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DRUG LESSONS & EDUCATION PROGRAMS IN DEVELOPING COUNTRIES

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Development Associates, Inc.

Development Associates, Inc. is a private management and government consulting firm which specializes in economic and social development programs in the United States and abroad. Since 1969, Development Associates has established a national and international reputation in the areas of strategic planning, management and organizational development, policy development and program design at the local, state and national levels, evaluation, survey research, drug use, diverse educational fields, democratic initiatives and the administration of justice. Internationally Development Associates, has designed, implemented and evaluated programs in over sixty countries throughout the world including Latin America, the Caribbean, Africa, Asia, the Pacific, Middle East, Eastern Europe, Russia and the Newly Independent States.

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Special acknowledgments go to Development Associates' subcontractors on the NAE project: the Academy for Educational Development, an organization with extensive experience in implementing social development, education, and communications programs; Macro International,

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Preface

International cooperation in drug-abuse prevention is a relatively new phenomenon. While the United States and a few other countries have long been involved in prevention activities within their own borders, only recently has concerted international attention been brought to bear on the complex issues posed by the use of alcohol, tobacco, and other kinds of drugs.

Over the past decade, Development Associates has worked on drug-abuse issues in dozens of countries. And everywhere we have met the same questions: What works? How does it work? What can we do? How can we organize our finite resources to fight effectively the illegal use of drugs?

Thus we began to reflect on our experience, and we determined to document it. The result is this book, *Drug Lessons and Education Programs.* It was conceived as integrated and analytical, drawing out from experience and observation the implications for policy and practice. It is designed to be useful to professionals and others involved or seeking to become involved in the ongoing struggle against drug abuse. Hence, some of the book's chapters reflect state-of-the-art social science. Other chapters describe communications and social marketing programs. Some focus on local community interventions, including street-level outreach. The institutions involved in successful programs also vary; they include governments, public and private agencies, and community organizations. But always the primary actors are people — citizen activists and public servants alike — with a strong and willing commitment to resolving the problem of drug abuse.

Not surprisingly, one of the book's major lessons is that such people are an essential ingredient in effective programs. It may be more of a surprise to learn that such committed people can be found everywhere. Often they lack resources and appropriate skills, but when these are made available, people are quick to learn and to respond. And, once involved, they become multipliers, extending the effect of their programs far

beyond the initial parameters.

It is our hope that this book will encourage and help dedicated people, at all levels and in many societies, to formulate creative programs and to carry forward the war against drug abuse in all its forms. One of the book's most surprising lessons may be the fact that many of the activities and programs described do in fact work, and may be adapted and replicated in other locations — including the United States.

Drug Lessons and Education Programs is a wake-up call. Far too much rhetoric and far too little action has been devoted to the prevention of drug abuse. This book describes the kinds of actions that work. It also examines the various pitfalls — economic, social, political, and institutional — that must be hurdled if success is to be achieved. It explores areas in which programs have yet to be developed, and looks at programs that require further development. As it demonstrates, many approaches are both effective and cost-efficient. But the problem has grown at a much greater pace than have the efforts to solve it. Drug abuse is a worldwide, persistent, and stubborn problem which must be overcome for a multiplicity of human development reasons. We believe that the ultimate lesson of our book is that we do indeed have most of the tools needed to succeed in this effort. The real challenge is to apply them.

Peter B. Davis

Drug Lessons and Education Programs in Developing Countries: An Overview

Long considered an "American Disease," drug abuse is now recognized as a worldwide problem, affecting developing as well as developed countries.[1] Multi-ton shipments of cocaine, heroin, and marijuana — which once crossed mainly U.S. and Canadian borders — now enter the cities of Latin America, Asia, Africa, Russia, and Eastern Europe. As the international drug cartels develop new routes and target new markets, many major drug-producing and transit countries face large, often increasing addict populations. Some developing countries are confronted by an upsurge in drug abuse even more rapid than that previously experienced in developed countries. Like the United States, these developing nations are also observing significant and expanding abuse of amphetamines, hallucinogens, tranquilizers, barbiturates, inhalants, and alcohol.

Drug abuse represents a significant development problem. Drug production and trafficking can undermine the political stability of a country and threaten democratic processes. Drug abuse is linked to the social development problems facing developing nations. Vast numbers of deaths, illnesses, and disabilities are directly or indirectly related to substance abuse, including the increased risk of AIDS and sexually transmitted disease among substance abusers and their partners. The increased costs of health care due to drug abuse severely tax the ability of a country with limited health-care resources to meet primary health-care needs. Alcohol-related traffic accidents also figure prominently as a cause of premature death in many developing countries. In addition, alcohol and illicit drug use often result in family violence and child abuse, and the safety of many local communities is threatened by the violence

associated with the drug trade. The workplace is significantly affected as well. Alcohol and drug abusers are costlier, less productive employees.

Clearly, specific drug problems and abuse behaviors vary among specific countries and cultures. Nonetheless, in any socio-cultural context, substance abuse harms health, family life, the economy, and personal safety. It affects all segments of society, but it disproportionately affects and threatens the future of young people. In recognition of drug abuse as a serious obstacle to achieving sustainable development, the demand for awareness and prevention programs as well as control programs has increased in developing countries. In response, during the 1980s, the United States Agency for International Development (USAID) increasingly made drug-awareness and education programs an element of its overall anti-drug program.

In May of 1990 USAID's Bureau for Research and Development launched the Narcotics Awareness and Education Project (NAE). This five-year initiative has been implemented by Development Associates, Inc., a private consulting firm specializing in social and economic development programs abroad and in the United States, and its subcontractors, the Academy for Educational Development, Macro International, Inc., and Porter/Novelli. The purpose of the NAE project has been to strengthen the capabilities of developing-country institutions in designing, implementing, and evaluating effective drug-awareness and prevention programs.

The Background

Since 1977, Development Associates, Inc., has designed, implemented, and evaluated domestic and international programs in the field of drug awareness and education. Over the last decade, Development Associates has conducted projects in more than twenty-five countries in Latin America, Asia, and Eastern Europe. These projects were funded by USAID. As a result of this practical field experience, a number of lessons have emerged regarding what works — and what does not — in designing and conducting effective drug-awareness and education programs in the diverse political, social, and cultural contexts among and within developing countries.

Development Associates' direct international involvement in this area dates back to 1984, when USAID/Peru requested assistance in addressing drug-related concerns referred to them by local community organizations and by the U.S. Congress. Since that time, under various mission

contracts with USAID, Development Associates has worked on drug-related issues in Ecuador, Haiti, Guatemala, Bolivia, and Colombia. Under a three-year contract with the Asia Bureau, we also provided assistance and training to seven countries in that region. The NAE project afforded an opportunity to further develop and refine a global strategy aimed at drug abuse and prevention and to test new approaches and methodologies.

For many years the influx of illegal drugs from producing countries (in Asia, Mexico, Guatemala, South America) has been of serious concern to the United States Government in its efforts to reduce or eliminate the use of drugs here. Extensive interdiction efforts and attempts at "crop substitution" have had little effect on overall availability in the United States. Producer countries, seeing this as a U.S. problem, did not take aggressive action to control production and export. That should not be surprising. Only when people (and governments) realize that a particular problem affects them, and that they have the power and the responsibility to do something about it, will they take the necessary action — in this case, to end production and trafficking within their borders.

There is ample evidence that some of the people in the producing and trafficking countries have been aware of drug use for some time and have tried to do something about it. Church-sponsored organizations and civic organizations, in fact, were attempting to deal with this problem long before USAID became involved. In 1973, the Catholic Church in Santo Domingo, Dominican Republic, sponsored the establishment of a private voluntary organization called *Casa Abierta* to carry out prevention activities. This was followed by *Hogares Crea,* a community-sponsored rehabilitation and prevention program. *Cruz Blanca Panameña* has been active in Panama City since June 1978, one of the best examples of self-sustainable organizations. In Ecuador the *Fundación Nuestros Jovenes,* funded by USAID, was preceded by an informal organization of volunteers (mainly doctors' wives) that worked to build and staff a rehabilitation center for drug addicts. Rotary and Lions Clubs, Scouts, and other civic organizations have attempted for years to provide basic information and educate young people about the dangers of drug use; unfortunately, they lacked the necessary information, technical knowledge, and backup support required to carry out these activities effectively. Additionally, most of the organizations involved had other public-service concerns, and thus did not devote the time and resources needed for effective drug-abuse prevention. A key hypothesis in USAID/Peru's strategy in 1984 held that only "if people recognize that drugs are in fact dangerous and

pose a threat to their children, will they take action to convince their leaders and governments to take more aggressive action to stop or interdict drug production and trafficking."

An essential step in USAID's efforts is the *empowerment* of host-country governmental and non-governmental organizations — through training, technical assistance, and financial support — to take action against drugs and drug-related activities in their countries. In this effort, USAID tries to identify, work with, and strengthen existing organizations. This resulting empowerment leads to *sustainability* since it establishes a *capability* to continue to address these issues over the long term. A second aspect of sustainability, *financial independence,* is more difficult to achieve. Financial support will always be required to some extent. Even in the United States, which has more resources than any other country, effective drug-abuse prevention programs would die on the vine without some sort of government support.

The Audience

To date no study has explained the strategy employed in transferring drug-abuse prevention technology to developing countries, the innovative approaches which worked, those efforts which did not work, the social, structural, political, and economic obstacles which had to be overcome, and the lessons learned over years of direct field experience in developing countries. A number of these experiences have provided innovative approaches which may be applied to community and work settings in the United States. Examples include fresh approaches to outreach programs for youth street gangs and inner-city drug addicts, the use of graffiti for drug-prevention messages, and the combination of volunteers and employee "quality circles" in addressing substance-abuse problems in the workplace.

This collection aims to provide strategic, methodological, and practical insight to public health and education officials, managers of private voluntary organizations and international development-assistance agencies, social and behavioral scientists, and communication specialists, with an eye to their future efforts to fight drug abuse in developing countries and in the United States as well.

The work is based on a strategy which seeks to increase awareness of and education about the dangers of drug abuse, and to achieve behavioral change in the direction of a drug-free, healthy lifestyle in developing countries. It illustrates the use of this strategy for generating effective and

sustainable drug-awareness and prevention programs through a series of case histories drawn from the field experiences of the NAE project. These examples, in turn, provide lessons which are intended to contribute to future drug-awareness and education efforts. The lessons learned have served to shape and reshape the strategy, which has a proven track record in developing drug-awareness and prevention institutions and coalitions capable of innovative approaches to drug-abuse prevention appropriate to their respective cultural contexts.

Key Elements of The Strategy

The strategy is founded upon methodologies drawn from the social and behavioral sciences, development communication, social marketing, and organizational development. The elements critical to success are consistent with many of the themes USAID has adopted to guide its programs, including support for broader public health issues, sustainable development — particularly at the community level, emphasis on participation, and integrated approaches and methods. Key to the overall strategy are activities that (1) generate an understanding of the nature and extent of drug abuse in a given country; (2) develop among its policy makers, opinion leaders, and general public an awareness of the problem and the importance of implementing comprehensive prevention programs before the drug problem gets out of hand; and (3) assist in obtaining the support of key national leaders and institutions in order to develop and effectively implement national prevention programs.

The NAE project efforts at shaping attitudes and achieving behavioral change have shown that an integrated, comprehensive approach, targeting different aspects of the political, social and cultural environment in addition to the individual, is required in order to generate effective and sustainable drug-abuse prevention programs. Such an approach, introduced into a specific cultural context, must address the individual and the social environment in which the individual makes decisions about lifestyles and health issues. The approach requires that the individual be provided with the best possible life skills to negotiate a hazardous environment. The process must also be sustained over time in order to make the social environment itself less hazardous. This approach invokes the full panoply of all available channels of communication, calling upon opinion leaders, policy-makers, government agencies, civic organizations, and local communities to plan and work with each other. It calls upon them to focus on individuals — but only as individuals in broader

settings, such as the family, school, peer group, and community.

This approach builds upon a *participatory process* in which communities identify for themselves what their unique needs and strengths are. In turn, these efforts initiate a process of seeking options for action through the creation of new partnerships and the strengthening of coalitions among broad groups of individuals and organizations, which are mobilized to take ownership of the prevention program.

In practical terms the strategy requires applied research to formulate an understanding of the problem and a shaping of the attitudes of specific target populations in accordance with that understanding. It also requires an agreement on the part of both government and populace that drug abuse constitutes a significant social problem that requires action. Consequently, *to have an impact on society, drug-awareness and education programs require a process of constituency building.*

This process of education and mobilization demands a considerable effort over time to achieve meaningful results. It requires the development of institutional structures capable of reaching target populations through formal channels such as schools, through the mass media, and through informal channels, including community and peer-based groups. NAE project experience has led to the conclusion that there are *four principal elements* in an effective strategy for drug-abuse prevention:

1. Development of an understanding of the nature and extent of the drug problem to its fullest extent, including the knowledge, attitudes, and values that define drug use in a given country and the relationship of the problem to other developmental concerns.

2. Development of an awareness on the part of the government, opinion leaders, and the general public of the importance of the drug-abuse problem and the need to deal with it in anticipation of more extensive drug abuse, i.e., a strategy of primary prevention.

3. Development of the institutional capacity to conduct drug-abuse prevention programs through a variety of channels, including the ability to develop, implement, monitor, and evaluate innovative programs, and to use evaluation as feedback for future programs. That institutional capacity needs to include the ability to network with other institutions concerned with but not necessarily focused on drug awareness and prevention. It requires development of the host-country's capacity to provide training and technical assistance to that network.

4. Development and implementation of behavioral-change interventions within this institutional framework, based on an understanding of the drug problem, incorporating research into the extent of drug use and the population's knowledge, attitudes, and behaviors.

The actual details of the approach taken, the specific groups targeted, and the means chosen for implementing the strategy must take into account the reality of the country in question. In other words, the details must relate to the particular culture and be in accord with the actual dimensions of the drug problem in that country. However, NAE project experience suggests that implementation of an effective prevention program also requires the following specific activities. It should be noted that these activities can take place concurrently as program resources — human, technical, and financial — permit.

Developing an Understanding of the Problem

A critical first step in dealing with drug-abuse prevention is the development of an understanding of the drug problem in terms of —

- Its nature and extent (prevalence) in the population, and the various social contexts of its use and abuse;
- The nature of knowledge about the problem and opinions and attitudes toward the problem to be encountered within the population as a whole and among key target groups;
- The attitudes of opinion leaders and target groups regarding the appropriate means of dealing with the problem; and
- The impact of media and messages used on target populations.

Developing the capacity to meet those research needs has the effect of creating a group of indigenous drug-abuse prevention specialists (social and behavioral scientists and epidemiologists) who provide a vital resource base for educating and training their fellow countrymen regarding the drug problem.

Developing the Institutional Capacity to Respond

To take that understanding and turn it into action requires an institutional base. An effective national prevention program requires an institutional base with the following characteristics:

- Policy direction and coordination to meet the shifting nature of the problem;
- A link with other sources in order to gain understanding both inside and outside the country (i.e., existence of a documentation center/data bank plugged into the national and international network of drug-abuse researchers);
- The capacity to train prevention personnel, beginning with a capacity to train trainers;
- The organizational capacity to reach out to the target populations of the prevention program through mass media and interpersonal means;
- An adequate implementation plan that relates audience to message to medium to aim of the program; and
- A plan for and the capability to develop the financial sustainability of the institution.

Depending on the circumstances in each country, these activities may be located in either the public or private sector or some combination of both. Given that resources are limited, efforts must be made to avoid any duplication of effort without, however, stifling initiative among agencies seeking to provide services.

The Programs: An Overview of the Chapters

Section I: Applied Research for Policy Making, Program Design and Behavioral Change

Policy making involves a process of strategic planning. Such planning requires a clear definition of objectives, the means to achieve them, and the measurements employed to determine whether the process of achieving the stated objectives is progressing satisfactorily, and whether, in fact, the objectives themselves are being met. This first section focuses on the use of research for problem definition, the identification of approaches to message construction, program evaluation, and the development of public awareness. Examples drawn from Bolivia, the Dominican Republic, Panama, Paraguay, and Peru provide lessons learned regarding the use of research in the design, implementation, and evaluation of national policy and programs.

In a democracy, the mobilization of public opinion is an important policy tool, assisting in securing a variety of resources: allocation of

budget, use of private initiatives to augment public efforts, access to human resources, and the like. In the case of an anti-drug effort, that mobilization is a critical element in promoting the prevention of drug use, particularly at the level of the community and the family.

A critical element of the NAE project has been its work with national drug agencies in both the public and private sectors to develop their capacity to undertake scientifically rigorous and replicable surveys of the nature and extent of drug use, both in the population as a whole and in populations at risk, such as youth, who are likely to be special targets of drug-use prevention efforts. In designing and undertaking surveys of drug use in developing countries, NAE has provided the training and technical assistance required to transfer an understanding of the state of the art in all operations, from selection of the sample through instrument design to field work and analysis procedure. In that transfer process, the focus has been on assuring quality and promoting an understanding, on the part of our host-country counterparts, of the character of the studies being undertaken. This effort at collaborative research guarantees that the instruments developed are comparable to those used in other countries, and conform to the characteristics of the host country in terms of language, psycho-active substances studied, and policy concerns. It also helps to develop within the country a group of researchers trained in the particular methods and problem areas associated with prevalence measurement. That cadre of trained researchers constitutes an asset for the host country in any future efforts to track the nature and extent of drug use.

The case of the Dominican Republic illustrates the sequence of critical procedures which were followed in order to undertake an effective self-report survey for use in shaping drug-abuse prevention strategies in that country. That task involved a process of developing appropriate instruments, defining the universe to be studied, and determining the samples to be drawn and the techniques for drawing those samples. The instruments employed standardized formulations already tested in the United States and in similar contexts in Latin America, covered the range of use patterns likely to be of interest to policy makers and prevention practitioners, and encompassed the range of substances likely to be available in the Dominican Republic.

In addition to *quantitative data* gathered through survey results, clinical reports, etc., the NAE project has provided training and technical assistance in the collection and interpretation of *qualitative data,* gathered in focus groups, in-depth interviews, and ethnographic studies. As illustrated in the case of the street children of Bolivia, the use of

anthropological methods such as "street ethnography" have proved effective in developing an understanding of the drug problem among population groups not covered in household or school-based surveys. Such methods have the advantage of locating "hidden" populations and describing, often in rich detail, the characteristics of their drug use, lifestyles, and distinct "cultures" in order to define the range of options for program interventions.

Section II: Framing Interventions through Training and Technology Transfer

Many past attempts to transfer technology for the design and implementation of prevention programs from developed to developing countries have suffered from certain weaknesses. Among these has been a lack of sensitivity to the fact that the evolving patterns and contributing factors of drug abuse vary not only from country to country, but among different population groups and social strata within a country. Almost inevitably efforts to simply import prevention programs or mass media campaigns from developed countries into developing countries have failed. For these reasons the NAE project has used a broad array of approaches in assisting host-country counterpart organizations in the public and private sectors to design and develop their own interventions.

Among these approaches, the NAE project turned to the use of *rapid assessment procedures (RAP)* for use in training drug-abuse professionals in the design, implementation and evaluation of communication, education, and community mobilization programs. The RAP approach was designed to meet the need, quickly and inexpensively, for program information not otherwise available or likely to be obtained because of resource or other constraints. This rapid assessment procedure employs both qualitative and quantitative methodologies. The technique is a two-pronged approach to collect information on drug-related knowledge, attitudes, beliefs, and behavior at the community level. Computer training is included and involves the use of an integrated software package for designing survey instruments, entering data, and conducting statistical analysis of survey results. There are at least four significant features of this technology transfer, which has been used in five cities located in Brazil, Mexico and Paraguay:

First, it marks the first time quantitative and qualitative tools have been passed on to public and private drug-abuse prevention agencies in Latin America in an action research package which they can easily master

and replicate, quickly and inexpensively, in order to design, monitor, and evaluate their programs.

Second, the data-gathering process is closely linked to a participatory process in which local communities identify for themselves what their unique risk factors and needs are. Community leaders are involved from the outset in the definition of the problem and the search for solutions. A coalition-building process thus emerges from the start and communities are mobilized through the prevention agencies to take ownership of program efforts.

Third, an experiential learning methodology is employed in which participants work with real data sets rather than with simulated case studies in order to develop educational materials and communication messages and products which may be used immediately.

Fourth, the results of these workshops are disseminated widely to the mass media and government authorities, so that opinion leaders are mobilized and policy makers sensitized to the problem, in order to achieve a multiplier effect quickly leading to broad-based action.

The results of the RAP technique were applied in all locations. The training in Asunción resulted in development of an integrated communications program employing mass media and interpersonal communications. Radio public service announcements in Spanish and *Guaraní,* television spots, posters and pamphlets were produced and distributed; a community mobilization program was initiated. In Mexico, educational materials were developed for use in five cities along the Mexican-U.S. border. In the northeastern state of Ceará, Brazil, the results of RAP training served to mobilize both state secretariats and civic organizations into preparing a comprehensive, integrated drug control plan.

Messages are critical elements in any communication campaign or education effort. By "message" we mean the totality of the image that

reaches the target audience, both in terms of what is said and how it affects emotions and attitudes. The NAE project has made extensive use of focus groups in its training for testing approaches and messages. Use of this technique in the Dominican Republic is examined in some detail to demonstrate the methods for determining appropriate forms and content of messages, and the results of such messages — which clearly illustrate the need to adjust messages to meet the reactions of the target audience. Pretesting messages through techniques such as focus groups will ensure that prevention messages are culturally appropriate and effective.

Good Health Is Good Business illustrates the use of a transfer partnership framework to structure a ten-month training program delivered in coordination with the Mexican Federation of Private Associations for Health and Community Development (FEMAP). This framework is based on state-of-the-art research on learning transfer, and has shown promise for drug-abuse prevention training in a variety of cultural settings in the United States. The primary goal of the workshop series is to build capacity in FEMAP's affiliate associations so that they are capable of selling integrated health services to businesses, and can use the profits to sustain their prevention efforts in other sectors of the community. FEMAP's central offices in Ciudad Juarez already have a proven track record in providing such services to the *maquiladora* industry. Similar successes in other regions will be achieved only if the experience can be effectively transferred and adapted to fit the realities of other communities.

In the case of FEMAP, the transfer partnership concept operated at two levels: (1) transfer of learning from the NAE project team to FEMAP's core training team, and (2) transfer of learning from FEMAP and NAE to FEMAP affiliates. In this process three partners play key roles in supporting the transfer of learning: the learner, i.e., the participant in a training workshop, the organizational sponsor who must support the learner in order for practical application to occur, and the trainer. These three partners, in turn, have three time frames in which to support transfer: before, during, and after the learning event — i.e., the training workshop.

Application of the transfer partnership concept to community-based training, modeled on the FEMAP training program, has implications for replication in other settings. This model requires much preparation prior to the workshop itself but pays off by including all of the systems which support the learning that takes place during the workshop. Ongoing adaptations of the transfer partnership concept will reinforce the framework as a training tool applicable in a variety of cultural contexts.

Section III: Women and Substance Abuse in Latin America and the Caribbean: A Call for Action

To date little attention has been paid to the issue of women and substance abuse in Latin America and the Caribbean. Most substance abuse prevention efforts and treatment programs focus on men, while most women's health initiatives focus primarily on reproductive and maternal/child health. In addition, only limited attention has been paid to the impact that male substance abuse has on women. Only recently has the related issue of violence against women begun to receive attention at national and regional levels.

This section is a preliminary effort to compile information about the causes and effects of the abuse of alcohol and other substances on women in Latin America and the Caribbean. It provides a women-centered analysis of factors influencing substance abuse, the impact of such abuse on women — and men — and their families, lessons learned to date, and recommendations for program and policy development.

Among the gender-specific implications of female substance abuse are women's health, prostitution, child health, and women's roles as mothers. While the cost of women's drug use is cause for concern, many more men than women abuse drugs in the region. Most women's problems with alcohol and other drugs are not due to their own addiction, but to that of their husbands, sons, and fathers. For women, the implications of male substance abuse include impoverishment, domestic violence, and sexually transmitted disease.

Assessing the magnitude and impact of substance abuse among women in the region is a significant challenge. Yet it is an even greater challenge to attempt to explain why women use drugs and why drug use, at least among some women, appears to be increasing. In order to begin to gain an understanding of this complex phenomenon, information needs to be developed for each target population by country, by social and cultural group, and by the drug being used. The factors that contribute to inhalant use by a street girl in Guatemala City will be different from those that lead to the abuse of valium by a wealthy, urban housewife in Rio de Janeiro or the use of coca paste by a coca leaf "stomper" in the Chapare.

While limited regional data are available on this topic, many lessons can be learned from studies of women in other regions that offer insight on the issue. A number of the hypotheses that emerge are presented as possible explanations for the trends in the region and suggest areas requiring additional research.

Given the limited information available about women and substance abuse, the development of intervention programs at this stage may be precipitous. Whether or not this opinion is shared by those working in this area, the question remains: what to do next to respond to the problems associated with substance abuse and women in the region? Specific recommendations for future action include the following:

- Support additional research on women and substance abuse.
- Focus research on men to understand how male substance abuse relates to women's behavior as well as its impact on household economies and domestic violence.
- Encourage dialogue between substance-abuse professionals and professionals concerned with the status and health of women.
- Work with health providers.
- Focus on organizing collective, community-level responses.
- Address both prevention and treatment needs to provide coordinated and reinforcing messages and appropriate services.
- Involve former drug users in the delivery of prevention messages.
- Develop an integrated approach to drug-abuse prevention and treatment linked to the process of development.

Section IV: Grass-Roots Interventions: Community Mobilization, Students, and Special Population Groups

The empowerment of local communities and the promotion of participation on the part of aid recipients are key features in USAID programs. This strategy seeks to involve community members in identifying problem areas, in finding solutions within the context of their community priorities, and in the decision-making process, so that they assume ownership of projects and full commitment to the jobs to be done. Community empowerment in drug-abuse prevention, as in health promotion and disease prevention, is a process which keeps the control and consequences of action within the community, and develops skills for ongoing program development after external funding and technical assistance cease.

This approach is well illustrated in the experience of the drug-abuse prevention program which FEMAP has undertaken since 1987 in five cities along the U.S. border, under a grant from USAID/Mexico. From the outset FEMAP applied the proven community-health-promoter approach to this initiative. This was a grass-roots effort in which FEMAP's main

objectives were to increase awareness of and knowledge about substance abuse and its causes, consequences, and prevention at all levels of the community, and to stimulate community participation and coordination among institutions and programs involved in drug-abuse prevention and treatment on both sides of the Mexican-American border.

Community volunteers serve as the foundation of the program. In contrast to the model which trains one member of the target group to be a promoter, FEMAP trains groups of promoters drawn from the community, with all members of the group assuming mutually reinforcing roles. The basic principles that underline FEMAP's methods of working with local people are empowerment, community participation, and the involvement of recipients in their own planning.

Over the years FEMAP's drug-abuse prevention program has trained promoters among high school students and members of youth street gangs, as well as adults and youth in high-risk neighborhoods. Members of the community take ownership of the program from the initial needs-assessment and planning stages, and are actively involved in decision making. The community promoters are full partners in the job of prevention. Through this process, by 1994, FEMAP had stimulated the ongoing participation of hundreds of persons comprising a cadre of volunteer promoters, working in their own communities, along the northern frontier of Mexico, in Tijuana, Mexicali, Ciudad Juarez, Monterrey, and Matamoros. As a result, FEMAP's program is recognized as a leader in the drug-abuse prevention field in national and international circles.

One of FEMAP's most creative drug-abuse prevention techniques was

to apply the community-promoter model to prevention programs in the workplace. Working through volunteer promoters, FEMAP initiated integrated health and drug-abuse prevention activities in several foreign-owned factories, the *maquiladoras*. Action plans were prepared at the floor-workers', supervisors', and managerial levels. After initial educational presentations by FEMAP, workers were organized into "Participatory Circles" (similar to "quality circles") of about fifteen workers each. These circles improved communication between management and workers. They also empowered workers by providing them with opportunities to identify common concerns, find solutions, discuss priorities, clarify values, and initiate efforts to improve working conditions and the workers' own lifestyles, particularly with respect to reduced alcohol and drug consumption.

Is the Message Just Say No to Drugs, or Say Yes to Life? In this chapter, we examine the efforts of the Center for Education on Drugs (CESE), a La Paz-based private volunteer organization, to develop educational materials and carry out various innovative prevention programs during the past ten years. With funding from USAID/Bolivia, CESE has sought to empower and involve school teachers, students, and community members in identifying local problems and finding adequate, locally suitable solutions. Helping high school students conceive and develop their own life plans is the core of CESE's educational approach. CESE focuses on both protective and risk factors of drug use. It works to create a school climate that supports the social and emotional needs of students. Using an affective and student-centered educational approach, CESE channels youthful energy in positive directions. Simultaneously, the program works to improve the self-esteem, decision-making skills, and communication skills of young people, and to clarify youthful values, while teachers stimulate the participation of their students through discussions, brainstorming sessions, or role playing.

Over the past decade, CESE has developed an educational approach to drug-abuse prevention in Bolivia which may serve in other countries and cultures. This culturally sensitive approach appears particularly promising because it stresses practical life issues. It is holistic, that is, it deals with both the physiological and the psychological aspects of drug use and with the environment in which the student lives and works. Not only school courses, but also interactive group learning experiences, extracurricular activities, community resources, and the family are all incorporated into this study plan for high school students.

Central to the CESE method is a process of self-assessment and the

development of individual life plans to meet students' goals, empowering them to take charge of their lives in a proactive way, to make good choices on their own, and to resist peer pressure and manipulation. Students, encouraged to undertake thorough self-assessments and to plan for self-improvement and personal development, gain in self-confidence and learn how to base their lives on sound principles and life-affirming values.

An entirely different approach to the problem was designed by SEAMOS, a leading prevention agency in Bolivia. The challenge was daunting: how could a Bolivian private voluntary organization deliver drug-abuse prevention concepts and messages to children attending an outdated public school system starving for resources? The chapter on *Use of Newspapers as Teaching Materials* details the nature of that problem, the approach, and the results.

It is the public school students, even very young children, who are most at risk for alcohol, inhalant, and other substance abuse. With respect to substance-abuse prevention, one of the main problems in the Bolivian schools is that the system is not sufficiently protective — at least in public schools in deprived neighborhoods. The drop-out rate is astronomical, beginning in third grade, with most women shuffled out of the educational system. Only one out of a hundred students graduates from high school. Attempts at educational reform, under way for over six years, have not achieved tangible results.

Educational methodology continues to be painfully old-fashioned. It is essentially a version of the 19th century French *dictée*, with the teacher dictating or writing maxims (or exercises) on the blackboard, which the students copy verbatim into their ruled notebooks, memorize, and regurgitate — without modifications if possible — in their exams. Children achieve little real learning. Many times, the aim of learning is all but forgotten in the effort to meet curriculum schedules or to keep order in overcrowded classrooms. Teachers want to do their jobs; children want to pass the courses. But learning is not necessarily relevant to that process, a situation running counter to the interests of Bolivia, which desperately needs a qualified work force and a higher standard of living for workers.

Almost all public school teachers work with little more than a blackboard and chalk. The few textbooks (usually not in the hands of children but owned by teachers) are outdated, simplistic, sometimes even alien to the nation's realities.

Given those circumstances, SEAMOS, a private voluntary organization, conceived a plan to help the educational process itself while making

drug-abuse prevention an integral part of every teacher's work. The result was *SEAMOS Va a la Escuela* (SVE: SEAMOS Goes to School), a social mobilization program that uses an approach to interactive learning based on the use of newspapers in the classroom, ranging from papier-maché projects in elementary grades to research in high school

SVE puts prevention into a general educational context by giving teachers support and help in a sustained general education program. By incorporating prevention into the very core of the teachers' work, SVE is enmeshing them, their students' families, and community organizations in the widespread Bolivian prevention network.

The goal is to help teachers by giving them tools for better education and more effective prevention efforts, and by affecting, in a positive manner, the way they look at their occupation. In return, SVE expects them to display a changed and positive attitude toward prevention, to look at it as an integral part of their work, and to include it in what they transmit to their students. In short, SVE expects to convert teachers into active multipliers in an integrated, health-promotion, anti-substance-abuse crusade, and to convert their students into more proactive and, therefore, stronger and more secure participants in the educational process.

In another program, *Testing the Use of Students as Channels of Social Mobilization for Drug-Abuse Prevention*, we look at a SEAMOS experimental program devised to reach out to school children and — through them — to their parents in order to promote community action against drug use. The program was designed to test approaches to using students as channels for communicating with their parents in an effort to create drug-free communities in the capital city of La Paz.

The aim of the experiment was to learn whether students could be motivated to convince their parents to sign letters, prepared by SEAMOS, that urged the municipal government to eliminate the sale of alcohol and other drugs to minors. Signed letters were to be returned to school. The

basic premise was that if students gained more knowledge and understanding of the drug problem, their participation would become more effective and, in turn, response levels on the part of their parents would rise. Three schools were selected: one given the full intervention, one given a minimum amount of information, and a control school. The school with the full intervention had a 91-percent rate of return of the letters. The school with minimum intervention had a rate of return of 9 percent. Not surprisingly, no parent-signed letters were generated in the control school.

The innovative use of outreach workers among drug addicts in the Brazilian metropolis of Sao Paulo is described in the chapter *Hard-to-Reach or Out-of-Reach?* As in the United States, few hard-core drug addicts in inner-city communities in Brazil seek treatment. So many of them fall outside the network of health and social service agencies that they have come to be seen as a group beyond the reach of conventional service delivery systems.

In mid-1991 the Department of Public Health of the State of Sao Paulo launched a pilot project to prevent drug abuse, which became known by its acronym PPEUID. The PPEUID program had two main goals. On the one hand, it was to target and recruit for treatment and rehabilitation some of the individuals living in an inner-city area who were dependent upon drugs but were not seeking treatment in either public or private facilities. On the other hand, the project wanted to give drug abusers factual information about infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) as part of a primary prevention program.

The program was a local effort to solve a growing urban problem in Brazil's largest industrial metropolitan area: the increasing number of drug abusers who did not make use of the city's health facilities. Not only did few facilities exist to which drug addicts could turn for help, but existing health and social agency programs, procedures, and policies were not geared to the needs of this "hidden" population. For all intents and purposes, they were out of reach of the established system. For the most part, this group's experience with state agencies was limited to the police and judicial systems rather than health and social agencies.

The situation took on a note of even greater urgency with evidence showing that intravenous (IV) drug use has become the most rapidly expanding mode of transmission of the AIDS epidemic in Brazil. In 1992 alone, intravenous drug abusers accounted for 34.4 percent of AIDS cases reported in the state of Sao Paulo.

A team of four female professionals was formed and assigned to initiate contact with drug users in their own setting. The team's initial goal was to identify this "hidden" population of inner-city drug users. Outreach was to be conducted in the late afternoon and evenings to reach drug addicts on the streets and in the bars and taverns where they normally hang out. During the first five months of the program, an anthropologist joined the team in order to assist the street workers in gaining access and in employing ethnographic methods to gather data and interpret the environmental and social elements of the particular drug subculture they were entering.

Within the first six months of the project behavioral change was noted. Use of cocaine one or more times a week declined by 43 percent and use of marijuana by 39 percent. As of October 1993, the group in the project's drop-in center had increased to almost 50 persons. In addition, the project's range of activities had expanded considerably to include community awareness and mobilization efforts involving youth groups, community leaders, clergy, local health providers, and other social service agencies. Through these initiatives PPEUID staff had provided primary prevention outreach services to over 730 persons (165 adults and 568 teenagers).

In terms of lessons learned, the success of the street workers project suggests that a variety of low-barrier service-delivery outreach models should be considered for testing and cost/effectiveness evaluation. These services should be designed and provided in a way that increases the trust of hard-to-reach population groups. In addition to the PPEUID model, other outreach approaches may be used to go "where the action is" — neighborhood hangouts and street corners — including drop-in centers to reach the difficult-to-access addict who shuns formal treatment systems, storefront multipurpose service centers to bring multiple health and social services closer to addicts, and mobile (van) services with multidisciplinary teams of medical case managers and trained prevention staff to break down barriers between addicts and social services.

Section V: Communication Interventions

Although communication and social marketing strategies to mobilize public opinion and bring about attitudinal and behavioral change are basic components of all NAE country activities, three interventions in particular stand out for the manner in which they exemplify the application of key elements of the overall NAE strategy.

SEAMOS, a private organization with funding largely from USAID, was founded in 1984 with a mandate to develop communication materials targeted at the prevention of drug use in Bolivia. As donor involvement in Bolivian drug control broadened from the prevention of drug use to include alternative development, eradication, and interdiction, SEAMOS began to broaden its scope of activities as well. By 1991, the talents and energies of SEAMOS' staff were directed toward communication on numerous topics — many only tangentially related to drug control or to the organization's original prevention mandate. Under the guidance and vision of a new Executive Director, with technical assistance from the NAE project, the process of reinventing SEAMOS began. It was a process that led to a strategically grounded, well-integrated Institutional Identity Program that clearly communicated SEAMOS' commitment to drug-abuse prevention and to the integrity of the Bolivian national and cultural heritage.

It is generally understood that an institutional communication campaign must be based on strategies which reflect an understanding of the issues and target audiences they address. What is less obvious is that the best communication strategies should flow directly and naturally from the Mission Statement of the originating institution. The Mission Statement is the foundation on which any communication endeavor rests. With this in mind, SEAMOS in 1991 began with the foundation-setting exercise of developing an institutional Mission Statement and a five-year plan that ultimately was to influence all of its communication activities and products. Early research into the public perception of SEAMOS revealed that although name recognition was high, the public image of the organization's specific purposes and activities was unclear. Of particular concern was the public perception of SEAMOS as an arm of United States donor institutions, linking it to the somewhat controversial issue of foreign involvement in Bolivian drug control, including USIA broadcasts and DEA efforts.

The identity program was important, not only to sharpen and enhance the public image of SEAMOS but also to strengthen and clarify the internal identity and focus. Using both qualitative and quantitative research methods, the SEAMOS team was able to develop a market position or "niche" vis-à-vis other institutions and drug control efforts. The research base informed the program components for the marketing strategy which would strengthen the identity of SEAMOS as a national Bolivian institution in the mind of the public. Recognizing that everything communicates, the designers of the Institutional Identity Program

produced an integrated set of communications materials, including a new logo, a public-image multi-media campaign, reorganization of the SEAMOS staffing structure, and a new building and signage for SEAMOS. Did it make a difference? Ongoing focus-group research indicates that together these elements are working in synergy to firmly establish SEAMOS' new institutional identity in the minds of the various target audiences in Bolivia.

The chapter on *Social Merchandising* provides an excellent illustration of the techniques used to bring anti-drug messages to prime-time television on one of the most important television networks in Latin America, O Globo of Brazil. While public health issues are not new to entertainment television, this initiative presents unique insight into the use of social merchandising, a specific marketing technique, for drug-abuse and AIDS prevention. It also explains the sequence of steps, timing, and potential pitfalls which must be dealt with in such an effort.

Social merchandising is the insertion of well-defined behavioral change messages about social issues in soap operas and miniseries. The message is woven into the story as it develops, utilizing moments and events in the lives of the characters which cause them to act as change agents of public opinion and behavior. The messages must be carefully woven into both the main plot and sub-plots of the series so that they appear as integral parts of the plot and not as extraneous elements in the stories, scenes, and situations of each episode.

As a result of this initiative, for nearly two months a popular television series held the attention of 25 million viewers nationwide, representing primary target audiences — adolescents, youth, and their families. It became a general topic of conversation. This was the first time that drug abuse was recognized as a legitimate issue for prime-time soap operas and miniseries in Brazil. In addition to the opportunity to reach millions of persons with meaningful behavioral messages, the effort achieved the active participation of a key segment of opinion leaders: script writers, actors, directors, producers and owners of a major national television network. Through the contribution of their creativity, which they invested in a major drug-abuse prevention effort, they demonstrated their own commitment to this cause and assumed ownership of it.

Graffiti Campaigns and Community Mobilization describes how three prevention agencies — SEAMOS in Bolivia, the Center for Family Studies (CEF) in the northeastern city of Fortaleza, Brazil, and the National System for Family Development (DIF) in the Mexican State of Nuevo Leon — contributed to social development communication. Large

murals were placed on public walls bearing prevention messages that any passers-by could see and understand. Although each of the three agencies employed somewhat different approaches, they all made sure that the tone, message content, and implementation of the campaigns were appropriate to their social environments. Common to all three efforts was community participation in graphic design, in message content (upbeat), and in the implementation of the campaigns. Success was measured in terms of the numbers of community members mobilized for these events, and by follow-on intercept surveys to assess the impact of the campaign.

These experiences showed that using graffiti to take the message to the streets is a highly effective and cost-efficient way to present prevention messages. Street murals are big. Murals impress people. A mural makes a great public display, particularly in an otherwise dreary low-income, inner-city location. Almost everyone sees it, so that, in addition to youth — the primary audience — the message reaches parents, friends, and other groups in the community. People in the neighborhood remember a mural, especially when they have been directly involved in creating it. The community takes ownership for its own creative work: months after the murals were painted, virtually none had been defaced in any of the locations in the three cities.

Section VI: Long-Term Interventions: Sustainability, the State, and Civic Society

If societies are to undertake effective drug-abuse awareness and education programs and achieve behavioral change among target populations, it is essential that prevention institutions develop the capacity to respond over an extended period of time to a highly complex set of challenges, simultaneously meeting the demands of shifting political, domestic, and international priorities, resolving conflicting interests and goals among agencies, and developing a strategy to ensure the financial sustainability of the institution.

The Bolivia Model analyzes a long-term USAID-funded technical assistance effort which the NAE project undertook in 1990 in a country which is the world's number-two producer of coca leaf, the raw material that is processed into cocaine and other coca-based substances such as coca paste and "crack." The analysis concentrates on identifying and exploring the problems that faced this effort from the beginning, determining what has been done to deal with those problems, and ascertaining where the project now stands, and where it seems to be headed. This analysis should serve as an indicator of what has worked in Bolivia, and whether this model can serve as an example for Latin America, and perhaps for the United States.

One of the first obstacles was the need to deal with a group of diverse institutions both in the United States Mission to Bolivia and in private- and public-sector Bolivian agencies. It was necessary to get them to work together and produce results that were consistent with United States policy objectives, and that also fit the reality of society, politics, and anti-drug policy in Bolivia. A lesson learned very early in the project was that the dynamic that drives the U.S. Foreign Service and law enforcement agencies is not at all the same as the dynamic that motivates the responsible agencies in the Government of Bolivia and serves the interests of Bolivian private-sector institutions.

The need to coordinate complex tasks in circumstances that are poorly understood presents a special problem for a project manager. There is no off-the-shelf template that can be applied to a campaign to increase awareness of the problems posed by drug production, processing, trafficking, and use.

The first step in this process in Bolivia was perhaps the most straightforward. That was reinforcing the links between the diverse policy interests of the U.S. agencies involved in the drug struggle. In mid-1990 the mainstay of U.S. policy in the Andean region was in-transit interdiction, coca eradication, and strong law enforcement. The bulk of the resources and the work of the senior Embassy staff were devoted to implementing that policy and determining how other U.S. efforts were contributing to the "war on drugs." The USAID Mission staff, on the other hand, concentrated on the development of democratic institutions and a self-sufficient free-market economy. And although USAID missions always operate within general U.S. policy objectives, the agency is prohibited by law from directly supporting the armed forces or police of any nation. This meant that in Bolivia USAID did not directly support law enforcement actions against drugs and drug trafficking. An accommoda-

tion, therefore, had to be reached to demonstrate that a drug-awareness project could, in fact, support U.S. policy in Bolivia without directly assisting military or police agencies. This was necessary because the prevailing view in the Embassy was that awareness and education efforts did not and could not contribute to the drug struggle.

Yet another obstacle was encountered. The project design was extremely complex. It called for support to be provided not only to the private-sector institutions, CESE and SEAMOS, but also to public-sector institutions of the Government of Bolivia. It was understood that for the project to succeed, the private sector would have to work closely with the public-sector prevention agencies DINAPRE and SUBDESAL. This presented a formidable implementation problem within the project, because DINAPRE, in particular, had been assigned overall coordinating responsibilities for all prevention activities in Bolivia. The then-Executive Director was insisting that project funds had to be channeled through DINAPRE and that overall project supervision be exercised by him and his staff. To further complicate matters, senior U.S. Embassy officials were highly suspicious of the motives and abilities of the public-sector agencies, particularly DINAPRE. These U.S. Foreign Service officers were legitimately concerned about the potential for corruption and the lack of "political will" in Bolivian anti-drug agencies.

The task facing the implementation team was to negotiate the differing value perspectives on drug awareness, while keeping the domain consensus reasonably clear. Once that was accomplished, the move could be made to addressing actual project activities.

But before substantive drug-abuse prevention programs could be mapped out for implementation, it became clear that a forum for negotiation and open discussion was required. The project needed, from the outset, responsible coordinating instruments to insure that objectives were clearly understood and agreed to in the implementation process. But, at the same time, a coordination process was required that would allow maximum flexibility in order to implement the various programs in an environment of high uncertainty. Even in the most determinate circumstances, coordination can be a difficult, even impossible process if flexibility is not maintained. Thus, while it is important for involved organizations to talk to each other, it is also impossible to forecast what problems and opportunities will arise once the project implementation process gets under way.

Building consensus within the U.S. Mission was essential to getting the project off the ground, that is, developing and presenting a bilateral

agreement that was acceptable to the Bolivian government. But the task still remained of moving four distinct Bolivian entities into a collaborative mode. As a prelude to the bilateral project grant agreement, a team-building workshop was held in May 1991 to clear the way for collaboration between project elements and to explain USAID/Bolivia administrative and accounting procedures. While participants did get to know each other better as a result of the workshop, it also sharpened and identified areas of disagreement.

The critical "shepherding" function, that is, moving all involved institutions along the pragmatic path from basic value issues to implementation activities was the task of the long-term technical assistance (TA) team. The TA unit had a multiple role to play in project implementation. The first, and perhaps most important task, was to buffer the USAID/Bolivia Project Officer from the day-to-day implementation problems of the project elements. Secondly, the TA team also acted as a buffer between project elements, and between the elements and U.S. government agencies in the Embassy. Finally, the TA team supervised the planning and implementation process. In addition to providing general technical assistance, the team designed short-term TA interventions to assist the project's elements in carrying out their assigned responsibilities. The TA team was the collaborative linchpin of the project, the nexus for technical problem resolution, the project "ombudsman." The TA team represented the interests of project elements to the U.S. Mission and the requirements of the mission to the project's implementors. It was the ultimate "go-between." This multifaceted role enabled the team to head off potential confrontations, facilitate conflict resolution, and carry out technical functions as adviser, collaborator, and "friend of the court."

Coalition Building in an Emerging Democracy examines challenges to achieving the needed cooperation and building the required coalitions among state agencies and civic organizations in a country — Paraguay — lacking a democratic tradition. These efforts emerged during the period following the 1989 coup, which ended the thirty-five-year dictatorship of General Alfredo Stroessner. In addition to significant cultivation of marijuana, which was shipped to neighboring countries, Paraguay was an important transit point for cocaine smuggled into the United States. In November 1990, at the request of the Mental Health Department, Ministry of Health, USAID/Paraguay funded a drug-awareness and education project. Its purpose was to institutionalize and strengthen drug-awareness efforts within the Government of Paraguay, to facilitate communication

and coalition building among appropriate public and private agencies, and to develop an effective public-awareness program. The NAE project was charged with providing the technical assistance, training, and direct program support to achieve these goals.

A private-sector organization, known as Project *Marandú,* emerged. It brought together, under the leadership of the Director of the Ministry of Health's Mental Health Office, all the private organizations working in drug-abuse prevention, drug education, and treatment. An initial task was the completion, in late 1991, of a national urban epidemiological study on alcohol and other drug abuse, the first of its kind in Paraguay. The results of this study were used to mobilize public opinion through an integrated communications campaign employing mass-media and interpersonal activities. These efforts contributed to the formation of a national network of organizations dedicated to anti-drug activities. However, a key policy element was not yet in place. Although anti-narcotics legislation did exist, there was no comprehensive, long-term national drug-abuse prevention plan.

By December 1991, the Government of Paraguay had created SENAD, a new cabinet-level anti-narcotics secretariat. Soon after the establishment of SENAD, Project *Marandú* began a working relationship with this secretariat. On the private-sector side, all non-governmental organizations (NGOs) working in drug-abuse prevention formed an umbrella coordinating body. But after almost four decades of authoritarian government, leaders of the NGOs feared they would not be given full participation in the development of a national plan but simply presented with a government *fait accompli.* Using opportunities provided by workshops and meetings with leaders of both sectors, as well as the good offices of the U.S. Mission, the TA team worked delicately to keep communication channels open between the private sector and SENAD and to head off potential ruptures in the coalition-building process.

The process resulted in the formation of an NGO-SENAD working group, which formally became SENAD's Prevention Consultative Council. A high-level task force, personally chaired by the army general who was SENAD's Executive Secretary, met weekly to discuss progress in the drafting of a national plan. Project *Marandú* served as the Council's secretariat and as the venue for task-force meetings. By 1993, this public-sector/private-sector partnership had completed the draft of Paraguay's *National Drug-abuse Prevention Plan: 1993-1998,* which was promptly approved by the Government of Paraguay.

It is clear that public awareness, policy development, and prevention

interventions which produce behavioral change can be achieved only through a comprehensive, integrated effort involving all the sectors of a country's society. Experience in the United States and abroad has shown that there is no quick fix or silver bullet to bring about meaningful change in opinions, attitudes, values, and behaviors with respect to drug use. A long-term commitment and a high degree of involvement on the part of many people, from the community level through top echelons at the national level, is required.

Maintaining the Momentum addresses the issues, obstacles, and strategic requirements for achieving sustainability — the project's ability to continue to deliver benefits after external donor assistance ends.

This final chapter examines two projects, one in Ecuador and one in Peru, both implemented by private voluntary organizations, in order to highlight factors that contribute to sustainability or militate against it. The Ecuadorian experience exemplifies many of the pitfalls to sustainability which can bring a project to the brink of a potentially fatal financial abyss. The Peruvian project stands in sharp contrast to the Ecuadorian effort.

Maximizing the chances for sustainability of drug-awareness and education projects involves a three-phase strategy. The components of each phase constitute the foundation on which successful implementation of the next phase depends.

Phase 1: project planning. Address sustainability concerns at the outset of project planning, allowing for sufficient investment of time in research, evaluation, and institution building *before* major project funding commences. Critical components at this stage are a comprehensive assessment of both the problem and the needs in the target country, a thorough appraisal of the problems of potential implementing institutions, careful selection of the implementing organization so that the project will have a firm institutional base, provision for the participation and collaboration of a broad spectrum of the community concerned with drug-abuse prevention, and establishment of a funding level corresponding to the size, maturity, and capacities of the implementing organization.

Phase 2: project design and implementation. Long-term sustainability requires mobilizing human resources and imparting technical skills to produce effective programs and to achieve a solid programmatic record. The implementing organization must have the management, administrative, and financial capabilities to plan, operate, and evaluate the project effectively. It also must possess the flexibility to correct or improve its programs, and the adaptability to respond to changes in the problem or in external social, political, or economic circumstances. Basic organiza-

tional capacity is a prerequisite for supporting and sustaining programmatic achievements. In a number of instances, inadequate management has posed a greater threat to sustainability than the absence of adequate current or prospective funding. Good management, along with skilled and motivated staff, is essential if the implementing organization is to make a demonstrable impact. When that occurs, the sustainability of projects becomes much more likely — for example, success helps to foster broad-based support within the private and public sectors and creates a compelling "advertisement" that can catch the eye of potential long-term donors.

Phase 3: long-term effectiveness. Managerial capacity, the mobilization of human resources, the identification of and timely adaptation to changing needs and circumstances, and visible achievements are all prerequisites for achieving sustainability and must be ongoing. But they are not sufficient to ensure long-term effectiveness, which also requires continuing financial resources to sustain the implementing organization and its program. Because narcotics awareness and education projects typically have few opportunities for cost recovery or client-based income generation, such as fees, total financial sustainability achieved through project operations is usually an unrealistic goal, at least in the period immediately after initial donor funding ends. Thus, the implementing organization must develop a broad funding base, a requirement recognized in Phase 1. This process includes the establishment and proper use of an endowment fund. As noted in Phase 2, a solid track record will help attract the wide-ranging financial support necessary to continue operations when aid from the initial donor ends. Those funding sources may include multilateral organizations, governments, businesses, foundations and other nonprofit organizations, national elites, local communities, and the general public.

Detailed and timely attention to those considerations will enhance the strength of sustainability's key ingredient: capacity building, which the three-phase sustainability strategy promotes by stressing ongoing development of the capabilities of the implementing institution and its staff. Drug awareness and education projects, and their beneficiaries, deserve no less.

What can be learned from these experiences is that sound organization, dedicated persons, and well-managed technical assistance can overcome resistance, and move a nation closer to freedom from drugs and drug traffickers. But under any circumstances, a firm community base — involving the active participation of local leaders, families, businesses,

civic and religious organizations, state agencies, and especially young people — is required for successful prevention programs.

Note

1. For a discussion of the extensive history of the use and abuse of drugs in the United States, see David F. Musto, M.D., *The American Disease: Origins of Narcotic Control,* Oxford University Press: New York, 1987 (Expanded Edition). Also published in Spanish as *La enfermedad americana,* Tercer Mundo Editores: Bogotá, Colombia, 1993.

I

Applied Research for Policy Making, Program Design, and Behavioral Change

This section will examine various ways in which data has been used to shape drug policy. For each way we will look at a set of questions that are required to assist in the formulation of policy in that area, and then examine data requirements and concerns with respect to those questions. Finally, we will explore the consequences for policy formulation and decision making with respect to those questions. We shall focus the discussion on concrete concerns with respect to drug policy in the countries where the Narcotics Awareness and Education Project and other USAID-supported projects have worked in the past decade. For each area we will draw out the lessons learned which can serve to guide future efforts in the field of drug awareness and education.

We shall focus on the use of research to further problem definition, the definition of approaches to message construction, program evaluation, and the use of research to assist in the development of public awareness. In each case, we shall focus on the lessons learned regarding the implementation of research.

1

Survey Research for Shaping National Policy and Program Design

Joel M. Jutkowitz

Following the 18th-century tradition of secular rationality, policy makers have used data to formulate, justify, and evaluate national policies. The quality of the data may vary. Data may be used selectively to support a particular viewpoint. Data gathering may be directed at defending an existing position or supporting a desire for change, but the use of data is common to policy dialogue. Generating that data, the science of statistics which originally referred to the study of political facts and figures, is a significant process for understanding and interpreting the reality from which policy derives and which it seeks in turn to influence.

Empirically-based data has important functions in the development of a national drug policy. Development of data relating to the drug-abuse problem serves to foster the design and implementation of an effective national policy in various ways:

- Defining appropriate objectives for action;
- Defining the nature and extent of the problem;
- Testing specific approaches to prevention;
- Monitoring program effectiveness;
- Evaluating the impact of programs and policies; and
- Providing the information needed to educate and mobilize public opinion.

It should be noted that these six areas do not exhaust the ways that data may be used, although they indicate some of the most significant areas for

that use. Moreover, the sequence of use in a given policy formulation and implementation process may vary. While it is often a first concern to define the nature and extent of the problem in order to set appropriate objectives, it may be necessary to define policy objectives so that resources are allocated to define the nature of the problem. Sometimes the public-opinion uses of data are more important than their use as monitoring or evaluation tools. In each case, a major concern is to assure that the data collected meets the requirements of the use to which that data will be put.

Data used in the formulation of drug policy include not only the usual forms of quantitative data, such as survey results, clinical reports, arrests, and drug seizures, but also qualitative data, such as in-depth interviews, ethnographic studies, clinical case studies, and institutional histories that provide the context of the problem. Data-gathering procedures involve a careful attention to appropriate methodologies, but also require the skills to weave together the information obtained within the context of events, taking into account the purpose to which the data gathering process is directed. As one noted statistician has commented,

> Producing statistics...encompasses not only statistical methodology as a tool, but the whole gamut of activities that must be performed in producing statistics for the use of others — planning, collecting, analyzing, and disseminating data. The practice of many of these functions is not based primarily on statistical science or methodology, but is an art based on a mixture of intuition, experience, and judgment, as well as scientific evidence or procedures — in other words, the practice of a profession as well as the application of a scientific discipline.[1]

Defining Objectives

Policy-making involves a process of strategic planning. Such planning requires a clear definition of the objectives to be reached, the means to be used to achieve those objectives, and the measurements that will be employed to determine whether the process of achieving the stated objectives is going along in a satisfactory fashion and if in fact the objectives themselves are being met. A policymaker's first concern, then, is often to define the problem that is to be addressed. The sort of policy to be adopted depends on a clear understanding of the nature of the problem.

The USAID experience with Peru's drug-abuse prevention programs since 1984 provides a case study of the application of data to policy formulation. The national policy in question is the United States Government's efforts to secure the cooperation of the governments of

drug-crop producer nations in the fight against drug abuse. That overall policy goal was transformed into an effort to assist a producer country, Peru, in dealing with its own domestic drug consumption problem. The data generated by a series of research tasks provided a foundation for formulating both the strategies followed by USAID/Peru in implementing drug-abuse prevention activities, and the policies of other host governments and private-sector agencies in designing and implementing their own national efforts.

The USAID Mission to Peru initiated its activities in this area by seeking to define the approach it would take through an empirically-based needs assessment. The study that was commissioned consisted of (1) an assessment of Peru's existing institutional capabilities to conduct drug-abuse prevention activities; (2) the attitudes of key publics toward the drug problem; (3) the possibilities of a Peruvian response to that problem; and (4) the viability of alternative approaches for implementing a national awareness and education effort. The needs assessment was to culminate in the design of a Peruvian national awareness and education effort to be funded by USAID/Peru.[2]

A key component was a national survey of opinion leaders, students, teachers and parents as well as a survey of residents of the lower-class slums (*pueblos jóvenes*) of metropolitan Lima.[3] The assumption in choosing the sample was that an effective drug-awareness and education program had to incorporate key opinion leaders at various levels of the society, and had also to include the large numbers of lower-class slum dwellers as participants in community prevention efforts as well as targets of those efforts. Hence, it was important to understand the orientations of all these relevant groups toward the problem. As a working hypothesis, the survey assumed that drug use in Peru and related issues such as drug trafficking were not salient issues insofar as the opinion leaders were concerned, nor was the drug problem one that was given a high priority.

The conclusions ran counter to the original working hypothesis. The drug problem, defined as the use and abuse of certain substances, was seen by the national sample of opinion leaders, students, teachers and parents as a national problem, although of secondary importance when compared to the on-going economic crisis. It was viewed as a problem that affected not only an individual's health, but had important familial, social and environmental overtones. Those interviewed felt the problem was particularly pressing when it touched their families. They felt that the causes of drug abuse include social conditions as well as family problems.

They looked to education as the principal means of combating the problem. They did not see a link between availability and use. Those from lower-class slums in Lima placed greater emphasis on improving their social situation as a way to prevent drug use.

The study's data indicated a remarkably high level of homogeneity on major issues among all groups in the sample; however, there were some differences between groups. For example, opinion leaders paid more attention to drug trafficking than did students, teachers, and parents as a group. They also showed less tolerance for drug use at either the familial or societal levels. However, these distinctions were not of a magnitude to warrant distinct campaigns for each of these broad audiences. An economy of effort was possible.

The survey provided the basic data that justified organizing and funding a drug-abuse awareness and education effort in Peru. The survey indicated that there was sufficient concern to ensure that an anti-drug effort could get off the ground. It also indicated that the opinion leaders studied were willing to consider participation in an effort to establish such an anti-drug program. The survey also established the need for an institution or agency to serve as a focus for mobilizing public opinion and prompting action on the drug problem.

Additional aspects of the needs assessment fleshed out the results of the survey. An examination of existing public and private entities concerned with some aspect of the drug problem resulted in the conclusion that there was no extant base from which to develop a national anti-drug information and education center. A new organization would have to be created. Moreover, given the characteristics of the public sector, that center was best located in the private sector.[4] Given the climate of public opinion, such an agency probably would find a broad base of support among opinion leaders and the public in general. In effect, the data gathered by the needs assessment through the survey and through less formal methods of research had refined USAID/Peru's initial objective of supporting prevention activities in Peru, defining the program most appropriate to the Peruvian context.

This initial survey of opinion leaders pointed up a need for further research to define the problem. Those interviewed in the 1984 opinion-leader survey had indicated that they felt there was a growing drug-abuse problem, centered on cocaine use, in the country. These perceptions were echoed in the press, which talked of a massive problem of cocaine paste[5] and cocaine abuse among teenagers. But, at the time, there was no concrete data regarding drug prevalence that supported this view. Thus,

USAID included in its plan the conduct of a national prevalence survey to remedy this gap in information.

The Peruvian national drug prevalence survey[6] focused on the urban population of Peru.[7] The universe studied included individuals between the ages of 12 and 45, located in households in all cities of 25,000 or more.[8]

The instrument used for the survey had several broad objectives:

- To represent the level of prevalence of drug abuse in Peru, understanding prevalence as the percent of population within the universe studied using drugs over a specified time frame; and

- To provide as broad a coverage of the problem of drug abuse as possible, both in terms of the substances covered and the information generated regarding those substances and related variables.[9]

Substances covered were alcohol, tobacco, analgesics, sedatives, hypnotics, stimulants, marijuana, hallucinogens, inhalants, heroin, opium, coca leaves, coca paste, and cocaine.[10]

The survey found that the use of marijuana, coca paste, and cocaine was concentrated in Lima. Comparing use patterns in 1979 and 1986 in Lima, researchers found considerable growth in the use of all three, although levels of use were not yet of a magnitude to be considered a major problem.[11] The groups most at risk for use of these drugs were middle- and upper-class males who were in their late teens or twenties. These findings suggested that Peru (1) was facing a potential problem that was increasing in magnitude in a climate of both public and private neglect, but (2) was still in a position in which a concentrated effort at drug-abuse prevention might be able to get ahead of this potential problem.

This study, like the one before it, refined the objectives that USAID and the newly established private voluntary agency had developed in designing a prevention program. The study permitted a targeting of priority audiences for prevention activities (young men in their early teens in Lima) as well as establishing a baseline for future measurement of the nature and extent of the problem at a national level.

The set of data developed to define USAID/Peru's objective was not unique. Similar data sets that define the nature and extent of drug use and the attitudes of key segments of the population regarding drugs have been generated for other producer and transit/trafficking countries over the

past half-a-dozen years. These data, in countries such as Bolivia, the Dominican Republic, Guatemala, Haiti, Panama, Paraguay, Thailand, and Sri Lanka, permitted a more precise definition of the problem in each country and served to shape the programs of various United States Government agencies, including both USAID and the Bureau for International Narcotics Matters.[12] Defined drug-use levels are available for each of these countries, providing a framework for policy decisions by donors, governments, and private agencies.

To conclude: carefully designed studies of the dimensions of key variables provide a picture of reality which permits a definition of objectives. The conduct of such studies in the formation of drug policy requires not only a knowledge of the proper methods to measure such factors as attitudes toward the problem and the nature and extent of use, but a careful attention to other appropriate contextual variables such as the presence or absence of appropriate institutions to undertake programs. In short, the definition of policy objectives needs to be based on careful research.

Dealing with the drug problem at a national level requires a strategy for action attuned to existing realities. Carefully designed needs assessments that examine attitudes of opinion leaders and the general public, as well as national prevalence surveys that measure the nature and extent of use, are critical in formulating successful approaches to drug-abuse prevention.

Notes

1. Margaret E. Martin in her presidential address to the American Statistical Association, as quoted in Thomas B. Jabine and Richard P. Claude, *Human Rights and Statistics,* Philadelphia, 1992, p. xii.
2. The study's results are reported in Development Associates, Inc., *Peru Narcotics Awareness Study,* March, 1985.
3. Half the national sample consisted of opinion leaders from all major areas of the society, including business leaders, labor leaders, politicians, bureaucrats, civic and community leaders, judges, the military and the police. The other half consisted of students, teachers and parents. The sample was drawn from seven cities covering the principal regions of the country.
4. The march of events in Peru since 1984 has demonstrated that private-sector activity in this area is more viable than government activity.
5. Cocaine paste or *pasta basica de cocaina* (referred to as *bazuco* in countries such as Colombia and Panama) is an intermediate product between coca leaf and cocaine which contains free ions of the cocaine alkaloid. Because of its state, cocaine paste can be smoked and has an immediate impact on the individual similar to that of crack.
6. For a full discussion of the results see Jutkowitz et al, *Drug Abuse in Urban Peru,* Development Associates: 1986.

7. The choice of the population was made on the basis of several factors: various indicators suggesting that the preponderance of drug abusers were located in urban settings; the focus of the study on non-traditional use of psychoactive substances rather than the traditional use of coca leaves ("chewing" of the leaf) by the largely rural indigenous populations of the highlands; and budgetary limitations.
8. The cities excluded were those located within areas that represented a potential danger to the physical safety of those conducting the interviews.
9. Two questionnaires used in other population studies served as references for the design of the instrument: (1) the questionnaire employed in a prior epidemiological survey in Lima (Carbajal et al, 1979), and (2) the questionnaire used by Temple University under contract with the United States National Institute on Drug Abuse (NIDA) in its 1985 household survey. The latter instrument drew on what had been learned from the series of national surveys sponsored by the United States Government over the previous decade.
10. The key variables that were included in the instrument were age at first opportunity to use (for illicit substances); age of first use (measuring lifetime prevalence); most recent use; lifetime frequency of use; polydrug abuse; socio-demographic characteristics of the population; consequences of the use of substances for the respondent; and risks associated with the use of substances.
11. Close to 12 percent of the respondents indicated that they had used these substances at some time (lifetime prevalence).
12. Cf. Development Associates, Inc., *Drug Awareness Needs Assessment for Guatemala,* November, 1990; Development Associates, Inc., *National Study of Drug Prevalence and Attitudes Towards Drug Use in Haiti,* June, 1991; Proyecto Marandú, Comité Paraguay-Kansas, *Estudio Sobre Salud Mental y Habitos Toxicos en el Paraguay,* 1991; Development Associates, Inc., *Survey on Drug Prevalence and Attitudes in Panama,* 1992; Sri Lanka Anti Narcotics Association, *Drug Use and Abuse in Sri Lanka, 1991.*

2

Mobilization of Public Opinion

Joel M. Jutkowitz and Henry Kirsch

In a democracy, the mobilization of public opinion is an important policy tool, assisting in securing a variety of resources: allocation of budget, use of private initiative to augment public initiative, access to human resources, and the like.

In the case of an anti-drug effort, that mobilization may be a critical element in promoting the prevention of drug use, particularly at the level of the community and the family. Data which support an understanding of a problem, which serve to alert the public to the real dimensions of a problem, may be powerful tools in mobilizing public opinion.

The advertising industry in the United States has a long history of success in mobilizing public opinion. Because of its efforts, we all recognize a variety of brand names. That industry has turned those skills to the mobilizing of public opinion against drug use, through an effort that goes under the name of the Partnership For a Drug Free America. The Partnership has been engaged in advertising campaigns in a coordinated effort to reduce drug use in the United States for around five years. Drawing on the skills developed in the advertising and media industries, the Partnership uses tracking polls to guide its anti-drug efforts. For example, between 1987 and 1988, the Partnership conducted extensive campaigns directed at college students.

To measure the effectiveness of such campaigns and to guide their design, the Partnership conducts research into the various components of its campaign: the type of message, the intensity of media exposure, and the media used to reach the audience. These measurements help to fine-tune the campaign while at the same time they provide information about

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the nature of the drug problem. That information in turn is used to construct more effective messages.[1]

Peru

In the case of Peru, we can see how the same epidemiological survey used to measure the nature and extent of the problem served as an instrument to mobilize public opinion. While the national prevalence survey in Peru was being conducted, efforts were underway to create a national private, voluntary, non-profit drug-abuse prevention agency which would have access to USAID funding. The founders, drawn from a cross section of Peruvian society, included representatives of virtually all the major political parties, the judiciary, the church (both Catholic and Protestant), news media, the police, the military, businessmen, health professionals, educators, civic groups, artists and sports figures. All were united in their concern with the problem of drug abuse. The next step was to convert that concern into a viable drug-abuse prevention institution.

As the survey came to fruition and the final report was completed, the new institution, CEDRO, began its operations. CEDRO aimed to shape public opinion in order to build support for a continuing national effort at drug-abuse prevention. The survey legitimated the need for action by CEDRO. It provided the factual basis for asserting that there was indeed a drug-abuse problem which could continue to grow unless efforts were made to prevent that growth.

In the first few months of CEDRO's operations, the survey results were used to directly influence public opinion by providing the material for CEDRO's public relations activities. The formal release of the report to the public created an opportunity for a news conference, articles in several large circulation dailies, and material for radio and television news and discussions. The survey became a key resource for a series of articles in one of the most prestigious newspapers in Lima, articles that, for example, took a single statistic and used it as the basis for an entire story.

In summary, the survey was undertaken to establish a baseline for an understanding of the nature and extent of drug use and abuse in Peru. It filled a critical gap in the effort to design and develop a drug-abuse prevention program. But the survey was not exclusively a technical resource. Because it had scientific rigor, because it contained considerable information regarding the problem, it became a major public relations instrument for a newly created organization, seeking to establish

itself as an effective institution. The survey's political role, as an element of legitimation and a tool for institution-building, is as valuable a function as its contribution to the careful design and monitoring of a prevention program.

CEDRO conducted a series of opinion surveys as follow-ups to the 1984 effort, as well as a series of epidemiological surveys. The opinion surveys continued to legitimate drug-abuse prevention efforts, and the prevalence surveys provided additional data on the types of substances that are used and the groups at risk. In addition, the findings increased the level of knowledge about drug use and abuse.

The extent to which the survey data were utilized and disseminated in Peru can be seen in Exhibit 1. In each of the activities listed (i.e., seminars, community education, radio and TV presentations), there was some reference to the survey. During the first three years of operation, the survey results were an important element in shaping the content of messages as well as the targeting of those messages.

In sum, survey research legitimated prevention and public awareness efforts in Peru. The findings also have assisted in targeting audiences, and in providing indicators of the degree to which public awareness projects are reaching the intended audience. Key to the Peruvian experience was CEDRO's institutional capacity, which transformed collected data into public awareness programs.

EXHIBIT 1
CEDRO's Major Public Awareness Activities (1986-1989)

Activity	Cumulative Output Through 1989
1. Community residents educated about prevention.	202,524
2. Technical publications produced.	20
3. Technical publications circulated.	34,103
4. Educational manuals and pamphlets produced.	101
5. Educational manuals and pamphlets distributed.	369,275
6. Informational articles published in local press.	710
7. Radio and TV information and education presentations	298
8. Drug-abuse prevention TV and radio spots developed.	9
9. Seminars and conferences sponsored.	71

Source: Development Associates. *Final Report, Technical Assistance Contract: Peru Drug Education and Public Awareness Program.* Arlington, 1989.

Panama

Panama provides another example of the use of a prevalence survey to assist in the development of public support for a drug-abuse prevention program. From October to December 1991, USAID sponsored and supported the first comprehensive household epidemiological survey on drug prevalence and attitudes in Panama. The sample size for the survey was over 1,000 respondents between the ages of 12 and 45. The survey provided a unique opportunity to analyze the nature of the drug problem in Panama in terms of the types of drugs that were being used, the sequence of initiation of drug use, and the levels of use for each of the drug substances included in the study. The results of the survey also provided an opportunity to compare the drug situation in Panama with those of other countries in Latin America where similar surveys had been conducted. Finally, the survey provided valuable data for use in designing awareness and prevention programs.[2]

Panama's survey found that the use of cocaine and other coca derivatives was high relative to other Latin American countries. Younger groups (especially young adults aged 25 to 34) were more likely to have used cocaine, crack, and *bazuco* (cocaine paste) than were older groups. The survey found that even though the drug problem in urban Panama was limited to a small portion of the total population, the problem was significant because of the high percentage of current marijuana, cocaine, crack, *bazuco* and inhalant users and the high frequency of use. Panama had the highest lifetime prevalence for cocaine use — and by far the highest rate of current cocaine use — of any country in Latin America that had been surveyed at that time.

The results of the survey in Panama were used as the basis for an awareness campaign about the nature and extent of the drug problem. The survey became an important tool for policymakers and for civic, business, and other community organizations, as well as educational agencies. The release of the survey results had an immediate impact on the level of public awareness in Panama. Less than one month after the survey report had been presented to USAID/Panama, it was submitted to *Cruz Blanca* (Panamanian White Cross) — the leading national prevention agency. *Cruz Blanca* organized a major public presentation in Panama City, attended by national political leaders and policymakers, representatives of private-sector organizations, and members of the national and international press. At the request of the Colon Journalists Association, a second press conference was put together a week after the initial press conference

in Panama City. The Colon presentation focused on findings and issues specific to the city of Colon. Altogether, over 360 representatives of national and international media, government agencies, the national assembly, private voluntary organizations, and business associations attended the public presentations.

Similarly, all television and several radio stations in Panama reported the press conferences. Heads of governmental agencies were interviewed, and several radio stations presented in-depth interviews with members of *Cruz Blanca*. International reporting of the survey results was provided by CNN, UNIVISION, and NOTIMEX. This intensive mass media coverage of the results of the survey, and the dissemination of the English and Spanish reports that followed, served to increase and reinforce awareness of the nature and extent of the drug problem in Panama among political leaders, policy makers, and the public in general.

Following the press conferences, *Cruz Blanca* used the results of the study to generate additional mass media coverage to sustain public attention. Results were fed to the press in a highly structured strategy that included press releases on key findings and on specific themes as a way to alert the public to the different dimensions of the drug-use/abuse problem. The press provided headline news and editorial coverage in the days that followed, and continued covering the story from different angles for close to twelve months after the initial press conference.

In addition to the initial mass-media coverage, the survey findings in Panama also were used to influence policymakers. *Cruz Blanca* encouraged the involvement and participation of national political authorities, policy makers, and legislative authorities in the public awareness process. The survey results were used by *Cruz Blanca* to promote the need for a public-private strategy to formulate a national prevention strategy. The results of the survey were also used by policymakers to create a number of initiatives. For example, the Panamanian National Assembly's Commission on Narcotics began to hold regular meetings with relevant drug-abuse prevention organizations in order to develop a national action plan; there was formal recognition of the importance of the study by the National Assembly's Commission on Public Health and Social Security; and a call was made by the Minister of Education to form joint private and public working groups to develop a comprehensive drug-abuse prevention plan.[3]

The survey results in Panama were also used by several civic and business groups, to encourage coalition building and to generate more resources for drug-abuse prevention efforts. In response to the survey,

many community-based organizations, civic organizations, universities, private firms, and international non-governmental organizations offered support to enable the expansion of ongoing and the coordination of new prevention efforts. In the sequence of events, the survey generated concern among these organizations, and in turn their concern generated action. In response to the survey and the mass media campaign, different organizations offered or committed resources and ideas. For example: some organizations offered volunteers; others offered in-kind contributions; a business association proposed to set up a committee to look at drugs in the work-place; another requested training for volunteers who would become prevention agents; others pledged expertise to *Cruz Blanca* to help develop and produce mass-media and new social marketing materials.

Beyond increasing public awareness, public policy dialogue, and coalition building, *Cruz Blanca* used the results of the survey to emphasize the need for a strong private voluntary organization that could coordinate public awareness and prevention projects. As a result of its participation in the public relations campaign, *Cruz Blanca* strengthened its credibility and its institutional capability. *Cruz Blanca*'s affiliation with the survey effort created a new demand for its services and generated institutional growth and expansion. In turn, its new role as the foremost drug-abuse prevention agency in Panama forced many positive institutional changes in *Cruz Blanca*'s organizational structure.

In sum, the survey filled a critical gap in the effort to design and develop new drug-abuse prevention programs, as well as to sustain public mobilization and awareness efforts. Key in the experience of Panama was the carefully designed media strategy to mobilize public opinion, the role of *Cruz Blanca* in terms of its network and institutional capacity, and the involve-

ment and participation of local and national policymakers. While the survey generated important information about the nature of the drug problem in Panama, it also helped to legitimate initiatives and collaborative efforts among various sectors or groups in the society.

Paraguay

The involvement of USAID in the early 1990s produced the first steps in the formulation and implementation of a national drug awareness and prevention plan in Paraguay. Working closely with government agencies, as well as with the Paraguay-Kansas Committee of Partners of the Americas, USAID sponsored and supported the creation of the first national drug awareness program. USAID provided assistance in the design and development of an appropriate institutional setting to undertake a national drug-abuse prevention effort. The purpose of what became known as *Proyecto Marandú* was to institutionalize and strengthen drug awareness efforts, to facilitate communication among all public and private agencies involved in the drug-abuse prevention effort, and to develop an effective public awareness program with the help of private and public institutions.

A key component of *Proyecto Marandú* was a national drug prevalence survey, to define areas of risk, set public awareness priorities, and allocate appropriate resources. The survey, which was the first in Paraguay, focused on ten urban locations.[4] The universe studied consisted of individuals between the ages of 12 and 45. Prevalence of marijuana, cocaine, and inhalants was relatively low. However, an alarming proportion of the respondents did not seem to be aware of the dangers of drug abuse. The survey also found in Paraguay a high level of tolerance toward legal and illicit drugs, and a consumption of marijuana that was higher in areas near cultivating zones.[5]

The first national survey to measure drug prevalence in Paraguay helped the national anti-drug network redefine the goals of prevention and public-awareness programs. The survey findings legitimized public-awareness and prevention activities, and served as a reference to aid in selecting priority audiences for prevention programs. Following the official presentation and release of the findings in December 1991, the survey results were published in a joint effort by *Proyecto Marandú* and the Ministry of Health. Various cabinet members, heads of government, and organizations working with drug-related issues attended the presentations and press conferences when the findings were made public.

Proyecto Marandú developed a plan to disseminate the results of the study among all sectors of Paraguayan society. Using the survey findings, three specific strategies were developed by *Proyecto Marandú* to increase public awareness: (1) a mass-media strategy, to utilize all available means to increase awareness about drug use and its consequences; (2) a school strategy, to develop drug awareness programs within the educational system, targeting students and parents; and (3) a community strategy, to develop programs targeting community-based health organizations and leaders in the hope that they would become prevention agents in their respective communities.[6]

The findings of the survey were used to create public service announcements on television and radio (PSAs were produced in Spanish and Guarani). Newspapers also used the data in a series of articles. Over 350 articles were published in major newspapers. The survey findings also were used to produce a video aimed at increasing awareness and training health-service agents. The data were also widely disseminated in the *Marandú* newsletter. Similarly, the data were used to produce four informational brochures directed to teachers, parents, youngsters, and health-service agents. The survey results also were used to inform the educational community in Paraguay, targeting mainly teachers, students and their parents, and school administrators. Finally, the survey results were used in workshops and seminars directed at community health service agents and personnel, as well as community leaders.

Paraguay's survey results also were used to create an impetus for coalition building, especially among policymakers at high levels of government. Workshops were held with both public and private participants, where the survey findings were discussed and reviewed in connection with the development of a national prevention plan. Many of the findings were used to define objectives, to formulate strategies, to develop monitoring and evaluation procedures, and to further mobilize public and political opinion. The findings of the survey were important in organizing task forces to generate support from public and private agencies for the National Drug-abuse prevention Plan. Eventually, the results of the survey played an important role in the planning, design, and execution of the prevention plan. For example, the findings were used at the National Workshop on the Design of the National Drug Abuse Prevention Strategy, held in April 1992 under the auspices of the Ministry of Health. The results of the survey were instrumental in helping to identify strategic intervention priority areas and to form public-private partnerships to help in the design of the prevention plan.

In sum, the survey findings on drug prevalence in Paraguay were taken into account in the planning, design, and execution of a national, comprehensive drug-abuse prevention plan. The survey legitimated policy, and it helped operationalize policy. The findings and results of the survey were used to create, reorient, and strengthen public awareness messages, and the findings assisted in targeting audiences.

Surveys have become important tools in defining drug problems, in mobilizing public opinion, and in legitimating drug-abuse prevention programs. During the past decade, epidemiological surveys have been conducted throughout the developing world, and their results and findings have been used in a number of different ways. The use of survey research was enhanced by an effective institutional framework to coordinate and encourage dissemination efforts, mass media coverage, and private and public support.

In all of the cases we have cited, survey research made a major contribution. The contribution is twofold: survey data contribute to the legitimation of a particular course of action or a policy initiative, and survey data are used to inform the public about a reality that concerns the public, which in turn mobilizes public opinion to help shape an appropriate response.

What has been learned?

The mobilization of public opinion is an important policy tool.

Data which promote an understanding of the drug problem and alert the public and opinion leaders to its real dimensions can be powerful tools in mobilizing support for action.

Linking those data to institutions directed at solving the drug problem provides a firm base for dissemination and action in promoting drug-abuse prevention.

Notes

1. For a discussion of these studies, see *The Attitudinal Basis of Drug Use — 1987* and *Changing Attitudes Toward Drug Use —1988,* Gordon S. Black Corporation.
2. Joel M. Jutkowitz and Harry Day, *Survey on Drug Prevalence and Attitudes in Urban Panama,* Development Associates: Arlington, 1992.
3. Henry Kirsch. *The Role of Applied Research in Public Awareness and Policy Development: The Case of Drug Use in Panama.* Development Associates, June 1992.
4. Comité Paraguay-Kansas. *Marandú, una opcion por la vida.* Comité Paraguay-Kansas: Asunción, Paraguay, 1992.
5. Proyecto Marandú, *Estudio Sobre Salud Mental y Habitos Toxicos en el Paraguay,* Asunción, Paraguay, 1991. Chapter V.
6. Comité Paraguay-Kansas, op. cit., pp. 83-102.

3

Undertaking Survey Research: Developing Appropriate Questionnaires and Strengthening Capabilities in Host Countries

Joel M. Jutkowitz

In determining the drug-abuse prevention strategies that will be appropriate within a given country, a key factor is understanding the nature and extent of drug use within that country. As a consequence, a critical element of the Narcotics Awareness and Education Program, as well as prior USAID efforts in the field, has been to work with national drug agencies in both the public and private sectors to develop their capacity to undertake scientifically rigorous and replicable studies of the nature and extent of drug use — both in the population as a whole and in populations, such as youth, that are likely to be special targets of drug-use prevention efforts.

That task involves a process of developing appropriate instruments, defining the universe to be studied, and determining the samples to be drawn and the techniques for drawing those samples. A review of the procedures followed in one instance serves to illustrate various characteristics of this process, a process of transferring knowledge accumulated in other settings (the United States as well as Latin American countries) to research efforts throughout the region. While the process described below refers largely to efforts in the Dominican Republic, similar procedures had earlier been followed in Peru, Thailand, the Philippines, Sri Lanka, Guatemala, Haiti, Paraguay and Panama. These procedures have also been followed in Bolivia. (See Chapter 20 for references to these studies.)

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The Instruments Used and the Preparation

Key to undertaking an effective self-report survey of drug use is the employment of suitable questions which cover the categories considered important in determining the nature and extent of use, and questions which cover psychoactive substances known to be or likely to be available. The instrument employed in the Dominican Republic was developed from instruments that had been employed in Guatemala and Haiti. These instruments in turn had been based on earlier efforts in Peru[1] and various countries in Asia. Significant inputs into the survey instrument design were provided by reference to techniques and items used in the "Monitoring the Future" study of the United States National Institute on Drug Abuse.[2] In addition, variables were included as part of a cross-national study of the relationship of attitudes and beliefs to the design of drug-abuse prevention interventions.

The instrument that was developed, therefore, (a) employed standardized formulations already tested in the United States and in similar contexts in Latin America, (b) covered the range of use patterns likely to be of interest to policymakers and prevention practitioners, and (c) covered the range of substances likely to be available in the Dominican Republic.

The initial instrument was reviewed jointly by a Narcotics Awareness and Education project team and the staff of the Dominican firm that would undertake the field research. It was also reviewed by several Dominican drug-abuse and medical specialists to assure that the substances studied were in fact available in the Dominican Republic and that the terminology used corresponded to local practice.

The final instrument used in the national survey in the Dominican Republic consisted of 427 items. All items were closed except for a final question that requested respondents to describe the best way to prevent the expansion of drug use in the Dominican Republic. Prevalence items covered all substances reputed to be available in the Dominican Republic. The variables included in the instrument follow:

- The respondent's state of health and use of health facilities.
- His or her age at initiation of drug use.
- Lifetime prevalence (having ever used a substance).
- Twelve-month prevalence (use within the last twelve months).
- Thirty-day prevalence (use within the last thirty days).
- Frequency of use.

- Poly-drug use (use of one substance in conjunction with other sustances).
- Mode of administration (where applicable).
- Attempts at ending use.
- Attempts at seeking medical treatment for use.
- Problems associated with use.
- Attitudes and beliefs regarding ending tobacco use, reducing alcohol use, and initiating marijuana, cocaine, crack, and inhalant use. Attitudes and beliefs referred to intentions, social norms, and beliefs that serve to influence respondents in their respective behaviors.
- Opinions on whether drug use and trafficking are problems in the Dominican Republic.
- Sources of information regarding the drug problem.
- Interest in and awareness of the drug problem.
- Opinions regarding the best approach to drug prevention.

Among the psychoactive substances covered by the instrument were marijuana, cocaine, inhalants, stimulants, analgesics, sedatives, hypnotics, alcohol, and tobacco.

An essential element in the development of the instrument was an extensive pre-test undertaken in four cities in different regions of the country. After a review of the results of the pilot test, certain minor adjustments were made in the presentation of the questions in the instruments, but no major changes were required.

The Sample

Because drug problems are most likely to occur in cities, this study focused on drug-use prevalence in urban areas with populations of more than 20,000. The sample for the study consisted of persons aged 12 to 45, those who — according to similar studies in Latin America — are most likely to be involved in drug use; it was assumed that children under 12 could not answer the questionnaire appropriately. Municipalities were used as an urban unit because they are the only urban areas with clearly defined borders and population data. The urban areas of the Dominican Republic were classified into three strata based on their population size:

(1) Large cities — with populations over 500,000;
(2) Mid-sized cities — with populations under 500,000 and over 100,000;
(3) Small cities — with populations under 100,000 and over 20,000.

One thousand cases originally were selected from each strata to capture sufficient information from each, but this selection was later modified to represent each strata proportional to the total urban population.

The Range of the Study

Santo Domingo was categorized separately because it is the only city with a population of more than 0.5 million. Santo Domingo's population of 2,411,895 represents 38 percent of the total urban population of the Dominican Republic, 6,411,464.[3] One thousand cases were selected from Santo Domingo.

The mid-sized cities together contain 1,735,426 persons, or 27 percent of the total urban population. Santiago was selected for inclusion because it is the second largest city in the Dominican Republic, with nearly two and a half times the population of the next largest municipality. Besides Santiago, three other municipalities — La Vega, Bani, and San Pedro de Macoris — were selected as mid-sized cities. Two hundred and fifty cases were drawn from each of these four municipalities.

The Dominican Republic's small-sized cities contain 2,264,143 residents, or 35 percent of the total urban population. Five municipalities — Gaspar Hernandez, Nagua, Esperanza, Bayaguana, and Miches — were selected from this stratum, and 200 cases were drawn from each municipality.

Sample Design

Sample selection is a critical variable in a study of this nature. Since the aim is to represent the nature and extent of use within the study's universe (urban centers with populations over 20,000), it is imperative that the sample be a probabilistic one. This means that the selection process must ensure a random sample, and that any bias in the selection process can be accounted for and corrected. The most recent census data available for the Dominican Republic were 1981 figures. The projected 1990 population figures that were used were therefore subject to some error, insofar as there had been considerable rural-to-urban migration within the country, as well as emigration to the United States, during the 1980s, and the actual fertility and mortality trends in the 1980s may have differed from those assumed in our projection.

In Santo Domingo, updated maps — *Boletín Geoestadistico de la ONE*

by GAAR and Associates in 1991 — were used to select the sample. Later, individual maps of the selected neighborhoods, which contain elaborate diagrams of the selected blocks of houses, were drawn from the municipal map. For other municipalities, work-zone maps were used. These work-zone maps were made for vaccination campaigns by public health workers, and are updated periodically to carry out health program activities.

Sample Selection

Selection of municipalities. Municipalities were selected from the strata of mid-sized and small-sized cities using a systematic sampling method that produced a probability of selection proportional to population size.

Selection within municipalities. In all municipalities, every household was given an equal probability of being selected within the municipality. In the case of Santo Domingo, this process was slightly different from that of the other municipalities because a great deal of work was put into mapping city blocks in order to avoid over-representation of neighborhoods (barrios) with fewer blocks. This risk of over-sampling was avoided by choosing fewer houses from the over-represented neighborhoods in Santo Domingo.

In Santo Domingo, four steps were employed to select the sample:

(1) Fifty-five neighborhoods (barrios) and rural zones were randomly selected from a total of 112 neighborhoods and rural zones.

(2) Six blocks were randomly chosen from each of the 55 neighbor hoods.[4] These blocks were mapped in order to have a complete listing of households for the following procedure.

(3) Households were chosen from the selected blocks. Every household in Santo Domingo had an equal probability of being selected: the probability of selection of the blocks within a neighborhood times the probability of selection of the household from within the block was constant for all of the neighborhoods.

(4) Individuals 12 to 45 years old were selected from among the residents of the selected households. This selection was done using the Kish chart selection process.[5] In this procedure the eligible individuals are listed in random order and given a number from *1* to *n,* where *n* is the number of eligible individuals in the household. The last digit *(d)* in the number of the questionnaire — all questionnaires were numbered con-

secutively — is then used as a key to the table. The interviewer goes to row *n* and column *d* of the Kish chart and selects the person who corresponds to that number. (Throughout the survey, this selection process was occasionally violated by interviewers who found it easier to rearrange the list so that the process would yield the name of someone who was present in the house on the first visit, thus avoiding the necessity of returning to the household later to interview the correct person. Many of these incidents of cheating were uncovered and substitutions were made, because the interviewers had erased and re-written the name, leaving telltale marks on the page which the supervisors caught.)

For other municipalities, three selection steps were taken:

(1) Work-zones (arbitrarily determined portions of the municipality consisting of similar numbers of houses) were randomly selected from each municipality.

(2) Households were selected proportional to the total number of households in each selected work-zone. For example, twice as many households were selected from a work-zone with 500 households as were selected from a work-zone with 250 households.

(3) Individuals were selected from each selected household using the same method as in Santo Domingo (Step 4).

This process permitted the careful calculation of the weights required to correct for errors resulting from differences in the probability of selection. That in turn allowed the weighted data to more accurately reflect the nature and extent of drug use within the Dominican Republic's urban population.

Field Work

A critical part of any survey process is the role played by interviewers. They represent the transmission belt which brings the survey instrument into direct contact with the interviewees. Their understanding of the significance of the instrument, the questions to be asked, and the appropriate way in which to ask them are determining factors in the quality of the responses received. To assure the success of the survey, interviewers need training in the sense of the survey, the content of the instrument, and the procedures to be followed in selecting those who will be interviewed and in assuring the privacy required to obtain accurate information.

Interviewer Training

In the case of the Dominican study, two teams of investigators carried out the first part of the training with a group of supervisors before the pre-test of the questionnaire. These trained supervisors then conducted the pre-test. The second part consisted of two days of training for interviewers in most locations. In Santiago and La Vega, training was extended to four days due to high drop-out rates among interviewers. Training workshops included —

(a) Presenting general information on drugs and drug use.
(b) Familiarizing the interviewers with the general aspects of survey research and the importance of precision in collecting data. This included the techniques of asking questions, dealing with uncooperative respondents, and using non-directed probes.
(c) Instruction in the technique of selecting households and individuals to be interviewed.
(d) Instruction in the design of the questionnaire and the relevant skip patterns within it.

A manual was put together during the training workshops as a reference document for use in interviewing.

Interviewers were instructed to visit a selected household up to three times, when they could not interview the selected person in the household during their first or second visit. Supervisors and interviewers were mainly inhabitants of the selected localities. All were high school graduates, and the majority were college students, increasing the likelihood that they would understand the instrument and the study design. This, in turn, increased the probability that they would be effective interviewers.

Data Collection and Analysis

Primary data collection was carried out over a period of six weeks. Each location had a work group with one supervisor and a number of interviewers proportional to the number of interviews to be done. The administration of the questionnaire was completed as planned; experienced interviewers were transferred to cooperate with local work groups. The data collection process was successful. Mapping of the selected city blocks in advance of actual selection of households considerably reduced

the number of substitutes for selected households due to the absence of eligible respondents.

The response rate of households was 98 percent. The majority of the interviews were completed on the first visit; only 20 percent required the second or third visit. Men were less available than women for interviews, representing 70.4 percent of non-responses (forty-two cases). Upper-class persons were also more difficult to locate than middle- or lower-class persons. The average age of persons who did not respond was greater than the average age of persons interviewed (29 compared to 25.7). These sampling selection biases, however, were adjusted by applying a series of weights.

Reliability and Validity of the Data

A concern with all self-report data is its reliability and validity. *Reliability* refers to the internal consistency of the data. *Validity* refers to the accuracy of the data in reporting actual behavior. The data in this survey were checked for reliability by looking at the consistency of responses to such questions as use of substances in different time frames and poly-drug abuse (use of one or more substances at the same time). Overall, the data proved to be highly consistent.

Validity is a more complex subject. It is clear that a central concern in establishing the validity of self-report data on drug use is to minimize the

denial of use among those actually using a given substance. Various studies have been undertaken in different cultural contexts to explore the level of such denials — the frequency of "false negatives." Analyses of the problem point to the need for careful control of the administration of field work and for care in the setting of the interview to avoid situations which would tend to limit the likelihood of truthful answers (e.g., the presence of other family members).[6] Careful control over field work was the aim of the training and supervision that was undertaken by ASISA in carrying out the survey.

Another indicator of the validity of the data is the degree to which respondents willingly participated in the study. As the response rate indicates, there was virtually universal acceptance of the survey, given that the non-response rate was only 2 percent. This suggests again that there was little pressure or coercion to respond and to supply, as a consequence, a set of "expected" answers.

Finally, studies of self-report data have indicated that over time a certain consistency of response among samples can be expected. Trend data, the result of repeated surveys, reflect the general direction of the drug problem even if a single survey may be a conservative estimate of the problem (actual prevalence may be higher than reported prevalence). For example, in the United States both household and high school surveys have reported the same general trends of use for almost two decades, trends supported by other indicators as well.

Conclusion

Securing reliable self-report data on controversial subjects such as drug use requires careful attention to all of the procedures associated with survey research, from selection of the sample through instrument design to field work and analysis procedures.

In designing and undertaking surveys of drug use in various parts of Latin America, NAE has provided the training and technical assistance required to transfer an understanding of the state of the art in the conduct of all of these operations. In that process of transfer, the focus has been on assuring quality and promoting an understanding on the part of the host-country counterparts of the character of the studies being undertaken. This effort at collaborative research guarantees that the instrument developed conforms to the characteristics of the host country in terms of language used, psycho-active substances studied, and policy concerns. It also helps to develop within the country a group of researchers trained in

the particular methods and problem areas associated with the measurement of drug-use prevalence. That cadre of trained researchers constitutes an asset for future efforts of the host country in tracking the nature and extent of drug use.

Notes

1. The Peru instrument used in part the instrument employed by Temple University in the 1984 NIDA Household Survey.
2. The study director and one of his co-principal investigators provided technical assistance to several of the surveys.
3. These figures are projected for 1990 based on the 1981 national census and reported in *Republica Dominicana en Cifras.*
4. This step caused over-representation of neighborhoods with fewer blocks (barrios), since six blocks were chosen from each neighborhood regardless of the number of blocks that were in the neighborhood; for example, a block in a neighborhood with ten blocks was five times more likely to be selected than a block in a neighborhood with fifty blocks.
5. See Leslie Kish, *Survey Sampling,* John Wiley and Sons: New York, 1965. Pp.398-401.
6. For a discussion of these issues see Beatrice A. Rouse, Nicholas J. Kozel and Louise G. Richards, Eds., *Self Report Methods of Estimating Drug Use: Meeting Current Challenges to Validity,* NIDA Research Monograph 57, 1985. See also Ole-Jorgen Skog, "The Validity of Self-Reported Use," *British Journal of Addiction,* 1992, 87, 539-548.

4

Reaching "Hidden Populations" Through Qualitative Research: Ethnographic Lessons from Street Children in Bolivia

Sally J. Andrade

[Questions to Ferrón, a 15-year-old who left home at age 10]

QUESTION: Why are you on the street?

FERRÓN: One stays because one has friends, and one can't go to any other place.

QUESTION: What caused you to leave home?

FERRÓN: I went as a shoe-shine boy. Then I got used to sniffing glue. After that, I'm on the street. Now I steal.

[Question to Sarah, a 14-year-old who has lived in the street since she was 11]

QUESTION: What would you say to the authorities?

SARAH: I don't know. I wouldn't know what to say because they don't help us. They don't help the people ... I want to change. I want them to help me. There was a time when I wanted to change; I had illusions. And again, I went back to the street, and again I had dreams and I'm afraid of getting disappointed, because when I say no, I fall.

Ferrón believes that his place is on the streets. Sarah's comments reflect her cynicism about those who want to assist Bolivian street children to give up their substance- abusing behaviors and return to society. Her perspective reflects deep disappointment with her family,

with the schools which were supposed to educate her for future employment, and, in particular, with the local police who she feels exploit her and the other children who survive as a subgroup in the city streets of Bolivia.

Many national surveys or other formal research projects ignore the "hidden populations," primarily because they are difficult to access and to recruit as participants. By definition, it is almost impossible to enumerate all individuals who compose a hidden population or who engage in the generally covert activity of consuming illicit intoxicants. Representative sampling, irrespective of scientific merit, is quite simply not possible in relation to the numerous varieties of phenomena at issue" (Wiebel, 1990, p. 5).

Nonetheless, health care providers and disease prevention specialists are beginning to focus on hidden populations because they are often at greater risk of drug abuse, sexually-transmitted diseases and, in particular, of HIV/AIDS.

In that these street people are "the least studied, the least understood, and the most elusive to epidemiologists, clinicians, researchers, and others concerned with understanding and improving their public health," public health policy makers are increasingly interested in the potential use and application of qualitative research methods, including a wide variety of ethnographic techniques, in order to learn more about hidden populations' knowledge, attitudes, and behaviors (Lambert and Wiebel, 1990, p. 1).

One experienced practitioner argues that to penetrate the drug world, "research on deviant groups must be conducted in the settings where it naturally occurs" (Alder, 1990, p. 109). Feldman and Aldrich (1990, p. 25) conclude that in the face of exploding health crises such as the HIV epidemic, "ethnography has the flexibility for use in short-term exploratory research efforts and in day-to-day outreach interventions by trained health educators, among populations that have been viewed as difficult, if not impossible, to access and change."

This chapter discusses the basic premises of ethnographic or qualitative research and its different methods, and how it can be used to complement epidemiological, survey, or clinical research in the effort to understand the needs and resources of hidden populations. Field data from a 1992 study of Bolivian street children are presented to illustrate the strengths and limitations of qualitative research methods and how they can make significant contributions to prevention program designs and future research on such groups.[1]

Case Study: Bolivian Street Children[2]

As part of its technical assistance to PROINCO, a USAID/Bolivia-supported drug research arm of the Ministry of Social Welfare and Public Health, the Narcotics Awareness and Education Project provided training in ethnographic research. After the training the team undertook field work on substance-use patterns among street children in three urban areas of Bolivia. Their research findings were both dramatic and useful for planning future prevention strategies among these high-risk young people.

Characteristics

The Bolivian children who are on the streets, i.e., those who actually live there, leave their homes at a very early age, even as young as four years old. Almost all of them came from broken families, had severe family problems, suffered the death or abandonment of one of their parents (usually the father, but sometimes the mother), frequently dealt with unsympathetic step-parents, and experienced regular abuse in diverse forms:

QUESTION: [Is there] something that you remember ... of when you lived with your parents?

CHALEY: My mother and father fought heavily in my house. My mother went to drink in the *chicha* place when my father arrived home after work, and my mother arrived drunk and we didn't know where to go my brothers and me. And my father waited for my mother. We were cooking there. "Get out of the house!" my father would tell us. "Go out and play, I'm going to hit your mother!" "OK," we told him because there was no way of saving her too, because my mother got drunk. My father got angry. He always hit her because she didn't learn.

Many of the children stated that they left home because of fights between father and mother or step-parent, marital unfaithfulness, and abuse of alcohol by adult family members, with subsequent violent behavior and abuse of the child or other siblings. As one girl explained her failure in school, "she didn't have a head for anything else other than thinking that the father was going to arrive late every Friday, drunk and ready to hit them."

Extreme poverty often leads children to choosing or being forced to leave home. At first, the streets provide welcome relief from bitter family memories:

QUESTION: How did you feel being on the street?

CARLOS: Like normal, as if it was my home.

QUESTION: Why?

CARLOS: I was freer, I could do whatever I wanted to do, I could lay down if I wanted on the street. Nobody would tell me anything. If I wanted I studied or not. Nobody can do anything. I did what I wanted with my life.

In spite of their age, most of these children have already assumed major responsibilities at home, and the opportunity to become a shoe-shine boy is often an exciting move toward independence.

Substance Abuse

But with their shoe-shine boxes comes exposure to the glue which often begins their dependence on substance abuse to help them survive the cold and the more chilling indignities they face in the streets. Their initiation into substance consumption is early, and probably shocking to most middle-class adults. They quickly begin to consider drug consumption as normal, as part of managing their tough circumstances. As time goes by, they crave larger quantities of drugs in order to obtain a high similar to their first few, and they chase after larger quantities of drugs or new and stronger varieties. Alcohol warms them up, glue gives them courage, marijuana and cocaine paste provide fantasies.

Reasons for the initiation of drug consumption include curiosity, peer influence (especially that of older siblings), avoiding the cold, and fatigue after working all night:

Carlos: ... Later I separated from them [his friends]. When I was alone on the street, it was very cold, I tried a little alcohol and the cold went away. Later it became more frequent. After that, I even tried marijuana before *pitillos,* but not very much, once in a while. It gave the courage to steal.

As noted above, the starting point and sequence are very similar for most of them: glue, thinner, marijuana, cocaine paste, cocaine, pills. Few of them consider alcohol a drug, but getting drunk is a common occurrence among these children. Pablo, an older teenager who has lived on the street since he was a young child, patiently explains to a field worker how and why street children consume drugs:

PABLO: ... most of the young ones start with thinner. They start to inhale thinner or cement glue, because they don't have money ... Cement glue begins to chill them. Later they start stealing. They know more of the streets; they want something stronger: thinner. After thinner, they start drinking and start mixing [their drugs]. Later they go to sleep ... they get up half stoned [drunk]. They go again; they drink a lot. Sometimes they don't even worry about eating, because they're not hungry. After that, the normal thing is that a few get to marijuana. The ones from the street are always like alcoholics. Some also begin to inject morphine. I have some friends who do.

Street children seldom stay in any one place, partially because of their fear of the police who harass them routinely, and thus they are seldom able to maintain employment even if they are lucky enough to find any. Instead, "work" becomes stealing, hustling of inebriated adults, and drug selling as a means of getting money to survive. Drug consumption helps to block their feelings of cold, hunger, fear and isolation. They also understand clearly that this cycle of stealing, using, and stealing for more drugs destroys any possibility of their moving off the streets:

QUESTION: What do you tell the boys on the street?

SARAH: I wish they would change, that they have a new life, because for me the street is not like it was before, because one at first feels it is nice, because one steals well ... because with my friend ... we used to steal from people who exchange dollars, we had money to throw, but I never knew the advantages of that money — drugs, drinks, in a week I had nothing. Three hundred or four hundred *Bolivianos* that we earned a day; the next day we didn't have anything. You drug yourself, and you don't know what you're doing, see? I wish they would change.

They are not necessarily hopeless in their vision of the future, but a strong element of realism delimits the way they understand their prospects.

The Role of the Police

As might be expected, the children perceive the police generally as one more threat to their survival on the street. Many have experienced brutal abuse both in and out of jail:

QUESTIONWhat is it that you remember the most about the time you lived on the street?

MARIO JOSÉ: Only that the *tombos* [police] caught me. They took me; they hit me. "Make yourself disappear," they told me when I was already in pain.

QUESTION: Why were the police officers hitting you?

MARIO JOSÉ: Because I was on the street, and they asked for my documents — where I live, everything. And they asked me, "What do you have in your pocket?" "Nothing," I told them. I only had my cloth to wash cars. "Take it out," they told me, and I took it out. I had nothing else, only my cloth, because I had spent it all. And I lied to them, saying "I'm from —." Then they told me, "Why are you in the street?" and they hit me.

QUESTION: But you don't know why they hit you?

MARIO JOSÉ: No.

QUESTION: Did that happen once or several times?

MARIO JOSÉ: Twice.

Others are frank about the types of material exploitation they endure from the police:

SARAH: They caught me with things, and they take it away from one, and do you know what they do? It's for them. We tell them that they are insatiable, because everything that they take away from us is for them. If they take away money, it's for them. They don't give it back to the owner, and that's very wrong ... and let's say when I sniffed glue, the cops caught me: "OK! Give me five pesos, and I'll give it back," and, of course, you're desperate for the drug, and you give. They themselves sold the drug, they took the drug from some other person and sell it to us. For me that's not authority ...

Such experiences cause them to be deeply cynical about the police and about figures of authority in general, which often causes the children to hesitate in accepting help to leave the streets by entering an institution or to consider rejoining their families.

The Possibility of Returning Home

The long-range goal of any intervention program would be to get the children off the streets, and the research team members asked them whether they would consider returning to their families. The children's answers showed a deep ambivalence due to their often traumatic experiences at home yet a longing to reunite with their parents and siblings:

QUESTION: ... would you like to go back home?

MERY: No.

QUESTION: Why?

MERY: I don't know. I don't want to live at home.

QUESTION: How would you like your home to be so that you would go back?

MERY: That my mother wouldn't drink anymore, that my father be back with us, that he won't go away.

QUESTION: Would you like going back with your family, with your mother?

MARIO JOSÉ: Yes, but before that I want to learn something, not like I went last time so that my stepfather wouldn't scream at me, that I am lazy, that I don't know how to do anything, like that.

The research team members concluded their study by characterizing these street children as the inevitable result of crumbling family and social structures: "delinquency due to necessity." In their view, ultimately, the prevention of drug abuse among street children in Bolivia will have to address solutions to their lack of educational and employment opportunities, their resulting poverty, and continued family disintegration. The emotional burden of hanging out on the streets and the genuine power of the children's voices, which the field researchers captured, starkly illustrate the desperation of their daily lives with a lucidity that

statistics can never achieve. Many other more modest themes and topics can be explored in these rich sources of data: intervention with families before children leave home, intervention with new arrivals on the street before they begin experimenting with drugs, and the use of skills-training programs that could provide a way out of street life. Such proposed solutions will require a significant investment of resources, both money and public will, to support such interventions. It may be that case study data can move policy makers more than any epidemiological findings. Such is the power of qualitative research when validly and effectively realized.

Qualitative Research Methods: Overview and Illustrations from the Bolivian Case Study

The historical view of qualitative methods is that they require the investigator to be an artist as well as a scientist, one who aims to get an insider's view of a culture or social group, with an emphasis on authenticity and accuracy. The qualitative researcher must maintain the scientific goal of assembling valid data which reflect actual phenomena. More recently, however, policy makers concerned with managing social and health problems are pressuring qualitative researchers to gain a quick but accurate *understanding* of a phenomenon (Feldman and Aldrich, 1990).

There are essentially four basic methods of qualitative research, and each can contribute a great deal to an understanding of the substance-use behaviors and attitudes of hidden populations. The methods include:

(1) observation,
(2) personal interviews,
(3) focus groups, a variation of interviewing techniques, and
(4) participant observation.

Each will be briefly outlined and then illustrated with data from the Bolivian street children case study.

The Bolivian case study represents an "urgent research agenda" (Alcaraz, et al., 1993). This was an effort to discover how to defuse the "time bomb" which their street children constitute, an attempt to stem the violence, drug abuse, and crime of future generations. Bolivians are all too aware of examples in several neighboring countries where the crisis has reached such extraordinary proportions that children are viewed as

subhuman and treated accordingly. Therefore, the study was designed to be an exploratory diagnostic of the children's situation in the street. The study sought not only to provide basic descriptive data but also, and more important, to pave the way for new questions to be asked and new hypotheses to be formulated and tested by future researchers. It aimed to provide a global perspective on the street children's reality and to enhance society's capacity to develop drug-abuse prevention programs before it is too late. The sponsors wanted the findings to be useful to the people and institutions working on the front lines of the battle to save Bolivia's youth. But the sponsors knew all too well that the great majority of these children survive though their participation in illegal activities and substance abuse, and that the great majority have suffered dreadful personal trauma in their relationships with adults and authority figures. It seemed unlikely that these children would feel comfortable in talking about their lives to complete strangers.

The project formed three research teams, each including a researcher and an assistant researcher. These teams were deployed in the three cities where the incidence of drug-using street children seemed to be greatest: in La Paz/El Alto, Cochabamba, and Santa Cruz. All of the researchers lived in the communities they were studying as participant-observers, and some of them already had long-standing relationships with the street children and the outreach organizations which served the children.

None of the members of the research teams had had any previous experience with ethnographic work. The field workers went through structured theoretical and practical training which focused on taking rigorous observational notes and cross-checking questions and responses with as many children as possible to verify or clarify their answers. Follow-up visits by their trainer involved reviews of written transcripts and tape recordings, plus on-going discussions of the research strategy and methods and the formulation of hypotheses, as well as discussion and practice of the qualitative research techniques. The objective of this monitoring was to encourage the teams to develop strategies for prioritizing their data collection during the limited period of theresearch project. The field workers took careful notes to assist in guarding against personal biases and to be aware of how their access to the children's experiences might be skewed. They were encouraged to use their observational and analytical skills to improve the quality of the research. One of the essential features of the project was to ensure that the field researchers had sufficient autonomy and flexibility to encourage their

creativity and willingness to explore unknown aspects of the children's lives, while remaining accountable for the quality of their research.

Participant Observation

The research team members were trained in the anthropological techniques of participant-observation methodology. They aimed to collect data through a combination of formal tape-recorded interviews, through direct observation, and through subtler, unstructured informal conversations and social interactions. Such an approach required the researcher to develop warm relationships of confidence and trust with the respondents so as to break down the barriers of mistrust developed by street children to protect themselves from adults. It is those barriers which prevent conventional survey researchers from being able to access the reality of children surviving on the street.

Focus Groups

The field workers began by forming focus groups of children divided by age cohorts. They reported on four groups of boys: 6-10 year-olds, 15-19 year-olds; 12-16 year-olds; and 12-14 year-olds.

The purpose of a focus group is to recruit a sample of individuals who share the general characteristics of the target population and who are basically similar in their fundamental demographics (gender, age, social class, race/ethnicity). There is no effort to identify a statistically representative or random sample, because one does not intend to generalize from the findings. The intent is to explore the diverse perceptions of the individuals and to begin collecting information which can support the generation of hypotheses for more carefully controlled investigations.

A trained moderator with a structured interview protocol works to develop a non-threatening, comfortable atmosphere in which participants begin sharing their perceptions and eventually interacting with each other in a relatively spontaneous and natural fashion. The discussion should be tape recorded, and an unobtrusive observer outside the group dialogue should be on hand to assist the moderator later in interpreting the transcribed discussion. The moderator seeks to create a free-flowing exchange of ideas with the goal of stimulating the participants to describe their feelings, attitudes, beliefs, experiences, and behaviors with respect to the specific topic, and to demonstrate their natural, everyday vocabulary and grammar.

In one of the focus groups, for example, after the children had volunteered a "vocabulary lesson" on theft, the field researcher asked the children to help develop a dictionary because there were so many street words to learn. They quickly identified many verbs describing running away, escaping, and hitting, as well as slang for money, people's national or regional origin, and different types of people in the street. Knowledge of this type helped the research team to ask more focused questions and to understand the children's spontaneous responses, which in turn lent credibility to these adult outsiders.

Subsequent reviews of the focus group tapes revealed that in many of the discussions, some children had refrained from talking openly. A likely explanation is that — due to their traumatic lives and the fact that most survive through stealing, prostitution, drug dealing, or other illegal activities — the children were reluctant to reveal their intimate lives in a communal setting, particularly those who were living in institutions. Nonetheless, the focus groups made an important contribution, familiarizing team members with some of the general characteristics of the street children's lives, providing examples of their vocabulary, and opening the door to more intensive individual interviews.[3]

Personal Interviews

Following the focus groups, the field researchers selected articulate children who were generally representative of their age group and interviewed each one privately and in depth to collect their detailed life histories in tape recordings. The team members also selected children whom they had befriended on the street for tape-recorded life-history interviews. The researchers went to the sites where the children lived, worked, stole and consumed drugs. The methodology obliged the researchers to immerse themselves fully in the children's local reality and to penetrate the internally structured "common sense" of the young people being observed and interviewed. Thus the researchers sought out street children and observed them in their natural environments; they learned to understand and to speak the children's "language"; and they forced themselves to accept and respect — at least temporarily — the internal logic of the street children's culture and behavior.

As a result, the researchers took risks in this endeavor. They ambled through the marketplaces, vacant lots and parks — often in the middle of the night — where street children hung out. They attempted to blend into those surroundings but also to reach out to children with the goal of

including them in the research. The team members also interviewed children in local rehabilitation centers about their former lives on the street. They had a series of basic, open-ended questions to which they sought the answers: What was your family like? When did you leave home? Why? What kinds of drug-use experiences have you had? When did you start? Why? Have you had encounters with the police? What kind of sexual experiences have you had? But in general, they demonstrated great responsiveness and flexibility in following up the conversational opportunities provided them by the children, opportunities which allowed the project to collect rich and varied pictures of the children's lives, experiences, and expectations. They reported fifteen interviews with boys and young men, and three with young women.

Qualitative Data Collection, Organization, and Analysis

In such projects sustained training and observation of field workers actually using the research techniques are required for quality control. Particularly in focus groups but also in personal interviews, the type of question asked is critical; the aim is to create a supportive, non-judgmental atmosphere and ask open-ended questions which will generate thoughtful responses rather than a string of terse yes/no answers (Patton, 1980; see Exhibit 1 for examples of different types of questions). In addition, field workers need both concepts and techniques to plan and to monitor their qualitative interviews, so that they can quickly adapt their questions in order to take advantage of unexpected opportunities that their respondents may provide (see Exhibit 2 for examples of techniques in constructing questions in a qualitative interview).

Qualitative research designs require careful planning regarding the timeframe and the necessary resources to collect, organize, analyze, and interpret their findings. Detailed decisions about the management of daily field notes, interview instruments, tape recordings, the resulting transcripts, and all the other aids can make a critical difference in the effectiveness of the final reporting stage. Subsequent users rely heavily on the classification schemas that the researcher will use to organize and clarify the findings. Regular, frequent meetings of research team members throughout the data- collection period are necessary to apply those classification schemas, to ensure the on-going organization and analysis of the data, and to test the validity and usefulness of the classification methods.

EXHIBIT 1
Six Types of Questions

Ask the respondent about his or her —

1. Experience or behavior:
   What the respondent has done or how he/she has lived:
   - *"If I followed you around during a typical day ... "*
   - *"What is one thing you've done in your life which really makes you proud?"*
2. Opinions or personal values:
   What people believe about the program or the situation being studied. These questions help to uncover program or group goals, intentions or desires:
   - *"How would you rate this project?"*
   - *"Why do parents not attend the school's evening programs?"*
   - *"Why does the government fund this program?"*
3. Feelings:
   People's emotions or feelings (but be careful not to confuse opinions with feelings or emotions):
   - *"How do you feel when you go to the clinic?"*
   - *"What do men feel like when they attend the class?"*
4. Knowledge:
   The knowledge that people display:
   - *"What type of services do they offer in that center?"*
   - *"Describe the kind of people who participate in that program."*
5. Sensations or observations:
   Questions about their perceptions — what they see, hear, touch and smell:
   - *"Please describe the physical atmosphere of the school."*
   - *"Describe differences you have observed in your neighbors' behaviors now that the community prevention program has begun."*
6. Personal history or demographic characteristics:
   Questions to obtain necessary information, which, when courteously asked with empathy, can create a sense of trust and confidence in the interviewer on the part of the respondent:
   - *"Tell me about where you grew up. Were you born there? When? That makes you ___ years old, is that correct? What was it like when you were a child there?"*
   - *"Do you go to school? Did you graduate from primary school? How many years of secondary schooling have you had? What are your most positive memories of school? The most negative?"*
   - *"Did you grow up with religious beliefs and customs? Which religon? How did your family celebrate their religion? What religious preference do you have now? Do you go to Mass or attend church or temple regularly?"*

Source: Adaptation of Patton (1980, pp. 207-209) with examples of Andrade, Shedlin, and Bonilla (1987).

EXHIBIT 2
Techniques to Construct Questions for a Qualitative Interview

(a) Search
Presenting specific questions to gain information — but sometimes a situation may need other clarifying questions, particularly if one requires precise, quantitative information.
"How old are you?"
"How often do you go to the doctor?"
"How many cigarettes do you smoke each day? For example, do you smoke a pack of cigarettes daily or only occasionally during work at the factory?"

(b) Clarify
Questioning to clarify the signficance or meaning of what the respondent said.
Respondent: *"I like to do things while listening rather than just sitting and watching."*
Interviewer: *"What you mean is, for example, you may prefer to listen to the news on the radio rather than to watch them on television, is that correct?"*

(c) Paraphrase
Expressing the exact message or content of the respondent using different phrases or words to check to be sure that the interviewer is interpreting that content accurately.
Respondent: *"I wasn't satisfied with the way they provided services there, so I didn't ask for another appointment."*
Interviewer: *"If I understood what you said, if the program were to offer services in a different way, you probably would use them, is that correct?"*

(d) Probe
Encouraging the respondent to elaborate a little more on a theme with the objective of deepening the interviewer's understanding of the initial response.
Respondent: *"I think that the way the staff treat people affects the image of the center."*
Interviewer: *"How do they treat people? What do you mean about it affecting the center's image?"*

(e) Echo
Repeating exactly what the respondent said as an acknowledgment of the content and as a stimulus for the individual to reflect on and elaborate that response.
Respondent: *"I don't like a woman who bosses me around."*
Interviewer: *"You don't like women who boss you around."*

(f) Confront
Calling attention to an apparent discrepancy or distortion on the respondent's part and requesting an explanation or clarification.
Respondent: *"Well, yes, basically I am satisfied in this job. Sometimes ... well, I don't know ... But... yes, I guess... Yes, I am satisfied."*
Interviewer: *"On the one hand, you say that you're satisfied, yet the tone of your voice and your hesitancy in answering makes me wonder how satisfied you really are."*

(g) Summarize
Responding in an effort to unify or summarize most of what the respondent has said to that

point about a specific theme before going on to another topic or ending the interview.
Interviewer: "*In general, then, we can say that you believe that as a citizen you have a right to low-cost health care and that the city ought to provide maternal/infant child health services and education and that women should assume the responsibility to use the services of those health care centers. Is that an accurate summary?*"

Source: Andrade, Shedlin and Bonilla, 1987, pp. 60-61.

Integrating Qualitative and Quantitative Methods

It is unquestionably important to know the number of street children in Bolivia and to quantify their characteristics, disabilities, and problems. Many will argue, however, that it is even more important to answer the question "why?" as well as "how many?" For that reason, social and health policy makers increasingly insist on the use of qualitative research methods and their inclusion within designs of a qualitative or epidemiological approach.

Qualitative or ethnographic research methods are especially appropriate to use with groups or topics about which little is known (Lambert and Wiebel, 1990). These less obtrusive and exploratory techniques can begin the careful observation and documentation of group behaviors and thus prepare the way for more carefully controlled and rigorous studies which focus on precision and quantification.

One way to conceptualize such a multi-method approach is to categorize research or evaluation methods along a continuum of "obtrusiveness," ranging from the most natural of informal observation of participants, without their knowledge or awareness, at one end of the methodological continuum to the most rigorously structured experimental observation in the laboratory on the other. Using the very private subject of sexual behavior as the topic, examples of the former could include the efforts of anthropologists to observe prostitutes in the streets, and of the latter the ground-breaking work on human sexual behavior by Masters and Rogers. See Exhibit 3 for an illustration of the evaluation methods continuum.

Too many scholarly debates concentrate on whether the quantitative or the qualitative approach is most valid. From the applied research and evaluation perspective, particularly with respect to the epidemics of substance abuse destroying young people throughout the world, research design decisions need to focus on the appropriate use, integration, and sequence of the two approaches in order to undertake a multi-method approach to understanding the behavior of the groups under study.

Among specific reasons for such a multi-method approach:

1. Program evaluations often encompass several different types of interventions, which can be measured through a combination of perspectives and methodological approaches.

2. Used together, the qualitative and quantitative strategies complement one another in developing perceptual understanding, in ways that either methodology by itself could not attain.

3. Use of an integrated approach strengthens methodological verification, control, and balance, thus creating greater confidence in the results, given that all methods have inherent limitations.

4. Each method generates distinctive data, due to its different advantages and limitations. The analysis of the diverse results generated from different methodological approaches leads to a more complete, rich and useful understanding of the program under study.

5. Awareness of instruments appropriate to both methodologies stimulates the researchers' creativity in developing new ways to expand traditional techniques of data collection and analysis (Andrade, Shedlin and Bonilla, 1987, p. 36).

EXHIBIT 3
Continuum of Methods for Evaluation

Quantitative	**[More Controlled]**
_____	Structured observation in the laboratory.
_____	Written surveys: structured questions and answers.
_____	Closed interviews (sequence, questions and responses).
_____	Unobtrusive but structured observation procedures and forms.
_____	Interviews with closed questions but with probes.
_____	Standardized interviews but with open-ended questions.
_____	Structured interviews (flexible but focus on specific themes).
_____	Analysis of documents and other materials.
_____	Semi-structured interviews (flexible exploration of topics).
_____	Participant observation.
_____	Informal interviews.
_____	Informal observation.
Qualitative	**[More Naturalistic]**

Source: Training materials of Michele G. Shedlin and Sally J. Andrade.

One serious difficulty in these large-scale epidemiological or survey research projects is lack of knowledge, or perhaps misunderstanding, of the realities of hidden populations:

> Inaccurate assumptions about factors influencing a phenomenon or the relationships between variables are likely to result in misleading findings. When attempting to construct meaningful data collection instruments for drug-related research, the researcher must gain sufficient *a priori* familiarity with the topic to frame appropriate, meaningful questions. Such knowledge is the province and product of qualitative methodology (Wiebel, 1990, p. 5).

Thus, in exploratory work with hidden populations to learn more about their situational realities, their perceptions about their life-styles, their vocabulary, and their portrayal of the role that substance use plays in their survival, qualitative research can make a significant contribution. Based on these findings, more structured questionnaires can be constructed and tested.

Conclusion: Research Needs in Substance-Abuse Prevention

The qualitative case study of Bolivian street children does not furnish a basis for statistical generalizations. Instead, the detailed life histories document the parameters of the different types of lifestyles existing on the street. They illustrate the locally defined logic and distinct "cultures" of street life. In addition, the life histories present lexicons and grammars of the children's unique language, an essential tool for adults who hope to communicate with them effectively. The project's findings also provide a basis for analyzing the trends and emerging dynamic of the growing problems of homeless children in Bolivian cities.

Although the study is exploratory and was designed to be provocative rather than definitive, it does provide systematic data on what kinds of relationships are developing between the complex components which define the life options of street children: their families, the schools, their potential adult clients or victims, the police, and their peer groups. The project expressly focused on finding and interviewing children who were drug users, but the interviewers also encountered many who did not use drugs, were not criminals, and did not prostitute themselves. Perhaps the use of qualitative research techniques to learn how these healthier young people function and survive without chemicals in their harsh environment will provide a beam of light to help prevention providers develop new strategies and programs for the less resilient children in the streets.

Both the individuals committed to expanding the narrow options available to these increasingly desperate young people and those researchers who want to investigate such critical policy issues can draw substantially on these data generated through qualitative research methods. Philippe Bourgeois, who provided training and technical assistance to the Bolivian research team, concluded his comments in the summary report with the hope that the publication conveyed both the complexity of the children's problems and the sense of urgency that the researchers' time on the street had added to their perspective. Others who want to understand and change the tragic realities of similar hidden populations can benefit by using a qualitative research strategy like that of the Bolivian project.

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Notes

1. The description of the case study methodology draws heavily from both field notes of Dr. Philippe Bourgois, who provided training to the Bolivian research team, and a subsequent publication by the Bolivian Ministerio de Previsión y Salud Pública (1993). Any errors or misinterpretations of the document are the author's.
2. In a recent international pilot project to address the problem of street children, the World Health Organization identified four distinct groups of young people described as "street children":

   (a) Children living on the streets, whose immediate concerns are survival and shelter; (b) children who are detached from their families and living in temporary shelters, such as abandoned houses and other buildings, hostels/refuges/shelters, or moving about between friends; (c) children who remain in contact with their families but, because of poverty, overcrowding, or sexual or physical abuse within the family, will spend some nights or most days on the streets; and (d) children in institutional care, who have come from a situation of homelessness and are at risk of returning to a homeless existence. (See World Health Organization, 1993.)

3. Trip Report, Philippe Bourgois, July 18-26, 1992.

II

Framing Interventions Through Training and Technology Transfer

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Attempts to transfer, from developed to developing countries, the technologies for designing and implementing drug-abuse prevention programs may break down through failure to understand that the patterns of drug abuse vary widely from country to country and among the different population groups and social levels within a country. Efforts to simply "import" prevention programs or media campaigns from developed countries into developing countries seldom succeed. For these reasons the NAE project has used a broad array of approaches in assisting host-country counterpart organizations, in both the public and private sectors, to design and develop their own interventions. These include the use of rapid assessment procedures, focus groups for testing communication approaches and messages, and a transfer partnership framework useful for training programs in a variety of cultural settings.

5

Technology Transfer in Developing Countries

Henry Kirsch

After almost three decades of drug-abuse prevention programming in *developed* countries, one of the most important conclusions to be reached is that no single strategy has demonstrated long-term impact. A close corollary, one that has gained increasing recognition in recent years, is that it is a mistake to pursue any single strategy as a solution. On the contrary, a consensus has begun to emerge among prevention specialists that favors a much broader view of prevention than the view that guided past approaches. The new approach focuses on the social, cultural, political, and legislative aspects of prevention — the environmental issues that have always been an element of the drug abuse problem — as well as on the individual (Flay and Petraitis, 1991). Recent analyses of research on drug use and other behavioral problems among children and youth, combined with experimental programs developed to test new theoretical approaches, have drawn attention to the key areas of the family, the peer group, the school, and the community as appropriate settings for prevention efforts. The implication is that prevention programs must attempt to work in all these areas, and not just one or another (Hawkins, et al., 1986, 1987). Research on the impact of prevention programs in developed countries and a growing appreciation of the problem's complexity has provided support for this broader view of prevention strategies.

In practical terms, this more comprehensive approach to prevention seeks to address the individual and the social environment in which the individual makes behavioral decisions about lifestyle and health issues.

It postulates that the individual needs to be provided with the best possible skills to negotiate a hazardous environment; efforts must also be made to make the environment itself less hazardous. As the environment becomes less hazardous, the skills become more potent and mastery of the environment increases. This view of prevention calls upon the policy-maker and the prevention worker to work out their plans with each other in mind. It calls upon them to focus on individuals, but only as individuals existing in broader settings such as the school, family, peer group, and community (Bernard, 1991).

Technology Transfer

Within the international context, past attempts have been made to transfer from developed to developing countries the technology for design and implementation of various prevention strategies. Many have suffered from certain deficiencies. Among these has been a lack of sensitivity to the fact that the evolving patterns and contributing factors of drug abuse vary not only from country to country, but among different population groups and social strata within a country.

Almost inevitably, efforts to simply import prevention programs or mass media campaigns from developed countries into developing countries have failed. The characteristics and dimensions of the problem cannot be assumed to be similar among the upper strata of metropolitan areas, for example, and those living in urban situations of social marginality, nor between communities within a single country displaying differences in historical and cultural traditions. Unfortunately, as a result of the numerous attempts that have been made to transfer programs to developing countries, policy decisions have been made in those countries which are not based on empirical data but stem from considerations of political expediency and the availability of external funding. (Carlini, 1990; Gureje and Olley, 1992). The results appear in the development of materials and messages that are irrelevant, incredible, or unacceptable to the target groups, or — worse — serve to whet their curiosity and tempt them to experiment with drugs (Carlini and Rosemberg, 1991).

Policy-making and program definition, however, both involve strategic planning. Strategic planning requires a clear definition of the objectives to be reached, the means to be used to achieve those objectives, and the measurements that will be employed to determine if both the process of achieving the stated objective is going along in a satisfactory fashion and if in fact the objectives are being met. Both a policy maker and a

prevention program manager's first concern, then, is to define the problem that is to be addressed. The sort of policy to be adopted and the programs to be undertaken depend on a clear understanding of the nature of the problem within the specific social context in which it occurs (Jutkowitz, 1992; Gorman, 1993).

It is for these reasons that a necessary element of any international cooperation between developed and developing countries is a collaborative effort to undertake applied research in order to first acquire an understanding of the nature and extent of the drug-abuse problem within the developing country. Information is required, first, on the drugs that are being abused, and then on the principal groups at risk for drug abuse, reflected in part through the current patterns of those using drugs and the other risk factors that appear associated with patterns of drug abuse in a specific social context. The design of effective prevention efforts at the national, state, and local levels requires careful and scientifically valid research into such questions as the drug prevalence of specific populations, the patterns of their drug abuse, the cultural norms, and those environmental factors which are of significance in shaping drug abuse at the community level.

From the perspective of an integrated approach to prevention, it is essential that the diverse sets of specific conditioning factors that exert a significant influence on people's beliefs, attitudes, opinions, choices and behavior in terms of drug abuse are addressed through appropriate research from the outset.

One set of these factors has to do with economic and social deprivation, as well as the vast social and economic disparities common to many developing countries. Indicative of these situations are relatively young children who have dropped out of school, high rates of unemployment and underemployment, urban marginality, highly concentrated and inequitable patterns of income distribution, and social fragmentation.

Another set concerns social change. All societies are in constant transition. In developing countries, however, the shifts are often more pronounced, the contrasts more poignant, and social, economic, political, and technological changes over the last three decades have had a significant impact upon such basic social institutions as the family and the community. In many countries, both family and community have become increasingly fragmented within vulnerable social groups, resulting in breaks in the natural linkages within the social systems, linkages that provide support and nurturance to individuals and create opportunities for them to participate meaningfully in their society. Children and youth

living in deteriorating communities, with little hope for a better future, are more at risk for alcohol and other drug abuse later on.

Exposure to drugs frequently increases as a result of these changes. In many developing countries, demographic pressures — often combined with famine, drought, civil war and abject levels of poverty — are forcing millions of people out of their isolation in rural areas and into large cities where they soon become aware of a range of drugs previously unknown to them. Word of a drug that has acquired popularity spreads quickly in an urban environment.

In recognition of these conditions, USAID, in collaboration with local agencies and organizations, has undertaken an applied-research, technology-transfer program over the last six years to assist host country institutions in the development of drug awareness and education programs in countries throughout Latin America, the Caribbean, and South and South East Asia.

Project strategies include —

- Strengthening host-country institutional capabilities at the national, state, and local community levels;

- Building partnerships between public sector agencies and organizations representing civil society for the development and implementation of prevention plans; and

- Training trainers and community outreach practitioners.

These strategies are based on an applied-research agenda designed to improve the knowledge base for program design, implementation, and evaluation through a variety of research techniques tailored to local needs and budgetary resource availability (Kirsch, 1992). These techniques include —

- Surveys of drug prevalence and the population's knowledge, attitudes, and behaviors; the identification of opinion leaders and key informants; and the definition of ethnographic and epidemiological tracking methods;

- Rapid assessment techniques, including use of small-scale surveys and focus groups in the development of educational materials, social marketing, and community-based program design and monitoring;

- Operations research, to assess impact of program efforts and to clarify lessons learned in order to further test and refine methodologies.

Quantitative and Qualitative Research Methods: Their Transfer and Application

Wherever possible, the initial key research component used at a national level has been the conduct of a probabilistic representative sample survey. This is the only approach with sufficient scientific rigor to measure drug-abuse prevalence in specific populations and to permit valid generalizations about the population sampled. Project staff have trained and worked with host-country researchers in a number of developing countries to conduct drug-prevalence surveys using instruments derived from a proven, standardized design. In all cases, prior to field work the instrument was reviewed by local specialists and pre-tested with a view to assuring that the language used and the substances studied corresponded to the culture and to the current understanding of drug availability in the host country. The purpose of this effort has been to define the nature and extent of the drug problem in each country, the psychoactive substances that are of greatest concern, and the groups at risk for drug use.

Such information has been used to define the types of national prevention programs that are required and the appropriate target groups of those programs. To date USAID's Narcotics Awareness and Education Project (NAE) and its predecessor projects in Latin America have worked with local agencies and organizations to undertake such surveys in Bolivia, the Dominican Republic, Haiti, Guatemala, Panama, Paraguay, and Peru (Jutkowitz, 1993). In South and South East Asia, surveys have been undertaken with the assistance of another USAID predecessor project in Nepal, the Philippines, Sri Lanka, and Thailand (Bhandaria and Subba, 1992; Mendoza and Ponce, 1992; Sri Lanka Anti Narcotics Association, 1991; Tanskul, 1990).

However, probabilistic survey research into drug abuse is not the only form of research useful to an understanding of the nature of the drug-abuse problem. Indeed, the purpose of national household and school surveys has been to measure drug use in broad segments of the general population. This method has certain strengths and limitations in the range of use that is appropriate.

With respect to those segments of the population that cannot be located in households or schools, such as the displaced homeless, school drop-

outs, street children, and the like, its limitations are quite apparent. Quite different approaches are required to reach these groups, sometimes called "hidden populations" despite their high visibility in the urban areas of both developed and developing countries.

In addition, cultural differences, even in a small country, result in different beliefs and practices regarding many behavioral issues as well as different reactions to social change. Moreover, specific ethnic and social groups change at different rates. The complexity of behavior needs to be addressed; a change in behavior may require the target population either to modify an existing pattern or to learn a new one. In either case program designers need to understand the full context in which a new practice or set of practices will occur. (Lambert, 1990; Dreher, 1982 and 1992).

The use of a set of qualitative research methods has proved effective in investigating the attitudes, practices, and social contexts associated with drug use among "hidden populations." It has also provided valuable information about a specific culture's perceptions, beliefs, values and behaviors — and the meaning it attaches to them (Feldman, 1990).

In order to meet the needs of these population groups, the NAE project has provided training in ethnographic research to counterpart organizations in various countries. Use of ethnographic methods has proved effective in developing an understanding of patterns of drug abuse among addict populations in Nepal (Youth Vision, 1992), as well as among street children in Bolivia (Alcaraz, et al., 1993).

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6

The Use of Rapid Assessment Procedures: Focus Groups and Small-Scale Surveys for Community Programs

Henry Kirsch

The NAE project has developed specific rapid-assessment procedures for use in training drug-abuse prevention professionals in the design, implementation, and evaluation of communication, education, and community mobilization programs. The decision to do this was made in recognition of resource constraints and the lack of adequate information with which to design programs and develop materials, especially at the local level.

National drug prevalence and knowledge-attitude-and-behavior surveys are seldom carried out ahead of time in developing countries. In those cases where data do exist, they may not provide information at the city, state, or provincial level sufficient to enable decision-makers to plan effective education and communication programs. In many instances, budgetary resource constraints simply do not permit policy makers and program managers the option of conducting an extensive probabilistic survey.

This situation is by no means limited to the field of alcohol and other drug abuse. For reasons of planning, evaluation, and cost, rapid collection procedures have gained popularity. In the last few years, interest in collecting reliable program-planning and evaluative information that can be obtained quickly has been growing in a number of developmental areas, especially in the health and education fields (Rifkin, 1992; Scrimshaw and Hurtado, 1987). Another important aspect, however, is

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the focus on community participation in the information gathering process. In the health field, for example, this interest stems from the promotion of primary health care in which community participation is seen as the key. In the field of drug-abuse prevention, the interest is closely linked with application of the community promoter model and the coalition-building process, as communities are mobilized to take ownership of their prevention programs.

The NAE project's rapid assessment procedure was designed to fill the need, quickly and inexpensively, for program information that was not otherwise available or likely to be obtained because of resource or other constraints, within a timeframe sufficient for the making of key program decisions.

This rapid assessment procedure employs both quantitative and qualitative methodologies in order to generate information on population groups at risk, and then the subsequent application of the data to guide the design of comprehensive communication and educational programs and the development of prevention materials.

Training workshops are presented, ranging from five to ten days in length, depending on the scope of the participants' program needs. The approach involves intensive training in the use of focus group discussions and knowledge-attitude-and-behavior surveys at the community level in order to gather baseline data needed to develop communication strategies, messages, and materials. Computer training is included, involving the use of EPI INFO, an integrated software package for designing survey questionnaires, entering data, and conducting statistical analysis of survey results. There are at least four significant features of this technology transfer, which has been used in five cities located in Brazil, Mexico, and Paraguay.

First, it marks the first time quantitative and qualitative tools have been passed on to public and private drug-abuse prevention agencies in Latin America in an action research package which they can easily master and replicate, quickly and inexpensively, in order to design, monitor, and evaluate their programs.

Second, the data-gathering process is closely linked to a participatory process in which local communities identify for themselves what their unique risk factors and needs are. Community leaders are involved from the outset in the definition of the problem and the search for solutions. A coalition-building process thus emerges from the start and communities are mobilized through the prevention agencies to take ownership of program efforts.

Third, an experiential learning methodology is employed in which participants work with real data sets rather than with simulated case studies in order to develop educational materials and communication messages and products which may be used immediately.

Fourth, the results of these workshops are disseminated widely to the mass media and government authorities, so that opinion leaders are mobilized and policy makers sensitized to the problem, in order to achieve a multiplier effect quickly leading to broad-based action.

To date, use of this rapid assessment approach has taken place in five cities in three countries: Monterrey and Ciudad Juárez in Mexico; Fortaleza and Sao Paulo in Brazil; and Asunción in Paraguay. Participants have represented both governmental and non-governmental organizations engaged in prevention programs at the national, state, and local levels in these countries. Participants have been program managers and drug-abuse program staff coming from a wide variety of disciplines; many are psychologists, psychiatrists, physicians, educators, social workers, and communications specialists.

An experiential learning methodology using participant exercises has been employed in the workshops. Work groups were set up in such a way that teams would use the exercises to work on their own projects with real baseline data sets rather than on simulated case studies.

Participants first conduct a knowledge-attitude-and-behavior survey in schools and neighborhoods located in communities where the level of environmental risk factors has been previously identified as high. These risk factors include concentrated poverty, socioeconomic marginality, community disorganization, violence, and the availability of drugs. During the training workshops the sample used is non-probabilistic and its results cannot be generalized to the entire population of the city under study. However, in communities in which a significant number of risk factors had already been identified, the nature and number of respondents among homogeneous social groups may suggest the characteristics of the problem and the vulnerability of the population being studied.

It was also significant that responses in terms of the knowledge, opinions, and attitudes expressed by those interviewed in mid-1992 in Lambaré, a municipality in Asunción, closely mirrored the results of the national prevalence and attitudinal survey conducted one year before in Paraguay (Proyecto Marandú, 1991). In addition, training included methods for developing quota samples of houses selected at random or classes at schools, methods easy for the agencies and organizations to undertake in future work, providing a reasonable chance of eliminating

bias and covering wider geographic areas. For example, applying such a sampling technique to youth between the ages of 12-24 should provide a reasonable, random sample of the age group selected.

The questionnaire probes media preferences, knowledge, attitudes, opinion and drug use. It was developed from questionnaires used in previous surveys undertaken in other countries and was pre-tested, either prior to or during the workshops, to assure that the language used and the substances studied corresponded to local culture and local drug availability. Participants undertook the field work, did the data entry, and analyzed survey results using the EPI INFO software package.

Workshop participants were then trained in the conduct of focus groups drawn from their target audiences in order to pre-test messages and materials which they then used in their own projects.

In summary, this technique employs two different methodologies: one qualitative, the other quantitative. The technique is two-pronged: to collect data and to gain firsthand insight into knowledge, attitudes, feelings, beliefs, values, language, and behavior at the community level.

One line of inquiry requires the conduct of focus groups in which the interaction of respondents generally stimulates richer responses, allows new and valuable ideas to emerge, and generates hypotheses with which to guide the program design process.

The other approach is a quick survey using a sample from the target population. Both approaches are oriented toward the collection of information for program planning, implementation, and evaluation. The methods are designed to be quick, but they do not have to be "dirty" in the sense of providing unreliable information. Care is emphasized in the design and pre-testing of questionnaires for reliability and validity, as well as in training for field interviewing, supervision, data cleaning, coding, and entering, in order to ensure that the data are accurate.

Exhibit 1 shows the main characteristics of the surveys. Surveys were of two types: community and school-based. During the training workshops the number of persons interviewed varied from 100 to 155. Community-based surveys were in fact face-to-face interviews which sampled persons 13 and older. Students aged from 13 to 18 generally were sampled in the school-based surveys, which were self-administered.

Small-Scale Surveys: Major Findings

At this point, we will examine some of the key findings of the surveys in terms of the knowledge, opinions, and attitudes expressed by adoles-

cents 13 to 18 years of age. The survey inquired about the knowledge of those interviewed with respect to the dependence-creating capabilities of a series of psychoactive substances. This was done to elicit information on perceived levels of risk, which might indicate either misinformation or simply lack of information on the nature of a substance.

Exhibit 2 shows, in general, that young people in Fortaleza seem to know more about the risk of addiction than do those in Asunción, Monterrey, and Ciudad Juárez. However, the misapprehension that the abuse of beer does not lead to addiction is widespread, ranging from a quarter to over half the respondents. In the Mexican cities and in Asunción, ignorance about the addictive potential for tobacco is also striking, as is ignorance about hard liquor such as tequila and *caña.* Failure to perceive the risk of addiction to marijuana and cocaine at first might be thought to be due to a lack of familiarity with these substances, were it not for the fact that significant percentages of respondents in both the survey and the focus groups reported knowing persons in their cities who used them (see Exhibits 6A, 6B, and 6C).

The survey studied beliefs and perceived behaviors linked to the use of psychoactive substances among young people between 13 and 18 years of age (Exhibit 3). For this purpose value statements were presented to this group for rating on a Likert-type scale: *strongly agree, agree, indifferent, disagree, strongly disagree.* Regarding use of the so-called "gateway" drugs, with respect to the combining of sedatives and tranquilizers with alcohol, and the ability to drive a car after using marijuana or drinking large quantities of alcoholic beverages or using inhalants, marijuana, and cocaine, it may be concluded that from one-third to more than one-half of the respondents in the four cities did not have a clear idea of the risks, chose to ignore them, or generally underestimated them. Both males and females share these response rates.

In an attempt to gain insight into some of the major risk factors in the surveyed communities, respondents were asked what they believed to be the two most important reasons people use drugs. Exhibit 4 shows that from 30 percent of the teenagers surveyed in Fortaleza to over 60 percent of those in Monterrey felt that *family troubles* were at the root of the problem. This risk area increases when one includes specific problems with parents or with a boy or girl friend or fiancée. To *escape from reality* is the second reason, mentioned by from 37 to 46 percent of respondents. But what is meant by *reality?* Focus group discussions, buttressed by observations made by local prevention and treatment specialists, targeted the social stresses placed upon young persons by family poverty, alcohol-

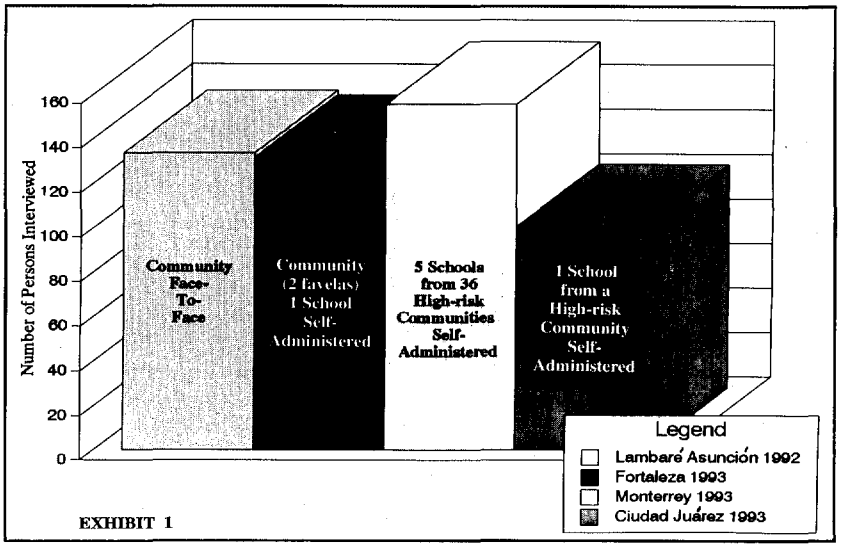
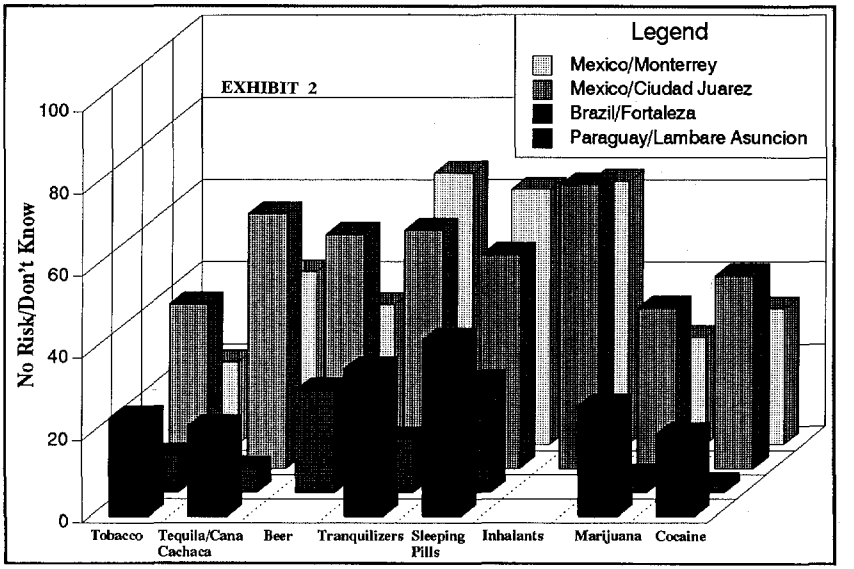


EXHIBIT 1 (above): Characteristics of Small-Scale Surveys Used in Rapid Needs-Assessment Training.

EXHIBIT 2 (below): Perceived Risk of Becoming Dependent on a Substance Through Abuse (Values in %).



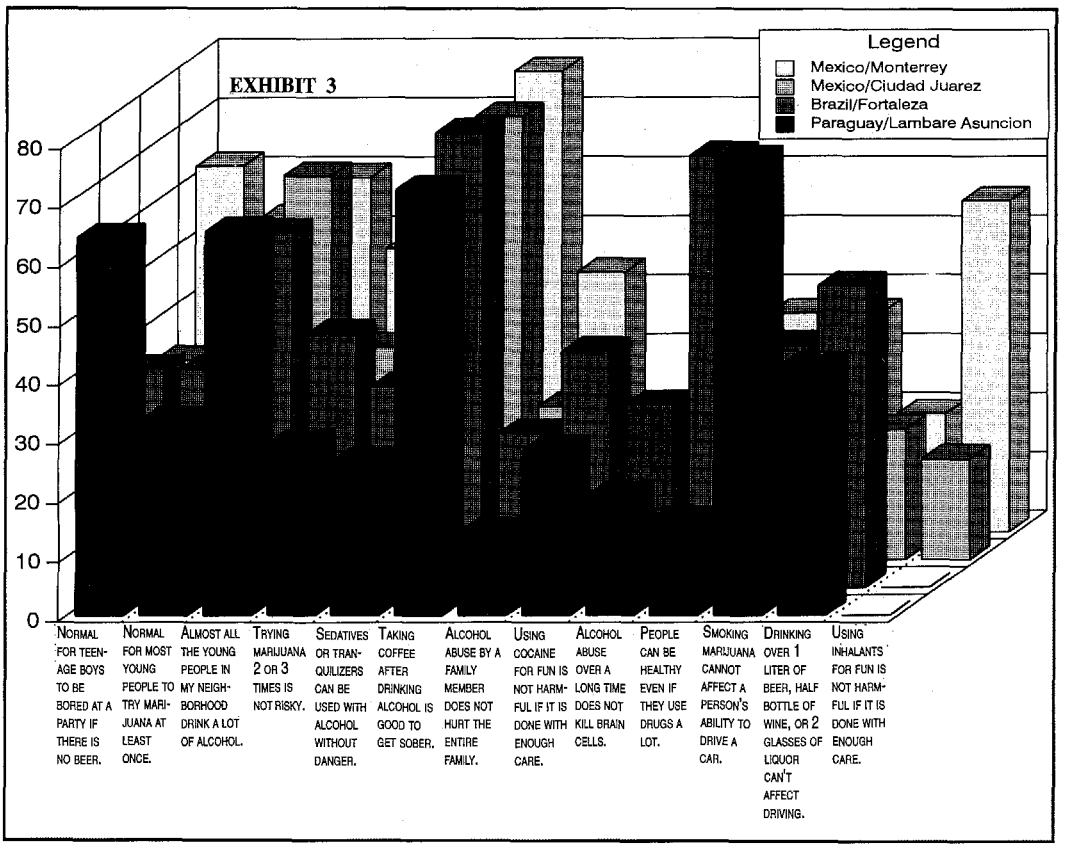


EXHIBIT 3 (above): Teenagers' Attitudes Towards Alcohol and Other Drug Use (Values in %).

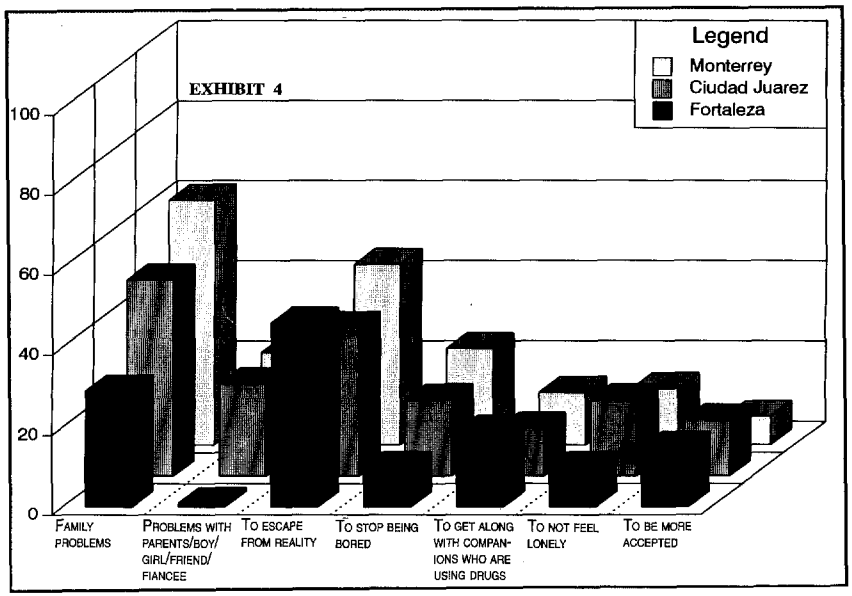
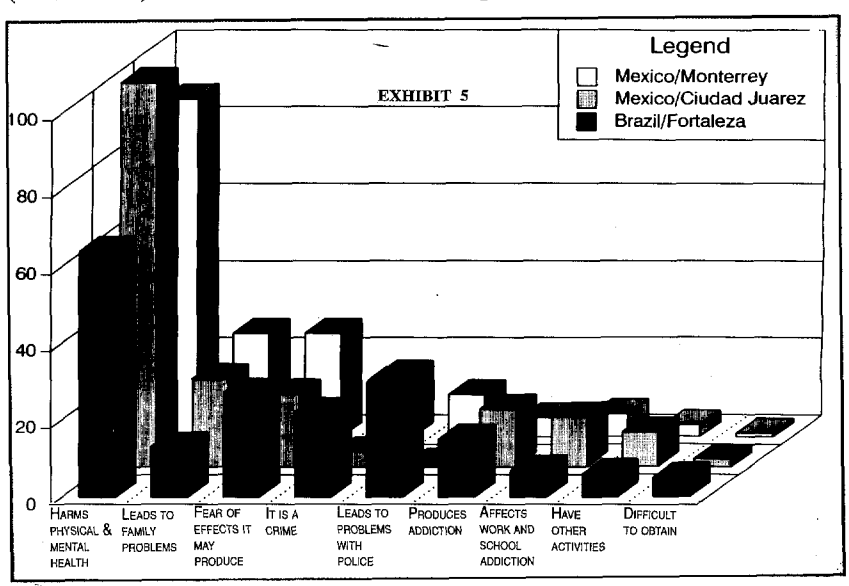


EXHIBIT 4 (above): What Are the Two Most Important Reaons You Believe People Have for Using Drugs? (Values in %)

EXHIBIT 5 (below): What Are the Two Most Important Reasons You Believe People Have for Not Using Drugs? (Values in %)



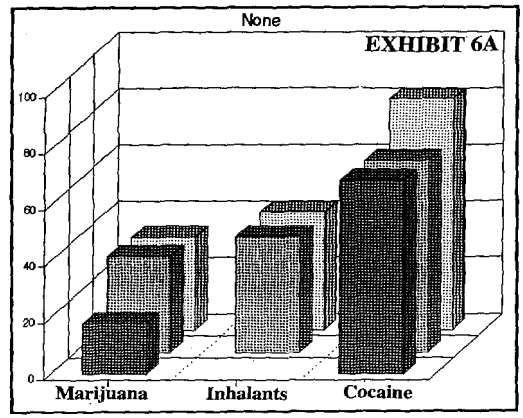
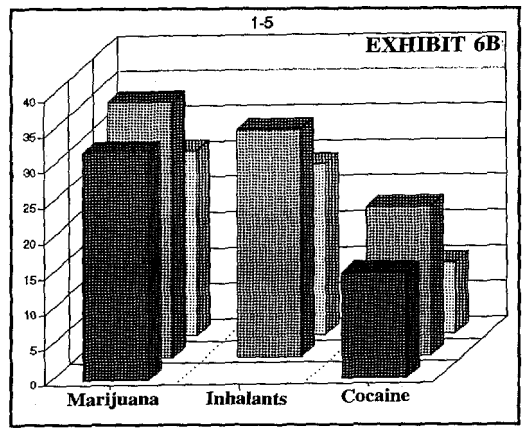
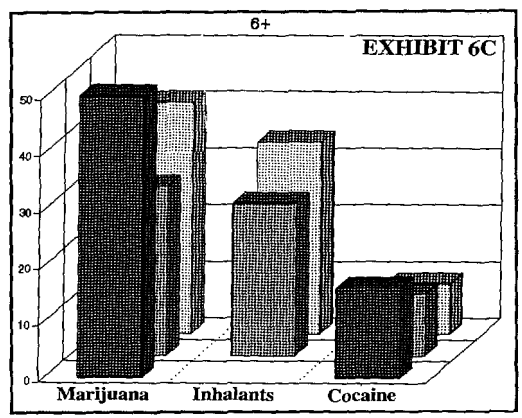


EXHIBIT 6A, 6B, and 6C (left, and below): (Values in %) How Many Persons Do You Know Who Use —





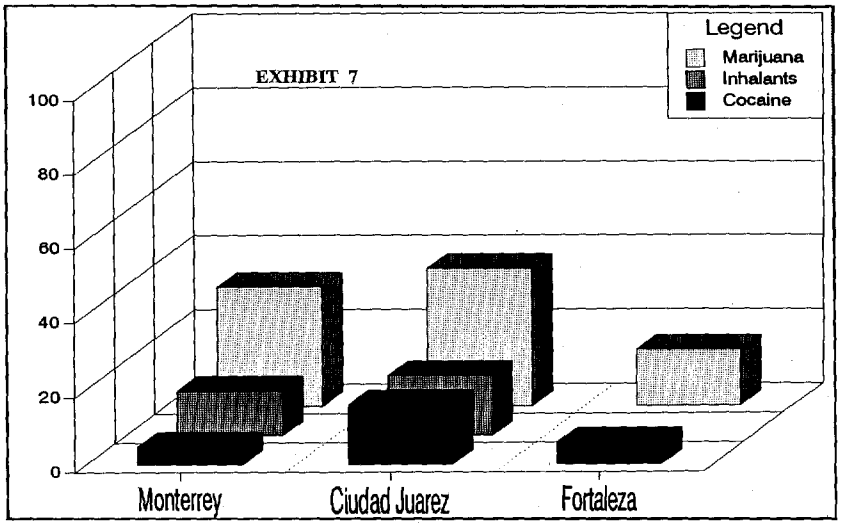


EXHIBIT 7 (above): (Values in %) Has Anyone Ever Offered You —

ism and violence in the family circle, unemployment, community disorganization, and an absence of hope for the future. These findings strongly suggest the need for integrated programs in schools, primary health care services, and community action groups targeting children from an early age, together with an outreach program whose primary focus is the family.

In a further attempt to identify message needs for a preventive education and communications program, respondents were asked for the two most important reasons they believed people did not use drugs (Exhibit 5). By far the most important reason given was the perceived *risk to physical and mental health.* Closely related to this was the response relating to fear of the effects drug use may produce. In the small-scale surveys, a number of respondents also said that an important reason that persons did not use drugs was their belief that drug use *could lead to family problems.* Other significant responses were the fact that drug use is a *crime,* that it could lead to *problems with police,* that it could cause *addiction,* and that it could *affect performance at work and at school.* Taken together, this constellation of beliefs provides valuable insights for program designers as they identify target audiences, develop messages and materials, and seek ways to mobilize communities into action.

The surveys also investigated exposure to certain drugs within the

community (Exhibits 6A, 6B, and 6C). In all four cities in mid-1992 and in early 1993, inhalants, marijuana, and cocaine were available and being offered to teenagers (Exhibit 7). This was corroborated though spontaneous information provided by participants in the focus groups.

From Technology Transfer to Action

The results of the quantitative and qualitative research were shortly put to use. The training in Asunción resulted in the development of an integrated communications program employing mass media and interpersonal communications. Public service radio announcements in Spanish and Guaraní, TV spots, posters, and pamphlets were designed, produced, and distributed, and a community mobilization program was initiated. Plans call for use of focus groups to monitor the reception and acceptance of the messages, and a second application of the survey instrument to assess the impact of the communications and mobilization campaign.

In Mexico, educational materials were developed for use especially in Monterrey and Ciudad Juárez. Participants who came from three other cities in Northern Mexico applied these techniques upon their return.

In Fortaleza, in the northeastern state of Ceará, the results of training in these rapid assessment procedures have served to mobilize both state secretariats and organizations representing civil society. A state commission was formed which prepared a comprehensive, integrated three-year drug-abuse control plan, launching a state-wide key-informant research effort as an initial step in its planning process.

In summary, the NAE project's rapid assessment procedure met the need, quickly and inexpensively, for timely planning and decision-making information.

Another key result is the linking of the information gathering process to a participatory process in which communities identify for themselves what their unique risk factors and needs are.Such an applied research effort initiates a process of seeking new alternatives for action through the creation of new partnerships and the strengthening of coalitions among broad groups of individuals and organizations which are mobilized to take ownership of the prevention program. And as participation in prevention programs expands to include the multiple systems and strategies referred to at the outset, the settings in which those activities occur also broaden — the prevention constellation encompasses as many settings for employing appropriate prevention strategies as the commu-

nity has to offer. From this perspective, one of the more important benefits which may be derived from this transfer of technology will be to assist not only in the prevention of drug abuse, but in the design of broader-based health and social improvement projects.

This paper was presented to the Plenary Session on Technology Transfer and Research in Developing Counties, 20th International Institute on the Prevention and Treatment of Drug Dependence and 37th International Institute on the Prevention and Treatment of Alcoholism, organized by the International Council on Alcohol and Addictions and the Interdisciplinary Group of Studies on Alcoholism and Drug Dependence, Sao Paulo, Brazil, August 2-6, 1993.

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7

Linking Research to Message Construction: The Use of Focus Groups in the Dominican Republic

Joel M. Jutkowitz and Orlando Hernandez

Messages are critical elements in a communication campaign. By "message" we mean the totality of the image that reaches the target audience, both in terms of what is said and how it affects emotions and attitudes. Messages are organized according to approaches, which in turn derive from assumptions regarding the factors that influence individuals to change their attitudes and related behaviors. The assumptions are based on prior research into the nature of the relationships between attitudes, behavior, and behavior transformation. Thus, the approaches used and the messages that derive from those approaches must be tested in order to assure that they will convey what is intended and will have the desired effect in each case. Focus groups constitute one mechanism for testing approaches and messages. In this section we will describe the process of using focus groups and the results that were derived, in one instance, in determining appropriate forms and content of messages regarding drug-abuse prevention in the Dominican Republic.

The Dominican Republic

In order to test the range of possible drug-abuse prevention messages that might be effective in the Dominican context, between July and December 1991, we conducted a focus-group study using twenty-four focus groups. The groups consisted of six to ten participants who came,

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in equal proportions, from the upper, middle and lower classes. Ages of participants ranged from 12 to 42. The groups were divided by age into those 12-17 years, 18-28, and 29-42. Groups were conducted in Santo Domingo and in cities in the interior: San Pedro de Macorís, Hato Mayor, Barahona, Baní, Santiago de los Caballeros, and Bonao. The groups were divided equally according to socioeconomic stratum. Thus, there were eight groups of upper-class participants, eight groups of middle-class participants, and eight groups of lower-class participants. Exhibit I describes the breakdown of groups by sites and characteristics.

All twenty-four groups were presented with story boards which consisted of four drawings. These drawings depicted three different messages:

(1) *A negative message,* so called because it presented the consequences of consuming drugs (if you take drugs you will end up in jail);

(2) *A positive message,* so called because it presents the consequences of *not* consuming drugs (e.g., you will be a happy and successful person if you do not consume drugs); and,

(3) *A "ridiculous" message,* so called because it depicts drug users as ridiculous and pathetic. These messages were presented on the story board as they would appear on a television commercial. For example, what the announcer would say is explained, together with the camera movements (e.g., the camera will view the model close up early in the commercial, but at the end it will pan out so that the audience sees the true situation....what at first appears to be a normal person becomes a beggar).

Within each social class the initial message was rotated for each group. The discussions then generally followed this pattern:

- An identification of the message;
- A conversation designed to determine the effect of the message;
- A conversation designed to determine which segments were most effective;
- A conversation designed to determine whether the message had an impact;
- An in-depth discussion and a summary of the ideas expressed;
- An identification of the remaining messages and a repeat of the above process for each message;
- A coffee break; and
- Discussions regarding attitudes and opinions concerning drugs.

All conversations were taped and later transcribed.

Response to the Messages

In general, the groups preferred the negative message over the positive message, the positive message over the ridiculous message, and found little value in the ridiculous message. Specifically, the negative message was preferred by six of the eight upper-class groups, six of the eight middle-class groups, and by all of the lower-class groups. The positive message was preferred by two middle-class groups and one high-class group. The ridiculous message was rejected by an overwhelming majority; only one upper-class group preferred it and believed it would be the most effective. The overall perception of the groups was that the negative message would be more effective with middle and lower classes and among 12-17-year olds. The responses are summarized in Exhibit 2.

Interestingly, all twenty-four groups preferred a message which was not presented in the story boards. This was a mixed positive and negative message. The groups believed that such a message would be the most effective in reaching all socioeconomic groups, the widest age range, and both addicts and non-users. An example of such a message: showing one drug-free person who has just accomplished something major (e.g., graduation from the university), and one drug-addicted person who is experiencing a great frustration (e.g., being committed for psychiatric care). In this way, the consequences of both use and abstinence are depicted.

The Negative Message

The negative message story board, displayed to the groups, depicted a young man who explains that drugs were "cool" in the beginning and that he seldom gave thought to any consequences. Then the camera pans out and the youth is seen sitting in a jail cell, and he explains that he now has plenty of time to think.

This message was popular among the groups for a variety of reasons:

First, it is a common child-rearing technique of Dominican parents to focus on the negative. When a parent desires a certain behavior from the child (e.g., not stealing cookies from the cookie jar) the parent will explain the consequences associated with stealing cookies (e.g., the child will be spanked, given time out, scolded, etc.) Dominican parents do not tend to focus on the positive consequences of avoiding a behavior. Thus, a Dominican parent would not explain that by not stealing the cookies the child is becoming a more dignified and honest human being.

EXHIBIT 1
Focus Groups Conducted By Location and Social Class

	Upper Class			Middle Class			Lower Class			Total
Location	12-17 years	18-28 years	29-42 years	12-17 years	18-28 years	29-42 years	12-17 years	18-28 years	29-42 years	
Santo Domingo	2	1	1	1	2	1	1	1	2	12
San Pedro de Macoris	1				1				1	3
Bonao						1				1
Hato Mayor								1		1
Barahona						1	1			2
Bani	1									1
Santiago			1	1				1		3
Total	4	1	2	2	3	3	2	3	3	23

EXHIBIT 2
Approach Preference and Predicted Effectiveness by Location and Class

	Upper Class			Middle Class			Lower Class		
Location	12-17 years	18-28 years	29-42 years	12-17 years	18-28 years	29-42 years	12-17 years	18-28 years	29-42 years
Santo Domingo	Negative and positive, upper class, and 12-17 year olds. Ridiculous, upper class, 12-17 year olds.	Negative, lower class and 12-17 year olds.	Negative, lower and middle class, 12-17 year olds.	Negative, no comment on stratum or age.	Negative, middle class, 12-28 year olds. Positive, no comment on stratum or age.	Negative, middle class, over 18 year olds.	Negative, middle and upper classes, 12-17 year olds.	Negative, 18 year olds and higher.	Negative, middle class, no age category agreement Negative, lower and middle class, 12-17 year olds.
San Pedro de Macoris	Negative, upper class, 12-17 year olds.				Negative, any class, any age group.				Negative, middle class, younger persons.
Bonao						Positive, middle class, 18 to 28 year olds.			
Hato Mayor								Negative, all strata, 12-17 year olds.	
Barahona		Positive, middle class, 18-28 year olds.				Negative, middle and upper classes, 12-17 year olds.	Negative, all strata, 12-17 year olds.		
Bani	Negative, lower class, 12-17 year olds.								
Santiago			Negative, lower class, 12-17 year olds.	Negative, lower class, 12-17 year olds.				Negative, middle class, 12-28 year olds.	

Second, the groups believed that the negative message would be the only type of message capable of reaching those already addicted to drugs. The groups believed that no message, no matter how severe, could *stop* users from consuming drugs, but they felt that a sufficiently strong and dramatic negative message could make an addict stop and *think.*

Third, the groups considered the negative message the most effective at preventing abuse among non-users.

Fourth, the negative message is easier to understand. This was the most easily identified message of the three presented. The purpose of the message was clear.

Fifth, the groups believed that the negative message could reach a wider range of ages. They felt that a general prevention message might be effective among youths ages 12 to 17, but a negative message could be effective in a range from 12 to 28. After the age of 28, the groups believed that no message of any kind could be helpful. Participants felt that if one had not acquired bad habits by the age of 28, there was little risk that one would ever acquire them. If one had acquired bad habits, at that age there would be no salvation for that person.

Sixth, the negative message seems to be more easily remembered due to its greater impact. The groups cited the commercial where a man cracks an egg into a frying pan. The man states that the egg represents the human brain, and the frying egg inside the pan represents the human brain after it has absorbed drugs. (This is a commercial designed by the Partnership for a Drug Free America.)

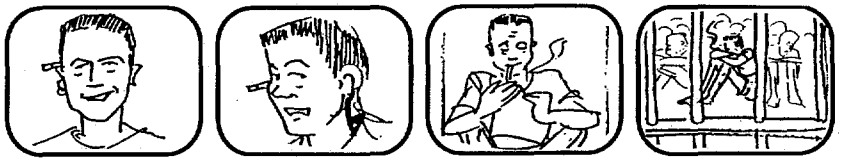
Finally, the groups found the message to be concrete and a depiction of reality. It was noted by many groups, however, that jail and similar unpleasant consequences were not, in fact, a reality for the rich nor for drug traffickers.

It should also be noted that there were entire groups which made no negative comments about this type of message. This did not happen in the other two message categories. The few adverse comments that were made included the following:

- There have been negative messages around for quite a while and yet drug consumption is on the increase.

- Such messages will push the curious into experimentation to discover whether the commercials or the drug dealers are correct.

- The message constituted a threat.



"In the beginning, everything was cool." **"I thought I knew it all."** **"I didn't worry about a thing."** **"Now I've got plenty of time to think."**

The participants felt that the negative message would be most effective with the middle class, but would have an impact on the lower class as well. The groups did not believe the message would be effective with the upper class. They reasoned that there is so much corruption, influence purchasing, and affluence that not only could members of this class afford to purchase the drugs, but they could also afford to quickly buy their way out of prison.

Although participants liked negative messages in general, they felt that such messages should not focus on the physical damage drugs can cause. The groups believed that many people are attracted to drugs because they have problems that they cannot solve and they lack the courage to commit suicide. The groups felt that such individuals would be even more drawn to drugs by a message suggesting that drugs are a means to a slow death. The groups also believed that negative messages should not depict jail as the ultimate consequence of drug use when trying to reach the lower classes. This was due to the general belief that poverty is so severe in the Dominican Republic that many poverty-stricken individuals would feel that there is nothing to lose; jail might even be seen as a relief.

The participants believed that a more appropriate focus would be on mental and intellectual effects. A desperate person may not fear death, but is likely to fear mental incapacity, total reliance on others for the necessities of life, and loss of ability to achieve goals. In summary, it appears that the preference for the negative message is related to the drama it portrays, a drama that is enhanced if it is made more appropriate to circumstances in the Dominican Republic.

The Positive Message

The positive message story board depicts an attractive, healthy young man on the beach who appears to have received congratulations from others present. The message is that one who avoids drugs will be a happy person.

"It's true. I'm straight."

"I'm beyond it. I don't hit on drugs."

"I'm not into anything."

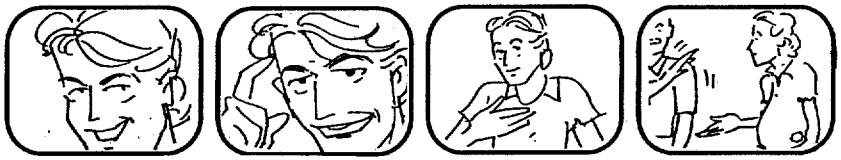
"But I've got it made."

This was chosen as the second-best message, but it received little support because the groups thought it was too simplistic. Those who did like the message generally did so because it was positive and non-threatening. The discussions indicated that the participants believed it was all well and good to show the benefits of abstinence so long as the consequences of using drugs are also shown. This was a critical element. It was also apparent that the participants had a greater degree of difficulty in identifying the message.

The participants firmly believed that to successfully prevent drug abuse, a message had to be forceful, have a great impact, and be dramatic in its depiction of drug addiction.

The groups further found fault with the specific message being sent (i.e., that abstinence would translate into personal happiness). As one participant pointed out, he was healthy, strong, and drug free, like the model in the positive message, but he was not happy. Again, poverty in the country is so severe and so widespread that it was thought there probably are a tremendous number of healthy, drug-free, and unhappy persons. The groups felt it was more appropriate to focus on the attainment of goals. They suggested showing that one cannot achieve goals nor advance oneself if one is addicted to drugs.

The groups did not believe that positive messages could have any effect on those already addicted to drugs. As stated above, the groups thought only very strong and very negative messages could have any effect on addicts. The positive message was believed to be the most effective among very young, middle-class non-users. The groups indicated that the messages would have no effect on the rich because they were already happy. The messages would have no effect among the very poor, because they are already tremendously unhappy. Since they cannot go any further down, they may believe that drugs are the only way to move up. Since the poor will recognize the message as false (they don't take drugs and they are not happy; therefore, the message is wrong), they may



"I'm a cat with lots of experience, man! I know all about drugs." **"At my age, I've done it all. I'm slick."** **"I'm as strong as an ox. I've tried everything."** **"Lend me a quarter."**

be further tempted to find out if the drug dealers are correct (drug dealers advertise that drugs will produce happiness). Thus, not only would positive messages of happiness not help, they very well could do damage.

The participants thought that with the correct theme, however, positive messages could be somewhat effective. They suggested that the focus of the message should be goal achievement rather than the attainment of happiness. The participants did not provide firm answers as to which social classes would be affected by such a message, but did indicate that it would be effective among non-users between the ages of 12 and 28.

In addition to limited support for the type of message, the participants also criticized the presentation. It was felt that the young man on the beach must be from the upper class, because the poor can seldom go to the beach. When they do go, the poor do not look like the young man on the story board, either in terms of happiness or in terms of well being.

The Ridiculous Message

This story board depicts a man who claims to be an expert in matters of drugs. He implies that he knows the secret to success in life. The camera pans out and the audience sees that he is a beggar. He is asking a passerby for some change.

Few if any positive comments were made about the ridiculous message, but there were a considerable number of adverse comments:

- Such messages will push addicts further into the world of drugs by isolating and offending them;
- The message is difficult to identify; it is too complex;
- The message would be most effective, if at all, among the upper class, because the more comfortable one feels, the less one wishes to appear ridiculous;
- The message would have no impact on the poor who, due to their

economic situation, already must beg in the street for money.

- The message is unclear and confusing;
- Addicts would laugh at it;
- It would make addicts uncomfortable;
- It makes fun of addicts (Dominicans view addicts as people who have an illness — therefore it is inappropriate to ridicule them.);
- It is ineffective.

Attitudes and Opinions About Drugs

There were five distinct ways in which participants viewed the danger of drugs. The number-one danger was physical: destruction of the person. The other four dangers were informally ranked as follows: mental/intellectual damage, damage to society due to the delinquency caused by drugs, damage to the family, and spiritual/moral damage.

A great variety of causes for drug abuse were put forth. These included family problems (e.g., lack of communication, inattentive parents, lack of faith, and divorce); experimentation; peer pressure; poverty; powerlessness (problems without solutions and insufficient resolution to commit suicide); the availability of drugs; and corruption.

The Interpretation of Results

Socio-cultural and sociological context seems important if messages are to convey anything. Relevance to specific groups to whom messages are being communicated is also important.

Focus groups interpreted the messages using criteria based on cultural and sociological relevance. Cultural and sociological relevance will make messages more credible, thus increasing the possibility of having an impact.

Hispanic culture tends to apply a dramatic interpretation to events.[1] Focus-group participants showed a preference for dramatic messages. Messages with a negative appeal are preferred because of the drama that they portray. That drama is related to the threat that drug consumption represents.

It was argued that the dramatic perception of life may have conditioned parents to express concern and protectiveness by emphasizing the negative consequences of behaviors. If the audience is used to being socialized through negative appeals (or threats), messages regarding drug use need to use the same approach.

Messages using positive appeals are not attractive for two reasons. One is the lack of drama. The other is the lack of realism. Happiness is portrayed using signs of financial well-being, but a drug-free life is not necessarily a happy one. Happiness is determined by a series of factors.

The preference for dramatic message content does not mean that the way in which negative appeals are now presented is the culturally appropriate manner with which to attract attention and have impact on a Dominican audience. The consequences of using drugs must be culturally relevant. Relating drug use to imprisonment per se is sociologically unrealistic, as the penal system in the Dominican Republic has special characteristics. Relating drug use to death may be ineffective, as those who do drugs are in fact "committing suicide slowly."

The focus group participants believe that there are several negative outcomes of drug use. Drugs may have an impact on the individual (physical, intellectual, or moral) or on society (on society at large or on the family). Showing the intellectual impact on the individual would have the intended impact.

The messages with a positive appeal might be improved if they were made culturally sensitive. "Happiness" needs to be replaced with the ability to meet personal objectives. *Arrivismo* (social climbing) is also a very important aspect of Latin American culture. Being ambitious and meeting the objectives that one has set for one's self is an important value in that culture. That value could be used to make the positive messages more attractive.

Conclusions

One would expect that the threat to one's self-esteem that drug use poses would be an effective deterrent among adolescents, and that the threat to one's personal goal attainment would play the same role among young adults. But the conclusions of this study point in a different direction, as dramatic content and realism are perceived to be key elements of effective messages, particularly for adolescents of the lower and middle classes.

However, the behavior that these messages want to change is not clear: is it prevention of drug-use initiation, or prevention of experimentation, or conversion of users into non-users? Study participants felt that the messages might have more impact on preventing initiation than on converting users to non-users. They suggested that a better approach would be to combine negative and positive appeals in one message.

The Dominican case demonstrates in some detail the methods for and the results of using focus groups to test approaches to constructing messages. As the conclusions indicated, the results point to the need to adjust messages to meet the reactions of the intended target audience, a necessary correction if the messages are to be effective. Pretesting messages through techniques such as focus groups will make these messages more culturally appropriate and effective.

Note

1. See M. de Unamuno, *El Sentimiento Trágico de la Vida en Los Hombres y en Los Pueblos.* Las Americas Publishing Company, New York.

8

Good Health Is Good Business: Capacity Building for Marketing Integrated Health Services to the Business Community in Northern Mexico

Leo Ryan

How many of you have attended a training workshop, not sure why you were there? How many of you have attended a training workshop, participated in all its activities, absorbed all its learning, left the workshop, and then found — when you returned to your job — that you weren't sure what you were supposed to do with what you had learned? These are some of the problems that we in the training field constantly address. How can we make sure that when people arrive at the training location, they know why they are there, and when they have gone through the training, that they will return to their jobs and make a difference?

Essentially, there are three types of participants that you can find in any training event. Those in the first type are known as "prisoners." The prisoners are there because someone has sent them. They were told: "You must be at the training workshop on such and such a morning, don't ask me why; you just need to be there, learn something, return, and that's all we have to do with it." The second type consists of the "vacationers" — these are people who say to themselves, "I have never been to a workshop in Florida, or Acapulco; those would be nice places to visit. Perhaps I can go to Disney World, or the beach, while I'm there." The last type of training workshop participants are those we call "workers." They are there because they want to be there, because they are genuinely interested in the training topic, and because they and their supervisors are commit-

ted to using their training when they return to the workplace. The training framework that is the topic of this chapter explains how we have gone about trying to ensure that the majority of our participants are workers.

This chapter illustrates the use of a transfer partnership framework to structure a ten-month training program delivered in coordination with the Mexican Federation of Private Associations for Health and Community Development (FEMAP) in Ciudad Juarez, Mexico. This framework, the *transfer partnership* concept, is based on state-of-the-art research on learning transfer, and has shown promise for drug-abuse prevention training in a variety of cultural settings in the United States.

The purpose of this training program is to promote the sustainability of the prevention programs carried out by FEMAP's affiliate organizations, through building the capacity in those organizations to successfully market integrated health services to businesses. The transfer partnership model was used as a framework for this project because of its focus on supporting the application of what is learned in a training workshop.

Here we describe the transfer partnership approach, its adaptation to the Mexican context, and the implications of implementing this framework for other USAID training programs.

In 1987, USAID/Mexico began to explore strategies for funding pilot projects through the private sector, which would design and test grassroots, participatory drug-abuse prevention programs. FEMAP was one of the organizations to pilot these programs. FEMAP had already demonstrated the institutional capability to both support and expand a pilot project in a variety of health and community development activities, working through its affiliates in urban and rural communities in 20 states.

Since 1991, NAE has supported FEMAP's Project for the Prevention of Use and Abuse of Drugs on the northern border of Mexico, a continuation of the Juarez pilot project. The project has included four other sites: Monterrey, Tijuana, Matamoros, and Mexicali.

Multiple strategies have been used to build capacity in FEMAP and its affiliates so that the Federation's drug-abuse prevention efforts will continue when USAID funding has ended. Since FEMAP existed as an institution long before NAE support began (it was founded in 1974), these efforts have built upon the institution's strong base of experience.

The most recent of those strategies is a multi-phased, multi-targeted training program designed to build capacity in FEMAP's affiliate organizations in marketing integrated health services to the business community. The one-year program will consist of three workshop series, targeted to directors, administrators, and program coordinators of FEMAP affili-

ates in eight regions. The series guides participants through a continuum of information and skills, ranging from an overview of "integrated" prevention services to the implementation of comprehensive marketing strategies to sell those services to businesses. The workshop series is supported by a two-day, international conference at which workplace prevention specialists from the United States and Latin America will gather to share experiences and learn about FEMAP's initiative.

The program builds on the success that FEMAP has already experienced in this regard on both sides of the Mexico/U.S. border. The sales of training services to companies in Ciudad Juarez has provided 60 percent of the resources needed to sustain the Drug Abuse Prevention Project in Juarez. It has also generated 40 percent of the resources needed to maintain the Community Banks Program. FEMAP's affiliate in Monterrey has also experienced some success in offering a variety of services to Mexican firms.

The objective of NAE's training program is to expand institutional capacity to sell integrated health services to the business sector beyond Juarez and Monterrey. Although the outcomes of efforts in those two regions are promising, similar successes in the other regions will be achieved only if the Juarez and Monterrey experiences can be effectively transferred and adapted to fit the realities of other communities.

In terms of training design, there were several inherent challenges to transferring FEMAP's experience to other regions, and the first challenge was to help affiliates see the value of marketing "integrated" services instead of "isolated" services. Most affiliates were specializing in one form of service (family planning, AIDS prevention, and the like), and did not see the value of combining services into an integrated package that would appeal to the variety of needs that any given client might have.

The second challenge was to help affiliates gain the skills necessary to transfer their services from a "community" context to a "business" context. While community health clinics may see themselves as natural settings for providing health services, *maquiladoras* and other businesses do not always share that view. How could participants return to their communities capable of convincing business leaders that they needed integrated health services?

The final challenge was how best to take advantage of FEMAP's extensive experience in successfully marketing and delivering health services to the business community in Ciudad Juarez.

To address these challenges, the NAE team used a framework which facilitated learning transfer at two levels: (1) transfer of training technol-

ogy and skills from NAE staff to a core team of FEMAP trainers, and (2) application-oriented learning transfer from FEMAP's training team to workshop participants, who represented the affiliate organizations. This approach guaranteed a sound training design, while also ensuring that the information and skills transferred were culturally relevant.

At each of these two levels, training occurred within the context of a *Transfer Partnership Framework,* based largely on the work of Peter Senge, Mary Broad, and other leading researchers in the field of learning transfer. This approach holds promise for future training programs in a number of arenas, and in fact is already being adopted by many prevention organizations at the national level in the United States. The primary assumptions of this approach are that responsibility for the application of learning does not rest solely with the learner, and application must be supported before, during, and after the training event.

This chapter outlines the Transfer Partnership Framework as it was adapted to the Mexican cultural context, and examines the lessons learned in terms of training design as they relate to the promotion of sustainable prevention efforts among FEMAP's affiliates.

Transfer Partnerships: A Conceptual Framework for Learning Transfer

There are at least two ways of defining learning transfer. One type of transfer refers to the way information is transferred to the individual (i.e., through a lecture, computer-assisted instruction, or simulation). Another way to define learning transfer might be how the information is transferred to the back-home, real-life situation of the individual who has undergone the training. (Learning Community Workgroup, 1993). This second level of transfer reflects the type of process that is described by Peter Senge in his work on "learning organizations," where learning is redefined from "getting more information or knowledge" to "increasing people's ability to make the desired outcomes happen." It is at this level of learning transfer that the Mexican project is attempting to operate.

However, transferring experience from one region to another is not a simple task. In his work on transfer of training, John Newstrom (1985) identified eight major barriers to transfer; each of these presented a potential obstacle to the success of this training project.

• *Lack of reinforcement on the job.* Although the administrators and other staff do most of the work at the affiliate level, nothing is accomplished without the support of the director of the *patronato*. It was

therefore essential to design a process which garnered the "buy-in" of the directors, so that the administrators would get the necessary support upon their return from the workshop.

• *Problems in the immediate work environment.* While these problems can take on a number of dimensions in different situations, the key problems in the immediate work environment for the administrators and other staff would be time, resources, and other on-going responsibilities. For those affiliates not presently working with the business community, would this workshop result in even more job responsibilities for staff who were already overwhelmed?

• *Non-supportive organizational climate.* While the directors' "buy-in" would guarantee support within the affiliate, further support would be necessary at a more macro level, from the leadership of FEMAP itself.

• *Trainees who see the training as impractical or irrelevant.* Irrespective of the quality of the training design, participants may not see its practicality if (1) they are not sufficiently prepared to learn, and if (2) the training does not address their needs.

• *Trainees' discomfort with change.* To accomplish the objectives of this workshop, new skills and information were not sufficient. Participants were asked to shift their entire perception of health services, from a mono-service model (strictly family planning, or strictly AIDS prevention, etc.) to an integrated-services model (a mix of services, including drug- and alcohol-abuse prevention, family planning, AIDS prevention, and others, based on the needs of the client).

• *Separation from the trainer after training.* The chances for successful application of learning are greater when the trainer is available as a resource for questions and concerns that arise after the training.

• *Poor training design or delivery.* The training event itself must be application-oriented, giving participants an opportunity to practice the applications that they will carry out in their home contexts.

• *Negative pressure from co-workers.* This obstacle was not as great as the others in this situation, due to the small number of staffers involved at the affiliate level.

The Transfer Partnership Framework, as outlined by Dr. Mary Broad (1993), has shown promise in addressing these barriers in a number of settings. It has been successful in the design of drug-abuse prevention training, as well as in the design of training for industry. Dr. Broad suggests that the responsibility for application extends beyond the learner, or workshop participant. She asserts that three partners play key roles in supporting the transfer of learning: *the learner* (the workshop

EXHIBIT 1
The Transfer Matrix

Transfer Partner	TIMEFRAME Before	During	After
Manager, e.g.			
Trainer, e.g.			
Learner, e.g.			

participant); *the sponsor* (Broad uses the term "manager" — this includes those in the organization or community who must support the learner in order for application to occur); and *the trainer.*

Dr. Broad suggests that "the three partners in the Transfer Partnership have three obvious timeframes in which to support transfer: *before, during,* and *after* the learning event." This framework, termed the Transfer Matrix, was used to structure the planning and implementation of this training program. The matrix is described in Exhibit 1, and its adaptation to FEMAP's context is outlined below.

Structuring for Sustainability: Transfer Partnerships at Two Levels

As a structural framework, the transfer partnership concept holds some key implications for the design of this overall project. The primary goal of the workshop series is to build capacity in FEMAP's affiliates so that they are capable of selling integrated health services to businesses, and can use the profits to sustain their prevention efforts in other sectors of the community. If this objective is to be supported before, during, and after the training workshop itself, then the roles of trainers, learners, and sponsors must be carefully considered.

While limited time and financial resources are barriers to NAE staff in providing ongoing support to workshop participants throughout the process, proximity and good working relationships with affiliates seem to be advantages that facilitate that process for a FEMAP training team. Capitalizing on an existing pool of FEMAP trainers also offered an

opportunity to institutionalize this training process in FEMAP, so that it (or similar training programs) can be replicated as necessary in the future — without NAE support.

In effect, the transfer partnership concept operated at two levels: (1) transfer of learning from the NAE project to FEMAP's core training team, and (2) learning transfer from FEMAP and NAE to FEMAP affiliates.

Level One:
The Transfer of Learning from NAE to FEMAP

The first level of learning transfer took place between the NAE project and FEMAP's core training team. Each member of the core team had been involved in FEMAP's successful efforts to market health services to businesses in Ciudad Juarez, and each had extensive experience in delivering three-to-five-day training workshops. This was the first time, however, that this group had worked together as a team in the design, implementation, and evaluation of such a comprehensive program. At this level, the purpose was to ensure that FEMAP would maintain the institutional capacity to replicate this process, or similar processes, when NAE Project funding ends.

To facilitate the transfer of responsibility for training, a transfer partnership was established between NAE staff, FEMAP leadership, and FEMAP's core training team. The specific roles of each of the transfer partners are shown below:

- Facilitators — NAE training team;
- Sponsors — FEMAP's leaders, especially Dr. Enrique Suarez and Ana Barney; and
- Learners — FEMAP's core training team, which included Alma Rosa Galvan, Laura Cano, Graciela de Leon, and Maria Eugenia Parra.

This transfer partnership aimed to build capacity in FEMAP's core team of trainers, so that the team could replicate this workshop in the future for other regions and other organizations outside of FEMAP's affiliates. Throughout the process, each partner was committed to creating the conditions which promote the application of learning. The specific areas addressed by the transfer partnership, at each time frame, are outlined below:

Before: planning for application. Before the first workshop was held,

EXHIBIT 2
Transfer Matrix:
Strategies Used To Transfer Learning from NAE to FEMAP

Transfer Partner	TIMEFRAME Before	During	After
Facilitator (NAE Team)	• Marketed program with "transfer intent." • Included transfer component in program design. • Did not assume transfer.	• Used methods to enhance transfer. • Honored learners' experience with application context. • Helped learners plan for barriers to transfer.	• Provided follow-up support to learners. • Evaluated transfer process and effects. • Used evaluation results in planning.
Learners (FEMAP — Core Trainers)	• Participated in planning from the beginning. • Helped clarify transfer-related norms. • Helped clarify what is to be transferred.	• Critically reflected on transfer process. • Actively participated in learning. • Anticipated support and barriers to transfer.	• Looked for opportunities to transfer. • Adopted what was transferred to application context.
Sponsor (FEMAP Leadership)	• Participated in planning from the beginning. • Committed to support the entire process. • Helped define what is to be transferred.	• Anticipated learners' return. • Provided technical support to the training workshop.	• Provided opportunities for applications. • Provided resource and other support for application. • Participated in evaluation of transfer success.

several key strategies were used to facilitate transfer of learning from the NAE team to FEMAP's core training team: the early involvement of each transfer partner; the identification of transfer-related norms; and clearly defined roles and responsibilities as they related to learning transfer.

EARLY INVOLVEMENT. All three "partners" were involved in the earliest phases. The transfer matrix as a framework for this program was established at the earliest planning meetings in March 1994. NAE facilitators

met with FEMAP Executive Director Enrique Suarez, Development Director Ana Barney, and Drug Abuse Prevention Program Director Alma Rosa Galvan to discuss how NAE could best support FEMAP in planning for the long-term sustainability of its drug-abuse prevention program. Once the general area, "Integrated Health Services in the Workplace," was agreed upon as a focal point for the program, the individuals who would later become the core training team were brought into the meetings to help plan the entire process.

CLEARLY DEFINED ROLES AND RESPONSIBILITIES. From the very beginning of the planning process, the NAE team presented the idea of training assistance in a "transfer context," recognizing FEMAP's existing training capability and suggesting that FEMAP trainers take the lead on any training to be conducted. This approach set the context for each partner's role, which was further defined through the initial planning discussions.

During those discussions, a plan was developed to design and deliver three workshops and one international conference. An outline of major themes to be covered at each event was developed, and the group agreed to a detailed timeline for the planning and implementation of the first workshop, which set forth the roles and responsibilities of each transfer partner.

It was agreed that FEMAP's core training team would assume primary responsibility for development of all aspects of the workshop, from program design and implementation to design of the evaluation instruments that would monitor the entire program. The role of the NAE team would be to support the FEMAP team through technical assistance via telephone and fax.

FEMAP's leaders, in their role as sponsors, were committed to supporting the entire process, and agreed to take responsibility for key tasks related to participant invitation. Dr. Suarez and Ms. Barney, for example, assisted the planning team in assuring the participation of the directors of the *patronatos,* sponsors at the affiliate level, who would help to facilitate the application of participants' learning after the workshop. Dr. Suarez also recruited high-level business executives to participate in role play during the workshop, an exercise that was key to providing practical experience for participants.

THE IDENTIFICATION OF TRANSFER-RELATED NORMS. Before concluding the initial planning meetings, the partnership agreed to several guidelines, or norms, that it would follow in order to support the training team and thus promote the transfer of learning. These norms included the following:

- FEMAP trainers would submit for review to NAE the workshop

agenda, the evaluation instruments, and the curricula to be delivered (an outline of both content and process for the workshop).

• NAE would provide written feedback to the core training team within forty-eight hours of receipt of any draft documents.

• A final on-site preparation meeting would be scheduled for the entire team two days prior to the first day of the workshop.

• Regular debriefing sessions would be conducted during the workshop, to help integrate the learning from each day and to prepare for the following day's activities.

• The FEMAP trainers would work as a team, and would meet regularly to discuss issues and make decisions related to the workshop.

Agreement to these "norms" during the planning phases proved crucial later. "Working as a team," for example, was not a norm before this process began, but proved to be one of the most valuable experiences that this group of trainers would undergo during the workshop.

During: application-oriented working relationships. During the first workshop, the transfer partnership continued to provide support to the training team, and the training team continued to reflect on the implications for application. The key strategies which facilitated learning in this phase related to processes which encouraged reflection on application; addressing barriers to application; and on-going support.

REFLECTING ON APPLICATION. Part of preparing for application includes commitment to thinking in terms of application during the training event itself. Several mechanisms for critical reflection were set up and facilitated by the NAE team. Two days prior to the workshop, NAE staff facilitated a preparation meeting attended by FEMAP's core training team. At that meeting, the team re-established norms for working together; shared expectations regarding the outcomes of the event; and reviewed the agenda, module by module. Each member provided an overview of the section that she or he would facilitate, and any final questions were clarified.

At the close of each day, a debriefing session was held. NAE staff and FEMAP trainers reviewed the comments made by participants on daily written evaluation forms, and planned any adjustments for the following day. The team also reflected on its learning for each day, by focusing the debriefing sessions on two questions: (1) What did we do well today? and (2) What would we do differently? Responses were recorded on newsprint, and many of the points that emerged from debriefings were applied immediately by the team during the following day's session.

ADDRESSING BARRIERS TO APPLICATION. Debriefing sessions also helped

the team to think in terms of how to address barriers to applying its learning. The team learned, for example, that it was difficult to manage the time of non-FEMAP invited speakers. When a session ended unexpectedly early on Day Three, for example, the team was caught off guard and instructed participants to take a longer lunch period. And on the previous day, a speaker had exceeded the time limit by two hours. During a subsequent debriefing session, the team identified limited communication and the high professional status of these speakers as barriers to strictly enforcing predetermined time limits. It was suggested that it might be helpful to have alternative activities that could be used when presentations take less time than had been planned. The next day, when another presentation seemed to be on the verge of ending early, the team was prepared with an alternative activity.

CONTINUED SUPPORT FROM LEADERSHIP. FEMAP's leaders did not disappear after the workshop's opening ceremonies. Dr. Suarez welcomed participants on the first day, and conducted several workshop sessions throughout the week. Ana Barney spoke on the importance of this workshop to the long-term sustainability of the affiliates, and attended the action planning session on the final day. Through their actions, FEMAP's leaders communicated the importance of this workshop, symbolizing the support that FEMAP was willing to lend to affiliates' workplace efforts. In this way they also modelled the type of leadership they expected from the directors of the *patronatos* who were present.

After: reinforcing learning and supporting application. While follow-up assistance is one strategy for supporting the application of learning after the training event, it is meaningless if the learners have no opportunities to apply their learning.

OPPORTUNITIES FOR APPLICATION. From the earliest phases of the planning process, the core team was aware that it would be responsible for planning and implementing each event in this series. Opportunities for application were, in fact, built into the design. One week after the close of the first workshop, the core team began the planning process for the next one, while all of the same support mechanisms provided by the other transfer partners remained in place.

FOLLOW-UP SUPPORT. FEMAP's leadership continues to support the process; the NAE team continues to provide technical assistance for workshop planning. FEMAP leadership gives the team the resources it needs to continue the planning process (time, funds, in-kind help), and the NAE team is able to work with the core team to incorporate what has been learned in the first workshop into the planning process for the next.

EXHIBIT 3
Transfer Matrix:
Strategies Used To Transfer Learning from FEMAP to Its Affiliates

Transfer Partner	TIMEFRAME Before	During	After
Facilitator (FEMAP)	• Ensured participation of sponsors. • Included input from learners in training design. • Marketed program with transfer intent.	• Used methods to enhance transfer. • Honored learners' experience within transfer context. • Helped plan for barriers. • Provided materials to aid transfer.	• Linked learners with trainers. • Evaluated transfer process and success. • Used evaluation results in planning for future.
Learners (Workshop Participants)	• Participated in pre-workshop assessment. • Committed to long-term participation.	• Actively participated in learning. • Linked education experiences to real-life context. • Developed transfer plan. • Anticipated supports and barriers to transfer.	• Looked for opportunities for transfer. • Used transfer resources. • Sought support for transfer. • Provided evaluation feedback of transfer process and effects.
Sponsor (Directors of Patronatos)	• Endorsed the transfer concept. • Supported the process through committing to participate.	• Anticipated learners' return. • Learned with the learners.	• Facilitated implementation of transfer plan. • Supported learner. • Provided resources. • Provided opportunities for application. • Participated in evaluation of transfer success.

Level Two:
The Transfer of Learning from FEMAP to its Affiliates

The transfer matrix concept was modelled by NAE and FEMAP, and replicated with participants during the workshop. Here, the roles of facilitator, learner, and sponsor shifted to focus on the application of concepts at the community level. At this level, these roles broke down as follows:

- Facilitators — FEMAP, including the organization's leadership and its core training team.
- Sponsors — Directors of the *patronatos.*
- Learners — Workshop participants, representing the FEMAP affiliates and FEMAP's central office.

The purpose of this transfer partnership was to assist participants in gaining the knowledge and skills necessary to design and implement strategies for marketing integrated health services to the business community. FEMAP's core training team served as a bridge between this transfer partnership and the first. The team was able to apply its experience as "learners" in the first partnership to its new role as "facilitators" in this one. Although the roles shifted slightly for this transfer partnership, each member remained committed to supporting the transfer and application of learning. The strategies used in each timeframe are outlined below:

Before training. The early involvement of each transfer partner in the planning process was key to setting up a workshop which would support the application of learning at this level. The key areas addressed during this phase involved participant selection and the learners' preparation for learning.

PARTICIPANT SELECTION. FEMAP took the first step toward creating conditions that would facilitate application by clearly indicating the participants to be invited to the training series. The directors and administrators of each *patronato* were targeted to participate, in addition to several other key people in the regions of each affiliate. The directors were identified as the "sponsors" in this transfer partnership — if they did not buy into the process and support the outcomes of the workshop, there would be little chance for success in the community. In addition, they would not truly understand the implications of selling health services to the work place if they were not present at the workshop. By agreeing to

participate, the directors endorsed the training program and helped the administrators feel that their suggestions for application would be supported after the workshop.

PREPARATION FOR LEARNING. Two strategies were used to ensure that participants arrived at the workshop prepared to learn. First, FEMAP marketed this workshop as part of a larger package of three workshops and one international conference. Participants were required to commit to the whole program, or not participate. By generating this level of commitment months before the first workshop, FEMAP ensured that participants would arrive eager to learn.

Secondly, FEMAP distributed a pre-assessment to all participants two months prior to the workshop itself. This assessment asked participants to list the services, if any, that they presently were offering to businesses, the frequency with which those services were offered, the types of businesses with which they were working, and the strategies they had used to market their services to those institutions. This assessment provided FEMAP's core team with key information regarding the level of sophistication of workshop participants with respect to the topic, and helped them to tailor the training workshop to participants' needs.

During the workshop. Here the transfer partnership used the following strategies to enhance the application of learning:

USE OF TRAINING METHODS THAT ENHANCE TRANSFER. Consistent with the underlying philosophy of the Transfer Partnership, the workshop itself was designed to foster participant ownership in the learning process. Below are some examples of training methods employed at the first workshop which illustrate the application of this learning philosophy:

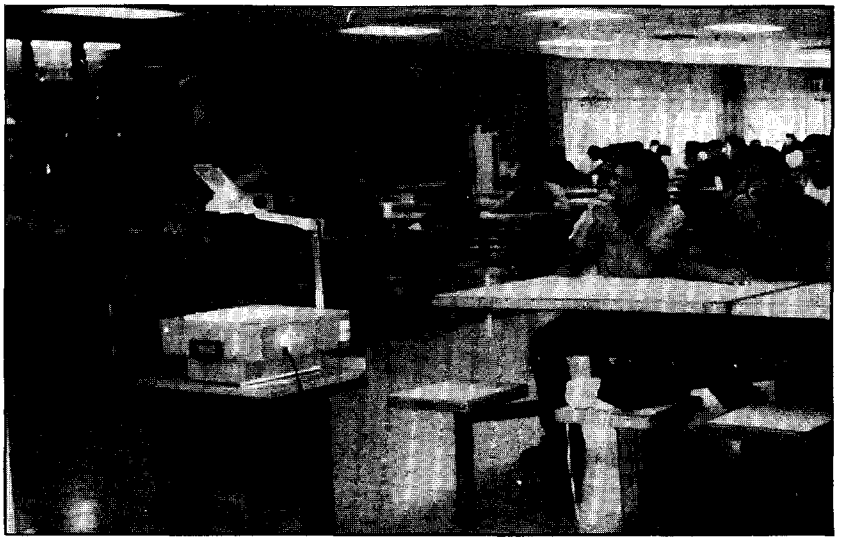
BALANCE OF THEORY WITH PRACTICE. Formal presentations were balanced with group discussions and application-oriented activities. A presentation on cost analysis, for example, was followed by an activity in which each region carried out a thorough analysis of the costs that it might incur upon actually developing integrated health programs for businesses. Another presentation on factors which positively and negatively influence the design of such programs was followed by a brainstorming activity, in which each region identified those factors specific to their communities. This activity was followed by a group discussion of strategies that might be used to address the obstacles identified.

BUILDING ON PARTICIPANT EXPERTISE. In the spirit of the phrase, "people support what they help to create," this workshop intentionally included participants as presenters and facilitators of activities. The first session of the workshop consisted of a series of panels, one of which was made up

of workshop participants who had already experienced some success in marketing health services to businesses in their communities.

SKILL-BUILDING IN A "REAL-WORLD" CONTEXT. Efforts were made to create for participants experiences which simulated real-life situations as much as possible. Towards the end of the workshop, participants were asked to develop a plan to present an integrated health services package to a business person. A role play was then carried out, in which participants presented their plans to one of two local business people who had agreed to participate in that section of the workshop. Each of the business executives provided feedback to participants, with suggestions on how to strengthen their presentations when they are delivered to other business leaders at home.

ADDRESSING BARRIERS TO APPLICATION. The issue of barriers was addressed on the first day of the workshop, in an activity in which participants identified both the obstacles to and the factors which promoted the sale of integrated health services to businesses in their communities. Participants learned that factors characterized as obstacles in one region where seen as supportive factors in others. The lack of human resources, for example, was viewed in some regions as an obstacle to offering a variety of health promotion services. Other regions, however, recognized the wealth of "combined resources" offered across affiliates, and explored strategies for sharing material resources to



develop integrated packages with their existing human resources. During this exercise, participants also conducted a brainstorming session on strategies for addressing the barriers they had identified. Many of the strategies they listed were later incorporated into their application plans.

REFLECTION ON APPLICATION. In addition to the processing components of activities described above, participants completed daily feedback forms which asked them to reflect on their learning for the day. Their responses also provided trainers with feedback on the quality of the workshop each day, and suggestions for adjustments the following day.

After training. It is still too early to observe the direct application of the learning that has emerged from the first workshop. The key components that are in place to support application are outlined below:

MECHANISMS FOR EVALUATION OF APPLICATION PROGRESS. Workshop participants played a key role in designing the process for monitoring their progress on implementing action plans. At the close of the first workshop, a large group discussion was scheduled in which participants could discuss the processes that would work best for them. They agreed to submit monthly reports that outline progress in completing the action steps identified at the workshop, and any barriers they are facing in implementing their plan.

FEMAP has agreed to provide technical assistance to affiliates in addressing any barriers identified. In addition, each workshop participant will complete a follow-up assessment form two months after the workshop. The information collected on this evaluation form will measure progress by comparing knowledge, attitudes, and practices to the information collected on the first morning of the first workshop.

ONGOING SUPPORT FROM OTHER TRANSFER PARTNERS. In addition to the technical assistance provided by FEMAP, the directors of the *patronatos* will provide ongoing support as well. Based on their experience at the workshop itself, it is hoped that they will give their staffs the appropriate resources and opportunities to begin marketing integrated health services to businesses in their communities.

Lessons Learned

The value of the transfer partnership framework is that it allows training designers to examine the roles and responsibilities of specific actors *(learner, sponsor, trainer),* at specific timeframes *(before, during,* and *after).* In the case of this training program, it provides a framework for not only identifying lessons learned, but also for developing strategies

for building upon those lessons. In effect, it supports the application of our learning on this project.

Judith Ottoson, an evaluator and prevention researcher for the U.S. Center for Substance Abuse Prevention, has integrated the relevant research on learning transfer with Mary Broad's Transfer Matrix. The result is a transfer matrix which lists a number of suggested strategies that each transfer partner might apply in each timeframe to facilitate the transfer of learning. While these strategies are certainly not prescriptive, and indeed will vary depending upon the cultural context in which they are implemented, they do offer some suggestions for strengthening the structural framework for NAE's training efforts with FEMAP — and hopefully, other USAID training efforts.

A discussion of other strategies that might be used at each of the two levels of transfer outlined in this paper, and the implications for applying them to the context of this project, are discussed below.

Transfer of Learning from NAE to the FEMAP Training Team

Two key lessons emerged at this level. The first, outlined in Dr. Ottoson's research, was the need to clarify the means for measuring "transfer success." The second emerged more from the experience of this particular transfer partnership than from formal research. This lesson was that the partnership must be a fluid framework, open to including other players as needed to ensure the effective transfer of learning.

Measuring "transfer success." Clear processes were established to measure learning transfer from FEMAP's core training team to workshop participants: regularly submitted reports detailing progress on action plans; pre, post, and follow-up evaluation forms; and participant feedback during the workshop itself. At the macro level, between NAE and FEMAP trainers, the measures of success are less clear.

During the first phase of this program, transfer success was measured informally and unscientifically, through feedback from FEMAP trainers or through observations by NAE staff. The real indicators of transfer success will emerge through changes in the design processes of the second and third workshops and the international conference. A key lesson learned during phase one was that these subjective, informal measures of transfer success are insufficient, and are, in fact, incongruent with the underlying philosophy of the transfer partnership framework. During phase two, the following strategies will be implemented to

formalize a more inclusive approach to measuring learning at this level:

LESSONS-LEARNED MEETING. The core training team and FEMAP leadership will be invited to participate in a "lessons learned" session on the preparation day for the second workshop. Each partnership member will be asked to reflect on what was learned as a result of the first workshop, and to discuss any implications for the next event. NAE staff will encourage the core team to brainstorm the major lessons it has learned prior to the meeting so that those ideas can be used as tools for planning the upcoming events. It is recommended that similar "lessons learned" sessions be held at the close of *all* future events, and that the results be typed up and distributed to all members of the transfer partnership. The extent to which each of these lessons is addressed at future events will serve as indicators of "transfer success."

DEVELOPMENT OF A TRANSFER PLAN. NAE will facilitate the development of a transfer plan prior to the close of each future event. In essence, this plan will include the strategies developed to build upon the lessons learned that the team identifies.

The participation of all members of the transfer partnership will be crucial to both the lessons-learned session and the transfer plan. It is hoped that the inclusion of FEMAP's leadership, the sponsors, in these meetings will extend their sense of ownership in the process and ensure their continued participation in other projects beyond this NAE effort.

The partnership as a fluid framework. An important lesson learned at this workshop was the need to balance the concept of the transfer partnership, in its theoretical sense, with cultural and social realities. Several dynamics influenced the manner in which this framework operated throughout the first workshop, reinforcing the need to implement the framework as a flexible, not rigid, structure:

PARTICIPATION OF "OUTSIDE" PRESENTERS. Several individuals (a marketing specialist, for example) were recruited from outside of FEMAP to present information on specific themes. While their participation added credibility and important content to the workshop, there seemed to be a lack of clarity around the exact timeframes in which these individuals would make their presentations. On several occasions, individuals who had not participated in preparation or debriefing meetings with the training team finished their presentations over an hour early, creating an unexpected break in the flow of the workshop.

As outsiders — often specialists in their fields — invited to participate in the workshop, these individuals were in essence part of the "trainers"

component of the transfer partnership. But since they were to speak on one specific issue as part of a five-day event, it is probably unrealistic to expect that they would attend preparation day meetings or daily debriefings. Their own work schedules would preclude them from doing so. Still, there is a need to establish boundaries for these individuals.

It should be the role of the transfer partnership to communicate with outside speakers and clearly outline the overall flow of the workshop, to show the role that the outsider is to play, to establish a mutually agreeable timeframe for the presentation, and to hold the speaker to it. In the Mexican context, the transfer partnership model may be an effective mechanism for addressing barriers, such as hierarchy and power dynamics, which often stand in the way of effective communication in this sense. While members of the training team may not feel comfortable in placing limits on outside speakers, the "sponsors" (i.e., FEMAP leadership) certainly could do so. These sponsors, however, would also need to be willing to enforce the agreed upon boundaries during the workshop.

COMMITMENT TO PREPARATION AND REFLECTION ON LEARNING. The most effective transfer of learning occurs when participants are prepared to learn, and when they have ample time to reflect on what they have learned. During this workshop, the training team's heavy workload — outside the workshop — forced an adaptation of the ideal preparation and debriefing process. A full preparation day was cut to two hours, which was not sufficient to walk through the entire curriculum. As a result, part of each debriefing session was dedicated to walking through the next day's agenda, which cut into the time that would normally be allotted to reflecting as a team upon the learning. In addition, several members of FEMAP's leadership, who facilitated sessions of the workshop, were unable to attend debriefing sessions due to a number of other commitments.

Despite these adaptations, the process of reflection on learning seemed to be effective for the training team. Unless the "sponsors" observe that process, however, there is some question as to whether trainers will be given opportunities to include preparation meetings and debriefing sessions in future workshops which are based on this model. The primary lessons learned from this experience were that, although the transfer partnership model is flexible, two key components are necessary in terms of preparation and reflection on learning: (1) enough preparation time for the entire team to walk through the curriculum; and (2) if sponsors do participate as speakers, enough time for them to participate in team debriefing sessions.

The Transfer of Learning
From FEMAP to its Affiliates

At this level, transfer might be strengthened simply by including all transfer partners earlier in the process. Although *patronato* directors, administrators, and other participants provided input through pre-workshop assessments, they were not as involved in designing the event as the FEMAP training team. The fact that many of the directors attended only the first day of this five-day event necessitated last-minute redesigns of the workshop, and brought into question their commitment to supporting the overall process.

The complexity of the planning process may have precluded more participation during the planning phase, but several strategies might be employed by projects which adapt the Transfer Partnership Model for their training programs:

• Informal phone calls to the sponsor, in this case directors of the *patronatos,* to discuss their "expected outcomes" of the workshop. These expectations could be passed on to the training team, and integrated into the training design.

• The inclusion of questions on the pre-assessment questionnaire which would measure the true learning needs of workshop participants. In this case, some examples might have included "What is the greatest challenge that you face in developing integrated health programs for businesses?" "What would you like to learn to help you better develop such programs?"

Although this particular workshop proved to be a valuable experience for participants, the incorporation of these two strategies might allow the training designers to tailor their efforts more to the true learning needs of participants. And in fact, similar strategies have been incorporated into the remaining two phases of the training program. The second workshop will begin with participant presentations related to the progress they have made on the action plans developed in the first phase; the remainder of the workshop will be structured around issues identified by participants in their monthly progress reports, as well as any telephone follow-up assistance that they have received.

Application of the transfer partnership concept to community-based training, modeled on the FEMAP program, bears implications for replication in other settings. This model requires much preparation prior to the workshop itself, but pays off by including all of the systems which support the learning that takes place during the workshop. Ongoing

adaptations of the transfer partnership concept will reinforce the framework as a training tool which is applicable in a variety of cultural contexts.

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III

Women and Substance Abuse in Latin America and the Caribbean: A Call for Action

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To date, little attention has been paid to the issue of women and substance abuse in this region. Most substance-abuse prevention efforts and treatment programs focus on men, while most women's health initiatives focus primarily on reproductive and maternal and child health. In addition, only limited attention has been paid to the impact that male substance abuse has on women. And only recently has the related issue of violence against women begun to receive attention at national and regional levels.

The chapters that follow are the preliminary product of an effort to compile information about the causes and effects of drug abuse on the part of women in Latin America and the Caribbean. They attempt a woman-centered analysis of the factors influencing substance abuse, drug-abuse patterns among women, the impact of substance abuse — by both women and men — on women and their families, responses and lessons learned to date, and recommendations for future program and policy development.

9

A Summary of Substance-Abuse Patterns Among Women in Latin America and the Caribbean

Kathryn Carovano

The first funeral I ever attended was that of a peasant woman in rural Peru. She had died, I was told, from drinking too much alcohol. The first time I met a woman with HIV infection was in a hospital in the Bahamas. She told me that she had sold crack, and used it, and that she had sold her body and robbed people to keep herself and her boyfriend in drugs.

K.C.

These are isolated, anecdotal examples of a problem that is seldom discussed but of increasing concern. The abuse of alcohol and other substances is a growing problem in Latin America and the Caribbean, and one that has serious implications for the health and well-being of women in the region. Data indicate that growing numbers of women are abusing drugs, a trend that has a direct impact on their health, and may reflect other serious challenges facing women and their communities. While region-wide, more men than women abuse psychoactive substances, the implications of male substance abuse are also significant for women.

Methodology

Information for the chapters in this section was gathered through a comprehensive review of published literature. Additional information

was provided, in interviews and in writing, by individuals and organizations working on women's health and substance-abuse prevention and treatment throughout the Latin American and Caribbean region. Some limitations must be noted:

- It is important to keep in mind that much of the available data on drug use in the region were obtained through household surveys. By design, these surveys exclude segments of the population not living in fixed households — those who are, in many settings, recognized as being at high risk for substance abuse (e.g., out-of-school youth, homeless children, homeless adults, prostitutes).
- The fact that people are asked to report behaviors that are, often, illegal or socially unacceptable — particularly for women — must also be kept in mind.
- And finally, in most reports of household surveys, drug use and gender are not cross-tabulated with other characteristics, (e.g., age, socioeconomic level, level of education). (In many instances, additional information could be derived from the manipulation of existing data sets, though in some the number of women responding may be too small to draw any significant conclusions.)

Thus, few reports provide significant demographic information about women who use drugs, making it impossible in most cases to distinguish between drug abusing and non-abusing segments of the population of women or to identify individuals engaging in poly-substance abuse.

Epidemiology: What Is Known About What Is Going On?

Regionally, alcohol, tobacco and psychotropic substances tend to be the drugs most often used by women. There has, however, been a sharp increase in marijuana and coca-derivative use in the last five years among some population groups. With the exception of prescription psychotropic drugs, data indicate that men in the region tend to abuse drugs and become drug dependent far more often than women. (Note: this chapter does not address tobacco use, due to lack of time rather than lack of concern.)

Alcohol

Throughout the region — and most of the world — alcohol is the substance most often used by both women and men. According to Dwight Heath, an anthropologist who has examined cross-cultural drinking

patterns, women and men in most cultures drink alcohol, "...but men more often drink large quantities and become intoxicated." (Heath, 1994.) Two studies conducted in Peru provide data supporting this. The first, a nationwide household survey, revealed that 89 percent of women and 94 percent of men had drunk alcohol at least once in their lives (CEDRO, 1993). And a study of alcohol dependence conducted in the Independencia district of Lima revealed that the prevalence of alcoholism was 34.8 percent among men, while among women it was only 2.46 percent (Yamamoto, et al., 1993). Segments of the female population with high levels of alcohol abuse have yet to be systematically identified.

While alcohol abuse appears to be much less common among women than men, it does pose a problem in many countries. Data from Costa Rica suggest a pattern of increased alcohol dependence among women; between 1982 and 1990, the percentage of women in Costa Rica identified as "excessive drinkers" rose from 3 percent to 5.81 percent (in Madrigal/PAHO, 1993).

Studies by Patricia Hochgraf and the Grupo Interdisciplinar de Alcoholismo e Farmocodependencia (Portuguese acronym GREA) in Sao Paulo, Brazil, provide the most detailed information about alcohol-dependent women in the region. In 1993, 1,041 alcohol-dependent people were presented for treatment at GREA; 13.4 percent of them were women (Hochgraf, 1994). They ranged in age from 28 to 65, with a mean age of 39 years. Most began drinking by age 18 or 19, and were abusing alcohol by age 31. As in the United States, data revealed that women seeking treatment tended to have fewer years of problem drinking than men (eight years for women, eleven for men), yet a third had attempted suicide, compared to only 13 percent of males. Twenty-seven percent had an associated psychopathology, mainly depression and personality disturbance (Hochgraf, 1993, unpublished, from WHO/PSA/93.13).

Psychotropic Drugs

Prescription psychotropic drugs are the substances most commonly abused by women. Consistent with findings from other parts of the world, data from the region reveal that women are much more likely than men to use and abuse psychotropic drugs such as tranquilizers and stimulants. Data indicate, however, that the levels of abuse vary significantly among populations and between countries.

Data from a household survey conducted in five cities in Panama reveal extremely high levels of use, with one-year prevalence rates for

analgesics reaching 30.3 percent among women, compared to 18.3 percent among men. The highest prevalence rate (30.5 percent) was found among women aged 35 to 39, while the lowest rate (11.6 percent) was found among women aged 40 to 45. Women not working and not in school had the highest rates of current use (56.9 percent) (Jutkowitz, et al., 1992b).

In Sao Paulo, Brazil, a household survey found the one-year prevalence rate for psychotropic drug use to be seventy-six per one thousand (or 7.6 percent) for men, compared to 163 per one thousand (or 16.3 percent) for women. Data revealed that consumption in this population increased with age, though it remained higher among women than men, regardless of age. Also, the higher the standard of living, the higher the reported level of use (WHO/SPA/93.13, p.77). According to reports from GREA, benzodiazipine addiction is one of the top three problems addressed in treatment (along with alcohol and cocaine abuse) (Hochgraf, 1994).

In contrast to these findings, survey data from Haiti revealed that only 3.0 percent of women had *ever* used pharmaceuticals (and only 0.1 percent in "the last 30 days"). Perhaps even more surprising was the fact that the lifetime prevalence rate among men was found to be slightly higher (3.8 percent) (Arellano, et al., 1991).

Crack, Coca Paste, and Cocaine

The drugs that are the focus of greatest concern in the region are crack, coca paste, and cocaine. Crack is a growing problem in the Caribbean because of its extremely addictive qualities and its damaging health and social effects.

To date, household surveys conducted in the various countries reveal relatively low prevalence rates for crack use among women. In Panama the lifetime prevalence rate for women was 1.4 percent — one of the highest rates reported in the region (Jutkowitz, et al., 1992b). In Haiti, only 0.4 percent of women reported having ever used crack (Arellano, et al., 1991), and in the Dominican Republic, only 0.2 percent of the entire study population had ever used crack — and none were women (Jutkowitz, et al., 1992a). In both countries, the highest rates of use were found among young adults, aged 15 to 24. On the other hand —

Anecdotal information suggests that many poor women in the Caribbean are experimenting and becoming addicted to crack. According to Jan Lopez of the Addiction Alert Organization in Kingston, Jamaica, the

majority of people accessing treatment are crack-cocaine addicted (Lopez, 1994). Howard Gough of the Patricia House, another treatment center operating in Kingston, noted that, "Although marijuana and alcohol are used more widely than crack, crack addiction has now become one of our leading problems because of its more dramatic effects, as more persons (both male and female) try it and get hooked." (Gough, 1994.)

Many of the women addicted to crack in both the Caribbean and Latin America reportedly engage in sex for pay or in direct exchange for drugs. Among women users in Jamaica, twenty out of thirty-three acknowledged working in prostitution. In all but three cases, crack use preceded and precipitated their careers as prostitutes (Dreher and Hudgins, 1992). Reports from Bolivia suggest a similar pattern among young women using coca paste (WHO/SPA/93/13, p.64). This pattern may partially explain the high numbers of women with AIDS and HIV infection in some areas.

In the Andean region, coca paste is more common than crack, yet prevalence rates among women remain low. (Coca paste, or *bazuco,* as it is known in some countries, is an intermediate product between coca leaf and cocaine hydrochloride. The substance is smoked in the same way, with effects similar to those of crack.) In Peru, only 0.4 percent of women participating in a 1987 household survey reported ever using coca paste, and only 0.8 percent reported ever using cocaine (Jutkowitz, 1987); a 1992 survey revealed slightly lower rates (CEDRO, 1993). While use of both substances was reported mainly among young people from the middle and upper classes in 1987 (Jutkowitz, 1987), CEDRO reported that the highest levels of coca-paste use were found among the lower classes (CEDRO, 1993). The 1992 study also revealed that the highest rates of consumption were outside of Lima, primarily in the jungle region where coca leaf is grown and processed. When asked if they had ever been offered coca paste, over a third of the respondents from this region said *yes* (CEDRO, 1993). Unfortunately, no information was provided in this study about the gender of those being offered — or using — coca paste.

There is growing concern throughout the Andean region over the fact that women — and men — involved in the cultivation and processing of coca leaf will begin to use coca paste and cocaine at increasing levels. While anecdotal evidence suggests that some individuals involved in coca processing do consume coca paste as a way to relieve fatigue and increase the output of their labor (Davila, 1992, and WHO/SPA/93.13), there is little available data on the prevalence of this behavior, particularly among women.

In Bolivia, the consumption of coca paste has been documented among out-of-school and homeless girls. Among girls living on the street, a reported 22.7 percent abuse some psychoactive substance, and an estimated 6.7 percent smoke coca paste (WHO/SPA/93.13, p.64).

While levels of cocaine use among women are also generally found to be low in data collected through household surveys, there are anecdotal reports of increased use in the region. (See "Injection Drug Use" below.). In Honduras, an alarming review of patients' medical records revealed no evidence of cocaine abuse prior to 1985, whereas in 1992, it was one of the three most commonly used substances (WHO/SPA/93.13, p.90). A 1988 study of children with anti-social behavior, who had been referred to the National Foundation for the Well-Being of Children (FUNABEM) in Rio de Janeiro, revealed that 70.6 percent had tried cocaine and 33.2 percent had used it during "the last month" (WHO/SPA/93.13, p.76). Again, no information on gender was provided for these studies.

Injection Drug Use

The injection of cocaine also appears to be a growing problem among women in Brazil, some countries in the Southern cone, and parts of the Caribbean. Estimated numbers of injection drug users (IDUs) in selected countries in the region reveal some shockingly high prevalence rates, though no gender-specific information is provided. (See Exhibit 1.)

EXHIBIT 1

Country	Estimated No. IDUs	No. of IDUs per 100,000 population (1990)
U.S.	1.2-1.4 million	522 (481-562)
Argentina	900,000	2,785
Costa Rica	1,000	33
Bermuda	2,200-4,700	5,948 (3,793-8,103)
Puerto Rico	30,000-45,000	1,078 (862-1,293)

Source: Mann, et al., 1992, p.408)

Data from Brazil and Argentina indicate that injection drug use, primarily of cocaine, is a growing problem among women. This pattern

is reflected in the parallel epidemic of HIV/AIDS, with shared syringes the apparent source of infection for large numbers of women; in 1992, injection drug use accounted for 34.9 percent of all reported cases of AIDS among women in Brazil (WHO/SPA/93.13 p.72). One partial explanation for this pattern of transmission comes from research conducted in England and Italy, where it was found that women tend to share syringes more frequently than do men, placing them at increased risk (Mann, et al., 1992, p.420).

There is little data indicating injection drug use among women in other parts of the region. Household surveys conducted in Panama, Peru, Haiti, and the Dominican Republic indicate that cocaine is not commonly injected in these countries, and that heroin and other injection drug use is negligible. Regional data on AIDS cases from June 10, 1994, while not gender specific, support these general findings. Data reveal that injection drug use accounts for less than 1 percent of reported cases in the Caribbean, the Andean region, and Mexico; 1 percent of cases in Central America; 27 percent of cases in Brazil; and 28.6 percent of cases in the Southern Cone (PAHO/HCA/94.015).

Marijuana

Levels of marijuana use among women also appear to vary dramatically in the region. In Jamaica, smoking marijuana is increasingly common among women, with some studies suggesting rates of use as high at 50 percent. In contrast, in a number of countries in the Latin American region where data is available, use by women is very low and does not appear to have changed significantly in recent years.

The highest levels of marijuana consumption among both women and men are in some of the Caribbean countries where its use is tied to local culture and tradition. Despite its prevalence, until recently it was a male-dominated activity. Studies from Jamaica reveal, however, that in recent years more and more women — both rural and urban — are smoking marijuana. Anthropologists studying this behavior have received estimates from informants that the proportion of women who smoke ranges from 15 percent to 50 percent, with most reports in the higher range (Dreher, 1987). While professionals working in the area of substance abuse in Jamaica are aware of increasing levels of marijuana use among women, it is not seen as significant a health or social problem as the growing use of crack cocaine (Dreher, 1994; Lopez, 1994; and Gough, 1994).

In Latin America, available data suggest that marijuana use among women is consistently low and, in sites where information is available, appears to have not changed significantly over time. Survey data from Panama, Haiti, and the Dominican Republic reveal lifetime prevalence rates for women of 6.7 percent (Jutkowitz, et al., 1992a), 3.4 percent (Arellano, Garcia and Jutkowitz, 1991), and 0.5 percent (Jutkowitz, et al., 1992a), respectively. Data from studies conducted in Peru in 1987 and 1992 revealed no significant changes in the levels of marijuana use among women, with lifetime prevalence rates of 1.8 percent and 1.1 percent (Jutkowitz, et al., 1987; CEDRO, 1993, 1993).

Inhalants

Inhalant use among women is also reportedly quite low. Prevalence rates for inhalant use reported in household surveys conducted in the region ranged from a high of 3.4 percent among women in Haiti (Arellano, et al., 1991) to a low of 1.6 percent in Panama, where use peaked in the 12-to-14 age group (Jutkowitz, et al., 1992b). Data from a 1987 Peruvian household survey revealed prevalence rates of 2.8 percent for women (Jutkowitz, 1987).

Throughout the region, anecdotal evidence suggests that out-of-school and homeless children appear to be at highest risk for inhalant use (WHO/SPA/93.13, p.63). Researchers in Peru report that clinical records indicate a relationship between homelessness and inhalant use, hence many of those affected may not be reached through household surveys (Jutkowitz, 1987).

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10

Women and Substance Abuse: Issues and Implications

Kathryn Carovano

The negative impact of alcohol and substance abuse is broad reaching and widely recognized, affecting individuals, families and communities. When women abuse drugs, they suffer the consequences of their own behavior, as do other members of their families and their communities. And women and their children — in even greater numbers — are negatively affected when the men in their lives — husbands, fathers, lovers, and brothers — use alcohol and other substances.

The Impact of Substance Abuse

It is often difficult to disentangle the life events that cause substance abuse from those that result from it. In fact, there are some cycles that appear to feed on themselves, e.g., poverty seems to contribute to substance abuse, and substance abuse exacerbates poverty. Substance abuse may also be a response to a history of family violence as well as being linked to on-going violence in the home. Keeping this overlap in mind, it is valuable to attempt to tease out the impact that substance abuse has on women and their families. This helps to define, in essence, why and how the issue matters in people's lives, and why it is important to respond.

Here are some of the commonly identified consequences of substance abuse:

- Direct and indirect health consequences;
- Direct and indirect negative financial consequences, due to expendi-

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tures on drugs and decreased productivity due to drug consumption;
- Increased accident rates — traffic, industrial, domestic — resulting in injury and premature death;
- Relationship problems, including violence; and
- Legal problems related to illicit substance use.

All of these are potential consequences of both women's and men's substance abuse. There are also, however, some gender-specific implications of drug use, which will be the focus of the following discussion.

Implications of Women's Substance Abuse

Women's health. Women do suffer some unique health consequences as a result of drug abuse. Chronic alcohol abuse exacts a greater physical toll on women than on men. Alcohol abuse has been linked to increased risks for breast cancer, osteoporosis, and menstrual disorders in women. Increasing evidence suggests that the detrimental effects of alcohol on the liver are more severe for women than men, explaining, at least partially, the fact that female alcoholics have death rates fifty to one hundred times higher than those of men (NIAAA,1990). Treatment professionals working in the region suggest that the health consequences of substance abuse are aggravated in women because of their reluctance to seek timely treatment (da Silveria, 1994, and Murrell, 1994), a pattern that also has been noted in the United States.

Prostitution. Throughout the world, many poor women turn to prostitution as a means of supporting themselves when other options fail. Reports from the region reveal that many female substance abusers are concurrently involved in prostitution. While some of the reports do not provide sufficient information to show whether drug use is causal or consequential, others indicate that many women move into prostitution as a way to support drug-use habits. Howard Gough, who runs a treatment facility in Jamaica, also notes, "Because of their increased need for the substance, which is often accompanied by a loss of income and support, these women often engage in sexual bartering or prostitution to support their habit." (Gough, 1994.) From their study of crack-using women in Jamaica, Dreher and Hudgins report, "Of the thirty-three women in the sample, twenty admitted working as prostitutes either currently or when they were using crack ... In all but three cases, crack use preceded and precipitated their careers in prostitution." (1992)

The indirect impact of substance abuse in combination with prostitu-

tion includes increased risk for stigmatization, violence, legal problems, and sexually transmitted diseases, including HIV. Around the world, female prostitutes have been recognized as being at potentially higher risk for HIV infection, and data reveal high rates of infection among these women in many parts of the world. Available data from Latin America and the Caribbean reveal a range of infection, from a high of 40 percent among prostitutes in Haiti and Martinique to below 1 percent in samples from South America (Mann, et al., 1992, p.53). In the Bahamas, psychiatric hospital admission records reveal HIV infection rates of 38 percent among female drug users, most of whom were cocaine users who reported trading sex for drugs (UN, 1994).

Child health. When women use drugs, such use also has direct and indirect implications for child health. Fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE), as well as the fetal health complications resulting from crack, cocaine and heroine use, are all well documented. Perinatal HIV transmission can also, in some cases, be traced back to the abuse of drugs by the mother or her partner. Perinatal HIV transmission accounts for 8 percent of recorded cases in the Caribbean, but only 1.7 percent of cases in the Andean region; what is not known is the percentage of these cases that are linked to substance abuse (PAHO/HCA/94.015, 1994).

There is limited information from the region on perinatal drug exposure, though FAS has been reported in Costa Rica, Chile, and Brazil (Madrigal, 1993). In Brazil, FAS reportedly is not generally recognized by physicians or the general population. Yet a 1981 study of neonates revealed a relatively high prevalence of FAS (thirteen out of two hundred), although the mothers had reported abstinence from heavy drinking during pregnancy (WHO/SPA/93.13 p.84).

Research conducted by Hayes and colleagues on the impact of prenatal marijuana exposure in Jamaica may be the most in-depth study in the region on this topic. Interestingly, there were no significant differences found between five-year developmental testing outcomes of children of marijuana-using and non-using mothers. Results suggested that other factors (e.g., regular school attendance, and the provision of stimulating experiences in the home) were more significant and, in effect, outweighed the mother's drug-use behavior (Hayes, et al., 1991). In spite of these positive findings, the negative effects of maternal substance abuse on child health can be significant.

Throughout the region — and around the world — women are the primary providers of health care and education to their families; it is

women who take their children to be immunized, prepare their food, and provide them with basic education on hygiene and sanitation. When women abuse drugs, their ability to fill these roles is impaired and the health of their children is bound to suffer. The primary effect of alcohol abuse among women in Argentina was noted to be its negative impact on their "roles as mother" (Gotelli, 1994), and in Jamaica, Dreher made a similar observation about crack-using women. She observed that they become debilitated, often involved in prostitution and unable to care for their children, many of whom end up living with other relatives (Dreher, 1994). An extreme consequence of this type of familial stress was noted in Honduras, where the connection was made between maternal (and paternal) drug use, irresponsible parenthood, the dissolution of the family unit, and the eventual homelessness of children who themselves were at high risk for substance abuse (WHO/SPA/93.13 p.84).

Implications of Male Substance Abuse

While the cost of women's drug use is cause for concern, the fact remains that many more men than women abuse drugs in the region. Most women's problems with alcohol and drugs are not due to their own addiction, but rather that of their husbands, sons and fathers. In one study conducted by the World Health Organization in Mexico, when women

were asked if they had problems with alcohol, women brewers joked, "Yes, our husbands." (From Heise, 1991.) This section will highlight a few of the implications that male substance abuse has for women.

Impoverishment. In societies where women have limited access to well-paying jobs and men are the primary breadwinners in most households, the direct and indirect impact of substance abuse on family income can be significant. Anecdotal information from the region suggests that this is a serious problem.

• In San Pedro la Laguna, Guatemala, Heise notes that "two bottles of beer cost half the average wage of a day laborer. So even moderate drinking competes directly with food for scarce family income." (1991)

• In the Brazilian slum, Morro do Borel, "Many men spend the little money they earn on whisky rather than groceries for the children, and then wreak havoc at home because they are drunk." (Lamm, 1993.)

• Describing the experience of women in Jamaica who are the mothers or partners of a substance abuser, Howard Gough of the Patricia House observed, "She often suffers immense financial burden due to loss of her spouse's income through means such as loss of job, gambling, drinking alcohol, smoking crack or uninhibited socializing. This may progress to loss of other resources such as family jewelry, household furniture and appliances, household fixtures and other family properties." (1994)

Impoverishment can also be indirectly attributed to absenteeism, job loss, and accidents resulting in injury or death. According to Heise's report, "Trouble Brewing: Alcohol in the Third World", supervisors surveyed in nine companies in Guatemala cited "binge drinking" as the primary cause of absenteeism in their companies. Guatemala's power company attributed to drinking some 40 percent of industrial accidents, and a PAHO report from Costa Rica estimated that 30 percent of all absenteeism and workplace accidents nationwide are caused by drinking (Heise, 1991).

Alcohol-related traffic accidents also figure prominently as a cause of premature death in the region. Brazil reportedly has the highest rate of traffic accidents in the world; it is estimated that 40 percent of all road accidents are related to alcohol use (WHO/SPA/93.13, p.82). As with anything that results in the injury or death of a young, productive adult — male or female — those that are due to alcohol or substance abuse can have a devastating impact on a household economy.

Domestic violence. The relationship between male substance abuse and domestic violence has begun to receive increased attention in the context of growing regional concern with the issue of violence against

women. A respondent from FUNDASALVA in El Salvador made the following observation:

> While drug use among women is low, one should recognize that women are significantly affected by the use of these substances in a very unique way. It is enough to consider the presence in the majority of homes of some man who consumes alcohol. The consequences of this fact, for women, include: having to put up with, permit, accept someone in this state; physical and psychological abuse...; sexual abuse, as much in adult women as in minors...;[and] a decrease in income available for household expenses when the woman does not work (de Pilla F., 1994).

Studies of domestic violence carried out among low-income women in Santiago, Chile, found that "alcohol was frequently a factor in cases of domestic violence. When the aggressor had been drinking, physical violence was more severe." (Larrain and Rodriguez, 1993.) Reports from Brazil also reveal that male perpetrators of domestic violence were often using alcohol or other drugs, though alcohol was the main drug used. These men reportedly were unemployed or had no fixed employment, and the women often were financially dependent on them. Many women in this study reported that abuse began or intensified after they became pregnant (WHO/SPA/93.31. p.84).

While the fact that domestic violence and alcohol or drug abuse often coincide is well-documented, it remains unclear whether substance abuse is causally linked to violence, or whether they are simply two spheres of behavior that frequently overlap. According to Richard Gelles, director of the Family Violence Research Program at the University of Rhode Island, the profile of men who are prone to domestic violence includes those who have used illicit drugs at least once each year (Ingrassia and Beck, 1994). This description, however, undoubtedly applies to many men who do not engage in violence. According to Leonard and Jacob, "Determining whether there is a relationship between acute alcohol consumption and family violence is perhaps one of the most difficult tasks in the family violence literature," and they note, "It is clear that neither alcoholism nor intoxication are necessary or sufficient causes of family violence." (1988)

Another linkage between substance abuse and domestic violence comes from data that reveal that when women confront their partners about substance use, this can and often does trigger a violent reaction. According to Leonard and Jacob, "Excessive alcohol use may increase family violence by simply providing a highly charged personal topic of disagreement between husbands and wives." (Leonard and Jacob, 1988) This finding suggests the need for caution in the design of prevention or

treatment programs that encourage women to confront their partners about drug use.

Sexually transmitted disease. Men's substance abuse carries with it other indirect threats to the health of women and children. Specifically, women who are the partners of substance abusers are likely to be at increased risk of exposure to sexually-transmitted diseases, including HIV. Heise notes that drinking and sexually promiscuous behaviors are often linked, signifying that when men go out drinking, they often bring home diseases (1994). Women whose partners use injection drugs are at particularly high risk. Data collected from women in Sao Paulo, Brazil, whose sexual partners used injection drugs found an increase in HIV seroprevalence from 33 percent to 82.4 percent between 1984 and 1989 (WHO/SPA/93.13.p.72).

Why Do Women Use Drugs?

Assessing the magnitude and impact of substance abuse among women in the region is a significant challenge. Yet it is an even greater challenge to attempt to explain why women use drugs, and why drug use, at least among some women, appears to be increasing. This understanding is essential to the development of effective prevention programs. The following are some of the key questions that must be asked in order to begin to gain an understanding of the evolving patterns of substance abuse among women:

- Why, when, and under what circumstances do some women initiate drug use? How do they differ from the women who do not?
- Why, when, and under what circumstances do some women become drug dependent? Why — and how — do others avoid dependency?
- Why, when, and under what circumstances do some women move from mild to harsher drugs?
- Why, when, and under what circumstances do some women seek treatment? How do they differ from those who do not?
- For those who do seek treatment, is it available and is it appropriate to their needs as women?

These questions must be asked over and over again, for each target population and for each drug being used in the region. The factors that contribute to inhalant use by a street girl in Guatemala City will be different from those that lead to the abuse of valium by a wealthy urban

housewife in Rio de Janeiro, or the use of coca paste by a coca leaf "stomper" in the Chapare.

Because women are often asked to play key roles in prevention efforts targeting young people and men, understanding the factors influencing drug use in these populations will also be critical. Of particular importance is information about how and under what circumstance women influence these behaviors, and at what personal cost.

All health behaviors are influenced by the interaction of a multitude of factors. Some recognized determinants of many behaviors related to health include the following:

- Knowledge of the risk associated with a particular behavior and of alternatives to that behavior.
- Personal perception of vulnerability to risk.
- Perceived and actual benefits of a behavior.
- Perceived and actual consequences of a behavior.
- Perceived social norms.
- Complementary behaviors (e.g., job networking and drinking).
- Skills required to adopt alternative behaviors.
- Self-esteem and self-efficacy.
- Demographics (e.g., age, sex, employment, marital status, education).
- Epidemiology (e.g., the prevalence of the behavior in a particular population).
- The direct and indirect costs associated with the behavior.
- Laws and policies related to the behavior.
- Socioeconomic circumstances.
- Cultural traditions and values associated with a behavior.
- Access to both the products associated with the behavior and the products and services that support behavior change.

(Smith and Middlestadt, 1993.)

All of these are likely to play some part in defining individual drug use and abuse patterns. In addition to these, however, a unique and complicating factor influencing drug-use behaviors is the chemically addictive quality of psychoactive substances. Studies of alcohol abuse reveal significant gender differences in the physiological response and health impacts of drinking. While I will not focus on the gender-differentiated biological aspects of drug dependence, an understanding of gender difference in this area must also form part of the foundation for developing prevention and treatment strategies for women and men.

Drinking behavior has been described as "one that is undoubtedly determined by an intricate dynamic interaction among biological, psychological, interpersonal and socio-cultural influences." (Wilsnack and Wilsnack, 1993.) This description, which is likely to apply to other drugs as well, highlights the complexity of these behaviors. The focus of the following section is on those factors that appear to have the most significant impact on women's drug-use behaviors. While limited regional data are available on this topic, many lessons can be learned from studies of women in other regions that offer insight on the issue. A number of hypotheses that emerge from this material are presented to offer potential explanations for the trends in the region and to suggest areas requiring additional research.

Lack of Knowledge

A number of professionals in the region working in drug-abuse prevention and treatment have identified "ignorance" as a significant factor contributing to substance abuse among the populations they serve (Lopez, 1994, and Leon Migoya, 1994). This term can be employed to mean a lack of knowledge about the addictive qualities of a drug or the negative consequences of drug use. Anthropological research conducted in Jamaica among women who use crack supports the theory that knowledge is important; the majority of the women interviewed reported not knowing anything about crack and its potentially negative effects before using it, and said that if they had known, they would never have tried it (Dreher and Hudgins, 1992).

With a new substance like crack, it may be that only limited information is available in a particular community about the negative consequences associated with its use. But in many cultures, even where information is available, women's access to it is often limited in comparison to men's. In Haiti, for example, only 44.2 percent of women participating in a household survey reported having received any information about drugs, compared to 59.2 percent of men. When asked if they could name at least one institution involved in drug prevention in Haiti, only half as many women as men responded affirmatively (Arellano, 1991).

Women have less access to information, and this often can be attributed to lower literacy rates, social norms that prohibit women from talking about some topics, women's greater reluctance to access health care services where such information might be available, or even health provider biases that prevent them from addressing topics that they do not

perceive as affecting women. (This attitude was a noted barrier to women's access to information and services in the early years of the HIV/AIDS epidemic.) Access to accurate information is an important foundation for health, and should be addressed as part of drug-abuse prevention efforts in the region. Yet it is generally accepted by those working in health communication that knowledge alone does not determine behavior (Smith and Middlestadt, 1993).

Access

Enrique Madrigal, Regional Adviser on Alcoholism and Drug Abuse, Pan American Health Organization (PAHO), notes, "One key element that affects levels of consumption in both sexes is greater or less availability of these substances in a given individual's social milieu." (1993.) Among crack-using women in Jamaica, researchers found that the *key determinant* of use was exposure to the drug by other users. In fact, none of the women reporting crack use were in any other way distinguishable from their non-using peers (Dreher and Hudgins, 1992).

While access can be important, it too is influenced by a multitude of other factors, one of which is undoubtedly gender. In most societies in the region, women and men have distinct roles and responsibilities, and consequently operate in very different, often segregated social milieus. Traditionally the public sphere — the street, bars, restaurants — have been male dominated, whereas women's participation in these arenas was circumscribed by traditions and social norms. This traditional separation may limit women's exposure to and access to some drugs. For example, it is customary in urban centers in Bolivia for men to go drinking together on Friday nights; women, including wives, are not included. As these norms change, however, women's access to the public sphere — and hence, to drugs — may also change. Findings from ethnographic research conducted among predominantly Puerto Rican immigrants in East Harlem, New York, provides some support for this hypothesis. From his study of crack users, Bourgois (1994) suggests that women's crack use reflects —

> ...the growing emancipation of women throughout all dimensions of inner-city life, culture and economy. Young women are no longer as obliged to stay at home and maintain the sanctity of their families..they are no longer forced to sacrifice public life or to forgo independent opportunities for generating personally disposable income.

Hence, women's access to drugs can be influenced by peer group exposure, norms, income, and — in the case of psychotropic drugs — the

prescription practices of physicians. In Brazil, psychotropic drugs were prescribed for women at a rate that was nearly twice as high as that for men, and over half (57.4 percent) of all psychotropic drug prescriptions were written by general practitioners (WHO/SPA/93.13, p.77). The low cost, non-prescription availability of psychotropic drugs in the informal sector or black market of some countries also facilitates access and abuse.

Finally, involvement in alcohol and drug production and marketing also enhances access and may signify higher levels of abuse. Available data, while inconclusive, suggest that this may vary depending on the substance and circumstances involved.

Dwight Heath, an anthropologist who has conducted cross-cultural research on drinking, points out that women have principal responsibility for the production and marketing of traditional alcoholic beverages in many societies, yet in none is there evidence of increased problem drinking among women (Heath, 1994). Evidence from Bolivia where *chicha,* a traditional fermented corn beverage is produced and distributed by women, provides some support for this assertion: while both women and men drink *chicha,* women reportedly drink in excess much less frequently than do men (WHO/SPA/93.13.,p.60).

These findings are heartening, yet it is hard to predict whether a similar pattern of use will hold true for women in relation to crack, coca paste, and cocaine, particularly in light of the greater addictive qualities of these drugs. While the information available on individuals involved in coca-leaf processing is limited, it does suggest that they experience higher rates of exposure to and use of coca paste than those not involved (CEDRO, 1993). Some findings from Brazil indicate that women involved in drug trafficking may also be at increased risk for substance abuse. Data from a treatment facility in Sao Paulo revealed that 36 percent of the sample admitted being drug dealers, and of those, 80 percent were women (WHO/SPA/93.13,p.78). This data, however, does not explain whether drug abuse was a cause or consequence of trafficking.

Women's Changing Roles

Women's roles in Latin America and the Caribbean are in a stage of dramatic change: increasingly, women are working, women are in school, and women are supporting children on their own. Popular belief holds that women with multiple roles are more apt to abuse alcohol and other drugs in response to increased stress in their lives. It would be expected, therefore, that working women and women in school would be

more apt to be alcohol- and drug-dependent than women with fewer roles. This would also suggest that as more women in the region enter the labor force, substance abuse among women will increase. While this has been suggested as a reason for increased alcohol and psychoactive substance abuse among women in Bolivia (WHO/SPA/93.13, p.58), there are no concrete data provided to support this assertion. In contrast, data from a household survey conducted in Panama show that more than half of current female users of all eight drugs evaluated were not working and not in school (Jutkowitz et al., 1992b). Longitudinal studies of women's drinking from the United States also support the Panama findings: in all age groups, women with fewer roles are more likely to experience problem drinking (Wilsnack, S., 1993). In fact, women who have multiple roles (e.g., mother, wife, worker) tend to have significantly lower rates of alcohol problems than women who do not (NIAAA, 1990).

In light of the rapid change in women's roles in the region, what may be more important than the number of roles a woman has is her level of satisfaction with those roles. For some women, the changes may imply the loss of a lifestyle that they expected and hoped to fulfill — the lifestyle of a married, non-working mother. In contrast, other women may want to lead lives that are different from the lives of their mothers, yet feel trapped by traditional norms. Research from the United States suggests that women who are forced to "conform to role demands or limitations," as well as women who perceive a major discrepancy between their roles or positions and those they expected or hoped for, are both susceptible to alcohol abuse. In both scenarios, the author suggests, alcohol use is one way women choose to cope with these "unwanted statuses" (Wilsnack, R., 1992).

Ethnographic research on crack use among Hispanic women in East Harlem suggests that drug use can also be an act of rebellion and role redefinition for women faced with "patriarchal oppression" and "social marginalization." Bourgois describes this community as one undergoing a violent process of redefinition of male/female relations. In this context, he suggests that drug use may not be so much a response by women to changing roles as a way to redefine their place in society (1994).

Escaping Reality

In the past decade, the quality of the lives of many people in Latin America and the Caribbean has been affected negatively by debt-induced structural adjustment programs, political and social turmoil,

increasing urban violence, and growing impoverishment. These changes have taken place in a context in which women have traditionally been "overworked, overlooked and undervalued," and where "poverty, discrimination, violence and powerlessness are pervasive features of women's lives." (Paltiel, 1993.) Drugs, it has been noted, "offer a seductive reprieve from an unpleasant world." (Flynn, 1993.)

Little attention has been paid to how this combination of factors affects the mental health of women, or to how women's mental health relates to substance abuse in the region. The only data available on this issue are from a recently completed study by Len Murrell that examines drug-use behaviors among students in twelve Latin American countries. Preliminary analysis of these data indicates that substance abuse in girls is much more likely to be linked to psychiatric symptomatology (e.g., anxiety, depression, suicidal ideation) than it is in boys (Murrell, 1994).

Based on studies on women's drinking in the United States, Richard Wilsnack has suggested that as people's lives become more difficult and more entrenched, many turn to alcohol and drugs as a passive coping strategy to "help them endure what they cannot escape." (Wilsnack, R, 1992.) Gender norms in much of the region (and in many other cultures as well) associate femininity with passivity and helplessness. It is conceivable that this orientation may make women more susceptible than men to seeking relief from increasing stress, anxiety, or depression through alcohol and other drugs. In the United States, studies of female alcoholics have found that depression precedes alcohol abuse in up to two thirds of women with both disorders. Female opiate addiction and some cocaine use is also often associated with major depression (Blume, Counts and Turnball, 1992).

While some women may self-medicate with alcohol and other drugs, others are likely to seek help from their physicians. Research from the United States indicates that while men are more likely to abuse alcohol in order to cope with many psychological or physiological problems, women are more likely to go to the doctor (Blume, Counts and Turnball, 1992). While this is a more positive response in most respects, it may inadvertently lead to increased psychotropic drug use. As noted previously, in most countries in the region, women's use of psychotropic drugs is far greater than men's. Studies from the United States have found that "At a similar level of anxiety, women are more likely than men to be given a benzodiazepine rather than a nonpharmacologic therapy, and to use the drug chronically." (Blume, Counts, and Turnball, 1992.) Reports from Brazil suggest similar practices (with women receiving nearly twice as

many prescriptions as men), and note that the primary reasons for prescribing benzodiazipines are "mental disturbances," everyday stress, and "existential problems" (WHO/SPA/93.13, p.77). In addition, women in the region are reportedly much more likely than men to self-medicate with psychotropic substances (WHO/SPA/93.13).

Sexual Abuse and Domestic Violence

A history of childhood sexual abuse has been identified as a significant determinant of the abuse of alcohol and other substances by women. According to research conducted among women in the United States, "Alcoholism is about three times more common — and other substance abuse about four and a half times more common — in women with a history of childhood sexual abuse than in the general population." (Blume, Counts and Turnball, 1992.)

While significant research in the Latin American region on the linkages between childhood sexual abuse and substance abuse among women is lacking, growing evidence suggests that sexual abuse is a significant problem. A recent publication of the Pan American Health Organization, *Violence Against Women and Girls: Analysis and Proposals from the Perspective of Public Health* (PAHO/MSD 13/6,1993), provides the following examples that illustrate the tip of the iceberg:

Costa Rica. Of the fourteen rapes reported every day by the Women's Delegation, the majority are committed against girls aged 11 to 16. Among victims of incest, more than 60 percent of the abuse cases begin before the age of 9, and 18.7 percent before the age of 5; 67 percent of the assault cases occurred in the victim's home, and 32 percent of the aggressors are the fathers.

Honduras. In Tegucigalpa, each week, two children under 18 are raped and four suffer sexual abuse. Eight out of ten rapes were committed by a person known to the victim, and in one out of five, the aggressor was a relative, most often the child's father.

Colombia. In the National Survey on Prevalence, Demography and Health, 36 percent of the mothers acknowledged that they or their partners abuse the children.

Nicaragua. Rape accounted for 390 of a total of 608 crimes reported between May and September, 1990. In 43 percent of the cases, the victim was a minor and in 87 percent of cases, the aggressor a male family member or acquaintance.

Data from the region also indicate that adolescent children who run

away from home are often found to have been victims of child abuse. Homeless children — street children — are recognized as being at high risk for substance abuse, suggesting another potential link between adult substance abuse, violence, and substance abuse in children.

Indicators of the prevalence of domestic violence in the region are even more appalling (see PAHO/MSD 13/6, 1993), and its link to potential substance abuse is also cause for concern. According to PAHO:

> Data from the countries of the Americas reveal that substantial sectors of the female population are subjected to violence, and that violence as a way of relating is entrenched in the daily lives of couples and families...The aggressors tend to be fathers, husbands, companions and relatives: that is, people who are emotionally close to the victim and present in her day-to-day life.

Being a victim of domestic violence is linked to a variety of consequences, including a predisposition to alcohol and substance abuse (Larraine and Rodriguez, 1993). According to Heise (1993),

> ...about one third of battered women suffer major depression, and some go on to abuse alcohol or drugs. Studies show that most battered women begin to drink only after the onset of abuse, suggesting that women are using alcohol to escape from an intolerable situation.

Social Norms

Social norms have been identified as significant determinants of many health behaviors (e.g., smoking cessation, condom use), and appear to be the key determinants — and deterrents — of alcohol and substance abuse among women in Latin America and the Caribbean. In most cultures in the region, drug consumption by women is not condoned, and drug dependence is highly stigmatized (Madrigal, 1993). As Lori Heise (1991) notes, "That the majority of women in Latin societies do not drink, despite the ready availability of alcohol, attests to the power of cultural expectations in molding human behavior." Perhaps one exception to this rule are the norms surrounding women's use of prescription psychotropic drugs. Their high prevalence among women in some communities suggests that their use is, at some level, socially accepted, though this remains to be explored.

The importance of social norms as a deterrent for marijuana smoking, and the impact of changing norms as well, were revealed in research conducted by Dreher among women in Jamaica. Traditionally, one of the primary factors deterring women from smoking marijuana was the norm

that defined such behavior as inappropriate and not respectable. For a rural West Indian woman, conforming to norms of respectability was critical to her success in "acquiring and keeping a young man a cut above the rest" — the primary means by which she could hope to accumulate wealth and status. As the society has changed and women have gained greater economic independence, the deterrent effect of the norm has weakened. Women who do smoke marijuana have been found to be those who are less constrained by the consequences of violating this norm, primarily those with greater economic independence (Dreher, 1984). Subsequent research also revealed that "young women exposed to more sophisticated urban settings, where they could escape the constant vigilance of their communities, were more likely to smoke [marijuana] than their rural-bound counterparts." (Dreher, 1987.)

Negative norms and stigmas associated with women's drug use can, however, also have a detrimental effect on patterns of abuse among those women who do use drugs. Studies of women's drinking in the United States suggest that —

> ...social and cultural norms have placed a much greater stigma on female alcoholics and addicts, who are still often considered to be sexually promiscuous "fallen women." This has resulted in secret drinking on the part of many women...placing them at higher risk of progressing to advanced stages of alcoholism or other forms of chemical dependency before detection. (Blume, Counts and Turnball, 1992.)

According to Murrell and Gotelli, similar patterns are apparent in the region, and are also considered to be a barrier to treatment for some women (Murrell, 1994).

Peer and Partner Influence

Data indicate that partner, sibling, and peer patterns of drug use are often reflected in women's drug-related behaviors (NIAAA, 1990). Studies from the United States revealed that a woman's alcohol consumption was strongly correlated with that of husband or living partner. "Frequent or heavy drinking by her husband or partner may increase a woman's risk of problem drinking by providing a heavy-drinking role model, increasing the availability of alcohol, and contributing to relationship conflict or violence." Data from this study also indicate that a husband's drinking had a stronger influence on a wife's drinking than the reverse (Wilsnack, S. 1993).

Additional U.S. studies suggest partner use as an important factor for

women using cocaine and heroine: the initiation of heroine use among women was associated with having sexual relations with a heroine user, and women receiving hospital treatment for cocaine abuse were found to be likely to live with a drug-dependent partner (Blume, Counts and Turnball, 1992).

The limited regional information available on this topic is inconclusive about whether this pattern prevails among women in Latin America and the Caribbean. In the Dominican Republic, information gathered through a nationwide household survey revealed that men perceived greater pressure from their reference group (friends and family) to try illicit substances than women did. This study also revealed that social norms, specifically pressure from family or significant others, strongly influenced the intention to try cocaine and crack (Jutkowitz, et al., 1992a).

Data from a household survey conducted in Haiti reveal that people perceive the influence of friends to be the primary determinant of marijuana, crack, and cocaine use (Arellano, 1991). This data was not analyzed by gender, nor were people asked to distinguish between partner or spouse and friend.

Finally, an ethnographic study of female crack users in Jamaica provides the only information from actual drug users. Over half of these women reported that they were introduced to the drug by female friends, while the others said they were introduced to the drug by men, only one of whom was identified as a boyfriend (Dreher and Hudgins, 1992).

References

(See References at the end of Chapter Nine.)

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11

Women and Substance Abuse: Current Responses and Recommendations for Action

Kathryn Carovano

While there is some growing awareness of the implications of alcohol and substance abuse for women in Latin America and the Caribbean, the response in most communities is lagging. A growing sense of the need to develop targeted programs for women, in most places, has not yet been translated into action.

Currently, most efforts to address substance abuse in the region focus primarily on men — a logical response in light of their significantly higher prevalence levels. Some treatment programs for men do admit women, and in a very few sites, programs designed specifically to meet the needs of women are in the early stages of development (e.g., GREA, Sao Paulo, Brazil). Yet even where programs for women do exist, the absence of child care services and services for women in the advanced stages of pregnancy are noted as barriers to access for some (Gough, 1994, and Hochgraf, 1994).

While few treatment programs exist for women, in some settings the situation is even more extreme, with programs going so far as to exclude women solely on the basis of their gender. In Bolivia, it was reported that all of the religiously oriented drug rehabilitation programs are exclusively for adult men. And in Honduras, over 90 percent of the treatment facilities in the country admit only male patients. One reason for refusal to admit female patients reportedly was due to "difficulties dealing with the sex drive of these patients once inside the institution." (WHO/SPA/93.13. p.90.) Undoubtedly, this bias toward female addicts is not unique to Honduras.

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Prevention programs targeting women appear to be even more uncommon, though there are a few promising examples from the region. In Lima, Peru, CEDRO offers education and work to young women in the poorest sectors of the city where drug processing and trafficking is known to occur. They also operate legal assistance, drug prevention, and job training programs in the women's jail where 85 percent of the women have been convicted on micro-processing charges (Macias, 1994).

Women who can rely on some form of community support have been found to be most able to deal with the problems associated with substance abuse. Among crack-using women in Jamaica, Dreher and Hudgins noted that —

> One of the most important findings of this study for prevention and early intervention has to do with the role of the community...Clearly, the importance of friends, family and neighbors cannot be underestimated in a demand reduction program....intervention must target the whole community, informing relatives and friends of the signs and symptoms of crack addiction and how to respond to and assist crack users. This is particularly important given the lack of a sufficient number of treatment facilities, affordable to the population that most needs them. (1992)

Again, with respect to addressing the impact of male substance abuse on women, community support was identified as critical. The only examples reported were from Mexico — where women rallied to shut down local *pulquerias* — and Guatemala, though undoubtedly others do exist. According to Heise, the impact of alcohol abuse on families was discussed within an established Alcoholics Anonymous (AA) group in the rural Guatemalan town of San Pedro la Laguna. Following these discussions, a group of wives of AA members was formed, patterned after Al-Anon.

From this initial effort, the women in the group developed strategies — including going door to door — to recruit other women whose husbands were still drinking, and they eventually organized groups in two other neighboring communities. Success was partially attributed to AA's long history in Guatemala (twenty-three years) and its strong tradition of protecting participant confidentiality (Heise, 1994).

Among women and girls, some distinct high-risk target populations have been identified in the region, the most common being homeless and out-of-school adolescents. Although specific drug prevention and treatment programs for this population apparently do not exist, they reportedly do receive some services through programs for street children. While this more holistic approach is undoubtedly most appropriate, significant collaboration between those working with street children and

those with expertise in the area of substance abuse appears to be lacking. This also appears to hold true for the limited HIV-prevention and job-training programs targeting female prostitutes in many countries in the region.

This lack of attention to women's issues is not due to any lack of female involvement. In many countries in the region, professional women appear to occupy most of the leadership positions in the field, and are responsible for running the programs in their communities. The importance of their involvement was noted from respondents throughout the region, though some remarked that women are almost "over-represented," in other words, they are shouldering more than their share of the burden. But despite this involvement, a respondent from FUNDASALVA in San Salvador said, "The majority of the efforts...lack a clear definition of their commitment to women." (De Pilla, 1994.)

Nor does it appear that individuals who are committed to working in the area of women's health have given significant attention to the issue of substance abuse.

Letters requesting information were sent to professionals working with a number of women's organizations in the region. Many responded that they did not do any work on the issue or, in the case of the Colectivo Feminista in Sao Paulo, had some data on substance abuse but had never done any subsequent analysis (Bonciani, 1994). A few recommended that I contact organizations working on substance-abuse issue. Most of the substance-abuse professionals said that they were not aware of any work being done by the women's organizations in their communities, and some suggested that I try contacting them directly. Carmen Macias, of CEDRO in Lima, Peru, did note that while women's organizations there do not directly address the issue of substance abuse, their work to improve women's status is "very important" to drug-abuse prevention efforts (1994).

While it is somewhat discouraging to note the paucity of substance-abuse programs targeting women in the region, this number may in fact be appropriate to what is known about the issue at this time. According to Len Murrell, an epidemiologist who has conducted research on mental health and substance abuse in the region, the development of intervention programs at this stage would be "putting the cart in front of the horse," given the limited information available about women and substance abuse (1994). Whether or not this opinion is shared by those working in this area, the question remains: what next should be done to respond to the problems associated with substance abuse and women in the region?

Recommendations for the Future

The suggestions for policy makers and program designers which follow are not blueprints, but recommendations for dealing with women and substance abuse growing out of the studies to date, recommendations which emphasize research, collaboration, and cooperation:

Support additional research on women and substance abuse. These chapters have illustrated the limited availability of regional data on this topic. The near absence of qualitative behavioral research points to a clear and significant area for future research. Specifically, regional data on the correlations between substance abuse and women's changing roles, increased impoverishment, involvement in drug production and marketing, and childhood sexual abuse are sorely needed. Additional information on the social norms associated with drug use among women, particularly prescription psychotropic drugs, is important. There is also a lack of information about specific high-risk target populations, e.g., girls and women who are homeless or out of school, women who engage in prostitution, and the like.

Focus research on men too. Understanding the causes and consequences of male substance abuse, and how it relates to women's behavior, will also be important for the design of programs for both women and men. Regional information about the impact of male substance abuse, both on household economies and domestic violence, would be valuable. This is also important as a foundation for identifying the best ways to involve women in prevention and treatment strategies that target men.

Encourage dialogue between substance-abuse professionals and professionals concerned with the status and health of women. Collaboration between women's organizations and substance-abuse organizations is critical for the efficient and effective development of substance-abuse programs for women. Many women's organizations probably already have a good deal of untapped knowledge about the issue of substance abuse and its effects on women. They include many trusted and well-established health-delivery and community-support organizations in the region, as well as self-help organizations for prostitutes and organizations that work with homeless, out-of-school girls. Promoting drug awareness through these channels would give many women improved access to this information. Substance-abuse professionals who hold biases and misperceptions about the difficulty of working with women would also benefit from discussions with professionals experienced in working with diverse segments of the population of women.

Work with local and regional health providers. In light of the high levels of prescription psychotropic drug abuse among women in the region, health providers — particularly doctors — must be involved in any prevention effort attempting to address this problem. Medical colleges and physicians associations should be encouraged to focus attention on the dangers of psychotropic drug abuse. In some instance, they may require additional training to better equip them to deal with anxious or depressed patients. Health providers also have an important role to play in diagnosing substance abuse and providing referral for treatment; in some settings, they may need specific training in order to recognize this problem among women. Finally, health providers working in family planning and maternal child health should be particularly alert to the health risks associated with perinatal drug exposure so that they can provide accurate information to pregnant women.

Focus on organizing collective, community-level responses. Existing community networks, as well as strong AA networks in much of the region, can offer women the support needed to enable them to deal with the temptations of substance abuse and to confront family members who are abusing drugs. A number of examples from the region illustrate the importance of this approach and point to the importance among women of the tradition of community organizing which allows them to address problems in a collective rather than an individual manner. Given the examples provided, as well as the potential risk of domestic violence linked to confrontations over substance abuse, a collective, community-level response appears to offer women the least risk and greatest chances for success.

Address both prevention and treatment needs. Given the role of current users in introducing women to diverse substances, it is important that treatment programs not be neglected in favor of prevention efforts. Both must be supported and, ideally, their efforts must be coordinated to provide reinforcing messages and services.

Encourage the involvement of former drug users. A number of respondents from the region pointed out the value of involving former users in prevention. This may be particularly important in the delivery of messages about little known substances (e.g., crack) as well as more socially accepted substances (e.g., prescription psychotropics).

Develop an integrated approach to drug prevention and treatment. Substance abuse is a development issue and many of the factors that influence drug use and abuse are outside the realm of most prevention and treatment initiatives. Professionals working on substance-abuse issues

must be pushed to look beyond what is often a symptom of a much broader range of issues linked to the process of development issues. For example, poverty, women's changing roles, and childhood sexual abuse clearly are among the factors which affect women's drug-use behavior. In order to be successful, prevention and treatment programs will need to address the causes and consequences of substance abuse through an integrated, development-oriented approach.

Women and Substance Abuse: A Call to Action

In these three chapters, our primary purposes have been two:

(1) To stimulate discussion among and between individuals and organizations in the region who are working to combat substance abuse, on the one hand, and those working in the area of women's health, on the other, and

(2) To contribute to the development of drug-abuse prevention and treatment programs that appropriately incorporate the skills and strengths of women and, more important, are responsive to their diverse and growing needs.

The women — and the children — of the world already have waited too long for these attentions.

References

(See References at the end of Chapter Nine.)

IV

Grassroots Interventions: Community Mobilization, Students, and Special Population Groups

The empowerment of local communities, and the active involvement of aid recipients — both are key features characterizing USAID programs. This strategy means that community members are helped to identify local problems, to find solutions within the context of their own community priorities, and to undertake a major role in the decision-making process. In consequence, the community assumes ownership of and full commitment to the projects in hand. Community empowerment in drug-abuse prevention, as in health promotion and disease prevention, is a process that keeps both the control and the consequences of action within the community.

Innovative school-based approaches are required to address both risk and protective factors in culturally appropriate ways. These approaches should involve school staff, teachers, students, parents, and community members as they seek to improve student-to-school bonding.

Few hard-core drug addicts in inner-city environments seek treatment through conventional service delivery systems. For such hard-to-reach groups, a variety of low-barrier service-delivery outreach models should be designed and provided to "go where the action is" — building trust in prevention workers and making multiple health and social services more accessible.

12

Empowerment, Participation, and Prevention: Use of the Community Promoter Model in Northern Mexico

Henry Kirsch, Sally Andrade, Jorge Osterling, Liese Sherwood-Fabre, and Alma Rosa Galván

The empowerment of local communities and the promotion of participation on the part of aid recipients are key features characterizing USAID programs. This strategy seeks to involve community members in identifying problem areas, in finding solutions within the context of their community priorities, and in the decision-making process, so that they assume ownership of projects and accept full commitment to the jobs to be done. Community empowerment in drug-abuse prevention, as in health promotion and disease prevention, is a process which keeps both the control and the consequences of action within the community, and develops skills for ongoing program development after external funding and technical assistance cease.

This approach is well illustrated in the experience of the drug-abuse prevention program which the Mexican Federation of Private Associations for Health and Community Development (FEMAP) began in 1987 in five cities along the U.S. border, under a grant from USAID/Mexico.[1] From the outset FEMAP applied the proven community-health-promoter approach to this initiative. This was a grassroots effort in which FEMAP's main objectives were to increase awareness of and knowledge about substance abuse — its causes, consequences, and prevention — at all levels of the community, and to stimulate community participation and coordination among institutions and programs involved in drug-abuse

prevention and treatment on both sides of the U.S.-Mexican border.

Community volunteers are the foundation of the program. In contrast to the model which trains one member of the target group to be a promoter, FEMAP trains groups of promoters drawn from the community, with all members of the group assuming mutually-reinforcing roles. The basic principles that underlie FEMAP's methods of working with local people are local empowerment, community participation, and the involvement of program recipients in their own planning.

Over the years FEMAP's drug-abuse prevention program has organized promoters among high school students and members of youth street gangs, as well as adults and youth in high-risk neighborhoods. Community members take ownership of the program from the initial needs-assessment and planning stages, and are actively involved in decision making. Community promoters are full partners in the job of prevention. Through this process, by 1994, FEMAP had stimulated the on-going participation of hundreds of persons comprising a cadre of volunteer promoters working in communities along the northern frontier of Mexico in Tijuana, Mexicali, Ciudad Juárez, Monterrey, and Matamoros. As a result, FEMAP's program is recognized as a leader in the drug-abuse prevention field in national and international circles.

FEMAP's Volunteer Promoter Model

Active volunteer community promoters are at the heart of all of FEMAP's programs and activities. This approach identifies both formal and informal community leaders and encourages them to become health and social development promoters. The FEMAP model postulates that effective social changes are achieved when projects involve, respond to, and are accountable to the people most affected by their results. Functioning as a catalyst within his or her community, the promoter's main task is to assure that primary health care is available to people who live in economically depressed urban and rural areas. Given the promoter's in-depth knowledge of the locality, he or she can help develop programs appropriate to the population's health and medical beliefs and its level of understanding. Dealing with local people as equals, with understanding and empathy, promoters assist their neighbors in recognizing and prioritizing community health problems. Promoters consult and involve as many groups and leaders as possible in order to gain popular support.

Ongoing training is essential to FEMAP's model, requiring extensive logistical arrangements and careful design so that training techniques,

teaching materials, and content are appropriate to the promoters' educational background. Instructors relate to the promoters as equals, building on the knowledge and skills the promoters already have. For some instructors, it can be a challenge to speak in the colorful language of the promoters, some of whom have only an elementary school education. Experienced community promoters with appropriate education and supervised experience eventually can become good trainers themselves.

Volunteer promoters are from the same area in which they work and live. They share the cultural and social background of those with whom they work, including more or less the same amount of formal education, and thus also share their values, beliefs, and customs. They dress, act, and speak as others do. As a result, they can successfully adapt prevention programs to their communities' customs, problems, needs, and resources.

FEMAP has learned that volunteer promoters must be given sufficient backup and incentives if they are to maintain their collaboration. Volunteers are to be treated well and wisely. It is important to learn their strengths and weaknesses, and to provide them with the training opportunities, the supplies, and the resources they need to do their jobs. And their work should be publicly recognized. The development of an expenses-reimbursement system soon became a critical program need. FEMAP's volunteer promoters, especially adolescents belonging to low-income families, could not afford the expenses incurred while promoting

FEMAP's various projects and programs. An allowance for meals and incidental expenses had to be implemented.

Promoters are an essential element of FEMAP's organizational structure. As a decentralized alliance of non-profit, private voluntary organizations, FEMAP operates with a small staff. The Community Programs Office organizes and supports all volunteer activities. Each staff social worker supervises several volunteer coordinators, and each of these is expected to oversee many promoters. Each promoter works with up to 40 families.[2]

Project Strategy and Implementation

To achieve FEMAP's long-term objectives — to increase community awareness and mobilize popular support in the struggle against drug use — several supplementary ventures have been developed and implemented among at-risk community groups in the Ciudad Juárez Metropolitan Area. Projects have included workers in the *maquila* industry,[3] students, and *barrio* teenagers. Programs have also been carried out in schools located in high-risk communities, with the development of educational materials and methods as important components of all these activities. A telephone hotline provides a 24-hour counseling service.

FEMAP's prevention project includes the use of activities tailored to the diverse age and interest groups of its target population, as well as their beliefs, predilections, and values. Activities may include sports events, neighborhood clean-up campaigns, excursions, parties, and artistic workshops. But FEMAP has learned that activities for *low*-risk population groups take its limited resources away from programs targeted to *high*-risk populations.

The first step in the creation of a drug-abuse prevention program involves a series of interviews with both formal and informal community leaders. Using a semi-structured method, FEMAP staffers interview three or four individuals simultaneously in a group setting. These key informants are given a great deal of freedom to talk about issues that are important to them. These consultations achieve multiple purposes. Often, they are the first systematic attempt to obtain some understanding of drug problems in a given area. Bringing together a small group of leaders to discuss the drug issue helps identify perceptions of existing drug use while raising the level of consciousness of the drug problem. Community leaders are asked what steps should be taken to solve their *local* drug problem, what they may have done already, and whether they are willing

to participate in a prevention effort. Program organizers use these interviews to begin to mobilize the community and to recruit adult and youth volunteer promoters.

Many successful prevention programs use role models and community leaders who share their knowledge about the dangers of high-risk behaviors. These trusted persons also suggest steps and behavioral changes required to diminish or eliminate high-risk behaviors and reassure their target audiences about their recommendations.

Development of Educational Materials and Methods

FEMAP developed a variety of messages and media intended to be used as part of a package of materials about its various programs and activities. Each piece reinforces the others. Their overall purpose is to provide information on alcohol and drugs that in the long run will persuade people not to consume these substances. Particular activities, including sports and pantomime theater, address specific social and psychological needs by offering challenging yet attainable alternatives for self development.

Messages and media are age-specific and designed to fit the characteristics of different audiences. Messages directed at children use puppets, flip charts, videos and pictures to tell a story. For example, programs aimed at 3-to-6 year olds (i.e., pre-school and the younger elementary school children) are developed around "The Mysterious Leaf" story.[4] Older children (7-to-9 year olds) are told the story of "The Little Mouse Named Kio,"[5] and those between 10 and 13 hear "The Great Lesson."[6]

Program flexibility is one of the characteristics common to all of FEMAP's educational materials. Prevention programs are presented to different types of audiences at various types of facilities. Audiences targeted by FEMAP include *maquila* workers, students from kindergarten to senior high school, and youth gang members. Program settings range from conventional classroom environments to busy shopping malls and public parks. Other activities include theater presentations, rock music concerts, parade floats, university information booths, and city-wide drawing contests.

FEMAP's programs also include educational strategies which target parents. With an adult audience, prevention programs focus on causes of drug experimentation and use, different types of drugs, how they are used, and ways to help children avoid drug experimentation. Outreach programs use posters, handouts, videos and slides.

A helpful tool has been a booklet entitled *Preventing my Child from Using Drugs.*[7] It suggests a number of skills to help parents protect their children against alcohol and drug experimentation, such as the building of strong family bonds — e.g., listening to a child's feelings and concerns, helping children to feel good about themselves, helping children develop strong values. The leaflet also provides information about accessible drugs, and gives advice on how to cope with hypothetical situations in which parents speculate that their children may be using drugs.

FEMAP's Artistic Expression Workshops, TEA (*Taller en Expresión Artística*), have become a valuable tool in working with larger audiences. TEAs target diverse groups of adults or children, gathered at a school, park, shopping mall or in neighborhood locales. Multipurpose, flexible prevention tools, TEAs begin with an educational presentation using flip charts, puppet shows, story-telling, or slides. Once the presentation is over, the promoters provide members of the audience with paper and crayons and invite them to make drawings related to the subject of substance abuse and prevention. A short exchange among children and adults follows, guided by the promoters. Finally, the session is wrapped up and closes with a song.

Youth Street Gangs

One of the organization's most creative drug-abuse prevention techniques was to approach those teenage gang-members (*pandillas)* who did not or could not come to a health center near their own corners and hangouts. The size of the gangs ranged from eighteen to fifty young people. FEMAP designed and carried out this program in the city's high-risk *barrios*. FEMAP staff knew that in order to work effectively with gang youth, promoters had to understand their specific culture and way of life, and a small number of streetwise outreach workers were assigned to this task.

During the first stage, social workers searched for available information about city gangs in Ciudad Juárez. This exploratory work gave the outreach workers insight into particular values upon which to structure their intervention. They decided to build their program on the concepts of *barrio* pride and the protection of younger siblings, salient aspects of *cholo* culture. Knowing this, a FEMAP social worker went into the streets to contact gang members and explain the project. Initial efforts concentrated on developing rapport with the gang members. From the beginning, outreach workers were forthright about their professional activities. This

honesty helped them to become recognized and accepted members of the gang members' social group.

After five or six meetings between the gang and a project worker, gang members were asked to brainstorm about strategies that could be used in their *barrio* for drug-abuse prevention purposes. At this stage, FEMAP personnel also selected several gang members as trainees, to become future community promoters; the rationale behind selecting more than one gang member is mutual reinforcement. Positive peer influence provides an effective means of demonstrating healthy, drug-free lifestyles, and of changing the perception of alcohol and drug use from acceptable to deviant.

Next, an informal, flexible training program was planned and set in motion. Gang members helped to plan the content and organization of their own training. Training was designed to fit the *barrio's* special circumstances and requirements, and also took into consideration its members' experiences and needs. Social workers trained promoters in the concepts of drug-abuse prevention and in the use of FEMAP educational materials.

Using this strategy, during the first two years of field work, FEMAP contacted gangs operating in 149 different *barrios*. Some 120 gang members were trained as community promoters to work in their neighborhoods. An additional thirty, who had succeeded in abstaining from drugs, were trained as monitors (i.e., supervisors). Monitors were to provide gang drug users with moral support, counseling, and referral. Both community promoters and monitors received a FEMAP diploma acknowledging their promoter status. For many, this was the first "official" recognition they had ever received, and it boosted their self-confidence and self-esteem.

Basketball — A Place on the Team

In December 1990, using a group of university students, a clinical psychologist working for FEMAP launched a project to monitor peer influence and reduce problem behavior among at-risk gang members. With the assistance of a social worker, thirty-three gang members, with disruptive behavioral patterns, ages ranging from 14 to 23, were identified. The project's purposes were, first, to keep gang members away from drugs through positive reinforcement techniques based on their enthusiasm for basketball, and second, to train these adolescents as promoters.

The FEMAP team hypothesized that intense peer pressure played an

active role in encouraging disruptive social behavior. Since basketball was among the most important things in the gang members' lives, FEMAP attempted to channel peer pressure so as to reinforce desirable behavior. Playing basketball became a form of acceptable behavior. A place on the team gave these youngsters a feeling of belonging while helping them to strengthen their friendships.

Strings were attached. In order to become a member of the basketball team, a gang member had to sign a contractual agreement with his team by which he committed himself to maintaining high behavioral standards in seven different areas. These were —

(1) To use no drugs;
(2) To avoid police problems;
(3) To develop good communication patterns with relatives, friends and new acquaintances;
(4) To work or study;
(5) To set clear life objectives and follow them;
(6) To peacefully acknowledge other gangs; and
(7) To refrain from painting damaging graffiti in public areas.

FEMAP initially organized a basketball team — which they called team "B" — among those gang members interested in making significant changes in their lives. Over subsequent months, team members who did achieve important changes in their lives formed a second team — team

"A." Both teams practiced at least three times a week under the guidance of a professional coach, and they also participated in various tournaments and leagues.

Every week FEMAP staff evaluated behavioral changes in each participating gang member. Only those who registered positive behaviors were allowed to play. And should a member of team "A" relapse into antisocial behavior, he was demoted to team "B."

Working during a twelve-month period under the supervision of the clinical psychologist, the university students monitored the behavioral patterns of twenty gang members in four of the seven categories. Important positive changes occurred:

EXHIBIT 1
Results of the Basketball Behavioral Change Program

Drug use:
Prior to the project, seven had consumed drugs two or three times per week; at the end of the project, six of the seven had stopped using drugs.

Police problems:
Prior to the project, eight had recurrent police problems. A year later, none had experienced police problems.

Good communication patterns with relatives, friends, and new acquaintances:
Prior to the project, eleven members had various types of communication problems. Twelve months later, three had overcome this problem, while eight had registered minor relapses.

Work or study:
Prior to the project, eleven members had neither worked nor studied. During the project, seven members (63 percent) found jobs or began attending classes, while the remaining four members were actively looking for jobs.

Outreach Activities: Gang Members as Community Promoters

Once they receive their training and certification, gang members trained as volunteer community promoters carry out various prevention programs in schools and neighborhoods. Gang members also serve as monitors, maintaining one-to-one contacts with addicted acquaintances, counseling them, and referring them to specialized care facilities.

Drawing upon the gang members' intense feelings of *barrio* pride, FEMAP's staff originated and launched a neighborhood drug-abuse prevention program. Since these adolescents are often the older siblings and principal caretakers of younger children, they are frequently role models for the children. Using gang members as school and *barrio* promoters brought out the finest feelings and commitments from these youths. Talking to school and *barrio* audiences, gang members began acknowledging that using drugs was not a good idea, and that a drug-free environment was a good environment in which to grow.

Gang members were instrumental in the organization of city-wide mural design and painting contests (*pinta de bardas*). Gang members' commonly use graffiti and public wall spaces for group expression or to delimit gang territory; FEMAP staff decided to use this negative "graffiti energy" as a channel through which to spread drug-abuse prevention messages. Gangs were encouraged to develop designs for their own *barrios.* Their designs incorporated images and lettering from the *cholo* culture with messages about drug-abuse prevention. Neighbors authorized the painting of their walls. Merchants donated paint and materials. Gang members ultimately drew and painted their works of art on *barrio* walls, and the best mural received a prize. A serendipitous finding was that months after the competition took place, gang members continued to protect the various works of street art. (See Chapter Nineteen for additional information on graffiti programs.)

Drug-abuse Prevention in the Workplace

Approximately 2,000 foreign-owned assembly plants, the *maquiladoras,* operate in Mexico and provide employment to more than 500,000 workers. Of these factories, 85 percent are located in northern Mexican cities along the U.S. border. Most of the workers are young single persons, 16 to 24 years old with an average of eight years of formal education, and women account for approximately 60 percent of all *maquiladora* workers.

In the early 1980s, FEMAP and the management of a number of *maquila* industries met to discuss management's concern about increasing rates of absenteeism and turnover among its workers. FEMAP was hired by various firms to carry out a broad range of health and prevention programs in their factories, and FEMAP successfully adapted its volunteer promoter model to the *maquila* environment. Working as part of the managerial team, FEMAP personnel conducted a number of surveys

EXHIBIT 2
Impact of a Twelve-Month Workplace Intervention

Drug Use During the Past Thirty Days:
Drug use was reduced from 5 percent to 3 percent.
Alcohol consumption, two or more days per week, was reduced from 20 percent to 7.6 percent.

Absenteeism and Worker Turnover:
The monthly average of 6.6 percent absenteeism was reduced to 3.9.
Worker turnover was reduced from 11.4 percent to 3.9.

Sick Leave and Reported Illness During the Past Thirty Days:
Sick leave among workers decreased from 19 percent to 12 percent.
Reported illness decreased from 37 percent to 29 percent.

Productivity:
Monthly output increased by 28 percent.

Economic Impact:
Savings due to reduced absenteeism and turnover: U.S. $2.4 million.
Increased income: U.S. $3.3 million.

among the workers. They looked at each plant's current situation in order to define its overall health and drug-related problems; to assess existing policies and programs; and to determine whether their problems were symptoms of larger, more fundamental issues. Data were collected with respect to the way each factory used its capacity; its workers' backgrounds; and its rates of absenteeism, job hopping, and low productivity.

After reviewing the data with management, FEMAP staff worked to plan and develop an overall intervention strategy based on survey results. A number of community participation programs were designed and carried out, including programs in health and preventive medicine, family planning, career counseling (i.e., *programa para el desarrollo del potencial humano)*, human resources and interpersonal relations, and substance-abuse prevention.

After identifying and training volunteer promoters from among the maquiladora workers, FEMAP initiated a number of prevention activities in various factories. Action plans were prepared at the floor, workers', supervisorial, and managerial levels. Programs within each plant were broken down into stages. The first stage included information and group education (situational and technical) about substance abuse. The second

stage included educational activities, poster competitions, sports events, and other activities. FEMAP then organized workers into "Participatory Circles" (similar to "quality circles") of about 15 workers each. These circles helped bridge the gap between management and workers. They empowered workers by providing them with opportunities to identify common concerns, find solutions, discuss priorities, clarify values, and initiate efforts to improve working conditions and their own lifestyles, particularly with respect to reduced alcohol and drug consumption.

The following table highlights the 1991 achievements of a twelve-month pilot intervention at a *maquila* plant. This program improved workers' morale at the same time that it reduced absenteeism and sick-leave rates — saving management approximately $2.4 million through reduced absenteeism and worker turnover and increasing income by $3.3 million through productivity increases. (For a related discussion of the transfer of drug-abuse prevention technology in the workplace to FEMAP affiliates, see Chapter Eight.)

Working with Schools

This program concentrates its prevention efforts on schools located in high-risk communities where there are direct linkages between students and school officials, during and after normal school hours. FEMAP promoters make school presentations using the Artistic Expression Workshop (TEA) technique. Promoters also encourage students to "say no" to strangers or other children who offer them unsolicited items, including drugs.

A FEMAP coordinator usually initiates a school activity by requesting an appointment with the school principal. In that meeting, the project's goals and objectives are explained. If the principal agrees, FEMAP promoters will visit the school to make presentations to both students and parents. Those parents who express interest are encouraged to become parent drug-abuse prevention promoters. Eventually, students of all ages are trained as promoters. After being trained in substance-abuse prevention issues, these children share what they have learned with their peers.

Students are encouraged to organize substance-abuse prevention clubs or committees, in order to raise the level of student awareness and to teach them about prevention. Parents who trained as adult promoters serve as advisers to the student clubs and student promoters. Meeting under a promoter's guidance, students are encouraged to master the TEA technique to enable them to organize future presentations.

The project is welcomed in schools of all types and levels, and serves multiple purposes. It becomes the basis of drug-abuse prevention in the community. And student promoters heighten awareness about drug-abuse prevention issues among their peers and become role models for younger children.

Working with Families

The National System for Family Development (DIF) is a public social service organization which operates throughout Mexico, directed at each level by the wife of a key elected official. The national DIF, for example, is headed by the wife of the President of Mexico. Thus, the mayor's wife in Monterrey serves as the head of DIF in that city. In 1989, because of her concern about the growing substance-abuse problems of young people in her state, Mrs. Alma Elisa Reyes de Rizzo, then wife of the mayor of Monterrey, invited FEMAP in Ciudad Juárez to help DIF/ Monterrey begin a drug-abuse prevention program there. FEMAP was thus able to establish a partnership with a key social service organization to undertake drug-abuse prevention activities. FEMAP staff trained DIF personnel to design and begin a drug-abuse education and prevention program. With access to the DIF community-based organization, social workers, and facilities, FEMAP and the DIF administrators quickly expanded their efforts throughout the city. After the program had been established, Mrs. Rizzo's husband was elected governor of the State of Nuevo León, and the program expanded into other municipalities in the state.

The FEMAP/DIF partnership permitted the development of a major prevention initiative in the State of Nuevo León. While working at the community level, DIF secured the active involvement of a broad range of state agencies, churches, civic organizations, businesses, and mass media. It adapted FEMAP's volunteer promoter program to the specific needs and opportunities of Monterrey. Youth gangs were not perceived to be as critical an issue in Monterrey, the state's capital, as in other northern cities, but DIF community promoters were used in school programs and community mobilization efforts in a number of high-risk *colonias* beset by drug abuse and trafficking, violence and crime.

During 1990 and 1991, school programs were one-day affairs which employed the methods learned from FEMAP. During 1992 and 1993, NAE staff worked with selected DIF staff to help them design and implement a comprehensive school-based program involving youth

leaders, teachers, and school administrators who would work with the staff over a period of months to mount the program in each institution. Under this program youth leaders were trained to work with their peers (12-17 years of age) in developing and carrying out specific activities designed to prevent drug use. The pilot program was introduced in ten schools in Monterrey in September 1992. With technical assistance from the NAE Project, DIF evaluated the results of the pilot program. Indicators of program performance revealed that program objectives were being met with regard to increasing knowledge regarding the risks of drug abuse, and strengthening communication, social, and refusal skills of the young people who participated. Using evaluation findings, the DIF/ Nuevo León staff found ways to strengthen the program for 1993 and 1994 through modifications that provided more opportunities for parent involvement and more extensive training for student peer volunteers.

DIF has sought to integrate community concerns into drug-abuse prevention activities. Community improvement committees (*juntas de mejoras*) suggested planting trees and cleaning up their neighborhoods, particularly the empty lots, strewn with junk, which otherwise could serve as playgrounds and soccer fields. In response DIF organized "Environmental Cleanup Brigades" of promoters and community volunteers in at-risk neighborhoods throughout Monterrey. DIF enlisted the support of the Department of Urban Development and Ecology, which donated trees and provided other forms of support as well. From these efforts lasting partnerships were formed. Follow-up activities included soccer competitions, music festivals, kite flying contests, children's festivals, Mother's Day celebrations, neighborhood parties, and the like. All of these activities incorporated drug-abuse prevention messages and FEMAP TEAs, puppet shows, and other educational material.

Soccer was one of the most popular activities for the entire community. Teams were formed within neighborhoods, and competitions were held at various levels: neighborhood, *colonia*, and inter-community. State agencies, civic organizations, churches and local businesses supported their teams through direct involvement or through donations of uniforms, sports equipment, and trophies. Girls organized cheer-leader groups for which parents put together inexpensive but colorful uniforms. These events were preceded by intense practice and preparation. Community pride rose as DIF assured ample media coverage.

During each public event, drug-abuse prevention drawing contests were held for children and adolescents. The winning drawings were used in mural painting campaigns. This medium proved so popular with youth

that 137 murals were painted on public and private walls throughout Monterrey over a three-year period. Community involvement was intense in all of these initiatives, and served to expand DIF's base of community promoters and volunteers.

During the first year of operation DIF was able to recruit and train 187 community promoters. By mid-1993, this volunteer cadre had increased to 312. Volunteer involvement with DIF's drug-abuse prevention neighborhood activities rose from 2,000 persons by early 1991 to almost 8,900 participants by mid-1993.

Conclusions

FEMAP's use of volunteer promoters at the grassroots level clearly mobilized communities to take responsibility for initiating meaningful drug-abuse prevention activities in their neighborhoods and schools. Evaluations conducted throughout 1993 confirmed that a critical component of these efforts is the continuous involvement of community members from the outset in defining the specific course of action which will be taken, and in adapting existing programs whenever possible to the needs, interests and priorities of each community, as well as designing new initiatives when appropriate.

FEMAP's experience also confirms operational lessons identified in different contexts in both developed and developing countries:

• *Know your community*. Understanding the target population and its community is a key ingredient to program success. Conducting needs assessments which involve the community builds such understanding as it creates awareness and initiates the mobilization effort.

• *Put first things first*. Be aware that drug-abuse prevention is not likely to be the first concern of high-risk communities. Necessities (e.g., physical safety, sanitation, primary health care, housing, employment, food, clothing) must be addressed before a neighborhood can respond to a prevention message. Effective programs train their staffs to assess these basic but often unarticulated needs of target communities.

• *Reach out, and be accessible*. High-risk and hard-to-reach groups (e.g., street gangs, school dropouts) are not easily enticed into a prevention program. Effective programs often use aggressive outreach strategies. They also attempt to locate their programs in settings which are easily accessible and culturally appropriate to target groups. Program staff and volunteers present their services in culturally appropriate ways, based on an understanding of the target groups, their culture, and the

communities in which they live. They never fail to ask target groups what *the groups themselves* want before setting up the programs.

• *Be culturally sensitive*. To be effective, programs must be accepted. Staff and volunteers of effective programs know that what works for one group will not necessarily work for other groups. Prevention promoters need to be especially attentive to the social and cultural values, beliefs, practices, and social environments of different target groups.

Working in partnership with neighborhood groups and leaders, FEMAP continues to develop volunteer promoters who both learn from and teach their communities how to create healthier futures for children and youth.

Notes

1. FEMAP began in 1973. Mrs. Guadalupe Arizpe de de la Vega, a psychologist and the wife of a prominent Ciudad Juárez industrialist, became aware of the need for family planning information for the city's population. FEMAP began as a program to provide women — primarily poor women — with this information through volunteer promoters recruited from these areas. FEMAP has expanded its programs to respond to a broad range of health and social problems faced by the families which it serves. The organization now includes a maternity hospital in Ciudad Juárez, a clean-environment program, a community doctors program, a nutrition and family vegetable garden program, an AIDs-prevention program, a youth activities program, and a micro-enterprise and community banks program, as well as the drug-abuse prevention program. By 1992, FEMAP's affiliates had operated programs in ninety-five Mexican cities and had enrolled over 3,000 volunteer community promoters.
2. Cf. De la Vega, Guadalupe Arizpe de, and José Enrique Suárez Toriello. El Modelo FEMAP: Un Ejemplo de Participación Comunitaria. Ciudad Juárez: FEMAP, 1991. pp.120-121.
3. In 1961 the Mexican Government launched its National Border Program, supplemented in 1965 by the Assembly Program, better known as the Border Industrialization Program. Since then, hundreds of industrial plants, known as maquiladoras, labor-intensive industries processing products destined for U.S. markets, have sprung up.
4. A worm called Gusi is collecting leaves for the family meal. He finds an unknown plant. Should he taste it?
5. Kio, a mouse reared in a dysfunctional family, is befriended by a neighbor with a special plant. When he smells the plant, Kio temporarily forgets his problems but eventually gets sick. Finally, Kio discusses his problems with his family and together they resolve to change.
6. A fairy talks to a group of children about a land controlled by a witch and evil spirits. Each evil spirit represents a different drug. The fairy encourages kids not to fall under the spell of the witch and the evil spirits.
7. Federación Mexicana de Asociaciones Privadas de Planificación Familiar, A.C. (FEMAP). Cómo prevenir a mi hijo del uso de drogas. Programa Piloto de Prevención de Uso y Abuso de Drogas. Ciudad Juárez: FEMAP.

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Is the Message *Just Say No to Drugs* or *Say Yes to Life?* A Drug-Abuse Prevention Curriculum for Bolivian High School Students[1]

Jorge Osterling

The LaPaz-based *Centro Educativo Sobre Estupefacientes* (CESE), a Bolivian USAID-assisted private voluntary organization, has developed a number of educational materials and carried out various innovative prevention programs during the past decade. Established in 1983,[2] CESE has sought to empower and involve school teachers, students, and community members in identifying local problems and finding adequate, locally suitable solutions. Helping high school students conceive and develop their own life plans — *Proyecto de Vida* — is the main core of CESE's educational approach. CESE works to create a school climate that supports the social and emotional needs of students. Using an affective and student-centered educational approach, CESE channels youthful energy in positive directions. Simultaneously the program works to improve the self-esteem, decision-making skills, and communication skills of young people, and to clarify youthful values, while teachers stimulate the participation of their students through discussions, brainstorming sessions, or role playing.

One of CESE's goals has been to free schools from drugs through programs which target specific risk and protective factors, such as external loci of control or poor bonding to school. In pursuing that goal, CESE has worked to design and implement a comprehensive drug-abuse

prevention curriculum tailored to accommodate local Bolivian conditions. CESE's programs focus on training students in the use of effective decision-making analysis, and stress the importance of *active* student involvement. CESE's pedagogical model uses the student-centered class approach extensively; procedures enable students to exercise autonomy, make their own decisions, and apply to social interactions the knowledge and skills they acquire. Teachers are encouraged to move from the conventional teaching approach, where the teacher transmits information to the students, to an interactive, two-way communication mode.

How to create increased drug-problem awareness among senior Bolivian officials was an early challenge. CESE felt that to build consensus at that level, a number of reinforcing activities, using different channels, had to be carried out. These included lobbying, well-publicized workshops, the production of books, and the publication of CESE's periodical, *APUNTES*. As a result, by 1991 the Bolivian Ministry of Education had adopted CESE's educational materials for use throughout the school system.[3]

Finding the Problems, Devising the Solutions

Drug-abuse prevention curricula must be sensitive to the specific needs of the local school and community in terms of cultural appropriateness and local substance-abuse problems. An important turning point in CESE's prevention strategy was an early exploratory study on Bolivian drug abuse carried out in an attempt to estimate the nature and extent of the problem. The study was carried out in LaPaz in 1977 by Laura Baldivieso among a group of 228 high school students. A second study, conducted by CESE during the years 1987 to 1992, worked with a sample of six hundred individuals, mostly students, half of whom were alcohol and other drug consumers. The results reaffirmed the importance of assisting teenagers in conceiving and developing their own life plans while giving CESE's professional staff some valuable insights about the status and nature of the drug problem among Bolivian youth.

Making use of a semi-structured method, a series of questions were asked of all the informants, who were given a great deal of freedom to talk about issues that were important to them. According to CESE, the findings indicated that Bolivian drug users grow up in large, dysfunctional families. Inadequate parenting; family disorganization; high levels of family conflict, stress or violence; and parental absenteeism due to separation, divorce, or death emerged as risk factors. It appeared that

many of the drug users had grown up in poverty, with parents ill-equipped to nurture them.

CESE found that in Bolivia drug consumption was higher in the 17-to-19 age group, in which youth are either senior high school students, or university freshmen, or new to the work force. Among drug users, male students outnumbered female students, especially males who had switched schools more than three times during the past twelve years. Drug users frequently had flunked two or three courses. And consumption was found to be higher among school dropouts.

Building Student Understanding and Capability

Inspired by the *locus of control* model and using a *participatory pedagogical* approach, CESE's main educational objective is to help release the yet-to-be-developed individual and communal strengths and capabilities in the student community. CESE recommends early presentation of drug facts in a form appropriate to the student's age, experience, and the total environment in which Bolivian students function.

CESE's model continuously reassures students of their personal worth and their intrinsic power to achieve higher goals in life. Particular emphasis is given to the fact that adolescence is a *normal transitional stage of life* with its own characteristics and special needs. CESE's drug prevention curricula rely heavily on open, two-way communication opportunities among all the parties. An important element of this process is continuous feedback. And students frequently are given group assignments.

CESE's approach underscores the importance of an instructional system characterized by these features:

- A teacher/promoter who shares his knowledge with his students, aiming for precise and useful goals and objectives;
- Student/learners, who — as recipients of the teacher's messages — initiate, develop, and carry out a number of different projects and activities;
- Feedback/reinforcement, when the teacher/promoter and the student/learner review and clarify the outcome of each educational unit.

Based on survey results, CESE's staff developed educational materials targeted at teenagers and tailored to Bolivia's sociocultural patterns. *Quiero Llegar a Ser Alguién* (I Want To Become Somebody), for

example, is the title of a four-volume comprehensive series of teacher handbooks published by CESE. The series includes a technical reference volume[4] and three teacher guides. Shortly after it was issued, schools in the United States, Colombia, Chile, and Gabon began to request the series.[5]

CESE has suggested various educational stratagems to use in presenting prevention curricula: brainstorming, assorted group activities, experience sharing, and discovery learning, for example. The adaptation of these methods for use in typical Bolivian schools and the use of available media have been among CESE's contributions to prevention. In addition to teacher lectures, appropriate photos, charts, brochures, and newspapers are used extensively, and the instructional techniques make use of human and material resources readily available to students.

According to CESE, it is not enough to help students understand how to deal with drug-related problems. Drug awareness and prevention programs must deal with broader issues; they must associate the basic "no use" message with a strong "say yes to life" approach. Among teenagers, strengthening decision-making skills is an important element in prevention curricula, especially since drug use is usually the effect or an indicator of complex personal and social problems.

CESE prevention programs encourage spontaneous, active participation on the part of students, both in the classroom and in extracurricular activities. Teachers are challenged to develop an environment of self respect, friendship, loyalty, and trust among their students, and keeping the teacher-student communication channels open becomes one of the most essential strategies. Teachers are *promoters* in the CESE model; they simultaneously play multiple roles as advisers, facilitators, and instructors. Supervised study and discussion groups are a critical element of CESE's prevention curricula. After a brief presentation, classes are often divided into small groups of six to eight students, and each group is assigned a specific task.

During the program's first year, students are helped to understand and deal with the numerous changes — physical and psychological — which they experience as adolescents. The first drug-use prevention lesson for high school students underscores the beginnings of adolescence and its changes. Group members are requested to recall and discuss the activities, ideas, and feelings that were common among them when they were 6 to 9 years old, and to compare those activities, ideas, and feelings with their current attitudes. After twenty minutes, all groups are brought together and a general synthesis is made. This is supplemented by reading

about and analyzing a day in the life of a teenager who works as a shoe shiner during the day and goes to school at night.[6] In a series of twenty-three modules, students are guided through a variety of projects and activities designed to help them make a full assessment of their own lives. The first year closes with presentations about the most prevalent substances consumed in Bolivia, and invites students to adopt a no-use commitment.

During the second year — in junior high school — students are helped to take responsibility for the decisions they will have to make in life. Through thirty-one educational modules, they are challenged to become responsible adults, choosing their major goals and objectives in life, and guiding their lives by sound principles.

In the final year, through twenty-seven educational modules, the program looks at an in-depth analysis of the meaning of friendship. The development of this theme leads the program to activities that help students learn how to distinguish between good and bad friends, how to handle peer pressure and manipulation, and the consequences of bending rules or taking illegal short cuts. The meaning of responsibility and the concept of family are also analyzed, using various activities, and each student is invited to create and develop a life plan inspired by the principles of love, justice, and liberty.

CESE's approach is based on the premise that schools must assist students in identifying options for shaping an enjoyable and rewarding life through the proper use of freedom and responsibility. It includes a number of lectures on drug-related issues, associated with activities and exercises aimed at developing an ability to make thoughtful decisions. Experience has shown CESE staff that pep talks aimed at producing fast results do not generate enduring behaviors; such an approach leads to superficial and ephemeral results. It takes more time, persistence, and effort to teach behavioral skills than to impart factual knowledge.

Educational systems must train their students how to make appropriate use of their freedom. Boosting the students' morale, self-confidence, and self-esteem is critical in this drug-abuse prevention process, and requires training exercises for choosing among various alternatives and options. Such an approach also prepares students to accept the consequences of their own decisions. Errors and mistakes are part of the learning process; by identifying and correcting them, the student learns how to reorient his or her life, and ultimately grows.

CESE's prevention programs also describe the available support resources. This is particularly important since, sooner or later, high

school students are exposed to people who use drugs and pressure them to do so. Programs make students aware of support services and how they function; students also learn that professional help is available. Halfway through their first-year program, in fact, students are lectured on mental health, especially stress and psychosomatic disorders. The intent is to highlight the interrelationships between the mind or the emotions and the body.

Students are organized into small groups and each group is asked to visit and interview a physician from a different specialty (e.g., a psychiatrist, a dermatologist, a urologist). The purpose of this exercise is to give students an opportunity to meet various types of physicians and learn something about stress and the psychosomatic disorders common to teenagers. The interviews increase their knowledge of physiology and the effects of drugs on the circulatory, respiratory, nervous, and reproductive systems. Students and physicians are asked to talk about symptoms and about alternative ways of coping with stress.

After the interviews, as part of an overall examination of stress prevention, students and teachers look at why some people undergoing stress begin to use drugs and alcohol, and the effects of these drugs on mind and body.

Looking at All Kinds of Drugs

Among the common components of drug-abuse prevention curricula is information about drugs of all types, including the use of licit prescription and nonprescription drugs, why they are used, and who should or should not administer them. The point is to make it clear that when we speak of drugs, we are talking about four types of substances: alcoholic beverages; tobacco products; licit drugs that tend to be abused; as well as such illicit drugs as marijuana, cocaine, and inhalants.

The CESE model makes extensive use of the participatory teaching approach when dealing with this issue. After the teacher's presentation, students are divided into small groups, each of which is assigned to carry out bibliographic research and jointly write a paper. Papers are then presented to the class, are debated, and a conclusion is reached. Themes vary according to the lectures. For example, at the beginning of the section presenting the various drugs available in Bolivia, students are requested to focus on what drugs are and their effects on the central nervous system (e.g., mood, perception, or consciousness). Another session deals with the effects that drugs have on social interaction.

Student groups are urged to research narcotrafficking, money laundering, and the ways in which drugs affect families and society as a whole. Later in the program, the same group of students is asked to research and write short papers about the physical and psychological effects of the most popular drugs. These may include, for example:

Stimulants (e.g., amphetamines, caffeine, and cocaine);
Sedatives (e.g., alcohol, anti-anxiety tranquilizers, barbiturates, and inhalants);
Tobacco (e.g., nicotine);
Narcotics (e.g., codeine, heroin, morphine, and opium);
Hallucinogens (e.g., LSD and mescaline); and
Cannabis (e.g., hashish and marijuana).

Going Beyond Drugs

Building a personal life plan is the overall theme of CESE's curriculum. The class is led into a discussion of alternative ways to cope with the various challenges of life. The topics of adulthood, personal principles, successes and failures in life, life goals and means are presented, developed, and further discussed by groups of students.

As part of the development of each student's life plan, the program includes a comprehensive section on choosing and prioritizing options. One subject that is raised is what others may expect of one. CESE recommends that teachers ask classmates, especially close friends, to exchange letters about the perceptions and expectations that each has of the other. Previously, the teacher has asked the parents or another teacher to write a similar letter about the expectations that they have for the student. The class then compares the letters. The session ends with an invitation to each student to make a comprehensive assessment of who he is, how he is perceived within his family and friendship circles, and how he can improve.

The thrust of the second-year curricula is to help students discover the importance and value of each of their decisions and actions. Using different methods (e.g., short stories, improvised pantomime presentations, letters), groups of students are constantly induced to undergo self-assessment. This leads to a look at the most suitable and realistic means of achieving goals in life, and whether one can maximize the chances of attaining those goals through planning. This topic in turn brings up the use of illegal means, including criminal behavior and the use of drugs.

Supervised extracurricular activities in "real-life" situations are valuable as training exercises, especially for high school students, and CESE recommends a number of such activities in their final two years. Field trips to hospitals and shelters, interviews with or guest presentations from social workers or physicians, and class-wide research assignments are valuable exercises. After preparing an interview agenda, groups of students may be asked to visit a halfway house or a juvenile prison to learn more about the causes and consequences of juvenile delinquency. Following each interview, students are asked to analyze what they have learned and to decide what led these juveniles into antisocial behavior, what their options were, and what could have been done to avoid trouble. After presenting the cases to the class, the same groups meet again with those whom they had interviewed, in order to seek their opinions about the accuracy of the students' analysis and the options the students had suggested. Finally, a second wrap-up session takes place.

Genuine friendship, responsibility, authentic values, and the meaning of life are some of the themes reviewed in the later modules. In periods of uncertainty or misunderstanding, teenagers have to cope with different and sometimes conflicting pressures from family and friends. Asking how teenagers can deal with these pressures leads CESE to raise the issues of how to cultivate friendships, and how to determine which relationships are good, which are bad. In considering how society functions and the role that peer pressure plays as an element of social control, each student may be asked to report a specific instance in which he or she has had recourse to blackmail, or extortion, or manipulation in order to achieve an objective (e.g., brownnosing, or maintaining silence for fear of reprisal, or condoning alcohol consumption or drug use while attending a social event).

CESE curricula encourage active parental involvement in drug-abuse prevention programs, and strengthening the bond between a student and his father is one of CESE's objectives. In Bolivia this is particularly important, since the mother is often perceived to be the sole responsible adult in a child's upbringing. As part of their prevention coursework, teachers ask their high school students to reflect on the roles that their own fathers play in their lives, and the nature and quality of their relationships. Concurrently, the teacher calls a fathers-only meeting (i.e., for natural, adoptive, or stepfathers, but not for mothers), and tells them what he has asked their children to do. Students and fathers are asked to exchange letters describing their relationships and the expectations each has for the other, and the teacher keeps a copy of each of his students' two letters.

This is followed by a wrap-up session in which students analyze how mature families function, and the relationships that adult children and their mothers and fathers are expected to have. In some instances, should the need arise, CESE advises teachers to hold a confidential conversation with fathers who either misunderstand their parental roles or have developed a conflictive relationship with their children.

Summing Up

Over the past decade, CESE has developed an educational approach to drug-abuse prevention in Bolivia which may serve in other countries and cultures. This culturally sensitive approach appears particularly promising because it stresses practical life issues. It is holistic, that is, it deals with both the physiological and the psychological aspects of drug use and with the environment in which the student lives and works. Not only school courses, but an interactive group learning experience, extracurricular activities, community resources, and families are incorporated into this study plan for high school students.

Central to the CESE method is a process of self-assessment and the development of a life plan to meet each student's goals, empowering him or her to take charge of life in a pro-active way. Sound decision-making and the building of morale and self-esteem are stressed to enable the student to make good choices and to resist peer pressure and manipulation. A "say yes to life" approach focuses on the positive and helps the student avoid the pitfalls that can lead to drug use. Students need help in learning how to make informed decisions among alternative options, and to foresee and accept the consequences of their behavior.

CESE has succeeded in obtaining the Ministry of Education's recognition, and carries out its programs throughout the public school system nationwide. CESE's work has influenced the thinking of Ministry officials from the highest decision-making levels all the way down to the teachers themselves. The Ministry of Education's policy is critical with respect to teacher training, the provision of teaching materials, and the availability of the CESE approach to schools throughout Bolivia. CESE presents workshops for teachers across the country, to make them aware of what must be done to achieve drug-free schools, and to help them adapt the model plan to local conditions.

This Bolivian-designed, student-centered prevention program, loaded with real life issues, is changing the way students in Bolivia are taught. Students, encouraged to undertake thorough self-assessments and to plan

for self-improvement and personal development, gain in self-confidence and learn how to base their lives on sound principles and values.

Notes

1. This chapter is based on Lic. Laura Edith Baldivieso, Executive Director of CESE, and Professor Pier Carlo Perotto's numerous joint publications and articles on their Proyecto de Vida model. These include: (a) Their 1984 book *El Riesgo de Ser Joven, Investigación: Factores Protectores y de Riesgo en el Consumo de Drogas.* Serie Científica 1. La Paz: CESE. See pages 203 and following. (b) Their 1993 book *Manual de Prevención Contra Las Drogas: Quiero Llegar a Ser Alguién. Guía para el Promotor.* La Paz: CESE. See pages 131 and following. (c) Their 1993 three-volume guide entitled *Manual de Prevención Contra las Drogas: Quiero Llegar a Ser Alguién.* La Paz: CESE.
2. CESE was established in September 1983 under the name Campaña Educativa Sobre Estupefacientes (Educational Campaign about Drugs). In June 1987, as part of an internal restructuring, a new name was adopted and its current director appointed.
3. Cf. U.S. Department of State's Bureau of International Narcotics Matters. International Narcotics Control Strategy, March 1991. Page 84.
4. Laura Edith Baldivieso and Pier Carlo Perotto. *Guía del Promotor. Manual de Prevención Contra las Drogas: Quiero Llegar a Ser Alguién.*
5. Cf. Laura Edith Baldivieso and Pier Carlo Perotto's *Manual de Prevención Contra las Drogas: Quiero Llegar a Ser Alguién.* Volume I, 1993, Page 15.
6. Cf. Lesson 1.1 ("The Beginnings of Adolescence: Every day I can do more), Volume I, in the *Quiero Llegar a Ser Alguién* handbook series. Pages 65-72.

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14

Improving the Classroom Environment for High-Risk Students: The Use of Newspapers as Teaching Materials in Bolivia

Lupe Andrade

The challenge was formidable, the resources few. How could a Bolivian private voluntary organization deliver drug-abuse prevention concepts and messages to children attending an outdated public school system starving for resources? This chapter details the nature of that problem, the approach chosen to overcome it, and the results.

The Problem

Bolivia is no exception to the dictum that adequate education and learning are essential to a country enmeshed in the struggle against drug production, processing, trafficking, and consumption. Only through education will the dangers and the need for solutions be recognized, if at all. Only through inspired teaching will an anti-drug attitude be developed in school children, their families, their communities, and the nation as a whole.

Public school students, at a very early age, are most at risk for alcohol, inhalant, and other substance abuse. One of the main substance-abuse prevention problems in the Bolivian schools is the fact that the system is not sufficiently protective — at least in public schools in deprived neighborhoods. The drop-out rate is astronomical, beginning in third grade, with most women shuffled out of the educational system. Only one

out of a hundred students graduates from high school. Attempts at educational reform, under way for over six years, have not achieved tangible results.

Educational methodology continues to be painfully old-fashioned. It is essentially a version of the 19th century French dictée, with the teacher dictating or writing maxims (or exercises) on the blackboard, which the students copy verbatim into their ruled notebooks, memorize, and regurgitate — without modifications if possible — in their exams. Children achieve little real learning. Many times, the aim of learning is all but forgotten in the effort to keep order in crowded classrooms or to meet curriculum schedules. Teachers want to do their jobs; children want to pass the courses. But learning is not necessarily relevant to that process, a situation running counter to the interest of Bolivia, which needs a qualified work force desperately as well as a higher standard of living for workers.

Almost all public school teachers work with little more than a blackboard and chalk. The few textbooks (usually not in the hands of children but owned by teachers) are outdated, simplistic, or sometimes even alien to the nation's realities. Workbooks or worksheets are unheard of.

Given those circumstances, how could a private voluntary organization, SEAMOS, help the educational process itself and at the same time make drug-abuse prevention an integral part of every teacher's work? Part of the answer is *SEAMOS Va a la Escuela* (SVE: SEAMOS Goes to School), a social mobilization program that uses a structured approach of interactive learning based on the use of newspapers in the classroom. The program, sketched in a proposal in 1990, became reality in 1993.

This project was inspired by an established and successful newspaper-use-in-schools program designed by the newspaper *Clarin* of Buenos Aires. But it was completely transformed, and a new program, non-commercial in its aims and designed for specific local needs, was born. This is Bolivia's own program.

The Approach

SVE puts substance-abuse prevention into a general educational context, providing teachers with support and help in a sustained, general education program. By incorporating prevention into the very core of the teachers' work, SVE is enmeshing them, their students' families, and community organizations in the widespread Bolivian prevention network.

The goal is to help the teachers, giving them tools for better teaching and more effective prevention efforts, and favorably affecting the way they look at their occupation. In return, SVE expects them to display a changed and positive attitude toward prevention, to look at it as an integral part of their work, and to include it in what they transmit to their students. In short, SVE expects to convert teachers into active multipliers in an integrated, health-promotion, anti-substance-abuse crusade, and to convert their students into proactive and, therefore, stronger and more secure participants in the educational process.

To address some of the problems teachers face in their daily work, and to reinforce their anti-drug attitudes as well as their positive responses to prevention efforts, SEAMOS designed an innovative program of teacher support that helps make schools more protective and productive and integrates prevention with curricula. The SVE program is not a pedagogical reform, does not involve a separate curricular program nor an addition to the normal school program, but is simply a powerful tool for the teachers to work with, even within externally fixed parameters.

Although the need for educational reinforcement in public schools was obvious, research was carried out with studies and proposals prepared for different international and national venues by the Secretariat of Education as well as by international organizations and non-governmental organizations.

A group of Bolivian teachers with experience in the public school system was enlisted. Appropriate exercises and manuals were researched and written, worksheets and transparencies devised and prepared. All materials were designed to mesh with current curricula, and the first modules were produced for use in the third to fifth grades, since relevant studies had shown these to be the most critical ages for attitude formation.

Because of its nature, this program can be adapted to any level, any curricula, any official studies program, and can be used at any age. It is not a text, but an approach, a system, a way of working with what is at hand. What is mostly at hand is that cheap, universal, and ubiquitous material called newsprint.

The Role of Newspapers

In the SVE program, teachers are shown how newspapers can be used in grade school in multiple ways, starting with what most people forget; the basic material itself, regardless of content, is usable in many ways, such as papier-maché. Further, the paper itself often costs more than the

price you pay for it, since publishers generally make their profits by selling advertising.

And newspapers are plentiful. Even in a small and underdeveloped country such as Bolivia, over two million papers are printed each month in the capital city of La Paz. This means, in theory, that newsprint is universally available. However, newspapers normally do not reach underprivileged areas. People in deprived neighborhoods do not read newspapers, and children, of any class, seldom gain access to them.

What does a newspaper contain? Almost everything. In contrast to the electronic media, which are full of imported material, and to textbooks, which are often foreign, newspapers contain an abundance of references, pictures, text, and headlines that a child will absorb, without even trying, while doing the exercises for regular school work. Newspapers allow children to learn about events and persons, trends, movements, and values that otherwise would not appear in their universe.

Because they are directed toward diverse audiences, dailies and weeklies are full of amazing and wonderful things: paper, letters, facts, photographs, colors, shapes, designs, numbers and numerical data, graphic elements, local and international maps, up-to-date national and international information, television and film news, games, and sports and entertainment news.

Through the sustained and long-range use of newspapers, SVE gives students more knowledge about different regions, different nations, diverse cultures, new ideas, and world problems, thus stimulating the search for answers or solutions.

Training the Teachers

After appropriate schools are selected (all in deprived neighborhoods) and cooperative agreements are signed with the principals, participating teachers at the schools must agree to attend three full seminars. They must also agree to use the SEAMOS SVE system at least one day a week in their regular classes and subjects for the rest of the school year.

Participants are given awareness, knowledge, and attitude pretests. Post-testing is carried out following the seminars and workshops. Such testing provides important feedback. Exercises used in the seminars are chosen with care in order to incorporate at least two examples of drug abuse or drug dealing at each grade level and in each subject. A special session of each seminar is devoted to prevention, and a separate manual is distributed with information and guidance.

In the seminars, selected teachers attend training sessions, using interactive learning techniques and improving their reading-comprehension teaching skills, their use of group dynamics, and other skills of their craft. The program requires them to use out-of-date newspapers in a structured way and on a steady schedule in their regular work. Thus, in the seminars they are shown how to use newspapers at every level and for every subject, beginning with the use of the paper itself for collage, cardboard-making, puzzles, papier-maché and other uses, and going on to the use of letters, colors, shapes, numbers, photographs, and headlines in specially devised exercises.

Teachers are given information and training in modern prevention techniques, which are integrated into the curricula. Through the program, they become permanently involved with SEAMOS projects with young people. The prevention emphasis is on protection, risk factors, and self-esteem, which is enhanced in both students and teachers. The teachers acquire, through SVE, a new attitude of cooperation and friendship toward SEAMOS, and a more positive, proactive attitude toward prevention. Through the program, both schools and teachers become multipliers of prevention messages.

SVE trains teachers to look at the learning experience in a new way. Training begins with a two-day, sixteen-hour seminar/workshop, emphasizing interactive teaching techniques, prevention, group dynamics, the use of newspapers, and reading and comprehension skills. Participants are given a packet with an SVE-logo T-shirt, six guidance manuals (which include special prevention materials), worksheets for use in the seminars and classroom, scissors, and glue — all in a handsome recycled cardboard packet. Teachers are encouraged to create their own exercises in the future. Donated gifts may be raffled among those who participate in all sessions and complete the work. Prizes are given to the best participants.

During ensuing months, follow-up takes place at least once a month through scheduled school and classroom visits; material is distributed; support and counseling are provided; and post-testing is conducted. Half-day update workshops are given periodically to create a sustained involvement with SEAMOS and its aims.

A final five-hour workshop is held at the end of the year, at which each participant must demonstrate at least one new exercise that he or she has developed. This exchange of experiences stimulates healthy competition. The best exercises are awarded prizes and published, with due credit, in a booklet used in future workshops. These exercises and materials are

placed on exhibit for the general public and given wide publicity.

The multiplying effect is dramatic, because each teacher reaches at least 50 children.

From Grade School Through High School

In grade school, the sky is the limit regarding use of SVE techniques. Games, collage, crafts, colors, and the like are used, as well as letters, numbers, and words in order to convey or reinforce regular curricular content. Interesting puzzles (showing maps or the human body, for example) can be devised, puzzles that children cut out, color, and reassemble. This kind of exercise involves several levels of learning: motor, eye-hand, visual, etc. A simple example of how much can be done, and how the system helps teachers bypass the old-fashioned See-Jane-jump type of learning, is the fact that with the cut-out letters of the name of one of our leading papers, *Presencia*, students can spell over forty-two common Spanish words.

In junior high SVE offers, additionally, much up-to-date relevant information useful for discussion and analysis. Using sports and entertainment figures, teachers can stimulate considerable student interest and involvement. Information about technological advances can be incorporated, and newspaper articles or features can be used in specific subject-oriented learning.

More examples of what can be achieved abound. For Bolivian students, maps are expensive, difficult to obtain, and almost irrelevant. However, it is important that students place themselves in a national and international context. Puzzle maps, cut out from newspapers and reassembled in a game of agility, make tangible the shapes and relative sizes of nations or provinces.

Numbers and, therefore, the essential mathematical operations are not always real to children. Concepts such as areas, weights, and volumes are abstract and difficult to grasp. If, however, two photographs are cut out, measured, and compared, they can give reality to the concepts of areas or fractions and decimals. In the same vein, two or more different numerical facts mentioned in an article, such as exports or per-capita income, can also become the subject of diverse mathematical exercises.

In high school, aside from all the previously mentioned benefits, which continue, the SVE system encourages analysis, provides an approximation of in-depth information, and makes research a reality, with updated information in a real-life, relevant context of great thematic variety.

Bolivia has almost no public libraries, so that under SVE the knowledge and use of primary information sources tend to reinforce not only academic proficiency but also critical and analytic skills.

Benefits for All

The SVE-initiated new cycle of productivity and mutual aid in Bolivian education offers something for everyone.

Teachers obtain modern training, periodic updates, new teaching techniques, didactic support, and recognition for individual merit. Centered on techniques aiding skill acquisition and facilitating the teaching process, the program provides educational material otherwise unobtainable. Trained and reinvigorated, teachers are motivated toward the permanent inclusion of prevention in their activities. Student response is wholehearted, community interest aroused, and parent involvement stimulated.

Students receive a better, more modern and participative education, brimful of relevant information. Modern teaching techniques, specially adapted by SVE to current school curricula, help students improve eye-hand coordination; enhance reading, writing, and comprehension skills; promote creativity; stimulate individual imagination; foster self-esteem; and increase the students' sense of security. In addition, children learn

peer-group working skills, sorely needed in the Bolivian educational setting. As a result of using the newspaper as a teaching tool, students are encouraged to read the paper, sharpen their critical thinking abilities, differentiate cause and effect, formulate conclusions, generate their own opinions, and develop a national identity within an international context.

Students' parents benefit not only from the improved education their children receive but also from savings in purchased materials.

SEAMOS itself benefits by getting more for its money, since teachers and students become emotionally and intellectually involved in its work. SVE is well on its way toward sustainability, an objective established at the outset. Initially, the administration of the program was USAID-funded, but now the government of Bolivia is assisting by offsetting part of the cost of printing all educational material. General costs are kept to a minimum because used newspapers are free and because the continued support given to the program by private enterprise is substantial. Community leaders donate services or goods for the program and thus become involved in it. For example, four schools that excelled in their work with SVE had classrooms or other areas remodeled by private construction companies.

The hoped-for long-term benefit generated by SVE will be communities that are more aware and more active, imbued with solid anti-drug attitudes.

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Testing the Use of Students as Channels of Social Mobilization for Drug-Abuse Prevention

Joel M. Jutkowitz, Silvia Calderon, and Emiliano Montecinos

SEAMOS — *Sistema educativo antidrogas y de movilizacion social,* or Anti-Drug Education and Social Mobilization System — the principal private drug-abuse prevention agency in Bolivia, has devised a set of programs to reach out to school children and — through the children — to their parents to promote community action to prevent drug use.

As a first step, SEAMOS reviewed various options for community mobilization. This paper describes an experiment designed to test approaches to using students as channels for communicating with their parents, in order to enlist parents in an effort to create drug-free communities in the city of La Paz, the capital and largest urban center in the country. The methods developed in this experiment are being used by SEAMOS as the basis for future efforts in school-based and community-based drug-abuse prevention.

The experiment was conducted in three coeducational secondary schools in the city of La Paz. The schools were all located in the same neighborhood within the city. They were all private schools, catering to lower-class children. Students were drawn from the first year of secondary school and averaged between 15 and 16 years of age. The student bodies of all three schools were similar in terms of age range and class composition. Within the neighborhood where the schools are located are many small liquor stores and bars, some of which are reputed to serve as distributors of drugs as well as alcoholic beverages.

The aim of the experiment was to learn whether students could be motivated to convince their parents to sign a letter, prepared by SEAMOS, that urged the municipal government to eliminate the sale of alcohol and other drugs to minors. The use of a letter-writing campaign and the use of students as channels of communication with their parents for the purpose of mobilizing parental support for anti-drug action constituted innovative approaches to drug-abuse prevention in the Bolivian context. The basic premise of the study was that if students gained more knowledge and understanding of the drug problem, it would produce greater levels of effective participation on the part of the students themselves and, in turn, greater levels of response on the part of their parents.

To operationalize the study's premise, each school experienced a different degree of intervention.

In School A. Here SEAMOS undertook a comprehensive intervention that explored individual values regarding drug use as well as providing information on the dangers of drug use. For example, the intervention explored common myths regarding drug use and attempted to demolish those myths by providing appropriate information as well as exploring the thought processes that had produced the myths. The intervention included four work sessions, reinforced by the use of audio-visual and print materials that defined the drug problem and presented a comprehensive approach to drug-abuse prevention. The sessions included interactive group activities so that the youth involved felt themselves to be participants in the training process. Each session centered on a specific theme. These themes were covered by the four sessions:

- Drug-abuse prevention, which included analyzing values regarding the use of both licit and illicit psychoactive substances (tobacco, alcohol, marijuana, cocaine, cocaine paste, and glue);

- Self-esteem, including an individual's need for high levels of self-esteem and the relationship between drug use and low self-esteem;

- Family relations and the social milieu of the students, including an examination of patterns of communication between parents and children within a family; and

- The social context in which the students lived, and the development of the students' skills in self-diagnosis and in analyzing their social situation.

This last theme led the students to explore the character of their relationships with others, including their families and the groups they found in their neighborhood. This analysis, which included assessing the availability of drugs in the neighborhood, led to a consideration of steps that might be taken to prevent drug trafficking and drug use in the neighborhood — and thus the notion of the letter from parents to local authorities, which would serve as part of a solution to the drug problem.

The idea of parents sending letters to the municipality urging action against alcohol and drug sellers was discussed, and copies of a letter were given to the students, who were urged to get their parents to sign and return it to the students. Students were to place the letters in a mailbox set up for that purpose in the school. The trainers indicated that SEAMOS would deliver the letters to the appropriate municipal authorities. The students were given a week in which to return the letters.

In School B. Intervention in School B was limited to providing information about SEAMOS activities and suggesting that students urge their parents to return the letter provided by SEAMOS. A mailbox was set up to receive signed letters for transmission by SEAMOS to the municipality. The time for returning letters, as in School A, was one week.

In School C. Here SEAMOS did not undertake any form of intervention, nor did it provide letters for the students to take to their parents.

In summary, School A received a full intervention; School B a partial intervention, thus testing the difference between a concerted effort and the provision of a minimal amount of information; while School C served as a control. In examining the results of the intervention, SEAMOS measured success by the number of signed letters returned within a week.

To have a clearer understanding of participating students' attitudes and the information they possessed, a pre- and post-intervention test was conducted with all first-year students in each of the three schools. The instrument used sought the following information: (1) perceptions of availability of both licit and illicit psychoactive substances, ranging from tobacco and alcohol to marijuana, cocaine paste, and cocaine; (2) any disapproval of various kinds of drug use; (3) perceptions of the risks of drug use; and (4) knowledge of and interest in drug-use prevention programs.[1]

The Findings

With respect to the letters returned at each of the schools, School A with the full intervention was found to have the highest rate of return,

twenty-nine of thirty-two, or 91 percent. School B, with only a minimal intervention, had a rate of return of 9 percent (three out of thirty-two). Not surprisingly, of course, no letters were generated in the control school, School C.

With respect to the set of informational and attitudinal measures, the differences between the pre- and post-intervention tests for the totality of students in the three schools were minimal.

With regard to the perceived availability of psychoactive substances, the vast majority (90 percent) of the students believed that alcohol and tobacco were readily available to them. Next in terms of availability was glue, specifically the type of glue that is used as an inhalant (the Bolivian term is *clefa*). Among illicit substances, the one perceived to have the greatest availability was cocaine, followed by marijuana and cocaine paste. Psychoactive pharmaceuticals (tranquilizers and stimulants) as a group were perceived by students as the least available of all substances.

With regard to the degree of disapproval of drug use, the students differentiate between occasional and regular (or frequent) use. They are more likely to disapprove of frequent use than occasional use. Again not surprisingly, there was greater disapproval of all forms of use after the intervention in both Schools A and B, but the degree of change was greater in School A than in School B.

Studies in the United States have indicated that perceptions of the risks posed by marijuana and cocaine use are the variables most clearly associated with the levels of use of these substances.[2] A relatively large proportion (over 20 percent) of the students in the experiment did not perceive a risk in trying either marijuana or cocaine (i.e., used once). Even when the question focused on the use of marijuana and cocaine on various occasions, around 10 percent of the students felt there was little or no risk. Here the differences between the pre- and post-intervention tests do not indicate a great deal of shifting in perceptions of risk. But again, where shifts did take place, they were more likely in School A than in School B or School C.

The Analysis

SEAMOS was seeking an approach to drug-abuse prevention at the high school level and an approach to community mobilization in support of drug-abuse prevention. This experiment was undertaken in order to explore a mechanism that would contribute to both objectives. There are lessons that can be drawn from the experiment with respect to these

objectives. When sufficiently motivated, as was the case in School A, students can indeed serve as a means to stimulate concerted community action on the part of their parents.

Attitudes and orientations relevant to preventing drug use can be influenced by the type of intense intervention undertaken in School A. Less intense forms of intervention have little if any effect, as in the case of School B. But as a consequence of the limited range of attitudinal shifts in School A, SEAMOS is reviewing the content and length of the training program to determine how to make it more effective in shifting attitudes.

The process of undertaking this experiment, it should be noted, had a significant set of by-products. The students and staff of School C, the control school, became as concerned about the drug problem as did students and staff of the other schools, once news of the experiment had filtered through the community. That interest was translated into a demand for increased efforts on the part of SEAMOS in all schools. SEAMOS was able to use the lesson learned in the experiment as a basis for generating a program which will shortly become nationwide in Bolivia.

Notes

1. Perception of availability and perception of risk measures are drawn from the U.S. National High School Survey (also termed the *Monitoring the Future* study).
2. In several articles, the *Monitoring the Future* research team points to the importance of perceived risk as a factor in explaining declining drug use in the United States. (Cf. Bachman, J.G., O'Malley, P.M., and Humphrey, R.H., 1988, "Explaining the Recent Decline in Marijuana Use: Differentiating the Effects of Perceived Risks, Disapproval, and General Lifestyle Factors," in *Journal of Health and Social Behavior,* 29, 92-112. Also Bachman, J.G., Johnston, L.D., and O'Malley, P.M., 1990, "Explaining the Recent Decline in Cocaine Use Among Young Adults: Further Evidence that Perceived Risks and Disapproval Lead to Reduced Drug Use," in *Journal of Health and Social Behavior,* 31 (2) 173-184.

16

Hard-To-Reach or Out-of-Reach? Sao Paulo Outreach Workers and Inner-City Addicts[1]

Henry Kirsch, Diva Reale, and Jorge Osterling

As in the United States, few hard-core drug addicts in Brazil's inner-city communities seek treatment. So many of them fall outside the network of health and social service agencies that they have come to be seen as a group beyond the reach of conventional service delivery systems. Innovative approaches are urgently needed in order to make treatment more attractive to clients, and more effective strategies for recruiting clients into treatment must be developed. In pursuing these goals, it is important to consider both community and individual perspectives and attitudes toward alcohol and other drug abuse.

The intrinsic complexity, the multiple needs, and the unique characteristics of inner-city, high-risk populations require a review of the mechanisms that society currently uses in attempting to serve them. Many drug abusers come from disadvantaged socioeconomic backgrounds. Traditional social service attempts are particularly hard pressed to reach their target groups in urban areas beset by extreme poverty, high levels of unemployment and underemployment, unstable family life, community disorganization, and urban decay.

New prevention and treatment programs, grounded in state-of-the-art practices, are needed, programs that will test innovative approaches in real-world settings with hard-core, inner-city, high-risk populations. The main objectives must be to increase the availability and ease the accessibility of prevention, treatment, and rehabilitation services, overcoming

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the usual barriers and obstacles encountered by such programs. Ideal program components should address alcohol and drug-abuse prevention at all three levels of the prevention continuum.[2]

An attempt to reach a better understanding of this complicated public health problem was made in a pilot outreach program in the Brazilian city of Sao Paulo. In 1990 USAID/Brazil expressed its willingness to help strengthen Brazil's drug awareness, education, and prevention efforts, and invited a team of specialists from Development Associates' Narcotics Awareness and Education Project (NAE) to visit various Brazilian cities, including Sao Paulo. In Sao Paulo, the NAE project team provided technical assistance programs and workshops to help local institutions assess the quality of their current efforts. The NAE team also worked with a cadre of Brazilian prevention specialists who trained over three hundred health professionals, social workers, and community outreach workers in prevention skills. Dr. Diva Reale, a Brazilian psychiatrist working for the Department of Public Health, State of Sao Paulo, was one of these prevention trainers. She also initiated the innovative outreach effort described below.

In mid-1991 the Department of Public Health, State of Sao Paulo, launched an anti-drug pilot project, known by its acronym PPEUID, (*Projecto de Prevençao Especializada ao Uso Indevido de Drogas*). Conceived as a targeted intervention experiment in one of the world's largest metropolitan areas (Sao Paulo had a 1994 estimated population of over ten million), the PPEUID project had two main goals. On the one hand, it was to recruit, for treatment and rehabilitation, individuals living in an inner-city area who were dependent on drugs but were not seeking treatment. On the other hand, the project wanted to give drug abusers information about infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) as part of a primary prevention program.

This chapter will analyze this Brazilian experience, highlighting the various lessons that can be learned from it for future prevention and intervention programs. We will begin with an overall presentation of the PPEUID project, from design through early implementation. This will be followed by a discussion of the support network established at the project's drop-in center, the development of a profile of the Sao Paulo inner-city drug user, accomplishments in behavioral change, and achievement of sustainability through late 1993. It will conclude with a review of some of the operational lessons derived from the project experience.

Sao Paulo's Pilot PPEUID Project

In 1991, Dr. Diva Reale, a Sao Paulo-based psychiatrist and psychoanalyst working for the State's Department of Public Health, launched PPEUID in an effort to reach the inner city's hard-core drug users. It was a local effort to solve a growing urban problem in Brazil's largest industrial area: the increasing number of drug abusers who failed to use the city's health facilities. Her strategy was to approach these people in their own environment, outside of any agency or organizational setting, on the streets, in bars and cafes, to get to know them, to develop a bond of friendship, and eventually to bring them into appropriate treatment and rehabilitation programs. The need to find new methods of service delivery and intervention tools adapted to the specific problems of hard-core inner-city drug abusers led Dr. Reale to the Paris experience of the *Espoir Goutte D'Or* project.

Developed by the Brazilian Lia Cavalcanti in the *Goutte D'Or* neighborhood of Paris and carried out by university-trained personnel specializing in drug-abuse problems, the *Espoir Goutte D'Or* project sought to reach drug abusers in bars, cafes, street hangouts, etc. The primary goal was to discover the values, habits, community norms and customs of those drug users who were either reluctant to use the city's traditional health services or who lived too far from them.

Health education programs are more likely to persuade people to modify or change their attitudes and behaviors when the messages are reinforced by community and social support, or when they reiterate the attitudes and beliefs of their corresponding reference groups.[3] Barriers to service accessibility and availability must be quickly understood and removed. For example, as Shulman, et al., comment, needle drug users and their families tend to be suspicious of and avoid "official" public social agencies unless care is absolutely necessary for survival; they are also resistant to using highly bureaucratic service agencies that present eligibility and utilization barriers.[4] Therefore, any successful prevention or intervention strategy aimed at increasing the involvement and retention of inner-city drug abusers in treatment programs should be tailored to their particular social, economic, and cultural conditions.

Dr. Reale's initial concerns were stimulated by a number of issues. There was a need to establish in Sao Paulo a program that would target the hard-to-reach segments of its drug-using population, particularly those not in society's mainstream, such as school dropouts, unemployed youth, and addicts engaged in illegal activities in order to pay for drugs.

Particular strategies had to be developed and tailored to address the special perceptions that these persons had about alcohol and drug abuse, HIV and AIDS, and to discover their levels of involvement in high-risk behavior.

Few facilities existed to which drug addicts could turn for help, nor were health and social agency programs, procedures, and policies geared to the needs of this "hidden" population — it was out of reach of the established system. This group's experience with state agencies, for the most part, was with the police and judicial systems rather than health and social agencies.

The situation took on a note of even greater urgency with evidence that intravenous (IV) drug use had become the most rapidly expanding transmission route for AIDS in Brazil.[5] In 1992 alone, intravenous drug abusers accounted for 34.4 percent of the AIDS cases reported in the State of Sao Paulo.[6]

Dr. Reale and her team were also aware that few drug abusers are interested in treatment. In addition, many of those who sought and began medical or psychological treatment discontinued it soon afterward. Therefore obstacles to retention had to be identified and new strategies developed to bring drug abusers and their partners into treatment programs and keep them there.

Launching the Program

The PPEUID program was begun as a pilot project in the Butanta area by Sao Paulo's public health branch office serving the metropolitan area's west side, ERSA-2 *(Escritorio Regional de Saúde-2).* A team of four female professionals was assigned to initiate contact with drug users in their own setting. Dr. Reale, team coordinator, was assisted by two psychologists and a social worker. These outreach workers were to act as cultural brokers, building bridges between public health organizations and the drug abusers' world. They were also to provide information regarding the various types of services and facilities available.

The team's initial goal was to identify the population of inner-city drug users. Outreach was to be conducted in the late afternoons and evenings in order to reach drug addicts on the streets and in the bars and taverns where they normally hang out. Through regular visits to the bars and other locations where these people tend to congregate, the street workers would eventually contact individuals who might not know where to turn for help or who normally might refuse help from traditional agencies. An anthro-

pologist worked with the team during the first five months of the program in order to assist the street workers in gaining access and in employing ethnographic methods to gather data and interpret the environmental and social elements of the particular drug sub-culture they were entering. Through participant observation, the street workers would also be able to obtain valuable information for use in future prevention and intervention programs and activities.

Gaining access to the target groups and establishing some level of acceptance and trust with them was to be a major challenge for team members. People involved in deviant behavior are difficult to locate and befriend. Given the nature of their activities, they tend to be secretive, deceitful, and mistrustful. They may also become suspicious and even hostile to any outsider who enters their territory. The work laid out for the street workers would expose them to situations in which their own personal safety was at risk.

Strategy and Early Implementation

Dr. Reale's team had agreed from the earliest planning stages that this project had to be as flexible as possible in defining ways to meet the needs of the target group. In order to achieve their long-term objective — to provide adequate professional care to hard-core drug abusers — the PPEUID team leaders developed a three-stage strategy.

During the first stage, the public health officials searched for information about drug users on the city's west side. Various public and private service agencies helped identify areas and specific locations where members of the target group tended to socialize. With that information in hand, the team proceeded to go into the streets and bars of a West Side neighborhood called Butanta to contact drug users in casual encounters. The street workers initially concentrated on developing a rapport with drug users. Through frequent meetings between a drug user and a project worker, the project worker attempted to gain the person's trust and to get to know him or her as well as possible.

Since one of the purposes of the project was to provide information and education about drug-related HIV infection, the street workers used the topic of AIDS to open discussion. Drug users rarely seek out counseling about AIDS from official agencies or private organizations. Early on, the street workers discovered that introducing the subject of AIDS facilitated their encounters. Once drug users realized that the street workers were knowledgeable about AIDS, conversations developed more easily. The

street workers learned that drug users were intensely interested in information about AIDS, an issue of major concern for them. The use of condoms was discussed in many casual encounters, often with the same individuals. The street workers reinforced their role as prevention agents by carrying literature on AIDS, as well as condoms, which they distributed. In terms of primary prevention, this approach proved to be important in three ways:

First, it clarified the fact that IV drug use and drug use in general is a major vector for AIDS infection.

Second, it highlighted the risks of infecting a sex partner with HIV.

Finally, it allowed the street worker to explain the risk of transmitting HIV through the mother to an unborn child.

This activity alone produced some behavioral changes among those interacting with the street workers. Through their regular conversations with members of the target group, the outreach workers concluded —

- That young people who had never before used condoms had begun to do so;
- That some of those who at first had used them and then ceased to do so had begun again;
- That the use of condoms with occasional partners had become more frequent;
- That a stable partner's use of condoms had become one of the conditions imposed by a woman for having further intercourse with him.

In the second stage, drug users with whom the outreach workers had gained rapport were invited to visit a drop-in center. Known locally as NAU, Drug Users Support Center *(Núcleo de Apoio ao Usuário de Drogas),* the concept behind this effort was that hard-to-reach drug users would benefit from a non-threatening peer-group environment as a possible first step in deciding to enter a treatment program. The workers had assumed that it is essential to give these persons time to acknowledge and understand their problems, overcome denial, and accept professional care. The drop-in center was to function as a club house. Each person would be free to visit, enjoy companionship, and establish more friendships in a semi-structured setting. A public health official was to be continuously present and readily available to talk with any individual who might be interested.

The third stage was designed to assist the member of the group to

decide to enter a treatment program identified as appropriate for that person's needs.

During the first seven months of field work, initial contacts were made with seventy-nine drug abusers and their sex partners. Their ages ranged from 16 to 30. In exploring and attempting to penetrate the street culture, outreach workers had adopted an overt role; from the beginning, they were forthright about their professional activities. This enabled the workers to get to know drug users in what eventually became an increasingly trusting atmosphere. In this milieu, a series of unstructured, open-ended interviews were conducted, and these exchanges provided a deepened understanding of the city's drug users.

During the early stages, project personnel had to cope with problems fairly common to public health workers and scholars studying hidden populations.[7] Threats were common during the early stages. Street workers coped with this obstacle by explicitly clarifying their professional roles and by refraining from participating directly in in-group activities. But the goal of each worker was to become a recognized and accepted member of the drug users' social group.

Nonetheless, issues of safety and security were always concerns of the team members involved in night work on street corners, in bars, and at other locations in inner-city neighborhoods. These were the only locations in which to establish contact with and eventually gain acceptance into the subculture of hard-core drug users. But the street workers did experience untoward events, were threatened on occasion, and witnessed examples of violence, self-destruction, and victimization.

Dealing with severe psychological problems and intense social misery on an almost daily basis became a sickening experience for team members. They also were frustrated when drug abusers asked them for help in coping with problems like unemployment or homelessness; lacking the institutional support of other public agencies, the outreach workers were unable to help. Yet another source of frustration was the reluctance of some drug addicts, with whom rapport had been established after a considerable investment of time and energy, to strengthen their relationship with the outreach worker beyond a certain point.

Avoiding Burn-out

An important element of the pilot project involved the development of on-going staff training to improve the clinical skills of the psychologists and social workers participating in the program. But more was required.

Early in the project Dr. Diva Reale and her team realized that their initial contacts had uncovered a complex phenomenon, one that could best be compared to the tip of an iceberg. It became clear that target-group members and their sex partners presented different degrees of substance abuse, and several of them also suffered from mental and physical health disorders. Levels of drug involvement varied widely. The continuum ranged from those who used drugs primarily in response to social circumstances to those whose level of abuse was life-threatening. It soon became clear, as well, that most of the target-group members were multiple drug users, and that some had multiple sex partners. Program strategy and interventions had to be adapted to individual circumstances.

Immersion in the world of inner-city drug abusers is a frightening and draining experience. The outreach techniques chosen obliged the street workers to confront, in person, many suffering individuals. Frequent interaction with drug addicts in their own street environment can generate emotions which eventually have a disruptive effect on one's role and identity. The question of how team members could separate their professional and personal roles to avoid overwhelming frustration and burnout had to be addressed. Professionally, the street workers' ultimate goal was to attract drug users to treatment through a change in attitudes and behavior. Personally, however, project personnel soon uncovered the misery of many of their contacts and the tragedies of their lives. Feelings of powerlessness and frustration — feelings which could have a destructive effect on the street worker's own personality — were generated.

A catharsis was required, to deal with the intensity of the human pain encountered by the team members among the drug users and their sexual partners. Regular and frequent debriefing sessions, in which the street workers' own experiences and personal feelings were shared, soon became an essential part of the project. This process eventually increased the prospects of bringing about behavioral change among drug users, since it served to lighten the psychological burdens experienced by outreach staff members.

A Support Network Coalesces, a Profile Emerges, Behavioral Change Begins, and Sustainability Is Achieved

By mid-1992, of the seventy-nine drug users originally contacted, a group of approximately twenty persons remained. These individuals coalesced into a somewhat cohesive group which moved into the second

stage of the project's strategy. Members of this group began to frequent the project's drop-in center. It became clear to project personnel that there was a need to delineate more clearly the profile of the population that was being served by the project. Available qualitative data provided a good contextual approach to the problem, but soon it also became clear that there was a need for further data that would help formulate future strategies and policies.

Information on the current nature and extent of drug abuse in Sao Paulo is relatively scarce. Prevalence surveys have been conducted among high school students, but no general population survey exists, much less data which could be used to develop an understanding of the patterns of drug use among specific inner-city communities of metropolitan Sao Paulo. To overcome the paucity of information with which to guide future efforts, the PPEUID team embarked on a small-scale survey of drug abusers living in the Butanta neighborhood.

Between May and July 1992, team members conducted a semi-structured interview with twenty drug users who had entered into the second stage of the project's program — making use of the drop-in center and the development of a peer network. Their ages ranged from 16 to 30. The biggest concentration was in the 22-to-25 age group. The resulting data has been valuable in constructing an initial profile of Sao Paulo's inner-city drug-using population.

It was clear from the survey data, as well as the qualitative information obtained by the team members in their participant-observation roles, that the group which they had targeted had grown up in low-income, crime-ridden environments, and had been raised in family situations which exhibited varying degrees of dysfunctionality. Many had also experienced multiple personal problems, such as school failure and various types of delinquency. Some were children of alcoholics or other drug users. Few had a clearly defined idea of what a drug was and why drugs were dangerous. The "scare" tactics which had been used in media prevention messages were dismissed as lacking credibility, as imports from the United States, and as irrelevant to the Brazilian reality.

Educational level. The group's overall educational level was low. There were no illiterates in the group. But the majority (eighteen out of twenty) had dropped out of elementary school, and the other two had dropped out of high school.

First use comes early. Initiation, sometimes by age 10, into alcohol and other drugs was common to all the males in the group; women reported that they had been initiated after age 18. Many men reported that they had

had their first drug experience between ages 10 and 14. For example, twelve males said that they had consumed alcohol in that period, and nine had already had contacts with other drugs such as marijuana, inhalants, or cocaine.

Drugs used. Multiple drug use. The drugs used varied during the abuser's lifetime. Most respondents acknowledged that they had used various types of drugs. The most common included alcohol, reported by 19 of the 20 cases studied; marijuana, by 18; cocaine, by 16; inhalants, by 14; hallucinogens, by 13; other drugs (i.e., pharmacological mixtures and anticholinergics), by 12; and crack by 10. No references were made to the use of barbiturates.

Intravenous drug users. A valuable finding from this survey was related to intravenous drug use. It had become clear from the beginning of the PPEUID project that although drug abusers were eager to obtain information regarding HIV infection and preventive measures, they were very reluctant to talk about intravenous drugs with the outreach workers. Discussion of IV drug use was taboo. Furthermore, it soon became clear that being HIV positive or suffering from AIDS were even more delicate subjects.

Only six persons reported using intravenous drugs. These six maintained that they had never shared needles or syringes. Later in the project, one of them died of AIDS. Suspecting that they were hiding the real extent of IV drug use, the street workers asked whether their friends used needles. Fourteen of the twenty said yes. Considering the high rate of AIDS cases in Sao Paulo attributed to IV drug use, and the extent of HIV infection, this answer strongly suggests that IV use was much greater than had been suspected in the project's target group.

Images of health services and treatment facilities. Most of those who were contacted by the outreach workers said they associated "treatment facilities" with coercive practices, involuntary confinement in psychiatric hospitals, and the like. The concept of an outpatient center was totally alien to them.

Behavioral Change Begins

As the program entered its seventh month of work with the group which had established a social network at the drop-in center, outreach personnel began to register data indicating that some abusers were decreasing their drug consumption. Over the six-month period, the use of cocaine one or more times a week had declined by 43 percent and the use

EXHIBIT 1
Profile of Inner-City Drug Users
In the Sao Paulo Street Workers' Outreach Program

- **Education:** Most had not completed elementary school; none had completed high school.

- **Employment:** Almost half were unemployed and engaged in small-scale drug trafficking, robbery, and other illegal activities.

- **Age:** Ages ranged from 16 to 30; most were from 22 to 25.

- **Marriage and children:**

  80 percent were unmarried, but over half had children.
  Most fathers had never lived with the mother of their children.

- **Age at first use:** Almost half had used marijuana, cocaine, or inhalants between age 10 and 14; males initiated use at earlier ages than females.

- **Lifetime use:**

  95 percent alcohol
  90 percent marijuana
  80 percent cocaine
  70 percent inhalants
  65 percent hallucinogens
  60 percent codeine-based cough suppressants
  50 percent crack

- **Most common use reported at initial contact with street workers:**

  80 percent alcohol
  80 percent marijuana
  60 percent cocaine

- **Reported concurrent drug use:** Virtually all cocaine users consumed alcohol; many cocaine users consumed marijuana.

- **IV drug use:** Thirty percent admitted intravenous use, but 70 percent told street workers that their friends were IV users.

of marijuana by 39 percent. By 1993, one of the original members of the group, who previously had used alcohol, cocaine, and marijuana, and had engaged in small-scale drug trafficking and robbery, had managed to abstain from all substances for six months, had ceased all his illegal activities, and had successfully applied for a clerk's job in the health department. In reflecting upon the behavioral changes which had occurred, Dr. Reale concluded that these changes were not so much the result of the direct counseling received, but rather the catalytic role of the street worker in bringing the drug users together into a non-threatening environment where a network based on mutual support and trust could evolve. She attributed the behavioral changes which had occurred primarily to the therapeutic interaction among the group members themselves.

Sustainability Is Achieved

As this is written, more than two years have gone by since the project began in 1991. As of October 1993, the group in the NAU drop-in center had increased to almost fifty persons. In addition, the project's range of activities had expanded considerably, to include community awareness and mobilization efforts involving youth groups, community leaders, clergy, local health providers, and other social service agencies. Through these initiatives PPEUID staff had provided primary prevention outreach services to over 730 persons, 165 adults and 568 teenagers.

Lessons Learned

The PPEUID experience is an example of how proactive involvement with a "hidden population" helped identify factors which eventually contributed to a reduction in drug abuse in a group previously considered to be out of reach by local officials. From this effort a few operational lessons may be derived.

A key element of this program was the gaining of acceptance by the target community. To achieve that goal, outreach workers had to develop, implement, evaluate, and redirect intervention in such a way that it would be understandable and acceptable to their target group. Their experience pointed up the fact that effective prevention programs require time to produce long-term reductions in drug dependence, and that successful prevention programs are the result of multi-level strategic planning.

The public health outreach workers proved to be influential within the target population, and their use was shown to be effective in drug-abuse

prevention and treatment. PPEUID achieved its objectives due primarily to its outreach strategy, a strategy that required meeting and interacting with the target group on its own terms and on its own turf. After gaining an intimate understanding of their target group, their beliefs, practices, values, and social environment, outreach workers were able to open communication, reduce barriers to acceptance, and develop rapport. In this way they also were able to learn more about the multiple environmental, family, peer, psychological, and related factors that increased the likelihood of drug use among members of this particular group.

A significant project outcome was the establishment in Butanta of a Drug Users Support Center (NAU). It became clear from the onset that there was a need for a non-threatening environment, a place where drug abusers could gather during a transitional stage prior to treatment. The NAU Center exceeded its goal. By bringing together a number of drug abusers in a supportive atmosphere, it facilitated the building of a network which in itself led to reduced drug use.

Since the profile of the inner-city drug user indicates that many are elementary school drop-outs, and that first use sometimes occurred as early as age 10, drug-abuse prevention programs must focus on very early intervention, beginning in the first years of elementary school in an attempt to "beat the curve." The saying that "it takes a whole village to raise a child" has special relevance, given the disadvantaged family situations from which many of these children emerge. There is an urgent need to develop and implement comprehensive prevention programs, including the involvement of parents and the mobilization of local community resources.

The PPEUID Project has identified barriers to access and service utilization by inner-city drug users in the areas of service delivery design, client resistance, public and staff attitudes, and public policy. Health and social agency procedures and policies have not been geared to the needs of this population. Agencies tend to enact regulations and procedures that facilitate systems maintenance and satisfy staff and administrative requirements instead of meeting client needs. The resistant behaviors of drug users and the deficits in the service delivery system compound the problems of the addict population as a major vector for the growing AIDS epidemic in Brazil.

In addition to the PPEUID model, other outreach approaches may be used, approaches which go "where the action is" — into neighborhood hangouts and onto the streets. Some include drop-in centers to attract the difficult-to-reach addict who shuns formal treatment systems, or store-

front multipurpose service centers to bring multiple health and social services closer to addicts, or mobile (van) services with multidisciplinary teams of medical, case management, and prevention staff to help break down barriers between addicts and the social service system.

Service providers who believe that hard-core drug addicts, particularly IV drug users, are socially marginal and unable to change their behaviors — that is, once an addict, always an addict — reinforce the resistant behaviors of both clients and the social services system by creating an unwelcome climate.

The success of the street workers' project suggests that a variety of low-barrier, service-delivery outreach models should be considered for testing and evaluation, and that these services should be designed and provided in such a way as to win the trust of hard-to-reach population groups.

Notes

1. This chapter is based on a manuscript drafted by Dr. Diva Reale, "Um encontro nas ruas — o usuário em seu meio e as educadoras," supplemented with information from various interviews with her. Her project has been a success, raising awareness of the difficulties of delivering public health services to inner-city, hard-to-reach drug abusers and providing lessons for future efforts in both prevention and treatment.
2. *Primary Prevention* refers to efforts to avoid the development of a disorder, such as alcohol and drug use. Its main purpose is to inhibit initiation of use. *Secondary Prevention* alludes to efforts targeted at individuals and their families who are working at solving existing drug and alcohol-related problems. Its main purpose is to discontinue use of alcohol or drugs. *Tertiary Intervention* is targeted to those who are already addicted to or dependent on alcohol and other drugs. It addresses treatment and recovery programs for those who are already dependent or addicted.
3. Hans Resnik and Marba Wojcicki. "Reaching and Retaining High Risk Youth and Their Parents in Prevention Programs," p. 91, in Eric N. Goplerud (Ed.), *Preventing Adolescent Drug Use: From Theory to Practice*. Rockville, Md.: Office of Substance Abuse Prevention Monograph 8, 1991.
4. Lawrence C. Shulman, Joanne E. Mantell, Charles Eaton, and Stephan Sorrell. "HIV-Related Disorders, Needle Users, and the Social Services," p. 265, in C.G. Leukefeld, R.J. Gattjes, and Z. Amsel (Eds.), *AIDS and Intravenous Drug Use: Future Directions for Community-Based Prevention Research*. NIDA Research Monograph 93. Rockville, Md.: National Institute on Drug Abuse, 1990.
5. Richard G. Parker. "AIDS Education and Health Promotion in Brazil: Lessons from the Past and Prospects for the Future," in Jaime Sepulveda, et al., *AIDS Prevention Through Education: A World View*. New York: Oxford University Press, 1992.
6. Epidemiological Bulletin on AIDS, Sao Paulo, April 1993.
7. See Patricia Adler's "Ethnographic Research on Hidden Populations: Penetrating the Drug World," pp. 96-109, in Elizabeth Y. Lambert (Ed.), *The Collection and Interpretation of Data from Hidden Populations*. NIDA Research Monograph 98, Rockville, Md.: National Institute on Drug Abuse.

V

Communication Interventions

Although communication and social marketing strategies, aimed at the mobilization of public opinion and the creation of attitudinal and behavioral changes, are basic components of all the NAE country activities described in these pages, three interventions in particular — depicted in the following three chapters — stand out for the manner in which they exemplify the application of key communication elements in the overall NAE strategy.

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Communicating Commitment: The Institutional Identity Program of SEAMOS in Bolivia

Mary Debus and Michael Ramah

SEAMOS was founded in 1986 with a mandate to develop communication materials targeted at the prevention of drug use in Bolivia. In its early years, SEAMOS served largely as a production house for television spots and documentaries on the subject. Over time, with funding largely from USAID, SEAMOS produced a plethora of communication materials, many of which demonstrated exceptional talent and award-winning communication capabilities.

As donor involvement in Bolivian drug control broadened from the prevention of drug use to include alternative development (crop substitution), eradication, and interdiction, SEAMOS began to broaden its scope of activities as well. By 1991, the talents and energies of SEAMOS' staff were directed toward communication on numerous topics — ecology and patriotism, for example — many only tangential to drug control or to the organization's original prevention mandate.

It was at this time that Lupe Andrade took the reigns as Executive Director of SEAMOS. Under her guidance and vision, with technical assistance from NAE, the process of reinventing SEAMOS began. The process led to a strategically grounded, well-integrated Institutional Identity Program that clearly communicated SEAMOS' commitment to drug-abuse prevention and the integrity of the Bolivian national and cultural heritage. In this endeavor, the SEAMOS team began at the beginning — clarifying the organization's basic mission and field of focus.

At the heart of every institutional communication campaign is a well thought-out and agreed-upon strategy. To be effective, such communication strategies are not (or should not) be created in a vacuum. They must be based on solid information and on a genuine understanding of the issues and target audiences they address. What is less obvious is that the best communication strategies are also informed by — flow naturally from — the Mission Statement of the originating organization. The Mission Statement is the foundation, the platform on which the voice of any communication endeavor rests. And the institutional identity communicated through the Mission Statement is as important *internally,* to members of the organization, as it is *externally*, to the public it serves.

An organization's Mission Statement crystallizes the vision that drives all the work to be done. It helps focus and concentrate energies and unify activities. It clarifies not only what is to be done but how it is to be done. And, perhaps most important, it clarifies what is *not* to be undertaken by the organization.

The Mission

With this in mind, SEAMOS in 1991 began to develop an institutional Mission Statement and a five-year plan that ultimately was to influence all of its communication activities and products.

Positioning SEAMOS

Positioning is the mental or market niche of the institution that distinguishes it from other organizations or efforts in the field. Developing an institutional Mission Statement is, in part, a positioning exercise. It requires that members of the organization determine where their firm fits — its niche — in the field of endeavor — drug control — and in the minds of their key publics; it requires that they determine its public image.

Therefore, early work on developing a Mission Statement for SEAMOS included examining public perceptions about the organization and its activities as well as about other organizations and actors in the Bolivian drug control arena. This was an important step, not only in understanding what positive equity SEAMOS might have accrued in the field but in determining its area of strongest competitive advantage as well as any negative perceptions it might need to address.

This initial examination revealed that although name recognition for SEAMOS was extremely high, the public image of the organization was

fuzzy and fragmented. SEAMOS was seen as involved in virtually everything and anything related to drug control in Bolivia, and the distinction between SEAMOS and others working on drug control — CESE, DINAPRE, SUBDESAL, USIA broadcasts and DEA efforts — was somewhat blurred. Of particular concern was the image of SEAMOS as an arm of donor institutions, linking it to the somewhat controversial issue of foreign involvement in Bolivian drug control.

This backdrop of perception lead to a classic institutional positioning exercise for SEAMOS that included the following:

- Defining its market niche — Where does SEAMOS best fit in the Bolivian drug-control field?
- Defining the mental niche — What public image of SEAMOS is best suited to ensure its success in this market niche?

Defining the Market Niche for SEAMOS

The first step in developing a market positioning for SEAMOS was to create a *perceptual "map"* of the drug control field in Bolivia and to identify where SEAMOS could most viably fit in this map vis-a-vis other institutions and efforts. Developed in brainstorming sessions, the perceptual map of the Bolivian drug control field is shown below in Exhibit 1.

EXHIBIT 1
A Perceptual Map of the Drug Control Field in Bolivia

Problem Areas	Characteristics	Response (Intervention)
Production	• Growing • Refining	• Alternative development • Eradication • Interdiction
Trafficking	• Presence of Drugs • Availability for Use	• Interdiction
Consumption	Use of — • Cocaine • Inhalants • Marijuana	• Prevention • Rehabilitation • Re-socialization

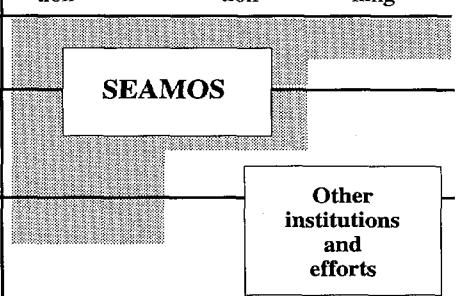
As can be seen, Bolivian drug control efforts are divided into three basic problem areas:

- *Drug Production* includes both growing and refining drugs and can be dealt with in three ways: (1) alternative development (crop substitution), (2) eradication, and (3) interdiction.
- *Drug Trafficking* includes both the presence of drugs (drug traffic) as well as the availability of drugs for sale and use in Bolivia. This can be dealt with largely through interdiction.
- *Drug Consumption* includes the use of cocaine, inhalants, and marijuana. This can be dealt with largely through prevention efforts to reduce the demand for these substances, as well as by rehabilitating and re-socializing drug users.

In further brainstorming sessions, the perceptual map shown in Exhibit 2 addressed the question: "What activities is SEAMOS uniquely suited to carry out, with distinction and excellence, in the field of Bolivian drug control?" This goes to the heart of the positioning issue — institutional commitment and competitive advantage. The map visualizes what SEAMOS' leadership sees as the desired positioning of SEAMOS vis-a-vis other drug control organizations and efforts.

EXHIBIT 2
Perceptual Map of Organizations in the Bolivian Drug Control Field

		PROBLEM AREA		
	Media Channel	Consumption	Production	Trafficking
Prevention	Mass Media			
Prevention	Intermediary Media			
Prevention	Interpersonal Media			



The map reveals several key positioning decisions made by the SEAMOS team. First, it can be seen that all of the territory represented on the map falls into the area of *prevention*. Thus, the original prevention mandate of SEAMOS was reaffirmed as the organization's focus. Next, it is clear from the map that of the three basic drug problem areas — production, trafficking, and consumption — it is *preventing the consumption* of drugs that will receive the greatest impact from SEAMOS' effort and commitment, both through the use of mass media and through intermediary media support (working through schools, youth groups, and the like). Preventing the *production* of drugs, particularly through mass media efforts, can also be seen as an area of strong SEAMOS activity and involvement.

What the perceptual map clearly shows is that SEAMOS sees the prevention of drug *trafficking* to be largely outside its purview, with the exception of some mass-media activities in support of such prevention efforts. In like manner, those interpersonal activities aimed at preventing drug *production* (i.e., training farmers in alternative development) fall outside the SEAMOS scope, although some communication programs carried out via intermediary channels would fall, in part, under the SEAMOS umbrella (such as education and awareness of alternative development programs among the farmers' unions).

In accordance with the map outlined above, agreement was reached that the following consensual *national* goals would be supported by SEAMOS through the specific *institutional* goals outlined below:

I. National Goals:

a. Drug Production:

Substitution of alternative crops for coca-derivative products through the generation of more favorable socioeconomic conditions, the betterment of the community infrastructure, and the support of projects in isolated zones of the population.

b. Drug Trafficking:

Impede the distortion of the economic infrastructure, social structure and geopolitical structure caused by the narco-trafficking community. Avoid the increase in violence and corruption brought about by narco-trafficking.

c. Drug Consumption:

Increase public awareness of and knowledge about the negative effects of the consumption of illicit drugs, and about the alternatives to consumption.

II. SEAMOS' Institutional Goals:

a. Drug Production:

Support Bolivian alternative development initiatives and help differentiate coca leaf from cocaine. *"Coca si, cocaine no."*

b. Drug Trafficking:

Support successful control strategies (taking into account the fact that this concerns an illegal activity) under the assurance that anything done will not affect the human rights of the people.

Inform the public about the consequences; make the public aware of the possibility of violence developing from trafficking.

c. Drug Consumption

Educate the public about the negative effects of consuming drugs. Help people understand that Bolivia has a drug problem, and that they must do something about it. Propose an alternative to drug consumption.

In contrast, the roles of other institutions in the drug control field in Bolivia might briefly be described as follows:

DINAPRE: Conduct epidemiological investigations and disseminate the results.

SUBDESAL: Implement alternative development activities.

CESE: Conduct education and prevention training of teachers, students, and parents.

Defining the Mental Niche for SEAMOS

In addition to clearly positioning SEAMOS within the drug control arena (its market niche), the leaders of SEAMOS wanted to clarify its mental niche or public image as well. As stated earlier, this identity program was important, not only to sharpen and enhance the *public* image of SEAMOS, but also to strengthen and clarify the *internal* identity and focus. Because *everything communicates,* the Institutional Identity Program that resulted consisted of several major components:

- A new graphic ID — the logo;
- A public-image, multi-media campaign;
- A reorganization of the SEAMOS staffing structure; and
- A new building and signage for SEAMOS

The Research Base

The first step in developing an umbrella strategy that would inform all of these program components was formative research. Using both qualitative and quantitative methods, the SEAMOS team pinpointed several key facts that would drive the communication strategy:

Existing equity. Research revealed that a strong equity for SEAMOS existed in the organization's name itself; both in terms of the extremely high recognition it registered with the public as well as in the creative possibilities it afforded. SEAMOS, an acronym, stands for what can loosely be translated as *System of Education for Social Mobilization Against Drugs.* Like all good acronyms, SEAMOS means more than this in its local tongue. It is the subjunctive form of the verb *to be,* giving it the meaning of *let's be.* Therefore, *SEAMOS Bolivia* captures the nationalistic thought, *Let's be Bolivia.* In addition, *SEAMOS: La Respuesta* captures either the identity *SEAMOS: The Answer* or a call to action, *Let us be the answer.* The Institutional Identity program for SEAMOS would put these multiple meanings to good use.

Competitive advantage. Research findings confirmed the appropriateness of the SEAMOS market positioning strategy discussed in the previous section. While it was clear from the data that tightening and clarifying SEAMOS' positioning in the drug control field was essential, it was also apparent that SEAMOS was seen as having clear superiority in the area of its creative communication capabilities. SEAMOS' creative products — often outstanding in the public view — represented a positive point of distinction for the organization.

Negative perceptions. One key negative emerged regarding SEAMOS' public image. As mentioned earlier, SEAMOS was seen by the public and other Bolivian organizations as an extension of foreign involvement with Bolivian drug control, almost an arm of donor organizations. This was a negative association for many Bolivians, and represented a threat to the success of SEAMOS' efforts. As a result, the direction taken by the SEAMOS team was intended to strengthen the Bolivian identity of SEAMOS. While SEAMOS management was willing to collaborate with donor institutions, the credibility, public support, and success of SEAMOS in achieving its mission would be enhanced by a thoroughly local public image, and this fact was mutually understood by SEAMOS and the donors.

The SEAMOS Strategy

Based on the key research findings discussed above, the SEAMOS team chiseled out a Creative Strategy Statement to guide their umbrella identity campaign. The statement included answers to the following five questions:

- What is the purpose of the campaign?
- To whom will the campaign be addressed?
- What key message(s) will be delivered?
- What tone and manner will be used to support the message(s)?
- What media will deliver the message?

The following Creative Strategy Statement emerged:

Purpose:

To create an *overall positive image* of SEAMOS among its key publics, who will:

- Recognize that SEAMOS is necessary, useful, and important;
- Become interested in and supportive of the role of SEAMOS.

Target Audience:

- Primary: the general population of Bolivia
- Secondary: other Bolivian institutions and efforts involved in drug control.

Key Messages:

- *Who we are:* SEAMOS is a *national Bolivian* institution.
- *What we offer:* SEAMOS offers an integrated line of creatively superior products in the areas of research, information dissemination, and community mobilization.
- *How we operate:* SEAMOS maintains an open-door policy, providing information on drug issues to anyone who needs it.

Tone and Manner:

The tone and manner of the identity program will be positive, upbeat, assured, supportive, and unified.

Media:

Multiple communication tools, media channels, and formats will be used in an integrated fashion to communicate the message: signage, advertising (television, radio, and print), public relations, and sales promotion (merchandising materials).

The Communication Materials

Using the master Creative Strategy Statement developed by the SEAMOS team as a guide, an integrated set of communication materials was developed. Together, these materials would work synergistically to firmly establish SEAMOS' new institutional identity in the minds of the various target audiences in Bolivia.

All materials were developed using concept testing to sort out the most promising approaches, and pretesting at various stages of development (all prior to finished production) to refine each communication product.

The Graphic ID

The development of a new Graphic ID — a logo — was SEAMOS' first priority. This logo would appear on all SEAMOS materials (letterhead, signage, reports, etc.) and as a signature on the tag lines of SEAMOS television spots. It was important that the logo design reinforce the institutional identity the SEAMOS team was striving for. Several criteria were established. The logo:

- Was to be simple, clean, and attractive in appearance, and easy to read and recognize.
- Was to be consistent with the tone and manner established for SEAMOS identity products — positive, upbeat, supportive, unified.
- Was to be readily adaptable to a variety of materials — visors, buttons, postcards, and the like.

The new design was also intended to avoid the perceived pitfalls of the existing SEAMOS logo. This design (shown below) used a pictorial graphic which incorporated several images — a stylized triangle, an outstretched hand, and family silhouettes. The SEAMOS team considered this logo out-dated, cluttered, and potentially confusing. In short, the existing logo was not consistent with the new, more focused positioning the SEAMOS team wished to establish.

In the development process, five new logo concepts were created. Each went through an internal review and informal pretesting process among members of the SEAMOS board of directors, constituent organizations, and the SEAMOS staff. Several concepts were rejected because of their similarity to the old design; they adhered too closely to the heritage of SEAMOS, failing to represent a truly reinvented identity for the organization. Numerous other designs used bold "twenty-first century" graphics and were ruled out because they represented too great a departure from tradition and created an image that was considered too sophisticated and western or European in nature. The final logo design (shown on the next page) was what the SEAMOS team had been looking for.

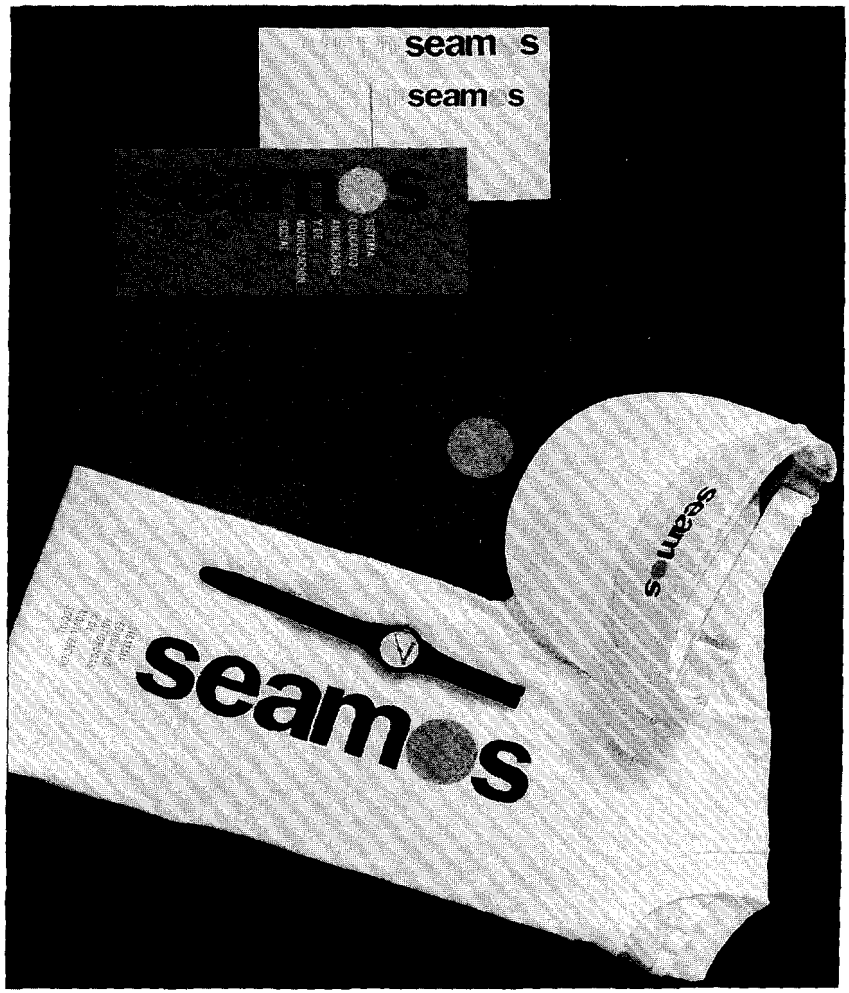
Vivid steel blue lettering was used to connote solid professionalism and experience. Against a pure white (or black) background, this lettering provides a clean, clear image. The letters were rendered in lower case to create a feeling of accessibility and friendliness, and because lower case letters are more readable.

A contrasting chrome yellow "O" is used to provide an upbeat accent and a feeling of warmth. In the SEAMOS television signature line, this letter moves across the screen like the sun to take its place between the "M" and "S" of SEAMOS in harmony with upbeat music and the tag line, *SEAMOS: let us be the answer.* This not only brings viewer attention to the logo, it brings the sun and all it conveys — light, life, warmth — to SEAMOS. In fact, in the first wave of SEAMOS institutional television spots, conscious effort was made to focus viewer attention on the change taking place within SEAMOS by literally transforming the old logo into the new one during each spot's closing sequence and tag line.

Mass Media — Television and Radio

The mass media can accomplish many things. Television and radio advertising, for example, can reach many people quickly and efficiently, and were, therefore, effective in directing widespread attention to the new positioning of SEAMOS. Because of their flexibility, the mass media have the power to evoke strong feelings and emotions, such as a nationalistic spirit, in viewers.

In the same way, these media can create an impression that goes beyond words alone. They can use their evocative power to motivate or reinforce specific behaviors (e.g., non-use of drugs) as well as to continu-



ously remind the audience of the presence and activities of an organization like SEAMOS. With this in mind, SEAMOS capitalized on the power of television as its leading media, reinforced by radio "lifts" of the television scripts.

Four television spots were developed to launch SEAMOS' new identity. All were produced in Spanish, the language norm for television in Bolivia, rather than the indigenous languages of Aymara and Quechua. As shown below, each spot had a slightly different purpose.

EXHIBIT 3
SEAMOS Television Spots: Purposes

Title	Purpose
Crossword Puzzle	To position SEAMOS as the answer in drug-abuse prevention and to highlight three key areas of SEAMOS activity: research, information dissemination, and community mobilization.
Tree Planting	To position SEAMOS as a Bolivian organization deeply concerned about and acting to ensure the nation's future. To call for solidarity and support.
Open Door: Institutional	To position SEAMOS as an accessible organization with an open-door policy, and to feature three key SEAMOS activities: research, information dissemination, and community mobilization.
Open Door: Information Center	To highlight one of SEAMOS' key activities — The Information Center — and to reinforce the open-door policy and open-minded attitude of SEAMOS that makes accurate information available to everyone.

"Crossword Puzzle" uses a single creative device, a crossword puzzle, to focus viewer attention on three key prevention activities of SEAMOS: research, information dissemination, and community mobilization. While the screen presents a close-up of a blank crossword puzzle, an announcer's voice-over gives the audience several crossword clues. The viewer watches as the answers are written into the puzzle, letter by letter. In this manner, four clues are given and the answers lettered in either the "down" or the "across" column of the puzzle.

The final solution to the puzzle is achieved when the announcer provides the last clue: *Institution that works in all of these areas to combat drugs. S E A M O S* is filled in letter by letter, to mesh with the "a" and the "m" of *movilizacion* and

EXHIBIT 4
Crossword Puzzle Clues

Clue	Answer
Action of combating drug addiction	Prevention
Seeking causes and reasons	Research
Making people aware/educated	Information
Support activities in the areas of sports, science, and the arts	Community Mobilization

informacion. This ingenious device was used to underscore the integration of SEAMOS' activities and to enhance viewer involvement with the message; the audience is drawn in by actively engaging in the game and mentally solving the puzzle.

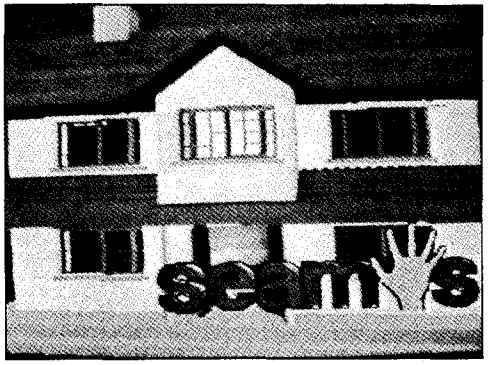
The spot closes with the tag line, *SEAMOS: let us be the answer,* underscored by upbeat music. Accompanying visuals show the transformation from the old logo to the new one, using the yellow sun as a "bouncing ball" to bring viewer attention to each letter as it changes into the new blue, lower-case font in sequence, literally spelling out S-E-A-M-O-S. The sun rewrites SEAMOS and then settles into the "O" position. The signature line waves a symbolic good-bye to the old SEAMOS by depicting the original hand graphic in a "waving dissolve" behind the sun. As it takes its place as the "O" in SEAMOS, the fingers turn into rays of sun and then dissolve into the background.

"Tree Planting" cinematically depicts a man kneeling in the forest to gently plant a small tree. A photographic format is used to make the message (shown below) personal and authentic. Stylized Andean music underscores the visuals.

A population is the result of what its people harvest. Take care of the new generation and help them develop their potential.

These are the tasks that SEAMOS has undertaken to ensure the future of Bolivia. With your support we will be/let us be the answer.

The closing sequence utilizes the same tag line and visuals as "Crossword Puzzle."

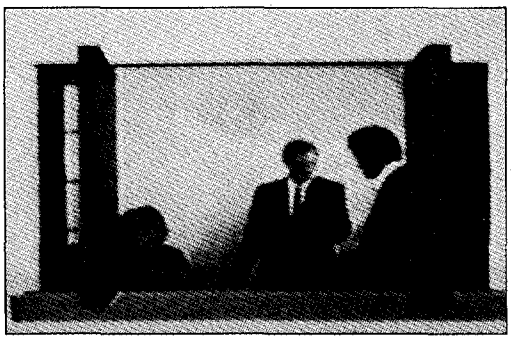


"Open Door: Institutional" is one of two frankly institutional spots in which the computer graphic image of a house slowly revolves, underscored by "newsroom" music, pausing at various angles to allow different doors or windows to open. Each opens to another activity of SEAMOS and invites the viewer inside with the camera as it slowly zooms in through the opening to focus on the depicted activity shown within.

- *Every day, SEAMOS opens a window to the future.*
- *Here we speak frankly.*
- *We compile information.*
- *We offer scholarships for study.*
- *We underwrite scientific and artistic undertakings.*
- *SEAMOS has its doors open so that together we may be the answer.*

"Open Door: Information," using the same format, a computer-graphic house with opening doors and windows, further highlights one key SEAMOS activity: The Information Center.

- *Every day SEAMOS opens a window to the future.*
- *Through research, we look at causes; we analyze reasons for actions.*
- *We look at all pertinent and relevant information and have all the facts available.*
- *We always have windows open so that together we may be the answer.*



Radio spots were produced to run simultaneously with their television counterparts. They represent voice lifts from

the television spots but, consistent with Bolivian norms, were produced in four regional languages: Spanish, Aymara, Quechua, and Guarani.

Media Schedule

The four television spots (with accompanying radio) were introduced in a phased launch which began in January 1993 with the airing of "Tree Planting". After phasing in, each spot ran in rotation with the others at low to medium media weight (frequency of airing). While the four introductory spots continued running throughout the twelve months of 1993, keeping SEAMOS name recognition and positioning in focus, other reinforcing television spots highlighting specific SEAMOS programmatic areas were phased in. Three spots were produced in each of the following general categories:

Institutional response. In order to solidify the SEAMOS positioning, these spots took activity areas depicted in the open-window/open-door sequences of "Open Door" and magnified them into full-screen, live-action commercials focusing on the Information Center, research and evaluation, scholarship programs, and community mobilization.

Cultural integration. These spots were intended to reinforce the integrated heritage of Bolivia and to position SEAMOS as a Bolivian organization supportive and respectful of that heritage. The spots utilized the same cinematic format as "Tree Planting" and depicted indigenous life among the Aymara, Quechua, and Guarani cultures. Each included a call to action and a call to stand together to ensure the integrity of the nation's youth against external threats such as drugs.

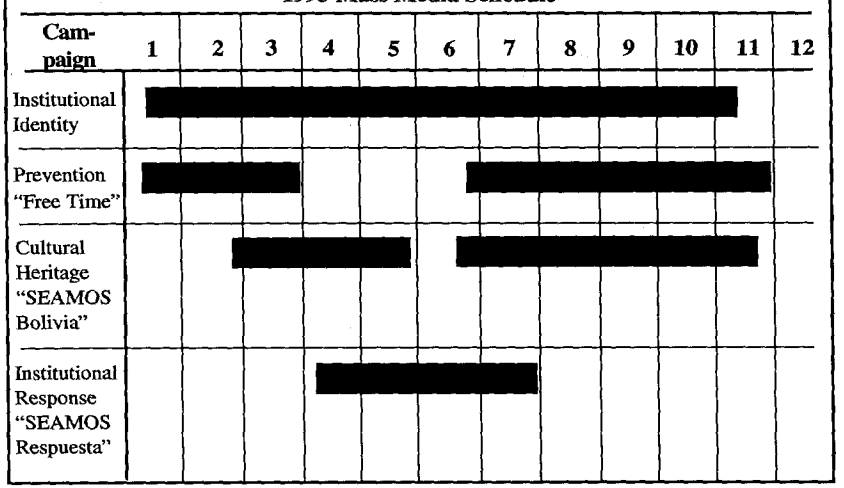
Prevention — "Free Time Without Drugs." These sixty-second slice-of-life spots depicted positive alternatives to drug use among youth, and were based on the theme, *To be yourself, you don't need drugs*. Their purpose was to reinforce the current drug-free life-style norms that exist among Bolivian youth.

The airing schedule for the Institutional Identity campaign plus three reinforcing campaigns can be seen below.

Collateral Materials

In addition to the mass media products, many collateral materials were integrated into the SEAMOS institutional campaign. As can be seen from the grid below, some of these materials were used only during the launch activities, while others were developed for long-term use.

EXHIBIT 5
1993 Mass Media Schedule



SEAMOS posters used two general formats. An abstract painting, donated by a local artist, was combined with the SEAMOS logo to promote the SEAMOS Information Center. A second approach was to produce "boiler plate" for poster use. The SEAMOS logo was produced on a blank poster. A second print run was used to include appropriate visuals for specific activities as they arose.

The SEAMOS Organizational Structure

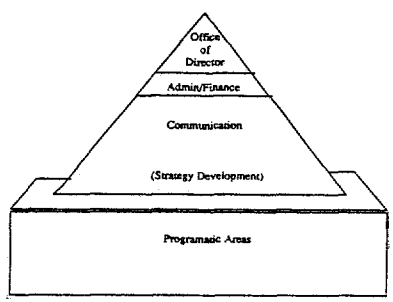
As we said at the beginning of this chapter, creating a new identity for SEAMOS was also an inside job. To make the positioning of SEAMOS real to the staff and management of the organization, an internal reorganization took place. The intent of this reorganization was to strengthen the communication function and creative capability and make it central to the institution, interfacing with all of the program activities. This was accomplished, in large part, through technical assistance and training provided by NAE.

As can be seen by the graphic below, the office of the director maintains the pinnacle position in SEAMOS so that the vision and guidance of the Executive Director, Lupe Andrade, continues to lead SEAMOS from the top. The communication function has a broad-based, strategic position in the organization, interfacing with all program areas.

EXHIBIT 6
Collateral Materials

Creative Materials	Launch	Annual	Long-term
Corporate Brochure		X	
Annual Report		X	
Annual Plan		X	
Posters			X
Post Cards			X
T-shirt	X		
Key-rings	X		
Visors	X		
Press Kits	X		
Swatches	X		
Buttons	X		
Street Banners			X
Event Banners (4'x10')			X

EXHIBIT 7
SEAMOS Organizational Structure



The SEAMOS Building

With the new identity and new organizational structure of SEAMOS came a move to a new location. SEAMOS previously had occupied shared commercial space, making its own identity and image somewhat difficult to convey. In 1993, SEAMOS relocated to a free-standing building clearly identified and solely occupied by SEAMOS. The signage on this building, a converted Bolivian home, utilized the new SEAMOS logo and set the structure apart from those surrounding it.

The SEAMOS team was also determined to unite form and function in this new location. The new space is, therefore, carefully configured to fit the new organizational structure. Each department has its own space, and all departments share common resource space — conference room, kitchen, reception area, etc. The Office of the Director is located near the main entrance, flanked by administration and finance. The Communication and Creative Departments occupy the central and largest space in the building. Significantly, the Creative Department has been outfitted with new equipment which has allowed it to move from mechanical, labor-intensive materials development to computer-generated artwork using state-of-the-art software packages. Finally, it is noteworthy that the space was designed so that a separate walkway and ground-floor entrance would assure the public of access to the Information Center, a separate but unified part of the structure.

In Conclusion

The SEAMOS team took some bold steps in bringing their commitment and vision to life through an Institutional Identity Program that touched every facet of the organization. While it is not unusual for an NGO such as SEAMOS to develop a logo — or even collateral identity materials — the manner in which this was done by SEAMOS stands apart. The level of thoroughness, professionalism, strategic thinking, and institutional commitment that went into the SEAMOS Identity Campaign — and every piece of creative material included in it — is largely without parallel. It wasn't easy and it wasn't fast. It meant changing the way SEAMOS staff thought about and conducted their work. And this required the active participation and support of every staff member at every level — a substantial investment in team building.

Did it make a difference? On-going focus-group research in the development of new SEAMOS prevention materials suggests that it did.

Although not quantifiable, this research indicated that the public has taken notice of the campaign and that its image of SEAMOS is changing. Perhaps the most conclusive evidence that a difference has been made lies within the organization itself, where every staff member is aware of the new identity every day. As each one enters the door of the building, develops a piece of creative work on a state-of-the-art computer, or hammers out a Creative Strategy Statement for a television spot on drug prevention, each and every SEAMOS team member knows and feels the overarching presence and clarity of the vision that drives their work.

18

Social Merchandising: Using Brazilian Television Miniseries for Drug-Abuse and AIDS Prevention

Marcio Ruiz Schiavo

Julio is 18 years old. He's already a cocaine addict and, like others who find themselves in the same situation, he feels alone and helpless.

JULIO: I have nothing. No family, no friends, no girlfriend. I've only got drugs...

With these words, Julio tries to express what is going on within him. Tony, his older brother, a young boxing talent, confronts Julio about Julio's experimentation with cocaine. Tony, a few friends (Montanha, Arthur, and King), and Julio's future girl friend (Carla) decide to get together to pull him out of the drug world. It will be a difficult task, and a hard road for Julio to follow, with advances and setbacks. But it's a road that *can* be followed, a task that *can* be accomplished.

In U.S. terms, "Sex-Appeal" is a television miniseries, involving a top fashion model competition, boxing matches, parties, and a few mysteries. Making use of opportunities that the plot offered, themes related to the use of drugs were developed, with emphasis on the preventive and educational aspects. For seven weeks, about 25 million Brazilians, mainly adolescents and youths, followed the story of Julio, Tony, Arthur, and the other characters. With them, they learned about the risks that use of drugs entails, the negative effects of their use, the progressive destruction of self-esteem, the search for recovery, the importance of solidarity among family and friends, the will-power required of those who want to quit

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using drugs, and, above all, they learned how to resist social pressures to use drugs without missing any of the fun that life offers.

"Sex-Appeal" is one of the most recent instances in which prime-time television in Brazil has been used as a vehicle for anti-drug messages. It grew out of an NAE project initiative aimed at gaining the support of entertainment television in Latin America in order to increase awareness and educate people about the dangers of drug consumption — specifically cocaine.

Public health issues are not new to entertainment television. In some ways, entertainment TV is a perfect vehicle for spreading the drug-abuse prevention message. At the center of mainstream cultural activity, it reaches large portions of the public with a constant stream of programming. As a popular art form, it has the ability to engage viewers in ways that news and public affairs do not. For many people, television entertainment programming is an important source of information about how the world works, and how one should behave in that world. People are as likely to acquire attitudes, emotional responses, and new styles of conduct from televised models as from live models.

The concept of using prime-time television soap operas for public-health communication purposes originated in 1974 with Televisa, the Mexican commercial television network. These early soap operas were the idea of Miguel Sabido, an internationally acclaimed Mexican theater director and a writer-producer-director at Televisa. Over the next decade Sabido designed a number of soap operas which carefully wove in messages dealing with family planning, child health care, and gender issues. The success of the Mexican soap opera experience was followed during the 1980s with similar productions in other countries, including India, Kenya, Nigeria, and Turkey, in which social issues such as gender-based inequality, health, alcoholism, and family planning were addressed. In 1990, Sabido produced *Sangre Joven* ("Young Blood"), another family-planning soap opera with AIDS-prevention and drug-abuse prevention sub-themes.

In addition to the opportunity to reach millions of persons, the use of prime-time soap operas involves mobilizing and obtaining the active participation of a key segment of opinion leaders: writers, actors, directors, producers, and owners of major national television networks. Through the contribution of their creative process, they invest in a critical prevention instrument and assume ownership of it.

However, this is a complex medium to penetrate. As an NAE project consultant, I was engaged to present the merits of including drug-abuse

prevention themes to one of the most important television networks in Latin America, O Globo of Brazil. The decision to work with the Globo network on this initiative was due to the fact that the audience for each chapter would average 25 million people in Brazil alone. Over the course of a year, prevention messages were inserted into five of O Globo's major soap operas. The response was positive, and a considerable number of broadcasts in these series contained scenes with drug-abuse prevention messages.

The major accomplishment of this effort, however, was the twenty-four-chapter miniseries, "Sex-Appeal." In all, twenty-one chapters of the series refer directly to the problem of drug abuse as well as addressing the relationship between AIDS and drugs. This is of particular importance in Brazil where over 34 percent of AIDS cases are directly related to IV drug use. Both the success of the series, as measured by the high audience ratings achieved, and the public acclaim received from media critics are tributes to O Globo's creativity and commitment to the public welfare.

Merchandising: What Is It?

Merchandising consists, basically, of making a display of the product or service, aiming the message directly at consumers in an attempt to influence their consumption habits. In the specific case of television, merchandising is one of the most important marketing resources used to promote products and services — and attitudes and behavior. This media strategy provides opportunities to shape the opinions, attitudes, and practices of the viewing public.

In soap operas and miniseries, merchandising consists of integrating, into the main stories and the parallel threads that are developed within the main stories, scenes and situations in which the product, service, or behavior is clearly presented in a positive context through the characters, who appear as credible sellers of the behavior, products, or services that are being promoted through them.

Social Merchandising

Social merchandising is the insertion — with well-defined objectives — of messages about social issues in soap operas and miniseries. Insertions can be made in both the main plot of soap operas and the various sub-plots that they incorporate. The message is woven into the developing story, utilizing moments and events in the lives of the

characters and causing them to act as public-opinion-forming agents.

It is essential that the social questions thus dealt with do not appear to the viewing public to be extraneous facts or conflicts parallel to the plot, but as integral parts of it. Social merchandising is thus a strategy for presenting and discussing topics of a social nature — such as drug addiction — with the objective of informing and educating viewers. Its impact, in terms of the number of persons reached, is vastly superior to that of the more commonly used strategies of information and education.

Social Merchandising: How It's Done

Following the pattern used for commercial purposes, social merchandising is developed through the following steps:

(a) *Analysis of synopsis.* The process begins with an analysis of the synopsis of the soap operas or miniseries. This analysis will indicate, in general, what the author intends to transmit, the main plot, and its parallel threads. Such aspects as the socioeconomic and psychological profiles of the central characters, their main occupations and preoccupations, the basic characteristics of the surroundings — urban or rural — in which the story will be developed, and the scenarios, locations, and other relevant facts are also analyzed.

(b) *Study of cast, characters, and directors.* Beginning with an analysis of the soap opera's cast of characters, it is possible to predict some possible dénouements for the subplots. Even though soap operas and miniseries often present surprising situations, the profiles of the main roles to be filled are generally determined beforehand. Therefore, a careful study of the roles is important for identifying which characters can best be the bearers of the messages to be transmitted. Analysis can also reveal possible incompatibilities among the characters, the actors and actresses who will portray them, and the social/educational messages that will be transmitted by them.

After the writers, the directors are the professionals who most affect the production of the soap opera. Sometimes highly motivated directors will themselves assume the roles of the principal promoters of the social messages, creating a strong synergistic movement that contributes greatly to the final result.

(c) *Creating opportunities.* Occasions for the inclusion of social messages — in this case, messages dealing with the misuse of drugs — are selected after study of the synopsis, analysis of the cast, and, when possible, interviews with the writers and directors of the soap opera or

miniseries, as well as the broadcast executives themselves. Taking into account the target public, a number of themes, dialogues, scenes, and situations are suggested in which messages can be inserted in a natural manner without forcing a situation foreign to the story.

(d) *Preparation of briefs.* With the opportunities well defined from both the thematic and situational viewpoints, the proposals for themes, scenes, dialogues, and situations are developed in short, objective texts, or briefs. Based on these texts, the merchandising editor (or, in exceptional cases, the story's author) creates opportunities for insertions, suggesting ways of introducing the intended messages into the body of the story, including the dialogues and scenes considered ideal. Every effort is made to ensure that the information to be transmitted is technically correct and that it produces no unintended negative reaction. The ethics codes of the broadcasters and the publicity and advertising media must also be followed.

(e) *Merchandising proposal.* The author or the merchandising editor presents his or her reply to the suggestions that have been made. At this time, all insertion details must be verified, as well as any alterations, deletions, additions, or corrections. Beginning with approval of the proposal, the scenes, dialogues, and any other forms that the insertion may take will be forwarded for production and subsequent taping.

(f) *Merchandising actions.* The final result is taped and ready for showing. From the approval of the proposal to the transmission of the message, a period of at least 30 days elapses. Merchandising can be conceptual, mentioned in the text or in dialogues, or put to use, or visual. It can also become an event within the soap opera or miniseries. These varied alternatives can be combined to produce a stronger, more effective message.

Soap Operas, Miniseries, and Social Merchandising

Soap operas are open-ended works. When they begin to air, only about twenty episodes, out of a total estimated at from 180 to two hundred, are taped. The other episodes are written and taped as the soap opera develops, and reflect the reactions of viewers. Viewers do not watch soap operas passively: they react, indicate paths, call for responses, and express attitudes. And the broadcasters, as well as the sponsors, are always attentive to those reactions.

This being the case, social merchandising cannot be considered closed; it too must be open-ended. The message, after all, is an integral part of the story, and its persuasive force — as well as its value as an instrument capable of modifying behavior, attitudes, and practices of large and important population segments — resides precisely in this fact. Social merchandising continues as the story unfolds, perfectly integrated with the central plot and parallel threads that are developed.

Miniseries follow the basic structure of soap operas, although the episodes are fewer, about twenty-eight. By the time a miniseries is aired, all of its installments generally have been written. This being the case, any changes that may occur during the production process cannot have major significance. Therefore, any merchandising action to be inserted in a miniseries must be determined prior to airing. In Brazil, miniseries are broadcast at a later time than soap operas — normally, at 10:30 p.m. This allows scenes of greater realism and impact to be aired.

It should be noted that when a soap opera or miniseries deals with historical period stories, merchandising becomes impractical, be it commercial or social; such merchandising would be an anachronism. For example, in "The Slave Isaura" (the Brazilian soap opera of greatest international success), the socioeconomic, political, and cultural reality of Brazil in the nineteenth century was portrayed. This made it impossible to deal with any current matters.

The Audience for "Sex-Appeal"

In Brazil. The parallel thread comprising Julio's involvement with drugs was shared by about 25 million viewers. For nearly two months, from Tuesday through Friday, two generations of Brazilians gathered in front of their televisions to dream of the world of fashion and of social and financial success. It became a time, too, for talk about drugs, conversations which took place both in the family setting and among the adolescents and youth who formed the largest portion of the viewers of "Sex-Appeal." The dialogues, scenes, and situations held the attention of the audience and were discussed subsequently, generating much talk about the problems resulting from the use of drugs. For example:

JULIO: ...treatment. There's no other way. And I'm gonna do it! It's the only way to get out of this hole.

ARTHUR: Yeah, life's too good to waste, Julio. I believe this. I think everyone should understand it, and not use drugs at all. And besides, there's also the risk of getting AIDS...

[Handing some printed matter to Julio]

ARTHUR: Read this. It will really open your eyes.

As the story developed, discussion about drug abuse and its serious consequences also evolved. With the support of his brother, friends, and Carla, Julio decides to overcome his dependency through treatment. At the same time he alerts other young people to the dangers of using drugs as a form of escape.

JULIO: It doesn't do any good to try to escape from reality. The answer's in us. I said I was going to stop and I did! Without your help, I wouldn't have made it. But the main thing is that I'm here, I did make it!

TONY: That's right... You can't let drugs destroy people... The big thing is not to get into drugs at all; it can turn into a one-way trip.

To bring this kind of information to so many people, nationwide, vividly portraying the negative experiences undergone by drug users and emphasizing preventive aspects, would be practically impossible using any other vehicle. The technical and financial limitations of reaching large audiences are well known. For the sake of comparison, consider: had this information been presented by means of public lectures, with an average of 50 participants at each lecture, 500,000 lectures would be necessary in order to reach a similar public — 25 million people. If two public lectures were given each day, more than 800 years of continuous work would be required.

In other countries. We should also take into account the public that is reached by showing the programs elsewhere. O Globo's soap operas have an international distribution in fifty-five countries around the world, and experience suggests

that "Sex-Appeal" may be shown in many countries, located both in the Americas and in Europe, Asia, and Africa. The useful life of such a production is quite long, by virtue of its current topicality and the modern treatment given to its technical and formal aspects. Many countries will continue to benefit, in the years ahead, from the messages transmitted in this successful miniseries.

Social Merchandising: Returns and Benefits

In terms of air-time costs and audience reach achieved, for each dollar invested by the NAE project the return was the equivalent of US $55. Also important is the fact that the contributions of both TV Globo and the professionals who participated were entirely voluntary; a commitment was made and participation was reward enough.

In addition to the financial aspects, other benefits accrued from this social merchandising effort. The legitimizing of the drugs theme as part of the plot of soap operas and miniseries, the national coverage achieved, the target public reached, the involvement of writers, directors, actors, and technicians, as well as the broadcasting company managers, all bring significant benefits that, undoubtedly, will be reflected in future productions of the broadcasting company. The very introduction into Brazilian soap operas of themes linked to drug-abuse prevention generated articles and comments in newspapers and magazines, multiplying the number of people receiving the messages and stimulating similar initiatives with the same social objectives.

In summary, social merchandising, despite the complexity surrounding it, is an instrument of singular importance in drug-abuse prevention. It merits greater attention and more significant investment on the part of national and international, public, and non-governmental organizations.

19

Taking the Message to the Streets: Graffiti Campaigns and Community Mobilization

Henry Kirsch

In the United States, graffiti is usually associated with vandalism, defacing public walls with names, racial slurs or indecipherable images. Some of the drawings are intended to delineate youth gang territories. Transmitted, perhaps, through U.S. films and television programs depicting urban decay and youth violence in America, a similar phenomenon may be observed in a number of Latin American cities. In Latin America, however, graffiti often has been used as a medium for social protest and political campaigns. Recognizing that this medium was popular, culturally acceptable, and had the potential to reach difficult-to-reach, high-risk target groups such as out-of-school youth, three prevention agencies associated with the NAE Project, agencies already conducting grassroots drug-awareness and education programs in Bolivia, Brazil, and Mexico, decided to test the effectiveness of graffiti in getting a message to the people. The idea was to create wall-size murals with prevention messages that anyone passing by would see and understand.

The usual graffiti in Latin America, however, are different from the highly creative, visually attractive images which these agencies used to get their messages across. Rather than images, conventional Latin American graffiti relies predominantly on "street smart" slogans derived from popular wit for social protest and political campaigns. In combining verbal messages with mural-sized paintings, the campaigns added a new dimension to this communication channel. The idea of painting colorful

murals was especially attractive to the young people who were going to participate, as well as to their peers who were the target audience.

The findings of the three country experiences represented an important contribution to development communication in the region. Latin American cities are noted for their walled enclosures, both for public buildings and private residences. Particularly in low-income areas and in high-risk inner-city locations, these walls are often defaced, and present a dreary sight to the passerby. The idea behind the graffiti campaign was to combine prevention messages with artwork, visually attractive scenes.

The selection of message and channel in any development communications effort should reflect the community it is trying to reach and influence. One way of insuring that the communications program is appropriate for its target community is to obtain the active participation of community members in its development. In this way the community takes ownership of the project and the campaign itself becomes a community mobilization effort. Although each of the three agencies employed different approaches, community participation characterized all three experiences.

SEAMOS, a leading prevention agency in Bolivia; CEF, the Center for Family Studies in the Northeastern Brazilian city of Fortaleza; and DIF — the National System for Family Development — in the State of Nuevo Leon, Mexico, each completed research designed to test the impact of drug-abuse prevention messages conveyed through graffiti campaigns.

SEAMOS in Bolivia

La Paz already had seen graffiti of the type which defaced public walls. SEAMOS decided to turn this into a challenge by redirecting the creative talent of graffiti painters into a positive action of social communication promoting drug-abuse prevention. In designing its campaign, SEAMOS had two additional objectives: to recruit a number of these young people as volunteer promoters for ongoing prevention activities in the community, and to reinforce SEAMOS' mass-media drug-abuse prevention campaign. SEAMOS identified its target audience as adolescents and young adults 12 to 22 years of age. In December 1992, the Municipality of La Paz agreed to provide forty walls for the project. SEAMOS then published a series of advertisements in the newspapers of La Paz, inviting all graffiti painters to get in touch. The response to these ads surpassed SEAMOS' expectations. A meeting was scheduled in which a contest

was proposed with graphic designs based on the theme, "You don't need drugs to be yourself." The winning graffiti designs were selected according to the extent to which they stressed the positive aspects of drug-free living and encouraged young people to reach their full potential. Negative messages using old-style scare techniques were avoided.

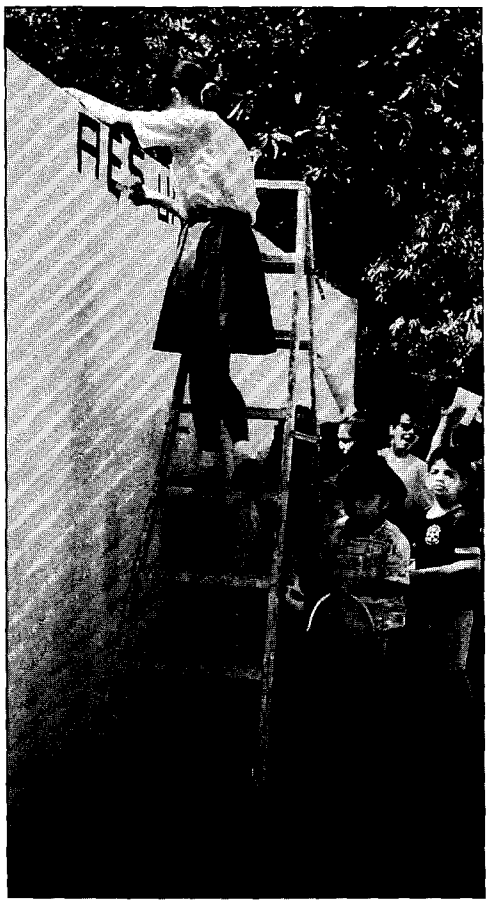
The campaign was launched during the first week of February 1993 and received extensive coverage from the press and electronic media. Journalists' and commentators' reactions to the initiative were notably positive. The coverage in the mass media and the favorable response of the public motivated private organizations and even families to offer the use of street-side walls on their properties in order to expand the effort, and the project continued throughout the year.

During the first half of 1993, the Social Mobilization Department of SEAMOS developed a program designed to train graffiti painters as volunteer promoters. These promoters soon became an integral part of SEAMOS' human resources network and were important elements in

supporting SEAMOS' range of prevention activities. Noteworthy among these efforts was the support which these young persons gave to the Second National Symposium on Youth at Risk, held in July 1993.

Brazil: the Center for Family Studies

With NAE Project support, the Center for Family Studies (Portuguese acronym CEF), located in the northeast port city of Fortaleza, chose a somewhat different approach to its graffiti campaign. CEF had previously conducted a training program in drug-awareness and education for community leaders from shanty-towns (*favelas*) in Fortaleza, the capital of one of the poorer states in the poverty-stricken northeastern part of Brazil. Data coming from key informants, health providers, and an NAE rapid assessment procedure (RAP) had indicated that abuse of different substances — including alcohol, marihuana, inhalants, and psychedelics — was a significant problem in the *favelas* of Fortaleza.



After their training, the leaders of one of the Bom Jardim communities, one of the larger *favelas* in Fortaleza, proposed a mass mobilization effort built around painting anti-drug graffiti messages in their community. The training in community-based drug-abuse prevention efforts which these leaders had received had convinced them of the importance of obtaining

the commitment and active participation of a wide spectrum of the community — especially their target groups, the youth of Bom Jardim. This was a conscious effort to mobilize the target audience, to involve them from the point of initial planning, and to have the youth assume ownership of the program.

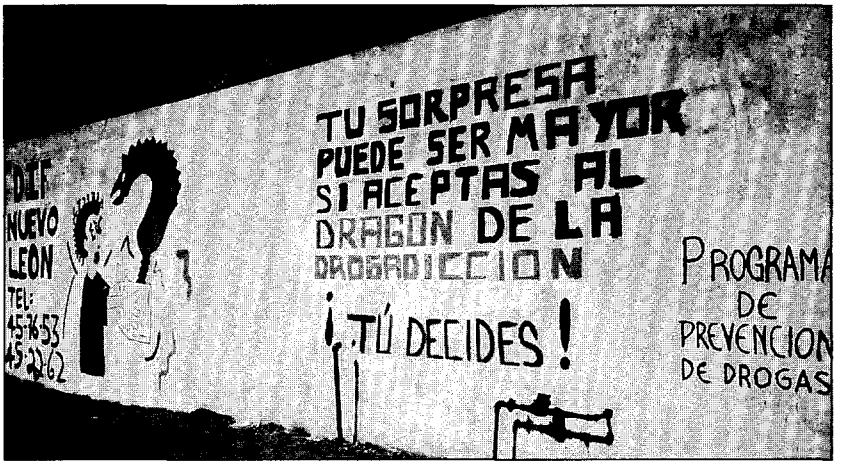
Brazilian Independence day, September 7, was not far away. The community leaders chose as their motto to mobilize support for the campaign a saying in Portuguese calling people to "paint the town" in celebrating Independence Day and to "say no" to drugs. The emphasis of the campaign was to accentuate the positive aspects of a drug-free lifestyle, and to provide a vivid example of how teenagers and young adults could have days of healthy fun without using alcohol and other drugs.

CEF worked with various youth groups, community leaders, and the Youth Pastorates in twelve neighborhoods of the *favela.* Committees were formed to work on different aspects of the campaign. It was publicly launched the week of August 28 with a festival of music and dance which attracted over 1,200 young persons. During the following week registration was open to all those who wished to paint murals. Twelve teams were formed, and these teams spent the entire weekend before Independence Day painting murals at locations chosen for their high numbers of passersby. On September 7, the organizers held another music and dance festival at which slides and a video of the mural painting were shown. Over 1,000 young persons participated in this event.

An element that was key to the success of this campaign was the participation of the community at all stages: design, planning, implementation and evaluation. Over 250 volunteers contributed their efforts. In addition to the positive impact of the campaign, measured through a public opinion survey which is discussed below, the event motivated community schools to spontaneously carry on the effort, painting additional "drug-free lifestyle" murals in the following weeks. Other neighborhoods approached CEF to indicate their interest in conducting the same campaign. And, as CEF reported five months after the campaign, none of the murals had been defaced in any of the neighborhoods. The communities clearly felt that they owned these messages.

Mexico: DIF/Nuevo Leon

The State of Nuevo Leon's branch of the National System for Family Development (DIF/Nuevo Leon), which is discussed in chapter 12, was yet another organization to employ painted drug-abuse prevention graf-



fiti messages. For its campaign, DIF/Nuevo Leon targeted fifty-eight high-risk neighborhoods in the state capital of Monterrey, in addition to downtown locations with heavy pedestrian traffic. Public support was overwhelming—over 137 public and privately-owned walls were donated for this purpose during the period from early 1990 through mid-1993.

Whenever possible DIF involved the entire local community in these events and combined them with other mobilizing activities. DIF also successfully used these occasions to recruit volunteer promoters for other community mobilization efforts. Special contests were held among children and adolescents to select appropriate drawings and messages. Athletic tournaments for youth proved to be additional windows of opportunity which DIF used to hold mural design contests.

DIF mobilized children and teenaged volunteers from local neighborhoods to paint colorful street murals with healthy-lifestyle, anti-drug messages on the street-side walls which had been donated in the targeted areas throughout Monterrey. The public response to this traditional communications vehicle was remarkable, and once again strongly indicated that graffiti can be a powerful medium for mobilizing target audiences.

Medium and Message Impact

In all three instances surveys were conducted to measure the impact of these campaigns. A standardized questionnaire was developed to assess public response to the medium and the messages used. The methodology included the use of an intercept interview in which individuals passing by

the murals were stopped about a block away from the street mural locations and asked whether they would participate in the study. SEAMOS field workers completed 302 interviews in three locations, CEF trained volunteers who completed 116 interviews in the community of Bom Jardim, and DIF workers interviewed 122 persons in five different Monterrey sites. Among the more important findings were these:

• *The murals had a strong visual impact on an overwhelming majority of the intended audience.* Some 89 percent of those interviewed in La Paz, 94 percent in Fortaleza, and 77 percent in Monterrey recalled the mural and had stopped to look at it.

• *The messages were understood and retained.* In La Paz 92 percent of those surveyed had correctly understood the anti-drug message, 90 percent in Fortaleza, and 80 percent in Monterrey.

• *Mural locations were well chosen.* Seventy-four percent of those interviewed in La Paz, 84 percent in Fortaleza, and 71 percent in Monterrey recalled seeing similar murals in other parts of their cities.

• *The public was almost unanimous in its support for continuing the mural campaigns.* Ninety-four percent in La Paz, 94 percent in Fortaleza and 90 percent in Monterrey wanted to see more of these "drug-free, healthy-lifestyle" murals.

• *The public saw street murals as a particularly appropriate and useful means of reaching target audiences.* Some 93 percent in both La Paz and Fortaleza held this opinion, and 89 percent in Monterrey.

• *Sponsor/implementing agency recognition was satisfactory, indicating public recognition of SEAMOS, Fortaleza Church and Youth Groups, and DIF as the major agencies that had sponsored or implemented these efforts.* In La Paz 44 percent identified SEAMOS, in Fortaleza 55 percent credited the church and youth groups involved, and in Monterrey, 44 percent identified DIF as the sponsoring agency.

What Makes the Difference?

Using graffiti to take the message to the streets is clearly a highly effective and cost-efficient way to present prevention messages. Street

murals are big. Murals impress people. A mural makes a great public display. Almost everyone sees it, and that means that the message can get across to parents, friends, and other groups in the community. People in the neighborhood remember a mural — especially when they have been directly involved in creating it. The community takes ownership for its own creative work: months after the murals were painted, virtually none had been defaced in any of the locations in the three cities.

VI

Long-Term Interventions: Sustainability, the State, and Civic Society

Effective drug-abuse awareness and education programs require prevention institutions to develop a capacity to respond, over an extended period of time, to a highly complex set of challenges. Such institutions must simultaneously meet the demands of shifting political, domestic, and international priorities, resolve the conflicting interests and goals among the various agencies involved, and develop a strategy to ensure the financial sustainability of the institution after external funding ceases.

20

The Bolivia Model

Russell Stout

If societies are to undertake drug-abuse prevention programs, then it makes sense to apply the lessons that have been learned with such programs throughout the world. Recent research seems to indicate that what is required in successful prevention programs is a community-based effort, involving individuals, families, law enforcement agencies, and businesses (Falco, 1993).

Current community efforts are primarily directed at addicts and drug dealers, but there is ample evidence that a collaboration among parents, schools, the criminal justice system, and private institutions can also be effective in drug-abuse prevention. In the United States this has led to national programs to fight drug use, ranging from the simplistic "Just say no" campaign to the complexity of residential addiction centers. It also makes sense to recognize that the public must be made aware of the problem before effective strategies can be developed and implemented.

In Latin America, the most recent understandings between the United States and its hemispheric neighbors are the Cartagena Agreement and the follow-up San Antonio Statement. These declarations define the U.S. role in assisting Latin American nations to reduce the violence and the economic distortions produced by drug production and trafficking. These agreements also emphasize education and prevention as a major part of the anti-drug strategy, with a particular emphasis on the Andean nations of Bolivia, Colombia, and Peru. Peru and Bolivia are the world's number one and number two producers of coca leaf, the raw material that is processed into cocaine and other coca-based substances such as cocaine paste and "crack." While Peru and Bolivia are the leading producers,

Colombia has been the center for processing, distributing, and marketing the refined products throughout the world. In recent years Colombia has also moved into production of poppies, the raw material for the opiates, such as opium, morphine, codeine, and heroin.

For political, social, and economic reasons, the United States has taken the lead in fighting drug production, trafficking, and use in the Andean nations, and has been providing intelligence, law enforcement training, crop substitution programs, and general drug-abuse prevention assistance to those nations.

In emphasizing domestic prevention, it appears that the current U.S. political leadership is reacting to the failed policy of repression or eradication in the producing countries and the interdiction of drug shipments outside U.S. borders. The "war" against drugs that has been waged for the past twelve years or so has concentrated on drug-producing areas in Asia and Latin America. In South America the target countries are the Andean region's coca-producing and processing nations, Peru, Bolivia, and Colombia. In all three countries, U.S. foreign assistance has been used to support or establish anti-drug organizations. This chapter focuses on USAID-supported drug awareness and education efforts in Bolivia, with no attempt to analyze programs to support law enforcement or the administration of justice in prosecuting drug producers and traffickers. Nor is there an examination of the agricultural "alternative development" programs that aim to replace coca with crops that may be a source of income for the farmer (but probably will not have as strong a world-wide demand as the refined products of the coca leaf or the poppy).

If demand reduction is to be the policy for the future, then it makes sense to see how these strategies are working in the coca-producing countries, where supply is plentiful and prices are low. In Bolivia, USAID — using the resources of the world-wide Narcotics Awareness and Education Project (NAE), in collaboration with the Government of Bolivia and private, non-governmental organizations — has demonstrated a commitment to fighting drug production, processing, trafficking, and use through alternative development and public awareness, education, and research projects.

The Bolivia Project: Background

U.S. government involvement in and support for drug-abuse prevention in Bolivia goes back to the early 1980s, when both USAID/Bolivia and the Narcotics Affairs Section (NAS) of the U.S. Embassy in Bolivia

began to support mass-media campaigns and education through Bolivian institutions. Since 1986, USAID/Bolivia has been working with the Anti-Drug Education and Social Mobilization System (Spanish acronym SEAMOS), an organization that was founded and is sponsored by the Bolivian Confederation of Private Businessmen (Spanish acronym CEPB). The Narcotics Affairs Section of the U.S. Embassy founded the Drug Education Center (Spanish acronym CESE) in 1983. NAS had also been active in conducting demand-reduction seminars throughout Bolivia as part of its overall anti-drug strategy. (This effort ended in 1991 when the contract with the U.S. provider expired.)

In 1990, USAID/Bolivia assumed full responsibility for funding and managing drug awareness and education activities in Bolivia. A new project was developed and funded that includes two private-sector organizations, SEAMOS and CESE, and two Government-of-Bolivia institutions, the National Directorate for Prevention of Drug-Abuse (Spanish acronym DINAPRE) and the Subsecretariat of Alternative Development (Spanish acronym SUBDESAL).

In the analysis that follows, the concentration is on identifying and exploring the problems that faced this effort when it began in 1990, what has been done to deal with those problems, where the project stands now, and where it seems to be headed. This analysis should serve as an indicator of what has worked in Bolivia, and whether this model can serve as an example for Latin America, and perhaps even the United States.

Putting a group of diverse institutions and individuals into a project paper or a plan for action is one thing. But it is quite another matter to get these groups to work together to produce results that are consistent not only with U.S. policy objectives, but that also fit the reality of society, politics, and anti-drug policy in Bolivia. The dynamic that drives U.S. Foreign Service and law enforcement agencies is not at all the same as that which motivates the responsible agencies in the Government of Bolivia and serves the interests of Bolivian private-sector institutions. In order to insure agreement on the strategy to be pursued, the following factors had to be considered:

1. The need to reach agreement on poorly understood or potentially conflicting policy objectives.
2. Developing a means to use the knowledge already acquired in each implementing institution as a starting point in building coordination and collaboration into the implementation of the project.
3. Designing a coordinating mechanism that would include all project

elements without demanding unanimity at each step of the process or becoming bogged down in formal clearance procedures.

4. Establishing credibility for Bolivian organizations by maintaining the integrity of the implementing institutions and their defined tasks within the project.
5. Designing and implementing an evaluation process to monitor project activities and measure project progress.

The Analytic Framework: Identifying Organizational Problems

The task outlined above does not fit neatly into our common-sense understanding of how to implement projects. The ability to coordinate complex tasks in circumstances that are as yet poorly understood presents a special problem for the project manager. There is no off-the shelf template that can be applied to the problem of increasing awareness about the problems posed by drug production, processing, trafficking, and use. In any case, management cannot be reduced to simplistic formulas. The first step is to identify organizational problems. For the purpose of this analysis, they can be divided into problems of development and problems of production (Stout, 1981). Developmental problems are those for which a proven technology does not yet exist, or for which an acceptable value agreement has not yet been reached. Production problems, on the other hand, are a result of gaps in knowledge about an existing technology, or a minor disagreement in an otherwise well-developed value consensus.

Breaking problems down in this fashion does a number of things: it directs our attention to a problem, not to the organizational hierarchy, and it isolates the problem from the person. It gets us away from the halo effect of incumbent authority — if someone low in the organization is occupied with a problem, it is usually assumed that the problem is not particularly important; if a corporate executive or a president is concerned with a problem, it is *ipso facto* important.

Production functions are essentially programmed. There may be temporary movement into a pragmatic or a bargaining style, but these are normally minor digressions from an otherwise known and agreed-upon strategy.

Problems of development are the key management concern. They are by definition ill-structured and require innovation or perhaps a renegotiated organizational position.

Clearly, the problems facing the implementation of the drug-aware-

ness project in Bolivia were developmental. The pre-implementation process involved moving the institutional elements along the analytic and pragmatic path from development to production. It should also be clear that within each institution there were tasks that could lend themselves to production programming. Producing video spots is a technological task — the content isn't, but the process is. Publishing, distributing, and presenting anti-drug materials can also be moved into the production mode. But first there must be a clear understanding of the development task, and a means of moving the implementing agencies along the difficult path to production. This requires planning and negotiated agreements among the participants.

Strategic Planning For Implementation

The first step in this process was perhaps the most straightforward: reinforcing the links between the diverse policy interests of the U.S. Government agencies involved in the drug struggle. In mid-1990 the mainstay of U.S. policy in the Andean region was in-transit interdiction, coca eradication, and strong law enforcement. The bulk of the resources and much of the attention of the senior Embassy staff were devoted to implementing that policy and determining how other U.S. government efforts were contributing to the war on drugs. The USAID Mission staff, on the other hand, concentrates on how to help Bolivia develop democratic institutions and a self-sufficient, free-market economy. And although USAID missions always operate within general U.S. policy objectives, the agency is prohibited by law from directly supporting the armed forces or police of any nation. This means that in Bolivia USAID does not directly support law enforcement actions against drugs and drug trafficking. An accommodation therefore had to be reached to demonstrate that a drug awareness project could, in fact, support U.S. policy in Bolivia without directly assisting military or police agencies; the prevailing view in the Embassy was that awareness and education efforts did not and could not contribute to the drug struggle.

Bolivia had, in 1988, adopted tough anti-drug legislation (Law 1008) that defines legal and illegal activities and assigns law enforcement responsibilities to the Special Forces Against Narcotrafficking (Spanish acronym — FELCN). The drug awareness project, by adopting as one of its goals the promotion of support for Law 1008 and the Bolivian struggle against drug production and trafficking, was able to demonstrate a clear

linkage and direct support of U.S. government policy objectives in Bolivia. The links between what the Embassy considered necessary and what was acceptable to USAID were reinforced by including CESE, the Center for Narcotics Education, in the original 1990 Project Paper for the Drug Awareness and Prevention Project (DAPP). The project design assigned a role for CESE and budgeted funds for what had been an institution entirely supported by the Embassy's Narcotics Awareness Section — NAS. Once the congruence between the DAPP and other U.S. government activities had been demonstrated, USAID's Mission Director and the Embassy's Deputy Chief of Mission agreed that project implementation should proceed.

Yet another obstacle was encountered. The project design was extremely complex. It called for support to be provided not only to the private-sector institutions, CESE and SEAMOS, but also to public-sector institutions of the Government of Bolivia. It was understood that if the project were to succeed, the private-sector organizations would have to work closely with the public-sector prevention agencies, DINAPRE and SUBDESAL.

This presented a formidable implementation problem within the project because DINAPRE, in particular, had been assigned overall coordinating responsibilities for all drug-abuse prevention activities in Bolivia. DINAPRE's then-Executive Director insisted that project funds be channeled through DINAPRE, and that overall project supervision be exercised by him and his staff. This was not an entirely unjustified claim; at that time DINAPRE had sole responsibility for coordinating all Bolivian government drug-abuse prevention activities. To further complicate matters, some senior U.S. Embassy officials were highly suspicious of the motives and abilities of the Bolivian anti-drug agencies, particularly DINAPRE.

These U.S. foreign service officers were concerned about the potential for corruption and the lack of political will in the Bolivian fight against drugs. The concern was legitimate. At the time project negotiations were taking place, the Government of Bolivia had attempted to appoint a highly suspect former officer of the notoriously brutal and corrupt Garcia-Meza military government as Director of the Special Forces Against Narcotrafficking, FELCN. The nomination eventually was withdrawn, but suspicions lingered. In the same time frame the then-Minister of the Interior (Bolivia's chief law enforcement officer, similar to the U.S. Attorney General) resigned under a cloud of corruption charges involving the minister, his brother, and narcotraffickers.

In this atmosphere, it was not at all remarkable that senior U.S. Embassy officials should view with suspicion their host's willingness to undertake programs funded by the United States in order to assist the United States in combatting the international drug trafficking problem. During the Cold War, U.S. ambassadors regularly questioned their host government's commitment to fighting Communism. The same suspicions now apply to a host government's commitment to fighting a highly profitable drug trade that many national leaders believe directly or indirectly contributes to the nation's economic strength. Because drug profits generally wind up in U.S. or off-shore Caribbean banks, this belief is mistaken, but is no less strong for being incorrect.

In 1990, then, what started out to be a relatively straightforward extension of USAID/Bolivia's support for drug awareness programs quickly became problematic because of the differing policy perspectives of USAID and the U.S. Embassy, though both are elements of the U.S. Department of State, and as such are charged with implementing U.S. foreign policy,

Embassy officials normally are concerned with the diplomatic here and now, that is, the current state of relations between the nation and the U.S. policy objectives in that nation. USAID, on the other hand, is concerned with the ability of host nations to develop, to become self-supporting, free-market democracies. Not that the policies are at odds; USAID simply works within a larger time frame. USAID overseas missions must work with successive governments in promoting effective use of foreign assistance to, in turn, promote national social and economic development. Among U.S. government agencies serving overseas there is rarely disagreement on basic U.S. policy objectives in a given nation, but there may be differences over how best to realize those objectives.

Applying the analytic framework outlined earlier, we can readily appreciate the fact that the implementation of the Drug Awareness and Prevention Project — DAPP — was a development problem. The task facing the USAID/Bolivia Project Officer and the institutional contractor, who together constituted the implementation team, was to negotiate the differing value perspectives on drug awareness, while keeping the domain consensus reasonably clear. Once that was accomplished, production techniques could be applied to the actual project activities.

But before substantive drug-abuse prevention programs could be mapped out for implementation — that is, moving project implementation further along the continuum from development to production — it became clear that a forum for negotiation and open discussion was

required. The project needed, from the outset, responsible coordinating instruments to insure that objectives were clearly understood and agreed to in the implementation process. But, at the same time, in order to implement the project in an environment of high uncertainty, the coordination process had to allow for maximum flexibility. It is impossible to forecast what problems and opportunities will arise once the project gets under way (Pressman, Wildavsky, 1976).

To handle the policy coordination process in Bolivia, an agreement was reached whereby USAID would manage drug awareness and education under the general policy guidance of the U.S. Mission Drug-Abuse Prevention Policy Committee (DPPC). This committee was formed specifically to coordinate actions within the drug-awareness project. It is independent of the other drug-related committees in the Embassy (e.g., the Narcotics Control Committee, chaired by the Ambassador), though there is some overlap in membership. The DPPC is chaired by the DCM, Deputy Chief of Mission, and is composed of representatives of NAS, USAID/Bolivia, the U.S. Public Affairs Officer (USIS/PAO), and USAID's institutional contractor. DEA was not included because the project has no linkages or contacts with Bolivian law enforcement agencies. The DPPC meets on an "as required" basis.

Because of earlier negotiated agreements with the senior staff of NAS and USIS, the committee has, from the very beginning, avoided the bickering and "turf wars" that too often mar intra-government collaborations. Having the DCM as chair insured that project implementation would be consistent with overall U.S. policy objectives. The Public Affairs Officer's participation insures coordination of the DAPP with other U.S. government initiatives with respect to information dissemination on the drug problem. The Narcotics Affairs Section, NAS, brings to the table its experience with demand reduction and other drug-related matters in Bolivia. USAID/Bolivia's Project Officer, as prime manager of the project, deals with overall management and the way project activities coincide with other policy initiatives. The institutional contractor's resident technical assistance team is in daily contact with the Bolivian institutions actually charged with project implementation, and brings specific project concerns and opportunities to the DPPC meetings. The DPPC works because it is not captured by any one agency, does not operate from a fixed agenda, and is able to handle circumstances on a consensual basis, determined by the character of the need or problem and the policy framework.

Building consensus within the U.S. Mission was essential to getting

the project off the ground, that is, developing and presenting a bilateral agreement acceptable to the Bolivian government. But there remained the task of moving four distinct Bolivian entities into a useful collaborative mode. As a prelude to the bilateral project grant agreement, a team-building workshop was held in May 1991 in order to clear the way for collaboration between project elements and to explain USAID/Bolivia's administrative and accounting procedures. While participants did get to know each other better as a result of the workshop, it also sharpened and identified areas of disagreement. In order to deal with lingering doubts and unresolved issues, an agreement was reached in the May 1991 workshop to form a National Project Coordinating Unit, PCU. The PCU was intended to serve the same purpose for the Bolivian project elements as the DPPC did for the U.S. Mission.

The Early Implementation Stage

Developing the bilateral Project Grant Agreement (PGA) between the Governments of the United States and Bolivia, and the Cooperative Agreements (CA) between USAID/Bolivia and the two private-sector project elements (CESE and SEAMOS) was a constant negotiation-renegotiation process requiring the utmost tact and sensitivity.

All organizations, but especially non-governmental organizations, seek to preserve their autonomy. They are protective of their domain and seek to avoid undue outside influences.

CESE and SEAMOS were willing to accept U.S. government financing because the agreements they have with USAID/Bolivia recognize the "sovereignty" of the NGO in a particular domain — in this case, education for CESE, and mass-media community mobilization for SEAMOS. Cooperative agreements are essentially collaborative grants, with USAID participation in project administration. To meet the requirements established by the U.S. Congress in administering foreign assistance funds, USAID exercises "substantial involvement" in developing work plans, administration, accounting procedures and hiring key personnel. USAID does not dictate how substantive goals are to be realized by grant recipients, but rather seeks to establish a collaborative mode that is "results-oriented" and operates within the domain needs of participating institutions.

In addition to exhibiting the tendency to protect domain, both CESE and SEAMOS are headed by strong-willed, intelligent individuals who

jealously guard their autonomy, and insist on putting a personal stamp on their organizations. To further complicate matters, CESE began as a subunit of the U.S. Embassy, and the Executive Director was concerned that the move to NGO status would mean abandonment by NAS and USIS who had supported and guided CESE action through 1991. So autonomy and credibility were different issues for SEAMOS and CESE.

The Organizations

SEAMOS is sponsored by the Bolivian Confederation of Private Businessmen (Spanish acronym CEPB). The autonomy that is granted to SEAMOS by the cooperative agreement gives the organization the freedom to establish credibility as a Bolivian institution, (albeit supported by U.S. Government funds). That was a key issue from the very beginning — but it was a reasonable point, because if SEAMOS were to be perceived by Bolivians as just another "mouthpiece" for U.S. policy objectives, there would be no way to win the confidence of the "undecideds" — those who believed that drug trafficking might be simply a U.S. problem and did not really concern them. This is the population that must be convinced that drug trafficking is a problem for all Bolivians, if any headway is to be made in gaining support for law enforcement efforts and in discouraging drug production and use in Bolivia.

CESE, too, wanted autonomy, but the Executive Director also wanted assurances that the support that had been provided by the U.S. Embassy would continue under USAID/Bolivia. It was impossible to provide that guarantee, so it became necessary to assist the Director and the staff to develop the capacity to manage not only the technical educational aspects of their drug-abuse prevention program, but the administrative and financial management functions as well. That is the value of on-site technical assistance — TA; the TA team can work with the institution in identifying areas of concern and can either provide on-site assistance or bring in national or international experts to assist. By the end of the first year, CESE was on its way to self-management and had concluded important agreements with the Minister of Education, and (with the financial support of NAS) the Bolivian Armed Forces and National Police. In 1993, CESE also received a $700,000 grant from the United Nations International Drug Control Program (UNDCP), financed by the Swedish government, to establish regional drug education centers throughout Bolivia.

DINAPRE (now PREID) was assigned the role of research in the

project. Research was unfamiliar to the then-director, a psychiatrist who was most interested in drug treatment and rehabilitation. But he recognized the need for a research-oriented administrator for project-supported activities. He appointed a physician colleague to head the semi-autonomous research unit, the Project for Awareness and Research (Spanish acronym PROINCO). PROINCO's Director had experience with drug-related research as a former senior member of the Bolivian Red Cross, and quickly consulted with the TA team on procedures to be followed in recruiting and training a capable research team. This got underway in early 1992. A core research unit was formed in La Paz, and field research representatives were also obtained for Cochabamba and Santa Cruz.

They set about working with the private firm that had contracted to do the first drug prevalence survey of Bolivia in order to learn how the survey was designed, how the analysis was conducted, and how the materials would be prepared for publication and dissemination. The DINAPRE team was assisted every step of the way by the resident TA team and the NAE Research Director. By the end of 1992 the national prevalence survey was published and the PROINCO team was ready to work on other research projects. Research was necessary in order to design reasonable awareness interventions, because little or nothing is or had been known about the nature and extent of the drug problem in Bolivia.

SUBDESAL was a project element that took much longer to get underway. Like the research unit in DINAPRE, the national communications unit (Spanish acronym UNC) of SUBDESAL was starting almost from zero. A public relations person on the staff had been chosen to head the unit — but the question was whether that person was capable of getting the UNC off the ground. However, as the project geared up it became apparent that the director was eager to learn, cooperative, and a thorough professional, in that he recognized where improvements were needed and was willing to work with the TA team and SUBDESAL to put social communicators to work with rural communities in the Chapare and Los Yungas. The population of these areas was considered a component that was key to the success of the project.

One of the goals of the anti-drug program in Bolivia is to promote voluntary reductions in coca production, that is, without forced eradication by the armed forces or police. If that campaign is to succeed, then the producers have to be persuaded that the short-term economic gain of illicit coca production is not worth the heavy costs of lost agricultural production, the intrusion of criminal drug traffickers, the loss of sover-

eignty to the traffickers, and the physical hazards of processing the coca leaf into the basic paste which is the initial product of the process of converting coca leaf into cocaine. Rural populations also bear the brunt of the environmental costs of poisoned soil and waters, and the health costs when producers or their families also become consumers — not an inevitability, but a highly likely outcome, given that coca paste and other coca derivatives are readily available at low cost. In many cases, the producers and processors of coca are paid in cocaine paste, and they then become part not only of the production network but also of the retail trafficking end of the business.

The Long-Term Technical Assistance Team

The critical shepherding function, that is, moving all involved institutions along the pragmatic path from development to production, was the task of the long-term technical assistance team. The TA unit had a multiple role to play in project implementation.

The first, and perhaps most important task, was to buffer the USAID/Bolivia Project Officer from the day-to-day implementation problems of the project elements. Secondly, the TA team also acted as a buffer between project elements, and between the elements and U.S. government agencies in the Embassy. Finally, the TA team supervised the planning and implementation process, and designed short-term TA interventions to assist the project's elements in carrying out their assigned responsibilities. The TA team is the collaborative hub of the project, the nexus for technical problem resolution, the project "ombudsman" if you will. The TA team represents the interests of project elements to the U.S. Mission and the requirements of the mission to the project's implementors. The team acts as the ultimate "go-between." This multi-faceted role enables the team to head off potential confrontations, facilitate conflict resolution, and carry out technical functions as adviser, collaborator, and "friend of the court."

Prevention Strategies and Interventions

Once the initial steps had been taken to reconcile diverse institutional interests and set up well organized coordinating bodies, the next step was to translate the project goal or strategic objective into action. The project objective is defined thusly: To increase —

> ...the understanding that production and easy access to drugs are facilitating domestic drug use, and that coca production and consumption in Bolivia involve costs to society in terms of widespread corruption, severe economic distortion, increased use of scarce government resources for drug enforcement activities, for health services for treatment of users, losses of worker productivity, and social and political destabilization.

What was required was a strategic planning process that enabled each element to plan its activities in such a way that flexibility and responsiveness were promoted within the collaborative framework already discussed. The project also required a means to measure accomplishment of project indicators, that is, a results-oriented management strategy that moved as many functions as possible from the development stage to the production stage. Once again, under the terms of the Project Paper and the agreements between USAID/Bolivia and the implementing agencies, SEAMOS is responsible for mass-media communication, social mobilization, and a national drug information documentation center. CESE's task is to increase drug awareness through education of students, parents and the general population. PREID/PROINCO is charged with conducting the necessary scientific research to understand the nature and extent of the drug problem in Bolivia. Finally, SUBDESAL was responsible for conveying the anti-drug message, through whatever means possible, to rural residents, especially in coca-producing regions.

SEAMOS Activities

The SEAMOS first-year plan called for producing television and radio spots. The programs were pre-tested and post-tested with focus groups to measure whether they were, in fact, reaching the target audience. The initial strategy, for a number of good reasons, was to concentrate on messages to urban young people. In the first place, this was the area with which SEAMOS was most familiar. Secondly, this is the population most likely to be exposed to the temptation of "cool" drug use. As the SEAMOS team gained experience, they expanded into producing television spots on environmental problems brought on by drug production, and radio soap operas with an anti-drug theme. As part of a separate agreement with USAID/Bolivia, SEAMOS assumed responsibility for financing (with project funds) and supervising the anti-drug television documentary "Beyond the Facts." This successful series had been in existence for almost ten years with USAID/Bolivia and PL-480 support.

Written materials also were being produced to highlight the multimedia approach of SEAMOS. Cartoons, comic books, short stories, and

brochures are published regularly. SEAMOS also supports university theses with anti-drug themes that are occasionally published. This support serves a more useful purpose however, by involving university students in the drug struggle and expanding the knowledge base about coca and its derivatives. SEAMOS also publishes the transcripts and commentaries on a series of round table discussions with an anti-drug theme. These publications are distributed to journalists, scholars, and opinion leaders to acquaint them with the drug problems of Bolivia. During 1993 the Documentation Center produced a series of bibliographies and collections of materials dealing with coca production, the history of coca leaf use in Bolivia, and newspaper reports on drug problems as they appear in the popular press.

One of the most visible signs of Bolivian commitment to the anti-drug struggle is the SEAMOS-sponsored graffiti competition to turn the youthful energy spent in defacing walls into a series of anti-drug messages. (See Chapter Nineteen, "Taking the Message to the Streets.") This has involved the urban youth of Bolivia in saying something about themselves and the negative effect of drugs on their own lives. Closely linked with this effort is support for sports organizations, such as local football clubs, that serve as a means of mobilizing marginal urban populations against drug production, trafficking, and use.

In 1993, SEAMOS initiated a program named "SEAMOS Goes to School" in which newspapers are used as a means of instruction to bring

the anti-drug message home to elementary school children and their parents. (See Chapter Fourteen, "Improving the Classroom Environment for High-Risk Students.") This was a major success in the pilot schools and has been expanded to more schools in La Paz. In 1994 the program will be introduced in Santa Cruz and it is planned to install this program to all regions that can handle it. Remote rural populations cannot make use of this program because the majority of Bolivians are concentrated in urban areas, there are few schools outside the major urban centers, and newspapers are not readily available in rural areas.

In addition, SEAMOS goes to school at the secondary level as well. This expanded program enables the anti-drug message to be carried throughout the entire national school system. At the secondary level materials are designed for both the students and their parents. A recently completed channel study was conducted to determine whether or not anti-drug materials distributed in schools have an effect on the students and their parents. (See Chapter Fifteen, "Testing the Use of Students as Channels of Social Mobilization.") Three schools were targeted for the study. In the first, School A, students received anti-drug instruction and materials to pass on to their parents. In the packet that they received was a request to parents, asking them to sign a letter demanding tougher law enforcement against drug traffickers. A box for the parent responses was provided in the school. In school B, material was distributed and parents were requested to write to the local newspaper asking for stronger law enforcement against drugs. In school C (the control), no material was presented, nothing was sent home to parents, and no assistance was provided to provoke parental action. The School A response rate was much higher than B, and C had no parental response. A common-sense response to the experiment might be, "Of course." But the point is that the approach used by each project element is tested to see if results can be produced by that particular intervention. It is not assumed that the intervention will provoke a response, although that was the working hypothesis (Jutkowitz, 1994). In other cases, SEAMOS uses focus groups to pre- and post-test social marketing strategies.

All SEAMOS activities are planned at the end of each calendar year. But some of the most successful and noticeable outcomes are not anticipated in the original planning. For example, in March 1993 SEAMOS sponsored a round table discussion on coca leaf. Experts — physicians, pharmacologists, psychologists, psychopharmacologists, and bio-chemists — exchanged views and research results on the cocaine content of coca leaf. In part, the discussion was scheduled in response to a govern-

ment campaign that had claimed that "Coca is not cocaine," but the event was primarily intended to elevate the discussion about coca leaf from myth and superstition to a scientific dialogue on the psychopharmacological properties of coca. The event provoked a storm of publicity. It was the subject of television and radio news reports and articles in the popular press. For the first time, Op/Ed pieces questioning the myths of the "sacred leaf" appeared in all the newspapers. "Letters to the Editor" and television commentaries and interviews continued for almost a month.

The U.S. expert who participated in the event, Dr. Ronald K. Siegel, a prominent psychopharmacologist from UCLA, was invited to an interview with then-President Jaime Paz Zamora. This provoked another media storm and even more debate, because the President for the first time publicly supported scientific research into the properties of coca leaf and the possible risks associated with the traditional practices of coca chewing and drinking coca tea. SEAMOS has been able to document the effect the intervention had through content analysis and follow-up on ensuing news reports and commentaries. To paraphrase the comment of one senior U.S. diplomat, the discussion had "...changed the character of the policy debate from the sacred to the pragmatic." This entire process was the result of collaboration between the resident long-term technical assistance team, the short-term consultant — Dr. Siegel — and the SEAMOS technical staff.

CESE Activities

CESE's activities are planned in the same manner as are those of SEAMOS. There is a need to specify what is to be done in the coming year, but this is done with an eye on the chance opportunity, and the strategic planning process enables each institution to respond to requests for service within financial and human resource constraints.

Workshops designed for school teachers are the mainstay of the CESE program. The teachers are trained to become, in effect, "change agents" to promote the CESE approach to education for a "Drug Free Society" through the CESE-developed "Life Project." (See Chapter Thirteen, "Is the Message *Just Say No to Drugs* or *Say Yes to Life?*") Potential trouble spots and areas or populations requiring attention are identified partly through a telephone "hot-line" service, "A Ti..." (the acronym for *Asistencia Telefonica Inmediata* - Immediate Telephone Assistance). The name is also a play on a Spanish phrase meaning "For You."

CESE's success as an anti-drug educational institution is attested to by

the agreements that have been concluded with the Ministry of Education, the National Police, and the Armed Forces. The work done with the police and the Armed Forces is funded by NAS, in the U.S. Embassy. In addition, CESE materials are in use in neighboring nations and have been translated into other languages.

CESE's accomplishments have far surpassed the expectations of 1991. The Executive Director is a frequent invitee to international conferences and seminars on the drug problem. She and her husband, Pier Carlo Perotto, have produced a series of drug education handbooks that were introduced in a well publicized event at the Bolivian National Academy of Sciences. The First Lady of Bolivia, Ximena Iturralde de Sanchez de Lozada, was the principal speaker. Despite a results-oriented planning process, the overwhelming demand for CESE materials was not anticipated. A gradual build-up of demand had been expected as materials were distributed throughout Bolivia. But schools requested training and materials, based on word-of-mouth testimonials from colleagues.

CESE is well on the way to establishing a continuous presence in Bolivia and South America. The United Nations International Drug Control Program (UNDCP) recently awarded CESE a $700,000 grant to establish three regional drug education centers in Bolivia. With further assistance in fund-raising strategies , CESE most likely will be independent of USAID funding by the end of the project in October 1996. This diversification of funding sources is an illustration of how CESE has moved further along the development stage, and closer to the production stage. Well-developed NGOs have developed fund-raising to a fine art that is relatively predictable and enables stable budgeting of effort and resources each year. It is worth noting that CESE uses self-evaluation instruments to continuously update and improve its teacher-student seminars.

PREID Activities

In the case of PREID (formerly DINAPRE), the research unit was compartmentalized and specifically identified as the Project for Research and Awareness in the Prevention of Drug Abuse (Spanish acronym — PROINCO). This accomplished at least two major functions: First, it shielded the research unit from the bureaucratic in-fighting that exists in all government agencies. Secondly, it enabled the unit to plan its activities around the requirements of the project, not those of the Ministry of Health or other DINAPRE sub-units dealing with treatment and rehabilitation.

Under the leadership of the Director and Chief of Statistics, PROINCO jointly planned a series of training events with the resident TA team to encourage the unit to quickly begin its research. In the space of one year, they moved from basic research techniques into sophisticated survey design and data analysis, using the Statistical Package for the Social Sciences — SPSS. By the end of 1993 they had published the National Urban Survey of Drug Prevalence, and an ethnographic survey of urban "street kids." They had also begun to design a follow-up National Student Survey on Drug Use and a National Rural Survey of Drug Prevalence. PROINCO has also published a number of *Research Bulletins* to highlight certain aspects of the National Survey. The amazing progress of PROINCO from a two-person nucleus into a fully functioning research unit demonstrates the importance of the collaboration between the resident TA team and a group of dedicated professionals. As has been pointed out, dedication is important, but is only one variable in the success equation. The resident TA team was the catalyst that enabled knowledge transfer, technical guidance, and on-site supervision to produce the results that are evident in PROINCO's performance over the past three years.

PROINCO pre-tests all survey instruments to determine the suitability of the questionnaire and the ability of the interviewers to conduct the survey. The project is constantly engaged in self-evaluation to detect and correct errors in strategy, programs, and follow-up.

Present plans are to convert PROINCO into a non-governmental organization in order to protect the integrity of the team from the political uncertainty of public sector research institutions. In Bolivia, public-sector organizations remain in the development stage, never quite sure they will be funded, faced with frequent staff turnover and with shifting priorities in the ministry and the government. Converting the project's research arm into an NGO will stabilize staff, will make fund raising a feasible alternative to pleading with the government finance ministry, and will enable the NGO to seek grants and contracts from international donors and private-sector entities interested in carrying out market research or opinion surveys.

The Sad Chronicle of SUBDESAL

SUBDESAL got off to a rocky start because of problems associated with coca production in the "non-traditional" areas of the nation. The non-traditional areas are defined as those regions of the country that have not historically been coca-producing zones. For example, the legitimate production of coca leaf for conversion into herbal teas, medicines, and *acullica,* or coca leaf chewing, has been concentrated in the rich agricultural zone of South Yungas, southeast of La Paz. In the past ten years, unemployed miners and various opportunists have started growing coca in the Chapare region of Cochabamba department and in the North Yungas. The anti-drug Law 1008 of 1987 identified South Yungas as a "traditional" coca production area. The Chapare is named as a "transitional" area, and the rest of the nation is classified as neither "traditional" nor "transitional" and therefore illegal coca-growing areas.

The coca producers in the "transitional" zone of Chapare have been organized into highly visible (and occasionally powerful) "unions" to protect their "right" to produce illicit coca leaf. Everyone knows that the coca grown in the Chapare is for the exclusive use of narcotraffickers, but because coca is so easy to produce, and yields such a high return on investment, it has been extremely difficult to eliminate. Police that attempt to enforce the law are portrayed as "oppressors" of poor coca producers. Selling "alternative development" to these producers is difficult. The market for illegal coca is virtually guaranteed, while growers of pineapple, banana, coffee, hearts of palm, and the like are competing with

other producers in Latin America who in many cases (banana growers in Costa Rica or Ecuador, for example) have an assured market share that they can offer at a price lower than the price that Bolivians can sensibly afford.

Despite these difficulties, SUBDESAL was able to plan and implement a number of face-to-face communications workshops with agricultural extension agents in the Chapare and with farmers interested in alternative crops. These efforts have to come to an end, however, because the current government has eliminated SUBDESAL and the National Communications Unit in the restructuring of the Bolivian administrative system that is intended to conserve scarce resources. It is planned that the rural communications strategy will continue as part of a larger agricultural development project that is currently being implemented in the Chapare.

Lessons Learned

It is necessary to understand that one of the most important lessons to be derived from the Bolivian experience with drug-abuse prevention is the most obvious: there is no substitute for dedicated, hard-working, intelligent people who are well supervised and are provided with the proper tools to do the task assigned. Among these tools the most critical in Bolivia was the presence of the resident TA team. All project elements had a readily available source for answers to questions, problem resolution, and general encouragement. The four institutions working in drug-abuse prevention in both public and private sectors have the dedicated people. The Directors are committed to eliminating drug production, trafficking, and use in Bolivia. To realize this end, they are working to enlist the support of the Bolivian people in removing the drug menace from their society. In recruiting staff the Directors seek commitment first, and then train the personnel, with the help of the resident TA team, in the methods and procedures needed to get the job done. There was never any need for the resident TA team or the members of the U.S. Mission to persuade staff or leadership that their work was essential to the well-being of all Bolivians.

What was required from the resident TA team, at times, were strong doses of positive reinforcement, that is, encouraging the project elements to stick with the collaborative results-oriented implementation strategy. The Director of SEAMOS had doubts, for example, that the institution could succeed in community-oriented programs. Through persuasion,

seminars, and hands-on training in social marketing, the SEAMOS staff gained the confidence needed to undertake community mobilization. They now work directly with school teachers, children and community leaders. The Director of CESE was not at all confident that the institution could survive outside the U.S. Embassy's protective umbrella. The Director of PROINCO had to be constantly assured that a research team could be assembled and trained in Bolivia. And finally, the communications director in SUBDESAL had to be reinforced in his conviction that working with rural residents was possible.

Mistakes were made, but the project staff learned from them. Errors were corrected as they occurred, and became part of the institutional memory as implementation proceeded. Except for interruptions in public-sector work caused by a failure to disburse funds during the 1993 Bolivian presidential campaign, there were no significant breakdowns in the work planned for 1992 and 1993. The institutions stayed with their work plans, augmented by the unexpected "targets of opportunity" that presented themselves during the implementation process. There were disagreements, and occasional misunderstandings about who had promised what to whom. But the collaboration of all project elements, aided by the TA team, insured that work never stopped.

In many respects, the Bolivian experience is a living example of classic operations research. That is, a continuous examination and re-examination of operations to determine "what works" under a given set of circumstances.

The May 1991 workshop set the stage for the negotiations that took place through the Project Grant Agreement process. Explaining what was expected from each project element reduced the likelihood of wasteful duplication while making sure each unit knew what would be expected of it. The positive overlap that would enhance and reinforce each activity was also explored. There was little expectation of conflicting messages, but this was also a matter for exploration and discussion. The workshop moved the project closer to a production function by identifying or negotiating domain for each project element. This process was not simply a matter of assigning tasks and responsibilities. Each element had to recognize and accept the sovereignty of the others: education for CESE, mass media communication for SEAMOS, research for PROINCO, and rural populations for SUBDESAL. The initial difficulties of getting started, of identifying who was to do what, were temporarily resolved — "temporarily" because the project is implemented in a dynamic political environment requiring frequent adjustments and renegotiations. Once

the process was set up, the Project Officer and the Resident TA Team were able to maintain momentum by constantly monitoring project activities and frequently consulting with element directors. The process did not rely on pure "trial and error," nor "luck," nor simply persuasion. It was a matter of watching to see which interventions worked, promoting that action, and managing the implementation process to produce the results desired.

The National Project Coordinating Unit was and is the vehicle for regular discussions of project activities among the project elements and interested others. A representative from the PAO's office attends the meetings, as does a representative of the UNDCP, and on occasion, NAS members. The PCU is an open forum where agreements are made, activities discussed, and concerns are expressed. Knowledge or understanding gained by each unit is shared with the others. Disagreements are brought to light and resolved on the spot. This serves to avoid smoldering resentments that may affect future results-oriented performance.

The PCU has no formal authority to demand clearances or force everyone to agree on a course of action. The collaborative mode is sustained in the regular activities of each project element and reinforced in the PCU meetings. Within the first six months of the project, this means of proceeding had become so much a part of its operating principles that there has been little or no conflict between project partners that cannot be resolved in the PCU or through consultations that are then reported to the PCU.

Credibility was one of the major issues to be faced in the early days of the project, and this has been dealt with by zealously safeguarding the autonomy of each institution. Domain consensus is constantly being renegotiated.

As SEAMOS has become more involved in classroom work and community outreach it has consulted with CESE to determine how their efforts can be coordinated to best advantage. PROINCO and SEAMOS are now working together on the design and execution of opinion-leader polls. PROINCO will also collaborate with SEAMOS in the application of statistical methods to their pre- and post-test procedures. All partners have established their *bona fides* to the satisfaction of the Bolivian public. The units are not seen as "voices of the *gringos*" nor are they criticized for echoing the U.S. Embassy's official line. It has not been necessary for the project elements to attack or openly question U.S. policy, they have simply committed themselves to the drug struggle, and in that sense are

completely consistent with U.S. policy objectives without being identified as instruments of that policy.

Finally, regular consultations, information sharing, openly available research results, and regular access to technical assistance have developed a self-evaluating process that heads off problems before they become unmanageable. The annual planning process, the monthly PCU meetings, and frequent consultations among organizations and between the elements and the resident TA team have produced a project that has so far avoided counter-productive controversy while maintaining legitimacy and credibility.

Replicability

In many respects the Bolivian experience with drug-abuse prevention is unique. Bolivia has not had to deal with the political terrorism or criminal violence that are major social problems in Peru and Colombia. Bolivian institutions can criticize narcotrafficking and drug production without worrying about being bombed. Individuals can publicly expose and discuss the corruption associated with drug production, processing, and trafficking without fearing they will be gunned down in the street.

Bolivia is also a small nation, with fewer than seven million population, primarily urban (60 percent), according to the 1992 census. There are regional rivalries, and some degree of ethnic tension between the *mestizo* minority and the Indian majority. But there is nothing like the sprawling vastness of Brazil, nor the sharp social and economic divisions of Peru and Colombia. Conveying anti-drug information is a matter of targeting the audience and delivering the message. This is simplified by the fact that recent surveys indicate that more than 60 percent of Bolivians depend on television as their primary source of public information.

The messages that are conveyed and the material that is produced has much in common with what is done in the United States and in other nations of Latin America. What can be learned from Bolivia is that sound organization, dedicated persons, and well managed technical assistance can overcome resistance, and move a nation closer to its desire to be free of drugs and drug traffickers. In that sense, Mathea Falco is right, community action is the answer. National leadership is not enough; local leaders, parents, churches and especially young people have to get involved if we are ever to reduce drug trafficking and use to a marginal public health and social problem throughout the world.

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21

Coalition Building in an Emerging Democracy: The Development of a National Drug-Abuse Prevention Plan in Paraguay

Henry Kirsch and Jorge Osterling

Late on the night of February 2, 1989, General André Rodríguez, Commander of the First Army Corps, launched a surprise coup against Paraguay's President Alfredo Stroessner. By the next day, Stroessner's 35-year-old dictatorship had been overthrown and a new government sworn in. General Rodríguez promised Paraguayans something that they had not experienced: democracy.

The challenges to achieving cooperation and building coalitions among Paraguay's state agencies and civic organizations for the development of national drug-abuse prevention policies and programs are best understood against the background of contemporary Paraguayan politics and society. In order to understand the coalition-building process, we must keep in mind that Paraguay lacks a democratic tradition.

Paraguay's Drug Problem

Drug trafficking has been a significant economic activity in Paraguay for at least three decades. According to Paraguayan sociologist José Luis Simón, the Stroessner Administration became associated with the international drug *mafia* in the 1960s, and at that time Paraguay became an important intermediate stop in the shipment of illegal drugs into the United States. Simón distinguishes two clearly defined periods:

During the first, known as the Heroin Cycle (late 1960s and early 1970s), with the protection of its most senior government officials, Paraguay became an important transit point for heroin smuggling into the United States.

The second, known as the Cocaine and Marijuana Cycle, developed in the 1980s and was publicly denounced by senior U.S. government officials. Again during this period significant elements of the civil and military *stronista* hierarchy protected narcotrafficking. Money laundering was allegedly extensive because of the country's lax enforcement of exchange controls.

A desire to take action against drug consumption was growing among community-based groups. Various PVOs had been active in limited drug-awareness and educational activities, especially among school children and community groups. Usually their work was an addendum to their regular activities. Each had its own target audience and each worked at a specific level. Their resource base was weak and they had little contact with one another to merge their efforts and launch an effective program. Among the most important private organizations pioneering in this field were the Paraguayan Roman Catholic Bishops' Conference, the Paraguayan Red Cross, the Lions Club, the Rotary Club, the Junior Chamber of Commerce, the Boy and Girl Scouts, Parents United by Love and Faith, and the Young Men's Christian Association (YMCA).

A number of new, more specialized associations and foundations were established in the 1980s. Among these were PRE-VER (Addiction Prevention), GESA (The Study Group on Alcohol and Other Addictions), JOPACAD (Paraguayan Youth Against Addiction), Fundación la Esperanza, Fundación Providencia, CIRPSI (Center for Psychosocial Research and Rehabilitation), and the Paraguayan Center for Rehabilitation of Alcoholics. The programs of these NGOs were small in scale, and media coverage of their activities was virtually non-existent during the Stroessner era when press freedom was restricted and fear of reprisal was widespread. In addition to the restrictions imposed by the political atmosphere, these organizations' efforts were sharply limited by their lack of adequate economic, technical and human resources.

Public awareness of the extent of drug abuse in Paraguay grew gradually during the late 1980s and early 1990s. The expansion of awareness and prevention activities resulted in part from shifts in trafficking and production patterns; Paraguay was used by the cocaine drug cartels as a transshipment point to Europe and the United States, and the demand for marijuana grown in Paraguay increased in Brazil. Growing

awareness of the problem and of the need to reduce demand and eradicate trafficking arose primarily among civic organizations. This recognition, together with the desire to reach certain limited goals and objectives, already existed among many individuals and small groups which operated at a grassroots level. Three elements were required for effective action:

- An understanding of the dimensions of the problem;
- The development of a broad-based constituency which could influence opinion leaders and policy makers; and
- The development of an institutional capability to undertake national prevention programs.

The Marandú Project

In 1990 Paraguayan leaders began working on the idea of creating a national drug-abuse prevention program. Initiating a successful nationwide prevention effort is not easy. The most promising approach is a collaborative effort that employs multiple strategies, uses several approaches, and coordinates and expands participation of all the key players.[1] Since every country is different, an effective drug-abuse prevention effort must truly be a host-country program that takes into consideration the current national socioeconomic, cultural, and political situation.

The watershed event that helped launch Paraguay's project was the fall of General Stroessner's dictatorship which had profited from drug trafficking and supported money laundering within Paraguayan borders. As a result, under the 1989-1993 transition regime of General Rodríguez, various segments within Paraguay began to press for change. A public-private coalition or partnership was suggested in order to provide sound intellectual leadership, to coordinate all organizational efforts, and to mobilize resources. With a small cadre of private sector leaders, an individual who belonged to both groups, a leading psychiatrist, Dr. Agustín Carrizosa, became an important catalyst for future developments. He facilitated the transition from the existing state of affairs, an archipelago of unconnected efforts, into a whole that incorporated the vision of both groups. The Narcotics Awareness and Education Project (NAE) provided the technical expertise, and USAID/Paraguay provided the seed money.

Various key events and issues contributed to initiating the development of a national drug-abuse prevention policy. On the one hand, despite

the lack of resources and specialized expertise, key leaders from various segments of Paraguayan society representing various NGOs were becoming increasingly involved in prevention and education activities. On the other hand, the Administration of General Rodríguez created a National Anti-Drug Council (CONAD) headed by a "Drug Czar." CONAD, however, was unable to meet its ambitious objectives since the government failed to provide an adequate budget to cover staffing and operational expenses. The new government also developed or restructured various senior level offices within the Ministry of Health, the Ministry of Justice, and the Ministry of Education.

The more open communications climate now favored the spread of information and sharing of experience in drug-abuse prevention. Censorship of media stories related to the drug problem and the harassment and arrest of investigative reporters had ceased after the 1989 coup. NGOs that had been working on drug-abuse prevention were now able to enjoy media coverage and learn about the work of others in the field. Their programs, however, mainly addressed the clinical aspects of drug abuse, particularly rehabilitation of addicts. Given the new political climate, several of these organizations began openly to organize training programs and seminars for the general public.[2]

Paraguay's Narcotics Awareness Program — PNA

At the request of the Mental Health Department of the Ministry of Health, in November 1990, USAID/Paraguay funded a two-year project entitled Paraguay's Narcotics Awareness Program, based on an improved version of the Ministry's plan. Its purpose was to institutionalize and strengthen drug awareness and prevention efforts within the Government of Paraguay, among the cooperating nongovernmental organizations, and between the Paraguayan government and the NGOs. Paraguayan officials proposed to achieve this goal and to develop greater coherence among the various efforts through dialogue, cooperation, and complementary programs. Paraguayan authorities also agreed to conduct an epidemiological study of drug use in Paraguay in order to define areas of risk, set priorities, and rationalize the use of resources. Both parties agreed that funding for the PNA program could best be administered by the Asunción-based Partners of the Americas Paraguay-Kansas Committee.[3]

Despite minimal staff and equipment, the PNA program soon began to show progress toward meeting its objectives. A number of well-con-

ceived steps contributed to its success. For example, from the beginning, PNA brought together all the private organizations working in drug-abuse awareness, drug education, and treatment. Thus it facilitated communication among all member agencies, avoided duplication of services, shared its training and educational efforts, and reduced the possibility of turf battles. Working with experienced outside facilitators, the Director of the Ministry of Health's Mental Health Office helped member agencies develop their prevention strategies. Cooperation and collaboration were emphasized, contributing directly to the development of sustained mechanisms for maintaining positive working relationships, building teamwork, resolving conflicts, and networking.

Building a Coalition Among Non-Governmental Organizations

PNA organizers were aware from the onset that it is much easier to educate individuals about drug abuse than it is to change attitudes or behaviors. They were aware of the various technical assistance requirements at different stages of their program, and interested in translating the latest knowledge into action. The NAE project technical assistance team pointed out that it was important to formalize PNA's organizational structure. Formal leadership with shared responsibility was needed. Therefore, a steering committee was constituted. Its members represented a number of different NGOs working towards a common goal. They not only shared a vision and maintained a broad base of support, but each was actively involved in various types of delivery programs.

Soon after its founding, the PNA became known as *Proyecto Marandú*. Dr. Agustín Carrizosa was elected its Executive Director; GESA's Dr. Carlos Gauto became Adjunct Director; PRE-VER's Dr. Manuel Fresco was made Coordinator of Communication and Community Extension Programs; and Dr. José Antonio Arias of the Red Cross contributed his institutional expertise in mobilizing resources. María de la Paz Peña was made responsible for developing an educational strategy. Dr. Hugo Míguez and Dr. Cristina Pecci were contracted to conduct an epidemiological study. The NAE project provided on-site technical assistance and monitored the progress of the study.

Proyecto Marandú identified three major objectives:

• The first was the strengthening of existing programs, drawing on their continuing cooperation, coordination, and collaboration. A major goal of this objective was to build effective teamwork.

• The second objective was to gain a better understanding of the real nature of the Paraguayan drug problem, not only to destroy stereotypes, but also to gain leverage for implementing new policies or launching new activities.

• The third objective was to develop a national drug-awareness campaign that would include all private and public institutions with an interest in solving the drug problem.

During the following months, important progress was made toward drug control in Paraguay. Paraguayan society increasingly began to perceive the dangers not only of drug production, drug use, and drug trafficking, but the concomitant social and economic effects as well. The problem came to be seen as one which indeed affected major drug consuming countries, but which also had negative domestic consequences.

Paraguayan drug-abuse prevention efforts were favored by a number of factors. *Proyecto Marandú*, the umbrella institution for all private voluntary organizations, soon became an important coordinator and facilitator for a number of different drug awareness and education programs. Its member organizations were able to tailor their programs and activities to the specific dimensions of the Paraguayan drug problem and were soon able to provide training and technical assistance. The project quickly developed the capacity to monitor and evaluate its programs as well, and to use the results of these evaluations as feedback for improving future programs.

Drug awareness campaigns, training, and community mobilization became *Proyecto Marandú's* most important tasks. Through its member organizations it arranged a number of different activities, programs and events. These included educational efforts directed at parents, civic and business groups, youth conferences, media campaigns, teachers and school staff training programs, and general awareness efforts. The style and audiences varied according to the particular event. Programs ranged from open lectures for the general public to specialized seminars for educators, members of the armed forces, members of Congress, and journalists.

In March 1991, for example, working with *Proyecto Marandú* members, an NAE specialist conducted a three-day workshop on Communication Strategy Design for some twenty-four participants from government and nongovernment organizations involved in drug abuse prevention activities. The Minister of Health and the U.S. Embassy's Deputy Chief of Mission participated in the opening of the workshop, which dealt

with all the steps involved in designing a communication strategy. Special emphasis was given to audience analysis, materials pretesting, and program evaluation.

A Comprehensive Epidemiological Study On Drug and Alcohol Abuse

An important turning point in Paraguay's drug-abuse prevention strategy was the completion in late 1991 of a comprehensive epidemiological study on drug and alcohol abuse in Paraguay, the first of its kind in that country. Under the sponsorship of the Paraguay Narcotics Awareness Program (PNA), a comprehensive questionnaire was used in a household survey in the nation's ten largest cities.[4] The NAE Project team contributed technical expertise to the conduct of the survey.

The results of this study exposed a set of problems more complex than had been anticipated. Empirical evidence revealed extensive abuse of a variety of substances, and a wide variation in standards. Although the incidence of abuse of hard drugs is low in Paraguay, the study revealed a lack of awareness of the dangers of drug abuse as well as evidence of risk behavior in a large segment of the population. For example, the study disclosed the fact that Paraguayan society was quite tolerant of abuse of legal substances (e.g., alcohol and tobacco), illegal substances (e.g., hallucinogens, marijuana, opiates, hashish, cocaine, heroin), and miscellaneous over-the-counter and prescription medications (e.g., aspirins, analgesics, and sedatives).

For the first time in Paraguayan history, the nature and extent of individual drug-abuse behavior was uncovered, as well as the ways in which social circumstances and environmental factors influence it. Because of the study's significance and its relationship to other developmental concerns, its results were presented at a well attended public ceremony in December 1991. Various cabinet members, heads of government agencies working in the drug field, directors of many voluntary organizations, and the media attended.

In recognition of the study's scientific rigor and its major contributions to a better understanding of the Latin American drug problem, the Buenos Aires-based medical journal ACTA recognized this study as one of the soundest and most creative in its field. The authors were awarded ACTA's 1991 Latin American award for the best scientific study on mental health produced that year. The study was published in 1992, and *Marandú* organized and conducted a number of conferences and semi-

nars to discuss its findings. *Proyecto Marandú* also incorporated the results into various program components.

NAE Project personnel assisted *Proyecto Marandú's* staff in developing a strategy for obtaining maximum public dissemination of the study's results: press releases, study highlights, and dissemination of the main findings through a complete report. Immediately articles about the study began to appear in the local media. NAE staff shared information about the ways in which the study could help USAID and host-country institutions develop new policies and programs.

Public Health

Working closely with Ministry of Health authorities, the member organizations of *Proyecto Marandú* organized seminars for health authorities and trained specialists working in sixteen of the country's seventeen health districts. For example, the project team conducted a four-day residential workshop in April 1991 aimed at providing knowledge and skills for health educators to incorporate drug-abuse prevention into their programs. Another important training activity, organized by *Proyecto Marandú* through the Paraguayan Red Cross, was a three-month intensive course in which twenty-five experienced prevention professionals were trained as public speakers, seminar facilitators, and guests on talk shows.

The Media

Proyecto Marandú received considerable press coverage throughout this process. Under the leadership of one of its member organizations, PRE-VER, it became involved in the development of printed and audio-visual materials on prevention to be used by the mass media. A communications specialist was hired to assist in planning, monitoring, and evaluating public information campaigns.

Activities included the design, development and production of a number of video and radio spots and the preparation and broadcasting of talk shows. PRE-VER began producing weekly radio programs that are aired by two well known stations, and regularly published articles related to drug abuse and prevention in major newspapers. Over three hundred articles have already been published, and two weekly radio programs are regularly broadcast.

In December 1990, one 15-minute video was produced, intended for

public broadcast and to be used to trigger discussion in group teaching.

The first video was presented to thirty health educators in a meeting organized by the Ministry of Public Health. Discussions followed the video session. Based on this experience and technical advice from the NAE project team, a guide for public health educators was prepared to explain the use of the videos.

PRE-VER soon assisted in the design of a second video on the subject of alcoholism. While these videos have been shown by local TV stations, they serve mainly as teaching materials. In addition, *Marandú* began publishing a newsletter, three issues per year, which is distributed to all interested parties.

SENAD: A Cabinet-Level Anti-Drug Secretariat

Meanwhile, the Government of Paraguay was becoming increasingly aware of the drug problem and the need to become more involved in demand reduction. A major decision in Paraguay's "war on drugs" was made by presidential decree in May 1991. Focussing on institution building, the government reorganized the National Anti-Drug Council (CONAD) together with the National Narcotics Directorate (DINAR, the nation's anti-narcotics law enforcement organization) and created a new cabinet-level national anti-drug secretariat, SENAD.[5] In December 1991 Congress passed Law No.108-91 authorizing the creation of SENAD *ex post facto*.

Army Brigadier General Marcial Samaniego, who reported directly to the President, was named SENAD's first Executive Secretary.[6] From the beginning, SENAD was provided with staff, resources, and authority. The administration successfully sought amendments to the 1989 narcotics law, bringing all anti-drug activities, including law enforcement, under SENAD's supervision and coordination. As a result, SENAD has three major operating divisions: (1) prevention and rehabilitation programs (headed by Dr. Carrizosa, in addition to his other duties); (2) special forces; and (3) DINAR, which is responsible for law enforcement. As a branch of SENAD, DINAR continued to operate with its former staff and bureaucratic structure. However, a major breakthrough in the area of drug-abuse prevention and rehabilitation was the creation of an Advisory Commission consisting of representatives of three government agencies — the Ministries of Health, Education, and Justice — and three NGOs.

The Foundations of a Progressive Coalition

One of *Marandú's* major accomplishments was its success in galvanizing public- and private-sector efforts to address the problems of drug abuse in Paraguay. This cooperation evolved into a national network of organizations coordinating anti-drug activities. For example, soon after the establishment of SENAD, its authorities developed a constructive working relationship with *Proyecto Marandú's* executive board.

Members of Paraguay's constitutional assembly were also approached by the various organizations which comprised *Proyecto Marandú*. Their lobbying efforts were well rewarded. On June 20, 1992, a new Constitution was adopted, and in response to pressure from the *Marandú* member organizations, it included Article 71, entitled "Concerning narcotrafficking, drug addiction, and rehabilitation." According to Article 71, the government will work to end production and illegal trafficking of drugs and related illegal substances. It will also combat money laundering and the illegal use of drugs.

In April 1992, the Ministry of Health organized a major workshop to start development of a national drug-abuse prevention strategy. A two-person team of specialists from the NAE project conducted the workshop. One of the goals was to lay the foundations of a progressive coalition-building process that in turn would lead to the development of a national drug-abuse prevention plan. The most delicate element that required negotiating skill was the development of a plan that would actively and jointly involve both government and non-government organizations. Some twenty-five participants representing thirteen different NGO and governmental organizations attended. Most of the participants were program managers or senior professionals. Unfortunately, representatives from SENAD did not attend.

During the workshop, the results of the epidemiological study were reviewed, and the formulation of strategic goals and objectives was discussed. During the last day of the conference, the participants agreed to form a high-level task force to draft a national drug-abuse prevention plan, and to develop a public-private partnership through the creation of a national drug-abuse prevention board.

This was a critical event which marked a turning point in the public/private sector coalition building process. Nonetheless, representatives of the NGOs expressed their frustration over the fact that senior-level Paraguayan government officials were not participating with them in developing strategies and establishing program priorities. They feared

that, as in the past, the government of Paraguay would present them with a *fait accompli* in the form of a national plan without private-sector input. After some debate, they agreed that SENAD's participation in such a board was essential. They also agreed to invite SENAD's Executive Secretary to future events. A letter was sent to SENAD's Executive Secretary informing him of the results of the conference and inviting him to take part in future events to be organized. General Samaniego promptly agreed with the recommendations and committed his organizational support.

After the April 1992 workshop, weekly coordinating meetings were begun. SENAD's General Samaniego presided over these meetings, which took place at *Proyecto Marandú's* headquarters. Within two months, this group was formally constituted into the Prevention Consultative Council of SENAD, charged with responsibility for designing a Three Year Plan.

In July 1992, another workshop on Communications and Drug-Abuse Prevention was organized by *Proyecto Marandú* for both public- and private-sector agencies involved in the National Prevention Network. The workshop brought together thirty-three participants for an intensive six-day learning experience. Participants came from government organizations, including SENAD, the Ministry of Health and Social Welfare, the Ministry of Education and Culture, and the Ministry of Justice and Labor, and from major non-governmental organizations. The highly publicized opening ceremony included remarks from SENAD's Executive Secretary, the Minister of Health, and the USAID Representative.

An innovative feature of this workshop was that participants were required to carry out real-life qualitative and quantitative research, aimed at developing a package of communications products. Focus groups were conducted with youth target groups and community members in Asunción's high-risk neighborhood of Lambaré. Workshop participants pre-tested and conducted a public opinion and attitudinal survey in Lambaré. Significantly, the posters and pamphlets developed at this workshop were later adopted by SENAD for use at the national level.

CONPRED: Establishing a New NGO Umbrella Organization

To ensure the active participation and input of the private sector in the development of a national prevention plan, in October 1992, all NGOs working in the drug-abuse prevention area established a new NGO umbrella organization, the NGO Coordinating Organization for the

Prevention of Drug Abuse (Spanish acronym CONPRED). Its founding members were *Proyecto Marandú*, PRE-VER, GESA, JOPACAD, the Red Cross, the Paraguayan Association of Registered Nurses, the Paraguayan Society of Psychiatrists, The Paraguayan Society of Psychologists, the Paraguayan Association of Child and Family Psychologists and Psychiatrists (Spanish acronym APPPIA), plus representatives of other professional organizations. Soon after the establishment of CONPRED, its board elected three members to become its official liaison with SENAD's Advisory Committee. Its headquarters were at *Proyecto Marandú's* offices.

Building a National Coalition: SENAD and CONPRED

The NGO-SENAD working group formally became SENAD's Prevention Consultative Council. A high-level task force, personally chaired by SENAD's Executive Secretary, met every week to discuss progress in the drafting of Paraguay's first National Drug-Abuse Prevention Plan: 1993-1998. *Proyecto Marandú* served as its secretariat and as the venue for this working group. The five-year National Plan is was completed and approved by the Government of Paraguay in early 1993.

An NAE Project professional travelled to Asunción in February 1993 to help *Marandú* and USAID design and develop a program for the 1993-1995 period, and to propose supporting budgets, including a final sustainability plan for *Marandú*. Agreement on the objectives, activities, and budgets was reached and the proposal was presented to and approved by USAID/Asunción. With this final action, it was agreed among USAID, *Proyecto Marandú*, and the NAE project that there was no longer a need for on-going technical assistance. *Proyecto Marandú* had progressed both institutionally and technically to the point where it could continue its work with minimal oversight and assistance.

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Notes

1. In 1991 the Division of Community Prevention and Training, Office for Substance Abuse Prevention, U.S. Department of Health and Human Services, published an excellent reference manual entitled *The Future by Design: A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach*. It provides the reader with recommendations and suggestions based on a survey of 26 communities throughout the United States.
2. According to Simón, the first Paraguayan open national program which focused on drug prevention, including its political and economic aspects, was an October 1989 seminar-workshop. Organized by two NGOs, the *Centro de Investigación y Reinserción Psicosocial (CIRPSI)* and *PRE-VER*, it was entitled "Drugs and Their National and International Implications."
3. Partners of the Americas is the hemisphere's largest private, voluntary organization fostering inter-American friendship and cooperation by engaging in economic and social development and technical training activities. Private citizens on both sides of the partnership work together to mobilize community resources and carry out mutually beneficial projects. In Asunción it operates CIRD (*Centro de Información y Recursos para el Desarrollo del Comité Paraguay-Kansas*).
4. The research was conducted by Professor Hugo Míguez, from Argentine's Consejo de Investigaciones Científicas y Técnicas, together with Dr. María Cristina Pecci and Dr. Juan María Carrón. Some 2,484 interviews were conducted, in Spanish and in Guaraní.
5. Decree No. 9528-91, May 20, 1991, created the Secretaría Nacional Antidroga — SENAD.
6. Brigadier General Marcial Samaniego was named Executive Secretary by Decree No. 9554 (May 1991).

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22

Maintaining the Momentum: Sustaining International Drug Awareness and Education Projects

John L. Garcia

All too frequently international development projects collapse soon after the donor's funding ends, representing an enormous waste of scarce resources. However, the desire to conserve and preserve those resources and commitments is transforming the character of and approach to drug awareness and education projects. For this reason, we need to address the most critical factors in promoting or inhibiting sustainability and to describe how they can be applied in the drug awareness and education context.

Sustainability: Definition and Principal Problems

The definition of sustainability varies with the nature of the development project, but most agree that sustainability is the project's ability to continue to deliver benefits after external donor assistance is terminated. Sustainability is not a goal of all projects. Some, like dam or road construction, have goals that can be fully achieved within a specified period. Other projects may be experimental. But for the vast majority, including virtually all within the field of drug awareness and education, sustainability is crucial to the project's objectives.

Impediments to sustainability are rarely identified when consideration is given to the technical aspects of project design or the appropriateness

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of the technology. The predominant problems are human and institutional factors. But they have been traditionally considered as constraints external to the project, relegated to the background with the implication that they could not be influenced or changed. However, the human and institutional framework within which project activities are planned and implemented is critical to sustaining the benefits of successful technological transfer.

Human factors and institution building must be given a central position in the analysis of sustainability. Developing the capacity of staff and institution, or capacity building, involves effective transfer of a broad range of technical, management, and programmatic skills, including often neglected areas such as communications and strategic planning, and requires efforts directed at ensuring that these new skills and systems are institutionalized.

Sustainability Factors: Projects in Ecuador and Peru

Two projects — one in Ecuador and one in Peru — highlight factors that contribute to sustainability or militate against it. Each project was designed as a long-term effort in drug abuse prevention; each exemplifies a different approach to drug awareness and education. The United States Agency for International Development (USAID) was the initial and principal donor for both.

PVOs as Implementing Agencies: Pros and Cons

In both projects, the implementing agency was a private voluntary organization (PVO). In the drug awareness and education sector, the implementing organization is more likely to be a PVO than in most other development sectors. In some instances, the government itself is one of the chief targets of the project. Lack of awareness or concern about drug abuse can mean that the education of political leaders and government policymakers is one of the project's first aims. Overburdened and underfunded government agencies tend to give low priority to undertakings like drug awareness and education, which may not produce quick, measurable results. Moreover, government commitment to an issue may depend on who is in office. Education projects are particularly vulnerable to changes of personnel or political party.

Private voluntary organizations are likely to have leadership and staff

who are deeply committed to the issues and to the organization's mission and who are more likely to remain in place over an extended period. Compared to large public-sector agencies, small private voluntary organizations are usually more flexible and innovative, better able to experiment, and more adept at adapting quickly to changing circumstances or modifying ineffective strategies.

On the other hand, impediments to sustainability when working with small private voluntary organizations stem from the same sources as their strengths: small size and lack of institutionalized systems. With small PVOs, the human/organizational issues and the building of institutional capacity are especially crucial for sustainability. They may need considerable assistance with finance, administration, and management to build the capacity to operate a complex project. Small PVOs may be easily overwhelmed by too much money or too many new staff members.

On occasion, none of the existing private or public organizations may be appropriate to implement the project; the most effective strategy for a donor agency may be to assist in the creation of an entirely new PVO. Whether a new PVO is created or an existing one strengthened, any strategy in the drug awareness and education field must pay particular attention to dealing with the strengths and weaknesses of the private voluntary organizations that act as implementing agencies.

Regardless of whether the primary implementing organization is private or public, cooperation between the public and private sectors is crucial to the success of drug awareness and education projects. Such cooperation must include sharing of information, coordination of efforts, and effective intercommunication.

The Ecuadorian Experience

The Ecuadorian project, a drug information and public awareness program, exemplifies many of the pitfalls encountered when a donor agency deals with a small, inexperienced private voluntary organization. The PVO's programmatic capacities were acceptable, and reasonable progress was made toward achieving initial project objectives. But the ultimate success and sustainability of the project was being undermined by inadequacies of leadership, management, and fiscal competence. Within seven years, the PVO had reached a crisis stage — the likelihood that its initial sources of funding would end and its existence cease.

Leadership deficiencies became all too apparent from the start as the PVO moved too quickly from a small, all-volunteer group into an

operation of considerable size and complexity. During that transformation, demands on top-level management increased greatly. At the same time, however, management power became concentrated in the hands of one person, the executive president, who assumed the dual posts of executive director and board chairman and exercised almost absolute control over all aspects of the organization's policy, operations, and finances. The organization's board, hobbled by high turnover and fear of the executive president, became a mere shell, despite the potentially valuable experience of its members and their desire to help. One consequence was board approval of the executive president's recommendation to purchase a headquarters building — a recommendation based on the property's relatively low cost per square meter. But little attention was paid to the organization's ability to meet monthly mortgage payments or to renting an alternative site. The purchase seriously threatened the financial sustainability of the PVO.

Management shortcomings included an authoritarian rather than a participatory style, and the delegation of functions without commensurate authority and responsibilities. Even minor matters seemed to move to the top for decisions. Missing were systems and procedures to ensure that proposed actions were well grounded in basic analytical data. Also absent was budgeting by program, appropriate evaluation, and feedback. Line-item financial reporting masked the impact of the shifting of funds from one program to another. A major oversight was failure to develop a cost-accounting system that took into consideration indirect costs. Thus, an overhead rate was not applied to programs the organization undertook for others; cost recovery fell short.

In trying to improve its fiscal situation through self-financing, the organization failed to consider adequately that *how* it raised funds to cover expenses was as important as success in generating the needed income. To a great extent, the executive president used program staff and resources to conduct activities for other organizations — activities that bore little if any relationship to the PVO's purpose. That practice degraded and diminished the overall impact of the organization's drug information and awareness project. Furthermore, initiating efforts to build an endowment fund took a back seat to just garnering contributions to cover current operations.

At this writing, the PVO, despite a highly competent new board and executive director, is clinging with short fingernails to the side of a potentially fatal financial abyss. Survival seems to depend on selling the headquarters building and starting afresh.

The Peruvian Project

The Peruvian drug education and public awareness project stands in sharp contrast to the Ecuadorian effort. The PVO created to implement the project focuses on information dissemination, education, research, training, and technical assistance. The organization has gained national and international recognition.

Key components in the effectiveness of the Peruvian project were careful research, planning, and strategizing by USAID before designing the project, and the allocation of time and funding to institution building prior to spending major sums. The donor allowed enough time for the project to evolve as a national undertaking, rather than one that was externally imposed. During the process of organizing the PVO, care was taken to avoid actions or attitudes that would make Peruvians feel that the resulting organization would be anything other than their own or less than 100 percent in Peru's best interest. Founding members represented all sectors of Peruvian society. They included community and business leaders, whose influence and access to resources proved of great benefit to the PVO, both politically and economically.

Although donor financial and technical support was supplied initially to establish and operate the project, from the outset the PVO's founders worked to identify alternative sources of support (both cash and in-kind contributions), not only for operational expenses but also for an endowment fund, established as an important element in the quest for long-term sustainability. The sense of ownership and the self-interest attained by such actions were of utmost importance to rooting the project firmly in Peruvian society. Although local cash donations are small, local organizations exhibit an increasing willingness to pay for drug-abuse prevention services, either in cash or in kind, such as providing air fares, lodging, and meals, or printing materials. Major in-kind contributions are free air time for television campaigns and newspaper space for publication of drug abuse articles.

Donor technical assistance ensured that an adequate managerial and financial infrastructure was in place before major funding was committed to the PVO. Reflecting sensitivity to the maturity and character of the organization, the donor did not overwhelm the nascent PVO with money and staff but helped it *develop* institutionally and technically.

A well-qualified board of directors hired an executive director possessing proven administrative and fund-raising skills. Subordinates provided technical expertise in drug-abuse prevention and community

outreach. Outside consultants assisted the PVO in implementing sound administrative and accounting procedures.

A social marketing strategy that identified and addressed the more immediate concerns of the population was essential in obtaining the public's cooperation in dealing with issues of most importance to the PVO. For example, more people are affected by and concerned with alcohol problems than with problems associated with other drugs. Thus, prevention education programs included alcohol and tobacco along with other drugs to convince the target population of the effectiveness, value, and relevance of the PVO.

Three-Phase Sustainability Strategy

In the past, projects typically focused on achieving measurable results within a time frame of a two- to three-year project. Emphasis was on the quickest and most efficient way to accomplish goals. Frequently projects hired temporary personnel for their technical expertise. Projects bypassed the constraints of existing organizational structures, with their impediments of red tape, bureaucracy, and politics, by setting up vertically structured units that were not integrated into the existing structures. This process was conducive to achieving measurable goals quickly and efficiently. However, when funding ceased and outsiders left, few skills had been transferred, neither organization nor management had been strengthened, and the project, without outside funds, was apt to collapse.

Sustainability as a goal necessitates a radically different approach. Developing the capacity of staff and institution to the extent necessary to promote sustainability is a time-consuming process, typically requiring at least three to five years. The process includes substantial local participation and investment in the development of skills. Results may take a relatively long time to achieve and will require sophisticated evaluation and measurement techniques.

Maximizing the chances for sustainability of drug awareness and education projects involves a three-phase strategy. The components of each phase constitute the foundation on which successful implementation of the next phase depends.

Phase 1: Project Planning

Address sustainability concerns at the outset of project planning. An essential planning step is to allow for sufficient investment of time and

funds in research, evaluation, and institution building *before* major project funding. Critical components at this stage are a comprehensive assessment of both the problem and the needs in the target country, a thorough appraisal of the problems of potential implementing institutions, careful selection of the implementing organization so that the project will have a firm institutional base, provision for the participation and collaboration of a broad spectrum of those concerned with drug-abuse prevention, and establishment of a funding level corresponding to the size, maturity, and capacities of the implementing organization.

Phase 2: Project Design and Implementation

Long-term sustainability requires mobilizing human resources and imparting technical skills to produce effective programs and to achieve a solid programmatic record. The implementing organization must have the management, administrative, and financial capabilities to plan, operate, and evaluate the project effectively. It also must possess the flexibility to correct or improve the programs, and the adaptability to respond to changes in the problem or in external social, political, or economic circumstances. Basic organizational capacity is a prerequisite for supporting and sustaining programmatic achievements.

In a number of instances, inadequate management has posed a greater threat to sustainability than the absence of adequate current or prospective funding. Good management, along with skilled and motivated staff, is essential if the implementing organization is to make a demonstrable impact. When that occurs, the sustainability of projects becomes much more likely — for example, success helps to foster broad-based support within the private and public sectors and creates a compelling "advertisement" that can catch the eye of potential long-term donors.

Phase 3: Long-Term Effectiveness

Managerial capacity, the mobilization of human resources, the identification of and timely adaptation to changing needs and circumstances, and visible achievements are all prerequisites for achieving sustainability and must be ongoing. But they are not sufficient to ensure long-term effectiveness, which also requires continuing financial resources to sustain the implementing organization and its program. Because drug awareness and education projects typically have few opportunities for cost recovery or client-based income generation, such as through fees,

total financial sustainability achieved through project operations is usually an unrealistic goal, at least in the period immediately after initial donor funding ends. Thus, the implementing organization must develop a broad funding base, a requirement recognized in Phase 1.

As noted in Phase 2, a solid track record by the project will help attract the wide-ranging financial support necessary to continue operations once aid from the initial donor ends. Those funding sources may include multilateral organizations, governments, businesses, foundations and other nonprofit organizations, national elites, local communities, and the general public. For example, the following were among the more than two dozen follow-on sources of funding developed by the previously mentioned drug awareness and education project in Peru:

Multilateral organizations. They include the European Union (for drug prevention programs and rehabilitation); Europe-Third World Association (for machinery and equipment for workshops for street children); and the Pan American Health Organization (for counseling centers for drug addicts and their families).

Governments. The Canadian government, through the Canadian Fund for Local Initiatives, contributed funds for the construction of a house for street children. Germany, through the Agency for Technical Cooperation, provided money for anti-drug messages on radio and television. Among local embassies donating funds to assist street children were those of Germany, the Netherlands, and the United Kingdom.

Foundations and other nongovernmental organizations. Some foundations made in-kind donations, such as the Pan American Development Foundation (office equipment) and the Rotary International Foundation (machinery for workshops for street children). Others contributed cash: Kellogg Foundation (for drug prevention and community development) and Dutch Children's Postage Stamp Foundation (for efforts against child abuse). The International Development Research Center, a Canadian nongovernmental organization, supplied funds for drug prevention and demand reduction, while the International Committee for Andean Aid (British) funded job training for disadvantaged youth.

Businesses. Most significant have been in-kind contributions by media: free air time on radio and television, and free space in newspapers and periodicals. Over a five-year period, those contributions totaled about $3 million.

Individuals. These contributions ranged from a cash gift from a French industrialist (for the street children program) to cash (for the project's endowment fund) and in-kind gifts from the Peruvian public.

Additional funding sources explored by the project include the Inter-American Development Bank and the United Nations International Drug Control Program.

More on Financial Sustainability

The discussion of Phase 3 of the sustainability strategy, as well as the discussion of the Ecuadorian and Peruvian projects, refers to *endowment funds*. Some projects, such as the one in Ecuador, did not initially understand the importance of an endowment, but others do, as in Peru and El Salvador. Even when established, however, an endowment fund is not always regarded as an essential stepping stone on the path toward long-term financial sustainability. When the fund is used as a contingency reserve to compensate for revenue shortfalls or cost overruns, action is not always taken to replenish it.

That occurred in a current drug awareness and abuse prevention project in El Salvador. The project needs to explore the feasibility of recapitalizing and expanding its endowment. In so doing, the project will need to consider the trade-off between either using raised funds to pay for current expenses or applying some of that income to an endowment that could become an important source of future financial stability. Consideration of such a trade-off involves examining possible donor interest in contributing to an endowment instead of directing all support to cover program expenses. And it would involve investigating investment strategies for an endowment in light of current and expected economic conditions.

Though cultivation of a variety of income sources is vital to a project's fiscal health, the other side of the financial sustainability coin, *cost containment*, is equally important. That becomes especially true when revenue falls short of the mark, as is often the case. Projects need to plan for the possibility of cutting back operations. Which programs are vital to its mission? Which are beneficial but tangential to the project's core purpose? What is, or is not, absolutely essential to maintaining the effectiveness of core programs? Does the project need to trim outlays for supplies, telephone, travel, mass communication? Are staffing levels appropriate, given the financial picture? If salary costs are too high, will time permit normal attrition to resolve the matter or must the project slash such outlays by putting everyone on a four-day week, by terminating some employees, or by other means? A comprehensive and logical self-sustainability strat-

egy and plan will have answers to these questions in sufficient time to face them without destroying the organization.

Concluding Observations

Of the components comprising the three-phase strategy, those that often receive inadequate or belated attention are the following:

- Project design elements (participation of the community, integration of the project into established administrative structures, appropriate technologies, attention to the traditions and culture of the community, flexibility, etc.);

- Organization/management factors (realistic goals, effective leadership, continuity of leadership, planning capability, adequate training, etc.); and

- External factors (national commitment to project goals, supportive government policies, economic and political stability, etc.).

Detailed and timely attention to those considerations will enhance the strength of sustainability's key ingredient: *capacity building,* which the three-phase sustainability strategy promotes by stressing ongoing development of the capabilities of the implementing institution and its staff. Drug awareness and education projects, and their beneficiaries, deserve no less.

Contributors

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Currently, he is Project Director of the Narcotics Awareness and Education Project — NAE — on a contract with USAID, the U.S. Agency for International Development. The project was designed to strengthen the capabilities of developing country institutions to design, implement,

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Mr. Garcia has worked extensively throughout the United States and overseas in a broad range of programmatic and technical areas. These include project implementation, drug-abuse prevention, social and minority issues, community development, and policy development. At Development Associates, Mr. Garcia has served variously as project director, chief of party, team leader, senior trainer, small business development advisor, and training advisor on a number of training and technical assistance contracts, with such agencies as the Agency for International Development, National Institute on Drug Abuse, Bureau for International Narcotics Matters (U.S. State Department), and the National Clearinghouse for Alcohol and Drug Information.

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Before joining Development Associates in 1989, Dr. Kirsch served as Senior Social Affairs Officer and Deputy Chief of the Social Development Division for the United Nations' Economic Commission for Latin America and the Caribbean (ECLAC), based in Santiago, Chile. He lived in Latin America for over twenty years, and has assisted governments and private volunteer organizations at the national, state, and community levels on such issues as drug-abuse prevention, youth and gender issues, education, health and nutrition, basic human needs, and civic participation.

Over the years Dr. Kirsch has managed a number of multinational, cross-disciplinary teams whose efforts have produced social policies and programs adopted by governments in Latin America. He has also served as Instructor for the United Nations' Latin American Institute for Eco-

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He has authored and co-authored six books and over 50 articles and published reports. He was a plenary speaker at the 1993 International Conference of the International Council on Alcohol and Addictions held in Sao Paulo, Brazil, and at the 1990 International Conference of the International Federation of Non Governmental Organizations Against Drug Abuse held in Singapore.

As ECLAC's advisor on drug control issues, Dr. Kirsch contributed to the drafting of the United Nations' "Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control," approved at the UN's Worldwide Conference held in Vienna in 1987. He is Regional Editor for the Americas of *Drugs: Education, Prevention and Policy,* and is Managing Editor of *The International Drug Prevention Quarterly.*

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Ms. Debus has designed program elements to support social marketing and health promotion projects in Mexico, Ghana, Egypt, Indonesia, Nepal, Papia New Guinea, the Dominican Republic, Panama, Barbados, Trinidad and Tobago, and the Philippines. She has developed training programs for health professionals on marketing communications and marketing research. As an advisor to the World Health Organization's Global Program on AIDS, she has also helped to plan educational and promotional strategies for AIDS prevention.

Previously, Ms. Debus was President and CEO of Business Decisions, Inc., an international marketing consulting firm specializing in the development of cross-cultural marketing and communication strategies and tools. She was also Senior Vice President at ASI Market Research, where she developed a variety of innovative techniques for evaluating the effectiveness of print and broadcast advertising materials.

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Before joining Development Associates, Dr. Jutkowitz was the Executive Director of the Institute for the Study of Human Resources, a nonprofit research organization involved in the conduct and dissemination of social science research. He directed conferences under National Institute on Drug Abuse (NIDA) grants to the Institute for the Study of Human Issues, and served as a member of NIDA's Technical Review Panel on International Drug Research. He also served as an Adjunct Assistant Professor of Politics at New York University, and as the Deputy Director of NYU's Latin American and Caribbean Studies Center.

Dr. Jutkowitz lived in Chile and Venezuela for nearly ten years, working as a political scientist and conducting survey research for the UN's Economic Commission for Latin America, the Brookings Institution, the Center for Educational Planning of the University of Chile, the National Center for Development Studies, and Venezuela's Ministry of Education.

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DR. JORGE OSTERLING has extensive international experience as an educator and social anthropologist. A native of Peru, Dr. Osterling is a board member of the Washington Association of Professional Anthropologists. He is the author of two books and many articles in his field, including *Democracy in Colombia: Clientelist Politics and Guerrilla Warfare,* published by Transaction Publishers. Dr. Osterling has worked on various development projects in Latin America, and has taught a broad range of college courses, including basic social sciences, urban anthropology, and Latin American politics. Dr. Osterling earned his Ph.D. in anthropology at the University of California at Berkeley.

MICHAEL RAMAH joined Porter/Novelli, Washington, D.C., in 1987, bringing ten years of marketing experience in over forty-five countries to its International Division. Applying a range of marketing, advertising, promotion, and research tools from the private sector to social marketing in the developing world, Mr. Ramah has contributed to child survival, family planning, AIDS/HIV prevention, and substance-abuse prevention. He is the former Latin America/Caribbean regional director for the USAID-funded AIDSCOM Project. Mr. Ramah, who began his work in AIDS/HIV prevention in New York in the early 1980s, has presented papers at international conferences in Montreal and San Francisco, as well as at numerous regional conferences throughout Latin America, the Caribbean, Africa, and Asia.

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DR. RUSSELL STOUT, a Senior Associate with Development Associates, has a strong background in the strengthening of development-related institutions in Latin America and developing countries elsewhere. His eighteen years of work in institutional development and development management extends to such fields as drug awareness, agriculture, executive development, planning, and housing and urban development.

Dr. Stout participated in the original design of the USAID/Bolivia Drug Awareness and Prevention Project — DAPP. He is currently Chief of Party in Bolivia, managing implementation of DAPP, which forms part of USAID's Narcotics Awareness and Education Project. He is responsible for overall supervision and guidance in the provision of training and technical assistance to host-country organizations involved in drug awareness and prevention activities. He is responsible also for coordinat-

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Acronyms

ACTA — Proceedings of the Latin American Psychiatric and Psychological Association
AID, A.I.D. — Agency for International Development — now USAID — United States
AIDS — Acquired immunodeficiency syndrome
AIDSCOM —AIDS Communication Prevention Project (USAID)
APPPIA — Association of Child and Family Psychologists and Psychiatrists — Paraguay
CA — Cooperative Agreement
CEBRID — Center for Research on Drugs, University of Sao Paulo — Brazil
CEDRO — Center for Information and Education for Drug-Abuse Prevention — Peru
CEF — Center for Family Studies — Brazil
CEPB — Confederation of Private Businessmen — Bolivia
CESE — Center for Education on Drugs — Bolivia
CICAD — Inter-American Drug Abuse Control Commission — OAS
CIJs — Centers for Youth Integration — Mexico
CIMESPAD — Intersectorial Metropolitan Commission of Health for the Prevention of Alcoholism and Drug Addiction — Peru
CIRPSI — Center for Psychosocial Research and Rehabilitation — Paraguay
CONAD — National Anti-Drug Council — Paraguay
CONAPO — National Population Council — Bolivia
CONPRED — NGO Coordinating Organization for the Prevention of Drug Abuse — Paraguay
DA — Development Associates, Inc.
DAPP — Drug Awareness and Prevention Project — USAID/Bolivia
DCM — Deputy Chief of Mission — U.S. Embassy, Bolivia
DEA — Drug Enforcement Agency — United States

DHHS — Department of Health and Human Services — United States
DIF — National System for Family Development — Mexico
DINAPRE — (Now PREID, which see) National Directorate for Prevention of Drug Abuse — Bolivia
DINAR — National Narcotics Directorate — Paraguay
DPPC — Drug-Abuse Prevention Policy Committee — U.S. Mission, Bolivia
EAP — Employee Assistance Program
ECLAC — Economic Commission for Latin America and the Caribbean — United Nations
FAS — Fetal alcohol syndrome
FAE — Fetal alcohol effects
FELCN — Special Forces Against Narcotrafficking — Bolivia
FEMAP — Federation of Private Associations for Health and Community Development — Mexico
FNJ — Fundacion Nuestros Jovenes — Ecuador
FUNABEM — National Foundation for the Well-Being of Children — Brazil
FUNDASALVA — Narcotics Awareness and Abuse Prevention Foundation — El Salvador
GESA — Study Group on Alcohol and Other Addictions — Paraguay
GREA — Multidisciplinary Group on Alcoholism and Substance Dependency — Brazil
HIV — Human immunodeficiency virus
IDB — Inter-American Development Bank
INM — Bureau for International Narcotics Matters — U.S. State Department
IV — Intravenous
JOPACAD — Paraguayan Youth Against Addiction — Paraguay
NAE — Narcotics Awareness and Education Project
NAS — Narcotics Affairs Section — U.S. State Department
NAU — Drug Users Support Center — Brazil
NCDA — National Council on Drug Abuse — Jamaica
NGO — Non-governmental organization
NIAAA — National Institute on Alcohol Abuse and Alcoholism — United States
NIDA — National Institute on Drug Abuse, Department of Health and Human Services — United States
NPCU — National Project Coordinating Unit

OAS — Organization of American States
PAHO — Pan American Health Organization
PAO — Public Affairs Officer — United States
PASA — Participating Agency Service Agreements
PCU — Project Coordinating Unit — Bolivia
PGA — Project Grant Agreement
PNA — Narcotics Awareness Program, Proyecto Marandú — Paraguay
PPEUID — Special Prevention Project on the Misuse of Drugs — Brazil
PREID — (Formerly DINAPRE) National Directorate for the Integrated Prevention of Drug Abuse and Mental Health — Bolivia
PRE-VER — Addiction Prevention — Paraguay
PROINCO — Project for Research and Awareness in the Prevention of Drug Abuse — Bolivia
PVO — Private Voluntary Organization
R&D — Bureau for Research and Development, A.I.D. — United States
RAP — Rapid Assessment Procedures
SEAMOS — Anti-Drug Education and Social Mobilization System — Bolivia
SENAD — National Anti-Drug Secretariat — Paraguay
SPSS — Statistical Package for the Social Sciences
SUBDESAL — Subsecretariat for Alternative Development — Bolivia
SVE — SEAMOS Goes to School — Bolivia
TA — Technical assistance
TEA — Artistic Expression Workshop — Mexico
UNC — National Communications Unit — Bolivia
UNDCP — United Nations International Drug Control Program
UNDP — United Nations Development Program
UNESCO — United Nations Education, Scientific and Cultural Organization
USAID — United States Agency for International Development
USIA — United States Information Agency
USIS — United States Information Service