

6. How have the various groups approached building constituencies to support their position?
7. What evidence, if any, is there of attempts to redistribute the power base?

## RESOURCES

1. When are the major sources of material and nonmaterial resources directly related to the problem or issue?
  - a. What special pre-conditions and criteria, if any, exist regarding the use of these resources?
  - b. How, if at all, are resources monitored?
2. What resources are currently being utilized for the problem or issue?
  - a. How effectively are the resources being utilized?
  - b. What are the gaps in resources? What additional resources are needed?
  - c. What potential resources can be mobilized?

## 7. Interorganizational Cooperation: Using Representative Committees

**Jack Rothman**

### HOW TO ORGANIZE A COMMUNITY ACTION PLAN

In presenting guidelines to community action it should be clear that this is not a

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- d. What plans and strategies have been or are being developed to secure and maintain resources?

## IMPLEMENTATION OF POLICY OR PROGRAM

1. Which groups working with the problem or issue have developed specific policies and programs toward resolution of the problem?
  - a. How have these groups tried to operationalize their goals?
  - b. What major problems have they encountered?
  - c. Identify evidence of conflict and competition between groups working on the problem or issue.
  - d. What environmental demands have been made on these groups regarding their policies or programs?
2. What alternative solutions have been developed or could be developed? Which alternatives appear to be more acceptable? Why?

master plan to be adopted routinely by all communities.

Every community is different and its peculiarities have to be weighed in designing an appropriate action program. The way the problem of drug abuse presents itself will vary in different locales. In some communities marijuana may be used freely while heroin is absent. In other communi-

ties the reverse may be true. Still other communities may have frequent usage of both.

Use of drugs by middle class teenagers in the suburbs for kicks presents a different problem than usage by adults in the inner city to escape the harshness of life.

There may be different degrees of involvement of organized crime in the drug picture from area to area. And the existence of an institutionalized drug culture differs from neighborhood to neighborhood based on the length of time drug abuse has persisted, the numbers of individuals involved, and the function served by drug abuse for the takers.

In addition, different communities may to varying degrees have already existing treatment-rehabilitation services or enforcement procedures. Resources available to apply to the problem by way of funds and professional expertise are uneven among communities. And citizens will desire to give their own emphasis to ameliorative programs, reflecting the particular value position of their community.

## AN OPEN MIND

In embarking on a drug abuse program it would be well for a community to recognize that it is entering a highly complex and uncertain area of endeavor. It should be prepared to study the problem objectively and respond with frankness to facts about drug abuse as they become available locally and nationally.

The importance of truth and honesty in confronting drug abuse cannot be stressed enough.

Here is how the Kiwanis' "Operation Drug Abuse" plan explains it:

The whole field of drug abuse education is fraught with misinformation, superficial conclusions, emotionalism, and conjecture. A program cannot rest its case on

obviously specious reasoning—for example, that marijuana must have chemical properties or produce pharmacological effects comparable to those of heroin, morphine, and opium because its use is regulated under the same state or federal statutes . . . or that if most heroin addicts admit to having used marijuana before they used heroin, it must follow from this reason alone that marijuana use leads to the use of heroin . . . or that if the percentage of drug addicts who have criminal records is higher than the percentage of non-addicts with criminal records, this must be proof of a drug-crime relationship.

Any respected authority who has reached any of these conclusions has not done so for these reasons alone, yet these are common place observations we hear in lay conversations. If a program is based on this level of reasoning, it will most certainly be exposed as a superficial one by even a young audience. The valid and factual information against drug abuse is so abundant that the well-informed participant will have no need to resort to the crutch of unsubstantiated dogmatism and authoritarianism. This is the reason for self-education. . . .

Also if from the information available, we select only the horrifying, the tragic, the bizarre examples of drug abuse and present these as the total and true picture of contact with the drugs with which we are primarily concerned, we will lose the respect of those who know or will later find out that we have deliberately avoided the whole truth.

We will be dishonest with youth, furthermore, if we give the impression that today's drug abuse problem is just another youth problem, symptomatic of a generation gap or youth rebellion. It is our adult generation which has produced an estimated six and a half million alcoholics.

Our generation created a pill-oriented society in which United States physicians issued in 1968 alone 167 million prescriptions for amphetamines and barbiturates. Identifying youth as our primary audience in a drug education program must not confuse the fact that drug abuse cuts across all age groups in our society.

### VARYING PROGRAM DIRECTIONS

In light of community variability and scientific uncertainty concerning the drug problem it would be presumptuous to prescribe a uniform community solution.

Instead it is recommended that the problem be placed on the community agenda as a number one priority concern and various mechanisms should be considered by which citizens and relevant agencies and professionals can talk and work together in coming to grips with local drug abuse problems.

Steps to be taken include at least:

1. Research and fact finding concerning social and medical dimensions of the problem locally and in the nation.
2. Development of specific program of prevention and rehabilitation based on local community needs and resources.

These programs may vary a great deal in emphasis and objectives.

Some typical programmatic approaches include the following:

- a. A public discussion program to "loosen people up" to examine the drug abuse problem in an objective way, in a calm atmosphere. Here the intention in part might be to foster cross-generational dialogue.
- b. Alternatively, a public education campaign geared to arousing the populace to the extent of drug

abuse and to a program of curtailing all usage.

- c. Work with young people to warn them of the dangers of drugs and change their attitudes about experimenting with them (educational, guidance and counselling programs).
- d. Promote a crackdown on distributors and users of drugs. Encourage programs to support and aid the police in surveillance and enforcement. Encourage stiffer penalties for distributors and users. Root out organized crime.
- e. Alternatively, change legal statutes to lessen penalties, particularly in connection with less dangerous drugs. Move drug abuse programs from the legal to the medical and social arena.
- f. Develop new treatment-rehabilitation services.
- g. In services that already exist, help improve them through expansion, bringing in newer techniques, or improving communication and cooperation among the agencies and professionals involved in the work.
- h. Create or strengthen local research programs on medical and/or social aspects of drug abuse.

As the reader can see, program alternatives are diverse and are not always compatible with one another. A rational approach would require an open mind, a desire to study new scientific evidence as it becomes available, and a balance and experimental posture in program directions in light of the inconclusive state of scientific evidence.

Balance implies some equilibrium between preventive and rehabilitative approaches, between legalistic and educational ones, between short range and long

range strategies. It is obvious that a purely punitive, legalistic approach which denies rehabilitation for those who are already addicted and in need of help, and which does nothing about attacking the underlying causes of the massive outbreak of drug abuse in America is doomed to failure.

### STAGES IN ORGANIZING FOR COMMUNITY ACTION

Just as there are many approaches to the drug problem, there are various ways for communities to organize to do something about it. Following is an outline of an organizing format which has been successful in some communities and which presents a logical sequence of steps. It suggests establishment of a community-wide, broadly representative Drug Abuse Council. It is not offered as a blueprint, however; communities should be encouraged to adopt variations that seem better to suit local situations.

#### 1. A Small Information Initiation Group

Most community action programs start small and snowball, including more and more people and organizations as they develop. A useful first step is for a group of interested people (citizens and/or professionals) to come together to test the extent of their own commitment and to ascertain generally whether a community program is needed. If there truly is a group that is willing to "start the ball rolling" and to provide manpower and encouragement through the early organizing stages, then additional organizational effort is in order.

#### 2. Larger Representative Sponsoring Group

A larger planning group is necessary to survey the local scene and initiate the pro-

gram formally. This group should represent wide community interests, including citizens, youth, interested parties (such as addicts and/or their families) and professionals engaged in drug abuse programs.

Such a group can test the feasibility of a unified community approach, share perspectives on the extent and nature of the problem in the community and legitimate the whole venture. In the earliest stage this group may want to engage in a period of self-education in order to be able to provide knowledgeable leadership (see Committee on Research and Evaluation under No. 4 for suggested activities).

Representatives from among the following kinds of groups might be invited to participate in this sponsoring group:

Parents  
 School representatives (High & Jr. High), administrators, faculty, students  
 Courts (juvenile, family, felony—judges, probation officers, service personnel)  
 Professionals in rehabilitation agencies (social workers, psychologists, psychiatrists)  
 Law enforcement agencies  
 Local drug or narcotics control commission  
 Clergymen (ministerial association) and church organizations  
 Kiwanis and other service clubs (Kiwanis has a Drug Abuse program)  
 Youth organizations  
 Medical Association chapter  
 National Association of Social Workers chapter  
 Pharmacists and pharmacologists  
 Mayor's office and city council members  
 Health Department  
 Civic groups such as League of Women Voters  
 Chamber of Commerce  
 United Community Services  
 Present and former drug users  
 College students and college professors

If a Drug Education Council or similar group already exists in the community (this should be checked), contacts should be made in order to discuss mutual interests. Possibilities include a cooperative

venture, working through the structure of the existing organization to strengthen it, dividing tasks among two groups, or replacing the existing organization.

As a result of its deliberations this initial sponsoring group should arrive at some tentative understanding as to the nature of the problem locally, and the kind of programmatic measures necessary to deal with it. It should also be prepared to recommend a tentative organizational structure for proceeding with the work—that is an executive structure, necessary committees, means of funding the operation, etc.

It should plan the presentation of these preliminary recommendations to an open community meeting at which time the Drug Abuse Council would be officially established. Interim officers to preside at this meeting should be selected. A listing of possible committees that might be included in these initial recommendations is listed later in this report.

While preparing for the large public meeting, the sponsoring committee should work with news media in order to alert people to the problem locally and build up interest for the open public meeting.

### 3. Official Launching at an Open Public Meeting

The opening public meeting or "community mobilization" signals the official launching of the local Drug Abuse Council.<sup>1</sup> It is important to invite members of the community at large in addition to the general membership of organizations listed in No. 2.

Tentative recommendations concerning program and organizational arrangements should be presented for discussion and

<sup>1</sup>In some communities it may be desirable to establish the Council on the basis of Sponsoring Group Action alone suggested in No. 2 and forego the large public meeting.

either approval or modification. Some open-ended time should be allowed for people to "sound off" about the drug issue. A speaker or event of some educational, inspirational or entertainment character might be included to enliven the program (a panel of users, police and social workers in a "confrontation", a display of narcotic devices, etc.) Tentative officers could be elected. Individuals should be asked to sign up for specific committees on which they would like to work. Dues or financial contributions could be solicited. Sign-up sheets could be passed around in order to obtain names of potential members and participants, and to take an inventory of interest. Literature tables might be set up for purposes of community education.

### 4. Program Committee Structure

Form follows function, and committee structure should follow the specific goals and philosophy of a given organization. That is to say, there is no established committee organizational chart to suit all organizations. Committees can only be viewed in terms of the purposes of an organization and the programs which are desired to meet those goals.

A listing of possible committees follows. These are presented suggestively, to be selected among by the Local Drug Abuse Council, according to the requisites of the local situation and the Council's own priorities. *Few communities will have the manpower and resources to undertake all these committee activities at once, especially in the early stages.* It would probably not be desirable to undertake all of them in any instance because the efforts of the Council would become too diffuse. Most organizations tend to overstructure, that is, to establish too elaborate and ambitious an organizational framework.

*Modesty and simplicity would be the desirable direction to lean at the beginning.* Also, it is well for an organization to be somewhat fluid in its structure in the beginning so that a natural pattern may emerge from the interests and personalities of the membership. Committees to consider include:

#### COMMITTEE ON COMMUNITY INFORMATION

- Establish close working relationships with newspapers, radio stations, and TV stations
- Establish an Adult Speakers' Bureau
- Write and promote "spot announcements" for local radio stations to use under the public service requirement of the FCC
- Prepare news releases for the total program
- Prepare a newspaper series on drug abuse for the local newspapers
- Sponsor study sessions, seminars, and informational meetings for adults in the community
- Prepare and disseminate "fact sheets" periodically on drug abuse
- Establish a telephone "dial access" system on drug abuse for adults in the community
- Serve in the role of disseminator for other committees
- Form liaison with churches and synagogues
- Form liaison with adult community organizations encouraging these organizations to: (a) conduct their own drug abuse programs, (b) contribute manpower, funds and other resources to the community program.
- Literature distribution possibilities for this committee include:
  1. Door to door to residences
  2. To heavily visited offices and public places—doctors' and dentists' offices, public libraries, employment offices, welfare offices, etc.
  3. Business locations—drug stores, bank lobbies, barber shops; places frequented by young people should be emphasized—sandwich shops, snack bars, "Y"'s, dance halls, etc.
  4. Public reading racks in train stations, bus depots, churches, etc.
  5. At public functions such as forums, conferences, school assemblies, etc.
  6. To welfare and youth service agencies such as recreation programs, child guidance agencies, vocational guidance services, etc.

7. To police departments, juvenile court judges, sheriffs' offices, etc.
8. Through Civic Groups such as PTA's, Kiwanis, Chamber of Commerce, women's clubs, civic improvement associations, etc.

#### COMMITTEE ON PARENT RELATIONSHIPS

- Conduct parent education programs—incidence of drug abuse, how to recognize it, what to do about it in the family.
- Use a variety of means of presentation—
  1. Authoritative presentation by a speaker
  2. Panel discussion (physician, psychologist, student, police official, etc.)
  3. A film and then discussion
  4. Combined meeting of parents and youth
  5. Conduct a series of such meetings
- Develop literature programs aimed at parents
- Establish family counselling service on drug abuse (by phone or personal conference)

#### COMMITTEE ON CURRICULUM DEVELOPMENT

- Prepare a comprehensive status report on current instructional efforts
- Determine whether or not current programs are appropriate and effective
- Consider the desirability and feasibility of a formal, sequential instructional program—kindergarten through twelfth grade
- Prepare additional instructional units for new grade levels as deemed appropriate
- Determine the proper placement of instructional units in junior and senior high schools in terms of subject matter area
- Determine the teacher qualifications necessary for instruction on the subject
- Encourage extensive use of material and human resources in the program
- Plan for and implement summer workshop programs as a prerequisite to instituting new units of study
- Consider augmenting classroom programs with assemblies, student seminars, field trips, and guest speakers

It is important that all phases of this program should be conducted with the cooperation of local school boards and principals. The Michigan Department of Education is implementing its own drug abuse programs, and care should be exercised to avoid duplicating efforts.

### COMMITTEE ON MULTIMEDIA MATERIALS

Preview and evaluate multimedia materials on drug use and abuse including films, film strips, film loops, booklets, pamphlets, books, periodicals, audio tapes, video tapes, recordings, slides, pictures, exhibits, etc.  
Prepare annotated bibliographies on materials and recommend grade level use or adult use  
Consider feasibility of establishing a mobile and/or stationary Drug Library  
Set up and circulate drug displays in cooperation with other committees  
Provide assistance in the development of multimedia materials for use in the schools

### COMMITTEE ON SCHOOL PROFESSIONAL STAFF DEVELOPMENT

Work with local school districts and help provide inservice training programs for the general teaching staff of all schools  
Help provide specialized training programs for counselors, nurses, social workers, assistant principals, and principals of all schools (public and nonpublic)  
Secure and/or prepare materials for professional staff members on symptoms of drug usage, and effects of drug usage  
Develop a statement on practices and procedures for teachers to follow when a drug user is detected or suspected  
Plan and implement summer workshops to prepare staff members as trainers to serve in leadership roles for inservice activities of other staff members during the school year  
Identify and/or prepare training films, audio tapes, and video tapes for use with staff members

Again, to avoid duplication, close cooperation with local school boards and principals is necessary to carry out these objectives

### COMMITTEE ON RESEARCH AND EVALUATION<sup>2</sup>

Attempt to determine the extent of drug usage and abuse among all people in the community

<sup>2</sup>In the earliest stage the Council as a whole may wish to attend primarily to these tasks in order to provide a basis for all further activities. The committee would then supplement and continue these early research efforts.

Attempt to determine the nature of drug abuse  
Attempt to determine the sources of drugs and how they are made available

Review, digest, and disseminate research findings in the area of drug abuse  
Design evaluation instruments to be used to determine impact of program activities for total program  
Work on the problem of contributing factors and/or "personality types" that relate to susceptibility to drug usage

### COMMITTEE ON CLINICAL SERVICES

Determine the desirability of establishing a drug clinic in the community  
Determine the feasibility of establishing a drug clinic  
Study the appropriate functions a drug clinic should serve relative to prevention and/or rehabilitation services (and types of needed personnel)  
Prepare a cost analysis of a clinic in terms of location, space requirements, staffing, equipment, furniture, materials, and supplies  
Study the funding problem in terms of community support of such a facility  
Study the existing and projected facilities for this area and the State of Michigan in light of need  
Study and evaluate existing clinic facilities in this area in terms of services offered and impact of their efforts

### COMMITTEE ON POLICE AND COURT RELATIONSHIPS

Form liaison with agencies of law enforcement and administration of justice  
Compile up to date information on incidence of investigations, arrests and convictions in the drug abuse area  
Recruit police and court officials who can participate in community programs  
Become and remain informed about drug statutes—be prepared to inform the organization and the community  
Evaluate current legal and enforcement situation in terms of—

1. Are the laws adequate or inadequate?
2. If adequate, are they adequately and appropriately enforced?
3. Are laws so severe that juries and courts are reluctant to convict violator?
4. Does enforcement harass the small violator and ignore the bigger organized crime elements?

The work of this committee overlaps to some degree the Committee on Legislation. The two could be combined.

### COMMITTEE ON LEGISLATION

Review, study, and evaluate current legislation in the area of drug abuse  
Attempt to influence legislators to revise or change current legislation that is inappropriate  
Identify limitations in current laws and attempt to initiate new legislation  
Support legislation designed to provide institutional rehabilitation facilities for drug addicts  
Support and/or initiate legislation designed to adequately fund programs and facilities to combat the problem of drug abuse  
Organize a political action campaign to support and influence improved drug legislation  
Work with other task force committees to gather supportive data and reactions to legislative proposals

### COMMITTEE ON PROGRAMS AND RESOURCES IN OTHER COMMUNITIES

Establish liaison relationships with agencies, institutions, and programs in Michigan and the nation  
Visit other programs for the purpose of gathering ideas and data to strengthen the local program  
Share ideas, programs, and materials from the local program with others  
Identify human resources in the State and nation that might be used on a consultant basis to strengthen the local program  
Share promising materials and practices with the other appropriate committees  
Prepare a compendium of promising programs based upon data gathered

### A SEPARATE YOUTH-TO-YOUTH PROGRAM OR COMMITTEE

Many activists in the drug abuse field have concluded that the most effective way to make an impact on young people is through other young people. One means of attempting this is through the establishment of a Mayor's Youth Committee on Narcotics (MYCON).

Dearborn Heights [Michigan] has conducted such a program over the recent past. The experience of that community might be a useful guide to others. A MYCON type of program could be conducted through the auspices of a Drug Abuse Council. Here is a resume of the program in Dearborn Heights:

#### The Dearborn Heights Experience

**Purpose:** The main purpose is to establish a group of dedicated young people (primarily high school, junior high school, and college students) who, through a program of education, will first learn about the dangers of drugs, and then in turn create a forum of communication with their peers.

"The first thing we have to set straight," explains the MYCON chairman, "is that we're not informants. If we ever squealed on users, we might as well forget about any of these kids trusting us.

"But if we can convince those who are tempted to try drugs how dangerous it is . . . if we can persuade at least one of our friends to stop using them before it is too late, or to seek help from those who want to help . . . then we are really accomplishing our goal."

The first step the Mayor of Dearborn Heights took was to appoint an adult advisory commission (voluntary) to serve as a foundation for MYCON.

The Advisory Commission immediately began (1) an evaluation of the problem in Dearborn Heights, and (2) self-education program on drugs.

The next step was to contact all the school districts in the city and advise them of the problems facing the community. A meeting was scheduled and each district was invited to send a representative (senior student) from their schools. The concept of MYCON was presented at this first meeting.

The following meeting included school officials and eight students from each school, and a discussion of ideas which could be applicable to the situations in each of the areas (school districts) represented. Those who expressed a genuine interest in MYCON "signed up" as members of the committee.

Education of this original MYCON group included:

1. Study of local needs.
2. Review of available films on drugs.
3. Study of drug display kit (visual aid) created and maintained by the police department.
4. Study of reference sheets with description and classifications of drugs, explanation of effects and use and relative danger.
5. Field trips to Synanon.
6. Discussing clinical information from Lafayette Clinic.
7. Review first-hand another city's MYCON program to determine how it could be adapted locally.
8. Devising a plan (contacts, meetings, workshops) for educating the community (youth and adults) on the dangers of drug abuse.
9. Establishing a speaker's bureau of informed students who can accept invitations to speak about MYCON at school assemblies and to concerned adult organizations.

The response of this core group (about 20 teens) was one of enthusiasm, dedication and commitment. After the above steps in their education were completed and the students were ready "to go out on their own", the adult advisors stepped back to allow the students to take over the program. The adults do attend MYCON meetings and programs as consultants and advisors. But it is the young people them-

selves who are maintaining the program. **THIS IS THE MOST IMPORTANT ASPECT OF THE MYCON PROGRAM** and should be emphasized right at the start. It is a youth to youth program, or student to student program if one chooses to use these terms.

MYCON representatives have spoken to high school and junior high school assemblies, PTA's, Boys Club, service organizations, home and civic improvement associations, and other interested groups.

While the presentations vary according to the audiences, they generally consist of:

1. *Student speaker* first showing need for education and action by citing examples (local and neighboring communities) of bad trips, deaths, suicides and other physical and mental damage resulting from the abuse of drugs.
2. *Guest speaker or film* (Guest speaker at a number of assemblies was former high school football star, decorated serviceman and former "user" and ex-convict, Mr. George B., who "tells it like it is").
3. *Display* (accompanying MYCON is a police officer who has a display of drugs and photographs and answers questions).
4. *Explanation of MYCON* and its aims and *invitation* to students to join MYCON. (A table is placed somewhere in the rear of the room with membership applications and a drop box.)

Another important phase of the program are the seminars for students who are interested in becoming members of MYCON. This involves a more thorough study of drug abuse and the MYCON program.

The evidence of the success of the above format for a MYCON program is in the response of the students attending the

programs. This dialogue of student to student, of friend to friend is the key to success.

Students know what the problems are. Students know what drugs their friends are experimenting with. They are in a position to convey to other students the message of the dangers of drug abuse.

Adult guidance, technical knowledge, and legal counsel are necessary... but only as foundation, moral guidance and background leadership. Nothing will turn a youngster "off" as quickly as an adult lecture on a youth-oriented problem.

But on the other hand, students will listen and believe one of their own when they "tell it like it is". The student who has seen with his own eyes a human destroyed by drugs... one who has technical and legal knowledge about drug abuse... is the most convincing speaker one can get for a MYCON program.

Pitfalls to be avoided include the use of outdated films and technical data that become boring.

Long-winded speeches, however good, tend to distract rather than educate. Over-anxious adults who interject themselves into MYCON also can hurt the program. *MYCON must be student operated.* Adults should exercise background leadership and guidance only.

Special requirements and areas of cooperation include:

1. Working with school officials and availability of school facilities for assembly programs and presentations to PTA's.
2. Permission to be excused from classes is necessary when a student member of MYCON is scheduled to speak at another school assembly or to other interested groups during school hours.
3. Cooperation of Police Department is vital.
4. Dedication of adult advisors is essential.

They must not only be available for MYCON meetings and seminars, but also for presentations to student assemblies and other interested groups.

5. Cooperation of city officials and service clubs. Funds are necessary to maintain such a program.

#### ADMINISTRATIVE AND FINANCIAL COMMITTEE STRUCTURE

Program is the heart of any organization, but the organization must also set up an appropriate administrative structure to perform ongoing maintenance functions. A set of officers is ordinarily required, including the usual chairman or co-chairman, one or more vice-chairmen, secretary and treasurer. This group, together with all committee chairmen, should sit as a steering committee to direct the overall policies and programs of the organization.

To the program committees already listed it might be useful to also add a membership committee and a finance committee.

If the general program becomes moderately large it would be useful or even necessary to add a paid clerical worker or to acquire professional staff assistance.

A professional staff administrator may be hired directly by the organization (full or part-time), or perhaps might be obtained on loan from a community agency with an ongoing strong interest in drug abuse.

There are a number of organizations and agencies in the community with regular programs, personnel and budgets whose functions include concern about drug abuse problems. Such organizations may include the mayor's office, the board of education, the police, a local drug clinic service, United Community Services, the courts, the Chamber of Commerce, etc.

If the aid of one or more of such groups can be enlisted, they may offer funding as well as staff service to the Drug Abuse Council. Such agencies might view such a community approach as a beneficial extension of enrichment of their own program—in a sense, a way of fostering a broader implementation of their mandate.

One precaution is in order here. An agency providing such assistance might want to put its own personal stamp on the community program, and thus make it parochial or one-sided. Thus, board of education sponsorship might entail pressure to concentrate only on youth, police sponsorship to focus exclusively on stricter enforcement, etc. If it's possible to obtain sponsorship from one of these agencies, the officers of the community Drug Abuse Council should explore thoroughly with the director of the agency whether he is willing to commit its resources to a broad-based community structure and a multifaceted community approach.

If he is, the resources of the agency (money and/or staff assistance) can be powerful in getting the organization started and sustaining it. If there is no such commitment it would probably be better to seek other sources of funding. (Some agencies such as United Community Services and the Chamber of Commerce generally approach problems in broad community terms rather than from the standpoint of narrower program interests).

Other funding possibilities include:

Membership fees for participating in the organization (individual or organizational)

Voluntary contributions from individuals and organizations  
Fees obtained from distribution of literature, films, speakers, etc.  
United Fund  
Foundations  
Grants from federal sources

## CONCLUSION

We have attempted to lay out some guidelines for community action approaches to the drug problem. Again, we would like to underline that communities should view this text as a series of suggestions rather than a formula to be copied.

In developing these activities it should be recognized that an outbreak of widespread taking of drugs must be viewed as a symptom of broader problems in our society.

Drug abuse in the inner city may be seen as a reaction to the poverty and discrimination to which our racial minorities are subjected.

Drug abuse by teenagers may well represent a reaction to the materialism and value normalness that they find around them.

As communities attack the manifestations of drug abuse through programs such as those which have been suggested, they should recognize that eventual elimination of the affliction will depend on solutions to broader problems such as these. It may be necessary to direct energies in both directions if real progress is to be made.