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## 'Fighting Back' Community Drug Program Doesn't Work

### 'Fighting Back' Politically Popular -- but No Results Seen

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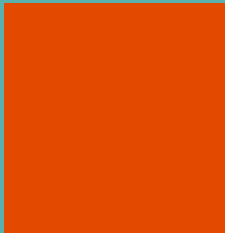
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Oct. 21, 2002 -- Hugely popular, the "Fighting Back" anti-drug program is the blueprint for most federally funded community drug-fighting coalitions. There's only one problem. It doesn't work.

Fighting Back aims to cut the demand for drugs at the local level. In the early 1990s, this was a radically new idea. In 12 cities it built broad community coalitions that came up with local plans to fight substance abuse. The goals were to keep young people away from drugs, alcohol, and cigarettes; to find and help users in the earliest stages of addiction; and to get adult users into treatment programs.



Everyone hoped it would work. But now a report card in the October issue of the *American Journal of Preventive Medicine* gives Fighting Back an F.

The program flunks on several levels, the report says. It does not reduce substance abuse among young people. It may actually increase substance use among adults. And when Fighting Back coalitions attacked specific problems from several sides at once -- or when they made more intensive, "high-dose" efforts -- the targeted problems didn't get better and sometimes got worse.

"If they really had a focus on adults, we actually found Fighting Back sites looked worse over time," study author Denise Hallfors, PhD, tells WebMD. "The same with very high-dose strategies: If they did more, it looked worse. That is the surprising finding."

Hallfors and colleagues at Brandeis University, City University of New York, and the University of North Carolina at Chapel Hill conducted telephone surveys in 1995, 1997, and 1999 in 12 of the 14 cities with Fighting Back programs. For each city they found two or three similar areas in which they conducted comparison surveys.

The Robert Wood Johnson Foundation funds both Fighting Back and the Hallfors' study. James Knickman, PhD, the foundation's vice president for research and evaluation, says the study's findings are valid but should not be overinterpreted.

"The finding is that this program by itself is not [doing] as much as people had hoped," Knickman tells WebMD. "It says we need to do a lot more to fight this problem than to only support community coalitions. There is nothing here that proves community coalitions are worthless. We just haven't proved

they are enough. To me, the most important thing is we need a lot more commitment to treatment possibilities."

The researchers state in a news release several reasons why they believe these programs don't work. For instance, many of the programs try to combat drug programs on many fronts and therefore may have too many competing priorities. They also state that because community members and agencies were asked to try any and all new ideas, few of these strategies used proven methods of intervention.

David Rosenblum, PhD, director of the national program office for Fighting Back, says the Hallfors study doesn't answer the question of whether community coalitions work or don't work.

"It is an important question," he tells WebMD. "We need to learn more because these coalitions have become our major method for addressing social issues. Social changes always come about from changes made in communities. The study is actually an interesting example of the difficulties in evaluating these complex interventions."

Substance abuse expert Jean Bonhomme, MD, MPH, teaches at Emory University's Rollins School of Public Health and is president of the National Black Men's Health Network. Bonhomme says the Hallfors study errs in comparing different cities. Even nearby neighborhoods, he says, have vastly different drug problems and need vastly different solutions.

"I think there is a value of a community-based program in raising a community's awareness of the problem and the options for treatment," Bonhomme tells WebMD. "A community-level intervention has value, but I think it has to be linked to individual interventions. That is where the battleground really is. But I don't put down educating the community as well."

Debi Starnes, PhD, says community interventions involve many people -- but they tend to miss the people who most need help. Starnes is president of EMSTAR, an applied psychology research firm specializing in program evaluation. She's also a member of the Atlanta City Council. Atlanta does not have a Fighting Back program.

"One thing that's always a problem in community-based programs is you don't get kids in the program who you really need to be affecting," Starnes tells WebMD. "You get the kids volunteering that aren't really the problem kids in the first place. Our experience has been that you really have to involve the parents. Any program that doesn't have a huge parental buy-in is swimming upstream."

What's the bottom line? Knickman says that Fighting Back shows how much communities want to fight substance abuse -- and how hard that fight continues to be.

"I don't think our nation has done a full-court press to get to potential solutions," he says. "We don't want to turn people off on this idea just because community coalitions aren't enough. You need money for treatment, you need more prevention services, and you need things in the schools that work. It is a war to solve this problem, and we are just funding one battle at a time."



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