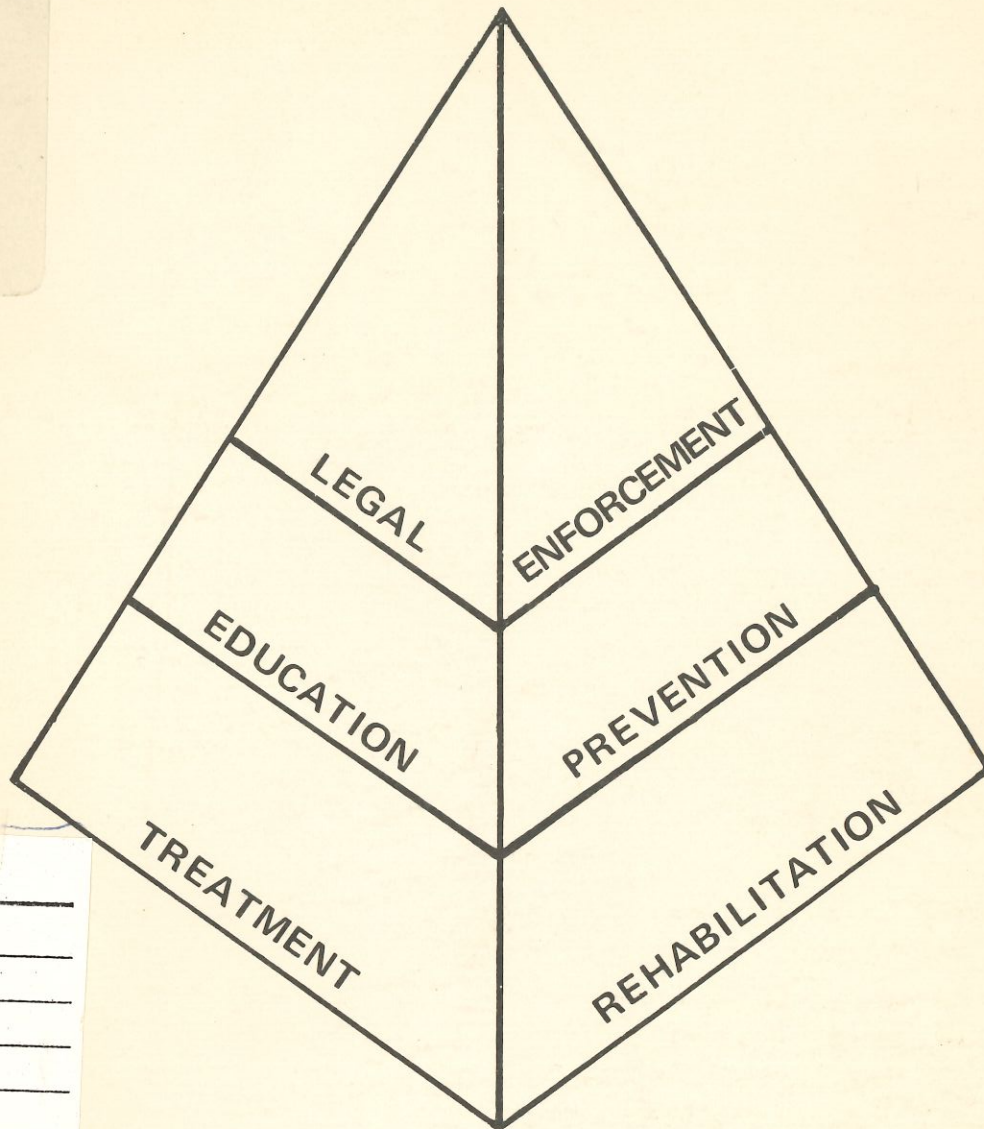


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OFFICE OF THE GOVERNOR

IOWA STATE DRUG ABUSE AUTHORITY

ROBERT D. RAY  
GOVERNOR

PAUL P. FLYNN  
DIRECTOR

COMMUNITY RESOURCE MATERIALS



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TABLE OF CONTENTS

INTRODUCTION.....	1
IOWA STATE DRUG ABUSE AUTHORITY.....	4
PROGRAM DEVELOPMENT	
A) Enforcement-Legal.....	9
B) Education.....	12
C) Treatment-Rehabilitation.....	17
CONCLUSION.....	19
APPENDIX A.....	20
Executive Order Number Four	
APPENDIX B.....	22
Organizational Division of State	
APPENDIX C.....	23
Sample Summaries of Program Activities	
APPENDIX D.....	90
Dope Stop Information	
APPENDIX E.....	95
Des Moines Youth Line	
APPENDIX F.....	99
Mental Health Institute Summaries	
APPENDIX G.....	102
Community Mental Health Centers Summary	
APPENDIX H.....	104
Department of Vocational Rehabilitation Summary	
APPENDIX I.....	106
National Sources of Information	
APPENDIX J.....	107
Iowa's Uniform Controlled Substances Act Summary	
APPENDIX K.....	120
List of Resource People by County	

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ROBERT D. RAY  
GOVERNOR

# Office of the Governor

STATE CAPITOL  
DES MOINES, IOWA 50319

PAUL P. FLYNN, DIRECTOR  
DRUG ABUSE AUTHORITY

## I N T R O D U C T I O N

There can be little question that we are living in a drug oriented society. The attendant problems of abuse are as widespread as the substances themselves, from the pill infested medicine chest to the ten year old Heroin addict. In the past several years not only the number of substances being abused, but also the number of people abusing substances, has increased dramatically.

Law enforcement agencies and officials at all levels of government are continuing to significantly increase efforts to control the illicit supply of substances subject to abuse. Frequently these efforts can be key ingredients to successful community efforts. Curtailment of supply often pressures the user towards rehabilitation and treatment programs, while removing the easy opportunity to experiment for many others-- which gives our educational efforts time to be effective.

In the past several years various modalities of educational and preventative efforts have been undertaken with varying degrees of success. While it is true that anyone playing with these substances should be scared, it is also apparent that

fear alone is not sufficient to prevent the spread of Drug Abuse. It is also obvious that facts alone are not sufficient, witness the anomaly of cigarette smokers sitting down to read the Surgeon General's report on how they are slowly killing themselves. Educational programs, utilizing special programs, assemblies, films and speakers all help, but they also are not sufficient. There just is no one easy answer, no instant solution.

The problems of Drug Abuse are complex, often being referred to as Socio-Medical in nature. Most problems, complex or otherwise, are solved one step at a time. In this very limited sense the problems are similar to those faced by society in the past. There are more differences than similarities, and our response to the problems must take those differences into account if we hope to be successful. There is a clear and definite need for action. The addict must be treated, the experimenter or non user educated, and the seller prosecuted. In response to these needs and the fact that we can not afford unnecessary duplication, the Drug Abuse Authority has been created. It is essential that long range planning include well thought out comprehensive plans which effectively utilize local resources in such a manner as to insure continued viability of programs.

It is our hope that these materials will serve as a guide to interested and involved citizens in establishing programs

designed to meet the specific needs of their community.

Specific information with regard to some local individuals to be contacted if you are now, or intend to be, involved in the field of drug abuse programming in Iowa, is listed in the appendices. These people are invaluable local resources that no one is in a position to ignore.

There is no city, no town and no family that is safe from the creeping cancer of Drug Abuse and we must communicate concerning problems and new ideas among ourselves if we are to have any chance of success.

Paul P. Flynn  
Director

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IOWA STATE DRUG ABUSE AUTHORITY

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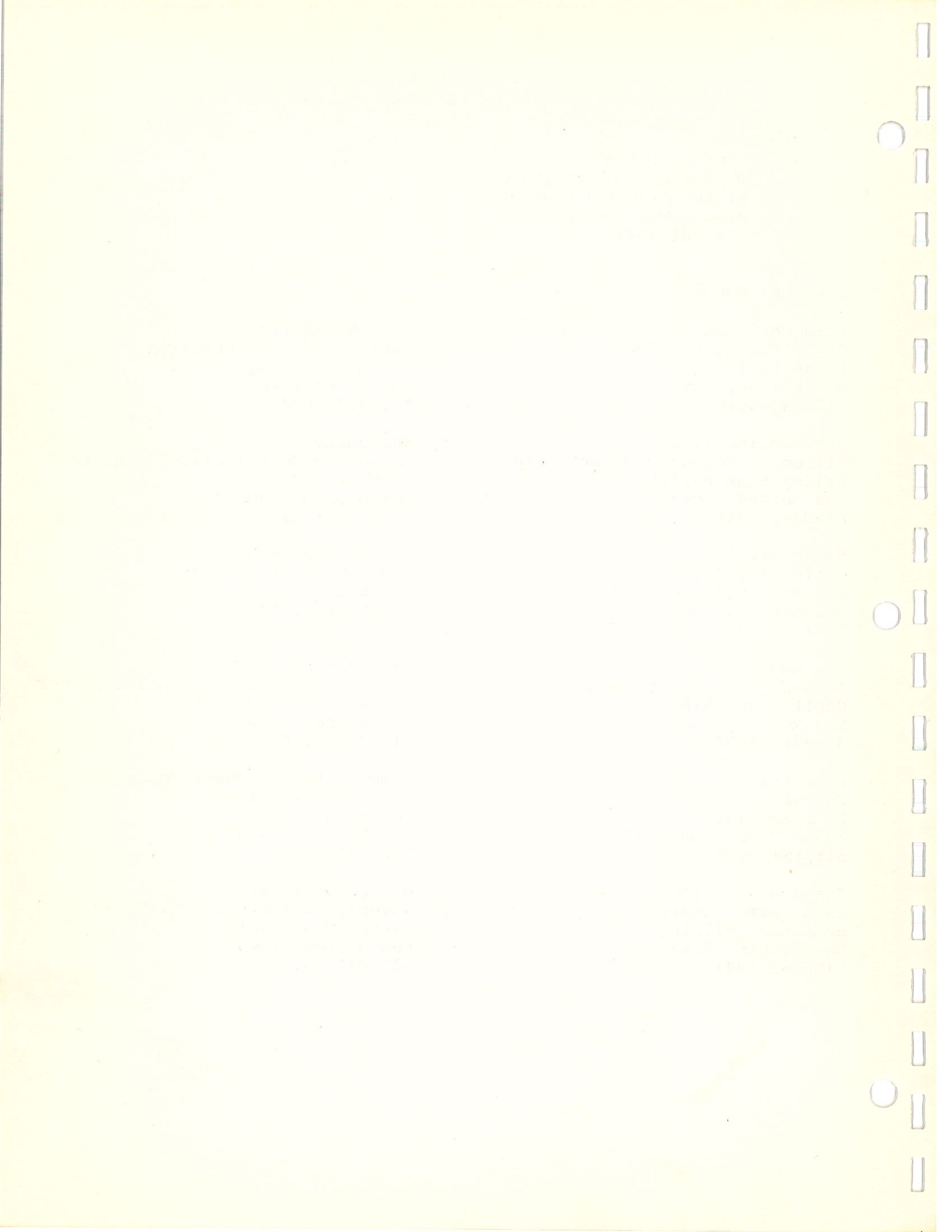
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## IOWA STATE DRUG ABUSE AUTHORITY

The Iowa State Drug Abuse Authority has been formally created by Executive Order of the Governor, the agencies and organizations initially represented are flexible and additions will be made as necessary.

Initial state efforts directed toward the development of coordinating programming in the field of drug abuse began with the appointment of the Governor's Consultant on Drug Abuse and the subsequent formation of an Ad Hoc Advisory Council on Drug Abuse. The Drug Abuse Authority has assumed these functions as well as those additional areas of responsibility indicated in Executive Order Number Four (Appendix A).

Functioning as an integral part of the Governor's Office, our efforts will continue to be channelled in three areas of Enforcement/Legal, Education/Prevention, and Treatment/Rehabilitation. Funding for program support will be appropriated to the Authority through the Office of the Governor. It is intended that these funds serve the purpose of support, and not normally be utilized to underwrite entire local programs on a continuing basis. The general guidelines and application procedures in current use are available on request.

This application is drawn from those in use by major Federal Agencies. In this way a community may draft one application

which reduces to written form the program goals as well as the methods to be employed. If Federal monies are sought at a later time then it is a simple matter of transferring the information to the proper form for submission to the relevant Federal Agency. This should reduce some of the hours, days and weeks often wasted in putting together a Federal application. In addition it is one method of insuring that the community is following a plan of attack rather than engaging in sporadic attempts to meet the problems. Assistance in developing community programs is a major service of the Authority and is available at your convenience.

The organization of the Drug Abuse Authority, working from the local communities up, is relatively simple and direct. The state has been divided into geographic population areas along county lines, with the full realization that many organizations in the state have developed their own divisions to meet specific requirements (see Appendix B). Our division is made primarily for organizational purposes, and will not normally hinder funding or the operation of programs which cross organizational lines.

The problems we face do not respect either political or geographic boundaries, and our programming must be sufficiently flexible to recognize this and meet the issues squarely wherever they may lie.

It is impractical, if not impossible, for any single state to play a major role in Drug research. This function must be

left to the major research institutions and the Federal government, both of whom have the necessary fiscal resources to meet the needs we all feel so sharply. As an integral part of local efforts the Authority will endeavor to effectively provide the educational and research information to communities throughout the state.

In summary, the Drug Abuse Authority is intended to foster the initiation of communication among various parts of the community and state. With funds available for initial or interim purposes, we hope to provide information and assistance to communities in developing comprehensive programs that are flexible enough to evaluate and meet the problems surrounding Drug Abuse. Initial efforts with communities across the state have demonstrated the need for basic information concerning who is doing what, and where they are working in the state. These materials represent our best effort at this time.

The program summaries in Appendix C provide us with a general picture of community action. A typical example calls for a number of interested citizens to sit down and discuss the general problem and their willingness to try and help. Various individuals, similar to those listed in the appendices, are contacted with regard to procedures followed, methods employed and resources available in the field of Drug Abuse.

Then, following further discussion, the individuals make broad ranging inquiries in the geographic area of their concern in an attempt to more accurately define both the problem and current status of activities. As a result of these inquiries a larger number of individuals (doctors, lawyers, educators, public and private agency personnel, youth, other citizens, etc.) are brought together to initiate a program of coordinated action designed to meet the specific problems of the area. After discussing and reviewing current information and the input from those in attendance, an organizational format is chosen. Very frequently this follows the lines of a non-profit corporation with a Board of Directors or simply the selection of a Steering Committee to provide direction and motivation to the group.

At this time various task forces are formed to look into specific, narrow issues and report back to the group in a short time. On the basis of these reports, policy statements and initial action plans are formulated. The responsibility for initiating action is normally placed with the Steering Committee. Evaluation of all possible local funding sources (clubs, groups, individuals, businesses, churches, fund raising functions, local Crime Commission, etc.) is made and the entire group moves to solicit the necessary support with a small funding committee serving as the directing body.

Constant discussion and evaluation of what is needed, as well as what is going on, is engaged in and the program is off the ground. The steering committee attempts to support local programs and stimulates efforts that are responsive to immediate needs.

The above is by no means the only method, it is just one way that has worked in some communities. The three areas of major emphasis in our efforts are summarized on the following pages.





## ENFORCEMENT--LEGAL

This facet of the attack on drug abuse is all too frequently overlooked in planning efforts. The inclusion of enforcement personnel is not only valuable for pragmatic information concerning current problems, but also from the standpoint that many of the goals sought to be achieved will be frustrated unless these people are aware of, and involved in, what the community is trying to accomplish. Many drug users' first contact with "the system" or "the establishment" will come through enforcement personnel.

Their next step is contact with attorneys and the judiciary. These individuals deal with drug problems in their everyday professional lives and amount to an invaluable natural human resource for local communities. The effectiveness of these individuals when dealing with "pushers", "dealers" or supply sources will obviously have a direct and immediate impact on the community. Their ability to cut off the illicit street market, tighten up on legitimate sources and to insure proper and continued medical supervision of people on prescription drugs, is directly related to the success of any comprehensive program. Efficient, effective enforcement can, and should be integrated into any community effort.

The Uniform Controlled Substances Act recently signed by Governor Ray is comprehensive and far reaching in its potential

impact. Complete familiarity with this Act, which should facilitate effective enforcement, as well as treatment and rehabilitation, is a necessity for anyone even claiming to have a mild interest in the field of drug abuse prevention and control. A summary is attached as Appendix J.

The state is increasing, both in terms of manpower and equipment, the Division of Narcotics and Dangerous Drugs of the Department of Public Safety. There have also been significant increases in the activities of local law enforcement personnel. The majority of these efforts have been directed at those trafficking in drugs. In addition, the capacity for the inclusion of the necessary controlled substances enforcement information in the developing Criminal Justice Information System is being planned. This will streamline the availability of current, reliable information to enforcement personnel throughout the State.

In one of the most innovative steps in the country, we are seeking substantial federal funding for a full-time team of experts to travel throughout the state conducting training sessions for lawyers, judges and enforcement personnel. Present plans call for a series of seminars emphasizing the most modern and effective methods and mechanics of identification and collection of information and evidence for court to insure the apprehension and conviction of drug traffickers. The seminars

will concentrate on the new Iowa statutes and also inform the various personnel of options available to them under certain circumstances.

The trial of a narcotics case is extremely complicated both for the attorneys and the judges involved and a portion of the training seminar would emphasize these skills. The techniques of presenting the specialized evidence necessary to the successful prosecution of drug cases would be emphasized. A portion of the program would concentrate on information about, and exposure to, the "drug culture". Additional programs and ideas, relating to long term enforcement activities, are currently under consideration for implementation in various parts of the State.

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## EDUCATION

In responding to various school systems, groups and communities, the Authority has sought to encourage an objective evaluation of specific circumstances, resources and problems in the development of programs relevant and responsive to local needs and priorities. Reactions vary considerably, some areas ignore the problem, others focus strictly on drugs and still others have, and are developing realistic programs responsive to the needs of youth who were, are, or may become, drug abusers. A comprehensive and thoughtful approach, rather than an emotional reaction, is essential.

Education may well be the cornerstone of a long term solution to many of the problems associated with drug abuse. There are numerous "groups" to be reached--students of widely varied ages, youths not in school, parents, teachers, future teachers and adults. Each group seems to call for a slightly different approach, because their needs and frame of reference differ so widely.

Although there has been a great deal of talk about Drugs, present indications point to the hard fact that basic information is sorely needed. In line with the overall methodology of the Authority, we are exploring ways of helping make available systematic and programmed factual information in the school system. The approach will allow us to utilize existing teachers, and can be designed to encourage dis-

cussion among students, and teachers, and those active in each local community. This provides for the school to involve local people to tie in the local scene and ongoing efforts, not only to the student but to both parent and teacher. Within this broad framework the Authority is compiling examples of materials developed and used in various grades by individual teachers from across the state. The approaches vary from self-developed tests and information to a series of lecture meetings in the schools. The choice is up to the individual teacher involved. Technical assistance in developing ongoing programs at your school are available through the Drug Abuse Authority from the Department of Public Instruction.

The Drug Abuse Authority is convinced that too many drug education efforts have been crash programs concentrating on drug education in isolation; too little coordination of effort by agencies in the same field has taken place; there has been an over emphasis of medical and legal factors and not enough attention given social and psychological factors; far too much stress has been placed on one-way education such as lectures, handouts, films and speakers.

In developing any drug education program careful consideration should be given the following points.

- A. The role of drug education is one of prevention, presenting facts, building proper attitudes, teaching decision making and values. The strongest deterrent to drug abuse lies in an individual's strength of character and his ability and deter-



mination to face life. No young person who values himself is likely to destroy himself.

- B. Any good drug abuse education program needs to be inter-disciplinary, involving both the school and community.
- C. There must be free and open dialogue between students and teachers in an atmosphere that is receptive and examines all points of view, free of moralization. Individuals from all segments of society and all age groups must communicate to understand the values and attitudes that govern the others' behavior.
- D. Drug education should begin in the home, with the school program beginning at the kindergarten level. Students from junior high school age on, should be involved in planning drug education, to make sure that it is relevant in that school.
- E. Drug education should be interwoven throughout the total school curriculum. All instructors must be concerned about humanizing instruction and aiding in the development of the student's self-concept. Every learning situation should become a laboratory for decision making.
- F. Motivations for drug abuse are varied and complex. They range from peer influence and a desire for kicks, to lost ties with religion and the family. Emphasis must be on ways of coping with problems rather than on depicting drug users as "depraved"

individuals. Alternatives to drug use must be offered in the home, school and community.

- G. Schools should present accurate, factual material about drugs. Where research doesn't have the answers, this must be admitted. Tobacco and alcohol should be treated along with other drugs as part of the same overall problem.
- H. Different approaches must be taken for different age groups and different cultural backgrounds. Inner-city, suburban, and rural inhabitants all face different patterns of drug abuse.

Research has shown that there are many facets of the drug problem which can best be approached through value education. Studies clearly indicate the need for development of valuing skills at an early age. This skill in valuing will enable individuals bombarded by ideas to better judge their validity. Individuals must develop skill in considering alternatives, reviewing possible consequences, and acting on their own judgments. Children have shown their need for this skill development, and are normally ready to deal with it in the elementary years. Any Drug Abuse Education effort should include "value education" within its program design.

The development of sound values and attitudes, as they relate to drug abuse, must be an integral part of the educational program. A series of regional institutes, open to all schools in the state, providing the participants with the information and technical assistance necessary to develop drug education programs which meet the specific needs of the local community, have been held and more are currently

being scheduled. Over 300 students, teachers and community resource personnel have received this training and are listed in the Appendices. This approach utilizes a broad community effort, mobilizing students, teachers and community personnel in a united manner. Schools are encouraged to integrate drug education programs throughout the total school curriculum.

The benefits provided by the utilization of local people in the schools extends to other facets of the educational effort. The knowledge of where to go for help is crucial, and this information is something that local people are particularly able to provide. Their use also encourages involvement of the audience--parent, teacher, student or community group--in local efforts.

In addition it is necessary to fully utilize multi-media--the radio, television and newspapers can be a vital link in getting the necessary information to the people who are in immediate need. These needs range from simple facts about drugs to details of where to go and who to see for help in the area. Public service announcements and simple items such as posters in grocery stores and places where your local youths congregate can be of considerable assistance.



## TREATMENT - REHABILITATION

It is an absolute prerequisite that treatment and rehabilitation be directed at the delivery of services to individuals. In many cases the success or failure of efforts can be traced to "street knowledge" of where to go and who to see for help. The dissemination of this information is primarily the responsibility of the District Committee. The availability of information concerning 'hot lines', crisis and information centers, hospital and detoxification facilities, as well as in and out patient treatment programs, is a necessity in many areas of the state.

Existing county, state and private medical facilities are now active in the field of treatment and rehabilitation. State law specifically provides for anonymous treatment, and this 'no heat' policy seems to be having a favorable effect on individuals seeking treatment without fear of punishment.

Currently the four Mental Health Institutes at Cherokee, Clarinda, Independence and Mt. Pleasant are accepting voluntary referrals and commitments of drug users. These state institutions are in the process of taking a more formalized approach to the specific needs of individuals. A brief description of the approaches being taken, as well as the appropriate individual to contact concerning specific additional information, or to arrange for the admission of a patient, is set out in Appendix F.

The twenty-five Community Mental Health Centers are currently active, primarily in out-patient situations. The

detailed information concerning individuals who have been designated to serve as local contact and resource personnel is set out in Appendix K. These persons should be contacted by individuals or groups developing local programs relating to drug abuse.

In addition, Appendix K lists individuals who have been designated from the personnel of the Department of Vocational Rehabilitation to assist in the coordinate delivery of services to individuals. This potential professional coordinating group, consisting of Community Mental Health, Vocational Rehabilitation, Mental Health Institutes, local facility personnel and citizens, should work closely with all programs to insure the availability and delivery of treatment and rehabilitation services on an area, and ultimately, a statewide basis.



## CONCLUSION

The three pronged attack on the problems of drug abuse is now in progress. Action has been, and is being, undertaken on both the state and local level. The most pressing need at this time is for the dissemination of pragmatic information to local communities. The utilization of the information outlined in this summary will move us along the road to full action and coordination among local efforts and with statewide programs.

It is necessary that every single interested individual become as involved as is possible. Only in this manner will we succeed in our efforts to control drug abuse. If you are concerned, then take some of these ideas and some of these resource people and use what you need. Some resource personnel are summarized in a listing, by county, in Appendix K.

The Iowa State Drug Abuse Authority solicits your help and your ideas in our continuing efforts to meet the challenge presented by the misuse of drugs and drug-like substances in our society.

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group received a standard diet, while the experimental group received a diet supplemented with 10% of the total energy from fat. The subjects were then divided into two subgroups: a control subgroup and an experimental subgroup. The control subgroup received a standard diet, while the experimental subgroup received a diet supplemented with 10% of the total energy from fat. The subjects were then divided into two subgroups: a control subgroup and an experimental subgroup. The control subgroup received a standard diet, while the experimental subgroup received a diet supplemented with 10% of the total energy from fat.

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**Abstract**

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APPENDIX A

EXECUTIVE ORDER NUMBER FOUR

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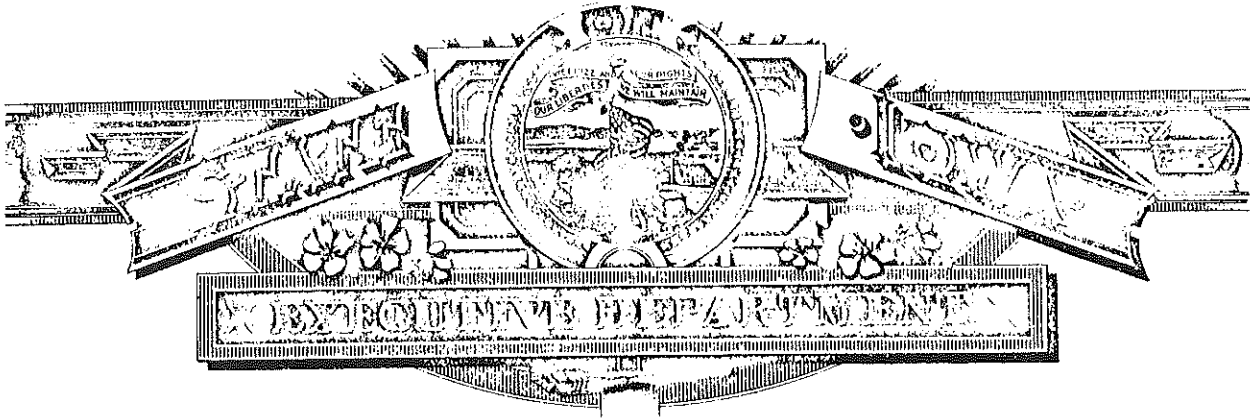
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EXECUTIVE ORDER NUMBER FOUR

WHEREAS, the spread of drug abuse in our society has reached significant proportions in recent years, arousing concern for the physical and mental health of all our citizens; and

WHEREAS, action in the area of drug abuse control has begun to mobilize and coordinate existing resources available for meeting and dealing with the various phases of the problem; and

WHEREAS, Iowa State Government has an important role in the leadership of our continuing struggle against the abuse and misuse of drugs and the deleterious effects on individual citizens and our society in general.

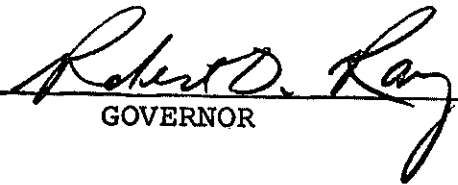
NOW, THEREFORE, I, Robert D. Ray, Governor of the State of Iowa, do hereby formally establish the DRUG ABUSE AUTHORITY composed of a Director and an Advisory Council, and they shall have the authority to carry out the intent of this Executive Order.

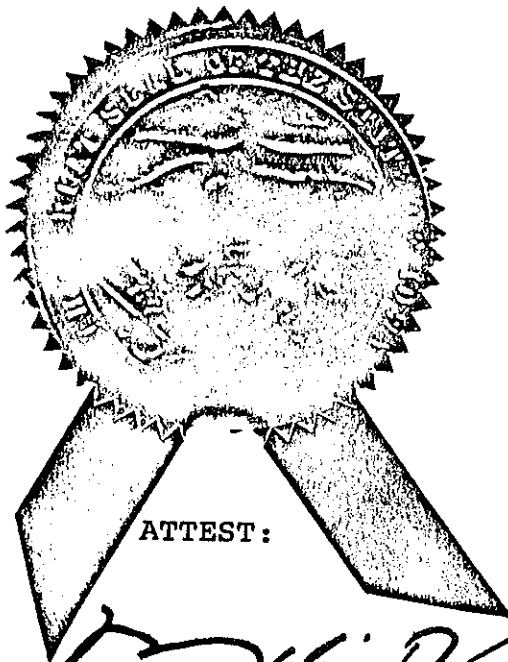
The Council shall be composed, initially, of representatives from:

- Department of Rehabilitation and Educational Services
- Department of Public Instruction
- Department of Social Services
- Community Mental Health Centers Association
- Department of Public Safety
- Department of Health
- Iowa Crime Commission
- Office for Planning and Programming
- Office of the Attorney General
- Governor's Youth Coordinator
- State Office of Economic Opportunity
- District Coordinators Representatives

IN FURTHERANCE WHEREOF, I direct the offices and employees of Iowa State Government and call upon our citizens to cooperate fully with the Authority and its representatives in providing Iowans with the best possible services in an effort to curb the menace of drug abuse.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the Great Seal of the State of Iowa to be affixed. Done at Des Moines, Iowa, this 26<sup>th</sup> day of February in the year of our Lord one thousand nine hundred seventy-one.

  
GOVERNOR



ATTEST:

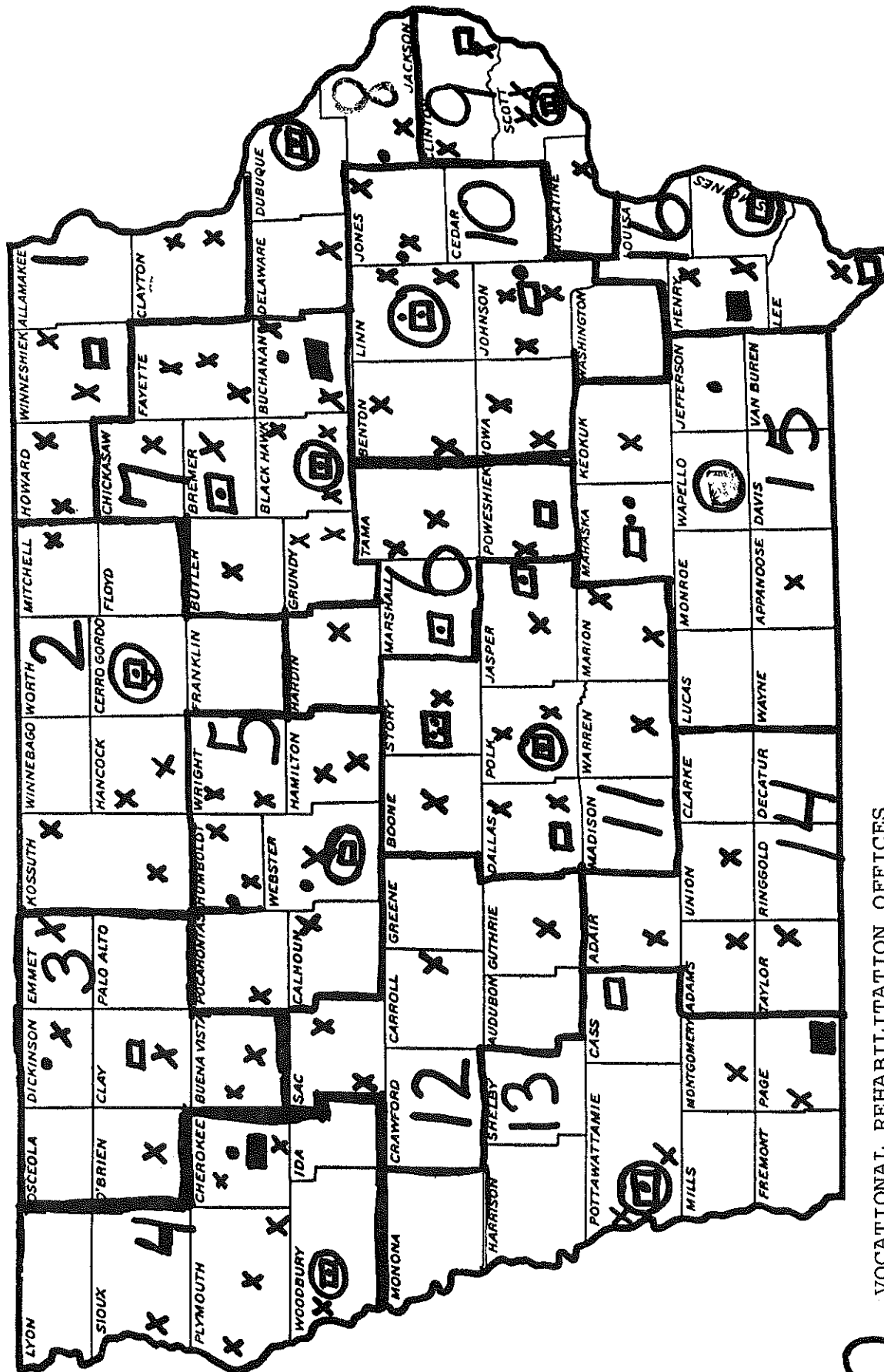
  
SECRETARY OF STATE

APPENDIX B

ORGANIZATIONAL DIVISION OF STATE







VOCATIONAL REHABILITATION OFFICES  
 MENTAL HEALTH INSTITUTES  
 COMMUNITY MENTAL HEALTH CENTERS  
 PROGRAMS SUMMARIZED  
 INDIVIDUALS TRAINED BY EDUCATION SEMINARS

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 $\text{K}^{+}$   $\text{Na}^{+}$   $\text{NH}_4^{+}$   $\text{H}^{+}$   $\text{OH}^{-}$   $\text{Cl}^{-}$   $\text{SO}_4^{2-}$


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APPENDIX C

SAMPLE SUMMARIES OF PROGRAM ACTIVITIES

1. Introduction  
2. Background  
3. Methodology  
4. Results  
5. Discussion  
6. Conclusion  
7. References  
8. Appendix  
9. Glossary  
10. Index

AMES COMMUNITY COUNCIL  
ON DRUGS, INC.

ROBERT FULWIDER  
212 KNAPP HALL  
AMES, IOWA 50010  
515/294-4609

The Ames Community Council on Drugs developed last year as an outgrowth of local implementation of the national Kiwanis Club project on Drug Abuse. The Council is a voluntary group composed of representatives of various community organizations who are interested in involvement in drug abuse education, and the council has primarily functioned as a clearing house for various community drug abuse education programs and has attempted to obtain information on any other existing or proposed drug treatment or education programs in the Ames area.

APPENDIX C

AREA ASSOCIATION FOR THE  
PREVENTION OF DRUG ABUSE

MRS. MARGARET EDWARDS  
P. O. BOX 885  
MASON CITY, IOWA 50401  
515/423-0805

A group of concerned citizens returned from the Governor's Conference on Drug Abuse and met with other local citizens. The group included some local youths and representation from various disciplines. In the course of several meetings the Mayor was contacted and calls were made to other parts of the state regarding approaches currently being used. Initial local funding was sought from private businesses and individuals as well as groups and the County Crime Commission. A questionnaire designed to obtain information about current efforts was drafted and mailed to schools, churches and private groups throughout the county.

With the resulting information the group initiated coordinating efforts, drafted a non-profit corporate structure and subsequently opened a Drug Information Center staffed by volunteers. A position statement delineating organizational purposes, beliefs and their approach is in the process of development.

APPENDIX C

AREA V COUNCIL  
ON DRUG ABUSE

STEVE R. PARSON  
IOWA CENTRAL COMMUNITY  
COLLEGE  
FORT DODGE, IOWA  
515/576-7201

A group of concerned citizens, following the Governor's Conference on Drug Abuse, established the Area V Council on Drug Abuse. The Council is an open membership organization composed of individuals concerned about the problems of Drug Abuse, many members represent agencies or groups who are involved with Drug problems in various ways. A ten member steering committee composed of citizens, youth, professionals and community leaders provides direction to the group.

The Council offers help and encouragement in the development of local councils who are interested in serving a particular community. The Council has undertaken several major projects: the development of a catalogue of resources available in the area; a series of Drug Abuse Clinics for parents; a Speakers Bureau and Drug Seminars for college age young people.

AREA VII DRUG PROGRAM

TERRILL E. JAMES  
218 Alta Vista  
WATERLOO, IOWA  
319/234-0530

The Area VII Drug Council was started by doctors, lawyers, law enforcement officers and concerned parents in an effort to fill the existing information void. A Youth Information Center, based on providing drug information and counselling in areas that may have led or are currently causing problems of Drug Abuse is currently in operation. Incorporated into the building is a Drop-In Center providing a place for relaxation and interchange of ideas, as well as a Crisis Line (234-6603). These services are supported by emergency medical treatment with various hospitals agreeing to reserve beds for emergency treatment of drug crisis cases. Doctors are on call twenty four hours a day. Projections further into the future encompass summer classes at the University of Northern Iowa to train educators in teaching about drugs and the establishment of a Drug Rehabilitation live in center.



APPENDIX C

CHEROKEE MENTAL HEALTH  
INSTITUTE

J. T. MAY, M.D.  
1200 WEST CEDAR STREET  
CHEROKEE, IOWA  
712/225-2594

The treatment unit will be a ward on which male patients, ages 17-25 who are admitted for drug abuse problems will be housed. (1) Intensive treatment for patients will include (a) complete physical and psychiatric evaluation, (b) group and individual psychotherapy for both inpatients and outpatients, (c) milieu therapy with occupational, recreational, and industrial therapy, (d) high school or vocational classes, (e) weekly sessions with parents, (f) detailed discharge planning. (2) Partial hospitalization both day care and night care, will be provided on a regular basis by the treatment team to area Mental Health Centers, hospitals, social agencies, clergy, schools, law enforcement agencies, and other professional personnel. (4) Training seminars will be provided for professional groups, and for volunteer community groups. (5) Emergency services will provide immediate hospitalization and consultation with parents or other concerned persons, as well as with professional people. (6) Education programs will be made available through a specialized Speaker's Bureau to community groups, and through drug panels consisting of drug abuse patients.

DICKINSON COUNTY

ROBERT M. BAKER, SHERIFF  
COURTHOUSE  
SPIRIT LAKE, IOWA  
712/336-2793

The Sheriff's office has been engaged in a continuing educational effort for some time. In addition to enforcement activity, members of the Department seek to utilize their professional experience and exposure in a constructive educational program. Presentations are made in a multicounty area to private groups as well as enforcement personnel, often accompanied by drugs and materials for display which have been seized and are no longer needed for use in Court.

One aspect which has been particularly effective in generating both interest and discussion is a tape recording made by a 17 year old boy. The youth made the tape for his parents in the nature of a last will and testament. He then went on to describe his problems and difficulties which he attributed to using "acid". The boy then committed suicide. The feelings of the boy, as well as some of the erroneous information under which he labored, serve to generate discussion among and between young as well as mature listeners.

DES MOINES COUNTY  
DRUG USE COMMITTEE

BERNARDO G. PINEDA, M.D.  
SOUTHEASTERN IOWA MENTAL  
HEALTH CENTER, INC.  
522 NORTH THIRD  
BURLINGTON, IOWA  
319/754-5749

The above Committee is composed of representatives from the local high schools, Chamber of Commerce, Kiwanis, PTA, YMCA, Police Department, Mental Health Center, Department of Social Welfare, Dept. of Vocational Rehabilitation, the Southeast Iowa Community College and the Hawkeye Newspaper.

The Committee has conducted a survey of all the students in the Burlington and West Burlington area from 6 through the 12th grades. Results of the survey indicate that use of illegal drugs varies from about 2% among 6th graders to 30% among 12th graders. As a result of the survey, the following Committees were formed to attack the problem of the use of illegal drugs: Prevention - Education, Funding, Treatment and Rehabilitation.

In the field of Treatment two directions have been undertaken, first, through HELP, INC. This is an organization which has been in existence for almost a year where anyone who has a drug problem can go for help. It is run by volunteers, mostly the counselors are kids who have used drugs before. Secondly, the Mental Health Center provides treatment which cannot be handled by HELP, INC. The Mental Health Center will cooperate with HELP INC. in terms of in-service training of the staff of HELP, INC.

APPENDIX C

DRAKE UNIVERSITY

PHILIP S. CHARD  
DRAKE REVITALIZATION CORPS  
DRAKE UNIVERSITY  
DES MOINES, IOWA 50311  
515/271-3761

Interested students at the University first became involved in Drug Education through the Revitalization and Volunteer Corps. With a primary goal of prevention through education, various efforts, including a Speakers Bureau, were undertaken in the Drake Community as well as the surrounding colleges. Assistance and support from the University, as well as the donated time of staff professionals has been obtained and coordination is maintained with enforcement, civic and public agencies.

APPENDIX C

DUBUQUE DRUG ABUSE PREVENTION  
COORDINATING COMMITTEE

THOMAS R. RETTENMEIER  
DUBUQUE CO. MENTAL  
HEALTH CENTER  
DUBUQUE, IOWA 52001  
319/588-8513

Representatives from County and City government, public and parochial school systems, Mental Health Center, Medical Association and several community service and fraternal groups initiated the committee at a meeting of some thirty concerned individuals. A coordinating committee was established to develop and implement a comprehensive community drug abuse prevention program with the following objectives:

1. To coordinate existing drug information and drug abuse prevention efforts to assure maximum impact.
2. To provide information on drugs to requesting individuals and groups.
3. To coordinate a community drug education effort utilizing the mass media; speakers bureau; handouts; posters; churches; PTA; civic and professional groups; social service agencies; government agencies and school systems.
4. To work toward reducing the polarization of groups within our community by establishing and maintaining channels of communication.
5. To provide emergency medical and food assistance to youth in need by private physicians and public agencies.
6. To develop an increased community awareness of the attitudes, problems and pressures of the youth, giving special attention to those pressures and factors which cause certain socially unacceptable behavior in youth and what the community can do about it.
7. To support additional surveys to further identify and define the drug abuse problem.

Council activities include the proclamation of a two week Drug Awareness campaign involving public meetings, lectures, discussions, dissemination of information and four hours

of daily discussion and questions on local radio over open telephone lines. In addition to advertisements in local newspapers a speakers bureau has been formed and training of local individuals in expert drug identification has been accomplished.

In addition to support from private groups, industry and individuals, the following are cooperating agencies or organizations:

- Dubuque Community School District
- Dubuque City Government
- Dubuque County Government
- Dubuque Parochial Schools
- Dubuque County Association for Mental Health
- Archdiocese of Dubuque
- Council of Churches
- Dubuque County Department of Social Services
- Dubuque Pharmaceutical Association
- Dubuque Jaycees
- Dubuque Kiwanis
- Dubuque Sertoma
- Dubuque County Medical Association
- Dubuque County Mental Health Center

The above description is taken from the initial proposal and goals statement drafted by the Coordinating Committee. Subsequent pages reproduce the Coordinating Committee's newsletter for May 1971.

## A REQUEST TO OUR READERS.....

Groups, organizations, agencies and individuals concerned with drug problems in Dubuque, will you provide the Drug Abuse Prevention Coordinating Committee with information on actions, activities, services and projects directed at drug abuse prevention? The Coordinating Committee would like to incorporate this information into our newsletter, hoping to improve the effectiveness of community drug abuse prevention efforts.

Our newsletter will be effective only if you and your organization provide us on a regular basis with information about your drug abuse prevention activities, programs services and actions. Please submit your information to:

Drug Abuse Prevention Coordinating Committee  
Dubuque County Mental Health  
Mercy Drive  
Dubuque, Iowa 52001

A representative of the Coordinating Committee will be at the Mental Health Center on Tuesdays and Thursdays between 1:00 p.m. and 4:00 p.m. to receive information. At other times you may leave your name and number at the Mental Health Center and you will be contacted by a member of the Coordinating Committee. The telephone number of the Mental Health Center is 588-8513.

Your cooperation and assistance in this undertaking is very much appreciated. If you have any questions or comments, please feel free to contact us.

Sincerely,

Tom Rettenmeier  
Chairman, DDAPCC

## HISTORY OF THE DRUG ABUSE PREVENTION COORDINATING COMMITTEE.....

Council chambers at City Hall were filled a year ago when the city

manager called together representatives from various groups within the community for a discussion of drug abuse in Dubuque and the efforts then being made to remedy it. Impetus for this meeting came with the publication of results of a survey of all Dubuque County high school students and samplings from students in junior high and colleges. The study, conducted by the Dubuque County Mental Health Center and Wartburg Seminary, confirmed the usage of illegal drugs by pupils in all schools surveyed. Persons present in the Council Chambers recommended the formation of a committee to unify new and to expand existing drug prevention programs.

Captain Thomas Rettenmeier of the Dubuque Police Department was named chairman of the committee. He selected four persons to serve with him: Mrs. Louise Thompson, Director of Guidance in the Dubuque Community Schools, Dr. Peter Whitis, adolescent and family psychiatrist, W. Kenneth Gearhart, assistant City Manager and Mrs. Ann Ernst, psychologist at the Dubuque County Mental Health Center. It was felt that these persons could spur a comprehensive program by offering leadership in the following areas: education, treatment and rehabilitation, law enforcement, research and community organization. In April, 1970, weekly meetings began. They have continued to the present time. In May, 1970, members of the committee attended the first Governor's Conference on Drug Abuse in an effort to tie the Dubuque programs in with statewide programs being proposed at that time.

Since that time, business organizations, church groups, service clubs, young peoples organizations, medical and legal professionals, social workers, pharmacists, educators and other persons young and old have offered time and services to the committee for various programs.

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## HISTORY CONTINUED.....

Educational projects undertaken were:

1. A two week drug abuse prevention forum which began October 5, 1970. It included a series of lectures by Dr. Allyn Cohn, a noted drug expert, and an ex-heroin addict, Florrie Fischer. Radio station WDBQ brought Robert Savage to Dubuque and the weeklong broadcasting of "Project 70" with both live and taped airing of information on drug abuse. The Dubuque County Mental Health Association, local hospitals, service clubs and businesses made these programs possible.

2. Drug abuse prevention programs were formed in several schools with young people there taking leadership in trying to combat the drug problem.

3. "Cold Turkey Isn't Something You Eat" was the title of an ad run in the Dubuque Telegraph Herald under the auspices of the Dubuque Police Department and the American Trust and Savings Bank. Response to this ad offering free literature about drugs far exceeded expectations and the pre-ordered supply of pamphlets.

4. A drug abuse speakers bureau was formed to provide to any groups wishing to learn more about the subject. Mrs. Noels, a housewife with young children, volunteered her time as coordinator of this bureau.

5. Several TV and radio programs were undertaken with a recent project underway under the leadership of the Dubuque County Bar Association.

6. A course on "Addiction" was offered in the night school second semester scheduled at Loras College.

7. The staff at the Carnegie Stout Library have ordered and obtained several volumes on drugs and have also collected an extensive file on articles and pamphlets which are now available to anyone who wishes to study this subject. They have also worked to obtain an annotated listing of volumes present in the libraries of local colleges.

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Treatment and rehabilitation activities have included:

1. Mediation in the controversy concerning the Crossroads Coffee House with the establishment of medical and counseling services. Nurses, physicians and representatives from social service agencies assisted in this effort to meet the needs in young people alienated from their families.

2. The Phone-a-Friend 24-hour telephone service was established by the Dubuque Area Citizens Council on Community Relations with extensive training for its volunteers provided by social workers and a psychologist.

3. A contact house has been initiated in Dubuque. The Cornerstone, located at Jones and Main Streets was founded by the Jaycees, several other service clubs and private youths and individuals. There is also a Rap House located over the University Book Store which originated from the efforts of Dr. Richard Lee.

4. A policy of seeing persons involved in drug abuse on a walk-in basis has been established at the Dubuque County Mental Health Center.

Law enforcement efforts have provided:

1. A laboratory for local analysis of drugs was set up and training in Chicago was purchased for a local pharmacist and chemist through funds furnished by service clubs.

2. Law enforcement officials visited Archway House in St. Louis, a treatment center run by ex-addicts. A person from Dubuque County was placed in this facility to learn to overcome his drug problem after a hearing in District Court on a charge pertaining to drugs.

3. Social training and time have been arranged for certain members of the Dubuque Police Force to further enforcement and educational activities.

In the area of research:

1. A survey was conducted covering over 8,000 students as to drug usage.

2. A seed study on characteristics or need patterns shown by

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HISTORY CONTINUED.....

drug users was conducted at the Dubuque County Mental Health Center with assistance from the Mental Health Institute at Independence.

3. Plans have begun for a survey to be conducted among 9th and 11th grade students as to the accuracy of their knowledge of drugs and their effects.

Community organization and planning have yielded:

1. \$2,600 for the Drug Abuse Prevention Coordinating Committee from an executive committee appointed by the governor to designate funds left-over from the successful state-wide anti-rubella campaign.

2. Several applications for funds and approval of projects have been made to the Dubuque Area Crime Commission and the Community Action Programs.

3. An office for the drug committee and part-time secretarial help was established with the cooperation of the Dubuque County Mental Health Center.

The work of the committee appears to be an ongoing process made possible by the cooperation, concern, and generosity of many persons and organizations. The efforts of the committee are directed to coordinating the resources of the community. The members urge anyone with ideas or programs they would like to carry out to contact any committee member or bring these proposals to one of the meetings held at 4 p.m. each Wednesday in the Mental Health Center at Mercy Medical Center. Anyone wishing further information may also contact the committee secretary at the Mental Health Center, 588-8513, between 1:00 p.m. and 4:00 p.m. Tuesday and Thursday afternoons.

end

PLEASE PASS THE WORD.....

1. Physicians, Veterinarians, Nurses, Hospitals, Diabetics and all other persons who utilize needles - please break all the points when you are finished with them. Your cooperation might make "shooting-up" in Dubuque harder to do.

2. Physicians - be on the look-out for a man with an artificial leg seeking Darvon. He uses various aliases and has been approaching Dubuque Area physicians for prescriptions for Darvon.

3. Several open-shelved remedies such as "Contac" capsules are being bought in quantity for the purpose of misusing them. Perhaps store managers and clerks could have a policy regarding restriction of these items and limiting the sale of these items in quantity.

4. Parents - are you aware of the signs of drug abuse? Do you know that increased appetite with a special craving for sweets is often an indication of marijuana use and that amphetamines usually depress the appetite and cause overtalkitiveness in the person using them? If these changes are observed in your son or daughter, how about discussing drugs with them.

5. The Dubuque Public Library has a resource file on drug information as well as many current books on drugs available. The library is located at 11th and Bluff Streets. The staff at the Cornerstone will also provide any answers they can concerning drugs. They are located at 197 Jones Street.

6. Educators - the following films on drugs have been recalled by the U. S. Government as being misleading, inaccurate, and obsolete:

"Bennies and Goofballs"

"Mindbenders"

"Flight and Fright"

If these films are still available in your schools, please dispose of them.

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## PASS THE WORD CONTINUED.....

Information on other films can be obtained from the Instructional Materials Center, the Dubuque County Mental Health Association and the Drug Abuse Prevention Coordinating Committee's secretary. If you show a drug film, how about letting your students review it and sending the DDAPCC the results? It would be helpful to know which films best fit the needs of Dubuque.

## PHARMACISTS SET UP PHONE ALERT.....

Anyone in pharmacy in Dubuque County starts an alert by calling the Finley Hospital pharmacy, giving the information to be broadcast. Finley Hospital pharmacy in turn calls Mercy Medical Center and the Xavier Hospital, relaying the alert and they in turn call two pharmacies until every pharmacy in the system has the information. In addition, Finley calls one of the Dyersville pharmacies and the alert is passed on there.

Alerts consist of suspected and known drug abuser information: forged prescriptions; altered prescriptions; bad check passers; theft of drugs; gang purchases of exempt narcotic preparations and anything else that might be of immediate use to help prevent trouble.

## SCHOOLS INCREASE DRUG EDUCATION EVENTS.....

One of the goals of the Dubuque Community School District this year was to develop a district strategy of drug education for administrators, faculty, students and parents. A variety of activities designed to appeal to each of these groups was organized. On October 5, 1970, Dr. Allyn Cohn gave a general orientation on the topic of drugs for all district administrators. Later

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that afternoon, his presentation was repeated for all the teachers in Dubuque and that evening, for parents and interested citizens.

The week of October 12, 1970 saw the presentation of "Project 70" by Mr. Robert Savage on radio station WDBQ. Students, faculty and parents were encouraged to listen and participate in the activities of the week. Many did. On Tuesday of that week, the Optimist Club sponsored the appearance of Miss Florrie Fischer, a rehabilitated drug abuser, at Washington and Jefferson Junior High Schools. Miss Fischer also participated that evening on "Project 70".

In November, two consecutive faculty meetings were held at each junior and senior high school for in-service training. At the first meeting, an attempt was made to make the faculty aware that there was a problem in Dubuque and that many of our own students were involved. A brief tape was played on which our students talked about their drug use and abuse. Following this, the faculty divided into small inter-departmental groups and discussed what they, as faculty members could do to help students with problems of drug abuse. At the next meeting, a Dubuque pharmacist, Mr. Jim Robinson, talked about types and effects of drugs and Chief Robert O'Brien discussed the role of law enforcement in drug abuse. Each faculty member was given a drug handbook, which contained general questions and answers about drugs, glossary of terms and the Iowa law.

Two voluntary sessions followed. At the first session, a panel of our high school students talked with and answered questions about their use and abuse of drugs. Faculty members were presented with the unique opportunity to really "listen" to students talk about their feelings concerning drugs. At the next session, faculty members were exposed to the opposing viewpoint, namely students who did not use drugs and

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## SCHOOLS CONTINUED.....

related their feelings concerning his.

We have tried to establish drug information in both the guidance centers and libraries of the four secondary schools. Several schools had voluntary groups who made posters, participated in panel discussions, watched movies and heard speakers concerning drug abuse. Some students are in voluntary counseling groups, organized around their concern for drugs. Others are receiving individual counseling on a voluntary basis. We hope that their concern for drug education and drug information is able to keep pace with our frustrations in working with this problem.

## RAP HOUSE OPENS ON U OF D CAMPUS....

The Rap House is a non-medical psycho-therapeutic treatment center which is open to the public at no charge. We are staffed and open three nights a week - Tuesday, Wednesday and Thursday from 7 p.m. to no later than midnight. However, if there are no people using the facility after 10 p.m., the staff may close shop. We suggest that if an individual wants to see a therapist or use the facility, that he gets there before 10 p.m. We will also open the Rap House on Friday night by appointment. For this service contact Russ Fathauer at 557-2342.

What we have at the Rap House is this: a large contact room which is open to the public. People are free to use this room to drink coffee, talk, read or just sit. There are no demands made upon people in the contact room. It is presented as neutral territory provided the rules of the Rap House are observed. These are: NO SLEEPING OVER NIGHT, NO DRUGS and NO PHYSICAL CONFRONTATION.

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The second service that we provide is free psycho-therapy. Next to the contact room is a psycho-therapy treatment room which is staffed by a psychotherapist. If a person wants treatment for a problem it is the individual's responsibility to make his or her wishes known to the contact room worker or the therapist and the proper arrangements will be made for treatment.

The Rap House is under the direction of Dr. Richard Lee, M.D. and the theory and techniques of the Rap House treatment program are Transactional Analysis. We also invite professional people in related fields to share in this program and become aware of our rational.

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It has been reported that there are presently 4 different kinds of Mescaline in town at the moment. The lab analysis shows that this is a low grade of the drug and have not yet been able to classify the other ingredients.

Mescaline is a psychedelic drug similar to LSD with a trip of shorter duration. It is derived from the peyote button.

This mescaline in Dubuque comes in four different types. There are two in clear capsules and contain a powdery substance. One form is in an orange capsule and the fourth type comes in a capsule in the form of multi-colored spencial beads, and looks similar to "Contac".

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## SOCIAL AND FRATERNAL, INC. STARTS CORNERSTONE.....

The Cornerstone was started as an idea by a Dubuque Jaycee. This idea eventually developed and gained the acceptance of the other service clubs in town who banded together to form a non-profit corporation calling themselves Social and Fraternal, Inc.

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## SOCIAL AND FRATERNAL CONTINUED.....

The Cornerstone is a building located at 197 Jones Street. It is staffed by approximately 20 people on a volunteer basis. These people are from all walks of life, brought together by the common bond of wanting to help people. Our goal is that of creating a positive environment in which people can discover alternatives and foster goals which will enable them to cope with the outside environment without the use of drugs as a crutch.

The Cornerstone is open from 4:00 p.m. Friday straight through until 8:00 a.m. Monday and then Monday Thru Thursday nights from 7 p.m. until 12 midnight. We have a crisis intervention line at the Cornerstone with 2 lines coming in. The number there is 556-HELP. If parents and youth feel that they cannot be comfortable coming down to the facility, they are free to call us and talk to us any time about their problems and have their questions answered. We use a list of community referrals for anyone seeking professional help but not knowing where to obtain it. We also have a free medical referral clinic on Saturday afternoons from 2:00 p.m. until 4:00 p.m. This service also operates out of Westminster Church on University Avenue on Monday and Friday from 4:30 p.m. until 7:30 p.m.

As a continuation of "Project 70" the Cornerstone is also sponsoring a radio program on Sunday night from 9:05 p.m. until 9:30 p.m. On this Program, aired over KDUB, we hope to cover the problems in the community and the different programs and actions being taken to solve these problems. We will have programs for and from any and all persons involved in the solution of drug abuse and other problems stemming from or contributing to drug abuse. If there are any programs or aspects of drug abuse that you would like covered, please contact a staff member of the Cornerstone and we will attempt to schedule a program which will cover your field of interest.

## DOPE DEALERS BUY MADISON AVENUE METHODS.....

The following article was printed in the October, 1970 edition of STASH Capsules, volume 2, number 4, which is printed by The Student Association for the Study of Hallucinogens, Inc.

"It seems a sad commentary on the state of the present 'psychedelic subculture' that the very practices of the establishment which are criticized as hypocritical (a lack of 'truth in packaging' and the slick merchandizing techniques of Madison Avenue) are the same practices employed by the purveyors of our chemical sacraments. When television sells Middle America an electric toothbrush, it does not sell the toothbrush, but an entire way of living (of which the toothbrush is but one small component). In much the same manner the dealer who offers his clientele a plethora of 'mind-altering goodies' (from 4-way 'sunshines' to speckled psilocybin 'pumpkin seeds') performs as much a disservice to the 'counterculture'. Unwary and inexperienced buyers are being led to believe that if they haven't been 'stoned' with Dealer X's acid, then they've never been 'stoned'. A mind washed in one dealer's mescaline is purported to be 'whiter than white' while the head of the unfortunate user of brand X seems to display the same old discouraging collar stains. 'New' and 'improved' preparations are being hawked with all the fervor of the quack who sells us Anacin on the tube.

Scores of underground chemists who have discovered that the Life magazine claim that anyone who received a B in high school chemistry can make good, pure LSD is a myth, have compensated by spiking their concoctions with everything from amphetamines to belladonna alkaloids. The powerful financial incentives associated with the manufacture and sale of illicit psychedelics have,

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## DOPE DEALERS CONTINUED.....

unfortunately, attracted the same types of unscrupulous merchandizers who have grown rich convincing us to buy cars that are unsafe, diet drinks that cause cancer and a frightening variety of status symbols that are of no human use. As a result, many of the 'freaks' who have gotten involved with the psychedelic scene in the past few years may have never had a real LSD experience. It is not difficult to comprehend the increasing cynicism of the 'flower children' as they are manipulated and possibly even poisoned by the people taking advantage of their implicit trust in others."

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## OUR THANKS.....

The Dubuque Drug Abuse Prevention Coordinating Committee wants to thank all the people who have given their time and effort to making this newsletter possible.

We wish to give special thanks to Father Wiese and the students at Walhert for editing our newsletter and designing our cover.

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## SPEAKERS BUREAU.....

There is a Speakers Bureau in Dubuque which was set up under the auspices of the Drug Abuse Prevention Coordinating Committee. It is coordinated by a young housewife, Mrs. Gail Noels, and provides any group with speakers from many different areas concerned with the drug abuse problem in Dubuque. To obtain a speaker for your group, you can get in touch with Mrs. Noels through the Coordinating Committee secretary at Dubuque County Mental Health Center, 588-8513, on Tuesday and Thursday afternoons from 1:00 p.m. until 4:00 p.m.

The speakers on the bureau include pharmacists, representatives of the ministry, psychologists, doctors, lawyers, nurses, social workers, the police, representatives of the schools, representatives from the men's reformatory at Anamosa and ex-users of drugs. These persons are willing to share with you their knowledge and experience. If you're interested in knowing more about the problems of drugs and youth in our city, perhaps the Speakers Bureau can be of assistance.

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HUMBOLDT COUNTY DRUG  
INFORMATION COUNCIL

DR. P. E. LONNING, CHAIRMAN  
902 8TH AVENUE NORTH  
HUMBOLDT, IOWA  
515/332-2599

The Humboldt County Drug Information Council was formed with the objectives of organizing and developing referral procedures and resources for the drug user and/or offender and his family; establishing sources for intensive psychological counseling for the drug abuser and his family; developing means to replace drug dependency with creative alternatives; establishing vocational counseling, placement, and follow-up programs for the drug user; developing a trusting relationship with the drug user and other psychologically disturbed individuals; and determining the feasibility of developing special services such as hotlines, rap sessions, encounter groups, recreational facilities, etc.

The Council expects to progress in developing these projects and plans call for utilizing family physicians, psychological personnel - Psychologists, Counselors, Social Workers, Mental Health Clinic, Psychiatrists, Cherokee Mental Health Institute, Clergy, Vocational Rehabilitation Personnel, Social Service Division, Iowa Children's Home Society and Catholic Charities.

APPENDIX C

JASPER COUNTY COMMUNITY ACTION  
PROGRAM ON DRUG ABUSE

DR. ROY SLOAN  
PROJECT DIRECTOR  
JASPER CO. MENTAL HEALTH  
CENTER, INC.  
NEWTON, IOWA  
515/792-4012

The group recently held a meeting to attempt to get community reaction to the drug problem. The program was as follows:

1. Exploratory group to identify the problem.
2. To develop preventative approaches.
3. To assess present resources and future programming of these resources.
4. Through steering groups develop a comprehensive plan and try to incorporate on-going programs.

A planning committee was formed and composed of representatives of the police department, juvenile probation officer, a school committee, youth council, PTA, Church Guilds, civic organizations and the medical groups. A study was made on new concepts of education on drug abuse and therapeutic needs.

The group met with selected students in groups of ten in both the Junior High School and the High School to familiarize themselves and to discover the dialogues and feeling of those present.

The program operates an effective "Hot Line", a telephone help, which has been associated with the Des Moines "Hot Line". A lot of misinformation is corrected and there has been real encouragement for those who have searched for ways and means to change.

This is a five step program of 1) Community Education; 2) Schools; 3) Publication of existing laws; 4) Treatment group; and 5) Walk In Centers.



JEFFERSON COUNTY CRIME  
COMMISSION DRUG ABUSE COMMITTEE

SGT. GORDON E. PLEPLA  
FAIRFIELD POLICE DEPT.  
FAIRFIELD, IOWA  
515/472-4146

In setting up the Committee, it was felt that different types and occupations should be represented on this Committee and different areas of interest so as to glean as much information from the community as possible. The original concept of the Committee was to explore the drug use problem in Jefferson County from as many standpoints as possible and to make recommendations to help alleviate any found abuses. The Committee has met a number of times as a group, but most of the work was done on an individual basis. Committee members interviewed people knowledgeable of the activities of people who could be interested in drugs, including doctors, school officials, police officials and students themselves.

At the first meeting of the Committee, it was determined that all names of persons interviewed will remain confidential to the Committee members only. Also, it was felt names used by persons interviewed would also not find their way into any report. The approach at all interviews would follow a three step pattern: 1. What do you know as a fact? 2. What do you think is a fact? (Substantiative information). 3. What do you recommend for a solution to the problem? All people interviewed were very open and were able to define all three of the above. It is

interesting to note that from all sources, education in some degree was mentioned.

The Committee concurs that there is a definite drug abuse problem within Jefferson County. It is a problem so delineated that it encompasses all phases of the social-economic sphere of the young adults. The Committee's findings indicate at the present time that 25 junior high school students have used marijuana type drugs more than once and that 10 students, mostly limited to ninth grade, could be considered routine users. At the senior high school level, there are approximately 100 sometime users of marijuana type drugs of which probably 25 could be considered routine weekend users. On the college level, there are many more types of drugs used than marijuana. The routine users number a small percentage of the population at Parsons College. In a survey taken by the college, approximately 50% of the students have tried at least once marijuana or other types of drugs. We also found that this is not limited to just Fairfield, but that the rural areas also have some use. Some information received by the Committee would also indicate that the high school and junior high school source of supply is seldom through Parsons College and is seldom for money. However, others felt Parsons was still the prime resource for local use. Both the college supply and the other supplies came through Iowa City, but, at the college, many times the students are their own supplies during breaks and they bring it back to the campus from other areas.

The Committee feels there is just a small, unorganized attempt for education regarding drugs and their usage within the educational system of the Fiarfield Community School District or on an adult level. The students get most of their information from those who "have gone before" and that basically this is very unreliable information. Our findings also indicate that the scare tactic of education is completely wasted on this age group who are seeking in every way, not just in drugs, real answers. Counselors and those most readily available to the students on the high school and junior high school level have not been trained for this special type of activity, either because of lack of interest on their part for the total student or lack of time to become proficient. It was interesting to note that from the students' standpoint, they felt the lack of reliable information of even a technical nature. It was completely unavailable because of the unconcern of national mental health programs. The adult community does not have the basic knowledge on how to interpret the handling of the drug abuse problem even within their own families. The utilization of trained people within this field is very neglible.

Some of the reports given to the Committee indicated a lack of understanding of the problem by some local police officials. In the report from police officials, they felt lack of training and equipment were the reasons for not handling the drug problem from a law enforcement viewpoint. The laws as written by the State

of Iowa seem inadequate to handle this type of situation with fairness to the individuals involved, but some of the new laws will tend to help in this area. There was strong feeling that the man who is selling should be the prime target of all enforcement, but that the one time user had to be protected. The lack of humanistic involvement with suspects by the present enforcement officials was of great concern to the Committee and they felt more counseling and medical attention would be given to users, especially those in trouble. The arrest rate and County Attorney's office activities have picked up of late, but the Committee felt more could be done in this regard.

The Committee felt that this new legislation regarding drug users seeking medical help without being turned into law enforcement agencies might give medical attention before it was asked for, whereas prior it was never asked for, for fear of being turned into police officials. Some medical authorities felt there was absolutely no drug problem, whereas others felt there is a definite problem and a definite need for medical attention to this area. It does seem that the use of local drug stores for syringes, etc., is on the decline.

.However, the buying of non-prescription items for "kicks" has not declined appreciably. It would seem to indicate that those who are seeking medical attention will try to seek medical attention from those they know can help.

## RECOMMENDATIONS:

1. The prime recommendation of this Committee is to start an all out honest basic education on the use and abuse of drugs. This would include from approximately 6th grade to a total adult education program.

2. That counselors and school teachers be versed in what is considered a drug problem and how to handle a drug problem as they normally will have first contact.

3. That a one day program for all teachers and administrative school personnel be held in conjunction with orientation week and that monies necessary for the payment of this program be channeled through the Jefferson County Crime Commission. We feel this is imperative to get started as early as possible.

4. That the materials regarding drug useage that are now available through Kiwanis and other service groups be made available to all areas of interested adults.

5. That utilization of Channel 5 for a dialogue type program for those who are users be made available and the cost be borne by the Jefferson County Crime Commission. Students are available to help with this program.

6. That a HELP program which constitutes a place and qualified personnel be available to all who seek help and that the confidentiality of the persons involved in this be respected.

7. That another police officer be thoroughly trained in this field at the expense of the Jefferson County Crime Commission and that he be responsible to help orientate other members of the police force to the situation.

8. That the Committee stay organized to inform themselves better of the problems in this area and to make further recommendations.

KIWANIS CLUBS

NORMAN JOHNSON  
COMMITTEE CHAIRMAN  
KIWANIS DOWNTOWN CLUB  
EMPIRE BUILDING  
DES MOINES, IOWA  
515/244-9851

Operation Drug Alert is a major program during the 1970-71 year for Kiwanis International. This is the second year in which Kiwanians throughout the country have elected to involve themselves by significant participation in the problem of drug abuse and misuse. The objectives of Operation Drug Alert are threefold:

1) To alert the community to the causes and nature of drug abuse; (2) To alert the Community to the present incidence of Drug Abuse (3) To become involved in the creation and application of positive and remedial community action.

In attaining these objectives each club is free to set its own course and so we find a wide spectrum of involvement throughout the state.

Some clubs are directly or indirectly involved in drug abuse treatment and rehabilitation programs. Others are working with local school professionals in volunteering and financing drug abuse education in our schools.

Many clubs have provided funds so that films and other educational materials are made available to local police departments. Education of the individual members of various groups is considered vital to increase understanding of the problem.



Therefore many clubs have undertaken to educate themselves first before moving into aiding the community.

The Kiwanis Clubs in Iowa also find themselves cooperating with Kiwanis Key Clubs in our high schools in Circle Kiwanis Clubs in our colleges and universities in creating awareness of drug abuse and in providing drug education to all who can be reached. Operation Drug Alert is a program designed to capitalize upon the resources of Kiwanis Clubs as well as upon existing or specifically created programs and resources within the community.

LINN COUNTY

APPENDIX C

MRS. MARLI BOEDEKER  
LINN CO. HEALTH CENTER  
305 SECOND AVE S.E.  
CEDAR RAPIDS, IOWA  
319/398-3543

The following narrative gives an overview of the approach being taken throughout Linn County. References are made to various specific efforts not covered in detail in this description. These material

The Linn County Health Center proposes to act as recipient for a county-wide consortium of public and private agencies involved in drug abuse programming. Considering education in its broadest sense, we are not primarily concerned with only the typical classroom learning situation, but rather with the totality of the educational scene.

We attempt to utilize and coordinate existing resources, expand existing philosophies and build new resources to deal more effectively with the menace of Drug Abuse. It is our judgment that the components of service necessary to launch and develop a comprehensive program consist of a 24-hour telephone and walk-in facility for counseling, education, information and referral; contact houses and/or contact people; 24-hour professional and volunteer backup services; medical/psychiatric care and facilities--emergency and traditional; and continued training and education programs coordinating the resources of the community. Some of the above mentioned service components exist in varying degrees of effectiveness and reliability, and some must be developed.



If we hope to "stem the tide" and engage as a community in activities other than those attendant to crisis or treatment, we must build in a prevention-education component on an official, identifiable basis. At the present time the Linn Community Citizens Committee on Drug Abuse has organized an impressive educational task force, aiming at school curriculum, parent education, community outreach, etc. There is a need throughout the community for in-service training for all agencies, staff and boards to keep them abreast of current needs and trends so that they may more effectively direct the programs and understand accurately the nature of the problems we face in acquiring total community services. Thus, we wish to contract with the Joint County School System for the services of a staff person who could devote full time to moving the prevention, education and consultation activities ahead in a consistent, meaningful way.

Viable and relevant approaches and modalities can be developed to meet the needs of youth while, at the same time, fitting this age group into a total community system to avoid isolating them and thereby widening the gap. If, through outreach, the youth can be brought into the mainstream of traditional services, the community dollars invested in maintaining the usual counseling services may be more effectively spent. By stressing the prevention and education factor of comprehensive programming rather than simply paying the usual lip service to its importance, we hope to assist in crime prevention, school dropout, unemployment, etc. Also, we hope to

demonstrate that, given the opportunity, young people can participate in determining their own destinies and can contribute to the education and understanding between and among the generations in this community.

We hope to influence values and accomplish attitudinal changes by going to where the potential client is--and not waiting for him to get in trouble and seek help. After suitable training by available personnel, professional and para-professional ("peer group-oriented") personnel function in a variety of ways. Some serve in the administrative capacity to facilitate coordination of the entire project, as well as coordination among the various component agencies and services. Others would be involved in "walk-in" and/or "transitional house" type counseling situations. Yet others, classified as street workers, each have a specific geographical area assigned to them and seek to develop rapport with students and youth--where they hang out--as well as within existing agencies which provide youth contact points.

This approach is consistent with current community programming, and serves to enhance available services and facilities.

Through a comprehensive multi-faceted range of services, we hope to be in a position to emphasize the prevention/education factors rather than strictly the treatment and rehabilitation factors. The system, however, is designed to provide coordinated total treatment and rehabilitation as a method of education to prevent future usage, as well as effecting the utilization of people to educate before problems arise.

Over the last four years, various groups have been working together in developing a total community approach throughout the county to the problems posed not only by drug abuse but also by the need for a total coordinated system of delivery of services. All segments of the county have been involved throughout the totality of the planning process.

Although many innovative and unique programs and funding combinations have emerged in the past 18 months, among the most significant are 1) The combining of tax and voluntary monies to create new programs while sustaining and expanding traditional programs, using a lay group to review budget and make recommendations to both public and private boards about the expenditure of total community funds; 2) The establishment of a joint planning council, comprised of lay people and sponsored by both United Community Services and the Health Center to review programs and problems and make recommendations for the community to both funding boards; 3) Development of a federation of agencies which are jointly funded by United Community Services and the Linn County Health Center to cut down on administrative costs, utilize professional personnel to the fullest capacities, and organize services on a horizontal rather than the traditional agency-by-agency, vertical basis; 4) The joint appointment by the voluntary and public funding bodies of a Citizens Committee on Drug Abuse, charged with the responsibility of beginning to coordinate the efforts of the community in its attack on drug abuse. (This committee was the subject of a documentary entitled "It Takes A Lot Of Help" made last spring for the National Coordinating Council on Drug Abuse.)

Considering the community's dedication to comprehensive planning, we have endeavored and will continue to endeavor to view all programs and service needs as part of a total system rather than as an isolated segment bearing no relationship to the whole. Therefore, in pursuing funding for a comprehensive array of service to youth, we have endeavored to fit both the suggested program and the request into a system of education-prevention and crisis intervention which is relevant and necessary to the total population, makes linkage with other programs and services, and will be valid systemically in years to come, so that the continued viability of the program is assured.

Given the concern that young people, because of their human problems, are in need of service before such problems result in legal or institutional action against the youth, there is a priority to develop a service system that will stress preventative, educational and abilitating activities directed at youth. This position recognizes the concept that one important problem of young people is a need to find and use services designed to be of advantage to them before their situation deteriorates into anti-social, delinquent or criminal behavior. Of particular concern to Linn County, as to other urban and quasi-urban areas throughout the nation, are the multiple problems of our youth. While we do not wish to view our youth solely in light of their exposure to and experimentation with addicting and mind-altering drugs, we are acutely aware that drug use and abuse constitute a major crisis issue in Linn County.

Our basic objective is to pool together the various county and community resources and service agencies into a system which is understandable and usable by the youth. This will provide not only "straight information" but also an easy entree into the total gamut of services available at the current time. In addition, the development of new services and approaches of the problem must be made.

The establishment of various services mentioned above will serve as the basic framework for the operation, as well as a source for coordinating information throughout the community.

The training and utilization of professional and para-professional personnel in conjunction with a total service delivery system, including street workers and counselors, will provide to the youth the necessary information in a format heretofore unavailable. The specific recognition of special problems through the utilization of currently existing modalities is highly promising.

LINN COUNTY MENTAL  
HEALTH CENTER

SPECIAL PROBLEMS CENTER  
319/366-7847 and 366-7848  
629 - 8th Street S.E.  
Cedar Rapids, Iowa

In March 1971, the Linn County Mental Health Center Board of Directors convened a special Youth Services Committee charged with the responsibility of recommending to the board policy and financial programs relative to the operation of Foundation II, the youth crisis service, and Special Problems Center, the drug abuse treatment service. The Youth Services Committee reports directly to the Mental Health Center Board, which have the goals, as a non-profit organization, of preventing nervous and mental disorders and serving as a community mental health center. The Board of Directors retains the legal authority to administer Foundation II and the Special Problems Center, as part of their community mental health program.

Program Description: SPECIAL PROBLEMS CENTER

Special Problems Center will operate as a resident and day-care treatment program for drug abusers. It is designed to offer the following services to drug abusers residing in Linn County:

1. A counseling treatment day-care program for individuals who abuse drugs and are in need of a supportive experience designed to remove such individuals from their daily personal and social environment which encourages and promotes the use of drugs, and to provide a structured period of time, daily, which will concentrate on developing skills, insights, and understanding conducive to controlling and ameliorating their abuse of drugs.
2. A resident live-in program for individuals who abuse drugs and are in need of a structured environment which will allow them to make a transition between the drug culture and the larger community, to adjust to the abstinence from drugs and developing other coping mechanisms, and begin the process of



social and vocational rehabilitation designed to encourage a change in life styles such as work habits, educational and occupational advancements, and inter-personal relationships conducive to productive social and personal goal consonant with the general cultural values of the community.

3. A medically supervised narcotic addiction treatment program designed to detoxify, maintain and withdraw the addict from heroin and thus end the psychological dependence and addiction to heroin and return the individual to a state of physical health.
4. A community out-reach program for individuals in the service needing a variety of referrals, opportunities, and follow-up which will further a social-rehabilitation program and make it possible for them to work with other components of the community which otherwise would be considered to be unavailable to them.

#### Day-Care Program

The day-care program will operate an abbreviated daily schedule of four to six hours, and will be for those drug users and abusers who have an adequate living situation outside of the Center, but who are in need of services that would help them redirect their energies toward employment, education, rehabilitation, and the termination of their drug use or abuse.

In the day-care program, a schedule will be worked out with the individual which reflects goal-directed behavior geared to seeking out and retaining what is necessary to the fulfillment of needs, and the resolution of drug use.

#### Resident Treatment Program

The Resident Treatment program will operate an evening to early morning schedule, for those individuals who are in need of an adequate environment away from the drug culture and who are, or need to be, organizing their lives to reach goals for schooling, training or employment. During the day, residents will be supported, encouraged, and expected to pursue activities leading or related to rehabilitation. Where possible community resource and agency representatives can engage in service-giving on-site. A variety of such experiences are possible such as vocational job preparation, educational counseling and the like.

### Criteria for Service

- A. Documented history of abuse of one or more opiate drugs.
- B. Confirmed history of one or more failures of withdrawal treatment.
- C. Evidence of current abuse of opiates.
- D. History of prolonged, severe, or multiple use of drugs other than opiates.
- E. Evidence of episodic drug experiences resulting from the use of non-opiate drugs.
- F. Juvenile criminal record or jail sentence resulting from the use, possession or sales of narcotic or illegal drugs.
- G. Dependency or habituation on drugs, diagnosed by a Medical doctor, which warrants services beyond those provided by traditional medical-psychiatric program.

First priority for admission to the Special Problems Center will be given to identified drug abusers, including individuals who are not in need of detoxification or maintenance on Methadone. For the resident treatment program, it is possible to assume that the population will be predominately, if not toally, drawn from the heroin user sub-group of the community.

The focus of the SPC, both in the day-care and resident treatment service, will be brief, intensive counseling designed to move the individual back into society as a participating member in a relatively short period of time with a supportive service system that sustains but which, at the same time, avoids the development of long-term dependency. In this regard then, SPC differs from many drug-treatment services which usually admit a patient into a program for a year or more. Also, the day-care service is somewhat unique inasmuch as it deliberately avoids resident treatment for all patients requesting service, and concentrates on utilizing the existing strengths of the individuals life situation, such as suitable living arrangement, family or social group.

Furthermore, by relating directly to the various social institutions of the community, there is an emphasis on social, vocational and educational interaction that reduces the possibility of isolating the patient within the service.

Currently the Special Problems Center is in the planning and develop-



ment stage. The facilities are at 629 8th Street S.E. and will officially open on June 1, 1971. At the present time, services are being provided by Special Problems Staff to a small group of heroin addicts who have requested medical and counseling assistance.

#### Special Problem Center Staff

Effective April 1, 1971, four employees, including the Program Coordinator, have been retained to develop and operate the Special Problem Center. The following is a description of their duties and functions:

Job Description: Program Coordinator - Special Problems Center - Foundation II.

#### GENERAL:

Due to the nature of the existing Foundation II service and the projected SPC services, the Program Co-ordinator will be required to work a variable schedule. Evening and weekend work will be essential to provide supervision and development for the programs. On the other hand, the Program Co-ordinator, by necessity, must be available during a portion of the regular work week to develop coordination among and between agencies, and to facilitate and carry out business which is normally accomplished during the regular work day.

Approximately fifty percent of the Program Coordinator's time should be directed on-going supervision of the services, while the remaining 50% should be devoted to programming, coordination, community activities necessary in the planning at the SPC project.

The Program Coordinator, working a variable schedule, should maintain a weekly record of his activities, and in conjunction with the committee, establish a schedule which allows for regular time off. More specifically, the duties of the Program Coordinator will fall within four categories. These are:

1. Direct Supervision
2. Coordination
3. Programming
4. Consultation

1. Direct Supervision: Case supervision of salaried staff on a one-to-one and one-to-group basis (weekly). Supervision of volunteer staff training programs, and selection of volunteers. Supervision or program management, including work schedules, service procedures, gathering of data, oversight of daily operations. Coordination of staff activities, such as meetings, special research, development of

materials for training and community resource, provision for case material and records, and development of group work capability as a service function. Monitoring of case activity to insure a quality of service activity.

2. Coordination: Development and maintenance of the relationship of services to Mental Health Center. Development of community resources of use to the clientele such as HACAP, Vocational Rehabilitation, schools, police, and other social and health services. Coordination between agencies and services participating in the project to ensure service continuity for the clientele. Responsible to the Youth Services Committee, MHC Board of Directors, and Medical Director for program operation and development.

3. Programming: Establishment of guidelines for operation and service activities of Foundation II and SPC including eligibility, referrals, intake, selection procedures for clientele. Also, staffing patterns for SPC, estimation of operating costs and initial expenses, utilization of facilities, and job description for salaried employees. Identification of key elements of service including provision for day-care and transitional care, priorities for beginning and continuing services, and establishing procedures for a continuity of care from intake through out-patient treatment (with the provision of detoxification/hospitalization services). Methods of communication between and among the components of the service system.

4. Consultation: Maintaining contact with staff and professionals engaged in the process of selecting and treating clientele for the services. Participation, where necessary, in the evaluation of candidates for service, and clientele already engaged in various treatment programs, both SPC and others. Work with citizen, lay, and professional groups in regards to SPC, its function and purpose. Resource to staff for public speaking and other programs designed to meet educational needs of the community.

5. Responsibility: Administratively, responsible to the Youth Services Committee, Linn County Mental Health Center, and the Medical Director of the Mental Health Center, for medical-psychiatric services.

#### Job Description: SPC SUPERVISORS

General: Supervisors will have two initial areas of responsibility: Program Development of on-site operations and direct service to the client group.

PROGRAM DEVELOPMENT: Responsible for readying the SPC facility, preparing cost estimates on equipment, supplies and furnishings, gathering bids for the purchase of such materials, developing a schedule for the repair and renovation of the facility, devising an inventory system for all capital expenditures, preparing a plan for the use of space, keeping an account of all Mercy Hospital equipment housed on-site, developing a schedule of operation for the actual use of the building, and establishing telephone service.

With the Program Coordinator, devises guidelines for the screening and intake of applicants for service, and the rules of operation and conduct for the users of service.

DIRECT SERVICE: Responsible for the casework activity of potential clients, and the initial screening of applicants.

Establishment of on-site service to potential clients and applicants during a portion of the regular work day.

Responsible for the supervision of volunteers and the assignment of volunteer workers to case activity.

Responsible for the development of group services for day-care and resident clientele.

RESPONSIBILITY: Direct responsibility to the Program Coordinator for all program development and direct service activity described above.

JOB DESCRIPTION: SPC COUNSELOR:

GENERAL: Counselor will have two major areas of responsibility: Direct service to the client group and the development of community resources to meet the needs of the clientele.

DIRECT SERVICE: Responsible for the casework activity of all individual clients currently being served, who have been identified as drug dependent or addicted. Supervision of volunteer counselors engaged in casework aid services to drug abusers.

Establishment of after-hours service to drug abusers at the SPC; including the availability of counseling services on an as-needed basis.

Responsible for on-site daily operation of the SPC, and working with other staff to develop group services for day-care and resident clientele.



COMMUNITY ORGANIZATION: Linkage of SPC service to agencies, groups and organizations that can supplement and aid the clientele of SPC. Development of material to assist both the counselor and the clients proceed through the various community services to receive service. Communications of SPC service to special interest groups and resource personnel in the Linn County area.

Outreach services to potential and actual clients, including work with social systems, families, and significant others, as needed.

RESPONSIBILITY: Direct responsibility to the Program Coordinator for all community organization and casework activity, as well as program development and in-service training.

## FOUNDATION II

Foundation II began operations on July 6, 1970, funded by private donations, a UCS contribution, and in-kind contributions from the Linn County Health Center, Coe College, and the Mental Health Association. The philosophy of the service was, and continues to be, the utilization of young people, suitably trained and professionally supervised, to act as counselors and to provide crisis intervention services to youth in need of medical, psychological and social service because of problems in living.

Also, Foundation II acts as a bridge between the youth of the county and the social institutions, to end the isolation that at times exist between youth problems and services that could be of benefit to the young person. In this regard then, Foundation II provides an information and referral service to young people, and works with established agencies to effect a referral.

### Volunteers:

Foundation II relies on volunteer counselors to provide direct service to the Community. During the first four months of 1971 over 2500 hours of volunteer time was donated by approximately thirty counselors. Presently, our volunteer staff consists of people between the ages of 17 to 50. About 25% of the volunteer time is taken up by training and supervision. The remainder falls within the area of direct service and daily operating procedures.

## SERVICE TO THE COMMUNITY

Since last summer, staff and volunteer members of Foundation II have participated in public education service regarding the problems of youth. In over seventy speaking engagements or workshops our staff has participated, including PTA meetings, Drug Abuse seminars, civic and business groups, and school programs. The staff is represented on such committees as the Drug Abuse Task Force on Education, the Citizen's Committee on Drug Abuse, the Information and Referral ad hoc Committee, and the Youth Services Committee. Further, we have oriented groups on interested citizens from Elkader, Iowa City, Decorah, Muscatine and Mt. Vernon, Iowa. Also, we have met with nursing students from St. Luke's and Mt. Mercy as well as members of the Iowa City Crisis Center and the Marion Rap-In Line, to help in developing an understanding of our program.

## DIRECT SERVICE

While the vast majority of the people who use the Foundation II service are between 13 and 20 years of age, we have been contacted by people as young as 10 and as old as 65. Approximately 7% of our total contacts come from adults and parents who are concerned about a child or young person, and who request our assistance. Over 235 known referrals have been made. However, since the service is confidential, many times it is difficult to determine whether our attempts at our referrals have been successful.

Foundation II offers both a walk-in and call-in service, seven days a week from 5 p.m. until midnight.

During the first ten months of operation Foundation II received over 3300 contacts, 80% of which are phone-in contacts, and 20% are walk-in contacts. In ten months, over 2250 people have used the service, reflecting an average monthly rate of over 225 individuals. The total number of contacts have been broken down into areas, and reflect the broad categories of problems the service has encountered since its inception.

### TYPES OF CONTACTS PROBLEM AREAS

Information Requests	348
Drug Abuse, Use, or Drug Related	457
Personal Problems	1070
Parent-Family Problems	280
Boy Girl Problems	232
Pregnancy	109
Psychiatric Problems	21
Birth Control Information and Referral	14
Suicide Gestures and Attempts	53
Run Away	72
School Difficulties	31
VD (actual or potential)	24
Sexual Concerns	40

Medical Assistance Referrals	54
Legal Difficulties	67
Financial Problems	24
Job Referrals/Information	51
Draft Counseling Information	14
Marital Problems	20
Housing needs	13
Religious Counseling/Referrals	8

During the period Foundation II has been in operation, we have provided services during the following time periods:

12 Midnight -	1	60
1 A.M.	12	26
2 A.M.	3 A.M.	7
3 A.M.	4 A.M.	1
4 A.M.	5 A.M.	0
5 A.M.	6 A.M.	0
6 A.M.	7 A.M.	4
7 A.M.	8 A.M.	0
8 A.M.	9 A.M.	0
9 A.M.	10 A.M.	0
10 A.M.	11 A.M.	4
11 A.M.	12 P.M.	48
12 P.M.	1 P.M.	40
1 P.M.	2 P.M.	53
2 P.M.	3 P.M.	88
3 P.M.	4 P.M.	117
4 P.M.	5 P.M.	350
5 P.M.	6 P.M.	329
6 P.M.	7 P.M.	452
7 P.M.	8 P.M.	444
8 P.M.	9 P.M.	470
9 P.M.	10 P.M.	415
10 P.M.	11 P.M.	314
11 P.M.	12 A.M.	113

The staff of Foundation II have been called upon to provide services to individuals at St. Luke's Hospital, Central City, Center Point, Mt. Vernon, and many towns within the county and at a variety of different places in the city of Cedar Rapids.

Although Foundation II has reduced operating hours since last year, we have discovered that our weekly number of average contacts continues to rise and that the vast majority of client activity occurs between the hours of 5 p.m. to midnight--our current daily operating schedule.

Foundation II opens when other agencies in the community are ending their work day. It stays open on weekends, and as a result provides a service to the community that, at times, goes beyond youth counseling and offers assistance to any individual requesting help. There are no eligibility requirements and no charges for the service. Confidentiality is maintained at all times and an attempt is made, through coordinated activity, to

avoid duplicating any service currently being received by an individual outside of the Foundation II program.

#### Philosophy of Foundation II

1. To provide a service to the youth of the community which explicitly attempts to respond to crisis situations and problems in living experienced by youth.
2. To offer a way for a young person to accept and use the professional help necessary to meet their needs.
3. To utilize peer-group counseling as a way to relate to the population to be served and foster interaction between the community and young people.
4. To provide education and information about youth problems and services that are suitable to the alleviation of such problems.
5. To provide professional and para-professional supervision to youth counselors to insure a level and quality of service activity in keeping with the ethical standards of the role and function of counseling.

#### Staffing for Foundation II

As indicated in the job description for the Program Coordinator, 50% of his time is directed to the oversight of Foundation II. There is a minimum need for two para-professional BA-level supervisors. One position is currently funded through May 30, 1971. The second position is vacant, and is not filled. Since the inception of the program, Foundation II has had at least two supervisors, and from September 1970 to March 31, 1971, was staffed by three supervisors. The duties and responsibilities of the supervisors are as follows:

#### JOB DESCRIPTION FOUNDATION II SUPERVISORS

**GENERAL:** A supervisor has the following areas of responsibility: Direct service, selective training and supervision of volunteers, over-sight of daily operations, and program development.

**DIRECT SERVICE:** Under professional supervision, provides social work services to on-going clients to effect referrals or provide crisis intervention treatment. Assesses and evaluates clients' readiness to use service, gathers social history and personal data, works with significant individuals in an attempt to provide supportive service to clients, and follows-up case activity, referrals, and contacts with other social services.

**SELECTION, TRAINING, SUPERVISION OF VOLUNTEERS:** Helps in screening volunteer applicants, provides material and information to trainees and counselors, directly establishes and operates training

sessions for counselors, monitors in-coming calls for quality and consistency of counseling, provides one-to-one supervision to counselors regarding specific cases, community resources, and counseling techniques.

OVER-SIGHT OF DAILY OPERATIONS: Maintains all necessary records, card files, procedural materials and data necessary to the retention of essential service information, supervision of counselor activity on-site, scheduling of volunteer counselors, scheduling of use of facilities for meetings, training sessions and staff supervision.

PROGRAM DEVELOPMENT: Development of a community service-counselor manual, establishment of guidelines for educational services, responsible for staff library, devises and carries out an analysis of client population, and brief research projects.

RESPONSIBILITY: Responsible to the Program Coordinator for all programs, supervision, operational and direct service activity.



MAQUOKETA DRUG ABUSE COUNCIL

MR. KIRK DADDOW  
MAQUOKETA HIGH SCHOOL  
MAQUOKETA, IOWA  
319/652-2451

The Maquoketa Drug Abuse Council was formed because the citizens of Maquoketa were aware and concerned about the drug problem in Maquoketa. The Council seeks to provide information and various materials and programs for organizations in the community. The Council is involved in 1) Programs and materials; 2) Financing; 3) Hot lines; 4) Resources and 5) Have begun work on a youth center. The School System in Maquoketa is the only school system in the County that has an organized drug program. Mr. Kirk Daddow is this program's coordinator and is seeking to provide drug curriculum for grades Kinderdgarten through 12th. This curriculum should be implemented this fall. The Council school program provides counseling services for students and coordinate various programs within the different levels of the school system.

The Council works in cooperation with the Jackson County Crime Commission which presents programs and distributes materials throughout the schools. The Crime Commission is making available limited funds for an education program to the junior high schools in Jackson County.

MARSHALLTOWN COMMUNITY  
COUNCIL ON DRUGS, INC.

DR. ROBERT VOTTELER, PRES.  
306 N. 8TH STREET  
MARSHALLTOWN, IOWA  
515/752-3916

The Marshalltown Community Council on Drugs, Inc. is mainly concerned with the educational aspects of drug abuse. The Council is planning on sponsoring projects along various lines, among these are "Youth" or "Hot" lines. These cost \$12.00 per line to install and \$10.00 per month thereafter maintenance charge. The lines could also be used for referrals to proper agencies. A second effort is to establish a half-way house. Further efforts will be directed at "Public Awareness". Educate the general public on the seriousness and extent of the drug usage and abuse in Marshall County through night classes.

In addition, the news media will be utilized to initiate discussion panels or phone forum type programs on the local radio station.

Disseminate information. Making available up-to-date information regarding drugs to members of the Drug Council itself, the adult and youth populace, educational institutions, Police Department, news media, social services, public library and medical profession.

APPENDIX C

MENTAL HEALTH CENTER  
OF MID-IOWA

ROBERT E. VOTTELER, M.D.  
MENTAL HEALTH CENTER  
ONE NORTH FOURTH AVE.  
MARSHALLTOWN, IOWA  
515/752-1585

"The staff members here, and we feel this is important, have involved ourselves within the community in various programs related to this subject. For example, one of our staff members had and, for that matter, is continuing to teach a course related to drug abuse in the local community college and has also taught this course to local law enforcement officials. Another member of the staff is president of the Marshalltown Community Council on Drug Abuse. Another member of the staff is a member of the Drug Abuse Council and here, more recently, is involving himself in a 'youthline'"

MID IOWA CENTER FOR DRUG  
EDUCATION AND RESEARCH

DR. RONALD BAKER, PRESIDENT  
STUDENT COUNSELING SERVICES  
I.S.U. - AMES, IOWA  
515/294-5056

A private non-profit corporation whose initial efforts have been in the field of counseling. The primary purpose is to develop community action programs and awareness of drug misuse at all age levels. Prevention through education is one of the main goals. The group is composed of professionals and student age youths involved in the Drug scene. They serve as back up counselors for specific crisis problems presented to volunteer counselors on "Open Line" which in turn serves as a place to call with a problem related to drugs. The group has several students throughout the drug community doing research on the extent of the problems.

MIDAC's purpose is to coordinate activities of education about abuse and misuse of drugs, programs of user and addict referral, counseling and rehabilitation projects for user and addict treatment, and legal services to safeguard the effectiveness of program operations and legislate for reforms applying to the misuse of drugs. The program follows these guidelines:

1. Provide up-to-date, usable information for community-wide education about the use of drugs, assemble facts and feedback from program operations and evaluate program progress, and train program personnel in the best and latest methods of drug abuse prevention and control.
2. Provide a program of assistance to drug users including places of contact, outreach and group therapy workers to secure the user's cooperation in a program of education, therapy and treatment, provide him with the skills and understanding necessary to achieve personal stability and assist the user in securing a job, proper housing, and a stable role in society.
3. Coordinate a program safe-guarding the "grass-roots" participation of project operations yet maintaining the accountability of projects to the local governments, school districts, and the management board.
4. Examine reform in drug abuse legislation and provide legal counseling at the various levels of program operations.

The following is a summary of various phases of the MIDAC effort in their early stages.

#### EDUCATION

The Education Committee has set up and is working on programs and projects which they feel can best serve an area-wide drug education process. Among these are a Speakers Bureau which has been organized and is making presentations to groups and individuals about MIDAC and the drug scene. The panels include people from many patterns of life; ex-users, clergy, police, physicians, pharmacists, parents, social workers, and other have been included to provide a variety of view points and positions. To date, MIDAC programs have

reached nearly 10,000 individuals from school groups to service clubs, churches, youth groups and many others.

In addition a considerable amount of information on drugs has been gathered for dissemination to the public. A library and center for this information is temporarily located in the office at 265 Jewett Building, Des Moines. Information is available for handout, purchase, and to order, plus filmstrips, films and slides can be obtained. This operation is expected to expand rapidly.

In addition the group has worked closely with the area schools in public information. The Council has worked particularly with the Des Moines schools in an adult workshop on drugs in June, helped plan a teachers workshop for August, and have assisted in the development of curriculum materials for the Des Moines system this Fall. They are working on a study-survey form to be used through the area schools in an evaluation of drug use and abuse in an attempt to determine the extent of this problem. A slide presentation is being worked up to present the operations of the two contact houses treatment and rehabilitation program. Billboards and other public media are being approached for public service messages and broadcasts. School nurses are being asked for their particular involvement in the program.

#### CONTACT, TREATMENT, AND REHABILITATION OF THE DRUG ABUSER

The three categories of contact, treatment and rehabilitation are jointly administered for MIDAC through the work of Reality House, 1127 - 13th for "hard drug" problems, and the Together House, 1148 - 22nd for "soft drug" problems.

Both houses have employed a staff of seven individuals. Many of the staff have varied backgrounds and educational levels, but all possess a general knowledge of the "drug scene" from a personal perspective.

In three months of operation, over 3,000 different individuals from the community have visited the houses. Of these there have been 822 individual drug problem cases. Continuing cases now on file number 149. The others have been terminated, terminated themselves or been referred to other agencies. Success or failure of these individuals cannot be rated until final follow-up is made.

The 149 still on file are those who are involved at this time in some therapy, rehabilitation and counseling.

Referrals have been made to many professional groups and agencies for specialized treatment and/or therapy. Approximately 190 different cases have been referred to jobs, medical treatment, welfare, legal and other needs. Referrals have been made to agencies such as Family Services, Legal Aid, Planned Parenthood,

Broadlawns Hospital, Center for Creative Interchange (Methadone Program), Polk County Welfare, and many other professional agencies which are, in addition to, and supplement the existing program.

Medical treatment for the drug abuser has been primarily through referral methods. The houses are not equipped to handle much of the medical needs and therefore we are using the services of volunteer physicians and nurses plus the availability of a part-time student from the College of Osteopathic Medicine and Surgery. To this program we have referred 45 clients for the process of withdrawal and then they have returned or are returning them to the houses for the rehabilitation portion of the program.

The staffs are involved each week in specialized in-service training. The Polk County Mental Health Center and the Des Moines Child Guidance Center have been involved in this training as well as specialized help from time to time by the public health nurses, physicians, psychiatrists, and others.

#### LEGAL SERVICES

The Board of Directors agreed to use the services of a local attorney as our legal consultant. Individuals who have sought legal assistance in drug cases through us have been found counsels who have done work in the past on drug abuse cases.

They are keeping in close contact on the administrative level with the local, state and federal law enforcement people on the progress of the program. Strict confidences of clientele have been kept, but law enforcement needs to know and understand the program and they need to work in cooperation with each of these agencies.

OELWEIN DRUG ABUSE PROGRAM

MRS. LORNA GAEDE  
OELWEIN HIGH SCHOOL  
OELWEIN, IOWA  
319/283-2731

In October of 1970 the school nurse contacted service organizations in Oelwein and presented a concern about Oelwein's drug abuse problem. She requested that each organization discuss the problem and formulate ideas as to their roles, concern and recommendations. Each organization prepared a statement and selected one individual to represent their organization at a community meeting held in early November. This community meeting consisted of each organization presenting their ideas with a Steering Committee being organized from this group.

The Steering Committee representatives are a cross section of the population, including doctors, lawyers, students news media, farmers, business men, clergy and school officials.

Since the establishment of the Steering Committee they have met on a monthly basis and formulated committees in the areas of Education, Hotline, Family Participation and Communication, and Youth Center.

The Committee on Education has held evening meetings with interested parents, the Family Participation Committee has held meetings with Junior High students, the Youth Center will open shortly, and the Hot Line is being worked on and will be developed very soon.



OSKALOOSA DRUG COUNCIL

REV. DAVID RAYMOND  
501 HIGH AVENUE EAST  
OSKALOOSA, IOWA  
515/673-7206

The goals of the program are to study the extent of the drug problem in Mahaska County and promote programs to prevent drug abuse from becoming a major problem and to present positive alternatives. The group has sponsored educational programs on drug abuse for adults and youths and a training program on drug abuse for school teachers. In addition, the group was able to create public interest which resulted in the Community Youth Line and a Talk House for young people.

COMMUNITY YOUTH LINE is a telephone call in service manned by volunteer trained counselors. Young people can call and talk with counselors regarding their problems.

Use of drugs is one of many problems encountered. There have been at least two or three occasions when medical attention was arranged for cases of an overdose of drugs on an emergency basis and numerous referrals are constantly in progress.

The TALK HOUSE is just being started and the extent of the program has not been determined. At the present it is a place where young people can gather to talk and take part in other activities. It is hoped that a somewhat unstructured approach will result in a greater degree of interest and involvement in plans for the future among young people.

PARENTS ANONYMOUS

MRS. JOY ROHM  
YWCA - 512 NINTH ST.  
DES MOINES, IOWA 50309  
515/244-5171

Parents Anonymous is an informal group of persons concerned about Drug Abuse and comprised primarily, but not entirely, of parents with drug problems in in their families.

Meeting every other week, Parents Anonymous provides parents of children with a Drug Abuse problem an opportunity to discuss common problems, relieve the initial panic and bewilderment, and substitute a reasonable action program to improve the family situation.

The meetings are open to anyone who needs help--or has help to offer--and there is no charge or membership fee of any kind. A wide variety of economic, ethnic and religious backgrounds are represented at the meetings, bound together by a common problem.

Interested parents meet at 7:30 every other Wednesday night at the YWCA, 512 Ninth Street in Des Moines.

MR. RICHARD CLARK  
ANAMOSA REFORMATORY  
ANAMOSA, IOWA  
319/462-4144.

PHOENIX GROUP

The Phoenix Group was started in about July of 1970 by inmates that had previous problems with Drug Abuse. The group is composed of approximately 50 inmates and two consultants, Mr. Richard Clark and Mr. Ken Riedel. The program is supported by donations from the members themselves and occasionally receive donations from groups to which they have spoken--civic, schools, etc.

The speakers' panel is composed of all inmates in the program who have security clearance, and generally four inmates and a staff person go on speaking engagements. The panel discusses the problems each inmate encountered when he was on drugs, some of the effects of drug abuse, rehabilitation and education. Drug Abuse is discussed from a negative standpoint, emphasizing the problems caused to each individual as a user.

The group meets once a week, and new members must be approved both by the inmates and the consultants. Only men who are serious about staying off drugs are accepted in the group.

The Phoenix Group also invites speakers to the institution, show films, and have available drug education and rehabilitation materials. Confrontation and peer pressure are used as tools to keep drug prone persons in the institution from attempting to revert to the use of drugs.

PROJECT AWARENESS  
MORNINGSIDE COLLEGE

DR. E. J. MOORE  
3102 - 40th  
SIOUX CITY, IOWA  
712/239-1827

Essentially a student initiated and run operation, Project Awareness is aimed primarily at preventative educational efforts. The group, consisting of entirely volunteer workers, attempt to present factual knowledge regarding the drug scene to everyone they can reach in order to provide a basis for substantive self decision making. A variety of educational techniques include films, filmstrips, lecture discussions, as well as slide-music presentations. The students receive academic credit at the college for their efforts and there is currently a waiting list of interested students.

QUINT CITIES DRUG  
ABUSE COUNCIL, INC.

APPENDIX C

TOM HIGGINS, EXEC. DIR.  
705 HARRISON STREET  
DAVENPORT, IOWA  
319/322-1712

Two previous attempts to inaugurate rehabilitative programs for drug abusers in the Quint City area have failed, primarily due to lack of community support and internal organization controls. Learning from that experience the Council has sought to establish a Board of Directors which would include a cross section of people from the community ranging from law enforcement personnel to high school students. In addition, a concerted and continuing effort is made through the media, and by talks to various civic and fraternal groups, to rally a broad base of public support for the Council's programs as well as to educate the community at large as to the nature and extent of the Drug problem in the Quint Cities.

The council assumed the operation of the crisis center which is divided into efforts to meet the immediate needs of drug abusers and engaging in preventative measures through educational efforts. This effort encompasses not only the distribution of literature but also speaking at all the high schools and most of the Junior High schools in the area.

Counselors will go out and pick up an individual who calls in on a bad trip. The nearest hospital and physicians on call are utilized for emergency treatment, with the services being free if the person cannot pay. These clients are urged to return to the crisis center on a regular basis for counselling, support, direction and to help develop alternatives to abusing drugs for the specific person.

SIouxLAND DRUG EDUCATION  
AND INFORMATION PROGRAM

APPENDIX C

LEON G. SHORTENHAUS  
COURT HOUSE  
SIOUX CITY, IOWA  
712/252-3864

The Siouxland Drug Education and Information Program is a federally funded program through the Department of Health, Education and Welfare. Two people staff the program. Mr. Leon Shortenhaus, a former teacher and coach with 21 years experience, is the Education Coordinator and is full time. Mr. Ernest Turek, an attorney, is the Legal Coordinator and is half-time. The program serves Woodbury County in Iowa, Dakota County in Nebraska and Union County in South Dakota.

One of the major goals of the program includes the introduction of drug education programs into the schools in the three-county, three-state area. As Education Coordinator, Mr. Shortenhaus is also in charge of in service training for the teachers in this area. Other aspects of the program include speaking to many community organizations, churches and groups in the Tri-State area. Mr. Turek's duties include working with the Law Enforcement agencies of the Tri-State area. A close relationship with Law and Education is of utmost importance in our program. The Educational objectives and achievements are as follows:

We feel drug taking is a behavior, therefore it should be taught with this aspect in mind especially in the area of elementary education. Our elementary programs stress this fact, which we feel demands priority at this time. Our Junior High

approach is a scientific investigation of what effects drugs have on us along with other spot programs incorporated throughout the year.

We approach the Senior High school from the sociological view. However some of the units could be included in other courses of instruction. The students feel that a panel of former users is of great benefit as young people relate to young people. We use both large and small group discussions. Again as in Junior High, movies, film strips, and other drug materials are available for use.

On the adult level, we offer adult classes at our Area XII Vocational School. The course is five weeks long, one night per week, two hours per session. The course has been extended to cities 7 to 35 miles from Sioux City, and Mr. Shortenhaus travels to these cities. Resource people such as the County Attorney, Chief of Police, panel of former drug users and a pharmacist are used to implement the program.

APPENDIX C

SOUTHWEST IOWA DRUG  
ABUSE COUNCIL

JIM LOWENBERG  
KRCB  
COUNCIL BLUFFS, IOWA  
712/322-4041

This group maintains communications with Omaha and works closely with the Area XIII Media Center. After a survey to determine the needs of the area and scope of the drug problem, many steps were undertaken.

A workshop for teachers to study drugs and the development of drug abuse curriculum was held, a bibliography of books, pamphlets and available films was established, and multi-media coverage of drug news and spot announcements was initiated as well as an educational program on the local radio stations. A telephone crisis line was set up in conjunction with the Nebraska Psychiatric and Omaha Personal Crisis Service facilities.

The beginnings of a speakers bureau are currently in progress.



STUDENT PROJECT FOR  
EDUCATION ON THE EFFECTS  
OF DRUGS --  
(PROJECT SPEED)

JIM HOLZAEPPFEL  
DEPT. OF PSYCHIATRY  
UNIVERSITY OF IOWA  
IOWA CITY, IOWA (319/353-3461)

A survey questionnaire recently given on a random basis to 200 University of Iowa students by a University psychiatrist, D. Robert Bittle, M.D. indicated that 20 percent of the sample population is or has been involved in drug use; only six percent consider themselves as passive observers, and 93 percent answered positively that they regard a drug abuse problem exists in Iowa.

Based on the above information, the pharmacy and medical students at the University of Iowa decided to join in a cooperative Drug Education Program. As a result of this meeting, interested University medical and pharmacy students were invited to attend a series of subsequent meetings. The purpose of these meetings was to plan a course of action to achieve the following objectives: 1) To provide pertinent, factual information to people who may be making a personal decision on drug use; 2) to provide information for people with drug use problems on where assistance may be found; 3) to make available to the educators of the schools which host SPEED, information and consultation for establishing drug education in the school curriculum; and 4) to provide a learning experience for students participating in the Drug Education Program.

Students engaging in classroom presentations are well informed about drugs, their use and abuse; experienced in clinical situations requiring contact with people who have or have had problems with drugs; and practiced in presenting such a program to a group of their peers. To meet these requirements, a set of training activities were planned which included a study of the most recent literature on the problem of drug abuse--with special emphasis on the effects of specific drugs; presentations of the literature by individual participants, followed by general discussions involving all participants; discussions on drug effects with individuals using drugs and active in the drug subculture, but not currently being treated by a physician; clinical presentations (and observations) of psychiatric patients whose illness has involved drug abuse--each student being involved in 10-15 hours of presentation and/or observation; and trial presentations of drug information, with peer review as well as review by faculty advisors.

UNIVERSITY COMMITTEE ON DRUG  
ABUSE EDUCATION

DR. WILLIAM VAN METER  
107 VETERINARY ADM. BLDG.  
I.S.U. - AMES, IOWA  
515/294-2440

This group was formed to organize University efforts in fields related to drugs. A variety of efforts in support of numerous projects have been undertaken. In the past the committee has sponsored a Drug Awareness week and is currently structuring a pschodramatic presentation utilizing a group from the New England states. In addition, the students in veterinary medicine are preparing a desk reference on drug abuse for veterinarians and Dr. Van Meter has prepared some materials for the Episcopal Dioceses of Iowa at their convention in May. The attached copy of Exchange is their latest effort to provide a constant means of interchange of information to supplement panels and presentations throughout the area to numerous groups.

Many organizations have requested speakers or panel presentations on the drug issue. Several persons within the Ames community have made themselves available as resource persons for such programs, which have been given to fraternity, sorority, and residence hall groups, classes, church groups, and other community organizations. A typical panel might include a psychologist, a professor from physiology-pharmacology, a medical person, a psychiatrist, a law enforcement agent, and several students with personal experiences in the drug scene, depending on availability.

# EXCHANGE

## A Newsletter on Drug Issues

Iowa State University  
Ames, Iowa 50010

April - 1971

VOLUME 1 - NUMBER 1

BROUGHT TO YOU BY. . . . This newsletter is the first in a series of publications on drugs, drug abuse, and other related items. The newsletter will be printed biweekly in April and May of this year, and monthly during the next academic school year, beginning in September. The funding of the newsletter was made possible through an anonymous donation by a member of the Ames Chapter of the Women's Christian Temperance Union. The University Committee on Drug Abuse Education will publish the newsletter. Individuals or groups are encouraged to submit articles for publication in the newsletter, or to make comments or recommendations on the content. Persons are also needed to assist in the routine work of putting out a newsletter. If you are a (1) student, (2) faculty member, (3) staff member, (4) community citizen, (5) interested party, (6) other, and wish to offer your assistance through comments, recommendations, writing, and/or working, please contact Lynn Jenison, Fifth Floor, Memorial Union, 294-1020.

HEW Report Estimates 1 in 7 on Campuses Smoke Pot Regularly. In an extensive report to Congress about marijuana, HEW reported Feb. 1 that by the end of 1970 about one college student in seven was using marijuana "on a weekly or more frequent basis." The report states that in some high school or college settings "it is virtually certain that a majority have at least tried marijuana."

The report, prepared by HEW's National Institute of Mental Health, said there is evidence that in some west coast high schools which have had relatively high levels of marijuana usage the increase in use may be decelerating or even declining. "The likelihood of continuing, persistent use over an extended period of time by large numbers is not known at the present time," the report adds.

Dr. Bertram S. Brown, director of NIMH, said in a statement that the consequences of using marijuana can range from no effects to a psychotic experience and cannot be predicted for any individual. He said the current scientific evidence, as summarized in the 176-page report, indicates that various forms of marijuana can have damaging effects on individuals, but more research is needed before it can be ascertained how much of a threat marijuana would pose to the general populace if it were commonly used.

"This needed information is being sought through an accelerated research program at the institute," he said. "Based on our current knowledge, we cannot declare marijuana to be devoid of significant health hazards."

He said the question of how marijuana affects health is "deceptively complex." What is known as marijuana, he said, is not a single substance of uniform type but consists of varying mixtures of different parts of the plant and can range from the normally weak American grown plant to the more potent hashish.

The effects of using marijuana, he said, will depend on the psychology and physiology of the user, his expectation, the environment in which the drug is smoked, the user's experience with smoking the drug, the frequency with which it is smoked, and the potency of the drug.

--Reprinted from Higher Education and National Affairs--

JUST BROWSING??? If you're taking a study break, just browsing, or looking for some specific information on drugs and drug abuse, you might consider stopping by the drug display on the bottom floor of the Library. Posters, newspaper and journal articles, and a mini-library form the basis of the display. A "Narcotics and Dangerous Drugs Kit" on loan from the

Iowa Crime Commission is also on display in the foyer of the Library.

AMES COMMUNITY COUNCIL ON DRUGS, INC. In February 1970, the Ames Community Council on Drugs was incorporated as a community organization designed to deal with the increasingly complicated matters of drug education and abuse. The organization is composed of delegates representing various civic organizations from the community. Each delegate is assigned to one of the committees of the Council. There are committees on the Incidence of Drug Usage, Drug Education, Problem Drug Users, and Basic Causes of Drug Usage, as well as Legislative, Publicity, and Finance committees. The Council meets on the second Thursday of every month to discuss the formation and implementation of drug education programs which will meet the needs of the Ames community. Organizations that wish to send a representative to the Council should indicate who their representative will be in a letter to the President of the Council. The newly elected President for the coming year is Robert Fulwider, Program Advisor in the Towers Residence Halls at Iowa State University. The next meeting of the Council is Thursday, May 13, at 7:30 p.m. at Central Junior High School. Visitors are welcome.

SPEAKERS AND PANELS. Many organizations have requested speakers or panel presentations on the drug issue. Several persons within the community have made themselves available as resource persons for such programs, which have been given to fraternity, sorority, and residence hall groups, classes, church groups, and other community organizations. A typical panel might include a psychologist, a professor from physiology-pharmacology, a medical person, a psychiatrist, a law enforcement agent, and several students with personal experiences in the drug scene, depending on availability. If you are a member of a group that would like to have a speaker or panel as part of your drug education program, you may arrange for such by calling Tom Potts at 232-5334 or Lynn Jenison at 294-1020. (If you are interested in providing your services as a resource person, contact the same.)

PLANNING TO BE A TEACHER? As a young, newly graduated teacher, familiar with the "real drug scene" of the college campus, you may be asked, or requested, by your school to teach a course on drug abuse. Teaching about drugs is a difficult task amidst the turmoil of the times, and the materials provided to educators are in many cases inadequate or inaccurate. To help alleviate the problem, the American School Health Association produced an accurate resource document to aid educators in teaching about drugs. The document is a comprehensive, nationally-tested curriculum guide geared for use in grades kindergarten through twelve. The document, "Teaching About Drugs" is available at a cost of \$4.00 from the American Social Health Association, P.O. Box 416, Kent, Ohio 44240.

DRUG INFORMATION GROUPS-- There currently exists literally tons of written material on the drug scene, some of it good, some bad, but certainly more than the average reader would care to tackle. Realizing this, the National Coordinating Council on Drug Abuse Education and Information has put its experts to work reading all the available materials on drugs and drug abuse. From this they select what they feel is the best, up-to-date, accurate information and put it in a monthly publication called GRASSROOTS. For those who subscribe to the publication, the first issue comes in a three-ring, loose-leaf notebook which is tabbed and indexed for easy reference and updating. Each additional issue is added to the notebook. Among the subjects covered in GRASSROOTS are community action programs, including listings of pertinent meetings and seminars held by member organizations, drug abuse education materials and evaluation of films and literature. It also offers special supplements including the council's comprehensive drug abuse literature evaluation project, selected reprints, review of state drug laws and quarterly indexes. The council itself is a non-profit organization whose membership presently includes 123 national governmental, professional, law enforcement, religious, service and youth organizations. Its offices are in Suite 212, 1211 Connecticut Avenue, N.W., Washington, D.C., 20036. Individuals or groups wishing to subscribe to GRASSROOTS can do so by writing to that address. Subscription rates are \$60 year, and there are also group rates. A few local organizations are currently subscribing to GRASSROOTS, and their issues are available to the public. Copies are available in the Ames, Nevada, and Boone public libraries, and at Ames High School through Mrs. Penny Tiffany, School Nurse (and newly elected Vice-President of the Ames Community Council on Drugs, Inc.).

Another group called STASH (The Student Association for the Study of Hallucinogens, Inc.) was organized by a group of students from Beloit College for the purpose of establishing a national student educational facility to provide information regarding the psychedelic drugs and marijuana. STASH believes there exists a fundamental relationship between lack of basic knowledge of the psychoactive agents and the extent of their abuse. Therefore, they are attempting to provide comprehensive and balanced information which will enable individuals to form rational and intelligent opinions concerning these drugs. The Association hopes to serve as an evaluative channel between professionals who work with drugs and students and the general public who either use them or are anxious about them. Their ultimate goal is to develop among all "consumers" of drug information a critical attitude towards, and ability to come to rational conclusions about, pronouncements on drugs. Inquiries about types of membership fees, and requests for membership applications should be directed to Miss Barbara Sands, Membership Coordinator, STASH, 638 Pleasant Street, Beloit, Wisc. 535

Additional information on drug abuse may be obtained from the following organizations:

American Medical Association, 535 N. Dearborn, Chicago, Illinois 60610

National Institute of Mental Health, Bethesda, Maryland 21814

U.S. Bureau of Narcotics and Dangerous Drugs, Washington Office, 1405 First Street, N.W., Washington, D.C. 20537

HASSLING WITH A DRUG PROBLEM??? If you, a member of your family, or a friend is having a problem with drugs, there are several places to turn to for help. You might try calling Open Line (232-1650). An Open Line volunteer will listen to your problem and offer suggestions and assistance when applicable. In crisis situations, the volunteer may refer the call to a staff member of the Mid-Iowa Center for Drug Education and Research, who can go to the scene of the incident and provide follow-up if necessary. The Mid-Iowa Center for Drug Education and Research is a non-profit corporation formed last fall to try to deal effectively with the drug problem in this community. Staff members of the organization have had experience in working with persons with drug problems, and have received some basic training in counseling techniques.

Other sources of assistance for a drug problem might be the University's Student Counseling Service, the Health Service, and local medical people. Contrary to popular belief, the physicians in Ames are willing to assist with drug problems, and are not required by law to report such cases to law enforcement officials. They have, in fact, shown a strong desire to use their medical expertise to assist individuals in working with drug problems.

FILM AVAILABLE University and community groups that are wondering what part they can play in combating the drug problem might want to arrange to see the film "It Takes a Lot of Help." The film was produced by Kemper Insurance Company and was filmed in Cedar Rapids, Iowa. It is narrated by Lorne Greene of "Bonanza" fame, and shows the action taken by doctors, lawyers, judges, students, etc., in Cedar Rapids to set up educational and preventative programs. The film is available on a lending basis from the Dean of Students Office, Fifth Floor, Memorial Union. Call 294-1020 to make arrangements for use of the film.

OTHER FILMS--- The Visual Instruction Service has available for loan several films on drug abuse. Arrangements can be made to preview the films in the VIS office so the viewer can decide for himself if the film will meet his needs. The following is a listing of the films that are available: "The Distant Drummer", "The Distant Drummer--A Moveable Scene", "The Distant Drummer--Bridge From Noplace", "The Distant Drummer--Flowers of Darkness", "Drug Abuse--The Chemical Tomb", "LSD--Trip or Trap", "LSD-25", "Narcotics--Pit of Despair", "Narcotics--The Decision", "Seduction of the Innocent", "The Terrible Truth", and "Speed-scene--The Problem of Amphetamine Abuse".

A STUDENT ANTI-DRUG CORPS AT BRONX COMMUNITY COLLEGE When it was estimated that between 45 and 60 per cent of the 10,000 day and evening students at Bronx Community College were using some form of drugs illegally, the president of the school stated that "the entire issue of sales, possession and use of drugs on the campus has reached a crisis situation," and he gave the college community a choice: students and faculty members had to formulate programs to combat drug use and make them operational, or he would "have no other recourse but to

call in and sanction the use of law enforcement agencies to deal with this crucial drug problem by whatever means necessary to make the college community live up to and maintain its basic educational purpose." In response to the ultimatum, students at the college have formed an 80-man patrol to seek out pushers on the campus. In addition to the 80-student drug patrol, the students will set up a special telephone number where students can report drug sales or drug use, and special three-man enforcement teams of students will be sent to apprehend the violators. If the person apprehended is a student at the college, he will be turned over to a 20-man temporary drug council, made up of students and faculty members, for disciplinary action and referral to drug treatment centers. If the person selling or using drugs is not a student there, the enforcement team will escort him off the campus.

ALCOHOL STILL #1. The problems of alcoholism should not be forgotten in today's greater concern about drug abuse. Alcohol is still the number one most abused drug. "Alcohol is the most readily available, socially acceptable, legal and relatively cheap drug available to man. It is the only depressant drug that is easy to obtain because no prescription is needed," noted a recent report presented by the Michigan Senate Commerce Committee. The Committee estimated that there are 6.5 million persons in the United States that have been identified as alcoholics. The American Medical Society describes alcoholism as both a major chronic disease and a major social problem. Because of the nature of the illness and because most of its victims are adults with families, on the average three or four other people are directly affected by the illness of each alcoholic. Abuse of alcohol may be said to occur when the consumption of alcohol by an individual exceeds the limits that are accepted by his culture, when he consumes alcohol at times that are deemed inappropriate within that culture, or when his intake of alcohol becomes so great as to injure his health or impair his social relationships. The development of alcoholism is usually so gradual that the victim does not realize what is happening to him--although those around him may. As the illness progresses, alcohol becomes more and more of an obsession and life gradually becomes little more than a series of opportunities to obtain the alcohol for relief from feelings of discomfort and pain. Many of the resulting physical complications afflicting the heavy drinker stem from malnutrition resulting from neglect of a proper diet through substitution of the alcoholic beverage for foods which contain the vitamins, minerals, etc., essential to good nutrition. Occasionally, the alcoholic must resort to solid foods but the intervals of temporary abstinence are so full of physical and psychological pain that relief is sooner or later sought in further drinking. Other detrimental effects include low resistance to infectious disease, cirrhosis of the liver, and a variety of neurological and mental syndromes as well as effects on society caused by absence from work and school and disruption of family life. Physical dependence on alcohol definitely occurs and the abstinence syndrome resulting when the intake of alcohol is reduced below a critical level is manifested by tremors, sweating, nausea, tachycardia, rise in temperature, hyper-reflexia, postural hypotension, and in severe grades, convulsions and delirium. The last mentioned condition is characterized by confusion, disorientation, delusions, and vivid visual hallucinations. The symptoms of alcohol withdrawal are very similar to those seen after barbiturate withdrawal. The intensity of alcohol abstinence syndromes probably varies with the duration and amount of alcohol intake, but as yet little quantitative information on this point is available. The mortality rate, when the alcohol abstinence syndrome is severe, averages at least 8 per cent. Health experts say an untreated alcoholic reduces his life expectancy at least 10 years. In spite of drawbacks, alcohol does have limited medical uses. It is used as an antiseptic and is sometimes prescribed as a sedative or appetite stimulant. If nothing else is available, alcohol may be used as an analgesic.

COMING ATTRACTIONS\*\*\*\* Future issues of DRUG NEWS will feature articles on local and state laws, the state-wide drug education program, local programs, and much more. Again, if you have comments or contributions to make concerning this newsletter, please contact Lynn Jenison, Fifth Floor, Memorial Union, 294-1020.

Until then. . . . .

APPENDIX C

WAVERLY IOWA DRUG ABUSE PROGRAM

CHRIS BLUME  
208 7TH AVENUE S.E.  
WAVERLY, IOWA  
319/352-1069

During the past winter a local citizen who was concerned about the problems some of the youth in Waverly were having with their social functioning and with drugs, brought a group of interested people together to discuss many problems. Following a number of discussions by this initial group it was enlarged upon by drawing in other people from the community, so that the group would be representative. The larger group became a steering committee concerned with the drug problem in the community and the possible programs that could be developed to deal with the problem in the community. To date the steering committee has concerned itself with drug education and also securing the establishment of what would be termed a "contact house" for high school age youth. The plans for the house are still in the development stage, but it appears that it will be initiated next fall.



YOUNG LAWYERS

J. MICHAEL DULL  
DULL LAW FIRM  
P. O. BOX 526  
LE MARS, IOWA 51031  
712/546-7016

Basically, the program consists of three approximately one hour (the actual time is a classroom period) presentations to student assemblies over a three-week period. These presentations are:

First Session: A lawyer introduces the program and then a medical doctor presents and discusses the medical aspects and consequences of drugs, both their legal (medical) and illegal (abuse) uses. Questions are entertained if time permits.

Second Session: A film is shown, after which a lawyer presents and discusses the state and federal laws relating to drugs and entertains questions from the students if time permits.

Third Session: A medical doctor and a lawyer answer students' questions and present any material not presented in the first two sessions.

Additionally, the same material should be presented to the entire faculty and to parents at a PTA or similar meeting.

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**Figure 1**



(b)  $\frac{d}{dt} \left( \frac{1}{2} m v^2 \right) = \frac{d}{dt} \left( \frac{1}{2} m \dot{x}^2 \right)$

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APPENDIX D

DOPE STOP INFORMATION

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## APPENDIX D

The materials below describe a community youth project which has been found in several section of the country. Specific and more detailed information and referral are available upon request.

### HOW TO ESTABLISH A DOPE STOP PROGRAM IN ANY COMMUNITY

- I. INDEPENDENT NEWSPAPER SURVEY - The leading newspaper in the community should be asked to run such a survey of high school students in the area. When published, this will then show the community just how serious the local drug problem is. Ideally this survey should be run so that it can published in early spring. (Naturally, if the community is already completely aware of the degree of the drug problem, this step could be bypassed).
- II. SUPPORT OF ORGANIZATIONS - The following organizations at least should be solicited to give their endorsement to the DOPE STOP program and this endorsement included in the original press and television announcement of the establishment of the program.
  - A. Medical Society
  - B. Bar Association
  - C. Pharmaceutical Association
  - D. Police Department
  - E. Leading Women's Club(s) in the community
  - F. Media Associations (both Newspaper and Radio/TV)
- III. STAFFING - The minimum staffing for a DOPE STOP program is as follows. Ideally the staff should begin working in June or at least July in order to begin in the schools with the September term:
  - A. BOARD OF SUPERVISORS - They are leaders in the community who are interested. Should include at least one from each of the endorsing organizations in II above. They have little responsibility except the solicitation of funds where funds not coming from another source.
  - B. DIRECTOR - Has complete responsibility and authority over direction of the Program under established methods and procedures. Director hires Teen Coordinator and any other staff provided. Director runs interference with schools for Teen Counselor where necessary and coordinates all phases of the operation. The ideal person for the job should be one with a background in communication and public relations.

C. TEEN COORDINATOR - At least a high school graduate, age 18-23. If he is a former user, then must be very sure that he is entirely clean and totally anti-drug. It is better to have a person in this capacity with no drug experience than to have one who backslides..the backslider could ruin the entire program. He needs to become thoroughly educated on procedures and methods as well as on all current drug information. Also needs good personality and ability to communicate with high school age students.

D. OTHER STAFF - As can be afforded.

#### IV. ORGANIZATIONAL SETUP (Other than Staff)

A. EACH HIGH SCHOOL (secured by contacting and working through principal)

1. FACULTY ADVISOR - Appointed by the principal. Must be liked by kids and thoroughly dedicated to the work involved in fighting the drug problem. Drug knowledge NOT important..rapport with kids imperative! In addition to being the adult image for the Teen Counselors in the high school, also runs interference for them with principals and teachers in elementary schools where required. Other than that, encourages all the high school Teen Counselors to "do their own thing".

2. TEEN COUNSELORS - Enough to provide at least one in every fifth through eighth grade classroom which feeds into this high school. Preferably to provide two for each so can work in teams. Each assigned to a classroom which is his or her responsibility for entire school year. Monthly visits to assigned classroom. Must have anti-drug attitude. Enlist by open meeting for all who might be interested with Teen Coordinator.. ideally a school assembly to explain it.

B. EACH GRADE SCHOOL - Need to secure approval of the grade school Superintendent. After this, then in person or by letter to advise full details of program to each grade school Principal (normally done through the Superintendent) as well as information to each teacher of grades five through eight. Thorough indoctrination of them will eliminate possibility of their resenting the program because of misunderstanding about just what these high school kids are going to be saying in their classrooms, and why they are there. Very important each teacher understands the high school Teen Counselor is a tool to help, not a replacement.

#### V. TRAINING OF TEEN COUNSELORS

A. MONTHLY MEETINGS with Teen Coordinator. Once every month Teen Coordinator goes to each high school in area and

meets with the Teen Counselors. Gives them latest factual information, tells them of what others are doing, answers questions which have been posed to them in their grade school classrooms which they were unable to answer. General rap session.

- B. IN-SCHOOL SESSIONS - At least one time between visits from Teen Coordinator, and preferably weekly, Teen Counselors meet as a club. They are encouraged to work out their own programs, but a few suggestions are: (sample attached).
- C. GROUP SESSIONS - Preferably once monthly on Saturday, but at least bi-monthly, Teen Counselors from all over the area meet together for training session with some professional or expert. Training not only on drug facts, but equally important on classroom techniques to apply to their visits to the elementary schools.

#### VI. COMMUNICATIONS.

- A. TEEN COUNSELOR NEWSLETTER - Sent monthly to the head of Teen Counselors in each high school. Read to group and posted. Tells what other schools are doing, recognizes particular achievements, or other information which makes them feel part of the team.
- B. FACULTY ADVISOR NEWSLETTER - Sent monthly to each Faculty Advisor. Exchange of information, but more important stresses things which they should be doing..a check list.
- C. GRADE SCHOOL PRINCIPAL NEWSLETTER - Sent monthly to each grade school principal. Very necessary to keep them informed..suggested they send around to each fifth through eighth grade teacher as well. When a problem comes up in grade school anywhere, it should be reported on in the Newsletter to nip in the bud similar problems.

#### VII. AWARDS AND RECOGNITION

- A. FLOW OF PUBLICITY - There should be a continual one. Media were part of original endorsement and should be kept informed on what the high school kids are doing.
- B. RADIO/TV SPOTS (and interviews) - To give recognition to the Teen Counselors. Builds up image and results in heavy volunteer activity..generally with more wanting to join up than can be taken. Gives prestige to being one. Various methods of radio and television coverage for the Teen Counselors are as follows:
  - 1. Personal interviews with Teen Counselors on Television.
  - 2. Panel presentation with Teen Counselors and what they are doing in the schools.
  - 3. Public service announcements on video and audio tape of Teen Counselors identifying themselves and telling what schools they visit--with their own personal message as to why each one doesn't abuse drugs.

4. Community support by ticket reductions (specifically for Teen Counselors at the local skating rink - movie - hamburger stand). Send press release advertising community involvement.
- C. ANNUAL AWARDS LUNCHEON - Usually can get local group to sponsor. Bring in Faculty Advisor and President of Teen Counselors from each school..give awards to each with printed certificate award for every Teen Counselor to be taken back to them.



## SUGGESTED SCHEDULE

The visits to the Elementary School should last no longer than 45 minutes. At the end of 45 minutes, the Teen Counselor should leave.

OCTOBER	First Visit		
			1. Introduction of Teen Counselor and the DOPE STOP program. 2. Testimony - WHY I DON'T DO DOPE?
NOVEMBER	Second Visit	SMIFFING	Suggested Format of Visits: 1. First 10 minutes (approximately) spend with a "rap" session. Purpose: To help elementary students to "open up"; to start the communications.  2. Next 10 minutes (maximum) spent with Teen Counselor discussing the subject for that visit.  3. Remaining time spent in a discussion and previewing next visit.
DECEMBER	Third Visit	LEGAL ASPECTS	
JANUARY	Fourth Visit	MARIJUANA	
FEBRUARY	Fifth Visit	AMPHETAMINES	
MARCH	Sixth Visit	HALLUCINOGENS	
APRIL*	Seventh Visit	BARBITURATES AND NARCOTICS	
MAY*	Eighth Visit	SUMMARY	
			1. A SUMMARY is presented of all information discussed throughout the year. 2. AN EMPHASIS is put on the younger student arriving at a decision about his future and drugs.

-----  
\*If only seven visits to the Elementary School can be arranged, combine seventh and eighth visits. NOTE: A big help to you might be to ask the teacher of the Elementary classroom to allow the students to arrange their chairs in a circle.  
-----

Four basic things that can be done in the elementary classroom:

1. Relate the consequences of drug abuse (The Risk).
2. Relate that one must face problems as personal challenges.
3. Use peer pressure with a positive influence.
4. Demonstrate positive alternatives as a meaningful way of life.

It is extremely important that the elementary students do as much of the talking and participating as possible. The important thing is communications--keeping it interesting and "exciting" for everyone.

### \*\*THINGS YOU CAN DO:

1) Sit in a circle (on the floor, or at desks); 2) Use the black-board; 3) Discuss recent newspaper articles; 4) Have a "show-n-tell" session; a "skit" (role playing); 5) Use visual aids--drug abuse and activities, hobbies; 6) Encourage them to do research and report back next time; 7) Use a crossword puzzle to initiate discussion; 8) Bring in special guest visitors like the high school Pom Pom girls, track star, letterman, etc.



APPENDIX E

DES MOINES YOUTH LINE



## YOUTH LINE

(DES MONES)

Des Moines Community Youth Line is a free, voluntary, and confidential call-in walk-in counseling service. Intended primarily for community "youth"--ages twelve to twenty-one--and their parents, Youth Line services are available to all self-referring persons regardless of age, race, color, creed, sex, social role or status.

Persons availing themselves of Youth Lines services do so voluntarily. There is no coercion of youth to participate, and third-party referrals are not accepted.

Although adults in the community--especially clients--are encouraged to contribute to the financial support of Youth Line, no charge is made for counseling services. Moreover, strictest professional standards of confidentiality are maintained.

Counseling services are offered on a continuum, from crisis-intervention through problem-oriented to long-term personal growth and development, and from individual through family to large-group counseling. Professional medical and legal advice are not offered, although referrals are made where appropriate. Directive "advice" is seldom given; program emphasis is on development of responsible problem solving behavior.

Youth Line is the result of inter-agency and community cooperation, but is not connected or identified formally with any one agency or organization. It relies heavily upon non-governmental sources for its funds, and upon concerned community citizens for its volunteer counseling staff.

Much public attention has been given the poor child, the delinquent child, the overtly handicapped child. However, little public attention has been given the "merely troubled"--the chronic and unspectacular "loser" who never settles his adolescent problems and moves either into an unsatisfactory adult life or into habitual patterns of delinquent behavior.

Prior to February 15, 1970, free, voluntary, and confidential counseling services for non-delinquent youth were non-existent in Polk County. In order to obtain professional-quality personal counseling, youth must have exhibited sufficiently bizarre or anti-social behavior to have come to the attention of law enforcement or school authorities; or the youth must have had parents of sufficient resources and concern that private care could be engaged.

Youth Line is located in a ten- by fifteen-foot room in St. Paul's Episcopal Church in downtown Des Moines, with near-direct access to the street. Partial use of an adjoining, smaller room is available for walk-in counseling. Physical resources include: three (3) telephone lines (on a "roll-over" connection to the published counseling number--288-6706); a private and unlisted telephone line for use in contacting consultants or the director in situations requiring professional assistance; a "page boy" portable paging device for use by consultants and the director when away from their regular locations; two "hush booths"; two desks, two couches; five chairs; one locking file cabinet; and "software", including resource and referral information as well as procedures and operating records.

With rare exception, a minimum of two primary counselors--one of each sex--is available during all published hours of operation. Exceptions may result from a lack of available manpower, but counseling offices are staffed by at least one primary counselor during all published hours of operation, at any and all cost or effort. (Two counselors fought a recent, record-setting blizzard for five hours in order to meet their commitment; then reversed the process in order to get back home). Secondary counselors--observers-in-training--are present as scheduled.

All contacts are tallied. Contacts during the first three-quarters--nine months--of operation totalled 15,288, a figure representing all telephone and walk-in contacts made by persons, other than Youth Line staff, through the counseling facilities. This figure does not include any contacts through the administrative offices, which are physically separate from counseling facilities.

All problems and concerns are accepted, attended to, and "taken seriously" as presented by contacting clients. Not only does this procedure eliminate the pitfalls of interpretation and "second-guessing", but it has been found that refusal to accept the responsibility for the truth of a client's concerns works a judo-like effect. Clients experiencing non-critical acceptance tend to "move in", and become more open, trusting, and honest.

Operations at the current level entail expenditures of approximately \$30,000 annually. Professional staff salaries account for approximately \$20,000. The remainder defrays telephone costs, (several hundred dollars per month), insurance, rent, printing costs, and lesser operating expenditures.

Funding sources include: the Des Moines Child Guidance Center, which has been contributing the salaries of the two consultants until such time as it is possible to repay this kindness; the Des Moines YMCA, which has been contributing a major portion of the director's salary until such time as it is possible to repay this kindness; and St. Paul's Episcopal Church, which donates quarters. Citizens, business, and various organizations have tendered contributions also. A modest grant from the Iowa Mental Health Authority has been received with great appreciation. Small tokens of appreciation from adult clients have mounted to a gratifying, though hardly sufficient figure.

Youth Line is in considerable debt at the present time. Incorporated as a non-profit corporation, it enjoys the services and cooperation of the Des Moines Council of Churches as fiscal agent. Accordingly, all fundings, contributions and donations are tax-deductible.

Problems have included: funding; acceptance by area professionals and agencies--better now than originally; and administrative services and organizational chores supportive of actual counseling.

For further information, contact:

Mr. Arthur J. Schut, Director  
Des Moines Community Youth Line  
101 Locust Street  
Des Moines, Iowa 50309  
515/288-0131



APPENDIX F

MENTAL HEALTH INSTITUTE SUMMARIES



## APPENDIX F

Iowa's four mental health institutes have been increasingly developing new approaches for treating drug abuse and dependency in response to the increase in the number of persons seeking such help. These approaches attempt to fully realize the potential use of existing personnel, resulting in the availability of social workers, staff, vocational rehabilitation counselors, medical and psychiatric services. In order to view the treatment scene in a more comprehensive manner, the following brief descriptions have been prepared concerning these new developments.

Mt. Pleasant - During the calendar year 1970, an estimated 90 to 100 persons were discharged from this institution whose emotional problems included those related to strong drug dependency. As of January, 1971, there were twenty young people with drug dependencies in residence at Mt. Pleasant. It has been found, through experience at Mt. Pleasant, that drug dependant or addicted individuals become more susceptible to treatment and therapy when they are housed in a treatment unit or ward that is uniquely structured to serve their specific individual needs and behavior problems. The program at Mt. Pleasant recognizes that a sterile, institutionalized atmosphere may not be conducive to resocialization programs and for helping drug dependent individuals to cope with the realities which have become insurmountable obstacles.

### Contact:

Walter Fox, M.D. Superintendent  
Mental Health Institute  
Mt. Pleasant, Iowa 52641 -- Phone: 319/385-3111

Independence - This institute sees very few heroin or other "hard-drug" users. Marijuana, LSD, and amphetamines are the main objects of abuse. The institute attempts to deal mainly with the vast majority of patients who seek help in other emotional problem areas, in addition to the symptomatic area of drug abuse.

Contact:

S.M. Korson, M.D., Superintendent  
Mental Health Institute  
Independence, Iowa 50644 --- Phone: 319/334-2583

Cherokee - Many of the hospital's drug abuse patients are treated on an out-patient basis and can make an appointment simply by calling the hospital. The initial evaluation is discussed with the patient and if treatment on an out-patient basis seems advisable, a treatment plan is set up. This may include individual therapy, or group therapy with other patients with similar drug problems. Medication may be employed as well. If a need for treatment as an in-patient is found, the patient may remain completely anonymous if he so chooses. Adolescent drug patients are separated from the adult ward.

Contact:

J. L. May, M.D., Superintendent  
Mental Health Institute  
Cherokee, Iowa 51012 --- Phone: 712/225-2594

Clarinda - A drug dependent admitted to the institute, if he is physically ill, on the verge of withdrawal reaction, or needs detoxification, is admitted to the medical service and treated there initially. The ward in which the patient is placed is selected according to his specific needs at the time. Most drug patients,

however, have full grounds privileges within a short time.

Contact:

J. R. Gambill, M.D., Superintendent  
Mental Health Institute  
Clarinda, Iowa 51632 -- Phone: 712/542-2161



APPENDIX G

COMMUNITY MENTAL HEALTH CENTERS SUMMARY





## APPENDIX G

### COMMUNITY MENTAL HEALTH CENTERS IN IOWA

Community Mental Health Centers are incorporated with a Board of Directors and serve a specified catchment area. The Center has a Medical Director and an Executive Secretary. In some instances the same person may fill both roles. Basically, the Community Mental Health Centers in Iowa follow the traditional medical model. However, each Center is antonomous and flexible in delivery of Mental Health care services. Such flexibility allows for delivery of non-traditional as well as traditional Mental Health Services.

Centers offer individual and group treatment. Medication, when necessary, is available. Available care covers emergency and aftercare. Other services include referral to inpatient care, direct and indirect community consultation services, in-service training, and research.

A local committee of professionals can be established to review situations where intensive in-patient care is needed to insure that the most compatible individuals and programs are utilized. This local referral committee should work directly with the Department of Social Services.

Other services deal with community education, family treatment, marriage counseling and school problems.

Several of the Centers have become Comprehensive Mental Health Centers making them eligible for federal staffing and building grants.

Other sources of funding are patient fees, contractual agreements with counties, agencies or private sources, community chest funds, and donations.

The state's 25 Community Mental Health Centers should be contacted for involvement in the community efforts through the individuals named for your geographic area in Appendix K.

APPENDIX H

DEPARTMENT OF VOCATIONAL REHABILITATION SUMMARY



## APPENDIX H

### VOCATIONAL REHABILITATION

Individuals have been appointed by the Rehabilitation, Education and Services Branch to serve as resource personnel for assistance to various community agencies and groups in determining what resources are readily available to serve the drug abuser. Such data will also provide first-hand information concerning the role of vocational rehabilitation as it relates to this specific disability group.

#### VOCATIONAL REHABILITATION SERVICES

Any person with a physical, emotional, behavioral, or learning problem which prevents his getting or keeping a job, may qualify for vocational rehabilitation services through the state agency. This could include individuals with drug abuse or addiction problems.

Eligibility will be determined by an experienced professional rehabilitation counselor who has been trained in counseling and individual evaluation. With the help of medical, psychological, and other professional persons, the counselor determines how a handicapping condition affects a person's ability to get and keep a job, and whether or not it can be expected that services of rehabilitation will be of help to the individual.

Counseling, remedial medical or surgical services, vocational evaluation, occupational training, and job placement and follow-up are the major types of services available to handicapped people through vocational rehabilitation.

Services may be requested by a personal visit, phone call, or letter addressed to the nearest individual listed in Appendix I, or to Jerry Starkweather, Director, Vocational Rehabilitation, 801 Bankers Trust, Des Moines, Iowa 50309.

APPENDIX I

NATIONAL SOURCES OF INFORMATION





NATIONAL SOURCES OF INFORMATION

AMERICAN MEDICAL ASSOCIATION  
535 North Dearborn Street  
Chicago, Illinois

AMERICAN SOCIAL HEALTH ASSOCIATION  
P. O. Box 416  
Kent, Ohio 44240

NATIONAL COORDINATING COUNCIL ON DRUG ABUSE  
INFORMATION, INC.  
Peter G. Hammond, Executive Director  
Suite 212  
1211 Connecticut Avenue, N.W.  
Washington, D.C. 20036

NATIONAL INSTITUTE OF MENTAL HEALTH  
5454 Wisconsin Avenue  
Washington, D.C.

Regional Office: Dept. of Health Education & Welfare  
Public Health Services  
601 E. 12th Street  
Kansas City, Missouri 64106

U.S. BUREAU OF NARCOTICS & DANGEROUS DRUGS  
1405 First Street, N.W.  
Washington, D.C. 20537

Regional Office: U.S. Bureau of Narcotics & Dangerous Drugs  
U.S. Courthouse, Suite 225  
811 Grand Avenue  
Kansas City, Missouri

1. The first part of the document is a list of the names of the people who were present at the meeting. The names are listed in alphabetical order.

2. The second part of the document is a list of the topics that were discussed during the meeting. The topics are listed in alphabetical order.

3. The third part of the document is a list of the actions that were taken during the meeting. The actions are listed in alphabetical order.

4. The fourth part of the document is a list of the decisions that were made during the meeting. The decisions are listed in alphabetical order.

5. The fifth part of the document is a list of the recommendations that were made during the meeting. The recommendations are listed in alphabetical order.

6. The sixth part of the document is a list of the conclusions that were reached during the meeting. The conclusions are listed in alphabetical order.

7. The seventh part of the document is a list of the next steps that need to be taken. The next steps are listed in alphabetical order.

8. The eighth part of the document is a list of the people who are responsible for carrying out the next steps. The people are listed in alphabetical order.

9. The ninth part of the document is a list of the dates when the next steps are to be completed. The dates are listed in alphabetical order.

10. The tenth part of the document is a list of the people who are to be contacted. The people are listed in alphabetical order.

11. The eleventh part of the document is a list of the resources that are needed to carry out the next steps. The resources are listed in alphabetical order.

12. The twelfth part of the document is a list of the risks that are associated with the next steps. The risks are listed in alphabetical order.

13. The thirteenth part of the document is a list of the opportunities that are associated with the next steps. The opportunities are listed in alphabetical order.

14. The fourteenth part of the document is a list of the challenges that are associated with the next steps. The challenges are listed in alphabetical order.

15. The fifteenth part of the document is a list of the lessons learned from the meeting. The lessons are listed in alphabetical order.

16. The sixteenth part of the document is a list of the people who were not present at the meeting. The names are listed in alphabetical order.

17. The seventeenth part of the document is a list of the topics that were not discussed during the meeting. The topics are listed in alphabetical order.

18. The eighteenth part of the document is a list of the actions that were not taken during the meeting. The actions are listed in alphabetical order.

19. The nineteenth part of the document is a list of the decisions that were not made during the meeting. The decisions are listed in alphabetical order.

20. The twentieth part of the document is a list of the recommendations that were not made during the meeting. The recommendations are listed in alphabetical order.

21. The twenty-first part of the document is a list of the conclusions that were not reached during the meeting. The conclusions are listed in alphabetical order.

22. The twenty-second part of the document is a list of the next steps that were not taken. The next steps are listed in alphabetical order.

23. The twenty-third part of the document is a list of the people who are not responsible for carrying out the next steps. The people are listed in alphabetical order.

24. The twenty-fourth part of the document is a list of the dates when the next steps are not to be completed. The dates are listed in alphabetical order.

25. The twenty-fifth part of the document is a list of the people who are not to be contacted. The people are listed in alphabetical order.

APPENDIX J

SUMMARY OF IOWA'S UNIFORM  
CONTROLLED SUBSTANCES ACT



A Summary Of  
IOWA'S UNIFORM CONTROLLED SUBSTANCES ACT

I. GENERAL OBJECTIVES.

The twin objectives of Iowa's new Uniform Controlled Substances Act (effective July 1, 1971) are: (1) to create a coordinated and codified system of drug control and (2) to establish a closed regulatory system for the legitimate handlers of controlled drugs in order to better prevent illicit drug diversion. Iowa's new law is designed to complement the recently enacted federal Comprehensive Drug Abuse Prevention and Control Act of 1970, and thereby provide an interlocking framework of federal and state law which will permit more effective efforts to control the drug abuse problem. Moreover, this law is a modified version of the model Uniform Controlled Substances Act, which has been recommended to the states by the National Conference of Commissioners on Uniform State Laws as a means for achieving uniformity in federal and state drug legislation in the United States. The Act repeals most existing state drug laws.

II. SCHEDULES OF CONTROLLED SUBSTANCES

The law classifies all known controlled substances (including drugs of abuse, counterfeit substances, and immediate precursors) into one of five schedules, organized according to their potential seriousness of abuse. "Drugs" include narcotics and other types of drugs of abuse. A "counterfeit substance" is a controlled substance which (or the container or labeling of which), without authorization, bears the identifying mark of a manufacturer, distributor, or dispenser other than the person who in fact

manufactured, distributed, or dispensed the substance. An "immediate precursor" is a substance which is the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediary used, or likely to be used, in the manufacture of a controlled substance.

A. Criteria for Classifying Controlled Substances

	Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V
Degree of potential for abuse	High	High	Less than I or II	Less than III	Less than IV
Currently accepted medical use in treatment in U.S.	None	Restricted use	Yes	Yes	Yes
Degree of physical or psychological dependence that may result from abuse of drug	----	Severe	Moderate or Low - physical; or high-psychological	Limited; less than III	Limited; less than IV

B. Revisions in Schedules

Permanent revisions in the schedules of controlled substances can be made only by the State Legislature, upon the recommendation of the State Board of Pharmacy Examiners. The eight criteria to be considered in evaluating any proposal for a change in the lists of controlled substances, with respect to a particular substance, are:

- (1) Its actual or relative potential for abuse;
- (2) Scientific evidence of its pharmacological effect;
- (3) The state of current scientific knowledge regarding it;
- (4) Its history and current pattern of abuse;
- (5) The scope, duration, and significance of its abuse;
- (6) The degree of risk, if any, to the public health;
- (7) Its potential to produce psychic or physiological dependence liability; and
- (8) Whether it is an immediate precursor of a substance already controlled.

### III. REGULATION OF LAWFUL HANDLING OF DRUGS THROUGH REGISTRATION

The heart of the law's regulatory system is its strict registration requirements for those persons lawfully handling controlled substances. Consequently, every person who manufactures, distributes or dispenses--or conducts research upon--any controlled substance within Iowa must obtain annually a registration issued by the State Board of Pharmacy Examiners.

Those persons exempted from this registration requirement are:

- (1) Agents and employees of registrants, when acting in their usual course of employment;
- (2) Carriers or warehousemen (and their employees), whose possession of controlled substances is in their usual course of business or employment;
- (3) An ultimate user (that is, a person lawfully possessing drugs for his own use or for a member of his household or for administering to an animal in his household)--including
  - (a) a person in possession of any controlled substance pursuant to a lawful order of a practitioner (for example, prescription drugs lawfully obtained); or
  - (b) a person in possession of a Schedule V substance (that is, drugs sold on a restricted over-the-counter sale basis for a valid medical purpose).

Registrants are required to keep records and maintain detailed inventories of all controlled substances handled by them. These records must be kept for two years after the transaction, and must account also for substances stolen, lost, or destroyed.

A registration may be suspended or revoked by the Board upon a finding that the registrant:

- (1) Furnished false or fraudulent material information in any application filed under the Act;
- (2) Has had his federal registration suspended or revoked; or
- (3) Has been convicted under any state or federal drug law.

#### IV. UNLAWFUL ACTS -- PENALTIES

Iowa's drug reform act provides stiffened penalties for illegal drug traffickers (for example, sellers), while applying lesser penalties to users. The present Iowa law (which was repealed by the 1971 act) makes no comparable distinction between illegal possession of drugs for sale and illegal possession of drugs for personal use, but rather provides for the same penalty for both types of offenses (except for offenses involving marijuana),-- that is, a penitentiary term of two to five years and a fine of up to \$2,000.00 for offenses involving narcotic drugs.

The new law gears on forcing illicit drug sellers out of business by imposing severe penalties, while attempting to rehabilitate drug users through less severe punishment and emphasis upon voluntary treatment. Accordingly, the maximum penalties for illegal trafficking of controlled substances are graduated according to the classification of the drug involved, whereas the maximum penalties for drug users are the same for all classifications of drugs (except for marijuana, which carries a lesser penalty than do the other drugs). Moreover, the maximum penalty for offenses by drug users is only slightly greater than the maximum penalty for offenses by traffickers in the lesser types of offenses and much less than traffickers' offenses in more serious types of offenses. Also, second or subsequent offenses by traffickers are punishable by maximum penalties up to triple the maximum authorized penalty for first offenses--whereas repeat offenses by drug users carry the same maximum penalty as the first offense. (Drug-user repeaters, however, are penalized for subsequent offenses by being denied the opportunity for rehabilitation "sentences" rather than criminal sentences, as detailed below).



A. Manufacturers or Deliverers

1. Unlawful Acts:

- a. To manufacture, deliver, or possess with intent to manufacture or deliver, a controlled substance--except as authorized by this Act.
- b. To conspire with others to do the illegal acts in (a).
- c. To create, deliver, or possess with intent to deliver, a counterfeit substance--except as authorized by this Act.
- d. To conspire with others to do the illegal acts in (c).

2. Penalties--(Same for unlawful acts (a)-(d); graduated according to the classification of the drug involved).

- a. First offenses involving Schedule I or II narcotic drugs: Penitentiary term not to exceed ten years and fine not to exceed \$2,000.00\*
- b. First offenses involving other substances in Schedules I, II, or III; Penitentiary term not to exceed five years and fine not to exceed \$1000.00.\*
- c. First offenses involving Schedule IV substances: County jail term not to exceed one year or fine not to exceed \$500.00 or both such imprisonment and fine.\*
- d. First offenses involving Schedule V substances: County jail term not to exceed six months or fine not to exceed \$250.00, or both such imprisonment and fine.\*

\*Penalties for second or subsequent offenses under (a), (b), (c), and (d) above include imprisonment not to exceed three times the term otherwise authorized or fines not to exceed the amount otherwise authorized, or both such imprisonment and fine.

3. Special Penalties -- for illegal distribution to persons under age 18 (by persons 18 or over):

- a. First offense: Distribution of Schedule I or II narcotic drugs: Penitentiary term not to exceed twenty years and fine not exceeding \$4000.\*
- b. First offense: Distribution of any other substances in Schedules I-V to person under 18 who is at least three years younger than distributor: Penitentiary term not to exceed fifteen years or fine not to exceed \$2000 or both such imprisonment and fine.\*

\*The penalty for second or subsequent offenses can be up to three times that authorized for first offenses.

B. Registrants (i.e. Manufacturers, Distributors, or Dispensers licensed by the State for legitimate handling of controlled substances)--and any persons conspiring with them.

1. Unlawful Acts

- a. To unlawfully distribute or dispense a controlled substance except pursuant to valid prescriptions. Penalty: See 2(a) below.
- b. To manufacture, distribute, or dispense a controlled substance not authorized by the registration. Penalty: See 2(a) below.
- c. To prevent authorized inspections of any premises. Penalty: See 2(a) below.
- d. To fail to keep records or to furnish information required under the Act. Penalty: See 2(b) below.
- e. To conspire with one or more persons in doing the above acts (a) - (d). Penalty: See 2(a) below.

- f. To knowingly or intentionally furnish false or fraudulent material information, or omit any material information, from any documents required under the Act.  
Penalty: See 2(b) below.
- g. To knowingly or intentionally distribute as a registrant any Schedule I or II substances, except pursuant to an order form.  
Penalty: See 2(c) below.
- h. To knowingly or intentionally use in the course of the manufacture or distribution of controlled substances an invalid registration number.  
Penalty: See 2(c) below.
- i. To knowingly or intentionally acquire or obtain possession of a controlled substance by illegal or deceitful methods.  
Penalty: See 2(c) below.
- j. To knowingly or intentionally make, distribute, or possess any objects or things designed to render a drug a counterfeit substance.  
Penalty: See 2(c) below.
- k. To conspire with one or more persons in doing the above acts (f) - (j).  
Penalty: See 2(c) below.

2. Penalties:

- (a). First offense: Penitentiary term not to exceed one year or fine not to exceed \$1000 or both.
- (b). First offense: Fine not to exceed \$500 for first conviction under any state or federal drug abuse act. Penitentiary term not to exceed one year or fine not to exceed \$1000 or both if defendant had previously been so convicted.

Second or subsequent offenses: Not to exceed three times the penalty for first offense.

- c. First offense: Penitentiary term not to exceed one year and fine not to exceed \$1000.

Second or subsequent offenses: Not to exceed three times the penalty for first offense.

c. Proprietors

1. Unlawful Act - To knowingly keep or permit the keeping or to maintain temporary or permanent structures or places, which are resorted to by persons illegally
2. Penalties - First offense: Penitentiary term not to exceed one year or fine not to exceed \$1000, or both such imprisonment and fine. Second or subsequent offenses: Not to exceed three times the penalty authorized for first offenses.

D. Sponsors or Promoters (Rock Festival Provision)

1. Unlawful Acts: To sponsor, promote, or aid, or assist in the sponsoring or promoting of a meeting, gathering, or assemblage with the knowledge or intent that a controlled substance will be there unlawfully distributed, used, or possessed.
2. Penalties:
  - a. First offense involving substances other than marijuana: Penitentiary term not to exceed five years or fine not to exceed \$10,000 or both such imprisonment and fine.\*
  - b. First offense involving marijuana only: County jail term not to exceed one year or fine to to exceed \$1000, or both such imprisonment and fine.\*

\* The maximum penalty for second or subsequent offenses can be up to three times that authorized for first offenses.

E. Possessors (Users)

1. Unlawful Act: To knowingly or intentionally possess a controlled substance unless obtained through a valid prescription or as otherwise authorized in the Act.
2. Penalties:
  - a. Offenses involving marijuana: County jail term not to exceed six months or fine not to exceed \$1000, or both such imprisonment and fine. \*
  - b. Offenses involving substances other than marijuana: County jail term not to exceed one year or fine not to exceed \$1000, or both such imprisonment and fine.\*

\* No greater penalties for second or subsequent offenses.

3. Probation:

All or part of any sentence under the above authorized penalty schedules may be suspended and the defendant placed upon probation, however.

The new law authorizes (but does not direct) the court--with the defendant's consent--to defer further proceedings without entering a judgment of guilt whenever an accused first offender has either pled guilty or has been convicted of illegal possession of a controlled substance or has been sentenced pursuant to an accomodation offense. The defendant is then placed on probation upon the specific terms and conditions imposed by the court--including, for example, that the defendant actively participate in a drug treatment, rehabilitation or education program approved by the court.

## V. Commitment for Treatment

The Court may order, with their consent, that certain defendants be committed as either an in-patient or out-patient to an approved facility for such medical treatment and rehabilitative services. This probation option is not available to defendants with previous convictions under any federal or state drug abuse laws. The commitment provision applies to those who have been charged with, pled guilty, or found guilty of illegal possession of drugs; as well as those addicted to, dependent upon, or chronic abusers of any controlled substance who will be aided by Treatment or Rehabilitation program.

An indigent defendant committed to these facilities shall be considered a state patient, upon a determination of indigency made by the court. The court may require the filing under oath of a detailed financial statement by the defendant patient, or by his parent, guardian, or custodian. The court may require the patient or those legally liable for his support to reimburse the state with such costs, or any part thereof.

Upon defendant's fulfillment of the terms or conditions of his probation, the court shall then discharge him and dismiss the court proceedings against him. The defendant thus would not have a "record" against him. A defendant is allowed only one such discharge or dismissal.

Upon defendant's violation of the terms or conditions of his probation, the court shall have him returned for further disposition of his case. The court shall then enter the judgment of guilt and proceed to sentencing the defendant as otherwise provided under the criminal penalty section.

NOTE: Under another law--which remains unchanged under the new Act--a person may request treatment and rehabilitation for addiction or dependency to any narcotic, depressant, or stimulant drug from a medical practitioner or a hospital. The practitioner or hospital may undertake the treatment and rehabilitation of such person or may refer him to another medical practitioner or hospital for such purpose. Such practitioners or hospital (or the employees of either) shall not--under penalty of law--report either the persons' request or his undertaking of treatment to any law enforcement officer or agency. Nor shall such information be admissible as evidence in any court, grand jury, or administrative proceeding unless authorized by the person seeking treatment. This information shall not be disclosed to the parents or legal guardians of patients who are minors, without their consent.

## VI. MISCELLANY

### A. Responsibility for Enforcement

Responsibility for enforcement of Iowa's criminal drug laws rests with the State Department of Public Safety's Division of Narcotic and Drug Law Enforcement, whose agents are specifically designated as peace officers under another law. This department is primarily responsible for the enforcement of all provisions of the 1971 law, and all other laws and regulations of this state, relating to controlled or counterfeit substances.

The State Board of Pharmacy Examiners, however, shall be primarily responsible for making accountability audits of the supply and inventory of controlled substances in the possession of pharmacists, doctors, hospitals, and health care facilities, as well as in the possession of any and all other individuals or institution authorized to have possession of any controlled substances. This board also is charged with making recommendations to the state legislature for revising any schedules of controlled substances, as well as with registering those persons eligible for lawful handling of controlled substances in Iowa.

### B. Pending Proceedings

1. Prosecution for any violation of law occurring prior to the effective date of this Act is not affected or abated by the passage of this Act. Penalties under the new Act shall apply in pending proceedings if, and only if, such penalties are less than those prescribed under prior law.



2. Civil seizures or forfeitures and injunctive proceedings commenced prior to the effective date of this Act are not affected or abated by the passage of this Act.

3. All administrative proceedings pending under prior laws of this state which are superseded by this Act and are pending on the effective date of this Act shall be continued and brought to a final determination in accord with the laws and rules in effect prior to the effective date of the Act.

4. This Act applies to violations of law, seizures and forfeiture, injunctive proceedings, administrative proceedings and investigations which occur following its effective date.

#### C. Joint Criminal Trials

The new Act permits prosecutors to proceed jointly against two or more persons charged with the same violations arising from the same transaction or series of transactions and which involve common questions of law and fact, unless a joint trial would result in substantial injustice to any one defendant. The charges are set out in separate counts, however, and each defendant shall be convicted or acquitted upon each count by separate verdict. At present, defendants in such cases are able to require prosecutors to present evidence against each defendant in a separate trial if the defendants so request.

#### D. Reduced Sentence for Accommodation Offenses

Any person who is technically guilty of illegally delivering controlled substances or counterfeit substances may be punished less severely (as a mere possessor) if he establishes by clear and convincing evidence that his offense was in fact a mere accommoda-

tion to another person (for example, sharing an extra marijuana cigarette)--and that the defendant did not do so with the intent to profit thereby nor to induce the recipient to become addicted to or dependent upon the substance.

E. Penalties Under Other Laws

Any criminal and civil penalties under this Act are in addition to and not in lieu of, any civil or administrative penalty or sanction otherwise authorized by law.

F. Bar To Multiple Prosecution

The conviction or acquittal under federal law or the law of another state is a bar in Iowa to prosecution for the same offense.

G. Forfeitures

The following are subject to forfeiture to the State for illegal use or intended illegal use:

1. Controlled substances illegally manufactured, distributed, dispensed or acquired;
2. Raw materials, products, and equipment (including motor vehicles) of any kind for illegal manufacture, delivery, etc., of controlled substances;
3. Containers for property in (1) and (2) above; and
4. Books, records, and research products and materials.

APPENDIX K

LIST OF RESOURCE PEOPLE BY COUNTY



ADAIR

xxx J. R. Gambill, M.D., Supt.  
Mental Health Institute  
Clarinda, Iowa 712/542-2161

\* William W. Don Carlos  
113 W. Iowa St.  
Greenfield, Iowa 50849

- A. J. Gantz, M.D.  
101 S.W. Jackson  
Greenfield, Ia. 50849

+ Mr. Doug Peterson  
Fontanelle, Ia.

+ Mr. Richard Partlow  
Fontanelle, Iowa

Mrs. Carol Alshouse  
Adair Co. Memorial Hospital  
609 E. Kent,  
Greenfield, Iowa 50849

ADAMS

xxx J. R. Gambill, M.D. Supt.  
Mental Health Institute  
Clarinda, Iowa 712/542-2161

+ Mr. Paul Oliphant  
Prescott, Iowa 50859

- C. L. Bain, M.D.  
909 Ninth Street  
Corning, Iowa

Sister Mary Celestine  
Rosary Hospital  
Corning, Iowa

Richard T. Owens  
Adams Co. School District  
Ninth Street  
Corning Iowa

ALLAMAKEE

xxx S. M. Korson, M.D.  
Mental Health Institute  
Independence, Ia. 319/334-2583

\* James U. Mellick  
Sheridan Building  
Waukon, Iowa

- L. B. Bray, M.D.  
26 First St. S.E.  
Waukon, Iowa

Rev. Arlin H. Adams  
Veterans Memorial Hospital  
Waukon, Iowa

Samuel I. Curnow  
Community Memorial Hospital  
Postville, Iowa

Mr. Lou Kemp  
Chamber of Commerce  
Waukon, Iowa

APPANOOSE

xxx Walter Fox, M.D., Supt.  
Mental Health Institute  
Mt. Pleasant, Ia. 319/385-3111

\* McChord Carrico, Jr.  
Iowa Southern Utilities Co.  
Centerville, Iowa

+ James Stuart  
Box 75  
Mystic, Iowa

+ Ron Wales  
Box 433  
Centerville, Iowa

- A. S. Owca, M.D.  
407 North 9th St.  
Centerville, Iowa

---

x Vocational Rehab. Personnel  
Community Mental Health Centers  
xxx Mental Health Institutes

---

\* Young Lawyers Assoc. member  
+ Trained by Education Seminars  
- Iowa Medical Assoc. member

AUDUBON

xxx J. R. Gambill, M.D., Supt.  
Mental Health Institute  
Clarinda, Iowa 712/542-2161

\* Robert Nelson  
117 W. Washington St.  
Exira, Iowa

- R. L. Bartley, M.D.  
309 First Ave.  
Audubon, Iowa

Helen M. Bishop  
Audubon Co. School System  
Courthouse  
Audubon, Iowa

Lois Budatz, R. N.  
Audubon Co. Memorial Hosp.  
Audubon, Iowa

Leo Kessler  
Chamber of Commerce  
Audubon, Iowa

BENTON

xxx S. M. Korson, M.D.  
Mental Health Institute  
Independence, Ia. 319/334-2583

\* Galen Grote  
112 E. Fourth St.  
Vinton, Iowa

+ John H. Dillard  
Vinton, Iowa

+ Robert Eldridge  
Keystone, Iowa

+ Jean Martin  
Blairstown, Iowa

Jerry L. Plagge  
Belle Plaine Community Action  
Belle Plaine, Ia. 319/444-2012

BLACK HAWK

x Eugene Kreger  
Community Services Bldg.  
2530 University  
Waterloo, Iowa

xx Black Hawk Mental Hlth Center  
3251 W. Ninth St.  
Waterloo, Iowa

xxx S. M. Korson, M.D., Supt.  
Mental Health Institute  
Independence, Ia. 319/344-2583

Terry James  
Area VII Drug Council  
Box 673  
Waterloo, Ia. 319/234-0530

Rev. Harold Burris  
2422 College  
Cedar Falls, Ia. 319/266-7970

+ Finn B. Eriksen  
Director, Health & Physical Ed.  
1516 Washington St.  
Waterloo, Iowa

William W. Wilcken  
Juvenile Probation Officer  
Suite 401, Courthouse  
Waterloo, Ia. 319/235-3506

BOONE

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Clarinda, Ia. 712/542-2161

\* Lloyd W. Courter  
Third Floor  
Boone National Bank Bldg.  
Boone, Iowa

+ Roger Cook  
203 South Tama  
Boone, Iowa

+ Alice Mahoney  
815 12th St.  
Boone, Iowa

- W. G. Dennert, M.D.  
Boone County Hospital  
Boone, Iowa

BREMER

xx Cedar Valley Mental Health Ctr.  
P. O. Box 114  
112 Second Street NW  
Waverly, Iowa 319/352-2064

xxx S. M. Korson, M.D.  
Mental Health Institute  
Independence, Ia. 319/334-2583

\* Ivan J. Ackerman  
123 1st St. SE  
Waverly, Iowa

+ Carol Ann Kruse  
Tripoli, Iowa

+ Mrs. James Kerr  
Tripoli, Iowa

- J. W. Rathe, M.D.  
103 3rd St. S.E.  
Waverly, Iowa

Chris Blume  
Waverly Drug Abuse Program  
208 7th Avenue SE  
Waverly, Iowa 319/352-1069

BUCHANAN

xxx S. M. Korson, M.D.  
Mental Health Institute  
Independence, Iowa 319/334-2583

+ Dick Loughren  
Jesup, Iowa

+ Barbara Steen, R.N.  
Jesup, Iowa

+ Mrs. Ronald Bobbins  
Box 267  
Hazelton, Iowa

+ Mrs. Imogene Nodurft  
Winthrop, Iowa

- Helen Barton, M.D.  
812 East 1st Street  
Independence, Iowa

BUENA VISTA

xxx J. L. May, M.D., Supt.  
Mental Health Institute  
Cherokee, Ia. 712/225-2594

\* James Schall  
601 Cayuga  
Storm Lake, Iowa

+ Sister Elizabeth Presslier  
312 Seneca  
Storm Lake, Iowa

+ Mrs. Dale Lindenstein  
609 Ostego  
Storm Lake, Iowa

+ Gordon L. Schumacher  
Box 106  
Alta, Iowa

- H. E. Hagglund  
1305 W. Milwaukee  
Storm Lake, Iowa

BUTLER

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Mental Health Institute  
Independence, Ia. 319/334-2583

\* Norman R. Graven  
107 South Second St.  
Greene, Iowa

+ Dean W. Uhlenhopp  
Superintendent  
Allison, Iowa

+ Rev. Lowell Koch  
St. James Lutheran  
Allison, Iowa

- F. E. Rolfs, M.D.  
Aplington, Iowa

Henry W. Burma  
Juvenile Probation Officer  
Court House  
Allison, Iowa

CALHOUN

xxx J. L. May, M.D. Supt.  
Mental Health Institute  
Cherokee, Iowa 712/255-2594

\* Joel Swanson  
823 W. Main  
Lake City, Iowa

+ John Moeding  
Manson, Iowa

+ Ervin Reinholtz  
Manson, Iowa

Mrs. James R. Esmay  
156 N. 3rd Street  
Rockwell City, Iowa

Timothy L. Pepper  
Calhoun Co. School System  
515 Court Street  
Rockwell City, Iowa

CARROLL

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Clarinda, Ia. 712/542-2161

\* Darwin Bunker  
128 E. Fifth St.  
Carroll, Iowa

+ William Foval  
RFD  
Glidden, Iowa

+ Carolyn Hofstad  
Box 220  
Glidden, Iowa

- R. Q. Christensen  
726 N. Carroll St.  
Carroll, Iowa

Lawrence R. Blackley, Dir.  
Community Opportunities  
1240-A Heires Avenue  
Carroll, Iowa 51401

Alfred R. Thorup  
Ia. Juvenile Probation Officer  
Court House  
Carroll, Iowa

CASS

xx Southwest Ia. Mental Hth Ctr.  
1408 E. 10th St.  
Atlantic, Iowa 50022

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\* Roland K. Landsness  
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Atlantic, Iowa

- D. H. Stone, M.D.  
1500 E. 10th St.  
Atlantic, Iowa

Mrs. Ross Warne  
Star Route  
Atlantic, Iowa

Forrest E. Brouherd  
Cass Co. School System  
Courthouse  
Atlantic, Iowa

CEDAR

xxx Walter Fox, M.D., Supt.  
Mental Health Institute  
Mt. Pleasant, Ia. 319/385-3111

\* Roger D. Freese  
515 Lombard St.  
Clarence, Iowa

+ Dick Fry  
Durant, Iowa

+ Mrs. Wayne Tank  
Durant, Iowa

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Clarence, Iowa

Dr. Walter Kopsa  
Hoover Health Council of Iowa  
Tipton, Iowa

Carl A. Crispin  
Iowa Juvenile Probation Officer  
Tipton, Iowa



CERRO GORDO

- x Harold Basinger  
211 ½ N. Federal Ave.  
Mason City, Iowa
- xx Mental Hlth Center of North Iowa \*  
P. O. Box 1463  
Mason City, Iowa
- xxx J. L. May, M.D., Supt.  
Mental Health Institute  
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- \* N. Le Roy Walters  
Room 300  
10 First St. NW  
Mason City, Iowa
- + Dennis McMenimem  
316 S. Vermont  
Mason City, Ia. 515/423-5859
- L. J. Kirkham, M.D.  
121 Third Street NW  
Mason City, Iowa

Margaret Edwards Coordinator  
Area Association for Prevention  
of Drug Abuse  
Mason City, Iowa 515/424-3144

CHEROKEE

- xxx J. L. May, M.D., Supt.  
Mental Health Institute  
Cherokee, Iowa 712/225-2594
- \* Charles F. Knudson  
102 W. Cedar  
Marcus, Iowa
- + Mary Case  
Marcus, Iowa
- + Mrs. Don Fett  
Rural Route  
Aurelia, Iowa
- + William Bird  
Marcus, Iowa
- R. M. Martin, M.D.  
213 N. Second St.  
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CHICKASAW

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- Richard T. Kippe  
101 North Locust  
New Hampton, Iowa
- + Dennis Ott 515/237-5534  
Fredericksburg Comm School  
Fredericksburg, Iowa
- J. E. Murtaugh, M.D.  
201 S. Linn Avenue  
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- William Shrum  
Chamber of Commerce  
New Hampton, Iowa
- Richard L. Hansen  
Chickasaw Co. School System  
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CLARKE

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+ Helen Brown  
Spencer, Iowa

+ Wallace Anderson  
Spencer, Iowa

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Monoa, Iowa

+ Maurice A. Sathoff  
Garnavillo, Iowa

+ Verdean L. Dietrich  
Garnavillo, Iowa

+ Matt Karpan  
Elkader, Iowa

+ Gary Owens  
Elkader, Iowa

- A. R. Powell, M.D.  
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McGregor, Iowa

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Perry, Iowa

+ Barbara Crawford  
Minburn, Iowa

+ Rev. James Pemble  
Minburn, Iowa

+ Jerry Book  
Dallas Center, Iowa

Gus U. Silzer  
Dallas Co. School System  
Courthouse  
Adel, Iowa

DAVIS

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206 E. Franklin  
Bloomfield, Iowa

- J. E. Perea, M.D.  
505 W. Jefferson  
Bloomfield, Iowa

Mrs. Joanne Bride  
Davis County Nurse  
707 South Columbia  
Bloomfield, Iowa

Charles N. Pettit  
District Court Judge  
Bloomfield, Iowa

Charles H. Walker  
Davis Co. Hospital  
507-509 N. Madison  
Bloomfield, Iowa 52537

DECATUR

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Clarinda, Iowa 712/542-2161

\* Robert C. Stewart  
107 W. Ninth  
Leon, Iowa 50144

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1210 N. Church St.  
Leon, Iowa

Mrs. Shirley Bierlein  
437 S. State Street  
Lamonia, Iowa

Clyde L. Taff, Director  
So. Central Ia. Community  
Action Program  
Courthouse  
Leon, Iowa

Mr. Newell R. Yates  
Dean of Students  
Graceland College  
Lamoni, Iowa

DELAWARE

xxx S. M. Korson, M.D.  
Mental Health Institute  
Independence, Iowa 319/334-2583

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Hopkinton, Iowa 52237

+ William Lux  
Hopkinton, Iowa

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410 North Franklin St.  
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Harry McBride  
Chamber of Commerce  
Dyersville, Iowa

Tom Moller  
Chamber of Commerce  
Manchester, Iowa

Wm. W. Roller  
Delaware Co. School System  
Courthouse  
Delaware, Iowa

Maynard Spaight  
Manchester, Iowa

DES MOINES

x Robert Allen  
Klein Memorial Hospital  
Burlington, Iowa

xx Bernardo G. Pineda, M.D.  
Des Moines Co. Drug Abuse Comm.  
Southeastern Ia., Mtl. Hlth Ctr.  
522 No. Third St.  
Burlington, Ia. 319/754-5749

xxx Walter Fox, M.D.  
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Mt. Pleasant, Ia. 319/385-3111

\* Alan Waples  
209 Farmers-Merchants Bank Bldg.  
Burlington, Iowa

- T. T. Mazur, M.D.  
2534 Surrey Road  
Burlington, Iowa 52601

Robert Dunhem, Chief of Police  
Burlington Police Dept.  
Burlington, Iowa

Howard Ortmeyer  
Des Moines Co. School System  
Courthouse  
Burlington, Iowa

DICKINSON

xxx J. L. May, M.D. Supt.  
Mental Health Institute  
Cherokee, Ia. 712/225-2594

\* Walter W. Barbee  
Narey Baldg.  
Spirit Lake, Iowa

+ Milbert Krohn  
506 20th St.  
Spirit Lake, Ia. 51360

- D. F. Rodawig, M.D.  
608 Lake St.  
Spirit Lake, Ia.

Robert M. Baker  
Drug Abuse Program  
Courthouse  
Spirit Lake, Ia. 712/336-2793

George Johnson  
Dickinson Co. School System  
Court House  
Spirit Lake, Iowa

DUBUQUE

x Linda Sanford  
625 Fischer Building  
Dubuque, Iowa

xx Thomas R. Rettenmeier  
Dubuque Drug Abuse Prevention  
Committee  
Dubuque Co. Mtl. Hlth Ctr.  
Mercy Medical Center  
James and Peabody  
Dubuque, Iowa 319/588-8513

xxx S. M. Korson, M.D.  
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Independence, Ia. 319/334-2583

\* Alan Thoms  
Dubuque Bank & Trust Co.  
1398 Central  
Dubuque, Iowa

- J. P. Graves, M.D.  
818 Roshek Bldg.  
Dubuque, Iowa

Robert O'Brien, Chief  
Dubuque Police Dept.  
Dubuque, Ia. 319/583-1717

EMMETT

xxx J. L. May, M.D., Supt.  
Mental Health Institute  
Cherokee, Iowa 712/225-2594

\* William Ridout  
522½ Central  
Estherville, Iowa

+ Arnold Schilling  
Armstrong, Iowa

+ Rev. Travis Cannaday  
Armstrong, Iowa

- A. E. Montgomery, M.D.  
114 N. Seventh St.  
Estherville, Iowa

William H. Young  
Emmett Co. School System  
Estherville, Iowa

FAYETTE

xxx S. M. Korson, M.D.  
Mental Health Institute  
Independence, Ia. 319/334-2583

+ Lorna Goede  
Oelwein Drug Abuse Program  
Oelwein High School  
Oelwein, Iowa 319/283-2731

+ John Kappmeyer  
Superintendent  
Maynard, Iowa

+ Rev. Robert Taylor  
Maynard, Iowa

+ Onalee Baker  
Maynard, Iowa

+Verdell Schmalle  
Fayette, Iowa

+ Braulic Caballero  
Dean of Men  
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