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# DRUG ABUSE EDUCATION ACT

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DOCUMENTS

SEP 1 1970

## HEARING

BEFORE THE

SPECIAL SUBCOMMITTEE ON  
ALCOHOLISM AND NARCOTICS

OF THE

COMMITTEE ON  
LABOR AND PUBLIC WELFARE  
UNITED STATES SENATE

NINETY-FIRST CONGRESS

SECOND SESSION

ON

### S. 3015

TO AUTHORIZE THE SECRETARY OF HEALTH, EDUCATION,  
AND WELFARE TO MAKE GRANTS TO CONDUCT SPECIAL  
EDUCATIONAL PROGRAMS AND ACTIVITIES CONCERNING  
THE USE OF DRUGS AND FOR OTHER RELATED EDUCA-  
TIONAL PURPOSES

### H.R. 14252

TO AUTHORIZE THE SECRETARY OF HEALTH, EDUCATION,  
AND WELFARE TO MAKE GRANTS TO CONDUCT SPECIAL  
EDUCATIONAL PROGRAMS AND ACTIVITIES CONCERNING  
THE USE OF DRUGS AND FOR OTHER RELATED EDUCA-  
TIONAL PURPOSES

AUGUST 27, 1970

Printed for the use of the Committee on Labor and Public Welfare



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DRUG ABUSE EDUCATION ACT

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 JAY B. CUTLER, *Minority Counsel*

(II)



# CONTENTS

Text of:	Page
S. 3015.....	2
H.R. 14252.....	12

## CHRONOLOGICAL LIST OF WITNESSES

THURSDAY, AUGUST 27, 1970

Perkins, Hon. Carl D., a Representative in Congress from the State of Kentucky.....	23
Besteman, Karst, Acting Director, Division of Narcotics Addiction and Drug Abuse, National Institute of Mental Health; accompanied by Gerald N. Kurtz, Director, Office of Communication, National Institute of Mental Health; and Dr. Don Davies, Associate Commissioner, Bureau of Educational Personnel Development, Office of Education.....	24
Lumley, Dr. John M., assistant executive secretary for Government relations and citizenship, National Education Association; accompanied by Mrs. Mary Condon Gereau, legislative consultant, legislation and Federal relations, and John Cooper, specialist, NEA.....	48
Fisher, John, executive vice president, Guidance Associates, representing the Educational Materials Producers Council of the National Audio-Visual Association; accompanied by John E. Imhof, coordinator of drug education, Lynbrook public schools, Lynbrook, N. Y.....	53

## STATEMENTS

American Library Association, position statement on S. 3015.....	66
Besteman, Karst, Acting Director, Division of Narcotics Addiction and Drug Abuse, National Institute of Mental Health; accompanied by Gerald N. Kurtz, Director, Office of Communication, National Institute of Mental Health; and Dr. Don Davies, Associate Commissioner, Bureau of Educational Personnel Development, Office of Education.....	24
Fisher, John, executive vice president, Guidance Associates, representing the Educational Materials Producers Council of the National Audio-Visual Association; accompanied by John E. Imhof, coordinator of drug education, Lynbrook public schools, Lynbrook, N. Y.....	53
Prepared statement.....	56
Fletcher, Donald K., manager of distribution protection, Smith, Kline & French Laboratories, prepared statement.....	62
Lumley, Dr. John M., assistant executive secretary for Government relations and citizenship, National Education Association; accompanied by Mrs. Mary Condon Gereau, legislative consultant, legislation and Federal relations, and John Cooper, specialist, NEA.....	48
Perkins, Hon. Carl D., a Representative in Congress from the State of Kentucky.....	23

## ADDITIONAL INFORMATION

Articles, publications, etc.:	
"Mindbenders," selected and prepared by the Young Adult Services, Prince Georges County Memorial Library, Hyattsville, Md.....	76
"Narcotics—Why Not?" special teen screening full color film, Queens Borough Central Library, Jamaica, N. Y.....	69
"Ticket to Hell?," facts about drugs in pamphlet distributed by Baltimore County Public Library.....	72

IV

Communications to:

Hughes, Hon. Harold E., a U.S. Senator from the State of Iowa, from August W. Steinhilber, director, Federal and congressional relations, National School Boards Association, Washington, D.C., September 4, 1970-----	Page 81
--	------------

Miscellaneous:

Center for Studies of Narcotic and Drug Abuse—Fellowships awarded for fiscal year 1970-----	33
Center for Studies of Narcotic and Drug Abuse, NIMH-----	33
Center for Studies of Narcotic and Drug Abuse, NIMH training grants for fiscal year 1970-----	32
Distribution of Applications for Training Contracts—September 3, 1970-----	32
Narcotic Addict Rehabilitation Branch, NIMH training grants awarded for fiscal year-----	33

Tables:

Allocation of training contract funds-----	32
Comparison of S. 3015 and existing authorities-----	44
Fiscal 1970 information budgets-----	41

## DRUG ABUSE EDUCATION ACT

---

THURSDAY, AUGUST 27, 1970

U.S. SENATE,  
SPECIAL SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS OF  
THE COMMITTEE ON LABOR AND PUBLIC WELFARE,  
*Washington, D.C.*

The subcommittee met at 9:30 a.m., pursuant to recess, in room 1114 New Senate Office Building, Senator Harold E. Hughes (chairman of the subcommittee) presiding.

Present: Senator Hughes.

Staff members present: Robert O. Harris, staff director; Wade Clarke, majority counsel; and Jay Cutler, minority counsel.

Senator HUGHES. The Special Senate Subcommittee on Alcoholism and Narcotics will come to order.

The hearing this morning is on H.R. 14252 and S. 3015, and other related bills.

(A copy of the bills and departmental reports follow:)

(1)

91ST CONGRESS  
1ST SESSION

# S. 3015

---

IN THE SENATE OF THE UNITED STATES

OCTOBER 9, 1969

Mr. HATFIELD introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

---

## A BILL

To authorize the Secretary of Health, Education, and Welfare to make grants to conduct special educational programs and activities concerning the use of drugs and for other related educational purposes.

- 1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That this Act may be cited as the "Drug Abuse Education  
4 Act of 1969".

## 1 STATEMENT OF PURPOSE

2 SEC. 2. (a) The Congress hereby finds and declares  
3 that drug abuse diminishes the strength and vitality of the  
4 people of our Nation; that such abuse of dangerous drugs is  
5 increasing in urban and suburban areas; that there is a lack  
6 of authoritative information and creative projects designed to  
7 educate students and others about drugs and their abuse; and  
8 that prevention and control of such drug abuse require  
9 intensive and coordinated efforts on the part of both govern-  
10 mental and private groups.

11 (b) It is the purpose of this Act to encourage the devel-  
12 opment of new and improved curricula on the problems of  
13 drug abuse; to demonstrate the use of such curricula in model  
14 educational programs and to evaluate the effectiveness there-  
15 of; to disseminate curricular materials and significant infor-  
16 mation for use in educational programs throughout the Na-  
17 tion; to provide training programs for teachers, counselors,  
18 law enforcement officials, and other public service and com-  
19 munity leaders; and to offer community education programs  
20 for parents and others, on drug abuse problems.

## 21 AUTHORIZATION OF APPROPRIATIONS

22 SEC. 3. There are hereby authorized to be appropriated  
23 \$7,000,000 for the fiscal year beginning July 1, 1970,  
24 \$10,000,000 for the fiscal year beginning July 1, 1971,  
25 and \$12,000,000 for the fiscal year beginning July 1, 1972

1 for the purpose of carrying out this Act. Sums appropriated  
2 pursuant to this section shall remain available until expended.

3 USES OF FUNDS

4 SEC. 4. (a) From the sums appropriated pursuant to  
5 section 3, the Secretary of Health, Education, and Welfare,  
6 hereinafter referred to in this Act as the "Secretary", shall  
7 assist in educating the public on the problems of drug abuse  
8 by—

9 (1) making grants to or entering into contracts  
10 with institutions of higher education and other public or  
11 private agencies, institutions, or organizations, for—

12 (A) projects for the development of curricula  
13 on the use and abuse of drugs, including the prep-  
14 aration of new and improved curricular materials  
15 for use in elementary, secondary, and adult educa-  
16 tion programs;

17 (B) pilot projects designed to demonstrate, and  
18 test the effectiveness of curricula described in clause  
19 (A) (whether developed with assistance under  
20 this Act or otherwise);

21 (C) in the case of applicants who have con-  
22 ducted pilot projects under clause (B), projects for  
23 the dissemination of curricular materials and other  
24 significant information regarding the use and abuse

1 of drugs to public and private elementary, second-  
2 ary, and adult education programs;

3 (2) undertaking, directly or through contracts or  
4 other arrangements with institutions of higher education  
5 or other public or private agencies, institutions, or orga-  
6 nizations, evaluations of the effectiveness of curricula  
7 tested in use in elementary, secondary, and adult educa-  
8 tion programs involved in pilot projects described in  
9 paragraph (1) (B);

10 (3) making grants to institutions of higher educa-  
11 tion and local educational agencies to provide preservice  
12 and inservice training programs on drug abuse (includ-  
13 ing courses of study, institutes, seminars, workshops, and  
14 conferences) for teachers, counselors, and other educa-  
15 tional personnel, law enforcement officials, and other  
16 public service and community leaders;

17 (4) making grants to local educational agencies and  
18 other public and private non-profit organizations for  
19 community education programs on drug abuse (includ-  
20 ing seminars, workshops, and conferences) especially for  
21 parents and others in the community.

22 (b) In addition to the purposes described in subsection  
23 (a), the Secretary may make available not to exceed 5 per  
24 centum of the sums appropriated to carry out this Act for  
25 each fiscal year for payment of the reasonable and necessary

1 expenses of State educational agencies in assisting local edu-  
2 cational agencies in the planning, development, and imple-  
3 mentation of drug abuse education programs.

4 APPROVAL OF APPLICATIONS

5 SEC. 5. (a) Financial assistance for a project under this  
6 Act may be made only upon application at such time or times,  
7 in such manner, and containing or accompanied by such in-  
8 formation as the Secretary deems necessary, and only if such  
9 application—

10 (1) provides that the activities and services for  
11 which assistance under this title is sought will be ad-  
12 ministered by or under the supervision of the applicant;

13 (2) provides for carrying out one or more projects  
14 or programs eligible for assistance under section 4 and  
15 provides for such methods of administration as are neces-  
16 sary for the proper and efficient operation of such proj-  
17 ects or programs;

18 (3) sets forth policies and procedures which assure  
19 that Federal funds made available under this Act for  
20 any fiscal year will be so used as to supplement and,  
21 to the extent practical, increase the level of funds that  
22 would, in the absence of such Federal funds, be made  
23 available by the applicant for the purposes described  
24 in section 4, and in no case supplant such funds;



1 Education, the Director of the National Institute of Mental  
2 Health, and with the consent of such other departments or  
3 agencies as the Secretary may from time to time designate as  
4 having a substantial interest in the field of drug abuse edu-  
5 cation, representatives of such departments and agencies.

6 (b) The Council shall advise in the coordination of the  
7 respective activities of the Federal departments and agencies  
8 concerned in drug abuse education.

9 (c) The Secretary of Health, Education, and Welfare  
10 shall promulgate regulations establishing the procedures for  
11 consultation with other agencies and with other appropriate  
12 public and private agencies.

13 (d) The Secretary of Health, Education, and Welfare  
14 may not approve an application for assistance under this  
15 Act unless he has given the Interagency Coordinating Coun-  
16 cil an opportunity to review the application and make  
17 recommendations thereon within a period not to exceed sixty  
18 days.

19 ADVISORY COMMITTEE ON DRUG ABUSE EDUCATION

20 SEC. 7. (a) The Secretary of Health, Education, and  
21 Welfare shall appoint an Advisory Committee on Drug  
22 Abuse Education, which shall—

23 (1) advise the Secretary concerning the administra-  
24 tion of, preparation of general regulations for, and opera-

1       tion of, programs supported with assistance under this  
2       Act;

3           (2) make recommendations regarding the alloca-  
4       tion of the funds under this Act among the various pur-  
5       poses set forth in section 4 and the criteria for establish-  
6       ing priorities in deciding which applications to approve,  
7       including criteria designed to achieve an appropriate  
8       geographical distribution of approved projects through-  
9       out all regions of the Nation;

10          (3) review applications and make recommendations  
11       thereon;

12          (4) review the administration and operation of  
13       projects and programs under this Act, including the effec-  
14       tiveness of such projects and programs in meeting the  
15       purposes for which they are established and operated,  
16       make recommendations with respect thereto, and make  
17       annual reports of its findings and recommendations (in-  
18       cluding recommendations for improvements in this Act)  
19       to the Secretary for transmittal to the Congress; and

20          (5) evaluate programs and projects carried out  
21       under this Act and disseminate the results of such  
22       evaluations.

23       (b) The Advisory Committee on Drug Abuse Educa-  
24       tion shall be appointed by the Secretary without regard  
25       to the civil service laws and shall consist of twenty-one mem-  
26       bers. The Secretary shall appoint one member as Chairman.

1 The Committee shall consist of persons familiar with edu-  
2 cation, mental health, and legal problems associated with  
3 drug abuse, young persons, ex-users, parents, and others  
4 familiar with drug use and abuse. The Committee shall meet  
5 at the call of the Chairman or of the Secretary.

6 (c) Members of the Advisory Committee shall, while  
7 serving on the business of the Advisory Committee, be en-  
8 titled to receive compensation at rates fixed by the Secretary,  
9 but not exceeding \$100 per day, including traveltime; and  
10 while so serving away from their homes or regular places  
11 of business, they may be allowed travel expenses, including  
12 per diem in lieu of subsistence, as authorized by section 5703  
13 of title 5 of the United States Code for persons in the Govern-  
14 ment service employed intermittently.

15 TECHNICAL ASSISTANCE

16 SEC. 8. The Secretary of Health, Education, and Wel-  
17 fare and the Attorney General shall, when requested, render  
18 technical assistance to local educational agencies, public and  
19 private nonprofit organizations, and institutions of higher  
20 education in the development and implementation of pro-  
21 grams of drug abuse education. Such technical assistance  
22 may, among other activities, include making available to  
23 such agencies or institutions information regarding effec-  
24 tive methods of coping with problems of drug abuse, and  
25 making available to such agencies or institutions personnel of

1 the Department of Health, Education, and Welfare and the  
2 Department of Justice, or other persons qualified to advise  
3 and assist in coping with such problems or carrying out a  
4 drug abuse education program.

5 **PAYMENTS**

6 **SEC. 9.** Payments under this Act may be made in install-  
7 ments and in advance or by way of reimbursement, with  
8 necessary adjustments on account of overpayments or under-  
9 payments.

10 **ADMINISTRATION**

11 **SEC. 10.** In administering the provisions of this Act, the  
12 Secretary is authorized to utilize the services and facilities of  
13 any agency of the Federal Government and of any other  
14 public or private agency or institution in accordance with  
15 appropriate agreements, and to pay for such services either  
16 in advance or by way of reimbursement, as may be agreed  
17 upon.

18 **DEFINITIONS**

19 **SEC. 11.** As used in this Act—

20 (a) The term "Secretary" means the Secretary of  
21 Health, Education, and Welfare.

22 (b) The term "State" includes, in addition to the sev-  
23 eral States of the Union, the Commonwealth of Puerto  
24 Rico, the District of Columbia, Guam, American Samoa, the  
25 Virgin Islands, and the Trust Territory of the Pacific  
26 Islands.



1 increasing in urban and suburban areas; that there is a lack  
2 of authoritative information and creative projects designed to  
3 educate students and others about drugs and their abuse;  
4 and that prevention and control of such drug abuse require  
5 intensive and coordinated efforts on the part of both govern-  
6 mental and private groups.

7 (b) It is the purpose of this Act to encourage the devel-  
8 opment of new and improved curricula on the problems of  
9 drug abuse; to demonstrate the use of such curricula in model  
10 educational programs and to evaluate the effectiveness  
11 thereof; to disseminate curricular materials and significant  
12 information for use in educational programs throughout the  
13 Nation; to provide training programs for teachers, counselors,  
14 law enforcement officials, and other public service and com-  
15 munity leaders; and to offer community education programs  
16 for parents and others, on drug abuse problems.

17 AUTHORIZATION OF APPROPRIATIONS

18 SEC. 3. There are hereby authorized to be appropriated  
19 not to exceed \$7,000,000 for the fiscal year beginning July  
20 1, 1970, not to exceed \$10,000,000 for the fiscal year  
21 beginning July 1, 1971, and not to exceed \$12,000,000 for  
22 the fiscal year beginning July 1, 1972 for the purpose of  
23 carrying out this Act. Sums appropriated pursuant to this  
24 section shall remain available until expended.

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2 SEC. 4. (a) From the sums appropriated pursuant to  
3 section 3, the Secretary of Health, Education, and Welfare,  
4 hereinafter referred to in this Act as the "Secretary", shall  
5 assist in educating the public on the problems of drug abuse  
6 by—

7

(1) making grants to or entering into contracts  
8 with institutions of higher education and other public or  
9 private agencies, institutions, or organizations, for—

10

(A) projects for the development of curricula  
11 on the use and abuse of drugs, including the prepara-  
12 tion of new and improved curricular materials for use  
13 in elementary, secondary, and adult education pro-  
14 grams;

15

(B) pilot projects designed to demonstrate, and  
16 test the effectiveness of curricula described in clause  
17 (A) (whether developed with assistance under  
18 this Act or otherwise);

19

(C) in the case of applicants who have con-  
20 ducted pilot projects under clause (B), projects for  
21 the dissemination of curricular materials and other  
22 significant information regarding the use and abuse  
23 of drugs to public and private elementary, second-  
24 ary, and adult education programs;

1           (2) undertaking, directly or through contracts or  
2           other arrangements with institutions of higher education  
3           or other public or private agencies, institutions, or orga-  
4           nizations, evaluations of the effectiveness of curricula  
5           tested in use in elementary, secondary, and adult educa-  
6           tion programs involved in pilot projects described in  
7           paragraph (1) (B) ;

8           (3) making grants to institutions of higher educa-  
9           tion and local educational agencies to provide preservice  
10          and inservice training programs on drug abuse (includ-  
11          ing courses of study, institutes, seminars, workshops, and  
12          conferences) for teachers, counselors, and other educa-  
13          tional personnel, law enforcement officials, and other  
14          public service and community leaders ;

15          (4) making grants to local educational agencies and  
16          other public and private non-profit organizations for  
17          community education programs on drug abuse (includ-  
18          ing seminars, workshops, and conferences) especially  
19          for parents and others in the community.

20          (b) In addition to the purposes described in subsection  
21          (a), the Secretary may make available not to exceed 5 per  
22          centum of the sums appropriated to carry out this Act for  
23          each fiscal year for payment of the reasonable and necessary  
24          expenses of State educational agencies in assisting local edu-

1 cational agencies in the planning, development, and imple-  
2 mentation of drug abuse education programs.

3 APPROVAL OF APPLICATIONS

4 SEC. 5. (a) Financial assistance for a project under this  
5 Act may be made only upon application at such time or  
6 times, in such manner, and containing or accompanied by  
7 such information as the Secretary deems necessary, and only  
8 if such application—

9 (1) provides that the activities and services for  
10 which assistance under this title is sought will be ad-  
11 ministered by or under the supervision of the applicant;

12 (2) provides for carrying out one or more projects  
13 or programs eligible for assistance under section 4 and  
14 provides for such methods of administration as are neces-  
15 sary for the proper and efficient operation of such proj-  
16 ects or programs;

17 (3) sets forth policies and procedures which assure  
18 that Federal funds made available under this Act for  
19 any fiscal year will be so used as to supplement and,  
20 to the extent practical, increase the level of funds that  
21 would, in the absence of such Federal funds, be made  
22 available by the applicant for the purposes described  
23 in section 4, and in no case supplant such funds;

24 (4) provides for such fiscal control and fund ac-

1 counting procedures as may be necessary to assure  
2 proper disbursement of and accounting for Federal funds  
3 paid to the applicant under this title; and

4 (5) provides for making an annual report and such  
5 other reports, in such form and containing such infor-  
6 mation, as the Secretary may reasonably require and for  
7 keeping such records and for affording such access there-  
8 to as the Secretary may find necessary to assure the cor-  
9 rectness and verification of such reports.

10 (b) Applications from local educational agencies for  
11 financial assistance under this Act may be approved by the  
12 Secretary only if the State educational agency has been  
13 notified of the application and been given the opportunity  
14 to offer recommendations.

15 (c) Amendments of applications shall, except as the  
16 Secretary may otherwise provide by or pursuant to regula-  
17 tion, be subject to approval in the same manner as original  
18 applications.

19 INTERAGENCY COORDINATING COUNCIL ON DRUG ABUSE  
20 EDUCATION

21 SEC. 6. (a) The Secretary shall establish an Interagency  
22 Coordinating Council on Drug Abuse Education which shall  
23 consist of the Secretary (or his designee) as Chairman, the  
24 Attorney General (or his designee), the Commissioner of  
25 Education, the Director of the National Institute of Mental

1 Health, and with the consent of such other Departments or  
2 agencies as the Secretary may from time to time designate as  
3 having a substantial interest in the field of drug abuse edu-  
4 cation, representatives of such Departments and agencies.

5 (b) The Council shall advise in the coordination of the  
6 respective activities of the Federal Departments and agencies  
7 concerned in drug abuse education.

8 (c) The Secretary of Health, Education, and Welfare  
9 shall promulgate regulations establishing the procedures for  
10 consultation with other agencies and with other appropriate  
11 public and private agencies.

12 (d) The Secretary of Health, Education, and Welfare  
13 may not approve an application for assistance under this  
14 Act unless he has given the Interagency Coordinating Coun-  
15 cil an opportunity to review the application and make  
16 recommendations thereon within a period not to exceed sixty  
17 days.

18 ADVISORY COMMITTEE ON DRUG ABUSE EDUCATION

19 SEC. 7. (a) The Secretary of Health, Education, and  
20 Welfare shall appoint an Advisory Committee on Drug  
21 Abuse Education, which shall—

22 (1) advise the Secretary concerning the adminis-  
23 tration of, preparation of general regulations for, and  
24 operation of, programs supported with assistance under  
25 this Act;

1           (2) make recommendations regarding the alloca-  
2           tion of the funds under this Act among the various pur-  
3           poses set forth in section 4 and the criteria for establish-  
4           ing priorities in deciding which applications to approve,  
5           including criteria designed to achieve an appropriate  
6           geographical distribution of approved projects through-  
7           out all regions of the Nation;

8           (3) review applications and make recommendations  
9           thereon;

10          (4) review the administration and operation of  
11          projects and programs under this Act, including the effec-  
12          tiveness of such projects and programs in meeting the  
13          purposes for which they are established and operated,  
14          make recommendations with respect thereto, and make  
15          annual reports of its findings and recommendations (in-  
16          cluding recommendations for improvements in this Act)  
17          to the Secretary for transmittal to the Congress; and

18          (5) evaluate programs and projects carried out  
19          under this Act and disseminate the results of such  
20          evaluations.

21          (b) The Advisory Committee on Drug Abuse Educa-  
22          tion shall be appointed by the Secretary without regard to  
23          the civil service laws and shall consist of twenty-one mem-  
24          bers. The Secretary shall appoint one member as Chairman.  
25          The Committee shall consist of persons familiar with educa-

1 tion, mental health, and legal problems associated with drug  
2 abuse, young persons, ex-users, parents and others familiar  
3 with drug use and abuse. The Committee shall meet at the  
4 call of the Chairman or of the Secretary.

5 (c) Members of the Advisory Committee shall, while  
6 serving on the business of the Advisory Committee, be en-  
7 titled to receive compensation at rates fixed by the Secretary,  
8 but not exceeding \$100 per day, including traveltime; and  
9 while so serving away from their homes or regular places  
10 of business, they may be allowed travel expenses, including  
11 per diem in lieu of subsistence, as authorized by section 5703  
12 of title 5 of the United States Code for persons in the Gov-  
13 ernment service employed intermittently.

14 TECHNICAL ASSISTANCE

15 SEC. 8. The Secretary of Health, Education, and Wel-  
16 fare and the Attorney General shall, when requested, render  
17 technical assistance to local educational agencies, public and  
18 private nonprofit organizations and institutions of higher  
19 education in the development and implementation of pro-  
20 grams of drug abuse education. Such technical assistance  
21 may, among other activities, include making available to  
22 such agencies or institutions information regarding effec-  
23 tive methods of coping with problems of drug abuse, and  
24 making available to such agencies or institutions personnel of  
25 the Department of Health, Education, and Welfare and the

1 Department of Justice, or other persons qualified to advise  
2 and assist in coping with such problems or carrying out a  
3 drug abuse education program.

4 **PAYMENTS**

5 **SEC. 9.** Payments under this Act may be made in install-  
6 ments and in advance or by way of reimbursement, with  
7 necessary adjustments on account of overpayments or under-  
8 payments.

9 **ADMINISTRATION**

10 **SEC. 10.** In administering the provisions of this Act, the  
11 Secretary is authorized to utilize the services and facilities of  
12 any agency of the Federal Government and of any other  
13 public or private agency or institution in accordance with  
14 appropriate agreements, and to pay for such services either  
15 in advance or by way of reimbursement, as may be agreed  
16 upon.

17 **DEFINITIONS**

18 **SEC. 11.** As used in this Act—

19 (a) The term "Secretary" means the Secretary of  
20 Health, Education, and Welfare.

- 1 (b) The term "State" includes, in addition to the
- 2 several States of the Union, the Commonwealth of Puerto
- 3 Rico, the District of Columbia, Guam, American Samoa, the
- 4 Virgin Islands, and the Trust Territory of the Pacific Islands.

Passed the House of Representatives October 31, 1969.

Attest:

W. PAT JENNINGS,

*Clerk.*

Senator HUGHES. At this point we will receive the statement of the chairman of the House Education and Labor Committee, the distinguished Carl D. Perkins, a Representative from the State of Kentucky.

**STATEMENT OF HON. CARL D. PERKINS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF KENTUCKY**

Mr. Chairman, in considering many of the domestic problems confronting this Nation, I find myself impatient in the delays which we encounter in the enactment of legislation which the many hearings that you and I have participated in disclose will afford meaningful solutions.

The problems of employment, of training, of education, all seem to me to demand top priority.

Despite the top priority that I assign to these matters, the legislation before this subcommittee today deals with one of the most critical domestic crises of our times.

Drug abuse is a serious problem with many manifestations from glue sniffing to heroin. It tragically affects the life of the user and the user's family.

But if we were to measure the dimensions of this problem simply in these terms we would be ignoring completely the greater manifestations of drug abuse on the society as a whole. Not only does the traffic in narcotics provide economic sustenance for the gangster and underworld elements which do a big business in this field but also the growing number of users are contributing substantially to the mounting wave of crime in our cities which is now spreading to our suburban and rural areas.

The Congress has moved to provide stiffer penalties for trafficking in and use of narcotics. It has strengthened the law-enforcement agencies of the Nation in its efforts to curb illegal drug traffic and crime.

As important as these steps are it seems to me that the legislation which passed the House on October 31, 1969, and is now pending before this subcommittee, H.R. 14252 and the companion legislation in the Senate, S. 3015, can be far more effective in stamping out the illicit use of drugs.

This is so because the legislation addresses itself to educating and informing schoolchildren, parents, and local organizations on the full implications of the illegal and injudicious use of narcotics. The legislation thus addresses itself to the potential narcotics market.

I was impressed with the national publicity recently attending the Army's disposition of lethal nerve gas. An aroused public was greatly concerned that the transportation of these substances in proximity to their communities threatened their lives. The public was rapidly educated by the press and media as to the dangerous qualities of these lethal substances.

Yet the public in general and our youth are not as well acquainted with the equally lethal and far more socially tragic consequences of the narcotics traffic.

For these reasons I would urge the committee to expeditiously report and the Senate pass the Drug Abuse Education Act. It will fill

a great void in curricula materials in our schools, trained teaching personnel and other means of disseminating knowledge to the American people about the perils of narcotics.

This legislation authorizes a program of grants and contracts for:

- (1) the development of curriculum on drug use;
- (2) the preparation of instructional materials;
- (3) demonstration projects on drug abuse education;
- (4) in-service and preservice training for teachers, counselors, local law enforcement officials, parents and other persons in the community; and
- (5) community drug education programs especially for parents.

Another purpose of the bill, Mr. Chairman, is to insure the delivery of quality drug abuse education programs at the local level. To this end, the Secretary may reserve up to 5 percent of the amount appropriated for the purpose of enabling State educational agencies to assist local educational agencies in the development and implementation of drug abuse programs.

Local educational agencies making application for a grant must notify a State educational agency, and give the agency an opportunity to comment on the proposal. All applications for participation will also be reviewed by an Interagency Coordinating Council on Drug Abuse Education which is established to provide better coordination at the Federal level of drug abuse education activities.

There will also be an Advisory Committee on Drug Abuse established in HEW to assist the Secretary in administering the new act. The committee will be composed of persons who are experts in the educational, legal, and other problems associated with drug abuse. In addition, the Secretary of Health, Education, and Welfare is directed by the bill to render technical assistance on drug abuse education programs but only if such assistance is requested.

Senator HUGHES. Our first witnesses are Mr. Besteman and Dr. Davies. I will forewarn you there is a vote scheduled on the Senate floor at approximately 9:45. When the bell rings I will have to recess the hearings and go vote and come back. So you may begin, Mr. Besteman.

**STATEMENT OF KARST BESTEMAN, ACTING DIRECTOR, DIVISION OF NARCOTICS ADDICTION AND DRUG ABUSE, NATIONAL INSTITUTE OF MENTAL HEALTH; ACCOMPANIED BY GERALD N. KURTZ, DIRECTOR, OFFICE OF COMMUNICATION, NATIONAL INSTITUTE OF MENTAL HEALTH; AND DR. DON DAVIES, ASSOCIATE COMMISSIONER, BUREAU OF EDUCATIONAL PERSONNEL DEVELOPMENT, OFFICE OF EDUCATION**

Mr. BESTEMAN. Mr. Chairman, members of the subcommittee, I appreciate this opportunity to appear before you today to describe the current efforts of the Department of Health, Education, and Welfare to accelerate education, training, and informational activities in the area of narcotic addiction and drug abuse. Within the Department these activities have been focused in the Office of Education for the specialized training of teachers and the National Institute of Mental Health for the training of health and health-related professionals. The

Institute has also served as the focal point for other activities in narcotic addiction and drug abuse through the administration of programs authorized by the Public Health Service Act, amendments to the Community Mental Health Centers Act, and the Narcotic Addict Rehabilitation Act of 1966.

Within the Institute, the Division of Narcotic Addiction and Drug Abuse has the primary responsibility for the administration and management of these activities, while the Office of Communications is responsible for public information activities and development of educational materials.

To support this variety of activity the Department is requesting \$56 million for fiscal year 1971, an increase of \$8 million over fiscal year 1970. Of the \$56 million, approximately \$6.5 million is specifically earmarked for the education, training, and information activities.

Drug abuse has been an ever-increasing concern of the country. Newspapers, educators, elected officials, and especially parents have become keenly aware that this behavior must be modified or reduced to avoid serious mental and public health consequences.

The Institute commissioned surveys in an attempt to analyze and quantify the problem. Most data points to a basic conclusion. The use and abuse of the user of a variety of the specific drugs has reduced. Although we are encouraged that the use of LSD among adults seems to be decreasing, concurrently high school students, and in some areas junior high students, are now experimenting with this substance in greater numbers.

Heroin addiction, neglected by public unconcern when confined to the urban ghetto, has spread throughout our society and significantly impacts on suburbia.

The controversy regarding marihuana continues with at least 10-12 million persons using the substance and quite possibly several million more. The recent concern with the distribution of barbiturates and amphetamines highlighted a pattern of abuse which has no clear size but seems likely to include several million persons.

These facts serve to provide a point of reference in considering the need for aggressive and articulate activity in educating the public. They also serve to highlight the continuing need for the development of scientifically sound information on which to base our actions. The Institute in responding to this growing public need has increased its efforts by 2.3 million from fiscal year 1969 to fiscal year 1970, and an additional 1 million in fiscal year 1971.

The National Institute of Mental Health has recently initiated a number of potentially significant educational and informational approaches which show promise of changing the ever-increasing incidence of drug abuse. On March 11, 1970, when President Nixon announced that \$1 million would be allocated in supplemental funds to the National Institute of Mental Health in fiscal year 1970 to accelerate the national training effort in drug abuse prevention, treatment, and rehabilitation, four major areas were emphasized:

1. Training of professionals and paraprofessionals working or planning to work in the drug field;
2. Training of health and social service personnel to counsel drug abusers;

3. Preparation of innovative training materials for teachers; and
4. Development and dissemination of materials for practicing health professionals.

To achieve these goals, contracts were awarded during fiscal year 1970 to accomplish the following:

Starting in September 1970 and continuing to June 1971, approximately 450 professionals and paraprofessionals will be trained in two national training centers, one on the east coast (New Haven, Conn.) and one on the west coast (Hayward, Calif.). Trainees at the east coast center will receive intensive experience in treatment and rehabilitation through the facilities of the Drug Dependence Unit of the Connecticut Mental Health Center, which was begun through an NIMH grant in July 1968. These facilities will expose the trainees to a residential treatment community staffed by ex-addicts, an on-going methadone maintenance program, an out-patient clinic offering group, family, and individual psychotherapy. Another facility is NARCO, an organization staffed by ex-addicts who visit addicts in hospitals and prisons to assist them in finding treatment.

Trainees at the west coast center will benefit from direct and observational experiences at over 30 facilities in the San Francisco Bay Area, including hospitals, free clinics, half-way houses, houses for run-aways, and so forth. At both the east coast and west coast national training centers there will be opportunities for the trainees to become experienced with the drug abuse problems found among the youth involved in the drug subculture as well as with the narcotic addicts.

Starting in September 1970 and also continuing to June 1971, approximately 1,500 health and social service personnel will be trained at three national training centers, those on the east and west coasts and one in the Midwest in Norman, Okla. The Midwest location is strategic because of the diversity of cultural groups in the States adjoining the center which are among those with the highest rates of admission to public health treatment facilities. Potential trainees for these three centers include educators, community leaders, lawyers, clergy, physicians, psychologists, social workers, and public officials. Inquiries about the availability of these training programs have been received from staff of other Federal agencies such as the Department of Defense, the Veterans' Administration, and the Law Enforcement Administration Agency. The National Institute of Mental Health welcomes this opportunity to assist the intensified national effort by providing opportunity for accelerated education and training.

In February 1971, four training films will be available for distribution on the following topics: Establishing special care units for drug abuse patients in hospital settings, the family physician and drug abuse, the nurse and drug abuse, and the pharmacist and drug abuse. These films are intended for those physicians, nurses, and pharmacists unable to attend scheduled courses and workshops on drug abuse. To guarantee availability of the information, the instruction for physicians will also be supplied on audio tape for use at home or in the car. Printed instructional materials for the other films will enable continuing self-study by the target groups.

Also starting in September 1970 and continuing throughout the academic year, current information on drug abuse funding will be

provided for teachers through periodicals usually read by members of the teaching profession.

The above programs represent expenditures of \$435,150 for training centers and \$613,000 for development of the training materials. These funds have been placed in the annual budget of the Division of Narcotic Addiction and Drug Abuse to maintain the pace and quality of the present effort and expand it where necessary to meet increasing demands for such training.

There is another highly visible part of the Institute's activity in the drug addiction and abuse areas which, while not primarily an education and prevention program, has produced significant benefits to communities in these areas.

Under the original authority of the Narcotic Addict Rehabilitation Act of 1966 and its legislative successors, the Institute has funded community-based treatment and rehabilitation centers for narcotic addicts. Each of these centers has been encouraged to devote a part of its efforts to education and consultation activities to the community generally. The result has been that clinicians, educators, clergy, police officers, high school students, parent-teacher associations, and others have been oriented, and, in some cases, educated to recognizing and referring for help individuals who have a problem with drugs. Successfully treated individuals have become a potent force in these communities as spokesmen regarding the foolishness and destruction associated with drug abuse and serve as the models for those individuals attempting to stop their drug habit.

I would like to report to you now, what I think is one of the most dramatic attempts on the part of Government to mobilize its resources to meet the drug dilemma. Many of you are familiar with the extensive multimedia public information and education campaign that the National Institute of Mental Health's Office of Communications has waged since the spring of 1969.

To date more than 20 million pieces of literature have been distributed, and the Nation's radio and television stations have cooperated in a massive public service advertising campaign which is still going on all over the Nation. The campaign has won major international and national awards. As one measure of its effectiveness, station and network officials continue to program the public service announcements almost 2 years after their initial distribution.

To make fullest use of every source without duplication and to respond effectively to the phenomenal increase in public concern about the problem, the White House Ad Hoc Advisory Committee on Drug Abuse has involved all agencies in the Government concerned with the drug abuse problem in a cooperative effort. The first tangible result of the collaboration was the Federal source book "Answers to the Most Frequently Asked Question About Drug Abuse," which pooled for the first time the thinking of the Department of Health, Education, and Welfare, the Office of Economic Opportunity, the Department of Justice, the Department of Labor, and the Department of Defense in a publication intended to inform the public about the problem. To date, 1,500,000 copies have been distributed.

Within the Department of Health, Education, and Welfare, a committee chaired by the Surgeon General, coordinates drug abuse activities being carried out by the National Institute of Mental Health, the

Office of Education, the Food and Drug Administration, and other Health, Education, and Welfare components.

I might add that the coordinated approach to bringing all necessary resources to bear on solutions for the drug abuse problem is not limited to the Federal Government. In fact, coordinated programs are springing up all over the country.

Current developments in efforts to train teachers—to make them more effective in teaching about the problems of drug abuse—illustrate best the new cooperative approach and the positive aspects of continuing efforts in the public information campaign. Today teachers want to know more about drug abuse and how to deal with it in the schools.

Administrators of school systems, members of school boards and individual teachers have undertaken to educate themselves and our children about drugs, and have shown zeal and ingenuity as they do so. They have used millions of the question and answer pamphlets on drugs produced by the National Institute of Mental Health. In preparing education programs they have leaned heavily on our "Resource Book for Drug Abuse Education," and a special supplement to the NEA Journal. Now, they—and other professions and concerned laymen—have called for more specific assistance in meeting their local problems. We, the National Institute of Mental Health and the Office of Education, have responded with many new programs.

The Office of Education has implemented a \$3.5 million program to train school personnel, particularly teachers, in the fundamentals of drug education.

After a national conference in Chicago in April details of the program were developed with representatives of all the States. This summer, the States sent teams of teachers, counselors, school administrators, students, and community leaders to be trained at selected university centers.

In the fall these teams will tour their home States to train additional teachers, administrators, students, and community leaders drawn from every local school district in the State. In all, these workshops will be attended by about 150,000 teachers and 75,000 students and community leaders.

Each of the workshops this summer used materials from the National Institute of Mental Health, and additional quantities were supplied to the teachers for use in the schools when they returned home.

A joint task force has reviewed model curriculum of kindergarten through 12th grade from schools throughout the country. The task force was composed of representatives of Federal agencies including NIMH, the Office of Education, and a panel of citizen educators. Eight of the curriculum have been selected for printing and are being made available for use at the teacher training workshops. These curriculum are also being made available directly to school systems throughout the country.

To help implement the teacher training effort this coming year, the Institute is producing a 12 part television course complete with workbooks and manuals specifically designed to train teachers in this critical area.

By April 1971, a comprehensive drug abuse education and training course on film will be available for use with all professional groups.

In addition, they will be broadcasting on educational television to reach those teachers unable to attend State-sponsored drug abuse training courses funded by the Office of Education. Staff of the National Institute of Mental Health and Office of Education have maintained close liaison to insure the quality and effectiveness of these films.

This innovative course will make use of the latest media techniques to illustrate for the teacher: Adequate and inadequate drug abuse materials, effective and ineffective teaching techniques. It will illustrate many of the attitudes and feelings of students that lead to conflict in the school and the failure of teachers to communicate with youth.

But the effort does not stop with teacher training. We also have several current projects to provide the teacher with new information and new materials.

I believe that we all agree that education about drugs must now begin in the earliest grades.

This year NIMH is developing materials specifically for elementary school use. One is an animated film on drugs and the body, illustrating the risks and benefits of drugs, and the dangers of abuse. Printed material derived from the film includes a comic book, coloring book, and posters. An accompanying teacher's resource book and teacher's guide suggest the most effective use of the materials, classroom projects and followthrough activities. A filmstrip and slide version of the film will also be available.

For secondary school students, we are developing single concept films on seven drug topics. These are the drug culture, marihuana, depressants, stimulants, volatile substances, narcotics, and hallucinogens. Pamphlets based on each film will serve as reinforcement materials. Each film and pamphlet will constitute a work unit, and the entire package can serve as the core for a drug abuse curriculum. A secondary level teacher's guide and a resource book similar to the elementary level materials are also planned.

I have stressed so far those NIMH activities designed for schools. But all aspects of life are educational, for good or bad. And all the informational materials which we produce are educational—for good, we hope.

During the past year our broad-based drug information and education campaign has been directed to many different audiences. Posters, pamphlets, exhibits, car cards, features for local newspapers, and spot announcements for radio and television have been widely distributed.

Currently some of these materials are being translated or adapted to reach still wider audiences. A simplified version of our question-and-answer pamphlet series is being written for elementary school children. A comic book entitled "Hooked!" has been translated into Spanish for the inner city Spanish-speaking population. Another publication in Spanish will be an illustrated booklet on drug abuse directed to Mexican Americans between the ages of 7 and 12.

For adults and youth alike, a drug abuse education play has been written. Easily staged, requiring only four actors and no scenery, it is being made available to amateur theater groups throughout the country.

A new adult stimulus film will serve as core information for a civic and volunteer education kit. A special high school drug abuse workshop kit will also be developed for the use of concerned citizens in the community.

New films have been released. "A Day in the Death of Donny B" depicts drug abuse in the ghetto. It is being used in ghetto schools to stimulate discussion of the drug problem. "Here's Help" is a survey of drug addiction rehabilitation and treatment facilities. Another film, "Are Drugs the Answer?" features a question-and-answer session between a group of high school students and Dr. Alan Cohen, a former disciple of Timothy Leary.

Perhaps the most important development to date in the Federal effort to combat drug abuse was President Nixon's announcement on March 11, 1970, of the formation of the National Clearinghouse for Drug Abuse Information within the Office of Communications of the NIMH. This new Clearinghouse represents a massive collaborative effort, coordinated by the White House.

The Clearinghouse serves the public through three basic services: publications distribution; computer-based information storage and retrieval; and referrals.

Parents, students, teachers, health professionals, law enforcement agencies, and concerned citizens, all have need for the most authoritative and up-to-date information available on drug abuse, and the Clearinghouse is gearing up for rapid response.

Several publications on the nature and extent of drug abuse are currently available, including the Federal book: "Answers to the Most Frequently Asked Questions About Drug Abuse." The Federal source book was produced by the several Federal agencies concerned with different aspects of drug abuse.

Education materials, selected school curriculums, bibliographies, film guides, and catalogs are also being produced for teachers and community leaders, who are responsible for informing others about the dangers of drug abuse.

Single copies of Clearinghouse publications are provided without charge. Bulk quantities are available at cost from the U.S. Government Printing Office.

Data on school, community, local and State government drug abuse programs are entered into a computer data bank. Information is retrieved on request from drug abuse program directors, teachers, school curriculums supervisors, community organizers, and others establishing and maintaining drug abuse prevention and rehabilitation programs.

Technical, scientific, and other inquiries of a specialized nature are referred to appropriate Federal and non-Federal agencies. The agencies cooperating in the establishment of the Clearinghouse, each with an interest in controlling drug abuse, are: Department of Defense; Department of Justice; Department of Labor; and the Office of Economic Opportunity, as well as the Office of Education and other programs in the Department of Health, Education, and Welfare.

Narcotic addiction and drug abuse are clearly health problems and preventive-educational activities require health and medical approaches to provide a single base of knowledge on which to mount the multiple educational programs needed. The NIMH, as a health agency

closely allied with the scientific community in medical and social science areas, is particularly well-suited to provide such a base.

From what has been said, it is clear that the Department has shared the general concern about the growing problem of drug abuse and has already initiated education and training programs which have been and should continue to be effective. We agree that it is vitally important to increase the effort in the area of drug abuse education. However, this is a complex subject and it is essential that such a program, to be successful, must be based on and expanded from existing experience, such as the programs already undertaken by the Department.

As the effort that we have described should clearly demonstrate, the Department now has a mandate to conduct activities directed at the drug abuse problem, a mandate sufficient to carry out all of the objectives of S. 3015, and broader than the bill's narrowly drawn purposes.

For example, the functions and duties of an Advisory Committee on Drug Abuse Education proposed by section 7 of the bill are already discharged by the National Advisory Mental Health Council established pursuant to section 217(c) of the Public Health Service Act. Similarly, the functions of the Interagency Coordinating Council on Drug Abuse Education proposed by section 6 of the bill are being effectively discharged by the White House Ad Hoc Advisory Committee on Drug Abuse.

In summary, then, we recommend against the enactment of S. 3015 because it is essentially duplicative of existing authority.

I would be pleased to answer any questions that the subcommittee may have.

Senator HUGHES. Do either of your colleagues have any additional statements they would like to make?

Mr. BESTEMAN. No, sir.

Senator HUGHES. Would you repeat for the record how much we spent in the drug education area in the last fiscal year?

Mr. BESTEMAN. The last fiscal year being 1970. The Institute spent \$1,349,000. In addition, the Office of Education had approximately \$3.5 million.

Senator HUGHES. This was all that was spent for education.

Could you separate that for me in segments? How much was in training personnel, how much in primary and secondary school systems, and so forth?

Mr. BESTEMAN. I can separate it in the following way.

We used approximately \$1.8 million in what we call dangerous drug information. Many of the publications that I referred to as being distributed come into that class.

We spent just over \$1 million in training contracts and we spent approximately \$500,000 in training grants. We have approximately \$40,000 in what are known as training fellowships, where we are supporting the training of individuals, and \$3.5 million specifically for the training of the educators as was described in the testimony.

Senator HUGHES. How many applications for funding have you received in each of those categories?

Mr. BESTEMAN. I don't have that information.

Senator HUGHES. Will you furnish for the subcommittee the total dollar amounts, the applications and where they are? You do not have to go into detail on the applications. I would just like to know how

many you have had, how many have been met and how many have not been met. And how much we spent in this fiscal year.

(The information subsequently supplied follows:)

*Allocation of training contract funds*

I. Training of professionals and paraprofessionals working or planning to work in the drug field:	
A. Research Foundation of California, State College at Hayward .....	<sup>1</sup> \$260, 800
B. Yale University, New Haven, Conn.....	122, 150
II. Training of Health and Social Service Personnel to counsel drug abusers:	
A. Research Foundation of California, State College at Hayward .....	<sup>1</sup> (260, 800)
B. University of Oklahoma, Norman, Okla.....	52, 200
III. Preparation of innovative training materials for teachers:	
A. University of California, Los Angeles.....	<sup>2</sup> (382, 000)
B. Creative Studies, Inc., Boston, Mass.....	88, 500
C. Biospherics, Inc., Rockville, Md.....	54, 300
IV. Development and dissemination of materials for health professionals:	
A. University of California, Los Angeles.....	<sup>2</sup> 382, 000
B. Focus Education, Inc., New York, N.Y.....	89, 100
<hr/>	
Total .....	1, 049, 050

<sup>1</sup> Serves both projects.

<sup>2</sup> Serves both projects.

DISTRIBUTION OF APPLICATIONS FOR TRAINING CONTRACTS—SEPTEMBER 3, 1970

I.

California (5): San Francisco (2), Talmadge, Los Angeles, and La Jolla. Connecticut (1): New Haven. Illinois (1): Chicago. Maryland (1): Baltimore. Minnesota (1): Minneapolis. Nebraska (1): Omaha. Oregon (1): Portland. Wisconsin (1): Madison.

II.

California (6): San Francisco (2), La Jolla, Los Angeles, Hayward, and Talmadge. Connecticut (1): New Haven. Illinois (1): Chicago. Louisiana (1): Monroe. Maryland (1): Baltimore. Minnesota (1): Minneapolis. Nebraska (1): Omaha. New York (1): New York. Oklahoma (1): Norman. Oregon (1): Portland. Wisconsin (1): Madison.

III.

Massachusetts (1): Boston. Maryland (3): Bethesda (2), and Chevy Chase. District of Columbia (1): New York (4) New York (4).

IV.

California (3): San Francisco, Los Angeles (2). Illinois (1): Chicago. Indiana (2): Lafayette, Michigan City. Maryland (3): Rockville, Chevy Chase, and Bethesda. Massachusetts (1): Cambridge. Missouri (1) Kansas City. New York (5): New York. Oklahoma (1): Oklahoma City. Utah (1): Provo. District of Columbia (4).

CENTER FOR STUDIES OF NARCOTIC AND DRUG ABUSE, NIMH TRAINING GRANTS FOR FISCAL YEAR 1970 (TOTAL AMOUNT, \$312,017)

No.: T15-MH-11573.

Name: Mayer, Joseph.

Period: July 1968 to June 1971.

Location: Boston State Hospital, Boston, Mass.

Title: Training Program in the Treatment of Drug Addicts (Amount, \$110,943).

No.: T14-MH-12256.

Name: Loewenberg, Frank M.

Period: September 1969 to August 1970.

Location: Council of Social Work.  
 Education, New York, N.Y.  
 Title: Narcotic Addiction and Social Work Education (Amount, \$16,200).  
 No.: T01-MH-12257.  
 Name: Voss, Harwin L.  
 Period: July 1970 to June 1973.  
 Location: University of Kentucky, Lexington, Ky.  
 Title: Deviant Behavior—Drug Abuse (Amount: \$42,083).  
 No.: T21-MH-12316.  
 Name: Carfagni, Arthur B.  
 Period: July 1970 to June 1971.  
 Location: Operation Motivation, Inc., San Francisco, Cal.  
 Title: Training Ethnic Youth as Drug Abuse Counsellors (Amount, \$60,365).  
 No.: T15-MH-12319.  
 Name: Ollstein, Andrew.  
 Period: July 1970 to June 1972.  
 Location: Center for Group Psychotherapy, Los Angeles, Calif.  
 Title: Adolescent Drug Abuse Prevention Program (Amount, \$77,564).  
 No.: T15-MH-12320.  
 Name: Kloth, Edward W.  
 Period: January 1970 to June 1973.  
 Location: Roosevelt Hospital, New York, N.Y.  
 Title: Narcotic Addiction and Drug Abuse in Medical Practice (Amount, \$4,862).

NARCOTIC ADDICT REHABILITATION BRANCH, NIMH TRAINING GRANTS AWARDED  
 FOR FISCAL YEAR (TOTAL AMOUNT, \$291,301)

No.: T15-MH-12388.  
 Name: Tucker, Robert C.  
 Period: July 1970 to June 1973.  
 Location: Yale Univ. School of Medicine, New Haven, Conn.  
 Title: Drug Dependence Training Institute (Amount, \$144,521).  
 No.: T01-MH-12499.  
 Name: Weisman, Irving.  
 Period: July 1970 to June 1973.  
 Location: Hunter College, New York, N.Y.  
 Title: Intervention With Drug Abusers: Cross-Cultural, Cross-Regional  
 (Amount, \$146,780).

CENTER FOR STUDIES OF NARCOTIC AND DRUG ABUSE, NIMH

TRAINING GRANTS NOT FUNDED IN FISCAL YEAR 1970

New York: 1. New York City (4 grants), 2. Stoney Brook, 3. Garden City.  
 California: 1. San Francisco, 2. Los Angeles. Connecticut: 1. New Haven. New  
 Jersey: 1. Newark. Illinois: 1. Edwardsville. Maryland: 1. Hyattsville. Penn-  
 sylvania: 1. Philadelphia. Wisconsin: 1. River Falls. Oklahoma: 1. Norman.

CENTER FOR STUDIES OF NARCOTIC AND DRUG ABUSE—FELLOWSHIPS AWARDED FOR  
 FISCAL YEAR 1970 (TOTAL AMOUNT, \$19,386)

No.: F1-MH-33,319.  
 Name: Boston University School of Medicine.  
 Period: September 1969 to August 1970.  
 Location: Boston, Mass.  
 Title: Effects of Chronic Morphine Treatment on Behavior (Amount, \$4,050).  
 No.: K2-MH-25393.  
 Name: Jaffe, Jerome.  
 Period: January 1970 to June 1970.  
 Location: University of Chicago, Chicago, Ill.  
 Title: Pharmacological and Psychological Factors in Drug Abuse (Amount,  
 \$15,336).

Mr. BESTEMAN. In the Institute, our expenditures will be increased \$1 million, approximately, over the 1970 figure.

Senator HUGHES. As I sat in the meeting with the President in the White House—and you have indicated in your statement that this is all being coordinated at the White House—the President asked Sec-

retary Finch how much he was spending in this field. The Secretary indicated he was spending less than a million dollars total. The man behind you is shaking his head. Maybe he can answer the question.

Mr. BESTEMAN. I can't account for that.

Mr. KURTZ. In March 1970 the President announced the release of additional moneys in the areas of drug abuse and education, \$1 million specifically for materials and educational projects.

Senator HUGHES. Why did he do that? Was it because you were not spending enough, or did not have enough resources to do the job, or was it the result of Mr. Finch's statement in that meeting when the President shook his head and said, "That is pitiful"?

Mr. KURTZ. I suppose it is a combination of activities, with all Federal agencies participating and eliminating duplication of effort, and planning a coordinated thrust.

Senator HUGHES. What duplication have you eliminated?

Mr. BESTEMAN. I think the examples we gave, the Office of Education was able to base its rapid action on our materials rather than having to go out and develop its own, is an excellent example of how we have avoided duplication.

Mr. KURTZ. Another is in the area of literature. Each of the agencies was involved in putting out literature that was often contradictory. Mr. Besteman is referring to the Federal source book, which speaks for all of the agencies. We learned just yesterday that in addition to the 1.5 million copies for promotional distribution, the Government Printing Office is now completely out of stock and are reprinting, which means that over 300,000 have been sold.

Senator HUGHES. How much is in your budget request for training?

Mr. BESTEMAN. In 1971?

Senator HUGHES. Yes.

Mr. BESTEMAN. One million dollars in the contracts area and approximately \$900,000 in the grants area. The fellowship area remains constant.

Senator HUGHES. Where will that money for grants go?

Mr. BESTEMAN. It will go to qualified applicants who compete for funding and who can set forth training resources that meet certain geographic and specific professional training needs.

Senator HUGHES. Would that meet the need in New York City? If you spent all of your grant in New York City, would that do the job there?

Mr. BESTEMAN. It is unlikely.

Senator HUGHES. Is it unlikely it would meet the needs of one major city in the country?

Mr. BESTEMAN. If the Federal effort is expected to meet the entire need, I think it is very unlikely.

Senator HUGHES. Would it meet the need even on a matching fund basis, or however you have set it up?

Mr. BESTEMAN. The development of the manpower pool in the whole area of health and mental health has been a chronic deficiency and drug addiction and drug abuse have not escaped this. I think that the efforts that we put forth and indicated in the testimony will make a substantial difference, and with additional efforts will have a snowballing effect of consecutive year's efforts in bringing more individuals in in

the following year. I think we are making significant progress, but we cannot meet the need in 1 year, there are not enough personnel to do that training on a 1-year basis.

Senator HUGHES. How many can you train in 1 year? Are you telling me that \$900,000 is all that you can effectively use in 1 year in this country?

Mr. BESTEMAN. No, sir.

Senator HUGHES. Then how much would you request for training if you thought you could get all you needed in the country?

Mr. BESTEMAN. I would not be able to put a figure to that because I would first have to make an almost State-by-State and city-by-city survey to see where training resources would be available.

Senator HUGHES. Let's say they are unavailable. Say my State of Iowa has no available training resources. What would you do, abandon it?

Mr. BESTEMAN. No. As we did with our first center, we would set them up and try to get them on target to serve the needs. Using Iowa as an illustration—

Senator HUGHES. We go to Norman, Okla. with a few people.

Mr. BESTEMAN. At the present time it would be Norman, Okla. The possibility exists with additional funds this year that it could be Chicago or St. Louis. Those are possibilities where I do know there are existing programs that would have a training resource.

Senator HUGHES. How many Iowans could you train in one of those resource centers?

Mr. BESTEMAN. It would depend on whether you are sending clinicians to be trained—

Senator HUGHES. Well, who are you training?

Mr. BESTEMAN. As I indicated in the testimony, we are training those individuals who directly deliver care to drug addicts and drug abuse. We are also training those people in the community who act as referring agents, as educating and preventing agents in the community, and we are trying to train them in such a way that one will complement the other. I don't think we need an equal amount of clinicians to an equal amount of informed and aware professionals.

Senator HUGHES. Are you approaching this problem on the basis of what the needs are in this country today, or on the basis of what you think the administration will allow in funds for what you can do?

Mr. BESTEMAN. We try to approach it on the basis of the need.

Senator HUGHES. Of the country?

Mr. BESTEMAN. Yes, sir.

Senator HUGHES. And you are now requesting the amount of money that is needed, and that you can effectively handle this year, and you tell me \$900,000 is that amount of money to meet the needs of this country and that you can effectively handle?

Mr. BESTEMAN. I think I have already answered it.

Senator HUGHES. You have answered in a way that has not satisfied the Chair. If that is the best answer you can give me, I refuse to accept that. I think that is not even a beginning. If you will forgive one man's observation, for far too long, we have conceded. Everybody concedes this problem is epidemic in this country and we are faced with a

massive need that we are not able to cope with. There is bad information as well as good information going out that you want to eliminate and we want to eliminate and yet you come along with a request here which is negligible, really, considering the needs of the country today based on your own estimates.

What do you estimate the problem to be in the country? Would you like to put that in the record again if the numbers of people who are now suffering from this have changed?

Mr. BESTEMAN. I think we testified before this committee previously that we estimate there are about 150,000 narcotic addicts in this country, and that that probably represents a conservative estimate. I think I indicated in this testimony—

Senator HUGHES. How many are registered in New York City?

Mr. BESTEMAN. If you use the registration by the Federal Bureau of Narcotics and Dangerous Drugs, it is right around 30,000. The National Institute of Mental Health has supported a drug registry in New York City that lists approximately 50,000.

Senator HUGHES. What is your estimate?

Mr. BESTEMAN. I suspect that the 50,000 registry is much closer to accurate than the 30,000. I know that it does not cover the entire population because it does not have total source from the city.

Senator HUGHES. What do you estimate it to be here in the District of Columbia?

Mr. BESTEMAN. That is a little more difficult because the records do not have the same history. It has been variously estimated by individuals who should know from 2,500 to 10,000. I am afraid that personally I do not have data that would pin it down any closer but it is certainly large.

Senator HUGHES. I don't think there is any need to pursue that any further. I think the estimates, as you agree, are all very low. There is really no way of knowing the sizable amount of narcotics addiction. You are basing your estimates, I assume, on the opiates. I will not belabor the point of the amphetamines, barbiturates, and so forth, which are being abused. We have the estimates from your previous testimony.

Percentage-wise, how does the amount spent for education compare to the total expenditures made in the drug area? How much of the total is for the educational area?

Mr. BESTEMAN. The total within the Department is right around 10 percent.

Are you asking for the total of the entire Federal establishment?

Senator HUGHES. I would like to have both if you have it.

Mr. BESTEMAN. According to the figures here, education and training for the total of Federal funds in drug abuse programs would be around 8 percent.

Senator HUGHES. Of the total?

Mr. BESTEMAN. Yes.

Senator HUGHES. Isn't this what the President has indicated should have primary emphasis?

Mr. BESTEMAN. I believe he has indicated this is important and has priority.

Senator HUGHES. When?

Mr. KURTZ. I would like to submit that part of the solution to the problem does not necessarily deal with dollars. Within the constraints of the budget, we are producing materials aimed at very wide distribution. We are using mass media extensively. We are using films to supplement the training and the Office of Education is training teachers to train teachers to train teachers. So, within the budget that has been allocated, we think we have intensified the effort.

Senator HUGHES. I would like to compliment you on what you are doing. I have seen your programs on educational TV and I have seen the literature and I think it is excellent. That is fine. That is not my point at all, and I certainly am not critical of what you are doing. My viewpoint is different from yours.

Dr. DAVIES. Through the national drug education training program, we are working with the State departments of education in the 50 States, the District of Columbia, and the territories. With a relatively modest Federal investment in funds—\$3.5 million—channeled through the State departments of education we hope that a good deal of interest and investment of State and local money will be generated to spend on teacher training relating to drug education.

We have attempted, as we do in most of the programs in the Bureau of Educational Personnel Development in the Office of Education, to encourage the State departments of education to provide more leadership for local school districts to carry out the program. However the States have money problems and need technical assistance as well as motivation and stimulation to do the job.

Senator HUGHES. Do you find, as I do, that every school principal and superintendent in this country—and some days I feel I must have a letter from most of them—are crying out for assistance and help?

I don't know why you question the motivation. They don't know what to do. They are doing some things on their own and many of them don't like that.

Dr. DAVIES. Many superintendents and principals are crying out for assistance. The capacity to provide educational leadership in the local school district must be strengthened. Joint Federal, State, and local assistance is needed to accomplish this.

Senator HUGHES. Here again, if this whole program is being coordinated from the White House, as you suggested, and the President has indicated the prime emphasis should be on education and you are spending 8 percent of the total in that area, how do you explain it? Is it a lack of ability to catch up with the lag? Would anyone care to respond to that?

Mr. KURTZ. My hope would be that this is the beginning of a massive effort.

Senator HUGHES. How much time do you think we have?

Mr. KURTZ. I can't answer that question, but I can point to another problem we are facing every day in materials and training; everybody is so new, research has not yet given us enough answers. I would hope to evaluate some of the things we are doing in terms of impact. Are they really effective and how do they relate to some of the materials that are being produced? Some of this is going on privately; but there is a real lack of evaluation.

Senator HUGHES. How much are you spending in evaluation of existing programs and materials?

Mr. KURTZ. At the present time we are not evaluating because the materials are not ready. As Mr. Besteman indicated in the testimony, we have yet to produce the materials. They are beyond the drawing board stage. They are in production now and will be distributed this fall to the schools, but evaluation will have to follow.

Senator HUGHES. I agree with you on evaluation, and please don't read me wrong on that. I think we need an honest evaluation of what we are doing because, Lord knows, we make mistakes and some materials are effective in some regions and do not work in others.

Mr. KURTZ. Also the different target groups. We test our materials as we go along. We bring people from target audiences in to evaluate the material and even then we find occasionally that we have made mistakes and then can modify our materials accordingly.

Senator HUGHES. Are you spending any money to train peer leaders, kids themselves?

Dr. DAVIES. In both the national drug education training program and our special project "Awareness Area" youths are involved in the training and training projects both in planning and implementation stages. There are students participating in the summer programs conducted in the four national training centers and each State has a team going from school district to school district to conduct workshops with selected ex-addicts, people who have had experience in the drug culture and other youngsters involved both as trainers and as people receiving the information. All our Awareness House training centers have ex-addicts trained to be counselors to assist young people in "turning off" from drugs.

Our experience to date as reported by the drug training centers, and by the States and by Awareness House is that the young people are very effective, in fact essential, members of a staff in teacher training programs.

Mr. KURTZ. We have also approached the solution to the same problem from another aspect. Last year we supported three high school newspaper editors' pilot training programs, press conferences if you will, one in Syracuse, one in Texas, and one in Kansas City, where in each there were about 300 high school newspaper editors, members of the faculties of these schools, professional resource people. They were conducted with slight modifications as press conferences where the youngsters were taught by university faculties to use their newly found skills in journalism with the emphasis on drug abuse. We found these so successful we thought they ought to be encouraged.

As Mr. Besteman noted in the testimony, we are preparing a kit on how to conduct high school newspaper editor press conferences which do not require funding. These can be done within individual school systems on the initiative of the journalism society or fraternity in a university or by the schools themselves. We are excited about this kind of approach. We do like to do things without money.

If you look at the amount of money that we got from our public service television advertising and add it to our budget we would be in good shape.

Senator HUGHES. What are the relative responsibilities of NIMH and the Department of Education?

Dr. DAVIES. The responsibility in the Office of Education is for those programs that are conducted in schools and in other formal educa-

tional institutions. Our Bureau (BEPD) is primarily interested in the training and education of educational personnel. We use the curriculum materials and the other kinds of information NIMH is developing in our school programs and in teacher training programs, so it works very nicely.

Senator HUGHES. A fully coordinated program between the two?

Dr. DAVIES. Remarkably so.

Mr. KURTZ. We are kind of surprised about it.

Dr. DAVIES. I think perhaps a new world's record in coordination between two agencies has been established.

Senator HUGHES. If this bill does pass, would you like to see the authority given to the Secretary?

Mr. BESTEMAN. Yes, sir.

Senator HUGHES. Would we make it his responsibility for designation?

Mr. BESTEMAN. Yes; because at certain points in developing materials and at certain points in the method in which the material will actually get to the consumer, he would want to designate different parts of the Department to have a primary responsibility. I think by it being in the Office of the Secretary he would have continued flexibility should there be any future changes of role.

Senator HUGHES. Can you furnish for the subcommittee, as soon as possible, a division of the moneys that you have now and are spending as between the subjects you have listed in your prepared statement, which are, training professionals and paraprofessionals, training of health and social service personnel, counseling drug abusers, the preparation of innovative training materials and the development and dissemination of materials.

For over a year now this committee has been in existence and we have proposed various pieces of legislation in the field of drug abuse and narcotics addiction. The administration has opposed everything we have proposed. There is not one time you men have been over here to support anything that the Congress has done in this field, is there, that you can recall?

Mr. BESTEMAN. No, sir.

Senator HUGHES. You have opposed every step the Congress has taken in these fields. Do you think the Congress of the United States has any role to play in this problem, or should we just pick up our marbles and go home?

Mr. BESTEMAN. I don't think it would be appropriate.

Senator HUGHES. To answer the question, or what?

Mr. BESTEMAN. No; to pick up your marbles and go home.

Senator HUGHES. There are days I would like to do that, and I suppose there are days when you would like to see us do that.

Mr. KURTZ. I think the Congress has provided the basic authorities and the Congress has provided a tremendous amount of stimulation and of course money.

Senator HUGHES. It is no fun for me to sit here and raise hell with you and no fun for you to sit here and take it every time we have a bill and think we are doing something. It brings no pleasure to me and I know it brings no pleasure to you.

I would hope the administration would think that some day the Congress has a right to do something in this field. If you are a possessor

of great omniscience in the Department, I don't know how this problem got exploded the way it has without anything being done about it.

The executive organization committee has finished its report to the President, as I understand it. Is that correct?

Mr. BESTEMAN. That is my understanding but I have not been told that officially.

Senator HUGHES. Do you know if the administration, as a result of that report, will not make legislative recommendations?

Mr. BESTEMAN. I don't have that information, sir.

Senator HUGHES. Can we get a copy of the report? I would like to officially request you to get me a copy of that report.

Mr. BESTEMAN. I will make the request but I think that is the prerogative of the President to release that report, at least until he has considered it.

Senator HUGHES. I am requesting it of you and I hope you will transmit my request to the Secretary and the Secretary to the President. Repeatedly we ask for things over here which we get a year later if at all.

(This information had not been received when this hearing went to press.)

Senator HUGHES. As you can tell, I am edgy about it. Every time we develop legislation in the Congress it is completely opposed by the administration. You are very kind in your opposition and you are very gentle about it but, nonetheless, you fight it hand, tooth, and nail with every Federal lobbying tactic that the Federal Government has.

Do you think you could spend the amount of money in H.R. 14252 as authorized, fiscal 1971 it is \$7 million; for 1972, \$10 million, and 1973, \$12 million? Do you think you have the capability in the Department to tool up and to use that money wisely to face this epidemic problem in this country? Or are you prepared to tell me you don't want it?

Mr. BESTEMAN. I think that if such resources were available that I would have to say that some of it could be spent wisely. It would depend on how this was broken out in terms of coordinated responsibility. I think we are all aware of the danger of sudden spurts of money late in a fiscal year and the concern with it being spent wisely, and you did use that as one of the qualifying comments.

Senator HUGHES. That should be the qualifying comment of every dollar we give you, as you well know. I am sure as of today if we handed you the money you could not use it tomorrow but could you develop programs, use it wisely, distribute the money effectively in the country and make good use of it? That is the point of my question.

Mr. KURTZ. I think the answer depends upon the priorities. If it were total investment in school education, I would have problems with it. We know that we need education and we know we need more treatment and rehabilitation programs and we need it for parent training and other groups. I am sure we could make very good use of the money but again depending upon the priorities determined by the legislation. That is the reason for the opposition to this bill. We have the existing authorities.

Senator HUGHES. Why haven't you used them? Why haven't you requested money in the last 4 or 5 years as this program has been ballooning and becoming an epidemic in the country?

Mr. KURTZ. I can't answer that.

Senator HUGHES. Who should answer?

Dr. DAVIES. In BEPD/OE at the President's initiative we moved from a 1969 investment of approximately \$200,000 to a \$3.5 million investment as support for the NDET program those funds (\$3.5 million) were reprogrammed funds from other teacher training activities.

Senator HUGHES. If I recall correctly, we did not suddenly develop this problem in 1969. Why weren't we doing something about it in 1965? Were you in the Office of Education then?

Dr. DAVIES. I was not.

Senator HUGHES. It seems to me that we have been negligent over the years. If there had been any other type of public health problem, we would have been in a state of panic trying to find a solution for it, in the processes of education and everything else, and yet we are willing, seemingly, to sleep along while it still spreads rapidly.

Mr. BESTEMAN. I don't know that we should be quite that critical if we look at the comparative expenditure levels between, say, fiscal year 1969 and fiscal year 1971. There have been some rather dramatic increases in the particular area that you are concerned with throughout the Federal Government. There has been an increase of approximately \$10 million in the effort. If the curve had started in 1965 as you indicated, we should have had concern there, it might be at a considerably higher level today. I think we know from the manner in which programs develop that they gain momentum, they become accepted and they prove their value and then are more readily funded. I think in this area we have had the difficulty to a great extent of having to sell hope and not being able to look back with pride and not being able to say that an exact technique worked and therefore it should be funded at a very large level. This has not been so.

Senator HUGHES. Could you give me a comparison of the amount of money you spend in advertising cancer and narcotics?

Mr. BESTEMAN. In advertising?

Senator HUGHES. In the field of education.

Mr. BESTEMAN. I don't know what is spent in the field of education.

Senator HUGHES. Could you furnish us comparable statistics on what you are doing in the other major areas? How much, for example, did you spend in smoking?

Mr. KURTZ. We will have to supply that for the record, Mr. Chairman.

(The information subsequently supplied follows:)

*Fiscal 1970 information budgets*

Cancer Institute, NIH.....	\$529,000
Smoking and health.....	2,112,000
Dangerous drug information.....	1,807,000

Senator HUGHES. The staff informs me that they thought you said you took this money from some other area. Is that true?

Dr. DAVIES. The \$3.5 million was reprogrammed from the same education, personnel education program funded under EPDA (title V, HEA) and from training in other fields to training in drug abuse.

Senator HUGHES. Are they suffering as a result of it?

Dr. DAVIES. As part of the overall Government cut in expenditures, some training funds had already been cut long before the announcement of the reprogramming. Naturally this presented some hardships to institutions which had hoped to continue to receive funds, but I do not think that I would consider it suffering. In fact, some of the funds were returned in addition to the \$3.5 million to be allocated to the drug education program. Originally, \$8 million was withheld, and eventually the total amount was returned, although \$3.5 million of the total was directed to the drug program. The remainder has been awarded in the form of grants for other training programs.

Senator HUGHES. If you got this amount of money, would you put the \$3.5 million back where you felt it was needed?

Dr. DAVIES. The needs for educational training personnel are vast all over the country, and, of course, that amount of money and much more can be used for improving the quality of the personnel in our schools. There is almost no limit to the amount of money that could be going into the training and retraining of teachers. There are limits to what the Federal Government, the States, and the local education agencies are able to assign to that purpose each year. Training is one of many high-priority fields, and in times when fiscal restraint is necessary, such as today, all needs cannot be met.

Senator HUGHES. In other words, this amount of money can be used wisely.

Dr. DAVIES. A vast amount of money could be used wisely in the whole area of teacher training.

Senator HUGHES. In your statement, Mr. Besteman, you have an excellent broad explanation of everything you are doing in the country which indicates that you have a very broad base generally in the country. Yet you tell me that expanding that base is exceedingly difficult with very little money. I just cannot quite relate the two. You have a broad base, as you indicated, in existing programs—and we know, for example, that the State of New York spends more than you spend for the Nation—and you tell me you can't use that money wisely.

Mr. BESTEMAN. I indicated that you have to make some very hard decisions when you take clinicians who are serving let's say, drug addicts and drug abusers and you want to use your best to train others, you have to make some very hard decisions as to whether the treatment centers can take time away to train other clinicians. In fact, when we went out and solicited for centers to become these kinds of national resources, some of the very capable treatment centers indicated they were not interested in this additional burden because they were at their limit of capacity to serve and felt the primary recipient of the care, the addict, would suffer if they took on this additional activity at the time we needed them.

Since this activity will be ongoing with us, we hope that during this fiscal year we will be able to bring them into the resource constellation for the country but at the time we initiated this program some very excellent centers could not accommodate to this national need.

Senator HUGHES. As I understand your position, you are opposed to the bill, period. Is that correct?

Mr. BESTEMAN. I think we have indicated we have adequate legislative authorities presently and have had them and that therefore these bills, particularly S. 3015, is a duplication and therefore not necessary.

I think our testimony in terms of the activities we are in certainly speaks of our concern in the area of intent and purpose of the bill.

Senator HUGHES. I don't question your intent and purpose at all. Believe me, there is no questioning of that here. I know you would like to do everything you can for the country. But I will be perfectly honest about it: I think the administration has a rope around your neck and, whether you like it or not, you are going to do what they tell you, but the Congress does not have to do that.

I would like to have your legal counsel cite for me the specific statutes that provide specifically what we are recommending in this bill and furnish it to me as rapidly as you can.

(The information subsequently supplied follows:)

COMPARISON OF S. 3015 AND EXISTING AUTHORITIES

PROVISIONS OF S. 3015

COMPARABLE PRESENT AUTHORITIES

Section	Analysis	Citation	Analysis
4(a)(1)	<p>Authorizes HEW Secretary to make grants or contracts with institutions of higher education and other public or private agencies, institutions, or organizations for:</p> <p>(A) development of curricula and curricular materials on drug use and abuse, for use in elementary, secondary, and adult education programs.</p>	<p>Sec. 2(c) Cooperative Research Act, 20 U.S.C. 331a Title V-B, Elementary and Secondary Education Act of 1965, as added by Public Law 91-230, 34 Stat. 142-145.</p> <p>Sec. 809, ESEA, 20 U.S.C. 889</p> <p>Sec. 301, Public Health Service Act, 42 U.S.C. 241</p> <p>Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688f.</p> <p>Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq.</p> <p>Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970).</p>	<p>Grants or contracts for research and surveys in field of education. Grants to local educational agencies for establishment and improvement of educational programs.</p> <p>Grants for research and demonstration projects in correction education services.</p> <p>Grants, contracts, and other direct assistance for research, investigations, experiments, demonstrations, and studies relating to prevention, treatment, and control of physical and mental diseases and impairments.</p> <p>Grants for developing specialized training programs or materials relating to narcotic addiction prevention and treatment services.</p> <p>Grants to States and localities for public education programs, and for research, demonstration, and special projects to develop new or improved law-enforcement approaches.</p> <p>Creation of NIMH National Clearinghouse for Drug Abuse Information; Law Enforcement Assistance Administration grants for local drug education programs; funding of expanded mass media drug abuse prevention advertising campaign; and supplemental funds to NIMH for contracts for preparation and dissemination of innovative drug abuse training materials for teachers and practicing health professionals.</p>
4(a)(1)	<p>(B) pilot projects to demonstrate and test effectiveness of such curricula</p>	<p>Sec. 2(a) Cooperative Research Act, 20 U.S.C. 331a</p> <p>Title III, Elementary and Secondary Education Act of 1965, as amended by Public Law 91-230, 84 Stat. 130-141.</p> <p>Title V-B, ESEA, as added by Public Law 91-230, 84 Stat. 142-145.</p> <p>Sec. 809, ESEA, 20 U.S.C. 889</p> <p>Sec. 301, Public Health Service Act, 42 U.S.C. 241</p> <p>Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688f.</p> <p>Sec. 252(D) of pt. D of CMHCA, 42 U.S.C. 2688f</p>	<p>Grants or contracts for demonstrations in field of education.</p> <p>Allotments to States for local supplementary educational centers and services.</p> <p>Grants to local educational agencies for establishment and improvement of educational programs.</p> <p>Grants for research and demonstration projects in correction education services.</p> <p>See provision cited to sec. 4(a)(1)(A) of bill above. Do.</p> <p>Grants for treatment and rehabilitation programs demonstrating new methods of delivering services to narcotic addicts.</p>

4(a)(1)

(C) dissemination of pilot project curricular material and other information to public and private elementary, secondary, and adult education programs.

Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970).  
Do.  
Sec. 2(a) Cooperative Research Act, 20 U.S.C. 331a -----  
Grants or contracts for dissemination of results of research or demonstrations in field of education.

Title III, Elementary and Secondary Education Act of 1965, as amended by Public Law 91-230, 84 Stat. 130-141.  
Sec. 412, General Education Provisions Act, as added by Public Law 91-230, 84 Stat. 166.  
Sec. 301(c), Public Health Service Act, 42 U.S.C. 241 -----  
Allotments to States for local supplementary educational centers and services.

Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688.  
Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970).  
Sec. 402, General Education Provisions Act, 20 U.S.C. 1222. -----  
Contracts for collection and dissemination of information on all Office of Education programs.  
HEW Secretary authority to collect and make available information on PHS sponsored and supported research and other sec. 301 activities, and practical application thereof.  
See provision cited to sec. 4(a)(1)(A) of bill above.

4(a)(2)

Authorizes HEW Secretary to undertake directly or through contracts or other arrangements evaluations of the effectiveness of curricula in use in education programs involved in pilot projects.

Title III, Elementary and Secondary Education Act of 1965, as amended by Public Law 91-230, 84 Stat. 130-141.  
Title V-B, Elementary and Secondary Education Act of 1965, as added by Public Law 91-230, 84 Stat. 142-145.  
Title V-C, ESEA, as added by Public Law 91-230, 84 Stat. 145-148.  
Sec. 301, 303 Public Health Service Act, 20 U.S.C. 241, 242a.  
Sec. 252(C) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688I. -----  
Allotments to States for local supplementary educational centers and services.  
Grants to local educational agencies for establishment and improvement of educational programs.

Title III, Elementary and Secondary Education Act of 1965, as amended by Public Law 91-230, 84 Stat. 130-141.  
Title V-B, Elementary and Secondary Education Act of 1965, as added by Public Law 91-230, 84 Stat. 142-145.  
Title V-C, ESEA, as added by Public Law 91-230, 84 Stat. 145-148.  
Sec. 301, 303 Public Health Service Act, 20 U.S.C. 241, 242a.  
Sec. 252(C) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688I. -----  
6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970).  
HEW Secretary authority to use portion of appropriations under act to evaluate its narcotic addiction and other programs directly or by grants or contracts.  
Grants to States and localities for planning and evaluation of law enforcement projects and programs.  
See provision cited to sec. 4(a)(1)(A) of bill above.

COMPARISON OF S. 3015 AND EXISTING AUTHORITIES—Continued

COMPARABLE PRESENT AUTHORITIES

PROVISIONS OF S. 3015

Section	Analysis	Citation	Analysis
4(a)(3)	Authorizes HEW Secretary to make grants to institutions of higher education and local educational agencies to provide preservice and inservice drug abuse training programs for teachers, law-enforcement officials, and public service and community leaders.	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011.	Allotments to States for community service programs.
4(a)(3)		Title IX, HEA, as amended, 20 U.S.C. 1134-1134I. Pt. B, Vocational Education Act of 1963, as amended, 20 U.S.C. 1261-1264. Pt. C of VEA, 20 U.S.C. 1281-1284. .....do..... Pt. D of VEA, 20 U.S.C. 1301-1305. .....do..... Pt. B-1 of Education Professions Development Act, 20 U.S.C. 1101-1107a. Pt. B-2 of EPDA, 20 U.S.C. 1108-1110c. Pt. C of EPDA, 20 U.S.C. 1111-1118. Pt. D of EPDA, 20 U.S.C. 1119-1119a-1. Pt. E of EPDA, 20 U.S.C. 1119b-1119b-2. Pt. F of EPDA, 20 U.S.C. 1119c-1119c-4. Title V-B, Elementary and Secondary Education Act of 1965, as added by Public Law 91-230, 84 Stat. 142-145. Sec. 301(c), Public Health Service Act, 42 U.S.C. 241-252 (A) and (B) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Pt. B of CMHCA, 42 U.S.C. 2688-2688d. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq.	Grants, contracts, and fellowships for education in the professional public service. Allotments to States for vocational education programs. Allotments to States for research and training in vocational education (sec. 131(b)). Grants and contracts for research and training in vocational education (sec. 131(c)), with special emphasis on "projects in the development of new careers and occupations." Allotments to States for exemplary programs in vocational education (sec. 142(d)). Grants and contracts for exemplary programs in vocational education (sec. 142(c)). Training of Teacher Corps members (sec. 513(a)). Allotments to States for attracting and qualifying teachers. Fellowships for teachers and related educational personnel. Grants or contracts for training educational personnel below level of higher education. Grants or contracts for training higher education personnel. Leadership development awards and grants and contracts for training and development of vocational education personnel. Grants to local educational agencies for establishment and improvement of educational programs. Fellowships for researchers. Grants for developing specialized training programs, inservice training, and short-term or refresher courses for provision of narcotic addiction prevention and treatment services, and for training personnel to operate, supervise, and administer such services. Grants for providing health personnel for all types of drug abuse services within community mental health centers. Grants for training programs for law-enforcement personnel, and for training and education of community service officers. Fellowships for research programs authorized under the act. Contracts with institutions of higher education for loans and tuition assistance for students in areas related to law enforcement.

4(a)(3)	6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970).	Office of Education drug abuse training programs for teachers, school administrators, counselors, students and community leaders. Supplemental funds to NIMH for contracts for training professionals and paraprofessionals in drug field, and training health and social service personnel to counsel drug abusers. Provision of mental health field. Grants and contracts for research and demonstration projects in new health manpower careers and new ways of educating and using health manpower.
4(a)(4)	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Omnibus Crime and Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Title V-A, Elementary and Secondary Education Act of 1965, Public Law 91-230, 84 Stat. 142. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Sec. 252 of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970). Sec. 222, Public Health Service Act, 42 U.S.C. 217a Sec. 217(c), PHS Act, 42 U.S.C. 218 Sec. 301(a), Public Health Service Act, 42 U.S.C. 241(a) Sec. 305, PHS Act, 42 U.S.C. 242c	Allotments to States for community service programs. See provision cited to sec. 4(a)(1)(A) of bill above. Do. Do. Do. Grants to strengthen State departments of education. See provisions cited to sec. 4(a)(1)(A) and 4(a)(2) of bill above. See provision cited to sec. 4(a)(1)(A) of bill above. Do. Do. White House Ad Hoc Advisory Committee on Drug Abuse. Functions include coordination of efforts of Federal departments and agencies concerned with drug abuse. HEW Secretary authority to appoint such advisory committees as deemed desirable. Establishes National Advisory Mental Health Council to advise on matters in mental health field. Provides for the collection and dissemination of information on research and other activities relating to prevention and control of physical and mental diseases. Provides for national health surveys and studies and dissemination of results thereof.
4(b)	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Omnibus Crime and Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Title V-A, Elementary and Secondary Education Act of 1965, Public Law 91-230, 84 Stat. 142. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Sec. 252 of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970). Sec. 222, Public Health Service Act, 42 U.S.C. 217a Sec. 217(c), PHS Act, 42 U.S.C. 218 Sec. 301(a), Public Health Service Act, 42 U.S.C. 241(a) Sec. 305, PHS Act, 42 U.S.C. 242c	Provides for issuance of health information for use of public. HEW Secretary authority to assign Department personnel to States and localities for health-related work, including provision of technical assistance. HEW Secretary authority to detail PHS personnel to States or localities for work related to Service functions and to nonprofit educational or other institutions for scientific studies and dissemination of health information. Authority provided with respect to other Federal agencies. Authority provided with respect to other Federal agencies, and public and private agencies, organizations, and groups, for conducting national health surveys and studies.
6(a)(b)(c)(d)	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Omnibus Crime and Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Title V-A, Elementary and Secondary Education Act of 1965, Public Law 91-230, 84 Stat. 142. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Sec. 252 of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970). Sec. 222, Public Health Service Act, 42 U.S.C. 217a Sec. 217(c), PHS Act, 42 U.S.C. 218 Sec. 301(a), Public Health Service Act, 42 U.S.C. 241(a) Sec. 305, PHS Act, 42 U.S.C. 242c	Authorizes HEW Secretary to make grants to local educational agencies and other public and nonprofit organizations for community drug abuse education programs.
7(a)(b)(c)	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Omnibus Crime and Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Title V-A, Elementary and Secondary Education Act of 1965, Public Law 91-230, 84 Stat. 142. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Sec. 252 of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970). Sec. 222, Public Health Service Act, 42 U.S.C. 217a Sec. 217(c), PHS Act, 42 U.S.C. 218 Sec. 301(a), Public Health Service Act, 42 U.S.C. 241(a) Sec. 305, PHS Act, 42 U.S.C. 242c	Authorizes HEW Secretary to provide funds to State educational agencies to assist local educational agencies in planning, development, and implementation of drug-abuse education programs.
8	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Omnibus Crime and Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Title V-A, Elementary and Secondary Education Act of 1965, Public Law 91-230, 84 Stat. 142. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Sec. 252 of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970). Sec. 222, Public Health Service Act, 42 U.S.C. 217a Sec. 217(c), PHS Act, 42 U.S.C. 218 Sec. 301(a), Public Health Service Act, 42 U.S.C. 241(a) Sec. 305, PHS Act, 42 U.S.C. 242c	Provides for establishment (by HEW Secretary) of an Inter-Agency Coordinating Council on Drug Abuse Education. Provides for creation (by HEW Secretary) of an Advisory Committee on Drug Abuse Education. Requires HEW Secretary and Attorney General, when requested, to render technical assistance to local educational agencies, public and nonprofit organizations, and institutions of higher education in development and implementation of drug-abuse education programs. Such assistance may include information regarding effective methods of coping with drug problems, and the provision of personnel of Departments of Health, Education, and Welfare and Justice.
10	Title I, Higher Education Act of 1965, as amended, 20 U.S.C. 1001-1011. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Sec. 252(A) of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Omnibus Crime and Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Title V-A, Elementary and Secondary Education Act of 1965, Public Law 91-230, 84 Stat. 142. Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3701 et seq. 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970) Sec. 252 of pt. D of Community Mental Health Centers Act, 42 U.S.C. 2688l. Sec. 301, Public Health Service Act, 42 U.S.C. 241 Mar. 11, 1970, Presidential Statement and Fact Sheet on "Drug Education and Training," 6 weekly comp. of Presidential Doc. 351 (Mar. 16, 1970). Sec. 222, Public Health Service Act, 42 U.S.C. 217a Sec. 217(c), PHS Act, 42 U.S.C. 218 Sec. 301(a), Public Health Service Act, 42 U.S.C. 241(a) Sec. 305, PHS Act, 42 U.S.C. 242c	Authorizes Secretary to utilize services and facilities of other Federal agencies, and public or private agencies, or institutions and pay for such services in advance or by way of reimbursement.

Senator HUGHES. If I understand clearly, you feel you have all of the necessary authority to do everything that is necessary in this country in the field of narcotics addiction and drug dependence, and you are not going to come forth with a bill requesting anything. Is that what you are telling me?

Mr. BESTEMAN. I can't make that last statement. I am trying to go back to some of our earlier testimony in other legislation that was considerably broader than this. The amount of authority presently existing in the Federal statute in this area is almost unlimited.

Senator HUGHES. There may be some additional questions I would like to submit to you. I do not have the details I need at the moment. Obviously you have no intention of supporting this under any circumstances or anything in this area relative to it.

Thank you very kindly for appearing before us today.

Senator HUGHES. The Chair calls Dr. John M. Lumley, assistant executive secretary for government relations, and citizenship, National Education Association.

Dr. Lumley, you may proceed with your statement as you desire.

**STATEMENT OF DR. JOHN M. LUMLEY, ASSISTANT EXECUTIVE SECRETARY FOR GOVERNMENT RELATIONS AND CITIZENSHIP, NATIONAL EDUCATION ASSOCIATION; ACCOMPANIED BY MRS. MARY CONDON GEREAU, LEGISLATIVE CONSULTANT, LEGISLATION AND FEDERAL RELATIONS, AND JOHN COOPER, SPECIALIST, NEA**

Dr. LUMLEY. I have with me Mrs. Mary Gereau, a member of our staff, and Mr. John Cooper, a specialist in drug abuse education who is on one of our Departments of American Health Education and Recreation.

Mr. Chairman and members of the subcommittee, we appreciate this opportunity to present the views of the National Education Association in support of H.R. 14252, the "Drug Abuse Educational Act." The National Education Association is a private, independent professional organization of educators with a membership of 1.1 million, mostly classroom teachers. The policies of the NEA are established by the 7,000 delegates to the annual convention held each summer. The 1970 convention adopted Resolution 70-27 as follows:

**DRUG ABUSE**

The National Education Association is concerned with the growing misuse and abuse of drugs. It supports a national drug education training program as a significant step forward in combatting the problem. It urges its affiliates to cooperate in the development of leadership training teams to implement the program.

The National Education Association supported H.R. 14252 in cooperation with the American Association for Health, Physical Education and Recreation, an affiliated organization of NEA. Mr. John H. Cooper, a specialist in drug abuse education on the staff of AAHPER, is with us today.

H.R. 14252 authorizes the modest sums of \$7 million for fiscal year 1971, \$10 million for fiscal year 1972, and \$12 million for fiscal year 1973 for grants or contracts to institutions of higher education, local

education agencies, and other private and public agencies for programs on drug abuse education. Section 4 describes the purposes of these grants:

Development of curricula and curricular material for use in elementary, secondary, and adult education.

Pilot projects to demonstrate and test the effectiveness of drug abuse education curricula.

Dissemination of materials and information on drug abuse to schools.

Evaluation of the effectiveness of pilot projects.

Preservice and inservice training programs for teachers, counselors, and other educational personnel, law enforcement officials, and other community leaders.

Workshops on drug abuse for parents and others in the community.

The bill also provides for an Interagency Coordinating Council on Drug Abuse Education composed of the Secretary of HEW, the Attorney General or his designees, and the U.S. Commissioner of Education and the Director of the NIMH. Other Government agencies, with their consent, may be involved if the Secretary of HEW deems advisable. The Interagency Coordinating Council's review and recommendation are required before any application for assistance under the act can be approved.

The bill further provides that the Secretary of HEW appoint an Advisory Committee on Drug Abuse Education. The Advisory Committee shall consist of persons familiar with education, mental health, legal problems associated with drugs, young persons, ex-users, parents, and others. The main function of the advisory committee is to recommend allocations of funds under this act among the various purposes outlined in section 4, and to establish criteria for deciding which applications to approve.

We believe that H.R. 14252 is an essential first step toward attacking the growing problem of drug abuse. We do not believe it is the whole answer. There are no quick and easy solutions. But we must begin. It is of utmost importance that the schools face the problem squarely. Punitive measures have not proved adequate to the task. It is apparent that different approaches to the problem must be developed, tried, tested, evaluated—and promoted. Parent education as provided for in H.R. 14252 is essential. The feeling of shock and revulsion which parents experience is understandable—but not curative in itself. Indeed, the best type of parent education, along with the best programs for children and youth, will be preventive.

We as educators are frank to admit we do not know how to cope with the problem. We feel the need for programs, for pilot projects, for demonstration and inservice training to help us deal with the drug abuse problem as it affects the schools. We urge the enactment of H.R. 14252 as a way of providing such assistance.

The action of the Congress must not stop with H.R. 14252, however. We urge that additional legislation providing for treatment of addicts, new and better facilities and programs for rehabilitation of ex-addicts, research into the causes and cures of addiction, and inservice programs for medical and law enforcement personnel also be enacted. Without such programs the drug abuse education bill alone cannot succeed.

We do not believe that it is practical, however, to delay enactment of the education program until all of the other measures can move

forward at the same time. The House has already acted unanimously on H.R. 14252. We hope the Senate will do likewise during the 91st Congress.

Senator HUGHES. Thank you very much, Dr. Lumley.

Would either of your associates care to add to that statement?

Dr. Lumley. No, sir.

Senator HUGHES. I will ask you just a few questions.

You obviously heard the testimony of the preceding witnesses. You have arrived at a different conclusion. According to the previous witnesses, I would assume that you are already getting everything you need in the educational systems in America, or all that you can use wisely. You don't seem to arrive at that conclusion in your statement.

Dr. LUMLEY. The National Education Association has presented to the various committees of the Congress, Senator, during this year and past years that one of the critical problems facing the schools is finance, and we find that the Federal Government instead of increasing its support of education has been decreasing the support. The States and the localities are making a greater effort to provide the money that is needed. But I know of no school district that has sufficient money to meet all the needs of the schools.

For instance, the training program that was talked about, \$3.5 million during this past year under the Professional Educational Development Act, this money had to come from training program money that could have been used for training the teachers of reading, for training the teachers of history or science. When you take a pot of money and you divide it—

Senator HUGHES. In other words, the \$3.5 million he was talking about came from other programs.

Dr. LUMLEY. That is right, and I would add that in the appropriation bill just recently vetoed by the President, the veto being overridden by the Congress, \$95 million was requested for the EDPA and the Congress appropriated \$105 million. We testified that \$105 million was not sufficient to do the job but at least the Congress felt this was the most they could appropriate.

May I say, Senator, we sincerely believe—because I heard your comment before—that the Congress does have a place in this act and that the Congress should take the lead. The Congress should enact the law. It should focus its attention on the problems we are facing. This is why we are saying to you today that we believe one of the first steps is to move H.R. 14252 through. Let's move it through as a matter of law.

Senator HUGHES. That is the purpose of this hearing. I intend to try to move it as rapidly as I can. We have a time block. Would you prefer the authorities in the bill to be placed under the Secretary of HEW, the Commissioner of Education, or the Public Health Service?

Dr. LUMLEY. I think it is better under the Secretary of HEW.

Senator HUGHES. Did you have a comment, Mrs. Gereau?

Mrs. GEREAU. The Secretary is over the NIMH and the Office of Education.

Senator HUGHES. In your prepared statement you say "the modest sums" of \$10 million, and \$7 million, and \$12 million, and you have heard the preceding witnesses indicate that this was far too much money.

Dr. LUMLEY. We believe, sir, that these sums are modest and that they can be spent wisely and effectively.

Senator HUGHES. You obviously attend school meetings with principals, superintendents, and teachers.

Do you know of any group that is not concerned with this problem?

Dr. LUMLEY. I know of none.

Senator HUGHES. It is every school in the Nation, whether it is elementary, secondary, or graduate school.

Dr. LUMLEY. It is no longer an inner city problem or a ghetto problem or a big city or a little city or a suburb or rural town problem. It applies all across the board.

Senator HUGHES. Do you think teachers generally have the capability of being effective in teaching in this field?

Dr. LUMLEY. Given the facts and the material they can use, I would say "Yes."

Senator HUGHES. There has been some question in our hearings throughout the past year on the general classroom instructor. Can the average teacher handle the job or should there be specialists who cope with this?

Dr. LUMLEY. If you have a large school system, there certainly should be a specialist employed to help the classroom teacher, but every classroom can make an effective contribution in this.

Senator HUGHES. At what age of the student should we begin the education? Would it be at age 6, 7, 10, 12, 15, or 16?

Dr. LUMLEY. I would start in the early elementary school periods, which would mean starting with the 6 or 7 year olds and I would develop a program that would be effective to alert children to what happens. Children are living in a real world. When they are in the school there is no use trying to build a wall around them and pretend they don't know anything about it. So we can prepare materials and have a program that will be effective for the young, for all ages. I would not wait until the problem appears at the teenage level.

Senator HUGHES. Do you think the advisory committee in this legislation is essential?

Dr. LUMLEY. I think yes. Advisory committees sometimes can be just a way of providing a facade but I think an advisory committee composed of the people mentioned here could play an important part in pulling together all of the things that are necessary, all of the information, and to direct the Government agencies. I think that all of us, whether it is the Secretary of HEW or the Director of NIMH or the Commissioner of Education have too many problems, so if there is an advisory committee that is putting its thought to how can we best do this and making recommendations, it is going to be much more effective.

Senator HUGHES. As you know, the Congress has been questioning very seriously these advisory committees and no one really knows how many are in existence around HEW alone. It has been estimated there may be 50 advisory committees over there. The full committee has just asked the Secretary for a report on the advisory committees and what services they are performing, so we can really find out. In just about everything we are legislating, there is an advisory committee.

I would support it but I was asking for your professional opinion. Do you think the function is helpful and one that serves a purpose?

Dr. LUMLEY. In this case, yes. I think your number of 50 is a conservative estimate of the number of advisory committees in existence at HEW. I am sure that some of them are not needed but in this particular instance I would have no hesitancy in saying I believe it would make a great contribution.

Senator HUGHES. Mrs. Gereau, did you have something to add to that?

Mrs. GEREAU. This is one of the bills where the advisory committee has specific duties such as deciding in section 4 which ones should get the certain allocations of money. That is not a common function of some of these advisory committees that I think Dr. Lumley said are just sort of a facade, window dressing. This is an advisory committee that has a specific responsibility under the law which I think makes it more justified than some of them.

Senator HUGHES. Mr. Cooper, would you like to comment on this legislation, or do you have anything to add to what your associates have already stated?

Mr. COOPER. I could not add anything, just to support what they have said.

Senator HUGHES. As you indicated, Dr. Lumley, you feel this is a mere beginning, and it is not going to be adequate, but it is a step in the right direction.

Dr. LUMLEY. This just makes the first step. It may not be possible as you just mentioned. The time element is involved. We are saying this is a first step that could be done in this Congress, possibly. It would be a great thing if it could be done and then we could move on to the next step.

Senator HUGHES. I would like to ask you again for emphasis, do you feel this money could be used wisely?

Dr. LUMLEY. There is no question it can be used wisely. I have no doubt about that whatsoever, and the bill provides if there is a late appropriation which we sometimes have—and as you know, this is the first year that the education appropriation was passed before school started—but if there is a late appropriation as is pointed out in your prepared statement, the funds appropriated shall be carried over.

Senator HUGHES. Your opinion on this is very beneficial to us. Of course, the chairman does feel that this money is very minimal and there is really no problem existing at all in utilizing, and utilizing it wisely.

I want to express my appreciation to you and your associates for your willingness to testify on this legislation. I hope you will convey my best regards to George Fisher.

Dr. LUMLEY. I certainly will. He sends his regards to you.

Senator HUGHES. Thank you very much.

The bell has now sounded for the vote on the floor, and I will have to recess the committee for approximately 15 minutes while I go to the floor to vote. The committee is recessed.

(Brief recess.)

Senator HUGHES. The subcommittee will come to order and the Chair calls Mr. John H. Fisher, executive vice president of Guidance Associates, representing the Educational Materials Producers Council of the National Audio-Visual Association.

Welcome, Mr. Fisher. Please identify your associate.

STATEMENT OF JOHN FISHER, EXECUTIVE VICE PRESIDENT, GUIDANCE ASSOCIATES, REPRESENTING THE EDUCATIONAL MATERIALS PRODUCERS COUNCIL OF THE NATIONAL AUDIO-VISUAL ASSOCIATION; ACCOMPANIED BY JOHN E. IMHOF, COORDINATOR OF DRUG EDUCATION, LYNBROOK PUBLIC SCHOOLS, LYNBROOK, N.Y.

Mr. FISHER. I have taken the liberty of inviting to join me Mr. John E. Imhof, who is the coordinator of drug education in Lynbrook, N.Y. I thought it might be appropriate for members of the committee to have a chance to direct some questions at someone who is directly engaged in the problem under consideration. I have not asked him to give any formal testimony but simply to be available for your questioning.

Senator HUGHES. You may proceed with your statement, Mr. Fisher.

Mr. FISHER. I have submitted a prepared statement for the committee's consideration but I would really prefer to speak informally to a few points and in point of fact I had some prepared informal testimony and I would like to change that now based on some of the things I have heard this morning.

First, I think it may help, as part of my introduction, for you to know that Guidance Associates has been involved in developing instructional materials in the field of drug education and that I personally have served as a communications consultant from time to time to various State departments of education and local education agencies, most recently the Illinois Department of Public Instruction. Out there they are involved in a community orientation program which we are developing with them which will be used throughout the State.

Senator HUGHES. That is the Illinois Department of Public Instruction?

Mr. FISHER. That is correct. And recognizing the need for mobilizing community resources throughout the individual communities in the State they are trying to develop a catalytic instrument that they can make available to the community so that things can move forward more quickly.

I think we are all painfully aware of the urgency of the drug situation. I think that came out this morning, and the fact that some people felt a certain amount of money proposed in this legislation could not be put to good use for teacher training I found embarrassing, particularly in view of the fact that the man I brought to accompany me here is a man whose district has sought funds to implement programs, sought the funds in Washington; they have sought the funds at the State level. In all instances programs were turned down simply because of a lack of funds and not because of the inadequacy of the program. I think he might be interested in exploring that later.

I would like first of all to say that I heartily applaud both the intent and the substance of the legislation under consideration. I think it is particularly important at this stage that the resources be focused on the development of curriculum models which I think are badly needed at this stage. I think the question of inservice training is terribly important, and again the question of timing is pressing us, and the whole question of community orientation.

I think those three things are wise points of focus for the legislation rather than at this stage necessarily a broad commitment of money to classroom programs when we may not have the teachers ready to implement them across the Nation in every school district.

I would make one specific recommendation with regard to paragraph 1 in section 4 under the list of proposed grantees.

I find it a serious omission that State and local education agencies are not included in the list of agencies and institutions to which moneys might be given under grant to develop curriculum models. I feel that because I think we make a serious misassumption if we rely largely on institutions of higher learning to develop pragmatic and innovative curriculum models to deal with the day-to-day problem of drug abuse in local communities and particularly as it relates to the public education process.

I think that the local education agencies, being on the firing line, are probably in a better position to utilize those grants intelligently and I think you will find that there are already a number of innovative curriculum models in development or already in effect in individual school districts throughout the country.

I would make that a strong recommendation to the committee.

Furthermore, I would like to suggest that there is a special role for instructional materials in the whole process of drug education, and I think there is this special role because drug education presents us with a unique problem of classroom education.

It is not just simply a basic matter of disseminating information on the pharmacology of drugs but, rather, we are talking about a whole pattern of behavior. Interestingly, in drug education we are faced with the situation where the population at risk, which is the classroom student population, is probably more knowledgeable through either firsthand or secondhand experiences about the subject than the teachers themselves. There is a constant test of the teacher's credibility in the classroom. One misstatement or one oversimplification and the classroom may turn this teacher off completely.

I think carefully researched and field-tested audiovisual materials can help a great deal to take the teacher and remove her from that hotspot in a sense, if she is able to act as a facilitator of discussion rather than a primary presenter of basic pharmacological and even psychological data related to the drug problem.

I think in some earlier testimony there was reference by Mr. Davies to the fact that we are in sort of a crash national teacher education, teacher training program, and he indicated that teachers were going to train teachers to train teachers.

I am sensitive to this problem, and that may be the best way to move information. It is almost like a chain letter or network in a short period of time. But there is a serious danger that the quality of the information deteriorates as it goes through successive levels of dissemination. It seems to me that again audiovisual materials—video tapes and other media—by bringing authorities into these successive levels of inservice training, do an awful lot to assure a uniform level of quality of education as we go through this process of teachers taking information from four regional institutes conducted this summer, out to the States or back to their States, then a succession of regional

institutes and eventually down to the local level. I think that process has to be looked at very carefully, and this bill would do a great deal to strengthen that entire situation.

I think that we have another problem with regard to drug education; that is, that the quality of the instructional program really is so dependent upon the sensitivity and the believability of the individual teacher, and that can vary tremendously from classroom to classroom, even within one school building.

Again, I think there is a special place here for the audiovisual instrument. I was interested to hear the man from NIMH talk about efforts to develop a lot of material as though that material were being developed in a vacuum. In point of fact, I think you would find most of the members of the Educational Materials Producers Council, particularly the large ones, have responded quite quickly and quite sensitively to the need for drug education materials in the last 14 to 18 months, and there are some very fine materials available.

My hope would be that these would be carefully analyzed and the wheat could be separated from the chaff, and that useful tools would be put into these teacher-training programs right now.

In fairness to NIMH, as you probably well know, they have a program afoot this summer to evaluate media and I suspect that ultimately we will see a published list of recommended materials that are suitable.

I was not sure, Senator, how familiar you might be with some of the kinds of instruments and some of the techniques that are being used in the audiovisual field. I did not want to presume on the time of the committee to take a lot of its time examining a couple of what I consider to be unique segments of particularly effective media, but I did go to the trouble of identifying three segments. None of them runs more than 2½ minutes or so, and I think each makes a point with regard to points I have made and it reinforces it.

If you would like to have me comment on one or two of them and darken the room for a moment, we might have a look. Otherwise, I invite questioning. I certainly invite your questions.

Senator HUGHES. Mr. Fisher, right now I would like to incorporate your formal testimony as part of the record as though stated here.

(The prepared statement of Mr. Fisher follows:)

#### BIOGRAPHICAL RÉSUMÉ OF JOHN H. FISHER

My name is John H. Fisher, and I come before you as a member of the Board of Directors of the Educational Materials Producers Council, a Council within the National Audio-Visual Association. The EMPC is a professional association comprising the nation's producers of educational materials. Professionally, I hold the position of Executive Vice-President of Guidance Associates, a subsidiary of the publishing House, Harcourt Brace Jovanovich.

Guidance Associates is a producer of educational learning materials, specializing in the development of programs dealing with contemporary social issues. I bear the responsibility for directing the conceptual structure of each program and frequently serve as a communications consultant to various state departments of education and local education agencies. Most recently I have been involved with the Illinois Department of Public Instruction in the shaping of a community orientation program on drug abuse, designed to assist local communities throughout the state in marshalling their resources for an effective program of drug abuse education and prevention.

My background includes a B.A. degree from Harvard College; service as Executive Secretary of the Connecticut Foundation for Independent Schools; and assignments as guest lecturer in graduate communications courses at Radcliffe College and New York University.

STATEMENT OF JOHN H. FISHER, EXECUTIVE VICE-PRESIDENT OF GUIDANCE ASSOCIATES, PLEASANTVILLE, N.Y.

Recently, President Nixon said that:

One of the great tragedies of the past decade has been that our schools, where our children should learn about the wonder of life, have often been the places where they learn the living—and sometimes actual—death of drug abuse. There is no priority higher in this Administration than to see that children—and the public—learn the facts about drugs in the right way and for the right purpose through education.

I enthusiastically endorse the President's words, and the intent of the Congress and this Committee to upgrade and expand drug abuse education in our nation's schools.

My endorsement grows out of a deep concern for the drug problem—and my commitment as a teacher and publisher to find ways to reach the nation's young people with the *facts* about drug abuse—before it is too late.

Mr. Chairman, I am particularly pleased to see the three principal thrusts of this legislation: Curriculum development, teacher training, and community education. With regard to curriculum development I would recommend that the list of agencies and institutions to receive grants under Section 4, Paragraph (1) be broadened to include state and local education agencies; and I would even go so far as to encourage you to list them first. I think it is a dangerous misassumption to rely primarily upon institutions of higher education to develop pragmatic curricula for drug education when the subject requires a major *behaviorial* component. History and humanities, yes. Math and languages, yes. But not drug education. Local school districts especially, being closest to the population at risk, are in my opinion most likely to develop effective drug abuse education programs. Indeed, there are a number of communities that already have well thought-out programs underway. They are to be encouraged as much as possible.

I think you will find that, in general, innovation comes from setting aside traditional constraints and asking dedicated people to come up with a program to meet the day-to-day needs—and the realities—of the problem at hand. In general, no university's school of education lives with the public school drug problem day-by-day. The schools have become a testing ground for the mores of our society and the increasingly different ideas of our young people. And ultimately, the success or failure of our drug education program will hinge on that essential point of contact between teacher and student. If the teacher is thoroughly trained, armed with facts and effective materials, we substantially improve our chances of reaching the nation's young people and reversing the dangerous trend toward drug abuse we've witnessed in recent years. On the other hand, a rigid and out-dated approach—in which students are treated with distrust and sometimes hostility—helps create a climate in which the adolescent behaviors of escapism, rebellion, defiance of rules, and risk-taking are given added appeal. And drug use becomes a kind of rite to signify passage out of childhood or out of the Establishment.

EDUCATING AND EQUIPPING OUR TEACHERS

Our drug education efforts have, unfortunately, often taken the form of propaganda lectures, marked for failure from the start. These courses were taught by inadequately trained teachers whose method was often not *inquiry*—but *indoctrination*. As soon as children are old enough to see for themselves that the "facts" given them by adults may be partly or wholly untrue, and as soon as they are old enough to resent being told how to behave, peer-group propaganda becomes far more persuasive than that of the "straight" adult world.

To achieve effective drug education programs, we must first educate our teachers and *equip them* to correct misconceptions, distortions and fallacies. Secondly, we must provide the teacher with a wide range of supportive resources, including model curricula and materials, and the necessary training to use these resources wisely.

As a publisher of educational materials, I am especially aware of the tremendous assistance we can provide teachers through the use of modern audio-visual media: movies, filmstrips, slides, transparencies, records, tapes, television, etc. Each medium can have fantastic impact and "delivery power" in reaching our nation's youngsters with the right information at the right time, presented in the most effective way.

#### THE "COMMUNICATIONS GENERATION"

Today's schools are coping with the first wave of the "Communications Generation"—a group of students raised in the glow of a television tube—and subjected to more pure information input, from *all* the media, than any other group in the history of mankind. And in the process of this mental bombardment, the kids have grown bright, reasonably well-informed, and sharp critics of both the media and the messages they are subjected to. And we as communicators and teachers have the increasingly difficult task of both *planning* our curriculum and then *presenting* it as effectively as we can—often against stiff competition vying for the student's attention.

In short, we must use the media the student knows best and will respond to . . . and we must use them well.

I would most certainly urge that ALL legislation affecting teacher training and drug abuse curriculum should include specific measures to accomplish two vital objectives:

First, *development of drug education materials which effectively utilize audio-visual media.*

And secondly, *provision for the means to purchase and utilize exemplary materials now available in the marketplace.*

#### ADVANTAGES OF THE "NEW MEDIA"

There are several important reasons why the "new media" are especially well-suited to assist teachers in their presentation of the facts about drug abuse. Here are just a few:

1. It is an unfortunate truth that students often are more knowledgeable about drugs than the teacher, whose presentation may be constantly tested for validity. It is important protection for the teacher to have authoritative up-to-date materials as aids to instruction. And thus, by their nature, such materials provide both validity—and confidence for the instructor.

2. Similarly, because of the sensitivity of the subject, and general reluctance to speak about the issues openly, discussions may be difficult to generate. A classroom audio-visual presentation can be the effective catalyst for discussion. Experience has shown that teachers are most effective when they can serve as discussion leaders rather than lecturers. An audio-visual presentation can often stimulate a classroom discussion, allowing the teacher to become part of the group, *participating* with, rather than controlling, the students.

3. The new media can bring the real world of drugs into the classroom. Noted speakers, scientists—and addicts, too—can speak with authority and impact. The camera can travel from Woodstock to Haight-Ashbury to tell and *show* the true story of drug abuse—on location and with total realism.

4. Through careful evaluation and selection of materials, a school system can insure a consistently high standard of instruction in every classroom minimizing the variation in communications ability from teacher to teacher. This advantage is equally important for in-service teacher training, to avoid deterioration of instructional quality as information is passed down through a network.

5. And of course, the modern media can present the message of drug education in modern ways. Contemporary visual treatment, scoring with the beat of the '70's, and persuasive programming, can all combine to reach our "Communications Generation" with messages they'll both hear—and listen to.

#### MEDIA AND COMMUNITY EDUCATION

Of course, our communication problem is not only with students. Our audience is also the public at large, and I am pleased that the bill includes a vigorous community education program as well. Again, films, filmstrips, television, and *all* the modern media can help provide the persuasive power necessary to alert every level of the community to the facts about drugs. Perhaps most importantly, such

a program can provide *parents* with the facts and vocabulary they will need to deal with the information and the means we need to maintain constructive dialogue with our children.

Many community education programs rely on speakers, and speakers mean scheduling. Instructional materials are always available; they do not have to fit a time slot. Often, speakers are expensive. Materials of course vary in price, but they are reusable with a one-time cost.

Another most important way in which audio-visual materials can play a significant role in community education programs is in introducing actual users of drugs to the non-drug-using audience. I am referring to a film or recording of persons under the influence of drugs or persons discussing their experiences with drugs. The average citizen would never be exposed to such a situation. And lacking this exposure the citizen can easily develop misconceptions.

Parents are often misled by a fallacy that somewhere there is a "they," who will somehow solve the problems of drug abuse. The parents look to the schools and to the teachers; the teachers want the law enforcement agencies to erase the problem; and the police indict the parents, in turn, for being too permissive in rearing their children. And so an unending circle of ignorance and avoidance of responsibility is created, going nowhere. Fortunately, community drug education programs can reach all these groups and can give them understanding and tools necessary for dealing with drug users, whether they be teenagers or adults.

#### MATERIALS AVAILABLE NOW

There are, of course, some splendid materials already in the marketplace or under development. Private, community and governmental agencies at all levels have begun to try to meet the need of drug education by producing information and instructional materials of all kinds. Unfortunately, a general lack of awareness of these materials exists among the educational community and the general public.

Government agencies and commercial firms alike have invested large amounts of money in the production of authoritative materials directed both toward users and potential users of drugs, and toward the community trying to cope with the problem. Audio-visual companies have made large investments in research, consultation with experts in various fields, and experimentation with different communications techniques to produce materials which will not only be understood—but *accepted* by the audiences which must be reached by the drug education message.

There are rich resources, in the form of already existing materials, which are available for immediate use. The problem of drug abuse is hard upon us at this very moment, and we need to act now—and expedite moving those materials into the field where they are needed . . . *now*.

In this regard, the National Clearinghouse for Drug Abuse Information, established this past year within the NIMH, is an excellent idea, and I wholeheartedly believe it should be given the funding, staffing and authority to enable it to collect and disseminate information on all possible resources to which an individual, organization or community could turn. Incidentally, I can assure you that the Educational Materials Producers Council will actively cooperate in providing every possible assistance in the project's behalf.

#### CONCLUSION

In conclusion, let me simply reiterate: I believe the bill before you is sound, constructive, and vitally necessary. I support it fully. And I would respectfully request that, as you study this bill and others like it, you give special consideration to encouraging the wide use of the new audio-visual media in accomplishing the difficult task of communicating with the young citizens of the "Communications Generation." We have a major education task ahead of us; its accomplishment will require modern tools, and all the creative skills and resources at our command.

Senator HUGHES, I would like to ask you a few questions and then I am willing to take the time to review what you have.

In your conclusion in your formal statement you say you believe the bill before us is sound, constructive and vitally necessary, and that you support it fully. Did you hear the testimony of the representatives of HEW?

Mr. FISHER. Yes. I should say I heard the very last part of the testimony and I think all of the remarks and your questioning.

Senator HUGHES. I think I can fairly state that they indicated that the bill was totally unnecessary. They already have all of the authority they need to do the things we are attempting to provide in the bill. If they do have why do you feel the bill is necessary? Do you feel they have that authority?

Mr. FISHER. I don't purport to be thoroughly familiar with all of the legislation affecting drug abuse education, but since my focus is primarily on the public education system, which is the system I serve, I would have to say that when I set my impression of the need represented by people like Mr. Imhof and his school system against the information that I was given this morning, I can say as a taxpayer, stepping down as a formal testifier, I could not believe my ears.

Senator HUGHES. I have been hearing this all year.

Mr. FISHER. You have my sympathy.

Senator HUGHES. I need it.

Mr. FISHER. I was embarrassed that I asked Mr. Imhof to come and hear—

Senator HUGHES. Now he knows why he is not getting any money.

Mr. FISHER. If in fact we are not interested in preventive education, if indeed we want to respond only at the moment the symptoms of drug abuse are self-evident, and that is probably in most instances long after the use and the pattern of drug abuse has begun—if we are willing to settle for responding at that point, then I think an investment in clinicians and rehabilitation facilities is a fine way for us as a nation to incarcerate an unfortunate body of individuals. I would be very disappointed in the Congress of the United States if they are willing to accept that.

Senator HUGHES. Do you feel the amounts of money mentioned in this bill, \$7 million, \$10 million, \$12 million through the next 3 fiscal years are minimal?

Mr. FISHER. I would say that is minimal because I know of the number of programs that are waiting.

Senator HUGHES. Do you think they can be utilized wisely?

Mr. FISHER. I think they can be utilized wisely because at the State education level and scattered throughout the States there are some pretty effective and knowledgeable and dedicated people who are able to expand the given segments of that money to in turn deploy it effectively. I think we could move up our timetable of qualified instructors in schools substantially.

Senator HUGHES. You heard my question of the previous witness regarding the advisory committee. Do you think the advisory committee is an essential part of the legislation?

Mr. FISHER. I really do not feel qualified to comment on that. I heard the question and I even thought you would ask it of me but I really do not have an opinion on that.

Senator HUGHES. We are questioning all advisory committees. I personally believe this one is necessary. I am asking for an opinion on it because many of them seem to be functionless after we create them, and they do not seem to serve any good purpose, but it depends, I guess, on the people who serve on them.

I would like to ask Mr. Imhof about his experience.

First, you have an application pending that has not been funded?

Mr. IMHOF. My title is coordinator of drug education. My school district appointed me solely for the purpose of implementing a drug abuse education program. At the time of the inauguration of the program, we did not know that we would be the only school district in the country to have such a program.

At the outset, we did meet with a lot of opposition and question was raised as to who should be responsible for such a program.

We had hoped that the experience in Lynbrook would be looked at by other school districts throughout the country and seeing that we succeeded perhaps they would feel they could do it too, and have some measure of success.

Our philosophy was that the school district had to make a total commitment, not just train two or three teachers or one or two PTA members and then just teach this program to the seventh and eighth grade students. To make this program successful, we felt there had to be total commitment and a total effort.

After 6 months, we felt our program was developing fairly well. We decided that with this type of program it could serve very well as a national model.

In January I went down to NIMH with a proposal they fund our program for 3 years, and that in that 3-year period they give us the funds to develop the program with the additional personnel and write it up so that other school districts across the country could take it and perhaps utilize it.

The first time I came down to Washington to NIMH I was told that it was the greatest program they have ever seen in terms of one school district and its commitment, but we were told they didn't have enough money and we were asked to tone down our original proposal. The original proposal was for \$157,000.

Senator HUGHES. How many students are in your school district?

Mr. IMHOF. There are 3,200, and this would include programs for the parents and teachers.

I resubmitted the proposal in February and I toned down the program to what I considered bare essentials, a 2-year program of \$92,000. Then I was told that because of lack of funds they just could not fund our program and we should reconsider submitting it.

Senator HUGHES. But they did state it was the best program they had ever seen?

Mr. IMHOF. Yes—Dr. Joel Cantor—but they could not fund it because of lack of funds.

Senator HUGHES. That does not reconcile itself with the statement that they could not use any additional money wisely.

Mr. IMHOF. As I was sitting here listening, my wife said to me, "Go get him." Here is something we worked on. Our school district made an initial \$25,000 commitment to this, and because of the taxpayer revolt we could give just so much money to it. Then we decided there might be help at the State level. We submitted two different proposals. One was to have the State develop our model and develop it for a model for the rest of the State and develop our in-service program. We submitted a 1-year proposal for \$70,000 with Guidance Associates at which time we developed our program. They would help develop audio-visual materials and the State Education Department could use our program for the entire State.

We received approval of this program up and down the line and we were told that this was a great program. I think it was a matter of 2 or 3 days before we received acceptance. Then there was a change in directorship at the State level, at which time NIMH sends in all of its people for teacher training and at that time the persons said no to our program in New York State and the money was diverted to the university program.

So again we were put down, and we are doing it on our own again for the second year. We did get a grant from the State Education Department, the in-service bureau for a service program for \$1,000. This was the only money they had in the entire State for in-service education in the entire State, but this is it, \$1,000.

Senator HUGHES. I assume you have a drug problem in your school district?

Mr. IMHOF. Definitely.

Senator HUGHES. Is it growing?

Mr. IMHOF. I don't see it slowing down in any respect not so much in terms of drug addiction which we seem to get hung up on but a larger and larger number of our students are experimenting with drugs and we see multiple drug taking among the students. And if we are going to do something there has to be a massive effort through every school district across the country, not just one Federal agency dispersing funds around to districts, States, counties, and cities have to make massive contributions.

Senator HUGHES. Do you know of any other schools in your area which have had similar problems with HEW?

Mr. IMHOF. I am not aware because we were the only district to make a total commitment to the problem.

Senator HUGHES. In other words, one program asking for \$157,000 which they considered the best in the country, they could not fund.

Mr. IMHOF. Dr. Joel Cantor told me I was really lucky, that this was an outstanding program and I was lucky to be sitting in the chair because I had first shot of the money available.

Senator HUGHES. And that was zero?

Mr. IMHOF. Yes, as I found out. So we have had our problems.

Senator HUGHES. If you got first shot, I wonder what the rest of them are doing. That would indicate there is absolutely nothing being done at your level in the country if you had first shot at it and you have not heard anything from them.

Mr. IMHOF. NIMH said it was the first program they came across of this nature. As far as we know, no other school district has appropriated a full-time person.

Senator HUGHES. Did they take the step of formally approving your application, do you know?

Mr. IMHOF. No, it was a verbal approval, a pat on the back.

Senator HUGHES. The staff informs me that on the list of approved but unfunded programs which I asked for, your application will not appear, if they have not formally approved it. I will never get a list containing your application and the amount involved in it. Though they verbally say it is the greatest in the country and give you a pat on the back and send you home feeling good and say you are No. 1 on the list, when the congressional committee asks for a list of the applications, I will not have your listing.

Mr. FISHER. Perhaps it would not be proper for me to pose a question—

Senator HUGHES. Go ahead and ask it.

Mr. FISHER. It strikes me as a paradox that a public school system would go to the National Institute of Mental Health to seek a grant for funds to go to a group of people with which the National Institute of Mental Health is not involved on a day to day basis on a line of authority basis. I would think even if Mr. Imhof is somewhat incorrect, as I think he may be about the absence of some other comprehensive district programs, and I think there are some around the country and they may not have started as early as his, but in each of these cases I just find it hard to believe that that is a normal place for NIMH to place dollars under their control when there are no NIMH people at the local level to administer or that they are comfortable with or whatever makes a program work. That is a rhetorical question.

Senator HUGHES. I am sorry to inform you that that bell is another vote, which means I have to leave again and go to the floor. I wonder if perhaps in my absence you could go ahead with your film so the staff and staff director could see the films.

I want to express my appreciation for your willingness to come before the subcommittee to testify. It will be very helpful to us when it comes to moving this bill out. I apologize for my absence while you show the films.

Mr. FISHER. Should we be available for additional questioning upon your return?

Senator HUGHES. I have no questions unless they come up as a result of showing of the film, and perhaps by that time I will be back. It will take me at least 15 minutes.

We will recess to show the film.

(Showing of films.)

Senator HUGHES. Gentlemen, thank you very much.

At this point I order printed all statements of those who could not attend and other pertinent material submitted for the record.

(The material referred to follows:)

PREPARED STATEMENT OF DONALD K. FLETCHER, MANAGER OF DISTRIBUTION PROTECTION, SMITH, KLINE & FRENCH LABORATORIES

Mr. Chairman and members of the Subcommittee, my name is Donald K. Fletcher. I am Manager of Distribution Protection at Smith Kline & French Laboratories of Philadelphia, a manufacturer of prescription drugs and other health-related products.

I joined Smith Kline & French as a Professional Service Representative in 1960 and became the Company's Law Enforcement Liaison Representative in 1963. I will describe my duties in this connection in greater detail later in my statement. I was appointed to my present position in 1965.

Smith Kline & French Laboratories has been operating continuously for almost 139 years. The company employs 9,100 people, about 5,600 of whom work in the United States and approximately 3,500 abroad. We have 22 foreign subsidiaries and branches, and own and operate manufacturing plants in 10 countries. Our products are marketed throughout the world. With annual sales last year of about \$283 million, the company is among the top 10 prescription drug companies in America and has approximately 27,000 shareholders. In 1970, we plan to spend about \$32 million for research and development.

Our chief business is the discovery, development, manufacture and sale of pharmaceutical products. Today, we have a line of over 50 products. The medicines are for a wide range of conditions, and include, for example, drug products used in treating mental illness, allergy, pain, overweight, nasal infection and congestion, and high blood pressure.

I am submitting this statement to the Subcommittee for several reasons. First, to tell you what Smith Kline & French has been doing over the past 10 years to help curb drug abuse. We hope our experience will prove helpful to the Subcommittee as it attacks this problem. Secondly, we want to publicly support the need for a national effort in drug abuse education, especially for young people. And finally, I would like to make a few recommendations concerning future efforts in drug abuse education.

My company has for many years been waging a vigorous campaign against misuse of its products. For example, when drug abusers began extracting the contents of amphetamine inhaler in order to take the drug by mouth, Smith Kline & French replaced it with a new product that had negligible stimulant effects.

Our greater efforts at control of drug abuse, however, have been directed mainly at developing strict product security regulations both in and out of our plant, at supporting strong federal legislation against illicit drug traffic (such as the Drug Abuse Control Amendment of 1965) and at educating the public about the dangers of drug abuse. Our educational program has extended to millions of people—to civic and service organizations, to law enforcement agencies, to parents and to students at the college and high school level.

Clearly, the abuse of mood-altering drugs of many varieties has increased sharply during the last several years. The country has not one, but several drug problems, ranging from the experimentation by teenagers with stimulants, sedatives and hallucinogens to the dependence on "hard drugs" such as heroin and cocaine. We believe that these problems are more sociological and psychological than medical and their solution is not in punitive restrictions on the legitimate distribution of medically useful drugs, but in the curtailment of *illicit* drug traffic and in mass education programs for the populace.

The most visible and widely publicized problem is the abuse of the so-called "soft drugs" by our young people. The abuse of stimulants, sedatives and hallucinogens has become a rallying cry for many of those joining hippies and "New Left" movements. These radical groups, frequently led by educated, eloquent spokesmen, are challenging our ethics, laws, and social structure. Polarizing around this vocal element are many of our young people, buffeted and confused by the stresses of adolescence. To them, the "free life", distinctive dress, and drug experiences they hear about are synonymous with independence from parental and community control. Other youths from all strata of our society are led into illicit experience with drugs by group pressures from companions and sometimes by curiosity.

Because of the medical and social importance of the problems of drug abuse, some authorities, in seeking a solution, have directed their attention primarily toward the enactment of legislation which would increase controls upon the legal distribution of these drugs. We believe the problem is much broader—drug abuse among youth is only a symptom—an expression of rebellion, curiosity, or conformity to peer pressures—and such restrictive legislation, like the prohibition of alcoholic beverages in the United States fifty years ago, is likely to have little long term effect on the incidence of drug abuse. Rather, such restriction may only increase the price of illicit drugs and make the illicit traffic of drugs more attractive to the criminal element and perhaps to adolescents as well.

We believe the solution to this problem includes a rigorous enforcement of the law to curtail *illicit* drug traffic and, of equal or greater importance, an effective mass education program for your young people to convince them that abusing drugs, smoking marijuana, or sniffing glue is no escape from, or solution for, the problems of living. That this approach can be successful has been demonstrated by the sharp decrease in the use of tobacco among young adults in the United States as a result of a mass education program in the schools and mass media during the past five years.

In the meantime, illicit drug traffic flourishes.

In my present position and through my former service with the Texas State Police, I have had an opportunity to see and understand the problems faced by police officials in their efforts to control the abuse of drugs. To augment the services that Smith Kline & French has maintained for the medical and paramedical professions, we began an intensive program of law enforcement liaison in 1962.

It was clear that law enforcement officials were in the front lines of the fight against the illegal distribution and abuse of amphetamine and barbiturates. But the company felt that some of these officials had not received the education and training necessary to understand the nature and effects of these drugs. Most of

the education about drugs given to law enforcement officers had been concerned with the narcotics. We concentrated our efforts on information and services to assist them in controlling the illicit distribution of amphetamine and barbiturates.

We began by setting up a Drug Identification Laboratory to assist law enforcement officers who did not have access to facilities for identifying drugs seized from suspects. Hundreds of police departments from almost every state have taken advantage of this service since its inception. Usually within 10 days of submitting a sample, they receive a written report identifying the ingredients of the analyzed drug. If necessary, our expert witnesses will submit a legal affidavit for court use about any drug that is sent to us. This assistance, and our other services, are free of charge.

We assist police crime laboratories in other ways. We often furnish samples of the active ingredients of drugs needed for comparative chemical analyses. When requested, we also send crime laboratories up-to-date information on clinical and scientific analyses of drugs. On several occasions, we have sent our own laboratory scientists to police laboratories to give instruction in analytical procedures, or have brought police technicians into our own laboratories to work alongside SK&F personnel.

As part of our education program, we provide speakers for police training schools and seminars. Since the program began, I have spoken at several hundred police schools in almost every state. Other representatives of Smith Kline & French have appeared before similar groups.

In 1965, we published a booklet, *Drug Abuse—A Manual for Law Enforcement Officers*, which gives the law enforcement officer information about the many aspects of the drug abuse problem. To help us produce this booklet, we sought the advice of a panel of knowledgeable law enforcement officers, physicians and pharmacists. More than 200,000 copies of the manual have been printed and distributed to all major law enforcement organizations. The manual has not only been well received by police officials, but also by other interested professionals in the fields of medicine, pharmacy, journalism and education.

In January of this year, I went to Geneva, Switzerland, with several other representatives of Smith Kline & French to help complete the final draft of an international drug abuse manual that we plan to publish later this year. Consultants on the manual included Harry Anslinger, former head of the U.S. Bureau of Narcotics; Adolph Lande of Columbia University, an international drug controls expert; and Jean Nepote, secretary-general of Interpol, worldwide cooperative police organization. The manual is the first of its kind, and will be printed in several languages for use by police and health officials throughout the world.

We are aware that law enforcement alone cannot do the job. Dr. James L. Goddard, past Commissioner of the FDA, has pointed out that parents and teachers can help young people "by discussing drugs frankly at home and in the classroom." To encourage this kind of educational effort, we published a manual on drug abuse for secondary school and college teachers. A group of prominent educators, physicians, law enforcement officers, and pharmacists helped us prepare the manual, which has served as a basic source of information for teachers at all levels of education. More than 150,000 copies have been distributed. In this effort, we joined forces with the National Education Association, which handles the distribution of the manual to educators and the general public.

We have also published and distributed a number of other pamphlets. One of these, *Drug Abuse: The Empty Life*, was developed for the layman—especially teenagers. Nearly two million of these booklets have been printed. They have been well received by professionals from many fields and are widely used as supplementary material in conjunction with speeches and seminars.

In addition, we set up a service that encouraged pharmacy school students to organize educational programs in colleges and high schools. The pharmacy students did all the work involved in these programs—selected films to be shown, conducted discussion groups, arranged for speakers. We prepared a guide for the students and offered whatever technical assistance they needed to get the project going. We found that students will listen more readily to other students than they will to faculty members; the College Drug Abuse Program service has generated a great deal of student enthusiasm.

The company has sponsored seminars for pharmacists, doctors and the clergy. Our Speakers Bureau has given over 5,000 speeches on the subject before lay audiences. We contributed \$10,000 to a Drug Abuse Institute for Educators conducted last summer at Butler University in Indiana. Thirty-five educators from

Indiana, Illinois, and Ohio attended the intensive week-long meeting; representatives from universities, secondary schools, medical societies, pharmaceutical manufacturers, private organizations and law enforcement agencies also were present as observers.

*Drug Abuse: Game Without Winners, a Basic Handbook for Commanders*, was published by the Armed Forces Information Service, Department of Defense, with assistance from Smith Kline & French. Several hundred thousand copies have been distributed to our Armed Forces throughout the world.

In addition, we have prepared and distributed a number of other miscellaneous publications on this subject: *Drugs and Driving, Drug Abuse Among Youth—Maryland, Drug Identification Chart, Drug Abuse Product Reference Chart, Identification Laboratory Pamphlet, SK&F Reports: Fighting Illegal Drug Traffic*.

All of these have received wide circulation, requests for some have run into the hundreds of thousands.

One of our future projects is a film on drug abuse that will point up the generation-communication gap. We are also developing an information kit for pharmacists and working with medical students on a new drug abuse program.

But legislation and education, important as they are, will not wholly eradicate the problem of drug abuse. People who use these drugs have a personal responsibility, too. Patients taking amphetamine and barbiturate drugs on doctors' prescriptions must avoid sharing them with friends and relatives. Persons whose jobs require them to work long hours or at night, need to recognize that stimulant drugs are *not* safe remedies for chronic fatigue. Amphetamine and the barbiturates are important medical tools. We are taking every step to make sure they are used in no other way.

In summary, we feel that Smith Kline & French has played an active role in the fight against drug abuse. We have attacked the problem on many levels: research, legislation, education and practical support to law enforcement agencies. Our programs have worked extremely well, but in a sense they are all just a beginning. We hope that other institutions and agencies will now be encouraged to join us in the same kinds of efforts.

The greatest remaining problem is the surfeit of misinformation about drugs that finds its way into the hands of the young. This misinformation comes from several sources—glamorized press accounts of drug abuse among Hollywood and rock music stars, reports from the high priests of the drug cult and the young experimenters themselves. This misinformation must be balanced by factual information from informed sources. If we expect young people to make wise decisions concerning what drugs can and cannot do, we must give them *facts*, not sermons; otherwise, they will not listen to what we have to say.

To get the facts, we must do more research and most important, we must be willing to accept the findings of researchers even if they do not coincide with our most cherished preconceptions. We must base our legislation on reality, not irrational custom.

I believe, too, that we must begin to educate children about the problems of drug abuse while they are still in elementary school. The dangers of glue-sniffing, for example, must be pointed out before young people get around to trying it. Most states already require some education of this sort, but many schools have been apathetic in implementing such programs.

It is equally important that the general public have a better understanding of the problem. The public must be shown how to detect the signs of drug abuse, and how to do something about it.

It has been our experience that research and education are the most powerful tools we have in coping with the problem. We have begun to recognize, for example, that the abuse of the drug alcohol is a result of emotional illness. We must understand the motivation behind the abuse of other drugs. The young abusers themselves have pointed the way for us. They have asked for a more meaningful life so they won't be forced to escape from unacceptable ideologies and values. I think we are already moving in a more positive direction because the emphasis is now on finding a remedy that will solve the problem rather than seeking only punitive measures that do not always work with the new generation of youthful drug experimenters. I hope these hearings will help point the way to three most important objectives—research, education and control.

That concludes my comments, Mr. Chairman. Thank you for your courtesy.

## POSITION STATEMENT OF THE AMERICAN LIBRARY ASSOCIATION ON S. 3015

The American Library Association, a nonprofit, educational organization of 30,000 librarians, library trustees and concerned citizens, supports S. 3015, the "Drug Abuse Education Act of 1969." We request that libraries and librarians be specifically included among those agencies and individuals eligible to participate under Subsections (C), (3) and (4) of Section 4 (a) (1), through funds appropriated to the Secretary of Health, Education and Welfare. While libraries are not considered educational institutions per se, they are closely allied with other community education agencies sharing many common goals and objectives which are in the national interest.

Libraries have as one of their most important responsibilities the collection and dissemination of information in many forms. With the alarming increase in drug use and abuse among young people today, the need is critical for information as one of the means of prevention. No community is without this need for access to information, from the inner city to affluent suburbs.

Books, films, filmstrips, periodicals and pamphlets are needed to support the education programs of the Nation's schools, libraries and health and welfare agencies. These essential materials are the resources teachers need to augment and enrich the curriculum if they are to function as effective educators. Similarly, students need these same materials for individual use as they research the facts they need to learn in order to make informed decisions. But these resources must also be made available to parents and other members of the community who do not find themselves in a school situation.

But more important are the out-of-school youth who are disassociated from the formalized school structure but who should have access to information in the informal surroundings offered by the local library.

It is particularly important that under the proposed bill, S. 3015, libraries be able to sponsor, or cosponsor with other agencies, programs designed to bring together adults who lack knowledge about drugs and young people who are curious because of ignorance and misconceptions shared by both groups. Libraries alone, of course, cannot solve the problem but with the proposed Federal assistance they can make possible added opportunities for learning, such as seminars in drug abuse featuring medical and legal authorities as well as former addicts.

In programs recently offered by some libraries such as Prince Georges County Memorial Library and the Queens Borough Public Library, the young people and parents made known their interest in the subject by their attendance and desire for information. Discussions during the library-sponsored programs centered on the physical dangers involved in the use of drugs, comparison between the various kinds of drugs and the penalties involved in drug use. As a community service, many libraries can provide facilities for use by agencies for discussion groups or program meetings as a further means of informing the public.

In supporting the program of other community agencies, libraries should be able to provide films to serve the informational needs of those agencies as well as the individual's needs. With the assistance proposed in this legislation, we would recommend that the agency coordinating the drug information programs designate libraries to serve as depositories for films which could then be made available for community use. In addition, libraries could provide current information on films dealing with drug education even though they may not have the facilities to accommodate the storage of such films.

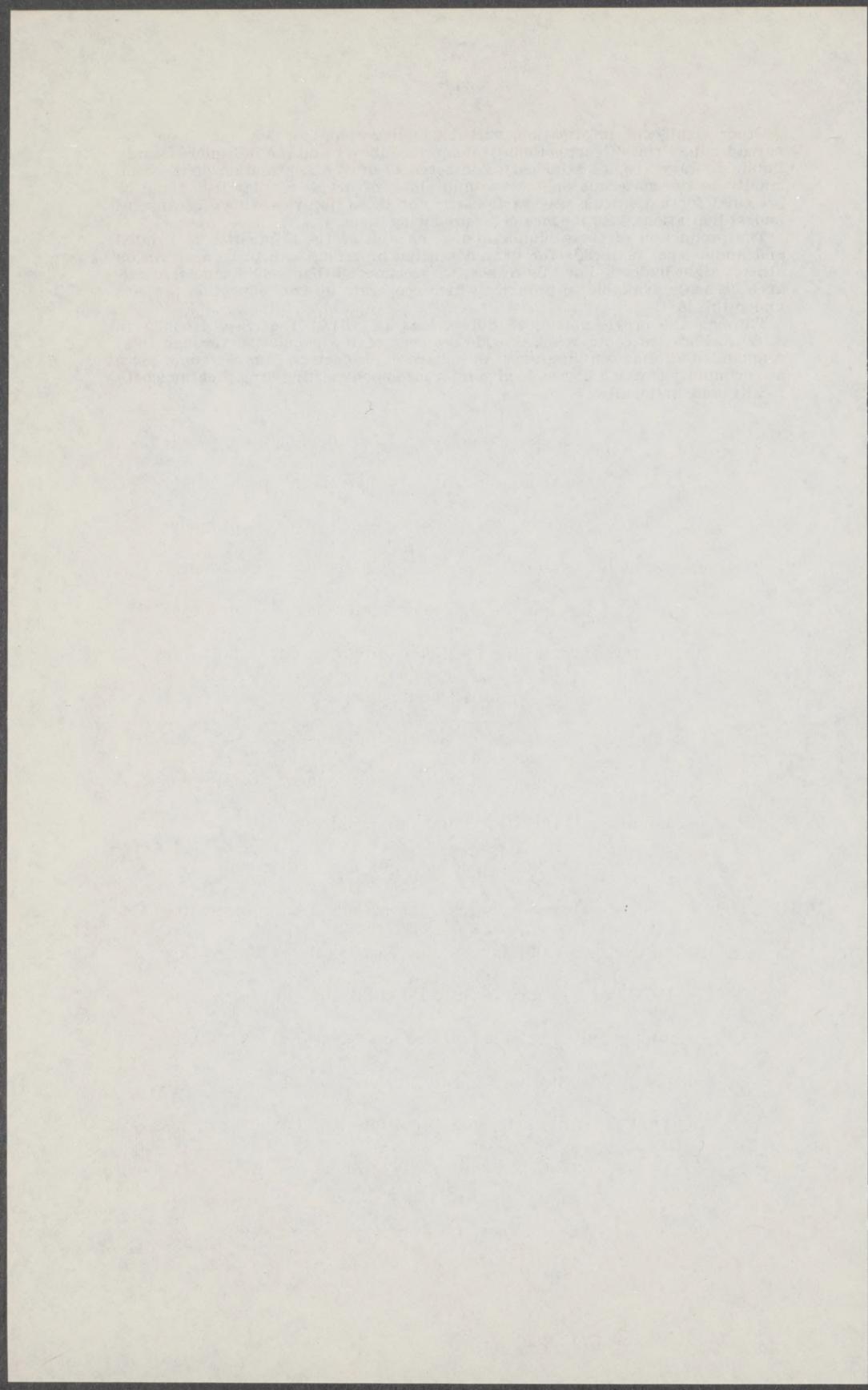
Collections of materials in multiple copies are needed by drug rehabilitation centers to support the educational programs offered. Some libraries such as the St. Louis Public Library have reached young people and adults by taking collections of materials to the drug rehabilitation centers but many libraries are without funds to implement this need. In cooperation with the Community Action Centers in Baltimore, the Enoch Prat Free Library has provided films and other resources for the local drug information program. Special exhibits of books and other materials related to drug use and abuse, both in the library and in cooperating agencies, could further reinforce the community education program.

Librarians might be involved more actively in the drug education program by serving as members of local narcotics task forces. And, through consultation on a regular basis with a liaison member of the local narcotics task force, librarians could more effectively relate their services and materials to the needs of the community and expand their own background of information.

Other significant information, such as bibliographies, which have been prepared by the Prince Georges County Memorial Library and the Baltimore County Public Library (copies attached), can serve to draw the attention of the community to the materials on the use and abuse of drugs. Similar lists could be prepared for nationwide use, particularly for those libraries which, because of budget limitations, lack the means for producing them.

The production of these bibliographies, as well as the acquisition of printed and audiovisual materials for drug education programs, can place a strain on already tight budgets. For this reason, we recommend that some financial assistance be made available to libraries which cooperate in drug education projects under this Act.

Through the provisions under Subsections (C) (3) & (4) of Sec. 4(a)(1) in S. 3015, libraries could reach a wide segment of the population through total community information programs. As such resource centers, libraries could serve as community clearing houses to give information on existing drug programs both locally and nationally.



Special Teen Screening Full-color film shows it like it is!

**ADMISSION FREE\***

\*Children Under 12 Years of Age Will Not Be Admitted



**'NARCOTICS - Why Not?'**

**3:30 P.M.**

**WED. NOV. 12<sup>th</sup>**

**QUEENS BOROUGH CENTRAL LIBRARY 89-11 Merrick Blvd., Jamaica**

03-10/69

*Why a Fix?*

*Why Pot?*



*Tune In To ...*

## THE NARCOTICS KICK WEDS. 4 P.M.

- Jan. 15th, 'The Drug Abuse Problem'
- Jan. 22nd, 'The Why of Drug Addiction'
- Jan. 29th, 'Marijuana'

Come behind the scenes with a member of the New York City Narcotics Squad. . .He'll give you and your fellow teens the lowdown on the why of drug addiction--the use and abuse of today's mind-expanding, psychedelic drugs. Get first-hand information. See films of "the turned on".

**ADMISSION FREE**

**QUEENS BOROUGH CENTRAL LIBRARY THEATRE**

89-11 Merrick Boulevard, Jamaica

# DRUG ADDICTION



AN ADDICTION SPECIALIST ANSWERS THE QUESTION...

## “What’s A Parent To Do?”

8 P.M.

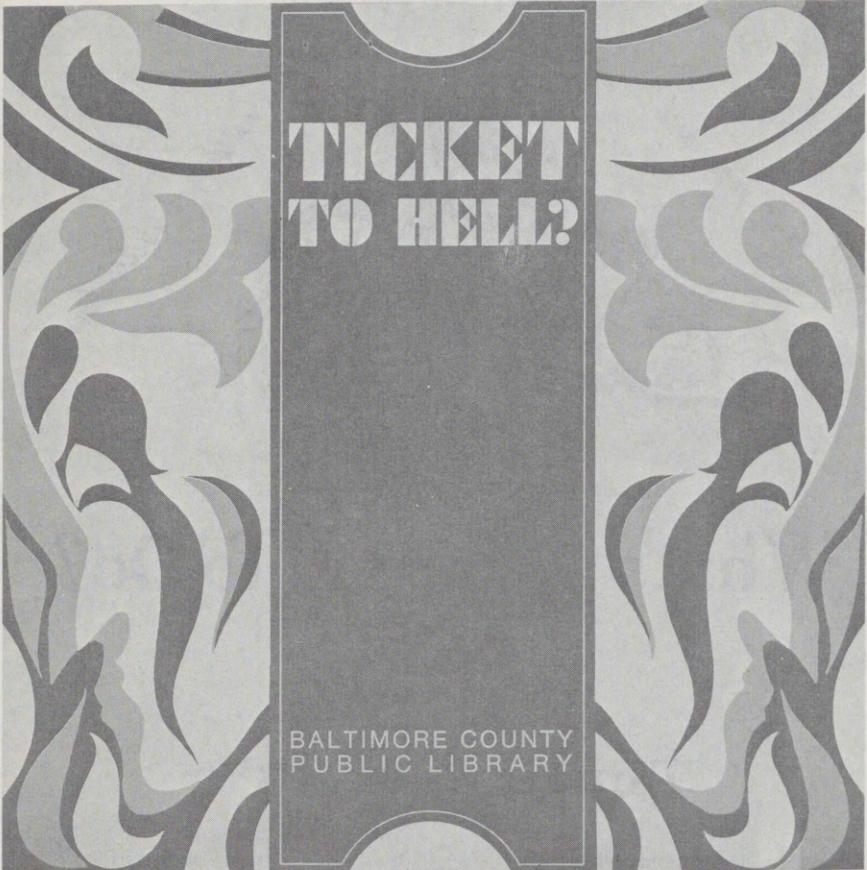
Thurs. Nov. 13<sup>th</sup>

Mrs. Amelia Macri, an addiction specialist with the City's Addiction Services Agency offers first-hand information on a widespread problem which threatens every family today. She'll offer concerned parents and relatives suggestions on how they can help prevent drug addiction...tell where and how one can obtain help with rehabilitation when addiction strikes. The program has been scheduled for a Thursday evening so working parents, teachers, and all concerned citizens can get the facts. Make it a point to attend.

**ADMISSION FREE**

QUEENS BOROUGH CENTRAL LIBRARY 89-11 MERRICK BOULEVARD, JAMAICA

84-10/69



## Drugs in Our Society

- FACT SHEETS - 1969 U. S. Bureau of Narcotics and Dangerous Drugs  
Up-to-date information on drug abusers, types of drugs and their effects plus bibliography of books and films. Pamphlet File
- MIND DRUGS - 1968 Margaret O. Hyde  
For the younger reader, a collection of articles by experts in the field on what is known and unknown about mind altering drugs. Use and abuse of, physiological and psychological dependence on, and emotional involvement with the various drugs are discussed. J616.863 H
- DRUG ABUSE: GAME WITHOUT WINNERS - 1968 U. S. Department of Defense  
Definitions, descriptions, effects of and what is being done about control of drugs. Pamphlet File
- YOUNG PEOPLE AND DRUGS - 1969 Arthur Cain  
Addressed to the young person who may be considering experimenting with drugs, the author points out the many levels of danger. 616.863 C
- NARCOTIC DRUG ADDICTION - 1965 U. S. Public Health Service  
Short report on addiction, addicts, treatment and aftercare. Pamphlet File
- GROWING MENACE OF DRUGS U. S. News & World Report  
July 28, 1969, pp. 60-62  
Full text of President Nixon's message to Congress on the drug problem. p.89  
Editorial by David Lawrence stresses the need of government to aid in solving the problem of drug addiction which leads to crime.
- DRUG DILEMMA - 1969 Sidney Cohen  
Unemotional survey of specific drugs and their effects. Gives characteristics of those inclined to resort to drugs and suggestions for partial solution. 616.863 C
- PLEASURE SEEKERS - 1969 Joel Fort  
An authority in the field discusses drugs from aspirin to LSD. Dr. Fort presents programs for education, treatment and rehabilitation, while deploring present legislation that makes criminals of an unfortunate segment of society and accomplishes nothing. 616.863 F
- DRUG SCENE - 1968 Donald E. Louria  
An authoritative account of the causes and rise of the drug problem, the effects of the most dangerous drugs and recommendations for curbing such drug abuse in the future. 616.863 L
- ROAD TO H. - 1964 Isidor Chein  
To date, the most scientific study of personality characteristics of the drug user as determined through a drug use survey in New York City in the 1950's. 616.863 C
- DRUGS AND SOCIETY - 1967 Bernard Barber  
Contains a brief history of world use of narcotics; points out the high rate of addiction in the U.S.; and deplores the treatment of the addict as a criminal. 615.1 B

NARCOTICS: SOME QUESTIONS AND ANSWERS - 1969 U. S. Health Services and Mental Health Administration  
Primarily concerned with heroin addicts and addiction. Pamphlet File

MERCHANTS OF HEROIN - 1968 Alvin Moscow  
A shipment of heroin is traced: the order is placed in Istanbul, a crop of opium is harvested, processed, shipped to the U. S., distributed and seized, finally, after weeks of undercover work by the agents of the Bureau of Narcotics. 616.863 M

IS THE POT USER DRIVEN - OR IN THE DRIVER'S SEAT? Time  
July 25, 1969, pp. 64-65  
A psychologist questions the expansion of consciousness claimed by drug users.

POP DRUGS: THE HIGH AS A WAY OF LIFE Time  
September 26, 1969, pp. 68-78  
Discusses the drugs taken by middle-class young people, generally white.

### Marijuana

MARIJUANA, THE FACTS, THE TRUTH - 1968 Will Oursler  
Quoting from many sources and surveys, the author shows how little is known about long-time effects of marijuana use and discusses legalization with all its implications. 616.863 O

MARIJUANA Life  
October 31, 1969, pp. 27-34  
Arguments for legalization of marijuana; harshness of present laws, plus description of Operation Intercept.

SHOULD WE LEGALIZE MARIJUANA? Current  
December, 1969, pp. 4-15  
Strong arguments for legalization of marijuana.

WHAT ABOUT MARIJUANA? - 1969 Jules Saltman (Public Affairs)  
Points up lack of scientific research about potentialities and/or dangers of marijuana. Pamphlet File

MARIJUANA: SOME QUESTIONS AND ANSWERS U. S. Health Services and Mental Health Administration  
Concise answers to frequent questions about marijuana. Pamphlet File

THE DANGERS OF MARIJUANA...FACTS YOU SHOULD KNOW - 1968 Henry L. Giordano  
Some basic medical and sociological facts concerning marijuana and arguments as to why it should not be legalized. Pamphlet File

NO MARIJUANA FOR ADOLESCENTS K. Angel  
November 20, 1969, p. 170+ N. Y. Times Magazine  
As assistant professor of clinical psychiatry states his reasons why there should be no marijuana for adolescents.

## LSD

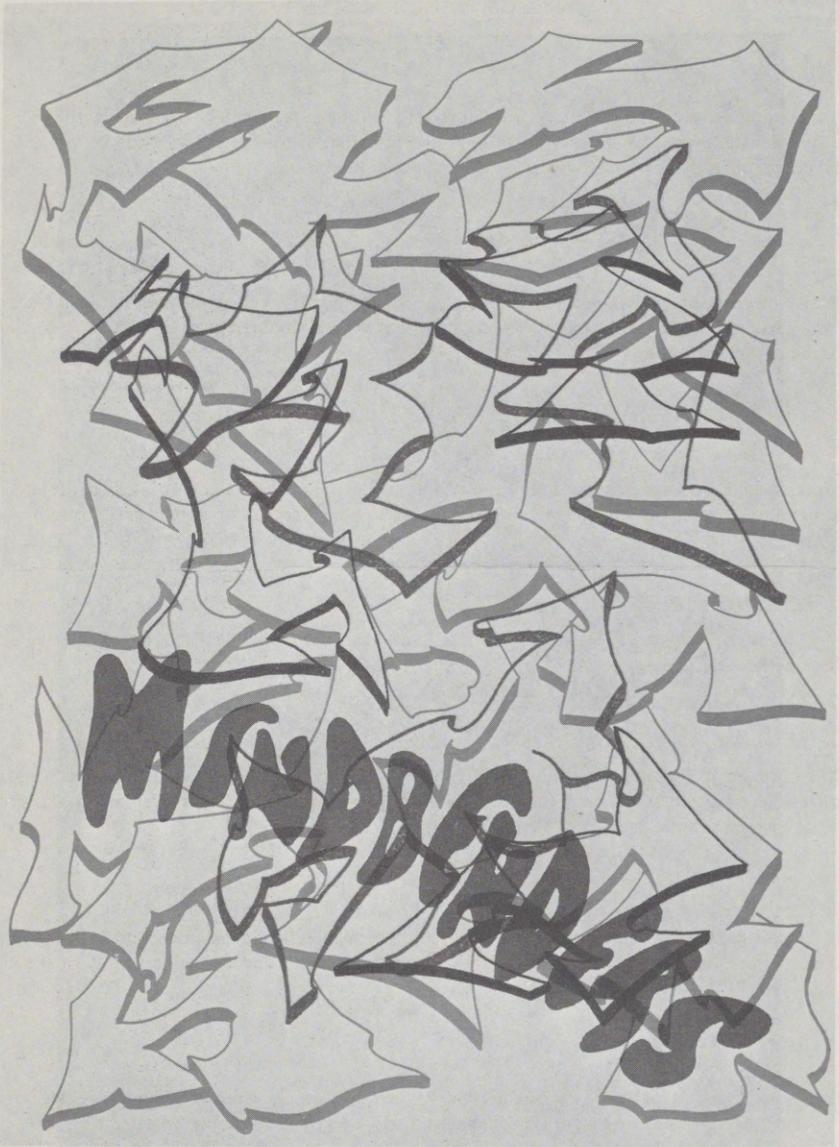
- LSD, MAN AND SOCIETY - 1967 R. C. DeBold  
A symposium on the biology of LSD, its relationship to the individual and society. Technical papers by experts in the field with audience questions and answers included. 615.78 D
- IDEAS IN CONFLICT - 1966 Theodore Gordon  
The chapter "Short Cut to Nirvana" examines the viewpoint of increased perception and mystical attributes of the hallucinogens, including the background of Dr. Timothy Leary's experiments with LSD. 501 G
- LSD - SOME QUESTIONS AND ANSWERS - U. S. Health Services and Mental Health Administration  
1969  
Lucid answers to the most frequent questions concerning LSD. Pamphlet File
- LSD: THE FALSE ILLUSION - 1968 U. S. Food and Drug Administration  
Brief Descriptions of effects of LSD along with a report on government controls and research. Pamphlet File
- LSD-25: A FACTUAL ACCOUNT - 1969 U. S. Bureau of Narcotics and Dangerous Drugs  
Truly a "Layman's guide to the pharmacology, physiology, psychology and sociology of LSD" with the most recent available information. Pamphlet File

## Help!

- FAREWELL TO THE LONELY CROWD - 1969 John W. Drakeford  
pp. 71-92  
A chapter describes the philosophies and workings of two rehabilitation centers, both operated by former addicts, Dayton Lodge in New York and Synanon in California. 362 D
- WHAT YOU CAN DO ABOUT DRUGS AND YOUR CHILD - 1969 Herman Land  
Straight from the shoulder advice on the most beneficial ways of coping with the young drug user in the family. 616.863 L
- DOCTOR AMONG THE ADDICTS - 1968 Nat Hentoff  
Story of psychiatrist Dr. Marie Nyswander's work with drug addicts in their own environment and her successful use of Methadone in breaking heroin addiction. 616.863 H
- SILENT SOUND OF NEEDLES - 1969 Michael Zwerin  
The philosophy of treatment for drug addiction at the Addicts Rehabilitation Center in Harlem plus short case histories of some of its patients. 616.863 Z

## Films--16mm

- DRUG ABUSE - BENNIES AND GOOFBALLS U. S. Food and Drug Administration. 1966. 20 min.
- DRUGS AND THE NERVOUS SYSTEM Churchill Films. 1967. 18 min. (C)
- HOKED Churchill Films. 20 min.
- LSD - 25 Professional Arts Inc. 20 min.
- LOSERS N. Y. WCBS-TV. 1965. 31 min.
- NARCOTICS - WHY NOT? Cahill. 1966. 15 min. (C)
- NARCOTICS: PIT OF DESPAIR Film Distributors International. 1967. 28 min. (C)



**Selected and Prepared by**  
**Young Adult Services**  
**Prince George's County Memorial Library**  
**Hyattsville, Maryland**

1969

## DRUGS, NARCOTICS, LSD

**LSD***Richard Alpert*

"Can you understand the *LSD* issue without having had the experience?" This is one of the provocative questions answered by the authors in their interpretation of the brave new world of psychedelic drugs. Photographs by Lawrence Schiller are shocking and penetrating.

615.78

**MARIJUANA***Edward Bloomquist*

In an informal and non-moralistic manner and with the use of some excellent cartoons the author "tells it like it is" about marijuana. . . . its history, controversies, the literature, the law, the jargon and the arguments pro and con.

613.83

**THE ROAD TO H: NARCOTICS, DELINQUENCY AND SOCIAL POLICY***Isidor Chein*

An outstanding, comprehensive study of young drug addicts in New York City showing the addicts' background, the narcotics situation in the area and presenting the author's arguments for reform of treatment.

301.47

**THE BEYOND WITHIN: THE LSD STORY***Sidney Cohen*

The "mind nobody knows" belongs to a user of *LSD*, whose reactions, ideas and motives are explored in this excellent documentary.

153.8

**A HATFUL OF RAIN***Michael Gazzo*

Still addicted to heroin after his hospital treatment, Johnny tries desperately to keep his pregnant wife from learning about his need for drugs in this powerful, painfully honest play about the sordid world of trapped people.

812.5

**THE CONNECTION***Jack Gelber*

In Leach's pad, several heroin addicts are waiting for Cowboy, their connection, and in the intervening period this play-within-a-play explores the endless "aloneness" and desperate apathy of the drug addicts.

812

**THE JUNKIE PRIEST***John Harris*

Girls whose lives are possessed by narcotics tell of their experiences which led them to seek help from the Village Haven founded by Father Daniel Egan as a refuge for female addicts.

364.15

**\*A DOCTOR AMONG THE ADDICTS***Nat Hentoff*

Dr. Marie Nyswander, a psychiatrist working with heroin addicts in Harlem, discusses her use of the controversial methadone treatment with addicts and also the problems she faced when undertaking this new approach.

616.863

**\*\*MIND DRUGS***Margaret Hyde*

Substitutes for "turning on" such as Zen, Yoga and strobe shows are discussed along with what is known and unknown about mind-altering drugs and their effects in this introductory book.

613.83

**\*NARCOTICS: AN AMERICAN PLAN***Saul Jeffee*

Community clinics under Federal supervision, using rehabilitation instead of punishment, are recommended as parts of a revolutionary plan to combat drug addiction.

362.293

**MAINLINE TO NOWHERE***Yves Kron and Edward Brown*

A psychiatrist and a minister reconstruct the frustrated and tragic life of one heroin addict from childhood until his death at 23 from an overdose.

613.83

**ADDICT IN THE STREET***Jeremy Larnar, editor*

This is the terrifying day-by-day world of need and anguish as recorded in the words of young drug addicts.

132.73

**THE ADDICT AND THE LAW***Alfred Lindesmith*

Believing drug addiction to be a disease rather than a crime, the author presents American and foreign methods of treatment in his argument for reform of our narcotics laws.

343.57

**\*THE DRUG SCENE***Donald Louria*

"Laws can be passed, preventive education undertaken, and millions spent on rehabilitation, *but until this society regains its vigor, direction and integrity*, the promiscuous, indiscriminate and illicit use of mind-altering and other dangerous drugs will remain a major problem" according to Dr. Louria.

301.47

**\*PANIC IN NEEDLE PARK***James Mills*

A practicing journalist, who penetrated the New York drug scene in 1964, and met pushers, addicts and Mafia men describes the horrors of these experiences in this novel.

**THERAPEUTIC NIGHTMARE***Morton Mintz*

Written with anger and authority by a *Washington Post* reporter, this is a discussion of drugs, and alleged neglect in isolating them, by such governmental agencies as the Food and Drug Administration.

338.47

**MERCHANTS OF HEROIN***Alvin Moscow*

The author recreates the actions and dialogue of a fascinating group of honest and dishonest characters involved in the intricate operations of smuggling a major shipment of heroin from its origin in the poppy fields of Turkey through Syria, Lebanon, Marseilles, and on to its ultimate market in the United States.

364.157

**\*TURNED ON***Dick Schaap*

A modern American tragedy was uncovered when a New York policeman, searching the car of Robert Friede for concealed narcotics, found the body of nineteen-year-old Celeste Crenshaw, dead from an overdose of heroin. 301.47

**LSD: THE CONSCIOUSNESS EXPANDING DRUG***David Solomon, editor*

Articles from lay and professional sources, including Dr. Timothy Leary and Aldous Huxley, describe the drug experience and its implications. 615.78

**THE MARIHUANA PAPERS***David Solomon, editor*

Marihuana's long, strange, ambivalent association with mankind is presented in this comprehensive collection of literary and scholarly essays followed by statements from medical men and other scientists to show that our fear of the drug may be illogical. 615.78

**TWELVE ANGELS FROM HELL***David Wilkerson*

As a young addict struggled, suffered, writhed, sweated and cried out in the agony of going cold turkey the Reverend David Wilkerson watched, prayed, and waited for the boy to win his battle against heroin. 258

**TUNNEL BACK: SYNANON***Lewis Yablonsky*

An authoritative thorough discussion of the Synanon program, and its attempt to aid drug addicts through the efforts of those who were formerly users of narcotics. 362.8

## ALCOHOL

**YOUNG PEOPLE AND DRINKING: THE USE AND ABUSE OF BEVERAGE ALCOHOL***Arthur Cain*

To drink or not to drink, what happens when you do, and what alcohol really is are topics discussed in this easy to read, open-minded book. 613.8

**LIQUOR: THE SERVANT OF MAN***Morris Chafetz*

An enlightening book dealing with social rather than problem drinking, including case histories and emphasizing the judicious use of liquor.

**COME BACK LITTLE SHEBA***William Inge*

"We should never feel bad about what's past," says Doc to his long suffering wife, Lola. "We can't stay here, we gotta go on." Doc is going on in his struggle with alcohol, Lola in her search for lost youth and the stray dog, Sheba, in this demi-tragic play. 812.5

**DRINKING AMONG TEENAGERS***George Maddox*

These clearly written articles show why teenagers drink, to what extent, and present a comprehensive survey of this problem. 301.4315

**NEUTRAL SPIRIT***Berton Roueche*

A first rate reporter and story teller presents his study of the history, mythology, physical and psychological effects and the use and misuse of alcohol in various times and countries. 613.8

**THE LONELY SICKNESS***Elizabeth Whitney*

Through case histories of four alcoholics, the author gives practical advice for people who must deal with an alcoholic. 616.86

## FILMS

**DRUGS AND THE NERVOUS SYSTEM 1966 19 minutes, color Churchill Films**

An explanation of the effects of drugs and narcotics on different parts of the human body by their action on the nervous system. Calm, factual narration supplements color and highspeed animation.

**LSD-25 1967 26 minutes, color Professional Arts, Inc.**

A discussion of the manufacture, use, hazards and effects of LSD-25.

**NARCOTICS: PIT OF DESPAIR 1967 25 minutes, color Film Distributors Intl.**

How a teen-aged boy is trapped into drug addiction, proceeding from mild barbiturates through marijuana to heroin and the horrors of withdrawal when his "friends" fail to supply any more free heroin.

**THE SUMMER WE MOVED TO ELM STREET 1967 23 minutes, color National Film Board of Canada**

Discusses the problems of alcoholism and the relationship among the members of a family during times of turmoil.

**TO YOUR HEALTH 1956 10 minutes, color Columbia University Press**

What is the effect of alcohol on the human body? Why do people drink and how can they be helped?

\* both in adult and young adult collections

\*\* in young adult collections only

NATIONAL SCHOOL BOARDS ASSOCIATION,  
Washington, D.C., September 4, 1970.

HON. HAROLD E. HUGHES,  
U.S. Senate,  
Washington, D.C.

DEAR SENATOR HUGHES: The National School Boards Association supports H.R. 14252, the "Drug Abuse Education Act", and urges its immediate enactment.

The National School Boards Association is the only major education organization representing school board members. Approximately 84,000 of the nation's trustees are members. These people, in turn, are responsible for the education of more than 95 percent of all the nation's public school children.

Currently marking its thirtieth year of service, NSBA is a federation of state school boards associations, with direct local school board affiliates, constituted to strengthen local lay control of education and to work for the improvement of education. Most of these school board members are local public officials.

Association policy is determined at the NSBA annual convention at which representatives from every geographic region of the nation translate policies and resolutions into ongoing programs.

One resolution which is strongly supported from year to year, in part, reads as follows:

The National School Boards Association shares with parents, the U.S. Department of Health, Education, and Welfare, state departments of health and education, PTAs, church groups and the medical profession the responsibility for the personal health and welfare of children. Therefore, the National School Boards Association encourages the:

(a) increased use of mass communication media to alert adults and children to the alarming health hazards inherent in improper diet and in the abuse of narcotics, drugs, hallucinatory agents, tobacco and alcohol;

(b) assistance to school boards and the education profession in the development of meaningful materials for use in the schools to help our youth understand and withstand the temptation to risk such health hazards; . . .

The National School Boards Association will support legislation responsive to these concerns.

The misuse of drugs is one of our nation's most serious domestic problems. This misuse has spread into our junior and senior high schools. Estimates by high school and college administrators of student drug abuse generally range from 5 to 35 percent. On some campuses the figures reported marijuana use as high as 60 to 70 percent. There have been some reports of drug use in elementary schools. Tragically, the recent upsurge in the use of drugs can be related to the increasing number of deaths of our young people, both accidental and self-inflicted, and possibly to some of the birth deformities of their children.

H.R. 14252 represents a national effort to *work with* young people by developing their sense of awareness as to serious damaging effects that can result from the use of certain drugs. As such, it is a promising advancement towards the eradication of harmful drug use in the United States.

Specifically, the bill provides for Federal assistance to institutions of higher education, local educational agencies and other private and public agencies for the following programs:

(a) projects for the development of curricular on the use and abuse of drugs;

(b) pilot projects designed to demonstrate and test the effectiveness of such curricular;

(c) dissemination of curricular materials to institutions and agencies engaged in pilot programs;

(d) evaluations of pilot projects;

(e) preservice in inservice training programs on drug abuse for teachers, counselors, law enforcement personnel, etc.;

(f) community education programs with particular emphasis on involving parents.

The bill also provides for Federal technical assistance to interested agencies for the development and implementation of these programs. The bill further provides for the establishment of an Intra Agency Coordinating Council on Drug Abuse Education to bring together the views and concerns of the various inter-

ested Federal agencies, and an Advisory Committee on Drug Abuse to generally advise the Secretary of HEW on program operation, application criteria, application priorities, etc. While NSBA is generally very cautious, indeed hesitant, in giving its support to broad *carte blanche* discretionary power to the Administration, we feel that the overall nature of the program and the continuing development of basic concepts as to the problem itself strongly mitigates our reservations in this regard.

In closing, we note that the bill only authorizes the expenditure of \$29 million over a three year period. In addition to the human suffering related to drug abuse, in 1968 drugs represented an estimated social cost of \$541 million. The figure is probably much higher now. In light of these factors, if needed, we would support an appropriate increment to the proposed authorization.

On behalf of NSBA, I wish to commend you and your colleagues for the concern and effort which you have given to this problem.

Sincerely yours,

AUGUST W. STEINHILBER,

Director, Federal and Congressional Relations.

Senator HUGHES, I wish to thank again all who appeared and testified on this legislation.

The hearing is now adjourned.

(Whereupon, at 12:15 p.m. the committee was adjourned.)



