begun to fill the need, says Peggy Jennette, who coordinates events for CoSAC. Jennette acts also as CoSAC's Community Education Action Committee chairwoman.

Concerned community members officially established CoSAC as a private, non-profit organization in February 1986 with the state of Oregon as part of a grass-roots effort intended to improve the health of the community by addressing the problems of substance abuse. In addition to providing information about drugs, the group gives refusal-skills seminars in the school districts, she says.

Operating on a $7,309 budget in 1986, CoSAC has had to rely primarily on donations in order to operate, although Jennette says the group will apply for LCJSS funding once it becomes better established and recognized in the community.

"We (the DIC) believe that people need to educate and inform themselves about chemicals, their actions, how they can help and how they can hurt you" without making any moral judgments, Worthen-Hunt says. Education needs to cover the whole spectrum of drugs, whether it be caffeine, nicotine, prescription drugs, alcohol, the chemical hazards in one's environment or recreational drugs and illicit substances, she says.

CoSAC initially embarked with a similar attitude but has since changed its focus, Jennette says. "When someone calls and wants information about drugs and their effects, they were just given that information, and the thought was they could see for themselves the negative consequences and make a value judgment that is pro-health.

"What we have discovered from looking at research projects that have been done on those kinds of programs is that they seem to increase the incidents of drug abuse instead of decrease because there is something about diffusing people's fear about using that makes it easier for them to use," Jennette says.

She suggests that a user contact a treatment agency for information because it can provide practical experience of the consequences of substance abuse.

Miller disagrees with Jennette's viewpoint, however.

"(Jennette's) statements merely indicate how uninformed she is in the field and how much more she has to learn about what she is talking about," Miller says. Miller currently is a consultant for Portland's Case Counseling, having put his 14 years experience at the DIC into a private-sector equivalent. He is also an employee of Tektronix.

"Treatment centers can't fill in (as a source of information). Treatment centers are busy treating the 10 percent who have completely blown it. . .They're not dealing with the 90 percent of the public who need to get information to prevent the problem," he says.

"The public has a hard time identifying with that because it is only one out of 10," he says.

Besides funding, the center has fought with a pro-drug public-image problem from its early start, a problem that has persisted to the present, Schlaadt says.

"A lot of times parents will call and say, 'I want information about this, this and this, and this is what I want it to say.' I just have to say that 'We have information, but it is not necessarily going to say what you want it to say. Now do you want the straight scoop or should I send you to a group that has a slanted version that makes the facts say what they want them to say?' " Worthen-Hunt says.

"I give information but the information speaks for itself," she says, which turns off some parents.

"When (the DIC) first started, there were a lot of problems in town, and people didn't have much credibility" because of inherent distrust and fear of criminal prosecution for drug use, Schlaadt.

"They were afraid to go to the police; they were afraid to go to anyone else because it would be reported. What they really did was come to the Drug Information Center for information.

"I think that might have been a problem for the Drug Information Center's image because a lot of people felt the Drug Information Center was a drug-testing group," Schlaadt says.

The DIC also houses resource materials for drop-ins and telephone inquiries. Besides its educational services, the DIC acts also as an intermediary for drug testing.

Jennette says CoSAC will not continue this service if the DIC ceases to operate.

The DIC has always operated on a three-pronged approach: Accurate information, responsible decision-making and alternatives to drugs.

"We were never saying learn to use drugs responsibly. We were saying learn how to make responsible decisions," Miller says.

"When Nancy Reagan became very involved at the national level in drugs, her theme was 'Just Say No,' and anything that was not against drugs became for drugs. Because the Drug Information Center was a neutral group. . .it was viewed by her as being pro-drugs. I think that was a bad rap they took," Schlaadt says.

When the Portland Oregonian quoted Miller in December 1982 as saying parents can't solve the drug problem, the DIC received negative publicity, causing Reagan's Oregon anti-drug coalition, Oregon Free from Drug Abuse, to launch an attack on the center.

"It is unfortunate when you have an institution that can't be objective and try to be as honest as they can," Schlaadt says. The statement should have been interpreted as parents can't solve the drug problem by themselves, he says. "Nancy Reagan's committee people took that as a slap that they couldn't handle it."

"I found that academic freedom is just so many words, and beyond paper defense the University really does nothing for faculty who have become politically active," Miller says. The University investigated the charges of being too soft on drugs, and the accusations were proved false.

Representatives from the parent group came down and talked to the center, the comments were rescinded and apologies were made, yet the affair left hard feelings that persist today, Schlaadt says.

"All of us feel, even today, that it is going to take more than parents," Schlaadt says. "Parents are the key but parents need help" in fighting drug abuse.

"Under the current political climate, nothing with an honest, aboveboard, objective approach could be started and supported with government funds. The Reagan administration has been very clear on this point — It's where we ran into trouble," Miller says.

Oddly enough, the ultimate undoing of the DIC was a result of the political situation between the University administration and the student government, Miller says.

The IFC froze the DIC's funding in February 1986 after non-payments of 1984-85 budget overruns. Several days later, the IFC rejected the center's 1986-87 budget, noting while the center began as a student program, it had evolved into an academic and community resource center and was no longer eligible for student incidental fees.

The University still provides $13,704 as in-kind support for rent, maintenance, electricity and insurance on the building the center occupies.

Eligibility first became an issue during the 1984-85 school year although the student government questioned the DIC's eligibility for several years prior, says Caitlin Cameron, the assistant finance coordinator at the time. Cameron just completed the 1986-87 year as ASUO vice president.

"A bunch of individual students came in and said, 'Look into this. We really think this is inappropriate. We are spending all this money on this thing that is clearly an inappropriate use of incidental fees. Investigate this.' "

And while the result of the investigation proved the DIC was not fundable, no action was taken until the following year, she says.

"Over the years it moved further and further from the student organization it had been when it was funded first into a separate professional organization that was not fundable by fees," Cameron says.

Concerns arose over its association with the University health education department because incidental fees cannot be used to subsidize any academic department.

"We never paid (Miller) to do the HES 250 Personal Health course. That was a trade-off for the use of the building," Schlaadt says. "As a trade-off to serve us to pay for those overhead expenses he would provide that service to the classes."

"For many years, we would go to the IFC and say, 'Yes, we acknowledge this (affiliation with the health department), but the question is do you want these services provided or not,' " Miller says. The administration was warned well in advance. However, the higher administration thought the students would buckle under, wanting the services bad enough, he says.

Students have no input in the selection of the director nor representation on the DIC board of advisers, Cameron

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Drug analysis shows PCP passing as LSD

The latest sample drug analysis results have been received by the Drug Information Center and a warning has been issued on one of the samples tested.

Any individual contemplating purchasing a tablet of LSD that is pinkish-orange, measures 3-16"-D, 1/8"-H and is selling for about $1.50 is cautioned that it is most likely PCP (Phencyclidine). Mark Miller, director of the ASUO Drug Information Center warns that certain individuals may have marked physiological and psychological reactions to this drug.

PCP, also known as "angel dust," "hog," "mint weed," and "peace pill," is an animal anesthetic and is misrepresented on the illicit market as being mescaline, psilocybin, or THC. Large doses of PCP result in delusional and hallucinatory experiences and a sensation of apathy.

Although PCP was originally used as an anesthetic for humans, it was eventually discontinued because of the harmful side effects (agitation, psychotic reactions, and sensory disturbances) that it created.

The following are the results of the fourth drug analysis report issued by the Drug Information Center.

EO-8-21-04: alleged content—marijuana: actual content—small amount of THC present (THC is an active ingredient in marijuana); **price—found it growing; description—green, odd leafed plant.**

EO-8-28-01: alleged content—Hallucinogen or Barbiturate: actual content—no psychoactive drug present; price—given as a gift; description—white powder in a clear capsule.

EO-9-06-01: alleged content—LSD: actual content—LSD only drug present; price—received as gift; description—white tablet.

EO-9-14-01: alleged content—LSD: actual content—LSD only drug present; price 50¢; description—cream colored barrel tablets (39.6 micrograms).

EO-9-15-01: alleged content—LSD: actual content—LSD only drug present; price—got as gift; description—white tablet 3-16"-D, 1/8"-H (barrel shaped).

EO-9-15-02: alleged content—LSD: actual content—PCP;price—$1.50; description—small, pinkish-orange tablet.

EO-9-17-01: alleged content—LSD: actual content—impure LSD; price—none; description—blue barrel shaped tablet 3-16"-D, 1/8"-H.

EO-9-14-02: alleged content—Synthetic psilocybin: actual content—LSD in minute trace amounts; price—$3.00; description—brownish powder in a clear capsule.

The above drug analysis from the DIC appeared in the October 2, 1972 edition of the Oregon Daily Emerald, and was one of several that the DIC released for publication throughout the '70s. The analyses were intended to provide information to area residents on the content of drugs circulating the area.