Union Calendar No. 164

[illegible] Congress, 1st Session — House Report No. [illegible]

DRUGS IN OUR SCHOOLS

A REPORT BY

THE SELECT COMMITTEE ON CRIME

[illegible]

[illegible]—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

[illegible] WASHINGTON : [illegible]

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. [illegible]

[illegible]

Stock Number [illegible]

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NOTE.—The essence of this report was prepared by the previous chief counsel, Joseph A. Phillips.

LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
Washington, D.C., June 25, 1973.

Hon. CARL ALBERT,
Speaker of the House of Representatives,
Washington, D.C.

DEAR MR. SPEAKER: By direction of the Select Committee on Crime, I submit herewith the committee's report to the 93d Congress. The report is based on an extensive study made by the Select Committee on Crime. The conclusions and recommendations herein represent a consensus of opinion of the members of the committee, and each member does not necessarily agree with every conclusion and recommendation.

CLAUDE PEPPER, *Chairman.*

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Union Calendar No. 164

93D CONGRESS, *1st Session* } HOUSE OF REPRESENTATIVES { REPORT No. 93-357

DRUGS IN OUR SCHOOLS

JUNE 29, 1973.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PEPPER, from the Select Committee on Crime, submitted the following

REPORT

BASED ON A STUDY BY THE SELECT COMMITTEE ON CRIME

On June 22, the Select Committee on Crime approved and adopted a report entitled "Drugs in Our Schools." The chairman was directed to transmit a copy to the Speaker of the House.

PART 1.—SCOPE OF THE PROBLEM

We are a Nation suffering from a deadly disease. Our Nation's youth is being decimated and slowly destroyed by a drug epidemic. Drug abuse proliferates and spreads like a contagious disease and has advanced to such a degree that it menaces the health of every child in this Nation today. And it appears that all of us are standing around waiting for somebody to do something about it.

It has often been observed that our attack on the Nation's drug abuse problem has at least three major facets—legal, medical, and educational. Each of these approaches has been a dismal failure in not having significantly reduced the extent of drug abuse in the United States.

The American people have been losing the war against drug abuse for more than a decade. We have been losing the war because we failed to perceive the scope or the intensity of the problem. We have been losing the war because our efforts to combat it have been confused, disorganized, and characterized by complacency. We have not marshaled the genius of the American people to combat this deadly menace. Only recently have we begun a concerted national effort to eradicate drug abuse.

Prior to our school investigation everyone was aware of the Nation's concern with the extent of drug abuse so prevalent in the country. A recent Gallup Poll showed that since March 1971 drug addiction has risen from seventh to third place on the public's list of "most impor-

tant" national problems. The number of heroin addicts had been steadily and alarmingly increasing—from 315,000 in 1969 to 559,000 in 1971. By March of that year the situation had become so severe that President Nixon officially determined that the heroin menace in this country had reached the dimensions of a "national emergency."

Early in 1972 members of the committee received complaints that children in the schools of their districts were becoming involved with drugs. On June 19, 1972, the committee initiated an investigation to determine the extent to which drugs are being bought, sold, and abused by children in our Nation's schools.

Our investigation took us to six metropolitan areas located throughout the country: New York, Miami, Chicago, San Francisco, Kansas City, and Los Angeles. During our inquiry we interviewed more than 2,000 witnesses. The testimony of the more than 200 witnesses who were selected to testify before the committee, and the various exhibits, cover more than 10,000 pages of transcript.

We endeavored to obtain the most informed testimony of responsible individuals who represented every major occupation or group concerned with drug abuse among our Nation's youth. From the school systems we heard from presidents of school boards, superintendents of school, principals, teachers, counselors, nurses, PTA officials, and students. From the criminal justice system we heard judges, prosecutors, defense counsel, probation officials, police officers and undercover police men and women. From the scientific and medical professions, we heard testimony of medical examiners, doctors, professors, and other experts who have specialized knowledge of drug abuse treatment and rehabilitative methods.

In addition to the testimony, the committee staff has collected, evaluated, and analyzed a large number of treatises, surveys, and other reports relating to this subject published by a broad spectrum of public and private institutions concerned with youthful drug abuse. These documents and exhibits totaled approximately 16,000 pages of printed material.

Our preliminary examination of the matter indicated that the problem was severe, but our investigation demonstrated that the drug crisis in our schools greatly exceeded our worst expectations. All of us were repeatedly shocked by the revelations about extensive drug abuse in our schools. We had anticipated that the well-publicized drug epidemic which has caused such devastation in New York City's schools, was an isolated experience caused by factors peculiar to that city.

As we delved further into the problem we discovered that drug abuse in our schools is appropriately described as an extremely deadly epidemic which is presently raging in our schools; it is infecting our youth and contaminating our schools; it has reached crisis proportion; and it is leaving a trail of devastation that will take a decade to remedy.

Tragically, the chances are substantial that when a parent sends his child to high school each day he is sending him into a drug filled environment. He is placing him in an atmosphere where drugs are usually bought and sold—an atmosphere where there is considerable pressure from other students to use drugs.

Drug abuse in our schools has become so extensive and pervasive that it is only the uniquely gifted and self-possessed child who is capable of avoiding involvement with some form of drug use.

The Availability of Drugs

Sales of all sorts of drugs regularly and persistently take place in the cafeterias, hallways, wash rooms, playgrounds, and parking lots of our schools. The ease with which students can purchase drugs in a high school is truly astounding. With little or no effort a teenager can obtain amphetamines, barbiturates, LSD, and marihuana. With some additional effort cocaine and heroin are generally available in most schools.

A number of incidents demonstrate the easy availability of these drugs. In Chicago, the committee obtained the cooperation of a 17-year-old girl. This young girl was able to go to her suburban school and make numerous purchases of narcotics. In just 2 days—during our committee hearings in that city—she spent $100 on heroin, barbiturates, amphetamines, LSD, and marihuana.

Sales of drugs are so prevalent in New York City schools that a television crew had no difficulty filming a number of heroin sales right on school property. In suburban Miami drugs are so accessible in the high schools that the students refer to one school as "the Drug Store" and another as the "Pharmacy."

In San Francisco, a young Mexican-American high school student told the committee that he went to school only when he needed drugs. If he could not find them in his immediate neighborhood he would always be successful in obtaining drugs at school. In that city another student told us that it was easier for a teenager to get dope than to buy beer. A handsome, red-haired Palo Alto youngster testified that he often sold as much as $400 worth of cocaine a day on his high school campus. While keeping his hair short to avoid police surveillance, he told the committee, he could easily have sold $1,000 worth of drugs a day, but he preferred to sell only to those students he knew. In Los Angeles a youngster advised us that he had sold more than $100 worth of reds (barbiturates) at lunch time in his school—reds sold for four tablets for a dollar.

In Chicago a public official advised us that drugs were easier to buy in high schools than note paper. Similarly, in New York a number of State and city officials described the schools as market places for drugs and "havens" for the narcotics pushers.

In several cities we were fortunate in hearing the testimony of police undercover agents who conducted drug investigations in high schools. Pretending to be students, these police officers infiltrated the high school drugs scene and obtained critical insights into the problem.

One young policewoman advised the committee that she had posed as a student and did undercover narcotics investigation in more than a dozen schools located in various sections of New York City. She had made more than 100 arrests of drug pushers in schools and playgrounds.

> Mr. PHILLIPS. What did you discover when you went to Charles Evans Hughes School in regard to the amount of addiction that existed there?
>
> Miss CONLON. In my 3 days inside Charles Evans Hughes, I discovered many evidences of narcotics abuse. We saw various quantities of glassine envelopes that were disposed of inside the lavatories and the locker rooms. I saw students

> nodding out in cafeterias and in classrooms. I saw girls in the locker rooms injecting heroin into their veins. I saw kids overdosing outside the school, laying down in an unconscious state.

Policewoman Conlon went on to estimate that between 50 and 60 percent of the students in that school abuse drugs of one sort of another.

The assistant superintendent of schools for that high school corroborated the undercover police officer's testimony. Although he originally estimated between 10 and 20 percent of the student body had used drugs, he changed his view after he initiated efforts to combat the problem. He learned that drug abuse in that school was more appropriately estimated at 90 percent of the student body.

The testimony of police undercover agents in Chicago, San Francisco, Los Angeles, and Kansas City gave similar insight into the tremendous dimensions of this problem.

The youngsters who become involved in drugs come from every racial, religious and socioeconomic segment of our society. Prior to our inquiry, many people thought that drug abuse was restricted to the "bad kids" or the "ghetto kids." Nothing could be further from the truth.

In our hearings we found that the teenagers who had become involved with drugs had come from every strata of our society. There were bright students who intended to go to college; there were average kids and youngsters who were dropping out; there were girls as well as boys; there were football players and bookworms. But most of all as we looked at the hundreds of young faces we met in our inquiry, we found that they were our children—yours and mine. They are our Nation's most important and most cherished natural resources. Handsome and beautiful in their youth, they have become entangled in drug abuse in their formative years while groping for maturity. Their lives are impaired and may be destroyed because we have failed to provide them with a drug free environment.

Remarkably, the vast majority of the individuals who are selling drugs in our schools are students.

The drug pusher, who is a vicious criminal to adults, is a friend to the teenage drug user—often looked up to and even admired. Illustrative of this point is testimony we heard in Kansas City. The State police there had recently arrested a youngster for selling drugs. The young student drove to high school in a new Mustang, was captain of the school football team, and dated the prettiest girl on campus. He sold drugs because he believed that he could impress the other students by dealing in drugs.

Perhaps the best description of drug pushing in high school was given to the committee by a New York City high school student:

> Let me dispute the term, "pusher," if I may. Nobody has to push drugs in a school in New York City. It is really a seller's market. I mean if a guy is holding, if he has some drugs and the word gets out, all he has to do is sit in one place and people will come to him. He is not out trying to induce people to buy drugs. That does not occur. Maybe it did in the 1950's,

> but I have never seen that happen. People seek him out if he has got good drugs; if he has got drugs that are fairly potent, he will select who he sells to. You know, if he doesn't know you, if he knows you only slightly, if he doesn't like you, he will say to take a walk, because he knows if he doesn't sell to you, there are four other people that want to buy from him.

Although this testimony was adduced in New York, we heard similar accounts in each of the metropolitan areas we visited. Most of the youngsters who were selling drugs were doing so to support their own drug habit. Most often the drug habit was getting worse.

There are many reasons why school-age children use drugs. Probably the most important factors in the initial experimentation with drugs are peer pressure and curiosity. Most youngsters are encouraged to use drugs in the first instance by their older brothers, sisters, and friends. To be accepted by their peers the youngsters will go along and try drugs. The natural curiosity of young people also plays an important part in initial experimentation with drugs. Young people continue to take drugs because they like the pleasurable sensations that the drugs engender.

Many youngsters experiment with drugs but do not become more heavily involved. Others steadily progress from experimentation to heavy drug addiction. The average child might experiment with drugs for a time and stop under normal circumstances, but might become heavily addicted because of emotional stress resulting from unexpected or serious difficulties encountered in his life. For example, the average child's drug experimentation can develop into serious addiction because of the death of a parent or disruption in the family.

The only study of a high school to determine the number of students selling drugs, which has come to the attention of the committee, was conducted in San Mateo County, Calif., in 1969. In a middle-class school with a population of 1,900 students, 129 or 7 percent of the students had been dealing in drugs. Half of the students selling drugs were 15 or 16 years of age. In this school 92 percent of the drug sellers were white although only 80 percent of the students were Caucasian. Boys dealing drugs outnumbered girls four to one. A particularly interesting fact developed by this survey is that 84 percent of the drug dealers had fathers who possessed a college degree.

Each of these incidents is typical of the testimony we heard throughout our inquiry. When evaluated with the drug arrest statistics and the school surveys of drug abuse, these facts warrant the conclusions that the drug problem in our schools is tremendously extensive, having already reached crisis proportion.

PART 2.—DRUG ABUSE SURVEYS

Evidence that drug abuse has assumed the proportions of a national emergency is overwhelming. Surveys conducted by reliable authorities demonstrate that drug abuse in our schools is extremely widespread and growing worse. It is contaminating school populations in our cities, our suburbs, and even our rural areas at an unprecedented rate.

The National Surveys

The National Commission on Marihuana and Drug Abuse recently found that 6 percent of our high school pupils had used heroin. This means that 1½ million of our schoolboys and schoolgirls are already gravely endangered by that deadly menace. The survey showed that 8 percent of this country's high school youth—2 million young people—have tried hallucinogenic drugs such as LSD, mescaline, and peyote. Five percent have tried cocaine, 8 percent have used potentially deadly methamphetamines or "speed," 7 percent have tried the even more deadly barbiturates, and 5 percent have tried painkillers such as morphine and codeine.

Another nationwide survey sponsored by the National Institute of Mental Health and conducted by professors at Columbia University demonstrates the national scope of the problem. The survey—part of which is appended to this report—covered 25 schools located in different areas of the country. Nine of the schools surveyed were on the east coast; three were in the Southeast; five in the Midwest; and the remaining eight schools were located on the west coast. Those selected range from economically deprived inner-city schools to affluent suburban schools with broad based student bodies from all major racial, religious, and socioeconomic groups in the country.

Demonstrating that every major section of the country has a critical drug problem among its youth, this study also sheds considerable light on the number of students involved and the nature of the drugs they are abusing. While the study reveals that the problem will vary in intensity from school to school, it is startling to note that every school surveyed by the Columbia group had a substantial drug problem.

Representative of the east coast schools surveyed is the high school with average drug abuse in that area which reported that 39 percent of the students had used marihuana; 21 percent had used barbiturates; 18 percent had used amphetamines; 9 percent had used LSD; 9 percent had used "speed"; 8 percent had used cocaine; and 7 percent had used heroin.

Statistics from a median school in the Southeast showed that 23 percent of the students had used marihuana; 13 percent had used barbiturates; 11 percent had used amphetamines; 9 percent had used LSD; 9 percent had used "speed"; 7 percent had used cocaine; and 5 percent had used heroin.

Survey data from a median high school in the Midwest reflected that 37 percent of its students had used marihuana; 14 percent had used barbiturates; 12 percent had used amphetamines; 9 percent had used LSD; 8 percent had used "speed"; 10 percent had used cocaine; and 7 percent had used heroin.

Statistics from a representative west coast high school indicated that 52 percent of its student body had used marihuana; 31 percent had used barbiturates; 33 percent had used amphetamines; 15 percent had used LSD; 12 percent had used "speed"; 9 percent had used cocaine; and 6 percent had used heroin.

Another national survey covering 21 high schools in California, New York, and Michigan disclosed similar results: 34 percent of the students in those schools had used marihuana; 21.5 percent had used amphetamines; 16 percent had used barbiturates; 15 percent had used LSD; and 5 percent had used heroin or another opiate. In this survey Michigan was represented by 11 schools, California seven, and New York three.

State and Local Surveys

In addition to the surveys which attempted to assess the extent of drug abuse on a national scale, a number of other studies have been conducted by States, counties, and cities throughout the Nation.

New York

In New York State a recent study conducted for the State Commission on the Quality, Cost, and Financing of Elementary and Secondary Education estimated the number of drug users in the school systems there. The commission found that 45 percent of New York City high school students and 20 percent of the cities junior high school students were current drug users. In the five cities in New York State having populations of more than 100,000 the commission estimated that 25 percent of the high school students and 10 percent of the junior high school students were current users of drugs. In the suburban areas adjacent to New York's large cities, the survey discovered that 25 percent of students in the secondary schools were currently using some illicit drugs.

Finally the commission's research in rural areas disclosed that experimentation with drugs—particularly pills—was increasing. Current drug abuse of all types in these rural areas appears to be about 10 percent of the senior high school students. The commission determined that its findings in this regard were in conformity with a 1971 study of drug abuse in that State conducted by the New York State Narcotics Control Commission and with a report published in May 1972 by the New York City Addiction Services Agency.

Conducted in cooperation with the board of education, the addiction services agency's report stated that nearly 70 percent of New York City's adolescents had experimented with drugs—hard or soft. The same study estimated that in 1969 there were about 25,000 adolescent heroin addicts in New York City and by late 1970 the estimate had jumped to more than 35,000—that upward trend continues.

Pennsylvania

A survey of secondary schools in Pennsylvania covering 1.2 million junior and senior high school students revealed that marihuana use ranged from 9 percent in grade 7 to 28 percent in grade 12. The use of LSD ranged from 8 percent in the 7th grade to 13 percent in senior year of high school. More than 8 percent of the students from junior high and senior high schools reported using heroin.

Brookline, Mass.

Brookline, Mass. conducted a drug survey in 1971 and found that 46 percent of its high school students had used marihuana; 12 percent had used amphetamines; 8 percent had used LSD; and 2 percent had used heroin.

Cincinnati, Ohio

In Cincinnati a secondary school study showed that 31 percent of youngsters had tried drugs. Some 16 percent of them had experimented with LSD.

Houston, Tex.

In Houston 22 percent of the students had experimented with marihuana and 6 percent had used heroin.

Dade County, Fla.

In Dade County the school board surveyed its administrators, teachers, and counselors concerning their views on the scope of the drug problem in Miami schools. The survey concluded that the drug abuse problem was "widespread and growing worse." About 11,000 of the 110,000 junior and senior high school students were "hooked" on drugs according to this survey. Marihuana was rated as the most commonly used drug, followed in order by amphetamines, barbiturates, LSD, and heroin. The report indicated that the school campus is the most common place to obtain drugs, which are usually obtained from classmates.

Las Vegas, Nev.

A survey of the Las Vegas high schools disclosed that 30 percent of high school students had used marihuana; 8 percent had used LSD; 17 percent had used amphetamines; and 13 percent had used barbiturates.

San Mateo County, Calif.

Another survey which sheds light on the extent of drug abuse on the west coast was conducted by the San Mateo County, Calif., Health Department. For the last 5 years drug use in San Mateo's high schools was examined. It is the only study of its kind in the Nation to come to the committee's attention. Because we found the survey informative, we have appended a 5-year synopsis of the results of that survey to this report. (See app. 2.)

In 1972, 51 percent of San Mateo's high school population had used marihuana; 66 percent had used LSD; 24 percent had used amphetamines; 15 percent had used barbiturates; and 3 percent had used heroin. In addition, there were a large number of high school students who indicated that cocaine, which was not listed in the survey, was also a drug being abused.

Furthermore, the San Mateo survey demonstrated that drug abuse among students increases dramatically as the students progress from freshman to senior year. By the time the freshmen have become seniors, they have doubled their drug abuse.

A Small Town in New Jersey

Another survey which has come to our attention was one conducted as a college sociology project in a junior high school in a small town in New Jersey. The 400 students who participated in the survey came from "middle-class, ghetto residents, and a sprinkling of well-to-do families—a good mix, typical of numerous small communities all over the United States."

The survey found that 15 percent of these junior high school students had used drugs and 4 percent of this group had admitted frequent use of drugs. One of the frightening findings of this survey was that 2½ percent of the eighth graders in this town, with a population of only 50,000 people, "were into heroin." Thirty-one percent of these

young children knew where they could obtain drugs if they wanted them.

Suffolk County, N.Y.

The Suffolk County Narcotic Addiction Control Commission conducted in 1972 an extremely comprehensive and thorough study of drug attitudes and drug abuse among Suffolk County students.

Suffolk County, N.Y., had a population (1970) of 1,127,030; almost 30 percent of that population (333,338) is comprised of children aged 5 through 17.

Eight school districts in the towns of Brookhaven and Islip were chosen for the study in which some 10,000 students in grades 7 to 12 participated. The towns of Brookhaven and Islip have a population of about 76,000 students in grades 7 through 12 and the survey sample was therefore approximately 13 percent of the total student population.

The results of the survey indicate that substantial numbers of students have tried or used a wide variety of dangercus drugs. The following table indicates the degree to which students have been involved with drugs ranging from alcohol to heroin.

[In percent]

Drug	"I have not tried"	"Have ever used or tried"
Marihuana	60.7	39.3
Barbiturates	72.2	27.8
Amphetamines	75.3	24.7
LSD	81.0	19.0
Speed	84.7	15.3
Heroin	86.8	13.2

The high percentage of students using these drugs is alarming. The fact that drug abuse was reported by students to be relatively unaffected by existing educational programs is equally disturbing. The survey asked students to comment on the effect educational programs had on their drug use. Only those students who had used the drug in question were asked to respond; the percentages of students who felt that the existing educational programs had no effect appear below:

Drug:	*Percentage*
Marihuana	68
Amphetamines	56
Barbiturates	55
LSD	49
Speed	46
Heroin	41

The survey also concluded that the overall effectiveness of existing drug education programs declined in effectiveness as the students progressed in age.

Students in grades 7 through 12 were asked why they took drugs. Twelve answers were provided; yet, the most prevalent answers were "because their friends do" and "to escape reality." The first answer certainly substantiates testimony given before our committee during hearings in six cities across the country and their answer corroborates the "infectious disease" theory of drug abuse. The second answer, "to escape reality" relates—we think—to a later section of this report

dealing with drug advertising: Advertising which encourages our young people to think in escapist terms.

The Suffolk County survey demonstrates a very substantial drug problem, shows that the problem runs the gamut of dangerous drugs, indicates that existing drug education programs are not successful and that their unsuccessfulness increases as students progress from grade 7 to grade 12, and shows that drug-using students infect one another.

Dallas, Tex.

In assessing the extent of drug use in the Dallas schools, the Dallas Independent School District had data from local surveys conducted in 1969, 1970, and 1971; thus, the Dallas surveyors were able to include judgments as to how reported drug abuse patterns tended to change over a given time span.

The data from the several surveys indicated that drug abuse had increased from 1970 to 1971.

The Dallas survey indicated that overall drug use had increased in grades 6, 7, 8, 9, and 10. It also indicated a slight decrease in grades 11 and 12 and a decrease in grade 5. It should be noted that this data includes marihuana and that with marihuana removed, the percentages are considerably lower.

In addition, the Dallas survey attempted to measure the changes in drug use patterns for specific drugs including marihuana, nonprescription stimulants, prescription stimulants, nonprescription sleeping pills, nonprescription tranquilizers, cocaine, hashish, LSD, mescaline and peyote, heroin and morphine. In Dallas, 3 percent of high school students had used heroin.

Washington, D.C.—American University

In November and December of 1971 the Counseling Center, Office of Vice President for Student Life, at the American University in Washington, D.C., conducted a drug survey to determine the extent of drug use on campus and to investigate student attitudes toward drug use.

Approximately one out of every five full-time graduate and undergraduate students were sent detailed questionnaires—about 50 percent of the sample completed the survey.

The survey found in part, that—

> Of the drug users, proportionately more freshmen (93%) had tried drugs before coming to American University than members of the other classes, both graduate and undergraduate. In fact, undergraduate class level at AU was inversely related to using drugs before coming to AU within this subsample. Each undergraduate class, moving in ascending order from lower to upper classmen, had successively less experience with drugs prior to contact with this university—93% of freshmen drug users, 76% of sophomore drug users, 61% of junior drug users, and 53% of senior drug users. Graduate students had a 78% rate, but since they were older when they entered AU, their higher rate is largely an artifact. This data would strongly indicate a spreading of the drug culture down through the younger age levels, so that entering freshmen would be more sophisticated drugwise than upperclassmen had been at the same age.

Thus, more students who admit to the use of drugs are acquiring their drug experience prior to entering college. The survey found in fact that of the 49 percent who admitted to the use of any drugs with any frequency, 68 percent had taken drugs before coming to the college campus.

Alcohol was the drug most commonly used by the students. Marihuana and hashish were the next highest with 47 percent and 38 percent of the sample rating themselves as users; amphetamines, barbiturates, and mescaline were used by 10–17 percent of the sample; and LSD, cocaine, and heroin were used by 1–6 percent.

Of course, none of the studies cited here have included the drug addict or drug abuser who has dropped out of school and become more heavily involved with drugs. The statistics here represent only those children who are still in school—those who still can be saved if we intervene in time. They do not account for those students who have succumbed to serious drug abuse and addiction: If those school dropouts were included in these surveys the abuse statistics would be substantially increased.

PART 3.—NATIONAL DRUG ARRESTS

Our national drug arrest statistics overwhelmingly corroborate our conclusion that the drug abuse problem among our youngsters is extremely widespread and progressively growing worse with each passing year.

The Federal Bureau of Investigation reported in 1971 that narcotic arrests of youngsters under the age of 19 has skyrocketed 765 percent in the last 5 years.

In the 3-year period 1969–71, over 432,000 teenagers were arrested for crimes involving drugs. In that period, annual drug arrests among our young people spiraled from 109,000 to 172,000. Every region of the country has seen this tremendous upsurge in drug prosecutions. In fact, each State in the Nation, with the exception of California, had a substantial rise in teenage drug arrests in the period 1969–71.

In the East, Maine had a 363-percent increase in teenage drug arrests over the 3-year period 1969–71; Massachusetts had 114 percent; New Hampshire, 152 percent; Vermont, 200 percent; Connecticut, 102 percent; New Jersey, 95 percent; and Pennsylvania, 73 percent.

In the middle border States, Tennessee had a 679-percent increase in teenage drug arrests during the 3-year period 1969–71; Virginia had a 428-percent increase; Kentucky, 258 percent; Maryland, 187 percent; and Missouri, 114 percent.

In the South, Alabama had a 709-percent increase in drug arrests of youngsters in the period 1969–71. In that period, Arkansas had a 392-percent increase, Florida had 234 percent; Louisiana, 279 percent; Georgia had 445 percent; North Carolina, 489 percent; South Carolina, 255 percent; and Texas, 156 percent.

In the Middle West, Iowa had an increase of 354 percent in its teenage drug arrests over the 3-year period 1969–71; Indiana had 262-percent increase; Kansas, 235 percent; Michigan, 265 percent; Ohio, 197 percent; Nebraska, 450 percent; Minnesota, 203 percent; and Wisconsin, 190 percent.

In the far West, Oregon had an increase of 148 percent in its teenage drug arrests in the period 1969–71. In that time, Colorado increased 171 percent; Washington, 100 percent; Alaska, 135 percent;

Idaho, 155 percent; New Mexico, 197 percent; and North Dakota, 294 percent.

A summary of the arrests by each of the 50 States is included in this report.

California, which has the highest number of juvenile arrests in the country by a tremendous margin, was the only State to show a decrease in youthful drug arrests in the 1969–71 period. In our investigation in that State, however, we learned that local authorities have instituted "diversion" programs which are designed to divert the youthful offender from the criminal courts and refer him to a community rehabilitation project. The young people who receive this ameliorative treatment are not presently counted in the State's drug arrest statistics. On that account, the decrease of 6 percent in California teenage arrests is not a true reflection of that State's teenage drug abuse problem.

NATIONAL NARCOTICS/DRUG ARRESTS OF YOUTHS 19 AND UNDER (STATE TOTALS)

State	1969	1970	1971	Percentage of increase or decrease [1]
Alabama	71	243	575	709
Arizona	1,521	2,178	1,981	30.3
Arkansas	53	112	261	392
California	52,954	53,017	49,298	−6
Colorado	1,147	1,949	3,110	171
Connecticut	1,329	2,536	2,691	102
Delaware	188	507	317	68
District of Columbia	263	646	740	181
Florida	2,479	4,291	8,294	234
Georgia	440	1,316	2,402	445
Idaho	151	327	386	155
Illinois	4,069	6,123	6,629	62
Indiana	508	1,041	1,840	262
Iowa	273	599	1,242	354
Kansas	341	676	1,145	235
Kentucky	187	396	670	258
Louisiana	564	1,162	2,135	279
Maine	113	326	524	363
Maryland	1,186	2,168	3,413	187
Massachusetts	2,558	4,525	5,488	114
Michigan	2,598	5,964	9,488	265
Minnesota	792	1,909	2,400	203
Mississippi	20	99	235	1,075
Missouri	988	1,736	2,115	114
Montana	132	143	158	19
Nebraska	142	171	781	450
Nevada	1,028	1,071	1,398	35
New Hampshire	217	325	548	152
New Jersey	5,647	9,231	11,023	95
New Mexico	475	1,014	1,412	197
New York	15,068	20,512	17,477	15
North Carolina	170	603	1,002	489
North Dakota	37	79	143	294
Ohio	1,053	2,269	3,133	197
Oklahoma	293	700	936	291
Oregon	772	1,625	1,918	148
Pennsylvania	2,809	4,628	4,868	73
Rhode Island	287	514	965	236
South Carolina	117	283	416	255
South Dakota	71	115	184	159
Tennessee	130	463	1,013	679
Texas	2,704	6,108	6,941	156
Utah	425	873	822	93
Vermont	20	51	60	200
Virginia	410	1,149	2,167	428
Washington	1,637	2,970	3,285	100
West Virginia	12	61	171	1,325
Wisconsin	834	1,684	2,423	190
Wyoming	73	164	214	193
Alaska	120	179	282	135
Hawaii	(2)	(2)	678	(2)
Total	109,476	150,831	171,797	

[1] Increase unless otherwise shown.
[2] Not available.

PART 4.—THE NEW TRAGEDY OF THE AMERICAN FAMILY

A special dimension of this problem is that drug abuse is debilitating and killing a large and increasing number of our young people. It is the new tragedy of the American family. It is proliferating and spreading—according to experts—like a contagious disease.

Heroin kills more young people in New York City than any other single cause including heart disease, cancer, homicides, and suicides. Teenage narcotics deaths there have risen from 15 in 1960 to an incredible 227 this past year. In 1969, for the first time in the city's history, there were heroin deaths of children under the age of 15. Also, 1969 was the first year there was a significant number of deaths of apparently well-adjusted teenagers with good family and school relationships who experimented with drugs only because of peer group pressure and who died after brief use of heroin.

In the last 2 years in New York City, 500 teenagers have died because of narcotic addiction. These statistics indicate an alarming rise of over 700 percent in the last 5 years. Of the youngsters who died last year, 90 were 16 years old or younger. These deaths are not only caused by heroin but are the result of multiple-drug abuse. The vast majority of these dead youngsters obtained their first drugs in school with school friends. A small number of these deaths actually occurred in the bathrooms in school buildings.

Walter Vandermeer was the youngest child to die of a drug overdose in New York City. Just 2 weeks before he was found dead of the heroin overdose he had celebrated his 12th birthday. He was 4 feet 11 inches tall and weighed only 80 pounds. His body was found on the floor of a common bathroom in an apartment building around the corner from where he lived with his mother and other brothers and sisters. He was wearing a "Snoopy" sweatshirt which bore the inscription, "Watch out for me. I want to bite somebody to ease my tension."

Right next to his body, a neighbor found two glassine envelopes that appeared to have contained heroin, a syringe, a needle, and a bottle cap—the necessary paraphernalia to prepare heroin for intravenous injection.

Walter Vandermeer, whose home life was chaotic, had been expelled from New York City schools when he was only 9 years of age. He had not attended school for almost 2 years before his death. Teachers at the school he attended said that Walter was aggressive and disruptive and that he had been involved in "frequent altercations" with teachers.

More than one public official accused the board of education of gross negligence in their handling of Walter Vandermeer's situation. The New York Times and Time Magazine investigated this accusal, described it, and published informative reports about it. The school board neglected to inquire into the matter at all. In fact, the school authorities have made no effort to look into any of the school-age deaths or to relate that information to their drug education efforts.

Walter Vandermeer's death poses the question: Why is it that we, as a great Nation, are unable to help a child navigate through his 12th year without his becoming a drug addict? Where were the marvels of our technological society; where were the assets of our abundance when Walter Vandermeer needed help?

In California, more than 650 teenagers have died of drug overdoses in the last 3 years. In this 3-year period deaths from drug over-

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dose have doubled. In Los Angeles, in the last year, two people died of heroin overdose each day. Two other individuals commit suicide each day from an intentional overdose of barbiturates. Remarkably, in that county more than 50 people overdose on drugs each day; are treated in hospitals and subsequently released. California, insofar as we have been able to ascertain, is the only State which keeps these vital statewide statistics.

In Chicago over the last 3 years overdose deaths have increased more than 50 percent. A majority of these deaths were of young, white people who came from the wealthy suburbs as well as inner-city areas in Cook County. Eleven of the drug deaths involved teenagers. There are no reliable drug death statistics for the rest of the State of Illinois. The local county coroners do not keep adequate records nor do they conduct the cause of death studies needed to make these findings. Even with this disability some 22 counties in Illinois have found some drug overdose deaths.

Over the last five years, more than 450 people have died of drug overdose or drug-related causes in the Miami area. In that period more than 70 teenagers have died as a result of drug abuse. In the last 2 years school-age children's drug deaths have more than doubled—increasing more than 100 percent.

In addition to the growing number of deaths caused by narcotics there has been a substantial increase in drug overdoses treated by hospitals in Miami. In one hospital alone—Jackson Memorial—there are often as many as five drug overdoses reported a day. In one 6-month period in 1971, that hospital alone reported 450 drug overdoses. Thirty percent of these overdoses involved adolescents.

The youngest child to die of a drug overdose in Miami was Carolyn Ford, who was only 14 years old when she died of a heroin overdose. Previously suspended from school for disruptive conduct, she was given no alternative educational program or other medical assistance for her drug problem. Her case demonstrates the bankruptcy of a school policy which provides for suspension of the drug user without any appropriate alternative reclamation program.

Although she died in Miami, Carolyn Ford was suspended from the Reston, Va., school system—a wealthy Washington, D.C. suburb. The result would not have been any different if she had attended almost any other school in the country, for we have learned that the vast majority of school systems follow the same policy of suspension for drug abuse problems without rehabilitative followup.

The statistics relating to this deadly problem do not depict the deep personal tragedy that each one of these deaths entails. In Florida, one mother who had lost her child through drug abuse recounted her experience tearfully and called upon the committee to provide help to other parents whose children exhibited drug problems.

Mrs. Prescola Beneby told the committee that she pleaded with probation officers for drug rehabilitation for her 18-year-old son, Alvin. He had recently been arrested on a charge of shoplifting—on which profits he supported a heroin habit, his mother said.

"The probation officers told me no—they said they would send him to the stockade," she recalled.

When Alvin was a student at Jackson High, he used heroin for the first time. Shortly after, he was hooked, she said—although the youth denied it.

When Alvin was arrested a third time on a shoplifting charge, "I begged the probation officers to send him to a hospital," she said.

Instead, her son was sent to the Dade County stockade for 1 month. "I'm sure if he was given help he could have stopped the habit. If only he was given help."

Ten days after leaving the stockade, Alvin, under the influence of drugs, locked his 5-year-old sister's bedroom door, then strangled her, as his mother tried in vain to break in.

Mrs. Beneby told the committee she has finally been given the help she so often requested—her son is in the Florida State Hospital. "The place I asked to get him into—they said no, so, my daughter had to be killed."

Mrs. Beneby went on to say that "It's not an easy thing, to testify, but even if one person is helped by my testimony . . . even one son . . ." With that, tears interrupted Mrs. Beneby's testimony.

Of course, Mrs. Beneby is not alone in her tragedy. More and more American families are being touched by deadly drug abuse. In the committee's investigation we have found teenage addicts whose fathers are judges, doctors, professors, bankers, police officials, and from every other line of work imaginable. All races, all religious, all economic segments of our society have been bitterly affected.

Drug addiction is often worse than a sudden and untimely death of a youngster in a family. It is a devastating process of watching a child deteriorate before your eyes—having little or no resources to arrest the slide. It is a time of desperation—of not knowing what to do or where to turn for help—even hoping that your own child will be arrested for that might bring him to his senses. It is a time of hopes raised as the youngster remains drug free after an arrest or special effort to reform, only to be followed by the crashing depression which comes when you learn he is using drugs again. It is a time when the family itself is threatened—the mental and physical health of other children is jeopardized. It is a time when neighbors think a silent prayer for the first time in years fearing that their own children might also become involved in drugs. Only those who have been involved with this terrible family disaster can truly appreciate the damage drugs are doing to our teenage youth.

In the view of New York's Medical Examiner, heroin addiction spreads by one person copying what another does. This is especially the case with young people in a school environment.

A Swedish psychiatrist, Dr. Nils Bejerot, has reached the same conclusions. According to him, studies of narcotics problems in several countries show that drug addicts spread their habit to others like a contagious disease. "In the popular opinion, it is the pushers who are spreading the addiction," said Dr. Bejerot. "But it is really the addicts. The spread is always in the peer groups. The pushers play only a supportive role."

In the course of our hearings we heard considerable testimony confirming this opinion, as we spoke to hundreds of parents, a number of whom testified before the committee. Parents are often the last people to know their children are involved with drugs. The testimony of a U.S. Commissioner was most informative on this point:

> I thought I was a top drug expert, one of the top drug experts in Miami, or here in the United States. And, as a Commissioner, I dealt with drugs galore, dealt with narcotic agents, FBI people and customs people, and all of the Federal crimes came before me, and I dealt with these people and talked to them. I thought I knew something about drugs and kids. I have been reeducated. . . . Our girl went from pot up to cocaine until she overdosed and we really didn't know, really didn't know her involvement with drugs.

We heard testimony from a number of parents: Some were bewildered; some heart-broken; some inventive and resourceful; some committed to helping spare other parents the agony which they themselves had gone through—all were courageous and all were helpful in describing their reaction to youthful drug abuse. Most parents admitted that they—like all of us—originally had the attitude—it can't happen to my kids. As their families became involved they learned that drug abuse begins at school and the number of students involved is alarmingly high. Most parents testified that their efforts to obtain help in the schools or any where else were generally unsuccessful.

In order to obtain an understanding of the parents efforts to combat drug abuse we also questioned officials of various Parents-Teachers Associations. In general the PTA witnesses thought that drug abuse problems were increasing and that schools were not responding adequately. They were particularly concerned in the last year because drug abuse had already reached the elementary school children.

The PTA officials suggested that drug counselors were needed in the schools and that parent education—as well as student drug abuse education—was desperately needed. They also recommended that teachers receive more training in the drug abuse field.

PART 5.—DRUGS USED BY HIGH SCHOOL STUDENTS

Throughout our hearings we heard testimony concerning the extensive use of a broad variety of dangerous drugs or substances. Dangerous drugs can be classified as narcotics, stimulants, depressants, and hallucinogens. The variety of dangerous drugs being bought and sold in our schools by our students is truly astonishing.

The great prevalence of heroin, cocaine, amphetamine, barbiturate, LSD, mescaline, peyote, PCP, THC, hashish, and marihuana within schools across the country was repeatedly demonstrated throughout our hearings. What is even more troubling is the fact that teenagers are purchasing and taking other drugs or mixtures of chemicals not even knowing what they are buying or using. Very often these unknown substances are called "angel dust," "white maze," or some other exotic name.

In order to fully evaluate this problem an understanding of the background and nature of dangerous drugs used by teenagers is essential.

Heroin

Heroin is one of the most dangerous and deleterious drugs used by school students today. It is, perhaps, the most addictive narcotic-drug known. Chemically derived from morphine, heroin is two to five times

as potent as morphine or opium. It is a white, odorless powder which is bitter to the taste.

Taken by injection after being dissolved in water, or by inhalation, heroin produces an intense euphoria—a sleepy dreamlike trance. A few seconds after the injection the heroin user's face flushes, his pupils constrict, and he feels a tingling sensation in the abdomen—a feeling which, according to some addicts, is similar to sexual orgasm. For about 4 hours after the injection the addict experiences a euphoric "high." During that time, he intermittently sleeps and daydreams. He may also experience vomiting, constipation, and even severe respiratory depression causing death.

In order to obtain the same euphoria on subsequent occasions, the heroin user must use larger doses of the drug because the human body quickly develops a tolerance for heroin. With continued use of gradually increased amounts of the drug, the heroin user becomes addicted—that means that he no longer can discontinue use of the drug without feeling seriously ill.

The severe illness or syndrome which accompanies the discontinuation of heroin use is called "withdrawal." During withdrawal the addict experiences extreme anxiety, running nose, contracted pupils, and generalized body pain. As time progresses he experiences chills followed by fever, nausea, diarrhea, abdominal and muscle cramps, rise in respiration rate and blood pressure, and a number of other painful symptoms.

None of the heroin which has infected our country's youth comes from the United States. It is all smuggled into this country by narcotics traffickers.

Heroin starts its illicit journey to the United States predominantly from the poppyfields of Turkey, the Middle East, and Southeast Asia. The drug-producing poppy, which grows in mountain valleys about 3,000 feet above sea level, is cultivated extensively in Turkey, Iran, Laos, Burma, Thailand, and Mexico.

By a tedious manual harvesting procedure, farmers extract opium from fields of poppy which are maintained for that purpose. The opium which is hand scrapped from the poppy is then dried, rolled, and kneaded into round balls. Farmers sell the 4-pound opium balls to processors who extract morphine from the opium by following relatively simple chemical procedures. The morphine is then smuggled from Turkey to France—the heroin processing center of the world. French chemists convert the morphine to heroin mainly in the area around Marseilles in southern France. The heroin is then smuggled by a number of ingenious methods directly and indirectly into the United States. The Bureau of Narcotics and Dangerous Drugs estimates that more than 15,000 pounds of heroin—more than 7 tons—are smuggled into the United States each year.

Once the heroin has been safely smuggled into this country it normally goes through a number of narcotics dealers who dilute the drug with milk sugar and resell the adulterated heroin. After a number of exchanges from importers to wholesalers to retailers, it reaches the street-level seller who pushes $5 bags of heroin to school-age children. By the time heroin reaches the school student it has been reduced to 2½ to 5 percent heroin, and the remainder is milk sugar, quinine, or some other substance.

In all of the cities and towns the committee visited we were told that heroin was readily available to high school students who wanted to buy it. In fact, a young girl demonstrated that point for the committee in a Chicago suburb. Within an hour after we had given the young girl money to buy heroin she had purchased $25 worth of it at the high school she attended.

Cocaine

Cocaine, the highest priced illegal drug, is usually found as a white crystalline powder. Taken by inhalation or by intravenous injection, cocaine causes euphoria, general excitement, a feeling of increased physical strength, and reduction of fatigue. The physiological reaction to cocaine is intense. Pulse quickens, blood pressure increases, and pupils dilate. In large doses it can produce hallucinations and paranoid delusions. Moreover, a number of strong doses over a short interval can produce a toxic psychosis similar to paranoid schizophrenia. In such situations death by overdose may occur when breathing and heart operations are affected.

Unlike heroin, cocaine does not cause physical dependence. In the main, however, it does create a strong psychological dependence in the abuser. The temporary exhilaration produced by cocaine is followed quickly by depression as the effects of the drug rapidly diminish.

Practically all of the cocaine abused in the country is illegally smuggled into this country from South America. The coca plant from which cocaine is derived, grows in Peru and Bolivia as well as in other areas of western South America. Coca leaves are chemically transformed into a white paste with lime and ultimately processed into crystallized form. After the cocaine has been reduced to crystal it is smuggled to the United States, usually passing through various Caribbean countries.

For a number of years the mass transit point in the cocaine traffic has been Miami; however, as a result of intensified police efforts other smuggling routes are now utilized. After its arrival in Miami, cocaine is sold to major narcotics traffickers who dilute the cocaine and distribute it throughout the country. In the recent past a surprisingly large percentage of cocaine has found its way to college campuses.

During the course of our hearings, we found that cocaine traffic is reaching many high school students. Remarkably enough, one 17-year-old student testified that he has sold $400 worth of cocaine a day in his Palo Alto high school. He had been selling the cocaine for a number of years before he was caught.

Barbiturates

Barbiturates are produced by various pharmaceutical companies and in a large variety of tablets and capsules in various shapes and colors. Because of their variety, barbiturates have a number of street names. The more popular names currently used by teenagers are: "barbs," "downers," "red birds," "seccy," "yellow jackets," "nimbies," "blues," "goof balls," and "Mexican reds."

Taken in normal doses, barbiturates mildly depress the action of the nerves, skeletal and heart muscles. They lower the blood pressure,

slow down heart beat and breathing. In higher doses they can cause confusion, slurred speech, and staggering—giving the user an appearance of drunkenness. Overdoses of barbiturates regularly result in unconsciousness, coma, and death.

Like heroin, barbiturates are physically addicting. Virtually all barbiturate addiction however, begins with psychological dependency. The body needs increasingly higher doses of barbiturates if the user is to continue feeling their pleasant effects. If the drug is withdrawn abruptly, the user suffers from cramps, nausea, hallucinations, delirium, convulsions, and sometimes death. With certain long-acting barbiturates, these extremely serious symptoms of withdrawal may continue over a period of 7 or 8 days.

Barbiturate withdrawal differs in several respects from narcotic withdrawal. In narcotic withdrawal, such effects as runny eyes, intestinal spasms, and diarrhea are more pronounced, and muscle incoordination is not usually seen as it is with barbiturate withdrawal. In contrast to the barbiturates, true convulsions are not seen in withdrawal from narcotics. This is the major difference between these two types of withdrawal. For this reason experts state that withdrawal from barbiturates is more dangerous than withdrawal from heroin.

The barbiturate addict exhibits marked social and emotional deterioration and resembles the chronic alcoholic. Addicts undergo wild swings in mood from elation to deep depression or hostility. Some may develop dangerous paranoid delusions and a tendency toward suicidal depression can be intensified by chronic barbiturate intoxication. Chronic barbiturate intoxication mimics many of the symptoms of alcoholism including slurred speech, lack of coordination, sudden blackouts (often resulting in injury), dreamy vagueness, or irrational aggressiveness. Barbiturates—especially when mixed with alcohol—can be extremely lethal and constitute one of the most dangerous drugs being used by school-age youngsters.

Barbiturate abuse—in any form—is exceedingly dangerous; however, the rising phenomenon of intravenous abuse can be particularly lethal. To begin with, those who inject barbiturates run a very high risk of developing large abscesses, a trademark of the intravenous abuser. Moreover, those who by error inject barbiturates intra-arterially run the grave risk of developing gangrene. Intra-arterial injections which cause gangrene frequently result in amputation. The danger associated with this practice is enormous because the damage caused by an intra-arterial barbiturate injection is immediate.

Amphetamines

Amphetamines which are produced by pharmaceutical companies are usually found in a wide variety of capsules and tablets. The capsules come in a broad spectrum of colors and the tablets have a wide range of shapes and markings. Because of the wide varieties of shapes, sizes, and colors, amphetamines are called many unusual names by drug abusers. "Footballs," "greenies," "peaches," "hearts," "cartwheels," "bennies," "copilots," and "dexies" are just some of the street terms used for amphetamines.

In addition to the amphetamines which are manufactured by pharmaceutical companies, millions of amphetamines are presently being produced in "bootleg" laboratories. The vast majority of the "bootleg" amphetamines—called "mini bennies" or "white crosses"—are in small tablets with a cross marking.

Although amphetamines are generally taken orally, drug abusers frequently dissolve the tablet or its contents of the capsule and inject it intravenously. When injected, amphetamines are even more dangerous than when simply ingested orally.

When used pursuant to prescription, amphetamines stimulate the body, elevate the mood, and create a sense of well-being. They also may produce a temporary rise in blood pressure, palpitations, dry mouth, sweating, headache, diarrhea, pallor, and dilation of the pupils. When misused amphetamines cause excitement, restlessness, and talkativeness. They also cause insomnia, tremor of the hands, profuse perspiration, and frequent urinary discharge. When taken intravenously, amphetamines may cause acute psychotic episodes and when taken repeatedly in large doses the abuser may develop toxic psychosis.

Although amphetamines apparently do not induce physical dependence, withdrawal from large dose levels creates both psychic and physical depression. This depression probably reinforces the drive to continue abuse with the drug. However, withdrawal from amphetamines is not as severe as withdrawal from morphine, barbiturates, and other substances which create a physical dependence.

Methamphetamines

Methamphetamines, which are commonly called "speed" or "crystal," are chemically related to amphetamines. Produced by pharmaceutical companies and in clandestine laboratories, they are found in tablets of various shapes, colors, and sizes as well as in crystalline powder and liquid forms.

When taken, methamphetamines produce euphoria, excitability, feelings of power, aggressiveness, and insomnia. Large doses can cause pupil dilation, nervousness, dryness of the mouth, rapid heart beat, violent or self-destructive actions, and paranoid delusions. When taken intravenously the drug quickly produces a euphoria—referred to as a "flash" or "rush"—and is extremely dangerous. Continuous abuse of methamphetamines can cause acute and chronic psychosis, loss of memory, and brain damage in the habitual user. Although methamphetamines apparently are not physically addictive, they often produce severe psychological dependence.

LSD

LSD, which is commonly referred to as "acid," is an extremely powerful hallucinogen. It is colorless, odorless, and tasteless and a dose the size of a dot no larger than a pinpoint can cause hallucinogenic reactions for 8 to 16 hours. Doses of "acid" are called "hits" and are taken orally, in tablets, capsules, and sugar cubes, as well as in a number of other unusual forms. LSD is manufactured in clandestine laboratories, which often are located on college campuses. The chemical processes necessary to formulate the drug are not difficult to master. The ingredients are often accessible to college science students.

When taken, LSD often causes dilated pupils, lowered temperature, shivering, chills, profound perspiration, increased blood sugar, rapid heart beat, a flushed face or paleness, irregular breathing, nausea, and loss of appetite. After ingestion, the user may experience distorted sensory perceptions followed by extreme changes in mood. In the hallucinatory state, the user may suffer loss of depth and time perception accompanied by distortions with respect to size of objects, movements, color, spatial arrangement, sound, touch, and his own "body image." During this period, the user's ability to perceive objects through the senses, to make sensible judgments, and to see common dangers is lessened and distorted. Severe injuries and death commonly result when the user attempts bizarre conduct such as attempting to fly or touch flames. Many medical authorities have concluded that chronic or continued use of LSD impairs the user's powers of concentration and ability to think.

After the typical "trip" the user may suffer acute anxiety or depression for a variable period of time. Recurrences of hallucinations or "flashes" have been reported days, weeks and even months after the last dose. Recurrences may occur with full intensity and unpredictability. All of the original side effects of a bad experience may recur for as long as 18 months after LSD ingestion.

Psychosis, of both short and long range, may result from the use of LSD. It is not yet known whether the drug causes the illness or merely precipitates it. Several research groups have already demonstrated a strong possibility that LSD may produce chromosomal change. Paranoid delusions may occur about other people in the environment who are believed to be trying to harm or kill the subject. Intense self-loathing with suicidal impulses or great feelings of mystical revelation can also occur through the use of LSD.

This dangerous drug was readily available in each of the areas the committee visited. Because of the reports about brain damage resulting from the use of LSD, poor quality LSD is now mixed with strychnine and sold to unsuspecting teenagers as mescaline, a drug which is less harmful.

Mescaline/Peyote

Peyote and mescaline are hallucinogens similar to LSD, but they are significantly less powerful. Peyote usually is found in dry, leather-like buttons cut from cactus plants which bloom in Mexico and the Southwestern United States. The buttons are chopped, ground and placed in capsules or rolled in small balls for ingestion.

Mescaline, which is derived from the peyote cactus buds, is a solid brown green color in its natural form. When it is distilled it becomes a clear liquid. When it is put into capsule form it has become a standard procedure to add a gold or mauve food coloring to the mixture.

While peyote and mescaline are not physically addictive drugs, like LSD they can produce psychological dependence by repeated use.

When injected, peyote and mescaline produce such unusual psychic effects as alterations of consciousness, sense distortions, and visual hallucinations for a period of 5 to 12 hours. Ingestion of these drugs is almost always followed by nausea, vomiting, dilation of the pupils, and generally increased blood pressure and perspiration. Subsequently,

there is a general slowing of motor responses and speech. During a "bad trip" the addict loses control and is flooded with intense anxieties, fearful visual and auditory hallucinations, paranoid illusions, intense depression or a sense of madness. These experiences may be so severe that the depression engendered may continue long after the chemical effects of the drugs have worn off.

Very often poor quality LSD laced with strychnine or arsenic is sold as mescaline by drug dealers. Because of the extremely bad publicity concerning the bad effects of LSD, drug dealers have had difficulty in peddling acid. These dealers then label these drugs mescaline—call it a natural or organic drug—and advise the unsuspecting buyer it is safer than LSD.

Marihuana

Marihuana is comprised of the flowering tops, leaves, and small stems of the cannabis plant. These parts of the plants are collected, finely chopped into a tobaccolike consistency, and then smoked. The flowering tops of these plants exude a sticky golden yellow resin. This resin contains THC—the chemical ingredient which causes the toxication or "high" felt by the marihuana user.

Marihuana grows in large portions of the world including the United States and Mexico. In its more potent form, it flourishes in hot, dry climates, but grows throughout the Midwest and Southwest and can be found even in the parks and vacant lots of cities like New York, Philadelphia, or Chicago.

The place where the marihuana was grown substantially affects the potency of the drug. For example, most of the marihuana available in this country comes from Mexico and has a THC content of less than 1 percent. Marihuana grown in this country is not even one fourth as strong (0.2 of 1 percent) as the Mexican variety.

Marihuana originating in Southeast Asia has a 2 to 4 percent THC content. Jamaican marihuana, which primarily contains the flowered tops and small leaves of the plant, has a THC content of about 4 to 8 percent, depending on the mixture. The strongest form of marihuana—with a THC content of 5 to 12 percent—is hashish. Hashish is prevalent in India, Morocco, and other parts of the Mideast and is illegally imported into this country.

THC (tetrahydrocannabinol) is the principal euphoric ingredient active in marihuana. When it is smoked, it is believed that tetrahydrocannabinol is changed less than any of the other resinous materials found in the leaves and it is more highly concentrated in the smoke. Nearly 80 derivatives of natural tetrahydrocannabinol have been compounded, but it was not reproduced synthetically until 1966.

The physiological and psychological effects of marihuana are substantial, but vary from one individual to another and even vary with an individual from time to time. The physiological effects of marihuana most regularly and consistently noted are an increase in pulse rate and a reddening of the eyes. Marihuana engenders a feeling of euphoria, exhilaration, and dreamy atmosphere. Subjective effects are highly variable partly depending on the user's expectations and the setting in which he consumes the drug. Experienced users report such subjective effects as an awareness of subtlety of meaning in sight and sound and an increased vividness of such experiences. Frequently

users report enhanced sensations of touch, taste, and smell. Alteration of time prespective with an apparent slowing down of the time sense is almost universally reported. A sense of enhanced social awareness is often reported with low dosages, but at higher levels this is apparently diminished and there may be social withdrawal. Although emotional reactions reported by regular users are usually pleasant, one out of five experienced users surveyed in one study reported having at times experienced temporarily overwhelming negative feelings.

More recent findings continue to confirm earlier reported observations that acute marihuana intoxication causes a deterioration in intellectual and psychomotor performance. The more complex and demanding the task, the greater is the deterioration in performance.

Marihuana clearly has an acute effect on short-term memory which has now been confirmed by many investigators. One explanation for this impairment is that the drug reduces the ability to concentrate while intoxicated, preventing the implicit rehearsal that may be essential to remembering newly acquired information.

Death from cannabis overdose appears to be extremely rare and is difficult to confirm. This is consistent with animal data which indicates that the margin of safety with cannabis or its synthetic equivalents is quite high. Nausea, dizziness, and a heavy drugged feeling have been reported usually as a result of an inadvertent overdose.

Other Psychedelics

PCP, or phencyclidine, is a relative newcomer among illicitly used hallucinogenic drugs. It has been used for several years in small doses as a tranquilizer for animals. It has enjoyed growing acceptance among hallucinogen users because it is somewhat less hazardous than LSD. It has seen particularly widespread acceptance on the west coast where it is called the "peace pill." PCP appears in tablet, capsule, and powder form from clandestine laboratories and is also sold under the guise of synthetic marihuana (tetrahydrocannibinol).

Frequently, unscrupulous drug dealers sell LSD to youngsters with the assertion that it is in fact PCP. Teenagers are easy prey for this common subterfuge.

The Drug Contagion

A significant finding of the committee's hearings which deserves emphasis is that drug abuse is infectious. Certainly, adult suppliers of drugs are responsible for the presence of drugs on our school campus; but it is often the enthusiastic teenage drug user who introduces and cajoles his or her friends to drug "experimentation." Peer pressure and curiosity are the tools employed, and an active teenage drug user can infect a large number of fellow students to join in his permissive attitude about drug use.

The second stage of peddling drugs develops when the student user realizes he needs to finance his own drug use by selling drugs to his friends and acquaintances. The contagious nature continues with the new users who must support their own "perceived" drug need.

For this reason the user must be recognized as something more than a victim, since his use can spread usage and addiction throughout the

school. Identification of a new and enthusiastic user is extremely important; and early isolation, treatment, and rehabilitation should be prescribed.

PART 6.—PROGRAMS FOR YOUNG DRUG USERS

In the course of our inquiry, the committee studied a number of rehabilitation programs which are now available to young drug abusers. Some appeared to be successful—others less so. In the discussion which follows we will deal with some of the programs which we learned about during our hearings. Our coverage here is not intended to be exhaustive, but to illustrate the point that well-conceived drug treatment and drug counseling programs can be effectively established for young people. These programs—and new, more imaginative programs yet to be conceived and effectuated—are indispensable if we are to save a generation of Americans from continued drug addiction.

The Seed

One of the most imaginative, innovative, and dynamic programs, designed to eliminate drug abuse by young people, found by the committee during its investigation is the "Seed" program in Fort Lauderdale, Fla.

Although we will attempt to describe the program here, it is impossible to recapture in writing the intensity of the impact that this program has on the lives of the young drug abusers who participate in it. Channel 4, WTVJ, of the CBS Television Network in Miami, has filmed an exceptionally accurate and moving documentary depicting and discussing the various facets of the Seed program.[1]

Briefly described, the program is an intensive and exceptionally emotional 3-week group therapy program—followed by 3 months of continued outpatient involvement. The program was conceived and created by an ex-alcoholic who had previous experience in rehabilitation work with Alcoholics Anonymous and with drug addicts at a major New York City hospital. It is conducted in an old, abandoned plastics factory which looks like a large vacant warehouse. Some of the old timers at Seed regard these accommodations as lavish because the program started in an old circus tent which leaked when it rained.

Young drug abusers come to the program from various sources. Some are brought by parents who have discovered that their children are heavily involved with the use of drugs. Others are sent by courts after the youngster has been arrested for possession of drugs—or for some other crime committed to obtain money to buy drugs. Still other young people are brought to the Seed program by concerned police, teachers, school officials, friends, or relatives.

After acceptance in the program, the young drug abuser attends group therapy sessions on a daily basis for a period of 3 weeks. In the main, these sessions are conducted by the young people who have completed the program previously and now return to help others. Utilizing a wide variety of confrontation therapy techniques, these emotionally grueling sessions are conducted from 10 o'clock in the morning until 10 o'clock at night. When the program is over at night

[1] The television station has advised the committee that they will make copies of this television tape available—as a public service—to any school district or other agency interested in drug education, treatment, and rehabilitation. WTVJ is to be commended for this splendid public service.

the young drug abusers do not return to their own homes, but go to the home of a family whose children have already successfully completed the program. These families make their homes available in gratitude to the Seed which they believed helped save their children from destructive drug abuse.

Families of the youngsters in the program also prepare the meals eaten by the children. The parents prepare lunch and dinner, and transport the food to the Seed by station wagon.

During the group therapy or "rap sessions" the young drug addict learns that his problem is not unique. He learns that many others have experienced the identical adolescent problems and difficulties with identity, school, family, and life. Problems which look insurmountable to the young isolated drug user are perceived more realistically when he learns through the group sessions that many other youngsters his age with similar backgrounds have had the same problems, turned destructively to drugs, caused extreme hardship to their families, and almost destroyed their lives. The drug user is called upon to confront the causes of his drug abuse and recognize that his use of drugs was an escape from reality which was self-destructive.

The young staff members of Seed play a vital role in the counseling process. By their example and by their guidance they create a counter-pressure against peer influence in the use of drugs. The young counselors have actually been addicted to drugs themselves and have rehabilitated themselves. Thus, their experiences with the drug scene and efforts at rehabilitation give them an understanding of the problem and a rapport with the young drug user which is almost impossible for an adult counselor to duplicate. In addition, these young counselors, who have been through it all and have successfully dealt with drug addiction, provide excellent models for the teenage drug abuser to emulate.

In addition to the daily therapy sessions there are also public meetings which the young drug users and their parents attend. In the course of these meetings, the drug user is called upon to describe publicly his background, how he became involved in drugs and his progress, if any, in overcoming the problem. This public acknowledgment of the problem and the efforts at rehabilitation are similar to testimony given at some religious meetings and at Alcoholics Anonymous sessions. Getting the problem off one's chest and out in the open appears to have significant therapeutic value not only for the addict who is recounting his experience, but also for those youngsters who are similarly situated and who listening intently to the story.

The parents of the teenage drug users who usually attend these public meetings also benefit from these sessions. Most importantly they learn that the drug problem has affected thousands of other families. Judges, doctors, carpenters, professors, bankers, policemen, salesmen, all find that other decent families like their own have been disrupted by the drug problem. This recognition of the widespread nature of the problem gives the parents the necessary assurance that permits them to face the problem openly and to seek solutions forthrightly. Many parents who needlessly blame themselves for the drug habits of their children are reassured. Those parents who may have unwittingly contributed to a teenager's anxiety by their conduct may obtain new or additional insight into their relationship with their children.

An example of this parent-child interaction which takes place at these meetings is informative. One 15-year-old girl, with bright blue eyes and pink cheeks, stood at the public meeting and said: "I love you, Mom. I've been doing pot since I was 11. I've been stoned lots of times on hash, mescaline, ups and downs, when you didn't know it." At that time the little girl's voice faltered and she broke into tears. As she sank back into her seat over 500 young people shouted encouragingly, "Love you, Marge"—convinced that their genuine sympathy and heartfelt encouragement could speed Marge along the way to beating her drug problem.

During this incident Marge's father's eyes filled with tears and her mother sobbed. Other parents and those of us who were visiting the program were visibly moved by this incident.

Another incident which comes to mind is that involving a 14-year-old, blond haired girl whose father had come from Michigan to the Seed program to be with her during her siege. As she settled back into her seat after describing her drug experiences and learning of her father's surprise visit, she kept saying repeatedly to her friends: "I can't believe he came. I never believed he cared about me. I can't believe he came."

Graduations from the program—or "going home" as they are called—are exceptionally emotional events which are announced at the public sessions. The announcement is usually greeted with joy by the youngster who has graduated, and by cheers from the youngster's friends in the program. The parents who are permitted to take their children home and talk with them extensively for the first time express their gratitude simply, yet eloquently, to the entire Seed staff for the invaluable assistance they have afforded their children. This gratitude is well-deserved because Seed has provided these young people with a vital and unique health service that money could not purchase. That gratitude is earned by dedication and commitment, which is rarely seen in our society today.

Even the joy of graduation may be followed by tragedy at the Seed. During our visit there one young girl's graduation was announced. Jeannie rose to the cheers which greeted the announcement, and with her voice trembling and tears barely held back, she thanked everyone who had helped her in her efforts to overcome drug abuse. As it happened, however, Jeannie would not go home; her parents had not come to be with her that night. The heartbreak which followed that disclosure was a sudden jolt which affected every parent there. There was not one of us there who would not have taken Jeannie home to attempt to spare her this dreadful disappointment.

Jeannie's story all too clearly illustrates one of the vital points about youthful drug abuse—too often the parents are not there.

Gateway Houses Foundation, Inc.

Gateway Houses is one of the more effective drug treatment and rehabilitation programs which the committee studied in the course of its hearings. The Gateway Houses Foundation maintains six separate treatment facilities in and around Chicago of approximately 200 residents. Each of these facilities is part of an integrated "therapeutic community" approach to treatment of drug addiction.

Therapeutic communities are, of course, one of the most prevalent,

significant, and successful methods presently available for treating and curing serious drug addiction.

The original therapeutic community—Daytop Village—was founded in New York City more than 10 years ago. During the last 5 or 6 years the men and women who participated in and successfully completed that program have created similar programs throughout the United States.

The largest single group of therapeutic communities is the Phoenix Houses which are operated by New York City. Perhaps the most famous therapeutic community is California's Synanon. The Synanon program, however, does not place as much emphasis on an addict's ultimate return to society, preferring instead that the reformed addict continue to live in one of Synanon's many residences.

Therapy in a therapeutic community program calls for placing drug addicts in small, highly controlled, structured, residential settings. The first goal of this method of therapy is to detoxify the addict so that he can function in a drug-free environment. Next, the program attempts to bring about a fundamental change in the addict's attitudes and life style by helping him create a new and more positive view of himself and his place in society. Finally, the program returns the reoriented addict to society with the expectation that he will be able to function productively without returning to drug abuse.

Gateway Houses has a well organized, carefully planned, and efficiently operated system for the rehabilitation of serious drug addicts.

The first step in that program is an induction or in-take phase. Like many other therapeutic communities, Gateway accepts only those addicts who have demonstrated a desire to kick the drug habit. That desire, however, is often motivated by court pressure. About half of the program's participants are sent to Gateway Houses by the courts as a condition of probation. Others come voluntarily—usually because of severe illness or out of desperation caused by heavy drug abuse. Interestingly enough, Gateway's officials felt that insofar as success was concerned, it made no difference in the long run whether an individual was sent to Gateway as a condition of probation or voluntarily entered the program.

One of Gateway's six facilities is devoted solely to the in-take process. For the initial 60 days a new resident is given an introduction to the great demands which the therapeutic community will make upon him when he progresses to the next stage. This special orientation phase was adopted after the Gateway staff found that their highest dropout rate occurred during the addict's initial contact with the program.

After the initial 60 days, the addict is assigned to one of the program's three major facilities where an intensive rehabilitation effort begins. Each of these three facilities has a 24-hour a day, live-in, work-in program. The program is as long—10 months—as it is intensive. It provides, in effect, an extensive group therapy program in a miniature society where addicts provide therapy for one another. A key element in this program is a staff of ex-addicts who are able to motivate or guide newcomers effectively. This kind of program is marked by almost constant, brutally honest confrontations—confrontations which attempt to force individuals to see themselves through the eyes of other people. During this phase residents, with the help of ex-addict staff members, and with pressures exerted by their peers, are

expected to develop new insights about themselves and their drug problems.

The final phase at Gateway is reentry. Reentry into society is carefully controlled in a facility which performs a function similar to a halfway house. At Gateway the "trip house" is devoted to residents who are participating in the final phase of the total program. In this phase, participants continue to reside at Gateway but either work outside the facility or attend school. In this stage the resident is closely observed to assure that there is no back sliding. More importantly, however, he is given the enthusiastic encouragement and moral support so vital at that pivotal stage of the program.

In addition to those facilities already discussed, Gateway has a sixth facility in the planning stage which will provide outpatient care for drug addicts.

Gateway's philosophy was described to the committee by its director:

> Gateway House recognizes two major responsibilities: To graduate drug-free clients and to produce graduates who possess the necessary skill and commitment for attacking drug abuse problems once they have been returned to society.

One of the teenage addicts presently being treated there testified simply and succinctly:

> Basically, Gateway Houses Foundation is * * * like to look at yourself and see what you have to change, or what led you to drugs, or what led you to have certain types of problems that you can't deal with. *It is reality. You see a lot of reality when you go there.*

In commenting on the overall effectiveness of the program, the director noted with pride that " * * * our people who have graduated are really very highly sought-after individuals and are considered very competent and very skillful in dealing with drug abusers."

Gateway is financed by Government grants and private contributions. Last year it received about $800,000 from the Illinois Law Enforcement Commission (Illinois' State Law Enforcement Planning Agency under the Federal Law Enforcement Assistance Administration program), and the Illinois Department of Mental Health. Another $400,000 came in the form of private contributions.

Obviously, Gateway is a long-term and expensive program for the seriously addicted drug user. Several years ago the therapeutic community was used solely for heavily addicted heroin users who were close to 30 years of age. Now a large number of teenagers are referred to these facilities. In one of the Gateway homes which the committee visited, 25 percent of the residents were teenagers.

In addition to its increasing involvement with the treatment of high-school-age patients, Gateway could be a vital resource in school oriented drug education and drug counseling programs. It would appear that the use of Gateway's graduates as drug guidance counselors or teachers' aides could be highly beneficial to an educational system's efforts in curtailing drug abuse. In addition, drug counselors, teachers, and school administrators could increase their understanding of drug abuse problems by visiting Gateway's facilities and discussing its operations and program with the staff. Thus Gateway could fulfill a training as well as a treatment role in the Chicago community.

DIG

The Drug Intervention Group (DIG) is a drug rehabilitation program designed specifically to assist young drug abusers in the Kansas City metropolitan area. Its goals are to *prevent* drug abuse, *intervene* in patterns of drug abuse, and *rehabilitate* habitual drug users. DIG's special distinction is that its organizers decided that the best way to attack drug use among young people was to allow young people to assume a major role in the program's operation.

DIG's 600 members, therefore, are divided into small therapy groups of eight to 10 individuals. Each group is led by one or more staff members. A staff member is most usually a young drug user who has been in the program for a period of time and who has successfully overcome his drug problem. While DIG's predominant reliance is on peer counselors, it does have a registered nurse who is a full-time staff member. It also may call upon clinical psychologists, psychiatrists, and sociologists as consultants when their services are needed.

At its outset, the DIG staff recognized that different drug habits required different treatment therapy. Accordingly, drug users are separated into groups by age and by intensity of drug abuse. "Heavy doper" groups have been established for heroin addicts and "speed freaks." Young adults—18 to 24 years of age—are separated from the younger drug users. Most of these young adults were neither residing with their families nor attending school and therefore had problems which were quite different from those being experienced by younger, school-attending users.

DIG groups, which are characterized by their informality and flexibility, typically meet twice a week to conduct therapy sessions. These therapy sessions—commonly called rap sessions—are the cornerstone of the DIG program and these sessions are similar to those conducted in therapeutic communities. They rely heavily on confrontation techniques and peer pressure—techniques which have been previously discussed in this report.

In addition to therapy, the participants in the program are encouraged to take part in other drug prevention activities. Participants operate a drug crisis switchboard, a drug oriented "first aid" center, a job placement service, as well as engaging in other community-related activities.

DIG, of course, differs greatly from the therapeutic communities. It has no inpatient facilities and is entirely nonresidential. It is much less restrictive and less intense than a therapeutic community. Its focus, therefore, is on the beginning or youthful drug abuser who may be cured if society intervenes effectively before his addiction has reached crisis proportions.

The fact that some DIG members are still using drugs is a source of controversy in this program. Participants, of course, are urged to remain drug free. They may, however, continue to participate in the program even though they are continuing to use drugs. Critics of the program argue that this is an intolerable situation, that these back sliders are contaminating those who are making a bona fide effort to rehabilitate themselves. The program's supporters contend that expelling the drug user from the program and putting him back on the streets deprives him of the help he needs to overcome his drug problem. The supporters argue that what is needed is more intensive therapy, not expulsion.

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One of the more innovative ideas pursued by DIG is an effort to establish group sessions of parents whose children are experiencing drug problems. This effort of involving the parents in encounter sessions appears to be particularly beneficial to all concerned.

The program was originally funded in 1971 through a discretionary grant from the Law Enforcement Assistance Administration.

Cook County State's Attorney First-Offenders Program

In Chicago, the committee learned that as a result of drug arrests spiraling upward at an unprecedented rate, the State's attorney has created a novel drug rehabilitation program to assist teenage drug abusers who had been arrested for the first time.

An assistant State's attorney testified that the drug problem had become so serious in the city of Chicago that his office was averaging about 400 drug cases a day. While this figure included all persons charged with drug offenses, a "goodly number" were teenagers. The State's attorney stated, "* * * we are now seeing that more and more young people are coming in as the number of cases spiraled."

In an attempt to combat drug abuse in the very young before it became a full fledged addiction problem the State's attorney developed a pilot drug counseling program for young people who were just getting into drugs. The program is not one which treats addicts—addicts are referred to other programs or agencies more capable of coping with actual addiction problems. Instead, its main thrust is to take the beginning user—or the first offender—and through peer and professional counseling encourage him to abstain from drug abuse before a pattern of continued drug use had been established.

The State's attorney program which was initiated in March 1971 is relatively simple in its operational format. After a young person has been arrested for the first time for a drug offense he may apply for special treatment in this program. If the teenager is accepted in the program the criminal charges are held in abeyance until he successfully completes the counseling program.

The heart of the program is its counseling sessions. They are held every Saturday morning at the Chicago Civic Center and participants are divided into small, 10-member groups. Sessions normally run for about 3 hours and are supervised by a professional counselor who is frequently an ex-addict who has worked as a counselor in another drug prevention program.

The program has a number of built-in controls and provides for followup on its participants. Each participant in the program is expected to attend five consecutive counseling sessions. Before each session, every participant's urine is tested to determine if he has resumed taking drugs of any kind.

After the counseling sessions have been completed, the teenager is required to report for subsequent urine tests periodically over a 5-month period. These tests are usually conducted on a random or spot check basis.

The State's attorney also examines the teenager's arrest record, making sure that he has not been arrested in any other jurisdiction. If the teenager completes the program the State's attorney will dismiss the original criminal charges pending against the youngster. If, on the other hand, the participant fails to rehabilitate himself, the State's attorney retains the option to reinstitute the original criminal charge.

Although the program was originally designed to serve only the city of Chicago its success has led the State's attorney to expand it to include all of Cook County. In order to gage more completely the effectiveness of the effort, the State's attorney checked the arrest records of individuals who had "graduated" from the program. Of 576 participants, only 21 had been subsequently convicted of a criminal offense, and only nine of those had been convicted on drug charges. These statistics are incomplete due to the fact that an undetermined number of participants had their criminal records expunged after successfully completing the program. Notwithstanding the limited data, it appears that the program has been worthwhile.

It should be reemphasized that the State's attorney program is not aimed at rehabilitating addicts, it is essentially prevention oriented. The program demonstrates that the mandatory imposition of a drug counseling program at the early stages of drug abuse may save a youngster from more serious addiction. Its chief innovative factor is that it offers drug abusers a chance to avoid criminal charges in return for abstinence. It is clearly a program which offers some hope for reducing the escalation of drug abuse among youngsters who are detected before they have acquired serious drug habits.

Cook County Sheriff's Program

The Cook County Sheriff's Office has a drug counseling program which is similar to that of the State's attorney. Essentially the program provides for the discontinuation of criminal charges against a youngster by the police in exchange for his agreement to enter the counseling program.

The program is especially appropriate in Illinois which has an unusual station-house-adjustment procedure. In Illinois, the police may discontinue criminal proceedings against a youngster if that course of action is deemed in accordance with fundamental justice. In many cases the police have authority to dismiss charges and simply return the youngster to his family.

Most of the police departments—129 of them in Cook County alone—however, have no resources to supervise the young offender after he has been released from the station house.

The sheriff's program remedies this problem. Now local police departments may refer the youth to the youth division where he will receive drug counseling. So instead of the "locking up" or "letting go" alternatives previously existing, law enforcement agencies now can see to it that troubled youngsters get treatment.

The significant value of this kind of program is that it offers police, parents, and schools a middle ground. It offers a positive alternative to the choices of either doing nothing about drug abuse or precipitating action which will lead to the arrest and prosecution of a youthful drug user.

The youth services division of the sheriff's office has 25 employees who devote their entire time to this counseling effort.

Edu-Cage

Edu-Cage is an alternative school which has experienced considerable success in reducing the drug use and abuse patterns of its students.

In 1962 an organization calling itself the Cage Teen Center, Inc., opened its doors to the hard-to-reach, alienated, "acting-out" youth of White Plains, N.Y. Initially the operation was focused on providing a

lounge for such young people. By 1966 the program's staff was becoming acutely aware of the fact that the program's contacts with school dropouts and truants indicated that these young people wanted an education but could not cope with traditional schools.

Discussions with young people about this problem led to the development of Edu-Cage—an alternative to existing education. The program offers courses in English, social studies, mathematics, science, business, languages, music, art, and home economics. This innovative educational program (originally funded by HEW but long since supported by private sources) for dropouts and alienated young people is decidedly "people oriented"; that is, it operates on the assumption that a friendly, accepting environment is essential to learning.

Edu-Cage has a 42-member teaching staff and a 9-member professional and administrative staff—last year this staff served a total student population of 160. The educational staff includes college professors, retired teachers, high school and college students, ministers, lay volunteers, and certified teachers, all of whom are accepted because they are viewed as good models for Edu-Cage's students.

Edu-Cage's staff is convinced that there is a close correlation between antisocial behavior, drug abuse, crime, a negative self-image, and the constant feeling of futility that alienated young people have experienced in large, traditional, and impersonal school systems. While Edu-Cage's operating philosophy can be characterized as permissive, it does require that students recognize certain responsibilities and it neither tolerates nor permits students to remain in school when they are high on drugs. To make sure this policy is enforced, the school uses two techniques: Personal confrontation of students suspected to be high, and a request for a urine specimen. Students agree to these procedures prior to being accepted in the program. The school's policy demands that students be drug free.

By agreement with school districts, Edu-Cage is able to offer high school credit toward a diploma. The program is,—in fact—supported financially by the White Plains Board of Education and other Westchester County school districts (almost $130,000 for the 1971–72 school year), as well as by several private organizations which contributed over $43,000 during the last school year.

Edu-Cage renders a vital service to those young people most susceptible to drug abuse problems. Edu-Cage officials estimate that 60 percent of its enrollees have drug abuse backgrounds. These officials also indicate that Edu-Cage has been successful in reducing drug abuse by 50 percent.

Students who are addicted to hard drugs are dropped from the program and efforts are made to get those students into the Cage Teen Center's Drug Prevention Program, a formal therapeutic, rehabilitation program. Students who are using drugs but who are not addicted are kept in the Edu-Cage program and receive counseling from the staff, all of whom receive regular inservice training in drug abuse problems.

Edu-Cage performs an effective drug prevention service while serving as an educational alternative. It attempts to help young people before they become addicted. Another alternative school, New York City's Alpha School, serves as a model for the treatment and education of students who are already addicted or who are heavy drug abusers.

Alpha School

New York City's remarkable Alpha School is a combination of a residential therapeutic community and a State-accredited high school.

Alpha School has 48 students who are boys and girls from 12 to 19 years of age. Most of the students have histories of prolonged truancy from the public schools, many have engaged in regular criminal activity and all have histories of drug abuse or addiction.

Students at Alpha School are required to attend classes in various subjects including mathematics, social studies, English, art, and biology. They are also required to perform housekeeping chores which are assigned to them. Finally, and more important, students must attend encounter group-therapy sessions.

In order to provide these educational and therapeutic services, the school has a professional teaching staff as well as a group of counselors, some of whom have formal training in psychiatry and others who are ex-addicts with personal experience in drug treatment and rehabilitation programs. In all, Alpha school has 21 staff members.

The program at Alpha School is as rigorous and intensive as that at most well-planned therapeutic communities. For example, during the indoctrination period students are not allowed to leave the school building or residence. When the school staff determines that an individual student is capable of resisting drugs, then, and only then, is that student allowed to leave the school area. The initial period may take from weeks to months depending on the individual case. Like other therapeutic communities, Alpha School relies heavily on its encounter groups to provide students with the kind of therapy they need.

Providing as it does both a complete educational program and an intensive residential drug counseling program, the Alpha School is an expensive undertaking. Its annual operating budget is over $400,000 a year—or in excess of $8,000 for each student enrolled in the program. These figures indicate the tremendous resources this country may have to spend in the next decade if drug abuse in youngsters continues to rise.

New York State's Narcotics Addiction Control Commission and New York City's Addiction Services Agency have funded this model program. And the State department of education has encouraged its performance by granting it a provisional charter which enables it to provide an academic program as an alternative to attendance at existing schools.

Obviously this program is designed to handle serious drug abuse and addiction cases. In those situations, in addition to the intensive residential treatment, it has the advantage of removing seriously drug-infected young people from the schools and the streets where they might induce other youngsters to use drugs. It offers students, administrators, and teachers a real alternative to regular schools which are not able to cope with their more deeply addicted young people.

Spiritual-Mystical Programs

In addition to the traditional drug rehabilitation efforts the committee's investigation disclosed another group of programs which is spiritually or mystically oriented. The most important of these programs are the Jesus Movement, yoga, and transcendental meditation.

None of these systems of belief or practices is specifically designed to combat drug abuse. They do, however, have that incidental effect.

The significance of these programs is that they demonstrate that unusual methods may be beneficial in terminating drug abuse. These programs cause the young addicts to discontinue their old associations in the drug culture, and to join a new group of friends in an interesting and creative activity. It well may be that part of the reason that young people turn destructively to drugs is that they have become hopelessly confused in their effort to find some meaning in life. These programs assist addicts in that regard.

The Jesus Movement

The Jesus Movement is a nondenominational revival of traditional Christian religious beliefs. Members of this movement are dedicated and committed to ideals of Christ. They regularly attend intensive Bible classes and achieve an extensive knowledge of the Good Book, its lessons and text.

Members of this religious fraternity act and speak with a quiet fervor about their conversions, about their newly acquired values, and about their new sense of purpose now that Jesus has entered their lives. Their conversion to Jesus is a powerful source of motivation and inspiration for self-improvement.

Some young drug addicts have been helped by involvement in the Jesus Movement. Suffused with the spirit of Jesus, they find that they no longer depend on drugs.

For example, an 18-year-old Californian told the committee that he became involved in the drug scene "* * * out of boredom and Jesus was missing in my life and I filled that up with drugs." This young man testified that he had committed more than 200 crimes to support his drug habit. He tried to kick his drug habit by going through group therapy sessions and by attending a "Synanon oriented" program. These efforts failed. And, as is the case with so many users, this young fellow went back to drugs.

But then, after other programs had failed, he felt a "religious experience"—one which has changed his entire life. The young man's description of that experience impressed the committee. He recounted: "I tried suicide a couple of times and I saw no hope in my life until I got down on my knees and then my life changed. That is all I can say. I am born again. I am a different person."

The testimony of this young man and that of many other youngsters interviewed by the committee indicates that the Jesus Movement can provide a special kind of therapy—a compelling alternative to drugs—for some religiously oriented young people.

Yoga

Yoga, which has its origins in Hindu philosophy, is a mystic and ascetic practice, usually involving the discipline of prescribed postures and controlled breathing. It is a practice involving intense and complete concentration upon something, especially the deity, in order to establish identity of consciousness with it.

Some yoga programs have experienced apparent success in rehabilitating drug users. In Washington, D.C., the 3HO Foundation, a yoga-oriented organization, maintains a program which treats hard-core drug addicts. The program utilizes yoga exercises and organic foods.

A Georgetown University psychiatrist examined the program and found that while the organic diet and the yoga exercises may have played an import role in detoxification, the intense personal involvement of participants may have been the program's more crucial aspect.

A New York City's yoga program combines traditional yoga practices with encounter and rap sessions. The city's addiction service agency administers the program with funds from the National Institute of Mental Health. Some observers have noted that those who turn to yoga as an alternative to drugs seem to be grasping for some method of expanding the mind without recourse to chemical substances.

Thus, for some people a deep and very intense "mystical" experience may play a substantial part in eliminating the users' needs for drugs by supplanting that need. Some long-time, hard-core addicts and some addicts who had been in methadone maintenance programs, without success, claim to have finally overcome their drug dependence through yoga.

Transcendental Meditation

Transcendental meditation is practiced by a growing number of young people in this country. The Student's International Meditation Society has conducted a drug survey of more than 1,800 of its members.

The study evaluated various factors in drug abuse in this group. The attitude, the frequency, and the types of drugs were all examined. The survey was repeated on five occasions at 6-month intervals during the time these individuals were in the meditation program.

The results of the study reveal a marked decrease in the number of users for every category of drug. The researchers reported that the decrease was progressive and that after participants had practiced transcendental meditation for 21 months "* * * most subjects had completely stopped abusing drugs."

In effect, the transcendental meditation technique involved an intense inward centering of attention for short periods of time. The technique is apparently not difficult to learn and some followers claim that anyone can learn it in a few hours.

Analysis

The programs we have discussed here are widely different in their conception and execution. The programs almost universally attempt to get the addict into a drug-free environment with new friends who are committed to becoming drug free. Each program relies on young staff members—or ex-addicts—to inculcate a new sense of values and to encourage abstinence from drug use. Almost all of the programs involve group therapy programs and rap sessions conducted with heavy emphasis on confrontation techniques.

It is clear that these programs are not overnight or immediate cures, but require an intensive and protracted effort by a dedicated staff if any success is to be had at all.

Unfortunately these programs reach an infinitesimally small portion of those youngsters who are abusing drugs in this Nation today.

Drug abuse unchecked becomes increasingly more severe, and more intensive efforts are then required to treat the young drug abuser over a longer period of time.

Only the schools have the opportunity to identify and assist a youngster who is beginning to experiment with drugs. No other institution has the staff, the facilities, and the access to youth necessary to intervene at that critical time before experimentation with drugs becomes addiction. We think our Nation's schools must play a primary role at this critical juncture in a child's life.

If we are to have an impact on the teenage drug problem a well-conceived, and well-financed effort in our schools is essential. Nothing less—in our judgment—will prove effective.

PART 7.—OUR NATION'S SCHOOL SYSTEM

More than 30 percent of this Nation's population is directly involved in our schools. In addition to the 61.2 million students who attend our elementary schools, secondary schools and colleges, there are more than 3 million teachers and over 200,000 school administrators and other employees who provide education and support facilities for these students.

The people of this country maintain 66,800 public elementary schools and 26,300 secondary schools. In addition there are 14,400 elementary schools and 4,200 secondary schools which are financed by churches or other private groups.

Our public schools are clustered in about 18,000 school districts located in counties, cities, and towns throughout the country. Usually these districts are directed and controlled by elected or appointed school boards. The school board is similar to a corporate board of directors which set policy, while the actual operation of the school district is usually conducted by a superintendent of schools who is appointed for a period of time by the school board.

Our school population is comprised of 36.7 million grammar school students, 15.1 million secondary school students and 8.4 million college students. While the vast majority of our students attend public schools (about 90 percent), a substantial number of students attend private schools: There are 4.2 million private grammar school students and 1.4 million private secondary pupils.

There are about 2,360,000 elementary and secondary school teachers in this country. About 1,310,000 teachers are in elementary schools and the remainder (1,050,000) are in secondary education. About 260,000 of these teachers are in private schools. During the last school year these teachers, on the average, taught classes with 22 pupils in each class—a reduction from prior years. For their services teachers were paid an average salary of $9,850.

The financial resources necessary to support this huge system are enormous. Expenditures for public and private education from kindergarten through the graduate school are estimated at $85.1 billion for the 1971–72 school year. Expenditures for all elementary and secondary schools are estimated at $54.1 billion during the current year, and institutions of higher education are expected to spend $31 billion.

We are currently spending $900 a year for each student who is attending a primary or secondary school in this country—a total of $46 billion. The largest portion of our school budget is used to pay teachers' salaries.

These educational expenditures amounted to 8 percent of the Nation's gross national product. That percentage has been in a rising trend for more than a quarter of a century.

The Federal Government's role in providing support to our educational efforts at all levels has markedly expanded. Federal grants have risen from $3.4 billion in 1965 to $11.4 billion in the fiscal year which ended June 30, 1972. Included in the 1972 total are $4.1 billion for elementary and secondary education, $4.8 billion for higher education, and $2.5 billion for vocational-technical and continuing education. At present, Federal grants account for more than 13 percent of total national educational expenditures.

Federal funds support a large variety of programs including grants of land, financial grants and loans, allocation of surplus commodities for federally owned property, and operation of special educational programs and institutions. Additional programs provide for research and training in education institutions; for support of schools in areas where Federal activities would result in an undue burden on local schools; for support of vocational education, foreign language study, and similar special areas; and for numerous other purposes. The Department of Health, Education, and Welfare rightly observes that, "This complex Federal effort affects directly or indirectly every person in the country." (See appendix.)

PART 8.—THE SCHOOL'S RESPONSE

Knowledgeable witnesses throughout the country described drug abuse in our schools as ranging from serious to epidemic. With rare exception the school authorities were most reluctant to acknowledge the extent of the problem. Regrettably, the policy of most school boards seems to be one of turning away from the problem by refusing to acknowledge the extent to which it exists at the local school level. Sweeping this problem under the rug, as seems to have been the case, is a tremendous disservice to our youth and our country.

Probably the greatest failure of our educational system in combating drug abuse in our schools is that school administrators have ignored their responsibility: they have taken little or no action to prevent the drug abuse from spreading in our schools. Most school authorities had an extremely poor conception of their responsibility in relation to this expanding problem. It was only after our committee hearings that many school officials drew up comprehensive drug education proposals and requested State and Federal funds to implement those programs.

An example of a school board's failure to recognize its responsibility is the situation we uncovered in New York City.

In New York we found that drug abuse and the crime integrally connected with it was corroding and destroying the very fabric of the school system. According to many responsible officials, the schools had become sanctuaries and havens for drug sales due to the laxity and ineffectiveness of the school officials. Drug abuse in New York City's schools has become so pervasive that it is scandalous—it is spreading tragically like a raging and uncontrollable epidemic. Although the drug abuse problem had been blantantly evident in New

York City's schools for years, the board of education never even discussed the matter until after 1969. The New York State Crime Commission has found that the board's inaction and "head-in-the-sand" attitude has fostered the spread of drug addiction in the city's schools. New York City's chancellor admitted that the system had been "too apathetic, too long."

Miami offered a similiar example. The school effort in combating the drug menace there had been such a dismal failure that on May 9, 1972, the Dale County Grand Jury described it as "completely ineffective. It is a charade."

In Chicago the school system's response to the drug abuse problem was described by one State's attorney as a "giant conspiracy of silence." Ignoring the drug abuse problem only exaggerates the consequences. It is partly because of this "cover up" that teenage drug abuse has expanded so rapidly in the Nation over the last 2 years. As the committee traveled throughout the country we found the situations in those cities typical of what was happening in all our large school districts. This point is most effectively made by the testimony of a superintendent of schools from a Chicago suburb who told the committee that drugs constitute a crisis in nearly every area school. He testified further that any school officials who deny they have a drug problem are "either guilty of a shameful coverup or simply don't know the facts." The evidence disclosed at our hearings repeatedly demonstrated the validity of that view.

As a result of ignoring the problem and being ignorant of its scope and dimension, the school boards have failed to attack drug abuse aggressively. With few exceptions, school boards have failed to establish any policies or guidelines to combat drug abuse in the schools. A clear and concise policy for dealing with drug sellers and drug users in the school setting is an obvious first step in addressing the problem. When a teacher is unsure about what to do with a drug user, research has shown that he probably does nothing. He figures if the school board has not cared enough to give him guidelines for the situation, he should not get involved. Drug abuse, therefore, goes unchecked.

In most school districts, tremendous confusion exists as to the role law enforcement should play in attacking drug sales on a high school campus. In this mass of confusion no action is taken at all. In fact some school officials have actually interfered with police investigations of drug sales in their schools. Other school officials will invite police undercover agents into the school to locate the pusher. While there may be honest difference in philosophy on police involvement on campus, the failure to resolve these differences and establish a definitive policy causes chaos in the schools.

During the course of our hearings the committee repeatedly heard evidence establishing that teachers are unable, or unwilling, to cope with students high on drugs. When a student is found to be under the influence of drugs in class, he is usually ignored unless he disturbs the class. In fact, this committee has been advised that there is no point in identifying school-age drug abusers because neither the school system nor any other governmental institution has an effective program for giving that child remedial attention. Another incredible position for a school official to take.

In addition to confused notions about their responsibility, school officials were grossly ignorant of the gravity of the situation.

Specific, reliable, and valid information about the extent and prevalence of drug abuse in a school is absolutely necessary in order to understand the nature and extent of the problem facing the school authorities and teachers. A comprehensive knowledge of the types of drugs being used, how often and by how many, is needed in order to formulate any intelligent attack on the problems.

Most of the school systems in this country do not have any reliable information about their drug abuse problem. Many school administrators have resisted and opposed scientifically conducted surveys of drug abuse in their systems. Others have agreed to studies by outside agencies only on the guarantee that the results of such surveys would be kept confidential. In fact, as inconceivable as it may seem, a number of school administrators advised this committee that they did not think it would be helpful to have credible information about the nature and extent of drug abuse in their schools.

Attacking a vaguely defined drug abuse problem with fundamental misconceptions about its dimensions or intensity has resulted in waste, inefficiency and chaos. Reliable information about the extent and intensity of drug use must be updated and continually reevaluated to determine if the problem is becoming more severe and whether preventive programs are succeeding or failing.

For example, if a school has a serious heroin problem developing, efforts to attack marihuana abuse are already too late. Similarly a school with a serious amphetamine or barbiturate problem should adjust its education, counseling, and other programs to contain that specific form of abuse.

Most schools also have poorly conceived and counterproductive policies in relation to the supervision of the youngster who is using drugs. Many schools suspend children when they determine they have a drug problem. The fact that no effort is made by such school systems to rehabilitate these children is disastrous. The student continues his or her drug addiction and may become rapidly involved in a spiral of criminal activity.

In the course of our investigation we found that our national drug education program is a disaster. The program is so bad that its critics maintain that it causes drug abuse rather than reducing it. It is not so much that the program has been tried and failed, it is more appropriately described as being nonexistent. Instead of an intensive, innovative, and comprehensive effort to curb drug abuse, we have a sporadic, confused, and disorganized attempt to give a meager amount of guidance to our schoolchildren.

Most of the school districts which came to our attention in our study have initiated a minimal drug education program. These programs are most often the minimum response to State laws which make drug education mandatory in State public schools. Thirty-two States require drug education in their schools. (A summary of that legislation is annexed to this report as appendix 1.)

Most school systems have developed a drug abuse curriculum. These curriculums are usually printed in well-written brochures which are distributed to many teachers in the system. Thereafter, for the most part, we are told, they remain in the bottom of the teacher's desk drawer. The essential thrust of these curriculums is to have drug education integrated throughout the entire teaching program. That is, in

the high schools drug abuse is treated in mathematics, history, biology, chemistry, sociology, psychology, and various other disciplines. In the grammar schools the teachers are to incorporate drug education in their varied presentations.

This program, of course, presupposes that practically every teacher in our educational system has the knowledge, training, and disposition to teach drug education. Any educational system predicated on this foundation must collapse when you realize that only a handful of teachers—less than one per school—have been trained to teach drug education in any degree at all. As a result of our failure to adequately prepare them, most teachers in our schools know less about drugs than their teenage students.

Another major deficiency of the system is that when you assign everyone to do a job, most people conclude there is no necessity for them to get involved, some one else more qualified is doing it.

Throughout our hearings there was general agreement that our drug educational program, to the degree that it was functioning, was entirely ineffectual. School administrators complained that they had no money to hire drug counselors or even to train the teachers they presently had. The teachers testified that they were totally unprepared to teach intelligently about drugs because of their lack of knowledge and preparation. Most of the students who testified were not aware of any intensive drug education program, but many had seen a film or attended a meeting relating to the subject. Almost universally the students decried the drug films as unrealistic scare tactics which they knew to be false. As a result of the indiscriminate use of these films, the entire educational program had little or no credibility. Some films were so distorted that the students thought them ludicrous. Some films were so poorly conceived that the students' curiosity and sense of adventure were so stimulated that the student viewer wanted to experiment with the drugs depicted in the film.

In Miami, one drug rehabilitation program director became so incensed by the use of these films that he petitioned the school board to prohibit their further use. The school board agreed and the use of the films has been discontinued.

One of the most ironic comments on educational programs is one which occurred in the Kansas City area. In that situation the students testified they "got stoned on drugs to attend drug awareness week activities."

A number of distinguished authorities who have evaluated our national effort at drug education have concluded—as we have—that the program is entirely ineffectual.

The National Educational Association formed a task force to study drug education efforts. After visits to schools throughout the country, the task force found—with a few notable exceptions—"deplorable situations in the area of drug education." The task force also cited what it described as "some of the most glaring poor practices." First, they found a failure of creative leadership; that teachers and administrators had failed to recognize the existence of the problem—either because of an inability to recognize symptoms or because of a reluctance to face up to the consequences of acknowledging the problem.

The task force found that the methods of teaching drug education were archaic, that misinformation was being disseminated by uninformed teachers, and that the materials used to teach drug education were "poorly screened."

The National Coordinating Council on Drug Education—a private organization concerned with drug abuse—has concluded that a majority of the films used to educate our teenagers "are doing more harm than good." On the basis of an evaluation of over 220 drug education films, the council determined that a majority of these teaching aids were "inaccurate, unscientific and psychologically unsound." According to the council more than 20 percent of the films were so bad that they should not have been shown to anyone at all.

After evaluating the drug education programs in Los Angeles County, the grand jury found that "Education on drug abuse is still left largely to law enforcement agencies. There is no uniform comprehensive health education program in Los Angeles County." The drug educational program in that county was also criticized by the Los Angeles County Drug Abuse Coordinator. He observed:

> While some efforts have been made and are currently being extended, many are fragmentary in nature and not achieving the desired results at this point in time.

Similarly, in Dade County, Fla., a consultant who was retained by the city manager to evaluate various aspects of the drug problem in the Miami area, found that the drug education program was of "doubtful effectiveness."

The major cause of this disastrous situation is under funding. Little or no money is appropriated in school budgets for drug abuse education or counseling programs. In the major school districts of the country the entire drug education effort has been assigned to a single individual who works only part-time on that project. The entire financial support for drug education expenditures in their schools is often less than 5 cents a child for a school year. Repeatedly, throughout our hearings we were advised that school nurses, counselors, and teachers had to be terminated because of insufficient funds. Abbreviated schooldays and shorter school terms have been caused by consistent financial crisis in our major school districts. Under these circumstances there are no monies available for intensified drug efforts. Practically all witnesses—mayors, legislators, school administrators, teachers—felt that only the Federal Government could alleviate the present financial crisis. Only the Federal Government had the resources to fund a comprehensive attack on drugs in our schools.

On February 12 of last year, the New York Times commented on the drug abuse situation in the schools of New York State. On the basis of the evidence we have heard throughout the country, the Times editorial has national application.

The Times noted:

> The need for a massive preventive and educational effort to combat the spread of drug abuse in the schools (as elsewhere) has been documented many times. While there are no firm figures on the numbers of students using hard or soft drugs, everyone seems to agree that the percentage is alarmingly high. The need for remedial action is underscored by the continuing high incidence of drug-related deaths among teenagers.

Yet despite this clear need, the State of New York has just informed the city that it intends to cut off funds now being used by school officials attempting to erect defenses against the drug scourge. This would be tragic economy.

Neither the city nor the state has been willing to face the drug problem squarely, to take the measures essential to deal with it or to pay the cost required. Both have been far too content to rely on an attack by press release.

* * * * *

Because the young are so often "hooked" at school the school must become involved in any successful counter-attack. It is here that rational responses to the problem must begin to take shape. Rather than cutting off funds for preventive drug programs in schools, the state should be vastly expanding this vital effort.

Updated Report on the Six Cities Visited

Prior to the committee's hearings on "Drugs in Our Schools" few of the cities to be visited had undertaken a determined effort to resolve the drug problem among its youth. The committee has been pleased to learn that since its hearings these cities have devised, implemented, or attempted to implement, comprehensive programs to combat youthful drug abuse.

In its hearings on "Drugs in Our Schools" the committee visited six major metropolitan areas of the country. Each area visited had its own unique problems regarding drugs in their schools. The committee, through its public hearings made an impact in varying degrees in all the areas it visited. Some cities were already deeply involved and aware of the drug problems in their schools, while other cities and areas were shocked by the revelations made at the hearings regarding the drug crisis among their children. The committee's hearings began in June 1972 and ended in December 1972—at least 6 months has elapsed since the last day of hearings on "Drugs in Our Schools." A sufficient time for the cities and areas concerned to do something about the problem. This committee, as it prepared this report for print, contacted each of the six cities visited to learn what each has done since the Crime Committee held its hearings.

Miami, Fla.

Since the Crime Committee held hearings, the school board in Dade County has made significant steps toward an effective education approach to the drug problem in its schools—group counseling, value education, self-image discussions, and the involvement of representatives from the rehabilitation and treatment agencies, according to the superintendent of the Dade County Board of Instruction. He further advised the committee that many schools in his county are developing "rap rooms" and a number of senior high school students are going into the fifth and sixth grades to counsel the younger students in drug abuse education. Dade County is spending a large amount of money in the area of after school activities for students. A total of $1.2 million has been earmarked, although not yet appropriated for drug education counseling. According to the superintendent, the policy used to be that a youngster would be expelled from school for drug abuse, but now the school system agrees to aid the young student by placing him in a rehabilitation program and other projects to turn him from drugs.

The superintendent of the Broward County School Board, in Fort Lauderdale, stated that the committee hearings did a great deal to draw attention to the drug problems in the Florida schools. The drug education program in Broward County used some of the recommendations mentioned in the hearings such as using former drug addicts to talk to students. Also, according to school authorities in Broward County, a great impact was made on the parents regarding the matter of drug addiction: A recent survey conducted by the Broward County school system indicated 98.2 percent of the parents want their children to attend the school system's drug abuse classes.

Chicago, Ill.

The superintendent of public schools told the committee that since the committee held hearings in Chicago the school system applied for $41½ million in aid from the Department of Health, Education, and Welfare, and as of June 1973 has received nothing. He stated the only money Chicago has had available for drug abuse was $50,000 spent for a work shop and staff development. The Chicago School System expects to get approximately $10,000 from the State of Illinois for dealing with this problem. The superintendent stated that the problem of drug abuse is still with them in Chicago.

New York City, N.Y.

Drug prevention in the city's high schools have shown a "marked degree of effectiveness in changing student behavior," according to the deputy superintendent of the board of education. A joint board of education-education services agencies study found that the drug problem programs in New York City schools appears to be working. This study was conducted during the spring of 1973, and was based on a sample of 900 high school students participating in group counseling sessions in the $3.6 million SPARK (School Prevention of Addiction Through Rehabilitation and Knowledge) drug prevention program in the city's high schools. The SPARK program provides salaries for one drug education specialist in each of the city's 94 high schools. In 40 high schools with higher incidents of drug abuse, a second member is added to the SPARK team, this member is a paraprofessional with a title of "Instructor in Addiction." Nine high schools with incidents of high need have been designated by the board of education for intervention prevention teams composed of six staff members including the drug education specialist, three other professionals, and two instructors in addiction.

Kansas City

The superintendent of schools states that there is less use of hard drugs and not much change in the use of marihuana; drug abuse is less of a problem than it was in prior years. According to the superintendent this lessening of the drug problem can not be attributed to any one factor, perhaps a lessening of interest in drug use.

San Francisco, Calif., Bay Area
San Francisco

Long aware of the drug abuse problem in its schools, the San Francisco School System is continuing with drug education programs at an increased pace, with the greatest amount of consideration being

given at the elementary school level, both in terms of time and dollar expenditure. According to the superintendent of the San Francisco Unified School District there is classroom instruction for those who, hopefully, aren't using drugs yet. According to the superintendent, San Franciscans are very much in favor of drug education. A recent survey conducted in the city found 96 percent of those surveyed favoring drug education in the schools. The school district attributes this high percentage rate to the fact that the elementary and secondary programs have concentrated on community contacts to make the community aware of the needs and problems of drug abuse.

Oakland

The Oakland Unified School District is printing a drug education kit for grades 7 to 12 for use by students and teachers in dealing with the causes of drug abuse rather than focusing on the symptoms. The school district has also conducted additional teacher workshops and administrative workshops to deal with the drug problems in the school with an emphasis in enhancing the student's self-esteem.

Los Angeles, Calif.

According to the superintendent of the Los Angeles Unified School District, an additional 31 counselors in group discussion relating to drug problems have been trained since the Crime Committee held hearings in Los Angeles. The drug abuse counselor for Los Angeles County has trained staff of the county parks and recreation program for a new approach in dealing with youth, called "Value Clarification." The concept is to make the staff more capable in dealing with the youngsters, clarifying their values and helping them in decisionmaking while they are participating in county-sponsored activities and programs.

PART 9—THE FEDERAL ROLE IN DRUG ABUSE EDUCATION

The Federal Government's expenditures in drug abuse prevention and control have increased fivefold in the last 3 years.[2] In 1974, non-law-enforcement programs will account for $528 million (67 percent) of the total Federal funds for drug abuse programs.

The Special Action Office for Drug Abuse Prevention, created in 1971 by Executive Order 11599 and later established by statute (Public Law 92–255) is the Federal coordination mechanism to provide overall policy and planning and to set objectives and priorities for all Federal drug abuse prevention efforts. Sixteen agencies are presently involved in some way with drug abuse treatment, prevention, research, education and training programs.

Those agencies principally concerned with the education aspect of drug abuse prevention are the U.S. Office of Education, the National Institute of Mental Health, the Law Enforcement Assistance Administration, and the Bureau of Narcotics and Dangerous Drugs.[3]

U.S. Office of Education

In December 1970, Congress passed the Drug Abuse Education Act, Public Law 91–527, authorizing the expenditure of $58 million over a

[2] Attached, as Appendix 5, is the special analysis by the Office of Management and Budget of the budget of the U.S. Government, 1974, for Federal programs for the control of drug abuse.

[3] Attached, as Appendix 6, is a breakdown of funding figures for drug abuse education and information discretionary programs and for the block grant programs.

3-year period. The Act expires June 30, 1973, and its extension is now before the Congress. As of this writing it is unlikely the extension will be voted on before the expiration deadline.

The Act, however, will automatically continue for 1 year after the June 30 date under the provisions of the General Education Act of 1968 (Public Law 90–47).

The purpose of the Drug Abuse Education Act of 1970 is "To encourage the development of new and improved curriculums on the problems of drug abuse; to demonstrate the use of such curriculums in model education programs and to evaluate the effectiveness thereof; to disseminate curricular material and significant information for use in educational programs throughout the Nation."

In 1973, $12.4 million was expended by the Office of Education but not for the purpose intended by the Congress. Instead, the funds went to carry on State projects begun under the National Drug Education Training Program to launch community projects and to train broadly based community teams with a minimal role played by teachers.

A breakdown of funds directly effecting elementary and secondary school-age children under the Drug Abuse Education Act of 1970 for fiscal years 1972 and 1973 was provided to the committee by the U.S. Office of Education and is as follows:

FUNDS TO ELEMENTARY AND SECONDARY EDUCATION UNDER PUBLIC LAW 91–527

FISCAL YEARS 1972 AND 1973

"It is important to note that all projects supported under the Drug Abuse Education Act have targeted directly or indirectly on the school age population. The figures given below represent projects with a direct impact on the schools. If activities such as hot lines, crisis intervention centers, drop-in centers, rap centers, halfway houses, community alternative programs, community youth programs, and the like were costed out, they would add considerably to the moneys given below which directly served elementary and secondary school children.

Fiscal Year 1972

1. 55 grants to State education agencies	$2,010,300
2. 9 grants to local education agencies	994,000
3. 270 minigrants to local education agencies	648,000
4. Components in 52 community and college based projects	1,850,000
Total	5,502,300
Total appropriation for fiscal year 1972	12,400,000

Fiscal Year 1973

1. 55 grants to State education agencies	$2,295,300
2. 8 grants to local education agencies	634,250
3. 151 minigrants to local education agencies	406,328
4. Components in 35 community and college based projects	1,058,784
Total	4,394,662
Total appropriation for fiscal year 1973	12,400,000

The following is a summary of other Federal programs in the drug abuse education area:

97-910 O - 73 - 4

National Institute of Mental Health

The Comprehensive Drug Abuse Prevention and Control Act of 1970 authorizes a program of grants similar to those under the Drug Abuse Education Act, with special emphasis on the development of school curriculums. The Drug Abuse Office and Treatment Act of 1972 authorizes a program of special project grants which can be used for drug abuse education. In 1973, $7.9 million was expended. Funds will increase to $9.3 million in 1974.

National Clearinghouse for Drug Abuse Information

The Clearinghouse was established in March 1970 to serve as a focal point for information on drug abuse. The Clearinghouse operates as a central source for the collection and dissemination of drug abuse information within the Federal Government and serves as a coordinating information agency for groups throughout the country. Its major activities include distribution of drug abuse information materials, answering of inquiries by phone and mail, referral of requests to appropriate agencies, publication of reference materials and operation of a computerized information storage and retrieval system.

Bureau of Narcotics and Dangerous Drugs

Education and information programs provided by the Bureau of Narcotics and Dangerous Drugs cost $1.1 million in 1973 and involved the development of alternatives to incarceration and the role of law enforcement in prevention; preparation and dissemination of information; and dissemination of information and education on requirements of the Controlled Substances Act.

Other Federal Programs

Under the block grant programs, HUD's model cities programs funded community education projects; the U.S. Department of Agriculture funded 4–H Club education and information projects and LEAA funded school and community education projects, all totaling $12.2 million.

PART 10.—A NEW BEGINNING

On October 7, 1972, the President noted: "Narcotics and dangerous drugs are a grave emergency threatening each and all of us." Our prior efforts at combating drug abuse have been mismanaged and almost totally ineffectual.

We must turn this Nation around. We must arrest the decline and go on the offensive with a national commitment to end drug abuse. A problem two decades in the making, of course, will not be solved easily or quickly.

The program which we propose today is a first step in a long march to provide a drug free environment for our children. It poses the question to every American. Do we as a nation have the will, the determination, and the long-range dedication to eradicate this menace to our children? If our children were endangered by diphtheria, smallpox, or polio, an immediate massive attack would be instituted to curb these

diseases. Similar action is absolutely necessary if we are to prevent future generations of Americans from becoming drug addicts.

Our Nation's school systems have a primary and fundamental responsibility for combating drug abuse in their schools. Drug abuse prevention and treatment must become an integral part of school life. It must be integrated into our schools with the permanence, expertise and long-range commitment accorded the highest priority. The Congress must provide these school districts with the financial resources necessary to initiate and sustain an effective drug education, counseling, and treatment program for our school-age youngsters.

A concerted and comprehensive 5-year program could cost a minimum of $1 billion a year. It well may be that additional funds will be required as the program progresses. A projected expenditure of $1 billion a year is a modest proposal in that it provides only $10 a term (or $20 a year) for each youngster attending an elementary or secondary school in this country.

It is barely enough money to provide the first fundamental building block in any drug program—one drug specialist (a teacher-counselor) in each of the Nation's schools. Last year there were 66,800 elementary schools and 26,300 secondary schools in this country. In order to provide just one drug specialist in each of those 93,100 schools an annual expenditure of $931 million is required.

The funding we propose is desperately needed if any worthwhile program is to be initiated. But money alone will not solve the problem.

The school boards must come forcefully to grips with the drug epidemic. The school system must make an honest and forthright statement of their responsibility in relation to the problem. Every school board in this country must develop a well-conceived comprehensive plan directed at ending drug abuse in their schools. In order to do that the school officials must study the nature and extent of drug abuse which exists at the various levels of their school systems.

After determining the nature and extent of the problem the school boards must adopt policies and programs designed to end drug abuse. Although policies may vary from school district to school district in a large county or State, clearly defined guidelines for administrators and teachers are prerequisite to any progress.

A clearly defined policy of what action must be taken by school administrators and teachers when confronted with children selling or using drugs is imperative. No policy leads to indecision, confusion, and chaos. Nothing gets done at all. Such policy must include guidelines for harmonizing and integrating of law enforcement efforts on school campuses. Elimination of the older drug pusher from in and around the school should be an obvious first step in attacking the problem.

Fundamentally and most importantly, a program designed to identify, counsel and treat a young drug user should exist in every school. Youngsters who are involved with drugs are in immediate need of counseling services. Identifying these youngsters by physical inspection, medical examination, urinalysis or interview may result in remedial action before the child becomes a victim of a drug overdose. Intervening early in a drug abuse case may eliminate the problem before it becomes serious as well as prevent that youngster from spreading drug abuse to other students.

A meaningful and effective drug prevention educational program should exist in every school system in the Nation. Particular emphasis on preventive education must be given in those years in grammar school when a student is first exposed to drugs. In order to accomplish this goal adequate training of teachers is critical. School boards must provide—with Federal assistance—for the education of their present staff.

PART 11.—AN INDUSTRY OUT OF CONTROL

By overproduction and overpromotion of amphetamines, barbiturates, tranquilizers, and other drugs, the pharmaceutical companies have had a direct causal effect on the drug abuse epidemic currently infecting the youth of this Nation.

The committee finds it unconscionable and inexcusable that about 90 percent of the drugs in the illicit market are manufactured by legitimate pharmaceutical companies.

There are, on the national average, three to four times as many youngsters using amphetamines and barbiturates as there are teenagers who are using heroin. Amphetamines and barbiturates are supplied by pharmaceutical companies—heroin by organized crime. In addition to being psychologically and/or physiologically addicting in themselves, amphetamines and barbiturates and definite steps in an addict's usual progression to heroin.

Amphetamines

In 1969 this committee discovered that there were more than 8 billion amphetamines being produced and consumed each year in this country. The only desirable medical uses for amphetamines are for the treatment of narcolepsy and hyperkinesis in children—two rare diseases. One million doses of amphetamine—according to experts—would have been more than adequate to supply the medical needs for treating those diseases.

This committee introduced legislation in 1970 to eliminate amphetamine abuse in this country. The pharmaceutical companies have consistently and continually resisted these efforts. The committee's legislative proposals were adopted in the Senate, but defeated in the House and later eliminated in conference. The committee persisted and requested that the Department of Justice join us in the fight to curtail amphetamine production and distribution. The pharmaceutical companies again resisted our efforts. When production quotas were finally required for amphetamines, the drug companies asked for quotas substantially in excess of their prior year's production figures.

After 3½ years, this committee's efforts to curb the production and proliferation of amphetamines have finally borne fruit. The Bureau of Narcotics and Dangerous Drugs, with the cooperation of the Food and Drug Administration, has cut the production of amphetamines by more than 90 percent.

More than 3 years have been wasted between our original proposals and the imposition of the production limits. In that period, young people have been needlessly exposed to and become strung out on "speed" and amphetamines. This unwarranted delay has been caused solely by pharmaceutical companies' intransigence—a compulsion to make a profit at the expense of the national health. This was irresponsible corporate action—deleterious to the Nation's interest.

The imposition of production cutbacks has not completely eliminated the problem. As a result of the enormous production and distribution of these dangerous drugs for a period of years, a large amphetamine drug abuse culture has been created and continues to exist. Clandestine laboratories which are now producing millions of amphetamines each year are presently supplying some of the drug abuse market originally created by the pharmaceutical companies.

But for the irresponsibility of these pharmaceutical companies, drug abuse with amphetamines would never have gotten a foothold in this country, and our Nation's youth would not now be so entangled with drug abuse.

Barbiturates

The situation with barbiturate abuse is even more serious. As we noted above, amphetamines have been placed under stricter controls and production limits have been imposed. Barbiturates are still out of control. Over 5 billion barbiturates were produced in 1970—an unbelievable increase of 1.5 billion, or 43 percent over the prior year. This means that more than 25 doses of barbiturates are being manufactured for every one of our citizens—man, woman, and child. That is enough barbiturates for everyone in this country to commit suicide twice.

In city after city this committee heard testimony about fantastically widespread barbiturate abuse. The prevalence of these drugs is so extensive that one 16-year-old boy testified that it was less of a "hassle" to buy downers than it was to purchase cigarettes. The ease with which high school students can obtain these drugs is astonishing. In some of the high schools studied by this committee as many as 30 percent of the students had used barbiturates.

In Los Angeles County the district attorney has stated that barbiturate abuse is the number one school problem. Santa Clara County—we have been informed—is experiencing a barbiturate epidemic. Over 75 percent of their drug cases a year ago involved barbiturates.

The barbiturate epidemic is also prevalent in Santa Fe, which has a 40,000 population. About 40,000 barbiturates arrive in Santa Fe every few weeks where they are sold on streets, in school corridors, and in playgrounds adjacent to elementary schools. The small community of Santa Fe has been averaging close to one drug death every 3 days.

At a congressional inquiry conducted by this committee in San Francisco one individual left the discussion unobstrusively and returned within a few minutes with a handful of multicolored barbiturates which he had purchased for 25 cents a capsule. Each of these drugs, so easily purchased on the street, was produced by a licensed drug manufacturer.

The production of these barbiturates is so excessive and the smuggling of these drugs back into the country from Mexico is so extensive that the Bureau of Customs has been able to seize close to 8 million of these tablets in the last 2 years. In that same period the Los Angeles

Police Department seized more than 2 million barbiturates as well. In one crackdown alone, the Department of Justice seized 20 million barbiturates in Detroit last year. And those 30 million seizures have not had any visible effect on skyrocketing barbiturate abuse.

In an effort to determine what was happening to these overproduced barbiturates the Department of Justice examined the pharmaceutical companies' production and distribution records for 1967. It is alarming to note that that year the companies could not account for more than 117 million dosage units. Production since 1967 has more than quadrupled.

Barbiturates offer a unique opportunity for this country to control one form of drug abuse. Unlike practically all the other drugs of abuse, the barbiturates which are taken by our young people are produced exclusively by licensed drug manufacturing companies. A clandestine or bootleg barbiturate production does not appear to exist at present.

We need not look for a Mafia or organized criminal element for the cause of barbiturate abuse in this country—the fault lies squarely with our pharmaceutical manufacturers, drug wholesalers and retailers, and doctors. Government control over the production and distribution of these dangerous and often deadly drugs is, obviously, long overdue.

The Select Committee on Crime is pleased to note, following the urgings of this committee and others, the recent Federal Government efforts to curb the production and distribution of specified barbituric acid derivatives and their salts. While these efforts are long overdue, expanded control over these harmful substances will greatly assist in limiting their availability and widespread illegal use.

The Bureau of Narcotics and Dangerous Drugs has identified nine barbituric acid derivatives as having a a high potential for abuse, and when abused, may lead to severe physical and psychological dependence. These identified substances are: amobarbital, butabarbital, cyclobarbital, heplatarbital, pentobarbital, probarbital, secobarbital, talbutal, and vinbarbital and their salts.

The BNDD's findings have provided the impetus for the rescheduling of these barbiturates from schedule III to schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Public Law 91–513). While the committee adamantly supports this reclassification, it urges continued investigation and research into the propriety of placing more rigid controls on the production and distribution of other barbiturates.

As for those barbiturates that have been properly assigned to schedule II, careful evaluation should be made by Federal authorities to determine a permissible production level for these substances. Immediate and substantial reduction should be required. Under no circumstance should a future increase in production be permitted without the presentation by the pharmaceutical companies of documented evidence establishing the need for increased production. Such evidence must contain irrefutable information demonstrating an increased demand for the legitimate prescription sale of these drugs. In calculating an allowable production quota, the previous year's production should not be taken into consideration. The relevant consideration should be the legitimate medical need.

Rescheduling barbiturates places them under the same controls as cocaine, morphine, methadone, and amphetamines. Exportation and importation of barbiturates without express authority of the Government is prohibited. Also prohibited are refillable prescriptions, and all purchases and sales of barbiturates from a manufacturer must be recorded on Federal form and reported to the Federal Bureau of Narcotics and Dangerous Drugs.

Drug Advertising

During the committee's investigation on drugs in the schools, reference was made to the impact of constant drug advertising on our national drug problem. The committee did not conduct hearings on this issue. However, despite the fact that the committee heard only brief testimony on this point, it believes there is sufficient reason for a thorough inquiry into the impact of advertising on youthful drug abuse.

The committee has received numerous unsolicited letters from parents, educators, physicians, nurses, pharmacists, and average citizens expressing concern over the advertising methods of the pharmaceutical industry. Contained in these and many other recently voiced criticisms are allegations asserting that over-the-counter drug advertising is often false or deceptive and contributes to the development of a casual attitude about drugs.

Certainly, there is little doubt as to the extent of drug advertising. One has only to occasionally view television, peruse a magazine, or scan a newspaper to be made aware of the industry's concern with advertising. Annually in excess of $211 million is expended by the industry to persuade the public of the merits of its products. About one in every six television advertisements is a drug advertisement.

Educators informed the committee that, in many instances, a child's values are conditioned by television commercials. Widespread drug use among impressionable youth is a documented fact as is their obsession with television viewing. It is reasonable to assume that excessive drug advertising could certainly contribute to the drug problem.

In this report, the committee proposes an intensive national effort to assure that our school-age children receive a comprehensive preventive education program designed to prepare them to face the menace of drug abuse. Among all our resources, schools are in the best position to affect youngsters' attitudes toward drugs. Yet, our schools' most imaginative and potentially successful efforts could be undermined if drug advertising is found to have a pernicious effect on the values of our youth.

Subsequent to widely circulated reports that members of this committee were considering recommending controls on radio and television advertising of drugs, the radio and television industry determined to undertake guidelines for self-regulation.

The committee acknowledges and commends the recent efforts of the Code Review Board of the National Association of Broadcasters to regulate advertising of non-prescription drugs on both radio and television. The guidelines established by the code review board are scheduled to go into effect September 1, 1973. The members of the

committee are anxiously awaiting the implementation of these regulations to determine their effect on the quality, number and substance of future drug advertisements. Conspicuously missing from the code review board's regulations, however, is any restriction on the number of drug advertisements. Critics have asserted that the problem with drug advertising is not confined strictly to misrepresentation, but also to the frequency with which these commercials are viewed or heard by the public. It is, perhaps, validly asserted that saturation can lead to a casual acceptance of drugs as a necessary component to an every day existence. Such an attitude cannot be permitted to be established, and, if established, cannot be permitted to continue.

The committee does not wish its remarks to be construed as opposing advertising per se. It readily recognizes that the marketing of a product is a legitimate and essential element to its distribution and beneficial use. The committee condemns, however, any and all commercial efforts which attempt, whether through false or misleading statements, ommissions or fanciful advertising techniques to misrepresent the purpose, function or effect of the product. Honesty is vital to the selling of all consumer goods, but absolute candor is required in the selling of any over-the-counter drugs purporting to relieve physical or mental ailments.

If the code review board's effort at self-regulation does not prove successful, members of this committee will urge that a congressional inquiry into the subject of drug advertising be initiated for purposes of determining the impact of continuous drug advertising on the national drug problem with the ultimate objective of considering legislation to limit or regulate radio and television advertising of drugs.

A number of outstanding authorities have concluded that this advertising is harmful to our Nation's health.

Drug advertisements have so permeated our daily lives that President Nixon told the American Medical Association that:

> We have created in America a culture of drugs. We have produced an environment in which people came naturally to expect that they can take a pill for every problem—that they can find satisfaction and health and happiness in a handful of tablets or a few grains of powder.

The Commissioner of the Food and Drug Administration, Charles C. Edwards, noted that the "shocking" situation described by the President came about as the result of "the tremendous wave of advertising one media, especially television—creating an environment in which the consumer feels that reaching for a pill, tablet or capsule is a panacea for all his ills." Dr. Edwards noted that "the general tenor of these advertisements is clearly designed to create an unnecessary demand for the drug."

In a comprehensive and thorough report on their investigation of drug abuse in their State, the Illinois Crime Commission appropriately observed:

> We look with great uneasiness at the proliferation of advertising for non-prescription stimulants and sedatives. In our view, this sort of advertising encourages the furtherance of a drug dependent society. It is ill advised to encourage the use of stimulant tablets for persons who are "tired and overworked." Similarly, it is wrong to suggest that one requires a chemical crutch if he cannot get to sleep in 10 minutes. These advertisements, along with the deplorable increase in pain reliever ads, have done much to promote hypochondria and drug dependence as an American way of life.

Our distinguished colleague, Senator Gaylord Nelson of Wisconsin, who has conducted an extensive series of investigations in relation to drug advertising, has also concluded that drug advertising is fostering the drug culture in this Nation. He has recently observed:

> We seem to be always in a situation where the companies make claims they know very well are not justified from a medical standpoint. They convince doctors to prescribe these drugs for purposes for which they shouldn't be prescribed. Then the ad saying it was all a mistake runs later some place, but the prescribing goes on for the purposes which it originally was promoted.
>
> Even more important, however, is the effect of the drug advertising in fostering a drug culture by promoting the use of drugs advertised to suppress normal emotional reactions to the ordinary frustrations of daily living.

Dr. Richard P. Penna, the executive secretary of the Academy of the General Practice of Pharmacy, recently testified about the academy's findings on drug advertising:

> To the extent, then, that the advertising and promotion of non-prescription medication influences drug taking habits and attitudes toward health, we must conclude that this influence is by and large a negative one in that the American public is being misinformed and misled about the qualities of nonprescription medication and provided inaccurate information regarding health practices. One need only sit in front of his television set for one evening to be convinced of that fact.

In summing up the academy's views, the executive director stated:

> We believe that advertising of non-prescription medication contributes substantially to the overuse and misuse of this class of drugs by the public.
>
> We believe that OTC drug advertising is out of control and has become a major public health problem. It is often erroneous; it exaggerates claims; and it even attempts to convince people that they have non-existent diseases. Most critically, we feel that OTC drug advertising contributes substantially to the "drug orientation" of our culture, and we believe something should be done about it.

Federal Communications Commissioner Nicholas Johnson summed up the problem quite succinctly. The Commissioner noted: "We have a drug problem in America, it's called television."

The Consumers Union has also concluded that public drug advertising is harmful. After a comprehensive analysis of advertising of

aspirin, Anacin, Bufferin, and other over-the-counter medications, the Consumers Union observed:

> Our work has certainly led us to believe that advertising has contributed to public misconceptions as to the utility of and the need for drugs.

Their recommendation in this regard is remarkable:

> Distrust all claims made for over-the-counter drug products, especially analgesics. Urge your friends to distrust them, too, and encourage your children to be skeptical of all such advertising.

The Union, which has a long record of substantial service to consumers in this country, cites with approval the remarks of Dr. William T. Beaver of Georgetown University. Professor Beaver points out:

> The consumer assumes that claims (for aspirin and competing products) could not be made unless they were substantially true; he assumes that "somebody up there" is effectively regulating the promotion of these products and guarding his welfare. In this assumption he is dead wrong. * * *
>
> Since such a large fraction of the promotional material for (such drugs) is misleading or deliberately deceptive, as a physician, I would advise the layman not to believe any claims whatsoever made by manufacturers in relation to this class of drugs.

Dr. Henry E. Simmons, the Director of Bureau of Drugs of the Food and Drug Administration, has also commented on drug advertising. He observed:

> The selling approach on television, over the radio, and in magazines and newspapers leads the consumer to seek "quick effective relief" from whatever is bothering him without his actually knowing what he is taking. And, although the OTC analgesics are safe when used as directed, no drug, whether for prescription or over-the-counter use, is totally safe. And no one, especially children, should be exposed unnecessarily to a possible adverse drug reaction.

Dr. David C. Lewis of the Harvard Medical School has described the message television ads convey to our children:

> One of the messages that children receive from such advertising is that medicines have magical qualities. They watch on television as a pill causes the instant transformation of a sufferer's face from glumness to glee. My concern is that such widespread promotion of drugs, their magical qualities, and the immediacy of their effects, may be factors that encourage our children to experiment with their chosen array of drugs whose effects are just as immediate, magical and wonderful for them.

Even doctors who have the formal training and expertise necessary to properly evaluate drug advertising are adversely influenced by pharmaceutical companies' promotional schemes. The result is understandable when you realize that the major drug companies spend

an astounding $5,000 a year on each of the Nation's 200,000 doctors in an effort to persuade them to prescribe their drugs. That figure is up from the $4,500 a year spent in 1968 on advertising and promotional activities designed to reach the practicing physicians who prescribe drugs.

In the opinion of the Academy of General Practice of Pharmacy—

> The advertising and promotion of prescription drugs to the medical profession are responsible in some measure for the overprescribing patterns which exist among physicians, for the overutilization of prescription drugs by the American public, and for the tragic toll resulting from adverse drug reactions.

Under these circumstances it is not surprising that hospital admissions attributed to adverse reactions to drugs have swelled scandalously to a rate of 1.5 million a year.

Indicating a similar conclusion is a survey conducted by a professor at the Harvard Medical School. That study shows that amphetamines, barbiturates, and tranquilizers are prescribed by physicians when they are, in fact, not necessary. More than 67 percent of the physicians surveyed felt that doctors prescribed too many amphetamines. Sixty-seven percent also felt that barbiturates were over prescribed, and 64 percent thought that too many tranquilizers were prescribed by doctors. In addition to the doctors who held this opinion, there were more than 23 percent of doctors who did not know enough about the subject to have an opinion. If these doctors properly informed themselves about the matter, the survey would have indicated that nearly 90 percent of doctors felt that too many amphetamines, barbiturates, and tranquilizers are being prescribed by doctors.

In the same survey, more than 50 percent of pharmacists—the men whose livelihood depends on these sales—indicated that they thought people bought too many pep pills, sleeping pills, and tranquilizing agents.

Public View of Television Drug Advertising

Preliminary comments as to the need for controls on television drug advertisements have elicited widespread—and very favorable—citizen response. Excerpts from a number of letters addressed to this committee in November and December of 1972, and retained in the Committee files, are set forth below. These letters, we think, and especially those written by parents, express the public's concern over ever-increasing drug advertising. These letters also express a public awareness of the fact that drug advertisements do affect children.

The distinguished Attorney General of Florida, Robert L. Shevin, wrote:

> Recently I read with a great deal of interest a news item indicating that you are preparing to introduce legislation to the Congress relative to a ban on television advertising of drugs during certain prime time hours. You are to be congratulated for the development of this type of important and vitally needed legislation.
>
> For some time, it has been my growing conviction that the advertising to which young people are exposed on television

is a stimulus to the possible abuse of drugs by these same young people. My staff and I have given numerous talks to young people before classrooms and in other groups throughout the State of Florida. I was thinking that some of the information that we have gleaned from these discussions would be of interest to you.

The first exposure that a young person receives on TV relative to the use of a synthetic substance occurs between the ages of 3–5. At least this is the first exposure on TV which the young people seem to remember. Most young people recall advertisements for vitamin pills which are aired by the pharmaceutical companies during the Saturday morning cartoons. Although these vitamins are not drugs per se, I feel that subconsciously this type of advertising encourages a young person to use a synthetic substance in order to become something he wouldn't become unless he used that substance.

This trend is reinforced and amplified by the commercials which are seen during early evening prime time hours of television, including and in particular the commercials during the news. The result is that the young person is exposed to the use of drugs and is encouraged to use these drugs from the time he is three years old and upward. I do not wonder that our young people are abusing more drugs more frequently than ever before. They are encouraged to use synthetic substances at an early age but no similar attempt is made to educate young people to the dangers of developing a psychological dependence on these synthetic substances.

You can be sure that if this office can be of any assistance to you that we will not hesitate to do so. You know, of course, that you have our full support and backing for this important piece of legislation.

A New Rochelle, N.Y., mother wrote:

I have a 3½-year-old little girl who watches TV and when she caught a cold she was very cooperative in taking aspirin. (I take no medication and rarely aspirin and not in front of the children, nor does my husband.) I was pleased she was responding to the commercials where the children take medication. After her cold was cured, she insisted for about 3 days that she still wanted aspirin. * * * The other day she saw a commercial where a mother was rubbing Vicks on her child and she turned to me, in the same manner as in toy or food commercials, and said, "Will you do that next time I have a cold?"

I sincerely hope you will succeed in your "Pepper Plan" so I will be certain TV won't harm her.

A mother from Boca Raton, Fla., said:

A week ago my daughter, Tina, came home from school and said, very dramatically, "Mommy, I need an aspirin—I had such a bad day at school today!" Needless to say, I was startled by this announcement from my 7-year-old. She sounded just like one of the many commercials for "instant" relief that are constantly on the TV. There is little doubt in

my mind as to why we are becoming such a drug oriented society.

A registered nurse and mother in Madison, Wis. stated:

For the past 6 months this type of advertising has been particularly troubling to me. My daughter, who is 3 years old, has begun to develop an attitude relating to the "quick cure" effects of drug use. She began, at 2½ to ask "What is pain relief?" Now she is beginning to be impressed by an ad for St. Joseph Aspirin which has a small child saying, "Mommy, I feel bad. * * *" and the mother solves her problem by giving her an aspirin. You have my full support in your effort to ban television advertising of drugs. There are many in my acquaintance who feel as I do.

A mother of three (and a physician's wife) from Bryn Mawr, Pa., wrote:

I strongly urge you to push this legislation and I will inform the members of my organization of your efforts. I'm sure it will be a hard fight from the TV industry and drug companies but any fight is worth saving our children. Remember, we are behind you.

A mother of two from Parma, Ohio, said:

PLEASE * * * PLEASE * * * continue along your marvelous avenue with the "Pepper Plan." The loss of revenue to the television industry is insignificant as to the loss of human brain and physical power. You have gained my wholehearted support for your excellent program. Continue the good work!

A Plantation, Fla., parent stated:

For years I have trained my own children to question those TV commercials advocating the "popping" of pills. They now scoff at drug ads, just as I do.

Thank you for caring.

A Royal Oak, Mich., parent said:

I would like you to know that I, my family, and many of our friends strongly endorse your proposal to ban drug advertising.

A housewife from Preston, Iowa, indicated:

Congratulations! How wonderful to read that someone in Congress has the courage to bring up a bill banning pill advertising on TV. For some time my husband and I have felt this advertising must be responsible for some of our drug problems.

A grandmother from Fullerton, Calif., wrote:

Congratulations, young parents need you.

A Santa Cruz, Calif., father of four said:

I have been very much interested in the investigations carried on by your (committee). By overproduction and promotion of amphetamines and other drugs, the drug companies have foisted onto the American public a gigantic drug problem, aided and abetted by the broadcasting and advertising

industry. Pressures should be put on the drug companies, not on the kids and adults who pick up the latest psychedelics or marihuana. The latter can be sent to jail for doing no harm to anyone, while the "big pushers" continue to advertise (legally) and produce (legally) and sell (legally) their wares.

A grandmother from Eads, Tenn., wrote:

In recent years, the idea that a person can't make it through the day without popping a pill or having a drink of some sort, has taken over in this country. * * * Perhaps your committee can do something. Please hurry.

A Grand Rapids, Mich., grandparent stated:

This legislation may be the most important you have ever proposed. For the sake of our grandchildren, we hope it is passed in record time.

A teacher from Southern California said:

Having taught "drug education" for 8 years in Southern California, I have long felt such advertising was harmful and tended to precondition youngsters to be more receptive of drug use and abuse. I strongly support your effort.

A junior high school teacher from St. Louis, Mo., said:

I am very much interested and one hundred percent behind your bill to disallow the continuance of TV advertising of the "cure all" type pills. Without a doubt this type of advertising is having an impact on our young people. I have hoped for years that Congress would take some action in this area.

* * * If it were possible to have a popular vote on this bill, no doubt it would have overwhelming support from parents, teachers and those concerned with the health and well being of our young people. Attempts to educate and promote healthful attitudes are erased by the magnitude of the years of TV viewing.

From Beulah, Mich., a citizen wrote:

Our daughter, who has been a teacher in the primary grades in the Detroit area for some time, realizes the impact these ads have on the first graders. Some can repeat, almost verbatim, some of these commercials leaving them with the belief that there is a pill or medication for every problem. She expressed her concern of this problem to PTA groups on several occasions.

A school nurse from Faribault, Minn., wrote:

I am pleased to see that steps are being taken to eliminate advertising which is the not so "hidden persuader." If I can help you and your committee in soliciting support for your program, I will appreciate any suggestions you might have.

A life insurance agent from Stockton, Calif., wrote:

I sincerely hope you are successful in stopping the commercials on radio and TV which are selling products that are

supposed to calm us down, help all our everyday aches and pains and lull us into a general feeling of well being.

An Annandale, Va., citizen said:

I support you in your effort to ban from radio and TV the deceiving advertising of pills and other medications which are contributing so effectively to the drug conditioning of the American people—especially the young.

A resident of Lafayette, Calif., wrote:

I wish to commend you on your bill to stop pill advertising on TV. If there is anything I can do to help it succeed, please let me know.

A citizen from Santa Clara, Calif., said:

I definitely support your present efforts; have been writing FDA, FTA (FTC), FCC and TV stations for years about misleading advertising, and now appreciate legislative action. If your findings are presented to the Congress, I hope you will let me know how I can help.

A research associate from Altadena, Calif., stated:

We have noted with great pleasure your tireless efforts to take affirmative action against the problem of drug indoctrination by means of the television. This problem of "legalized" drug pushing by the media must be dealt with now, we are certain you agree.

A Willow Grove, Pa., citizen said:

For some time now, I have been wanting to write and express my feelings against the proliferation of drug related commercials on TV. This constant barrage of "pain killers, sleeping pills, sedatives, cold tablets, antacids, laxatives, vitamins, reducing pills," etc., is having a detrimental effect upon our young people.

A citizen of Blytheville, Ark., stated:

I wish to express my unqualified support of your proposed ban on TV commercials for pain killers, sleep inducers and the like. Any legislation will be welcome which will help to reduce the current frightening trend toward universal drug abuse.

A Gadsden, Ala., citizen wrote:

It is encouraging at last, Senator Pepper, to see that someone in the Congress is now headed down the right road to do something worthwhile with this drug medicine racketeering in this country.

A pharmacist, for over 50 years, from Ventnor, N.J., wrote:

I hope and pray that you will propose legislation soon. God bless you.

A Glens Falls, N.Y., citizen said:

I greatly admire you in this effort and am writing to President Nixon and to my Senators to give you some help.

A West Hartford, Conn., citizen stated:

I support your proposed plan to bar any drug commercials on TV. However, I would hope you can toughen the bill to include any hour, day or night, and also bar all such commercials from radio.

Ecology Center, Ann Arbor, Mich.

Being very concerned with natural nutrition and the things we put into ourselves, I am very much in favor of your bill to ban advertising of pills on daytime TV.

A pharmacist from East Lansing, Mich., wrote:

I would like to add my personal endorsement and encouragement in your pursuit of this goal. I also feel that drug advertising does contribute to the permissive attitude of society towards drug misuse.

A citizen from Honolulu, Hawaii, said:

You are to be commended for attacking one of the primary causes of "the drug problem." It is an outrage that children (and adults) are exposed to the interminable blandishments of the drug industry. The drug advertisers well know the powerful influence of TV commercials on our lives—millions spent for nefarious purposes.

A Millburn, N.J., citizen wrote:

I am delighted that you have undertaken to prepare and sponsor a bill in Congress to prohibit TV advertising of all manner of sedatives, cold pills, antacids, reducing pills, etc., between the hours of 8 a.m. and 9 p.m. I earnestly hope that you will persist in your campaign to have such legislation enacted even though we know that great pressure from the TV industry and pharmaceutical companies will be exerted to defeat your bill.

A citizen from Sarasota, Fla., stated:

I wish you success in your effort but you know better than I that you are taking on some formidable foes with lots of money to spend.

A Hammond, Ind., citizen wote:

You definitely are on the right track. I am sending a copy of this to our Congressman and if there is anything further that we can do, please advise.

A veterinarian from Naples, Fla., said:

Good luck. * * * I have had some 40 years or more experience in the area of biomedical research and development. The American public is flooded with massive amounts of misinformation and, in many instances, downright lies.

A minister from Orange Park, Fla., wrote:

We are delighted to read about your action to ban the constant hawking of drugs and pills on our TV programs.

It is surely high time something is done to ban this evil.

And, finally, a physician from Arlington, Va., wrote:

If FTC demands fair balance in OTC drug advertisements, the requirements for increased time and expense will eliminate 90% of the present objectionable ads on the airways and go a long way toward solving the problem. * * *

This would make the advertising so boring, disgusting and expensive that most of it would disappear from the airways.

PART 12.—RECOMMENDATIONS

The Select Committee on Crime Recommends:

1. **Every school board in the country should develop a well-conceived plan directed at ending drug abuse in the schools. Each school district should institute programs of instruction for its teachers whereby the teachers are thoroughly educated in the drug abuse problems germane to the school district and school at which the teacher is employed. Schools should be encouraged to condition promotions and salary increases on attendance at such drug abuse programs. In addition, there should be drug abuse counselors for every school which requires them.**

All teachers should be educated in the drug problem, since they must be aware of, and competent to deal with, the drug abuse crisis in our schools today. All this and more should be done. School boards must continue to take an active role in the fight against drug abuse—on a month-to-month basis. Reports concerning the extent of the problem and the progress, or lack of progress, made in combating it should be critically evaluated regularly. Student drug overdoses and overdose deaths should prompt firm executive action in relation to the schools involved.

2. **To assist state and local school agencies to effectuate drug abuse programs, this committee recommends a massive program of federal funding, as embodied in the proposed bill set forth below.**

What we have recommended is a minimum approach to the grave problem of drug abuse in our schools. Federal funds should be made available to school authorities for the prevention and correction of drug abuse; however, school authorities should have latitude to determine the best possible programs for dealing with drug abuse in their own localities. If given the opportunity and support, we believe the school authorities will find the most effective ways to curb drug abuse by students. We have found that one of the most effective programs for dealing with youthful drug abuse is peer group therapy whereby competent leadership in the faculty and student level induces students to help each other extract themselves from drug abuse.

A determined effort is necessary not only because of the serious impact on the lives of youthful abusers, but also because of the well-known relationship between drug abuse and crime. One of the tragic aspects of our life is the enormous amount of crime committed by our youth. According to 1971 FBI crime index figures, 23 percent of violent crime is committed by persons under 18 years of age; 45 per-

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cent by persons under 21; 60 percent by persons under 25. Gov. Reubin Askew has estimated that 46 percent of crime in Florida is committed by persons under 18.

Finally, it has been widely estimated that 50 percent of all serious crime is related to drug abuse. Consequently, curbing drug abuse will not only have an enormous impact on the lives of student drug abusers, but it should be one of the most significant ways of reducing crime. Any reasonable expenditure to reduce crime is not only desirable but a public necessity.

The proposed bill follows:

A BILL To amend the Elementary and Secondary Education Act of 1965 to provide for drug abuse therapy programs in schools

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Elementary and Secondary Education Act of 1965 is amended by adding at the end thereof the following new title:

"TITLE X

"SHORT TITLE

"SEC. 1001. This title may be cited as the 'Elementary and Secondary Drug Abuse Eradication Act of 1973'.

"FINDINGS AND STATEMENT OF PURPOSE

"SEC. 1002. The Congress hereby finds that drug abuse is prevalent among the elementary and secondary schools in the Nation; that such use denies educational opportunities to young people; that such use impairs the smooth functioning of school systems; that such use is costly to the Nation in terms of school disturbances and vandalism; and that such use places additional financial burdens on communities in the allocation of scarce resources to additional social workers, policemen, firemen, and other related agency personnel. It is the purpose of this Act to provide local educational agencies with the financial resources essential to bring a wide variety of services and programs available to students who are users and potential users of drugs to the end that the traffic in drugs in and among elementary and secondary school students may be eliminated and that student users of drugs may abandon such use.

"SEC. 1003. The Commissioner of Education hereinafter referred to as the Commissioner shall carry out a program of making grants to local educational agencies (as defined by section 801(f) of this Act) to finance all or in part programs to eliminate the use of drugs by elementary and secondary school students and to prevent the use of drugs by such students. Such programs shall be eligible for grants upon application by the local educational agency which applications give reasonable promise in the judgment of the Commissioner of effectively providing student drug users and students who are potentially users of drugs with services which tend to eliminate the use of drugs among elementary and secondary school students and which

should include as program components the following essential elements:

"(a) counseling by personnel with special training and background to deal with youth problems including drug abuse among youth;

"(b) group therapy programs and/or peer group leadership programs;

"(c) parental involvement; and

"(d) the in-service training of teachers, administrators, counselors and other school personnel in drug abuse.

"SEC. 1004. Local educational agencies in carrying out programs financed all or in part under this title may contract with public and private agencies for the provision of professional and other essential services.

"SEC. 1005. There is authorized to be appropriated $500,000,000 for fiscal year 1974 and $500,000,000 for each of the following four fiscal years to carry out the purposes of this title."

3. The Select Committee on Crime urges continued investigation and research into the propriety of placing more rigid controls on the production and distribution of barbiturates not already having been placed under strict government control. The committee further recommends that in determining the permissible level of production for barbiturates the relevant consideration should be their legitimate medical need, rather than previous years' production levels

4. The Select Committee on Crime recommends that the Congress carefully monitor future over-the-counter drug advertisements on radio and television to determine the effectiveness of the industry's effort at self-regulation. In the event that self-regulation does not prove successful, an immediate congressional inquiry should be initiated to determine the impact of continuous drug advertising on the national drug crisis, and, if necessary, to consider legislation to limit and regulate radio and television drug advertising

In the event that Federal legislation is required to control the content and quantity of future drug advertising, it is suggested that one legislative approach would be to empower one federal agency to review all drug advertising to determine the veracity of the various commercials and to impose and enforce regulations governing the number and substance of each ad.

Appendix 1

COMPILATION OF STATE LAWS WHICH REQUIRE MANDATORY DRUG EDUCATION IN SCHOOLS

Introduction

A compilation and summary of State laws which require mandatory drug education in public schools appears below. Thirty-two States have such statutes: Alabama, Arizona, California, Connecticut, Florida, Georgia, Idaho, Illinois, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Vermont, Virginia, Wisconsin, and Wyoming.

Eleven of the remaining States have comprehensive drug abuse statutes; however, the statutes do not provide for drug education programs in the public schools. These States are Hawaii, Indiana, Iowa, Kansas, Massachusetts, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, and West Virginia. The States of Alaska, Arkansas, Colorado, Delaware, New Hampshire, North Dakota, and Ohio lack comprehensive drug statutes, as does the District of Columbia, and these jurisdictions do not have statutory requirements for drug education programs in the schools.

Alabama

52 Alabama Code § 546(2) (1971) : The Drug Abuse Education Act of 1971.

§ 546(3) : As used in this chapter, the term "drug" shall include barbiturates, central nervous system stimulants, hallucinogenics, and all other drugs to which the narcotic and drug abuse laws of the United States apply. It shall also include alcoholic and intoxicating liquor and beverages, and tobacco.

§ 546(4) : The purpose of this chapter is to insure the development of a comprehensive drug abuse education program for all children and youth in grades one through twelve. It is the legislative intent that this program shall teach the adverse and dangerous effects on the human mind and body of drugs and that such instruction shall be intensive and that it shall be given immediate emphasis, beginning with the 1971–72 school year. It is further the intent of the legislature that the voluntary services of persons from the profession of clergy, education, medicine, law enforcement, social services, and such other professionally and occupationally qualified individuals as can make a contribution to this program be utilized in its implementation so that the highest possible degree of expertise may be brought to bear.

Alaska

No statutorily mandated drug education program in its schools.

Arizona

15 Ariz. Revised Stats. Ann. § 1023 (1971): Instruction on alcohol and narcotics.

A. Instruction on the nature of alcohol and narcotics and their effects on the human system shall be included in the courses of study in grade and high schools. The instruction may be combined with health, science, citizenship, or similar studies.

B. The state board of education may arrange for carrying out the provisions of this section by lecture or educational films.

Arkansas

No statutorily mandated drug education program in its schools.

California

5 California Code Ann. Education § 8751 (West 1971): The Drug Education Act of 1971.

§ 8752: Legislative findings and declarations; intent and purpose.

The legislature hereby finds and declares that the use of tobacco, alcohol, narcotics, restricted dangerous drugs, as defined in Section 11901 of the Health and Safety Code, and other dangerous substances poses a serious threat to the youth of California.

It is the intent and purpose of the legislature by this article to provide for the establishment in public elementary and secondary schools of a comprehensive statewide program on drug education for all pupils whereby instruction on the nature and effects of the use of tobacco, alcohol, narcotics, restricted, dangerous drugs, as defined in Section 11901 of the Health and Safety Code, and other dangerous substances is offered.

Further, it is the intent of the legislature that such a program provide all of the following:

(a) Sequential instruction in kindergarten and grades 1 through 12.

(b) Preservice and inservice training for school personnel.

(c) Instructional materials for pupils and teachers.

(d) Identification and reporting of promising programs of instruction and counseling.

(e) Promotion of effective liaison between school and community involving parents, pupils, community health agencies, and other concerned community groups.

It is the intent of the legislature that the Department of Education shall facilitate maximum cooperation with other state and federal agencies concerned with drug education and that the Department of Education shall endeavor to attain the maximum amount of federal financial assistance for the implementation of this article. Nothing in this article shall be construed as prohibiting school districts and other state and federal agencies from conducting educational programs beyond those provided by this article.

Colorado

No statutorily mandated drug education program in its schools.

Connecticut

10 Conn. Gen. Stats. Ann. § 19 (1972): Effect of alcohol, of nicotine or tobacco and of controlled drugs to be taught.

The effect of alcohol, of nicotine or tobacco and of controlled drugs, as defined in section 19-443 on health, character, citizenship and personality development shall be taught every academic year to pupils in all grades in the public schools; and, in teaching such subjects, textbooks and such other materials as are necessary shall be used. * * *

Delaware

No statutorily mandated drug education program in its schools.

Florida

15 Florida Statutes Ann. § 231.09 (1971): Duties of instructional personnel.

Members of the instructional staff of the public schools, subject to the rules and regulations of the state board and of the school board, shall perform the following functions:

(1) Teaching

(b) State and district school officials shall furnish and put into execution a system and method of teaching the true effects of alcohol and narcotics on the human body and mind, the adverse health effects and implications of cigarette smoking, provide the necessary textbooks, literature, equipment, and directions, see that such subjects are efficiently taught by means of pictures, charts, oral instruction, and lectures and other approved methods, and require such reports as are deemed necessary to show the work which is being covered and the results being accomplished.

Georgia

32 Ga. Code Ann. 705 (1971): Addition to the state course of study. Bible reading.

Health and hygiene, the nature of alcoholic drinks and narcotics, the elements and principles of agriculture, and the elements of civil government shall be taught in the common or public schools as thoroughly and in the same manner as other like required branches, and the board of education of each county and local system shall adopt proper rules to carry the provisions of law into effect: * * *

Hawaii

No statutorily mandated drug education program in its schools.

Idaho

33 Ida. Code § 1605 (1971): Health and physical fitness—Effects of alcohol, tobacco, stimulants and narcotics.

In all school districts there shall be instruction in health and physical fitness, including effects of alcohol, stimulants, tobacco and narcotics on the human system. The state board of education shall cause to be prepared such study guides, materials and reference lists as it may deem necessary to make effective the provisions of this section.

Illinois

91 Ill. Stats. Ann. § 120.1 (1971): The "Dangerous Drug Abuse Act."

§ 120.2: Legislative declaration.

It is the policy of this state that the human suffering and social and economic loss caused by addiction to controlled substances and the use of cannabis are matters of grave concern to the people of the States. It is imperative that a comprehensive program be established and implemented through the facilities of the state, counties, municipalities, the federal government, and local and private agencies to prevent such addiction and abuse; to promote research on the effects and consequences of the abuse of controlled substances and use of cannabis in this state and inform the public as to its findings; and to provide diagnosis, treatment, care and rehabilitation for controlled substance addicts to the end that these unfortunate individuals may be restored to good health and again become useful citizens in the community.

§ 120.6–4: Education—Problems of addiction and abuse of dangerous drugs.

Provide public education regarding the problems of addiction and abuse of dangerous drugs. In this regard, the Department of Mental Health shall conduct a study to determine the feasibility of establishing a comprehensive educational program for uniform and universal administration in all primary and secondary schools in this state. Such program should be designed to educate school children on the subject of dangerous drug abuse so as to discourage and prevent their abusing dangerous drugs. The results of this study shall be submitted to the governor, all members of the general assembly, and all members of the council, one year after the effective date of this subsection.

Indiana

No statutorily mandated drug education program in its schools.

Iowa

No statutorily mandated drug education program in its schools.

Kansas

No statutorily mandated drug education program in its schools.

Kentucky

13 Ky. Revised Stats. Ann. § 158.270 (1969): Instruction as to nature and effect of alcoholic liquor and narcotics required; textbooks to include these subjects.

(1) The nature of alcoholic liquor and of narcotics and their injurious effects on the human system shall be taught in each of the grades, four to ten inclusive, of the common schools. It shall be the duty of the superintendent and principal of every school and the president of every university, college or academy to have presented for a period of 30 minutes to the entire student body in assembly, at least on two occasions each term or semester by an appropriate program, the scientific, social and moral aspects of alcoholic beverages, stimulants and narcotics.

(2) The failure of any superintendent, principal or teacher to comply with the terms of this act shall be deemed a cause for the revocation of his contract of employment, and upon notice to the Board of Education employing such superintendent, principal or teacher that he has failed to do so it shall be the duty of said Board to conduct a hearing and if the charge be proved to dismiss or discharge said superintendent, principal or teacher.

(3) When textbooks on physiology and hygiene shall be hereafter adopted or approved for the schools, such books shall contain substantial text, to be approved by the Superintendent of Public Instruction, devoted to the nature of alcoholic liquors and narcotics and their effect upon the human system.

Louisiana

17 La. Revised Stats. § 262 (1972): Alcohol and narcotics; teaching of evil effects.

The state board of education shall include in the curriculum of all public schools of this state a course of study on the evil and injurious effects on the human system of the use of alcohol and narcotics.

This course of study shall be used in all grades of the public schools.

Maine

20 Maine Revised Stats. Ann. § 473 (1971): Duties.

Superintending school committees and school directors shall perform the following duties:

. . . (3). Physiology and hygiene. They shall make provisions for the instruction of all pupils in schools supported by public money or under state control in physiology and hygiene, with special reference to the effects of alcoholic drinks, stimulants and narcotics upon the human system.

Maryland

77 Md. Code Ann. § 88A (1971): Program of drug education.

The State Board of Education shall develop and implement a program of drug education in the public schools. The program shall be instituted prior to the sixth grade in all public schools as soon as practicable by instructors who have been trained in the field of drug education. The State Board of Education shall establish criteria for determining how a teacher may be deemed to be "trained in the field of drug education" for purposes of this section. Such programs shall be coordinated with other state agencies responsible for drug abuse education and control.

Massachusetts

No statutorily mandated drug education program in its schools.

Michigan

146 Mich. Stats. Ann. § 15.1958(a) (1970); "Critical Health Problems Education Act."

§ 15.1958(2): As used in this act: (a) "Critical health problems education program" means a systematic and integrated program designed to provide appropriate learning experiences based on scientific knowledge of the human organism as it functions within its environment and designed to favorably influence the health, understanding, attitudes and practices of the individual child which will enable him to adapt to changing health problems of our society. The program shall be designed to educate youth with regard to critical health problems and shall include, but not be limited to, the following topics as the basis for comprehensive education curricula in all elementary and secondary schools; drugs, narcotics, alcohol, tobacco, mental health, dental health, vision care, nutrition, disease prevention and control, accident prevention and related health and safety topics.

Minnesota

1 Minn. Stats. Ann. 126.03 (1971): Instruction in morals.

Instruction shall be given in all public schools in morals, in physiology and hygiene, and in the effects of narcotics and stimulants.

Mississippi

24 Miss. Code Ann. § 6216-02 (1971): Curriculum.

(a) The curriculum of the grammar schools shall consist of spelling, reading, arithmetic, geography, English grammar, composition, literature, United States history, history of Mississippi, elements of agriculture and forestry, civil government with special reference to the state of Mississippi and local government, physiology, hygiene with special reference to the effect of alcohol and narcotics on the human system, home and community sanitation, general science, and such other subjects as may be added by the State Board of Education.

Missouri

12 Mo. Stats. Ann. § 195.300 (1972): Schools to provide drug education programs.

The state board of education shall promulgate rules which shall require that all school districts in the state provide in all elementary and secondary classes, a continuing curriculum or appropriate educational programs on the use and abuse of dangerous substances including narcotics, depressants, stimulants and hallucinogenics, in order to inform students on the dangers of the use, misuse and abuse of drugs.

Montana

75 Mont. Revised Codes 8901 (1971): Health Education—Drug and Alcohol Abuse Instruction.

Purpose of act—legislative intent. It is the purpose of this act to protect the health and safety of the people of Montana from the menace of drug and alcohol abuse. The legislative assembly intends to require education graduates of any university in Montana, to be aware of the problems resulting from drug and alcohol abuse and to be somewhat knowledgeable in dealing with these problems among students, and to require all public and private junior high school students and all public and private high school students in Montana to be aware of the problems resulting from drug and alcohol abuse.

Nebraska

79 Neb. Revised Stats. 1270 (1970): Public schools; health education; instruction on effect of alcoholic drinks and narcotics.

Provisions shall be made by the proper local school authorities for instructing the pupils in all schools supported by public money, or under state control, in health education with special reference to the effects of alcoholic drinks and other stimulants and narcotics upon the human system.

Nevada

34 Nev. Revised Stats. 389.060 (1972): Instruction in physiology and hygiene.

Physiology and hygiene shall be taught in the public schools of this state, and special attention shall be given to the effects of stimulants and narcotics upon the human system.

New Hampshire

No statutorily mandated drug education program in its schools.

New Jersey

18A N.J. Stats. Ann. 4-28.4 (1971): Definitions.

As used in this act:

(a) "Drug education program" means a factual presentation of the problems of drug abuse involving young people prepared so as to be effective and appropriate for student consumption.

4-28.10: It is the purpose of this act to encourage the development of innovative programs to educate students in New Jersey's elementary and secondary schools, and members of the general public on the subject of drugs and their abuse, to demonstrate the use of such programs, to evaluate the effectiveness thereof, and to promote coordinated efforts among school districts, communities and other public and private groups.

New Mexico

11 N.M. Stats. Ann. § 77-11-1.1 (1971): Public schools—Required drug abuse course.

The public schools of this state shall provide a course of instruction in drug abuse education for grades seven [7] through twelve [12]. Drug abuse education shall start in the fall 1970 and shall be a course for seventh graders. The state board by regulation shall prescribe the courses of instruction and textbooks in the subject of drug abuse.

New York

16 N.Y. Consol. Laws § 804–a (McKinney 1971) : Instruction regarding the nature and effects of narcotics and habit-forming drugs.

(1) The course of study beyond the first eight years of full time public day schools shall provide for instruction in the nature and effects on the human system of narcotics and habit forming drugs, in accordance with the provisions of this section.

(2) It shall be the duty of the commissioner to prescribe such courses of instruction as he may deem necessary and desirable for the welfare of the student and the community. The contents of such courses may be varied to meet the needs of particular school districts, or portions thereof, and need not be uniform throughout the state. The courses shall emphasize desirable health habits, attitudes and knowledge of the effects of narcotics and habit-forming drugs upon the physical, mental and emotional development of children and youth.

North Carolina

115 N.C. Gen. Stats. 37 (1971) : Subjects taught in public schools.

County and city boards of education shall provide for the efficient teaching in each grade of all subjects included in the outline course of study prepared by the State Superintendent of Public Instruction, which course of study shall include instruction in Americanism, government of the state of North Carolina, government of the United States, fire prevention, harmful or illegal drugs including alcohol at the appropriate grade levels * * *

North Dakota

No statutorily mandated drug education program in its schools.

Ohio

No statutorily mandated drug education program in its schools.

Oklahoma

70 Okla. Stats. Ann. § 11–103 (1972) : Courses of study—What to include.

Courses of study formulated, prescribed, adopted or approved by the State Board of Education for the instruction of pupils in the public schools of the state shall include such courses as are necessary to insure:

(2) The teaching of health, physical fitness, and safety through the study of proper diet, the effects of alcoholic beverages, narcotics and other substances on the human system and through the study of such other subjects as will promote healthful living and help to establish proper health habits in the lives of schoolchildren; * * *

Oregon

35 Ore. Revised Stats. § 430.080 (1971) : Publicizing effects of alcohol and narcotics.

The Mental Health Division, in consultation with the Oregon Alcohol and Drug Education Committee, shall take such means as it considers most effective to bring to the attention of the general public, and particularly to the youth of the state in the schools, places of recreation and homes, the evil and harmful effects of over-indulgence in, and excessive consumption of, alcoholic beverages and the intemperate use of narcotics, habit forming drugs and hallucinogenic drugs.

§ 430.103 : Drug abuse seminars; committee to conduct seminars.

(1) The Mental Health Division shall establish a committee consisting of persons addicted to the use of narcotic drugs or dangerous drugs or who have been rehabilitated from such addiction.

(2) The committee shall conduct drug abuse seminars in as many high schools and junior high schools in the state as it can arrange, in order to acquaint Oregon youth with the danger of drug use and abuse through the first-hand experience of members of the committee.

Pennsylvania

No statutorily mandated drug education program in its schools.

Rhode Island

No statutorily mandated drug education program in its schools.

South Carolina

21 S.C. Code Ann. § 412.2 (1971) : Subjects of instruction; films depicting the nature of alcoholic drinks and narcotics; special instruction as to their effect.

Films depicting the nature of alcoholic drinks and narcotics and special instructions as their effect upon the human system shall be taught in all the junior high and high schools of this state and shall be studied and taught as thoroughly and in the same manner as all other required branches in such schools, as may be required by the State Board of Education. Such films shall be presented at orientation programs of all State-supported institutions of higher learning. The South Carolina Television Center shall make available to such schools and institutions television programs and films with commentary relative to such subject matter and the school shall require each student enrolled therein to view such program or film * * *

South Dakota

13 S.D. Compil. Laws 33–7 (1972) : Required instruction on alcohol and controlled substances.

In addition to other prescribed branches, special instructions shall be given in all public and private elementary and secondary schools in the state in the nature of alcoholic drinks, narcotics, depressants, stimulants, hallucinogens and other controlled substances which have a potential abuse because of their depressant or stimulant effect on the central nervous system or alteration of its normal functions.

Tennessee

No statutorily mandated drug education program in its schools.

Texas

49 Tex. Civil Stats. Ann. § 2911.2783 (1971): Prescribed studies.
. . . The effects of alcohol and narcotics shall be taught in all grades of the public schools and in all of the colleges and universities that are wholly or in part supported by state funds.
. . . All textbooks on physiology and hygiene purchased in the future for use in the public schools of this state shall include at least one chapter on the effects of alcohol and narcotics, but this shall not be construed as a requirement that duly adopted textbooks in use at the present time be discarded until full use of said books is had as in ordinary cases.

Utah

No statutorily mandated drug education program in its schools.

Vermont

16 Vt. Stats. Ann. § 51 (1972): Definitions.
"Alcohol and Drug" means for purposes of this subchapter, any substance which may alter the sensorism, including alcohol, tobacco, regulated drugs, and other substances which may result in temporary or permanent loss, or diminution, in judgment, perception or coordination.
§ 52(b): The council shall assist the department of education in planning and putting into effect a program of education in the public schools, and for adults, relating to alcohol and drug abuse.

Virginia

22 Va. Code Ann. 236 (1972): Study of evils of alcohol and narcotics.

In physiology and hygiene the textbook and course of study shall treat the evil effects of alcohol and other narcotics on the human system.

Washington

No statutorily mandated drug education program in its schools.

West Virginia

No statutorily mandated drug education program in its schools.

Wisconsin

15 Wis. Stats. Ann. 161.50 (1971): Definitions.
In this subchapter:
(1) "Critical health problems education program" means a systematic and integrated program designed to provide appropriate learning experiences based on scientific knowledge for the human organism as it functions within its environment and designed to favorably influence the health, understanding, attitudes and practices of the individual child which will enable him to adapt to changing health problems of our society.
The program shall be designed to educate youth with regard to critical health problems and shall include, but not be limited to, the following topics as the basis for comprehensive education curricula in all elementary and secondary schools: drugs, narcotics, alcohol, tobacco, mental health and related health and safety topics.

Wyoming

21 Wyo. Stats. Ann. 265 (1971): Instruction concerning alcohol and narcotics.
It shall be the duty of the proper officers, school trustees and boards of education to provide for the instruction of all pupils in each school as to the effects of alcoholic stimulants and narcotics upon the human system.

District of Columbia

No statutorily mandated drug education program in its schools.

Appendix 2

PRELIMINARY REPORT, 1972, SAN MATEO COUNTY, CALIF., SURVEILLANCE OF STUDENT DRUG USE—ALCOHOLIC BEVERAGES, AMPHETAMINES, BARBITURATES, HEROIN, LSD, MARIHUANA, TOBACCO

Trends Shown in Five Annual Surveys in Levels of Use Reported by Junior and Senior High School Students

Between the 1971 and 1972 studies, the general trends of rates of drug use appeared to be upward. There were exceptions to this, and the increases were usually less than those between the 1970 and 1971 studies.

The all-over pattern of drug use—that males have higher rates than females and that the rates of use increase with class—held true as in the previous four studies. It is interesting to note that if the 1971 rate is subtracted from that of 1972, many more positive increases and fewer negative decreases were shown in the female rate than in those of males. This could indicate that for future years the rates for females will show less difference from the rates for males than has occurred in years past. The pattern of increase and decrease of rates between junior and senior high schools was consistent.

It is now possible to distinguish different trends among the different drugs surveyed.

Alcohol usage was again up, as had been demonstrated in each of the successive studies. This was true for both males and females. It should be noted that the senior class reported forty percent of the males and twenty-five percent of the females as using alcohol fifty occasions or more. *Tobacco usage*, after an apparent decrease, has started to edge back up again. This particular observation could be an important finding of the studies.

Marijuana rates showed a moderate up-trend. Rates although higher for juniors and seniors, levelled off in the freshman and sophomore classes.

LSD appeared to be levelling off, also, particularly among boys.

Amphetamines showed a moderate up-trend. It is interesting to note that rates were lower among freshmen boys this year.

Barbiturates showed a very definite downward trend. This finding does not agree with the popular opinion that "1972 was the year for barbiturates". However, the down-trend was so pervasive throughout all classes, sexes and levels that it is difficult to dispute.

The most important figure in this study is the rate of heroin usage. *Any* use of heroin among high school students is a cause for the gravest concern. It should be pointed out that a problem is much easier to control when only a small proportion of students are involved. Although

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the two problems are entirely different in many ways, it should be recalled that the use of marijuana among middle-class high school students in San Mateo County was almost unknown ten years ago. It should also be mentioned that there were reservations about the possibility of a few "wise guy" answers distorting the 1971 survey rates for heroin use. Corroborative evidence from other sources in the schools gave evidence that the figure was *reasonably* in line. In 1972, after examining all survey forms in which heroin was indicated, it is our opinion that any deviation from the true level this year would be toward under-reporting. It should also be pointed out that a high school survey does not pick up as high a rate as the one which would include those persons of the same age who were outside the school system. This is based upon the empirical observation that dropping out of school and heroin usage appear to be associated.

Each survey has shown many write-ins regarding other drugs. These drugs may be ones actually used by the student, or ones he wishes to bring to attention. The overwhelming write-in in the 1972 survey was cocaine.

It is possible to construct *standardized rates* for the high schools using equal populations for each of the eight class-sex groups. This eliminates the possibility of rates being distorted because proportions of high or low risk class-sex groups change between years. For example a school with a large population of senior males could have a rate several points higher than one with a large proportion of freshman females, even though each individual class-sex rate was the same.

STANDARDIZED RATES OF USE, SENIOR HIGH SCHOOLS ONLY, 1968-72
(In percentages)

	Any use during past year (date of survey)				10 times—During past year (date of survey)				50+ usage (date of survey)			
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972	1970	1971	1972
Alcoholic beverages	65.4	72.5	73.9	75.8	80.8	25.4	33.8	35.6	43.6	49.1	15.6	22.4	25.1
Tobacco	55.8	54.8	52.6	54.4	55.5	35.4	35.9	34.2	36.0	36.2	27.0	28.8	28.7
Marihuana	31.9	39.5	42.0	49.7	51.0	17.5	24.4	26.3	32.9	34.5	15.9	21.2	21.8
LSD	10.5	14.7	13.9	15.4	15.6	3.8	5.9	4.8	5.0	4.7	1.6	2.1	1.7
Amphetamines	16.1	20.3	19.5	23.3	23.6	6.0	8.0	7.0	9.4	9.7	2.8	4.0	4.1
Barbiturates	(1)	(1)	15.5	17.8	14.8	(1)	(1)	5.2	6.2	4.6	2.2	2.6	2.0
Heroin	(1)	(1)	(1)	3.5	3.2	(1)	(1)	(1)	1.6	1.2	(1)	1.1	.9

1 Information not available.

[Percent of each grade reporting the use of the above substances "at least once during the past year", "10 or more times during the past year" and "50 or more times during the past year". Males and females]

	Any use during past year (year of survey)					Used 10 or more times during year (year of survey)					50+ usage (year of survey)		
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972	1970	1971	1972
Alcoholic beverages—													
Males:													
7th grade	(1)	52.3	49.0	55.1	58.5	(1)	10.9	11.7	16.4	19.8	(1)	(1)	(1)
8th grade	(1)	60.2	61.4	68.0	70.5	(1)	18.3	22.6	30.6	33.4	(1)	(1)	(1)
Freshman	61.0	66.3	66.1	74.0	75.8	21.4	26.8	26.4	36.2	39.1	11.3	17.5	17.6
Sophomore	64.5	75.2	76.8	76.5	81.7	24.7	36.8	38.9	45.0	50.0	18.0	24.4	28.3
Junior	70.7	78.9	79.2	82.4	84.0	35.6	43.5	45.9	54.7	56.5	23.4	32.3	33.0
Senior	76.5	81.7	80.6	83.6	87.5	41.6	52.6	49.9	59.3	66.0	26.9	36.9	39.8
Females:													
7th grade	(1)	38.4	42.0	43.0	48.6	(1)	8.2	6.7	10.7	13.9	(1)	(1)	(1)
8th grade	(1)	50.6	53.8	63.4	67.1	(1)	16.2	15.0	22.7	27.7	(1)	(1)	(1)
Freshman	52.0	63.2	62.6	68.3	73.7	13.4	20.9	20.9	30.8	35.5	6.5	12.8	14.5
Sophomore	60.1	67.4	73.3	74.1	79.5	15.1	25.0	31.2	38.9	44.0	12.3	17.4	19.3
Junior	67.4	71.4	76.0	78.4	80.9	24.0	30.4	35.0	41.5	49.5	12.9	19.3	23.4
Senior	71.1	75.7	76.7	79.1	83.2	27.0	34.3	36.6	42.5	52.5	13.1	18.5	25.1

[Percent of each grade reporting the use of the above substances "at least once during the past year", "10 or more times during the past year" and "50 or more times during the past year". Males and females]

	Any use during past year (year of survey)					Used 10 or more times during year (year of survey)					50+ usage (year of survey)		
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972	1970	1971	1972
Tobacco—Males:													
7th grade	(1)	43.6	38.2	41.6	42.2	(1)	17.4	12.3	15.8	16.1	(1)	(1)	(1)
8th grade	(1)	51.0	51.0	50.1	51.8	(1)	25.5	23.6	25.7	29.2	(1)	(1)	(1)
Freshman	57.1	59.2	49.9	54.4	55.5	34.0	31.2	29.4	32.5	31.7	22.8	24.6	22.9
Sophomore	54.3	50.1	51.4	51.1	54.4	34.6	33.7	33.5	33.0	34.8	27.2	26.8	27.8
Junior	56.7	55.0	50.5	54.6	53.1	39.4	38.7	34.9	38.3	35.7	28.9	31.6	29.1
Senior	56.3	58.1	52.1	53.5	54.5	41.5	42.1	36.7	37.7	37.1	30.7	31.3	31.3
Tobacco—Females:													
7th grade	(1)	39.8	34.0	36.0	37.5	(1)	14.0	11.9	14.3	16.4	(1)	(1)	(1)
8th grade	(1)	50.1	44.9	49.0	52.9	(1)	25.3	21.4	26.3	30.0	(1)	(1)	(1)
Freshman	52.0	56.1	52.1	56.2	57.7	27.3	31.3	29.5	33.7	34.5	20.2	23.6	24.7
Sophomore	55.4	55.5	57.0	56.3	58.3	34.0	32.7	36.9	37.7	39.3	28.1	30.1	30.4
Junior	57.4	54.8	54.8	55.6	55.0	35.4	37.5	35.4	38.7	37.5	27.6	31.8	31.1
Senior	55.1	57.5	52.7	53.7	55.1	36.7	39.7	37.3	36.4	39.1	30.6	30.4	31.9
Marihuana—Males:													
7th grade	(1)	10.9	9.9	17.6	17.2	(1)	4.1	2.7	5.3	5.8	(1)	(1)	(1)
8th grade	(1)	23.9	22.5	29.1	33.3	(1)	11.6	10.3	14.6	17.2	(1)	(1)	(1)
Freshman	26.8	34.9	34.1	44.4	43.9	14.3	20.2	19.6	25.1	26.8	11.5	17.2	15.9
Sophomore	32.3	41.7	45.5	49.7	51.9	18.1	25.7	29.3	33.3	36.8	19.6	23.2	25.5
Junior	36.9	45.5	48.9	57.9	58.0	22.5	30.3	34.1	42.3	41.2	23.5	30.2	28.2
Senior	44.6	50.1	50.9	59.1	60.8	25.6	33.9	34.2	43.7	45.0	22.0	32.3	31.7
Marihuana—Females:													
7th grade	(1)	10.7	7.2	12.6	13.2	(1)	1.7	1.4	4.1	4.6	(1)	(1)	(1)
8th grade	(1)	21.8	16.6	25.8	29.2	(1)	7.4	6.9	12.4	14.1	(1)	(1)	(1)
Freshman	22.9	31.8	31.9	40.5	39.0	10.6	18.0	16.2	23.3	23.0	7.2	11.6	12.5
Sophomore	28.1	35.5	42.1	48.1	49.3	14.9	21.2	26.6	31.1	32.2	14.1	17.0	19.1
Junior	31.7	38.3	42.6	49.6	52.4	16.7	23.2	26.2	32.6	35.7	14.4	19.3	20.7
Senior	31.9	38.0	40.3	48.3	53.0	17.4	22.3	24.1	30.6	35.5	15.0	18.5	20.4

LSD—Males:													
7th grade	(1)	2.8	1.3	2.7	2.7	(1)	0.2	0.2	0.9	0.8	(1)	(1)	(1)
8th grade	(1)	8.7	4.9	6.2	7.1	(1)	2.4	.9	2.0	2.0	(1)	(1)	(1)
Freshman	8.1	11.0	10.9	12.5	12.2	2.6	4.5	4.3	4.4	3.7	2.0	2.0	1.3
Sophomore	11.1	16.9	16.4	16.1	17.6	4.2	7.2	6.1	5.9	6.0	2.0	2.7	2.3
Junior	14.6	19.2	18.5	21.2	18.0	5.7	8.5	7.3	8.6	6.0	2.6	3.9	2.2
Senior	16.6	23.0	17.4	21.1	21.2	6.6	10.5	6.9	7.3	7.2	2.6	3.4	2.8
LSD—Females:													
7th grade	(1)	2.1	.9	2.3	2.5	(1)	.4	.1	.3	.5	(1)	(1)	(1)
8th grade	(1)	6.0	4.0	6.3	6.4	(1)	1.3	.8	1.3	1.6	(1)	(1)	(1)
Freshman	6.9	11.2	9.2	11.7	12.0	1.9	3.5	2.2	3.0	3.0	.7	1.0	1.1
Sophomore	8.3	12.8	15.0	13.6	14.5	2.5	4.4	4.8	4.1	4.3	1.4	1.4	1.4
Junior	9.2	13.0	12.4	15.0	15.4	3.6	4.6	3.3	3.8	4.0	.8	1.4	1.3
Senior	9.4	10.8	11.7	12.1	13.7	3.3	3.7	3.2	3.0	3.5	.7	1.0	1.2
Amphetamines—Males:													
7th grade	(1)	5.1	3.7	5.3	5.2	(1)	1.7	.6	1.3	1.4	(1)	(1)	(1)
8th grade	(1)	11.8	9.5	10.9	12.0	(1)	3.4	2.8	3.5	3.4	(1)	(1)	(1)
Freshman	12.0	14.9	13.8	17.9	16.9	4.0	5.0	4.2	6.3	5.3	1.9	2.9	2.3
Sophomore	15.8	19.1	18.5	19.5	22.8	5.6	7.2	6.0	7.0	8.5	2.6	3.0	3.6
Junior	17.9	22.1	20.7	24.6	21.8	7.0	9.5	8.2	10.7	9.2	3.9	4.9	3.6
Senior	20.5	25.7	18.8	27.0	25.8	8.5	11.5	7.2	10.9	10.9	3.3	5.6	5.4
Amphetamines—Females:													
7th grade	(1)	5.9	2.8	5.9	6.1	(1)	1.1	.4	1.3	1.4	(1)	(1)	(1)
8th grade	(1)	10.4	8.2	13.2	14.6	(1)	1.5	2.1	3.0	4.7	(1)	(1)	(1)
Freshman	12.9	19.5	17.3	22.5	21.7	3.7	6.3	5.4	7.6	8.5	1.6	2.5	3.1
Sophomore	16.1	20.1	24.4	26.8	27.4	6.1	8.3	9.4	11.0	11.1	3.6	4.0	4.5
Junior	17.1	21.5	22.3	25.5	28.1	6.4	8.1	8.3	11.2	12.5	2.9	4.6	5.3
Senior	16.1	19.8	19.9	22.8	24.4	6.7	8.2	7.5	10.4	11.4	2.4	4.3	4.9
Barbiturates—Males:													
7th grade	(1)	(1)	3.4	5.9	5.1	(1)	(1)	.5	1.2	1.2	(1)	(1)	(1)
8th grade	(1)	(1)	9.6	11.0	10.7	(1)	(1)	2.3	3.7	3.0	(1)	(1)	(1)
Freshman	(1)	(1)	12.5	16.8	11.9	(1)	(1)	3.9	5.4	3.2	1.8	2.6	1.4
Sophomore	(1)	(1)	16.6	16.8	16.0	(1)	(1)	4.8	5.7	5.5	2.3	2.2	2.8
Junior	(1)	(1)	17.3	19.8	14.7	(1)	(1)	6.5	7.7	5.1	3.6	3.8	2.2
Senior	(1)	(1)	14.3	18.6	15.4	(1)	(1)	5.1	7.3	5.8	2.4	3.7	2.8

[Percent of each grade reporting the use of the above substances "at least once during the past year", "10 or more times during the past year" and "50 or more times during the past year". Males and females]—Continued

	Any use during past year (year of survey)					Used 10 or more times during year (year of survey)					50+ usage (year of survey)		
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972	1970	1971	1972
Barbiturates—Females:													
7th grade	(1)	(1)	3.1	5.4	4.8	(1)	(1)	0.4	1.0	0.8	(1)	(1)	(1)
8th grade	(1)	(1)	7.7	12.3	11.1	(1)	(1)	2.1	3.6	3.7	(1)	(1)	(1)
Freshman	(1)	(1)	14.5	18.0	13.7	(1)	(1)	4.6	5.3	2.5	1.5	1.5	1.3
Sophomore	(1)	(1)	20.3	19.2	17.2	(1)	(1)	7.7	6.2	5.3	3.0	2.3	1.9
Junior	(1)	(1)	15.0	17.9	15.6	(1)	(1)	4.5	6.8	4.5	1.7	2.7	2.0
Senior	(1)	(1)	13.7	15.0	14.1	(1)	(1)	4.4	5.3	4.0	1.3	2.2	1.4
Heroin—Males:													
Freshman	(1)	(1)	(1)	3.7	2.7	(1)	(1)	(1)	1.8	1.1	(1)	1.4	.7
Sophomore	(1)	(1)	(1)	3.9	4.0	(1)	(1)	(1)	1.8	1.7	(1)	1.4	1.2
Junior	(1)	(1)	(1)	4.9	3.8	(1)	(1)	(1)	2.4	1.7	(1)	1.8	1.2
Senior	(1)	(1)	(1)	5.9	4.6	(1)	(1)	(1)	3.0	1.6	(1)	2.0	1.2
Heroin—Females:													
Freshman	(1)	(1)	(1)	1.9	2.3	(1)	(1)	(1)	.6	.9	(1)	.5	.7
Sophomore	(1)	(1)	(1)	2.0	2.6	(1)	(1)	(1)	.8	.8	(1)	.5	.6
Junior	(1)	(1)	(1)	3.3	2.9	(1)	(1)	(1)	1.1	1.1	(1)	.7	.7
Senior	(1)	(1)	(1)	2.6	2.7	(1)	(1)	(1)	1.1	1.0	(1)	.6	.6

[1] Information not available.

Number of responses	1968		1969		1970		1971		1972	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
7th grade	(1)	(1)	530	523	2,268	2,356	2,619	2,777	2,765	2,871
8th grade	(1)	(1)	553	597	2,215	2,166	2,638	2,762	2,698	2,855
Freshman	2,349	2,526	3,129	3,156	3,161	3,378	3,084	3,220	2,629	2,787
Sophomore	2,332	2,473	2,826	2,920	3,183	3,053	2,804	2,821	2,453	2,329
Junior	2,064	2,205	2,579	2,850	3,019	3,004	3,037	2,982	2,296	2,264
Senior	1,799	1,892	2,034	2,287	2,352	2,632	2,467	2,363	2,043	1,901

[1] Information not available.

The small form reproduced here has, over five years, produced a staggering abundance of analyzable data. This was planned in 1968 when the original rules were set up for the San Mateo survey of student drug use. The sole objective of the survey was to find out the level of use of several substances by students. This was to be done with the utmost respect for the student, the schools, and the districts. There was no need to ask any question which did not directly fulfill the objective. There should be no moral or emotional overtone. It was particularly important to use as little as possible of the student's time for administration. Confidentiality was of utmost concern. During five annual repetitions of the survey with approximately 150,000 completed responses, not a single individual has been identifiable.

When the 1968 survey was planned, the possibility of producing data comparable over several years was built into the design. This has made it possible to develop the only large-scale series of historical data on the spread of use of specific drugs through a student population which is available nationally.

Surveys through 1970 were tabulated manually by PTA volunteers and Research and Statistics staff. A PHS grant—NIMH RO1 20058–01 made it possible to add computer analysis to the 1971 survey. Evidence of strong positive correlations between use levels for *all* pairs of substances have been shown. As a student's use of any drug increases, his probability of using another drug more frequently also increases. Pearson product moment correlations produce positive values of .17 to .90. Considering the large numbers of observations available for each class-sex correlation calculated, a value of .08 either positive or negative could be considered significant at the 1% level.

THIS REPORT WAS MADE BY: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ MALE ☐ FEMALE

I have used (during the past 12 months)—	Never	Once or twice	3 to 9	10 to 49	50 or more
Tobacco					
LSD					
Marihuana					
Alcoholic beverages					
Heroin					
Amphetamines (meth, speed, bennies, pep pills, etc.)					
Barbiturates (downers, reds, blues, yellow jackets)					
Anything else you would like to name or say?					

At this point absolutely no data is available which could allow a statement to be made that the use of any drug tends to precede the use of any other drug.

The statement that persons who use LSD tend to avoid the use of alcohol is examined in the following table. An arbitrary differentiation of "significant use" is based upon many comments written on the survey forms over the past five years. "You have to try it once to get them off your back." For alcohol, "no use" or "up to nine times" would appear to take in a limited amount of occasion drinking such as New Year's, weddings, and other celebrations, often indicated as parentally condoned. For LSD, "no use" or "once or twice" would cover the single experiment, or LSD administered without the knowledge of the recipient.

1971 SAN MATEO SURVEILLANCE OF STUDENT DRUG USE—2 LEVELS OF ALCOHOL USE ASSOCIATED WITH 2 LEVELS OF LSD USE

Level of alcohol use over past 12 months as reported by student in 1971 surveillance	Boys				Girls			
	Total number of responses	Not more than twice (number)	3 times or more		Total number of responses	Not more than twice (number)	3 times or more	
			Number	Percent			Number	Percent
7th grade, total	2,619	2,581	38	1.4	2,777	2,758	19	0.7
Not more than 9 times	2,190	2,182	8	.4	2,481	2,477	4	.2
10 or more times	429	399	30	7.0	296	281	15	5.1
8th grade, total	2,637	2,549	88	3.3	2,787	2,711	76	2.7
Not more than 9 times	1,831	1,813	18	1.0	2,156	2,134	22	1.0
10 or more times	806	736	70	8.7	631	577	54	8.6
Freshman, total	3,077	2,830	247	8.0	3,220	3,013	207	6.4
Not more than 9 times	1,962	1,911	51	2.6	2,230	2,185	45	2.0
10 or more times	1,115	919	196	17.6	990	828	162	16.4
Sophomore, total	2,804	2,501	303	10.8	2,821	2,601	220	7.8
Not more than 9 times	1,541	1,494	47	3.0	1,718	1,675	43	2.5
10 or more times	1,263	1,007	256	20.3	1,103	926	177	16.0
Junior, total	3,037	2,584	453	14.9	2,971	2,714	257	8.7
Not more than 9 times	1,377	1,316	61	4.4	1,747	1,705	42	2.4
10 or more times	1,660	1,268	392	23.6	1,224	1,009	215	17.6
Senior, total	2,491	2,154	337	13.5	2,363	2,204	159	6.7
Not more than 9 times	1,023	975	48	4.7	1,358	1,325	33	2.4
10 or more times	1,468	1,179	289	19.7	1,005	879	126	12.5

The 1972 survey was funded in part by PHS Grant 2 RO1 MH 20058–02. Additional copies of this release are available as long as the supply lasts. They may be obtained by sending a stamped self-addressed envelope to Mrs. Lillian Blackford, Health and Welfare Statistician, San Mateo County Department of Health and Welfare, 225—37th Avenue, San Mateo, California 94403. Requests for permission to reprint all or part of the material should be sent to the same address.

Appendix 3

COLUMBIA UNIVERSITY NATIONAL DRUG SURVEY

Percentage of Students Who Have Used Drugs

	Marihuana	Barbiturates	Amphet-amines	LSD	Psyche-delics other than LSD	Methedrine	Inhalants	Cocaine	Heroin
EAST COAST									
1. Almost all white suburban high school, grades 9 to 12; major occupation of fathers: professional-managerial (A)	45.7	17.2	15.9	13.9	16.1	10.2	11.7	8.2	6.0
2. Almost all white suburban high school, grades 9 to 12; major occupation of fathers: operatives-service workers and professional-managerial (D)	36.2	19.3	18.0	9.5	11.6	8.3	8.5	5.0	2.7
3. Almost all white small city high school, grades 10 to 12; major occupation of fathers: operatives-service workers (G)	28.2	14.3	11.7	7.7	7.9	8.6	11.6	6.7	4.8
4. Predominantly white large city high school, grades 9 to 12; major occupation of fathers: operatives-service workers and professional-managerial (I)	44.0	22.2	20.5	10.4	10.1	11.0	11.0	8.7	5.5
5. Predominantly white large city high school, grades 9 to 12; major occupation of fathers: operatives-service workers and professional-managerial (J)	39.3	20.9	17.5	9.1	11.3	8.7	11.9	8.4	6.7
6. Ethnically mixed large city high school, grades 9 to 12; major occupation of fathers: operatives-service workers (Q)	36.4	16.0	12.6	8.7	8.0	8.5	10.2	10.4	8.6
(a) Feeder to school (A); almost all white suburban junior high school, grades 7 to 8 (T)	12.9	3.4	2.8	3.2	2.8	0.4	7.1	1.5	1.5
(b) Feeder to school (D); almost all white suburban junior high school, grades 7 to 8 (U)	8.4	4.7	4.4	3.6	4.1	2.7	8.4	4.2	2.7
(c) Feeder to school (G); almost all white small city junior high school, grades 7 to 9 (Y)	15.2	10.9	10.0	5.5	6.0	5.4	16.3	7.4	5.6
SOUTHEASTERN									
1. Predominantly white large city high school, grades 8 to 12; major occupation of fathers: operatives-service workers (L)	22.7	13.0	11.3	9.2	8.1	9.0	9.6	7.1	5.1
2. Predominantly white large city high school, grades 8 to 12; major occupation of fathers: professional-managerial and operatives-service workers (M)	29.7	13.1	12.3	9.7	10.9	10.1	7.1	8.1	5.0
3. Almost all black large city high school, grades 8 to 12; major occupation of fathers: operatives-service workers (O)	22.7	11.2	11.0	9.1	9.4	8.6	11.7	11.4	8.7

Percentage of Students Who Have Used Drugs—Continued

	Marihuana	Barbiturates	Amphetamines	LSD	Psychedelics other than LSD	Methedrine	Inhalants	Cocaine	Heroin
MIDWESTERN									
1. Almost all white suburban high school, grades 9 to 12; major occupation of fathers: professional-managerial (C)	37.1	13.8	11.8	9.5	12.1	10.5	9.2	9.9	3.6
2. Almost all white suburban high school, grades 9 to 12; major occupation of fathers: operatives-service workers and professional-managerial (F)	34.1	18.2	15.7	10.3	16.2	14.4	12.6	8.2	4.7
3. Almost all white small city high school, grades 9 to 12; major occupation of fathers: operatives-service workers (H)	26.5	14.2	13.9	8.5	11.2	11.5	8.3	5.8	4.9
4. Predominantly white large city high school, grades 9 to 12; major occupation of fathers: professional-managerial and operatives-service workers (N)	49.1	24.5	20.4	17.5	17.7	18.6	12.8	9.5	5.9
5. Almost all black large city high school, grades 9 to 12; major occupation of fathers: operatives-service workers (P)	36.9	13.6	12.1	9.1	8.9	7.8	7.0	10.2	6.5
WEST COAST									
1. Almost all white suburban high school, grades 9 to 12; major occupation of fathers: professional-managerial (B)	46.9	19.7	21.4	17.7	19.3	15.1	10.0	10.4	4.9
2. Almost all white suburban high school, grades 10 to 12; major occupation of fathers: operatives-service workers and professional-managerial (E)	52.2	31.0	32.8	15.2	20.2	12.2	12.4	8.9	5.6
3. Predominantly white large city high school, grades 10 to 12; major occupation of fathers: professional-managerial and operatives-service workers (K)	44.9	23.9	23.9	15.6	16.5	15.3	9.3	6.6	5.4
4. Ethnically mixed large city high school, grades 10 to 12; major occupation of fathers: operatives-service workers and professional-managerial (R)	55.9	30.2	30.1	21.1	23.4	17.6	14.5	8.0	4.6
5. Ethnically mixed satellite city high school, grades 10 to 12; major occupation of fathers: professional-managerial and operatives-service workers (S)	58.3	23.0	19.5	20.7	19.6	13.0	8.1	13.8	8.2
(a) Feeder to school (E); almost all white suburban junior high school, grades 8 to 9 (V)	35.9	25.2	22.1	10.4	13.8	7.9	11.6	9.7	3.9
(b) Feeder to school (R); predominantly white large city junior high school, grades 7 to 9 (W)	35.4	20.5	16.2	8.3	11.1	10.0	14.6	6.2	3.3
(c) Feeder to school (R); ethnically mixed large city junior high school, grades 7 to 9 (X)	30.7	19.6	17.4	14.3	12.9	9.8	27.1	10.5	10.2

Appendix 4.—Special Analysis R

FEDERAL PROGRAMS FOR THE CONTROL OF DRUG ABUSE

(Office of Management and Budget, January 1973)

SPECIAL ANALYSIS R

FEDERAL PROGRAMS FOR THE CONTROL OF DRUG ABUSE

Overview.—Spending for Federal drug abuse prevention and drug law enforcement programs has increased from $150 million to $719 million since 1971, a fivefold increase in 3 years.

Table R–1. Estimated spending for drug abuse prevention and drug law enforcement programs (in millions of dollars)

Fiscal year:	Outlays
1971	150.2
1972	413.2
1973	654.8
1974	719.0

Federal *drug law enforcement programs* are designed to reduce the *supply* of illicit narcotics and dangerous drugs available in the United States. Federal obligations for such programs will rise in 1974 to $257 million from $36 million in 1969, a sevenfold increase. These programs include such activities as international law enforcement cooperation and cooperative Federal-State-local law enforcement efforts to identify and arrest street-level pushers.

Drug law enforcement program activities are closely linked to drug abuse prevention. Law enforcement efforts that reduce the supply of drugs also serve to lower drug potency and drive up the price of drugs, thus reducing experimental usage. Together, higher prices combined with lower potency and scarcity can motivate abusers to seek treatment.

Federal *drug abuse prevention programs* are designed to reduce the *demand* for illicit narcotics and dangerous drugs. Activities funded include: treatment programs for addicts; drug abuse education; research; and training. Total estimated Federal obligations for drug abuse prevention programs will rise in 1974 to $528 million from $46 million in 1969. These activities account for 67% of the total Federal funds for drug abuse programs in 1974.

Highlights of the drug law enforcement effort include:

Substantial increases in funding and manpower for both the Bureau of Narcotics and Dangerous Drugs and the Bureau of Customs. These funds support concentrated attacks on smuggling and increased domestic and international investigation of major

drug traffickers. In 1972, the Department of Justice and Treasury removed from the U.S. market or seized overseas:

5,613 pounds of heroin,
887 pounds of cocaine,
451,800 pounds of marihuana, and
220 million dosage units of dangerous drugs.

Initiation of a coordinated attack on drug trafficking in over 40 target cities by teams of narcotics agents from Federal, State, and local law enforcement agencies. The Office of Drug Abuse Law Enforcement was responsible for 4,245 arrests since the spring of 1972.

An intensified investigation of the income tax returns of middle and upper level narcotics traffickers aimed at reducing the amount of working capital available for illegal drug operations by assessing and collecting taxes and penalties on unreported income.

Development of a national narcotics intelligence system to assure proper analysis and distribution of trafficking intelligence information.

Activation in 1972 of the ban on cultivation of the opium poppy in Turkey and formulation of narcotics control action plans in 59 foreign countries to secure international cooperation in the global war on heroin.

Preparation and release in 1972 of The World Opium Survey, presenting a comprehensive picture of the location and quantity of opium poppy cultivation.

Establishment of special narcotics courts in New York City with Federal assistance to assure rapid prosecution of narcotics offenders.

Development of the Treatment Alternatives to Street Crime programs (TASC3, linking the criminal justice system to the treatment system. Under this program, drug abusers who are arrested can be placed in treatment to reduce street crime and improve social adjustment.

Highlights of the drug abuse prevention effort include:

An expansion of federally funded treatment facilities, providing the capacity to treat over 100,000 addicts annually. Funds will be available to expand the capacity for addict treatment to over 250,000 addicts by mid-1974, if necessary. More federally funded treatment facilities were created in 1972 than in the previous 50 years.

A nationwide review of all methadone maintenance programs. As a result of that review, new methadone regulations were issued on December 15, 1972, designed to assure high quality treatment for addicts and to prevent illicit diversion of this synthetic narcotic substance.

A worldwide treatment and rehabilitation program for military servicemen, including a large scale screening and early intervention program to identify and treat drug abusers before they become dependent. From June 17, 1971 to September 30, 1972, 250 drug treatment and rehabilitation facilities were activated. During this period, an average of 8,500 servicemen were receiving treatment.

A newly developed Veterans Administration treatment system that offered care to more than 20,000 veterans in 1972.

Drug Law Enforcement Programs

Total estimated obligations for drug law enforcement will rise in 1974 to $257 million from $228 million in 1973 and $164 million in 1972. Drug law enforcement programs account for 33% of the total funds available in 1974 for drug abuse. Detailed obligations by both program category and agency are shown in a table at the end of this analysis.

TABLE R-2.—DRUG LAW ENFORCEMENT OBLIGATIONS

[In millions of dollars]

Agency	1972	1973	1974
Justice:			
LEAA	19.6	36.3	44.1
BNDD	63.3	70.5	74.1
Other Justice		2.2	6.7
State	1.0	1.5	1.5
Agency for International Development	20.7	42.7	42.7
Treasury:			
IRS	10.1	18.9	19.7
Customs	46.9	54.3	66.2
Agriculture	2.1	1.8	1.8
Transportation	.1	.1	.1
Total	163.8	228.3	256.9

This increase reflects an intensified effort to deny narcotics to abusers and addicts by halting production and trafficking from abroad, interdicting narcotics smuggling at national borders, and preventing the sale of drugs on city streets.

The *Office for Drug Abuse Law Enforcement* (DALE) in the Department of Justice conducts operations against street pushers with criminal investigators from BNDD and Customs and with special U.S. Attorneys. These groups serve on task forces with State and local enforcement personnel in over 40 target cities. Special grand juries expedite consideration of cases. In its first 8 months of operation, DALE arrested 4,245 alleged heroin pushers and convicted 470.

The *Office of National Narcotics Intelligence* (ONNI) in the Department of Justice was created to bring together all information regarding production, smugglers, trafficking, and sale of drugs. ONNI brings together intelligence information, coordinates and analyzes the information, and disseminates combined reports to Federal and State and local enforcement agencies for their use.

The *Bureau of Narcotics and Dangerous Drugs* (BNDD) in the Justice Department increased its agents and compliance officers in the United States and overseas from 808 in 1969 to 1,652 in 1973. Its principal activities include the investigation of major drug traffickers; enforcement of Federal antidrug laws; the conduct of research and specialized drug training programs for foreign law enforcement agents; and the provision of technical assistance to Federal, State, and local personnel. BNDD supported foreign governments in seizing 4,342 pounds of hard drugs and 115,000 pounds of marihuana from illicit foreign markets in 1972 compared to 3,173 pounds of hard drugs and 40,000 pounds of marihuana in 1971.

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The *Law Enforcement Assistance Administration* (LEAA) in the Department of Justice provides financial support for State and local drug law enforcement efforts.

The *Bureau of Customs* in the Department of the Treasury is responsible for the interdiction of illicit drugs at U.S. borders. Over the past 4 years, Customs has increased its personnel in order to expand its efforts to monitor traffic at points of entry, police borders, and conduct research into drug detection techniques. The Bureau seized 1,077 pounds of hard narcotics and 218,500 pounds of marihuana in 1972.

The *Internal Revenue Service* (IRS), also within the Treasury Department, attacks mid-level and top-ranking traffickers through intensive investigations of incomes and tax returns. An estimated $10.1 million has been spent on IRS activities in 1972. In 17 months, IRS has assessed $82.5 million in taxes, collected $15.8 million in currency and property, and obtained 44 indictments and 20 convictions.

The *Department of State* is responsible for mobilizing the efforts of foreign governments against the overseas production and distribution of narcotics and dangerous drugs, and for coordinating the narcotics programs of all Federal agencies abroad. The *Agency for International Development* (AID) in the Department of State assists other countries in stopping the illicit production, processing, and traffic in narcotics. AID provides equipment, training in narcotics control techniques, and assistance for development of alternative crops or other income-producing activities.

The *Department of Agriculture* supports research projects to develop means of eradicating the opium poppy and develop suitable substitute crops.

The Department of Transportation enforces narcotics laws through the *Federal Aviation Administration* (FAA) and the *Coast Guard*. FAA supports Federal, State, and local authorities in their efforts to combat use of commercial planes in smuggling, and the Coast Guard polices coastal waterways and ports.

Drug Abuse Prevention Programs

Drug abuse prevention programs support: the treatment of addicts; activities designed to prevent drug addiction; the education and training of individuals; and research into all medical aspects of drug abuse treatment and rehabilitation.

Total estimated Federal obligations for drug abuse prevention will rise in 1974 to $528 million. Prevention programs may be subdivided into:

Directed programs specifically earmarked for drug abuse purposes and generally funded directly by a Federal agency.

Bloc grant and financing programs over which the Federal Government exercises minimal direct control, e.g., public assistance and Federal bloc grant programs.

The following table summarizes aggregate Federal obligations for drug abuse prevention programs for selected years from 1969.

TABLE R-3.—OBLIGATIONS FOR DRUG ABUSE PREVENTION PROGRAMS

[In millions of dollars]

	1969	1970	1972	1974
Directed drug abuse prevention programs	42.8	58.8	239.3	419.1
Other drug abuse prevention funds	3.1	17.6	129.2	108.7
Total, drug abuse prevention	45.9	76.4	368.5	527.8

Directed programs.—Obligations for directed drug abuse prevention programs will be $419 million in 1974.

Federal obligations for *treatment and rehabilitation* activities are estimated to have increased elevenfold between 1969 and 1974. Obligations for these activities will amount to $274 million in 1974.

Federally funded treatment programs have increased from 16 in January 1969 to more than 400 in November 1972. Not all of these programs have reached full capacity, but there has been a substantial increase in the number of patients in treatment programs rising from 5,100 in January 1969 to more than 20,000 in October 1971, and to an estimated 57,000 in November 1972. These programs are capable of offering treatment to more than 100,000 addicts each year. This is in addition to treatment capacity funded by State, local, and private sources capable of treating more than 100,000 addicts per year. Treatment is offered through a variety of modalities including methadone maintenance, detoxification, half-way houses, and residential and hospital inpatient care.

Preliminary surveys of heroin addicts in treatment indicate that following a doubling of the heroin addict population from 1965 through 1969, the growth of heroin addiction has slowed in the past 2 years.

The following table shows the increase in the number of clients in treatment in methadone maintenance and other modalities over the past 14 months and an estimate for the period through July 1974. An estimated 4,000 to 6,000 clients are treated in programs supported by other Federal funds and are not included in the table.

Drug abuse *education and information* obligations have increased by $20 million between 1969 and 1974. Education activities include workshops, seminars, adult education and community awareness training. Information activities include preparation and dissemination of pamphlets, bulletins, reprints, films, and data on federally funded drug abuse programs.

The National Clearinghouse for Drug Abuse Information in HEW serves as the principal national reference service for accurate and current information on drug abuse for the general public and government agencies.

Training obligations increased more than sixfold between 1970 and 1974. In 1974 these obligations will be $23 million. Specific training efforts include upgrading the awareness, skills, and technical knowledge of existing medical staffs; training drug abuse clinicians and laboratory technicians; and training ex-addict counsellors.

A National Drug Abuse Training Center has been established to help provide additional manpower for expanded Federal drug abuse

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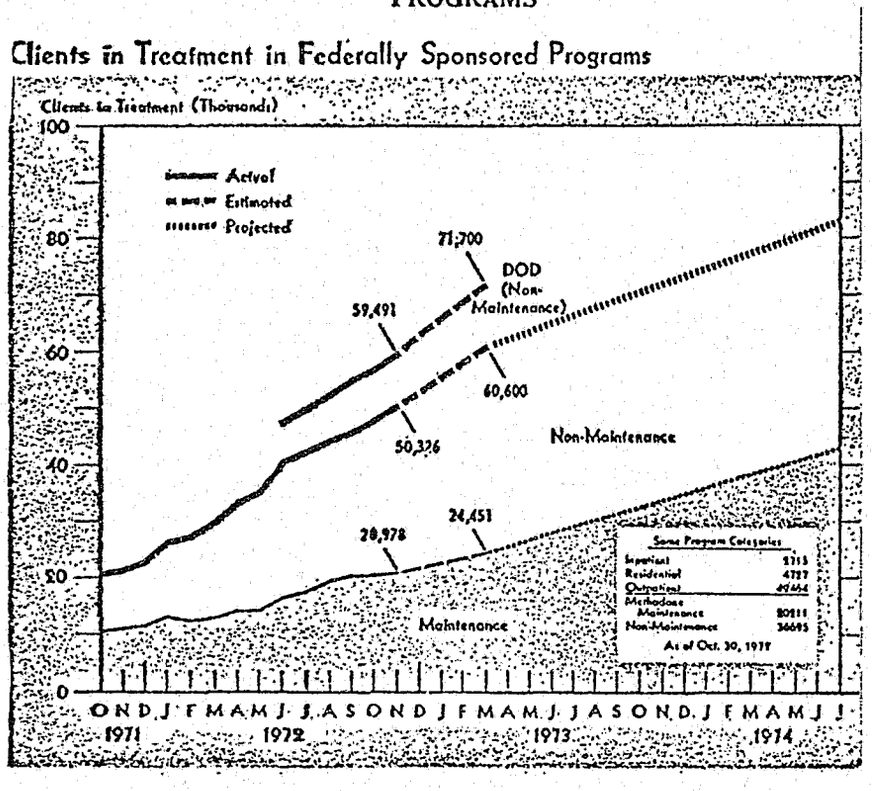
Table R-4. CLIENTS IN TREATMENT IN FEDERALLY SPONSORED PROGRAMS



prevention programs. The Center is operated on a contractual basis and has a capacity to train 2,500 professionals, paraprofessionals, and planners annually.

Research obligations increased by $49 million between 1969 and 1974 for a total of $64 million.

In 1974, *evaluation* activities account for 2% of the directed drug abuse prevention budget. For 1974, obligations for these activities will total $8 million. Evaluation efforts are designed to provide information and analyses that will permit improved management and increased effectiveness of programs in the drug abuse prevention area.

In 1974, funding for *planning, coordination, and support* is estimated at $29 million. In both 1973 and 1974, $15 million will be provided to States for comprehensive State planning and program implementation for drug abuse prevention activities. About two-thirds of these funds may be used to support treatment and other prevention activities at the discretion of the States.

Programs by agency.—Aggregate obligations by agency for drug abuse prevention programs for selected years since 1969 are shown in the following table. Detailed obligations by both program category and agency are shown in a table at the end of this analysis.

TABLE R-5.—DIRECTED DRUG ABUSE PREVENTION OBLIGATIONS BY AGENCY

[In millions of dollars]

Agency	1969	1970	1972	1974
Special Action Office			1.5	67.2
Health, Education, and Welfare:				
National Institute of Mental Health	39.4	45.4	134.7	242.9
Office of Education	.2	3.4	13.0	3.0
Social and Rehabilitation Service		.2	2.5	2.0
Veterans Administration	.6	4.8	17.0	25.5
Defense	.1	.1	58.7	70.1
Justice:				
Bureau of Prisons	.5	1.1	1.9	4.5
Bureau of Narcotics and Dangerous Drugs	1.5	2.0	2.7	2.6
Law Enforcement Assistance Administration	.5	1.8	7.3	1.3
Total	42.8	58.8	239.3	419.1

The Department of Health, Education, and Welfare, through the *National Institute of Mental Health* (NIMH), supports 140 of the total 402 treatment programs. NIMH also provides direct support and contracts for the treatment of addicts under the Narcotics Addict Rehabilitation Act (NARA).

A significant activity in 1973 and 1974 will be the assessment of ongoing treatment and prevention programs and the transfer to NIMH from other agencies of those programs considered necessary and effective. Emphasis will continue on expanding the service contract mechanism which purchases additional treatment capacity from competent vendors. Under this mechanism, payments are tied directly to services actually delivered. Emphasis will be placed on executing these contracts through the States, so that the State can distribute services according to need.

NIMH training programs include support of individuals, regional drug abuse training centers, and grants to "train and trainers." In research, NIMH supports clinical research, the development of long-acting opiate substitutes, investigations into specific medical aspects of heroin addiction, the development of new chemical and biochemical approaches to treatment of opiate and nonopiate abuses, and studies of the psychosocial aspects of drug abuse in high risk groups.

The *Office of Education* (OE) in HEW provides assistance to schools, colleges, and community oriented education and prevention programs. In addition, OE provides funds to the State education agencies for the drug abuse training of school personnel. In 1974, it will obligate $3 million for education and training programs.

The *Veterans Administration* (VA) treats drug dependent veterans through its hospital system and through 44 drug treatment centers. VA will obligate $24 million in both 1973 and 1974 for treatment and rehabilitation.

The *Bureau of Prisons* (BOP), in the Department of Justice, provides treatment services within its institutions, and aftercare through the NARA program. Currently, BOP operates 11 treatment programs. Obligations in 1973 and 1974 are $3 million and $4 million, respectively.

The *Law Enforcement Assistance Administration* (LEAA) also in the Department of Justice provides support for varied treatment and education services through grants to communities and is currently funding 25 treatment and 14 education programs through its dis-

cretionary funds. In 1974, those LEAA treatment projects which are determined to be necessary and effective will be transferred to NIMH.

Though Treatment Alternatives to Street Crime (TASC), three projects currently in operation can serve 2,000 heroin addicts annually, and in 1974 up to 19 cities may be participating in TASC.

The *Department of Defense* (DOD) provides treatment to drug abusers who are identified through a urine screening process and voluntary participation. Over 60,000 servicemen have sought voluntary exemption under a policy which precludes punitive action for personal use or possession of drugs. DOD is currently operating more than 50 treatment centers in the United States.

The Special Action Office for Drug Abuse Prevention (SAO) is the coordinating mechanism for all Federal efforts to combat the demand aspects of drug abuse. SAO makes available funds to Federal agencies to develop innovative programs and approaches.

In addition, the Special Action Office has funds available for specialized research. These funds will be available to implement and evaluate studies of new pharmacological agents in the treatment and prevention of heroin addiction. Approaches will be explored that minimize the need to use synthetic narcotics and reduce the possibility of diversion of such drugs into illicit channels. Most of these research funds in each year will be spent through delegate agencies and may be used to support treatment programs which are involved in testing newly developed sustances. In 1974, SAO will sponsor in-depth evaluations of programs initiated in 1972 and 1973.

Other prevention programs.—In addition to the directed Federal drug programs, Federal funds are available for drug abuse activities through *financing and bloc grant programs*. Generally, the amounts and exact uses of the funds for drug abuse under these programs are left to the discretion of State and local governments. These funds are estimated at $109 million in 1974.

TABLE R-6.—DIRECTED DRUG ABUSE PREVENTION PROGRAMS—ESTIMATED OBLIGATIONS SUMMARY

[In millions of dollars]

Agency	1969	1970	1972	1974
Treatment and rehabilitation:				
Special Action Office				40.0
Health, Education, and Welfare:				
National Institute of Mental Health	24.1	24.3	79.3	159.4
Social and Rehabilitation Service			.8	.6
Veterans Administration	.6	4.8	16.0	23.8
Defense			40.2	46.0
Justice:				
Bureau of Prisons	.5	1.1	1.7	4.2
Law Enforcement Assistance Administration	.4	1.3	4.6	
Subtotal	25.6	31.5	142.6	274.0
Education and Information:				
Health, Education, and Welfare:				
National Institute of Mental Health	1.2	4.2	6.5	9.3
Office of Education	.2		9.5	
Social and Rehabilitation Service			.1	
Defense	.1	.1	10.7	11.1
Justice:				
Law Enforcement Assistance Administration		.4	.8	
Bureau of Narcotics and Dangerous Drugs	.5	1.3	1.2	1.1
Subtotal	2.0	6.0	28.8	21.5

TABLE R-6.—DIRECTED DRUG ABUSE PREVENTION PROGRAMS—ESTIMATED OBLIGATIONS SUMMARY—Continued

[In millions of dollars]

Agency	1969	1970	1972	1974
Training:				
Health, Education, and Welfare:				
National Institute of Mental Health		0.4	11.3	15.4
Office of Education		3.4	2.1	3.0
Social and Rehabilitation Service			.4	
Veterans' Administration			.2	.4
Defense			1.6	3.4
Justice: Law Enforcement Assistance Administration			.9	1.0
Subtotal		3.8	16.5	23.2
Research:				
Special Action Office				19.5
Health, Education, and Welfare:				
National Institute of Mental Health	14.1	16.5	30.6	34.6
Social and Rehabilitation Service		.2	1.1	1.3
Veterans' Administration			.7	1.0
Defense			3.5	5.7
Justice:				
Law Enforcement Assistance Administration	.1	.1	.5	.2
Bureau of Narcotics and Dangerous Drugs	1.0	.7	1.5	1.5
Subtotal	15.2	17.5	37.9	63.8
Evaluation:				
Special Action Office			.2	1.0
Health, Education, and Welfare: National Institute of Mental Health			3.3	4.4
Defense			.7	2.0
Justice:				
Bureau of Prisons			.1	.1
Law Enforcement Assistance Administration			.5	.1
Subtotal			4.8	7.6
Planning, direction, and support:				
Special Action Office			1.3	6.7
Health, Education, and Welfare:				
National Institute of Mental Health			3.7	19.8
Office of Education			1.4	
Social and Rehabilitation Service			.1	.1
Veterans' Administration			.1	.3
Defense			2.0	1.9
Justice: Bureau of Prisons			.1	.2
Subtotal			8.7	29.0
Total	42.8	58.8	239.3	419.1

TABLE R-7.—DRUG LAW ENFORCEMENT FUNDING

[In millions of dollars]

Agency	Law enforcement	Education/information	Training	Research	Evaluation	Plan/coordination/support	Total
1972 OBLIGATIONS							
Justice:							
Law Enforcement Assistance Administration	16.6			3.0			19.6
Bureau of Narcotics and Dangerous Drugs	49.5		2.7	1.5		9.6	63.3
State	1.0						1.0
Agency for International Development	20.7						20.7
Treasury:							
Internal Revenue Service	10.1						10.1
Bureau of Customs	42.8			.5	0.2	3.4	46.9
Transportation	.1						.1
Agriculture				2.1			2.1
Total	140.8		2.7	7.1	.2	13.0	163.8
1973 OBLIGATIONS							
Justice:							
Law Enforcement Assistance Administration	30.3			6.0			36.3
Bureau of Narcotics and Dangerous Drugs	57.7		2.8	1.6		8.4	70.5
Drug Abuse Law Enforcement	.2						.2
National Narcotic Intelligence	2.0						2.0
State	1.4	.1					1.5
Agency for International Development	42.7						42.7
Treasury:							
Internal Revenue Service	18.9						18.9
Bureau of Customs	49.0			.8	.2	4.3	54.3
Transportation	.1						.1
Agriculture				1.8			1.8
Total	202.3	.1	2.8	10.2	.2	12.7	228.3
1974 OBLIGATIONS							
Justice:							
Law Enforcement Assistance Administration	34.1			10.0			44.1
Bureau of Narcotics and Dangerous Drugs	60.0		2.9	2.0		9.2	74.1
Drug Abuse Law Enforcement	3.7						3.7
National Narcotic Intelligence	3.0						3.0
State	1.4	.1					1.5
Agency for International Development	42.7						42.7
Treasury:							
Internal Revenue Service	19.7						19.7
Bureau of Customs	58.1			2.6	.2	5.3	66.2
Transportation	.1						.1
Agriculture				1.8			1.8
Total	222.8	.1	2.9	16.4	.2	14.5	256.9

Appendix 5

DRUG ABUSE EDUCATION AND INFORMATION DISCRETIONARY PROGRAMS

Agency and program	Fiscal year 1973 Funds	Fiscal year 1973 Authority	Fiscal year 1974 Funds	Fiscal year 1974 Authority
NIMH: Education/public information, total.	7.9	Public Law 91-513	9.3	PHS and Public Law 92-255.
Education projects	1.7	Public Law 91-513, sec. 253	1.7	PHS 301, 302, 303, 433.
Community education	(.8)			
Student education	(.5)			
Coordination of educational resources.	(.3)			
Curriculum development	(.1)			
Public information	6.1	Sec. 253	6.6	
National clearinghouse for drug abuse information.		Public Law 92-255, PHS		
Community prevention demonstration projects.			1.0	Public Law 92-255, sec. 410.
Target groups: Communities, students schools, general public.				
OE: Education and training, total	12.4	Public Law 91-527	3.0	Public Law 92-255.
Minigrant program	6.1			
State education agencies[1]	2.4			
Community-based programs	1.7			
College-based programs	.3			
School-based programs	.6			
Support (technical assistance, data collection)[2]	.9			
Evaluation[3]	.4			
Preservice and inservice teacher training.			3.0	Sec. 410.
Target groups: Communities, teachers, students, colleges, schools, state education systems.				
LEAA: School and community education projects, total.	.5	Public Law 91-644, pt. E	0	
Target groups: Students and public				
BNDD: Education/information, total	1.1	Public Law 91-513, sec. 503, 503.	1.1	
Development of alternatives to incarceration and role of law enforcement in prevention.	(.3)			
Preparation and dissemination of information.	(.4)			
Dissemination of information and education on requirements of Controlled Substances Act.	(.1)			
Support and other	(.3)			
Target groups: Law enforcement—personnel, professional registrants under CSA.				
DOD: Education/information, total	17.1	Public Law 92-129	11.1	
Development and dissemination of information materials.				
Drug abuse education included in all regular training.				
Target groups: All military personnel and dependents.				
Total discretionary programs	39.0		24.5	
Total civilian programs	21.9		13.4	

[1] In original budget summary identified in "Training." Included in this summary because is education-related.
[2] In original budget summary as "Support." Included in summary because is education-related.
[3] In original budget summary under "Research." Subsequent reprograming resulted in the "Research" $1,600,000 being allocated to evaluation and model development of community, college, and school-based projects and State education agency projects. The changes are reflected in the above figures.

DRUG ABUSE EDUCATION BLOCK GRANT PROGRAMS—ESTIMATES

Agency and program	Fiscal year 1973 Funds	Fiscal year 1973 Authority	Fiscal year 1974 Funds	Fiscal year 1974 Authority
HUD: Model cities programs, total	0.8	Public Law 89-754	0.8	
Community education projects				
USDA: 4-H Club education information projects.	.4		.5	
LEAA: School and community education projects.	11.0	Public Law 91-644, pt. E	9.0	
Total block grant	12.2		10.3	

Appendix 6

HISTORY OF FEDERAL LEGISLATION CONCERNING EDUCATION

The following list of Federal legislation describes the history of the National Government's efforts to assure quality education for all its people.

Program

1787 Northwest Ordinance—authorized land grants for the establishment of educational institutions.

1862 First Morrill Act—authorized public land grants to the States for the establishment and maintenance of agricultural and mechanical colleges.

1867 Department of Education Act—authorized the establishment of the Office of Education.

1874 Aid to State nautical schools—provided funds for State nautical schools.

1890 Second Morrill Act—provided for money grants for support of instruction in the agricultural and mechanical colleges.

1917 Smith-Hughes Act—provided for grants to States for support of vocational education.

1918 Vocational Rehabilitation Act—authorized funds for rehabilitation of World War I veterans.

1919 Federal surplus property—authorized use of Federal surplus property by educational institutions.

1920 Smith-Bankhead Act—authorized grants to States for vocational rehabilitation programs.

1933 School lunch programs—provided assistance in school lunch programs. The use of surplus farm commodities in school lunch programs began in 1936 and the National School Lunch Act of 1946 continued and expanded this assistance.

1935 Bankhead-Jones Act—made grants to States for agricultural experiment stations.

1937 National Cancer Institute Act—established Public Health Service Fellowship program. Subsequently, fellowships were authorized in legislation concerning other agencies.

1940 School Milk Program—provided funds for cost of milk served to school children.

1941 Amendment to Lanham Act of 1940—authorized Federal aid for construction, maintenance, and operation of schools in federally impacted areas. Such assistance was continued under Public Laws 815 and 874, 81st Congress, in 1950.

1943 Vocational Rehabilitation Act—provided assistance to disabled veterans.

1944 Servicemen's Readjustment Act—provided assistance for education of veterans.
School Lunch Indemnity Plan—provided funds for local school lunch food purchasers.
Surplus Proyerty Act—authorized transfer of surplus property to educational institutions.

1946 George-Barden Act—expanded Federal support of vocational education.

1948 United States Information and Educational Exchange Act—provided for the interchange of persons, knowledge, and skills between the United States and other countries.

1949 Federal Property and Administrative Services Act—provided for donation of surplus property to educational institutions and for other public uses.

1950 Public Laws 815 and 874—provided assistance for construction (P.L. 815) and operation (P.L. 874) of schools in federally affected areas.
Housing Act—authorized loans for construction of college housing facilities.

1954 School Milk Program—provided funds for purchase of milk for school lunch programs.
Cooperative Research Act—authorized cooperative arrangements with universities, colleges, and State education agencies for educational research.
National Advisory Committee on Education Act—established a National Advisory Committee on Education to recommend to the Secretary of the Department needed studies of national concern in the field of education and to propose appropriate action indicated by such studies.

1956 Library Services Act—authorized grants to States for extension and improvement of rural public library services.

1957 Practical Nurse Training Act—provided grants to States for practical nurse training.

1958 National Defense Education Act—provided assistance to State and local school systems for strengthening instruction in science, mathematics, modern foreign languages, and other critical subjects; improvement of State statistical services; guidance, counseling and testing services and training institutes; higher education student loans and fellowships; foreign language institutes and advanced foreign language study and training provided by colleges and universities; experimentation, and dissemination of information on more effective utilization of television, motion picture, and related media for educational purposes; and vocational education for technical occupations necessary to the national defense.
Public law 85-926—Federal assistance for training teachers of the handicapped authorized.
Public Law 85-905—authorized a loan service of captioned films for the deaf.

1961 Area Redevelopment Act—included provisions for training or retraining of persons in redevelopment areas.

1962 Manpower Development and Training Act—provided training in new and improved skills for the unemployed and underemployed.
Public Law 87-477—provided grants for the construction of educational television broadcasting facilities.
Migration and Refugee Assistance Act of 1962—authorized loans, advances and grants for education and training of refugees.

1963 Health Professions Educational Assistance Act—provided funds to expand teaching facilities and for loans to students in the health professions.
Vocational Education Act of 1963—increased Federal support of vocational education, including support of residential vocational schools, vocational work-study programs, and research, training, and demonstrations in vocational education.
Higher Education Facilities Act of 1963—authorized grants and loans for classrooms, libraries, and laboratories in public community colleges and technical institutes as well as undergraduates and graduate facilities in other institutions of higher education.

1964 Civil Rights Act of 1964—authorized the Commissioner to (1) arrange, through grants or contracts with institutions of higher education, for the operation of short-term or regular session institutes for special training to improve ability of elementary and secondary school instructional staff to deal effectively with special education problems occasioned by desegregation; (2) make grants to school boards to pay, in whole or in part, the cost of providing inservice training in dealing with problems incident to desegregation; to provide school boards technical assistance in desegregation; and required nondiscrimination in federally assisted programs.
Economic Opportunity Act of 1964—authorized grants for college work-study programs for students of low-income families; established a Job Corps program and authorized support for work-training programs to provide education and vocational training and work experience for unemployed youths; provided training and work experience opportunities in welfare programs; authorized support of Community Action Programs, including Head Start, Follow Through, Upward Bound, education and training activities; authorized the establishment of the Volunteers in Service to America (VISTA).

1965 Elementary and Secondary Education Act—authorized grants for elementary and secondary school programs for children of low-income families; school library resources, textbooks and other instructional materials for school children; supplementary educational centers and services; strengthening State education agencies; and educational research and research training.
Health Professions Educational Assistance Amendments—authorized scholarships to aid needy students in the health pro-

fessions and grants to improve the quality of teaching in schools of medicine, dentistry, osteopathy, optometry and podiatry.

Higher Education Act of 1965—provided grants for university community service programs, college library assistance and library training and research; strengthening developing institutions; educational opportunity grants; insured student loans; teacher training programs; and undergraduate instructional equipment. Established a National Teacher Corps and provided for graduate teacher training fellowships.

Medical Library Assistance Act—provided assistance for construction and improvement of health sciences libraries.

National Foundation on the Arts and the Humanities Act—authorized grants and loans for projects in the creative and performing arts, and for research, training, and scholarly publications in the humanities.

National Technical Institute for the Deaf Act—Provided for the establishment, construction, equipping, and operation of a residential school for postsecondary education and technical training of the deaf.

National Vocational Student Loan Insurance Act—Encouraged State and nonprofit private institutions and organizations to establish adequate loan insurance programs to assist students to attend postsecondary business, trade, technical, and other vocational schools.

Disaster Relief Act—provides for assistance to local education agencies to help meet exceptional cost resulting from a major disaster.

1966 International Education Act—provided grants to institutions of higher education for the establishment, strengthening, and operation of centers for research and training in international studies and the international aspects of professional and other fields of study.

National Sea Grant College and Program Act—authorized the establishment and operation of Sea Grant Colleges and programs by initiating and supporting programs of education and research in the various fields relating to the development of marine resources.

Adult Education Act—authorized grants to States for the encouragement and expansion of educational programs for adults including training of teachers of adults and demonstrations in adult education (previously part of the Economic Opportunity Act of 1964).

Model Secondary School for the Deaf Act—authorized the establishment and operation, by Gallaudet College, of a model secondary school for the deaf to serve the National Capital region.

Elementary and Secondary Education Amendments of 1965—in addition to modifying existing programs, authorized grants to assist States in the initiation, expansion, and improvement of programs and projects for the education of handicapped children at the preschool, elementary and secondary school levels.

1967 Education Professions Development Act—amended the Higher Education Act of 1965 for the purpose of improving the quality of teaching and to help meet critical shortages of adequately trained educational personnel by authorizing support for the development of information on needs for educational personnel, training and retraining opportunities responsive to changing manpower needs, attracting a greater number of qualified persons into the teaching profession, attracting persons who can stimulate creativity in the arts and other skills to undertake short-term or long-term assignments in education, and helping to make educational personnel training programs more responsive to the needs of the schools and colleges.

Public Broadcasting Act of 1967—established a Corporation for Public Broadcasting to have major responsibility in channeling Federal funds to noncommercial radio and television stations, program production groups and ETV networks directly or through contract; conduct research, demonstration, or training in matters related to noncommercial broadcasting; and authorized grants for construction of educational radio as well as television facilities.

1968 Elementary and Secondary Education Amendments of 1967—in addition to modifying existing programs, authorized support of regional centers for education of handicapped children, model centers and services for deaf-blind children, and recruitment of personnel and dissemination of information on education of the handicapped; technical assistance in education to rural areas; support of dropout prevention projects; and support of bilingual education programs. Also, in order to give adequate notice of available Federal financial assistance, authorized advance funding for any program for which the Commissioner of Education has responsibility for administration by authorizing appropriations to be included in the appropriations act for the fiscal year preceding the fiscal year for which they are available for obligation.

Vocational Education Amendments—expands and consolidates provisions of existing vocational education laws; provides training and development programs for vocational education personnel; authorizes residential facilities for vocational students, and studies of the Job Corps and Head Start programs.

1969 National Center on Educational Media and Materials for the Handicapped—authorizes the Secretary of HEW to establish and operate a National Center which will provide a comprehensive program of activities to facilitate the use of new educational technology in education programs for the handicapped.

Emergency Insured Student Loan Act—authorizes the Commissioner of Education in certain circumstances to prescribe, for a three months period, a special allowance of up to 3% of the unpaid balance of the principal, to be paid to the holder of an eligible insured student loan. Also, the Secretary of HEW shall take steps to prevent discrimination against

particular classes or categories of students and increase the availability of financial assistance opportunities for such students.

1970 Drug Abuse Education Act of 1970—authorizes grants to educational or research institutions, for supporting research, demonstration, and pilot projects designed to educate the public on problems relating to drug abuse. Also, provides grants to public or private nonprofit organizations, agencies, and institutions for community-oriented education projects on drug abuse.

Grants are administered by the Secretary of HEW and both he and the Attorney General are authorized to give technical assistance to local educational agencies, public and private nonprofit organizations and institutions of higher education in the development and implementation of drug abuse education.

Elementary and Second Education Act Amendments—authorizes comprehensive planning and evaluation grants to state and local education agencies, provides for establishment of a National Commission on School Finance; and provides bilingual education in Indian schools.

National Commission on Libraries and Information Science Act—establishes a National Commission on Libraries and Information Science to utilize effectively the Nation's educational resources and to assure optimum provision of such services.

Environmental Quality Education Act—establishes an Office of Environmental Education for developing environmental education programs at the elementary-secondary education levels; provides training programs for educational, public, labor and industrial leaders and employees; provides community education programs.

1972 Higher Education Act Amendments—provides grants to colleges and universities to help solve community problems through community service and continuing education programs; authorizes grants to local education agencies to meet the special needs of schools in eliminating racial segregation; establishes a National Advisory Council on Equality of Educational Opportunity; prohibits the use of Federal funds for the transportation of students or teachers in order to overcome racial imbalance in any school system, except on the express written voluntary request of appropriate local school officials; establishes various programs for student financial assistance; extends and consolidates a number of primarily graduate programs; establishes a National Institute of Education; and prohibits discrimination on the basis of sex in any educational program or activity receiving Federal financial assistance.

National Foundation on the Arts and Humanities—extends for 1 year the authorization for appropriations to the National Foundation on the Arts and Humanities and to expand its programs.

Handicapped Children's Early Education Assistance Act—authorizes the development of experimental preschool and early education programs for handicapped children.

Higher Education Act Amendments—provides special services to disadvantaged college students; establishes cooperative specialized library and computer networks between colleges; authorizes grants to expand programs which provide clinical experiences to law students.

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END

7 tables/figures