

volved the West and the State of Wyoming. I am open to any suggestions, if they are in order, on how the Senate might proceed.

I would like to ask a parliamentary question. Is it possible to proceed without a written bill pending before this body?

The PRESIDING OFFICER (Mr. HANSEN). The Chair regrets to have to advise its distinguished colleague that legislation must be presented in writing.

Mr. McGEE. In that case I will withdraw my proposal and yield the floor to the distinguished majority whip of the Senate, the Senator from West Virginia.

Mr. ROBERT C. BYRD. I thank the distinguished senior Senator from Wyoming.

NOTICE CONCERNING NOMINATION BEFORE THE COMMITTEE ON THE JUDICIARY

Mr. ROBERT C. BYRD. Mr. President, on behalf of the distinguished Senator from Mississippi (Mr. EASTLAND), chairman of the Committee on the Judiciary, I make the following statement.

The following nomination has been referred to and is now pending before the Committee on the Judiciary:

Thomas A. Grace, Jr., of Louisiana, to be U.S. Marshal, Middle District of Louisiana, for the term of 4 years; new position created by Public Law 92-208, approved December 18, 1971.

On behalf of the Committee on the Judiciary, notice is hereby given to all persons interested in this nomination to file with the committee, in writing, on or before Friday, April 14, 1972, any representations or objections they may wish to present concerning the above nomination, with a further statement whether it is their intention to appear at any hearing which may be scheduled.

NOMINATION OF RICHARD KLEINDIENST TO BE ATTORNEY GENERAL

Mr. ROBERT C. BYRD. Mr. President, earlier today the Committee on the Judiciary adopted a motion which I made before that committee. I ask unanimous consent that the motion be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The motion, ordered to be printed in the RECORD, is as follows:

That, confining itself to the confirmation of Mr. Kleindienst and matters bearing di-

rectly thereon, the Committee continue its consideration thereon, not past Thursday, April 20, during which time specific witnesses called by the Committee, having testimony pertinent thereto, be heard; provided further that not later than Thursday, April 27, the Committee submit to the Majority Leader its written advisory report concerning the nomination.

Mr. ROBERT C. BYRD. Mr. President, my motion speaks for itself. It was adopted by a vote of 8 to 7, with one Member being absent. May I state for the record that with respect to the nomination of Mr. Kleindienst, I supported the reporting of that nomination originally by the committee to the Senate. I am, at this time, with an open mind on the nomination. I do feel, however, that the nominee deserves to have his day in court, so to speak, which he requested. He requested that the committee conduct further hearings on his nomination with respect to certain questions which had publicly arisen. He is also entitled to a final verdict. By the same token, I think that those Senators who wish still to hear legitimate witnesses with testimony pertinent to, and bearing upon, the nomination of Mr. Kleindienst, should be given a further opportunity within a reasonable period of time, to have such witnesses appear before the committee.

I believe that a reasonable amount of additional time should be allowed for the hearing of such further testimony as is germane to the nomination, but, beyond that, once such testimony has been heard, I think, as I have said, that the nominee is justified in expecting, and is entitled to, a verdict rendered by the full Senate, the nomination having already been reported to the Senate.

It is for these reasons that I offered the motion yesterday which was adopted by the Judiciary Committee today. Additional witnesses with pertinent testimony to the nomination should be heard, but, at the same time, there should be a cutoff date at some point and the hearings brought to an end. The committee should then, after a reasonable time, submit an advisory report to the majority leader so that the majority leader could be guided thereby, and if, in his judgment, the time had then come to call up the nomination for full Senate debate, he could do so.

I want to reiterate that I have an open mind on the nomination. I do not know today how I will vote on the nomination when it comes to a vote before the Senate. Incidentally, I am also of the opinion

that those matters which do not have a bearing on the confirmation of the nominee should not be delved into at this particular point, but, without prejudice to the future consideration of such matters, I think that the committee certainly may want to go into them once the nomination has been disposed of one way or another. I am not suggesting that the committee close the door, once and for all, on any further examination of activities involving the ITT or other companies. I am saying that it ought to separate those matters—except where they are pertinent to the pending nomination—and come back to them after the nomination is disposed of.

PROGRAM

Mr. ROBERT C. BYRD. Mr. President, the program for Monday is as follows: The Senate will convene at 11 o'clock a.m. Immediately following the recognition of the two leaders under the standing order, there will be a period for the transaction of routine morning business for not to exceed 30 minutes, with statements limited therein to 3 minutes, at the conclusion of which the Chair will lay before the Senate the unfinished business, the so-called war powers bill.

On Monday there is a time limitation on the pending motion by the distinguished Senator from Nebraska (Mr. HRUSKA)—the motion to refer the war powers bill to the Committee on the Judiciary. By unanimous consent, that motion can be set aside temporarily for the purpose of calling up amendments to the war powers bill, or it can be set aside temporarily by unanimous consent for consideration of other business. So roll-call votes on Monday are not ruled out.

On Tuesday a rollcall vote will occur at 2 p.m. on the motion by the distinguished Senator from Nebraska (Mr. HRUSKA) to refer the bill to the Judiciary Committee.

ADJOURNMENT UNTIL MONDAY, APRIL 10, 1972, AT 11 A.M.

Mr. ROBERT C. BYRD. Mr. President, if there be no further business to come before the Senate, I move, in accordance with the previous order, that the Senate stand in adjournment until 11 o'clock a.m. on Monday next.

The motion was agreed to; and at 3:31 p.m. the Senate adjourned until Monday, April 10, 1972, at 11 a.m.

EXTENSIONS OF REMARKS

DRUG HEARINGS

HON. JOSHUA EILBERG

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 29, 1972

Mr. EILBERG. Mr. Speaker, I recently held a full-day public hearing in the Fourth Congressional District of Pennsylvania, which I represent, on the problem of drug abuse.

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The hearing was held to determine the scope of the problem in the district and what is being done to combat it.

A transcript of the hearing and my recommendations for action will be presented to subcommittee four of the Judiciary Committee, which is currently investigating the drug problem on a national basis.

Mr. Speaker, before I held the hearing it would have been easy to believe that my district did not have a serious drug

problem. The area which I represent is semisuburban although it is wholly within the boundaries of the city of Philadelphia. It consists mainly of single-family homes; there are a great many active civic organizations; citizen participation in government is above average; and the children of the area constantly lead the city in scholastic achievement.

Unfortunately, there is a serious drug problem in the area. The 41 witnesses who testified or presented written state-

ments made it very clear that drug abuse is rapidly increasing among our young people.

The former addicts who testified along with police and spokesmen for drug treatment facilities and other agencies stated that almost every kind of drug is easily available to anyone willing to pay the price.

The 41 persons who testified also made it very clear that drug addicts in my district and the city in general have a much harder time trying to get off drugs than getting started or continuing their habits.

The witnesses painted a tragic picture of inadequate facilities for all types of treatment, from initial detoxification through psychiatric counseling and job placement.

What programs there are available are generally considered to be excellent, but even the administrators and directors of these facilities admit that they cannot even come close to meeting the demand for services.

In the area of prevention the same bleak story was told. Until now most drug education programs in the schools have been woefully simplistic and naive. In many cases the students have known more than the teachers.

We also learned that most of the adults in the district do not understand that there is a problem or they close their eyes to it, until, tragically, it comes right into their homes.

There must be an effort, Mr. Speaker, aimed at the adults in this country, to open their eyes to the fact that drug addiction is a threat to every family, no matter where they live or their level of income.

One of the positive facts that we learned, however, also has to do with family life. All of the young people who testified, including the former addicts and those currently under treatment, stated without qualification that if they had had a strong sympathetic family relationship they would not have become dependent on drugs.

They all said that parents who showed real active interest in their children—by this I do not mean giving them money and cars and other material things—and gave them love and respect were putting up the best defense against drug abuse.

Youngsters who can go to their parents with a problem and talk frankly to them and get understanding and help in return have no need to bury their troubles with a needle or a pill.

The record of this hearing speaks for itself. I believe it is an accurate picture of almost every community in this country and at this time I enter it into the RECORD.

DRUG HEARINGS HELD JANUARY 22, 1972, AT HOLY FAMILY COLLEGE, PHILADELPHIA, PA.

Present: Joshua Ellberg, Esq., Member Judiciary Committee, U.S. House of Representatives, Chairman.

Berle Schiller, Esq., Lila Stunder, Rev. Peter Quinn, and Dr. Ellis Lindenbaum, members.

Mr. EILBERG. Good morning. My thanks to the Northeast Philadelphia Chamber of Commerce and the Northeast Health and Welfare Council for their help in organizing and publicizing this hearing.

Drug addiction is perhaps the number one domestic problem facing this country today. It is destroying the social fabric of the nation, especially in the big cities.

The number of burglaries, robberies, muggings, and other crimes of violence have been rising at an ever increasing rate.

Most authorities blame this increase on the rising number of persons who must steal to support their needs for drugs.

As we all know, many areas of our cities are becoming uninhabitable. Houses and apartments are being converted into fortresses to keep out the thieves.

Here in the Northeast the problem is not as bad as it is in other areas of the city but it is obviously getting worse.

Stories and rumors are constantly circulating about the availability and use of drugs in the schools and on the streets.

These stories and rumors are part of the problem.

Some are exaggerated far beyond reality by persons who have no idea of the true picture.

Others minimize the problem or simply ignore it. Unfortunately, these statements are often made by officials who are trying to hide the truth.

For these reasons it has become very difficult to get factual information about the size and scope of the problem here in Northeast Philadelphia, the city in general, the state or even from the whole country.

A Congressional committee, sub-committee number four of the House Judiciary Committee—I am a member of the House Judiciary Committee—is now trying to get accurate figures about drugs on a national level.

These statistics are needed so adequate amounts of money can be appropriate to pay for the facilities needed to fight this menace.

The information we get here today at Holy Family College will be turned over to the committee.

The Committee is fully aware of what we are doing here today. The Committee also needs to know how many treatment and rehabilitation facilities are available for those persons who want and need help.

The facts are also needed about the capacity of the centers, their methods and effectiveness.

This past summer I visited some drug treatment facilities in Europe, including a London clinic where heroin is dispensed upon request of addicts without charge.

My report to the Committee showed what is happening elsewhere in Europe.

Now we are finding out what we are doing here and how much more needs to be done.

We are here to get information from you about the problem in Northeast Philadelphia.

Most of you live or work in the area or nearby and you are here because you care about what is happening in your neighborhood. Hopefully in a short time I will be able to report back to you that meaningful legislation has been passed by Congress and implemented by the administration.

Now, I would like to introduce the other members of the panel. Three of them represent treatment and rehabilitation centers in the Northeast, and it is Reverend Peter Quinn of "The Bridge," Mrs. Lila Stunder of "The Road," Doctor Ellis Lindenbaum of "RAID," Paul Schiller, director of the State Narcotics Strike Force and a resident of the Northeast.

There are a few rules I would like the speakers to follow so the hearing can move as smoothly as possible. When your name is called please come to the podium over here where the microphone is or to the front row of seats which has been reserved for those persons waiting to speak.

Before you speak, please give us your full name, address and group affiliation so the record will be complete.

Because we have a long list of persons who wish to speak, we have limited the speaking time to five minutes.

If you wish to enter a longer statement, please give a copy to the stenographer and it will be entered in the record.

After each five minute statement I will invite the panel members to ask any pertinent questions that they think appropriate and hopefully we will try to keep the time down so that we give a maximum number of people an opportunity to speak.

I am sure that there will be people coming all day. We have several coming in the afternoon who could not come in the morning.

Now, at this time just for a few words from our panel members with respect to the extent of the problem in the Northeast and any ideas in particular that they might have with regard to programs or facilities that are present or are needed and with some reference, I hope eventually, as far as the entire program is concerned as to what we might do better in Washington and I would like to present, just in the order that they are sitting here, first, the representative of Governor Shapp, Berle Schiller.

Mr. SCHILLER. Thank you, Congressman. While I am mainly concerned with the problem of law enforcement, the Strike Force on Narcotics since July has arrested one hundred and fifty major wholesalers and dealers in the Commonwealth.

I come here to say that law enforcement is not the answer to the drug problem and I have accepted the invitation to participate in this panel because it is my feeling that while law enforcement can stem the supply of heroin and hard narcotics into the Northeast and other parts of the state, the real answer will have to come from education and rehabilitation services and I hope to that end this panel and this committee that the Congressman is working on will be successful.

Mr. EILBERG. Thank you, Berle. Secondly one of the hardest working laymen in the field is the young lady to my left who has been most active with "The Road," Mrs. Lila Stunder.

Mrs. STUNDER. Thank you very much. "The Road" has been in existence I guess about two years now and our main objective is to educate the community as to what is going on and I don't know really how successful we have been because it seems that we go from month to month financially.

We are begging constantly. We also have treatment facilities there for what I would call the pre-drug abuser if I could use the term, anyone who is really hard core has to be referred out.

We cannot handle anyone like that and I am delighted to see so many interested people here today to see what we can do up here, because I feel it is getting completely out of hand and I am very disturbed about it as a mother of grown boys.

Mr. EILBERG. Thank you, Lila, and next is a young man who has certainly captured the imagination of the Northeast and is paving new ways and has worked very hard in connection with the program that he is spending all his time with.

From "The Bridge," Reverend Peter Quinn. Reverend QUINN. Thank you, Congressman. I am privileged to participate in this panel this morning.

I would like to address myself very briefly to three specific areas, areas of current need in answering the problem.

This is in terms of professional treatment services available and let us, if you will, go from the last need in point of time for the individual and for the addicted or drug dependent individual, to the first need in terms of time.

The last need before long term resocialization or rehabilitation is detoxification.

Detoxification services are wanting in great amounts in the Northeast and in the City of Philadelphia.

Everyone in treatment is so deeply aware of this and I would like to speak to this and propose regional detoxification centers for the City of Philadelphia and the second level, if you will, in order of time, I would like to speak about treatment itself and methods of treatment.

I am involved in a rehumanizing community called The Bridge.

It is a personal human answer to what I consider a personal human problem. If we continue to treat drug abuse as a physical health problem only and do not treat drug abuse as a mental health problem combined with a physical health problem, I think we will miss helping the real person, the addicted or drug addicted person.

Therefore, programs should reflect the real human problem of drug abuse and encompass the entire person in the treatment of that person.

Thirdly, I do believe that the City of Philadelphia has within its power the force to make a significant reappraisal and, if you will, to change the tide in the amount of drug abuse deaths and drug related deaths, in the city.

I think we have it in our power, the people of Philadelphia, to do this.

How, therefore, can we, if we are convinced we have an epidemic on our hands, do something significant about the problem?

I would like to propose a program which would go to the heart of the matter. The heart of the matter is disintegrated family life, family problems, personal problems, alcoholism and other things that are affecting parent-child relationships.

In this city we have nine health centers.

We have twelve community mental health catchment areas all of which have more than base service unit services.

If these services are utilized and there is no law preventing utilization of mental health workers from actually working in community health offices and community health centers, with very little additional money, very little additional money, a program can be implemented in the streets of Philadelphia which will perhaps provide a real if partial answer to the needs of the people.

The people themselves, all of us, have within our power the resources to do something significant about this problem. By grouping it the way we did for so many others to meet the needs of so many other problem areas, by grouping by block and by area what is to prevent us therefore from utilizing the staff workers of mental health and community centers in a well publicized street program of walk in, family response, to the needs of the family.

Church and synagogue should be involved by providing the halls, the assembly halls and the local and regional areas for people of good will to meet.

They have the space and can operate. It should be and has to be a bipartisan approach and, if you will, ward leaders themselves, Republican and Democratic, walking hand in hand, can do significant things to help solve the need by themselves publicizing and acting as the leaders to the people in their blocks and areas.

It is a program that doesn't cost an awful lot of money because it is utilizing the resources we already have, but it is a program that puts the onus on people to share their real self, and I really believe that this is the only way we really can put a significant dent in our drug abuse problem in Philadelphia.

Mr. EILBERG. Thank you, Father Quinn. Our next person is one that many of us have heard about who is the director of clinic located in the Lower Northeast and I am sure that all of us will be looking forward with considerable interest to what Doctor Ellis Lindenbaum has to say.

Dr. LINDENBAUM. I represent a clinical organization known as Rald. This is a methadone program. There has been a lot of criticism about methadone, all of which is not valid but I will not defend it, other than to say until we have a better tool to put the hard core addict on his feet we have to use it.

Until such time as we can get the hard core addict off the street and treated we will have addiction problems in this city and all the cities in this country.

A hard core addict must sell other drugs to younger non-addicted individuals to support his own habit and the habits are getting more expensive because of the shortage of drugs.

Therefore the sales must increase. New drugs are being introduced to the young in increasing quantities. Barbiturates which were formerly a minor problem are to become a major problem.

This is a subtle, slow, change taking place right now and inside of one year this has gone from a minor problem to a moderate problem and as the shortage increases in heroin it is going to become a major problem.

Treatment of barbiturates addiction is more difficult in the long run than the heroin addiction, the only difference being that the present barbiturates are cheaper. Our job is to get off the street the man who has to steal or push or sell or wholesale or deal to other people and to "give wings"—that is the expression they use, to "give wings" to new addicts to support their habit.

Until you get the hard core element treated and off the street, you are going to have your basic problem in areas where you cannot reach the younger person in education.

Basically, Father Quinn's concept in reaching the young and the family problem through education is the most valid prevention of this problem.

But, again, for the time being the estimates in this city have run between ten and twenty thousand hard core addicts.

These people are a menace and we must treat them and treat them vigorously and must get their habits supported free. No matter what the cost to the state the amount of money being spent for enforcement and things other than treatment cost us more than what the addicts steal and cost us each day in insurance costs, law enforcement costs and other costs which are not involved in treatment.

Treatment is the cheapest thing our government can buy for the addict. Enforcement, punishment and research are expensive. Treatment and prevention are cheap.

Mr. EILBERG. Thank you very much, Doctor Lindenbaum.

Our first presentation today will be made by a co-sponsor of this all day hearing.

We have noticed in the newspapers that the Northeast Health and Welfare Council has been continuously out front in trying to educate the public and reach the public and I think part of the problem is unless we are personally and directly involved we tend to turn our backs on this epidemic problem.

It is my pleasure to introduce the director of the Northeast Health and Welfare Council and in so doing I wish to thank him and the organization for its cooperation.

Mr. Bernard Plawsky.

Mr. PLAWSKY. It is our pleasure to be able to co-sponsor this hearing and to get something moving into our community.

Congressman, members of the panel, a report by the Medical Examiner's office indicates ten deaths from drug use in the Northeast community in 1971. How many more, possibly, went unreported?

A survey indicates that twenty-one percent of young people in grade twelve throughout the Commonwealth are using drugs. What implication for our community?

The young people in our community, it is

reported, are making greater use of heroin and have gone from "uppers" to "downers". What are the reasons for the change?

What is implied here, and not really new to us, is the need for basic information. We do not possess the body of knowledge necessary to plan future courses of action. What is the picture in terms of youngsters using drugs? What kinds of drugs are being used? How are these drugs secured? Where do drug users go for treatment? What resources exist for preventive programs? Who are the pushers, et cetera?

The study must be undertaken now. It needs to be completed within the next three to five months. We must immediately convert this information into a plan for the community.

We must implement the plan as soon as it is off the drawing board.

To achieve this, it will call for flexibility on the part of governmental agencies so that routine bureaucratic procedures are bypassed and a meaningful, "now," approach can be instituted.

It will also call for greater involvement from the local community to set the machinery in motion.

Monies are available for securing information. The Northeast Health and Welfare Council stands ready to assume the responsibility.

You, as our representative, Mr. Eilberg, can help speed the process.

The very next step is this community's acceptance of the problem and not close its eyes to the presence of drugs in the area.

If this community of five hundred thousand can accept the truth, we can move to correct the situation to a much larger extent than is possible today.

I might add I think this represents not condemning the community in terms of their interest, but the fact that they are not motivated to move out, to come out, to take part, to really give of themselves. This is a side comment.

It means for us an honest and open appraisal on the part of the schools, police, agencies, elected officials, families and individuals who, unfortunately, get bogged down with images rather than rally around the ways in which help can be provided.

Accepting the truth will also make us aware of the fact that drug usage is a symptom of deeper problems in our society.

We tend to speak glibly of drugs being the result of poverty and racism.

We have discovered that this is no longer the case as drugs have infiltrated the more affluent communities.

We will need to be open to a more intensive look at our society and the ways in which people are impacted.

For example, does a young boy at the age of seven or eight have to be worried about dying in war when he reaches the age of eighteen or nineteen.

Beyond poverty and discrimination, what is happening to the family, the basic core structure of our society and particularly the relationships between parent and child?

What of the uncertainties about employment? Do people have to be dependent on benevolent government and as a result, perhaps, dependent upon other forms for satisfaction?

What of the pressures to live with an inadequate income? Do people have to struggle to keep up with a life-style perpetrated upon them by the daily pronouncements to possess more and more?

What of the instability of the times? Can we end the industrial slave system which tears families apart and has made us civilized nomads?

How do we feel with the stresses on achieving? How is it possible that a city of this size can contribute no more than a penny

to educating our young? Our way of life needs to be thoroughly investigated.

We need to look at a variety of practices and interests. The tendency of the medical profession to prescribe for immediate relief, the practices of the drug industry to serve profit motives, the agents who benefit most from the sale of drugs.

Last, but far from least, we need to look to see how we can prevent use of drugs and how existing services might best serve to achieve this without being placed in the position of constantly having to compete for funds or for people to be uncertain as to whether or not help exists.

We submit the following recommendations as only first-aid treatment: 1. Establish a single unit to coordinate the activities of all those involved in the drug problem, schools, police, courts, agencies and institutions. To coordinate and direct activity.

2. Provide funding for existing groups such as The Bridge, The Road, et cetera, who are now doing a job in this area.

Let us help them provide service rather than spend precious time in seeking funds to continue being operational.

3. Develop a centralized data bank of those individuals requiring help and the resources available for help.

4. Remove the pushers from the community through a faster judicial process with mandatory sentences where guilt has been determined, recognizing that a more equitable judicial system needs to be developed and greater rehabilitative services provided.

5. Place pressure on the sources from which drugs are secured be they of foreign or local origin.

In all candor, we submit that we do not have the problem fully in focus. We do not possess the solutions. We know we have an awesome task before us.

The Northeast Health and Welfare Council is ready at this moment to set the day, time and place to meet with you and set in motion the job of securing the information, developing the plan and implementing the program.

I would just like to make one personal comment which does not reflect the Health and Welfare Council, that unless we really undertake to take a look at our society, to deal with the real issues and problems, I would suggest then that Congress recommend funds for the purpose of studying and researching a drug society which may become our new life style. Thank you.

Mr. EILBERG. Thank you. Are there any questions from the panel?

Mrs. STUNDER. I would just like to add a little something to Bernie's statement. I want to thank you for the group you started up on drug use and also there is no one in the Northeast or almost in the City of Philadelphia where you can get immediate treatment when someone has a problem.

I have first-hand knowledge of this. Usually when a kid runs into a problem it is 12:00 and 1:00 o'clock at night and most often on a Friday, Saturday night, you know, and this is the big night.

I have sat in hospitals and made phone calls and have had no help at all here in the community or anywhere in the City of Philadelphia, so we say why are kids abusing drugs, but I think they are turning around and saying: "We are human. We need you in this grown up community in the great, big City of Philadelphia."

Now, he has a real problem at hand and the mind is shattered at this point and there is no place, and I tell you no place to go to get this help.

You can sit there six, seven and eight hours and I have done that and made a hundred phone calls on one Saturday night and have had no help at all.

That is the situation today.

Mr. PLAWSKY. Yes, Lila, and we have to look at the fact that many of our agencies and institutions operate on a 9:00 to 5:00

basis and come the week end everybody is away. Yes, absolutely.

Mr. EILBERG. Thank you very much. Certainly one of the best established institutions and an institution that has survived and has done a good job over the years is the Northeast Philadelphia Chamber of Commerce and we were very fortunate to have them as a co-sponsor of this public hearing and I would like to introduce for a bow the new president of the Northeast Chamber and wish him luck and offer our cooperation, Mr. Charles Yust. Will you stand up, please?

(Mr. Yust rises.)

Mr. EILBERG. The immediate past president and member of the board is with us and I am going to ask him to step up to the microphone for a few words. Our good friend, Mr. Robert McNulty.

Mr. McNULTY. Thank you, Josh. It is a pleasure for the Northeast Chamber of Commerce to once again join with you on this particular seminar or hearing because we know it will be successful with you in charge of it.

We, of the Northeast Chamber, have been with the Congressman on other seminars and I know whereof I speak, because they have all been successful.

The business community is very much interested in the drug problem and its various facets.

1. Quite a few of our businessmen do live in the area and they are concerned about their children, especially in the primary grades. Some of the businessmen have told me of youngsters in the sixth, seventh, eighth grades, who are now on drugs.

They are very much interested in their employees and particularly their businesses.

Their businesses, because many businesses are subject to thefts.

They are scared in certain areas of stealing. This is something I hope we can eliminate because if business should die, then where are you going to get the money for your drug treatment programs.

Anything we can do to help this program we have a magazine which we can use. Once again we will be happy to do anything we can.

Mr. EILBERG. Thank you. Are there any comments from the panel?

(No answer.)

Mr. EILBERG. Thank you, Bob.

In the Northeast we have the major institution having to do with the mentally ill. For many years I have been very much interested in its activities. I remember when Byberry was regarded as a snake pit and hell hole. Well, a lot of things happened, among them we secured the services of a wonderful psychiatrist, an international figure, Doctor Daniel Blain, who helped move along and helped eradicate that image.

He had a very bright and able assistant and when it came time for Doctor Blain to retire or to go into a modified role, it was only natural that his assistant should step into his shoes and continue the very fine work which Doctor Blain worked on and our next speaker is Doctor Franklin Clark.

Dr. Clark.

Dr. CLARK. I want to thank you all very much and I think we here in the Northeast ought to thank you for your concern and your consideration and your interest in this problem, Congressman Eilberg.

We are deeply appreciative of this. I should state, I guess, for the record that I am currently superintendent of the Philadelphia State Hospital.

I do not have a formal presentation at this point and would welcome questions. I would consider myself probably an unexpert expert.

I am not intimately involved in the drug problem as such and because of this this presents both advantages and disadvantages.

I have perhaps an unique perspective. I might state that the Philadelphia State Hospital has surprisingly little call from the community for help with drugs.

I can recall from personal knowledge one girl's high school calling and perhaps two or three individuals.

We also have surprisingly few patients coming in with a major drug problem. I am not certain of all the reasons for this, whether the community mental health centers are doing at least an adequate job, that people with drug problems do not come to us, or perhaps that the community is sufficiently sophisticated enough that they are not falling back on the State Hospital to provide answers to a major problem today.

I think we at the hospital have many questions and many mixed feelings about our role in the drug situation.

I am terribly frightened of society setting up a warehousing operation for drug addicts as it has in the past for the mentally ill.

We have up until recently done an extremely poor job in treatment.

In fact, I think the State Hospitals were essentially set up not to treat the patients who came in, but to treat the anxiety of the community in which the patient originally resided.

When that patient was removed the anxiety subsided and once again the State Hospital had been successful.

We have many, many mixed feelings. I also have many questions and doubts about a major leadership role for psychiatrists in the drug program.

I have many thoughts that perhaps this ought to be taken pretty much out of our hands entirely. Whether this is not much more of a social problem as some of our previous speakers have mentioned, rather than determining the mental illness.

We as psychiatrists are generally disease oriented, our sickness models, our training basically is in one to one therapy. It is perhaps very short in our basic training with groups, group dynamics, society, cultures and so forth.

What I am saying in effect is that we have a limited role.

I find all too often both public and governmental agencies ready to put problems that they don't know what else to do with into the hands of psychiatrists.

Perhaps we are the twentieth century witches. We still do not have this kind of magical power.

I would perhaps much rather see leadership in the hands of sociologists, cultural anthropologists, economists, Madison Avenue types and educators than I would in the hands of psychiatrists.

I think if I stimulated questions that I will stop here.

Mr. EILBERG. Doctor, one question comes to mind as a result of Mrs. Stunder's comment a few moments ago. She is in a walk in facility and not scientifically trained although absolutely dedicated to the subject and cause we are here about today and she reported and she has reported to me that sometimes there is just no place to call with an urgent problem.

I was wondering whether the Philadelphia State Hospital has a telephone number that is available or anyone on duty that might be available.

That would be one question that I would have.

Dr. CLARK. If I may answer that, in essence we do not provide emergency service deliberately so.

As a result of the new Mental Health, Mental Retardation Act that came out in 1966, the thrust of treatment moved from the State Hospital which often times was the only treatment available, into the community, with Federal, local, State and community funding for the community activity.

We have moved from State Hospitals into communities, I think, very deliberately.

Part of this was as a result of our experiences in World War II where we found the further behind the front lines we moved our

psychiatric battle casualties the less chance we ever had of returning them to battle.

In essence, if we moved that casualty back to the United States for treatment, this far from the lines, he never returned to battle again.

I see the State Hospital system as back to the United States. I firmly believe in the community mental health movement. I think the treatment ought to be where it is at, out in the community, readily available, near the home.

Our concern is in the past that if we begin this kind of service, the community does that much less.

We have seen this repeated, shall we say, in the care of the aged.

The problem was not dealt with so long as there was a State Hospital in the vicinity to place the aged.

I do not want to see this kind of repetition. I strongly support the community mental health centers, we'll work with them, but I really feel it ought to start there.

Mr. EILBERG. Another question, Doctor, and then I will turn it over to other members of the panel.

Looking around the Northeast and this is my primary concern, looking at programs, looking at facilities, how would you assess them and when I say that, I am thinking in terms of drug abuse educational programs at the high school, maybe facilities like The Bridge and The Road and Doctor Lindenbaum's clinic and would you give your objective view or assessment so that we may be guided further?

Dr. CLARK. I am afraid that I have more questions than I have answers.

I think there is no question but a sheer dearth of facilities in this area. These are of concern to all of us but again we must get to the question of what kind of facilities.

Are we talking about facilities for prevention or are we talking about detoxification centers or are we talking about emergency facilities? Are we talking about long term rehabilitation facilities?

I don't think we have enough of any of these.

Your mention of the self help groups brings to mind my own personal feeling.

I have seen nothing really, any orthodox medicine that has been successful. The methadone program, I think, has been successful within the limited goals but this does not reduce an addict away from his habit.

My own feeling would be to put my money with those groups who have been most successful to date and this is not an organized orthodox medicine but it is in the self help groups. I concede that should the situation arrive that we get into this problem of drugs at the State Hospital my initial thrust very likely would be in the direction of supporting a self help group to run its own program on our grounds.

Mr. EILBERG. Thank you, Doctor. Are there any other questions?

Mr. SCHILLER. Doctor Clark, you indicated that we ought to move away from the psychiatrist as being the person in charge of these programs.

In all cases I wonder whether that is a good idea since the latest statistics from Doctor Chambers in New York was that there was a significant proportion of women who are on amphetamine type pills and barbiturates and I wonder whether in that type of context these type of women who are married and for all reason of frustration, loneliness, et cetera—maybe the psychiatrist has a role in that kind of context.

Dr. CLARK. Yes. I did not mean to imply that psychiatry does not have a role at all in this.

On the other hand an unhappy woman is not necessarily a sick woman.

Most of us have periods of time of unhappiness. It is reality oriented. It is an

appropriate motion, perhaps, for the time and setting in which we find ourselves, but another sad fact is that these women are not going to reach out for care and psychiatry generally has not been successful with those individuals who do not wish or will not participate in their own treatment program. Unfortunately as this may be it is a sad fact of life.

My thrust, perhaps my over statement has been to the effect that throwing this problem to a group of psychiatrists is a cruel hoax and delusion.

It is offering kind of a false hope that I don't think we have been able to come up with yet.

I think some other disciplines, perhaps, would probably provide more relevant and pertinent answers than we have to the present time, but I think it unduly raises the kind of hope for which we do not have answers.

Mr. EILBERG. Any other questions?

Dr. LINDENBAUM. Yes. Would you agree, Doctor, that a certain number of addicts are psychotic, a large number?

Dr. CLARK. No, I would not agree that a large number of them are psychotic.

I think there are some. I do not know the figures on this.

I do feel that their psychosis requires treatment. I see many of these individuals using drugs, and before drug became popular they used alcohol, and they were known as the town drunk until five or ten years later they had a psychotic breakdown and then they were called alcoholic hallucinosis or paranoia.

Today we know this individual was spending all those years on his way to becoming psychotic and perhaps even successfully warded off the psychosis with the tranquilizer of that time, alcohol.

I do not see this as a drug problem. I see this as a psychiatric problem of which the drugs are simply a symptom.

Dr. LINDENBAUM. That is what I am getting to now. The problem arises at times in the methadone program when you have a crisis and you have a true psychotic, an addict who breaks through to the point where he becomes suicidal and he has done one, two, three, any number of over doses already and your psychiatric personnel in your clinic, psychologists and psychiatrists find that he is about to do it again.

At this point, I feel he should be institutionalized with therapy and sentenced with the state.

Dr. CLARK. I think absolutely not institutionalization. We know institutionalization sets up its own additional dependencies and breeds further illness and dependency.

I believe that if he needs bed care it should be provided in short term situations to meet the crisis in the community. We have study after study which tell that anybody who comes into an institution such as the State Hospital greatly enhances his chances of again having to return and not because of his illness, but because of the fact that he was there once.

I would wish to exclude this possibility.

Reverend QUINN. In the situation where there is perhaps a methadone or some other form of drug induced psychosis and something other than minimal day care in terms—minimal in residence care would be indicated, something less—something more than sixty days, I have had experience with methadone induced psychosis and the young lady in question was hospitalized for seven months in a private psychiatric institution at a cost of one hundred and two dollars a day.

I don't think—we have a real problem and the problem is both economic and medical and I don't think that the average American can withstand that kind of expensive care.

There aren't any programs, that is insur-

ance programs, that I am aware of that will carry you for that amount of time.

In addition there is a reality situation and my question is what do you do for the client who is in that situation?

Can we provide some sort of interim, something between the mental health unit sixty day care and long term kind of semi-permanent institutionalization?

Dr. CLARK. Yes. I am not familiar with the metabolic life of methadone. I do not know how long this stays in the body and how long the methadone itself persists in aggravating the psychosis. If methadone is relatively quickly metabolized, I don't know of anyone who ought to be sufficient psychotic for seven months to need this kind of care.

Again there are many economics and psychosocial in many ways is an economic kind of illness. I don't want to go into detail as to that, but I don't know of anyone who needs seven months of care in an institution.

A great deal of this depends on, I feel, the psychiatrist, the expectation, the kind of treatment given in the institution, the degree of return to normalcy that he demands before he releases the patient and so forth.

It is simply not my experience today at the State Hospital that anyone need to retain this degree of illness, to demand institutionalization.

Mr. EILBERG. Thank you very much, Doctor.

Dr. CLARK. You are quite welcome.

Mr. EILBERG. Ladies and gentlemen, I personally do not know certainly everyone in the audience, everyone equally well, among the speakers today, and if I don't provide complete introductions I hope the speakers will understand.

The next speaker is the Eastern Pennsylvania Psychiatric Institute, Doctor John O. Ball.

Dr. BALL. I am John Ball from the Addiction Sciences Center at Temple University and I would like to speak briefly on the present drug abuse problem in Philadelphia with recommendations for 1972.

The present drug problem in Philadelphia: Though not unique among United States cities in the extent or growth of its drug problem, Philadelphia has the dubious distinction of being numbered among those urban areas in which the problem is greatest in the United States.

In 1970, the Federal Bureau of Narcotics and Dangerous Drugs ranked Philadelphia eighth among United States cities in the number of known drug addicts, mostly heroin addicts.

Philadelphia has less than one-fifth of Pennsylvania's total population but more than half of the state's addicts.

In 1969 the Philadelphia Police made nearly three thousand nine hundred drug arrests and in 1970 that figure was over sixty-six hundred. There were two hundred and seventy drug related deaths in Philadelphia last year, 1971, and that was an increase of forty-five percent over the previous year.

But these figures only hint at the scope of the problem.

The figures based on medical or police reports are inadequate because they don't include non-arrested, untreated addicts and they refer primarily to heroin addicts, thus grossly underestimating persons dependent upon non-narcotic drugs such as barbiturates and amphetamines.

Of the two million people in Philadelphia approximately fifteen to twenty thousand are heroin addicts and thirty to forty thousand are frequent abusers of other dangerous drugs.

In 1970, the Pennsylvania Health Department conducted a study of seven thousand junior and senior high school students in nine counties of the Commonwealth and found that eleven percent of these students are regular drug users. This means that one hundred and twenty-three thousand youngsters in the state are using illicit drugs and all socioeconomic groups are represented.

What is being done? Drug abuse education as it currently exists is notably ineffective. Frequently the students know more about drugs than the teacher does. The very fact that drug abuse is most common among physicians and medical students, more than the general population clearly indicates that technical knowledge does not preclude drug use and may in fact predispose an individual toward it.

The Pennsylvania Health Department's study found that the longer students are in school the more positive their attitudes toward drugs become.

Part two, and this is just a brief overview of our studies in Philadelphia and in the State of Pennsylvania.

Treatment programs in Philadelphia at the present time: Though Philadelphia has a variety of treatment programs it lacks a comprehensive citywide approach to the problem. There are fourteen specialized drug treatment facilities currently treating over two thousand addicts but only one program is in the Northeast and you may add to this on the basis of what is down here today.

In addition to an imbalance and geographic distribution, there are enormous gaps in the pattern of services. There is a disproportionate lack of detoxification facilities in comparison with programs for treatment after detoxification and you have already referred to this, Reverend Quinn.

To our knowledge there are only nineteen beds in all of Philadelphia specifically allocated for this purpose of detoxification. All these are for males, while in our State survey and we are visiting every treatment facility in the Commonwealth of Pennsylvania on a State contract, while a short distance from Philadelphia there is a well staffed, well equipped detoxification unit of nine beds which at the time I visited it had only one patient, so we have in Philadelphia itself a need for detoxification beds.

And certain significant groups of drug abusers such as speed freaks, methamphetamine abusers and barbiturate addicts are not being treated at all.

Some promising modalities of treatment are not being provided in this city, for example, the use of narcotic antagonists such as cyclazocine and naloxone. And there are no multi-modality programs here in Philadelphia such as one in which the use of methadone is followed by treatment in a drug free therapeutic community or methadone is used in conjunction with a therapeutic community.

Most treatment personnel and we see this today in this hearing are deeply committed to their work, a necessary commitment in helping an extremely difficult type of patient. But, this often takes the form of adherence to an ideology, and such ideological bias not only precludes cross referrals for the programs and prevents an objective evaluation of the given program.

Systematic follow ups of discharged patients are seldom if ever undertaken in programs in Philadelphia or throughout the United States.

Unless some unprecedented and virgorous action is taken, the response to our mounting drug problems will continue to be sporadic, crisis-oriented and inadequate.

Part three, and the last part. Recommendations from the Addiction Sciences Center of Temple University based on our study in Philadelphia and throughout the Commonwealth of Pennsylvania. There are three recommendations:

1. That drug treatment facilities be expanded in Philadelphia so that every addict can obtain treatment. At the present time we have one facility in Philadelphia where there are over one thousand patients on the waiting list, so we have a real need to expand treatment throughout the City of Philadelphia.

Our second recommendation; that a city wide comprehensive plan and program be

developed in order to coordinate existing facilities and establish new multi-modality programs. Doctor William Wieland has already begun the planning stage of this.

That a scientific evaluation of drug treatment programs be undertaken in order to ascertain what type of treatment is most appropriate for specific types of drug abusers.

Mr. EILBERG. Thank you very much, Doctor Ball. Doctor Ball, this perhaps is not within your jurisdiction, but I don't know that we have anyone here who may be more knowledgeable as to the problem of drugs, drug addiction among returning Vietnam veterans and I wonder if you could just give us a brief outline of the problem in Philadelphia, the studies in Philadelphia, if you have done that.

Dr. BALL. The Federal government—we are consultants to the federal government in this area—and we are just now mounting studies with regard to what happens to the returning veterans and what actions might be taken. The Veterans Administration is also in the process of mounting a program to provide treatment for returning veterans.

Mr. EILBERG. You are not able to furnish us with numbers or the extent of the problem among Vietnam veterans in Philadelphia?

Dr. BALL. The only way we could provide that kind of information is after our national study involving Vietnam veterans is completed.

In order to answer this question, Congressman, we have to conduct a follow up study and we have to actually interview the veterans and get urine specimens from them and get their opinions as to what their problems are and what drugs they are using and so forth, so this is a high priority study that is now in the final stages.

Mr. EILBERG. Fine. Are there any other questions?

Mr. SCHILLER. What is your feeling of Doctor Laverne's CCT method of treating the heroin addict?

Dr. BALL. I think this has yet to be established as a recognized procedure.

Mr. EILBERG. Any other questions?

Dr. LINDENBAUM. There was a study done by Doctor Gaffee. I am talking about programs where we have social workers and doctors with medical experience, psychiatrists, a complete gamut of which you speak and we are getting three hundred people a day.

We do not dispense drugs to the patient except what they use in the clinic. We don't want people selling packages on the street.

Dr. BALL. Yes, we have looked at this question quite extensively, and, of course, the question involved is what is your outcome criteria, that is, what are you trying to accomplish, by a drug treatment program.

Are you trying to rehabilitate the individual in terms of employment and family life and community orientation or are you talking about relapse to drug use or criminal history?

Let's be realistic. I think the drug problem, particularly if we are talking about the opium addict, is a very serious one and I can make this factual statement to indicate how difficult the problem is in this. There is no program in the United States at the present time or anywhere else in the world that has been able to get opium addicts off opiates.

When we go to Britain and talk with the British they have a much more realistic attitude. They say:

"We may be able to make some progress," and they speak in kind of reasonable, calm ways about it, but our American way is, of course, we want instant solution and we want to think that the problem can be quickly resolved.

I think by now most of the people in the field realize that the drug problem is not going to be solved this year or next year but it is something we are going to have

to learn to grapple with over a long period of time.

Mr. EILBERG. I had occasion to visit a clinic in London in August and participated while the psychiatrists were interviewing and treating patients and I was surprised. One reason why I am strongly opposed to the British system, there is no initiative by the psychiatrist in the direction of trying to have the addict kick the habit or cure him of his problem.

It is entirely a philosophy of containing the habit and keeping the individual happy and maybe this is our American instinct but personally I don't go along with that concept.

Dr. BALL. Well, I would agree with you and it is quite different if you are talking about three thousand addicts as opposed to three hundred thousand addicts.

That is the basic difference.

Mr. EILBERG. Thank you so much. Our next speaker is from Philadelphia City Council, and representing the Tenth District and as an expression of his interest and his work and a member of the next city administration, we have the chairman on the new Committee on Treatment of Drug Addiction.

Councilman from the Tenth District, a very close personal friend, Honorable Melvin Greenberg.

Mr. GREENBERG. Thank you, Congressman Eilberg and members of the panel.

It is with special delight that I received your invitation to appear at today's hearing.

As you know, I assumed a seat in City Council, representing the people of the Tenth Councilmanic District which is the Far Northeast section of Philadelphia about twenty days ago.

For the past several years I have been alarmed by the growing menace of drug addiction in the City of Philadelphia.

However, with you, I share the view that it is not enough for those of us who have been elected by the people to register alarm.

We have a responsibility to the people to fully identify the problem and to do everything within our power to solve it.

Therefore, rather than recite those facts that we do know about drug addiction in this area, with your permission I have chosen to address myself to a very recent development in city council in the war against drugs.

Effective immediately City Council has created a new Standing Committee on Control of Narcotics and Drugs and I have this week been appointed chairman of that committee.

The purpose of the committee is to deal with all matters relating to the illegal use and possession of narcotics and drugs.

Cooperation with law enforcement agencies, State and Federal agencies, the Department of Public Health, the Department of Public Welfare, educational and research organizations to control and prevent the illegal trafficking and uses of narcotics and drugs, as well as rehabilitation and treatment of narcotic and drug addicts.

We have not yet fully developed a program for the committee. However, I would like to share with you my present thinking on what part the committee will play.

It will be a committee of inquiry with the prime objective of determining what facilities, planning and local legislation are needed to have a maximum impact on Philadelphia's drug problem.

We believe it to be presumptive to expect the Federal government alone to solve the problem which may have characteristics peculiar to a certain geographic area, such as Philadelphia, although without Federal action we cannot succeed.

Funding is in the hands of the Federal government but the investigation, planning and proposals should be activated by the hands of the community.

The community must act responsively to identify and clarify its own problems. Our new committee will take on that job.

Accordingly, we expect to convene public hearings to inquire and to investigate.

The people of the City of Philadelphia have given us the responsibility of starting to determine whether local legislation is necessary and to advise what local legislation it should be, what it should contain.

The Standing Committee on the Control of Narcotics and Drugs intends to accept the challenge and within plain view of all the people of our city, intensify the fight to cure this cancer by probing the causes of the problem, by evaluating the effectiveness of the facilities that presently exist and by determining who is involved in the illegal sales of narcotics and how we can bankrupt that business.

I have asked John R. Padova, Esquire, a highly regarded member of the Philadelphia Bar to serve as special counsel to this committee, hoping that his commitments will allow him to accept this position.

In addition to my prepared statement there are a couple of observations that I would like to make, first as a member of the community of the Far Northwest and what I observed during eight or nine months when I was campaigning and meeting with community groups and talking to parents and there are a couple of things that I would like to comment on.

1. I found to my surprise a total lack of understanding by the parents in our community as to what the symptoms and problems are of children and young adults involved in narcotics.

They just do not know what the symptoms are. They just cannot recognize when their children are involved and something has to be done about this.

Coupled with this problem is the fact that in the school system the teachers cannot recognize the problem.

They also are not aware of how to identify someone involved in the early stages of drug abuse.

Another observation which I would like to make is why there is a much higher incidence of drug abuse in the public schools than in the parochial schools.

I think this is an area that we have to investigate and find out what makes their system somewhat better than the public school system.

These are observations that I have made in the eight or nine months that I have traveled throughout the district.

In summary, I have indicated to you this morning that a new standing committee of City Council has been formed with me as chairman which will work in cooperation with both the Federal and State bodies that are presently active in this area to focus a spotlight on the problem of drugs in the City of Philadelphia.

I can assure you that the committee's work will be accomplished with vigor and directness. The people of the City of Philadelphia are entitled to this commitment from their local representatives and I would ask you please at the termination of this hearing, when the notes are transcribed, if you would please make them available to me and my committee.

Mr. EILBERG. I will be glad to do so, Councilman Greenberg. You are welcome to have a transcript of the notes from our good friend, the stenographer, Adam Winterstein, in case I overlook that detail.

Councilman GREENBERG. Thank you very much.

Mr. EILBERG. I will probably be testifying before your committee and I am at your service subject to my Washington commitments.

I hope that we will be able to cooperate on this problem. Are there any questions? (No answer.)

Mr. EILBERG. Thank you, Mel. Ladies and gentlemen, we have with us a legislator from the Far Northeast, the area of the Sixty-sixth and Fifty-seventh wards, who has been do-

ing a great job as a legislator. A distinguished trial attorney who has concerned himself with, among other things, the problems of the poor and the handling of the welfare problems. It is my pleasure to introduce at this time State Representative Stephen Wojdak.

Mr. WOJDAK. Thank you, Congressman. Congressman Ellberg, members of the committee, I am Stephen R. Wojdak, a resident of Northeast Philadelphia, and, for the past four years, a member of the State House of Representatives from the One Hundred and Sixty-ninth Legislative District.

It is a privilege to appear before this committee today to present information which I hope will be of help in creating programs to deal with the problem of drug addiction.

The misuse of drugs used to be a problem of the ghetto kid in the big city slum. As you all know, it isn't anymore.

Today it is a problem of not only the ghettos, but also the middle class suburbs and the wealthy mainline neighborhoods. It is a problem of the rich as well as the poor, of the working class as well as the families of industrial executives today.

Nowhere is this more evident than in Northeast Philadelphia.

This committee has asked specifically for information about the extent of the drug problem in our area and what treatment and rehabilitation facilities are available to our residents.

There are few valid statistics on the actual extent of the drug problem in any area. According to the report of a special state house committee on narcotics and I quote: "There are no really reliable statistics on the misuse of drugs."

The Federal Bureau of Narcotics and Dangerous Drugs ranks Philadelphia as eighth in the nation with respect to known addicts. In fact, over half of Pennsylvania's addicts are residents of Philadelphia, and this is based on known addicts only, those who have been arrested or have voluntarily entered treatment programs.

Perhaps the most significant statement that can be made on the extent of the drug problem in the Northeast is that contained in a recent report of the Northeast Citizens Health Committee, and I quote: "Thirty-five percent of the Northeast population is under twenty. Without exaggeration we could lose a generation if we don't provide services in this area."

According to a public survey they conducted, in which they received over eighteen hundred responses, drug treatment was a major request of the residents of the Northeast.

The problems of drug abuse and drug addiction and the need for drug treatment facilities are well known to those whose lives it touches, but we have little to offer our residents in the way of programs to fight this problem.

And this is true of the entire City of Philadelphia as well as the Northeast. For the entire City of Philadelphia, there are currently nineteen beds specifically set aside for drug detoxification, and these are for male addicts only. There are no facilities at all for female addicts.

These nineteen beds for a city of a population of approaching two million and an addiction problem which ranks eighth in the entire nation, are located in South Philadelphia, in Saint Luke's Hospital, and although available to all city residents, are used mainly by South Philadelphians.

All other drug treatment in Philadelphia is done on a voluntary outpatient basis. The largest outpatient clinic, and the only non-methadone clinic, is run by the Philadelphia Institute for Alcoholism and Narcotic Addiction.

This clinic treats over half of the addicts who receive treatment in Philadelphia.

The treatment, on a voluntary basis, is usually referred to as "cold turkey" which means that the only help given an addict during withdrawal consists of tranquilizers and psychotherapy.

Needless to say, many addicts do not follow through with the treatment and if they drop out the case is not followed up.

In addition, there are a number of methadone clinics throughout the city, the largest of which is at Philadelphia General Hospital.

The methadone treatment has raised some problems of its own, however. In fact, according to the special advisor to the secretary of health, there is a large black market in methadone, which is also growing at an alarming rate.

The treatment and rehabilitation facilities available to the residents of the Northeast, as well as the entire City of Philadelphia, are best summed up by the report of the special house committee cited previously.

They concluded, and I quote: "We have no rehabilitation program."

Current Pennsylvania law has failed to deter drug users, unjustly penalizes the victims of the drug traffic who are the users, and fails to recognize the differences in the variety and types of drugs that are now blanketed under the general provisions of our laws.

Until now we have relied solely on law enforcement efforts to control the narcotics and related crime problems, despite incontrovertible evidence that both a law enforcement and treatment approach is needed.

As a result of the work of the special committee and its report, the State House has two bills which emphasize prevention and treatment of drug addiction.

These bills are now lodged in the State Senate.

Under this new legislation, narcotic law enforcement will stress the fight against the pushers, the wholesalers and retailers who supply users with drugs.

The first of the bills, the Pennsylvania Drug, Narcotic and Alcohol Abuse Control Act, will create a Governor's Council to administer, direct and coordinate a comprehensive drug and control program, including specific programs in the prevention of drug abuse, the treatment and rehabilitation of drug abusers and the enforcement of the drug laws.

The council will be given the responsibility of developing a detailed master state plan for the control, prevention, treatment, rehabilitation, research, training, coordination and law enforcement aspects of drug abuse problems.

The second bill, known as the Drug, Device and Cosmetics Act, spells out the classification of various types of drugs according to their likelihood for abuse, potential for psychic and physical dependence and known medical use.

It also requires the annual registration and licensing of legitimate manufacturers, distributors, wholesalers or retailers of drugs, spells out the penalties for violation of the narcotics laws, creates a drugs, device and cosmetics board and generally regulates the legitimate distribution of drugs.

This much needed legislation will emphasize the fight against the wholesalers and retailers who supply users with drugs. The bill will make the price of trafficking in drugs in this Commonwealth prohibitive, even for organized crime syndicates.

Under this legislation, any person who is convicted of the wholesale distribution of drugs can be sentenced to life in prison, even on a first offense, and fined an amount large enough to wipe out any profits made from the drug business, including any investments made with those profits.

In other words, if an underworld figure purchased a legitimate business with the proceeds from illicit drug sales, the Court would

have to fine him the total value of that company.

Furthermore, the courts will be given greater flexibility which they do not presently have, in dealing with drug offenders.

The treatment program will be a comprehensive one and will include a diversified system designed to meet the varying needs of drug addicts.

It would include detoxification centers, treatment and rehabilitation centers, retraining and after care programs.

A major emphasis is also placed on the prevention of drug addiction. A comprehensive educational program, designed to reach every section of society, will be authorized.

Schools will be encouraged to offer drug danger curricula as early as the fourth grade and teacher training schools and colleges will be required to offer a course in drug recognition for all future teachers.

This comprehensive drug control program will be a significant step toward correcting drug abuse in the Northeast, in the entire city and throughout the entire state, and this is what is necessary if we are to truly solve the problem, because it is a communicable problem.

It can no longer be isolated to one community or solved in one community or possibly even solved in one state.

The problems involved in foreign sources of narcotics also complicate the solutions, and these must be treated on the national level.

It will take a cooperative effort on the part of local communities, the State and the Federal government to develop the programs which are necessary to not only treat the problem but to actually prevent its continuance.

Gentlemen, I thank you for the opportunity to appear here.

Mr. EILBERG. Representative Wojdak, we are grateful to you for a very searching review and comment of what is happening at the State level, and it provides me with the opportunity of saying that not only will this information be transcribed and be available to our House Judiciary Committee, but it will also appear in Congressional Record so that all of our colleagues in the country at large may have the benefit of the remarks here today.

Are there any comments or questions by the panel?

(No answer.)

Mr. EILBERG. Thank you. I would like to give recognition to a gentleman in the audience who has cooperated so fully in making this hearing and seminar possible. He is the executive director of the Northeast Chamber of Commerce, our good friend John Lang.

John, would you just please stand up there?

(A person in the audience rises.)

Mr. EILBERG. Thank you, John. Our next speaker comes from the office of the U.S. District Attorney. A few days ago the U.S. District Attorney, Mr. Louis Bechtie, recently designated by President Nixon to become a Federal District Court Judge, was kind enough to invite me to come down and inspect the facilities of the office and we had a very good walk through and good description of the activities there.

Of course, I could not resist telling Mr. Bechtie of this upcoming hearing and we promptly reviewed some of the problems of the office. He was kind enough to offer to share the information which has been gathered by his office. So it is my pleasure to introduce Richard Galli, Esquire, Assistant U. S. District Attorney.

Mr. GALLI. Thank you, Congressman Ellberg and members of the committee. Mr. Bechtie asked to participate at this hearing this morning because in my two years at the U.S. Attorney's Office I have had the task of supervising the United States Attorney's Office of processing of narcotics

addicts who have applied for treatment pursuant to the Narcotic Addict Rehabilitation Act of 1966.

By this Federal legislation the narcotic addict can apply for civil commitment for treatment and supervision for narcotic addiction.

Generally this program consists of forty-two months of supervision by the surgeon general, the six month period of confinement at the clinical research center in Lexington, Kentucky.

Our office does not have any particular figures as to the number of residents of the Northeast over the last two years who applied or made inquiries for entrance under this program, however it is my personal experience that over the past, I would say nine months, the number of people from the Northeast has increased tremendously, the number of young men and young women inquiring as to admission under the Narcotic Addict Rehabilitation Act.

The Act provides that a person upon making application to a U.S. Attorney's office in any particular district, is to be taken in front of the Federal District Court. At that time the Federal Judge explains to the narcotic addict his rights under the program. These rights are that if a person voluntarily commits himself in a civil commitment without any criminal implications he can be placed in the care of the surgeon general for forty-two months.

The first six months are spent at the clinical research center at Lexington, Kentucky, which is staffed by doctors of the Public Health Service experienced in the area of drug treatment.

After this six month period of confinement is completed the addict is then placed in what is called the post hospitalization program and he is returned to his community for supervision by an agency in the community.

In Philadelphia this agency is Jewish Employment Vocational Services which is located at 1913 Walnut Street.

This agency also performs the task of screening applicants before they are sent to Lexington.

Upon the addict's initial admission into the program he is examined by psychiatrists, doctors, as well as staff workers, under contract with the Jewish Employment Vocational Services. They make the determination whether the particular individual is first of all an addict and secondly whether he is likely to be rehabilitated by treatment.

This latter determination consists generally of interviews and background information on the person to determine whether in fact they are seriously motivated and whether they really and truly desire treatment.

After this screening process the agency makes a recommendation. Pursuant to that recommendation the Court would then admit the addict for a six month period of time at Lexington.

The facility at Lexington has been praised by a wide number of authorities for a number of reasons.

1. The doctors there are skilled in this area of treatment, the drug problem and treatment.

2. And secondly, the fact that the facility is far removed from the area of the person's involvement in the drug traffic, has been cited as the further source of some method of bringing the addict away from the problem and giving him a chance to, in fact, turn over a new leaf.

The other beneficial aspects of the treatment program at Lexington at the present time is that the entire program is designed to give the addict himself a chance to really conduct his own rehabilitation program. By that I mean the center itself is designed so that the various roommates and various groups are designated into what is termed alleys.

An alley consists of perhaps twenty or thirty different people who are rooming together, rooming in the same area of the building and this alley elects a group leader and various administration people in a group and these people determine the type of work that the group will perform and the type of recreation facilities and also the type of treatment programs that each member must undertake.

In addition to that the alley and the members themselves determine the types of punishment and sanctions to be imposed on members for failure to perform their various tasks at Lexington.

Now, having gone over the procedures for admission and the general aspects of life at Lexington, I think it is noteworthy to add that while the drug problem has by all indications over the past three or four years increased enormously, the statistics of our office in Philadelphia indicate that over these past three years anyway, the past three fiscal years, the number of people who applied in Court for treatment at Lexington has not increased.

Now, I find this somewhat puzzling. Perhaps the reason for this is perhaps the lack of general information with regard to treatment at Lexington.

However, the other factor accounting for this constant number of admissions through our office is, I think, the fact that the Lexington facility is a very hard sacrifice for any individual to make.

It is perhaps eight hundred miles away from an individual's home and by signing up for treatment at this facility the person in effect signs his life away for six months.

He is signing up to be confined on a six month period of his life and I think only those people who are so afflicted with drugs that they are really at the end of the line are those who are being taken into this program at this time.

The bad aspect of this program is the fact that it is the only one facility for the entire country, east of the Mississippi River.

There have been some efforts recently to try to have a Federal facility supervised by the Jewish Employment Vocational Services in Philadelphia so the treatment would be more on a local level.

The reason for this is that the figures at Lexington, that is the follow up figures from the detoxification program, have indicated that while the treatment at Lexington might be excellent and the person leaves there with a clean record and a clean body, that once they are in the environment of their community again with the same acquaintances and the same problems the same drug addiction again arises.

It is hoped that with a facility in this area treatment and detoxification would be on a more realistic and more permanent level. The addict himself would be faced with those things around him and he would have to deal with them in order to overcome the problem.

However, the implementation of any federal facility in any of the local catchment areas has to my knowledge to this point been just not effective and it just hasn't been done.

I feel that this is the one area in which the federal government particularly should certainly inquire and make efforts to provide for.

The most depressing thing for the people in our offices to whom these addicts speak—and we must interview them—is to tell these young men and young ladies that there are just no facilities in this area, that it is either six months at Lexington followed by three years of supervision or nothing at all as far as the Federal Government is concerned.

The really frightening thing is that there are just no facilities in this area and to hear these people come in to tell of their problems

and to say there is nothing we can do for you short of this program at Lexington is to myself personally and I know for the other attorneys in our office, a really heartrending and a tremendous fact. Thank you.

Mr. EILBERG. Thank you. Just a couple of questions. You have been kind enough to come here and describe the operation of the Narcotic Rehabilitation Act of 1966, and among other things you said we needed a facility like Lexington in the Philadelphia area and it is a worthwhile suggestion that will be looked into.

Are there any other ideas based upon your experience whereby the NARA Act may require amendment, or if you don't have any now, perhaps you can think about it.

Mr. GALLI. Well, I think the Act as designed is very fine. The problem really is just the implementation.

As it is now in Philadelphia, there have been certain changes as far as the processing is concerned.

Originally when anyone applied the initial evaluation and examination by the doctors and psychiatrists was done at Lexington, so a person would apply and he would be admitted by the District Court into the program. He would be sent to Lexington for a six week period of time during which the examination and evaluation was made.

The results of that processing showed that a large number of people came in with no serious thoughts of motivation. They were really looking for a free vacation for a few weeks during the examination period. The rejection rate was enormous. There was a great expense involved in transportation as well as the maintenance of these people during this examination and evaluation period.

Approximately fourteen months ago this process was changed so that the examination and evaluation would be done strictly on an outpatient basis in Philadelphia by the people under contract to the agency in Philadelphia. The individual would be required to report four or five times a week to an agency that designated hours of an examination as well as evaluation.

While this has been beneficial in a sense, it screened out a lot of unserious applicants, the drawback is that in one month's period of time we have the fact that the individuals in the community who are really hard core addicts at this point are just left hanging without any treatment.

The facilities do not permit treatment and the Act does not permit any treatment during the thirty day period of examination and evaluation.

The result has been that a good number of applicants have during this thirty day period either dropped out because they just couldn't afford to or on many occasions were arrested for shoplifting and larceny during the interim period of time in which case they become ineligible for the program because they have an outstanding criminal charge against them. There are no means the Federal government has to support these people during the thirty day period of time.

There are people who are left very much on their own devices during this time and the people ask me: "What do I do because I don't have any money and they are addicted to drugs?" "Shall I go out and rob and steal?" We are left without an answer to that.

Mr. EILBERG. It is precisely that point that concerns me here. In order to sustain the habit so many addicts do have to rob and steal and commit other crimes.

I can't resist, since you are in the courts, to ask what are the judges doing when they have convicted a drug addict and what sentences are being imposed?

Mr. GALLI. Well, as to that, you know, Congressman Eilberg, the judges—I believe there are twenty some District Judges now and their sentences are absolutely unpredictable, I would say, with regard to each different person.

Under the NARA Act a person who is a narcotic addict can be sentenced for a particular type of drug treatment. I don't have any experience in this area but it is my understanding that the Bureau of Prisons administers this program and not the Institute of Mental Health of the Federal government.

There is one further alternative which I didn't mention under the Act which provides for deferred prosecution by the Federal government of the person who qualifies and is charged with a Federal crime who is a narcotic addict and is given the availability of going for thirty-six months of treatment under the NARA Act as opposed to prosecution by the Federal government.

In the past two years we have had no cases under this situation however, and Mr. Bechtel and I have conferred on this recently and are designing procedures whereby the district judges will be made aware of these provisions and would be able to dispose of cases in this area.

Mr. SCHILLER. In response to what some of the judges are doing on a State level; of the over eighty people that we arrested this summer for pushing narcotics in the Philadelphia area, whose cases are now coming to trial even though we get guilty pleas and convictions, we find that the sentences vary from judge to judge.

Some the judges would just give suspended sentences and there is no uniformity at all in the way judges in a certain county will hand down sentences.

As to those who are addicts, who are also convicted of pushing or dealing in narcotics, there is legislation now going to be proposed in the State Legislature to deal with detoxification of the addicts while they are confined because obviously we realize it doesn't make much sense to put someone in jail because he is an addict, and then he goes out and still has his addiction.

I suggest among the judges there is no uniformity at all.

Mr. EILBERG. Any other comments? Rev. QUINN. Mr. Galli, I would just want to make explicit two things that you seem to be saying and saying rather well.

Would you infer then that the addict is a member of society and as a full member of our society deserves treatment within our society?

Mr. GALLI. I think absolutely, Father. I don't think there is any question of that at this point.

Rev. QUINN. I think we may have hit upon something here that is very important. It says an awful lot about the community response to the addict and I think that when we are willing then to move from treatment within the community confines that the community itself is bettered by providing the immediacy of care for these addicts.

Would you infer secondly that we simply cannot hang the addict out there for thirty days?

Mr. GALLI. I think that is very true, Father.

I think as Mr. Schiller has also pointed out, there is a great problem with the number of people who are arrested and who are confined who are in fact narcotic addicts. During the period of confinement they may not be receiving drugs to support their addiction, and, they may be confined for years and come out still mentally and psychologically addicted and the physical use resumes immediately.

Rev. QUINN. Your message is that we in Philadelphia better go about the task of providing community care?

Mr. GALLI. I think it would be most advisable, Father.

Rev. QUINN. Thank you.

Mr. EILBERG. Thank you. I would like to introduce a gentleman who has a very difficult job. He was and is a very effective police officer. I think perhaps some of you may have seen the movie "The French Con-

nection," and he is not like that chief of the narcotic squad but he is our own good Philadelphian doing a tremendous job. I would like to introduce Peter Noga.

Mr. Noga. Thank you, Congressman, and members of the panel: I welcome the opportunity to appear before your panel this morning, not just as a police officer, but also as a concerned member of this community. I am a resident of this community and I have a daughter who attends one of our local high schools.

I have heard several comments here this morning that I was glad to hear. I reassumed command of the narcotic squad in 1969 and I am glad that the community is finally realizing that drug addiction and the drug problem is strictly not a police problem.

There have been too many times in the past when certain newspaper articles came out, stating, that the police department was put to task to account for the drug problems.

This problem is a total community problem. In the past two or three years I have spoken at many hearings and to community groups and looking around the area today, you can see why we are experiencing difficulties.

We seem to be able to draw out the concerned persons of the community but not the persons that are directly involved with the drug problem.

Through our records I know for the past year in the Northeast section of the city, there have been over five hundred and forty-four arrests, and looking around the auditorium today I don't see nearly that number of parents or individuals directly associated with the individuals who were arrested, who are here today to find out the scope of the problem.

The only way that I can gauge the problem as it appears in the city today is by our arrest statistics, and it has grown since 1965.

In 1965 we had a total of nine hundred and twenty-six persons arrested in the City of Philadelphia. It jumped in the year 1969, we went to thirty-eight hundred individuals arrested for this.

For the year 1970, seventy-two hundred and eighteen. In 1971 I saw the trend in June—it finally started to slack off and for the total year of 1971—we had seventy-two hundred and thirty-five people arrested which is only a slight increase over the period 1970.

For this particular division which bounds Frankford Creek and North of the Boulevard which is referred to as the Northeast Police Division, we had a total in 1968 of ninety-three persons arrested.

For the total year of 1971 we jumped to five hundred and forty-four so we are experiencing a problem up here but not as great as many other sectors of the city.

Our average police division, we have seven in the City of Philadelphia, averages between eight hundred and twelve hundred arrests.

I hear many things said of the methadone programs that are going on today and with any treatment program I am sure the police commissioner will go along. We feel that we need more outside help from the community, but one comment on methadone programs.

I think there should be more control especially a central registry set up and maintained constantly under control of the AMA (American Medical Association).

There are too many times when a police officer speaks of something like this that they think the police want control of it to know how many addicts are in the city.

We don't feel that way but we feel it should be under the AMA.

A person could be under treatment on one methadone program, go to another methadone program and receive medication possibly at three or four different programs in the city.

Furthermore, I think this would give us a more accurate scope of what the problem is in the country.

Statistics today which are mostly taken from police arrests indicate that in the United States there are between three hundred thousand and three hundred thirty thousand addicts in the United States.

For the State of Pennsylvania statistics vary, thirty to sixty thousand, and I have heard numerous statistics for the Philadelphia area varying anywhere from ten to sixteen thousand.

Do you gentlemen have any questions?

Mrs. STUNDER. When you asked for a control of the methadone, how can an addict get methadone in three or four places?

Mr. NOGA. There are no communications between the various methadone agencies. He could possibly be treated in West Philadelphia, go to another program and also register under that.

There is nothing to say that he is being treated under another program.

There is no communication between the various agencies. If there was a central registry, and if an individual applied to a specific program this specific program could contact the registry and find out if this individual is being treated by any other methadone program.

Presently in the city today there is no such set up.

Mrs. STUNDER. Well, isn't there available a kind of analysis that would indicate how much methadone is used?

Mr. NOGA. Since the methadone program started, methadone is being used on the street today and I think we had twelve deaths in the city last year.

Also, since the methadone program started they have individual dealings on the street today of what they call "dollies," which is dolophine and it is a tablet. It is a narcotic and the individuals that are given these to take the edge off while they are on the street.

When this product first hit the street it was selling for a dollar a tablet. There are numerous dolophine tablets on the street today and the street price is running now twenty-five cents a tablet.

Dr. LINDENBAUM. I would like to answer you about the control. There is a weekly list published which is mailed to the clinic.

In our program, as many as three or four identities, identification cards, driver's licenses and so forth are used.

We have control of the quality of the addict's urine and every week every addict must have it tested and it tells what is in the urine, sixteen different drugs. The amount which is there we could tell by a method which we hope is being installed by the state.

We hope then that each addict will have a card and this card will have his picture and identification data and other data when he enters a facility that card will be put into a computer hooked up to a central state-wide computer.

If he has received methadone at any time that day in another center it will flash back. The card will be almost impossible to duplicate because it will be specially coated. This would also allow an addict to float through the State and he will not have to worry about being in Philadelphia.

He could be in Pittsburgh and receive treatment by the use of that card because the Pittsburgh computer will pick up his traits, his characteristics and so on and print out, what he is getting.

This is proposed and we hope to see it by June. It will cost one point seven million dollars we are told. We have heard no more about it in the last month or so but we hope by June this equipment will be used by the State. This will be the ultimate in controls and if they buy it on the street it will be picked up.

Mr. SCHILLER. On behalf of the narcotic

strike force I would like to thank Lieutenant Noga for his cooperation with his narcotics group here in Philadelphia. The cooperation between different law enforcement agencies is very essential in controlling the supply of narcotics and as he said, and I quite agree, that a control alone through law enforcement agencies is not the answer.

Mr. EILBERG. We hear different statistics on drug abuse among actual students. Very often it is a matter of whom you talk with as to how extensive the use of drugs is among high school kids.

From your situation how would you characterize the situation in northeast area high schools today?

Mr. NOGA. I think the high school situations, Congressman, are far exaggerated. The drug abuse does not take place in schools.

It takes place in the area of the schools. I believe in the year 1970 we had a total of seven hundred juveniles arrested and that's under the age of eighteen years old. Out of that number eighteen were arrested in the school system.

Most drug abuse takes place outside the school system, generally in the family environment, where the family is going to be away from home and there is a party set up and there is no control at home.

The parents might be down the shore for the week end and the word gets around that there is a party set up.

I believe at a particular high school in the Northeast in the year 1970, we had one incident where a youngster had stolen a bag full of barbiturates and distributed them in the lunch room.

Approximately twenty-five to thirty youngsters took the sleeping pills and started falling asleep in the principal's office.

As a result of this it was said there was a high rate of drug addiction at that high school.

Yet that same high school six months prior to that, the reporter on one of your local newspapers, was put into the high school system for a two week period and had not seen one transaction with drugs or had not heard any conversation about drug abuse, other than hearsay.

Mr. EILBERG. I am wondering if you have enough men and personnel, whether you are able to do the things you want to do.

Can you give us some idea about that? There are programs under LEAA and others that may provide monies for new programs.

Mr. NOGA. I feel the Police Department has far exceeded the community in the fight against drug addiction.

I started with the narcotics squad in 1956, in an eight man squad and I resumed command of it in 1969, and I had twenty-nine men at that time.

I presently have eighty men assigned to the unit and all police personnel are going to a program set up at Saint Luke's Hospital, and recognize the various aspects of drug addiction.

The Federal government is presently conducting schools in the area for members of my whole squad.

Mr. EILBERG. Thank you, Lieutenant Noga. Lieutenant Noga. You are welcome.

Mr. EILBERG. Our next speaker is a young lady who has been most active in the community in so many, many different ways.

We have been working, for example, on a District Tenth Health Center and hopefully we will have the groundbreaking some time this summer.

It is my pleasure to introduce a real community servant, Mrs. Sue Rosenthal.

Mrs. ROSENTHAL. Thank you, Congressman. My name is Sue Rosenthal. I live at 1343 Ascot Place. I am chairman of the Northeast Citizens Health Committee, a citizen's group working to obtain a public health center for this area of over half million people.

The center, scheduled for September, 1973

completion, will hopefully provide drug health care but there is much we want to see done right now.

There is less information available about the extent and types of drug use in the Northeast than in any area of the city.

We advocate the collection of data to determine how many and what kind of users exist so a sufficient number and variety of treatment centers can be established.

At present we have no way of gathering this information, of setting up effective education and counseling programs for adults and students, of funding rehabilitation centers, of evaluating the effectiveness of various treatments or of selecting those most practical and successful for rehabilitation.

When our health center is built, we will be able to offer a drug referral service, aiding the drug user and his family in finding the proper type of therapy facilities.

But the best referral service in the world is futile if there are no places to which we can refer, and that would be the case if we were open for business today.

Limited detoxification facilities, a couple of volunteer-led rap session places, the drug programs of the Northeast Mental Health Center for residents of the Lower Northeast, Friends Hospital, The Bridge for the maximum of fifty teenagers, some beginning drug education in the schools, one methadone clinic—this is all we have been able to find to serve a community of over half a million.

At the same time the easy accessibility of drugs is an accepted part of the teen-age and young adults subculture in the Northeast.

The closest health center to this area until recently provided space intake interviews for The Bridge.

The health department still provides general care, medical care and vaccines for immunization to residents.

In addition we hope our new health center will have:

1. An outreach program whose nonjudgmental confidential approach will encourage drug users to enter freely.
2. Physical and psychiatric diagnoses so appropriate referral can be made for detoxification and residential or outpatient rehabilitation.
3. An outpatient group therapy unit for users and their families.
4. A social worker to arrange for the supportive social services required by the user and his family with follow up by community health workers.
5. Educational programs in the center, in schools, with families, physicians and community groups.
6. Coordination with other community drug services.
7. Making space, health workers and visiting nurses available to the community.

We recognize our suggestions are bandaid treatment for a major epidemic. We realize that our government must commit itself to shutting off drug sources.

We know that a real end to drug use will happen only when there is no longer a need for drugs.

Perhaps in the future this committee could address itself to the changes required in our society to stop the drug rise before it starts, by removing the causes of drug use, then commit itself to the Herculean task of effecting those changes.

In the present context of these committee hearings, however, we need the following tools:

1. Data—who uses drugs, what kind, to what extent, so we will know what and how much is needed.
2. Facilities staffed by professionals and peers for rehabilitation.
3. Different kinds of programs because people don't all respond to the same techniques and because we don't know enough yet to know what is best.

4. Evaluation to find out which programs are best.

Many thanks to the committee for inviting our testimony and we await the results of these hearings with anticipation and optimism. Thank you.

Mr. EILBERG. Mrs. Rosenthal, so much of what you say applies to the district . . .

Mrs. ROSENTHAL (interposing). Yes. We hope that these things will happen but they will have virtually no effect unless the other things that we support happen also.

Mr. EILBERG. We are working in Congress on legislation which has to do with facilities now.

For example, we have put out a bill for the establishment of methadone clinics and are waiting to have it brought to the floor.

Hopefully we can do something this year so that we don't have to wait until the end of next year.

Mrs. ROSENTHAL. I hope so too. We will have a unit which will be available for methadone treatment, if you should have it.

I might add two years ago we put a questionnaire into the community and I think you are familiar with it.

We got a fifteen percent return on the ten thousand questionnaires that we put out in the community.

On the open ended answers that we got we did get a call for drug education and got some call for drug treatment and at the time we put the questionnaire out it was not a very popular thing but we got a tremendous call for what Father Quinn asked for, that was family counseling, some kind of method to bridge the generation gap and this is without any stimulus on our part, an open ended thing: "What else do you think is needed?" This was asked for very frequently.

Mr. EILBERG. Thank you. Are there any questions from the panel?

(No answer.)

Mr. EILBERG. Thank you. Ladies and gentlemen, I would like to introduce a young lady who is very anxious to do her part and help—help other kids and I am very grateful for the fact that she is willing to come here and give us her point of view. Julia Murphy.

Mrs. STUNDER. She has been with our program since it started as a drug abuser and has done an awful lot for The Road. Julie has been there from the beginning.

By Mrs. STUNDER (addressing Julia Murphy):

Q. Julie, as I understand if you hadn't come to The Road when you did, would you have gone much further with drugs?

A. Yes, I would have kept on.

Q. So a place such as The Road did help you?

A. Yes.

Q. And could you kind of let the people know how it helped you, whether it was by keeping you busy or . . .

A. (interposing) Well, I really don't think it was keeping me busy. I think it was really because there people were concerned.

Q. That somebody cared?

A. That somebody care, you know, that I didn't feel, you know, with my family.

Q. And you did have a problem there which you felt couldn't be handled at home and those of us who took the time out did at least alleviate this a little bit. Is that what you are trying to tell us?

A. Yes.

Q. Would you object to anyone asking you questions?

A. No.

Q. I notice you are looking around. I don't think you have to be concerned about anything that is said here. I think we have the Congressman's endorsement on that.

Mr. EILBERG. Julie, we want your help and we need your help. We are looking desperately for answers and you are so well equipped to help us find solutions.

I am just so grateful on the part of the United States Government that you have

the courage to stand there and tell us what you think.

By Father QUINN:

Julie, what kind of drugs were you using and for how long?

A. Well, I started drugs when I was thirteen, puffing glue and I went from glue all the way up to heroin. I did everything in between.

Q. Are you a resident of the Northeast?

A. Yes.

Q. Did you have any difficulty in procuring the drugs that you referred to at any given time?

A. No, I never had any problem. If I wanted it it was always there.

Q. And you were able to get these drugs in the Northeast?

A. Uh-huh.

Q. Would you say there were significant numbers of your friends or others, other residents of the Northeast, who are abusing drugs at the same time you were?

A. Yes, I would, like out of all my friends that I know, there's maybe five straight people and the rest are, you know, still doing the drugs.

Q. They are still doing drugs?

A. Uh-huh.

Q. Before you got help at The Road, did you ever overdose or had you had any opportunity or need for care?

A. Well, I never had a physical addiction. I had a mental addiction and I came close to having a "physical" by barbiturates and two or three times there was friends there that just beat me up and stripped me and threw me in the shower until I came around.

Q. Would you as a person who has gone through the long process of drug abuse and out of it again, would you have any recommendations to us in relation to the kind of things necessary to help the kid on the street who really needs help?

A. Well, like the one thing is like, you know, I guess being more aware of the symptoms, like I see here there's not really a lot of people.

It just doesn't seem to me that there's enough people that care.

Q. Do you feel that caring then is going to make a difference?

A. I think it is. If someone is an addict, you know, and they feel that someone is concerned and out to help them, that does a lot.

Q. How would you want the community to show it is caring for the kids who are addicted?

A. By getting a program together, you know, because there really isn't one at least not in the Northeast, and I know a heck of a lot of people who could use one.

Father QUINN. For my part, thank you, Julie. I really respect your coming here.

By Dr. LINDENBAUM.

Q. Julie, when did you first start on drugs?

A. At thirteen.

Q. And your initial drug was what?

A. Glue.

Q. Did you ever drink before that, alcohol?

A. Yes.

Q. Did you use grass before that?

A. No, it was later on.

Q. It was later on?

A. Right.

Q. So therefore there was some problem in your life which arose before the age of thirteen?

A. Oh, yes.

Q. And you say you could have used help earlier than that in your family life, is that right?

A. Yes.

By Mr. SCHILLER:

Q. Julie, do you feel that parents who know that their children are abusing drugs of one kind or another ought to sit back and hope that it goes away or contact a rehabilitation facility such as those that you know of, such as The Road?

A. Oh, yes, I think they should contact

someone, you know, because a lot of parents think the answer is kicking him out of the house because he is a no good drug addict or, you know, instead of trying to understand it, they just jump to their own conclusions and turn their own kid away from them.

Q. So that you feel that parents who have a child who is an addict or is abusing drugs, the worst thing they can do is shut them off?

A. Right.

Q. Do you feel that parents ought to—I hate to make it sound like you are turning your children in, because I don't want it to sound like you are putting your children in jail . . .

A. (interposing) When I say they should do something, I don't really think of contacting the police. I guess that's just maybe the way I feel, you know, maybe. I don't think it would be a good idea but I'm not, you know—I just wouldn't like the police.

Like I would tell, you know, maybe, if I found my kid was on drugs, like I would maybe contact the drug center or find out more information and find out what I can do to help, and if my kid wants help, but as far as calling the police and saying: "Hey, my kid is on drugs, lock him up," I wouldn't do that.

Q. How do you feel about the persons who first introduced you to drugs? Were they just your friends or was it someone from outside?

A. It was just my friends, you know. How do I feel toward them? I don't feel anything. I don't feel love. I don't feel dislike. They were once my friends.

Mr. SCHILLER. Thank you.

By Mr. EILBERG:

Q. Julie, you are nineteen?

A. Twenty.

Q. And you mentioned before that we need a program and I would like to know a little more, if you can tell us, about what you think is most important for a program. You talked about the necessity of having someone to talk to. What other kind of things?

A. Well, I guess it would depend like on what kind of drug problem the person has, like, you know, if it is just like speed I think they need a different type of therapy than, you know, a heroin addict.

A speed freak, you know, is superparanoid of everybody and a heroin addict, you know, might not just give a darn, you know, if a cop came in and he—and he was getting off right there. I think it depends on the person.

I can't say like "This is the kind of help you should give a drug addict," because I really don't know.

I think it depends on the person. Everyone needs, you know, a different kind of help for their problem.

By Mrs. STUNDER:

Q. I have a question I would like to ask. What would your feelings be on a parent who has a kid sixteen, seventeen, eighteen and has finally made themselves aware that the kid is really addicted? How would you feel about a commitment by the parents to the kid on the drug problem? Today I think the reason we have so few drug programs is, and I think you have seen and I have seen so many times, a kid doesn't want help until he is so desperate that we can't get him any place. How do you feel about parents saying to somebody seventeen or eighteen: "You have to go. I am going to sign you in."

A. How do I feel towards it?

Q. Yes.

A. Well, I'm against it really because like I know for a fact like when my mother found out I was on drugs—I was down the shore and I came back and I had tracks all over my arm.

I got committed into a mental institution. I got out but the point is my mom thought she was helping me and she wasn't helping me.

Those people there have a real problem, like it's not a joke problem, like I felt like if I had stayed there much longer I was going to go crazy.

Q. I think you are a little aware of what The Bridge is like. Suppose I as a parent found that my kid sixteen or seventeen years old truly needed help and most of them at that point don't want it, and I would be able to commit my son or daughter to that program, what would your feelings be about something like that. I am not talking about PGH.

A. I really don't think it would do any good because if you don't want help, as soon as you get out you are going to go out and do it again.

You have to reach a certain point, like you just go down so far and finally you want to knock off.

By Father QUINN:

Q. May I just respond that I agree with you that maybe we have got to do something more about the area of motivation. In our experience in interviewing potential persons for The Bridge we feel that a lot of our job is to help motivate the individual, the person to want help and part of that motivation is in terms of giving the right kind of help, terms of letting the person know they are not going to be assaulted neither physically, emotionally nor psychiatrically, that they are going to receive real care and real and warm help. I think this is perhaps most important.

The question I do want to ask you is was there ever a day when you would have sat down with your parents with some outside agent who let's say had some training and experience himself in a family group sitting to work out your problems and their problems?

A. I don't know. I really don't know, because like I really care about my mom and everything. I have tried to confide in her a while ago, you know, when I did have a drug problem and I was still in skag and I told them that I had just gotten off and her reply to me was: "You make me sick."

Q. I want to go a little further on what abused drugs and you say that is when you were twelve and eleven, and if there were available to you, let's say your parents had problems, problems of communicating with you or with each other, do you think it would have benefited you at that time to have available to you family counsel if they would have accepted it?

A. It might have. I really don't know because it didn't happen, you know.

Father QUINN. Thank you.

By Mr. EILBERG:

Q. Julia, it is entirely up to yourself and you decide this. Your testimony—obviously you are one of the most important witnesses, someone who has been through it, and it impresses me very much. Would you mind having your picture taken?

A. No.

Mr. EILBERG. Then the photographers are free to take pictures if they wish to. If any of the other persons involved in this way, don't mind or if they do mind let us know so that we don't do anything that you don't want us to do.

By Mrs. STUNDER:

Q. I want to go a little further on what Father Quinn asked you. I think probably at the age of ten, eleven and twelve the problems that you were experiencing were very evident, your parents were ignorant of that fact and do you feel that a school teacher, your school teacher should have recognized this and called it to their attention and then the need of family counseling would arise?

I know that we talked about certain instances where you were disturbed. Can you stress that a little more as to what Father Quinn was trying to tell you, if a teacher had recognized you had a problem at that age?

A. No teacher did. When I went to school,

the teachers, you know, like they will teach and if you want to listen, listen, and if you don't, well, that is your problem, and, you know, that's about as far as it goes.

They just don't seem concerned about that. They got their own life and their own problems and they don't want to get involved.

There are some teachers, I imagine, but, you know, they are pretty spread out.

Q. At this time if this had been done and called to your mom's attention, do you think that maybe this would have stopped you from going to the drug scene?

A. Maybe. Really I don't know. I couldn't answer that. As I said, it didn't happen that way.

Mr. EILBERG. Thank you very much. The next speaker is Pastor Richard Fierstern, pastor of the Lower Dublin Baptist Church.

Pastor FIERSTERN. I have been in the Home and School Association at the George Washington High School a little over two years, and on investigation we found that there was a drug problem at the school.

There were two groups that began nearly simultaneously. One was a peer group under one of the teachers and at the same time we began a group in the community whose members had privileged information, doctors, lawyers and clergy formed a committee. That program we thought was very, very fine and workable until we found that we ran into a decided difficulty with authorities. We need to decide between the State and Federal authorities what is the answer to the difficulty.

Up until two months ago methadone was dispensed by doctors and they would have to be here to tell you how it happens but in any case, that was stopped some two months ago and we also had the services of a psychiatrist and various clergy who worked on the program.

Unfortunately the program was in the process of dying because of the lack of funds and this seems to be the history right along.

We found that we were in a bind, we had the approval of the District Attorney's office but the State didn't say so.

They were against us at this point and the Federal government said they were concerned about the situation but didn't want to get involved and consequently we have had this great problem with the various law enforcement agencies.

There are active individuals in the Northeast who will give help but from my own experience I went to these as has already been mentioned to try to find help and it is exceedingly difficult to find someone to back us up.

There are plenty of interested citizens in the Northeast who still are trying to help, but the resulting program that we have to offer, is simply a makeshift thing until something comes along that is better.

Our doctors are willing to treat as best they can, but just this morning one of the doctors said that there are no less than one hundred and twenty names that he could give to someone so that these young people could be institutionalized.

He feels that the hard core addict needs to be institutionalized. We can treat those who are borderline cases but we need a terrible lot of help. I might add that we need some kind of flexibility in the law enforcement agencies so that we can treat to the best of our ability those who need the help.

We find that the individual counseling session is the one that works best with us so we work with the counselors in the high school and teachers and so forth.

Mr. EILBERG. I was called away for a moment and I wonder if you have any particular reference to the Federal jurisdiction.

Pastor FIERSTERN. Yes. Doctors told me just this morning that there are some youngsters waiting to go into Lexington.

We referred to them for methadone treatment but this was rejected by the State and one of the doctors just this morning said

they had the approval of the District Attorney's office and the State was against them and the Federal government simply said that something needed to be done but they were not going to get involved.

Mr. EILBERG. Are there any other questions?

Mrs. STUNDER. Reverend Fierstern, how do you feel about a parent committing a child to a program?

Pastor FIERSTERN. Well, it depends on what the problem of the individual child is.

Most parents are not aware of the problem.

Mrs. STUNDER. I think once a young man or lady is really hooked there seems to be no way a parent can really stop their son or daughter from actually committing suicide and I think in this instance we had one case this week where I felt the parent should be able to commit the young man to a program and they weren't able to do it.

Pastor FIERSTERN. Well, the only place we found with an open door was Eugenia Hospital at Lafayette Hills.

Mrs. STUNDER. And that's a methadone program?

Pastor FIERSTERN. And then where do you get the funds?

Mrs. STUNDER. Yes, because when a family gets to this point they have exhausted everything they have.

Pastor FIERSTERN. There is no medical insurance that I know of that provides for this type of thing.

We thought that we had the funds from one organization but because we were sort of a makeshift operation and only in a local high school they decided to go to an organization that was a little bit broader in the community and give their funds to them which is fine.

We are not in competition, but the problem is funds and we need a program. Granted, we all said that, but I think the individual doctor who is willing to treat the addict needs a little bit more sympathy because there are many fine medical men who have the willingness and concern and they put their head on the block time and time again.

Mr. SCHILLER. You talked about law enforcement people. Could you be more specific about that because I quite agree with you and I would like to know what programs or suggestions you might have in that area.

Pastor FIERSTERN. Well, our doctors—we were able to set up a twenty-four hour a-day telephone service. They were willing to give methadone if under complete physical examination, under guarded conditions, they felt that this was possible.

We saw a heroin addict within three weeks be put on methadone and taken off methadone and now she is engaged in a certain profession and doing an excellent job although she was a dropout.

Now they are not permitted to do this any more and where do these young people go? That is the problem.

Mr. SCHILLER. In other words you would like, instead of having methadone given, given out specifically at certain centers, individual practitioners, doctors, would be able to have methadone dispensing themselves.

Pastor FIERSTERN. With the complete approval of the enforcement law agencies and complete awareness.

Mrs. STUNDER. Going a little further on this, could we interpret this to mean that certain physicians would be licensed to dispense methadone, physicians that we know are truly concerned and would stay on top of this?

Pastor FIERSTERN. I believe if that same doctor has either the services of qualified clergy, of psychologists, of psychiatrists, sociologists, yes.

Mrs. STUNDER. You don't want to see a general dispensing of methadone?

Pastor FIERSTERN. Absolutely not.

Mr. EILBERG. Thank you. Certainly one of

the subjects that has been in the news steadily, the drug situation over in Vietnam, where so many of our boys are utterly bored and frustrated and there is a great deal of monotony and drugs are readily available. Unfortunately many of them get hooked and come over here and their problems really begin. To address ourselves to this problem we have someone from the VA Hospital, Coatsville, Pennsylvania, Mr. Jessie Durkin. Would you give your full name and address for the record?

Mrs. DURKIN. Yes. My name is Mrs. Jessie Durkin and I live at the Hill Creek Housing Project at 530 West Hill Creek Drive and my son is an addict and he came back from Vietnam last January and I had gotten him to go over to your program in Frankford and he was just simply going down the drain with methadone.

He was getting continually worse, so I agree with the girl who said, you can't go here or I'll put you here. I told him about going to the Veterans and he finally came to me and asked me for help, to take him out to the Veterans Hospital at Thirty-ninth and Powelton Street.

I didn't intend to speak at all today. There were three senior veterans of the Veterans Hospital coming down here to speak but they are from Allentown and I understand there was a lot of ice on the Northeast Extension so they didn't make it or they did get lost but the question was brought up on veterans returning from Vietnam and I would just like to give the information I know.

I have been going up there since my son was at the Veterans Hospital and they do have a program.

All they have to do is go out to Thirty-ninth and Powelton, sign up, and they have an outpatient clinic.

Now there is an eight month waiting list, so my son had either his choice of being an outpatient or an inpatient.

The decision was left solely up to him. He was left alone in a room and he chose to sign himself as an inpatient which today I am very glad because he has been up there since then and they have a program that is just for detoxification and it is what they call a "lock in detoxification."

They are not allowed out of the building, off the ground anywhere. They are locked in and they go to chow hall.

The whole hospital has underground tunnels which they use to go to chow hall and so forth, but until they are through this complete detoxification it is a lock in, unless they themselves choose to leave the hospital and the door is unlocked and they can leave at any time if they want to leave this hospital.

If they get over their detoxification they are then put through a screening by the doctors and psychiatrists and the senior residents at the Veterans Hospital.

If they feel these fellows are sincere they go on to another building and they are then given psychotherapy.

On Thursday evenings they have a family night and each and every boy's family there comes up and you have a rap session which is like a group therapy and it is very interesting.

Doctor Cooley is the acting psychiatrist up there and he has asked me to represent the Northeast, because they have gotten more fellows up there lately from AID and the Northeast here than any other part of the city.

I also wanted to say why I am here. These veteran fellows up there want to go out and speak to any interested or sincere groups or organizations. They want to come and speak to them. The senior residents, when they are discharged, they will come back three times a week for group therapy and there are two of them that I know personally have just gotten jobs with the Veterans Administration as drug counselors.

They do give them vocational guidance and now my son is going to school in Coatsville in the evening and he comes home week ends and it is just a shame that this city doesn't have an institution like this.

They are not in with the insane people which the fellows up there call "moats," and they are with their own kind.

They are all "junkies," as they call them, and they are all with one another and they are a family. I also wanted to say that actually it is run on the same principle as Lexington with the exception that I wanted to say that even if these junkies have a drug charge against them of any kind they are still accepted by the Veterans Administration.

In fact there is a fellow up there right now from Atlantic City that will go to prison because he killed someone, but the Veterans will accept him even with that charge and I thought this was important to talk about, that they will be accepted.

Mr. EILBERG. Mrs. Durkin, I had occasion to visit the VA Hospital and you know, of course, they are converting the laundry building up there . . .

Mrs. DURKIN (interposing). Yes, I know that. I was up there last night and they have opened a building and they have their first female.

They opened a building for the females and she is up there alone and I give her a lot of credit because she came up all alone by herself and from talking to her I learned she hitchhiked up there alone to sign herself into this program, and it is a shame that the city can't get something like this together for the fellows and the girls here.

Mr. EILBERG. Are there any questions?

(No answer.)

Mr. EILBERG. If not, thank you very much.

Mrs. DURKIN. You are welcome.

Mr. EILBERG. I would like to call next upon a gentleman who came from an army reserve unit which has been most attentive to community needs. I remember some time ago having helped with this group in the cleanup of Pennypack Creek.

I would like to present Lieutenant Howard Sherman. Would you give us your full name and organization?

Lieutenant SHERMAN. My name is Howard Sherman, 304th Civil Affairs Group and I am here representing the group.

They asked me to come down here and offer their services and our facilities and interest in whatever is to be done in the community in outlying areas.

I was selected to come down due to the fact that I was executive officer of the company that build the first drug rehabilitation center in Vietnam.

Prior to that time we had been in a combat zone and prior to the proper installations of such a unit, any of my men who had problems along these lines, which was mainly heroin, would receive the Commander's and my own personal attention through cold turkey and various other tried methods.

With the institution of the drug center things were starting to be done for the returning soldiers especially and I understand that there have been other centers instituted over there for the returning veteran and for the veteran who is home.

As I say, I am here representing the group and any contributions that we can make to any programs that might arise; we more than want to help out.

Mr. EILBERG. Thank you very much and I know you mean that and I appreciate that and at the same time if you develop any ideas you can let us know and we can work together.

Are there any questions?

Dr. LINDENBAUM. We have heard from various sources various statistics on what the extent of the drug problem is. What is your own observation as to the number of people

involved, in your own estimate, people in your outfit?

Lieutenant SHERMAN. As my personal observation, aside from anything that might be published through army channels, I would say probably no more than ten percent of my own outfit and that is maximum.

However, the severity of the ones that had it drew attention to it.

Mr. EILBERG. Thank you, Lieutenant. Next we would like to hear from the representative of the Northeast Philadelphia Branch, Women's International League for Peace and Freedom, Mrs. Doris Peltan.

Mrs. PELTAN. Congressman Ellberg, members of the panel; thank you for the invitation to be here today. I am Doris Peltan, co-chairman of the Northeast Philadelphia Branch of the Women's International League for Peace and Freedom.

Drug abuse is not a new problem. It has plagued our society for many years. Its victims have been crying out for help but their pleas have not been heard.

Today there is a difference. There are those who see the need to begin listening.

This is so because the location and color of the problem has changed. It is no longer confined to the ghetto or the non-white population.

Today no community is immune and so we are beginning to take a hard look at the problem.

We believe drug abuse is just one more symptom of our diseased society.

When a society is governed by laws that make it a criminal offense to take a life, while training its youth to kill and be killed, as in the war in Vietnam, it is a sick society.

When we allow hunger, starvation, poverty, ignorance and prejudice to be prevalent in a land of plenty, it is a sick society.

When citizens are subjected to a "double standard" in the workings of the judiciary, we have a sick society.

We have the wealth and the technology to build a healthy society. What is needed is for those of us and those of you who are responsible for the problems we face today to attack these problems.

Yes, we need rehabilitation centers. But these centers, we must recognize, are simple "band-aids." And we all know that "band-aids" do not cure cancer.

Rehabilitation centers are necessary and they are life preservers designed to save those who are drowning. Life preservers do not prevent shipwrecks and we must learn to prevent the shipwrecks.

We, therefore, respectfully urge revamping our national priorities so that our energies and resources can be utilized toward creating a more humane society—a society where the human needs are the first priority and funds go first for human needs.

We respectfully urge the recognition of the consequences of contesting international disputes by war.

When governments refuse to find peaceful solutions to their problems, individuals tend to be similarly intemperate in their dealings with each other.

A society of such individuals in a worldwide climate of strife breeds the problems we are discussing today.

Only by ending the war can we hope to make a beginning at a real solution for the ills of our society, including the drug abuse problem.

Thank you again for the privilege of presenting our testimony.

Mr. EILBERG. I quite agree with you. This Congressman is doing all he can to rearrange those priorities and I want to congratulate your organization for not only addressing itself to the end of the conflict but all the related problems and that is what you hear about today.

Mrs. PELTAN. We try to do it. There has been much talk to have programs and all of you know about the lagging because of

no funds, and there are some good programs available but there are no funds available, so for those who say they can't see where the war is related, I think that is one of the reasons we wanted to present our viewpoint here.

There are programs available.

Mr. EILBERG. Are there any questions?

(Not answered.)

Mr. EILBERG. Thank you very much.

DRUG HEARINGS HELD JANUARY 22, 1972, AT
HOLY FAMILY COLLEGE, PHILADELPHIA, PA.—
VOLUME II

Hearing held at the Holy Family College, Grant Avenue and Frankford Avenue, Philadelphia, Pennsylvania, on Saturday, January 22, 1972, beginning at 10:00 o'clock a.m., until 4:00 o'clock p.m., Eastern Standard Time, to investigate extent of drug problem in Northeast Philadelphia and to explore what programs and facilities are needed regarding this matter.

Present: Joshua Eilberg, Esq., Member Judiciary Committee, U.S. House of Representatives, Chairman.

Berle Schiller, Esq., Lila Stunder, Rev. Peter Quinn, and Dr. Ellis Lindenbaum, Members.

Mr. EILBERG. I would like to introduce next a gentleman who has done an excellent job as executive director of the Philadelphia Association of Retail Druggists and he for example has been very anxious in the public interest to have prescription drugs included in Medicare. Raymond D. Fleisher.

Mr. FLEISHER. Thank you, Congressman and members of the panel. I am also on the Board of the Greater Philadelphia Council of Narcotics and Drug Abuse.

I think I will speak about both just briefly. As far as the pharmacists of the City of Philadelphia are concerned you probably have read that the State Board of Pharmacy has recently undergone changes in its rules and regulations. There were public hearings on those last week in Harrisburg, where some of the more emotional regulations regarding mail order and advertising were discussed rather fully, but it didn't really take into effect the problems of drug abuse insofar as illegal, forged or stolen prescriptions that were sent in by mail to pharmacies and were filled without any contacting being made to the patient or to the pharmacists. There were many drug abuse products involved in these prescriptions.

We have documented evidence whereby prescriptions were just mailed out with no contact being made as long as the prescription was received and the money was received. It was filed and no questions were asked.

There was another regulation which involved the exempt cough preparations. The State Board of Pharmacy would like to have the exempt cough preparations filled on prescription only.

There are certain areas of the State that say that it would be a hardship on the public.

We find that is not true in the metropolitan areas and we doubt very much whether it would be a hardship on the general public in other parts of the State inasmuch as there are so many preparations on the market today which have a substitute for the codeine that is just as effective as the codeine and we find there is no reason not to have the products containing codeine or any other kind of narcotic put on prescription only. We look for it especially here in the Northeast.

I get reports in the office every day of parents calling and telling me of pharmacies that are selling cough preparations to their children and it is sold legally.

The State law in Pennsylvania is that codeine may be sold to any person over eighteen years of age—four ounces of cough preparation within a seventy-two hour peri-

od—and it is not too hard to have a student, especially a student in the senior high school who might look eighteen or have a friend of his go into the drug store and buy it for him and they may go from store to store to store and in that way be able to pick up a dozen bottles, because the drug stores are pretty well congested in the Philadelphia area.

We still have plenty of drug stores around and a person can go around and get bottle after bottle, so, the Philadelphia Association of Retail Druggists want to go on record as backing the State Board on this particular recommendation in that exempt cough preparations should be put on prescription only.

We also back the State Board of Pharmacy insofar as we are against mail orders.

We don't go for the emotionalism involved when they bring in the retired person saying they can't afford it and we have found that people who present the problem and have a bona fide request so far as financial hardship is concerned, that the neighborhood pharmacist will take that into consideration when pricing the prescription.

Now, if I may take just a few more minutes, for the Greater Philadelphia Council of Narcotics and Dangerous Drug Abuse. We are at this time, in conjunction with the Philadelphia School District, running a six-week program here in the Northeast.

We have just completed our third session this morning at Lincoln High School. The sessions run from 9:00 a.m. to 12:00 noon and we have with us in our audience today some of the participants who were in that program.

They are two faculty members, one at Central High School, who you will hear from later, that is Dave Heit and also Mr. Belford of George Washington High School and Kathy Martin who is a student at Washington.

I believe they are scheduled to speak later.

They are very much interested in the peer influence program. They were pioneers in this program which started about three years ago. The students in the school get together with faculty members who are interested and with other students who have a drug problem. I just won't go into that too far. They will talk about it.

We are speaking at this particular six week session. It is really a communication set up, two way communication and we have experts on communication.

You have to talk, talk, talk, talk. When you have a person with a drug problem you have to keep talking to them, and we are looking for suggested community programs through the school system, rehabilitation programs.

There is not too much that the faculty members in the schools can do. Their hands are tied. They can just speak about prevention. They can try to help but it is important that something be done to alleviate this hand tying of the faculty members insofar as where they are breaking a bond of confidentiality with the student. I don't want to get into that but it is hard to stay away from the subject. A student, once he or she comes to a faculty member and the faculty member gets the confidence of the student and they don't want their parents to know about it.

No kid wants his parents to know. I know when I was nine years old I didn't want my parents to know I was smoking a pipe but it is the same thing today.

They don't want their parents to know that and these faculty members—we have quite a few in the school system that have gained the confidence of the students—can help and want to help, and they give up their time. They are here today and they stay up all night with kids.

Well, as I say we are in our third week of this program and we are going to tell just what laws do apply, how far they can go and I repeat again I can't emphasize too

much, they just can't go far enough in helping students. They are bound by the rules and regulations and guidelines set down by the Board.

I think Mr. Belford will explain it more fully.

I say give them as much support as possible. Don't say: "No, my kid is not on drugs," when they say: "Your kid is on drugs."

If the kid were not on drugs he wouldn't have been there in the first place seeing the faculty advisors.

It can happen here. It is happening here. Don't believe that it doesn't happen.

Thank you very much.

Mr. EILBERG. Thank you. Are there any questions?

(Not answered.)

Mr. EILBERG. Mr. Nelson Belford from Washington High School.

Mr. BELFORD. My name is Nelson Roy Belford. I am a teacher at George Washington High School and have been a sponsor for a peer influence program for the past two to three years.

My program at this present moment is closed down because of the legality aspects and confidentiality.

It really bugs me that when a person is dedicated in the school system and wants to give of their time, that the different legality aspects stop you; in other words, the program is closed down because people are afraid to put their necks out.

Again, many people have told me I was a fool to put my neck out, that there was some possibility of some parent trying to sue me, that "You are going to lose your job."

I don't care because this concerns the young people in the school and the problem there. The kids like me, trust me, and we had a good thing going at the school.

Now, I wasn't aware that Reverend Fierstern was coming here today and he worked in conjunction with the program and the doctors he spoke about also worked in the program.

These doctors gave their time free to any student in the school which I find utterly amazing today. They gave of their time and gave the methadone that he talked about.

I know specifically the case he is talking about because I contacted this girl first myself and the methadone did take her off of the heroin and she is a productive person today.

Federal monies—why can't we get some Federal funds to relieve teachers of other duties who have rapport with the students in the schools to be able to work at this thing full time and try to turn kids around.

It is just very frustrating when you build something up and it is closed down on you because of the different legal aspects, because they say we can only go so far in the school system in dealing with minors.

It is true that we do have a lot of problems with fourteen, fifteen, sixteen, seventeen year old students and we do owe a moral obligation to the parents of the community but again, we do need confidentiality. Without this there is no way I can run an effective program in any school. Unless the kids trust me and know that I am not a phoney, I'm not going to drop a dime and I am not going to bust them.

Mr. EILBERG. I don't want to be overly difficult but I happen to be a lawyer and when you speak of confidentiality I think you are talking about the kind of relationship that exists between a doctor and patient or lawyer and client where if a client were to tell me something as a lawyer I would not be compelled in a courtroom to say what this was with regard to the problem of that person. Is that what you are talking about? The teacher is not so protected by the law and are you saying that?

Mr. BELFORD. Yes, a guideline or policy should be set up in school in Philadelphia

or in any school district as far as that goes where a teacher is allowed to have this type of information without having to pick up the phone and calling a parent and tell the parent well, your son or daughter came to me today and they are shooting Speed and I must warn you because it is my moral obligation.

You just cannot keep a program going if you are going to start relaying this information to parents.

Of course, my main objective in the program was to involve parents. There is no way I can give help to a young person without many different ways of communication. I need that with doctors, psychiatrists and clergy as well as the parents and I want to involve everyone, but I cannot go to a parent the first time a young person comes to me because I would lose that person.

Mr. EILBERG. And just another question, with regard to the release of teachers' time in drugs programs and Federal government's providing money for that purpose, I do not know what the status of that is. I would recommend if you haven't already done so, that you contact Mr. Tom Rosica down at the school board. He is in charge of federal programs. This would be the proper channel.

Mr. BELFORD. Well, I have gone to Dan Falco who is actually running the sessions that are now taking place. I am a consultant on this program at the present moment and yet I see a lot of problems arising from it. There is no way to evaluate it after the program is started, no team to go out and make sure the programs are going to be put in the schools and that they will formulate some kind of program and take action.

There is just no money available in the system. What good is having six sessions or fifteen sessions and trying to get people some knowledge on narcotic drugs and how to help young people if we can't follow through and give them guidance and make sure a job is being done?

Father QUINN. You are stating at present the guidelines of the board indicate that such confidentiality is not indicated?

Mr. BELFORD. Right.

Father QUINN. Has a formal representation been made to the board to change the guidelines?

Mr. BELFORD. I understand that Daniel Falco is trying to write a proposal on this at the present time. It seems as though every time he tries to get information on this he is always pushed back.

In other words you really can't seem to buck the establishment. You are quietly put aside and if you are going to stir too much trouble you may not even have a job.

Father QUINN. Then would you concur with me in recommending that a formal representation be made to the board, that counselors who are trained and have been approved be given this confidential area as their rightful source and that something significant be done so that actual work can be done. I applaud your human risk taking. I applaud it and I think there are people in the system who are like you and that the system survives because of those people. I would infer that with all the legal amenities that have to be taken into consideration that the guidelines can be changed and perhaps recommendations for a formal change can be made.

Mr. BELFORD. Yes, and protect the administration at school as well because the principal has to be protected, otherwise the principal would not put his neck out at the same time because indirectly if I could possibly be sued because I had knowledge of a young person using drugs the principal could also be sued.

It goes around in a vicious circle.

Mr. STUNDER. At this time if your program is closed down I would like to invite you to help us at The Road and maybe bring some

of your kids there. What is the legality problem?

Mr. EILBERG. Well, it would be whether the teachers are immune from having to tell the police or other authorities about it.

Mr. BELFORD. And it would be on the outside of having to tell the police. The narcotic squad was notified that I had a program running in school and I can't think of his name right now but one of the members, the acting sergeant, came to the school quite often and really didn't give me any direct problems but, of course, he had the attitude that I should inform him of anyone that I knew who was using drugs and again this is not my job.

Mr. EILBERG. What is required is a law which does not require you to be subject to that kind of pressure.

This, of course, is at the State level unfortunately and it is not within my sphere.

Mr. BELFORD. It is frustrating when you give time and dedication and you are really put down for it.

Not many people are going to give their time and get involved in drug problems and you must give a lot of time, day and night. It is not a night-free job. It is very frustrating and not many people will do this.

Mr. EILBERG. Thank you, Mr. Belford.

Mr. BELFORD. Thank you.

Mr. EILBERG. We will go to a student now from Little Flower High School, Miss Kim Krause.

KIM KRAUSE. I am Kim Krause. I am an eleventh grade high school student in the Little Flower Catholic High School and my address is 2028 Wilmat Street.

I worked with the drug abuse committee which is in its infancy right now and it is not really underway.

I would hesitate to give any percentages with regard to a drug addict or a drug user because in my questioning of the faculty, with the faculty and students, I found that it is not necessarily representative of my school as a whole.

Now, through questioning freshmen and sophomores I have learned that the alcohol problem is most prevalent and I think we have to, you know, think about it because alcohol is also a drug.

In questioning juniors and seniors there is a great amount of alcohol along with such drugs as marijuana, Speed and barbiturates.

We found in our school particularly that there is not so much of the hard core addict. Now, I am also involved in a six week seminar and I really think it will be profitable to have the faculty and students working together toward the one problem.

Now, this program will set up and organize some kind of drug abuse program that is applicable to their own school and as yet Little Flower has been interested in creating an atmosphere of trust between faculty and students and secondly the establishment of a separate peer group room for discussions and thirdly, to know that the faculty and students are interested in the problem.

I would like to thank you and it is nice to know that somebody cares and somebody will get some action.

Mr. EILBERG. There is one question that I have. Reference has been made—and I was unaware of this until this morning that there is a little better control in the Catholic schools as opposed to the public schools. Do you know anything about that?

KIM KRAUSE. Yes, Mr. Greenberg, I think, mentioned that and I agree with it most heartily.

Most of my friends outside of my school go to Frankford and other high schools and I know there is much more going on in Frankford than there is in Little Flower.

Like Mr. Greenberg said, maybe there is something that the parochial schools have that they are not aware of, that the public schools are not aware of or are lacking.

Mr. EILBERG. Is it possible it may be discipline?

KIM KRAUSE. It may be discipline.

Mr. EILBERG. Are there any other questions from the panel?

(Not answered.)

Mr. EILBERG. Thank you very much. Now, we have a great many speakers that want to testify and we have been keeping some waiting too long, perhaps, but we hope you will understand.

I want to introduce next and I may not have the spelling correctly, Sister M. Charity Kohl.

M. CHARITY KOHL. Members of the committee, ladies and gentlemen. My name is M. Charity Kohl. I am administrator of the CORA, Counseling and Referral Center, Sisters of Good Shepherd, located at 733 Susquehanna Road. CORA is an L E A A funded short term non-residential counseling center designed to deal with youths who are either pre-delinquent or incipiently delinquent, but who can benefit from intensive, short term family centered therapy.

Our contacts with hard core users have been somewhat limited and because perhaps because of the very recent initiation of our services.

However, we have become aware both from our clients, their parents and some individuals whom we have had to refer to other agencies for more intensive treatment, that the use of drugs has become quite prevalent among youths in this geographical area and opportunities to obtain the same have become even more prevalent.

Through our own experience we have become aware of the great lack of in-patient detoxification facilities available to the person who has become addicted and wishes to obtain medical treatment.

Not only is there a most drastic shortage of beds for detoxification, and it sounds a little trite after the rest of the testimony, but also many of the detoxification programs are too short, secondly exclusive economically and thirdly geographically exclusive.

In light of the above our recommendations would be the following:

1. An intensive drug education program in both the public and parochial schools down through the middle grades of elementary schools.

2. The ready availability of both psychological counseling and legal advice to young people with drug problems.

3. A dramatic, drastic increase in inpatient intensive detoxification programs where medical treatment can be combined with psychological counseling, vocational counseling and legal advice.

Thank you.

Mr. EILBERG. Thank you very much. I am glad to hear you are funded by LEAA. Are they doing enough for you? Do you have any other ideas that you would like to see done?

M. CHARITY KOHL. We really have been most appreciative of the support that we have been given.

There are a few interesting things that have developed, one, for instance, we are dealing with a much younger population than we had anticipated and some of the materials that were presented this morning seemed quite pertinent in that most of the youngsters who are coming to us who are referred from schools and local agencies, as well as their families, are really between the ten and fifteen year old age bracket, and we have a number who are younger than that even.

Mr. EILBERG. Do you agree with the testimony of the young lady who testified before that so much depends on proper home life?

M. CHARITY KOHL. Yes, I believe it has to be dealt with by dealing with the family situation. I really feel that any other approach outside of involving the family initially is not going to work.

Most of what we do is family therapy. We do not work with the child unless we have the parents.

Mr. EILBERG. Are you able to in many cases have the parents come along? Are you helping the parents?

M. CHARITY KOHL. We are very pleased with the cooperation that we have been given. We are awfully young, only three months old, but all we can document is very positive at this point.

Father QUINN. Sister, your services are available to the large Northeast community, is that correct?

M. CHARITY KOHL. Yes, we are funded particularly for the servicing of the Greater Northeast. We are court sponsored and linked therefore to the CRS Referral Agency in the city, that is part of the Court Division at Twenty-second and Arch.

We function as a Northeast extension.

Father QUINN. Would other agencies have the opportunity to refer directly to you other than the Court system?

M. CHARITY KOHL. Yes, most of our referrals right now are from the public and parochial schools. We have some JAD referrals and we have a number of referrals from private physicians and a number of families who have themselves self-initiated the requests for help.

Father QUINN. I notice there are a number of agency people and school people here and I wonder if you could give us your phone number?

M. CHARITY KOHL. Helen Strauss is our director of personnel and counseling and is on our board and has communicated our services free to public schools.

We haven't been so fortunate with the Catholic schools and I must admit that. We have had to try a hit or miss method. Our phone number is F12 0800.

Father QUINN. Thank you very much, Sister.

Mr. EILBERG. Thank you very much. Our next speaker is Mollie Spector, district director of the Jewish Family Services of Philadelphia.

MOLLIE SPECTOR. I have a story to tell. Several months ago a rabbi in the community called to ask our help.

He had officiated at a funeral of a young adult who died from an overdose of drugs. This was not the first such experience.

Attending the funeral was a large number of young friends of the deceased. The majority of them openly acknowledged the use of a host of drugs.

About sixty of these young adults and teen-agers accepted the rabbi's challenge and turned up for a rap session with him at which time he offered the services of a specially trained discussion leader.

Roughly half, or thirty-two fellows and girls turned out for that first session.

Their ages ranged from twenty-two to fifteen years of age, sophomores in high school to sophomores and juniors in college.

While the turnout was both terrifying and gratifying, I could not help but be haunted by the question of what happened to the remaining thirty. Where did they go, if indeed they went any place.

What happened to them. The resources here in this community are extremely limited and though some of us either in agency settings or some other service type facility are dedicated to trying to provide services on a shoestring, we all know too well that the large numbers who do not come to our door steps are perhaps in even greater need of our help than the more motivated ones who do.

Each youngster who seeks help can readily mention many others who are in the grips of the same dilemma as they, in terms of drug use, pre-delinquent and delinquent behavior.

There is an understandable reluctance to get beneath the tip of the iceberg.

Some agencies are already burdened with waiting lists for treatment and the prospect

of reaching out to persons very much needing service and perhaps responding to the reaching out, evokes questions about absorbing more cases with existing personnel.

My agency, the Jewish Family Service, has a geographically based office in the Northeast. Ours is a private, sectarian agency.

A number of our clients have either used or currently are using drugs. More are in the younger, adolescent group, but many are college students.

Because we are not a medical facility we restrict ourselves to the so-called soft drug users, and attempt to secure a resource with medical help available for the hard drug user.

In the Northeast, this is a heartache. The number of places to which a responsible referral can be made can be counted on a few fingers.

Limitations exist in the cost of private care, prohibitive for most, restrictions of catchment areas when they exist and almost total lack of services in the huge community of the far and farther Northeast.

So, what will we do with the thirty and more who got away, given the existing resources, and what will be done for the many more than thirty who are out there, desperately needing help but with no place to go.

The Jewish Family Service has a special project for youth in a suburb on the other end of the city. It is proving to be a successful one and it is limited to youth, the majority of whom are drug users.

The funding is from private sources and the numbers involved are small.

No private agency could ever hope to have sufficient funds to begin to cope with a problem of this magnitude.

It seems to me that since the use of drugs is so widespread, reaching across all segments of the community, that a larger source of funding for treatment programs must be activated, and quickly, to begin to do some very significant intervention on behalf of our alienated youth.

Mr. EILBERG. Thank you very much.

Are there any questions from the panel?

(No answer)

Mr. EILBERG. Thank you very much. Our next speaker is Mrs. Harriet Goldstein, Assistant Executive Director, Association for Jewish Children. Mrs. Goldstein.

HARRIET GOLDSTEIN. The Association for Jewish Children is a child welfare agency responsible for placement of children requiring separation from their parents and for an intensive preventive program for families designed to avoid separation when possible.

Of the approximately five hundred children served by the agency within the past year, about sixty percent are from the Northeast and over one-third of them are adolescents.

Essentially, all our children are from families with limited income of six thousand dollars or less, socially isolated, and beset by personal, marital, educational and social problems.

Within the past several years a repetitive thread has appeared in the presenting problems of some children and some parents.

Twenty-four out of thirty-eight adolescent children, ages fourteen to seventeen, referred in a six month period in the last year, were making heavy use of drugs, some to the point of requiring immediate hospitalization.

An increasing trend was noted of married couples in their early teens and early twenties who had turned to drugs to solve their marital and personal difficulties and who placed their very young children, all under the ages of five, into foster care with little apparent capacity to resume parenting.

For example, in one of our foster homes, is a youngster placed at the age of two who had been locked in a room with his mother without food or other care while she was on an LSD flashback for three days.

Repeatedly, it was evident that young

people and adults used drugs and alcohol to make them feel good, to help them overcome depression, and to solve many problems they felt within themselves.

In most instances treatment facilities for those already deep in drugs was non-existent or difficult to find, especially for children under the age of sixteen.

Attempts to secure service from existing mental health resources for less distressed persons resulted in being placed on a waiting list.

Examination of existing drug education programs indicated that they were conceived for upper age adolescents, already under the heavy influence and pressure of the peer group.

A program directed to younger children, eighth graders, designed not only to drug education but towards examinations of themselves as individuals and in relationship to their parents and community, appeared to offer a more preventive approach.

With the complete cooperation of the Board of Education, the Association for Jewish Children has instituted a demonstration project since September, 1971, of a group counseling program in all school districts of the city with a plan to reach over eight thousand children by the end of the school year.

Funds of one hundred thousand dollars for one year were secured from the Haas Community Fund—fifty thousand dollars—other private foundation, Rosenwald and Rosenthal, and other contributions to the agency.

So far five hundred and twenty-five children have been served in District 8 and one thousand will be handled by completion of the project.

Our work is not only with children, but with parents as well, to teach about drugs, to provide a means for improving parent-child communications and to strengthen concepts about human relationships.

Our work with young people indicates that they have many concerns around drugs, home, school and community.

Children have been ready to explore racial tensions, graffiti, overcrowding, the need for programs that are more relevant to preparation for living, need for sex education, improved communication between parents and children, improved law enforcement on local, State and Federal levels, gang problems and inadequate recreational facilities.

Many young children have indicated, and this has been verified by comments from their parents, that sessions such as these have dissuaded them from using drugs, have given them insights into themselves and have strengthened positive feelings to adults.

From our perspective it appears that the following services are needed in the Northeast:

1. Sustained educational forums aimed at preventing drug use.
2. Additional mental health resources for individual treatment of parent-child relationship problems.
3. Specific drug treatment programs both on outpatient and inpatient basis.
4. Increased financial support for already existing drug related treatment centers.
5. A coordination and a creative expansion of the efforts that already exist in this area via umbrella community planning.

Thank you.

Mr. EILBERG. Miss Goldstein, with reference to treatment programs, particularly because that is before our House Judiciary Committee, can you be a little more specific. How do you react to programs. How could we or should we extend them?

HARRIET GOLDSTEIN. Some first have to be created.

In our experience if we had a youngster who needs inpatient hospitalization, unless the family can afford it it is simply impossible to achieve it, and obviously, we don't

have families who can afford it so it has to be created for them.

First of all there are some programs that exist and they could be expanded, for instance the Friends could be helped to expand and programs like The Bridge or programs like The Road and they can be given additional funds or others created for this.

It seems to me that the need is there. The resources simply are not.

We have to search and scrounge to plead for any hospitals to take a child to treat who is actively on the drug scene.

Mr. EILBERG. How do you feel about the availability of help, emergency health?

HARRIET GOLDSTEIN. In center city?

Mr. EILBERG. Anywhere. Mrs. Stunder made an impassioned plea at the outset, as to what do you do and who do you talk to.

HARRIET GOLDSTEIN. I heard Mrs. Stunder and support her point of view. I haven't heard her today but we have been in the same position.

It is almost impossible if a child is really hooked and really needs immediate care and we fortunately have at our agency a good relationship with Philadelphia Psychiatric Center and we are perhaps in somewhat of a better position but that is a sheer working relationship that our agency has, but it is very tough, because most places don't want to begin to handle this type of youngster or this kind of adult.

Mr. EILBERG. Are there any questions? (Not answered.)

Mr. EILBERG. Thank you so much, Mrs. Goldstein. Our next speaker is Carol Wacker, vice-principal, the Lincoln High School.

CAROL WACKER. I am Carol Wacker, vice-principal at Lincoln High School. I have two students with me.

I have a statement and one student has a statement and the other one is available for questions.

CAROL WACKER. Last year was our worst year with problems associated with drug abuse.

A brief summary of our problems is as follows; we had four emergency cases of overdoses which we had to rush to the hospital and it was a touch and go type of emergency.

We had several other cases where we had to call parents in to take us to the home to seek help, medical help.

We had a theft of forty thousand phenobarbital pills from our civil defense closet and eventually ten thousand of those pills were recovered and there were eight arrests of students connected with this.

Last year we had numerous contacts with the principal, vice-principal, counselors, nurses, teachers of students seeking help or students apparently under the influence of drugs.

We had a boy arrested in our parking lot with a large number, about a thousand pills in the trunk of his car.

He was arrested by a stakeout team that was operating and they had him under surveillance.

Most tragic of all we had two students die out in the community from drug related causes.

Educationally we have made efforts to have our staff given up to date information in many areas.

First we had a new service course that helped teachers, nurses and counselors and last year we allotted funds to purchase up-to-date films, books, pamphlets and records and other types of resources.

Several of our staff members were involved privately in rehabilitation centers, working with the mental health programs or taking courses on their own at several universities.

Our principal, Mr. Bernard Rafferty held a seminar or had a speech before the Home and School in regards to the drug problem.

We have on-going health education in the junior high—they have one unit about health, about drug abuses and one in senior

high, so every boy and girl at Lincoln gets at least one complete unit in health education.

We are right now involved in a drug abuse team that we just came from which meets in Lincoln High School every Saturday morning for six Saturdays in a row to formulate some kind of program of prevention.

This year at school the picture is much brighter insofar as the number of contacts made in the school.

I would like to be very clear about that. We have only had five contacts and very briefly we had one trespasser, on the school grounds with marijuana and he was arrested under the new trespassing law that was passed by City Council last year.

We had a mother bring her son in and she wanted a contact with the narcotics authorities and didn't know how to go about it and asked the school authorities to make that interview with her. He was in possession of narcotics and had no other place to turn.

Our nurse alerted me to the fact that she had a fourteen year old girl in the infirmary with what appeared to be track marks on her arm.

We interviewed her and she told us that she was experimenting with heroin over the week end.

We brought the mother in and the mother made a contact at Nazareth Hospital Mental Health Program.

We had another parent come in with information that her son was in possession of drugs and possibly selling.

She wanted him arrested and also we urged her to talk to her priest and her priest put her in contact with The Bridge.

We received a couple of complaints about alleged pushers coming onto the school grounds and in every case we alerted the narcotics division and our school police to apprehend them when it happened and we have not made any arrests in that connection.

We have a list of thirty-one names at this point of students who have either been suspected or selling or using drugs at the school. I said I wanted to be very plain about the contacts in school.

We are not having the hectic type of existence that we had before, almost every other day I would be called into the infirmary last year, and it is very quiet in school this year, but by no stretch of the imagination do I think that the drug problem is any less.

I think it has gone underground and there is considerable activity on the weekend and at night.

We still occasionally get students in the infirmary on Monday who have some kind of "drug hangover letdown" after the weekend. Where the students don't confide in us it is kind of the end of the line for us. I have these recommendations that I would like the panel and the Congressman to consider.

1. We need a full service mental health facility in the Northeast with additional funds for family counseling, marriage counseling, drug and other problems and psychiatric services at a low cost or reasonable cost.

We need this desperately.

2. It might be beneficial to investigate a law that New York has that possession of a large amount of drugs is tantamount to sale;

3. We in the school needed a clear statement regarding the use of undercover police and stakeout teams to investigate pushers and the role the school should play with the police on this particular item.

4. We need an alternative to regular high schools for those students who are arrested and convicted of drug pushing.

The only alternative we have right now is to transfer them to another public school and thereby infecting it.

We get rid of our problem to another school.

5. I guess you heard this all day—the School District of Philadelphia needs more money to operate the basic programs and restore some of the high interest activities that we have had to curtail due to the budget problems.

We met today and we discussed it in our committee, alternatives to drug abuse and the type of high interest activities that would attract young people today that are drying out and we can't run them without money.

We can't even run a dance at Lincoln without paying one hundred to one hundred and fifty dollars for opening the building and paying for the heat and so on so any Federal funds that would be put into Philadelphia to help out our financial situation would help us in any extra program that we could formulate for drug abuse.

This is a very big problem;

6. We need to look into the type of law that five states have, Michigan, Nebraska, Iowa, Indiana and Connecticut which includes school counselors within the scope of privileged communications.

As it is now it is a serious point, the school counselor must share the information with the school authorities and the vice-principal and principal and they must go to the family.

I am not sure what the consequences are when they don't, but it is rather clear that we stopped communications with our students when they know they have to communicate with other people.

7. We would like or we need the school to have a complete list of all of the services available in the Northeast that will help all problems, especially students with drug abuse problems.

We know of a few places. We know of The Bridge and Gaudenzia House and a lot of referrals to Nazareth Hospital, but in some cases—well, we would just like a complete list where we could get help.

Do you have any questions from me?

Mr. EILBERG. You have given one of the most detailed accounts we have had and I want to express gratitude. You have been very specific and very candid. We will have a brief statement from your student and please stand by.

CAROL WACKER. Yes.

(Name of student not given.)

STUDENT. I am a student at Lincoln High School and I would like to say something about the six week seminar that is being funded by the Pennsylvania Crime Commission. It is going to try to bring about a drug education and prevention program throughout the whole Northeast. Other high schools in the city and we started two weeks ago with the third session.

It was from 9:00 to 12:00 in the morning at Lincoln High School and around 11:00 o'clock each school which meets at Lincoln breaks up into separate classrooms and they have a workshop there.

I brought the question whether or not anyone in the faculty of Lincoln High School has any association with the Road at Frankford and Welsh and nobody knew anything about it. The purpose of the seminars at Lincoln is to try to set up a drug abuse and drug education program to try to help kids with whatever their problem is and no one knew anything about The Road. I went there last night and I was talking to Lila on the phone and what I would like to see get started at Lincoln—the only thing that I think could get started at Lincoln—would be a referral service. I think they could use all the help that they could get. Like last week we were talking about the lack of communication between student and faculty and I think there is a lack of communication between the school and the community because the faculty didn't know what was going on at The Road and last night I asked two di-

rectors of The Road who are here now whether they knew of the program that was going on at Lincoln and they didn't know anything about it.

Now, The Road said they would be more than willing to bring films and slides and lectures to the school to try to get any work shop started there. I think this could be the start of something pretty good.

Mr. EILBERG. Thank you very much.

Mrs. STUNDER. At this point I won't get blamed for lack of communication because I don't know how many letters have been addressed to Lincoln School from The Road and apparently they got into the wrong hands. I thank you very much.

Dr. LINDENBAUM (addressing Carol Wacker). You spoke about a workshop for people problems?

CAROL WACKER. No, this is for prevention and help for the student and today we examined for fifteen or twenty minutes alternatives for the students who are bored and don't have places to go and what the school can do to open up its doors at night to take care of the students.

That is one direction in which we are going. The other is for a referral service.

Dr. LINDENBAUM. What kind of education would you think is mandatory from the school?

CAROL WACKER. Receive a full unit in eighth grade and a full unit in eleventh grade. It is mandatory by law in Pennsylvania that all schools should teach drug abuse.

Mr. EILBERG. Thank you. And what about your second student?

CAROL WACKER. Our second student does not have a statement to make but knows something of the availability of drugs in the Northeast and will respond to questions.

Mr. SCHILLER. I would like to know whether the students, knowing that drugs are not good for their fellow students and themselves will be willing to inform on those who are pushing rather than those who are using?

STUDENT. I think that the majority of students would not.

Mr. SCHILLER. Would you tell us why?

STUDENT. It is like people don't want to blab on other people. They wouldn't like to tell.

I don't think it would be out of fear or anything like that.

Mr. EILBERG. About the availability, can you give us some ideas about how available drugs are?

STUDENT. Well, in the surrounding community drugs are very, very available, especially narcotics.

Mr. EILBERG. Can you tell us which kind of drugs?

STUDENT. I would say a great deal of heroin. In the last few weeks cheap bags have come back in circulation.

You have probably read that there has been a shortage in the city and they have bags coming back in the area for five or six dollars. There are some barbiturates around, methadone, acid.

Mr. EILBERG. Cocaine?

STUDENT. Cocaine, not really, acid. In school, I know in my school drugs aren't circulating really that much.

I would say that the only thing that has been going around was a few barbiturates.

Mr. EILBERG. Are any kids pushing?

STUDENT. Not really.

Mr. EILBERG. Is the pushing done from outside in the community?

STUDENT. Yes.

Mr. EILBERG. Is it getting worse? Are drugs more available than they have been say a year ago?

STUDENT. Yes, they are.

Mr. EILBERG. Do you have any ideas what should be done or what we should be doing about it?

STUDENT. I would say the only way to cut

down the drug abuse would really be to give some true information to people who experiment.

I think you really can't stop the flow of drugs except you might be able to cut down the amount of people using them.

Dr. LINDENBAUM. Do you have courses in high school in drug abuse?

STUDENT. Yes. I was going to the sessions on Saturday mornings.

Dr. LINDENBAUM. What is your opinion of these sessions?

STUDENT. I think they are very, very informal and they give general knowledge.

Dr. LINDENBAUM. They don't give you medical information?

STUDENT. No.

Dr. LINDENBAUM. What would happen to your body?

STUDENT. No.

Mr. EILBERG. Are kids paying attention to these sessions?

STUDENT. No, they are not.

Rev. QUINN. What we have found with the adolescent addicts is that although most of them have been exposed to biology courses and what have you designed to implant sufficient information, they literally had no conception of the damage that was being done to their bodies when they used these drugs.

We had a pharmacologist from Philadelphia Pharmacy School come over to talk to former drug abusers, and we got tremendous results. There must be something about the quality of information that we are imparting in all of our sessions that sounds good.

Mr. EILBERG. What do you think of the role of parents and child guidance? You heard other witnesses. In other words, if you have parents that care, that you can talk to, does that make a difference?

STUDENT. Yes, it does.

Mr. EILBERG. In every case?

STUDENT. I would say in most cases it does.

Dr. LINDENBAUM. I have talked in a few schools at the request of individual teachers.

The children are actually hungry for knowledge as to what narcotics are and what they can do to you, starting from the bottom up, including alcohol.

I feel it is actually dereliction on the part of the medical profession not to become interested in making sure that the child population and youth population is informed properly.

We have doctors in the City of Philadelphia who could impart this information.

The doctors could go to schools, bi-monthly or whatever, and have sessions with the students in various groups to impart this information. There is no coordination with the health department either.

Mrs. STUNDER. At what age should children be educated in drug abuse?

STUDENT. I would say beginning junior high. As soon as a child enters high school if they don't have the information they will be subject to drugs.

Mrs. STUNDER. And you feel it has to be taught to them down on their level, not in medical terms or technical terms?

STUDENT. I would say it should be basically their level, a little higher so we can look up and listen.

Mr. EILBERG. I want to thank you. What you have said here goes to the Congress of the United States and goes in the Congressional Record.

(First unidentified student comes back.)

STUDENT. There's something I would like to say is that I would like to see a little more of the school getting into the community like the school working with The Road.

I think that would be the start of, like I said before, the start of something really big in this.

Mr. EILBERG. Thank you very much. Joseph Ruggiero of the Self Help Movement.

Mr. RUGGIERO. I am Joseph F. Ruggiero, director of the Self Help Movement, narcotic rehabilitation program, probation department.

Mr. EILBERG. Is that the Philadelphia Court System?

Mr. RUGGIERO. That is correct, Congressman, Common Pleas Court.

Drug addiction, as we know it, is a cancer throughout our city and throughout our nation.

However, the big thing is that nine out of ten people that use drugs do not only use them because they want to use them or get kicks out of it, I feel that nine out of ten are using them because they are pretty sick individuals.

They are individuals who are emotionally upset and individuals who do not know how to deal with their feelings and the feelings of other people.

Now, nine out of ten of them also would not go for treatment if they weren't motivated to do so. So it is necessary for us to have some type of control over these people in order to try to help them.

If we do not have any type of control we are fighting a losing battle.

I know a lot of people say jail is not the answer and I agree. It is not the answer, but it may be an instrument of help.

In the self help movement our record in the past two and a half years, I would say the last year at least, our attendance has been ninety-five percent and one of the reasons for that is because those people who are on probation and assigned to the self help movement, if they miss a meeting without a valid reason, then we will press the judge to incarcerate them for a period of four days and then release them without a hearing.

That has brought up our attendance to ninety-five percent and we are dealing with some pretty sick individuals.

Of course, it has to be up to the individual judge to approve this action.

Also I would say the self help movement is not seeking a grant. For the past two and a half years it has grown without the help of a grant and will continue to do so.

What we need mostly is inpatient programs. We also need a therapeutic community on the street and unless we get that we are fighting a useless battle.

What I mean by therapeutic community on the street is at present we have four buildings and we are going to grow even longer, without any funds from the Federal government.

We are raising our own money through our own banquets and affairs and the individuals themselves who are on probation are paying a dollar a week and we have the help of the YMCA and up here in the Northeast the YWCA.

At Leiper and Arrot we started a program three months ago and we hope soon to be starting a program on Holmes Avenue at the YWCA.

The program offers confronting therapy. It is one that demands change. It is one that demands the individual who is on DPA to get off and go to work.

It is one that demands certain individuals to go back to high school and it is one that demands the individuals get a bank account and produce.

Out of thirty active cases so far and we hope to raise that to a hundred within the next few months there are about ten boys over a year's period of time, and I am not saying they are cured, we don't perform miracles but ten boys have been functioning better than ever before. They have been under psychiatric care, have jobs and some of them even have their own business and some have gone back to high school and training schools.

We have approximately five boys who have been with us two years functioning well and

we have at least two boys that next month will be almost off drugs completely for one year.

We are showing some type of control. We have boys, of course, who aren't doing too well and we have some boys that it is too early to tell, but at least we are very hopeful with the results we can see.

Now, I feel our program is open to non-probation cases and I do feel that probation is part of the answer, that we have an obligation to motivate the individual that wants help and the individual that doesn't know whether he wants help.

These boys wouldn't come to us at first because the program was too hard. It demanded too much and these boys did not want to change.

They are con artists. That is part of the personality but they need help and are crying for it. Therefore, we have an obligation to motivate them.

Another thing I would like to stress before I am done here is that our programs should start working together instead of worrying about how many cures one could have over another one because the individuals are the ones who are important.

The one here in the Northeast is probably an evaluation unit, designed to find out what programs are best for the individual because there is no one program for every individual and coordinating office. With that I will end my statement.

STUDENT. I would like to know where we could contact you.

Mr. RUGGIERO. I am from the probation department at 716 Market Street and my phone number is MU6 2989 and of course I work up in the Northeast. You can contact the YWCA and our main center is 714 Lee Street the YMCA.

I did fail to mention that we have been going into schools and starting various programs with the schools in South Philadelphia and we hope to do this in the Northeast.

Father QUINN. You are now a probation officer?

Mr. RUGGIERO. Yes. I am the director of the movement and I do have probation cases, yes.

Father QUINN. Would you have an average amount of probation cases in addition to your work with the Self Help Movement?

Mr. RUGGIERO. No, fortunately with the coming of another narcotic unit into the program, into the department, an evaluation unit, this has given me the opportunity to spend all my time with the self help movement.

We are not asking for funds. What the court is doing is supporting the movement by having me work at it daily and this is what I am doing.

Father QUINN. Can you give us any information about the number of clients or the case load the average P O in Philadelphia would have?

Mr. RUGGIERO. I would say that it is entirely too much, over one hundred and thirty cases.

Father QUINN. Per man?

Mr. RUGGIERO. I would say in some cases maybe up to two hundred per man, this is correct.

It is very seldom where you see a man with seventy or eighty cases, very seldom.

Father QUINN. Is there any way physically or emotionally that a probation officer could fill that kind of load?

Mr. RUGGIERO. I feel it is impossible. I feel through the self help movement that is a good opportunity because I have something that a lot of other programs don't have.

I have a good voluntary staff. We have a staff of over five people at present and have applications for fifteen more.

Father QUINN. Have you worked as a probation officer outside of the self help movement?

Mr. RUGGIERO. Yes, I worked in the ghetto area for a period of three years at Broad and

Columbia, Broad and Montgomery, and I have also worked as a liaison officer for narcotics.

Father QUINN. What is the maximum number of clients that you feel a probation officer can work significantly with?

Mr. RUGGIERO. I feel in order to do a good substantial job that fifty cases should be the limit, if possible.

Father QUINN. Do you feel that the probation officer can be a significant influence on the life of an adolescent drug abuser?

Mr. RUGGIERO. Definitely. Again it depends on what the probation officer has to offer, too.

In some case maybe private counseling will help but I feel that we just have to expand these therapeutic communities on the street and not only give them private counseling but very close supervision along with the therapy and other types of programs that we have available in the self help movement.

Father QUINN. Thank you very much.

Mr. ELBERG. Thank you. Our next speaker is Doctor Carl Hoffman, Nazareth Hospital.

Dr. HOFFMAN. Thank you very much for inviting me here today. It is awfully hard to know how to approach a topic of this kind. I have worked with it now for many years, originally in the Federal penitentiaries system and I find that there always will be a certain percentage of individuals who must have recourse to some type of outlet, whether it is alcohol or drugs.

This, of course, is a minor problem except in situations of stress, which I consider to be prisons, service, ghetto areas, stress areas of any sort of this kind.

Initially we deal with this from a medical aspect. We used to treat it, the bad effects of those who were involved with drugs of all kinds, drugs that at times could have a legitimate medical use as well as those that had no known medical use and such things as alcohol in addition.

We have come to realize that there are certainly many instances of very bad effects and yet we would find in many instances that after they have been used regardless of the compound that to varying degrees the individual would recover without ill effects.

This has often raised a question for us because as we treat it we treated effects, we never treated the person.

We never come to understand the matters involved in those elements that give rise to use of compounds that would change the psychic state.

It has only been in the last five years that we have taken a hard look at this.

After you see individuals come back you begin to wonder how you can prevent this. In this modern day of medicine which includes all aspects, even the sociological aspect of medicine, you begin to wonder how you can approach the problem in a preventive way.

To do this appropriately requires a deep searching analysis of the community.

Like many of you I have heard that we are rampant with drug abuse.

I am limiting it from this point on to the drugs of all kinds.

Yet I find it is difficult to get precise figures, precise involvement; for example we have requested, from nurses and counselors at school, requests from them for help but I find that many times in following up on these things or my staff follows up on them, that what we are really dealing with is not so much the drug problem but indirection problems of the youngster with his family and his community.

I am not for a moment suggesting that family or community is to blame or that the youngster is to blame. I am simply pointing out that there are factors involved that we haven't yet begun to analyze simply because we do not have precise figures. It is my feeling that there should be an in depth study of the entire community as to how much is involved.

I am not too sure you will ever get an ac-

curate figure although I believe we will get a reasonable kind of response.

If you talk to parents they, of course, will be concerned after the problem has hit, as a rule.

They are concerned: "What will you do?" It is less often "What can I do?"

With a youngster, he is imbedded and enmeshed in the problems of his family and community and he is troubled only when he has hit medical, psychological problems.

So where do we turn? Where do we go? We at Nazareth have tried to cooperate with just about any group who has come forth and said: "We will treat, we will try to prevent."

We will provide beds, for example, for detoxification but it is frustrating to know of the large percentage who go back to the same ways of doing things and the same ways of living that led to drug abuse.

Some of the ideas that I have are that the individuals and usually it is the youngster, the high school, grade school young adult who is involved, who is looking for not so much involvement any more as a relief from whatever he is doing in life, a relief from responsibility, a relief from pursuit of goals or establishing goals, lack of motivation and my emphasis has gradually shifted but not neglecting care, but the emphasis has shifted to trying to understand what we as human beings can do in a community to make it less desirable for any individual to get involved with drugs that take away from the individual not only his right to be an individual but his ability to be an individual.

Mr. SCHILLER. Thank you. Are there any questions?

Dr. LINDENBAUM. Do you actually treat your people on a one time basis or counseling session?

Dr. HOFFMAN. Initially keeping in mind that we at the hospital as physicians start out on a one to one relationship because the initial contact is a medical crisis and it is so vital not only to treat the individual medically but to let the individual know that we give a damn.

Then we look for the practical aspect in trying to find some way to treat in groups, because this seems to be the most practical way to treat this.

Dr. LINDENBAUM. How long are the follow ups?

Dr. HOFFMAN. Some of my own personal follow ups will go on for ten years and it is hard to say what is statistically significant.

Those that come back, are they having problems or have they simply themselves into a relationship, dependency relationship, and those who do not come back, are they well or are they mature or have they just drifted into other areas.

Mrs. STUNDER. Doctor Hoffman, I am aware there are problems at Nazareth but how many people would you say have been detoxified in Nazareth? We are concerned about the number of beds in the City of Philadelphia and in the Northeast for detoxification.

Dr. HOFFMAN. I would say that we average about one case a week. I have set aside several beds, a minimum of two, but more if a crisis would arise on detoxification problems. There are twenty-five psychiatric beds at Nazareth and the department of psychiatry is supposed to cover the whole community for all kinds of emotional and mental problems. So from the aspect of the bed situation it is horrible.

Mr. SCHILLER. Are there any other questions?

(Not answered)

Mr. SCHILLER. Thank you. Mr. Bruce Bell.

Mr. BELL. My name is Bruce Bell and I am administrative assistant to Mrs. Beatrice Roeser, Superintendent of District 8 which serves in Northeast Philadelphia.

Today you have heard many things about the schools and I am not up here to defend what is going on or discuss policy.

What I wanted to do today is not give

a prepared speech but just give an idea of some of the things we are doing in the schools.

We start at the elementary school level and we have programs from kindergarten through twelfth grade and I have some documentation on that.

We work closely with our nurses in the schools, on various school programs with both parochial and public schools.

Our schools have submitted some programs and we have such things as assembly programs, films, special assemblies and special speakers from the various hospitals.

We have some of our members of our schools who are members of the various community agencies.

For example one of our principals is a member of the Northeast Drug Counsel. We also worked very closely with the World Affairs counsel and they have a program coming up very soon on the drug spectrum and the senior high schools participate in this.

We have television programs that the school participated in and we have one that was just held recently called "Drugs."

One of our junior high schools recently showed a film and part of that film was to show what it is really all about.

They really showed the gruesome aspects of drugs and I have a newspaper article with that which I will leave and that describes how the children really reacted to it.

This was the thing they wanted. I agree with the young man who came up earlier.

We heard about the program at Washington High School. This program is being led by the Association for Jewish Children and Mrs. Goldstein spoke about it earlier. This program started with the cooperation of this agency and high school and has been running very successfully. There was an evening program where we had students and had parents at the Washington High School. It was a most successful program and it has been accepted by the community.

I have reports that I will leave with you about that.

As far as The Bridge is concerned we have been authorized a teacher at the facility and I would like to make that a part of the record.

We heard about the special program at Lincoln High School. Two hundred and twelve thousand dollars have been allocated for that program. This program is for students, counselors and teachers, nurses, school community coordinators, principal or vice-principal and members of the various schools.

At our educational service center we have a resource center and in this resource center we have many, many materials for teachers and community to come in and peruse and make available to the school.

We work very closely as a team with the school psychologist and counseling service and as a matter of fact we have our attendance supervisor here today. We work as a total team to work with the drug problem.

As far as Federal funds are concerned I would like to acquaint the people with what is going on.

We do have Federal funds. We have twenty thousand dollars and we are planning programs right now in three high schools in the Northeast. I thought you would like to know that.

Some of the publications that we use in our schools are distributed by the nurses' office regarding drugs, drug abuse, dropouts and we have other publications and publications from The Bridge which we use in our schools.

We have other sorts of publications and I have copies here and something was discussed about curriculum.

I thought you should know we do have curriculum planned because we know there is a need for it and this is the latest copy of the teachers guide (indicating).

This concludes my remarks. Now, I am not here to defend the policy.

Mr. EILBERG. I just want to make an observation and ask you a question which apparently is a difficult one.

Apparently we are in a period of permissiveness in schools. There is a lack of respect for the teachers, indifference, perhaps. It may have something to do with the national situation. There seems to be an indifference or inattentiveness. I am not making this charge but are kids in Catholic schools getting more attention?

Mr. BELL. I had varying degrees of feeling when I heard all of this because another one of my responsibilities is discipline for the district.

I can say this, with the new Board of Education and having discussed this with one of the board members who resides in the Northeast, there is going to be or there is in effect a tightening up of discipline within the schools.

I think the students themselves want it, the teachers want it, and I think we feel that more learning can take place when we have it.

I met with the secondary school counselors two days ago and we were working on the same kind of thing. We felt we needed more communication with students and more clerical work and more time devoted to this.

I heard Doctor Hoffman who was just up and we met just yesterday to develop better communications with the Home and School Counsel, the Home and School people of District 8 and Nazareth Hospital for the mental health center that we know we really need.

I think that perhaps there might have been some laxity but I think there will be tightening up.

I think everybody is asking for it.

Father QUINN. I would just like to make my own comments for the record and I want to thank Mrs. Roeser for aiding us in being able to provide the program for the kids, that we have at The Bridge.

Mr. EILBERG. Next I would like to introduce Mr. Martin, Ken Martin.

Mr. MARTIN. My name is Ken Martin and I live in Buckingham, Pennsylvania.

I would like to state first of all today that we are opening a drug and alcohol rehabilitation center within about five blocks of here for inpatient treatment. It should be opened within the next ninety days.

I have a couple of moments and I will tell you a little more about that.

I have been to about thirty or forty of these affairs, steering committees and you get the professionals, the drug addicts or alcoholics and you get two or three interested parents. But, as we all find out this is a subject that everybody likes to talk about but nobody likes to do anything about.

There is House Bill 850 which will appropriate approximately ten million dollars for the first time specifically for the treatment of children, drug addicts and is still tied up in committees.

This is the first time in Pennsylvania where money has specifically been earmarked for this purpose and it should be very helpful.

Now, as I said before we are going to open up and we are located at Milner Street and Grant Avenue. We entered into an agreement very recently to purchase this property from these people. It will be staffed with professionals and we will treat alcoholics and to a lesser degree drug addicts and beds will be available on an open bed basis.

Anyone, regardless of race, creed or color will be taken in and we will try to work out something after that as to continuing therapy. I agree that education on drug abuse should take place at about the junior high school level.

We had a patient at one time who was shooting fifteen bags of heroin a day and he

had a headache and somebody said: "Why don't you take a couple of aspirin," and he said: "I took a couple of hours ago. I don't want to kill myself."

I think you have to educate people, educate children on drugs, about the symptoms and you tell them the dangers and what not. Thank you very much.

Mr. EILBERG. Have you operated in the city before?

Mr. MARTIN. No, up in Pennsylvania. Mr. EILBERG. And this is not a nonprofit corporation. It is private enterprise?

Mr. MARTIN. Yes.

Dr. LINDENBAUM. Do you mix the alcoholic and drug users?

Mr. MARTIN. Yes.

Dr. LINDENBAUM. And therapy?

Mr. MARTIN. Yes.

Dr. LINDENBAUM. Will they be residing in the same units?

Mr. MARTIN. Yes, not properly in the same rooms together.

(at this point it was necessary for the reporter to change paper during which time a small portion of the testimony was not taken)

Mr. Rocco. I have somebody with me and she wants to make a statement.

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. How old are you?

UNIDENTIFIED PERSON. Twenty.

Mr. EILBERG. Do you live in Philadelphia?

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. Tell us about yourself?

UNIDENTIFIED PERSON. I had a problem and I wanted to get off drugs and like there wasn't any place I could go to get off them. I realized I needed help and I know people on drugs and they wanted to get off and there was no place they could go.

Mr. EILBERG. How did you get on drugs?

UNIDENTIFIED PERSON. Through my family. I had problems at home.

Mr. EILBERG. What drugs were you on?

UNIDENTIFIED PERSON. I used a lot of them.

Mr. EILBERG. Do you want to tell us what you used?

UNIDENTIFIED PERSON. I smoke grass, hash, shot speed and then went to heroin.

Dr. LINDENBAUM. How much heroin did you use?

UNIDENTIFIED PERSON. About two bags a day.

Dr. LINDENBAUM. What happened then?

UNIDENTIFIED PERSON. I wanted to get off. Dr. LINDENBAUM. You decided you wanted to get off drugs?

UNIDENTIFIED PERSON. Yes.

Dr. LINDENBAUM. What did you do?

UNIDENTIFIED PERSON. I went to The Road and they helped me a lot but they didn't give me the help I really felt I needed.

Mr. EILBERG. What did you think you needed?

UNIDENTIFIED PERSON. I needed to go in some place to get off them completely.

Mr. EILBERG. You mean as an inpatient?

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. Did you?

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. Is Mr. Rocco treating you now?

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. And you have been getting hypnosis treatments?

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. Are you still taking drugs?

UNIDENTIFIED PERSON. No.

Mr. EILBERG. Are you living at home?

UNIDENTIFIED PERSON. Yes.

Mr. EILBERG. Are there any questions?

Mrs. STUNDER. I attempted to get this young lady into a hospital. This is one of the crying needs I was talking about before and it's just impossible.

In fact we spent one whole night on the telephone talking, I think, to protect her sanity that night, and I am glad to see you here today and you are looking wonderful.

Mr. SCHILLER. You indicated that you had

trouble at home and that is why you started taking drugs, is that right?

UNIDENTIFIED PERSON. That is one of the reasons and the other reason was: "It's all over," and I figured why not, I would try it.

Mr. SCHILLER. You are living at home?

UNIDENTIFIED PERSON. Yes.

Mr. SCHILLER. Is this problem that existed at home still there?

UNIDENTIFIED PERSON. No.

Mr. SCHILLER. It was a problem that related to your relationship with your parents, is that correct?

UNIDENTIFIED PERSON. Yes.

Mr. SCHILLER. And have they gone to any counseling services while you were receiving treatment?

UNIDENTIFIED PERSON. No.

Mr. SCHILLER. How do you explain the change of the conditions at home?

UNIDENTIFIED PERSON. Well, like my father realized—like it took him a long time to realize that I was really getting messed up and we just sat down and talked.

It wasn't really bad with him.

Mr. SCHILLER. Do you feel as though if you really sat down and talked some years ago it might have avoided some of the problems you had later on?

UNIDENTIFIED PERSON. Maybe.

Mr. EILBERG. Mr. Rocco, do you want to present the other youngster?

Mr. Rocco. Yes.

UNIDENTIFIED BOY. You can find it almost on every corner and it goes around, like you can buy it out of vending machines.

It is all over high school.

Mr. EILBERG. How do you know?

UNIDENTIFIED BOY. I went to Lincoln and I could walk through the hallway and someone would buy dope and I don't have the habit, I just tried it and I found I could be happy without dope, so you like walk anywhere around the city and somebody will say: "Do you want dope?" and usually I turn them down.

Mr. EILBERG. How old are you?

UNIDENTIFIED BOY. Sixteen.

Mr. EILBERG. Do you still go to Lincoln?

UNIDENTIFIED BOY. No.

Mr. EILBERG. Are you working?

UNIDENTIFIED BOY. No, not at the moment.

Mr. EILBERG. What kind of dope is available?

UNIDENTIFIED BOY. There is marijuana and skag and everything.

Whenever you go where there are large gangs of people you'll find dope.

Mr. EILBERG. What can we do about it?

UNIDENTIFIED BOY. We need help. The Road is very effective and Mr. Rocco is doing as much as he possibly can.

If there were more places where the kids could go to get help and felt they were needed I am sure there would be a cutdown.

Mr. EILBERG. We need more places like the Road, is that what you are saying?

UNIDENTIFIED BOY. Yes.

ANOTHER UNIDENTIFIED BOY. I would appreciate it if you wouldn't ask me questions. I ain't talking about myself. I have a few friends and I don't know where they are now. They might be laying in the gutter. I'll tell you, I could take a walk and come back in a half hour with anything on me.

It's really bad. You know, just take it from me, it's all over.

Mr. EILBERG. Do you go to school?

UNIDENTIFIED BOY. I am hanging in there getting my diploma through night school.

Mr. EILBERG. You are not attending day school?

UNIDENTIFIED BOY. I just don't bother with it.

Mr. EILBERG. I wondered what school you attended and what the drug scene was there?

UNIDENTIFIED BOY. I went to Father Judge three years and that's high school and I got kicked out because I was a clown and I went to Lincoln for one and plus a couple of sum-

mers and didn't make out there and I'm going to night school now.

Mr. EILBERG. Was there anything going on at Father Judge when you were there?

UNIDENTIFIED BOY. No, not so much, not in the school, it's like meet me outside after school.

In school they ask somebody if they want it and say meet me outside. I'll tell you something, when I was younger I played all kind of sports at the Boys' Club and these people were outside doing the same thing and you have to have something else beside that and that's all I want to say here.

It's just a question of what is taking place and where we might go. It takes a lot of thought. All I can say you have to help people.

You go to a hospital, all right, and somebody might talk to the parents and then the parents find it is going to cost a hell of a lot of money and that's all that I can tell you.

Mr. EILBERG. Thank you. Next we will hear from Ray Perry, a probation officer.

Mr. PERRY. I am a probation officer in the Court of Common Pleas. I think methadone is probably, if you are hooked on it, a worse problem, more dangerous than heroin and there is no place in the City of Philadelphia that will detoxify a methadone user.

I know a fellow actually hooked on methadone. I attempted to get him in different facilities in the City of Philadelphia and I was unsuccessful.

No one would handle him because of the time factor involved.

Of course, he is not the richest man in the world and in fact he is on assistance. This is a problem and people don't know what to do with this young fellow.

This is something the panel can tell me. Where we are going or what we are going to do about methadone using. I think it is being abused and we have cases where they place an individual on medical probation for drugs and where am I going to send them and who am I going to send them to. They have to get up in the morning and get it in order to work for the day.

I think this is a serious problem and should be looked into.

Mr. EILBERG. Thank you very much. Our next speaker is Jerome Libby, assistant director for program development, Northeast Community Mental Health Center.

Mr. LIBBY. Speaking for the Northeast Community Mental Health Center, we wish to thank you for the opportunity to make a statement at this public hearing.

We would hope that the information provided by this hearing would serve several purposes. These would include, first, assisting the Congress in its effort to deal meaningfully with a major problem; second, making the community more aware of the realities of the drug abuse situation in Northeast Philadelphia and finally, supplying the service agencies in the community, including Northeast Community Mental Health Center, with additional information they can use in developing more effective approaches and programs for dealing with problems of drug abuse and addiction.

This statement should be taken as a preliminary statement. Our intention is to respond more definitively in a written statement which we will submit at a later date.

The Northeast Community Mental Health Center has been providing services to individuals with drug abuse and addiction problems from the time it became comprehensive community mental health center in the spring of 1970.

A significant percentage of the center's services are provided to individuals with drug problems.

The number of individuals with drug problems that the center has been serving has been increasing steadily and now constitutes

almost twenty percent of the center's service effort.

Drug abuse problems are handled within the context of the regular community mental health center program. We are not presently able to offer specialized drug abuse services.

The range of drug problems that we are serving is broad, including individuals using barbiturates, amphetamines and hallucinogens.

Two very necessary kinds of service that we are not able to provide at this time are detoxification in cases of heroin addiction and methadone maintenance of heroin addicts.

The demands for the entire spectrum of clinical services of the center are constantly increasing and unless the center is able to obtain funds to develop specialized drug abuse programs it may soon have to seriously reconsider how much of its resources it can devote to drug problems in relation to all of the other mental health problems which the center is required to serve.

Our community consultation and education service has been able to provide a number of kinds of service related to drug problems to agencies, individuals and groups in the community.

In addition to the more usual kinds of drug education activities such as speeches, lectures and panel discussions to organizations and agencies, a number of perhaps more meaningful activities have been developed.

These include a parent education group, rap groups with young people, leadership planning groups for community people and continuing consultation to schools and other agencies.

The center has also provided consultations to several grass roots, self-help organizations and agencies that have developed within the community in an effort to combat the drug problem.

This consultation has included training for volunteers, organizational consultation, assistance in obtaining government grants, development of procedures for determining effectiveness and staff development activities.

It is our feeling that the usual form of drug abuse education is not tremendously effective as a prevention activity.

In attempting to arrive at some conclusions about the extent of the problem in our catchment area, we have had considerable difficulty in obtaining consistent, reliable data.

There is considerable inconsistency in estimates of kinds and prevalence of drug usage within particular neighborhoods, schools or groups.

As a result of a series of group neighborhood meetings which Northeast Community Mental Health Center has sponsored in the past several weeks to obtain community input as to the community's mental health and mental retardation needs and priorities, our experience has been that the community seems to be somewhat less vocal about the drug issue than they were a year ago.

On the other hand, there seems to be more willingness to openly accept the existence of drug problems and to recognize the problem from a more appropriate perspective.

There also seems to be some greater understanding of drug addiction and abuse as a complex social, family and community problem.

The center is presently attempting to more clearly define the needs for more specialized services in its catchment area.

We intend to apply for funds to develop programs to meet the specialized needs which the center is not now able to satisfy.

We recognize the need for an extensive systematic research effort in the entire Northeast to develop definitive data about the extent of the problem and its relationship to and interaction with other problems in the community.

However, the need for additional data should not impede the community from moving ahead to develop the additional services that are needed now.

Mr. EILBERG. Thank you very much. Are there any questions?

(Not answered.)

Mr. EILBERG. We now have Mr. David Heydt of Central High School.

Mr. HEYDT. I am David Heydt and I am at Central High School and am a consultant to the current school board and have been running a peer group at the high school for the last three years.

As far as what has been happening in the school, I have to agree with the statements made earlier by Mr. Belford.

We need a clarification, a legal clarification and have to know where we stand.

Mr. Belford is at Washington High School and carrying on his work. I would like to talk a little bit about why is there a drug problem.

I have talked to various people in various schools and found that a lot of schools are not open at night. They don't have any lights in the gym and there is no place for the young people to go and the young people who are much more aware and are smarter are left out in the cold.

Had I been left out in the cold at their age and if drugs were available as they are now I would probably be a junkie.

That is all I have to say.

Mr. EILBERG. Thank you very much. Are there any questions?

(not answered)

Mr. EILBERG. Next we have Kathy Martin of Washington High School.

Miss MARTIN. My name is Kathy Martin and I am a student at Washington High School.

I have been working with some teachers because I do have a year and a half in the peer group activity.

What we have done is really get up and give them some kind of information and what to do and not to do.

They have been coming up against like a brick wall. It is incredible and you have to help them.

I don't see a program in Philadelphia for rehabilitation and this is a real problem. I have heard an awful lot of talking at my school about heroin and it is easy to say things but when it comes down to doing them, that's different.

Now it has come to the point where the principal does not want us to stick our necks out so that nobody backs us up.

Mr. EILBERG. What do you do in the peer group?

Miss MARTIN. I was involved in all kinds of things, talking to the people and you have to have an open heart. That's what it pretty much comes down to. Like, the problem is a very bad problem and I think you have to protect the teachers so that they can't get in trouble for trying to help people.

When you come down to it you are working with drug addicts and that is anybody that dabbled in drugs and to help them the teachers need to be protected so that they can go on with their work.

Do you have any questions you want to ask me?

Mr. EILBERG. Are drugs getting better or worse?

Miss MARTIN. Worse.

Mr. EILBERG. Are there any questions?

(Not answered.)

Mr. EILBERG. Thank you very much.

Mr. KORBY. My name is Mr. Korby and I am a member of the board of directors of The Road. I missed about half of what was going on here today but I was probably going to say the same thing as a lot of other people, about the drug problem.

I don't agree with the people who say you can get it on any corner. That's not true,

but if you know what corner in the Northeast to go to you can get it.

I don't use drugs but plenty of people I know use them. They can go out of the house and probably go a block or two and they can find somebody that will sell them drugs.

People offer people drugs just to get them off because they don't want to "get off" alone. I have talked to some of the people myself for as high as eight hours and they were taking LSD and needed somebody to talk to.

I really don't know what to say. We need programs up here. As far as talking goes, I am not really much for talking but I have been with this program about a year and a half now and I have seen all the struggles we had and when The Bridge first started I was up to that and somebody else I talked to was helping The Bridge.

You know, I have seen all the problems and I can't see why people would be so against people on drugs.

It's ridiculous.

Mr. EILBERG. Thank you very much. Mrs. Ferreira.

Mrs. FERREIRA. One of the most frightening problems of drug abuse is the severe and in some cases complete lack of knowledge on the part of parents. The abuse of drugs is rationalized, theorized, encouraged and ignored.

Since we live in a society that is deluged with television and other media advertising the glory of drug use, it is only natural that abuse of these same drugs becomes acceptable.

We are the only nation in the world that feels the need to invent a new sickness called "the blahs."

Various officials of the many Federal, State and city agencies have found it convenient to play "Ostrich" when it comes to taking an objective look at the problem that is seriously affecting the health and life of this country.

When it came time to show some interest in the alarming increase in drug related crimes and deaths, hearings were held. Who testified?

Some very knowledgeable people with good background in this field. Who made the press? The so-called "beautiful people" or the "avant-garde" gadflies who in order to maintain or perpetuate their image before the public proposed the legalization of marijuana or heroin.

The arguments went something like this—if you cannot enforce the law, then it follows that it is a bad law and should be abolished.

The same argument could be presented for robbery and murder; but would we be foolish enough to believe it?

Why not more verbiage on funding on complete and thorough studies of the effects of all drugs, long and short range?

What about complete educational programs for the people who need it most, the parents?

Why not sufficient funding for the counseling of entire families who have the misfortune of having a single member using drugs?

We recognize that a junkie has a life of hell; let me assure you that the same kind of life awaits the family unit of the drug abuser.

We talk of drug addicts, drug problems in number of known or estimated users, and all the while we are ignoring vast numbers of relatives emotionally torn and sometimes permanently scarred by a single abuser.

Some of the facts of drug abuse in the Northeast are:

1. Some school officials are naive to say the least. One principal had the audacity to proudly wave the figure of one and a half percent usage in his school—this represented a real figure of two hundred plus students.

2. Drug addicts are recognized by their long hair and sandals. This eliminated the need

to worry about short haired children being users or sellers.

3. Too many parents know more about "As The World Turns" and the "76ERS" than they do about their children. Drugs are not the only means of escape.

4. No thought or very little concern is given to the number of children who are "huffing." This has been overshadowed by the publicity given hard drugs.

5. More Northeast residents are willing to protest the rezoning for a drug rehabilitation house than are willing to protest apartment complexes and air pollution, a fact of life being that every neighborhood has its junkies and pushers at the present time, only they are protected by a single house or apartment status.

6. Very little is presently available in the way of treatment facilities for the children and adults of the Northeast. Every facility is presently overworked and understaffed and the waiting list is beginning to look like a telephone number.

7. Funding is inadequate and the wait from time of presentation of a request for funding to the actual funding is extremely long. To start now is what is necessary, expansion of existing facilities and creation of new ones.

I would like to suggest that you, Congressman Eilberg, use your good office to inform the school officials that it is wise to be innovative in instituting new programs for education such as Lincoln High is attempting to do.

I pretend no area of expertise in the drug field. I do not even pretend expertise in the area of parenthood.

I only wish to impress you with my sincerity and concern over the tremendous problem parents face in raising children in today's world.

We need all the help we can get.

We must secure the interest and concern of Congress. We must have made available to us all the tools necessary to prepare our children who are under the age of eight to be able to grow and flourish in this city without the tremendous pressures to experiment, turn on, join the crowd, that their older brothers and sisters are facing right now.

We need to know that when we say, "Don't do as I do, do as I say," it will not work.

And in this respect our children are smarter than we are. We also need the assurance that when we realize that we need counseling, something will be available for us and we will not be told that "You cannot be serviced here because you do not live within the area we serve."

Hopefully the Northeast will have all the needed facilities and Mr. and Mrs. Smith will not become number 952 on the waiting list.

At the present time John Smith has a greater chance that his draft lottery number will come first.

We also need to know that someone is acting on the request that buildings at Byberry be made available for treatment centers. We also need to know that the people here today are considered a formidable "lobby group," since we probably never have the funds available to hire a lobbyist, and it is up to us to continue to appear at public hearings at every possible opportunity to champion our cause.

I mentioned my lack of expertise so I cannot give you figures, but I can vouch for the number of parents with tears streaming down their faces that I have sat with until 3:00 or 4:00 a.m. because there was no expertise available.

I can vouch for the frustration of trying to get a parent help and being frustrated beyond belief after twenty plus calls and getting nowhere.

I can tell you how it feels when help is sought and the end result is being given a pamphlet to read. Did you ever try to read a pamphlet when your son is retching and sweating and crying?

Have you ever tried to remain calm, understanding and confident when your child reeks with solvents and can't see or hear you through his red-eyed stupor?

What parent is equipped to completely be objective about their child? How do you tell a parent not to panic when he is afraid his son will die before he gets the help he needs?

I realize that these are questions and not testimony in the form of solutions, however, solutions must come not from an individual but the Congress, the State and the city, with the help of the informed community.

I have seen many good changes since I started green and scared to death of Home and School audiences and this is good.

However, the changes have been slow. Some parents can't wait. Perhaps I can pretend to speak for parental contingents that are not here today because they did not know of the hearing.

Some are not here because they are so frustrated at this point that they could not hack one more hearing and end up disappointed.

Help us get the buildings at Byberry, help us make the community understand that rehabilitation houses are respectable, help us get the necessary funding for research, education and programs.

If you can help us with the above we can turn our frustration into profitable energy toward the children we love and don't know how to help.

Thank you.

Mr. EILBERG. Thank you very much. Next we have Mr. Braverman from Northeast High School.

Mr. BRAVERMAN. I didn't come to speak. I was asked to come here if any questions came up about Northeast High School.

We are a little upset about the drug problem in the Northeast and I am here to mention a few things about our experiences at Northeast High School.

One of the questions I am constantly asked is what is the extent of the problem at Northeast and I must say it is pretty hard to tell. I really don't know. I know that we have high school age boys and girls at the school who are helping in this work and all that I can say is we are having a hard time trying to discover the extent of the problem. The young lady from Washington spoke and I can understand her feelings because we experienced the same thing.

If we as teachers would counsel a child to come to us and say, "Look, I'm on heroin and I need help. Can I get help and not tell my parents?"

If you tell the parents you break the communication and if you don't tell the parents and send the child for help the parents can find out about it in a round-about way and you find yourself in a legal situation perhaps and the Board of Education cannot help you. You are on your own.

This is all I have to say.

Mr. EILBERG. Thank you. Our last speaker is Mr. Kent Saldan, executive vice-president of the Great Northeast Unity Congress.

Mr. SALDAN. The Greater Northeast Unity Congress comprising of over forty civic groups and organizations from throughout the Greater Northeast and representing over three hundred thousand residents, join the many other groups and organizations in supporting and working towards the continuation and development of strong drug programs and facilities in the Northeast.

Both community leaders and legislatures must meet and pool their ideas and resources to develop new programs and solutions to the serious problems and drug abuse in this section of the city.

We must establish drug centers, mobile

information centers and clinics so as to enable drug abusers easy accessibility to help. These centers should be geographically located to enable all residents to reach out and come in contact guidance and service.

We need strong education and drug programs in our school systems, community organizations and religious affiliations.

The Greater Northeast Unity Congress is indebted to The Bridge and The Road for their outstanding drug programs in the Northeast. Additional assistance and funds should be made available to these existent programs.

If each parent would take a personal interest in his offspring, fifty percent of the drug problems in the city would be eliminated.

The figures could be even higher.

The section of the Northeast north of Cottman Avenue, because of a population of over three hundred thousand residents, the present 7B catchment area cannot properly service all these people at the Nazareth MH/MR base service unit.

Restrictions stipulate a limitation of two hundred thousand people to a catchment area.

Therefore 7B catchment area must be split, creating a new 7C catchment area.

Allocations for drug programs should be instituted with Nazareth MH/MR base service unit prepares their next budget request, and that 7C prepares similar provisions.

These are concrete programs we can institute immediately.

There is not one cure-all for these complex problems. Our children have grown up under the influence of television advertising that whatever may upset or bother us, to pop a pill into our mouths.

Gentlemen, that is exactly what our generation is doing today. I understand you can't stop progress nor hurt the economy. If there are restraints on the hazards of cigarettes, we should look into the constant bombardment of television advertising of wholesale drug use.

The Greater Northeast Unity Congress is very proud that Congressman Joshua Ellberg has taken such an interest in drug abuse in the Greater Northeast and is prepared to do something about it.

Mr. EILBERG. Thank you very much and let me conclude by saying that we will have all the testimony transcribed and will boil it down and we will examine the information we have gathered today in an effort to better the conditions that exist.

I want to thank the Holy Family College for making its facilities available and thank the Northeast Philadelphia Health and Welfare Council for its worthwhile efforts in this matter and I think the community will be the richer because of what has been developed here today and ladies and gentlemen, I hope this will not just be a talk session but that something can be accomplished and I want to thank everyone for participating.

Thank you very much.

CONGREGATION SHAARE, SHAMAYIM,
GNJC,

Philadelphia, Pa., January 4, 1972.

Congressman JOSHUA EILBERG,
Longworth House Office Building,
Washington, D.C.

DEAR CONGRESSMAN EILBERG: Thank you for your letter of December 16, 1971 inviting me to participate in the hearing which you will be holding on Saturday, January 22, 1972 on the Drug Addiction Problem in Northeast Philadelphia. I appreciate your compliment in referring to me "as a person with expert knowledge." I would be more than happy to appear excepting that the hearing is being held on Saturday morning which is our Sabbath and therefore I shall be at Religious Services.

I feel that I have no special expertise, not because I am not working with the problem, but because there are no experts in the area of drug addiction. There are many approaches for alleviating the problem which has now become endemic in our community. That which was formerly thought as a simple solution is but one of many approaches that must be employed. I'm sure you know that drug abuse in Northeast Philadelphia has reached down into every strata of society and every age group. Experimentation with marijuana begins as early as fifth and sixth grades, and I have found through my own experience that it reaches epidemic proportions in the ninth and tenth grades. Fortunately, I have noted that by the time students reach the twelfth grade, graduation from high school, they have made up their minds whether they're going the way of the drug addict or have kicked the habit and maintain the straight life.

I believe that the program that has been instituted in the schools, that of drug education, is a good one and must be continued for all age groups. I would like to comment on another approach that seems not to have taken hold and yet appears to me as one of the most appropriate approaches that should be developed with the assistance of the youth organizations in the entire community.

This is the program of REACH as proposed by the Boy Scouts of America. I believe that Drug Abuse is a sociological problem more than it is a psychologic or psychiatric malady and therefore what we must do is create a tenor of opinion and feeling in the youth community that one can be straight and still be part of the world. If we can raise and build the position of the straight kid within his own peer group then we have achieved a great deal. The concept underlying this approach is that we develop group workers and youth workers who go out into the street and have kids proclaim loudly and clearly to all that will hear them that they are straight and not on drugs, that they're getting their "high" from those things that we consider socially acceptable forms of behavior. If and when we do these things, then we will find that others will join the cause. What we create is group opinion marching forward. Others will join the group and they will not feel socially ostracized and outside of the normal course of events.

The second approach that must be employed to try to stem the tide of that which we think is uncontrollable is the small rehabilitation resident community such as is in existence at "The Bridge." These will take the children and young people out of the homes in which they cannot live because they cannot find happiness there and give them a locale where they can relate to themselves as well as the community which surrounds them.

Lastly, I believe that the clinics that are already in existence must be doubled in number and that every approach, psychiatric, psychological, sociological, and medical be employed to ameliorate the problem. General education has been fairly good and this information service must be continued but I do not think that this necessarily need be the concern of the Federal Government. I believe that far more effective are the small residential communities and an outreach activity that can create a new climate of youth opinion.

I thank you for your interest in this problem and the concern that you have exhibited for every issue that affects our lives. I am sorry that I cannot be present to make a statement to your group. Please feel free to call upon me whenever I may be of service.

Sincerely,

ARNOLD H. FELDMAN,
Rabbi.

WILLIAM C. LEINHAUSER,
Philadelphia 2, Pa.

A DRUG ADDICT

The reaction and feelings of the drug addict are misunderstood and difficult to explain.

The true drug addict gets no ecstatic or exhilarating feeling from taking his drug. He must merely take it in order to feel normal and well: he simply maintains a condition of euphoria or well being; he is a harmless person with his drug but dangerous needing it.

However, without his drug he suffers a torment and illness that is the worst known to human suffering. At the prospect of being without his drug and before the physical symptoms are manifest he is terrified for the future of cessation and is ruthless and miserably unhappy.

Then he begins to sweat, is nervous and grows weaker and weaker rapidly.

Finally in his lowest state he has excruciating abdominal pains, nausea, and extreme sensitivity of skin and the pupils of his eyes dilate to such an extent that he can hardly see and shuns the light.

But the complete unhappiness of mind is the worst phase and he is so weak he can hardly raise a hand not to speak of standing.

The fact is he is deprived of that with which to combat his illness.

This article was written for me by a man who used narcotic drugs for years, but never had the experience of being without funds to purchase his drugs.

I have found after many years of experience that drug addicts must continuously use their keen minds to get money with which to purchase their drugs and resort to crime to meet that end.

FATHER JUDGE HIGH SCHOOL,
Philadelphia, Pa., January 20, 1972.
Representative JOSHUA EILBERG,
First Federal Building,
Philadelphia, Pa.

DEAR REPRESENTATIVE EILBERG: Thank you for the opportunity to submit this statement to your sub-committee hearings on drug abuse. I sincerely regret the conflict that keeps us from participating in person.

The faculty, student body and parents of Father Judge High School are deeply concerned with the problem of drug abuse and availability in this particular area but also throughout our society. I hope the data provided will assist your committee in understanding our concern and in evaluating our area drug situation.

At the present time we have formed a twenty member committee (ten faculty members and ten student members) to foster a drug education program. I might mention that similar groups have been formed in other local high schools both public and parochial. (Northeast, Lincoln, Frankford, Washington, North Catholic, St. Hubert's and Archbishop Ryan). These committees are currently involved in a federally funded six weeks program held on Saturdays at Lincoln High School.

This program consists of talks by professionals and small group discussions of local problems of drug abuse. These meetings have helped us develop the following procedure:

(1) We must establish a student directed program. It may be regrettable, but it seems certain that previous programs and approaches failed, to a great degree, because teenagers seem to lack trust in completely adult operated activities.

(2) Some office facilities are to be provided within the schools.

(3) Identification of the problem must be a key ability of the members. Obviously the approach to the occasional Marijuana user

is to be different than the method of handling heroin addicts or methadrine users.

(4) Attempts to correct the problem can include counseling medical assistance, encouragement to join voluntary centers such as "The Bridge". I admit some of this may sound uncertain but the record of real rehabilitation of drug abusers is difficult to ascertain. If we have one such certain program or center I'm sure we would all flock to its doors.

(5) A strong effort at prevention is being developed by our students. We presently hope to form a knowledgeable cadre of teen-age speakers in order to reach into the seventh and eighth grades of schools that are in our area—our "feeder" parish grammar schools. We are hopeful that this approach may far exceed the proverbial "ounce of prevention".

(6) On the parent level we hope to establish an extensive self-education procedure that will give the adult community a greater awareness of pre-drug use conditions as well as danger signs of actual use. With all the information on drugs that seems to be available, we still find a large area of adult ignorance.

(7) We also believe that, in some way, we must honestly examine alcohol usage in both the adult and youth segments of this community.

How successful we will be in this endeavor is hard to predict. We have tried numerous steps in the past but we sincerely believe that this joint approach of private and public schools, the common effort of adults and teenagers, the cooperation of local and federal agencies are definite harbingers of progress toward a successful program.

I would like to wish you well in this hearing and am sure all of the schools in the area are interested in obtaining any information your committee may collect that may help us in our efforts in this area.

Thank you again for the opportunity to explain our efforts to you.

Sincerely yours,
(Rev.) WILLIAM F. DAVIS, OSFS,
Principal.

LOWER KENSINGTON
ENVIRONMENTAL CENTER, INC.,
Philadelphia, Pa., January 14, 1972.

HON. JOSHUA EILBERG,
First Federal Building,
Philadelphia, Pa.

DEAR CONGRESSMAN EILBERG: The problem of drug addiction in the Northeast has been on a steady climb since I was eleven years old.

The steady increase has not only involved a great number of young adults, but also tends to involve youngsters at a younger and younger age. Not only is the addict supplied by the illegal market but very often, the medical as well as the adult community, supply legitimate drugs to the community. There is a desperate need for residential rehabilitation centers, under the therapeutic model of Lower Kensington Rehabilitation Center, to be established throughout the general community.

I wish to thank you for both your concern and efforts to help not only those of us who have been addicted but those of us who are no longer addicted and may I personally offer my assistance to you.

Sincerely yours,
EDWARD LENTZ.

NEIGHBORHOOD CENTER BRANCH,
Philadelphia, Pa., January 18, 1972.
Re: Drug Hearing—January 22, 1972, Holy Family College, Grant and Franklin Ave.
Congressman JOSHUA EILBERG,
Longworth Building,
Washington, D.C.

DEAR CONG. EILBERG: It is the feeling of the staff at the Neighborhood Centre Branch of

JYC that the northeast is in urgent need of treatment centers to deal with the drug problem. Most crucial is the problem of providing immediate and emergency help when the situation arises. We feel a beginning step has been made with such agencies as The Bridge and The Road which reflects a grass-roots attempt to deal with the problem. We understand that such efforts are in great need of financial resources. This is most certainly a priority in terms of making funds available.

With regard to long-range plans around prevention and education, there seems to be a need for greater effort to coordinate and intensify these kinds of programs. At this point, most programs seem fragmented with little impact. My agency is especially concerned about the area of drug education, since we feel that our particular expertise can have its greatest effect in this area. As social workers in this agency, we are extremely attuned to the function of preventive socialization breakdown and feel that our competence can be useful in this area.

I hope these observations are helpful as you begin to develop your plans for dealing with this urgent problem.

Sincerely,
SIDNEY M. MELNIK, ACSW,
Director.

GEORGE WASHINGTON HIGH SCHOOL,
Philadelphia, Pa., January 20, 1972.
Congressman JOSHUA EILBERG,
Federal Bank Building,
Philadelphia, Pa.

DEAR MR. EILBERG: I regret very much that something has come up which will prevent me from attending the meeting on Saturday at Holy Family. I am, however, sending you information which you may find helpful to your investigation.

First of all, may I say that none of us in this school feel we can estimate the amount of drug usage in our community. We do realize that a problem exists but it is very difficult to discover its extent.

You are also interested in programs being conducted on drug abuse education and prevention at George Washington High School. Following is a list of our programs:

1) Peer influence education project—a group of students and one staff member were trained over a period of seven weeks in the spring of 1970 and worked within the school to help educate and listen to students who had questions or problems which were drug related. This original group helped to train others in the school to listen to and help students through difficult situations.

2) Assembly programs by a leading drug-educator presented to all grade levels.

3) A leading physician and educator spoke to our faculty meeting on drug use and abuse and what the staff could do to alleviate the growing menace of drugs in schools.

4) Several talks given by members of the peer influence group—students and staff before other school groups as well as community groups.

5) An evening program presented by the Home and School Association for Community discussion and reaction on drugs, home problems, sex, etc.

6) An emergency "Hot-Line" phone number for critical situations that needed immediate attention. This involved a physician, a lawyer and a minister.

7) The present program of six Saturday mornings with the major thrust on drug prevention and an enlarged team of teachers from the English, Social Studies, Science and Health Education disciplines, Nurse, and an Administrator, together with as many as 30 students from the 10th and 11th grades.

Sincerely yours,
LENORA S. YOUNG,
Principal.