City of Cambridge
Policy for Children and Youth

Report of the Substance Abuse Study Committee

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Prepared By: Gloria J. Palladino
Planning and Development Division
Cambridge Department of Human Service Programs
51 Inman Street
Cambridge, MA 02139
Tel.# 498-9076

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Goal Statement:

All youth in Cambridge have the right to an environment that promotes responsible decision making and supports them in their decision not to use or abuse alcohol and other drugs.

INTRODUCTION

THE STUDY COMMITTEE

The Substance Abuse Study Committee began meeting in early March, 1989 and subsequently met for a series of 5 meetings. Following the last meeting, a subcommittee of members was formed to work on refining the recommendations proposed by the larger group. A listing of all Study Committee members follows this section. This report is a compilation of Study Committee members' input, supporting research, and information gathered at other community forums such as Area 4 Crime Task Force meetings and a meeting convened by the Governor's Alliance Against Drugs at Cambridge Rindge and Latin High School.

APPROACH

The Study Committee has consistently defined substance abuse as a sociological problem, placing it in a social context of poverty, poor education, societal and family attitudes about drugs, family patterns of drug use, etc. Medicalization of the substance abuse issue would limit the way solutions are addressed. The Committee also recognized the various strategies for addressing the drug problem:

to decrease the supply (e.g. curtailing the flow of drugs into the country)

to change rules that govern distribution (e.g. raising the legal drinking age)

to reduce demand (e.g. prevention, treatment and deterrence of drug use)

This report and its concluding recommendations have a focus on reducing the demand for drugs as the means for addressing the drug problems among youth. This approach stems from the desire to be more prevention-focused and the recognition that the drug problem cannot be won until the demand for drugs is lessened. This is particularly true with drugs that are easily accessible, such as alcohol and nicotine.

The Committee has also recognized that there must be a comprehensive response to substance abuse that involves parents, the media, government, schools, the legal system, community-based agencies, and other major influencing institutions.

SUBSTANCES USED BY YOUTH

Data put forth by the Director of Concilio Hispano's Addictions Program, and concurred with by other Committee members, provided this information on drugs used by adolescents:

Most common drugs used by Cambridge youth (in order of prevalence):

a. tobacco
b. alcohol
c. marijuana
d. cocaine/crack
e. various pills and LSD

There may be a link between tobacco use and alcohol use, as 25% of smokers have problems with alcohol, but only 3% of nonsmokers have problems with alcohol. The point of introduction of tobacco in a youth's life is generally 7th grade. The point of introduction of alcohol is generally between 7-9th grade. There is a direct correlation between age at onset of use, and addiction: the younger a child is when starting to use a substance, the more likely that child is to become addicted.

Lieutenant Bongiorno, in charge of Narcotics for the Cambridge Police Department, stated in his presentation at an Area 4 Crime Task Force meeting that youth are exposed to illicit drugs by age 12. Bongiorno also stated that the primary drug of choice in Area 4 is cocaine. The Police are finding less trafficking of marijuana, which may be related to the bulkiness of this drug and the difficulty of concealment, especially in comparison with cocaine. Also the potential for making large profits are much greater with cocaine than with marijuana.

DRUG USE RESEARCH

The Study Committee recommends caution in interpreting and utilizing research on drug use. Many potential problems of reliability and validity exist. First, as is the case in a recent Boston Globe article, headlines may announce that drug use has declined, but the study often addresses illicit drugs and omits alcohol use, which has remained steady or increased. Another misleading factor is that studies often use in-school youth as a sample base, thereby omitting out-of-school youth who are more at-risk for substance abuse. Last, studies are usually based on self-reported information in which verification of accuracy of the data is not possible. The trust factor would need to be great for a youth to reveal drug use to a researcher. Keeping these limitations in mind, the research can nevertheless offer information on general trends in drug use among specific subgroups of the population. Some of the more recent research on drug use by youth is cited in the Research section of this report.

SECTIONS OF THIS REPORT

As the Study Committee met, we tended to view substance abuse in the stages of Prevention, Early Intervention and Treatment. When recommendations were made, it became clear that strategies and interventions occur within schools, the community or the family unit. These three categories are therefore the headings of the core section of this report.

SUBSTANCE ABUSE STUDY COMMITTEE MEMBERS

WILLIAM BATES
Comprehensive Health Education & Human Services, Ca. Public Schools

ROBERT BRIDGEMAN
Founder/Producer, Dreamers Inc.

JACKIE CLARK
Chairperson, Fletcher Neighborhood Council
Member, Area 4 Crime Task Force

LAUREN DOMBROWSKI
Youth Intervention Counselor, CASPAR Inc., Alcohol Education Program

MARIE ESPOSITA
Maternal & Child Coordinator, Visiting Nurse Association, Inc.

BOB GOODWIN
Youth Program Manager, Community & Youth Division, Ca. Human Services

NANCY MACPHEE
Training Specialist, Mt. Auburn Hosp. Prevention & Training Center

KATHY MCNULTY
Case Manager, Dept. of Mental Health

FATIMA MONTEIRO
Youth Program Coordinator, Ca. Organization of Portuguese Americans

FRANCISCO NAPOLITANO
Director of Addictions Program, Concilio Hispano

SUSAN RICHARDS
Teen Program Director, Community Arts Center

GLORIA SMITH
Executive Director, Margaret Fuller House

JILL STEIN
Internist, Harvard Community Health Plan

HAP TIERNEY
Community Representative, Office for Children

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GLORIA PALLADINO
Grants Manager/Planner, Cambridge Dept. of Human Service Programs
Study Committee Facilitator

CAROLYN SHARP
Grants Assistant, Cambridge Dept. of Human Service Programs
Study Committee Staff

SCHOOLS

SCHOOLS

Background of the Issue:

Schools are only one of many settings in which substance abuse prevention should occur. However, schools have great potential as a setting for drug abuse prevention and intervention because schools can reach every child for a prolonged period of the child's life. School systems are prepared in varying degrees to meet the social service needs of their students, and may not see their role much beyond education in a strictly academic sense. The Cambridge school system has a framework from which many health and social services have been developed and implemented for students. This framework is a component called Comprehensive Health and Human Services and it serves as an umbrella for health curriculum, school-community linkages, and support services for students. The challenge is to continue to fill in the gaps in services that will both prevent the onset of drug use, and intervene and address the needs of youth who have begun to use alcohol and other drugs.

On March 27, 1989, the Governor's Alliance Against Drugs sponsored a student forum at Cambridge Rindge and Latin High School. Attended by well over 100 high school students, the forum provided a unique opportunity to directly hear the frank thoughts of students on issues of substance abuse. There was consensus that public policy should focus on reducing the demand for drugs rather than on diminishing the supply. The following are other key statements by the students:

> Students expressed frustration with the pending budget cuts in education and asked how the schools could be expected to play a larger role in drug prevention with fewer resources.
>
> Opinions were expressed as to why youth take drugs: influenced by other youth who are taking drugs; youth do not take drug use seriously; adults in the society are also abusing drugs and are therefore poor role models; drugs are used as a means of empowerment; drug dealing is financially lucrative; youth don't care about physically abusing their bodies; there is a lack of after-school options that provide youth with alternatives; drug use is often glamorized by the media; youth turn to drugs for fun and excitement in their lives; youth take drugs because they want to "be cool" (cool is defined by youth not by adults).
>
> One peer educator expressed that, in her work with 6th graders, she learned that they were already well-versed about drugs.

The students felt that it was not enough to be knowledgeable about drugs. They believe substance abuse education should also examine one's attitudes towards drugs.

Overall, most of the students had well-developed, serious ideas on drug-related issues and were very willing to express their opinions. It was evident that input from youth would be valuable in developing and evaluating prevention and intervention programs.

Recent research (see Research section of this report) suggests that drug use among youth overall has declined, although alcohol use has remained steady or is slightly increased. The Study Committee used caution in interpreting such findings because, among other issues, the research samples were usually drawn from school populations. This methodology omits out-of-school youth who are more at-risk of abusing substances and may have dropped out of school because of drug use or drug-related problems at home. Cambridge currently has a drop-out rate of 25-30% of the student body; these youth often become disenfranchised from mainstream society making it near impossible for them to receive the support services that they need.

With regard to in-school youth in Cambridge, some members of the Study Committee felt that substance use within the high school is well-controlled. A 1988 review of disciplinary actions at the high school showed that out of 6,000 disciplinary cases in the school, 30 to 40 cases were related to substance abuse. There is currently a strong security force of 7 staff at the high school. However, other members of the Study Committee pointed out that some substances are difficult to detect, citing cocaine as an example of a drug which is odorless and does not necessarily cause clearly inappropriate behavior. In addition, some academic or behavioral problems may be caused by use of substances by the student or a family member, but may be classified as a problem other than substance abuse.

Resources in the Cambridge School System:

*Currently all 9th graders receive mandatory health education for half of the school year, 5 days per week. Health curriculum is also taught in the Longfellow and Harrington grammar schools.

*In 1988-89, substance abuse prevention curriculum was taught in 8 schools. 50% of students in elementary schools received either health or substance abuse prevention curriculum. In 1989-90, health staff will work with all elementary schools via a health newsletter and follow-up classroom visits. The Superintendent of Schools has established a city-wide Task Force to work on comprehensive substance abuse prevention. She is mandating that substance abuse prevention be taught in all classrooms.

*There is a Peer Leadership Program in which 50 students provide rap sessions for 6th graders, 3 times a year.

*In-class training for teachers occurs for 10-week intervals by School Department Staff. The Mount Auburn Prevention Center has done 18 hour teacher trainings in substance abuse awareness and has trained 113 teachers since 1984.

*A Teen Health Clinic, managed by Cambridge Hospital and located on-site at the High School, opened in the Fall, 1988. Substance abuse counseling and assessment are provided to students by the CASPAR Alcohol Education Program.

*The Human Services Collaborative creates linkages between school and community resources and has developed Student Support Teams in 5 schools. These school-agency teams are: Fletcher-Cambridge Department of Human Service Programs; Graham and Parks-Cambridge Family and Children Services; Harrington-The Family Center; Longfellow-Catholic Charities; Peabody-Cambridge Youth Guidance Center. Cambridge Rindge and Latin High School, House C, developed a student support team on their own. Student Support Teams provide a means for coordinating and unifying support services to address the needs of at-risk students. Three new schools are being added to the drop-out prevention program in 1989-90 and paired with the following agencies: Agassiz-Cambridge Youth Guidance Center; Morse-Cambridge Family and Children's Services; and Tobin-Cambridge Family and Children's Services. These schools and agencies will work to form student support teams.

*Concilio Hispano administers a Youth Enrichment Program on-site at the high school for approximately 60 Latino youth. The goal is to help students avoid the use and abuse of drugs by enabling them to feel good about themselves, stay in school, set future goals, and seek adequate services when faced with barriers to academic success.

*CASPAR, Inc runs groups in 5 Pilot Schools for 7th and 8th graders.

*A Truancy Review Panel meets weekly to review cases of referred students ages 6-16. The panel is composed of the Cambridge Public Schools, Cambridge Youth Guidance, Cambridge Juvenile Court/Probation, Adolescent Consultation Clinic, the Cambridge Dept. of Human Service Programs, Children's Hearings Project and the State Dept. of Social Services. The Review Panel meets 1.5 hours weekly and reviews 4-5 cases per week.

*The School Dept. administers a Drop-Out Prevention Grant funded by federal and state monies. These funds provide the resources to augment and coordinate support services in the school setting.

*Cambridge Community Services, in conjunction with the New England Sports Museum, have recently implemented the Winning Edge Program. Winning Edge is an after school program that uses sports and health concepts to motivate sixth and seventh graders. Winning Edge stresses: academic skills training; parent education and family involvement; self-esteem building; peer education.

Identified Problems:

*Not enough emphasis placed on Health Education.

*Not all secondary bi-lingual students receive Health Education in their first language. Some bi-lingual students in House D receive native language instruction by a non-certified teacher.

*Health and Drug Education is occurring sporadically.

*No systematic evaluation of the effectiveness of Health Education.

*Not enough resources for Teacher Training.

*Student Support Teams are only operating in 5 elementary schools. Current plans are to extend the Teams to 3 more schools. On-going funding and expansion to the remaining 5 schools is uncertain.

*No systematic procedure or training for insuring that teachers can identify and assist students who may be abusing drugs.

*Limited emphasis or policy for parental involvement.

*The youth who often need the most help, are dropping out of school.

Recommendations:

1. Mandate and elevate the importance of Health Education, with a strong substance abuse prevention component, in every grade level K-9, including Health Education for bi-lingual students in their first language and for special needs students. Develop creative options for administering Health Education in grades 10-12, i.e. mini-courses. Build-in an evaluation component to determine the effectiveness of the education.

2. Provide Teacher Training that consists of examining substance abuse issues and practice teaching the curriculum in a co-teaching model with Trainers. Training should be available for all teachers providing classroom instruction in Health Education. All school staff should be systematically trained in substance abuse awareness.

3. Extend the Student Support Team Model from the 8 elementary schools where it currently operates and/or is currently being implemented, to all 13 elementary schools and all of the high school. Support the plan to implement the model in 3 additional schools in 1989-90.

4. Establish a procedure for Identifying and Referring students who are suspected of using drugs. Provide identification and referral training to school personnel.

5. Insure consistent implementation of a School Policy for students in need of disciplinary action due to drug related offenses. The Policy should provide for the youth's health and human service needs, along with clear guidance regarding discipline.

6. Provide support for a strong, In-School Peer Leadership Program through adequate supervision, resources, and training.

7. Recognizing that parents can be a valuable source of knowledge and support to their child, attempt to include Parents in the early stages of problem identification, provided that this would not be a breach of the youth's confidentiality.

COMMUNITY

COMMUNITY

Background of the Issue:

It is often expressed that an effective effort against substance abuse must be a concerted effort by the entire community. This is a departure from previous thinking that substance abuse problems should remain hidden and resolved within the family unit. More and more we see the business community, clergy, local government, community-based agencies, concerned citizens, educators, and others coming forward to help address the drug problems in their communities. Such broad-based involvement has been emphasized in the national policy against drugs as evidenced in President Bush's recent remarks for the war on drugs, "to be waged at every level of government and by every citizen."

An example of a community approach began in Cambridge in September, 1988 with the formation of the Area 4 Crime Task Force. Area 4 is the poorest neighborhood in the City, housing approximately 25% of all poor children in Cambridge. The Task Force was formed because of concern among residents of the increasing drug trafficking and use in their neighborhood. The Task Force is made up of approximately 25 members who represent local clergy, neighborhood councils, the Area 4 Coalition, the School Department, the City's Department of Human Service Programs, residents of nearby housing projects, the private sector, and the Police Department.

Through the Task Force, the community is gaining awareness and an understanding of the drug problem in their community. Cambridge Police Lt. Richard Bongiorno reported to Area 4 residents that 88 drug arrests occurred in Area 4 in 1988; there were 41 drug arrests in Area 4 during January-April, 1989. Lt. Bongiorno also stated that cocaine is the primary drug of choice in Area 4. Much of the drug activity in the area is taking place in a four-block section of the neighborhood between Columbia Street and Windsor Street.

Initially the Task Force identified the following drug-related community needs:

*The need for more police visibility and surveillance.

*The large number of abandoned buildings in the neighborhood that must be boarded up. Empty buildings are used to make drug deals.

*The need for a lighting survey to determine areas of the neighborhood that need to be better lit.

*The need for school gymnasiums in the area to be open to teenagers over the age of 14.

Considerable progress has been made with these concerns. Police visibility in the neighborhood has been significantly increased. The Police Department reports that 65% of their drug effort is concentrated in Area 4. Owners of abandoned buildings have been notified about boarding up their property. New lighting has been installed. The new City budget includes funds for the design and development of an Area 4 Teen Center.

The challenge with the formation of any such Task Force is to maintain involvement of current members as well as broaden community participation. The Task Force has recently established its Action Plan that defines both short and long-term objectives. They are:

1. Outreach - make more residents aware and involved in the Task Force and its objectives.

2. Education - how to recognize and respond to drug activity in the neighborhood while maintaining personal safety; information to parents on how to prevent or intervene in drug use in their own families.

3. Implementation of a Block Watch.

4. Development and implementation of a Youth Center.

5. Securing State funds under the "Reclaim our Community" initiative to support Task Force activities.

Area 4 does not house all the City's drug problems; Cambridgeport, Harvard Square and the City's public housing projects are also cited by police as "hot spots". But the Task Force is the first broad-based community approach to the drug problem and may spur on other such efforts in Cambridge neighborhoods.

In addition to the efforts of the Task Force, Cambridge also has a number of community-based agencies that address substance abuse problems. Although, in most cases, the resources of these agencies have gradually increased over the years, resources still fall short of the need. Members of the Substance Abuse Study Committee voiced strong concerns that the youth most in need of services are often the group that is least likely to receive them. One reason is that at-risk youth are much harder to reach, and if they are using substances, they will continue to become more disenfranchised from mainstream society. If a youth drops out of school, they are no longer part of a system that can serve to monitor behavior and respond to problems. Many of the recommendations of the Study Committee offer strategies for reaching youth at the community level and via creative programming.

Issues of training, coordination, and mode of treatment were also examined by Committee Members. Committee Members believe that it is not enough to be trained in substance abuse awareness, but providers serving adolescents should have additional training on serving the adolescent population. There were concerns about the lack of coordination between service providers as evidenced by the fact that some of the Committee members were meeting each other for the first time. And last, Committee members expressed concern about the lack of an oversight body to review the modalities of treatment used by public and private programs.

Community Resources

Area 4 Crime Task Force
A community-based coalition that addresses the drug problems in Area 4.

Concilio Hispano, Addictions Program
Bi-cultural, bi-lingual services to Latino residents including outpatient counseling, acupuncture clinic, work with incarcerated individuals, group therapy, AIDS counseling and testing, individual and group counseling with adolescents at the high school.

Cambridge & Somerville Program for Alcoholism Rehabilitation (CASPAR)
Comprehensive alcoholism treatment and rehabilitation services through the following Divisions: Walk-in Outpatient Service, Inpatient Unit, Intervention Center, Phoenix Club, Emergency Service Center, Men's Community Residences, Women's Alcoholism Program, New Day, Family Services, and the Alcohol Education Program. The Alcohol Education Program provides alcohol, drug, and AIDS education and assessment for high-risk groups.

Bridge Over Troubled Waters
Drug counseling services to runaway youth.

North Charles Institute for the Addictions
Comprehensive outpatient drug treatment including individual, group and family counseling, drug evaluations, and a methadone maintenance program.

Cambridge Hospital, Cahill 3
Alcohol detoxification unit and inpatient treatment.

Mt. Auburn Hospital Prevention & Training Center
Alcohol and drug education, peer leadership training, stress management training, training for parents to become group facilitators, training of individuals who work with elders. Outpatient services at Mt. Auburn Hospital.

Visiting Nurses Association
In-home services to families at-risk who have substance abuse related problems.

Alcoholics Anonymous, Al-Anon, Alateen
Self-help organization for alcoholics and family members.

Community Arts Center
Located in Newtowne Court/Washington Elms, focuses on the arts as a medium for personal and social development of at-risk youth.

Identified Problems

Not enough resources and programs to reach out-of-school youth and youth at-risk.

Not enough after-school and summer activities for all youth.

No "street outreach" to reach disenfranchised youth.

No systematic review of substance abuse programs and their mode of treatment.

The need for improved collaboration among service providers and City Departments.

Inadequate involvement of youth and parents in program development.

Not enough understanding of the attitudes about drugs among ethnic and racial groups.

The profit motive incentive that often lures youth into drug dealing.

Lack of a comprehensive, community response to the drug problems.

Inadequate parent knowledge and skill to deal with drug problems in their families.

Lack of early-intervention services to at-risk families.

Recommendations

Community-Based Services

1. Expand and develop Experiential Education Programs for at-risk youth that are administered by trained workers, provide creative alternatives for their role in the community, challenge a youth's self-concept and allow youth to view themselves in a more positive fashion.

2. Create more opportunities for all youth to participate in After-School and Summer Activities that promote youth development and positive alternatives.

3. Explore the feasibility of establishing a CASPAR After-School Program Satellite Site in Cambridge.

4. Provide "Street Outreach" as a means of reaching out-of-school youth who are disenfranchised from traditional support systems.

5. Explore options for expanding and coordinating the Peer Leadership Program outside of the school setting. Insure that the program is culturally and linguistically appropriate.

6. Provide opportunities for youth to participate in Support Groups that are structured, yet informal enough for youth to express their thoughts and concerns. These sessions should be led by community professionals who already have a rapport with youth.

Policy & Planning

1. Implement a "Quality Assurance" procedure for prevention and treatment programs wherein a program's design, philosophy, and modality of treatment would be reviewed.

2. Expand Training Opportunities for Service Providers that focus on specialized training needed to serve adolescents.

3. Identify ways to Improve Collaboration among service providers and other City efforts to combat drug abuse.

4. Identify and Address the Barriers that prevent youth and families from utilizing existing services.

5. Insure that there is Input from Youth and Parents in the planning and development of programs and services.

6. Insure that Drug Education Addresses the link between Using Drugs and HIV Infection and that it provides information on the Physical Consequences of Using Drugs.

7. Promote more Research on Attitudes about Drugs among various racial and ethnic groups.

8. Recognize and address the issue of the huge Profit Motive that can lure youth into dealing drugs.

Community Mobilization

1. Form a Community Task Force that has knowledge of the resources

available to combat drug problems, advocates for resources to fill the gaps in services, promotes public awareness of the problems, and coordinates training efforts in the community. The Task Force should include representatives from key institutions in the ethnic and racial communities.

2. Provide Opportunities for Parents to Contribute to the prevention of substance abuse, both as a member of the community and as parents. Develop a Parent Information Booklet that includes communicating about drugs with your child.

3. Coordinate efforts with and support the newly formed Cambridge Chamber of Commerce Pilot Outreach Program to Combat Drugs.

FAMILIES

FAMILIES

Background of the Issue:

The family unit plays a critical role in how young people respond to drugs and alcohol in their environment. For example, the parent's attitudes and use of substances are a strong influence on the patterns of use by their children. According to the National Association for Children of Alcoholics, children of alcoholics are at the highest risk of developing alcoholism themselves or marrying someone who becomes alcoholic. On the positive side, it is generally accepted that parents who foster self-confidence and self-worth in their children, as well as exercising good communication in drug-related issues, will help prevent their children from using drugs.

The Substance Abuse Study Committee expressed many concerns with regard to substance abuse and families. Some members felt that there is an increasing incidence of youths' parents abusing substances and that therefore parents would be experiencing greater conflict around their children's use. Gains made during counseling with youth could be counteracted when a teen returns to an addictive family system. Committee members also expressed frustration with the poor results that they've experienced when attempting to get parents involved in programming.

Economic pressures affect parents' abilities to attend to their children's needs. Committee members felt that the City must help in providing a setting in which it is possible for parents to effectively parent. Networks that previously gave guidance about family life, i.e. the church, extended families, are no longer as influential, therefore creating a greater need for community networks that can support families.

Committee members also discussed the relationship between the disintegration of the family unit and the rise of addictive disorders and related problems such as spouse and child abuse. The family unit may serve as a mediating or regulating force, providing support or imposing containment on any predisposed tendency of an individual toward substance abuse.

Often in discussion of causes of adolescent problems, such as substance abuse or teen pregnancy, the issue of self-esteem is introduced. The Study Committee agreed that self-esteem is an important contributing factor but thought it necessary to define the term. We reviewed and generally accepted the definition put forth by Donald Ian Macdonald, M.D. in the publication, Drugs, Drinking and Adolescents. Within this definition, it is clear the role the family would play in influencing the self-esteem of their children.

Macdonald defines self-esteem as personal judgment of worthiness and introduces four major factors that are the antecedents of self-esteem. These are:

1. The respect, acceptance, and concerned treatment that an individual receives from "significant others" in his or her life.

2. An individual's history of successes. Macdonald states that good behavior and accomplishment that are rewarded are apt to make a child feel good about him or herself and lead to continued successful performance.

3. Having values and aspirations. For example, the child in high school who is unable to express any plans for the future is at greater risk than the child who has a career goal.

4. The manner in which the child is able to deal with errors, defeats, and frustrations. For example, parents should avoid the temptation to totally insulate children from the realities they must eventually face.

As a guide for parents on how to build positive self-esteem in their children and to be involved in the prevention process, the booklet, "Drug Abuse Prevention, A Guide for Parents" was developed for the Federal Office for Substance Abuse Prevention. This guide concludes with the following checklist for parents who want to make substance abuse prevention a positive process in their families:

Learn as much as you can about drugs and alcohol.

Talk with your children about the dangers of using drugs and alcohol. Tell your children you want to hear what they know about drugs and alcohol.

Communicate with your child by using listening skills.

Love your children and help them develop a good self-image.

Be a good role model for your children.

Be honest in expressing your feelings and in stating your own values and preferences. Encourage your children to develop strong values.

Encourage your children to value their individuality.

Teach your child assertiveness when dealing with peer pressure.

Set clear rules and limits for your child and enforce them.

Be calm, firm, and consistent when talking to your child about substance abuse. Remember that you're sharing ideas and information. Don't put your teenager on the witness stand or demand a confession.

Encourage your children to become involved with alternative activities such as hobbies, sports, music and recreation.

Join together with other parents to implement drug abuse prevention strategies in your community.

Resources for Parents

Cambridge Hospital, Cahill 3, Family Treatment Program, 498-1417

CASPAR, INC., Business Office - 628-3850, Alcohol Education - 623-2080

Area Clergy

Adult Children of Alcoholics Support Groups, Al-Anon, Alateen - 843-5300, Alcoholics Anonymous - 426-9444

Mt. Auburn Prevention and Training Center trains parents as facilitators of parent groups, has a self-study guide for parents of elementary school-aged children, provides workshops on parenting skills - 893-0111.

Mt. Auburn Hospital, Center for Alcohol Problems, 499-5051

Concilio Hispano, Addictions Program, 661-8000

North Charles Institute for the Addictions, family counseling, 661-5700

Counseling and Mental Health Agencies:
Cambridge Family and Children's Services, 876-4210
Cambridge Youth Guidance Center, Inc., 354-2275
Cambridge Somerville Catholic Charities, 625-1920
The Family Center, Inc., 628-8815
Adolescent Consultation Services, 494-0135

Identified Problems

Some parents lack knowledge and information to deal with drug-related issues in their families.

Lack of culturally-appropriate parent training on issues of substance abuse.

Lack of early-intervention to at-risk families.

Use of substances by parents causes them to be conflicted about their children's use. Some parents condone or ignore drug use.

Youth receiving substance abuse services are sometimes returning to the same dysfunctional family unit.

Service providers often have difficulty getting parent involvement in programs.

Economic pressures affect parents' abilities to attend to their children's needs.

Lack of a community network that supports parents.

Recommendations

1. Provide culturally-appropriate Parent Training that will enable parents to deal with situations in their own households and also train parents to outreach other parents.

2. Develop Early-Intervention Services for At-Risk Families, prioritizing families with a chemically-dependent parent(s).

A. STUDY BY HEALTH AND ADDICTIONS RESEARCH, INC.

The following research has been conducted by Health and Addictions Research, Inc. under contract with the Massachusetts Executive Office of Human Services, Department of Public Health, Division of Drug and Alcohol Abuse Services. In the fall of 1987, the Division completed a cross-sectional study of 2,283 randomly selected seventh through twelfth graders from 100 schools in 74 communities across Massachusetts. A similar statewide cross-sectional study was carried out in the Fall of 1984 and provides a basis for comparison and trend analysis. The Division has also initiated a study that collects data on 942 sixth grade students from 26 schools in 12 communities over a 7-year period. For the purpose of interpreting this research, lifetime use is defined as ever having used a substance and current use is defined as having used an identified substance within the past 30 days. Some of the key findings are as follows:

ILLICIT DRUGS

**The overall lifetime and current use of illicit drugs decreased between 1984 and 1987. The declines were evident for all ages. Lifetime use dropped from 59.7% of the students in 1984 to 50.8% in 1987. Current use declined from 31.5% of the students in 1984 to 24.5% in 1987.

**Lifetime marijuana use dropped from 51.2% of the students in 1984 to 42.6% in 1987. Current marijuana use dropped from 27.7% in 1984 to 21.2% in 1987.

**Lifetime cocaine use dropped from 17.4% of the students in 1984 to 12.2% in 1987. Current use dropped from 7.4% of the students in 1984 to 4.7% in 1987.

**Perceived difficulty in obtaining illicit drugs increased between 1984 and 1987. The perceived difficulty in obtaining marijuana increased from 17% in 1984 to 23% in 1987. The perceived difficulty in acquiring cocaine increased from 54% in 1984 to 59% in 1987.

TOBACCO

**Lifetime cigarette use declined slightly from 68.7% in 1984 to 66% in 1987. Current use declined from 33.6% in 1984 to 31.8% in 1987.

ALCOHOL

**Alcohol is the drug that Massachusetts' adolescents are most likely to use. In contrast to the use of other illicit drugs and cigarettes, which declined in the three year period between the 1984 and 1987 statewide surveys, alcohol use increased slightly.

**Of the high school seniors in the study, 95% reported using alcohol at least once in their lifetime and 71% drank within the month prior to the survey.

**Lifetime use increased each grade; the greatest percent change occurred between grades 6 and 7 (110%).

**Adolescents tended to begin alcohol use by drinking wine (mean age first use = 11.8 years).

**In the month prior to the survey, almost half (47%) of the 9th grade students and 71% of the 12th graders drank alcohol.

**One in 10 (10%) of the 7th graders and half (47%) of the 12th grade respondents reported drinking five or more drinks at one time within the two weeks prior to the survey.

**Over half of the sophomores (53%) and seven out of 10 of the juniors (68%) and seniors (72%) reported that they drank to get high at least once or twice in the year prior to the study.

**About 11% of sophomores, 13% of juniors, and 14% of seniors stated they had been drunk in school at least once or twice in the last year.

**Alcohol is readily available: 7th through 10th grade students tended to acquire alcohol at home, at parties, or at friends' houses; one-third (32%) of the seniors purchased alcohol from liquor stores.

**One in four (25%) of 12th grade drivers reported driving after consuming five or more drinks.

**The lifetime prevalence of alcohol use by Massachusetts adolescents is higher than the national average.

B. OTHER STATISTICAL INDICATORS

**According to an article in the Cambridge Tab on 2/14/89 entitled, "The Drug Abuser Blues," an estimated 1,000-1,200 people are now on waiting lists throughout the state to get into detox centers and halfway houses. However this does not include those programs with no waiting lists that are forced to turn people away. For example, one facility in Waltham reports turning away 45 people a month.

**According to staff members at CASPAR, 1 out of every 3-4 children in the Cambridge/Somerville area has a parent(s) with a substance abuse problem.

**In a 1988 survey by the U.S. Conference of Mayors on the status of children in 52 American Cities, substance abuse was the most frequently identified problem of all children and of low-income children.

**In a Boston Globe article on 7/22/88, it was reported that 2,070 more cases of child abuse and neglect were reported to the State Department of Social Services between March-May, 1988 than in the same period of 1987. Workers and officials say that drug and alcohol appear to be the leading causes of family disruption, child abuse and violence in 55% of the cases that they investigate.

**The American Cancer society provides the following information on Teenagers and Smoking:

-Two-thirds of all smokers begin before the age of 18.
-The overall decrease in the teenage smoking rate has not affected 17 and 18 year-old girls. Approximately one out of every four girls in that age group smokes.
-Of girls between the ages of 13-17, 1.7 million-12.7% of the age group population-are smokers.
-Of boys between the ages of 13-17, 1.8 million-10.7% of the age group population-are smokers.

**The following statistics are the result of a recent survey of Somerville High School students conducted by an independent researcher associated with Tufts University Medical School. As a neighboring community to Cambridge, this data may offer some insight as to drugs being used by area youth:

-More males said they were regular drinkers than females with a ratio of almost 4 to 1.
-26.3% of females said that they were regular smokers compared with 19.6% of males.
-45% of all students described themselves as an occasional drinker; 30.6% said they experimented with smoking.
-One-third of the students said they have used marijuana.
-11& of males said they have used crack compared with 1.8% of females.
-Cocaine has reportedly been used by 13.3% of the students, speed by 13.2% and downers and angel dust by approximately 8% each.
-Almost one-third of the respondents said they drove after the use of drugs or alcohol.

2. S-793

Comm. from Joseph E. Connarton, City Clerk, transmitting a report from Vice-Mayor Wolf of the Substance Abuse Study Committee.

In City Council,

November 20, 1989

Placed on file