



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 91st CONGRESS, SECOND SESSION

Vol. 116

WASHINGTON, THURSDAY, MARCH 5, 1970

No. 33

Senate

S 3083

A FINE DRUG EDUCATION PROGRAM FOR YOUTHS IN PRINCE GEORGES COUNTY, MD.

Mr. TYDINGS. Mr. President, one of the major domestic challenges facing us is whether we shall be able to solve the interrelated problems of drug abuse and juvenile crime. We know that a disproportionate amount of crime is committed by the young. Indeed, more than 50 percent of the persons arrested in 1968 were under the age of 18. That's why President Johnson's Crime Commission said, "America's best hope for reducing crime is to reduce juvenile delinquency."

We also know that juvenile crime is directly related to the increasing use of addictive drugs by the youth of our Nation. This is because most addicts must engage in criminal activities to feed their habits.

Mr. President, the Nation must commit itself to a massive effort to rehabilitate our youthful, drug-influenced offenders. Every State and local government in the country must address itself on an emergency basis to the extent of the narcotics problem it faces and the steps it can take to remedy it. And the Federal Government must provide the necessary leadership and assistance to help solve this pervasive, nationwide problem.

I am pleased that some of the most significant local progress against the narcotics plague has been made in my own State of Maryland.

In 1968, David G. Ross, the Master of juvenile Causes in the Circuit Court of Prince Georges County, Md., instituted a farsighted yet much needed program of drug education and rehabilitation for youth charged with drug abuse by his court. The program, entitled Guide, works to direct the youths to other community agencies as well as to provide them with information and guidance in a small group setting. The program now receives volunteers from the community as well as court referred youths. The purpose of the program is to provide the youths with reliable information to help their behavior and to help them abstain from dangerous drug abuse.

Physicians and psychologists from area institutions have volunteered to serve as the leaders of the program. These publicly minded volunteers deserve our highest recognition and respect. Included among the volunteers are: Duane F. Alexander, M.D., W. Edwin Dodson, M.D., William G. Johnson, Ph. D., David G. Ross, J.D., Peter Wright, M.D., and Richard Wunderlich, Ph. D.

Drs. Dodson, Wunderlich, and Ross have prepared an article describing their drug abuse program, and I think it deserves our attention. The article was written in Dr. Dodson's private capacity, and no official support or endorsement by the National Institute of Child Health is intended or should be inferred.

I ask unanimous consent to print the article in the Record at this point.

There being no objection, the article was ordered to be printed in the Record, as follows:

A FINE DRUG EDUCATION PROGRAM FOR YOUTHS IN PRINCE GEORGES COUNTY, MD.

INTRODUCTION

In the fall of 1968 two groups of adolescents charged with drug abuse were referred to an experimental program of drug education. The purposes of this program were to determine the nature and extent of the problem among nonaddicted adolescents and to explore avenues of drug education and individual rehabilitation. Since this beginning the program has been continued for seven adolescent and two parent groups. The groups have been directed by part-time, volunteer physicians and psychologists recruited from the area institutions—National Institutes of Health, Catholic University, National Naval Medical Center, and Walter Reed Army Hospital. The accomplishments enjoyed by these workers in no small part have been due to the complete support and cooperation of the Juvenile Court of Prince Georges County brought to bear by David G. Ross, Master of Juvenile Causes. This support provided the impetus for the program's inception and has permitted its quiet evolution of objectives and mechanisms.

OBJECTIVES

The educational purpose of the program was to provide factual information regarding drug abuse—effectively communicated—to give the court referred youth the means to behave rationally and responsibly, i.e., to abstain from drug abuse. This philosophy assumes the participants have well integrated personalities and will integrate facts into effective courses of action. Unfortunately the participants have not been as clearly capable of using the data.

As a group these adolescents tend to have difficulty over the broad range of adolescent problems. Within this context, drug abuse becomes a symptom of the youth having difficulty. Viewing the youth within the family context as a primary social unit, drug abuse becomes a symptom of a family having difficulties. This is not intended to blame the family in a moment of stress, for the forces causing drug abuse are certainly diffuse and pervasive throughout society. However, since the family is identifiable and to a degree held responsible for its misery, it provides a base for changing the unacceptable behavior. At the same time it is an empirical fact that attempts at behavior modification in children must enlist the family's support or be undermined by its resistance. Parental involvement and understanding facilitate the adolescent's learning to use new techniques in problem solving. The youth is viewed then as emerging into adulthood from the fundamental family unit. The manner in which this emergence is directed, facilitated, or obstructed partially depends on the family's ability to solve problems. Therefore the focus of the program is on adolescent problems, with drug abuse given a position of priority. Within this framework the youth are encouraged to seek solutions—satisfying emotionally and socially—by utilizing effective communication and rational appraisal of alternatives.

The following specific objectives have emerged as operational goals: (1) Presentation of objective factual information concerning the benefits and harms of drugs which are abused. (2) Development of more effective communication to enhance the adolescent's ability to solve his problems in a personally fulfilling and socially productive manner. (3) Recognition of individuals with psychopathology who require individual longterm therapy in the area of interpersonal relations (and/or intrapersonal relations) to function more effectively in society—and their direction to appropriate therapy. (4) Provide effective rehabilitative alternatives for a judicial system overburdened with more immediate social problems.

These objectives have action implications which become more apparent when discussed in the context of program dynamics. In summary, the program seeks to give the youth effective information and to help him learn to use it in solving his problems and defining his goals.

STAFFING

Professionals have been recruited from area institutions to perform services of intake evaluation and group direction. Staff members are young physicians and psychologists with varying backgrounds. They volunteer for participation in the program for sessions of three to four months at one meeting per week. The program pays their actual expenses incurred—licensing, insurance, transportation—and offers an honorarium. Aside from part-time secretarial support, there are no salaried positions. Thus far only professionals have been utilized as group directors.

Few staff members enter the program with a broad knowledge of dangerous drugs or patterns of drug abuse. This information is quickly acquired since the workers are motivated and intelligent. Reading materials and bibliographies are disseminated through the program. New doctors entering the program first participate in established groups to provide in-service training in how the program operates and how groups are conducted. Staff meetings are held to share common problems and to standardize operating procedures within useful limits. Staff workers are given a broad latitude in developing their own mode of presentation. The staff has functioned well with good cooperation on operational techniques and goals.

Since the start of this effort, there has been recognized a need to expand our resources for two purposes: first, to provide more intense support where needed in terms of being able to provide a one to one ratio of workers to patients; second, to reach the at-large drug abusers in the general population. To accomplish this first end, the program should provide a base for enlisting college and graduate students to provide the close support required. To accomplish the second end of reaching the drug abusers at large, youth volunteers would seem to be the most economical and to have the greatest potential for success.

The volunteers' most valuable asset is their sensitivity to interpersonal relations and previous experience in dealing with groups. In general the professionals are young, minimizing the communication gap (sometimes called the generation gap). The appeal of the program for these individuals seems to be the meaningful contact and challenging experiences they share with the participants as well as a feeling of involvement in a program of interest and value to the community.

PROGRAM INPUT Court referrals

Figure 1 displays the pathways a juvenile might travel following his arrest for drug abuse in Prince Georges County. When he is arrested, a petition is filed formally charging the youth with an offense. Following arrest he is detained, pending arraignment. After the petition is reviewed by Juvenile Services, the youth is brought to arraignment where he is advised of his right to an attorney and of the charges to be brought against him. A trial is then held. At the trial or "Hearing of the Merits" the youth is faced by his accuser with the available evidence before the Master of Juvenile Causes. The Master determines if the youth is involved and then makes a disposition. The following remedies are available: waiver of jurisdiction to adult court, commitment to a forestry camp, commitment to a training school, probation, suspended sentence or dismissal. All decisions of the Master may be appealed to the Circuit Court. Should the youth be assigned to GUIDE, no finding of delinquency is entered by the Master. The youth and his family are

involved for a period of three to four months. The program then submits its recommendations for the youth to the Master of Juvenile Causes, who now has the option of dismissing the case without entering a finding of delinquency. As can be seen, the youth can be rehabilitated without establishing for himself a record as a juvenile offender.

Volunteers

Apart from the court referrals a youth may enter the program on a volunteer basis. This is accomplished by the parent or child calling a publicized telephone number, 627-5686, and being seen by the GUIDE intake officer. Individuals voluntarily entering the program are never known to the Court or law enforcement officers by nature of this contact. Failure to participate or to attend faithfully invites expulsion from the program. An adolescent who wishes to enter the program without his parents' knowing will be seen twice in intake. After this the parents must be involved since we seek their support and indeed must obtain their consent for the juvenile's participation.

PROGRAM DYNAMICS

The operation of the program may be divided into the phases of intake and triage, grouping, and group operation.

The program is short termed—lasting only four months. This limits the extent to which the education process can be expanded, i.e., no major personality renovations are sought. Rather the program seeks to alter the adolescent's direction by teaching him effective methods of problem solving. In brief, he must learn to recognize his own motivations and the motives of those around him, and he then must apply rational critical judgment in selecting behavioral alternatives. As stated previously, drug abuse is perceived as one of many pitfalls the adolescent must dodge in the process of personality development.

INTAKE AND TRIAGE

A family referred or volunteering to GUIDE is seen first for intake evaluation. At this meeting the doctor interviews the parents and child both together and separately. He explains that communication within the program is confidential and that participants are encouraged to discuss their problems and experiences openly. This fundamental openness is essential to effective functioning of the program. It is explained that this program is nonpunitive and recommendations submitted by group leaders on court referred cases include only the positive aspects of the individual's participation. It is made clear that abstinence from drug abuse is expected and that their involvement in continued drug abuse jeopardizes the program as well as their personal liberty. From this interview the doctor obtains information about the youth's experience and knowledge of drug abuse, the nature of the family's interpersonal relations and pertinent psychological data. On the basis of this data, the doctor determines what type of experience will be most beneficial for the applicant, and he may either assign him to an appropriate group or refer him to a more suitable agency such as Prince George's County Mental Health, Family Services, or private psychotherapy.

As mentioned previously, one of the objectives of the program is to detect individuals who are mentally ill and in need of treatment. When these people are seen, they are sent to Prince George's County Mental Health for psychiatric evaluation and therapy. Similarly families with marital problems are sent to Family Services. Applicants with overt psychopathology severe enough to prevent their participation in a group receive individual therapy. However, if it is felt that an applicant might benefit from both the group program and individual attention, both referral and inclusion are undertaken.

Our intake experience has demonstrated a significant number of juveniles to be addicted or nearly so. These adolescents require intensive therapy and pose one of the most pressing problems for rehabilitation. To our knowledge there are no facilities in the metropolitan area which are youth oriented. Suitable candidates are referred to adult programs in the District of Columbia. These sources are found in the Drug Central Directory. A few of these applicants are not candidates for these programs and are retained in a group setting to maintain contact with them until better opportunities are available, realizing that their needs cannot be met solely in this type of group educational program.

Grouping

Groups are formulated to include compatible members with mutual characteristics of age, history of drug abuse, and to a degree, social experience. In general, friends are not placed in the same group inasmuch as their previous ties reduce their effectiveness in the group through clique formation, etc. Court referrals and volunteers are intermingled so that the motivation of the latter group may be shared by the captive participants. At least two girls are placed in the group together. Whenever possible, area of residence is considered in grouping to minimize transportation problems. Parents' and adolescents' groups are scheduled at the same place and

time to also facilitate transportation. Parents similarly are grouped according to mutual needs and experiences in terms of dealing with their children, whenever possible.

Group operation and techniques

The methods of group operation incorporate the techniques of group therapy and group dynamics. The common goal of abstinence from dangerous drugs receives considerable support in the group situation. The individual develops a responsibility to his group as well as to himself to avoid situations which might cast a bad light on this association. For the court referred participants, the group functions as a sympathetic setting to discharge the anxiety aroused by passage through the court system.

Within the group, the leader may make rather directive demands on certain participants. For example, all participants are expected to be in an educational setting working toward a goal—be it vocational or academic. Similarly, part-time employment is often requested of the youth when it seems advisable. In the case of court referred participants, these activities are sometimes imposed as strong expectations rather than subtle suggestions. Thus the groups operate in a permissive atmosphere of free discussion of problems and potential solutions while exerting gentle guidance toward acceptable behavior.

Many techniques of instruction have been tried and each group leader utilizes the successful methods of past groups. In addition, they are encouraged to try novel approaches and materials. The most effective mode of presenting material continues to be in the setting of the group discussion where the members contribute most of the information. The leader serves as a reference to separate fact from fiction, to indicate what is unknown, and to fill in the gaps. Usually no participant has a wide range of knowledge but within the group most points will be volunteered.

A wide variety of films are available. They are most useful as catalysts for discussion. In general the adolescents question the credibility of films and they are critical of the modes of presentation which become quickly outdated. Generally, discussion time is more productive than film time.

Role playing is an enjoyable and useful technique in which the leader and various members of the group adopt parental or adolescent roles. Other group members comment on attitudes and communication techniques and derive considerable insight from observing and participating in the interaction. This also provides a useful testing ground for the adolescent to "try out" new attitudes which one is seeking to teach him.

Psychodrama and videotaped improvised drama are being evaluated as additional techniques to provide the participants another porthole to view critically their own actions and attitudes.

Much good literature is available. Emphasis is first placed on critical reading and interpretation of popular materials. Once this notion of critical assessment of printed material is introduced, the participants are happy to receive credible materials which are quickly assimilated. A few of the many sources are listed in the bibliography. Group leaders occasionally have brought original articles from scientific literature concerning drugs for reading and discussion within the group. Though large, this source of material is generally too difficult for the average participant to comprehend due to the technical nature of the presentations. In summary, books provide a useful adjunct in accomplishing the informational objectives of the program.

A multiple choice examination designed to emphasize factual material concerning drug abuse has been formulated. This test stresses the differentiation between addicting and nonaddicting drugs, classification of drugs, and it deals with popular myths concerning drug abuse. It serves several functions. It indicates the relative degree of sophistication of any group. It tends to explode the pretense that one may "know all there is to know" about drug abuse—a defense occasionally employed by applicants resisting the program. Within the program it stimulates discussions as it is reviewed, often going beyond the specific area of drug abuse. In its broad range it provides an outline for material to be covered without being a rigid program or schedule. Finally, the examination could measure the effectiveness of the instructional phase of the program when it was given terminally.

Finally, guest participants such as rehabilitated addicts are used to present incisive glimpses into the potential misery of drug abuse.

Program content

A detailed account of the polemic is beyond the scope of this endeavor. Much of the material we seek to convey may be directly obtained from sources in the bibliography. We teach the psychological, physical, social and legal consequences of drug abuse in as objective a manner as possible. The discussion is directed to a mature plane. The goal is to bring out the facts rather than to win an argument. The dampening of emotionality in this situation facilitates communication of the material. Scare tactics are

notably avoided, but realism is pursued in exploring the harms and benefits of the drugs considered. Drugs which are routinely scrutinized include marijuana, LSD, amphetamines, alcohol, and opiates. Drug abuse is contrasted with appropriate medical usage and this framework is then used in examining popular usage of sedatives, tranquilizers, and stimulants.

Common adolescent problems are considered. Goals, relationships to authority and parents, education, selection of occupation, and sex are areas of interest and concern. In these areas as with drugs the approach which is most productive is the group discussion with frank presentation and weighing of behavioral alternatives based on examination of the facts—concrete and emotional. This attention to the wide range of the participants' concerns strengthens the new attitudes and behaviors they acquire in any given area.

DISCUSSION AND CONCLUSION

When the program was first conceived, a solely educational approach was anticipated. Education is the great American panacea for curing social ills. In a few cases drug abuse may be promulgated on ignorance, but the establishment's message that drugs are dangerous has always been loud and clear. The nature of the danger often was not so well articulated. However, responsible spokesmen have become more aware of the scientifically established risks of drug abuse and fewer old wives' tales are transmitted. Unfortunately, a sizeable credibility gap between youth and social institutions grew up before this dissemination of knowledge. Effective communication of data both to the youth and interested adults is thus an important function of a program such as this. If other institutions effectively could supply this information, there would be no need for the educational aspect of our program.

As previously mentioned, we have become aware that possession of the facts will not necessarily determine that youth will abstain from drug abuse. Thus we have been led to dealing with the youth's ability to examine alternatives and to behave responsibly. The theme has been stated many times, namely, we seek to instruct the youth to examine his motives and the motives of those close to him, to view the behavioral objectives critically and to select a behavior which most satisfies these in achieving his goals. The concepts of delayed gratification or temporary sacrifice must be spelled out as it relates to this process. Learning this process is really the task of the developmental period called adolescence. The ability to use it can be equated roughly with emotional maturity.

Why be concerned about emotional maturity in adolescents? The court attempted to refer straightforward cases of adolescents convicted of drug abuse to the program—presumably healthy teenage experimenters. Of the first 35 cases, selected only to exclude recognized addicts, there were 14 cases of diagnostic psychopathology, ranging from adolescent adjustment reaction to borderline schizophrenia. Most of the arrests were group arrests with the police being instructed to pull in as many involved parties as possible. Yet 40% had a diagnosis of emotional problems.

It is apparent that the most compelling problem of drug abuse is its interference with the process of emotional maturation and personality development. In fact, in the case of "soft drugs like marijuana, this is the single most detrimental effect. Thus the problem in adolescents is somewhat circular—emotional immaturity begets drug abuse begets emotional immaturity. In its extreme this emotional immaturity may approximate mental illness. More often it costs the youth valuable time and may cause him to miss opportunities which do not present themselves again.

The selection of a name for the program has been difficult. From many contenders the name GUIDE has emerged as the most acceptable. Its meaning to the establishment and drug communities is similar in that it connotes a compassionate leadership through an unknown area. As an acronym it represents guidance, understanding, information in drug evaluation—principles embodied in the program.

Finally, just as GUIDE has been developed to deal with juveniles who abuse drugs, perhaps similar programs could be developed to deal with juveniles with other problems. The use of volunteer probation officers or counselors could relieve the heavy burden now shouldered by Juvenile Services. In addition one would expect more favorable results than now exist because each counselor would be highly motivated and would have only one probationer. Community resources are vast; they only await mobilization and application.