

DOCUMENT WITHDRAWAL RECORD [NIXON PROJECT]

DOCUMENT NUMBER	DOCUMENT TYPE	SUBJECT/TITLE OR CORRESPONDENTS	DATE	RESTRICTION
N. 1	Memo	Caulfield to Dean, re: The Suppression of the Sale of Heroin within the United States.	11/14/70	C (Nixon)
N. 2	Memo	Wallace W. Johnson to Timmons, re: Suggested Invites & Signing Ceremony on Legislation Affording D.C. a non-voting Delegate in the House of Rep. [Attached to cover memo, Middlebrook to Dean, 9/18/70]	9/12/70	C (Nixon)

~~All~~ All documents listed on this sheet reintegrated from Contested Files on September 12, 2006.

FILE GROUP TITLE

JOHN DEAN

BOX NUMBER

27

FOLDER TITLE

[Administration Drug Bill, 2 of 5]

RESTRICTION CODES

- A. Release would violate a Federal statute or Agency Policy.
- B. National security classified information.
- C. Pending or approved claim that release would violate an individual's rights.
- D. Release would constitute a clearly unwarranted invasion of privacy or a libel of a living person.

- E. Release would disclose trade secrets or confidential commercial or financial information.
- F. Release would disclose investigatory information compiled for law enforcement purposes.
- G. Withdrawn and return private and personal material.
- H. Withdrawn and returned non-historical material.

Presidential Materials Review Board

Review on Contested Documents

Collection: John W. Dean III

Box Number: 27

Folder: [Administration Drug Bill, 2 of 5]

<u>Document</u>	<u>Disposition</u>
1	Retain Open
2	Retain Open

THE WHITE HOUSE

WASHINGTON

July 13, 1971

MEMORANDUM FOR: JOHN DEAN

FROM: DAVID WILSON *DW*

SUBJECT: Opportunities for Private Sector
Involvement in Combatting Drug Problem

Attached is a brief summary of the information submitted to us by the concerned agencies on the opportunities for private sector involvement in combatting the drug problem. As you will see, only BNDD has a real effort to involve the private sector in this fight by informing concerned citizens what they can do by themselves. All the other agencies relate how closely they work with private organizations and what they can do in the way of funding or providing assistance to such groups, but do not explain how private citizens or private funds can be used to assist the government.

Therefore, there are wide areas still open and ripe for the type of guidance which BNDD is providing local groups on establishing drug abuse education committees. This includes primarily the rehabilitation area. VA and NIMH should be encouraged to publicize the same type of information in this area as BNDD does in the education field. This would include information on exactly how local organizations and private individuals can assist in identifying addicts and directing them into treatment centers; opportunities to aid addicts under treatment; and methods of continuing the rehabilitation after release from treatment by assisting in training, legal problems and obtaining jobs.

OEO should also be encouraged to provide this sort of guidance for groups and individuals interested in helping low-income populations combat the drug problem. As they suggest primary emphasis should

be placed on obtaining jobs for rehabilitated addicts. A publicized informational project such as BNDD's Concerned Businessmen's Committees would help in this area.

BNDD and NIMH should further pursue their objective of evaluating and identifying community projects that are worthy of assistance. Similarly, experimental drug treatment programs or training projects carried on by private organizations or institutions should be evaluated and identified by VA and NIMH so that private funds could be directed toward them. These approved projects could be publicized by the National Clearinghouse for Drug Abuse Information.

Finally, all these opportunities for private sector involvement in combatting the drug problem should be coordinated with and publicized by the National Center for Voluntary Action. This organization is a clearinghouse and catalyst for private charitable and service groups. It would be most helpful in stimulating private interest in this field.

THE WHITE HOUSE

WASHINGTON

Private Sector Involvement in Combatting Drug Problem

Opportunities for the private sector's involvement in combatting the drug problem as offered by various federal programs are summarized below by agency.

1. Bureau of Narcotics and Dangerous Drugs. The Bureau has three major areas of preventive programs in which the private sector can play an important role:

a. Community organizational programs. There are currently thirteen community pilot projects which reach directly into communities. These programs help establish Drug Abuse Education Committees on local levels. As part of the program BNDD publishes booklets describing how committees can be organized and providing suggestions about use of such educational devices as films, speaker bureaus, publicity through the communications media, contests, posters, etc. Booklets are also available on what Concerned Businessmen's Committees can do toward preventing drug abuse. All of these projects encourage use of local funding.

b. Voluntary compliance. BNDD urges pharmaceutical companies and associations of drug manufacturers to produce films and other educational devices dealing with the responsible use of drugs. In cooperation with the Department of Agriculture, BNDD has also initiated pilot projects of marijuana eradication, encouraging farmers to spray the wild plants with herbicides.

c. Special prevention activities. Special activities include providing technical assistance to groups such as Boy Scouts for drug abuse prevention programs; assisting the Advertising Council in their anti-drug abuse campaign; and holding a conference for artists to explore ways to redirect drug abuse into creative alternative activities.

BNDD further helps other agencies in evaluating community programs to determine which are worthy of assistance. It recommends private funding and support for many of these small scale local activities which are not large enough to make them feasible for federal funding.

2. Office of Economic Opportunity. OEO has no present opportunities for private sector involvement in combatting the drug problem. They do, however, propose private industry participation in helping to obtain employment for rehabilitated addicts. They also recommend increased development of positive youth group activities. These would involve organizations such as 4-H working on local projects relevant to low-income populations and service organizations providing volunteers to tutor and sponsor programs for drug rehabilitation.

3. Veterans Administration. VA has four major areas which allow private involvement:

a. Supplies and services. Drug treatment units need professional personnel to supplement the skills of their staffs in such areas as laboratory tests and psychotherapy. These professionals can be provided on a volunteer basis. Assistance is also required from the media, veterans groups, welfare agencies and the like in identifying addicts and encouraging them to seek treatment. Where treatment centers are not readily accessible to veterans, reliance must be further placed on private or community agencies for treatment.

b. Education and training. The VA staff relies largely on educational institutions in providing facilities for training in drug treatment. Rehabilitated veterans in need of training will also receive it mainly through the private sector.

c. Research and pilot projects. A great deal of research and experimentation in drug treatment is needed which the VA staff cannot perform. It is hoped that the private sector would aid in this area and provide VA with its results.

d. Volunteer assistance. The drug addicted individual often has ~~the~~ multiple problems -- emotional, social, legal, employment -- all of which can be aided by volunteer assistance. Private individuals and organizations can assist in the rehabilitation of the addict both within and outside the hospital.

4. National Institute of Mental Health. NIMH has many programs in which it works actively with the private sector. It has held several conferences on drug abuse involving Governors, communications media representatives, and the clergy. It also works with various youth groups and service organizations on the local level. Assistance is given to community-based organizations in providing treatment of addicts and in the establishment of drug abuse education programs.

The Federal Drug Abuse Prevention Coordinating Committee, which includes representatives of NIMH, Office of Education, BNDD, DOD, LEAA, and the Bureau of Customs, coordinates government efforts and directs them toward community-based programs, school and college programs, mass media programming and professional training. NIMH also operates the National Clearinghouse for Drug Abuse Information, which serves as a focal point for public inquiries concerning drug abuse.

NIMH recommends that there is a critical need for citizen participation at the community level. Local resources should be tapped and programs implemented in the areas of education, treatment and rehabilitation.

5. Office of Education. The Office of Education administers Sections 3 and 4 of the Drug Abuse Education Act of 1970. Under this Act, grants are made to private non-profit agencies, organizations, institutions, and student groups for planning and carrying out community-oriented education programs on drug abuse. These programs encourage full citizen participation and provide opportunities for private groups to engage in drug abuse education activities.

THE WHITE HOUSE
WASHINGTON

Dan Lister

Dan

Please review & prepare
a summary of what
each agency is
doing —



VETERANS ADMINISTRATION
OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS
WASHINGTON, D.C. 20420

JUNE 25 1971

MEMORANDUM FOR:

The Honorable
John W. Dean III
Counsel to the President
The White House

In response to your memorandum of June 23, I am pleased to provide you the following information regarding participation by the private sector in Veterans Administration activities involving the drug problem.

In support of the VA program of treatment of drug dependent veterans, many private sector agencies, groups and individuals will participate. This participation will continue and expand the cooperation the VA has always enjoyed with such groups. For convenience I am listing the involvement of the private sector under four headings.

SUPPLIES AND SERVICES

The need for laboratory tests for drug detection is a major component of a drug treatment program. Some hospitals do not have this capability and will contract this work out to private laboratories.

Every drug treatment unit will have a need for the services of consultants. Experts in the fields of drug treatment, psychotherapy, group dynamics and others will be called upon to supplement the skills of our staffs.

With the major expansion of VA drug treatment facilities now in progress, we will expand our communications efforts in appeals to unidentified addicts--and their families--to seek the treatment they need. We will utilize the splendid public service cooperation of the nation's media; we will rely on the aid of veterans organizations and VA associated volunteer groups; and most importantly, we will depend on welfare agencies, law enforcement officials, medical authorities, and any other groups most likely to come in contact with addicts, to help us get the message to addicted veterans.

The Honorable
John W. Dean III
Counsel to the President

As important as the 32 drug treatment centers will be, they will not provide services easily accessible to veterans who do not live in close proximity to them. Therefore, we must refer veterans with drug problems to other federally funded agencies or private or community agencies for treatment, or establish a series of satellite clinics in strategic locations across the country. In the latter instance we may call on communities to provide rental space, doctors or pharmacists on a consultant fee basis, and other required services, or negotiate contracts with health centers to treat veterans.

EDUCATION AND TRAINING

The VA staff will depend largely on educational institutions in providing facilities for training in drug treatment. Yale and the University of California at Hayward are two institutions which have provided training to us thus far. Additional schools may offer such training in the future and we may utilize them.

Veterans in need of vocational training, educational and on-the-job training will have it provided largely through the private sector. Every attempt will be made to enlist the cooperation of interested groups to enable these veterans to acquire skills that will enable them to become productive. It may be possible for interested educational institutions to provide extension courses for inpatients during their hospitalization. These courses could include subjects from a good many academic divisions.

RESEARCH AND PILOT PROJECTS

The Veterans Administration's professional staff is constantly engaged in research, however, there are subjects which will be better treated by others than our own staff. We shall solicit the contributions of many who are qualified to do research that will benefit our program. Included in this group of researchers would be medical schools and private clinics in addition to qualified individuals.

There are many experimental programs of treatment about which the VA would like to know much more. It is our hope that those who have been engaged in pilot projects in the treatment of addicts will allow the VA to use the results of their experiments and will cooperate with the VA in further experimentation.

The Honorable
John W. Dean III
Counsel to the President

VOLUNTEER ASSISTANCE

The community, through its voluntary organizations and citizens volunteers, potentially can play an important role in the drug treatment program both within and outside the hospital.

The drug addicted person may well have multiple problems, emotional, social, legal, employment, etc., all representing areas in which volunteers could be of assistance. To be effective in their work volunteers would have to receive training and professional staff supervision. The specific needs for volunteer assistance would have to be determined by the treatment team members representing the several services concerned.

It is conceivable that requests for volunteer assistance in the main would include friendship or companionship therapy, personal services, family visitations and counseling, exploration of employment opportunities, transportation service, follow-up service when the patient is discharged to the community and supplementary assistance to staff relative to their specific duties.



Associate Deputy Administrator - In the absence of
DONALD E. JOHNSON
Administrator

VETERANS ADMINISTRATION
Office of the Administrator of Veterans Affairs
Washington, D. C. 20420

JUNE 25 1971

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The Honorable
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The Honorable
John W. Dean III
Counsel to the President

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Associate Deputy Administrator - In the absence of

DONALD E. JOHNSON
Administrator

OFFICE OF ECONOMIC OPPORTUNITY

EXECUTIVE OFFICE OF THE PRESIDENT
WASHINGTON, D.C. 20506

June 25, 1971

MEMORANDUM FOR JOHN W. DEAN III

Pursuant to your request, received June 22, I am pleased to forward to you the attached comments prepared by Dr. Carl Smith, Acting Director of OEO's Office of Health Affairs, and Dr. Jack Carr, Director of Addiction, Alcoholism and Mental Health Services in the Office of Health Affairs.

Howard Phillips *HP*
Special Assistant
to the Director

Attachment

OFFICE OF ECONOMIC OPPORTUNITY

EXECUTIVE OFFICE OF THE PRESIDENT
WASHINGTON, D.C. 20506

Date: JUN 25 JUN 25 1971
Reply to:
Attn. of: HA
Subject: See Attached

To: Mr. Howard Phillips
Special Assistant to the Director

The potential for participation of the "private sector" in our drug rehabilitation program is really not great. However, I have attached some thoughts on the subject forwarded to me by Jack Carr.

The problems for employment of ex-addicts is a big one--one which Dr. Jaffee, I'm certain, will need to address not only in the private sector but interestingly enough in the federal government as well. Apparently the difficulties for ex-addicts seeking employment in the federal government are as great, or greater. This probably relates to arrest records, etc..


Carl A. Smith, M.D.
Acting Director
Office of Health Affairs

Attachment: as stated



Involvement of "Private Sector" in OEO Drug Projects

The following would be the two possible areas of involvement:

1. Employment continues to be a major issue for rehabilitated addicts. We are trying to forge closer ties with private industry through the proposed Integrated Addict Rehabilitation-Manpower Training Programs, and possibly through a proposed grant to GMW Educational Systems, Inc. which will attempt to explore with top management of 4-5 selected corporations the conditions under which they might undertake a corporate commitment to hire significant numbers of ex-addicts. One of the major aspects of this whole effort is to establish ways in which we and business can talk together so that we can understand the issues from their point of view and they can understand our concerns. I would see advantages to extending such a dialogue to business organizations.

2. As we move more into youth programs (and as those we have become more operational), there will be increasing concern with development of positive group activities; and, in some instances, being able to provide special services like tutoring and Big Brother and Big Sister relationships. This could theoretically involve organizations like Boy Scouts or 4-H, provided they were willing to work with us and local projects to develop program activities that were reasonably relevant to our low-income and minority populations (and provided people at the local level were willing to travel into poverty areas). We could also call on a variety of service organizations to provide volunteers for tutoring and/or "sponsor" services. This would depend mostly, however, on our being able to have local projects work out reasonable training programs for such persons.

THE WHITE HOUSE

WASHINGTON

June 21, 1971

MEMORANDUM FOR:

HOWARD PHILLIPS
SPECIAL ASSISTANT TO THE DIRECTOR
OFFICE OF ECONOMIC OPPORTUNITY

FROM:

JOHN W. DEAN III
COUNSEL TO THE PRESIDENT

SUBJECT:

Private Sector Involvement in
Combatting Drug Problem

I have recently been approached by several private individuals and representatives of private organizations who are very concerned with the drug problem and wish to help the government in solving it. Please inform me by memorandum as to what activities in your organization involving the drug problem permit participation by the private sector. As part of your response, please discuss the extent of private involvement in these activities; the steps taken to publicize the programs so that concerned citizens may contribute to them; and the amount of coordination with similar services managed by other government agencies. Any proposals which you might have for new programs involving citizen participation or expansion of existing programs should also be mentioned.

Your response would be appreciated by no later than the close of business on June 24.

Thank you.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE OF MENTAL HEALTH
5454 WISCONSIN AVENUE
CHEVY CHASE, MARYLAND 20015
AREA CODE 301 TEL: 657-2944

JUL 6 1971

MEMORANDUM FOR HONORABLE JOHN W. DEAN III

The National Institute of Mental Health independently and in conjunction with other Federal agencies has initiated a great many contacts with private organizations and individuals interested in the problem of drug abuse.

We have explored avenues of cooperation and collaboration with many groups to determine how the public and private sectors can most effectively work together or work in concert complementing one another's efforts. To highlight a few major examples, there have been four White House conferences on drug abuse involving Governors, television executives, representatives of the radio industry, and the clergy. Secretary Richardson has hosted a meeting with representatives of national foundations and will soon hold another with representatives of major medical organizations.

Not as dramatic, but perhaps equally fruitful, have been innumerable contacts and collaborative efforts with various groups such as teachers, mental health workers, union organizations, youth groups including the Boy Scouts and YMCA, and service organizations, such as Kiwanis and Jaycees. Many organizations in the private sector took part in observing Drug Abuse Prevention Week last year. The President again will issue a similar proclamation, and steps are underway to initiate even broader representation of citizen involvement including groups such as National Football League, Major League Baseball, colleges and universities, Family Services Association of America, radio and television networks and individual stations, community health centers, local treatment and rehabilitation centers for addicts, Federal, State and local officials, ad infinitum.

In conducting our drug abuse programs in the area of education and training, research, and treatment and rehabilitation, our activities are characterized by private-public collaboration. We work with many kinds of scientists at university locations and elsewhere in conducting research; we have considerable contact with schools and community groups in assisting in the establishment of drug abuse education programs; we assist and consult varied community-based organizations in providing treatment for addicts. Some of these relationships are brought about through grant or contract mechanisms; others have originated through requests for assistance. In many instances we have stimulated community groups, particularly in high-risk areas, to become active in combatting the problem.

To inform the public of the fact that information and consultation were available, an information/education mass media campaign was launched more than two years ago. The subsequent inquiries from the public have resulted in the dissemination of more than 25 million pieces of literature.

In March 1970 President Nixon established the National Clearinghouse for Drug Abuse Information, which is operated by the National Institute of Mental Health, to serve as the Federal focal point for public inquiries concerning drug abuse. The Clearinghouse now handles approximately 15 thousand inquiries per week. Also in March 1970, the President, in cooperation with the Advertising Council, extended the mass media campaign on drug abuse education.

Coordinating Clearinghouse activities is carried out by a sub-committee of the Federal Drug Abuse Prevention Coordinating Committee, which I chair. Membership on that committee includes representatives of the National Institute of Mental Health, the Office of Education, the Bureau of Narcotics and Dangerous Drugs, the Department of Defense, the Law Enforcement Assistance Administration, and the Bureau of Customs. Coordinating efforts of the committee are also directed toward professional and para-professional training, community-based programming, school and college based programs, mass media programming, and materials pre-testing and evaluation.

There is much that private organizations and individuals can do in the area of drug abuse. The crucial need for citizen participation exists at the community level. Each community must be assessed to determine the nature of its drug problem, the efforts underway to combat this problem, the resources available that have not been tapped, and the needs that cannot be fulfilled at the local level. Once that is done, intelligent decisions can be made concerning the activities that should be undertaken. While some new types of programs may be needed, there remains a dire need for effective citizen involvement in existing programs or in implementing programs in the area of education and treatment and rehabilitation.

The National Clearinghouse for Drug Abuse Information can provide examples of various community programs through its data retrieval system. It can also direct interested parties to the proper Federal source of assistance and acquaint them with other resources closer to their own particular locale. It is the ideal first step for those organizations or individuals who are interested in becoming involved but first need guidance and information.

National organizations interested in a program drawing on the expertise of their own members would do well to contact the corresponding Federal agency, e.g., lawyers should contact the Law Enforcement Assistance Administration, medical personnel should communicate with the National Institute of Mental Health.

If we are to curb the spread of drug abuse, we must marshal resources from all sectors of society, public and private. As at the Federal level, the coordination of resources at the local level is essential to effective programming.

Please let me know if I can be of further assistance.

A handwritten signature in dark ink, appearing to read "Bertram S. Brown". The signature is fluid and cursive, with the first and last names being more prominent than the middle initial.

Bertram S. Brown, M.D.
Director



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE OF MENTAL HEALTH
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Please let me know if I can be of further assistance.

Bertram S. Brown, M.D.
Director



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF EDUCATION

WASHINGTON, D.C. 20202

July 2, 1971

MEMORANDUM FOR HONORABLE JOHN W. DEAN III

Section 4 of the Drug Abuse Education Act of 1970 (P.L. 91-521) administered by the Office of Education authorizes the Secretary of Health, Education and Welfare to make grants to private non-profit agencies, organizations, and institutions "for planning and carrying out community-oriented education programs on drug abuse and drug dependency for the benefit of interested and concerned parents, young persons, community leaders, and groups within a community." The program materials developed (which are attached) indicate the extent to which citizen participation is encouraged (see pages 6-7).

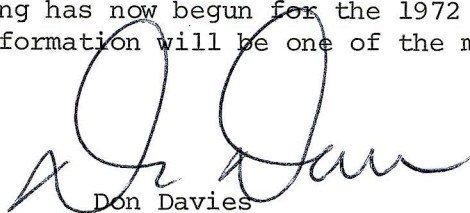
It was also determined that various private non-profit student groups and organizations at colleges and universities could be eligible applicants for funding under Section 3 of P.L. 91-527.

The program materials and other information concerning the new Act and funding procedures were disseminated as widely as possible within the limited time frame possible. Local PTA's, mayor's offices, church, social and youth groups, colleges and universities, local education agencies, State boards of education, and additional private groups suggested by other agencies received information about the program. A wide variety of private agencies such as church groups, service centers, family guidance centers, YMCA's, youth groups, youth action councils, the Urban League, etc. submitted proposals for consideration in fiscal 1971. Organizations principally representing the interests of Chicanos, Blacks, Puerto Ricans and other cultural and ethnic minorities also applied.

The attached Congressional notification indicates the 45 projects selected for final consideration for funding under Sections 3 and 4 of the Drug Abuse Education Act. The 19 checked projects are those which will be administered by private groups. Three of the 19 are student groups or associations affiliated with a college or a university.

The Drug Abuse Education Program is exploring ways to coordinate attempts to disseminate program information with the services of other agencies, specifically National Institute of Mental Health and Bureau of Narcotics and Dangerous Drugs. The Office of Education is currently cooperating with BNDD in a series of community seminars throughout the country aimed at informing communities about opportunities for Federal support of drug abuse prevention efforts.

The Fiscal Year 1971 budget for the Drug program was \$6 million, and the funds were not released until early in 1971 leaving little time to plan an effective dissemination campaign. However, the Fiscal Year 1972 appropriation for the program is \$13,024,000, and the Departmental request for FY 1973 will be approximately the same amount. There will thus be additional opportunities for private groups to participate in drug abuse education programs. Planning has now begun for the 1972 program, and broader dissemination of information will be one of the main items for consideration.

A handwritten signature in dark ink, appearing to read "Don Davies", is written over the typed name.

Don Davies
Acting Deputy Commissioner
for Development

Enclosures



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
BUREAU OF EDUCATIONAL PERSONNEL DEVELOPMENT
WASHINGTON, D.C. 20202

May 10, 1971

NOTIFICATION TO MEMBERS OF CONGRESS
(Project Approval)

THE COMMISSIONER OF EDUCATION HAS APPROVED FOR NEGOTIATION THE
FOLLOWING PROJECTS UNDER THE PROVISION OF:

PUBLIC LAW: 91-527

TITLE OF ACT: DRUG ABUSE EDUCATION ACT OF 1970

PROGRAM TITLE: SECTION 3: COLLEGE-BASED DRUG EDUCATION
PROJECTS

SECTION 4: COMMUNITY-ORIENTED DRUG EDUCATION
PROJECTS

The Office of Education has approved for negotiation a total of 46 projects under the authorities of Section 3 and 4 of the Drug Abuse Education Act of 1970.

Under Section 3, 20 pilot college- and university-based drug education projects will be supported for a total of \$700,000. These projects are initiated, designed and directed by students. While each will be relevant to the broad educational community the primary focus will be on meeting the needs of students.

Under Section 4, ~~25~~⁵ comprehensive community projects will be supported for a total of \$2,100,000. The Act authorizes community-oriented drug education programs for the benefit of interested and concerned parents, young persons, community leaders and other individuals and groups within a community. Since the Act calls for a comprehensive approach, the projects will involve a variety of community agencies and groups--schools, law enforcement agencies, religious organizations, civic groups, service organizations, community agencies, parents' and youth groups--in a concentrated cooperative effort within a given community. Although particular emphasis will be placed on drug abuse prevention, the treatment of causes rather than symptoms, services such as hot lines, free clinics, crash pads, rap houses and counseling centers may be included in each project. In addition, seminars, workshops, drop-in houses, community action groups, and peer group leadership programs will be, as appropriate, component parts of a comprehensive project design.

The intent of the Office during the initial years of the Drug Abuse Education Act is to support a limited number of demonstration projects designed to provide communities with effective approaches to the development and implementation of drug education programs.

Under both Sections 3 and 4 the actual dollar amounts of projects have not yet been negotiated.

Additional information may be obtained from Mr. Allen Lesser of the Bureau of Educational Personnel Development, Code 13, Ext. 26980 or 28182.

Following are the projects listed by State, name of sponsoring agency, location, project number, Congressional District, title of project, and name and telephone number of the project director.

ALASKA

City of Fairbanks. Project #6602. (Congressional District-At Large). Mrs. Gail Shortell, (907) 452-5972. Community Education Project under Section 4.

ARIZONA

University of Arizona, Tucson. Project #6603. (Congressional District #2). Mr. Bruce J. Egan, (602) 844-0111. College-based Project under Section 3.

ARKANSAS

School District 15, El Dorado. Project #6604. (Congressional District #4). W. D. Tommey, (501) 863-7353. Community Education Project under Section 4.

CALIFORNIA

✓ Mission Rebels in Action, San Francisco. Project #6605. (Congressional District #5 and 6). Edlo E. Powell, Executive Director, (415) 431-2224. Community Education Project under Section 4.

East Los Angeles City College, Los Angeles. Project #6606. (Congressional District #19). Anne Weatherford, (213) 262-2195. College-based Project under Section 3.

UCLA, Los Angeles. Project #6607. (Congressional District #26). Matthew P. Mazer, (213) 825-4321. College-based Project under Section 3.

COLORADO

Colorado State College and City of Fort Collins. Project #6608. (Congressional District #4). Mr. John Grogan, (303) 493-2421. Community Education Project under Section 4.

CONNECTICUT

✓ Danbury Unified Social Services, Inc., Danbury. Project #6609. (Congressional District #5). Reverend David E. Simpson, (203) 748-1249. Community Education Project under Section 4.

DISTRICT OF COLUMBIA

✓ Washington Urban League, Washington, D.C. Project #6704. (Congressional District-At Large). Anne B. Turpean, (202) 265-8200. Community Education Project under Section 4.

FLORIDA

University of Tampa Student Government Association, Tampa. Project #6611. (Congressional District #6). Anthony R. Gaudio, (813) 253-8861. Community Education Project under Section 4.

GEORGIA

✓ Metropolitan Atlanta Council on Alcohol and Drugs, Inc., Atlanta. Project #6612. (Congressional District #4&5). Dr. Clifton T. Ford, Jr., (404) 577-9684. Community Education Project under Section 4.

IDAHO

University of Idaho, Pocatello. Project #6614. (Congressional District #2). Edward John Murray, (208) 236-0211. College-based Project under Section 3.

ILLINOIS

✓ Kennedy-King College Students Advisory Council on Drug Abuse Education, Chicago. Project #6615. (Congressional District 1-3, 5-11). Helen D. Dorsey, (312) 488-0906. Community Education Project under Section 4.

Illinois State University, Normal. Project #6660. (Congressional District #17). Randy Anderson. (309) 438-2380. College-based Project under Section 3.

MAINE

✓ Rap Place, Inc., Lewiston. Project #6621. (Congressional District #2). Chuck Moulten, (207) 784-1564. Community Education Project under Section 4.

MARYLAND

Johns Hopkins University, Baltimore. Project #6622. (Congressional District 3,4,7). William N. Klausmeier, (301) 366-3300. College-based Project under Section 3.

MASSACHUSETTS

University of Massachusetts at Amherst. Project #6623. (Congressional District #1). Ronald C. LaFrance, (413) 549-0400. College-based Project under Section 3.

MICHIGAN

✓ Ann Arbor-Student Community, University and Washtenaw Community, Ann Arbor. Project #6625. (Congressional District #2). Dr. Robert L. Knauss, (313) 764-1817. Community Education Project under Section 4.

University of Detroit, Detroit. Project #6626. (Congressional District 1,12-14,16,17). Mr. Steven Wall, (313) 342-1000. College-based Project under Section 3.

MINNESOTA

MacAlester College, St. Paul. Project #6627. (Congressional District #4). Mr. Fred Kramer, (612) 647-6201. College-based Education Project under Section 3.

MISSISSIPPI

Jackson State College, Jackson. Project #6628. (Congressional District #3). Dr. Melvin I. Evans, (601) 948-8533. College-based Education Project under Section 3.

MONTANA

✓ Gallatin Council on Health and Drugs, Bozeman. Project #6630. (Congressional District #1). Carl Issacson, (406) 587-5252. Community Education Project under Section 4.

NEBRASKA

✓ Kearney Drug Education Committee, Kearney. Project #6631. (Congressional District #3). Dr. L. R. Smith, (308) 237-5941. Community Education Project under Section 4.

NEVADA

✓ Southern Nevada Drug Abuse Council, Las Vegas. Project #6632. (Congressional District-At Large). Mary M. Laub, (702) 382-2924. Community Education Project under Section 4.

NEW HAMPSHIRE

✓ Headrest, Hanover. Project #6633. (Congressional District #2). Neal H. Berlin, (603) 643-4123. Community Education Project under Section 4.

NEW JERSEY

Glassboro State College, Glassboro. Project #6634. (Congressional District #1). Dr. Mark M. Chamberlain, (609) 445-5201. College-based Education Project under Section 3.

NEW MEXICO

The College of Santa Fe, Santa Fe. Project #6635. (Congressional District #1). Irwin S. Murphy, (505) 982-6011. College-based Project under Section 3.

University of New Mexico, Albuquerque. Project #6661. (Congressional District #1). Robert C. Paul, (505) 277-4121. College-based Project under Section 3.

NEW YORK

Office of School District 30-Queens, New York City. Project #6636. (Congressional District #3,6-9,21). Milton Mayefsky, (212) 392-7615. Community Education Project under Section 4.

Utica College of Syracuse University, Utica. Project #6637. (Congressional District #32). Leroy Wells or Louis Gross, (315) 732-1111. College-based Project under Section 3.

NORTH DAKOTA

✓ Bismarck Drug Abuse Foundation, Inc., Bismarck. Project #6639. (Congressional District #2). Dr. Marlin Johnson, (701) 223-1420. Community Education Project under Section 4.

OHIO

✓ Community Action Against Addiction, Inc., Cleveland. Project #6640. (Congressional District #20-23). Vera Carson, (216) 451-1558. Community Education Project under Section 4.

OREGON

✓ White Bird Sociomedical Aid Station, Inc., Eugene. Project #6642. (Congressional District #4). Dennis L. Ekanger, (503) 342-8255. Community Education Project under Section 4.

PENNSYLVANIA

~~Hanover Area Youth Project, Hanover. Project #6643. (Congressional District #19). J. J. Miller, (717) 637-4760. Community Education Project under Section 4. *not funded*~~

Dickinson College, Carlisle. Project #6644. (Congressional District #19). Mr. Alan Samolski, (717) 243-5121. College-based Education Project under Section 3.

SOUTH CAROLINA

✓ Columbia Urban Service Center, Columbia. Project #6646. (Congressional District #2). Marvin I. Lare, (803) 256-3471. Community Education Project under Section 4.

SOUTH DAKOTA

✓ School and Community Drug Education Committee, Sioux Falls. Project #6647. (Congressional District #1). John W. Harris, (605) 336-3580. Community Education Project under Section 4.

TEXAS

Mental Health-Mental Retardation Center for Greater West Texas, San Angelo. Project #6649. (Congressional District #21). James M. Young, (915) 655-5674. Community Education Project under Section 4.

VERMONT

Burlington Valley University Consortium, Burlington. Project #6651. (Congressional District-At Large). Bruce L. Levine, (802) 864-0449. College-based Education Project under Section 3.

VIRGINIA

✓ RUBICON, Richmond. Project #6652. (Congressional District #3). Edmund Menken, (703) 643-1849. Community Education Project under Section 4.

✓ Hampton Institute-Students, Hampton. Project #6653. (Congressional District #1). Roxanne E. Sinclair, (703) 727-5000. College-based Project under Section 3.

WASHINGTON

Western Washington State College, Bellingham. Project #6654. (Congressional District #2). Steve Cooper, (206) 734-8800. College-based Project under Section 3.

WEST VIRGINIA

West Virginia Wesleyan College, Buckhannon. Project #6655. (Congressional District #2). Nancy L. Hart, (304) 473-7011. College-based Project under Section 3.

WISCONSIN

Ripon College, Ripon. Project #6656. (Congressional District #6). Clark Westneat, (414) 748-8106. College-based Project under Section 3.

✓ Concern, Inc., Menomonie. Project #6657. (Congressional District #10). Lauren Groth, (715) 235-9505. Community Education Project under Section 4.

PUERTO RICO

Nu Sigma Beta for San Juan, Santurce. Project #6659. Rene de la Cruz, (809) 724-2080. Community Education Project under Section 4.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
BUREAU OF EDUCATIONAL PERSONNEL DEVELOPMENT
WASHINGTON, D.C. 20202

June 22, 1971

NOTIFICATION TO MEMBERS OF CONGRESS
(Project Approval)

THE COMMISSIONER OF EDUCATION HAS APPROVED FOR NEGOTIATION THE
FOLLOWING PROJECTS UNDER THE PROVISION OF:

PUBLIC LAW: 91-527

TITLE OF ACT: DRUG ABUSE EDUCATION ACT OF 1970

PROGRAM TITLE: SECTION 3: SCHOOL- AND COLLEGE-BASED DRUG
EDUCATION PROJECTS

SECTION 4: COMMUNITY-ORIENTED DRUG EDUCATION
PROJECTS

The Office of Education has approved for negotiation 2 additional
projects under the authorities of Section 3 and 4 of the Drug Abuse
Education Act of 1970.

Under Section 3, an intensive learning laboratory on drug education
will be supported for educational personnel in the United States
Dependent Schools in the European Area (USDESEA) and for selected
personnel from the Army, Navy and Air Force. The training will take
place at the Arnold High School in Wiesbaden, Germany during the summer
of 1971 with follow-up to be carried out during the subsequent academic
year. The project is under the auspices of Adelphi University, Garden
City, New York.

Under Section 4 a community-oriented drug education program will be
supported at John F. Kennedy University, Martinez, California. This
project, an outgrowth of the Awareness House Training Program which was
begun initially with Office of Education support, will prepare personnel
from various areas in the country to return to their communities to
initiate comprehensive community drug education programs.

The actual dollar amounts of the projects have not yet been negotiated.

Additional information may be obtained from Mr. Allen Lesser of the
Bureau of Educational Personnel Development, Code 13, Ext. 26980 or
28182.

Following are the projects listed by State, name of sponsoring agency, location, project number, Congressional District, title of project, and name and telephone number of the project director.

CALIFORNIA

J. F. Kennedy University, Martinez, Project #6705. (Congressional District #14). H. Bryce Brooks (602) 885-0217.

NEW YORK

Adelphi University, Garden City, Long Island, Project #6706. (Congressional District #3, 4). Dr. Gerald Edwards (516) 747-2200.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
BUREAU OF EDUCATIONAL PERSONNEL DEVELOPMENT
WASHINGTON, D.C. 20202

June 24, 1971

NOTIFICATION TO MEMBERS OF CONGRESS
(Project Approval)

THE COMMISSIONER OF EDUCATION HAS APPROVED FOR NEGOTIATION THE
FOLLOWING PROJECT UNDER THE PROVISION OF:

PUBLIC LAW: 91-527

TITLE OF ACT: DRUG ABUSE EDUCATION ACT OF 1970

PROGRAM TITLE: SECTION 4: COMMUNITY-ORIENTED DRUG EDUCATION
PROJECTS

The Office of Education has approved for negotiation one additional project under the authority of Section 4 of the Drug Abuse Education Act of 1970.

Under Section 4, 26 comprehensive community projects will be supported for a total of \$2,100,000. The Act authorizes community-oriented drug education programs for the benefit of interested and concerned parents, young persons, community leaders and other individuals and groups within a community. Since the Act calls for a comprehensive approach, the projects will involve a variety of community agencies and groups--schools, law enforcement agencies, religious organizations, civic groups, service organizations, community agencies, parents' and youth groups--in a concentrated cooperative effort within a given community. Although particular emphasis will be placed on drug abuse prevention, the treatment of causes rather than symptoms, services such as hot lines, free clinics, crash pads, rap houses and counseling centers may be included in each project. In addition, seminars, workshops, drop-in houses, community action groups, and peer group leadership programs will be, as appropriate, component parts of a comprehensive project design.

The intent of the Office during the initial years of the Drug Abuse Education Act is to support a limited number of demonstration projects designed to provide communities with effective approaches to the development and implementation of drug education programs.

Additional information may be obtained from Mr. Allen Lesser of the Bureau of Educational Personnel Development, Code 13, Ext. 26980 or 28182.

Following is the project listed by State, name of sponsoring agency, location, project number, Congressional District, title of project, and name and telephone number of the project director.

NEW YORK

Harlem Teams for Self-Help, Inc., New York. Project #6707.
(Congressional District #6-15, 17-26). Clement R. Cumberbatch,
(212) 286-1100. Community Education Project under Section 4.

Information Copy

D R A F T

PROGRAM MATERIALS

FOR THE PREPARATION OF PROPOSALS

DRUG ABUSE EDUCATION ACT OF 1970 (P.L. 91-527)

APPLICATION DEADLINE
FOR PRELIMINARY PROPOSALS

April 16, 1971

U.S. Department of Health, Education, and Welfare

Office of Education

Bureau of Educational Personnel Development

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INTRODUCTION

President Nixon, recognizing the epidemic proportions of the drug abuse crisis in the Nation, announced on March 11, 1970 the creation of the National Drug Education Program in the U.S. Office of Education. The formula grant program was funded with \$3.5 million of reprogrammed USOE FY 1970 money and \$600,000 FY 1971 money. It was designed to reach and train a large percentage of educational personnel across the country by utilizing the multiplier effect. At the present time the program is operating in the 50 States, District of Columbia, Puerto Rico, Virgin Islands, Guam and American Samoa.

The Drug Abuse Education Act of 1970 (P.L. 91-527) which was signed into law by President Nixon on December 3, 1970 provides a three-year \$58 million authorization for drug education and prevention programs. In FY 1971 \$6 million was appropriated for programs to be conducted in 1971-72. Of this amount, \$3 million was appropriated for Section 3, and \$3 million for Section 4.

The principles which were basic to the National Drug Education Program will also be applicable to the new program to be funded under P.L. 91-527. These principles are:

1. Federal, State, and local commitment and cooperation.
2. Participation of the community.
3. Heavy involvement of youth in planning and conducting programs.
4. An approach to drug education which is integrated into the educational program at all levels and in a wide variety of subjects.
5. An unbiased presentation of facts and information about drugs and drug use.
6. A humanistic approach designed to encourage people to come together to explore their attitudes towards drug use and misuse.

The new Act authorizes the funding of a wide variety of innovative projects. It encourages maximum feasible coordination among Federal agencies and stresses the importance of community-wide cooperation among a variety of public and private agencies and groups in the planning, implementation and evaluation of comprehensive drug education projects.

With FY 1971 funds, the State training programs begun under the National Drug Education Program will be continued; a limited number of pilot programs on college campuses will be initiated or expanded; and a limited number of locally-initiated pilot comprehensive community drug education programs will be supported.

Above and beyond authorizing support of creative, diverse education projects, there is an overriding purpose expressed in the Act--the prevention of drug misuse among the youth of this country through education.

"Education" is defined in the broadest possible sense in the Act. It refers to students of public and private elementary and secondary schools; college students; other youth in the community; and the adult population. The Act implies that the complex nature of the drug problem makes it impossible for any one group, institution, or agency to deal with it adequately. Drug abuse is a community problem. Drug education must be directed at the community, and drug education programs must involve the cooperation of many groups in the community if they are to be effective.

Since the school is a place where most of our young people spend a large proportion of their time, it has an important role to play in drug education programs. The school can be an effective vehicle for drug education only if it is staffed by personnel who are cognizant of the conditions which promote drug abuse and sensitive to the needs of individual students. Consequently, pre- and inservice training should be provided for all teachers, administrators, and support personnel. Within the school itself, drug education should deal with proper uses of drugs as well as with drug misuse and be fully integrated into the total school curriculum. It should encourage constructive alternatives to drug use both in and out of school.

As indicated previously, drug education in the schools cannot be isolated from other community drug abuse prevention efforts. There must be linkages between schools, institutions of higher education, Federal, State and local government programs, and community, civic, and social services agencies and groups. Drop-in facilities and a wide variety of emergency services, although separated physically from the school, should be essential components of any community drug education effort.

Obviously this cannot be accomplished nationwide with an appropriation of \$6 million. It is the hope of the U.S. Office of Education that by supporting and carefully evaluating a limited number of comprehensive pilot projects in selected sites, a variety of effective approaches to the problem of drug abuse among young people can be made available to the Nation's communities, schools, and colleges.

PROGRAM FOR 1971-72

*The \$6 million in funds available for 1971-72 will be allocated as follows:

1. To continue ongoing (1970-71) drug education projects--\$2.3 million. Of this \$2.1 million will be allocated under grants to State Departments of Education to continue and to expand training projects initiated under the National Drug Education Program.
2. To establish pilot projects on college and university campuses throughout the country--\$700,000.
3. To develop a limited number of pilot community education projects in areas around the country--\$2.1 million.

The remainder of the funds will be utilized (1) to support the National Action Committee formed in the spring of 1970 to provide leadership, technical assistance, and aid in program planning, development and monitoring; (2) overall program evaluation; and (3) program administration. All funds will be obligated by June 30, 1971 and spent during FY 1972.

In view of the quantities of drug abuse education films, materials and curricula already available through State and local education agencies, no funds will be allocated at this time to support the development of such materials. The only exception to this will be support for the production of informal resource materials developed at the local level in conjunction with a project.

It should be noted that a Department of Health, Education and Welfare interagency committee has been formed to review drug education curricula for possible inclusion in the National Clearinghouse for Drug Abuse Information (NCDAI). This committee, with the assistance of outside experts, has already screened a number of curricula submitted by State and local education agencies. New curricula will be added to the Clearinghouse as they are reviewed.

The NCDAI operated by the National Institute of Mental Health collects and disseminates resource materials and curricula as well as data from Federal programs and appropriate private, State and local projects.

*These allocations should be considered approximate. Minor modifications may occur as the result of future needs unforeseen at this time.

Address of the Clearinghouse is:

National Clearinghouse for Drug Abuse Information
5454 Wisconsin Avenue
Chevy Chase, Maryland 20015

THE DRUG ABUSE EDUCATION ACT OF 1970

Drug abuse education projects which may be supported under the Act are described in Sections 3 and 4 below:

DRUG ABUSE EDUCATION PROJECTS

SEC. 3. (a) The Secretary shall carry out a program of making grants to, and contracts with, institutions of higher education, State and local educational agencies, and other public and private education or research agencies, institutions, and organizations to support research, demonstration, and pilot projects designed to educate the public on problems related to drug abuse.

(b) Funds appropriated for grants and contracts under this section shall be available for such activities as--

(1) projects for the development of curricula on the use and abuse of drugs, including the evaluation and selection of exemplary existing materials and the preparation of new and improved curricular materials for use in elementary, secondary, adult, and community education programs;

(2) projects designed to demonstrate, and test the effectiveness of curricula described in clause (1) (whether developed with assistance under this Act or otherwise);

(3) in the case of applicants who have conducted projects under clause (2), projects for the dissemination of curricular materials and other significant information regarding the use and abuse of drugs to public and private elementary, secondary, adult and community education programs;

(4) evaluations of the effectiveness of curricula tested in use in elementary, secondary, and adult and community education programs involved in projects described in clause (2);

(5) preservice and inservice training programs on drug

abuse (including courses of study, institutes, seminars, workshops, and conferences) for teachers, counselors, and other educational personnel, law enforcement officials, and other public service and community leaders and personnel;

(6) community education programs on drug abuse (including seminars, workshops, and conferences) especially for parents and others in the community;

(7) evaluations of the training and community education programs described in clauses (5) and (6), including the examination of the intended and actual impact of such programs, the identification of strengths and weaknesses in such programs, and the evaluation of materials used in such programs;

(8) programs or projects to recruit, train, organize and employ professional and other persons, including former drug abusers or drug dependent persons, to organize and participate in programs of public education in drug abuse.

COMMUNITY EDUCATION PROJECTS

SEC. 4. There is authorized to be appropriated \$5,000,000 for the fiscal year beginning July 1, 1970, \$10,000,000 for the fiscal year beginning July 1, 1971, and \$14,000,000 for the fiscal year beginning July 1, 1972, for grants or contracts to carry out the provisions of this section. From the sums available therefore for any fiscal year, the Secretary of Health, Education and Welfare is authorized to make grants to or enter into contracts with, public or private nonprofit agencies, organizations, and institutions for planning and carrying out community-oriented education programs on drug abuse and drug dependency for the benefit of interested and concerned parents, young persons, community leaders, and other individuals and groups within a community. Such programs may include, among others, seminars, workshops, conferences, telephone counseling and information services to provide advice, information, or assistance to individuals with respect to drug abuse or drug dependency problems, the operation of centers designed to serve as a locale which is available, with or without appointment or prior arrangement, to individuals seeking to discuss or obtain information, advice, or assistance with respect to drug abuse or drug dependency problems, arrangements involving the availability of so-called "peer group" leadership programs, and programs establishing and making available procedures and means of coordinating and

exchanging ideas, information, and other data involving drug abuse and drug dependency problems. Such programs shall, to the extent feasible, (A) provide for the use of adequate personnel from similar social, cultural, age, ethnic, and racial backgrounds, as those of the individuals served under any such program, (B) include a comprehensive and coordinated range of services, and (C) be integrated with, and involve the active participation of a wide range of public and nongovernmental agencies.

COLLEGE AND UNIVERSITY BASED PROGRAMS

The Drug Abuse Education Act of 1970 (P.L. 91-527) authorizes the U.S. Office of Education to support innovative college and university-based drug education projects. Although such projects should be relevant to the broad educational community, the primary focus must be on meeting the needs of students. The amount of money available for each project will range from \$25,000 to \$50,000 with a possibility of a second year continuation. A single project might serve several institutions of higher education. For example, in a metropolitan area, a consortium of colleges and universities could submit a comprehensive proposal representative of student needs of the various institutions. It is expected that, in all cases, Federal funds will be supplemented by local funds and services of the college and/or university to be served. Each proposal should indicate the extent and type of supplementary aid to be provided--e.g., additional funds, administrative and faculty assistance, building space, etc. If a project is selected for second-year funding, Federal support will be at a lower level, based on the expectation that the college or university will assume greater financial responsibility once the drug education program has been launched.

Projects must be initiated, designed and directed by students. Recognized student campus organizations, as well as colleges and universities, will be eligible as grantees. Any proposal submitted by a campus student organization must be signed by the chief college administrator, as an indication of college support for the project. Since no more than one project will be funded on a given campus, all interested student groups are encouraged to cooperate in planning and submitting a single proposal for the entire college community. The primary emphasis should be on prevention--i.e., treatment of causes, rather than symptoms. It is recognized, however, that services such as hot lines, drop-in centers, counseling and medical aid, may be an essential part of the entire education effort.

Creative projects, both newly designed and ongoing, are eligible for funding. Among the objectives for the participants of such projects might be:

1. To increase awareness of the nature, extent, and significance of the drug problem on the college campus and in the surrounding community.
2. To be able to identify the pharmacological, psychological, and sociological effects of drug use on college students and other youth in the community.
3. To train students and college personnel to work within the academic and social community in preventive drug education programs.

Proposals should be guided by the following specifications:

1. Students and/or student-age youth must assume primary responsibility for project planning, implementation, and management.
2. A multidisciplinary approach is necessary. The proposal should indicate how a variety of resources and departments (e.g., education, psychology, sociology, medicine, pharmacy and law) would be brought to bear on the project.
3. Applicants should explore the possibility of cooperating with off-campus drug-oriented activities to see if they can be utilized in the program.
4. Although not required, projects might include some special attention to the training of pre- and inservice educational personnel and other persons in the community who may be involved in the drug education effort.
5. Each proposal should show how information and experiences obtained through operation of the particular project would be disseminated to other colleges and universities.
6. Each proposal should include a rationale for the proposed project and an assessment of the conditions which contribute to the problem on campus. It should also contain an operational plan for dealing with the defined problem.
7. Proposals should include an evaluation design which will provide sponsors of the proposed project with accurate information about its impact. It is assumed that the evaluation component will account for a relatively modest proportion of the project's total budget.

COMMUNITY EDUCATION PROGRAMS

Section 4 of the Drug Abuse Education Act of 1970 authorizes the U.S. Office of Education to support community-oriented drug education projects for the benefit of parents, young persons, community leaders, business representatives, professional organizations, and social service groups. The U.S. Office of Education may obligate grants to, or negotiate contracts with, public and private non-profit agencies, organizations and institutions for the purpose of planning and implementing such projects.

The project should to the extent feasible be comprehensive in nature. The extremely critical nature of the drug dilemma demands a concentrated cooperative effort by various segments within the community. With funds available, the U.S. Office of Education will support a limited number of demonstration projects designed to provide communities with effective approaches to the development and implementation of drug education programs.

Proposals should meet the following specifications:

1. Since the drug problem is a community-wide concern, the proposal should indicate what combination of agencies, institutions, and groups in a given community--schools, law enforcement agencies, mental and community health agencies, religious organizations, civic groups, service organizations, community agencies, parents' groups, youth groups, etc.--will collaborate to plan, develop and implement the drug education project. Close cooperation between schools and community is strongly encouraged.
2. It is strongly advised that proposed projects take into account already developed State and local drug prevention plans and established programs, as well as the U.S. Office of Education's National Drug Education Program. Proposals should include assurances against overlapping, duplicating, and competing with other agency or group activities in the drug abuse education area.
3. Projects must reach and influence a wide variety of people in the community, including educational personnel, parents, the legal and medical professions, business representatives, and young people both in and out of school. The proposal design should identify ways to provide the community accurate up-to-date information about drugs and drug abuse and to influence value and attitude change.

4. Learning activities that will provide adults with skills and techniques they need to deal effectively with values, life styles, and problems of contemporary youth, particularly those who are involved with drugs, should be devised.
5. Students and student-age youth, including whenever possible carefully selected ex-addicts and youth with varying degrees of drug experience, must be significantly involved in project planning, implementation and evaluation.
6. Proposals should describe ways in which ongoing community-oriented drug education projects will be related to the proposed project design, implementation and management. Close cooperation among all community efforts directed at solving the drug problem is strongly encouraged. Multiple sign-offs of agencies involved, either through letters of endorsement or signatures on the proposal cover sheet, will be required as evidence of such cooperation. In selecting projects to be funded, preference will be given to those which demonstrate potential to continue operating after Federal support is withdrawn. In all instances it is strongly encouraged that modest Federal funds be supplemented with local resources.
7. Priority will be given to projects based in target areas of manageable size in terms of concentrating available resources and measuring project impact on the target area as a whole. Projects could be designed for neighborhoods or sections of large metropolitan areas.
8. Proposals should specify the target population or ethnic mix to be served--i.e., Black populations, Spanish-speaking minorities, American Indians, suburban middle class, rural, etc.
9. Projects should provide, to the extent feasible, a comprehensive, multi-faceted range of services. While particular emphasis should be placed on drug abuse prevention, and treatment of causes rather than symptoms, services such as hot lines, free clinics, crash pads, and counseling centers should be included in each project. In addition, seminars, workshops, drop-in houses, community action groups, and peer group leadership programs should be, as appropriate, component parts of a comprehensive project design.
10. Proposals should include an evaluation design which will provide sponsors of the proposed project with accurate information about its impact.

CONTINUATION OF ONGOING STATE DRUG EDUCATION PROJECTS

In 1971-72, the 50 States, District of Columbia, Puerto Rico, Virgin Islands and the outlying territories will be eligible to receive grants to continue activities in drug education begun under the National Drug Education Program in 1970-71. Most grants will be approximately 60 percent of the grant amount for 1970-71. Grants will be administered through the State Departments of Education.

All proposals from the States for this component of the 1971-72 program will be reviewed by a committee of outside experts and representatives from the U.S. Office of Education and other Federal programs. In the proposal each State should review its first year's program and focus on the special needs in the State's program to which the second year's funding would be addressed. No grant award can be issued until a proposal has been finally approved by the U.S. Office of Education.

Copies of the specifications for preparation of proposals will be sent to each State Drug Education Coordinator. Additional copies may be obtained by writing or calling the Drug Education Staff whose names and telephone numbers are given in the appendix.

ELIGIBLE APPLICANTS AND PARTICIPANTS

Applicants -- Eligible applicants under Section 3 of the Drug Abuse Education Act of 1970 (P.L. 91-527) are:

- (1) institutions of higher education including junior and community colleges; (2) State and local educational agencies; and (3) other public and private education or research agencies, institutions, and organizations.

Eligible applicants under Section 4 (community education projects) of the Act are public or private non-profit agencies, organizations, and institutions.

Participants -- Under the Act programs may be arranged for students at all levels from elementary school through college in both public and private schools; for all educational personnel at the elementary, secondary and higher education level; for law enforcement officials and other public service and community leaders and personnel; and for parents, young people and individuals and groups within a community. Broadly speaking, programs may be arranged for anyone concerned with or involved in drug abuse prevention.

Each preliminary proposal should contain a realistic estimate of projected costs. At this stage a detailed cost estimate is not required. This will be necessary later for the development of full proposals, for which appropriate financial provisions will be supplied.

FINANCIAL INFORMATION

liminary proposal was selected for further development. meet the established requirements, regardless of the fact that a pre- posals which in its judgement and that of outside reviewers do not torily met. The Office reserves the right not to support those pro- experts to determine whether program requirements have been satisfac- Office of Education and other Federal agency staff assisted by outside throughout the country. Formal proposals will be reviewed by U.S. an equitable geographic distribution and a wide variety of communities Those applicants selected to submit formal proposals will represent projects will be requested to submit detailed plans for implementation. to have most potential for development into effective drug education screening, applicants who have submitted preliminary proposals judged with the assistance of outside experts. As a result of this first reviewed by the U.S. Office of Education and other Federal agency staff proposals of no more than 10 pages, double-spaced, in length will be a two-stage screening process will be conducted. First, preliminary Approval Process -- In approving proposals submitted under P.L. 91-527 the grantee before the contract can be executed and the work commenced. the U.S. Office of Education. Approval by USOE must be received by for the project. All such contracts must be approved in writing by the grantee must retain fiscal control and program responsibility contract with another organization to provide specified services, but Contracting with other organizations -- A grantee may enter into a

community education projects can be supported. requires. It is, therefore, anticipated that no more than 20-25 the comprehensive approach to the drug abuse problem which the Act at a sufficiently high level--\$100,000 to \$125,000--to provide for Projects under Section 4, community education projects, will be funded imately 20-30 college-based programs will be funded under Section 3. supported across the Nation under Sections 3 and 4 of the Act. Approx- In addition a limited number of new demonstration projects will be support will be continued for State programs initiated in fiscal 1970. support under the wording of the Act. As stated in the Introduction, not be possible to support all projects which would be eligible for Number of Projects to be Supported -- With the funds available it will

There will be no support for planning grants as such. Only projects which will be operational in 1971-72 will be supported.

Funds for all projects to be supported in 1971-72 will be obligated by June 30, 1971 but may not be expended until after July 1, 1971.

Support for projects will consist of reimbursement for actual allowable costs incurred. Normal allowable costs would fall in the following categories:

- A. Staff salaries based upon regular salaries of the employing institutions or agencies.
- B. Secretarial assistance.
- C. Consultants and lecturers as appropriate.
- D. Employee services and benefits, i.e., social security, hospitalization, retirement, etc.
- E. Travel necessary to the project:
 - (1) Travel by staff.
 - (2) Travel for visiting staff, consultants and lecturers.
 - (3) Travel for specially required field trips immediately related to the project.
- F. Office supplies:
 - (1) Communications and publicity.
 - (2) Reproduction and office supplies.
- G. Instructional supplies--rental of films, audio tapes and necessary duplicated materials; reference materials as appropriate; rental of equipment otherwise unavailable to the project.

Nota Bene: It is expected that the grantee will provide suitable classroom and office space and equipment (e.g., typewriters, duplicating and dictating machines, files, bookshelves, blackboards, etc.). The grantee is also responsible for providing special library and laboratory facilities and other facilities relevant to the project. The institution or agency also must have conveniently available such nonexpendable equipment as is required for formal and informal activities (e.g., tape recorders and overhead projectors).

INSTRUCTIONS FOR PREPARATION OF PRELIMINARY PROPOSALS

Note -- Preliminary proposals need not be submitted in the case of requests for continuation of State drug education programs initiated in 1970 under the EPDA. Instead, full proposals will be due from the States by May 3, 1971.

Preliminary proposals should have the following elements:

- A. Abstract
- Describe in 500 words or less the major objectives and the program elements designed to achieve the objectives.
- B. Planning
1. Describe the manner in which different groups and individuals helped to plan this preliminary proposal.
 2. What was the sequence of activities which took place during the planning?

- C. The Problem
- State the rationale for the establishment of the proposed program. Include an assessment of the conditions which have contributed to the problem.
- D. Objectives
1. Please state clearly the objectives of the program proposed.
 2. Include an estimate of the time it will take to achieve these objectives and indicate the process by which this determination was made.

- E. Program Activities to Achieve Objectives
1. What are the program activities to achieve the stated objectives?
 2. How do they provide a new and comprehensive solution to the problem?
- F. Resources and Projected Costs

1. What resources--in terms of people as well as facilities--will be available for the project proposed?

2. What is the projected cost for the first year?

3. What supplementary funds will be available?

Please submit 10 copies of no more than 10 pages, double-spaced, of the preliminary proposal to the Drug Education Branch, Division of Program Resources, Bureau of Educational Personnel Development, U.S. Office of Education, 400 Maryland Avenue, SW., Washington, D.C. 20202. Three copies should have signatures representing the initiating agency and all other agencies or institutions who have been involved in the planning and will be involved in the subsequent implementation of the project. The format given below should be used on the cover sheet of the preliminary proposal.

A PRELIMINARY PROPOSAL

FROM

UNDER THE DRUG ABUSE EDUCATION ACT OF 1970

BUDGET TOTAL _____

SIGNED _____

INITIATOR

COOPERATING AGENCIES

-13-

Drug Education Branch
 Division of Program Resources
 Bureau of Educational Personnel Development
 400 Maryland Avenue, SW.
 Washington, D.C. 20202

Preliminary proposals should be sent to:

Dr. James M. Spillane, Chief (202) 962-1915
 Mr. Myles Doherty 962-1915
 Mr. Robert Schneider 962-1915
 Mr. Lucious Bain, Jr. 962-1915
 Miss Vivian Lesane 962-1915
 Mr. Kenneth Brooks 962-1915
 Miss Linda Andrews 962-1915
 Miss Michele Moran 962-1915

Drug Education Branch

Dr. William Thomas Carter, Director

DIVISION OF PROGRAM RESOURCES

Dr. Don Davies, Associate Commissioner

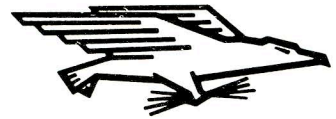
BUREAU OF EDUCATIONAL PERSONNEL DEVELOPMENT

June 25	Issuance of grant award documents.
June 18	Completion of all grant negotiations.
May 31	Notification of successful sites for college-based and community education programs.
May 24	Receipt of full proposals for college-based and community education programs.
May 3	Receipt of full proposals for continuation of 1970-71 State drug education programs.
April 23	Notification of sites to prepare full proposals.
April 16	Receipt of preliminary proposals.

TIME LINE FOR IMPLEMENTATION OF P.L. 91-527

**U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202**

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