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**COALITIONS AND DRUG DEMAND REDUCTION
PATHWAY TO A BETTER TOMORROW**

BY

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ABSTRACT

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General Barry McCaffrey, Director of the Office of National Drug Control Policy, stated that our National Drug Strategy is basically a demand reduction based strategy. As part of The National Drug Control Strategy, 1998, he and President Clinton directed that 14,000 community coalitions be established around our country to assist with the fight against drugs. Accepting the importance of this mission and the huge task it is, then we as a people and community, must draw our own lines in the sand, that will basically refocus much of our counterdrug efforts to assist in the establishment and support to coalitions within our 54 states and territories. Much the same as a helicopter must transition from a hover state to a flight mode, in order to fly, our counterdrug efforts must refocus as we move into the 21st century, to emphasize more of a demand reduction role. Now is the time to collectively redirect a much higher percentage of resources and effort, to support our people, our communities, and our coalitions.

Many of our governor's outlines in their state counterdrug plans that drug demand reduction, and specifically, coalition development is a high priority. However, a close review of actual budgets, support, and personnel allotted to coalitions, reveal that this is not the case. Part of this support is our resources within the National Guard, as well as our entire national effort. This paper will examine where we should go with our support to coalitions, what is perceived, and what is reality. Within this great country in order to support the environment for our children to grow into good parents and raise their children in a drug free environment, we must act with decisiveness and commitment. If our national effort is truly a demand reduction based policy, then we must be honest enough with ourselves to support our next generation.

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COALITIONS AND DRUG DEMAND REDUCTION: PATHWAY TO A BETTER TOMORROW

The death of a nation begins with the death of the moral values within each person. Considering that drug use is a proximate cause of the destruction of many of our moral values, it stands to reason that before we can fix many of the moral issues in this country, we must first fix the drug problem.

The sad truth is that today's inner city environment is a mess. Prostitution, murder, robberies, and drugs are the banner for many of our cities. And, the drug issue is the cause for much of this crime. When one considers that this nation spends \$57 billion per year on drugs, it is not surprising that individuals will turn to criminal acts to support such habits.¹ By stopping or reducing the demand for drugs, much of the other crime will not occur.

For the past five years the number one goal of the President's Office of National Drug Control Policy has been to, "Educate and enable America's Youth to reject illegal drugs as well as alcohol and tobacco."² Since 1989, even the National Guard has been involved in the counterdrug effort, through support to the Governors State Plans. Since the inception of the National Guard Counterdrug effort, the primary focus of their efforts have been toward reducing the supply of illegal drugs through our interdiction operations and partnership with local, state, and federal law enforcement agencies. This strategy has proven successful for support to law enforcement, but even the Director, Office of National Drug Control Policy, has stated that our collective national impact on the flow of drugs into this country may be as low as three to five percent. As reflected in the National Strategy, it is clear that more emphasis must be considered for reducing the demand through education and support to communities if we are going to be effective with reducing illegal drugs in this country.³

THE FAMILY

As this great nation moved forward, since the initial colonial settlements, we have transitioned from a home based, child-parent environment to a nation of latchkey kids. Even the dynamics of our communities have changed. What was once a stable environment, has become to a degree, a nation of communities in transit. The continual erosion of the wholesome environment for children to be raised is part of the contributing factor for moral breakdown and subsequent abuse of drugs.

In Steven Farrar's book, "Point Man", he outlines what appears to be the beginning of the primrose path, down which this nation began to walk 350 years ago. Mr. Farrar reflects that the slow, but steady breakdown of moral values began, when the family unit as a whole, on a day to day basis, began to disappear.⁴

During our colonial period families were together on a daily basis. Sons were an apprentice to the father and the daughters were learning to be a mother. And in each of those environments the family and moral values were exhibited on a day to day basis. Husbands and fathers eventually went away to jobs, as this country moved to more of an industrialized nation. This may have been productive for the economic base and the movement of the US to a world power, but surely the youth of this country eventually became a casualty, as we approached the zenith of the family breakdown, approximately during the radical 1960s.

THE COMMUNITY

As depicted in the book, "The Spirit of the Community," the author, Mr. Amitai Etzioni, outlines what is called the Communitarian movement. Specifically, he addresses the issue of a community responding or not responding to taking care of its own problems and issues. He basically coins a phrase that the Army uses a great deal, the community needs to be taking care of its own. He goes on to say, "...we find reinforcement for our moral inclinations and provide reinforcements to our fellow human beings, through the community." With much of our social ills, generated at the community level, that same level is where the "war" will either be won or lost. The use of illegal drugs by our people is a major contributing factor to the resolve of this entire scenario.⁵

The author then discusses "...the level of crime is deeply affected by the total community fabric. It is not enough for families to be strong, or schools to be fine educational institutions, and so on. To minimize crime, all these elements must reinforce one another."

Mr. Etzioni states that, "No society can function well unless most of its members 'behave' most of the time because they voluntarily heed their moral commitments and social responsibilities. There can never be enough police and FBI, IRS, and customs agents, inspectors, and accountants to monitor the billions of transactions that occur every day."⁶

The author discusses the "Communitarian movement", specifically addressing the issue of a community responding to its perceived resources. He articulates that a community has its own ideas as to what the real source of issues are within its geographic area.⁷ This is important as it relates to coalitions.

There is no unique "fix all" for the drug problem. The high divorce rate in our country and the subsequent breakdown of the family are only part of the overall problem. Each of our communities has their own unique issues, which reflect in the social norms of the populace for a given area. All of these things are challenges and issues,

which must be addressed. Let's examine some of the things that are working and things that can be done to collectively make more progress in this fight against drugs.

NATIONAL STRATEGY, THE GOVERNORS, AND THE NATIONAL GUARD

The total national effort that is employed with our effort against drugs is extremely complicated, expensive, and at times very disjointed. Major players in this effort range from the President, Congress, and state efforts to the volunteer who merely takes time to assist a child.

The Director of the Office of National Drug Control Policy has stated that our National Drug Strategy is basically a demand reduction based strategy.⁸ The goals of the 1998 Strategy for the Office of the National Drug Control Strategy are divided into the following five (5) specific areas:

1. Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.
2. Increase the safety of America's citizens by substantially reducing drug-related crime and violence.
3. Reduce health and social costs to the public of illegal drug use.
4. Shield America's air, land, and sea frontiers from the drug threat.
5. Break foreign and domestic drug sources of supply.

Additionally, as part of the overall strategy, the Director outlined the goal of 14,000 coalitions being established around our county to fight against drugs.⁹

The governors within each respective state or territory are also an intricate part of the National Strategy. Annually, they are required to submit a Governor's State Plan outlining their projected counterdrug actions in the upcoming year. Each respective state relies very heavily on their National Guard in the performance of these missions. The Counterdrug mission categories addressed in the Governor's State Plans are as follows (these are the broad missions and do not include the submissions):¹⁰

Mission Category # 1 – Program Management

Mission Category # 2 – Technical Support

Mission Category # 3 – General Support

Mission Category # 4 - Counterdrug-related Training (LEA/Military Personnel)

Mission Category # 5 – Reconnaissance / Observation

Mission Category #6 – Demand Reduction Support

Within Mission Category #6, (Demand Reduction Support), Coalition Development is one of five separate missions.

So how do the National Strategy, Governor's State Plans, and specifically the National Guard, fit into this entire counterdrug and coalition equation? To understand this fully, let's first review the historical background of the National Guard.

The National Guard for the United States of American is truly a unique organization. From a geographic standpoint, these Minuteman Soldiers represent many of our local communities across America. It is the same individuals who are the bankers, lawyers, construction, drivers, etc. who makeup this land and the National Guard. So what is the point? The communities of this land are the hearts and soul that make up this country. The moral values and social norms of the communities are the pulses that govern what our children do.... to include illegal drug use. Since the Guard are people who are part of the community, it is also their children who are in the community. Each National Guardsmen, has a personal, vested interest in their community, especially because it is their children who also live there.

So what are some of assets that the National Guard has to support our counterdrug programs? One of the major assets that the National Guard has is its organizational and planning capability. Military officers and Non-commissioned Officers are trained continually throughout their entire career, regarding planning and operations. This is an untapped wealth of knowledge and experience, which is applicable to most Guardsmen.

The Guard also has tremendous leadership potential. They are already in the community and part of the environment. They have a vested interest.

Two of the most tangible resources that are quite apparent are manpower and equipment. During Fiscal Year 99, the budget for the National Guard Counterdrug Program was \$184,020,000. However, of those monies projected for the Governor's State Plans, only \$18,101,000, or approximately 10% of the budget, was projected for Drug Demand Reduction efforts. Furthermore, of that \$18,000,000 only \$1,938,985 was projected for Coalition Development or a mere 1% of the State Plans projected budget.¹¹ If the National Strategy is basically demand reduction based, why are our Governor's States Plans reflecting approximately 1% for coalition development support?

In exploring who would be uniquely positioned to provide a direction to the type of scenario outlined above, the National Guard is an organization that could position itself to provide the expertise and/or resources to communities and/or coalitions. First and foremost is the initial leadership and planning in the unstructured environment.

Secondly, being state-based assets already in the communities, they (the Guard) could be in the "start up" cycle of the coalition launch point.

THE COMMUNITY AND LAW ENFORCEMENT WORKING TOGETHER

Let's review a law enforcement activity that has tied itself closely to the community. The Drug Enforcement Administration (DEA) is our national lead law enforcement organization against drugs. Their dedicated agent manpower worldwide is only 4,515 agents in a direct law enforcement role. Of those agents, there are only 22 that are dedicated to primarily working Drug Demand Reduction operations. One of the operations that DEA oversees is an effort called a Mobile Enforcement Team or MET. The MET is basically a coordinated surgical effort by DEA to respond, "At the request of a police chief, sheriff, or district attorney, a MET (comprised of ten to twelve DEA Special Agents) will work in concert with local police to dislodge violent drug offenders from the community. The METs are primarily investigative in nature; their mission is to dismantle drug organizations by securing the conviction and incarceration of those individuals dealing the drugs and causing the violence. Evidence developed in the narcotics investigations may also be used to prosecute the same individuals for related crimes of murder, assault or other acts of violence."¹²

A DEA Project Synopsis states, "METs operate on the premise that communities know best how to police themselves. Local law enforcement receives direct input from the citizens of their communities concerned with the ravages of drug violence. By listening to the needs of state and local law enforcers, METs are able to ascertain what DEA resources can be brought to bear against local drug traffickers, and how these resources can most appropriately be employed. It is a federal initiative that strives, through communication and cooperation, to support community-based policing."¹³

During Phase II of a MET operation, the following occurs, "Immediately following a deployment, The Demand Reduction Follow Up Team will respond to the community and begin to execute the previously formulated demand reduction plan. Specific goals of demand reduction plans include the following:

- organizing and facilitating citizen committees, such as a civilian crime committee, an economic development committee, a youth development committee, and an affordable housing committee;
- establishing a neighborhood watch and crime stoppers program;
- evaluating and recommending community policing strategies;
- acquainting agencies with grant application processes; and

--educating the public by providing schools for private businesses, community schools, boys and girls clubs, community leaders, and local law enforcement officials on various aspects of crime within their community.

In summary, 99% of MET deployments have resulted in either "successful or partially successful" results.¹⁴

COALITIONS

As Mr. Etzioni outlines in the Spirit of the Community, he basically states that with much of our social ills, generated at the community level, that same level is where the war will either be won or lost. This statement reflects the centerpiece for the establishment, support, growth, and stabilization of coalitions within our communities.¹⁵

So what specifically is a coalition? A coalition is basically the grouping of organizations within a specific geographic area that has a mission of coordinating and compiling resources to fight the drug problem. Citizens mobilize to form these coalitions to create change or ensure these social norms of a community are such that they create a healthy and safe environment in their local community. Coalitions fight the war on drugs in the trenches of each and every local community. They work through the leadership of the community, which is usually represented in the coalition itself.

Each coalition may represent the citizenry, government, business, education, clergy, and numerous other community based organizations. They can and will organize those resources necessary to eliminate illegal drug use and drug abuse in their area. At the national level, coalitions have the opportunity to join the "Community Anti-Drug Coalitions of America," which allows for an even better means of communicating and assisting coalitions that are spread across America.¹⁶

Community Anti-Drug Coalitions of America states that, "The coalition model engages all sectors of a society in a uniform, community-wide prevention effort. It brings together public and private sectors, the faith and business communities, schools and law enforcement, medical and criminal justice systems, and parent and civic organizations. A coalition that engages all sectors of a community is able to identify key problems and take advantage of opportunities, while making the best use of available resources. Coalition building is a smart strategy that can make a dynamic difference when it works to its fullest potential."¹⁷

There are several major factors in the success of the development of a coalition. Timing, needs, community desires of a specific outcome for the coalition, and leadership are key factors. This is not to say that the coalition effort has not been addressed or that emphasis is not already there – at either the national or local level. Coalition development should be our most highly prioritized effort in our drug war.

Within The National Drug Control Strategy, 1998 President Clinton states in "The President's Message" section, that "Together, we enacted into law the Drug-Free Communities Act of 1997, which will help build and strengthen 14,000 community anti-drug coalitions."

One of the organizations that is at the forefront of the coalition movement is the Community Anti-Drug Coalitions of America (CADCA). At present CADCA proudly proclaims 4,300 community coalition members across the country. These coalitions vary in size and scope of functions and membership. It has a goal of bringing coalitions together, similar in mission to that of a coalition bringing together various organizations within a specific area.

Dale Carnegie once said, "Put all your eggs in one basket, then watch the basket." As the coalitions are related in the Drug Demand Reduction arena, the coalition justifies why the majority of our efforts should be directed to support of coalitions. Mr. Etzioni relates in his book, while discussing crime and social justice, "...the level of crime is deeply affected by the total community fabric. It is not enough for families to be strong, or schools to be fine educational institutions, and so on. To minimize crime, all of these elements must reinforce one another. Thus, in those parts of the country (and the world) where families are strong, schools teach moral values, communities are well intact, and values command respect."

The important statement by Mr. Etzioni is that, "...all of these elements must reinforce one another." This is exactly the key to the building blocks of the coalition for our communities.

This is not to say that the coalition effort has not been addressed on that emphasis is not already there, at either the national or local level. What is being said, however, is that coalition development should be our most highly prioritized effort in our drug fight, as reflected in our National Strategy.

MIAMI AND SAN DIEGO COALITIONS

Within drug demand reduction circles, The Miami Coalition for a Safe and Drug-Free Community is arguably accepted as the most experienced, oldest, and well-established coalition in the world. In its annual report, it states, "The coalition has earned its place as the international model in the fight against drug use."¹⁸

Who started the coalition and the steps taken are part of the key to their success. Consequently, the effectiveness of this coalition warrants examination by all organizations that are part of our counterdrug efforts.

In the late 1979, Dr. Foote, President of the University of Miami, was fed up with the drug problems within the city of Miami. At that time, the environment in Miami was one in which drugs were totally out of control and a

popular show on TV was Miami Vice. Dr Foote and a fellow key business leader in the city, Dr. Alva Chapman, made a decision to get involved at a personal and community level. At that particular time Ms. Janet Reno, our present Attorney General was serving in the Miami area as a local prosecutor.

Dr. Foote, Mr. Chapman and fellow members of the initial coalition group made the decision that they would not become encumbered by the bureaucratic tangle of federal regulations, requirements, or monies. These responsible individuals believed that they knew the real issues of their community better than anyone and wished to move quickly and expeditiously.

First, they began their mobilization of the community by identifying key individuals, developing network and resource linkages, and identifying issues of common concern. They established 28 goals that could have some type of measurable results. The evaluation process was based on data and surveys from the community, law enforcement, businesses, medical organizations, educational institutions, and government agencies. Trends were identified that verified progress, or in some cases the wrong direction of their efforts.

The coalition realized that they could not be successful unless they had the “buy-in” of the community. The local citizens needed to understand the gravity of the drug situation in the Miami area and rally behind the community effort. This was a difficult task because the community had to be convinced that this mobilization was in their best interest for their future quality of life.

The local news media, television, radio, and newspaper was used to inform the public and report the coalition progress. They clearly defined their role and mission of the coalition. They recognized the community businesses and organizations; they supported their efforts; and let others have the recognition. The coalition established close communications and a working relationship with the Drug Demand Reduction Coordinator for the Florida National Guard. The results of this partnership became nationally recognized and led to the Florida National Guard receiving the Secretary of Defense Community Service Award for 1996 and 1997.¹⁹

State and federal grants eventually supplemented the coalition’s efforts. This in turn allowed the coalition to hire a very limited full time staff, which today provides the level of professionalism and long term stability to run the organization. This is reflected by the current coalition President, Mrs. Marilyn W. Culp, being recently appointed to President Clinton’s Drug Free Communities Advisory Council.

What are some of the actions that Miami’s Coalition is accomplishing so effectively? Here are several examples. First, the DEA representative for Demand Reduction activities in the Miami field office maintains very close

communications with the coalition representatives and the medical examiners office. Each time a drug related death is reported by the medical examiner, the DEA representative reviews the circumstances of the event. If drugs are involved, the details are obtained and discussed with the staff epidemiologist at the Miami coalition.

If a cause of death or overdose becomes repetitive, that is potentially a warning signal that a specific drug may be flooding into the area. The Miami coalition then immediately responds to this challenge by bringing the danger to the forefront. Community leaders are notified and educational steps can be launched to address the new threat.

Miami continually monitors its own progress with measures of effectiveness. The results of statistical surveys for Dade County (Greater Miami area) are impressive. From 1995 through 1997, the national average of high school seniors using drugs (within the last 30 days) had increased every year. During that same period, Miami's seniors decreased their usage.²⁰

The Miami coalition initially receives, compiles, and prioritizes requests for National Guard support within their respective area. This action removes the burden from the National Guard personnel who are trying to support requests for Demand Reduction assistance, but not have the complete knowledge of all assets available. Obviously, the National Guard may or may not be able to support the request (dependent upon personnel and funding), but this process puts the burden of accountability for the success or failure of the proper use of the National Guard support squarely in the coalition's lap. They are responsible for their community. Miami's coalition has accomplished this task very successfully, as reflected by their smooth and efficient operations.

Miami accomplished the task of getting its coalition started because of incredible leadership and having resources available within the community. Not all coalitions are able to accomplish this task as efficiently.

A visit was also conducted to a second coalition, that being the San Diego Coalition in California. Unlike Miami's well-established coalition, San Diego is in the growth and formative mode. It progressed from a group of individuals simply gathering together (but without solid structure) to an organization that is moving ahead primarily only because of the personal will and commitment of the members within the organization. San Diego is an excellent example of a coalition that is combating a shortage of funding and needed resources, but is totally dedicated to making their coalition work. The Executive Director of the Coalition is basically a full time director, without pay. As a matter of fact, their entire budget (at the time this paper was written) was only \$40,000.²¹ Unlike the six full time employee at Miami, San Diego has one part time, grant employee. In spite of the limited resources, the coalition is successful. Through coordination within the community, the coalition director has obtained free

publishing of books. Without a community effort this would not have occurred. Additionally, they have received donated meeting space at one of the local medical centers. The coalition is successful and accomplishing good things within the community, however, if it had received more assistance (and should more assistance in the future), the effectiveness of the coalition will be much greater.

A third location was visited to review a precursor location with either an involved coalition or a focus group to form a coalition. Unlike the success stories in Miami and San Diego, this location (which will not be named in this paper), was not successful in the community interface or even internal coordination. Law enforcement officials had previously conducted operations in the area with a degree of success. But there were no follow goals or programs that were being orchestrated by the location officials at the time of the visit. There was clearly a lack of resources at this location, but most of all it lacked leadership to initiate steps to continue the building process.

CONCLUSION

As this country moves into the 21st Century, the time has come for us to begin to refocus our counterdrug efforts within Governors State Plans to support and resource Drug Demand Reduction activities at a higher level, but very specifically for Coalition Development. The Director of the Office of the National Drug Control Policy has articulated that our National Strategy is a Drug Demand Reduction based strategy. As a part of that strategy, the 1998 National Strategy set a goal to establish 14,000 coalitions. Consequently, the governors of the 54 States and Territories, should place more focus and resources to support these cost-effective organizations.

The Community Anti-Drug Coalitions of American is presently working to support this goal with congressional leaders, governors, and local mayors. A review of one of the best drug demand reduction efforts in the nation, the Miami Coalition for a Safe and Drug Free Community, is a stellar example of success. Solid leadership, personal commitment, excellent community relations, solid rapport with the National Guard and DEA, and being “quantifiably successful” are the trademarks of this organization.

A second coalition, the San Diego Coalition is also a success story. But as this coalition does not have the level of resources truly needed, more should be considered for these dedicated organizations and people who are trying to reduce the demand for drugs within their community and also work with those who are in recovery. In the case of San Diego, even a minimal amount of assistance would go a long way in assisting this organization. As with many cases involving support by the military for counterdrug operations, organizations simply do not know what channels to address requests.

In the third location visited, probably it will take outside leadership assistance in the start-up phase to bring this focus group to an operational state. This is not to say that the individuals involved were not caring or quality people, they simply did not know what the next step was or who to help.

It is totally transparent that the keys to our demand reduction efforts are at the communities and the coalition levels. As articulated in the 1998 National Strategy, the goal was the establishment of 14,000 coalitions. For this to happen there must be more resources directed toward Drug Demand Reduction, but very specifically for coalition development. At a mere one- percent funding level of the Governors State Plans, this level of support for all that the coalitions are accomplishing is simply not enough. Ironically, the program that appears to provide the most “bang for the buck” (and in some cases is self-sustaining) is one of the least resourced.

We as a nation will never cure the drug problem by putting people in jail. Only through the reduction of the demand for drugs can we make progress. Most communities if given the opportunity to better themselves will try to improve. The City of Miami is an excellent example of this. The National Guard, through the support in the Governors State Plans, is in a position to assist many of our communities. This can be accomplished with direct support and also with leadership. Our children deserve a better pathway to tomorrow.

WORD COUNT = 4540

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