A PUBLIC EDUCATION CAMPAIGN ON DRUG ABUSE

(PHASE ONE)

October 15, 1969 - October 15, 1970



LAW ENFORCEMENT ASSISTANCE ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE

032



Informational Report Prepared By Metropolitan Washington Council of Governments

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LAW ENFORCEMENT ASSISTANCE ADMINISTRATION OFFICE OF LAW ENFORCEMENT PROGRAMS

DISCRETIONARY GRANT PROGRESS REPORT

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١.	Grantee: Metropolitan Washington Council of Governments	4. Grant No., 5. Date of April 1 Report: X October 1 Other
2.	Implementing Subgrantee: N/A	6. Grant Amt. 7. Character X Interim of Report: Final
3.	Title or Character of Project: A Public Education Campaign on Drug Abuse (Phase I)	8. Covering Period: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
To:	Report Control Clerk Office of Law Enforcement Programs Law Enforcement Assistance Administry Department of Justice, Washington, E State Planning Agency, State of	eation 0. C. 20530
	Submitted herewith is the grantee's shown above:	progress report for the period
		Project Oractor (Signatura) Mr. George J. Sharpley Director of Public Safety
		(Typed Name and Title)

[Commence report below and add continuation pages as required.]

This project was supported by Grant #70DF-032 awarded by the Department of Justice, Law Enforcement Assistance Administration, under the provisions of Section 306 of the Omnibus Crime Control and Safe Streets Act of 1968 to the Metropolitan Washington Council of Governments, Washington, D. C.

DETAILED DESCRIPTION OF WORK PROGRAM TO DATE

In January 1969, law enforcement and criminal justice experts, testifying before the Senate District Committee on Crime in the District of Columbia, expressed their belief that from one-half to two-thirds of the crime committed in the Washington metropolitan area was drug related. It was further suggested that, in addition to inadequate financial support, a lack of coordination and communication among the drug abuse treatment programs in existence rendered them somewhat ineffectual in combating this serious problem.

Recognizing the severity and scope of the drug abuse problem, and the need, therefore, for regional solutions, the Metropolitan Washington Council of Governments (COG) submitted a nine project grant application directed toward narcotics control, prevention and rehabilitation to the Law Enforcement Assistance Administration (LEAA). On October 15, 1969, LEAA authorized a discretionary grant to the Council to carry out one of these projects, namely the development of a mechanism for coordinating the various drug programs in the metropolitan area and the development of a public education program.

The accomplishments of this project over the past year should be reviewed against the background of the sponsoring organization, the Metropolitan Washington Council of Governments. COG is the voluntary organization of the metropolitan area's major local governments and their governing officials, as well as the area members of the Maryland and Virginia legislatures, the United States Senate and House of Representatives, and members of the Congressional District Committees. In all, fifteen local governments belong to COG.¹ The Council works toward solutions to such regional problems as air and water pollution, crime, transportation, and water supply.

Organizational policies and programs are determined by the full membership and carried out by the Board of Directors. Policy proposals are developed and channeled to the Board and the general membership through policy committees such as the Drug Abuse Task Force, established in May 1969 in response to a request for regional coordination in this problem area from the Chairman of the Senate Committee on the District of Columbia.

^{1.} The District of Columbia, Montgomery, Prince George's, Arlington, Fairfax, Loudoun and Prince William Counties, and the cities of Rockville, Takoma Park, College Park, Alexandria, Fairfax City, Falls Church, Bowie, and Greenbelt.

^{2.} See Page 33 for Organizational Chart.

These policy committees, composed of locally elected officials, are provided assistance by a number of technical committees consisting primarily of professional experts from the staffs of the member governments. In addition, the Council itself has a supporting staff which includes eight departments: Administration, Community Resources, Data Systems, Health, Public Affairs, Public Safety, Regional Planning and Transportation Planning. The Department of Public Safety was given the responsibility of carrying out the requirements of this grant, in addition to other functions such as criminal justice planning for Montgomery and Prince George's Counties, Maryland; providing staff support for various technical committees, and comprehensive law enforcement planning for the entire metropolitan region.

As previously noted, the major policy committee which relates to the drug abuse program, the Drug Abuse Task Force, was formed in response to the crisis situation outlined before the Committee on Crime in the District of Columbia. In announcing the establishment of the Task Force, the COG Board of Directors urged it to "pursue with urgency" an action program "directed toward control of the abuse of narcotics and other dangerous drugs..." Congressman Gilbert Gude of Maryland stated that COG had a unique responsibility in this regard because "the traffic involved in drug abuse knows no jurisdictional boundaries."

The overall purpose of the LEAA grant was to encourage individuals and organizations to become more involved in the prevention of drug abuse throughout the metropolitan region by accomplishing two specific goals. The first was to establish a mechanism for coordinating the drug use prevention and addict rehabilitation programs operative in the region. The second was to initiate a public education and information program aimed at directing addicts and drug abusers toward treatment and non-users away from experimentation with drugs. order to pursue these aims, four functional areas concerning drug abuse were delineated: Clearinghouse, Public Information, Sentencing Alternatives and Curriculum. In each of these areas, consistent with COG's organizational philosophy, the emphasis was placed on planning rather than operations so that community based groups and persons already working in this field could go forward with newly developed programs. Only when no other vehicle for performing a particularly needed function could be found, did the staff engage in operating programs. However, when agencies later expressed an interest in performing such activities, the COG staff quickly turned these functions over to them. This philosophy is best exemplified by the staff's assumption of telephone referral services early in the grant year only to turn this activity over to the District's Narcotics Treatment Administration once that program became fully operational.

I. CLEARINGHOUSE

In establishing a mechanism for coordinating metropolitan area drug abuse programs, COG's role was seen as that of a clearinghouse -- for people and programs rather than for literature and informational publications. This function has been primarily performed by the organization, Drug Central, which originated in December 1968 when

Mr. Ronald Grognet, a psychologist at St. Elizabeth's Hospital, began to hold meetings of persons working with the problems of drug abuse. The original group grew into a sizeable voluntary federation of individuals, groups, public and private social service agencies, civic organizations in the metropolitan Washington area, and representatives from congressional offices. The organization's objectives were to facilitate the voluntary coordination of drug programs in the District of Columbia, to establish an information exchange among members and to collect and disseminate information related to drug abuse to the public. As its membership expanded, so did its needs, which included secretarial services, a permanent meeting place and staff support. In early fall, this committee (to become known as Drug Central) was brought into COG to function as a technical advisory committee to the Drug Abuse Task Force.

Drug Central Committee meetings were held initially twice a month until the group became so large that monthly meetings were decided upon. The mailing list which is maintained in order to circulate newsletters, surveys and other informational documents, as well as meeting notices and minutes, consists of over 200 members, representing approximately seventy agencies from the area. A sample cross-section of this membership would include:

(1) Government:

- -Bureau of Narcotics and Dangerous Drugs
- -Narcotics Treatment Administration of the District of Columbia Government
- -National Institute of Mental Health
- -Arlington County Drug Information Clinic
- -Alexandria Community Mental Health Center
- -Fairfax County Drug Abuse Program
- -Montgomery County Drug Abuse Program
- -Family Services of Prince George's County
- -Northern Virginia Planning District Commission
- -State of Virginia Division of Justice and Crime Prevention
- -State of Maryland Governor's Commission on Law Enforcement and Administration of Justice
- -Maryland State Drug Abuse Authority

(2) Private:

- -Blackman's Development Center, Inc.
- -Bonabond, Inc.
- -GUIDE (Guidance, Understanding, Information in Drug Evaluation), Prince George's County and Washington, D.C.
- -Regional Addiction Prevention, Inc.
- -Fairfax-Falls Church Health and Welfare Council
- -Arlington County Community Inn Community
- -The Free Clinic
- -Montgomery County War on Narcotics
- -"Second Genesis" -- Alexandria, Virginia
- -Washington Area Council on Alcoholism and Drug Addiction

(3) Interested Individuals:

- -Lawyers
- -Doctors
- -Congressional Staff
- -Clergymen
- -Private Citizens

The size of the group and the difficulty of articulating a position from an informal, unstructured vantage resulted in the request of the members for reorganization of Drug Central by means of written bylaws and the establishment of a steering committee. As of this writing, the bylaws have been proposed but not acted A steering committee, Action Committee for Drug Central (ACDC), was formed in July 1970, composed of a selected number of directors (or their representatives) of on-going drug abuse programs in the Washington metropolitan area. The meetings that have been held up to this point in time have been concerned with such issues as the ultimate direction of the larger Drug Central, the establishment of .a uniform reporting and identification system for both treatment program participants and drug abusers in the metropolitan area and the question of media reporting of treatment programs. that, in the future, issues of concern to the committee can be translated into policy statements which can then be easily transmitted to the Drug Abuse Task Force for possible action.

The Drug Central Committee has proven to be a viable mechanism in eliciting cooperation among persons and agencies in this important area and in stimulating local community action to deal with the drug abuse problem. It is being viewed as a model for other communities, most recently the metropolitan area of San Antonio, Texas, which is in the process of establishing a Drug Central patterned after COG's.

Another technical committee related to the drug abuse program is the Regional Narcotics Subcommittee established under the auspices of COG's Regional Police Chiefs' Committee. The Subcommittee's members are police officers and supervisors from the Baltimore/ Washington area whose duties are to investigate illegal drug traffic and use. The Committee meets on a monthly basis to exchange information about current drug problems in the area, new legislation concerning drugs, new techniques and aspects of drug investigations and other matters of joint interest. With the support of the local office of the Bureau of Narcotics and Dangerous Drugs (BNDD), a name file of local personnel who are involved in illegal drug use in the Baltimore/Washington area has been compiled. The estimated size of this file approaches 5,000 in numbers at the end of calendar year 1970 and has, reportedly, been of great assistance in identifying drug abusers for local police departments. Units being served by

3. The following organizations are represented on the steering committee:

Alexandria Community Mental Health Center, Arlington County Drug Information Clinic, Blackman's Development Center, Bonabond, Fairfax County Drug Abuse Program, GUIDE Prince George's County, Montgomery County Drug Abuse Program, District of Columbia Narcotics Treatment Administration, Last Renaissance, RAP, Southeast Neighborhood Action Board Drug Abuse Program.

this Committee include Arlington, Alexandria, Falls Church, Anne Arundel, Prince George's, Baltimore City, Baltimore County, Cumberland, the District of Columbia, Fairfax County, Maryland State Police and the Armed Forces Police.

II. PUBLIC INFORMATION

COG's Drug Central has maintained a clearinghouse for information on speakers and referral services for drug abusers, and, until other such operations came into existence, the Drug Central telephone number was publicized as a source for those two types of information. Now there are a number of "bot lines" and telephone referral services as well as speakers bureaus in the metropolitan area which Drug Central in turn publicizes through its surveys of regional facilities. A number of persons continue to call for this information, however, and more recently a number of requests have been received for assistance in finding employment in the drug abuse treatment and education area.

Over the past year, a great many requests have been received for assistance in planning and organizing training programs, seminars and workshops on the topic of drug abuse. Local church groups, PTA's, the Junior League of both Washington, D.C. and Richmond, Virginia and the League of Women Voters were among those who initially asked for guidance. More recently, a representative from IBM has been in contact with COG for assistance in setting up a rather ambitious workshop program for top level managers and executives of that organization. The Civil Service Commission, the Air Force, and several local universities have also received assistance from COG both in developing the substantive aspects of their programs and in seeking appropriate participants.

Another project undertaken during the grant year in response to the request of Drug Central members has been the distribution of a drug abuse newsletter. The original publication, "Dopesheet", was distributed in the fall of 1969. In the spring of 1970, the format was changed to include a compilation of news articles, which is of interest to the members of Drug Central, as well as updated information concerning area drug programs. This new publication, entitled "Vibrations", has been the source of many favorable comments and has proven to be helpful to public officials among others, who rely upon it for articles and speeches.

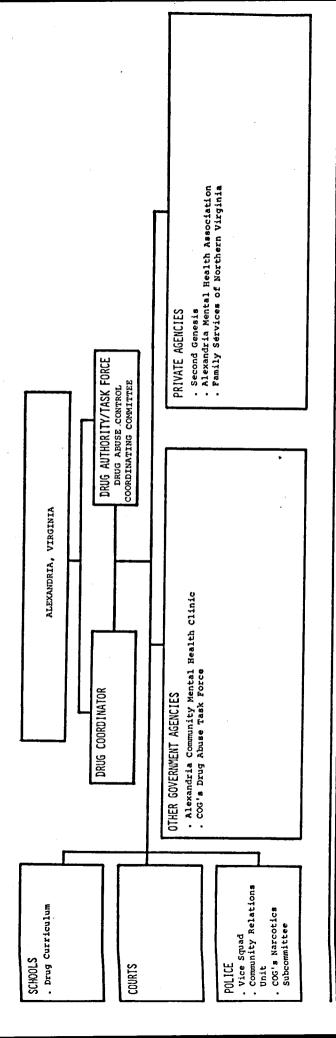
In response to the many requests for drug abuse treatment information received by the staff from concerned citizens, parents, public and private agencies, and in light of the advent of various new drug programs springing up throughout the region, COG developed the first survey of such programs in the metropolitan Washington area in October 1969. It soon became obvious that many of these programs, especially the newer ones, were seriously lacking in funds and proper facilities, as well as in public recognition of their existence. Therefore, a more detailed survey was produced by COG in December 1969 which was widely circulated in the region. Local officials and organizations have reported that this document is of great value to them.

At the same time, COG developed a resource list of services for drug abusers that was presented to over 500 Northern Virginia doctors at the Drug Symposium for Concerned Northern Virginia Professionals. This information was further updated and presented to the Georgetown Doctors Committee on Drug Abuse.

Inasmuch as the initial surveys appeared to be informative and well received, COG produced its most recent survey of drug abuse programs in the metropolitan Washington area in June, 1970. Building on the two previous publications and a tremendous amount of street work, this survey has been widely distributed throughout the area4 and was, in fact, incorporated en toto by radio station WWDC in preparing their Community Action Program publication.

COG recognizes the need to revise the June survey in light of the establishment of several new important treatment programs in this area and the constant change in the nature of services provided by others. This will be done in the near future as one of several activities which are not being refunded through LEAA and therefore will be supported by COG. In order to update the survey, however, it has been necessary to make a comprehensive review of available resources. The results are reflected in the following overview of the current status of regional facilities and services.

^{4.} The survey was distributed to metropolitan area judges, prosecutors, public defenders, probation and parole officers, school personnel and other interested persons.



	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT . Alexandria Community Mental Health Clinic
REHABILITATION AND SENTENCING ALTERNATIVES — —	HALFWAY HOUSE . Second Genesis (NARA)
REHABILITATION AND SE	IN-PATIENT SERVICES
	HOTLINE/ INFORMATION/ REFERRALS . "First Step"
CEMENT	LEGISLATION
ENFOR	SPECIAL UNITS Vice Squad Community Relations Unit COG's Narcotics Subcommittee
EDUCATION AND PREVENTION	MASS MEDIA/ PUBLIC INFORMATION Community Relations Unit Alexandria Mental Health Association Drug Central
— — — EDUCATION AN	EDUCATION PROGRAMS . Drug Curriculum . CoG's Technical Advisory Committee

ALEXANDRIA, VIRGINIA

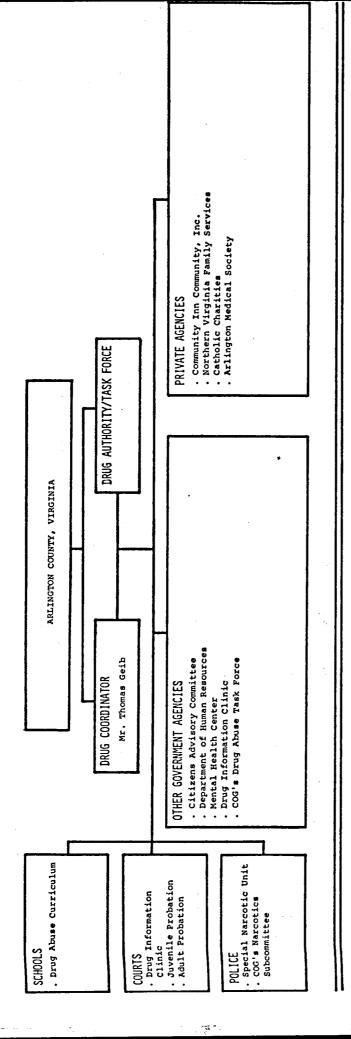
. The Drug Abuse Control Coordinating Committee has evolved out of the Drug Abuse Task Force study group. It is a policy making body consisting of representatives from the schools, health department, courts and other community agencies as well as members of the City Council and representatives from the private sector.

I. Prevention and Education:

- . The public school system has developed a two phase comprehensive drug abuse curriculum (k-12), the implementation of which is discretionary with the teacher.
- . The Alexandria Mental Health Association will arrange for speakers, make referrals and disseminate drug abuse information.
- . The Police Community Relations Unit is concerned with the areas of education and prevention and stresses these concerns in their contacts with the community.

II. Sentencing Alternatives and Rehabilitation:

- . "First Step", a hotline service, is maintained by the Alexandria Community Mental Health Center and Second Genesis.
- . Family Services of Northern Virginia provides a limited counseling program for juvenile drug experimenters developed in conjunction with the Alexandria Community Mental Health Clinic.
- . Alexandria Community Mental Health Center is supported by patient's fees and funding from the Narcotic Addict Rehabilitation Act contract for Northern Virginia. Services include outpatient, individual, and group therapy sessions and supportive services such as vocational training, job placement, etc.
- Residential treatment is offered by the Community Mental Health Center at "Second Genesis", a therapeutic community based on self-help programs such as Daytop, Synanon, etc. A storefront center is due to open-soon.



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EDUCATION PROGRAMS . Drug Abuse Curriculum . Drug Information Clinic . COd's Technical Advisory Committee	MASS MEDIA/ PUBLIC INFORMATION Drug Information Clinic Drug Central Mental Health Association Service League of No. Virginia Arlington Medical Society	SPECIAL UNITS . Narcotic Unit . COG's Narcotics Subcommittee	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT Drug Information Clinic (Counsel- ing) Community Inc. (Counseling, abatinence) Northern Virginia Family Services Catholic Chari- ties

ARLINGTON COUNTY

- . The Arlington Citizens Advisory Committee is an outgrowth of the Arlington County Drug Abuse Task Force that was dissolved in June, 1970, when the Committee was formed. The role of this group is to work closely with the drug abuse facilities and services for the County. The Committee membership was drawn from the Drug Abuse Task Force.
- . Mr. Thomas Geib, former supervisor of Arlington Juvenile Probation, was appointed coordinator of Arlington drug programs in August, 1970, by the County Board. He will work under the general supervision of Dr. Mayers, Director of the County's Human Resources Department.
- . The Arlington County Department of Human Resources will supervise all present and proposed county government drug abuse programs.

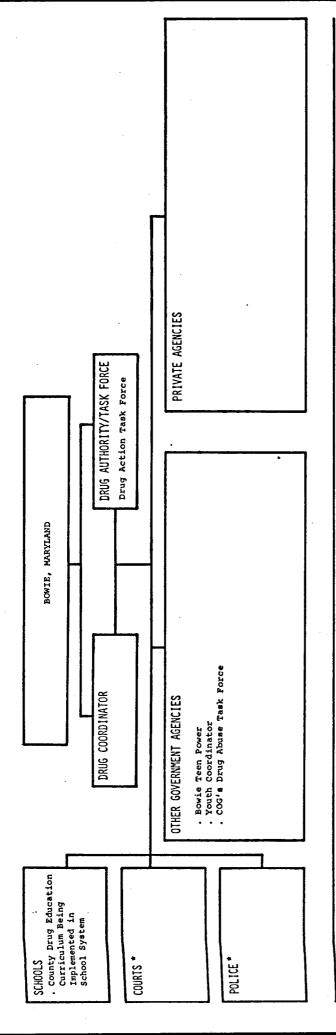
I. Prevention and Education:

- During the past school year Arlington provided a three week unit on alcohol, tobacco, and drugs, taught in 7th and 9th grade health classes. During the summer, the school system has been developing a broader drug curriculum for the 1970-71, school year.
- . Arlington has a special narcotic unit. Members of the unit volunteer to speak to interested groups on drug abuse.
- Arlington Drug Information Clinic probation officers speak to interested groups on drug abuse including formal programs at the three public high schools in the County.
- . The Arlington Medical Society provides speakers on drug abuse through its Drug Abuse Committee.
- Catholic Charities provides limited counseling for juvenile drug experimenters within the family context.

II. Sentencing Alternatives and Rehabilitation:

. The Juvenile Court either refers drug offenders to treatment programs in the area or places them on probation supervised through the Drug Information Clinic. The County Court places some sentenced adult drug offenders with the Virginia State Probation and Parole Office but the services are limited.

- . The Arlington Drug Information Clinic is operated out of the Juvenile Probation Office and provides a forum for discussions between groups of non-related parents and adolescents with drug problems on Monday and Wednesday nights.
- The Arlington County Mental Health Center provides services for all mental health problems in the County on a walk-in or appointment basis. The Center has served approximately twenty persons with drug related problems in the last year.
- Community Inn Community is a walk-in clinic designed to serve drug addicts in South Arlington. Doctors and ex-addicts work with drug abusers in an abstinence program with "rap" sessions held in the evenings.
- . Arlington Medical Society (AMS) provides speakers on drug abuse through its drug abuse committee chaired by Dr. Burn.
- . The Service League of Northern Virginia has given \$15,000 to Arlington Hospital to help fund a planned toxicology laboratory that will include some work with drugs. Mrs. Nancy Falch is president of the league.
- . The Northern Virginia Mental Health Association is a Health and Welfare Council affiliate. It pinpoints issues and promotes citizen participation and contributions in the area of mental health, including drug abuse prevention. Mrs. Orton is the director of the association.
- . Northern Virginia Family Services provides a family counseling program for drug related cases involving parents and children. A limited counseling program for juvenile drug experimenters has been developed in conjunction with the Alexandria Mental Health Clinic.

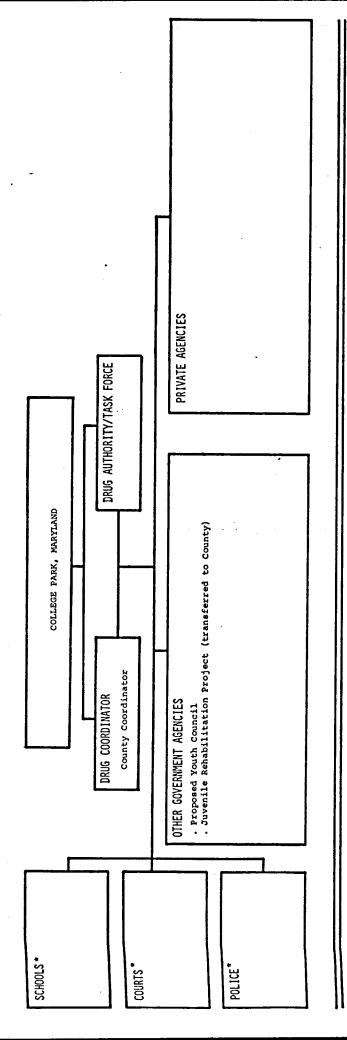


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BOWIE, MARYLAND

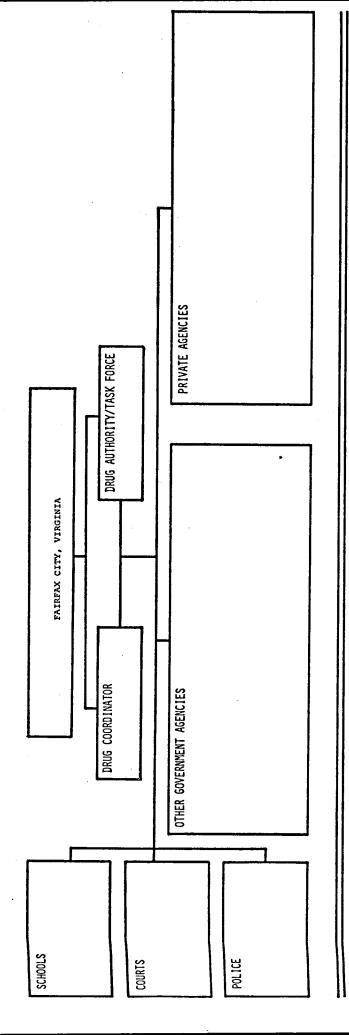
The Ad Hoc Drug Abuse Task Force is in the process of evolving into the Drug Action Task Force which will administer city programs.

- I. Education and Prevention:
 - . A Youth Coordinator is being proposed for the city.
 - Policemen will be invited into the schools to discuss drug abuse with the students.
 - . Bowie Youth Council program, "Bowie Teen Power", will utilize Roving Leader concept to reach young people in many areas, including that of drug abuse.



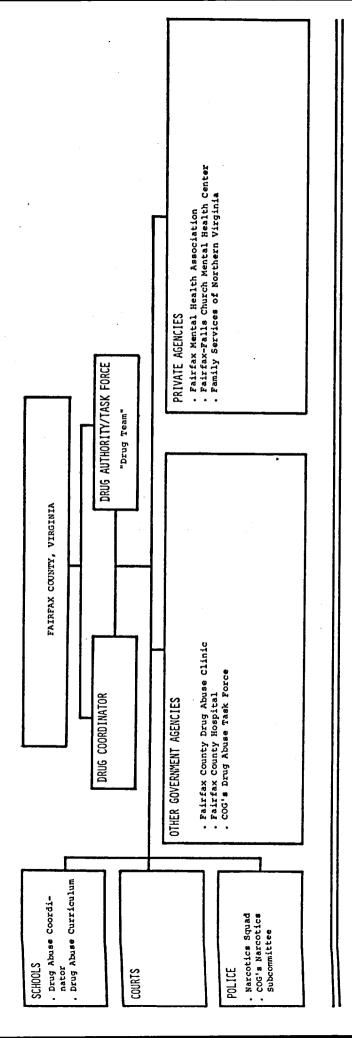
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^{*} Drug related problems referred to Prince George's County authorities and agencies, Other services provided by Prince George's County or State agencies.



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EDUCATION PROGRAMS	MASS MEDIA/ PUBLIC INFORMATION . Drug Central	SPECIAL UNITS	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT

^{*} Drug related problems referred to Fairfax County authorities and agencies. Other services provided by Fairfax County or State agencies.



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EDUCATION PROGRAMS Drug Abuse Coordinator Drug Abuse Curriculum Roving Leader Program CGG's Technical Advisory Committee	MASS MEDIA/ PUBLIC INFORMATION Fairfax Mental Health Association Commonwealth's Attorney's Office Drug Central	SPECIAL UNITS . Narcotics Squad . COG's Narcotics Subcommittee	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS . Youth Activities Program	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT Alexandria Mental Health Clinic (NARA), (Counselling, urine surveillance) Falrfax County Drug Abuse Clinic Groun Counsel
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FAIRFAX COUNTY

. The Fairfax County "Drug Team", composed of six members representing the County Health Department, Police Department, Mental Health Clinics, Juvenile Court, Fairfax Hospital, and the County schools, has general supervisory responsibility for all drug abuse control activities in the County.

I. Prevention and Education:

- . A drug abuse coordinator for the public school system has been funded by the Service League of Northern Virginia.
- . The County public schools are developing a drug abuse curriculum.
- . The Fairfax Mental Health Association provides drug abuse information and speakers to interested groups.
- . The Commonwealth's Attorney's office provides speakers for interested civic groups.
- The County Youth Activities Coordinator is developing a "roving leader" approach to preventative education and a "hot line" program to deal with drug problems.

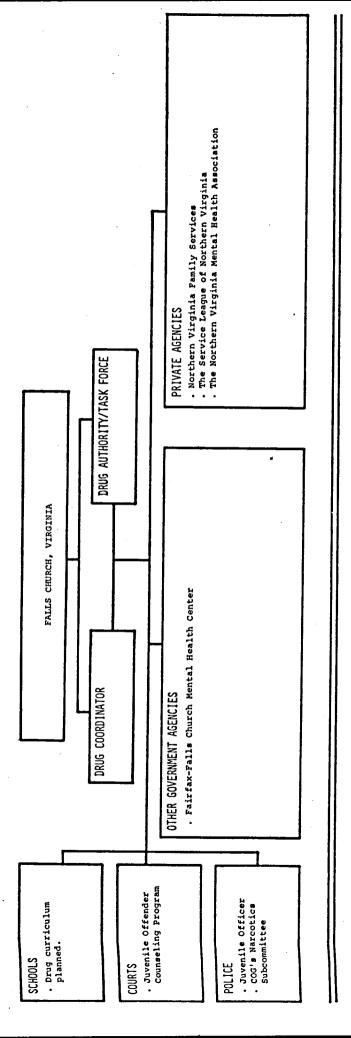
II. Sentencing Alternatives and Rehabilitation:

- . The County Drug Abuse Control Program has opened a drug abuse control center for out-patients and is negotiating for a residential halfway house. *
- . The County Drug Abuse Clinic operated by the Health Department is in the process of merging with the County Drug Abuse Control Program and only offers urine surveillance at this time.
- . The County hospital provides detoxification for critical drug abuse cases, but no in-patient services.
- . The Fairfax-Falls Church Mental Health Center provides mental health counseling services for the County, including drug abusers.

^{*} On December 15, 1970, the Fairfax County Drug Abuse Program was awarded a \$50,000 grant by LEAA to support and expand its activities.

FAIRFAX COUNTY (Cont'd)

- Family Services of Northern Virginia provides counseling for drug abusers.
- The Alexandria Mental Health Clinic provides NARA services for Fairfax County as well as the rest of Northern Virginia.



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EDUCATION PROGRAMS . Drug curriculum planned	MASS MEDIA/ PUBLIC INFORMATION The Service League of Northern Virginia The Northern Virginia Mental Health Assn	SPECIAL UNITS COG's Narcotics Subcommittee	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT FAITEAX-FAILS Church Mental Health Center (Counseling)
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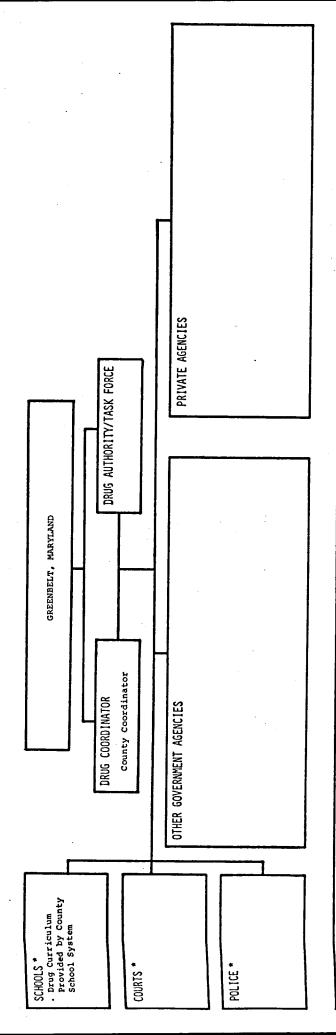
FALLS CHURCH, VIRGINIA

I. Prevention and Education:

- . The public schools are in the process of developing a drug curriculum.
- . Northern Virginia Family Services has a limited counseling program for juvenile drug experimenters.
- The Service League of Northern Virginia and the Northern Virginia Mental Health Association have both led public campaigns to raise money for drug abuse facilities.

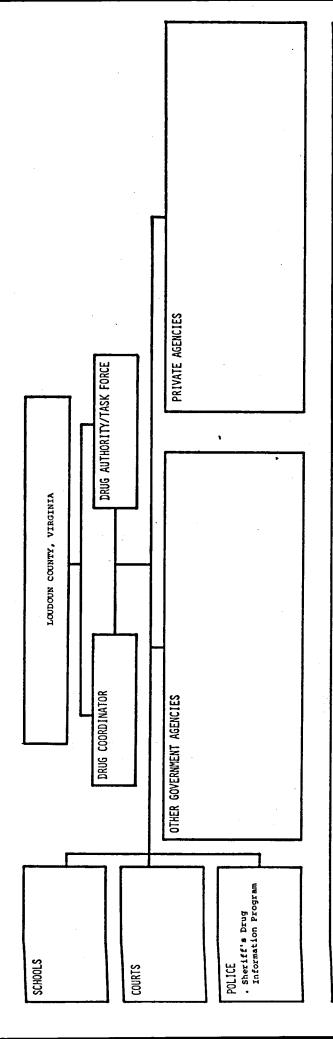
II. Sentencing Alternatives and Rehabilitation:

- . The Fairfax-Falls Church Mental Health Clinic provides mental health counseling services for the city, including drug abusers. The Clinic works with the Falls Church juvenile counseling program on a contractual basis.
- . The Falls Church Juvenile Offender Counseling Program involves an increasing number of drug abusers who are referred from the Falls Church Juvenile Court.
- . The city also uses Fairfax County facilities when needed.



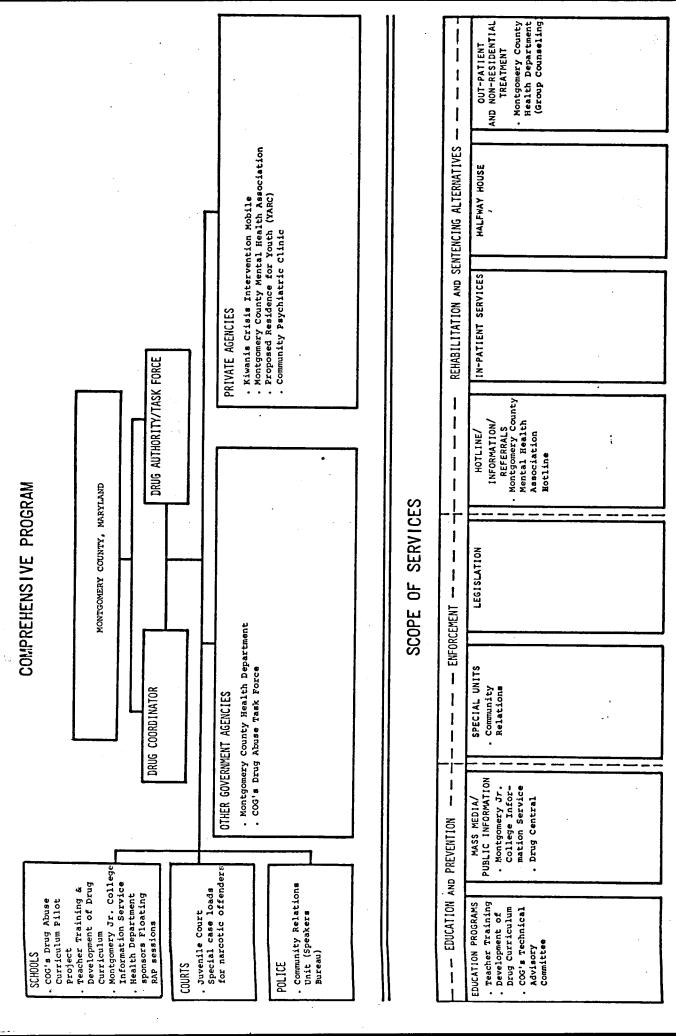
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EDUCATION AND PREVENTION	MASS MEDIA/ PUBLIC INFORMATION
EDUCATION AN	EDUCATION PROGRAMS . County Drug Education Curriculum

^{*} Drug related problems referred to Prince George's County authorities and agencies. Other services provided by Prince George's County and State agencies.



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Scope of Services: The County relies heavily on representatives from the Federal Government to provide the services needed in the area of drug abuse.



MONTGOMERY COUNTY, MARYLAND

. The County Drug Abuse Authority is in the process of being established. It will be a policy-making board to be served by representatives of the Health Department, Schools, and Courts. The executive secretary of this authority will administer the First Offender Drug Abuse School funded by LEAA through Region IV.

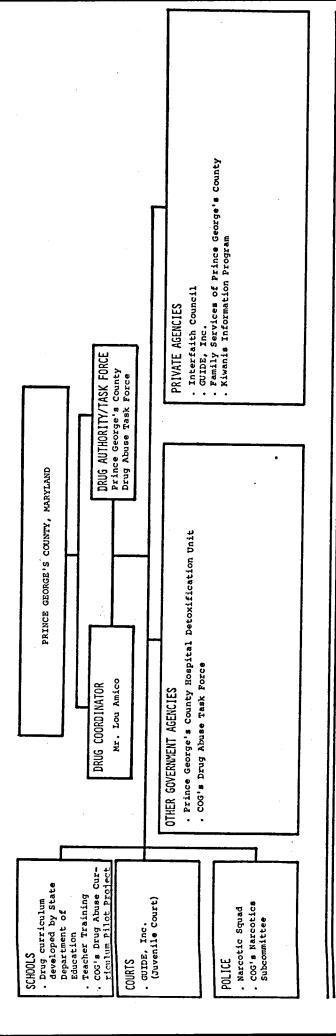
I. Prevention and Education:

- . The Montgomery County school system is developing a drug abuse curriculum for implementation this semester. The program includes on-going teacher training.
- . Montgomery Junior College Information Service provides schools with lectures and drug seminars.
- . A staff member of the Health Department's Drug Abuse Program holds weekly "rap" sessions in the County schools.
- . Kiwanis sponsors a Mobile Drug Education Clinic staffed by volunteers and Health Department personnel. This drug mobile unit was in operation at the Montgomery County Fair, August 24-29th.
- . The County Police Community Relations Unit maintains a speakers bureau.

II. Sentencing Alternatives and Rehabilitation:

- Montgomery County Mental Health Association operates a 24-hour telephone service (Hotline) for assistance with medical, legal, and personal problems - including drug abuse.
- . The Montgomery County Drug Abuse Program operated by the County Health Department includes the office of the County Drug Abuse Coordinator. Telephone consultation is available to all individuals and agencies concerning drug related problems. The Colesville Road Clinic is open on Wednesday evenings and offers family oriented, individual, and group therapy, walk-in services.

- The Community Psychiatric Clinic located in Bethesda is funded by patients' fees, the County Health Department and UGF. The clinic offers group therapy and individual counseling in all problem areas including drug abuse, parent consultation on drugs. The clinic serves Montgomery County residents with an emphasis on young people's needs.
- . The Juvenile Court has separate case loads for first offender drug abusers.
- . A Youth Rehabilitation Council (YARC) proposal for a residential treatment program sponsored by the Montgomery County Committee of Concerned Citizens Against Drug Use/Abuse, Inc. has been approved for funding for LEAA funds by the Governor's Commission on Law Enforcement and the Administration of Justice.



EDUCATION ANI	PREVENTION	. — — EDUCATION AND PREVENTION — — — — — ENFORCEMENT			REHABILITATION AND SENTENCING ALTERNATIVES — — — —	TENCING ALTERNATIVES -	
EDUCATION PROGRAMS . Drug Curriculum . Training for 110 teachers, 2 from each school in County, provided by University of Maryland Cod's Technical Advisory Committee	MASS MEDIA/ PUBLIC INFORMATION Kiwanis Information Program County Police Dangerous Drug Display Family Services of Prince George's County Speakers Bureau Drug Central	SPECIAL UNITS Narcotic Squad COG's Narcotics Subcommittee	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS GUIDE, Inc. Prince George's County Hospital Hotline, Prince George's Mental Health Association (864-7271)	IN-PATIENT SERVICES Prince George's County Hospital Detoxification Unit	HALFWAY HOUSE • Funds approved - District Heights site located (for juveniles only)	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT GUIDE, Inc.

PRINCE GEORGE'S COUNTY, MARYLAND

- . Office of the County Drug Abuse Coordinator (Mr. Lou Amico)
- County Drug Abuse Task Force composed of representatives from the Board of Education, Department of Health, Library Extension Service, Dept. of Parole and Probation, Juvenile Services, Police Department, Sheriff's Department, Community Development, State's Attorney's Office, Community Relations, Mental Health Study Center, private sector offers recommendations and suggests policy.

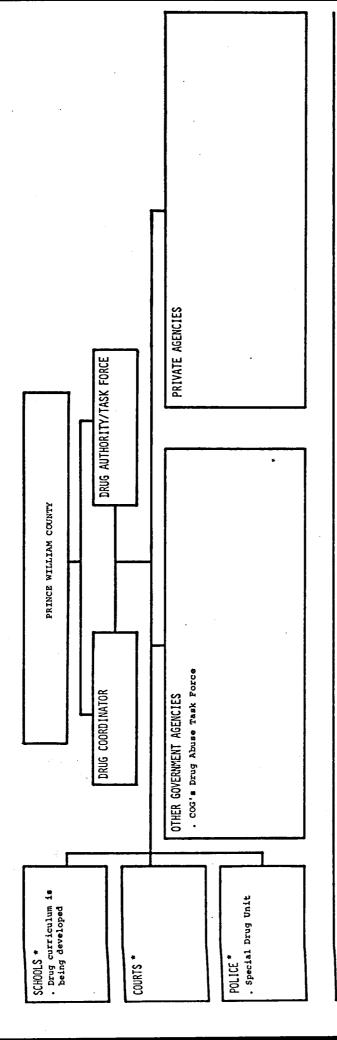
I. Prevention and Education:

- . The County Board of Education has developed an extensive library on the subject of drug abuse.
- Teachers, two from each school in the County, attend classes at the University of Maryland. The teachers, in turn, develop curriculum materials for their respective schools and conduct workshops and seminars. A drug abuse curriculum, developed by the State Department of Education is also to be piloted in the County this year.
- Kiwanis sponsors a display and provides speakers on the subject of drug abuse for interested schools and social and civic organizations.
- The University of Maryland is conducting a survey to determine amount of drug abuse and knowledge of drugs and drug abuse among citizens throughout entire county.

II. Sentencing Alternatives and Rehabilitation:

GUIDE (Guidance, Understanding, Information in Drug Evaluation) provides a counseling service for drug affected juveniles in the County. It is a volunteer organization supported by the court, police, churches, and private individuals in the county and partially funded by the county government and private resources. GUIDE offers counseling and group therapy to drug abusers and their parents. At the end of four months, the youth referred by the Juvenile Court will have his case brought before the court for reconsideration. The program also provides basic information about drugs and drug use and utilizes urine surveillance for the entire counseling period.

- The Prince George's County Hospital offers detoxification treatment. It also operates a 24-hour telephone suicide and crisis intervention service.
- . The Hot Line, (864-7271) sponsored by the Prince George's County Mental Health Association and funded by Maryland State Department of Mental Hygiene provides round-the-clock telephone service in both counseling and referral.
- Family Services of Prince George's County is operated with funds from a Narcotic Addict Rehabilitation Act contract. Individual and group therapy is offered and urine surveillance is required. This agency also provides speakers on the subject of drug abuse.
- The County Health Department is preparing to initiate a methadone maintenance program.
- A Comprehensive Treatment Center, located in District Heights, has been proposed and an application for funding submitted to LEAA. This program is intended to run the treatment gamut for all drug offenders and/or users, providing all known services for drug addicts, i.e.; Halfway Houses; Satellite Agencies; referral services, etc., throughout the entire county.



EDUCATION AN	EDUCATION AND PREVENTION ENFORCEMENT	ENFOR			REHABILITATION AND SENTENCING ALTERNATIVES	TENCING ALTERNATIVES	
EDUCATION PROGRAMS . Drug curriculum is being developed COG's Technical Advisory Committee	MASS MEDIA/ PUBLIC INFORMATION . Police speakers	SPECIAL UNITS . Police Unit	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT
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^{*} The County relies on State agencies to provide services in these areas.

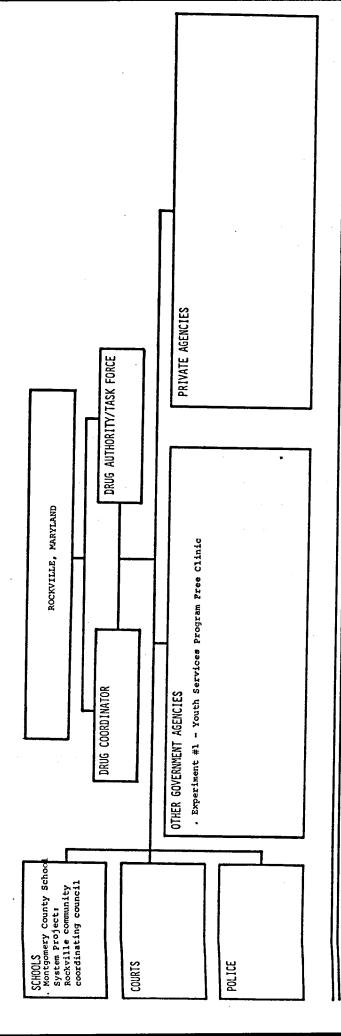
PRINCE WILLIAM COUNTY, VIRGINIA

I. Prevention and Education:

 The County is in the process of developing a drug abuse curriculum in conjunction with the State of Virginia.

II. Enforcement:

Prince William has a few officers who work practically full time on drug abuse enforcement. In addition, these men speak about drug abuse in the schools and to interested citizen groups approximately three times a week.



EDUCATION A	EDUCATION AND PREVENTION ENGAGEMENT	OUBLO I					
		ENFUR	i i		REHABILITATION AND SENTENCING ALTERNATIVES — — — — —	TENCING ALTERNATIVES	
EDUCATION PROGRAMS	MASS MEDIA/ PUBLIC INFORMATION . Drug Central	SPECIAL UNITS	LEGISLATION	HOTLINE/ INFORMATION/ REFERRALS	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT
				;			

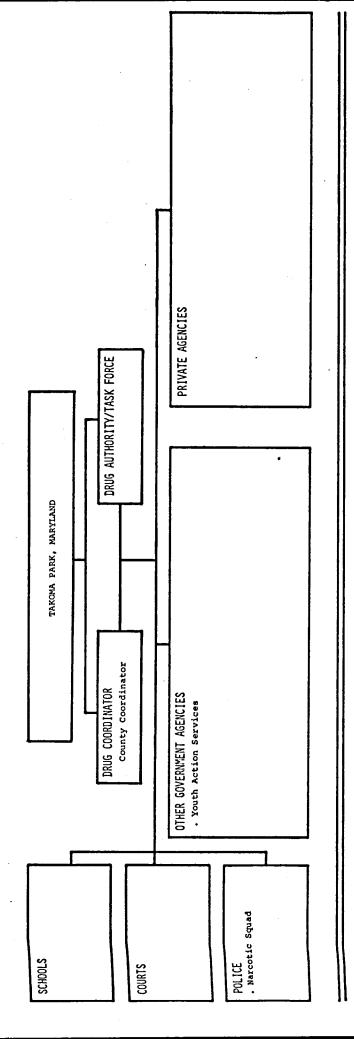
^{*} Drug related problems referred to Montgomery County authorities and agencies.

ROCKVILLE, MARYLAND

III. Sentencing Alternatives and Rehabilitation

Experiment #1, the Youth Services Program of Rockville has recently established a Free Clinic. Drug abuse services consist of crisis intervention, referrals, and individual and group therapy. Urine surveillance is also provided.

The Montgomery County School System, Whetstone Pupil Services Office, is developing a coordinated community approach to the issue of drug abuse in the Rockville area. This program is being carried out through the field work placement of a student at the University of Maryland School of Social Work and Community Planning.



— — EDUCATION AN	D PREVENTION — — —	——— EDUCATION AND PREVENTION ————————————————————————————————————		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REHABILITATION AND SENTENCING ALTERNATIVES — — — —	ENCING ALTERNATIVES	
EDUCATION PROGRAMS	MASS MEDIA/ PUBLIC INFORMATION • Drug Central	SPECIAL UNITS Narcotic Squad Made up of Undercover Detectives	LEGISLATION	HOTLINE/ INFORMATION/ REFERALS	IN-PATIENT SERVICES	HALFWAY HOUSE	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT

^{*} Drug related problems referred to Prince George's County authorities and agencies.

TAKOMA PARK, MARYLAND

Takoma Park is divided between Prince George's County and Montgomery County.

I. Prevention and Eduction:

"Youth Action Services" developed by Captain Porter is a crime prevention program oriented toward juveniles only. Maximum age limit for the program is 20 years although the majority of persons counseled are 18 years and under.

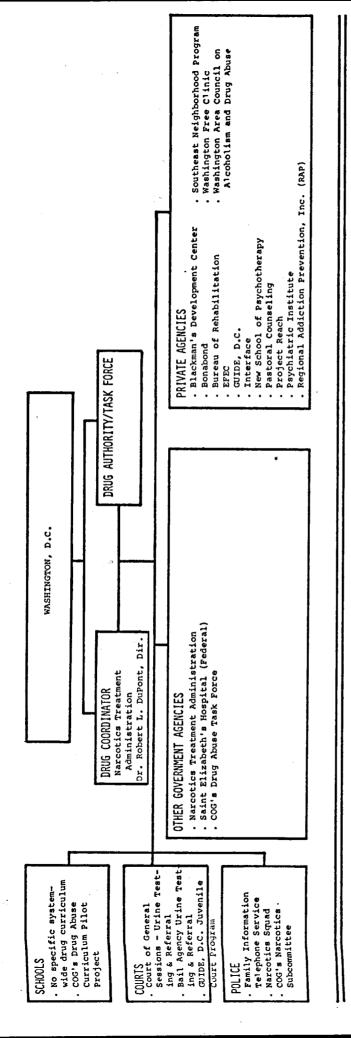
Officer John Duvall is the only staff member. This particular program cannot intervene in the event of arrest. All criminal activities and city violations are automatically handled by County authorities.

Officer Duvall does get out and mingle wherever youth congregate and establishes rapport with RAP sessions, seeking out problems before they develop into criminal activity. He also visits schools for the same purpose.

II. Enforcement:

An undercover Narcotic Squad is made up of detectives from the Police Department.

COMPREHENSIVE PROGRAM



SCOPE OF SERVICES

EDUCATION AN	D PREVENTION — —	EDUCATION AND PREVENTION ENFORCEMENT	ı	——————————————————————————————————————	REHABILITATION AND SE	NTENCING ALTERNATIVES -	
EDUCATION PROGRAMS . Ex-Addict Speakers	MASS MEDIA/ PUBLIC INFORMATION . Drug Mobile . WACADA . Radio Station WMDC's CAPP Program . Drug Central	SPECIAL UNITS . Narcotics Squad . COG's Narcotics Subcommittee	LEGISLATION - Pending City Council Resolution Reducing Marijuana Penalties	HOTLINE/ INFORMATION/ REFERALS NTA: Youth Services D.C. General Hospital Switch- board Children's Hospital (drugs & other poisons)	IN-PATIENT SERVICES . D.C. General Hospital . St. Elizabeth's Hospital	HALFWAY HOUSE Blackman's Bonabond Bureau of Rehabil- itation NTA NARC Center RAP Last Renaissance	OUT-PATIENT AND NON-RESIDENTIAL TREATMENT Bonabond Bur. of Rehab. FEFC GUIDE Interface NTA New School of Psychotherapy Offender Rehab. Pastoral Counseling Feychiatric Inst.

WASHINGTON, D. C.

- The Narcotics Treatment Administration is a program component of the D.C. Department of Human Resources formed by Mayor Washington on February 18, 1970, to achieve three primary objectives:
 - Provide comprehensive and effective treatment for all heroin addicts in D. C. so that the treated addict can function productively in society, stop criminal activity, and stop spreading addiction.
 - 2. Carry out wide ranging research programs to increase understanding of heroin addiction with special emphasis on relationships between heroin addiction and crime.
 - 3. To launch a major educational and preventive program aimed at reducing recruitment of new heroin addicts especially among the young.

I. Prevention and Education:

- Blackman's Development Center operates a widespread written information campaign on drugs and crime prevention. They also conduct drug seminars from grade school to the college level for churches, PTA's, Girl Scouts of America, civic associations and the like.
- . Bonabond, Inc. conducts an anti-drug abuse campaign in the District schools, using ex-addicts as speakers.
- CHANGE, Inc. has submitted a proposal to the Model Schools Division for a program in preventive education. The proposal calls for a three year in-service training program for instructors and teachers.
- The District of Columbia school system is instituting a person-to-person anti-drug abuse program which includes the comprehensive education of all school personnel in the identification and referral of drug related problems and counseling of students.

- Project Reach is the drug education and prevention component of PRIDE, Inc. It works with inner city residents and offers lectures on the problems of drug abuse to schools, community organizations and church groups in the community. It also conducts encounter sessions and sensitivity group training for PRIDE employees who are exposed to drugs or who may have drug problems and maintains a liasion with the New School of Psychotherapy in an advisory capacity.
- Psychiatric Institute Foundation conducts a drug education program in the D.C. public schools and recreation playgrounds. The program reaches approximately 1,000 people a week in small groups. Active addicts are found in such sessions and referred for treatment and followed-up for counseling in the gaps between services.
- "That Freebe Will Kill You", a project of the Health and Welfare Council, speaks to children between ages 9 - 17 before they get drug habits to prevent their becoming addicts. The staff uses education and personal experiences to discourage drug use.
- . Youth Services, Prevention Education Team (P.E.T.), operates a drugmobile which is staffed by ex-addicts who hold discussions aimed primarily at D.C. youth at various schools and recreational and community based organizations.
- The Free Clinic maintains a speakers bureau which focuses on problems of the adolescent, utilizing the voluntary services of some 150 persons, mostly professionals: medical doctors, psychiatrists, psychologists, nurses, pharmacologists, social workers, etc.
- INTERFACE maintains a Speakers Bureau to cover such topics as drug abuse education, alienation, the generation gap, and drug problems.
- The Metropolitan Police Department Narcotics Section gives free lectures to PTA, civic and church groups on general education concerning drug abuse, and assists anyone wanting to petition the U.S. Attorney for commitment under P.L. 764 (NARA Program.)

- Washington Area Council of Alcoholism and Drug Abuse provides speakers for various community organizations, consultants for teachers, special service materials (pamphlets, written materials, etc.) short term consultations and referrals, updated information on drugs for doctors and drug seminars using film strips and lectures for the metropolitan Washington area.
- · CAPP, a package of community drug abuse programs conceived by radio station WWDC, is designed to service and bolster existing agencies and efforts. "At its simplest level, CAPP will be a directory, an information source for a community. At its most sophisticated level, CAPP will be a system of neighborhood houses which will fully utilize a combination of programs to bring together the people needing help at the street and neighborhood level with the agencies and groups offering that help." A directory has been published offering information in the area of community education, referral to treatment services, job placement services, methods of distribution of printed materials and drug films, etc. The station is also interested in establishing a regional speaker's bureau.

II. Enforcement:

- D.C. Court of General Sessions, in conjunction with NTA, operates a urine testing program and makes referrals for treatment where appropriate.
- . D.C. Bail Agency conducts urine testing and makes referrals.
- . A city council resolution is pending which will reduce penalties for violations of marijuana laws.

III. Sentencing Alternatives and Rehabilitation:

- The Metropolitan Police Department's Narcotics Squad operates a Family Information Telephone 5 days a week for 4 hours a day (12 4) with an answering service intercept (626-2222). Trained staff provide information to any caller, without the need for identification, on recognition of symptoms, identification of drugs, and referral to recognized and legitimate non-profit treatment programs within the jurisdiction of the caller.
- D.C. General Hospital maintains a 24-hour a day emergency telephone service (626-5305).
- Children's Hospital operates an emergency telephone service for assistance with "drugs and other poisons" (835-4080).

- "Switchboard" (387-5300) operates a manned telephone to help people on bad trips, addicts, etc. They help them seek medical help if needed, and try to help them find employment and a place to stay.
- The Narcotic Treatment Administration operates the following facilities:
 - . Community Addiction Treatment Center, 1400 Que St., N.W., is a walk-in, outpatient clinic offering abstinence and methadone maintenance in combination with urine surveillance, individual and group therapy and vocational counseling.
 - Drug Addiction Medical Services (DAMS) at D.C. General Hospital provides in-patient and out-patient services. Civil commitment for D.C. heroin addicts. Services include methodone detoxification, treatment for medical complications associated with addiction, abstinance, methodone maintenance, urine surveillance and individual and group therapy. All are offered to both in and out patients at the out-patient clinic. Concentrating more and more on youth.
 - . NARC Center, 456 'C' St., N.W., is a residential halfway house and outpatient clinic offering abstinence, methadone maintenance, urine surveillance, individual and group therapy and vocational counseling. Convicted defendents with drug problems, sentenced to work-release, are housed at this facility.
 - Narcotic Treatment Administration Youth Services, 1503 Newton St., N.W., provides individual and group therapy, community counseling (parents, family, teachers, etc.) vocational placement, remedial education to achieve GED, urine surveillance, follow-up and referrals to other programs. Detoxification is provided by the Drug Addiction Medical Service at D. C. General Hospital.
 - . NARC Center Satellite, 919 12th St., N.W., is a walkin, outpatient clinic offering abstinence, methadone maintenance, urine surveillance, individual and group therapy and job counseling.

- Drug Addiction Rehabilitation Center, 1219 Good Hope Road, S.E., operated by Southeast Neighborhood Action Board, under the auspices of NTA, offers urine surveillance, abstinance, methadone maintenance; also group and family therapy and limited skill training.
- Blackman's Development Center is primarily a drug abuse program for heroin withdrawal (using methadone maintenance only when deemed necessary) for walk-in addicts and addicts referred from other drug related programs. The program, utilizing a great deal of volunteer assistance, offers elaborate drug cure and rehabilitative services with Half-way Houses and six treatment centers throughout Washington, D.C. They have the capability to conduct their own urine surveillance.
- Bonabond, Inc. interviews defendants for bail release who are charged with narcotics or narcotics-related violations. Bonabond tries to motivate the addict for treatment and secure employment for him. Bonabond also supervises persons on bond, probation and parole and provides the ex-addicts with continued emotional and material support during the after-care period.
- The Bureau of Rehabilitation for the National Capital Area, a private, non-profit, organization, operates an in-patient treatment center located at 519 'C' Street, N.E., which serves pre-release male addict offenders with group and individual therapy, employment services and urine surveillance. This Residential Treatment Program offers only abstinence and sends patients requiring methadone to the NARC Center through an arrangement with the Narcotics Treatment Administration. Addicts are referred by the Department of Corrections, Offender Rehabilitation and the Bureau of Prisons.

The Bureau also operates three houses for non-addict prerelease offenders (the Shaw Houses), a 24 hour walk-in clinic offering diagnostic referrals and treatment with methadone, and a community education program offering films and literature in drug prevention, and black studies.

The Free Clinic drug abuse services consist of crisis intervention, referrals and group therapy. It has six on-going therapy groups, two each evening. A pharmacist is present each night to honestly discuss the effects of different drugs on the body. He also does a lab analysis of "street drugs" to see what they really contain.

- GUIDE, D.C. offers counseling and group therapy sessions to drug abusers under 16 and their parents. Juveniles will be referred from Juvenile Court, by teachers, or come voluntarily. Parental involvement is necessary but not compulsory for the program, the goal of GUIDE being to open communication and redirect the youth's relationships with his family and environment.
- INTERFACE uses sensitivity and encounter group techniques to facilitate honest and open communication between such groups as "parents of flower children" and the young people, police and youth, and black and white groups.
- New School of Psychotherapy staff provides therapy to drug abusers and training to people working with drug abusers. The therapy includes individual therapy with addicts and drug abusers, encounters, and psychodrama.
- . Pastoral Counseling and Consultation Centers of Greater Washington is a private group in the Washington area offering individual and family counseling and therapy. They have served drug abusers in the past. Referrals are accepted from churches, schools, agencies, etc. from the entire metropolitan community.
- Regional Addiction Prevention (RAP), a self-help organization, is establishing a system of educational RAP shops and residential therapeutic communities for drug addicts and abusers; services available to entire metropolitan Washington area. RAP is patterned after the successful Synanon, Phoenix House and Day Top Village models.
- . Saint Elizabeth's Dix Pavillion Drug Program offers detoxification services for addicts from the metropolitan area. It is a two-week program consisting of methadone withdrawal with some supportive group therapy. Referrals are only accepted from people who maintain their own follow up program. The Dix Pavillion plans to include emergency services, out-patient medical and psychiatric aftercare, and vocational counseling in the near future.

. The Last Renaissance is a drug free therapeutic community on the grounds of St. Elizabeth's Hospital where addicts live and work together 24 hours a day. The program places demands on the residents to work, to take orders, to accept responsibility and to express feelings honestly. The goals are to help the resident change detrimental attitudes and behavior so that he may become a mature and responsible adult.

There are also several regional and subregional programs which are operational in a number of the foregoing jurisdictions. The Washington Area Council on Alcoholism and Drug Abuse (WACADA) is a non-profit regional organization that coordinates the drug prevention and rehabilitation activities of the Health and Welfare Council affiliates in the Metropolitan Washington area. WACADA provides speakers for schools, civic organizations and other interested groups on the subject of drug abuse and also publishes a newsletter.

The Northern Virginia area is in the process of establishing several regional programs. In September 1969, the Northern Virginia 'Planning District Commission received a \$50,000 grant from the Law Enforcement Administration, Division of Justice and Crime Prevention in Richmond, to fund a Drug Education Coordinator Program for the Northern Virginia region. This program is scheduled to get underway in February of this year. Also in September 1969, the Northern Virginia Planning District Commission received a \$120,000 grant from LEAA for a drug analysis laboratory to be located in Northern Virginia. This project, which will serve all the courts in Northern Virginia, should be underway by March 1971. It is hoped that the operations of this laboratory will greatly decrease the time presently required to prosecute criminal narcotics cases.

In the course of attempting to develop a public information campaign, COG staff came to the conclusion that while significant differences exist between hard and soft drug problems, the same ideas for prevention and rehabilitation could be applied to each, but the approaches needed to reflect the distinctions between audiences as well as drugs. For example, COG developed materials suggesting the use of "spot" commercials during day-time soap operas and night-time movies, employing soap opera characters with whom both suburban and ghetto audiences could identify. In addition, COG suggested the use of local entertainment figures and disc jockeys to issue warnings about hard drugs and also to use the night clubs and radio stations from which they operate as distribution centers for easily understandable and realistic information concerning the use of hard drugs. NIMH expressed an interest in this approach which was also relayed to local TV and radio stations. As these approaches to the mass media were about to show some results, however, the grant period came to a close and continuation funding was not available for these functions.

An on-again off-again project in the area of Public Information and comprehensive drug abuse education has been the Drugmobile, a mobile trailer unit which was built by Chrysler Corporation under the auspices of the U.S. Department of Labor, and loaned to the presently

defunct "Project Progress". The Drugmobile was stocked with a variety of educational materials concerning drug abuse, from pamphlets to motion pictures, and was made available to interested agencies and community groups in the District of Columbia. When "Project Progress" terminated its program, COG helped the D.C. Office of Youth Development Services expand Drugmobile services for a broader audience and for dissemination of more updated information via street corner education techniques. COG also rendered assistance in orienting the Drugmobile staff by utilizing the findings of COG's drug abuse survey for the metropolitan area, in stocking the bus with more meaningful written materials that catered to all segments of the metropolitan Washington population, by providing referral pamphlets of all drug treatment programs in the area and by providing information concerning 24-hour service centers and "hot line" numbers. COG provided a staff member to assist in its operation by giving lectures, conducting "rap" sessions and answering the more technical questions relating to the various types of drugs. This original bus is now funded by the Law Enforcement Assistance Administration under the sponsorship of the Narcotics Treatment Administration.

COG also provided assistance to the National Institute of Mental Health's drugmobile unit by lending a knowledgeable staff member for training and orientation of staff and rendered assistance to the Kiwanis sponsored drugmobile unit of Montgomery County which, until recently, has been hampered in its operation by a lack of funds.

III. SENTENCING ALTERNATIVES

At the time of the grant application, COG's intention was to develop a model drug abuse school as a sentencing alternative for first offenders. The school was to be patterned after the District of Columbia's traffic school which features a structured format and includes the use of lectures, slides and films emphasizing the dangers of irresponsible driving habits. After some initial exploration, however, the staff was dissuaded from utilizing a school curriculum of this nature. It was suggested for example that the "shock approach" was far too superficial to be used in an area such as drug usage that involves the total person, and, in addition, it seemed likely that the deterrent effects of such a program would not be lasting.

At the same point in time, the staff became aware of an experimental program operating as an adjunct to the Prince George's County Juvenile Court. This program, GUIDE, Inc. (Guidance, Understanding, Information in Drug Evaluation) had been developed by a psychologist, a pediatrician and a former Court Master--Dr. Richard Wunderlich, Dr. W. Edwin Dodson, and Mr. David G. Ross. GUIDE was a volunteer organization providing individual and group counseling for drug affected juveniles in the County. Both the underlying rationale and the technique of the program rested on the premise that guided peer group interaction leading to an exploration of the reason for drug abuse might prove helpful to juvenile offenders. It had also become obvious to the founders of the program that the families of the young persons needed to be involved if the program were to be at all successful, therefore every attempt was made to draw the family into the therapeutic relationship.

Inasmuch as the program had been operating successfuly for a year and was relatively inexpensive and easily implemented, COG staff worked with GUIDE'S founders to develop a model for the entire region. Soon thereafter, GUIDE, D.C., under the auspices of the D.C. section of the National Council of Negro Women and the Women's Committee of the Jewish Social Service Agency, became established. Subsequently, an attempt was made to open a GUIDE program in Montgomery County to be sponsored by the Roving Youth Leader Program at the Rockville Teen Center but this plan never came to fruition. There have been other groups and agencies interested in implementing the program in the region but in general interested groups have not had the funds needed to carry out the program.

As of September 30th, the GUIDE program of Prince George's County had involved 275 young people over the past two years. There were 60 youths and 75 parents currently participating in some phase of the program.

Some aspects of the "traffic" school concept were nevertheless incorporated in a proposal sponsored by Montgomery County which was funded by LEAA from block grant monies. This proposed First Offender Drug Abuse School in the County has not yet been established, however, when it is, the required curriculum will be the one developed by COG's educational specialist. The Curriculum, which requires 44 to 50 class room hours, cannot be utilized by the First Offender school in its present form—it will be necessary to revise the program.

Over the past year, COG has given assistance to a number of agencies and individuals seeking funds for projects that were either new or continuations of ongoing programs. Many of these could be considered sentencing alternatives, inasmuch as services thus became available to the courts to be utilized in lieu of incarceration. Agencies such as Blackman's Development Center, Bonabond, SENAB, Children's Hospital, Hillcrest Children's Center, the Runaway House and the Washington Free Clinic are among the many which received such assistance. Just recently, the Young Adult Rehabilitation Council (YARC) proposal for a residential treatment program sponsored by the Montgomery County Committee of Concerned Citizens Against Drug Use/Abuse, Inc. was approved for funding by the Region IV Board. This proposed program, based somewhat on the GUIDE model, which hopes to provide a much-needed service for the young people of Montgomery County, was given assistance by COG.

In many instances, personnel of the drug abuse project were contacted for information as to appropriate sources for funding of drug programs. After a number of such inquiries, COG compiled a list of potential private funding sources for programs seeking to be established in the metropolitan region.

IV. DRUG ABUSE CURRICULUM

As in the case of Sentencing Alternatives, both the goals and the planning of the drug curriculum project changed radically during the grant period. The original intention of the drug education specialist, a sociologist and former school teacher, was to select, from the already developed curricula, one best suited to the needs of students in the metropolitan region, and perhaps adapt it for particular school

systems. The first month of the project, therefore, was spent researching existing drug education programs. At approximately the same time, the Department of Health, Education and Welfare (HEW) had been given the assignment by the White House of collecting public school drug curriculums from the fifty states and developing guidelines for their evaluation. HEW subsequently selected several curriculums and circulated them as models to follow.

COG's curriculum specialist determined that following a prototype curriculum gave the teacher insufficient background for developing a curriculum or for the use of one in the classroom, for none of the curricula explained the learning theory upon which the model was based. Therefore, it was concluded that an understanding of the underlying theory was more essential than a knowledge of the materials and methods to be used in an area such as drug abuse education where development of insight and behavior modification are basic goals. In addition, use and knowledge of a single learning theory rather than a mixture of techniques would, in the end, render the model more flexible so as to be adaptable for particular groups of students within the region.

To be effective, the curriculum should be based consistently on a single learning theory. COG has chosen the cognitive-field learning theory which holds that learning is dependent upon a change in an individual's perception and can be measured on changes in attitude and behavior. Rather than presenting the problem from a pharmacological or legalistic point-of-view, a curriculum based on this premise then would seek to allow the students to develop new insights and perceptions of the world about them so that ultimately they could learn new and real solutions to problems instead of engaging in "escapist behavior", i.e. taking drugs. The student would be guided into an understanding of the relationship between unmet human needs and escape behavior and encouraged to seek positive alternatives in his own existence.

The curriculum, as it is presently constituted, contains four units: Human Needs, Perception, Self-Concept and Human Escape. It is being developed in a self-contained kit form--no additional visual aids are needed as all materials are on 8-1/2" by 11" paper, which is easily reproducible. All the necessary information for the teacher is included in each concept, which is a sub-section of the four major units. Included are a definition of the concept itself, teacher instructions as to classroom demonstrations of the concept, all needed visual aids and suggestions for possible follow-up or additional related activities.

During the grant year, a number of demonstrations of the curriculum took place in schools throughout the region, mostly as a means of testing the validity of the theories and techniques which it embodies. The first such demonstration took place at Airlie House in Warrenton, Virginia on March 23 and 24. Thirty high school students from the metropolitan area, selected by their respective superintendents, took part in the conference. During the first day, half of the students were exposed to the COG curriculum and half received a standard presentation, including a film on drug abuse and a lecture by a law enforcement officer. The reaction of the students was overwhelmingly favorable to the curriculum which they felt was a practical and relevant

way of attacking a highly emotionally charged subject.

Following the Airlie House Conference, areal school superintendents were again contacted and asked to either participate or send a representative responsible for drug abuse programs in their respective school system to participate in a committee which would serve as an advisory group to COG. The first meeting of this group took place in April 1970 at which time the curriculum was introduced and suggestions for its improvement solicited.

After exhibiting the kit to the representatives from the school jurisdictions—most of whom were health educators—COG held subsequent meetings with committee members so that they could function in an advisory capacity with respect to both curriculum development and the introduction of it into the area public schools.

Following the initial meeting of this technical advisory committee, a number of demonstrations of the curriculum were held in their respective schools. In addition, COG's drug education specialist offered technical assistance to teacher trainers and participated in teacher and guidance counselor training in the Maryland school districts. Most recently, COG's curriculum specialist was invited by the Maryland State Department of Education to participate in the HEW funded drug abuse education workshops, introducing teachers throughout the state to the concepts on which the curriculum is based.

In September, a meeting was held with representatives of the District of Columbia school system who expressed a gratifying interest in the approach and indicated a willingness to cooperate in implementation of the course in a pilot project. Several attempts were also made by the staff to present the curriculum to the Drug Abuse Subcommittee of the Criminal Justice Advisory Council of the Northern Virginia Planning District Commission. Finally, on October 1st, a demonstration was scheduled before that group. The decision regarding the use of the COG curriculum was left up to each jurisdiction's superintendent of schools. Accordingly, on October 15th, staff members met with representatives from Fairfax County, the City of Falls Church, Arlington County, the City of Alexandria and Prince William County school systems to describe and show to them the completed curri-In addition, meetings and discussions were held with the school superintendents to determine their interest in cooperating in a piloting of the curriculum. Their response was generally favorable with respect to the content, but the consensus of opinion in most Northern Virginia districts was that they wanted to implement curriculums developed locally or at the state level; therefore the curriculum would not be tested in Northern Virginia in the near future.

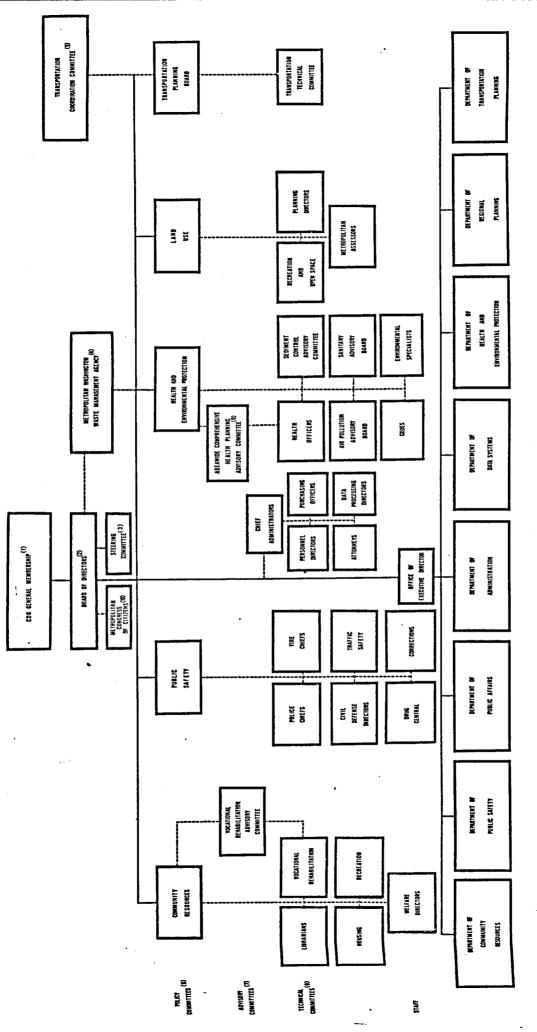
Toward the end of the funding period, a determination was made, based on the judgement of the three state planning agencies involved—Maryland, Virginia and the District of Columbia—that a continuation grant should be sought to support piloting of the drug abuse curriculum in the metropolitan area. However, the curriculum entitled, "A Socio—Psychological Approach to the Drug Education Problem" would be piloted only in Maryland and the District of Columbia, in light of the Northern Virginia jurisdictions disinclination to participate. Approximately 1500 public school students at the ninth and eleventh grade level are

to take the course if continuation funding can be obtained through LEAA. Eleven teachers are to teach the curriculum in the public schools starting in January 1971. An independent agency will analyze student attitude change and the staff, teachers, and students will suggest new techniques and materials for improvement of the curriculum throughout the grant period.

In response to suggestions by LEAA, arrangements have been made to teach a shortened version of the curriculum at a local correctional facility for youthful offenders, the District of Columbia Department of Correction's Lorton Youth Center. This experiment is proceeding successfully and it seems likely that the curriculum can be adapted to the needs of a correctional facility which may have a somewhat transient and completely different population than is found in the high school setting. In addition, several county detention center wardens have expressed interest in such a project for their inmates.

The other activities undertaken under the original grant, such as the coordination of area drug abuse programs through Drug Central, the Drug Abuse Task Force, the publication of informative newsletters, the surveys of existing programs and the assistance in planning and development of proposals will continue by virtue of support from the Council of Governments without further assistance from LEAA. addition, an attempt will be made to promulgate the concept of a uniform reporting and identification system for drug abuse programs in the metropolitan region. This latter project was generated during the early days of Drug Central and despite support from a great many people, it has not yet become a reality. In August 1970, however, the Health Officers Policy Committee became interested in the idea and formed a subcommittee to explore the possibility that such a system could be developed. The staff considers this project to be of the highest priority and will attempt to effect the necessary coordination in order to bring it about. Since the Health Departments in the metropolitan area already report many kinds of health statistics, the probability that they can begin uniform drug abuse reporting is very high and COG looks forward to coordinating such an effort for its practical as well as theoretical value to the community in the planning and implementation of drug programs.

METROPOLITAN WASHINGTON COUNCIL OF COVERNMENTS



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15) ONE REPHESENTATIVE FROM EACH OF 52 LOCAL GOVERNMENTS AND THE DISTRICT OF COLUMBIA, VIRGINIA, AND MARYLAND HIGHWAY DEPARTMENTS.

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(?) COMPOSED PARTIALLY OF CITIZEN MEMBERS AND PARTIALLY OF REPRESENTATIVES OF SPECIAL INTEREST GROUPS.

(B) COMPOSED OF SENIOG STAFF MEMBERS OF LOCAL GOVERN-MENTS IN THE WASHINGTON AREA AND OTHER CONCERNED AGENCIES,

FROPOSED WILL BE ACTIVATED WHEN FEDERAL FUNDING FOR AREAWDE COMPHEHENSIVE HEALTH PLANNING BECOMES AVAIL-ABEE.

10) INCLUDES REPRESENTATIVES OF VIRTUALLY ALL CITIZENS GHOUPS IN THE WASHINGTON AREA.

REVISED AUGUST 1970