

Statement of Congressman Claude Pepper
Chairman Of The Select Committee On Crime
Before The Select Committee On Education
Of The House Eduation And Labor Committee

The American people have been losing the war against drug abuse for more than a decade. We have been losing the war because we fail to perceive the scope or the intensity of the problem. There is cause for worry, because the use of drugs is widespread and growing, beyond our worst fears. The National Commission on Marihuana and Drug Abuse has reported that in 1971 24 million young people had tried pot at least once; a Stanford study indicated that 15 to 20 percent of college students had experimented with LSD. Heroin figures are more elusive, but deaths by overdose in the New York City area tripled in a decade.

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

In the past three years, more than 432,000 teenagers have been arrested for crimes involving drugs. In that period, drug arrests of young people have spiraled from 109,000 to 173,000 a year. Each state in the nation, with the exception of California, has had a substantial rise in teenage drug arrests over the last three years.

Members of the Crime Committee received increasingly numerous complaints that children in the schools of their districts were becoming involved with drugs. So, in June of 1972, the Crime Committee launched a nation-wide investigation to determine the extent to which drugs are being bought, sold and used by children in our nation's schools.

Our investigations took us to six metropolitan areas located throughout the country: New York City, Miami, Chicago, San Francisco, Kansas City and Los Angeles. During our inquiry we interviewed more than two thousand persons. The testimony of the more than two hundred witnesses who were selected to testify before the Committee and the various exhibits, cover more than ten thousand printed pages of transcript.

From the school systems we heard from Presidents of School Boards, Superintendents of Schools, principals, teachers, counselors, nurses, PTA officials and students. From the criminal justice system we heard judges, prosecutors, defense counsel, probation officials, police officers and undercover policemen and women. From the scientific and medical professions, we heard testimony of medical examiners, doctors, professors and other experts who have specialized knowledge of drug abuse treatment and rehabilitative methods. And we heard from parents, who spelled the word, "Drugs", with a capital D, and who described the debilitating effects of drugs on their children.

"I thought I was the top expert on drugs in Miami, then I found out my own 15-year-old daughter was hooked on cocaine", former U.S. Commissioner Edward Swan told the Crime Committee. Another father, vice president of a university, told how his 19-year-old daughter was rehabilitated after three years as a heroin addict. And a postal worker's wife told us how her 18-year-old son, a heroin addict, locked himself in a room and strangled his five-year-old sister while the mother pounded helplessly on the door. Now the son is in a mental hospital.

The Crime Committee Members were repeatedly shocked by the revelations about extensive drug use in our nation's schools. We had anticipated that the well-publicized drug epidemic which had caused such devastation in New York's schools was an isolated experience caused by factors peculiar to that city.

Prior to our inquiry, the general feeling among many people was that drug abuse was restricted to "ghetto kids". Nothing could be further from the truth. Graphic testimony, corroborated by films shown to the Committee, depicted the sale and use of hard drugs in suburban and inner-city schools, not in hidden building recesses but in proximity of school personnel. This unchecked drug trafficking has had grave ramifications--children coming to

school with lunch money in their shoes to avoid a shakedown by a student addict, children chronically absent because they are too addicted to attend school, and most crucial, as with any contagious disease, student addicts spreading drug use to others.

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

A number of incidents demonstrate the easy availability of these drugs. In Chicago, the Committee obtained the cooperation of a 17-year-old girl who was able to go to her suburban school and make numerous purchases of narcotics. In just two days--during our Committee hearings in that city--she spent one hundred dollars on heroin, barbiturates, amphetamines, LSD and marijuana.

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

In San Francisco, a young Mexican American high school student told the Committee that he went to school only when he needed drugs. If he could not find them in his immediate neighborhood he would always be successful in obtaining drugs at school.

A handsome, red-haired Palo Alto youngster testified that he often sold as much as \$400 worth of cocaine a day on his high school campus. Keeping his hair short to avoid police surveillance, he told the Committee he could easily have sold \$1,000 worth of drugs a day, but he preferred to sell only to those students he knew. In Los Angeles, a youngster advised us that he had sold more than one hundred dollars worth of reds (barbiturates) at lunch time in his school--reds sold for four tablets for a dollar.

More and more American families are being touched by deadly drug abuse. In the Crime Committee's investigation we have found teenage addicts whose fathers are judges, doctors, professors, bankers, police officials and from every other line of work imaginable. All races, all religions, all economic segments of our society have been bitterly affected.

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

Therefore, I can readily understand the recent recommendation of the National Commission on Marijuana and Drug Abuse to "seriously consider declaring a moratorium on all drug education programs in the schools, at least until programs already in operation have been evaluated and a coherent approach with realistic objectives has been developed". I also can readily agree with the Commission that "programs oriented solely toward drugs are unlikely to serve us well".

The type of drug abuse therapy programs I believe should be implemented would involve counseling, group therapy, peer pressure groups and parental involvement in training and seminar programs. The programs to be financed would

authorize inservice training of teachers, administrators, counselors, and parents.

My goal is to place heavy emphasis on utilizing school resources through which community resources could be channeled in providing therapy to users and ex-users. In this connection, as a part of the application for assistance, a local educational agency would be authorized to contract with other locally based institutions and agencies for social services, professional assistance, and other agencies' assistance having expertise in the field of drug rehabilitation and control. However, again the emphasis on program activities is its school-oriented base.

Why do I stress the school involvement? A great deal of our children's time is spent in the school system, learning. That is their work while growing to adulthood. We can never dismiss the role of the home life, and the espousment of the traditional values of God, family and country. The values and standards that will help youngsters the first time they are offered a marijuana cigarette can only come from home. Before they can cope with the illegal drugs that parents fear, our children must be helped to formulate a rational, sensible approach to all drugs. And before that can happen, youngsters must be helped by parents, at home, to develop a different set of values, one that places inner strengths first and reliance on chemicals last.

It's true that schools should be primarily places of education, and not instruments of social reform, or drug prevention agencies, but the school systems in our country cannot stick their heads in the sand, like the traditional ostrich, in the face of a nation-wide drug abuse epidemic. School administrators have complained that they had no money to hire drug counselors or even to train the teachers they presently had. Teachers have testified before the Crime Committee that they were totally unprepared to teach intelligently about drugs because of their lack of knowledge and preparation.

The major cause of this disastrous situation is under-financing. Little or no money is appropriated in school budgets for drug abuse education or counseling programs. In the major school districts of the country the entire drug education effort has been assigned to a single individual who works only part time on that project. The entire financial support for drug education expenditures in their schools is often less than five cents a child for a school year.

Repeatedly, throughout the Crime Committee hearings, we were advised that school nurses, counselors and teachers had to be terminated because of insufficient funds. Practically all witnesses--mayors, legislators, school administrators, teachers--felt that only the Federal government could alleviate the present financial crisis. Only the Federal government had the resources to fund a comprehensive attack on drugs in our schools. A projected expenditure of one billion dollars a year for such a program would only provide less than \$10 a term or \$20 a year for each youngster attending an elementary school in this country. (Last year's elementary and secondary school population was approximately 51.8 million students).

Let me give you an example of the type of drug abuse counseling program that can succeed in turning the youth of our nation away from drug use.

This Spring, Gordon Chase, administrator of the Health Services Administration of New York City, and Dr. Seelig Lester, NYC Deputy Superintendent of the Board of Education, reported that drug prevention programs in the city high schools have shown "a marked degree of effectiveness in changing student behavior." Citing a joint Board of Education-Addiction Services Agency study, Chase said that "for the first time anywhere, to my knowledge, we have strong and substantial evidence that drug prevention programming in schools can really work".

The study conducted this Spring was based on a sample of 900 high school students participating in group counselling sessions in the \$3.6 million SPARK drug prevention program which ASA funds in the city's high schools. SPARK is the acronym for the School Prevention of Addiction through Rehabilitation and Knowledge. The study showed that students participating in SPARK counselling sessions showed a 26 percent reduction in absenteeism; a 49 percent reduction in disciplinary referrals; a 66 percent reduction in unsatisfactory citizenship and conduct ratings; a 39 percent reduction in major subjects failed and an increase of slightly over five points in their overall grade-point average.

Dr. Lester explained that students who participated in group counselling sessions--one of several prevention strategies employed in the high schools--are those who are judged most highly "at risk" to become drug abusers. Two-thirds of these students, he said, admit to prior drug usage, and their school records indicate that most are marginal students at best coming into the program.

Mr. Chase said, "There is extensive literature confirming that frequent truancy, disruptive classroom behavior and poor school performance are strongly associated with drug abuse. The results are also gratifying because the evidence is very clear that traditional approaches to drug abuse prevention--classroom lectures, films and scare tactics--have simply not worked. We have for some time believed that we had a better approach in New York City and it's gratifying to see some evidence which appears to support that belief".

The SPARK Program, under terms of its contract with ASA, provides salaries for one Drug Education Specialist in each of the city's 94 high schools. In 40 high schools, with higher incidence of drug abuse, a second member is added to the SPARK team. This member is a paraprofessional with the title of Instructor in Addiction.

Nine high schools with indicators of high need have been designated by the Board of Education for "Intervention Prevention" teams. These teams are composed of six staff members, including the drug education specialist (who is usually a certified classroom teacher), three other professionals (typically including a psychologist and a guidance counselor or an attendance teacher), and two instructors in addiction.

A broad range of activities characterize the SPARK program with latitude for special programming at each school. Some of these activities include student-led peer group programs, identification and referral of drug abusers to treatment, classroom and assembly programs of an informational sort, and teacher training. However, the dominant activity in all schools is counseling, including individual counseling, semi-formal rap sessions and ongoing group sessions for those students whose pattern of behavior indicates they are most prone to become drug abusers or addicts.

The study concludes that participation in SPARK intensive counselling sessions does produce significant behavioral change in the indices measured. This is in sharp distinction to the prevailing research nationally on drug prevention programs which use classroom education--as opposed to group counselling--as their major strategy for intervention. It suggests that ASA and the Board of Education, as well as the state of New York, should continue to encourage and support group counselling as a program which produces desirable outcomes in terms of more positive and competent student behavior.

These findings, it should be pointed out, reinforce the findings of the MACRO Systems, Inc., study performed for ASA in the Spring of 1971, which found that group experiences were strongly (and enthusiastically) preferred

by students as a mode of drug prevention. The data on reduced absenteeism tends to corroborate MACRO's anecdotal findings that for many students the SPARK Program was a major reason for coming to school.

Furthermore, it seems highly probable that such improvements in basic behavior are in the long run the most effective deterrent to drug usage. The study does not prove this, and the reduction in drug use by SPARK participants that is self-reported and reported by SPARK staff as well does not, in itself, prove that in future years drug use will remain diminished. However, there is strong inferential evidence from many studies of drug abuse suggesting that a student who demonstrates an elimination of anti-social or self-destructive behavior, as indicated by reductions in absenteeism, disciplinary referrals and bad conduct ratings, plus positive achievement in school, as indicated by improved grades and reduced failures, is less likely to become a drug abuser.

These are also the findings in a five-year study of Boston elementary, junior high and high school students reported at a recent seminar at the National Institute of Mental Health. The study is being conducted by Dr. Gene M. Smith of Massachusetts General Hospital, under a grant from NIMH, a component of HEW's Health Services and Mental Health Administration.

Students tested are a sample of a predominantly white, middle-class school population of 15,000 in 33 public schools in the Greater Boston area. They range from fourth-graders to high school seniors, and when they fill out questionnaires each year, they rate themselves on traits of personality and behavior, and identify their attitudes toward and their use of drugs. School records furnish histories of academic performance. A coding system guarantees confidentiality. Although participation is voluntary, approximately 95 percent of students present on testing days have taken part in the study.

In findings to date, the best indicator of subsequent use of illegal drugs is rebelliousness toward authorities and rules. Obedient children are the least likely to become drug users. The more rebellious a child, the greater his subsequent use of drugs is apt to be, ranging upward from infrequent marijuana smoking through frequent marijuana use to multiple experimentation and use--in addition to marijuana--of depressants, stimulants, LSD and other hallucinogens, and heroin.

Other reliable predictors of future drug use are classroom apathy and generally poor academic performance from middle-grade school onward, and the early smoking of cigarettes. Indicative personality traits on which drug users score low are: conscientiousness, dependability, striving for recognition, setting high goals, persistency, planfulness, thoroughness, efficiency, mannerliness, and agreeableness. Two traits which do not predict future drug use or non-use are vigor and self-confidence.

The researchers said that in comparing data from non-users and those already using drugs at the beginning of the study in 1969, the computer was able to sort out the two groups with 81 percent accuracy using only non-drug-related information.

Involvement of families with their children was the key concern of Dr. Richard H. Blum of Stanford University, a psychologist who is consultant to the White House Special Action Office for Drug Abuse Prevention. He studied families of 101 university students in detail. The families were not selected on the basis of whether students had experimented with drugs, although Dr. Blum found that all but three or four had done so, some more lastingly than others. He then divided the families into low-risk, moderate-risk, and high-risk, based on which drugs, if any, had been used, how often, and for how long. All family members, including younger

children as well as parents, were interviewed, and the family group was observed for 15 to 30 hours. With few exceptions, Dr. Blum reported, the low-risk parents espoused the traditional values of God, family, country; they held firmly to parental prerogatives, deciding for their children with whom they would play, when they would study, and how they would spend their spare time. These parents cited the family as their greatest source of pleasure.

The high-risk parents felt children should make their own decision in matters involving them as early as possible; what was important was that each child be allowed to develop fully and freely without excessive parental interference or harsh discipline. Although many of those high-risk parents were idealistic, they held to no formal code of beliefs and had difficulty expressing their values. One area in which high-risk young people took strong cues from their parents was in the use of drugs. Mothers and fathers of high-risk families were heavy drug users--although they might not have described themselves that way. They were more likely to smoke cigarettes, more prone to observe the cocktail hour, and they used tranquilizers, sleeping pills, and other medication heavily.

These findings stress the need for community involvement and adult education in the fight against youthful drug abuse. We agree with the National Commission on Marijuana and Drug Abuse that the family can perform effectively its vital role in dealing with youthful drug use only if parents appreciate the complexity of drug taking behavior, the perceived needs it allegedly fills, and the importance of their own behavior in shaping that of their children.

Dr. Allan Y. Cohen, a psychologist and director of the Institute of Drug Abuse Education and Research at John F. Kennedy University, Martinez, California, once inquired of a group of high school students why they had never tried drugs. Only a handful said they had been frightened off by the law, by fear of addiction, by religious scruples, or concern about their health. The greatest number replied that they "had something better going for them", or "turned on in other ways". "And when you pressed many of them", said Dr. Cohen, "what they meant was that they had a warm relationship and pleasant life at home".

Life at school and our educational system can never supplant the home life of the youth of our nation, but counselling programs such as SPARK in New York City can be highly successful in helping young people deal with their problems--including their home life--and help them realize that education can offer them something they want as well as need. A billion dollars a year means only \$20 a year per school child. This is a small price to pay for a stake in the future of our country.