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ABSTRACT

The Workshop on Regional Drug Abuse Programming was called to investigate the need for a Federally-supported model, stressing inter-agency coordination, to be employed by states as a guide for establishing substate area programs, and to explore other questions related to programs for drug abuse prevention and treatment. The organization of state and substate planning, the direction of service delivery, and the interface between state and substate or local programs were discussed by the participants. As a result of the Workshop discussions, specific recommendations in the form of a resolution calling for Federal Government action and suggested procedures for generating models and procedures have been drafted for submission to the Special Action Office for Drug Abuse Prevention. These documents are included in the report of the Workshop proceedings, as Attachments A and B. (Author)

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Proceedings of Workshop on Regional Drug Abuse Programming, October 1973

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HUMAN RESOURCES RESEARCH ORGANIZATION
300 North Washington Street • Alexandria, Virginia 22314

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The Human Resources Research Organization (HumRRO) is a nonprofit corporation established in 1969 to conduct research in the field of training and education. It is a continuation of The George Washington University Human Resources Research Office. HumRRO's general purpose is to improve human performance, particularly in organizational settings, through behavioral and social science research, development, and consultation.

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PREFACE

This workshop was one of a series under HumRRO sponsorship bringing together key administrative and research specialists from federal, state and local levels to discuss issues associated with the problems of revenue sharing. The workshop was called to investigate the need for a federally-supported model, stressing inter-agency cooperation, to be employed by states as a guide for establishing substate area programs; and to explore other questions pertaining to drug abuse prevention and treatment. Specific recommendations resulting from the workshop are (a) a resolution calling for Federal Government action, and (b) suggested procedures for generating models and guidelines. These documents are included in this report as Attachments A and B.

Participants in the Workshop included Annette Abrams and Peter Goldberg of Drug Abuse Council, Inc.; Lee Enfield and David Johnson from the Senate Subcommittee on Intergovernmental Relations; Joseph Hendrick, Special Assistant to the Secretary of HEW; Robert Lowry, Drug Enforcement Administration; Lonnie Mitchell and Louise Richards of the National Institute of Mental Health; John E. Mongeon, National Coordinating Council on Drug Abuse Education; Franklyn Moreno, Greater Egypt Regional Planning Commission, Carbondale, Illinois; Miles Mathews, Special Action Office for Drug Abuse Prevention; and Richard E. Kriner, Joel Reaser, and Michael R. Vaughan of HumRRO. We wish to acknowledge the substantial contributions of Michael R. Vaughan and Joel M. Reaser in organizing this workshop.

HumRRO assumes full responsibility for the interpretation and reporting of the workshop proceedings. The views expressed herein do not necessarily represent the official positions of the agencies represented at the workshop.

It is our sincere hope that this document will be of assistance to those responsible for drug abuse programs at both state and substate levels.

INTRODUCTION

Federal revenue sharing is placing increasing authority for drug abuse prevention and treatment programs upon the states. Along with this greatly increased power, the states must be able to assume the responsibility for management of funds and delivery of services. States must develop the ability to assess their needs and determine the appropriate balance for efforts in treatment and prevention. They must discover ways of coordinating the many organizations presently involved in drug abuse programs—state and local law enforcement agencies, treatment and rehabilitation centers, mental health organizations, educational institutions, community volunteer groups, the medical profession, and public officials. Within this coordinated framework, the programs themselves must be made more effective.

Perhaps the greatest challenge facing the states is implementation of programs that take advantage of new protocols and techniques in treatment and prevention. Frequently, dissemination of these products of behavioral research to program directors at state and local levels is slow. Experience has also shown that many promising programs have contained little provision for evaluation and documentation—and there has been a significant lack of concern for the basic requirement that new technologies be tested to prove their general applicability.

In this context, the states are obliged to create organizational and policy-making procedures to cope with these responsibilities and to properly supervise the allocation of greatly increased budgets. This in turn requires that state powers be delegated to substate areas—large metropolitan districts or groups of counties that are designated as planning regions within the state. These substate areas also face many difficulties in organizing and implementing programs in drug abuse. This represents a serious concern because it is, after all, at the substate or local level where social service programs ultimately succeed or fail.

The Workshop on Regional¹ Drug Abuse Programming was called to explore these areas of concern and responsibility. The workshop was intended to bring together a panel of experts to discuss the following topics:

- The need for a federally supported model, stressing inter-agency coordination, to be employed by states as a guide for establishing substate area programs.
- How to achieve a proper balance between drug treatment and drug abuse prevention programs, within state programming.
- Whether or not federal regulations governing allocation of funds encourage states to involve substate and local entities in mapping their comprehensive strategies to combat drug abuse.
- What additional programs that will have an impact on state planning and service delivery in the drug abuse area are planned.

¹ The term “regional” was used by the Workshop synonymously with the term “substate,” to describe an area within a single state that is designated a planning entity for services in such fields as drug abuse, criminal justice, or health.

- The problem of training professional and paraprofessional personnel to improve the quality of service delivery in treatment and prevention.
- The need to strengthen substate and local resources in conducting research and evaluation activities.

Each of these topics was discussed at length by the panel participants. In the interest of making the subject matter more coherent, and more readily available to state and substate planners, the discussions were condensed by topic area in the ensuing transcript of proceedings. HumRRO is publishing the proceedings in the hope that the ideas and information contained therein will prove useful and stimulating to the state and substate planning process.

Topic I

ORGANIZATION OF STATE AND SUBSTATE PLANNING

The workshop opened with introductory statements from each of the participants, expressing their organization's interest in the planning and implementation of drug abuse programming at the substate and local levels. The participants did not advance specific programming proposals of their own in their initial remarks. However, they expressed hope that the workshop would provide a basis for development of substate programs.

Discussions brought out that most participants agreed that federal assistance in the formulation of model substate programs and protocols was desirable. It was decided to draft a formal resolution for submission to the Special Action Office for Drug Abuse Prevention (SAODAP) in the Executive Office of the President, recommending the organization of a task force that would initiate planning and research directed toward the development of alternate models and protocols (see Attachment A).

CURRENT REGIONAL EFFORTS

Current substate programs are the result of earlier state-initiated efforts to spread treatment, prevention, and education services throughout their territories. Virginia, for example, has already established a substate structure for implementation of planning and service delivery programs. Few states, however, have undertaken comprehensive substate planning efforts with revenue sharing as a major ingredient.

In addition, the federal Drug Enforcement Administration (DEA), an agency of the Department of Justice, works at the local level to provide technical assistance and information to community-based groups that request advice and expertise in launching their own programs. The DEA also has conducted a series of conferences at the substate level, bringing together local, state, and national officials concerned with drug trafficking and drug abuse. These conferences were intended to establish linkages between various professional and paraprofessional groups, and the administrators responsible for program planning and resource allocation.

Further encouragement for substate programming has come from SAODAP in its promulgation of guidelines for state plans and in its technical assistance program. At one time, SAODAP considered mandating that substate plans be incorporated in state plans, but discarded the idea as being, perhaps, an unwarranted additional burden on single state agencies. However, the consensus among workshop participants was that it may now be appropriate to reconsider this decision.

ORGANIZATION OF SINGLE STATE AGENCIES

Creation of single state agencies responsible for the development and implementation of comprehensive state plans has occurred as part of the movement toward federal revenue sharing. The philosophy behind single state agencies is that they will provide an instrument to aid the states in broadening and strengthening their capabilities to manage and allocate resources for the delivery of drug abuse services.

It is anticipated that *Special Health Revenue Sharing* funds may be made available to the states, further increasing the managerial responsibilities of the single state agencies.

States have taken a diverse approach to the organization of their comprehensive plans. Most have proposed programs that would make use of substate units, either those already in existence or those to be defined by geographical divisioning. Louisiana and Oklahoma submitted plans that defined substate areas and sought local input from those areas in drafting their proposals. California and Maryland plan to set up county programs, while some other states, like Illinois, have concentrated their planning at the state level.

FUNDING STATE PLANS

A total of \$15 million in federal funds has been earmarked by SAODAP for state use in drawing up comprehensive plans for drug treatment, education, and prevention services. Section 409 of SAODAP's enabling legislation sets aside money for grants to states for planning and implementation of their drug abuse programs. Money for special projects is available under Section 410 of the Act.

Regulations governing allocation of the funds automatically qualify each state for \$100,000 to establish a "single agency" responsible for drawing up a comprehensive statewide drug abuse program. The regulations encourage states to utilize substate and local resources in their overall planning.

In cases where special need can be demonstrated, SAODAP can supplement the initial \$100,000 planning grant. Once a state completes a comprehensive plan, it is submitted to the federal government for approval. In a technical sense, the plan is an application for federal funds to support drug abuse programs. The plans must spell out whether this federal money will be used for (a) delivery of drug abuse treatment, education, or prevention services, or (b) still more planning. If the state plan is approved, additional funds are released to the "single agency" under a formula bloc grant arrangement.

PLAN REVIEW PROCEDURES

States submit their comprehensive plans to the Secretary of Health, Education and Welfare, who passes them on to reviewers at the National Institute of Mental Health (NIMH) and SAODAP. Both groups of reviewers may modify the plan by attaching conditions or recommendations. SAODAP considers both the NIMH committee recommendation and its own before making the final determination. After SAODAP clearance, the plan goes back to the Secretary of HEW for final approval. Notification of the plan's approval or denial is sent from the Secretary's office to state governors. To date, all submitted plans have been modified, with special conditions imposed by either NIMH or SAODAP reviewers, or both.

Some minor changes in the review mechanism are expected with the emergence of the new National Institute for Drug Abuse (NIDA), and the phaseout of SAODAP. In preparation for the startup of NIDA, the NIMH and SAODAP are already moving toward closer collaboration.

THE FUTURE: SPECIAL HEALTH REVENUE SHARING?

The movement toward Special Health Revenue Sharing (SHRS) mentioned earlier could have a major impact upon state drug abuse programming—provided state agencies

are prepared for it. The concept of SHRS is to fund selected social service programs that are not presently receiving support from general revenue sharing funds.

Workshop participants underscored the point that, should SHRS money become available, drug programs would have to compete with other state social service agencies for their fair share. Strong substate drug abuse programs could obviously strengthen the hand of the state agencies in bidding for these funds.

Success at the local level could engender support in state legislatures and help maintain the integrity of the programs. In this context, concern was expressed that, in states dominated by rural legislatures, the flow of drug money might be diverted to these constituencies, thereby diminishing monies necessary to sustain programs within urban communities.

In the past, drug abuse agencies have been buried in state health departments. With greater funding becoming a reality, governors are raising the stature of the agencies responsible for drug abuse. This could prove beneficial to substate programs if they are strong enough and if they have well-developed channels of communication to the state agency.

SAODAP is looking ahead to preparing states for assuming the responsibility and authority to properly use SHRS dollars. The agency is planning to provide additional treatment funds from Section 410 financing, which the states will administer and allocate. This step is designed to accomplish two goals:

(1) It will provide state agencies with experience in using SHRS monies if and when they become available.

(2) It will provide state drug administrators with a political constituency to help them compete with other state agencies for SHRS funds.

Another function of this new treatment money is that it will free Section 409 funds for other uses—in the prevention-education area, in more and better planning, new or expanded facilities, or for substate activities. The new 410 treatment funds will be disbursed on a cost-sharing, or cost-reimbursement, basis—in which the states will require matching funds from localities. The freed 409 money, in turn, is likely to be put out on a cost-sharing basis.

It was noted, however, that at this point no new treatment money has yet been made available and, as a result, no 409 money has been released for other purposes.

Topic II

SERVICE DELIVERY: STRIKING THE BALANCE

The workshop discussion shifted to the controversy over the direction of service delivery—the emphasis upon treatment programs and the declining attention to drug abuse prevention. The reasons for the imbalance were explored:

(1) Treatment programs were established in response to the heroin epidemic and represented a “first things first” approach. Moreover, drug treatment is far easier to apply than either education or prevention services. Once a drug problem is recognized and methods of treatment are defined, service delivery can begin. It is also easier to define treatment objectives, set forth the terms of contracts, and evaluate the results.

(2) Education and prevention services, on the other hand, have inherent weaknesses. Planners face major difficulties in defining goals, formulating effective strategies, and measuring impact. They are hampered by a limited number of personnel with adequate background and experience. Media campaigns against drugs have proved ineffectual or counterproductive. Crisis centers and “hot lines” have not been effective. (Data indicate some reason to question the validity of crisis centers and hot lines, under certain conditions.) As a result, the emphasis on prevention has waned, although the need remains.

(3) These weaknesses have been further aggravated by a lack of expertise and capability, on the local or substate level, to study and evaluate new approaches to service delivery advanced by researchers at the national level. Planners at the state level generally have few tools for determining how a program that looks good in theory will stand up in practice. In addition, local and substate programs often are hampered by a limited number of trained personnel with adequate background and experience.

EDUCATION/PREVENTION: THE OUTLOOK

Drug abuse is beginning to be recognized as just one of a set of self-destructive behaviors ranging across a spectrum of antisocial behaviors. Excellent research has been performed in this area and has yielded new approaches in counseling, including peer group interaction that is self-directive—and a lot less costly than traditional counseling methods.

Workshop participants felt that education in the drug area really hasn't been attempted in the sense of reaching students, parents, teachers, and other interested professionals (e.g., law enforcement personnel). Most drug education programs to date have simply passed along information. There has been no real comprehension that if self-destructive behavior is to be effectively changed or prevented, schools and other institutions must learn to cope with changing values, peer group influences, and the problems arising from unfavorable family environments.

With abatement of the heroin epidemic, it was pointed out that more emphasis can now be placed on prevention methods and more money—such as the anticipated 409 funds—can be made available. There will be a continuing conversion to polydrug treatment as the opiate problem subsides and as our ability to target in on high risk populations increases.

The delivery of education/prevention services must be directed at defined target populations in respect to *measurability* and *replicability*. Prevention models are being developed, but participants questioned whether or not such models were empirically valid. There was a comment that ways are being developed for states to spend money in prevention, but they really do not know how it should be spent—a case, perhaps, of “the cart before the horse.” This presents a problem in drawing up contracts with state agencies. Should they contain specific protocols to be followed, or should the states be given freedom “to roll their own” projects?

A further observation was made that, if protocols for measuring the drug problem in states and regions could be developed, it would be possible to evaluate the impact of prevention methods or strategies across several states. Unfortunately, few protocols and assessment criteria exist.

It also was suggested that education/prevention program models would be difficult to devise, in the absence of agreement on the general goals of these models. At present, there is no stated national goal regarding drug abuse control. Moreover, education/prevention efforts in regard to alcoholism are not aimed at eliminating the use of alcohol, but at preventing its abuses. It may be necessary for the nation to take a similar position on drug use before any effective education and prevention effort can be launched.

There was discussion of the need to protect the position of education/prevention interests at the federal level, specifically in terms of the state plan review process. Prevention, it was stated, could be given greater weight if it were included in state guidelines and also in the forthcoming Strategy Two being generated by SAODAP for national implementation.

The reason for including education/prevention interests in the oversight function for state plan review is that states might not shift funds to prevention programs unless they are mandated. Moreover, writing prevention needs into state guidelines is a means of generating programs at the substate and local levels.

Participants concluded that there could be a better balance between treatment and prevention in drug abuse programming if the following guides were observed:

- (1) Greater specificity in targeting risk populations
- (2) Generation of models for measurement and replication
- (3) Release of 409 dollars to fund preventive programs
- (4) Special conditions placed by SAODAP review committees
- (5) Possible incorporation of prevention component in 409 regulations

RESEARCH AND EVALUATION

Participants recognized that most local and substate programs do not have the capabilities or expertise to carry out the research and evaluation function. They do, however, have program needs that can be met only by employing research and evaluation as key elements. The most obvious of these needs is to determine the scope of the drug problem within a given area. Clearly, a substate program must know how many addicts and abusers are in the area and what drugs they are using. Planners must also keep abreast of resources available in the community to help drug users.

Before launching a treatment program, there should be some research into what therapeutic methods might be most effective, given the population to be served. Few local or substate programs have the resources to weigh differing approaches to varying drug abuse problems or to determine which approaches would best serve local needs.

Evaluation of program effectiveness is as important as research. In order to justify their continued existence, most drug programs must be able to point to their achievements and successes. Improvements can best be carried out against a backdrop of carefully conducted studies of program achievements.

Although the workshop identified research and evaluation as major weaknesses of substate programs, it did suggest a possible remedy. Participants agreed that most local and substate groups could perform studies of the incidence and prevalence of drug abuse in their areas if they had some federal direction. This direction could be in the form of a model upon which to pattern their activities. A separate model would be useful to demonstrate how evaluation of programs could be approached.

The Drug Abuse Council, Inc., it was noted, is preparing to publish a book which does set forth a model for evaluation of drug education programs.

TRAINING

The outcomes of drug abuse programs, whether treatment or prevention, depend upon the quality of services delivered. Quality of services, in turn, depends upon the degree of training and experience of the people delivering the services. In discussing training, workshop participants noted that, in the past, service-delivery has been performed by people who have not been adequately trained in the drug abuse field. Experience also has shown that the poorest training is provided at the substate and local levels.

It was agreed that there should be recognition, on the federal level, of the critical shortage of well-qualified personnel, particularly for substate education/prevention programs. Participants felt that the amount of federal money being poured into the drug abuse program gives the government some leverage, to ask states to focus on the training problem. This might be done through SAODAP, by encouraging states to build a strong training component into their comprehensive plans. Pressure then could be exerted on local and substate programs to improve the quality of their personnel through new and more thorough training procedures.

Topic III

STATE AND SUBSTATE/LOCAL INTERFACE

The workshop looked at methods of facilitating coordination and cooperation between local and state agencies. It also took up the issue of stimulating cooperation at local and substate levels.

Participants agreed that the channeling of federal funds to combat drug abuse through state governments might, in some cases, constitute a threat to ongoing local and substate programs. In the past, many of these units applied directly to the federal government for funds to operate their programs. Currently, they must apply to the single state agencies charged by the federal government with responsibility for allocating funds for drug abuse efforts. It was felt that, in some cases, the new procedure may have the effect of shutting off local initiative unless directly encouraged by the state agencies. Since states have the option of seeking or bypassing local input into drug program planning, workshop participants suggested that there may be a need to set up some kind of mechanism to stimulate cooperation.

This problem has been recognized at the national level, and there have been some efforts to devise a formula for bypassing state agencies in channeling support to local or substate programs. No formula has yet been arrived at, but it may be in the offing if substantial problems develop between state and substate agencies.

The political reasons for cooperation between state agencies and substate and local groups were reemphasized. There was a reiteration of the point that, if the state drug agency has developed good relationships with the state legislature through strong, representative substate programs, it may not have difficulty in continuing to target revenue sharing funds toward drug abuse. If the agency has not established good relationships with the legislature, both state and substate drug agencies could lose out in a political battle over disbursement of the funds.

Realistically, local or substate entities should become partners in organizing and implementing state plans. It was felt that, to assist these partnerships, SAODAP and NIMH should encourage the inclusion of component local plans in state plans.

SUBSTATE/LOCAL LINKAGES

At the present time, local and substate drug abuse programs in the same geographic area usually are fragmented and frequently there is no continuation in the structuring and design of their efforts. There has been little, if any, information flow and inter-linkage for resource allocation and technology transfer.

In considering this issue, workshop participants questioned whether coordination was indeed possible, and whether ideas that seem to work in one program can be successfully transferred to another. In some cases, they concluded, the key to success may have been a "fireball" program director. This human element doesn't show up on paper when a model program is described. It may be that the "fireball" could make any program work. Hidden factors like this could present problems when attempts are made to model one program after another that has been a "success story."

The federal position on transferability is focused more on the *process* of combating drug abuse than on adopting a specific program or product.

COMMUNITY RESOURCES

Establishment of an effective substate drug abuse program depends to a large degree on coordination of community resources. The coordination of a wide range of local talent becomes all the more vital as programs move from a concentration on treatment to education and prevention. The workshop listed politicians, doctors, lawyers, police, teachers, students, and businessmen as essential elements in a comprehensive treatment, education, and prevention program. The suggestion was made that an umbrella organization might be necessary to pull together representatives of these diverse fields.

Participants felt that plans for drug abuse programs that rely strictly on local talent and resources can result in programs that are not self-sustaining. The same is true for programs dependent entirely on state or federal funding. It is necessary that money from funding agencies be used to stimulate local talent and resources and that local talent be developed so that it is able, on a continuing basis, to identify and utilize resources from all levels to sustain programs.

The present need, participants concluded, was a method of ensuring continued local initiative in planning and programming. It was felt that often those called upon to contribute to drug abuse programs do not appreciate the role of others. The coordinating mechanism must emphasize that programs will achieve their maximum effect only through the cooperation of individual elements.

The workshop suggested that states following SAODAP guidelines should organize substate advisory councils with local representation to establish necessary linkages. When it was pointed out that Strategy Two does not deal with the substate coordination problem, the workshop recommended the development of models that tie together all linkages that are to occur. The strategy should be to cover all elements—people and resources, as well as linkages in the models.

Topic IV

SUMMARY AND RECOMMENDATIONS

In a summary critique, workshop participants agreed that there is very little comprehensive planning and programming at the substate and local level at the present time.

There was agreement that SAODAP should assume a prominent role in urging states to give priority to prevention-training needs on the substate level and to encourage substate participation. Review committees should require that such programming at the substate level be included in state plans.

The conclusion was reached that research and evaluation models should be provided to states and substates, to facilitate measurement of drug abuse incidence-prevalence in their areas, and to evaluate the impact of programs.

It was agreed, also, that comprehensive models are needed on the substate level, to bring about thorough and coordinated programming.

RESOLUTION TO SAODAP

Workshop participants were in agreement that the Special Action Office for Drug Abuse Prevention should assume the responsibility for development of substate models and protocols. SAODAP was deemed the most appropriate agency to take this lead role, by virtue of its more general role in assisting the states to institute viable and comprehensive drug abuse planning and programming activities. It was also noted that SAODAP has the resources to accomplish this task.

Accordingly, it was suggested that a resolution be drafted (see Attachment A) to SAODAP calling for the organization of a Task Force, under SAODAP auspices, to initiate planning and research exercises directed toward the development of models and protocols. It was recommended that this Task Force represent two levels of drug abuse prevention expertise:

(1) Policy and administrative specialists, including federal, state, and local administrators responsible for planning and program management.

(2) Research and program-content specialists, including federal, state, and local personnel responsible for service-delivery and research activities.

It was felt that, by combining the skills of each level, the potential for valid, practical models would be realized. Once organized, the Task Force would be assembled at a convenient site (most probably Washington, D.C.) to begin preparation of model designs.

The workshop recommended the following steps for development of model designs and protocols:

(1) Some part, or all, of the design work set forth in a Task Force planning document probably should be contracted out by SAODAP.

(2) Through appropriate mechanisms, states should be notified of the nature and direction of the design program, including its ultimate impact upon comprehensive planning at the state level. This notification should occur prior to any projected completion of the design work.

(3) Completed models should undergo a thorough inter-agency review preliminary to any formal adoption and dissemination to the states.

(4) Upon adoption of the model designs and protocols, arrangements should be made to provide states with assistance in utilizing those most appropriate to their needs.

Attachment A

RESOLUTION

To recommend the development of model designs and protocols enabling the several States to facilitate implementation of preventive services programs at the substate level, within the framework of the comprehensive state drug abuse plans.

Whereas, The participants in the Workshop on Regional Programming in Drug Abuse Prevention, convened October 30, 1973, have determined an existing need for States to incorporate mechanisms to enable development and implementation of substate drug abuse programming; and

Whereas, There is currently a widespread divergency in respect to the attention and emphasis given to substate programming by the States in their comprehensive planning; and

Whereas, The States require assistance in determining appropriate mechanisms for provision of substate drug abuse programming within their respective authorities; and

Whereas, Such substate programming will encourage the participation and commitment of substate areas to comprehensive state planning and programs; therefore be it now

Resolved that it be recommended that the Federal Government undertake to assure

1. That necessary model designs and protocols be developed and disseminated to the States for their adoption; and
2. That procedures be instituted to formalize these models/protocols by placing them within the proper Federal guidelines and regulations, as appropriate; and
3. That technical assistance be provided to the States in support of their efforts to implement the models and protocols.

Attachment B

SUGGESTED PROCEDURES FOR GENERATING MODELS AND PROTOCOLS

Workshop participants suggested that certain steps should be taken to generate the models and protocols. These steps include:

- (1) Assumption of responsibility for design and development by the Special Action Office for Drug Abuse Prevention (SAODAP). Participants agreed that it would be most appropriate for SAODAP to assume the lead role in this effort by virtue of its existing role in assisting States to institute viable drug abuse programming and planning.
- (2) Organization of a Task Force, under SAODAP auspices, to initiate planning and design functions directed toward development of the models and protocols. The Task Force should represent two levels of drug abuse prevention expertise: (a) policy and administrative specialists, and (b) research and program content specialists. The first level would include federal/state/local specialists responsible for program planning and management. The second level would include federal/state/local specialists responsible for service delivery and research enterprises. By combining the skills of each level, the potential for realizing valid, practical designs would be maximized. Once organized, the Task Force would be called together at a convenient site to begin its efforts.
- (3) Determination of the need to contract for some part, or all, of the design work set forth in a Task Force planning document.
- (4) Notification of States, through existing channels, regarding the nature and direction of this program, including statements indicating the program's ultimate impact on state planning. This notification should occur prior to any projected completion of the design work.
- (5) Thorough review of models and protocols, prior to formal adoption and dissemination to the States.
- (6) Provision of technical assistance to the States, to facilitate their adoption of models and protocols appropriate to their needs.