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STATEMENT OF

DONALD IAN MACDONALD, M.D.

ADMINISTRATOR

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION

and

CHAIRMAN

DRUG PREVENTION AND HEALTH COORDINATING GROUP

NATIONAL DRUG POLICY BOARD

before

THE CAUCUS ON INTERNATIONAL NARCOTICS CONTROL

UNITED STATES SENATE

on

"DRUG ABUSE PREVENTION, EDUCATION AND TREATMENT
ONE YEAR AFTER THE ANTI-DRUG ABUSE ACT OF 1986"

December 2, 1987

Mr. Chairman and members of the Senate Caucus on International Narcotics Control, I am Dr. Donald Ian Macdonald, Administrator, Alcohol, Drug Abuse, and Mental Health Administration, and Chairman of the National Drug Policy Board's Drug Abuse Prevention and Health Coordinating Group. I thank you for the opportunity to give you an overview of our progress in implementing the demand reduction provisions of the Anti-Drug Abuse Act of 1986, Public Law 99-570.

In my testimony, I will address the three areas of concern outlined in your letter of invitation to Secretary Bowen. Those subjects are:

1. The implementation of the Anti-Drug Abuse Act provisions on drug abuse education, prevention, and treatment;
2. The impact of the Act on the levels of drug abuse in America;
3. The National Drug Policy Board's (NDPB) long-range plans and strategy with respect to drug abuse education, prevention, and treatment.

IMPLEMENTATION

As you know, P.L. 99-570 either revised or enhanced most existing demand reduction programs and also created several entirely new programs. Most of the demand reduction programs in the Department of Health and Human Services are carried out in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Programs also are carried out in cooperation with other agencies and Departments where appropriate. Considering the fact that P.L. 99-570 was enacted and funds appropriated after the start of Fiscal Year 1987, I believe we have made substantial progress in implementing the law. Virtually every new or enhanced program was implemented and awards made to eligible entities by the close of Fiscal Year 1987.

I will summarize the accomplishments in each of the major areas of demand reduction:

Treatment Services

The major provision of the Anti-Drug Abuse Act of 1986 relating to treatment services is the Alcohol and Drug Abuse Treatment and Rehabilitation (ADTR) Block Grant to support new and expanded services. The ADTR funds have been distributed to the states as specified in the Act, in two portions -- a 45 percent portion based on population and a 55 percent portion based on need.

On November 24, 1986, ADAMHA notified states of the availability of the 45 percent portion of the ADTR, and all the states were awarded this portion by April 29, 1987.

The 55 percent portion required that ADAMHA develop a needs formula. A number of states expressed concern with the original formula transmitted to them on January 20, 1987; and, at the states' request, ADAMHA extended the deadline for their comments. ADAMHA transmitted the OMB-approved application requirements and guidelines to the states on March 4, 1987; and the final formula was transmitted to the governors on April 3, 1987. Subsequently, ADAMHA processed completed state applications in an average turnaround time of two weeks; and all of the 55 percent awards were received by the states by September 30, 1987.

The ADTR funds are available to states for obligation for two fiscal years. Each state now has its total award available with which it can initiate new or expanded drug and alcohol services. States are free to "draw down" these funds as required to expand services. As of October 30, 1987, a total of 30 states have "drawn down" \$18.5 million, representing 11.3 percent of the \$162.9 million made available by Public Law 99-570.

ADAMHA analyzes information provided by the states as part of their applications for the ADTR Block Grant. Targeted populations most often mentioned are youth and adolescents,

AIDS/IV drug users, women, the homeless, persons in the criminal justice system, the elderly, and minorities (Blacks, Hispanics, Native Americans). States' applications indicate that ADTR funds are supporting a host of services -- prevention, training and education, intervention, detoxification, outpatient, residential and intermediate care, rehabilitation, aftercare, methadone maintenance, and employee assistance programs -- in both the drug and alcohol abuse areas.

Further, through our continuing cooperative efforts with the National Association of State Alcohol and Drug Abuse Directors (NASADAD), we obtain information collected through the annual State Alcohol and Drug Abuse Profile (SADAP). The 1987 survey will include four additional questions requested by ADAMHA specifically addressing the use of ADTR funds, including the types of services to be provided, expected client admissions supported by ADTR monies, estimated allocations of ADTR monies to be targeted to specific drugs of abuse, and allocations targeted to special populations. Preliminary results from this effort should be available from NASADAD by March 1, 1988.

Prevention

In response to the desire of many communities to have one organization to turn to for prevention interaction, a new entity, the Office for Substance Abuse Prevention (OSAP) was established by P.L. 99-570. Charged with preventing substance abuse and its

adverse consequences for health, OSAP was organized and staffed during FY 1987 and began with the following actions:

- o A total of \$24 million in high risk youth model demonstration grants was awarded. This entailed soliciting and completing peer review of an unprecedented number of applications (nearly 900) and awarding 131 grants. These grants address all populations of high risk youth identified in the legislation, with a large percentage concentrated on the economically disadvantaged, children of substance abusers, and gateway drug users.

- o Information about alcohol and drugs was developed and disseminated. OSAP manages the National Clearinghouse for Alcohol and Drug Information (NCADI), which responds to 60,000 requests per year (expected to reach approximately 100,000 during FY 1988). NCADI stocks more than 500 different publications; offers users a data base search capability and a free audio-visual loan program; and provides outreach to schools.

- o By the end of FY 1987, OSAP awarded the following:
 - (1) Technical Assistance and Training to Parents, Youth, and Communities, which is to stimulate

primary prevention programs by providing on-site technical assistance to parent and youth organizations, schools, and other agencies working with target groups.

(2) Technical Assistance and Training Workshops for Ethnic Minorities, which are to provide on-site technical assistance to minority groups and individuals and groups that serve minority populations; conduct workshops for these organizations; provide substance abuse prevention training to individuals and agencies serving ethnic minority groups; and provide speakers, panelists, and facilities at state and local community conference/workshops focusing on minority populations.

(3) The Development of Model Community-Based Prevention Strategies Program and Services, which are to stimulate, support, and evaluate the efforts of local chapters of national organizations to implement community-based programs and activities.

- o A successful and productive relationship has been formed between OSAP and the Department of Education

(DoED) through frequent collaboration, including the following:

- (1) A joint ad hoc committee was formed in December 1986 to oversee implementation of the Anti-Drug Abuse Act of 1986. This committee was subsumed in March 1987 by the National Drug Policy Board's Drug Abuse Prevention and Health Coordinating Group.
- (2) A memorandum of understanding was signed in March 1987 to specify procedure and responsibilities for the National Clearinghouse for Alcohol and Drug Abuse Information, including the transfer of \$500,000 from DoED to assist in establishing the Clearinghouse.
- (3) A second memorandum of understanding was signed in April 1987 outlining procedures and responsibilities for the legislatively-mandated joint assessment of Federal, state and local drug prevention/education programs.
- (4) Each Department is contributing information to the other's publications.

In September 1987, OSAP also signed a memorandum of understanding with HHS' Food and Drug Administration to conduct a national campaign to increase student and educator awareness of the adverse effects of steroids on young athletes. In addition, OSAP has supported conferences, symposia, workshops, and several special projects aimed at increasing community-based prevention programs and services for a wide spectrum of groups.

Research

The Anti-Drug Abuse Act also provided funds for enhanced research initiatives in ADAMHA. Within ADAMHA, the National Institute on Drug Abuse (NIDA) received an additional \$27 million for preclinical, clinical, and epidemiologic research studies. Project grants, the primary research mechanism, have been funded at a level of \$11.7 million, with contracts funded at \$8 million and Substance Abuse and Alcoholism received an additional \$3 million. Examples of drug abuse research include:

- o Studies on various approaches to drug abuse treatment being conducted by three centers based in New York, Pennsylvania, and Connecticut. These studies focus on pharmacotherapy for opiate addiction using naltrexone, buprenorphine, methadone, and certain experimental drugs, with one center also exploring treatment for benzodiazepine addiction and two exploring cocaine addiction.

- o Studies on cocaine abuse, including a New York-based study of the efficacy of individual and family therapy; a State of Washington-based study of outpatient treatment; another New York-based study on the causes and consequences of cocaine abuse by methadone clients with a focus on reducing such abuse; a Georgia study of the neurobehavioral effects of prenatal cocaine exposure, alone and in combination with alcohol and marijuana; a University of Florida study of certain features of cocaine use in pregnancy using an animal model; and a Louisiana-based study on the neurobiology of chronic cocaine intoxication.

- o A California study on the safer treatment of pain through the development of non-addicting opioid peptide analgesics.

- o Evaluation of cocaine abuser treatment modalities by both University of California researchers and Yale University researchers.

- o Research on drug prevention among ethnic minority groups being conducted at the University of Washington, where the etiology and patterns of drug use among Black, Asian, and White urban youth are being studied to determine the relative importance of risk factors at

different developmental levels, and at the University of Maryland, which is investigating the etiology of substance abuse among unemployed Black youth.

- o School-based prevention studies including an evaluation of the effectiveness of a comprehensive health promotion/substance abuse prevention program for middle school students being conducted by Wisconsin health officials and a life-course perspective on drug abuse prevention being explored by Kentucky researchers.

With regard to alcohol research, the National Institute on Alcohol Abuse and Alcoholism is:

- o Conducting an epidemiological study on sequencing of alcohol and drug use in adolescents;
- o Studying the effects of alcohol on endocrine and psychosocial development in adolescents;
- o Developing an objective marker for alcohol intake; and
- o Developing improved technology for measuring prevention outcome.

These projects should clearly indicate the subject diversity of the research being conducted. Fortunately, the national focus on drug abuse problems has served to attract many outstanding project applications, particularly by researchers who had not previously shown an interest in the field.

Data and Epidemiology

NIDA, a world leader in the collection of drug abuse data, supports three major ongoing data collection activities, the High School Senior Survey, the National Household Survey on Drug Abuse, and the Drug Abuse Warning System (DAWN). These survey efforts were enhanced with funding provided by the Anti-Drug Abuse Act of 1986.

The High School Senior Survey is an annual survey of drug use among high school seniors. The study is designed to scientifically sample 16,000 to 18,000 high school seniors located in approximately 130 public and private high schools around the Nation. Each graduating class since 1976 has been or will be followed annually for 10 years past high school. Data from the survey are primarily used to assess prevalence and trends of drug use among high school seniors and to gain a better understanding of the lifestyles and value orientations associated with patterns of drug use and how those orientations shift over time.

The National Household Survey on Drug Abuse is conducted every two to three years and provides national data on the incidence, prevalence, trends, and correlates of drug use in a representative sample of the household population aged 12 years and older in the continental United States. Homeless individuals and people who live in institutions such as jails, hospitals, or on military bases are not included. Data are collected on the use of alcohol, cigarettes, marijuana, inhalants, cocaine, hallucinogens, heroin, and the non-medical use of psychotherapeutic drugs.

The Drug Abuse Warning System (DAWN) is a large-scale drug abuse data collection system designed as an early warning indicator of the severity, scope, and nature of the Nation's drug abuse problem. Data collection involves the voluntary participation of a non-random sample of about 750 hospital emergency rooms and 75 medical examiner/coroner offices located primarily in 27 metropolitan areas throughout the Nation.

Certain features of the DAWN system make it especially useful in monitoring changing drug trends: it is ongoing, with data files updated monthly; it collects data on specific drugs rather than classes of drugs; and it reflects geographic variation in emerging problems.

Special Provisions for American Indians and Alaska Natives

P.L. 99-570 requires the Secretary of the Department of Health and Human Services and the Secretary of the Interior to establish cooperative efforts between the Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS) in order to jointly address alcohol and substance abuse in Indian communities. After consultation with tribes and briefing sessions with tribal leadership and local IHS/BIA staff, a memorandum of agreement (MOA) was signed by the respective Secretaries, published, and distributed to tribal chairpersons in March 1987. The MOA includes a provision for the development of an Organizational Management Action Plan outlining specific objectives and timeliness to assure ongoing coordination.

Section 4206 of the Anti-Drug Abuse Act provides tribes with the opportunity to form Tribal Coordinating Committees, with tribal, BIA and IHS representation, to develop Tribal Action Plans (TAPs). To date at least 85 percent of the tribes have passed resolutions of intent to write a plan. In communities where tribes did not begin this process, the IHS Service Unit Directors, as required by statute, are working with the BIA to develop a plan.

The IHS was instructed to develop comprehensive alcohol and substance abuse prevention and treatment programs. Each IHS area has developed such a program and further coordinated activities

with the BIA by completing area-specific workplans consistent with the Tribal Action Plans.

P.L. 99-570 also requires enhancement of detoxification and treatment programs and community rehabilitation and follow-up services for American Indians and Alaska Natives. Site selection criteria reflecting accessibility to transportation, medical, education, vocational, cultural and social service support systems were developed for the initial treatment centers. A panel of outside experts, representing national American Indian and Alaska Native health organizations and substance abuse perspectives, assisted the Indian Health Service in reviewing 19 proposals. Selected sites were (1) the Cherokee Nation of Oklahoma, using a dormitory on the Sequoyah School grounds, and (2) the Acoma-Canoncito-Laguna (ACL) Hospital in the Albuquerque area, which was selected by a committee of all tribes in the area and will be managed by the IHS. These two treatment centers will be operational by the first of February 1988.

Community-based rehabilitation and aftercare services are presently being provided in most Indian/Alaska Native Communities through 638 contracts or IHS Service Units. Funds were distributed to areas utilizing a formula that included Years of Premature Life Loss (YPLL), demand for services, and data on treatment effectiveness.

Appropriations of \$3.5 million were provided for Section 4228, community education and staff training. These funds were distributed to areas based on a formula of population, YPLL and demand for prevention services in Fiscal Year 1986.

In Fiscal Year 1987, approximately 5,000 people were trained, including physicians, nurses, alcoholism program staff, health educators, social workers, BIA/Tribal law enforcement and educators. Education and training of tribal leaders is also occurring.

Education

Since October 27, 1986, the Department of Education has worked hard to implement quickly the programs outlined in the law. The results of these efforts are that after one year, all programs are fully operational. In other words, \$198.5 million of the \$203 million two-year money that was targeted for prevention education was made available to the American people. The remaining \$4.5 million for audio-visual materials grants will be awarded this month.

Not only were these funds available quickly, but the Department of Education also provided guidance and information to the American public to assist them in establishing effective prevention programs. What Works: Schools Without Drugs was published early in Fiscal Year 1987. The handbook outlines how

schools, with the help of parents and communities, can prevent student drug use.

Also, two months after passage of the Anti-Drug Abuse Act, the Department of Education distributed guidance to governors and state educational agencies on the state and local funds, and a month later the Department of Education held a conference for representatives of the governors and state educational agencies explaining in detail the law and its implications.

Three months after the passage of the law, Secretary Bennett challenged all schools to develop comprehensive programs and to join "The Challenge" campaign, a campaign that mobilizes parent and community support for school programs.

Five months after passage of the law, the Department of Education mailed the first of its bimonthly newsletters to every elementary and secondary school throughout the country, giving them information on model schools, the latest on research and other resources and techniques for helping in the war against drug abuse.

Realizing that there are problems with current curricula, Education did several things. First, it reviewed the latest research on prevention techniques, and then it formed an advisory board to establish criteria for choosing curricula and to assist

school officials by detailing how a curriculum should be incorporated into a broader prevention program. The results of the research review were incorporated in the joint Department of Education/Department of Health and Human Services report to Congress delivered October 27, 1987. It will also be delivered to all chief state school officers. The results of the advisory board will be published this summer.

The Department of Education has also begun work with institutions of higher education. In September 1987, a panel of college presidents, vice presidents and administrators met to establish standards for alcohol and drug prevention for colleges and universities. In December 1987, college presidents will review the standards and make recommendations. These will then become the standards for a network of committed colleges across the country.

The Department of Education is also working on discovering and publicizing model programs. The Department is currently reviewing materials submitted by schools and selecting above-average programs for dissemination. The Department has also established a School Recognition Program to name 50 to 100 outstanding programs throughout the country this school year. The Department of Education publicizes effective programs in the newsletter, and the names of the schools will be circulated among

education resource centers so that schools around the country can benefit from their successes.

The Department of Education is currently meeting with the Department of Health and Human Services to begin evaluating Education's efforts. In particular, the state and local funds, including the governors' money for high-risk youth and community coordination, will be examined. This joint effort should produce insights into what the states consider high priority programs and may provide us some state models for publication.

As it established its programs, the Department of Education worked with many agencies. Prior to the passage of the law, the Department was a member of the Domestic Policy Council's Working Group on Drug Abuse Policy and, after the passage of the law, began working closely with the Department of Health and Human Services. Beginning last December, monthly meetings discussing critical issues that had an impact on the implementation of Education's programs were held. Committees were formed to examine issues in curricula, media, teacher training, research, elementary and secondary schools, colleges and universities.

These meetings continued until March when the Department of Education became a member of the National Drug Policy Board, and its activities were subsumed into those of the Drug Abuse Prevention and Health Coordinating Group. Since that time, the

Department of Education has been the lead agency for Prevention and Education. As lead agency, the Department of Education has worked with 15 other agencies to establish a strategy to assist parents, schools and communities in their prevention efforts with the general youth population.

Workplace Initiative

In response to the Anti-Drug Abuse Act of 1986, NIDA established an Office of Workplace Initiatives (OWI) in February 1987; implemented a national toll-free workplace helpline (1-800-843-4971) to assist employers in developing resources for education, treatment, and prevention of substance abuse; and developed and issued the HHS Technical and Scientific Guidelines for Federal Drug Testing Programs, as required by the President's Executive Order for a Drug-Free Workplace (Executive Order Number 12564). The final guidelines are scheduled to be published this month.

The objective of the workplace initiative is to significantly reduce individual employee drug use, thereby reducing the impact of drugs at public and private worksites. Through research and technical assistance, this initiative seeks to determine the impact of drug abuse in the workplace; to raise the awareness of drug abuse issues by employers, labor leaders,

and occupational health practitioners; and to foster the development of effective employee assistance approaches.

- o Industry: The larger Fortune 500 companies have already moved ahead with workplace initiatives, but many smaller companies, constituting 65 percent of the U.S. workforce, do not have the capability to develop programs on their own and look to the Federal Government for guidance. NIDA, therefore, plans to develop a model employee assistance program (EAP), standards for program evaluation, and standard curricula for training in substance disorders to be used as EAP employment criteria and continuing education for current and future EAP employees.

- o Federal Government: The Director of OWI is also Chairman of the Interagency Coordinating Group (ICG) on Implementation of the President's Executive Order for a Federal Drug-Free Workplace. ICG includes members from the Office of Personnel Management, the Department of Justice, and the HHS Public Health Service. In mid-September 1987, the ICG sponsored a technical assistance workshop to help agencies develop their plans, and is developing a model plan for agencies use.

- o Workplace Research: In July 1987, NIDA released the new OWI grant program announcement, "Research on the Prevalence,

Impact, and Treatment of Drug Abuse in the Workplace." The four areas of interest of this program are:

- (1) Prevalence of Drug Use and Relationship with Productivity in the Work/School Environment;
- (2) Development of Performance Assessment Batteries;
- (3) Assessment of Employee Assistance Models; and
- (4) Workplace Policy Research.

IMPACT OF THE ANTI-DRUG ABUSE ACT OF 1986

It is simply too early to tell what impact the Anti-Drug Abuse Act's education, prevention and treatment provisions have had on the levels of drug abuse in America. As I have described in the implementation section above, virtually all of the Act's funding has been made available to the intended recipients during Fiscal Year 1987, but it will take some time before all programs will be fully geared up at the state and local levels. We will know relatively soon how many drug users respond and seek treatment. The success of our prevention efforts will be measured by how many people do not get involved with illegal drugs, and this is harder to measure. We must continue to seek every opportunity to not tolerate the presence or use of illegal drugs if our prevention efforts are to succeed.

Unlike smallpox, there is no one-shot vaccine to stop drug abuse. We have to overcome years of casual attitudes toward drug-taking behavior. We must educate each successive new generation to not accept illegal drugs. Unlike other diseases, there is a criminal element actively promoting the spread of illegal drugs, without regard to the personal tragedies they cause.

We have made progress in demand reduction, as shown by surveys and attitude polls, against most of the illegal drugs. The major exception may be cocaine. The advent of a cheap, smokable form of cocaine, known as "crack," has greatly altered the picture of even a few short years ago. We are meeting this continuing threat in a variety of ways which I discussed earlier.

Although it may be too early to tell what the ultimate impact of the Anti-Drug Abuse Act is today, you should not doubt that the Act has enhanced our Nation's ability to fight drug abuse. The Act has expanded the resources and other support available to states, schools, parents, prevention and treatment programs, and researchers.

DEMAND REDUCTION AND THE NATIONAL DRUG POLICY BOARD

Prior to the creation of the National Drug Policy Board, demand reduction was coordinated through the Domestic Policy

Council Working Group on Drug Abuse Policy. On March 26, 1987, President Reagan established the National Drug Policy Board (NDPB) by Executive Order 12590. The NDPB consolidated the functions of prior coordinative entities working in supply and demand reduction in order to provide coordinated, national responses.

Demand reduction strategies now emanate from the Drug Abuse Prevention and Health Coordinating Group of the NDPB, which I chair. The Group's membership includes the Departments of Health and Human Services, Education, Housing and Urban Development, Labor, Interior, Defense, Justice, State, Transportation, Energy, and Treasury. It also includes the Office of Personnel Management, ACTION, and the Office of Management and Budget. Its focus is on prevention, education, rehabilitation, treatment, and research.

The Group is comprised of four committees which target specific populations in American society. The committees are as follows:

Committee on Mainstream Adults - Chaired by Robert Windom, Assistant Secretary for Health, Department of Health and Human Services. The goal of this committee is to promote a drug-free workplace for the Federal workforce and the

private sector. It also deals with employee assistance programs and urine screening programs.

Committee on High Risk Youth - Chaired by Vernon Speirs, Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, Department of Justice. This committee targets youth at risk, dysfunctional families, and those with social, psychiatric, and educational problems.

Committee on Prevention and Education - Chaired by William Lennox, Special Assistant to the Secretary, Department of Education. This committee is focused on youth and early drug use. Among its principal goals are to prevent and delay the onset of experimentation or use of drugs and to educate schools, communities, parents, and youth about drug abuse.

Committee on Treatment and Rehabilitation - chaired by Dr. Charles Schuster, Director of the National Institute on Drug Abuse. This committee is focused on those already addicted to or abusing drugs, and it deals with all aspects of treatment and rehabilitation, including the issues of AIDS and intravenous drug abuse. The committee looks at the various risks factors, including psychiatric and social dysfunction, homelessness and family dysfunction.

Each of the committees is functioning with an unprecedented level of cooperation. Our goal is to complete the demand reduction portion of the national strategy in early 1988. Thus far, each committee has adhered rigorously to the schedule mandated by the NDPB.

Furthermore, the NDPB will be receiving input from the White House Conference for a Drug Free America as authorized by P.L. 99-570.

The purpose of the Conference is to:

- o Share information and experiences in order to vigorously and directly attack drug abuse at all levels --- local, Federal, state, and international;
- o Bring public attention to approaches to drug abuse education and prevention which have been successful in curbing drug abuse, and to those methods of treatment which have enabled drug abusers to become drug-free; and
- o Highlight the dimensions of the drug abuse crisis, examine the progress made in dealing with such crises, and assist in formulating a

national strategy to thwart the sale and solicitation of illicit drugs and to prevent and treat drug abuse.

Between November and December 1987, the White House Conference is providing the opportunity for citizens (in a series of six regional conferences) to share their ideas and experiences in order to attack drug abuse vigorously at all levels.

After the meetings around the country, a major conference will be held in Washington, D.C., from February 28-March 3, 1988. Drug abuse prevention, treatment and research will be discussed, as will drug-free workplaces, schools, transportation and public housing.

The public will be invited and the involvement of representatives of successful local anti-drug programs from all over the country is considered crucial. The final product will be a report to the President and the Congress by August 1988 on the policies, programs and national strategies necessary to build upon what has already been accomplished and work toward a drug-free America.

I believe it is necessary for Members of Congress to be aware of these efforts, and hopefully be involved in them, in the larger context of overall policy development.

Conclusion

In implementing P.L. 99-570, we are making considerable gains against drug abuse -- and we are moving faster than would have been possible without the law. Everyone has high expectations and, although we would like to see immediate results, changing human behavior takes time. The Anti-Drug Abuse Act was signed into law only one year ago.

I believe that the Congress and the Administration agree that the commitment to strong demand reduction strategies must be maintained at the Federal, state and local levels. I am confident that the Congress and the Executive Branch will continue to work together toward our ultimate goal -- a drug-free American society.

I would be pleased to answer any questions you might have.



UNITED STATES DEPARTMENT OF EDUCATION

WASHINGTON, D.C. 20202

OFFICE OF THE SECRETARY

DEC 1 1987

MEMORANDUM

TO : Dr. Donald I. Macdonald
Special Assistant to the President
Director, Drug Abuse Policy Office

FROM : William J. Lennox, Jr. *William J. Lennox, Jr.*
Special Assistant to the Secretary
Director, Drug Abuse Prevention Oversight Staff

SUBJECT: Information for Biden Hearing

I have included the information you requested in a question and answer format. I have also included a copy of our technical amendments that increase accountability by requiring school districts to show the effectiveness of their plans two years after implementation. If they show effectiveness (e.g. decreased incidents or decreases in usage on student surveys), they are funded for the third year. If they cannot show effectiveness, they must revamp their program. If they refuse, the State educational agency can reallocate those funds to another district which needs the funds and has an effective program. This is simply good management. D'Amato and DeConcini have supported these amendments and are attempting to include them on our authorization bill.

I have also included a brief survey of several States and what they are doing with the formula grant money they received. All look good except New York and Montana. New York's story is included in the Q&A attached.

Good Luck.

TECHNICAL AMENDMENTS

TECHNICAL AND IMPROVING AMENDMENTS TO THE
DRUG-FREE SCHOOLS AND COMMUNITIES ACT

(P.L. 99-570)

- o The Education Department has transmitted technical and improving amendments to the Drug-Free Schools and Communities Act.
- o The amendment package (with some variations) was introduced in the House by Representative Bennett (Fla.) as H.R. 1752, and later incorporated into H.R. 5, an Omnibus Elementary and Secondary Reauthorization bill. (House passed May 21, 1987).
- o Additional technical assistance (with revisions) has been provided to Senate sponsors, D'Amato and DeConcini. These revisions are in response to agreements reached with Senate staff over language improvements for reporting, accountability, and assessment requirements and for program evaluation authority. Despite initial resistance from the Senate Labor and Human Resources Committee to including drug education language in the elementary and secondary reauthorization effort (H.R. 5, S. 373), the Department continues to encourage their adoption in the Senate. *D'Amato and DeConcini will support the amendments for S. 373 (See attached statement for the record).*
- o In brief, the amendment package would address the following areas:
 - 1) State program allotments to localities;
 - 2) Participation of teachers in private non-profit schools;
 - 3) Local application reporting, accountability, and assessment of progress;
 - 4) State program reports;
 - 5) National program grant and contract authority;
 - 6) Federal evaluation authority.
- o Technical allotment language (#1 above) has been included in the Senate-passed trade bill and in the Labor-HHS-Education Appropriations bill.

Amendments to the "Drug-Free Schools and Communities Act"

On page ____, between lines ___ and ____, insert the following:

"STATE PROGRAM--LOCAL ALLOTMENTS

"SEC. _____. Section 4124(a) of the Drug-Free Schools and Communities Act of 1986 (20 U.S.C. 4601 et seq.; hereinafter in this ___ referred to as 'the Act') is amended in the second sentence therein by striking out 'the relative numbers of children in the school-aged population' and inserting in lieu thereof 'their relative enrollments in public and private, nonprofit schools'.

"STATE PROGRAM--PARTICIPATION OF TEACHERS IN PRIVATE NON-PROFIT SCHOOLS

"SEC. _____. Section 4143(b) of the Act is amended by striking out 'State, State educational agency, or State agency for higher education' and inserting in lieu thereof 'State, agency, or consortium'.

"STATE PROGRAM--LOCAL APPLICATIONS

"SEC. _____. (a) Section 4126(a)(2) of the Act is amended --

"(1) by redesignating subparagraphs (D) through (J) as subparagraphs (G) through (M), respectively; and

"(2) by inserting the following new subparagraphs:

'(D) describe the extent and nature of the current

drug and alcohol problem in the schools of the applicant, including detailed information that shows --

'(i) the number or percentage of students who use drugs or alcohol;

'(ii) the grade level of those students;

'(iii) the types of drugs they use; and

'(iv) how the applicant obtained this information;

'(E) describe the applicant's drug and alcohol policy, including an explanation of --

'(i) the disciplinary practices and procedures it will strictly enforce to eliminate the sale or use of drugs and alcohol on school premises; and

'(ii) how it will convey to students the message that drug use is not permissible;

'(F) describe how the applicant will monitor the effectiveness of its program;'.
'(b) Section 4126 of the Act is further amended by adding at the end thereof the following new subsection:

'(b)(1) In order to receive funds under this Act for the third year of its plan, an applicant shall submit to the State educational agency a progress report on the first two fiscal years of its plan. The progress report must describe in detail --

'(A) the applicant's significant accomplishments under the plan during the preceeding two years; and

'(B) the extent to which the original objectives of the plan are being achieved, including the extent to which there has been a reduction in the number of students who use drugs and alcohol.

'(2) The State educational agency shall not award funds under this Act to an applicant for the third year of its plan unless the State educational agency determines that the applicant's progress report shows that it is making reasonable progress toward accomplishing the objectives of its plan and the purposes of this Act. If the State educational agency determines that reasonable progress is not being made, the State educational agency shall instruct the applicant in writing to modify its plan so as to provide reasonable assurance off such progress. If after ninety days the applicant has not submitted to the State educational agency a modified plan which provides such assurance, the State educational agency may reallocate the applicant's funds to other applicants on the basis of need.'

"STATE PROGRAM--REPORTS

"SEC. ____ . Part 2 of the Act is amended by adding at the end thereof the following new section:

'STATE REPORTS

'SEC. 4127. Each State shall submit to the Secretary an annual report, at such time and in such form as the Secretary may prescribe, that contains information on the State or local programs the State conducts under this subtitle, including --

'(1) data on the number and characteristics of program recipients and the persons who participated in their programs; and

'(2) an assessment of the degree to which those programs accomplished their goals, including their impact upon drug and alcohol use by students.'

"NATIONAL PROGRAMS--GRANTS AND CONTRACTS

"SEC. _____. (a) Section 4132(b) of the Act is amended in the third sentence therein by inserting 'directly, or through grants, cooperative agreements, or contracts' immediately after 'shall'.

"(b) Section 4134(a) of the Act is amended by striking out 'enter into' and inserting in lieu thereof 'make grants to or enter into cooperative agreements or'.

"(c) Section 4135 of the Act is amended by inserting a comma and 'through grants, cooperative agreements, or contracts,' immediately after 'Secretary'.

"EVALUATION

"SEC. ____ . Section 4132(d) of the act is amended by adding at the end thereof the following new sentence: 'In addition, the Secretary may conduct periodic evaluations of programs authorized by this Act.'.

"EFFECTIVE DATE

"SEC. ____ . (a) The provisions of this ____ shall take effect October 27, 1986.

"(b) Notwithstanding subsection (a), a State educational agency may allot fiscal year 1987 funds to local and intermediate educational agencies and consortia under section 4124(a) of the Act on the basis of their relative numbers of children in the school-aged population."

STATEMENTS FROM SENATORS
DIAMANTO & DECONCINI READ
INTO THE RECORD 12/1/87

PELL:

MR. PRESIDENT, IT IS MY UNDERSTANDING THAT MY COLLEAGUES, MR. D'AMATO AND MR. DECONCINI, ARE INTERESTED IN OFFERING A PACKAGE OF AMENDMENTS TO S. 373 WHICH WOULD IMPROVE AND ENHANCE THE DRUG FREE SCHOOLS AND COMMUNITIES ACT WHICH WAS ENACTED LAST YEAR AS PART OF THE ANTI-DRUG ABUSE ACT OF 1986. THESE AMENDMENTS WERE, IN PART, ALREADY INCLUDED IN H.R. 5. I WOULD LIKE TO ASK MY COLLEAGUE FROM NEW YORK TO ELABORATE ON THE SPECIFICS OF THESE AMENDMENTS.

D'AMATO:

AS MANY OF MY COLLEAGUES KNOW, BECAUSE OF THE NOVELTY OF THE FEDERAL ANTI-DRUG ABUSE ACT, THERE ARE SEVERAL TECHNICAL AND ENHANCMENT AMENDMENTS WHICH ARE ESSENTIAL FOR PROGRAM EFFECTIVENESS. A SIGNIFICANT ELEMENT OF THESE AMENDMENTS WOULD RECTIFY A COMPLICATION WHICH EVERY STATE HAS ENCOUNTERED. AS THE LAW NOW STANDS, THE MONEY IS DISTRIBUTED FROM THE STATE TO THE LOCAL LEVEL ON THE BASIS OF 1980 CENSUS DATA -- DATA THAT IS OVER SEVEN YEARS OLD. THIS PROVISION WOULD ALLOW STATES TO USE CURRENT LOCAL ENROLLMENT DATA WHICH IS UPDATED ANNUALLY SO THAT THE MONEY COULD BE DISTRIBUTED TO WHERE THE STUDENTS ARE -- RATHER THAN WHERE THEY WERE.

ANOTHER IMPORTANT PROVISION WOULD ENSURE THAT FEDERAL PREVENTION AND EDUCATION EFFORTS PRODUCED RESULTS. THE LOCALITIES WOULD BE ASKED TO REPORT ANNUALLY TO THE STATES ON THE EXTENT OF THE LOCAL DRUG PROBLEM AND THE SOLUTIONS THAT HAVE WORKED TO PRODUCE POSITIVE RESULTS. THE

INTENT OF THE ORIGINAL LEGISLATION WAS TO PROVIDE EDUCATIONAL TOOLS WHICH ALLOWED THE LOCALITIES TO PROMOTE ANTI-DRUG ABUSE EFFORTS. UNFORTUNATELY, THE DRUG FREE ACT POSSESSES NO MECHANISM TO DETERMINE IF WE ARE MAKING PROGRESS AND IF WE ARE -- WHY? THE PROBLEM OF THIS PROGRAM NOT BEING ACCOUNTABLE HAS BEEN HIGHLIGHTED DURING BOTH HOUSE AND SENATE OVERSIGHT HEARINGS ON THIS ACT. THIS IS A VERY NEW PROGRAM, AND I, FOR ONE, AM NOT WILLING TO SIT BACK AND WATCH THIS PROGRAM FLOUNDER WITHOUT A CARROT DRAWING IT TOWARDS SUCCESS.

STAFFORD :

I HAVE REVIEWED THE AMENDMENTS AND UNDERSTAND THAT THEY ARE SUPPORTED BY BOTH SIDES OF THE AISLE. HOWEVER, BECAUSE OF TIME LIMITATIONS AND BECAUSE THE MAJORITY OF THESE PROVISIONS WERE INCLUDED AS PART OF H.R. 5, I WOULD ASK THAT AN AGREEMENT BE REACHED THAT THESE AMENDMENTS BE CONSIDERED DURING CONFERENCE DELIBERATIONS. FOR THE RECORD, I WOULD APPRECIATE AN EXPLANATION OF THE DIFFERENCE BETWEEN THESE AMENDMENTS AND THOSE THAT WERE ADOPTED AS PART OF H.R. 5.

DECONCINI:

I THANK MY COLLEAGUES FOR THEIR WILLINGNESS TO CONSIDER THESE AMENDMENTS AS PART OF S. 373. IN RESPONSE TO YOUR INQUIRY, THERE ARE MINOR CHANGES TO H.R. 5 THAT WE WOULD LIKE TO SEE INCORPORATED INTO S. 373. MOST SIGNIFICANTLY, H.R. 5, REQUIRES REPORTS FROM THE LEAS TO THE SEAS AND *on the progress of local drug education efforts* FROM THE SEAS TO THE SECRETARY OF EDUCATION. HOWEVER, THERE ARE NO GUIDELINES AS TO WHAT THESE REPORTS REQUIRE AND THERE WOULD BE NO WAY TO **assess** IF WE ARE MAKING PROGRESS IN OUR WAR AGAINST DRUGS. THE LANGUAGE THAT WE WOULD LIKE TO SEE ENACTED WOULD ~~promote~~ PROMOTE GOALS AND DIRECTION FOR SCHOOL DISTRICTS ACROSS THE COUNTRY.

WE WOULD ALSO LIKE TO GIVE THE SECRETARY OF EDUCATION THE ABILITY TO USE PROGRAM FUNDS FOR EVALUATION. FINALLY, H.R. 5 INADVERTENTLY DOES NOT INCLUDE AN EFFECTIVE DATE. WE WOULD LIKE TO HAVE THESE AMENDMENTS REVERT BACK TO THE ENACTMENT OF THE ORIGINAL LEGISLATION IN OCTOBER OF 1986,

QUITE SIMPLY, THESE AMENDMENTS WOULD PROVIDE SOME ACCOUNTABILITY FOR THE \$200 MILLION THAT IS CURRENTLY BEING SPENT BY THE FEDERAL GOVERNMENT FOR DRUG EDUCATION EFFORTS.

I WOULD LIKE TO PUBLICALLY RECOGNIZE THE EFFORT AND HARD WORK THAT DIANE BISHOP AND REBECCA VAN MARGER OF THE ARIZONA DEPARTMENT OF EDUCATION PUT FORTH AS WE WERE NEGOTIATING THE SPECIFICS OF THESE AMENDMENTS.

PELL:

I WOULD LIKE TO CONCUR WITH MY COLLEAGUE FROM VERMONT. THESE AMENDMENTS WOULD SEEK TO ENHANCE THE DRUG FREE SCHOOLS PROGRAM AND I WOULD ASK THAT THE PORTIONS OF H.R. 5 IMPACTING ON THE DRUG FREE SCHOOLS AND COMMUNITIES ACT BE A CONFERENCABLE ITEM. I THANK MY COLLEAGUES FOR BRINGING THESE AMENDMENTS TO MY ATTENTION AND GIVE YOU MY ASSURANCE THAT THESE MATTERS WILL BE DISCUSSED IN CONFERENCE.

SURVEY OF FUNDS
TO STATE EDUCATIONAL
AGENCIES

STATE	. Total # LEAs	.Application Status	.Awards Made	.Proposed Activities	.Monitoring	. 10% Activities
Hawaii	7 districts	Applications distributed at conference 10/17	Awards to begin in September No deadline	Expand Project DARE and Quest Int'l. Outreach Programs High risk programs	Survey and on-site	Center for Work shop Needs Assessment (Questionnaire)
Arizona	212 eligible	Applications distributed 5/20	@ 135 awards	Inservice training Alternative programs Develop curriculum Parent education Peer leadership	Survey and on-site	Training of trainers workshop held in Sept. School Team Training
Alaska	55 districts	Applications distributed	@ 26 awards	Peer counseling Buying/Developing curriculum Dramedy (games) 4 Worlds-Community development Radio programs	On-site to at least 1/2 by 3/88	No information available
Washington	296 districts	Applications distributed	@ 281 awards Deadline at the beginning of Dec.	Prevention Intervention Aftercare	Quarterly reports from LEAs & on-site	Personnel Practitioner's workshop (LEA teams matched with experts in field)
Montana	546 districts	Applications distributed 4/15	79 awards as of Deadline was the beginning of June	Intervention strategies K-12 Inservice training	Focus on budget line item expenditures	SEA conference Jan 88 Regional workshops Publish resource directory Update media file State substance abuse task force
N. Dakota	---	Applications distributed in April	@ 191 Deadline 12/15	Purchase curriculum Inservice training prevention strategies	On-site On-site	---
New York	---	Applications sent 12/1	No deadline set	---	Being developed	Establish six regional offices for training and technical assistance
Delaware	19 districts	Applications distributed Dec. deadline extended	17 awards	Expand on curriculum	On-site	Teacher workshop Curriculum evaluation

FUNDS FOR NEW
YORK + DELAWARE

Question: What is the status of the formula grant money for New York and Delaware?

Answer:

The application form was specifically designed to require the minimal amount of information to meet the requirements of the law.

New York was one of the last States to apply for both the governor's money and the State educational agency (SEA) money. The SEA submitted the application early, however the application was not consistent with the law. After the Department met and spoke with SEA personnel with no success, Senator D'Amato intervened and got them to rework the application. The SEA and the governor's applications were both submitted and approved in September. As of 1 November, the SEA had not mailed the requests for proposals to the districts.

The New York governor's money was awarded November 1st to fund 33 projects benefitting high-risk youth. Organizations receiving funds include several councils on alcoholism, two boards of education, several school districts, a hospital, a medical center, the Archdiocese of New York, a library and many community-based non-profit organizations.

Delaware's applications were approved in early June. Awards have been made to 17 of the State's 19 school districts which are purchasing curricula and funding awareness activities. The SEA is spending its 10% on teacher workshops and curricula evaluation.

We failed to make contact with the Delaware governor's office.

Q/As

EDUCATION BUDGET CUT

Question: Why are you cutting the Education Department's Drug Budget in half -- from \$200 million to \$100 million?

Answer:

There are several reasons we requested \$100 million for this program in FY 1988. It is partly a question of available resources, and partly a question of responsible use of resources. We anticipate that much of the \$200 million appropriated in FY 1987 will be used during school year 1987-88 for start-up costs, including non-recurring activities such as the purchase of equipment and instructional materials. We made the early release of these funds a top priority within the Department. However, since this is a new program and States and localities will require a certain amount of lead time to implement their activities, we anticipate that they will carry over a considerable portion of the \$200 million to the 1988-1989 school year. Therefore, we feel our 1988 request of \$100 million will be sufficient to continue these programs in school year 1989-89.

We also feel strongly that continued funding should be contingent upon demonstrated results. In fact, this principle was an important component of the Administration's proposed anti-drug legislation. If we are to commit Federal resources to expanding, or even long-range level funding, of programs, it is crucial to support only those activities we know are successful. In addition, no matter how much money we spend, no drug education program will be successful unless it goes hand-in-hand with tough enforcement policies in the schools. It is those policies that will demonstrate to our Nation's youth that we are genuinely committed to ridding our schools of drugs.

Question: When were the funds awarded under the State and local program?

Answer:

We held a conference for representatives from Governor's offices and State educational agencies (SEAs) on January 26, 1987. At this conference, we distributed the application forms and the guidance to be used in applying for funds. We began receiving applications a week later. By April 30, 1987, 28 SEAs had received funds. By June 30, 1987, 15 more SEAs had been funded. Forty-three SEAs had received their funds by June 30.

Question: How much money has the Department of Education spent from its FY 87 allocation?

Answer:

\$198.5 million of the \$203 million targeted for drug prevention activities has been expended consistent with the requirements of the Act. The remaining \$4.5 million will be awarded this month for cooperative agreements for development of audio-visual materials for schools.