
INTRODUCTION

Drug Abuse: A National Threat

According to a recent national survey, an estimated 19.1 million Americans age 12 and older currently use illicit drugs.¹ In other words, 8 percent of the country's population age 12 and over reported using some kind of illegal drug in the past 30 days.

Although most categories of drug use have shown declines in recent years, there is no question that substance abuse remains a serious problem in the United States. Illegal drugs are of concern not only because of their adverse effects on users, their friends, and their families, but also because their destructive influence spreads to every sector of society. Drug use harms communities in many ways—through lost productivity on the job and increased absences from work;² barriers to academic performance,³ high medical costs,⁴ and drug-related crime,⁵ to give just a few examples. The human and financial costs of drug use are unacceptable and place an enormous burden on our country. For the sake of our communities and our future, we need to do everything in our power to confront this threat to our public health and public safety.

Substance abuse is an enormous and multifaceted problem, involving myriad factors and conditions. Effectively addressing this problem requires an equally wide variety of responses. However, our efforts to control substance abuse too often become fragmented as a result, with anti-drug groups unaware of what others may be doing—or that they exist at all. Also, anti-drug programs are frequently driven by funding that focuses on targets that may be only loosely tied to the immediate needs of the community.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), *2004 National Survey on Drug Use and Health: National Findings*, Washington DC: Department of Health and Human Services, 2005.

² Lehman, W.E., and D.D. Simpson, "Employee Substance Use and On-the-job Behaviors," *Journal of Applied Psychology*, 77(3), pp. 309–321, 1992.

The Economic Costs of Drug Abuse in the United States, 1992–2002, Washington, DC: Executive Office of the President, Office of National Drug Control Policy, December 2004.

³ Pope, H.G., and D. Yurelun-Todd, "The Residual Cognitive Effects of Heavy Marijuana Use in College Students," *Journal of the American Medical Association*, 275(7), pp. S521–527, 1996.

Block, R.I., and M.M. Ghonei, "Effects of Chronic Marijuana Use on Human Cognition," *Psychopharmacology*, 110(1–2), pp. 219–228, 1993.

SAMHSA, "Marijuana Use Among Youths," *The 2000 National Household Survey on Drug Abuse Report*, 2002.

⁴ *The Economic Costs of Drug Abuse in the United States, 1992–2002*, Washington, DC: Executive Office of the President, Office of National Drug Control Policy, December 2004.

⁵ *Ibid.*

Bureau of Justice Statistics, *Substance Abuse and Treatment, State and Federal Prisoners*, 1997 (BJS Special Report), NCJ–172871, January 1999. <http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf>

Quite often, the problem lies in an inability to focus and coordinate available resources in a comprehensive, integrated fashion. There are many reasons why such coordination is difficult. Multiple jurisdictions, overlapping boundaries, and disconnected areas of responsibility, for example, can make it hard for the various groups to stay informed about each other's actions. And in many cases, money flows in narrow funding streams from multiple sources to isolated projects that share neither resources nor insights, a phenomenon referred to as "stovepiping."

Most communities understand the need to pool resources and work collectively to combat drug abuse. Many, in fact, are beginning to create new methods for bringing together diverse interests and jurisdictions to coordinate strategies and leverage resources. Almost every U.S. city possesses a range of tools for reducing drug use: law enforcement, courts, schools, and treatment providers, for example. Some also have drug courts, student drug-testing programs, and community-based coalitions. Elected officials in many cities, counties, and towns have made it a priority to keep their communities drug-free.

What communities often lack, though, is effective collaboration and coordination among the various entities involved in the anti-drug effort. States, counties, cities, and neighborhood associations generally do not communicate with each other about substance abuse on a regular basis. As a result, anti-drug organizations often have no common compass, no shared sense of the big picture. Their actions are not fully in sync with those of others in the wider community and, thus, address only a small part of the problem. Unable to present a united front, they cannot effectively confront the threat.

The Major Cities Initiative is a unifying and activating process, providing guidance and a wide-angle perspective to improve the efficiency and effectiveness of local anti-drug efforts. Its purpose is not to replace citizen volunteers with bureaucrats or to turn the job over to the government, but rather to harness the resources and energy of those eager to take action.

The intent is to spark dialog, foster partnerships on all levels, and create local area-wide networks linking the various sectors of the community. This, in turn, can open channels of communication and stimulate the free flow of information, ideas, and resources. The program operates on a simple principle: The greater the common understanding of a problem and the more people work together, the better their ability to solve the problem.

This document is a guide for any U.S. city, county, or town that wants to implement an anti-substance-abuse program based on the Major Cities model. The booklet begins with a brief overview of the Major Cities Initiative, explaining its goals, its approach, and the key measures that are used to gauge its success.

The “Blueprint for Action” section shows how individuals can work together to lay the groundwork for the program. Explained here are the necessary first steps for local anti-substance-abuse “champions” who want to mobilize others in the effort. Critical early steps include performing a data-based threat analysis to identify the drug problem. This chapter also provides guidance on setting up the program’s architecture and includes suggestions for creating a Steering Committee, a Working Group, and various Task Forces.

“Planning the Work” describes how to reach out to the community and enlist partners to help do the work of the initiative. It gives advice on scheduling and conducting the strategy development session—the important kickoff meeting during which participants come together for the first time to hear presentations on the local drug threat and to hammer out strategies for addressing it.

The “Working the Plan” section explains how to keep the program on course after its launch. Implementation, in large part, means following through with action plans developed at the strategy development meeting. It also means maintaining and broadening strategic contacts with key members of the community while at the same time forging new partnerships. Moreover, this section emphasizes the importance of monitoring your community’s drug problem regularly and modifying the program as needed to address changes in the threat.

Finally, the “Resources” section offers information about government agencies and other organizations that can help you plan and implement a Major Cities initiative. Various appendices provide a wealth of information, including sample documents, checklists, action steps, and tips that can help you develop and implement your program. (Appendix A, for example, provides a checklist that can serve as a guide as you plan your initiative.)