One model implemented in several communities in Rhode Island is considered an example of an effective alternative program.

Intervention Models.

Typical Employee Assistance Program (EAP) services provide a link between prevention and treatment and have evolved into perhaps the most promising early intervention models. In an EAP, employers use job performance as a means of identifying employees troubled by alcohol and drug use, as well as any other physical or emotional problems. EAP's work well because they reach persons when their performance on the job is first beginning to deteriorate and they still have strong resources in family, friends and work. The EAP counselor's task is to assist clients to change their drug-using or inappropriate behavior and/or to refer the client to an appropriate treatment setting.

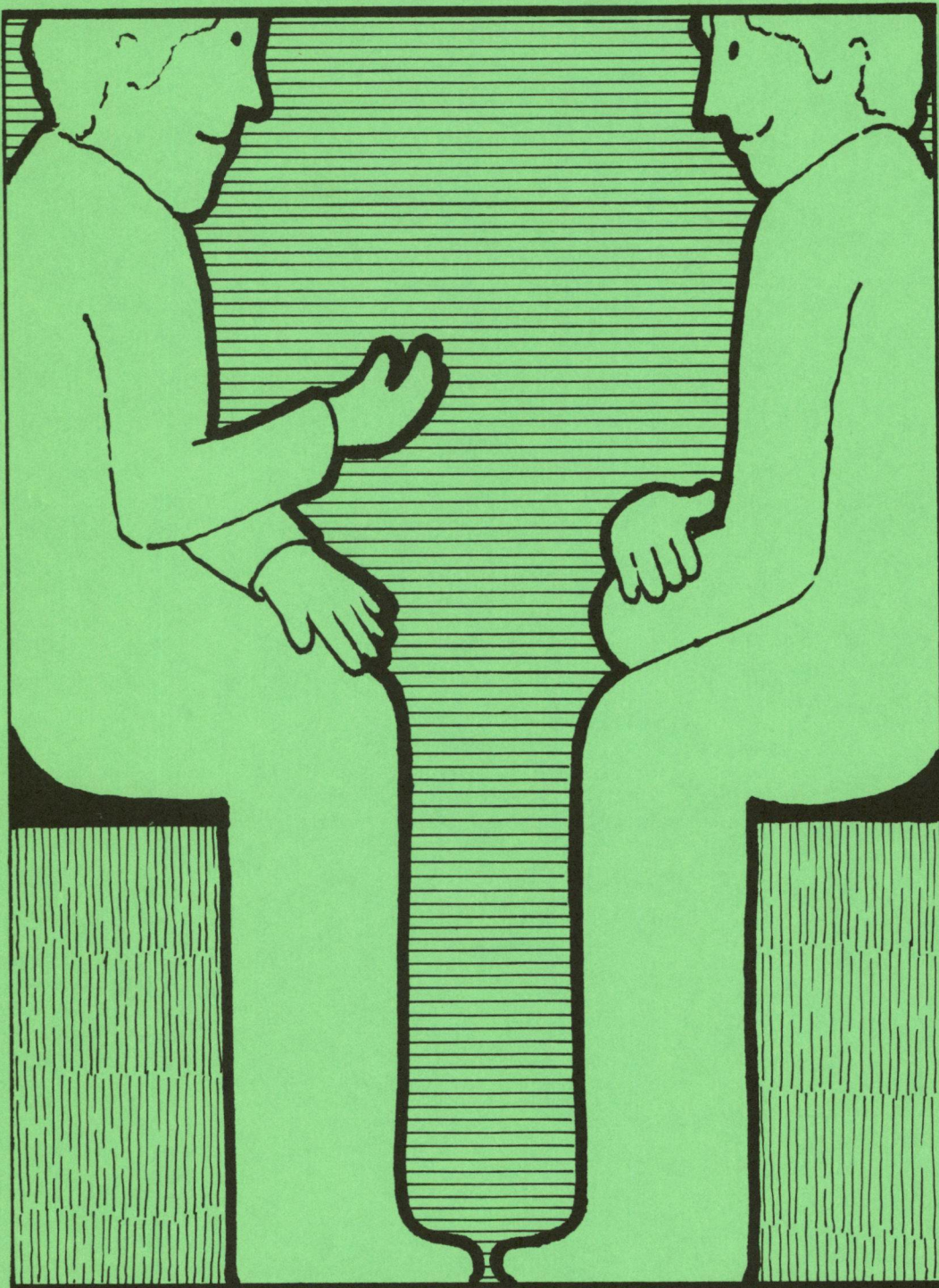
Student Assistance Programs (SAP) have applied the EAP model to the school setting. The SAP targets students who are at high risk for substance abuse (youth under significant stress, children of abusers, etc.) as well as those who have already abused alcohol or drugs. Those at high risk are invited to participate in time-limited skill-building groups while those already abusing or in need of other services are referred to appropriate treatment programs. The Rhode Island Student Assistance Program is modeled after the nationally validated Westchester County (NY) Student Assistance Program.

Both the Rhode Island Employee Assistance Program and the Rhode Island Student Assistance Program are considered very effective intervention models. All communities should investigate the possibility of initiating an assistance program for both students and employees.

Statewide Initiatives.

Because substance abuse has been recognized as a serious problem by government and community leaders, agencies in both sectors have been involved. Statewide programs typically take the form of media campaigns, advocacy or conferences and workshops. Their goal is to focus the attention of the population or a specialized group on a specific substance abuse issue, such as AIDS, drunk driving, drug testing or steroid use by athletes, and so change public attitudes and policy regarding drug and alcohol use and/or abuse. Programs of this type are usually most effective when they involve more than one community and interest group and when they focus on a single substance abuse issue of special interest or significance. Examples of effective statewide initiatives include the "Just Say No" campaign, the annual Governor's Conference on Youth, Alcohol and Substance Abuse and the Governor's Office on Highway Safety's media campaign against drunk driving, "In Rhode Island Drunk Drivers Get Court."

TREATMENT



Helping Those in Need

**"Woe to them that are alone when they falleth, for they hath
not another to help them up."**

- The Wisdom of Solomon - Apocrypha

(excerpt from *One Day at a Time in
Al-Anon*)

TREATMENT

Substance abuse treatment is the service or services provided when drug or alcohol use adversely affects one's ability to deal effectively with one's environment and jeopardizes one's wellbeing or ability to function. Substance abuse treatment includes a variety of services of various types in settings from least restrictive, such as once-a-week outpatient counseling, to most restrictive, such as hospitalization. No single treatment program provides the full scope of necessary treatment services. However, with some exceptions noted later in this section, the Rhode Island treatment system does, in fact, provide a range of services to those in need. *Those seeking treatment should be aware that treatment services in Rhode Island are expanding constantly and what is reported as available in this Guide represents only what services were obtainable at the time of publication.* The individual or family in need of treatment should be encouraged to rely on the expertise of recognized treatment professionals when determining the most appropriate treatment service or services.

In Rhode Island, treatment programs are licensed by type of facility. The seven main types of facilities and six main types of treatment services are briefly described below.

Types of Treatment Facilities

There are basically seven types of treatment facilities licensed by the Department of Mental Health, Retardation and Hospitals and/or the Rhode Island Department of Health. They are:

- * **Outpatient:** Individual, family or group counseling services provided in a licensed ambulatory care setting by certified substance abuse professionals. Clients live at home and are able to continue with work and other normal activities. Their treatment does not require supervised detoxification from their drug of choice nor is their addiction complicated by other mental or physical health problems which would require supervision.

- * **Short-term Residential Treatment:** A set of treatment activities in a residential setting, including detoxification if necessary, intense individual and/or group counseling, and recreational therapy. This sort of treatment usually lasts from two to four weeks.

- * **Long-term Residential Treatment:** Therapeutic communities involving a long period of residential, highly confrontational treatment implying a client commitment to becoming drug-free. The therapeutic community is often the treatment of choice for the most severely distressed addicts, especially those with antisocial personality disturbances. The goal of this type of treatment is complete resocialization: abstinence from all drugs, elimination of negative behaviors, development of employment skills, self-reliance and personal honesty. Clients usually have a long history of serious opiate, cocaine or multi-drug abuse.

- * **Detoxification:** An inpatient program whereby the client is gradually withdrawn from drugs in a medically supervised setting. Programs vary in length from two to three days to several weeks. Detoxification is most appropriate for clients who need supervised drug withdrawal prior to treatment. It should not be a treatment by itself but the initial phase of a long-term treatment program.

- * **Halfway or Re-Entry Programs:** Live-in facilities providing room and board, rehabilitative treatment, habilitation, psychological support and social guidance in a drug-free environment during the transition from inpatient care to a noninstitutional life. Although similar in some respects to a residential program, the halfway house has as its primary goal the introduction of the client back into society. Residents live quite independently though they are supervised, and their time is less structured than in a residential program. The typical length of stay is three months to one year.

* **Methadone Maintenance:** A treatment modality in which the client is provided with daily controlled doses of methadone for an indefinite period of time. Group and individual counseling is an integral part of the treatment plan. The goal is for the client to establish a lifestyle independent of heroin and from the crime often associated with its heavy use. This modality is recommended for persons with a long history of opiate use, who can be involved in the routine of school or work and are living in an environment that does not encourage drug use. An eventual drug-free state is the treatment goal for many patients. It is recognized, however, that for some patients the drug may be needed for a long period of time.

* **Custodial Care or Hospitalization:** A treatment modality recommended only when the client has acute or chronic medical or psychiatric complications that preclude less intensive treatment.

Types of Treatment Services

In this Guide, treatment services have been categorized as follows:

* **Outreach:** Any activity intended to identify potential and current abusers and encourage them to seek treatment. Outreach usually includes drug information and community education. It may also include such "alternative" activities as parenting programs, outward bound experiences or children of alcoholics groups.

* **Crisis Intervention:** Counseling which focuses on immediate crises or problems rather than long-term behavioral problems. Situational problems are dealt with on a "here and now" basis. The participant's commitment to treatment has not been established at this point, with the exception of those participating through the criminal justice system. Often the goal of a crisis intervention situation is to dispose the person to long-range treatment. Most treatment programs provide crisis intervention for substance abusers. Other agencies providing general crisis intervention are listed in Table 4 (page 13).

* **Short-term Counseling:**

Individual: Counseling which focuses on the more long-range, generalized goals of improving the client's self-image and ability to function drug-free. Clients observe regular appointment hours (typically once a week for no more than a year), be "ready" for help by recognizing personal problems and actively seeking assistance, and be willing to work through these problems. In most situations, clients are kept in this form of treatment only as long as they are making satisfactory progress towards their goals.

Group: Counseling in a group setting focusing on intense personal problems. Group members often have at least one common agenda, be it their drug of choice, their age or their sex. Groups meet weekly from several months to several years.

* **Family Services:** Counseling which expands the approaches of individual counseling to the family in order to improve its functioning as a group. Differences among family members, improved communication and a reconstruction of the flow of family interaction are addressed. The rationale for family counseling is the acknowledgment that the client's behavior is affected by and affects the behavior of all other family members. Families may be seen as a unit, with other families, as individuals, in peer groups, or in a combination of these. Appointments are usually weekly. Family support groups assist those affected by a loved one's abuse to deal with their own behaviors in response to the addicted or recovering person.

* **Day Care or Evening Care Programs:** Programs which operate during regular work or evening hours and provide a highly structured schedule of activities including individual and/or group counseling, vocational and educational counseling, and recreation. Participation in most activities is mandatory and lasts at least four hours per day four to five days per week for at least several months. Clients in day/evening care can usually maintain a job.

* **After Care:** Outpatient counseling which provides the client with support during the transition from more intense therapy to the termination of treatment. Aftercare typically lasts no more than six months.

* **Support Groups:** Regular meetings of recovering persons which provide support for their drug/alcohol-free lifestyles. Other groups meeting regularly which provide support for parents and other significant others involved with drug/alcohol abusers or recovering abusers. Many treatment programs have support group meetings in their facilities. In addition, support groups with a particular focus are listed in Table 10.

Children of Alcoholics (COA) and Adult Children of Alcoholics (ACOA) Groups

Research indicates that children of alcoholics have specific psychological and behavioral issues as a result of their experience as members of families where there are substance abusers. Furthermore, Children of Alcoholics (COAs) have been shown to be at especially high risk for involvement in substance abuse themselves. COA/ACOA groups provide support for those whose lives have been affected by substance abuse. Many treatment agencies have seen the need for COA/ACOA groups and provide settings for them. In addition, Rhode Island has a chartered chapter of the National Association of Children of Alcoholics which addresses the needs of children of alcoholics and the people who serve them.

Training of Chemical Dependency Professionals

The Rhode Island Board for Certification of Chemical Dependency Professionals, which is supported by the Division of Substance Abuse, provides guidelines and requirements for those wishing to be certified as substance abuse counselors. A Joint Education Committee comprised of representatives from the Division and the Board review and approve college courses, workshops, etc., for certification. The Division also offers to persons employed in programs it funds courses in substance abuse and counseling which are approved for certification. In addition to the educational requirements, certification also requires that applicants be employed by a licensed treatment program. Further information regarding training and certification can be obtained from Linda Duquenoy, Training Program Planner, at the Division of Substance Abuse.

Treatment Services in Rhode Island

The chart of "Treatment Services in Rhode Island" (Table 11) is intended to assist those persons who wish to locate specific substance abuse services in Rhode Island and nearby Massachusetts and Connecticut. It will also help community planners identify existing services in their geographic or catchment area as indicated on the map of Rhode Island (Figure 3). The first section of the chart lists the treatment facility, its address and telephone number. The second section identifies the type of facility it is and whether it provides service for alcohol (a) or drug (d) treatment or both (a/d). Licensed facilities are indicated by bold upper case letters "A" and/or "D." Facilities not presently licensed are indicated by lower case letters "a" and/or "d". For example:

- If an agency provides service as a licensed outpatient drug program, a bold-faced "D" will appear under the "outpatient" heading.
- If an agency provides service as a licensed outpatient drug program and also provides outpatient alcohol services but for some reason does not have a license to do so, a bold-faced "D" and a regular type "a" will appear under the outpatient heading.

The third section of the chart indicates services the agency provides while the fourth identifies the geographic area it serves. The last section lists any special services the agency offers.

TABLE 10
Support Groups for People in Crisis
(Alcohol, Drugs, Death, Suicide)

Telephone numbers for support groups may change. Contact the United Way Helpline or RI Division of Substance Abuse for updated information.

Group	Type	Phone
Alcoholics Anonymous (AA)	ALCOHOL	739-8777 Warwick 765-2525 Woonsocket 438-8860 E. Providence 846-2622 Newport
Service: <i>Support and crisis information</i>		
ALAMAR	ALCOHOL	464-2191
Service: <i>Support for married couples when spouse has an alcohol problem</i>		
Al-Anon	ALCOHOL	861-1908
Service: <i>Self-help fellowship for families and friends of problem drinkers</i>		
Alateen	ALCOHOL	861-1908
Service: <i>Support for teens usually in families of alcoholics</i>		
Compassionate Friends	DEATH	Judy Howe 437-0855 Priscilla Norton 723-8008
Service: <i>Support group for anyone who has experienced the loss of a child</i>		
Nar-Anon	DRUGS	785-8955
Service: <i>Support for friends and relatives of drug users</i>		
Narragansett Indian Health Service	ALCOHOL	792-9720
Service: <i>Support for Indians and their families with alcohol problems</i>		
Narcotics Anonymous (NA)	DRUGS	461-1110
Service: <i>Support and crisis intervention for drug users</i>		
RI Division of Substance Abuse	DRUGS/ALCOHOL	464-2191
Service: <i>Lists of current support groups for parents who have adolescent substance abusers; information on all groups</i>		
Safe Place	SUICIDE	272-4044
Service: <i>Support for parents, friends or relatives of a child who has committed suicide; run by Samaritans</i>		
Toughlove	DRUGS/ALCOHOL/ BEHAVIOR PROBLEMS	Contact Betty South Kingstown Police Station 783-0098
Service: <i>Support group for parents who have a child with serious behavior or substance abuse problems</i>		
Women for Sobriety	ALCOHOL	Nel Connors 647-7005
Service: <i>Support group for women alcoholics</i>		

Source: Rhode Island Substance Abuse Information and Resource Guide

Figure 3

Geographic (Catchment) Areas of Substance Abuse Services

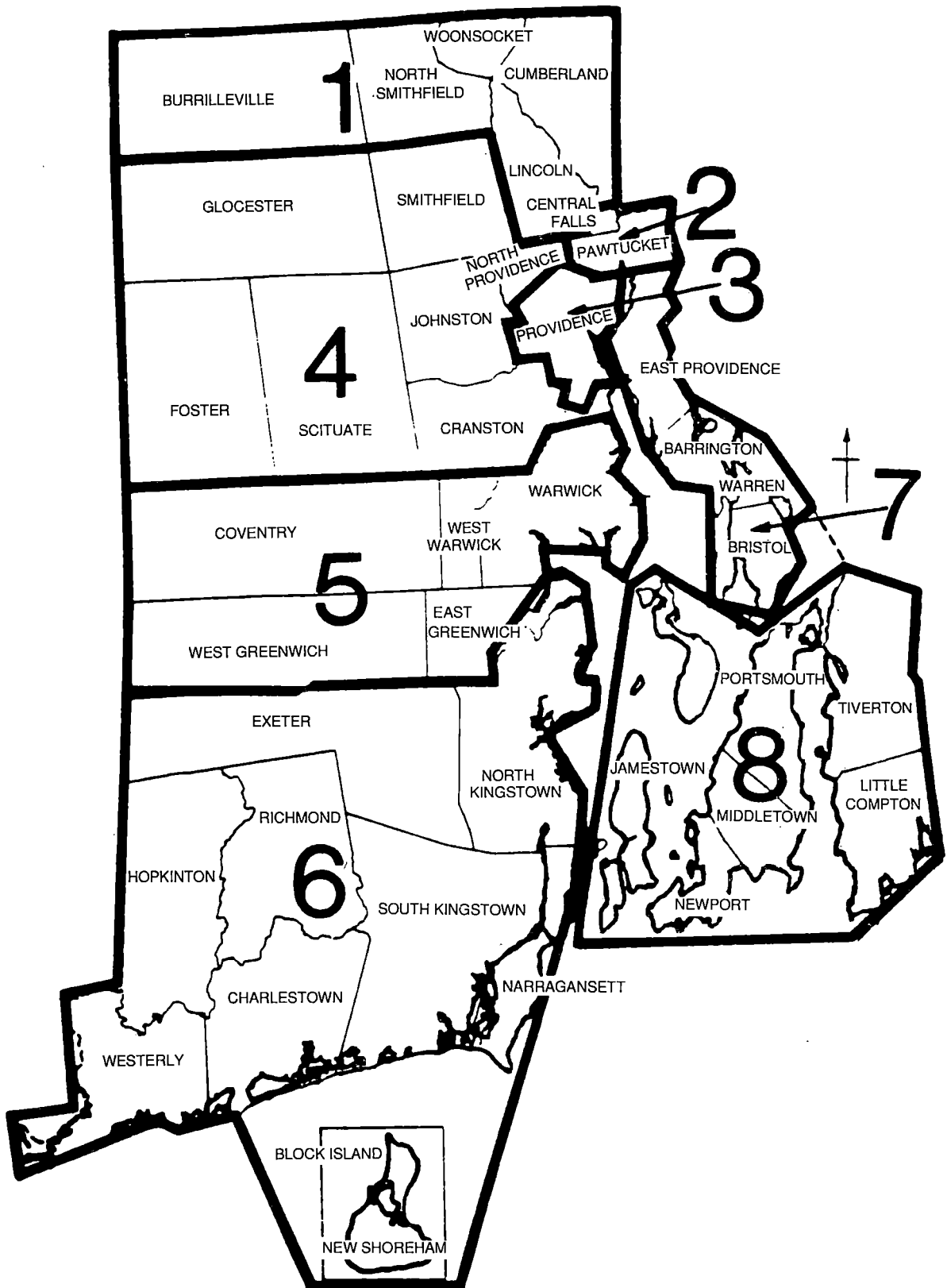
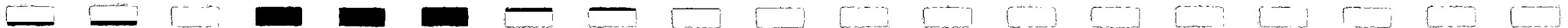


TABLE 11 Treatment Services in Rhode Island

PROGRAM NAME	TYPE OF FACILITY						SERVICES PROVIDED										GEOGRAPHIC AREA								SPECIAL SERVICES		
	OUTPATIENT	SHORT-TERM RESIDENTIAL	LONG-TERM RESIDENTIAL	DETOX	HALFWAY PROGRAM	METHADONE MAINTENANCE	OUTREACH	CRISIS INTERVENTION	COUNSELING	FAMILY SERVICES	DAY/EVENING CARE	COA/ACOA GROUPS	AFTER CARE	SUPPORT GROUPS	EMPLOYEE ASSISTANCE	STUDENT ASSISTANCE PROGRAM	STATEWIDE	1 NORTHERN RI	2 PAWTUCKET	3 PROVIDENCE	4 NORTHWEST RI	5 KENT COUNTY	6 WASHINGTON COUNTY	7 EAST BAY		8 NEWPORT COUNTY	
Alcohol Rehabilitation Center 1055 North Main St. Providence, RI 401-861-3223	A								X								X										
Alcoholism Services of Cranston, Johnston and Northwestern RI 1090 Cranston St. Cranston, RI 02910 401-943-2021	A d						X	X	X	X		X	X	X	X						X						Branch in Johnston
Alcoholism Unit-Family Services - RI Family Court One Dorrance Plaza Providence, RI 02903 401-277-3337	a							X	X	X			X				X										Court-related service
The Bridge Group (For Recovering Addicts) - Harvard University 225 East Ave. Pawtucket, RI 02860 401-728-7130	d						X	X		X			X	X			X										Self-help group
Butler Hospital Alcohol Treatment Services 345 Blackstone Blvd. Providence, RI 02906 401-456-3885	A D			A D				X	X	X	X		X	X			X										Hotline: 456-3700 Adults only
Caritas House, Inc. 166 Pawtucket Ave. Pawtucket, RI 02860 401-722-4644	A D		A D				X	X	X	X	X	X	X	X		X	X										Hotline Adolescent girls only



Center for Behavioral Health 1404 Atwood Ave. Johnston, RI 02919 401-946-0650	a d		d	D	X	X	X	X		X	X	X	X		X			X				
CHIC Alcohol Program 272 Smith St. Providence, RI 02908 401-521-4871	A					X	X	X	X			X	X	X				X				
Child and Family Services of Newport County 24 School St. / 19 Spring St. Newport, RI 02840 401-849-2300	A D						X	X	X	X		X	X	X	X	X					X	Hotline for clients Two sites in Newport
CODAC I 911 Pontiac Ave. Cranston, RI 02920 401-461-5056	D		D			X		X	X			X	X		X	X			X			Languages: Portuguese, Asian, Italian Outpatient drug detox
CODAC II 349 Huntington Ave. Providence, RI 02908 401-942-1450					D			X	X						X							
CODAC III 42 Spring St. Newport, RI 02840 401-846-4150	a D						X	X	X	X		X	X	X		X						X
CODAC East 362 Willett Ave. Riverside, RI 02915 401-433-2674	A d						X	X	X	X		X	X	X		X					X	Languages: interpreter when necessary

* Division of Substance Abuse Prevention Funding and Monitoring

GEOGRAPHIC AREA

- 1) **NORTHERN RI:** BURRILLVILLE, CUMBERLAND, WOONSOCKET, LINCOLN, NORTH SMITHFIELD
- 2) **PAWTUCKET:** PAWTUCKET, CENTRAL FALLS
- 3) **PROVIDENCE:** PROVIDENCE

- 4) **NORTHWEST RI:** FOSTER, SCITUATE, JOHNSTON, CRANSTON, GLOCESTER, SMITHFIELD, NORTH PROVIDENCE
- 5) **KENT COUNTY:** WARWICK, WEST WARWICK, WEST GREENWICH, EAST GREENWICH, COVENTRY
- 6) **WASHINGTON COUNTY:** NORTH KINGSTOWN, HOPKINTON, SOUTH KINGSTOWN, CHARLESTOWN,

- BLOCK ISLAND, EXETER, RICHMOND,
NARRAGANSETT, WESTERLY
- 7) **EAST BAY:** EAST PROVIDENCE, WARREN,
BARRINGTON, BRISTOL
- 8) **NEWPORT COUNTY:** PORTSMOUTH,
JAMESTOWN, TIVERTON, MIDDLETOWN, NEWPORT,
LITTLE COMPTON

**PROGRAM
NAME**

[illegible]

[illegible]

* Division of Substance Abuse Prevention Funding and Monitoring

GEOGRAPHIC AREA

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BLOCK ISLAND, EXETER, RICHMOND,
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JAMESTOWN, TIVERTON, MIDDLETOWN, NEWPORT,
LITTLE COMPTON

All information given in the chart was provided by the agencies in a self-reported survey. Information on licensure was provided by the Department of Mental Health, Retardation and Hospitals (MHRH) which is solely authorized to license free-standing substance abuse treatment programs. *Licensure means that a program or facility has presented sufficient evidence that the physical plant meets safety standards, the staff is adequate in number and properly trained to carry out the goals of the program, and the overall philosophy, objectives and services are responsive to the needs of those served.* Programs licensed by MHRH are regularly monitored by the Division of Substance Abuse to insure that licensing standards are being met. Substance abuse programs in hospitals and health maintenance organizations do not require a license from MHRH. They come under the jurisdiction of the Department of Health and are licensed by them. In order for persons to receive reimbursement for substance abuse treatment from a health care insurer, they must receive treatment in a facility licensed to provide it.

Guidelines for Parents and Other Caring Persons

When loved ones are abusing alcohol and/or other drugs, the experience for their families and friends is painful and frustrating. The signs and symptoms of possible alcohol/drug abuse are varied since substance abuse affects every aspect of life: physical, emotional, mental and social. Table 12 lists possible indicators. If a number of these are regularly present, substance abuse must be considered a possibility. Table 13 suggests helpful behaviors when families and friends are concerned about another's use. In addition, it is recommended that these persons seek help and guidance from a substance abuse counselor regardless of whether or not the abusers seek help themselves. Support groups described previously and listed on Table 10 and 11 are also recommended as are the suggested readings listed at the end of the directory.

Planning for Treatment Services

As previously stated, both the Brown and Harvard Studies report that more than half of those persons considered appropriate for treatment are not presently being served. The current system is at capacity and many programs have waiting lists indicating that there is a need for additional service and/or programs. Among the most needed services are a long-term residential program for adolescent males and services for youth, for the handicapped and for the newer immigrant population. In planning for treatment services in a given geographic area, community groups are encouraged to take the following steps:

1. *Identify existing licensed treatment services, their level and type of services.* Determine who is being served and who is not, as well as which services are being provided and which are not.
2. *Become familiar with existing studies of treatment services* (Table 5). These provide planning guidelines for the expansion of treatment services in Rhode Island not only statewide but also by geographic area.
3. *Determine the most efficacious and cost-effective means to address the unmet needs* either by:
 - a. expansion of existing program services or
 - b. initiation of new programs
4. *Prepare specific recommendations for the development of necessary services having as an ultimate goal equal access to and availability of substance abuse treatment for all persons in the community.*

In Rhode Island all requests for expansion or initiation of substance abuse treatment services must go through a "certificate of need" process which is administered under state law by the Department of Health to determine the level of need and appropriateness of service in a specific geographic area. Once receiving a "certificate of need," a

non-hospital substance abuse treatment program can apply for a license to treat from the Department of Mental Health, Retardation and Hospitals. This process was established to manage health care costs and assure quality of care for those seeking treatment.

Table 12

Signs and Symptoms of Possible Alcohol/Drug Abuse

School/Work Achievement

- _ Sudden drop or gradual lowering in grades and achievement levels (reasons unclear)
- _ Academic failure (sudden)
- _ Skips classes or entire days of school/work
- _ Drops out of sports and other extracurricular activities
- _ Disrespect/defiance toward teachers/bosses, rules and regulations
- _ Frequent suspensions/expulsions
- _ Present in classroom but inattentive
- _ Frequent visits to nurse for various minor complaints
- _ Burns on hands, clothing
- _ Increase in disciplinary actions
- _ Sleeps in class or on job
- _ Wanders in hallways or on school grounds
- _ Frequent trips to bathroom
- _ Lack of response to concern expressed by teacher or boss regarding any of the above

Family Behavior

- _ Change in attitude toward rules, spouse, parents, brothers, sisters
- _ Withdraws from family functions, camping trips, church, meals, etc.
- _ Isolates (staying in room, etc.)
- _ Breaks curfew, sneaks out, becomes more secretive, many excuses for late hours
- _ Lies, blames others for irresponsible actions
- _ Violence - physical and verbal
- _ Erratic sleeping habits, extremes
- _ Erratic eating habits, extremes
- _ Vagueness about company kept and where time was spent
- _ Strange telephone calls, callers hang up or refuse to be identified
- _ Compliant and agreeable but fails to follow through with promises and agreements
- _ Secretive, shares little or nothing about personal problems
- _ Does not inform family of activities, meetings, suspensions, warnings
- _ Suspicion of money or alcohol missing from spouse, parents, brothers or sisters
- _ Steals and/or sells possessions for money: clothing, records, gifts, etc.
- _ Manipulates family members, plays one against the other
- _ Seems to have money but no job

Friends and Peer Group

- _ Changing attitude toward straight friends

- _ Change in peer group with little interest in old friends
- _ Family members don't know friends, can't get names or addresses
- _ Begins to associate with an older crowd
- _ Fights with peers

Community/Legal

- _ DWI and/or drug-related arrests
- _ Accidents or near misses
- _ Speeding/carelessness on highway
- _ Thefts, assaults or other infringements of law
- _ Sale of drugs, alcohol
- _ Possession of drugs without medical reasons

Personal/Physical/Spiritual

- _ Easily upset, emotional state changes rapidly
- _ Weight changes, drastic loss or gain
- _ Odor of alcohol or marijuana
- _ Changes in speech pattern, slurred speech
- _ More frequent physical injuries, bruises
- _ Burns on hands or clothing
- _ Change in hygiene, using same clothes frequently
- _ Withdrawal from peers and staff
- _ Very defensive
- _ Stumbles, confused, disoriented
- _ Changes in sexual behavior, blatant defiance
- _ Brown-stained fingertips
- _ Alcohol hangover, headache, vomiting, anxious
- _ Reddened eyes and frequent use of eyedrops (to cover up drug effects)
- _ Deep, nagging cough - dry, persistent
- _ Lethargic attitudes, poor motivation, seems to lose interest in many areas
- _ Undisciplined, doesn't get things done on time or as agreed
- _ Blackouts, has periods of memory loss
- _ Sometimes inappropriately happy, sometimes inexplicably depressed
- _ Nervous, agitated, trouble sitting still
- _ Decreasing interest in attending church
- _ Less hopeful and more cynical about life
- _ Financial management erratic, seems to spend more money and asks for money
- _ Pregnancy, father is uncertain
- _ Paraphernalia kept: rolling paper, bong, roach clips, magazines
- _ Sudden change in slang, "druggie" behavior observable
- _ Uses a lot of profanity

Table 13

Guidelines for Parents and Other Caring Persons

What to Do, What Not to Do

Don't

1. DON'T confront the person about drugging/drinking while he/she is under the influence.
2. DON'T make excuses to spouse, family, friends or school authorities for the person's drinking or drug use.
3. DON'T take responsibility for your loved one's drinking or drug problem.
4. DON'T accept as normal behavior a drugged/drunken loved one who comes home and destroys the house or creates havoc within the family.
5. DON'T nag or scream at the person about his/her drinking or drug use.
6. DON'T clean up your abusing loved one's messes and predicaments.
7. DON'T let yourself be so ruled by the person's drug/alcohol behavior that you let it pull down your own behavior, too.
8. DON'T view your loved one as lacking backbone or will power.
9. DON'T assume that your loved one doesn't love you because of the way he/she acts while under the influence of drugs/alcohol.
10. DON'T be angry with the abusing person if you can help it.
11. DON'T be patronizing or indulgent.
12. DON'T play amateur detective. Following the person around the town to see what he/she is doing is a waste of your time and strength.
13. DON'T give an alcohol/drug-abusing person any money, except for a minimal allowance if he/she is a child.
14. DON'T make threats you're not prepared to back up.

Adapted from: Alibrandi, Tom, *Young Alcoholics*, CompCare Publications, 1978. pp. 79-91.

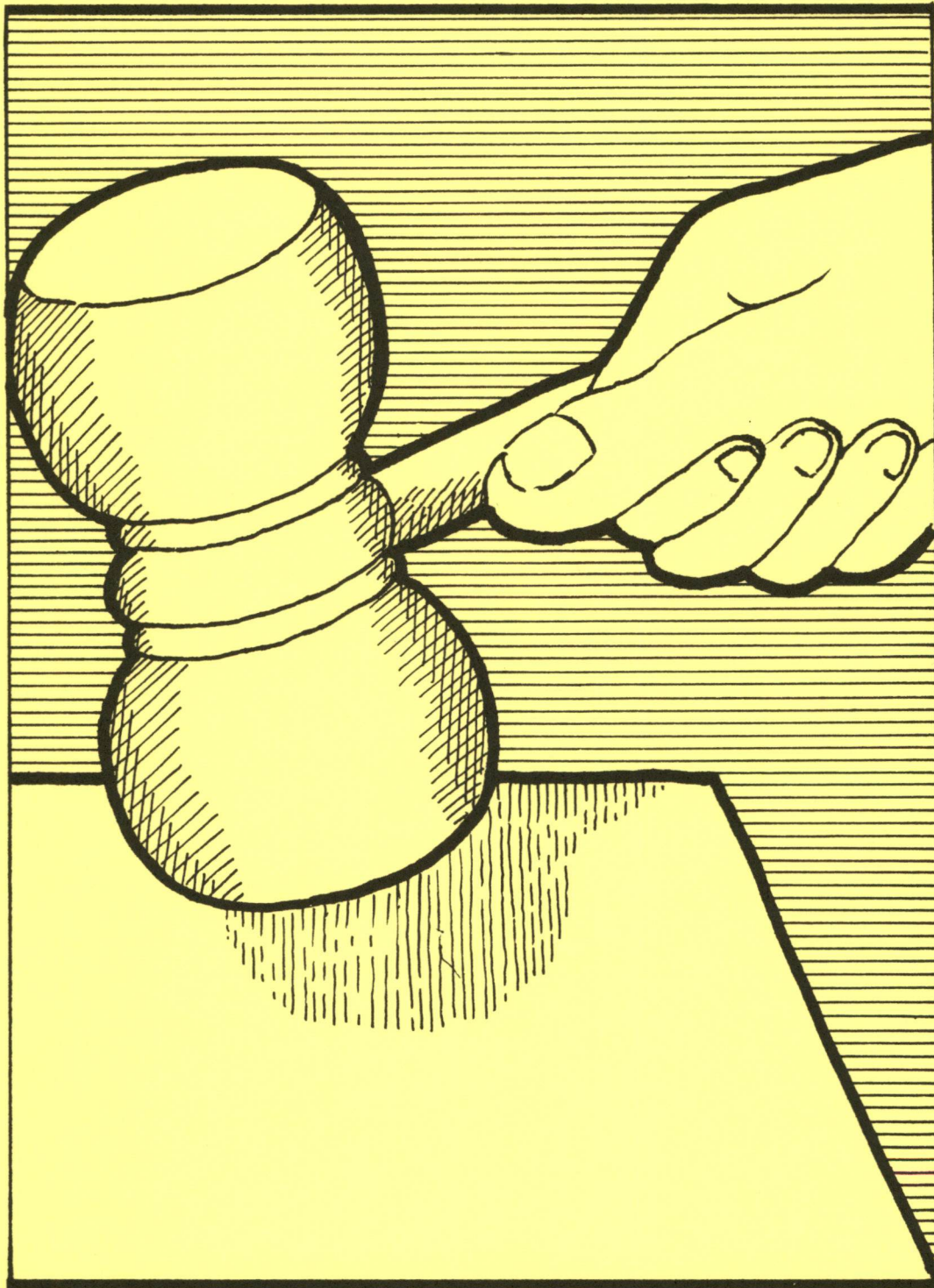
Do

1. DO wait to confront the person about his/her drinking or drug abuse until he/she is not under the influence. Give protection for the person and others around him or her.
2. DO keep in mind that you are not responsible for your loved one's behavior but to him/her. Making excuses isn't necessary.

3. DO allow the person to take responsibility for his/her drinking or drug-using behaviors. You are responsible for the environment.
4. DO provide consequences for drunken and drugged behavior which causes havoc in family life or destroys the home. Also require restitution for any loss or destruction.
5. DO talk to the person about his/her drinking or drug use when straight. Keep communication lines open. Use "I" messages.
6. DO allow your loved one to be responsible for his/her own messes and predicaments.
7. DO allow your behavior to be of your own choosing and not as a result of being brought down by your loved one's drinking or drug-using behaviors.
8. DO view the person as being out of control rather than lacking in backbone or will power. The addiction process is an illness.
9. DO remember that the way the person acts when drinking or using drugs isn't an indication of the lack of love. The drug takes over the personality with drastic changes.
10. DO be patient with the person. Always let him/her save face with alternatives. You can be responsible for setting the alternatives.
11. DO maintain consistent consequences for drinking and drug behavior.
12. DO respect the privacy of your loved one. Monitor behavior and use facts as indicators instead of snooping. Use judgment if behavior becomes self-destructive.
13. DO give your abusing child a minimal allowance for chores performed in the home.
14. DO present consequences that you are willing and able to back up. Keep them logical and natural. Have the person become involved in establishing the rules in your home.
15. DO attempt to become involved and communicate with your loved one. Encouragement is important for all ages. They are persons, not "monsters" or "bums."
16. DO seek information and support. You're not alone, but part of a network.

Adapted from: Richard Schaefer, Tough Love Center, Box 2362, Fargo, ND 58102

ENFORCEMENT



The “Supply” Side of Prevention

"A law is valuable not because it is law, but because there is right in it."

- H. W. Beecher

ENFORCEMENT AND THE LAW

The law, by definition, is "a body of rules governing the affairs of people within a community." Almost all countries have laws regulating the manufacture, sale and use of drugs. In the United States, the Congress established the Comprehensive Drug Abuse Prevention and Control Act in 1970 which is the foundation of much of the current law on the topic. As with all laws, the laws pertaining to drugs and alcohol define persons' rights and obligations regarding their use and set penalties for violation of these rules. And, like all laws, drug and alcohol laws frequently are changed to reflect changes in society's needs and attitudes. Laws relating to drug and alcohol use and their enforcement represent the "supply" aspect of prevention, that is, the commitment on the part of a society to control the kind of drugs used, the nature of their use and their level of availability. From this perspective, primary prevention programs, as explained in Chapter 2, are intended to discourage "demand" or the desire of persons in a society to abuse alcohol and other drugs.

Because of the escalating use and abuse of psychoactive drugs or "controlled substances" and the increased public concern about the effects of this and alcohol abuse on individuals and society, the numbers of laws relating to drugs and alcohol and their use have grown dramatically. Not only do they regulate the manufacture, sale, possession and use of these substances, they also now address such issues as substance abuse education, drug testing, server's rights and responsibilities, and related motor vehicle offenses.

Drug laws, both state and federal, are enforced and supervised by several agencies. Primary and most obvious are the Drug Enforcement Administration, the Rhode Island Attorney General's Office, and the state and local police departments. In addition, the Rhode Island Department of Health's Drug Control Unit specifically enforces all laws referring to controlled substances. Also, since substance abuse education is now mandated, the Rhode Island Department of Education functions as a supervisor of law in this area. Finally, in the areas of treatment and community prevention, the Rhode Island Division of Substance Abuse is the administrator or monitor of these state regulations.

Current Laws In Rhode Island

A representative list of current laws on the subject, particularly those which would be of greatest interest to local communities concerned about substance abuse are outlined in this section. Information on additional laws or a further explanation of those listed can be obtained from either the appropriate state department, local law enforcement officials or the Legislative Council of the State of Rhode Island located in the State House.

To assist the reader in understanding current laws, those listed have been divided into five categories:

- substance abuse prevention and education
- substance abuse treatment
- drug testing
- drinking/drugging and motor vehicle offenses
- regulation of the sale, possession or manufacture of alcohol, tobacco or other drugs.

In each category, the law is numbered and entitled as it is listed in the Rhode Island Public Laws. Then, the more salient points of the law are highlighted. A complete copy of the law can be obtained from the Legislative Council.

Substance Abuse Prevention And Education

16-21.2-1 *Substance Abuse Prevention (Bramley Bill)*

Establishes a substance abuse prevention act to promote a comprehensive substance abuse prevention program in every community. Funding for this is provided through an increase in fines for speeding offenses.

Charges the Department of Mental Health, Retardation and Hospitals with administration of funds for this purpose.

35-4-18 *Health Education, Alcohol and Substance Abuse Prevention Fund (Ferry Bill)*

Creates a health education, alcohol and substance abuse prevention fund to be funded annually for the purpose of establishing continuous health education programs dealing primarily in areas of alcohol and substance abuse for students in grades K-12 in Rhode Island.

Charges the Departments of Health, Education and Mental Health, Retardation and Hospitals with administration of funds for this purpose and requires an independent evaluation of programs created under this law by October 1, 1988.

16-22-12 *Required Courses on Alcohol and Substance Abuse (Farnum Bill)*

Requires school committees to provide for the incorporation of mandatory instruction of students in grades 1-12 in substance abuse education.

16-12-10 *Teacher Immunity*

Provides immunity from any civil liability for all school personnel who report to appropriate school officials, parents of the student or a police agency information regarding a student's abuse, use or possession of a controlled substance or alcohol.

Substance Abuse Treatment

27-38-1 *Insurance Coverage for Treatment of Substance Abuse*

Provides for insurance coverage by health insurers for substance treatment and also establishes a permanent advisory commission on this issue.

40.1-4-12 *Involuntary Commitment of Alcoholics*

Describes criteria for long-term involuntary commitment of alcoholics.

40.1-5-24 *Mental Health Advocate*

Requires the Mental Health Advocate to protect the rights of indigent persons receiving in-patient treatment for substance abuse.

Drug Testing

28-6.5-1 *Unfair Employment Practices Prohibiting of Mandatory Drug Testing*

Generally prohibits employers from requiring urine or blood tests of employees.

Sets conditions under which an employer may require a specific employee to submit to such testing.

33-15-46 *Rights of Parents to Have Children Tested for Substance Abuse*

Authorizes parents or guardians to have minor children living with them tested for substance abuse.

Drinking/Drugging and Motor Vehicle Offenses

31-27-2 *Driving Under the Influence of Liquor or Drugs*

Sets criteria for charging a person suspected to be driving under the influence of liquor or drugs.

Establishes blood alcohol concentration of .1% or more by weight as shown by chemical analysis of blood, breath or urine as criteria of guilt.

Requires a clinical assessment of all violators.

Sets punishment for violations of this law for those *persons over age 18* as follows:

First Offense: \$100 minimum fine, 10-60 hours public service or up to one (1) year imprisonment, 3-6 months suspension of driver's license, required attendance at a special course on driving while intoxicated and/or drug or alcohol treatment, and an additional highway assessment fine of \$250.

Second Offense: Within Five (5) Year Period: \$400 mandatory fine, one (1) to two (2) years suspension of driver's license; ten (10) days minimum to one (1) year maximum imprisonment, mandatory drug or alcohol treatment plus a highway assessment fine of \$250.

Third or Subsequent Offense Within Five (5) Year Period: \$400 mandatory fine, two (2) to three (3) years suspension of driver's license, six (6) months minimum to one (1) year maximum imprisonment, mandatory drug or alcohol treatment plus a highway assessment fine of \$250.

Persons under age 18 convicted of violating this law are required as follows:

First Offense: Ten (10) to sixty (60) hours of public community service, suspension of driver's license for six (6) months, attendance at a special course on driving while intoxicated or drug education and/or treatment, and a fine of up to \$250.

Second Offense: One (1) year license suspension, mandatory drug or alcohol treatment, maximum one year sentence at Rhode Island Training School and/or fine of up to \$500.

31-27-2.5 *Teenage Impaired Driving*

Provides for chemical tests for alcohol in persons under age 18 and provides for a presumption of impairment to drive if the person's blood alcohol content is between .04% and .1% and sentencing for impairment as listed in RI Law 31-27-2 as described above.

Adds a highway safety assessment of \$150 or community service for violators.

Provides for driver's license suspension until violator attends course on driving while intoxicated or completes drug treatment.

Prohibits suspension, shortening, alteration or changes of requirements.

Sets requirements for violations after the first as follows:

Second Offense: Suspends driver's license until age 21. Requires drug and/or alcohol treatment.

Third or Subsequent Offense: Suspends driver's license for an additional two (2) years. Requires alcohol and/or drug treatment.

31-27-2.1 *Refusal to Submit to a Chemical Test*

Sets penalties for refusal to submit to chemical tests for the presence of alcohol or drugs when reasonably believed to be driving a motor vehicle under the influence as follows:

First Offense: \$200 minimum fine, 10-60 hours public service, 3-6 months license suspension, alcohol or drug treatment or required attendance at drunk driving school, and a highway safety assessment of \$250.

Second Offense: \$300 minimum fine, 1-2 years driver's license suspension, mandatory alcohol or drug treatment and a highway safety assessment of \$250.

Third Offense: \$400 minimum fine, 2-3 years driver's license suspension, mandatory alcohol or drug treatment, and a highway safety assessment of \$250.

31-27-2.3 *Revocation of License upon Refusal to Submit to Preliminary Breath Test*

Describes conditions under which a law enforcement officer may require a preliminary breath test and how its results can be used.

Provides penalties for refusal to submit to such a test if a law enforcement officer has reason to believe the driver of a motor vehicle is under the influence of alcohol.

31-27-2.2 ***Driving Under the Influence of Liquor or Drugs, Resulting in Death***

Sets punishment for driving under the influence of alcohol or drugs, death resulting, as follows:

First Violation: Requires imprisonment for not less than six (6) months and not more than ten (10) years, sets a fine of not less than \$500 and not more than \$1,000, revokes driver's license for three (3) years.

Second or Subsequent Violation Within a Five (5) Year Period: Requires imprisonment for not less than five (5) years and for not more than twenty (20) years, sets a fine of not less than \$800 and not more than \$5,000, revokes driver's license for five (5) years.

Passenger Restraint

All drivers and passengers of a motor vehicle are urged to wear a seat belt. Seat belts can provide protection against possible injury resulting from an accident. Wearing a safety belt is "the best defense against a drinking or irresponsible driver." (Governor's Message, 1987)

Regulation of Sale, Possession or Manufacture of Alcohol, Tobacco, and Other Drugs

3-8-6 *Regulation of Sales of Alcoholic Beverages*

Makes it an offense to present another person's identification over the age of 21 by a minor to obtain alcoholic beverages.

Makes it an offense to enter any premises to purchase, be served, obtain or consume alcoholic beverages or have another purchase them for him/her, or to misrepresent or mistake one's age or the age of another.

Requires retail establishments to have a "sign-in as minor" book published by the liquor control administrator to be signed by those whose age is in question.

Prohibits persons under 21 to have in their motor vehicle any intoxicating beverage when driving on a public highway unless accompanied by a parent or guardian.

Fines for violations of this law are: \$100 mandatory for first offense, \$200 mandatory for second offense and \$500 mandatory for subsequent offenses.

3-8-11.1 *Purchase or Procurement of Alcoholic Beverages by Adult Relating to Under Age Persons*

Prohibits the purchase of beer or any intoxicating beverage for the purpose of serving, giving or selling to persons under age 21. Violation is a felony mandating a possible prison term of more than one year and a fine greater than \$500.

8-3-8.5 *Regulation of Sales-Penalties for Violations Relating to Under Age Persons*

Prohibits the sale or serving of alcoholic beverages to anyone under age 21 on any premises.

11-9-13 *Regulation of Sale of Tobacco Products to Minors*

Prohibits the sale or delivery of cigarettes, chewing tobacco or snuff to minors under 16 years of age.

Requires conspicuous posting of this law.

Imposes a fine of up to \$250 for each violation of the law.

21-28-1.01 to 21-28-6.02 *Uniform Controlled Substances Act*

Establishes a system of regulating substances which may pose a threat to the public health.

Creates a system for classifying substances relative to their potential for abuse, their medical use and their likelihood to create dependency.

Sets penalties for the sale, possession or manufacture of substances proportionate to their danger to the public health.

Establishes a system of monitoring the flow of substances in commerce and in health to prevent their improper use or diversion.

Establishes and defines the powers of investigation, enforcement and judicial review to implement the above and a system of substances control.

Current amendments to this law include:

- An increase of the possible imprisonment to a life term and possible fine to \$500,000 for those convicted of manufacturing, delivering or possessing with intent to manufacture or deliver a controlled substance except marijuana.
- The elimination of the defense of being "drug dependent" when the sale or delivery of a prohibited controlled substance is the proximate cause of death to a person to whom it is delivered or sold.
- A provision requiring the seizure and forfeiture of any kind of property used for the transportation of, received in exchange for or purchased with funds obtained as a result of the violation of this law.
- A prohibition of the delivery, sale or possession with intent to deliver or sell drug paraphernalia. Penalties include a fine up to \$5,000 and/or imprisonment up to two (2) years.
- Establishment of unauthorized possession of the minimum amount of controlled substances except marijuana as a **felony**. A felony incurs a potential sentence of more than one year and a fine greater than \$500 for a first offense. Subsequent offenses typically double the possible fine and prison term. Possession of marijuana is a **misdemeanor** for the first offense incurring a possible sentence of up to one year and a fine up to \$500. A second offense, however, is a felony.

Handling a Possible Infraction of the Law

When concerned about the possible infraction of a law related to drug or alcohol use or abuse, the local police department should be contacted first. Persons finding a substance suspected to be an illegal drug should first call the police or the Drug Control Unit at the Rhode Island Department of Health and report their finding and their intent to deliver the substance for testing. Under no circumstances should the substance be tasted or smelled. It should be placed in a plastic container, labeled and brought to the authorities for examination as soon as possible.

Enforcement agencies have as a mission the enforcement of drug and alcohol laws, the elimination of illegal drug trafficking and the prevention of substance abuse. They are listed on Table 14 and can serve as resources in every community. Those wishing to report immediately possible infractions of the law can call their local police (Table 14) or the state police at 1-800-525-5245 for drunk driving or the RIDH Drug Control Unit at 277-2837 (days) or 277-2840 (all other times) for drug offenses.

Criminal Offenders and Treatment

A person convicted of a drug offense is typically referred to the Treatment Alternatives to Street Crime (TASC) program, a case management program supervised by the Division of Substance Abuse. TASC refers and monitors these clients in the substance abuse treatment system. In addition, the Rhode Island Family Court has a alcoholism unit which serves persons and families with alcohol-related problems.

Law Enforcement in the Community

The United States Anti-Drug Abuse Act passed in 1987 allocates funds for law enforcement in the drug abuse area. This Act is being supervised in Rhode Island by the Governor's Justice Commission and provides for:

- the formation of regional drug strike forces to coordinate drug investigations

- financial assistance to local communities for the enforcement of drug laws
- funds for state agencies to improve the ability of law enforcement agencies to enforce drug laws and to treat criminal offenders.

Regarding the law, those concerned about substance abuse in their communities should:

- see to it that laws regarding drug and alcohol use are vigorously and consistently enforced
- support and assist authorities in the enforcement of the law
- inform all persons of the laws in this area by posting them in appropriate places, by distributing brochures published by state departments which explain them, and by including them in substance abuse education courses
- lobby for drug and alcohol laws which are equitable, just and beneficial to the community and its members

In recent years current laws regarding alcohol and drug use have become more stringent, and enforcement of these laws has become more rigorous. This reflects an increased public awareness of the harm that substance abuse can do to individuals and society. It is significant to note that historically those cultural groups which have clear rules about what chemicals are legitimate to use and what behavior is tolerated from those who do use have less of a problem with abuse. Social policy is not only the reflection of public opinion: it can also shape it and become a tool for prevention.

Table 14

Enforcement Agencies in Rhode Island

National

Drug Enforcement Administration

232 John O. Pastore Building
Providence 02903 528-5062

United States District Attorney

208 Federal Building
Providence 02903 528-5477

State

Office of the Attorney General

Task Force on Drugs

72 Pine Street
Providence 02903 274-4400

Rhode Island Department of Health

Division of Drug Control

75 Davis Street
Providence 02903 277-2837

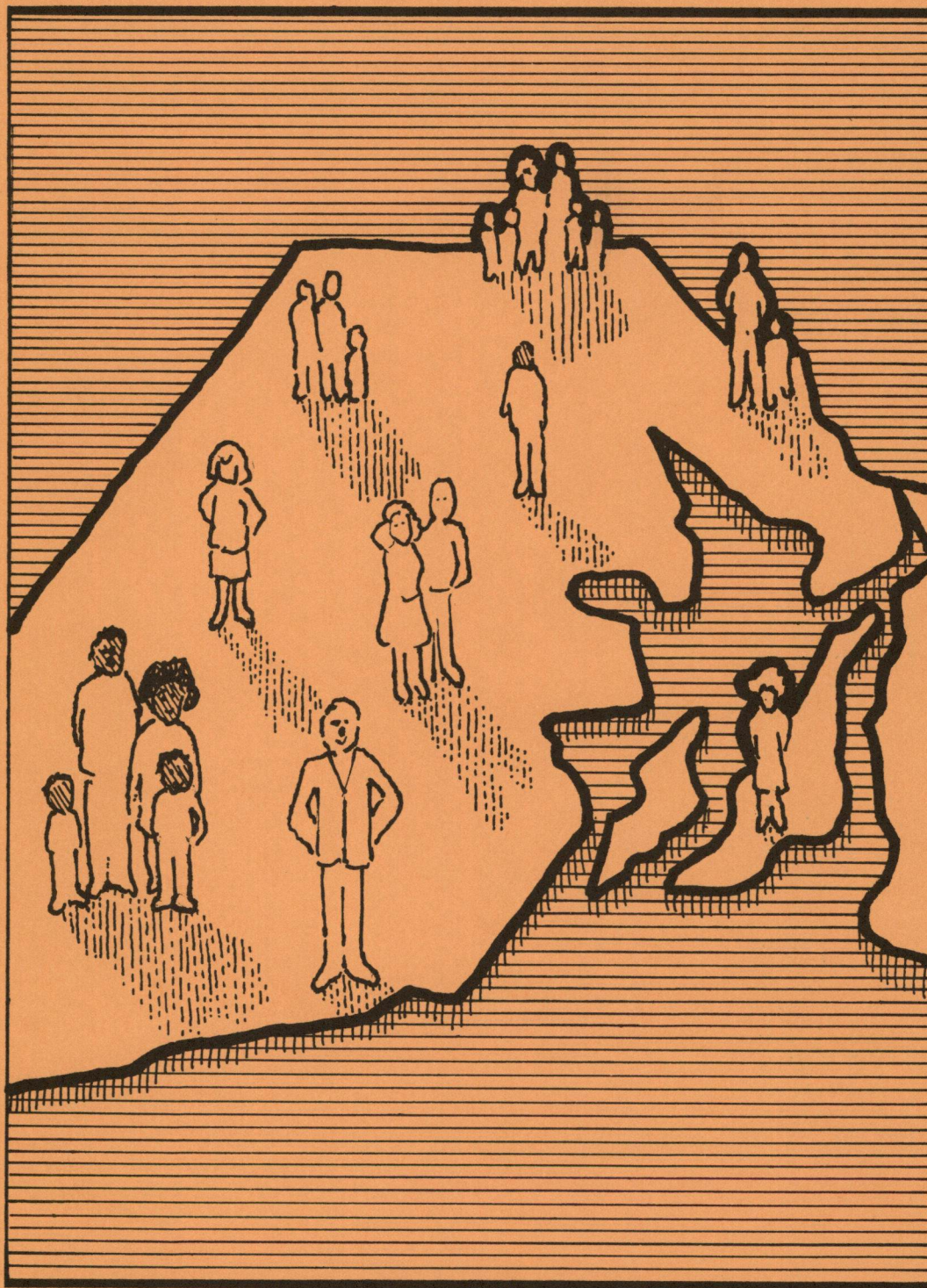
Rhode Island State Police

P.O. Box 185
Rt. 6, Danielson Pike
North Scituate 02857 647-3311

Local

BARRINGTON	95 County Rd 02806	247-1911
BRISTOL	395 Metacom Ave 02809	253-6900
BURRILLVILLE	P.O. Box 231, Harrisville 02830	568-6255
CENTRAL FALLS	160 Illinois St 02863	724-8600
CHARLESTOWN	Town Hall, Box 372, 02813	364-3811
COVENTRY	77 Main St 02816	826-1100
CRANSTON	275 Atwood Ave 02920	942-2211
CUMBERLAND	Diamond Hill Rd 02864	333-2500
EAST GREENWICH	111 Pierce St 02818.....	884-2244
EAST PROVIDENCE	750 Waterman Ave 02914	438-0600
FOSTER	Howard Hill Rd 02825	397-2533
GLOCESTER	Main St, Chepachet 02814.....	568-2043
HOPKINTON	Hopkinton Police Dept. 02833	377-2214
JAMESTOWN	Union St 02835	423-1212
JOHNSTON	1651 Atwood Ave 02919	231-8100
LINCOLN	Old River Rd 02865.....	333-1111
LITTLE COMPTON	Town Hall 02837	635-2311
MIDDLETOWN	9 Berkeley Ave 02840	846-1104
NARRAGANSETT	40 Caswell St 02882	789-1091
NEWPORT	Marlborough St 02840.....	847-1212
NEW SHOREHAM	Box 307, Beach Ave, Block Island 02807	466-2340
NORTH KINGSTOWN	8166 Post Rd 02852	294-3311
NORTH SMITHFIELD	85 Smithfield Rd 02895.....	762-1212
NORTH PROVIDENCE	1967 Mineral Spring Ave 02904.....	231-4533
PAWTUCKET	121 Roosevelt Ave 02860	722-0750
PORTSMOUTH	2270 East Main Rd 02871.....	683-0300
PROVIDENCE	209 Fountain St 02903.....	272-3121
RICHMOND	Box 203, Wyoming 02898.....	364-7064
SCITUATE	Box 337, North Scituate 02857	821-5900
SMITHFIELD	215 Pleasant View Ave 02917	231-2500
SOUTH KINGSTOWN	Box 10, Wakefield 02880	783-3321
TIVERTON	1054 A Fish Rd 02878	624-9611
WARREN	514 Main St 02885	245-1311
WARWICK	Veterans Memorial Dr 02886	737-2244
WESTERLY	Union St 02891	596-2022
WEST GREENWICH	Victory Hwy, RFD 2 02816.....	397-7191
WEST WARWICK	1162 Main St 02893	821-4323
WOONSOCKET	242 Clinton St 02895.....	766-1212

ACTION PLAN



Your Guide for Planning

"There are three key words . . . which are useful themes for the prevention movement in this time in our history.

The first is SHARING. The prevention area of the drug field has a history . . . of being a caring endeavor committed to the welfare of the individual and families . . for building community. .

The second key word is KNOWLEDGE . . . By taking knowledge seriously we let our heads work with our hearts to develop programmatic initiatives.

The third word is ACTION. . . In the drug abuse prevention field, there has never been a time as hopeful as right now . . . For the first time in the history of the 20-year drug epidemic, we have the potential for having a society-wide consensus opposing drug abuse."

Robert L. DuPont, M.D.
Plenary Address
National Prevention Conference 1986

A COMMUNITY ACTION PLAN

Information . . . Prevention . . . Treatment . . . Enforcement. These are the titles of the preceding chapters of this Guide. They are also the key elements of a comprehensive community-based substance abuse program. With some background in each area as suggested in each of the previous chapters, persons trying to plan a substance abuse prevention program are ready to begin.

Assume you are one of those persons, a member or potential member of a community task force. You are concerned about the problem of substance abuse. You may even have a family member or good friend who has a drug or alcohol problem. You have a family and want it to live and grow in an environment free of drug and alcohol abuse and its many painful consequences. You want to help. You believe positive change is possible. Where do you start?

An essential feature of effective substance abuse prevention programming at any level is the implementation of a systematic planning process. The outline provided in this chapter can assist you in preparing a community prevention plan, including a way to identify possible problem areas. It can also be a useful reference as you develop each step in more detail.

STAGE I: Preliminary Planning

The first stage of the planning process is essentially pre-planning. Before you start detailed community planning, there are several preliminary activities you need to conduct.

Establish Planning Committee

Select committee members from a broad cross section of the community: age, sex, ethnic group, neighborhood, etc. A community forum on the topic of substance abuse prevention may help to identify potential members. Involve representatives from existing groups with the same or similar agendas and from the schools, the police, government, civic and church groups. Do not necessarily select the most obvious persons; they may be involved in too many other projects to assist on this one. Do not be afraid to include "skeptics" in the group; they can keep the planning process open and provide opportunities to air concerns. Keep the number of members to a working level, no more than twelve to eighteen persons.

After meeting several times, select a chairperson for your group. Besides the typical leadership skills, your chairperson should have a good understanding of the nature of substance abuse, prevention and community organizing. It is important that the person has the power to access easily other sources of leadership in your community.

Both the Bramley Bill, administered through the RI Division of Substance Abuse, and the Drug-Free Schools Act, supervised by the Department of Education, provide allocations to each Rhode Island community's municipality and school district respectively. Both require the formation of a task force or planning group representative of the overall community as a requisite for funding. In addition, some communities are involved in the "Youth Development Initiative" initiated by the Governor's Justice Commission in conjunction with the United Way and the University of Rhode Island. This project also calls for the implementation of community task forces to analyze conditions in the community which contribute to adolescent problems and includes technical assistance to communities involved. Consider linking or consolidating these groups for maximum effectiveness.

Conduct Committee Awareness

The purpose of initial awareness sessions is to provide basic information about the problem of substance abuse and to prepare the committee to conduct the detailed planning necessary for a comprehensive program. Use guidelines and resources from

Chapter 1: *Information* to prepare a list of topics from which the group can select and topics for initial meetings. Some of these might be:

"Drug Abuse: What Is the Problem and Why Do We Have It Now?"

"Prevention: What Really Works?"

"Treatment: The State of the Art in Rhode Island."

Utilize local prevention and treatment providers as program presenters to bring local emphasis to your sessions. Delay conducting awareness sessions for the community at large until additional preliminary activities are completed. The most successful awareness activities can be repeated then.

Develop a Mission Statement

A mission statement is an overall goal statement and should delineate a rationale for preventing substance abuse in the community. It should also address basic issues such as equal access to service, program priorities and general goals. It is essential that the mission statement be written, agreed upon and kept prominently on each meeting's agenda.

Conduct a Needs Assessment

A simple but rigorous needs assessment is a most critical step in the planning process. Needs must be assessed accurately and completely and described in understandable terms.

There are five types of data that are particularly relevant in the substance abuse prevention field which should be considered:

Drug use indicators. These are statements on the incidence and prevalence of drug use such as: "Forty-seven percent of our high school students have tried marijuana."

Problem behavior indicators. These are secondary indicators which are believed to be correlated with drug/alcohol use such as crime rates, vandalism, dropout rates. For example: "Over the last ten years, juvenile arrests have doubled."

Psychological or developmental characteristics. Certain psychological characteristics are believed to be correlated with a potential for drug abuse. They include aspects of family interaction, self-esteem, and interaction skills. This is significant but most difficult to measure. An example might be: "When given three options in a classroom situation, 60 percent of seventh graders could not give a reason for their choice and 20 percent could not choose at all."

Social or economic conditions. This data concerns itself with environmental conditions which correlate highly with drug use such as housing, employment rates, discrimination, etc.

Existing Services and Resources. The final, and equally important, task in this step is to assess existing resources and services. With the assistance of the programs themselves, the group can identify gaps in the types of services or in the availability of the services to those in need.

Four methods of data collection which are recommended are:

Key Informant Reports. Knowledgeable people, such as police, program directors, school officials and program clients should be surveyed in order to ascertain the nature and existence of the present and potential problems in the community and the need for service.

Community Surveys. Data on sociodemographic characteristics, problems, needs, level of information, and social attitudes can be collected by interviews or questionnaires. The Department of Health's Wellness Check and Tobacco, Alcohol and Drug Survey are standardized and available to communities.

Demographic Analysis. Demographic data from state departments, particularly the Department of Health and the Division of Substance Abuse, should be analyzed to make conclusions about community needs.

Programmatic Data Collection. Data on program services and use of existing resources must be reviewed to identify existing services and estimate service and resource needs.

Drug use-related data is useful because it:

- confirms the existence of the problem
- can be used to muster support from government or private agencies
- provides baseline data for future evaluation
- will help target user groups and therefore help in setting priorities

Generate Problem Statements

Your needs assessment data will provide you with the necessary documentation to form and support problem statements. Your task at this step is to translate the needs assessment data into statements that identify *clearly* and *accurately* the kinds of problems you need to address. Problem statements should represent those problems you can *realistically* address, given the resources available to you. Legal mandates and community policy attitudes may represent limitations you must consider. As many members of your group should agree with your problem statements, and all should understand them. Confusion or major disagreement about what problems you address can cause counterproductive activity as you proceed. Examples of problem statements are:

"There are insufficient recreational activities in our community which discourage the use of alcohol and drugs by our teenagers."

"Most persons in our community do not have accurate information about the laws pertaining to drunk driving."

"People in our community do not have ready access to outpatient treatment."

To evaluate your problem statements, ask:

- Are all problem statements consistent with our mission statement?
- Are these all of the substance abuse-related problems in our community?
- Has our group addressed the problem and not a symptom of it?
- Are all of our problem statements documentable from needs assessment data?
- Are the statements clear and concise?
- Does each statement deal only with a single issue?
- Are there any legal or other constraints indicating that the problem cannot be addressed by our group?
- Do sufficient resources appear to be available to address this problem?

Identify Resources

Identify what resources will be needed to complete the planning. Consider what is needed in terms of:

- * information
- * external expert assistance
- * committee time/staff time
- * materials
- * funds

Small communities may wish to consider linking together for a joint plan to maximize resources as well as impact.

Establish Priorities

Not all planning can be accomplished during the first phase of a planning process. However, some preliminary priorities need to be set in order for the committee to begin its work. When determining priorities, work from your problem statements. Questions to be asked at this step might include:

- What problem statements, target groups, etc., will be given initial or predominant attention?
- What criteria are used to select these planning priorities?
- How do these priorities fit in with our mission statement?

STAGE II: Program Planning

Implementing a comprehensive prevention program is primarily a community problem, not a school, agency or enforcement one. Substance abuse prevention programs need to be integrated within the community as a whole in order to be maximally successful. Planners will find, furthermore, that, in the process of addressing substance abuse as a community issue, other critical social problems will also be positively impacted as well. As referenced in the *Introduction*, substance abuse is a destructive behavior which has significant correlates with most other destructive behaviors, from child abuse to highway accidents.

Develop Goal Statements

At this stage, you need to specify what you want to happen in the community as a result of your work as a task force. Once problem statements have been identified and given priority, they can be translated into goal statements that represent the prevention goals of the task force. Translating problem statements into goals is a process of reversing the goal statement so that you can identify the jobs to be accomplished. If care has been taken to identify appropriate problem statements, then goal statements emerge easily. For example, the following goal statements can be generated from the problem statements listed earlier:

- (A) YOUR PROBLEM STATEMENT: There are insufficient recreational activities in our community which discourage the use of drug and alcohol by teenagers.
YOUR GOAL STATEMENT: To increase the number of recreational activities in our community which discourage the use of drugs and alcohol by teenagers.
- (B) YOUR PROBLEM STATEMENT: Most persons in our community do not have accurate information about the laws pertaining to drunk driving.
YOUR GOAL STATEMENT: To educate members of our community about the law pertaining to drunk driving.
- (C) YOUR PROBLEM STATEMENT: People in our community do not have ready access to outpatient substance abuse treatment.
YOUR GOAL STATEMENT: To assure that outpatient substance abuse treatment is provided for all persons in our community.

Keep in mind the criteria for successful goal statements:

- They are exact reversals of problem statements and so respond to a problem identified.
- They are consistent with the mission or commitment of your task force or planning group.
- They are realistic and within your group's capabilities.
- They have been developed with input from all major community groups and existing resource agencies. (Since they are represented on your task force, this should logically occur.)

This may be a good time to divide your group into subcommittees with each responsible for a specific goal. Each subcommittee can independently work through the next steps of the plan until time for final determination of the workability of the plan.

Develop Objectives

Once you have determined your overall direction in prevention, i.e. your mission statement, and have established a set of overall goals, the next step is to break those goals down into measurable objectives. These should represent *specific* accomplishments that you expect to attain. Each of your goal statements will have one or more objectives that, when met, will identify accomplishment of that goal. There are two aspects to the task of setting objectives:

- * Objectives must be identified that will, as a group, meet the goals of the prevention plan.
- * Objectives must be written in a form that will make them effective management and evaluation tools.

All persons in any kind of organizational management are familiar with objective statements. The eight elements of good ones are similar regardless of their focus. Objectives should:

- identify *results* or conditions *to be achieved* not activities to be performed
- be *limited in time* so as to provide benchmarks of achievement
- be stated in terms of *what is to be done* not what is to be avoided
- be written in terms that are *measurable*
- address a *single* end result
- be *consistent* with overall goals of the group
- be *realistic* and attainable
- be *consistent* with *resources* available and anticipated

Two words of caution before beginning to write: First, it is essential that in setting objectives you begin working from goal statements. If you write objectives that simply signal expected results from your ongoing activities, you will never identify potential areas of improvement or new program areas. Second, you will find in generating objectives that some are more easily measurable and some are more subjective and less amenable to exacting measurement. The relative importance of objectives should not be determined by whether or not they can be objectively measured. To do so would give them undue importance in the planning and evaluation process. If, for example, you believe "improved community pride" is important to meeting a given program goal, it should be used to give direction to your program activities. Your evaluation task will be to devise the most reliable measure of "improved community pride" you can use.

Now you are ready to write some objectives. Pick a goal statement that is a high priority for you. Identify all the end results or conditions that you have to attain over the next year to achieve the stated goal. Then take each of the results and write them as program objectives considering as you write the elements of good objectives listed. For example, consider goal statement (B):

"To educate members of our community about the laws pertaining to drunk driving." Perhaps in the first year you decide to focus on "general community awareness" and "education of all city and school staff." An objective targeting "community awareness" might be: "This year the _____ Task Force will plan and implement a multi-media campaign educating the general public in our community about the laws pertaining to drunk driving." An objective targeting "education of agency professionals and school staff" might be: "By June of this year, two sessions for city and school staff will be conducted focusing on issues and laws related to drunk driving using city, school and local treatment and prevention agencies as resources."

Write objectives for each of your prioritized goals and results. Then check back to see if each of your objectives contain all the elements of a good objective. If they do, you are ready to move on.

Identify Activities

Once you have completed all the objectives, select the specific activities you intend to undertake in order to meet your objectives. The secret to good activities planning is *detail*. The more specific you can be, the more useful this part of the planning process will be. Writing your activities down on worksheets and timeline charts can provide useful management tools for monitoring your progress. Some general suggestions for activities and the major populations you should address are listed in Figure 4, "Community Groups and Substance Abuse Prevention." When planning activities, start small. Small activities are easier to manage and measure, more easily focused, and more likely to succeed.

Analyze Resources

Consider all possible resources for the activities you have selected to meet your objectives:

- * human
- * material
- * financial
- * other

Begin with the resources which exist within your community group. Then go beyond its boundaries and enlist the involvement of others to get the work done. Consult with substance abuse professionals in your community as well as resources in state agencies and national organizations. These are listed in the previous chapters. Be sure to plan to include representatives of those who are the target groups of your activities: youth if they are youth activities, police if they are enforcement activities, etc. This will encourage their ownership of the project. Also, plan to solicit the endorsement of your target population and of other community leaders to foster communitywide support.

When assessing material resources, do not overlook in-kind contributions of clerical time, printing, space, refreshments, paper goods, advertising, etc. Often, businesses and organizations from the private sector are merely waiting to be asked to assist with a community improvement project. Table 15 lists a number of possible funding resources for your projects, excluding local civic groups and businesses.

Identify Training and Assistance Needs

Before embarking on your activities, it is important to determine any training and assistance needs which might be required to complete an activity successfully. Training of staff, whether police, school or social service providers, in a community is an essential prerequisite of a successful program. It is never sufficient to provide people with materials with the expectation they they will be able to complete a project effectively. Look to your local resources, particularly the experts on your task force, those substance abuse providers in your area, and your state and community agencies for help. There are other activities, in addition to training sessions, which can be used to improve knowledge or skills such as:

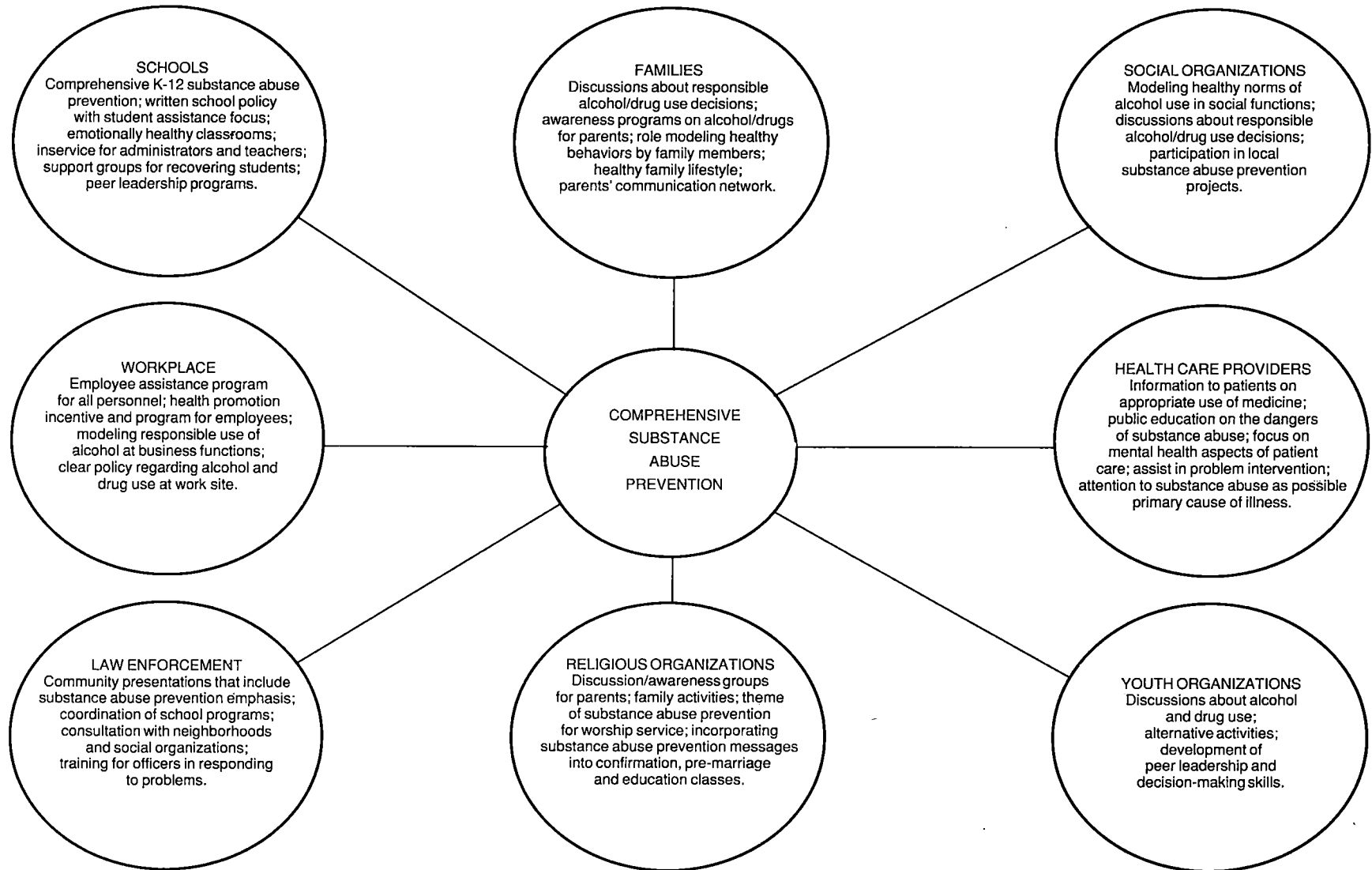
- * readings for self-study
- * teaming with an experienced trainer
- * visiting exemplary programs
- * brainstorming/planning sessions

The National Prevention Network has identified ten training and technical assistance needs most frequently cited on a local level. Considering these may help you to identify your own. They are:

- * fund-raising strategies
- * ways to plan comprehensive programs
- * parenting skill development
- * instruction in group facilitation
- * intervention and referral skills

Figure 4

Community Groups and Substance Abuse Prevention



Adapted from: "Chemical Health: Prevention Ideas for Families, Schools and Communities," Minnesota Prevention Resource Center

Table 15
Substance Abuse Funding Sources in Rhode Island

Funding Source	Type of Program	Appropriate Applicant	Contact Person
ACTION	Innovative prevention programs, particularly targeting disadvantaged populations	Nonprofit agency	Vincent Marzullo, Director 528-5424
Governor's Campaign Against Drugs	Substance abuse prevention activities	Community group or substance abuse program	William McCann, Policy Associate 277-2080
Governor's Office on Highway Safety	Programs targeting drunk driving	Schools and community groups	Edward Walsh, Director 277-3024
RI Dept. of Education			
A. Drug Free Schools Act	Any prevention activity targeted for schools	Local school district	Gail Mastropietro, Substance Abuse Coordinator 277-2651
B. RI School Staff Institute	Staff and parent training, curriculum development in substance abuse education	Local school district	Ken Fish, RISSI Director 277-2821
RI Dept. of Health	Community substance abuse prevention/ education programs	Agency or community group	Robert Marshall, Chief-Office of Health Promotion 277-2853
RI Division of Substance Abuse	Substance abuse prevention, intervention or treatment programs Communitywide prevention programs Parent/community group substance abuse prevention activities	Nonprofit agency Municipality Parent or community organization	William Pimentel, Associate Director 464-2091 David Hamel, Prevention, Education and Training Coordinator 464-2191
RI Foundation	Innovative programs	Nonprofit organization in RI	Douglas Janssan, Executive Director 274-4564
Todd Morsilli Foundation	Educational or prevention activities Maximum grant \$500	School, parent, youth or community group	John Hazard, Grant Application Manager 277-7567
United Way of Southeastern New England	Programs addressing emerging needs prioritized in United Way assessment	Nonprofit agency or community group	William Allen, Vice President, Agency and Community Services 521-9000

- * recruitment of parent activities
- * prevention for mental help professionals
- * training of volunteers
- * curriculum development and staff training
- * developing collaborative relationships among schools, courts and service providers

Design an Evaluation Component

All activities, regardless of how small, should have some kind of an evaluation attached to them. There are three levels of evaluation:

process: an assessment of the activity itself

Key question: Did the activity take place as planned?

outcome: an assessment of the immediate results of the activity

Key questions: Did that activity meet its objective? What did the target population learn or receive as a result of the activity?

impact: an assessment of the effect of the activity on the target population and/or the community as a whole

Key question: What changes have taken place in the community or target group as a result of this activity or groups of activities?

Impact evaluation measures long-term outcomes, i.e. change in behavior, attitude or prevalence over a period of time. It is impact which is hardest to measure and which is most desired by those involved in a project. The bottom line for community planners in substance abuse prevention is always: "Are people abusing alcohol and other drugs less as a result of our activity?" You will have to look at related indicators over a period of time to determine this. Consider such factors as decreased numbers of drunk driving arrests, fewer number of persons congregating at places associated with illicit drug or alcohol use, fewer emergency room admissions for alcohol or drug abuse, and so forth. Be patient, however, change takes time.

STAGE III: Finalization of Total Plan

Identify Potential Problems

While it may be obvious that you should identify possible discrepancies in your plan, it makes sense at this point to take a step back and check it for problems. These may range from inconsistencies in your mission statement to schedule conflicts with other important community functions. Check with other communities for their success rate with similar projects. Once these extra considerations are made, they should be integrated into the plan.

Make final determination of plan

Having gone through all the steps of this process, this last step becomes a relatively simple one. Examine your plan as a whole at this point and consider whether your activities are consistent with your goals, feasible in terms of your resources, and comprehensive in terms of services for all members of the community.

This planning process may seem overwhelming or beyond the time limitations you face. Moving through all its steps, however, ultimately saves time and energy since it ferrets out potential problems and forces you to consider your needs, resources and goals in new ways.

Throughout your planning, you must always consider not only "what" you will do but "how" you do it. Deciding which committee members or agencies to involve along the way may be extremely important to the success and usefulness of this planning process. The best laid plans will go awry if those people carrying them out do not understand them or are not committed to them. Maximum communications with and involvement of

your planning group members in each step of the planning process are as important as the planning steps themselves. Finally, remember to express your appreciation for your volunteer group's efforts and dedication.

It is time to move forward. There are resources all over Rhode Island to help you get started. And there are people all over Rhode Island who, like you, are ready to proceed. Substance abuse is a problem which, together, we can conquer.

Checklist for Community Planning

As a review of the implementation process, all of the activities which are part of the community planning process are listed in this master checklist. Use it to plot your task forces progress as you move through the stages.

Stage 1: PRELIMINARY PLANNING

- ☐ **Form a Planning Committee**
- ☐ **Conduct Community Awareness**
- ☐ **Develop a Mission Statement**
- ☐ **Conduct a Needs Assessment**
- ☐ **Generate Problem Statements**
- ☐ **Identify Resources**
- ☐ **Establish Priorities**

State 2: PROGRAM PLANNING

- ☐ **Develop Goal Statements**
- ☐ **Develop Objectives**
- ☐ **Identify Activities**
- ☐ **Analyze Resources**
- ☐ **Identify Training and Technical Needs**
- ☐ **Design an Evaluation Component**

State 3: FINALIZATION OF TOTAL PLAN

- ☐ **Identify Potential Problems and Revise Plan**
- ☐ **Make Final Determination of Plan**

DIRECTORY



Locating Substance Abuse Services

DIRECTORY

ACTION (Rhode Island)**P**

Contact: Vincent Marzullo, State Director
24 Weybosset Street, Rm. 200
Providence, RI 02903
401-528-5424
Hours: 8:30-5:00

Al-Anon and Alateen Family Groups of RI*****

Contact: Robert Verdi, Chairman
30 Holden Street, Rm. 204
Providence, RI 02908
401-861-1908
Hours: 24 hours

Alcoholics Anonymous

Contact: Alberta Williams, Office Manager
410 North Broadway
East Providence, RI 02914
401-438-8860
Hours: 9:30-4:00

Alcoholism Services of Cranston, Johnston and Northwestern RI**P,T**

Contact: Jean McGovern, Director
1090 Cranston Street B3
Cranston, RI 02910
401-943-2021
Hours: M-Th 9:00-9:00 p.m., F 9:00-5:00

Alcohol Rehabilitation Center**T**

Contact: Thomas J. Paolino, M.D., Director
1055 North Main Street
Providence, RI 02903
401-861-3223
Hours: 9:00-5:00

Alcoholism Unit-Family Services - RI Family Court**T**

Contact: William Greene, Supervisor
One Dorrance Plaza
Providence, RI 02903
401-277-3337
Hours: 8:30-7:30

American Automobile Association**P**

Contact: Robert P. Murray, Director
501 Centerville Road
Warwick, RI 02886
401-732-5000
Hours: 9:00-5:00

American Cancer Society**P**

Contact: Steven Slaughter, Director
400 Main Street
Pawtucket, RI 02860
401-722-8480
Hours: 8:30-4:30

American Heart Association**P**

Contact: David Chatel, Director
40 Broad Street
Pawtucket, RI 02860
401-728-5300
Hours: 8:30-4:30; evenings, weekends: varies according to programs

Attorney General's Strike Force**E**

Contact: James O'Neil, Attorney General
72 Pine Street
Providence, RI 02903
401-277-4400
Hours: 8:30-4:30

The Bridge Aftercare Project - Harvard University

Contact: Donald Koch, Director

225 East Avenue

Pawtucket, RI 02860

401-728-7130

Hours: weekly meetings, Tuesday evening

T

Boy Scouts of America

Contact: Vincent Borrelli, Director

175 Broad Street

Providence, RI 02903

401-351-8700

Hours: 9:00-5:00

P

Brown Bag Prescription Evaluation Project-URI

Contact: Albert Taubman, Director

University of Rhode Island

125 Fogarty Hall

Kingston, RI 02881

401-792-2734

Hours: 9:30-4:00

P

Brown University Health Services

Contact: Tobey Simon, Director

Box 1928

Providence, RI 02912

401-863-1000

Hours: 9:00-5:00

P

Butler Hospital Alcohol Treatment Services

Contact: Stephen Maisto, Director

345 Blackstone Boulevard.

Providence, RI 02906

401-456-3885, 401-456-3700

Hours: 8:30-5:00, evenings by appointment

T

Camp Fire - Narragansett Council of Boys and Girls

Contact: Susan Dauksis, Director

2413 Warwick Avenue

Warwick, RI 02888

401-738-1460

Hours: 9:00-4:00

P

Capitol Hill Interaction Council (CHIC) Alcohol Program

Contact: Elaine Stannard, Director

272 Smith Street

Providence, RI 02908

401-521-4871

Hours: 8:30-4:00

T

Caritas House, Inc.

Contact: Susan Wallace, Director

166 Pawtucket Avenue

Pawtucket, RI 02860

401-722-4644

Hours: 24 hours

Language: Hispanic

T*

Center for Behavioral Health

Contact: Michael Hoff, Director

1404 Atwood Avenue

Johnston, RI 02919

401-946-0650

Hours: 9:00-5:00, M,W evenings by appointment

T

Channel One - Central Falls

Contact: Carolyn Sheehan, Director
507 Broad Street
Pawtucket, RI 02863
401-728-7891
Hours: 9:00-5:00

P

Channel One - Warwick

Contact: Elaine Pesce, Director
c/o Veterans' Memorial High School
2401 West Shore Road
Warwick, RI 02886
401-739-5230
Hours: 8:30-4:30

P

Child and Family Services of Newport County

Contact: Peter DiBari, Director
24 School Street
Newport, RI 02840
401-849-2300
Hours: 8:30-5:30, T-W-Th 8:30-9:00 p.m., Sat. 8:00-12:00
Branch
19 Spring Street
Newport, RI 02840
401-841-8840

P,T

CODAC I

Contact: Craig Stenning, Director
911 Pontiac Avenue
Cranston, RI 02920
401-461-5056
Hours: 9:00-5:00, T-W 9:00-9:00
Language: Portuguese, Italian

P,T

CODAC II

Contact: John Sardelli, Program Administrator
349 Huntington Avenue
Providence, RI 02908
401-942-1450
Hours: 6:00-4:00

T

CODAC III

Contact: Rose Marie Tkacs, Program Administrator
42 Spring Street
Newport, RI 02840
401-846-4150
Hours: 9:00-5:00, W 9:00-9:00

P,T

CODAC East

Contact: Rose Marie Tkacs, Program Administrator
362 Willett Ave
Riverside RI 02915
401-433-2674
Hours: 9:00-5:00, M 9:00-9:00
Language: Will use an interpreter when necessary

P,T

CCRI-Department of Human Services

Contact: Linda Corrente
400 East Avenue
Warwick, RI
401-825-2339
Hours: 9:30-4:00

P

P = Prevention T = Treatment E = Enforcement * = Hotline

Community Counseling Center

P,T*

Contact: Richard LeClerc, Director
160 Beechwood Avenue
Pawtucket RI 02860
401-722-7855, 24 hour hotline 723-1915
Hours: 9:00-5:00, T,Th 9:00-9:00, W 9:00-8:00
Language: Portuguese, Hispanic

Counseling and Intervention Services

P,T

Contact: Peter Fratantuono, Jr., Director
3649 Post Road
Warwick, RI 02886
401-738-1240
Hours: 8:30-10:00 p.m., Sat. 8:30-4:30

Cranston Human Ecology Program

P

Contact: Sandra DelSesto, Director
845 Park Avenue
Cranston, RI 02910
401-781-8831
Hours: 8:30-4:30

Cranston Public Schools Peer Education Program

P

Contact: Carmine Catalano, Coordinator
845 Park Avenue
Cranston, RI 02910
401-785-0400 ext. 186
Hours: 8:00-3:00

Cranston Substance Abuse Prevention Programs

P

Contact: Carmine J. Catalano, Coordinator
c/o Department of Community Development
14 Hayward Street
Cranston, RI 02910
401-781-1990
Hours: 8:00-4:00

Diocesan Office of Youth Ministry

P

Contact: Rev. Stephen Amaral, Director
One Cathedral Square
Providence, RI 02903
401-278-4626
Hours: 8:30-4:30

Directions Drug Abuse Treatment Program

T

Contact: Richard Froncillo, Director
1071 Main Street
West Warwick, RI 02893
401-828-6373
Hours: 9:00-8:00

Division of Substance Abuse - Detoxification Unit

T*

Contact: Gail Lamphere, Program Manager
RI Medical Center
Cranston, RI 02920
401-464-2531
Hours: 24 hours

Drug & Alcohol Treatment Association of RI (D.A.T.A.)

Contact: Steven Costantino, Director
One Richmond Square
Providence, RI 02903
401-521-5759
Hours: 9:00-5:00

Drug Enforcement Administration**P,E**

Contact: Raymond J. Moffett, Jr., Director
John O. Pastore Federal Building
Providence, RI 02903
401-528-5062
Hours: 9:00-5:30

East Bay Human Resource Corp.**P,T**

Contact: Warren Edmonds, Director
328 Taunton Avenue
East Providence, RI 02914
401-438-7676
Hours: 8:30-4:00; M,W 8:30-8:30

East Bay Mental Health Center**T**

Contact: John Digits, Jr., Director
2 Old County Road
Barrington, RI 02806
401-246-1195
Hours: M-Th 9:00-9:00, F 9:00-5:00
Language: Portuguese
Branch
Harriet Adams Center for Children
286 Maple Avenue
Barrington, RI 02806
401-245-1750

Eastman House, Inc.**T**

Contact: Lauranne Howard, Director
1545 Pontiac Avenue
Cranston, RI 02920
401-463-8829
Hours: residential

Edgehill Newport**P,T ***

Contact: Frank Fanella, President
200 Harrison Avenue
Newport, RI 02840
401-849-5700
Hours: 24 hours
Language: Portuguese

Edgehill Newport Foundation**P**

Contact: Gerard Charbonneau, Director
Beacon Hill Road
Newport, RI
401-847-2225
Hours: 8:30-5:00

Edgehill Outpatient Clinic - East Greenwich**T**

Contact: Gail Hebert, Clinical Supervisor
4601 Post Road
East Greenwich, RI 02818
401-884-3530
Hours: 9:00-9:00, Sat. 9:00-4:00

Edgehill Outpatient Clinic - East Providence**T**

Contact: Gail Hebert, Clinical Supervisor
850 Waterman Avenue
East Providence, RI 02914
401-431-1191
Hours: 9:00-9:00, Sat. 9:00-4:00

P = Prevention **T** = Treatment **E** = Enforcement ***** = Hotline

Family Center**P,T**

Contact: Ralph Detri, Director of Substance Abuse Program
35 Summer Street
Pawtucket, RI 02860
401-728-3260
Hours: 9:00-8:00

Family Service, Inc.**P,T**

Contact: Carolyn Benedict-Drew, Director
55 Hope Street
Providence, RI 02906
401-331-1350
Hours: 9:00-5:00, T-W-Th 9:00-8:00, Sat. 9:00-4:00
Branch
604 Kingstown Road
Peace Dale, RI 02883
401-789-3038
Branch
Olneyville Health Center
Providence, RI 02909
401-831-6500
Branch
Capitol Hill Health Center
Providence, RI 02908
401-861-9200

Galilee Mission House/Drop-In Center**T**

Contact: Joseph Spirydowicz, Director
268 Kingston Road
Narragansett, RI 02882
401-789-9390
Hours: 9:00-5:00
Branch
Galilee Mission to Fishermen
P.O. Box 459
Narragansett, RI 02882
401-783-2550

Girl Scouts of Rhode Island**P**

Contact: Mary Elizabeth Durfee, Director
125 Charles Street
Providence, RI 02904
401-331-4500
Hours: 9:00-5:00

Good Hope Center**P,T***

Contact: Peter Fratantuono, Jr., Clinical Director
P. O. Box 470
East Greenwich, RI 02818
401-826-2750, 1-800-752-HOPE
Hours: 24 hours
Branch:
Contact: William Finocchiaro, Administrator
63 Eddie Dowling Highway
North Smithfield, RI 02917
401-765-8500
Branch:
Contact: Priscilla Erickson, Administrator
28 High Street
Westerly, RI 02891
401-596-8820

Governor's Campaign Against Drugs

Contact: William McCann, Coordinator

State House

Providence, RI 02903

401-277-2080

Hours: 8:30-5:00

Governor's Committee on Youth, Alcohol and Substance Abuse

P

Contact: William Allen, Co-Chairperson; Nancy Cardi, Staff

c/o Human Ecology, 845 Park Avenue

Cranston, RI 02910

401-521-9000 (co-chair), 401-781-8831 (staff)

Hours: 9:00-5:00

Governor's Justice Commission

P,E

Contact: Mary Parella, Director

222 Quaker Lane

West Warwick, RI 02893

401-277-2620

Hours: 8:30-4:30

Governor's Office on Highway Safety

P

Contact: Edward Walsh, Director

345 Harris Avenue, Rm. 209

Providence, RI 02909

401-277-3024

Hours: 8:30-4:00

High Point

T *

Contact: Edward Lees, Director

1950 Tower Hill Road

North Kingstown, RI 02852

401-295-2511

Hours: 24 hours

Human Ecology Associates

P

Contact: Sandra DelSesto, Director

31 Deerfield Road

Cranston, RI 02920

401-781-8831

Hours: 8:30-4:30

Joslin Community Development Corp.

P,T

Contact: Catherine Dufault, RSM, Director

231 Amherst Street

Providence, RI 02909

401-421-8062

Hours: 8:30-4:30

Language: Hispanic

Branch

31 Salmon Street

Providence, RI 02909

401-421-8370

Junction Human Service Corp.

P,T

Contact: Michael Major, Director

P.O. Box 3477 - 1910 Westminster Street

Providence RI 02909

401-272-5960

Hours: 8:30-8:00, Sat. 8:00-5:00

Language: Hispanic, Italian

Branch

Family Assistance Center

T

1910 Smith Street

North Providence, RI 02911

401-232-0704

Branch The Providence Academy 662 Hartford Avenue Providence, RI 02909 401-351-6743 Hours: 8:30-4:00, Sat. 10-2:30 Language: Portuguese, Hispanic	P,T
Kent House, Inc. Contact: Lewis Packhem, Director 1728/30 West Shore Road Warwick, RI 02889 401-739-1411 Hours: 9:00-11:00 p.m.	T
MADD, RI Chapter Contact: David Russell, President P. O. Box 26 Woonsocket, RI 02895 401-766-4755 Hours: 24 hour answer phone (no office hours)	P
Marathon House, Inc. - Outpatient Contact: Carolyn Donawa, Director of Outpatient Services 131 Wayland Ave Providence, RI 02906 401-331-4250 Hours: 9:00-5:00	T
Marathon House, Inc. - Residential Contact: David Mactas, President Fish Hill Road Coventry, RI 02816 401-397-7778 Hours: 24 hours	T*
Mental Health Services of Cranston, Johnston, Northwest RI Contact: Jack B. Silver, Director 1516 Atwood Avenue Johnston, RI 02919 401-275-2160 Hours: 9:00-8:00, Sat. 9:00-1:00 (Greenville only) Branch 1090 Cranston Street Cranston, RI 02920 401-275-2150 Branch 647 Putnam Pike Greenville, RI 02828 401-275-2166	P,T
Minority Alcoholism Program Half Way House, Inc. Contact: William Rose, Director 66 Burnett Street Providence, RI 02907 401-785-0050 Hours: 9:00-5:00	T
Narcotics Anonymous 401-461-1110 Hours: 24 hours	*

Narragansett Indian Health Service**P,T**

Contact: Suzanne Miller , Director
Washington County Government Center
Wakefield, RI 02880
401-792-9720
Hours: 8:30-4:30
Language: Indian dialects

New Visions Counseling Center**T ***

Contact: Katherine Kranz, Director of Programs
15 Old Beach Road
Newport RI 02840
401-846-4333, 1-800-752-HOPE
Hours: 8:30-8:00 p.m.

Northern RI Community Mental Health**P,T**

Contact: Chris Stephens, Director
58 Hamlet Avenue
Woonsocket, RI 02895
401-766-8585, 401-762-1577
Hours: 8:30-5:00, T-W-Th 8:00-8:00
Branch
181 Cumberland Street
Woonsocket, RI 02895
401-766-3300
Branch
129 Main Street
Woonsocket, RI 02895
401-769-6102

Pawtucket Alcohol Counseling Services/Halfway House**P,T**

Contact: Nancy Rabbitt, Director
104 Broad Street
Pawtucket, RI 02860
401-726-8080
Hours: 9:00-9:00, Sat. 10:00-2:00
Language: Hispanic

Providence Center for Counseling and Psychiatric Services**P,T**

Contact: Donald LaBonte, Coordinator, Alcohol Services
520 Hope Street
Providence RI 02906
401-861-6262, 1-800-456-0300
Hours: 8:00-4:30, M-Th 8:00-8:00
Branch
790 North Main Street
Providence, RI 02906
401-274-7111

Red House Program**P**

Contact: Antoinette Hamilton, Director of Prevention Services
825 Chalkstone Avenue
Providence, RI 02908
401-456-2363
Hours: 9:00-5:00

RI Association of Children of Alcoholics

Contact: Claire Scola, Chairperson
P.O. Box 1923
East Greenwich, RI 02818
401-722-7855
Hours: 9:00-4:00

P = Prevention T = Treatment E = Enforcement * = Hotline

RI Association of Substance Abuse Prevention Programs

Contact: David Dean
P. O. Box 327
Greenville, RI 02828
401-231-7932
Hours: 8:30-4:30

RI College Health Services

Contact: James J. Scanlan, M.D., Director
Rhode Island College
Providence RI 02908
401-456-8055
Hours: 7:30-9:00, weekends 10:00-6:00
Language: Portuguese

P

RI Council on Alcoholism

Contact: Audrey C. Oppenheimer, Director
500 Prospect Street
Pawtucket, RI 02860
401-725-0410
Hours: 8:30-5:30

P

RI Department of Attorney General (Straight...to School)

Contact: Patrick McNulty, Director of Special Projects
72 Pine Street
Providence, RI 02903
401-274-4400, ext. 367

P

RI Department of Education - Office of Health Education

Contact: Gail Mastropietro, Education Specialist - Substance Abuse
22 Hayes Street
Providence, RI 02908
401-277-2651
Hours: 8:30-4:30

P

RI Department of Health - Community Alcohol Abuse Prevention Project

Contact: Sandra Putnam, Ph.D., Project Director
75 Davis Street
Providence, RI 02908
401-277-2570
Hours: 8:30-4:30

P

RI Department of Health - Drug Control Unit

Contact: Charles Hachadorian, Chief
75 Davis Street
Providence, RI 02908
401-277-2837 (days), 277-2840 (other times)
Hours: 8:30-4:30

E*

RI Department of Health - Office of Health Promotion

Contact: Robert Marshall, Jr., Ph.D., Chief
75 Davis Street, Rm. 103
Providence, RI 02908
401-277-6957
Hours: 8:30-4:30

P

RI Division of Substance Abuse

Contact: William Pimentel, Assistant Director
Substance Abuse Administration Building
RI Medical Center
Cranston, RI 02920
401-464-2091
Hours: 8:30-4:00

P,T

RI Employee Assistance Program, Inc.**P,T**

Contact: Robert MacDonald, Director

33 College Hill Road

Warwick, RI 02886

401-828-9560, 1-800-445-1195

Hours: 8:30-5:00

Language: Portuguese, French

Branch

8 Summer Street

Pawtucket, RI 02860

1-800-445-1195

Branch

Marquette Plaza

Woonsocket, RI 02895

1-800-445-1195

Branch

Aquidneck Medical Center

Newport, RI 02840

1-800-445-1195

RI 4-H Program**P**

Contact: J. Whitney Bancroft, Director

Woodward Hall, URI

Kingston, RI 02881

401-792-2959

Hours: 8:30-4:30

RIGHA**P,T**

Contact: William Zwick, Ph.D., Coordinator

530 North Main Street

Providence, RI 02906

401-331-3000

Hours: 9:00-9:00, weekends 9:00-11:00 a.m.

Language: Hispanic

Branch

2 Davol Square

Providence, RI

401-421-4410

RI Lung Association**P**

Contact: Jean MacCorison, Director

10 Abbott Park Place

Providence RI 02903

401-421-6487

Hours: 9:00-4:30

RI Pharmaceutical Association

Contact: Denis Barton, Director

500 Prospect Street

Pawtucket, RI 02860

401-725-4141

Hours: 8:30-4:30

RI State Police**E ***

Contact: Walter Stone, Colonel

Danielson Pike

North Scituate, RI 02857

401-647-3311

Hours: 24 hours

RI Student Assistance Services**P**

Contact: Sarah Dinklage, Director

Substance Abuse Administration Building

Cranston, RI 02920

401-464-2191

Hours: 8:00-4:00

RI Substance Abuse Coalition

Contact: Robert Rice, Co-Chairperson
c/o WPRI-TV
East Providence, RI 02915
401-438-7200
Hours: 8:30-4:30

RI Substance Abuse Council

Contact: Leo Gracik, Acting Chairperson
c/o RI Division of Substance Abuse
600 New London Avenue
Cranston, RI 02920
401-464-2091
Hours: 8:30-4:30

RI Youth Guidance Center

Contact: Merrill Kidman, Director
82 Pond Street
Pawtucket, RI 02860
401-725-0450
Hours: 9:00-5:00, T-W-Th 9:00-8:00

Rhode Islanders for Drug Free Youth

Contact: Gillette Hunt, Coordinator
Substance Abuse Administration Building
Cranston, RI 02920
401-464-2191
Hours: T-Th 9:00-4:00

ROAD Counseling Program

Contact: R. Edward Bulger, Director
8 Court Street
Woonsocket, RI 02895
401-769-3100
Hours: 9:00-5:00, M-Th 9:00-8:00

Robert J. Wilson House, Inc.

Contact: William J. McGloine, Director
80 Summit Street
Pawtucket, RI 02864
401-728-4010
Hours: 24 hours

Roger Williams General Hospital - "A" Team

Contact: David Lewis, M.D., Director
825 Chalkstone Avenue
Providence, RI 02908
401-456-2363
Hours: 9:00-5:00

SADD (Students Against Driving Drunk)

Contact: Edward Walsh, Director, Governor's Office on Highway Safety
345 Harris Avenue
Providence, RI 02909
401-277-3024
Hours: 8:30-4:30

Salvation Army Adult Rehabilitation Center

Contact: Dale Sears, Director
201 Pitman Street
Providence, RI 02906
401-421-5270
Hours: 7:30-4:00

T

P

P,T

T*

T

P

T

Smith Hill Center Contact: Jack McGillivray, Director 110 Ruggles Street Providence, RI 02908 401-331-4290 Hours: 9:00-5:00	P
Smithfield Youth Development Council, Inc. (Channel One) Contact: David Dean, Director 64 Farnum Pike Esmond, RI 02917 401-231-7932 Hours: 9:00-4:00	P
Stopover Shelters of Newport County Contact: Peter Marshall, Director P.O. Box 553 Portsmouth RI 02871 401-683-1824 Hours: 8:00-5:00, emergencies 5:00-9:00, evenings as scheduled	P
Sympatico (South Kingstown Self-Help) Contact: Kenneth Mayer, Director 29 Columbia Street Wakefield, RI 02879 401-783-0782, 783-0650 Hours: 9:00-11:00 p.m.	T
Talbot House, Inc. Contact: Michael Mattiace, Director 265 Oxford Street Providence, RI 02905 401-941-9224 (admin.), 941-9222 (res.), 941-8720 (detox.) Hours: 8:30-4:30	T
Todd Morsilli Foundation Contact: Eric Wertheimer, President 81 Columbia Street Wakefield RI 02879 401-792-9611 Hours: 8:30-3:30	P
Tough Love Contact: Betty South Kingstown Police Department Wakefield, RI 02879 401-792-3597	
Tough Love Contact: Steve Second Presbyterian Church 500 Hope Street Providence, RI 02906 401-331-4132	
Travelers' Aid Society of RI Contact: Marian Avarista, Director 1 Sabin Street Providence, RI 02903 401-521-2255, Runaway Project: 521-SAFE Hours: 24 hours	P*
Treatment Alternatives to Street Crime Program (TASC) Contact: Jo-Ann Cotnoir, Acting Coordinator RI Medical Center Cranston, RI 02920 401-464-2381 Hours: 8:30-4:00	E,T

Tri-Hab House, Inc.

Contact: William Headley, Director
80 Hamlet Avenue
Woonsocket, RI 02895
401-765-4040
Hours: 9:00-5:00
Branch

282 South Main Street
Woonsocket, RI 02895
401-765-4040
Branch
79 Asylum Street
Woonsocket, RI 02895
401-766-1665

URI Health Services

Contact: Doris Sword, Supervisor
URI Potter Building
Kingston RI 02881
401-792-2246
Hours: 24 hours

United States District Attorney's Office

Contact: Lincoln Almond, District Attorney
U. S. Court House
Providence, RI 02903
401-528-5477

United Way of Southeastern New England

Contact: Allan Stein, Assistant Vice President
229 Waterman Street
Providence, RI 02906
401-521-9000, 24 hour helpline 1-800-367-2770
Hours: 8:30-4:30

Veterans Administration Medical Center - Addictions Center

Contact: Ted Nirenberg, Ph. D., Director of Substance Abuse Programs
Davis Park
Providence, RI 02908
401-457-3079
Hours: 8:00-9:00 (outpatient), 24 hours (inpatient)

Warwick Community Action - Alcohol, Drugs & Family Counseling

Contact: Elizabeth Packhem, Director
P.O. Box 9093
159 Winter Avenue
Warwick, RI 02889
401-738-1760
Hours: 8:30-4:30, M-T-W 8:30-8:00

Warwick Substance Abuse Prevention Program

Contact: Cara Wilson, Coordinator
3275 Post Road
Warwick, RI 02886
401-738-2000 ext. 233
Hours: 8:30-4:30

Washington County Community Mental Health Center, Inc.

Contact: Richard Antonelli, Director
PO Box 899
Old Post Road, Route 1A South
Charlestown, RI 02813
401-364-7705
Hours: 9:00-5:00, M-Th 9:00-9:00

T**P *****E****P *****T *****P,T****P****P,T**

Branch
Lily Pads Professional Center
North Road
Peace Dale, RI 02883
401-789-1367
Branch
South Kingstown Office Park
Salt Pond Road
Wakefield, RI 02879
401-783-1150

Women for Sobriety, Inc.

Contact: Jean Kirkpatrick, Director
Box 618
Quakertown, PA
215-536-8026
Hours: 9:00-8:00 seven days

Branch
1090 Cranston Street
Cranston, RI 02120
401-647-7005
Branch
North Kingstown Regional Health Center
North Kingstown, RI 02852
401-295-0145

Branch
New Horizons
Newport, RI 02840
401-295-0145

Branch
C.I.S.
3649 Post Road
Warwick, RI 02886
401-822-4318

Women's Christian Temperance Union of Rhode Island

1300 Weybosset Street
Providence, RI 02903
401-421-6685, 433-2461

P

Nearby Connecticut:

Hall-Brooke Hospital

47 Long Lots Road
Westport, CT 06881
203-227-1251

T

Southeastern Council on Alcoholism and Drug Dependency

P.O. Box 962
Groton, CT 06346
203-886-2495

T

Stonington

Swantown Hill Road
North Stonington, CT 06059
203-535-1010

T

Nearby Massachusetts:

Adcare (Doctors' Hospital)

107 Lincoln Street
Worcester, MA 01605
617-799-9000, nationwide referrals 1-800-ALCOHOL

P,T *

Fall River/New Bedford Center for Alcohol Problems, Inc.

386 Stanley Street
Fall River, MA 02720
617-522-5222

T

Fuller Memorial Hospital - New Day Center

Contact: William White, Director of Program Development
231 Washington Street
South Attleboro, MA 02703
617-761-8500 Ext. 273
Hours: 24 hours

T ***Gosnold**

200 Ter Heun Drive
Falmouth, MA 02640
617-540-6550

T**Harmony House**

234 Earle Street
New Bedford, MA 02746
617-992-8948

T**Lifeline - St. Anne's Hospital**

Contact: Melinda Soares-Murphy, Director
795 Middle Street
Fall River MA 02721
617-674-5741 Ext. 226
Hours: 8:00-9:00
Sat.-Sun. 8:00-12:00 medication only
Language: Portuguese, translators available

T**The Road Back**

7 Forrest Street
Attleboro, MA 02703
617-222-5817

T**Steppingstone, Inc.**

466 North Main Street
Fall River, MA 02720
617-674-2788

T**Veterans' Administration Hospital**

940 Belmont Street
Brockton, MA 02401
617-583-4500

T

P = Prevention **T** = Treatment **E** = Enforcement ***** = Hotline

Suggested Readings for Parents

- A Parent's Guide to Child Discipline* by Dr. Rudolf Dreikurs, Hawthorn Brothers, New York
- Between Parent and Child* by Dr. Haim G. Ginott, Avon Books, New York
- Between Parent and Teenager* by Dr. Haim G. Ginott, Avon Books, New York
- Children of Alcoholics* by Robert Ackerman, Learning Publications, Inc., Helmes Beach, Florida, 1978
- Drugs From A to Z, a Dictionary* by Richard R. Lingeman, McGraw-Hill, New York, 1976
- Generations Apart* by Leon S. Sheleff, McGraw-Hill, New York, 1981
- Getting To Yes: Negotiating Agreement Without Giving In* by Roger Fisher and William Ury of the Harvard Negotiation Project, Penguin Books, New York, 1983
- Helping Your Child Learn Right From Wrong* by Dr. Sidney Simon and Sally Olds, McGraw-Hill, New York
- How to Cope with a Teenage Drinker* by Dr. Gary G. Forrest, Fawcett Crest Books, New York, 1983
- How to Live Almost Happily with a Teenager* by Drs. Lois L. Davitz and Joel R. Davitz, Winston Press, Minneapolis, Minn., 1982
- How to Talk to Kids About Drugs* by Suzanne Fornaciari, Pacific Institute for Research and Evaluation, Bethesda, Maryland, 1982
- How to Talk So Kids Will Listen and Listen So Kids Will Talk* by Adele Faber and Elaine Mazlish, Avon Books, New York, 1980
- It Will Never Happen to Me* by Claudia Black, M.A.C. Publishing, Denver, Colorado, 1982
- Listen to Us!* ed. by Dorriet Kavanaugh, Workman Publishing, New York, 1978
- Parent Effectiveness Training* by Thomas Gordon, New American Library, New York, 1975
- Parents, Peers and Pot II* by Marsha Manatt, Ph.D., National Institute on Drug Abuse, Rodeville, Maryland, 1983
- Reaching Your Teenager* by Elizabeth C. Winship, Houghton Mifflin Company, Boston, MA, 1983
- Strengthening the Family* by Stephen Glenn, Pacific Institute for Research and Evaluation, Bethesda, Maryland, 1981
- Survival Kit for Parents of Teenagers* by David Melton, St. Martin's Press, New York, 1979
- Surviving With Kids: A Lifeline for Overwhelmed Parents* by Wayne Bartz and Richard Rasor, Impact Publishers, San Luis Obispo, CA
- Teenage Drinking* by Robert North and Richard Orange, Jr., MacMillan Publishing Co., New York, 1980
- The Disappearance of Childhood* by Neil Postman, Delacorte Press, New York 1982
- The Family Handbook of Adolescence* by Drs. John E. Schowalter and Walter R. Anyan, Alfred A. Knopf, New York, 1979
- The Turbulent Years* by Dr. James E. Gardner, Oak Tree Publications, San Diego, CA, 1982
- What's Right With Us Parents?* by Grace N. Fletcher, William Morrow, New York 1972
- What, When and How to Talk to Children About Alcohol and Other Drugs, A Guide for Parents* by Gail Milgram, Ed.D., Hazelden Foundations, 1983

Pamphlets

NIAAA/NIDA

- An Adolescent in Your Home*
- Child Development in the Home*
- Drug Abuse Prevention for Your Family*
- For Parents Only: What You Need to Know About Marijuana*
- Parents, Peers and Pot*
- A Women's Choice: Deciding About Drugs*
- Why Young People Become Antisocial*
- Yours, Mine & Ours: Tips for Stepparents*
- A Family Response to the Drug Problem: Handbook*
- A Family Response to the Drug Problem: Group Facilitator Guidelines*

Public Affairs Committee, Inc.
381 Park Avenue South
New York, New York 10016

Helping Children Face Crises
Runaway Teenagers
Parents & Teenagers
Help for Your Troubled Child
What Should Parents Expect From Children
Coming of Age: Problems of Teenagers
Children & Drugs

Channing L. Bete, Co., Inc.
45 Federal Street
Greenfield, MA 01301

About Your Child's Emotional Health
Understanding Adolescence
What Every Parent Should Know About Drugs and Drug Abuse

Hazelden Educational Services
Box 1776
Center City, MN 55012

Points for Parents Perplexed About Drugs by David C. Hancock
But I Didn't Make Any Noise About It by Cindy Lewis-Steere

New American Library, Inc.
120 Woodbine Street
Bergenfield, NJ 07621

The Half-Parent by Brenda Maddox
How to Parent by Dr. Fitzhugh Dodson

Order Form

Please send me _____ additional copies of the **Governor’s Guide for the Prevention of Alcohol and Drug Abuse.**

Name _____

Title _____

Organization/Agency _____

Street Address _____

City/Town _____

State _____ Zip Code _____

Mail form to:

Governors’s Guide for the Prevention of Alcohol and Drug Abuse
c/o Rhode Island Division of Substance Abuse
Department of MHRH
600 New London Avenue
Cranston, Rhode Island 02920