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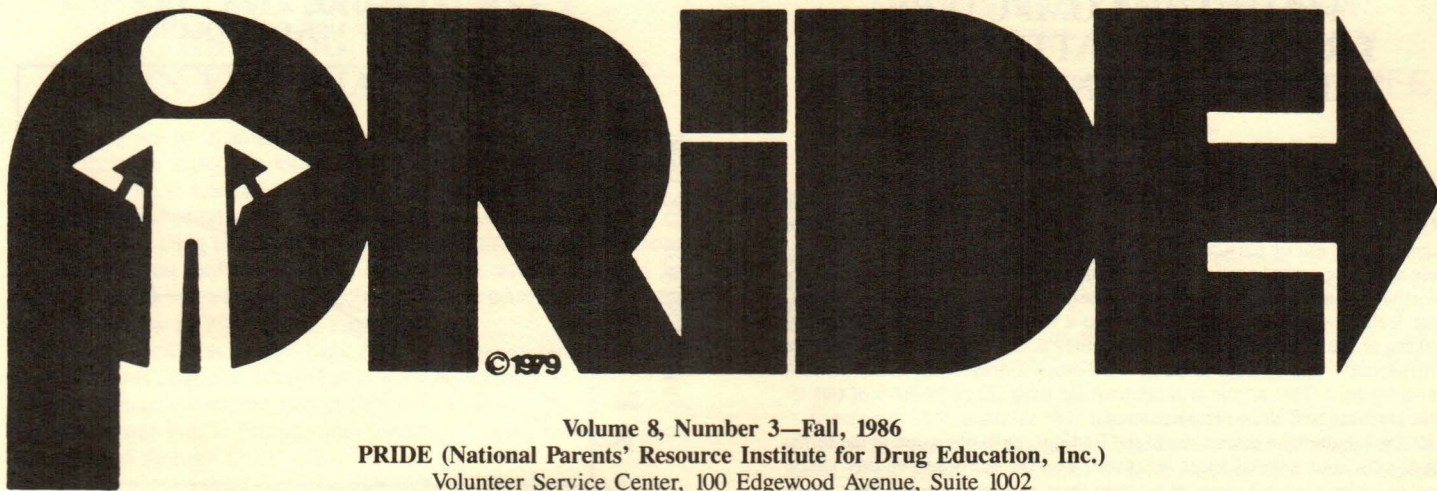
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Volume 8, Number 3—Fall, 1986
PRIDE (National Parents' Resource Institute for Drug Education, Inc.)
 Volunteer Service Center, 100 Edgewood Avenue, Suite 1002
 Atlanta, Georgia 30303—(404) 658-2548 1-800-241-7946

COMMUNITY GOES ALL-OUT AGAINST DRUGS

The reduction in drug use among young people in Winchester, Virginia in the past four years is a dramatic example of what can happen when an entire community mobilizes against the drug problem.

Dr. John Capehart, superintendent of Winchester Schools, says the success is a "direct result of the work of many different people within our community, including members of Kids Are Our Concern, parents, local educators and representatives of other community agencies. Without the efforts and cooperation of all these groups," he said, "the results would not have been the same."

Winchester could have been the model for U.S. Secretary of Education William J. Bennett's new "red book" titled "What Works: Schools Without Drugs". The Virginia community has launched an attack on drugs by involving the four key ingredients Bennett lists in an action plan for achieving schools without drugs: parents, schools, students and communities.

The Winchester story began in 1980 when Jane McAllister and another parent became con-

cerned about the growing threat of drugs. They went to the schools and found the administration there very receptive. Thus began a community-wide alliance which records its victories in the lives of young people saved from drugs.

Three parents attended the PRIDE Conference in Atlanta in 1981, where they received the inspiration and resources to organize an adult group of parents and community members which they named "Kids Are Our Concern".

KAOC now sends between 30 and 40 young people to the annual PRIDE Conference, accompanied by teachers representing the local schools.

KAOC has a bi-monthly newsletter with a circulation of 1,600 families and organizations and has published a book, "Let's Help Our Youth Choose Drug Free Lives". KAOC sponsors workshops and conferences and works with a youth group known as "Friends Who Care",

(Continued on Page 4)

PRIDE CONFERENCE TO UNITE FIRST LADIES, WORLD YOUTH

PRIDE will invite First Ladies and youth representatives from countries throughout the world to join in a special event at the 1987 PRIDE International Conference on Drugs. The event will be an international alliance of youth working with the First Ladies of their countries in a worldwide attack on the drug culture.

The conference, being heralded as "A Decade

With PRIDE", will be Thursday through Saturday, March 19-21 at the Georgia World Congress Center in Atlanta. International Days will be Monday through Wednesday, March 16-18.

Internationally-acclaimed speakers, informative workshops and panel discussions featuring drug experts will be offered for the 3,000 adults and young people who will attend.

Among the speakers will be Carlton E. Turner, Ph.D., deputy assistant to the President of the United States for Drug Abuse Policy; Marsha Manatt Schuchard, Ph.D., author of "Parents, Peers and Pot" and co-founder of PRIDE; and Donald Ian Macdonald, M.D., administrator for the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) and author of "Drugs, Drinking and Adolescents".

Family Night Celebration—an informal evening of fun, food, fellowship and music for parents, youth and international participants.

Awards Banquet—Honoring outstanding young people and adults for their efforts in combatting drug abuse.

International Luncheon—Honoring the international participants.

Youth Certification Program—Two programs will be offered: Peer Teaching and Leadership Effectiveness. Upon completion of

(Continued on Page 9)

FUNDING PRIDE—The first major fund-raising event to benefit PRIDE in the fight against drug abuse will be sponsored by the International Fabricare Institute. Canisters will be placed in Fabricare's 10,000 drycleaning and laundry establishments in January and February to give the public an opportunity to contribute to PRIDE. These contributions will enable PRIDE to continue to offer materials and guidance for parent and youth groups throughout the nation. John T. Porter (at right), president of the International Fabricare Institute, states: "I am very, very pleased that the drycleaning and laundry industry has this opportunity to work with PRIDE in the struggle against drug abuse. This is a problem that concerns every one of us, whether

directly or indirectly. It seems fitting for professional drycleaners and launderers all over the country to join in this campaign to help keep their communities 'clean' and free of drug abuse problems."



FROM THE COMPUTER: DRUG USAGE PATTERNS OF THE OUT-OF-SYNC STUDENT

By Mark Pitcock
PRIDE Database Administrator

The primary purpose of the PRIDE DRUG USAGE PREVALENCE QUESTIONNAIRE is to provide communities with accurate data on the prevalence of use of particular drugs in their communities. The questionnaire also asks a number of other questions pertaining to personal and family information, student characteristics, when and where students use drugs, their feelings about the use of drugs and a variety of other questions. By looking at these other questions it becomes possible to build up a profile of drug users and to determine in what ways a drug user differs from a non-drug user. This article will contrast the drug usage patterns of out-of-sync students and the normal students.

Before beginning a discussion of the findings, an explanation of the terms out-of-sync and normal must be made. For the purposes of this study, students who were 2-3 years older than their expected age for their grade were considered to be out-of-sync, while students who were within one year of their expected age were considered to be normal. For example, a 6th grade student is typically 11 years old. Allowing for the wide range of administration dates and birthdays, 6th grade students who were 10, 11 or 12 were considered to be part of the normal group. Sixth grade students who were 13 or 14 were considered to be part of the out-of-sync group. Using the PRIDE 1985-86 National Database yielded 35,386 students who meet the criteria for being out-of-sync (17%). Students who did not meet either criteria were 3% of the total population and were dropped from the analysis to avoid contaminating the results. The following paragraphs summarize the findings of the analysis.

The out-of-sync group showed a consistently higher overall use of drugs at all grades except grade 12, where use was either approximately the same or less. The largest difference in overall use came between grades 7 and 9, where usage by the out-of-sync group was 2 to 5 times that of the normal group (See figures 1 through 4).

Between grades 9 and 10 a drop in use was found for the out-of-sync group for all drugs but cocaine, which showed its most dramatic increase. There is reason to believe that drop-outs may be related to this drop in use and that a link between drop-outs and drug abuse may exist.

The out-of-sync group consistently reported more heavy use of drugs than did the normal group for all grades except for marijuana at grade 12, where heavy use dropped below that of the normal group.

The out-of-sync group reported a consistently higher degree of intoxication when using drugs than did the normal group for all grades but grade 12, where the percentage of high intoxication either approximated or dropped below that of the normal group.

Age of first use of drugs seemed to be dependent on grade. Even though the out-of-sync group was older, they usually started using drugs at the same times as their classmates (i.e., the use of drugs by the out-of-sync group was not necessarily a function of their age).

In summary, the analysis supports the contention that students who can be categorized as out-of-sync stand a better chance of becoming drug users than do students who can be categorized as normal, and those out-of-sync students who do become drug users will be heavier users than their drug using classmates. The possibility exists that drug usage is a contributing factor in both dropout and failure.

FIGURE 1
PREVALENCE OF USE OF BEER/WINE

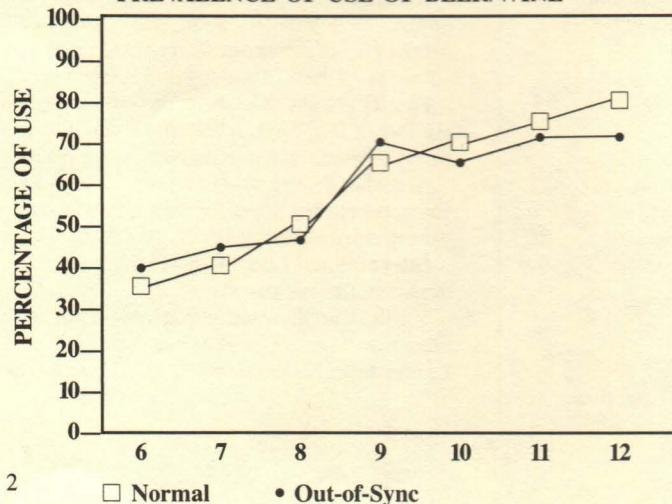


FIGURE 2
PREVALENCE OF USE OF LIQUOR

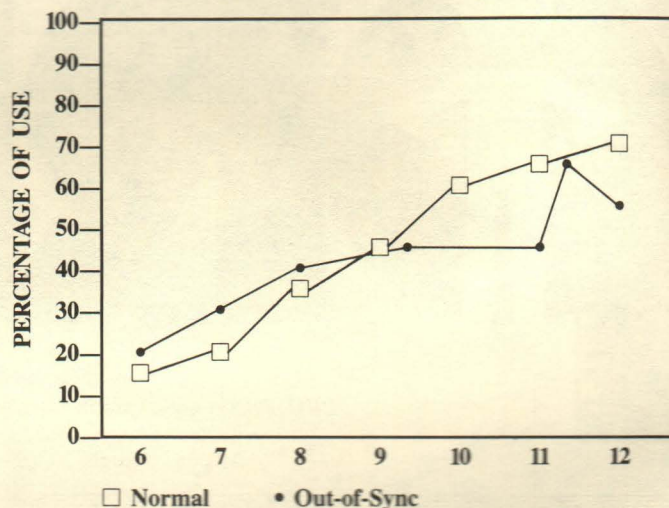


FIGURE 3
PREVALENCE OF USE OF MARIJUANA

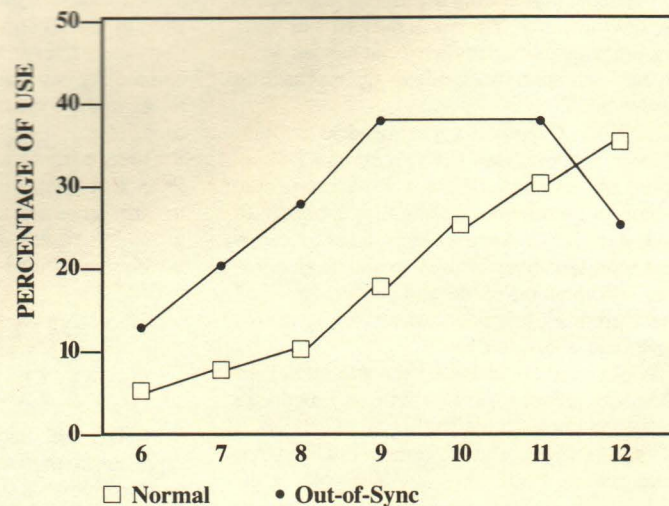
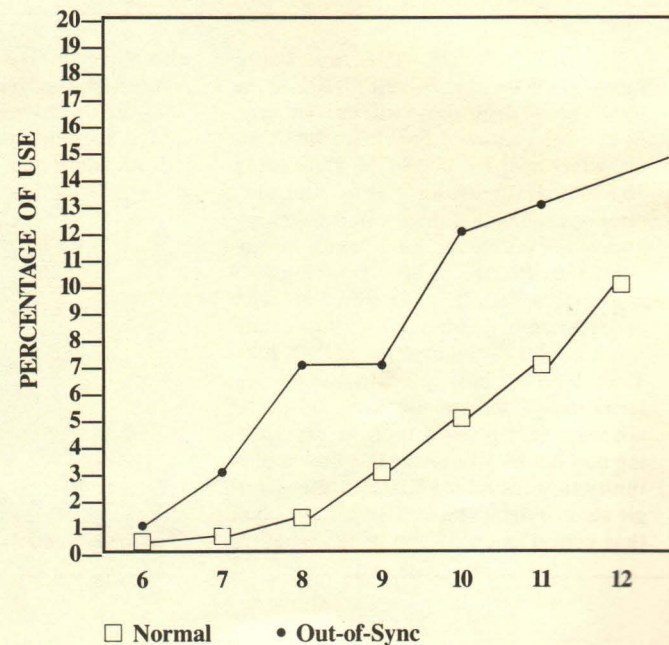


FIGURE 4
PREVALENCE OF USE OF COCAINE



SECOND PRIDE SURVEY SHOWS DRUG USE DECLINE IN VIRGINIA SCHOOLS

Taking a survey of school kids and asking where, when, and what drugs they are using is a tough thing for some communities to convince their local schools to do even once. To do it a second time is not only commendable but has proven to be very practical.

The PRIDE Drug Usage Prevalence Questionnaire may give you some information you find hard to take, but knowing what's going on can help in making some important decisions. That's what happened at two school systems in Winchester, Virginia.

In 1982, a citizens group, Kids Are Our Concern (KAOC), asked two divisions of public education in their community to conduct the survey. The questionnaire was distributed to a total of 4,730 students of Winchester Public Schools and Frederick County Public Schools in grades 6 through 12.

"The idea was a good one," says Dr. John C. Capehart, superintendent of Winchester Public Schools, "because you need something like this to tell you where you are and where you need to go."

While the results weren't considered shocking, drug and alcohol use was finally identified as a very real threat in the Winchester community. Alcohol was the drug of choice, as expected, but cocaine use was greater than expected. What was most surprising to many parents was the low usage rate of drugs in the schools. The data showed drug use to occur most often at night and on the weekend. Use of drugs in the "home" and at a "friend's house" was significantly higher than in the school. The survey results led to an increased awareness in the community and a more concerted effort to educate the public—parents and students alike. The survey data helped the community break through the denial—"Not my community." It also helped destroy the phrase, "What should we do about the *school* drug problem?"

More KAO C support groups were started, community drug intervention programs were established, and awareness training sessions are being offered with increasing frequency.

The questions were "Should we conduct a second survey?" "What if drug use has gone up?" and "How will the parent and school leaders respond if we have made no progress?" The tension was real.

But, in the spring of 1986, the decision was made to conduct a second survey, using the same questionnaire. The concern over results of the second survey faded as the positive effect of many long hours of work by volunteers and professionals was realized. Data indicated drug use was down in every single category.

"Of course we were pleased," says Dr. Kenneth E. Walker, superintendent of Frederick County Public Schools, "but especially in the cocaine user statistics. Though this drug seems to be gaining in popularity, its use actually declined here in Winchester."

Both superintendents say their community continues to face a challenge, but the survey has given them the much-needed positive reinforcement to go on.

"I feel that this reduction was a direct result of the work of many different people within our community, including members of Kids Are Our Concern, parents, local educators and representatives of other community agencies," said Capehart. "Without the efforts and cooperation of all these groups, the result would not have been the same."

Walker and Capehart say they will probably administer the Drug Usage Prevalence Questionnaire again as needed to continue to monitor student drug use in the community. The benefits of tracking drug usage in the community and having this data spur an even greater effort against drug use has proven to be very valuable.

The business community has joined the effort by providing financial support for students, parents, and school personnel to attend the annual PRIDE Conference each spring in Atlanta. The students have used the America's PRIDE program to encourage their peers to join in an effort to support younger students in staying drug-free.

Meanwhile, the school systems try to sponsor the best possible environment to discourage drug use.

DRUGS DESTROY DREAMS: SISTER TELLS TRUE STORY OF BROTHER'S SHATTERED LIFE

By Genese Kearns

I recently wrote a letter to our local paper on the subject of Len Bias' death and my own brother's involvement with drugs.

Since then, many people have commented to me about my article, and the one opinion expressed more than any other is, "If only he could have seen what drugs would do to his life." And they are so right. If only he could have known.

I'm sure, as with thousands of people today, that when Steve had his first "high", he could never begin to know the price he would ultimately pay for using drugs.

It was my 13th summer that I first realized something wasn't right at home and that the discussions I heard mumbled behind closed doors between my 16-year-old brother and our parents were becoming more heated and frequent. And then came the first night Steve never came home from his part-time job, and when he finally did around 3 a.m., he was very, very drunk.

Then it snowballed. Steve totaled his car, was charged with drunk driving and possession of marijuana. He wasn't quite seventeen. Then came juvenile court, residency at The Braddock House, and in between all this, he was forgiven time after time by my parents. Just as they thought an agreement had been reached, Steve would let them down once again. Mom and Dad went to counseling. Steve went to counseling. They saw doctors and talked to judges and read parenting books and paid a lot of bills for all this. Year after year they tried, and in the end the state was given custody of Steve, and Mom was left with me and a near nervous-breakdown. To this day my mother still can't talk about my brother, and I know in my heart that my parents did all they knew how. For their own sanity, they had to reach that point where they said, "Enough is enough". They had to get on with their own lives.

Of course, I haven't mentioned the arguments, the denials, the physical confrontations, the "missing" money, unauthorized parties and sleepless nights. Mom and Dad went through all of that, and a lot more.

The last time I saw Steve was five years ago today at my Grandfather's funeral. He had been drinking and asked me if I had a cigarette. I didn't.

Today, Steve is twenty-nine and living in the mental ward of a State Hospital in Athens, Ohio. It's ironic, but the illegal drugs he once used for pleasure have now been replaced by daily medication for behavioral control. His doctors have explained to my parents that he'll never function independently, although he may possibly, someday, be able to live in a group-home environment. It's hard to believe that this once honor-roll student and "most valuable player" of his pony league now has an all-consuming goal of living in a group home.

I don't know the reasons Steve started using alcohol and drugs. But I do know that once he started, he couldn't stop.

I can't help but wonder what his life would be like now if he had just said "no". He could have gone to college (something he talked about doing until he began getting "high"), and I am sure he would have done well. I try imagining him as a computer programmer (he was a real whiz at math) or married with a couple of kids . . .

But what has happened in Steve's life has long since passed, and as much as my parents and I grieve for the man he could have been, we know that what Steve did with his life was his choice and can never be changed. He chose to use drugs and ended up paying the ultimate price—his life. We all have this choice to make. It is with hope that I have shared Steve's story with you—so that we may all learn something from his mistakes. The Steve I once knew many years ago would have wanted it this way.

Reprinted with permission from the Kids Are Our Concern Newsletter, Winchester, VA. KAO C uses the phrase, "Drugs Destroy Dreams", on a bumper sticker which the organization offers free at its events. The idea came from First Lady Nancy Reagan's speech when she said that "drugs turn dreams into nightmares".

RID SCHOOLS OF DRUGS: DEPARTMENT OF EDUCATION HANDBOOK TELLS HOW

One million copies of a new U.S. Department of Education handbook titled "What Works: Schools Without Drugs" are being distributed to every public and private school in the nation. It will also be provided to law enforcement officials, parent groups and elected officials.

The purpose of the 78-page book is to help parents, schools, students and communities rid their schools of drugs.

"Because of drugs, children are failing, suffering and dying," states Secretary of Education William J. Bennett in his introduction to the book. "We have to get tough, and we have to do it now."

Referring to drug use as "the most serious threat to the health and well-being of our children," Bennett and his staff present 11 key recommendations for achieving schools without drugs.

The book details specific drugs and their effects, from cannabis to "designer drugs". It also lists sources of information and suggests additional reading material and videotapes.

First Lady Nancy Reagan, in a special message in the book, says "Schools Without Drugs provides the kind of practical knowledge parents, educators, students and communities can use to keep their schools drug-free. Only if our schools are free from drugs can we protect our children and insure that they can get on with the enterprise of learning."

Parents, teachers, principals, religious and community leaders and other adults in the community, as well as students, will want to read and use this handbook to help stop drugs in their local schools.

To obtain a free copy, phone 1-800-624-0100. In the Washington, D.C. metropolitan area, phone 659-4854. Or send your name and address to Schools Without Drugs, Pueblo, Colorado 81009.

OREGON VOTERS DEFEAT PRO-MARIJUANA INITIATIVE

Oregon voters have defeated an initiative which if adopted would have legalized the cultivation of marijuana for personal use by anyone older than 17. The initiative was placed on the November ballot after pro-marijuana forces were strong enough to motivate 100,000 Oregon voters to ask for it.

If the proposal had been approved, it would have violated the United Nations Single Convention Treaty which obligates the nations that participate to "limit exclusively to medical and scientific purposes, the production, manufacture, export, import, distribution of, trade in, use and possession of drugs covered by the Convention". The Convention was ratified by the United States in 1967.



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Co-Founder Marsha Manatt Schuchard, Ph.D.
Associate Director Jean Alford
Materials Specialist/International Coordinator . . . Lori Moran
Information Systems Specialist Amy Matthews
National Youth Consultant Mary Cobbs
Senior Research Consultant Ronald Adams, Ed.D.

SCHOOLS WITHOUT DRUGS

These are the key recommendations listed by the United States Department of Education in its report "What Works: Schools Without Drugs."

Parents

1. Teach standards of right and wrong, and demonstrate these standards through personal example.
2. Help children to resist peer pressure to use drugs by supervising their activities, knowing who their friends are, and talking with them about their interests and problems.
3. Be knowledgeable about drugs and signs of drug use. When symptoms are observed, respond promptly.

Schools

1. Determine the extent and character of drug use and establish a means of monitoring that use regularly.
2. Establish clear and specific rules regarding drug use that include strong corrective actions.
3. Enforce established policies against drug use fairly and consistently. Implement security measures to eliminate drugs on school premises and at school functions.
4. Implement a comprehensive drug prevention curriculum for kindergarten through grade 12, teaching that drug use is wrong and harmful and supporting and strengthening resistance to drugs.
5. Reach out to the community for support and assistance in making the school's anti-drug policy and program work. Develop collaborative arrangements in which school personnel, parents, school boards, law enforcement officers, treatment organizations, and private groups can work together to provide necessary resources.

Students

1. Learn about the effects of drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs.
2. Use an understanding of the danger posed by drugs to help other students avoid them. Encourage other students to resist drugs, persuade those using drugs to seek help, and report those selling drugs to parents and the school principal.

Communities

1. Help schools fight drugs by providing them with the expertise and financial resources of community groups and agencies.
2. Involve local law enforcement agencies in all aspects of drug prevention: assessment, enforcement and education. The police and courts should have well-established and mutually supportive relationships with the schools.

COMMUNITY (Continued from Page 1)

which was mentioned in the September issue of Reader's Digest in an article on "Kids Against Drugs".

A new Community Assistance Program (CAP) provides prevention, intervention and aftercare support programs for young people facing the problem of drug and alcohol use. The Chamber of Commerce has formed a new committee aimed at improving the health of the community.

Taking its cue from First Lady Nancy Reagan when she said that "drugs turn dreams into nightmares", KAOC has adopted "Drugs Destroy Dreams" as its slogan. Bumper stickers advertising the slogan are distributed free at KAOC events.

The PRIDE Drug Use Prevalence Questionnaire was given to students in Winchester and Frederick County schools in 1982 and repeated in 1986. The second survey showed a definite decrease in drug use in four years.

Jane McAllister, chairman of the board of KAOC, outlines a five-year plan which includes a community day treatment facility for young people and a staff coordinator for the many programs and drug-free activities originating in the youth group, Friends Who Care. KAOC also plans to encourage more involvement by the local business community.

As Jane McAllister says, "We are just getting started!"

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cast on behalf of PRIDE.

"Much attention is paid to government enforcement efforts to stop drug smuggling and street level pushers," says Bob Myers, vice president of pharmacy services for Eckerd. "However, we feel that parents want to get involved on a personal level, and 'Teach Your Children Well' provides the information and resources for parents to communicate about illegal drug use with their children."

Parents can pick up a copy of the free "Teach Your Children Well" brochure at any Eckerd store. Eckerd's effort to prevent drug use among America's youth builds on other initiatives, such as the Pharmacists Against Drug Abuse (PADA) program in which many Eckerd pharmacists have taken part.

During the current television season, Eckerd's will sponsor programs that focus attention on various aspects of the drug abuse problem. Television air time has also been provided free for public service announcements developed by the federal government.

Eckerd Drug Company has more than 1,591 outlets throughout 15 southeastern and south central states.

For a free copy of the brochure and poster, write "Teach", P. O. Box 4689, Clearwater, FL 33518.

HARVARD STUDY REVEALS GROWING USE OF DRUGS BY DOCTORS, MEDICAL STUDENTS

More than half of the doctors and more than three-fourths of the medical students in a recent survey reported they had used psychoactive drugs at some time in their lives. In both groups, recreational use most often involved marijuana and cocaine, and self-treatment most often involved tranquilizers and opiates.

Researchers at the Harvard School of Public Health surveyed 500 physicians and 504 medical students in Massachusetts about their experiences with drugs, not including alcohol. The results were published in the September 25, 1986 issue of the New England Journal of Medicine.

Fifty-nine percent of the physicians and 78 percent of the students said they had used drugs. Although most of the use was experimental or infrequent, 10 percent of the doctors reported current regular drug use (once a month or more often), and 3 percent had histories of drug dependence. 5.2 percent of the medical students reported drug dependence.

Current recreational use among physicians was essentially confined to marijuana and cocaine, especially among physicians; current self-treatment was mostly confined to tranquilizers and opiates, particularly among medical students.

Physicians over 40 were much less likely to have used drugs recreationally (2 percent) in the previous year than were younger physicians (23 percent). Among medical students, those in their clinical years of

At current patterns of drug use persist, the researchers said, the problem of physician impairment is likely to grow. The researchers urged professional education as a defense against the problem and stressed that "preventive efforts should currently focus on marijuana and cocaine use by medical students and young physicians and on tranquilizer and opiate self-treatment by practitioners and students."

CHEMICAL PEOPLE II: "GENERATION AT RISK" TO AIR JANUARY 28

"Generation at Risk" is an hour-long documentary that looks at drugs, alcohol and other problems confronting today's young people. It will be broadcast on Public Television stations on Wednesday, January 28 at 8 p.m. Eastern time.

After "THE CHEMICAL PEOPLE" aired on PBS in 1983, some 8,000 task forces in communities across the nation mobilized to take action against teenage drug and alcohol abuse.

The goal of "Generation at Risk", being billed as "CHEMICAL PEOPLE II", is to heighten the impact of those task forces by educating the community that we have a generation at risk—that drug and alcohol abuse continues to be one of the major problems facing today's young people.

"Generation at Risk" explores the multidimensional spectrum of problems facing today's youth. The program focuses on the continuing abuse of substances, as well as the issues of teen pregnancy, suicide and the alarming 27% high school dropout rate.

First Lady Nancy Reagan returns as host of the program, which will visit successful teen programs in many sections of the nation.

"THE CHEMICAL PEOPLE" program originates at WQED-TV in Pittsburgh and is funded "in the interest of healthier young people" by a grant from The Metropolitan Life Foundation.

Outreach plans which are being encouraged in connection with the broadcast include the following:

- Teen Action Day—suggested date Saturday, January 24. A day-long event when task forces, youth agencies and other organizations can educate the community at large about what is available to young people in their area. Workshops, booths, an awards luncheon, fund raising events and exhibitions (bands, gymnastics, martial arts, etc.) are some possible events.

- A Town Meeting where neighbors gather on January 28 to watch "Generation at Risk" and then discuss the problems in their area and how to work together to create a healthy environment.

- A speaker's bureau that talks about today's young people, the multiplicity of their problems and the need for people of all ages to work together to create a healthy environment.

Families are urged to watch "Generation at Risk". Consult your local TV schedule, or contact your local PBS station for more details.

ECKERD PHARMACISTS STEP UP CAMPAIGN AGAINST DRUG ABUSE

Eckerd Drug Company has joined forces with PRIDE in a massive educational campaign aimed at helping parents understand the extent of the drug threat to their children and how to deal with it.

"Teach Your Children Well" is Eckerd's new anti-drug abuse program designed to help parents talk with their pre-teen and teenage children about the dangers of drug experimentation and use.

As part of the program, Eckerd pharmacists will speak to parents at meetings of local community and civic groups throughout Eckerd's 15-state market area. Eckerd's has also published a 12-page booklet for parents, titled "Teach Your Children Well", which emphasizes the need for communication with children about illegal drugs and how to reach young people effectively.

A mailing to more than 7,500 local PTA groups in 12 states offers free copies of the new brochure plus a hard-hitting anti-drug poster designed for display in schools. The colorful poster is headlined "Drugs and Alcohol: It's a Trap—Just Say No" and carries the logos of Eckerd's and PRIDE.

A radio public service announcement dramatizes one parent's plight when he discovers that his son has been taking cocaine. The announcement has been distributed to 1,200 adult-format radio stations across the southeast and south central states. It offers the free brochure, available from Eckerd pharmacists, and says the message is being broadcast on behalf of PRIDE.

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Physicians over 40 were much less likely to have used drugs recreationally (2 percent) in the previous year than were younger physicians (23 percent). Among medical students, those in their clinical years of

study currently used drugs significantly more (50 percent) than did students in their preclinical years (38 percent).

The report looked at the medical specialties of the physicians, revealing that psychiatrists had much higher rates for all types of use at any time (83 percent) and for current self-treatment (48 percent) than did other groups of doctors. The percentages of practitioners in other specialties reporting current self-treatment included 44 percent in anesthesiology, 24 percent in primary care, 23 percent in surgery and surgical subspecialties, 22 percent in other medical specialties, 17 percent in obstetrics and gynecology, and 12 percent in miscellaneous other specialties.

Physicians in training had the highest percentage for current recreational use (26 percent) but the lowest for self-treatment. Doctors employed in hospital and clinic settings had the highest percentage (42 percent) of combined current recreational use or self-treatment.

The study concluded that recreational use of drugs among physicians had greatly increased over the past several decades. Cocaine use among medical students has nearly doubled in the past five years, from 21 to 39 percent. Perhaps for the first time, the Harvard researchers noted appreciable although small proportions of individuals entering medicine have histories of extensive drug use and dependence.

"As new cohorts of medical students with relatively high use rates retire, the proportion of all physicians using drugs recreationally and the subgroup becoming impaired as a result should grow steadily for some time," the study warned.

If current patterns of drug use persist, the researchers said, the problem of physician impairment is likely to grow. The researchers urged professional education as a defense against the problem and stressed that "preventive efforts should currently focus on marijuana and cocaine use by medical students and young physicians and on tranquilizer and opiate self-treatment by practitioners and students."

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"Generation at Risk" is an hour-long documentary that looks at drugs, alcohol and other problems confronting today's young people. It will be broadcast on Public Television stations on Wednesday, January 28 at 8 p.m. Eastern time.

After "THE CHEMICAL PEOPLE" aired on PBS in 1983, some 8,000 task forces in communities across the nation mobilized to take action against teenage drug and alcohol abuse.

The goal of "Generation at Risk", being billed as "CHEMICAL PEOPLE II", is to heighten the impact of those task forces by educating the community that we have a generation at risk—that drug and alcohol abuse continues to be one of the major problems facing today's young people.

"Generation at Risk" explores the multidimensional spectrum of problems facing today's youth. The program focuses on the continuing abuse of substances, as well as the issues of teen pregnancy, suicide and the alarming 27% high school dropout rate.

First Lady Nancy Reagan returns as host of the program, which will visit successful teen programs in many sections of the nation.

"THE CHEMICAL PEOPLE" program originates at WQED-TV in Pittsburgh and is funded "in the interest of healthier young people" by a grant from The Metropolitan Life Foundation.

Outreach plans which are being encouraged in connection with the broadcast include the following:

- Teen Action Day—suggested date Saturday, January 24. A day-long event when task forces, youth agencies and other organizations can educate the community at large about what is available to young people in their area. Workshops, booths, an awards luncheon, fund raising events and exhibitions (bands, gymnastics, martial arts, etc.) are some possible events.

- A Town Meeting where neighbors gather on January 28 to watch "Generation at Risk" and then discuss the problems in their area and how to work together to create a healthy environment.

- A speaker's bureau that talks about today's young people, the multiplicity of their problems and the need for people of all ages to work together to create a healthy environment.

Families are urged to watch "Generation at Risk". Consult your local TV schedule, or contact your local PBS station for more details.

COCAINE IS CULPRIT IN SUDDEN DEATH FROM HEART DAMAGE

Cocaine use can cause permanent, life-threatening damage to heart muscle, which may explain why some outwardly healthy people suddenly die when they abuse the drug, researchers report.

The researchers examined the hearts of 30 people whose deaths were linked to cocaine and found a particular type of muscle damage in 28 of them.

Less severe damage was found in only nine of 20 people who died of overdoses of drugs other than cocaine. Those people were used as a control group in the experiment.

"The evidence is mounting up that cocaine is not the benign drug it was once thought to be," said Dr. Henry Tazelaar, a Stanford University, California surgical pathologist who coordinated the study. "Although some people may be more susceptible than others to these effects of cocaine on the heart, the bottom line seems to be 'Don't fool with cocaine'."

Tazelaar said his study appears to be the first to find a specific lesion in the heart muscle in a group of cocaine users.

The lesions, known as "myocardial contraction bands," appear microscopically as red streaks on the heart tissue. Tazelaar said the bands are caused when muscle cells are immobilized in a permanent state of contraction.

"Once it's happened, the cells are essentially useless," he said. "It's an irreversible process. And because you get these useless, or dead, cells sitting in the way, the normal conduction pathways of the heart don't work like they should."

The blocked pathways make the heart more likely to beat in irregular patterns known as arrhythmias that, in severe cases, can cause sudden death, he said.

"This new information may help to explain the cardiac arrhythmias

and sudden deaths that are associated with cocaine use in the absence of coronary disease," Tazelaar said, adding that medical experts have noted an increase in heart attacks among cocaine users in the past year.

Coronary artery disease can lead to heart attacks because it clogs arteries feeding blood to the heart.

The study was conducted jointly by researchers at the Stanford School of Medicine and the San Francisco Medical Examiner's Office. The heart examinations were conducted in conjunction with autopsies performed by the medical examiner's office.

Tazelaar said the researchers' findings, to be published in the journal Human Pathology, may have practical applications for medical examiners, providing confirmation in autopsies that cocaine was the cause of death.

Associated Press
October 22, 1986

TEENAGE SUICIDES LINKED TO DRUG USE

Today's teenagers who commit suicide are 10 times more likely to be high on drugs or drunk on alcohol than those who committed suicide 20 years ago, says Dave Brent, M.D., assistant child psychiatry professor at the University of Pittsburgh.

Dr. Brent's conclusion is based on a study of 156 suicide victims 10 to 19 who took their lives between 1960 and 1983. The number of teenagers who committed suicide and were high or intoxicated rose from 3.4 percent to 31 percent during this time.

Suicide is the third leading cause of death among 15- to 24-year olds, ranking behind accidents and homicides, many of which are also drug-related. Some 6,000 teenagers kill themselves every year in the United States.

Presented to American Academy on Child Psychiatry
San Antonio, Texas

DRUG ABUSE STATISTICS 1985 POPULATION ESTIMATES

The following are projected estimates of the numbers of people 12 years of age and older who report having used drugs nonmedically. Drugs used under a physician's care are not included. The estimates were developed from the National Household Survey on Drug Abuse, 1985.

	12-17 years (pop. 21,640,000)				18-25 years (pop. 32,490,000)				26 + Years (pop. 136,660,000)				TOTAL (pop. 190,790,000)			
	%	Ever Used	%	Current User	%	Ever Used	%	Current User	%	Ever Used	%	Current User	%	Ever Used	%	Current User
Marijuana and Hashish	24	5,130,000	12	2,660,000	60	19,670,000	22	7,110,000	27	37,130,000	6	8,325,000	33	61,940,000	10	18,190,000
Hallucinogens	3	690,000	1	250,000	12	3,740,000	2	520,000	6	8,440,000	0.1	—	7	12,880,000	0.5	960,000
Inhalants	9	1,970,000	4	770,000	13	4,150,000	1	320,000	5	6,820,000	0.5	850,000	7	12,940,000	1	1,940,000
Cocaine	5	1,120,000	2	390,000	25	8,170,000	8	2,510,000	9	12,950,000	2	2,704,000	12	22,240,000	3	5,750,000
Heroin	*	—	*	—	1	384,000	*	—	1	1,470,000	*	—	1	1,930,000	*	—
Stimulants	6	1,180,000	2	380,000	17	5,610,000	4	1,300,000	8	10,822,000	0.7	933,000	9	17,610,000	1	2,690,000
Sedatives	4	870,000	1	230,000	11	3,580,000	2	550,000	5	7,090,000	0.7	887,000	6	11,540,000	1	1,710,000
Tranquilizers	5	1,030,000	1	140,000	12	3,960,000	2	560,000	7	9,760,000	1	1,400,000	8	14,750,000	1	2,180,000
Analgesics	6	1,270,000	2	420,000	11	3,700,000	2	690,000	6	7,650,000	0.9	1,200,000	7	12,620,000	1	2,450,000
Alcohol	57	12,100,000	32	6,820,000	93	30,160,000	72	23,220,000	89	122,100,000	60	82,400,000	86	164,360,000	59	113,070,000
Cigarettes	45	9,790,000	16	3,370,000	76	24,710,000	37	12,080,000	81	110,000,000	32	44,580,000	76	144,510,000	32	60,280,000

* amounts of less than .5% are not listed.

Terms:

Ever Used: used at least one or more times in a person's life.

Current User: used at least once in the 30 days prior to the survey.



INTERNATIONAL NEWS

Volume 2, Number 2—Fall, 1986

INTERNATIONAL FEDERATION OF PARENTS AND CITIZEN ASSOCIATIONS FOR DRUG ABUSE PREVENTION

Published for IFPCADAP by PRIDE (National Parents' Resource Institute for Drug Education, Inc.)

Volunteer Service Center, 100 Edgewood Avenue, Suite 1002

Atlanta, Georgia 30303—(404) 658-2548 1-800-241-7946

FIGURE 1
TOTAL USE OF DRUGS

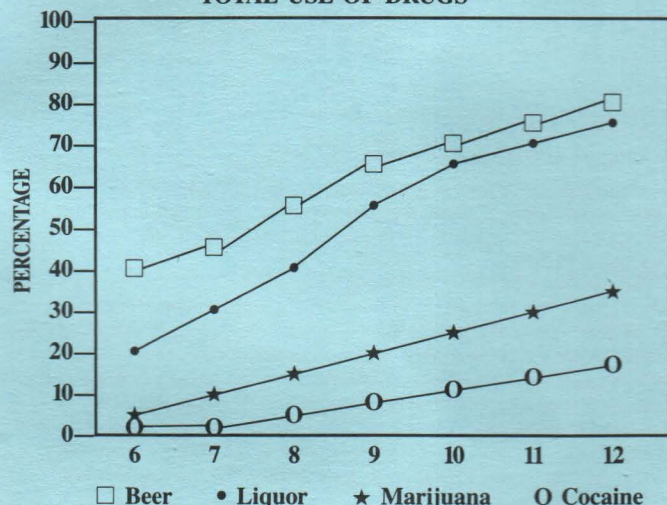


FIGURE 2
LOCATION OF USE OF DRUGS
1985-86

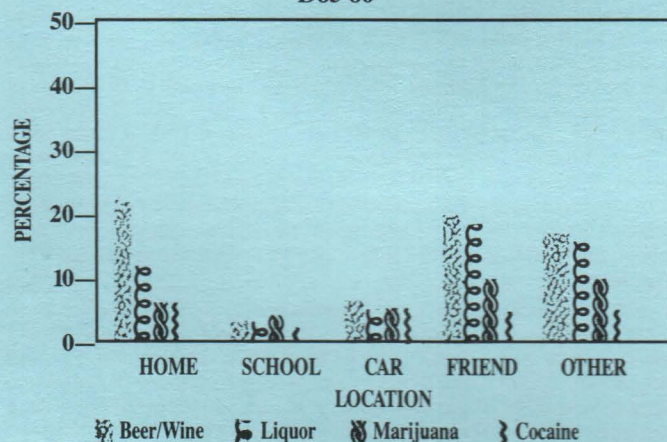
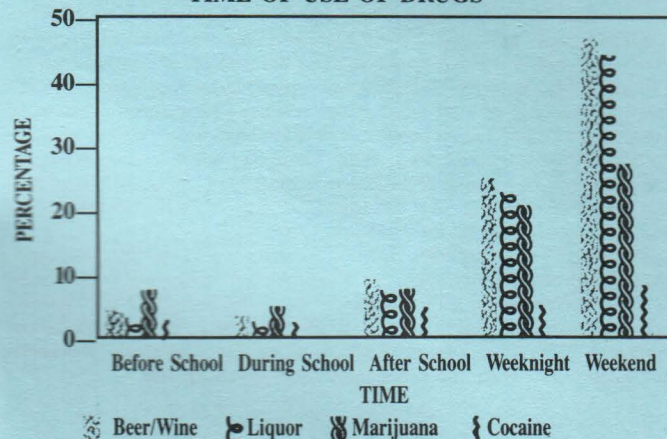


FIGURE 3
TIME OF USE OF DRUGS



PRIDE SURVEY SHOWS U.S. TEENS HEAVILY INVOLVED WITH ALCOHOL, MARIJUANA

By Thomas J. Gleaton, Ed.D., Ronald D. Adams, Ed.D.
and Mark Pitcock

Results from the 1985 PRIDE Survey indicated that U.S. youth continue to be heavily involved in drug and alcohol use. This year's survey was given in 17 states to just under 40,000 children in grades 6 through 12. The PRIDE Survey indicated that more than half of the 8th grade students responding (54.3%) used beer or wine during the year and that 10.4% of 8th grade students used beer or wine once a week, three times a week, or daily. This weekly or more often use of beer or wine increased to 36.3% for 12th grade students. Use of liquor by young adolescents was also high. More than one in four (26.6%) junior high school students (grades 6 through 8) admitted some use of liquor during the past year. Sixty percent (60%) of the senior high school students (grades 9 through 12) reported use of liquor during the year. (See Figure 1 for Total Use Percentages.)

Marijuana continued to be the most popular illicit drug among school-age children. One child in 10 (10%) in junior high school reported using marijuana, and one in four (27.6%) of the senior high school students reported using marijuana in 1985-86. One out of ten juniors (11th grade) reported using pot one to three times a week or more often. This frequent or heavy use of marijuana rose to 13.1% for seniors.

The reported frequency of cocaine use was far below the use of alcohol or marijuana and was most often reported at the senior high level. Only 1.6% of the junior high students reported any cocaine use, while 6.4% of the senior high school students reported cocaine use. The grade levels in which most frequent cocaine use occurred were the 11th and 12th grades at 7.7% and 10.4% respectively. Most of this use was reported as light (1 to 6 times a year) or moderate (1 to 2 times a month). The prospective use of cocaine by young adolescents is frightening when one considers the decreasing cost, increasing availability, and the highly addictive nature of cocaine. While current survey findings indicate that cocaine is not as prevalent as alcohol or marijuana, cocaine experimentation by one in ten seniors is certainly cause for alarm. The use of cocaine by adolescents cannot be allowed to become as common as has the use of marijuana.

Not only were there significant numbers of students in junior and senior high school who reported frequently using alcohol and illicit drugs, but many of these students reported that this use led to their intoxication. Further, the levels of intoxication formed a pattern that appeared related to the drug use category reported. Separate percentage data were computed for four categories of students:

Group 1. Beer/Wine—use of beer or wine only, with no use of liquor or illicit drugs.

Group 2. Liquor—Use of liquor and may use beer/wine, but no use of illicit drugs.

Group 3. Marijuana—Use of marijuana and may use alcohol, but no use of other illicit drugs.

Group 4. Cocaine—Use of cocaine and may use marijuana and alcohol.

It is evident that as students report using the more toxic or stronger drugs, they report higher levels of intoxication across all drug categories. For example, 14.8% of the senior high students in Group 2 (the students who reported using liquor but no illicit drugs) reported getting "bombed" on liquor as compared to 25.5% of the students in Group 3, the marijuana users, or 43.6% of Group 4, the cocaine users. Further, if the effects of beer/wine use is observed over the four groups by combining the "very high" and "bombed" categories, the percentage of students reporting intoxication increases dramatically from Group 1 to Group 4.

Three-fourths of Group 4, the cocaine users, reported getting "very high" (Continued on Next Page)

HONG KONG

By Professor Gerald H. Choa, C.B.E., J.P.
Chairman, Action Committee Against Narcotics

The decline in the number of newly reported drug addicts in 1984 was continued into the first quarter of 1985 but by the end of the year a marginal increase of one percent above the relatively low 1984 level had been recorded. However, the figure for 1985 was still lower than the figures recorded in 1982 and 1983, which is an indication that the heroin abuse situation overall seems to be stabilizing.

The well tried and tested strategy for combating drug abuse in Hong Kong was implemented fully in 1985. Preventive education was undertaken on an undiminished scale. The Students Against Drugs Movement proved to be an outstanding success and there was a very encouraging response to the bid to involve parents and civic organizations in anti-narcotics activities. The publicity campaign to encourage the public, especially parents, to report neighborhood drug peddling activities led to a significant flow of useful information which greatly assisted the work of the law enforcement agencies.

On the international scene, close co-operation with law enforcement agencies in other countries and with the specialized agencies of the United Nations Organization was successfully maintained throughout the year. Hong Kong was represented at several important international conferences and we were pleased to welcome to Hong Kong numerous visitors on liaison, training and observation missions.

An outstanding feature of the anti-narcotics program in 1985 was the unstinting support given by the many voluntary organizations working in the vitally important fields of treatment, rehabilitation and prevention. Their unity of purpose in attempting to rid society of drug abuse is deserving of the highest praise.

* * * * *

On behalf of the Action Committee Against Narcotics, I extend my warmest thanks to all those in Hong Kong who are actively engaged in the fight against drug trafficking and abuse, and to all those in other parts of the world with whom we are working closely to tackle this serious international problem.

Hong Kong Narcotics Report, 1985

AMERICAS

The increased use of drugs such as cocaine, hashish, marijuana, LSD and amphetamines has prompted countries such as Colombia, Venezuela, Mexico, Bolivia, Ecuador and the Dominican Republic to adopt measures which are supported by the U.S. government.

BRAZIL

Cocaine use is becoming increasingly popular among the higher income segments of the population. The cocaine traffic between Brazil and Bolivia/Peru has links with other smuggling activities such as traffic of precious stones and gold from the Amazon. In the fight against drugs, important government campaigns have been launched against the use of hashish, amphetamines, LSD and others, mainly aimed at preventing their use by young people.

EASTERN EUROPE

Measures to control drugs are fairly strictly applied. However, since medications are supplied free of charge, certain psychotropic substances are often used with alcohol, making consumption excessive. Because of this region's geographic location between the main producers and the main consumers of illegal narcotics, certain Eastern European countries are used as transit countries, generally in the east-west direction. This traffic is monitored closely by the authorities.

UNITED NATIONS CONFERENCE IN VIENNA IN JUNE '87

The International Conference on Drug Abuse and Illicit Trafficking will be held in Vienna, Austria in June, 1987 under the auspices of the United Nations. The conference, to be held at the ministerial level with representatives from countries throughout the world, will culminate with an action-oriented program designed to combat the growing scourge of drug abuse.

The Commission on Narcotic Drugs, acting as the Preparatory Body for the International Conference, has submitted a proposed agenda calling for recommendations relating to the problems of international drug abuse and illicit trafficking.

The conference will be in session eight working days, June 17-26, 1987, preceded by two days of pre-conference consultations on June 15-16.

For more information, contact United Nations, New York 10017.

PRIDE SURVEY

(Continued from Page 1, International News)

or "bombed" on liquor and marijuana as their most often effect of use. Even though most of these students reported infrequent use of cocaine, they appear to be poly-drug users and seek high levels of intoxication when they use any drug.

The questions of where and when drug and alcohol use occurred were asked of students responding to the PRIDE Questionnaire. The categories of "Where" consisted of (1) Home (2) School (3) Car (4) A Friend's House and (5) Other Places. Figure 2 contains the percentages of responses made to each category. Students were asked to respond to the place where they most often used a particular drug. For junior high school students, "Home" was most often reported as the place where alcohol was used. However, "Friend's House" and "other" places were given slightly more often for marijuana use. Senior high school students reported "Friend's House" and "Other" places as most popular when using alcohol and marijuana. The "Home" was also a popular place for alcohol use. While not as popular as other places, many high school students gave a "Car" as the place they most often used alcohol or marijuana. These findings are disturbing given the hazards of driving while intoxicated (DWI). The school was the least reported site of alcohol or drug usage. While cocaine use among senior high students was not as prevalent as for alcohol or marijuana, the "Home" was most often given as the place of use.

Students were asked to respond "yes" or "no" to questions of "When" they used drugs. The following time periods were included: (1) Before School (2) During School (3) After School (4) Week Nights and (5) Weekends. "Weekends" was by far the most often given time category in which drugs were used by both junior and senior high students. "Week Nights" were the next most popular time of use. "Before School" and "During School" were reported as times of relatively little use of drugs and alcohol by students, although 5.5% of the senior high students reported use of marijuana before school. Some after-school use of both alcohol and marijuana was reported. (See Figure 3.)

Summary

The frequency that junior and senior high school students use alcohol and marijuana is unacceptably high. Nearly half of the junior high and three-fourths of the senior high students reported some use of beer/wine. Sixty percent of the senior high students reported some use of liquor with one in five 12th graders reporting weekly to daily use of liquor. Marijuana use is also high among senior high students with over 25% reporting some use. One in ten seniors (12th graders) smoke marijuana weekly to daily. Cocaine use is most prevalent in the 11th and 12th grades, with 1 in 13 juniors and 1 in 10 seniors reporting some use of cocaine during 1985-86.

There appears to be a relationship between use of certain drugs and effect of use where students who report using the stronger or more toxic drugs also report higher levels of intoxication when they use any substance. For example, students who reported using marijuana were seven times more likely to get intoxicated on beer/wine than students who reported only using beer/wine (31.8% to 4.5%). While cause and effect relationships cannot be directly implied from these data, they suggest an hypothesis of progression of alcohol and drug use leading to a need for higher and higher levels of intoxication by the adolescent user.

Junior high school students reported frequently using alcohol and marijuana in their homes, with some use at their friends' houses and other places. As students move into senior high, the home becomes less popular and friend's house and other places, presumably popular gathering places of teenagers, become the preferred places of use by older teens. Weekends and week nights were the times most often given for use.

INTERNATIONAL VISITORS FIND HOSPITALITY, INFORMATION AT PRIDE'S ATLANTA OFFICE

PRIDE'S international reputation is growing by leaps and bounds. Correspondence arriving from all parts of the world has tripled. Travelers from other countries include a visit to PRIDE in their itineraries. All share the same concern—that drug abuse is a worldwide epidemic. All are looking for pragmatic solutions. Visits to the PRIDE office consist of long periods of discussion of the world drug abuse problem. The PRIDE Model is presented as a practical prevention plan which can be tailored to fit the needs of a country. PRIDE'S recommendations are met with a renewed commitment to take the knowledge received and devise a plan for a country.

Here is information about some recent visitors to the PRIDE office:

Ms. Francoise Van de Moortel is news editor and anchorperson for the French-language television, RTBF, in **Belgium**. She is concerned with the amount of hashish consumed in her country. In her extensive travels she has seen terrorists trafficking truckloads of hashish. The money from the sale of the drug is used to purchase weapons.

Mr. Tshenuwani Tarisani is dean and bishop's deputy of the Evangelical Lutheran Church in **South Africa**. He is best known for his determined fight for the respect of human rights in South Africa. He is concerned with both prevention and treatment. Alcohol is rising fast as the drug of choice.

Peter and Ann Stoker of England visited the PRIDE office en route from Washington, D.C. to Florida. Mrs. Stoker is project coordinator for Aid for Addicts and Family (ADFAM), founded in 1984 by families of drug addicts to campaign for an improvement in the understanding and treatment of drug addiction. Her involvement in ADFAM led her to coordinate a project called Community Education into Drug Abuse—A Response (CEDAR). Aimed at prevention and intervention, the CEDAR project can offer training courses to those wanting to know more about substance abuse. A resource service is offered if there is a need for training materials or scientific information on drugs and their effects. This project serves teachers, social workers and professionals as well as families who may be concerned about a parent, spouse, sister or brother. Mrs. Stoker is a delightful, energetic person who is making things happen in her country.

Ms. Oetari Oetaryo came to PRIDE from **Jakarta, Indonesia**, where she is chief of the Research and Rehabilitation Development Center in the office of the Ministry of Social Affairs. She was sent to participate in a six-week training program in the United States. The Ministry is giving priority to the issue of drug prevention and wanted to enhance her knowledge. She spent one week of intensive training in the PRIDE office. While here, she visited the Georgia State University School of Social Work, the STRAIGHT program, Grady Memorial Hospital's neonatology unit and an open meeting of Alcoholics Anonymous. Indonesia is experiencing a rise in drug abuse, and alcohol is of special concern because it is the drug of choice.

INDONESIAN YOUTH

Since 1948 the young people of Indonesia have been organized in groups called Karangtaruna to prevent delinquency. More than 65,000 youths are members of these groups. Now, the groups are focusing on the prevention of drug use. Members counsel other young people on the health effects of using drugs and help those with problems find care.

FRENCH MEETING

The 6th meeting of the Group of Red Cross Experts on Drug Abuse Among Young People took place in April at Klingenthal/Strasbourg, France. Reports from every country and continent represented confirmed that drug addiction problems persist or are becoming worse.

BRITAIN BRACES FOR FLOOD OF COCAINE FROM SOUTH AMERICA

By Joseph W. Grigg

LONDON—Britain is bracing for an expected onslaught by Colombian drug barons, who already have nearly saturated the United States cocaine market.

Some are reported already to have arrived in Britain with plans to set up a cocaine network here similar to that already operating in the United States.

"We are faced with the modern equivalent of the slave trade," warned British Home Secretary Douglas Hurd.

"Cocaine production in Colombia, Bolivia and Peru has already reached frenetic proportions," said David Mellor, another British government minister who returned recently from a fact-finding mission to the three South American countries.

"It was like watching the California gold rush," he said.

'Evil criminals' involved

"There is some evidence that violent and evil criminals from Colombia are about to set up an organized cocaine network in Britain," said John Dellow, who heads anti-drug operations in London's Metropolitan Police force.

Dellow said the cocaine network here would be similar to that created in the United States with the help of the Mafia.

"When Colombian criminals wished to set up the cocaine market in the United States, they used, in the first instance, the Mafia to create the distribution networks," Dellow told a recent meeting of British police chiefs.

"When these were established," Dellow said, "they took them over for themselves in the most violent and evil way possible. There is some evidence that this is about to happen here, and it is possible that the first stage of dealings through our own organized crime may have started.

"Our current intelligence collection plans lead us to believe that Colombian connections are continuing to develop," Dellow added.

Dellow said the criminal drug habit in Britain was estimated to have been worth about \$600 million in 1984, \$750 million in 1985, and to have risen to \$900 million this year.

Drug war could hit streets

"Drug trafficking," he said, "is extremely lucrative and carries with it only limited risks and requires minimal outlay for potentially very high returns."

Police say international drug traffickers still are a long way from establishing the vast organizations here that they have set up in the United States. But they warn that if Colombian drug barons decide to launch an all-out push into Britain, "outrageous levels of violence amounting to a drug war" could erupt in London's streets.

British authorities say it still will be a difficult proposition for the drug racketeers to set up distribution networks in Britain and other European countries on the same scale as in the United States.

They say well-established sea and air drug-smuggling networks from Latin America to the United States would be much harder to match in faraway Europe.

But they say attempts to do so already have been made, with bases in the Netherlands and in Spain, which has traditional links of language and trade with Latin America.

On his return from his fact-finding mission to Latin America, Mellor said, "The situation is serious and deteriorating."

"The pressure of cocaine trafficking is now on Europe," Mellor said.

He cut short his trip after a warning by Colombian authorities that they feared for his safety.

Concern about the drug menace also has been voiced by the Confederation of British Industry, whose membership comprises the majority of privately owned manufacturing companies here.

"Drugs are being taken excessively by people in jobs all the way from the executive suite to the production lines," the CBI said. "Those most at risk include senior managers, salesmen, production line management and operatives. There is no discrimination among drug abusers and the growing problem is of great concern to senior management."

The Atlanta Journal and Constitution
October 5, 1986



Brush Shiels—A Crusade

IRISH ROCK MUSICIAN JOINS ANTI-DRUG CRUSADE AFTER DEATH OF FRIEND

When rock star Phil Lynott died tragically this year, Brush Shiels went on the Gay Byrne Show on radio.

When asked to talk about Lynott, his friend and fellow-rock star, the singer broke down and wept.

One listener to that broadcast was Mrs. Grainne Kenny, who runs the CAD office in Dublin. CAD stands for Community Action on Drugs, a national federation of voluntary workers formed in 1983 to combat the frightening spiral of drug taking.

Drug abuse in Ireland has been growing at a faster rate than anywhere in Western Europe. Only too aware of the problem, Grainne Kenny asked Brush if he would organize a concern to highlight the crisis and help raise funds.

But the singer (whose perennial black garb starts with his black cap and ends at his black boots) said he doubted if his name would draw sufficient crowds. So CAD suggested that he pose for an anti-drug poster.

That poster is now ready. It shows the black-clad Brush and carries the slogan, "Use Your Mind, Don't Blow It".

In the world in which Brush Shiels moves, drug-taking is almost the norm. But not only does Brush deplore drugs, he eschews all stimulants, even tea and coffee. When he calls into the CAD offices they run out to fetch him a carton of milk.

"I look pretty straight in the picture for the poster," he comments. "Perhaps I'm the living proof that you can be off the wall yet not need gargle or dope."

According to Brush Shiels, "When you're 15 or 16 these days you don't think about getting to 40. The wild side of life appeals to you. A lot of kids today want to go through a very fast burn."

Brush has watched almost indiscriminate drug taking backstage at concerts, especially in Britain and the United States. "I've seen guys for whom cocaine was a lifestyle. I've seen them speed on ANI—an aphrodesiac. They call it laid back. But when you're laid back as a musician it's very hard to get up and go."

The overall problem is how to persuade youngsters from experimenting with drugs when, as Brush Shiels says, they imagine that only the celebrities get killed.

Brush maintains that the addiction rate in Dublin and other urban centers is worse than people realize. "I detest drugs. I'm prepared to do anything they want to help the campaign."

Des Hickey
Irish Independent
July 23, 1986

AUSTRALIA

The effort by parents in Australia to curb the use of drugs and alcohol by youths is mirrored by student groups. Jennifer (Jenny) Sadler is a fine example of these students.

She is a 20-year-old volunteer with PRYDE (Parents Reaching Youth Through Drug Education) who has a very personal reason for being involved. "My brother was a hero figure to me when he first began to experiment with drugs," says Sadler, "and it gave me quite a scare."

The family didn't put heavy pressure on her brother, but through teaching from the fellowship, a loving family influence and the fact that drugs were not readily available in his school group, he got away from them.

"It was different for me," says Sadler, "because I formed my opinion about drugs when I was around 12. I think it begins with the group you get involved with, and if it's anti-drug, that influence will carry you through." It not only got her through, but she has used her influence to get others through.

She began by doing volunteer work at a rehabilitation center where she says she learned a lot about the aftermath of drug abuse. Her enthusiasm today is greater than ever. "I like to get people involved in dance and music programs that present the anti-drug message," she says, "and I find I spend hours talking to people who are willing to listen to what I have to tell them."

During her visit to the PRIDE International Conference in Atlanta, she discovered an American trait she plans to take back to her home "down under." "Americans are so friendly," says Sadler, "and it's that kind of enthusiasm that can make the difference. You've got to be ready to walk up to people and say 'I can help.'" Jenny has shown she can do just that.

CZECHOSLOVAKIA

Sniffing solvents is steadily increasing and is the cause of several deaths each year. There is widespread consumption of alcohol with beer the most common drink (143.4 litres per person per year). Increasing amounts of heroin going to Western Europe are posing a drug transit danger.

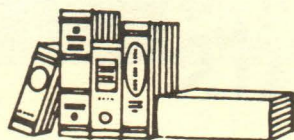
WESTERN EUROPE

Drug consumption in Western Europe is on the increase. Control of alcoholism is still a priority, especially since alcoholism is becoming common among young people. The use of cocaine continues to spread. There has been an alarming increase in the abuse of tranquilizers, hypnotics and analgesics, often in combination with alcohol. Codeine is emerging as a substitute for heroin, being taken to maintain the connection with opiate effects without the user becoming a dropout from society.

CANADIAN NEWSPAPER BANS TOBACCO ADVERTISING

Canada's national newspaper, the *Globe and Mail*, has announced that it will accept no further tobacco advertising. The Toronto Transit Commission took a lead in this direction several years ago when it placed a ban on smoking and tobacco advertising throughout its entire network of buses, streetcars and subway trains serving metropolitan Toronto. Recently, Air Canada banned smoking from all domestic flights for a three-month trial period.

The American Issue
American Council on Alcohol Problems
July, August, September 1986



Book Look

ALCOHOL AND SUBSTANCE ABUSE: A CLERGY HANDBOOK. By Stephen W. Apthorp. 1985. Paperback. \$11.95. Order from PRIDE. An active Episcopal layperson often hears the question, "Why aren't the clergy more interested in drug and alcohol problems?" Stephen W. Apthorp, an Episcopal priest, answers this question in this excellent book, one of the few practical guides for the minister in dealing with drug and alcohol problems. Dr. Apthorp explains that it is neither desirable nor necessary that clergy become substance-abuse counselors to be effective pastors; in his words, to act as shepherds, not as veterinarians. To this end, he explains how the clergyman or woman can provide in his or her church the loving, non-judgmental support so necessary to those who are involved with substance abuse, whether by self, spouse, child, or friend. He explains the nature of alcoholism and lists facts concerning licit and illicit drugs. He has an extensive list of resources the minister can draw upon and draw into his church. Finally, in a chapter entitled "Theological Perspectives and Spiritual Foundations", he discusses the role chemical dependency plays in our spiritual lives and what hope we may have for the future. This is a methodological book: a practical, readable, and above all faithful book which should be on the bookshelf of every member of the clergy.

DRUG AND ALCOHOL AWARENESS DAY. Sonia Kounovsky and Deb Tague. Target Audience: K-12. \$31.00. Order from Alcohol Council of Nebraska, 412 Lincoln Center Bldg., 215 Centennial Mall South, Lincoln, NE 68508. Drug and Alcohol Awareness Day is a one-day program suitable for all ages. It is a grassroots process of organization and community networking. This guidebook outlines how to develop a seven-hour program of drug and alcohol information related to peer pressure, medical aspects of drug abuse, legal ramifications and much more. It outlines a method of recruiting community members who can assist in the presentation of factual, up-to-date information. The manual is all-inclusive so that a school, prevention group or organization may purchase one and use it again and again.

A PARENT'S SURVIVAL GUIDE: HOW TO COPE WHEN YOUR KID IS USING DRUGS. Harriet W. Hodgson, Hazelden Foundation. 1986. Booklet. The title of this publication should read, "How to Cope When Your Kid is Addicted to Drugs." There is little help here for the parent trying to prevent a child's advancement to the addictive stages of drug use. It's a giant leap for the reader to relate the undeveloped, somewhat confusing collection of reasons for youthful drug use to the summary of current addictive research. This booklet is an introduction to prepare the parent of a chemically-dependent child for treatment decisions when decisions must be made quickly. Most parents will want to continue researching in depth the issues briefly discussed in this booklet: inpatient vs. outpatient treatment, staff competency, and current psychological theories of treatment. Missing from this analysis: average cost of treatment and rehabilitation cure rates. Parents should be aware that rehabilitation is less than 50% for inpatient treatments. Outpatient programs have even lower rates. Without adequate aftercare, the recovery rates drop again. The most helpful sections of the book, although borrowed heavily from Toughlove, advise parents to care for themselves throughout their child's treatment. An excellent summary describes the uneven phases of recovery and advises family members to "get on with your lives."

RAISING DRUG-FREE KIDS IN A DRUG-FILLED WORLD. William Mack Perkins and Nancy McMurtrie-Perkins. Hazelden Foundation, 1986. Booklet. This parenting guide combines the personal experiences of the authors with current drug use research to produce a succinct, insightful resource. The authors, clearly advocating PRIDE'S position on responsible drinking and early drug experimentation, advise a "no use" rule and parental follow-through with unique

DEBORA LYNN DAVIS 1964-1986

PRIDE Senior Staff Accountant Debbie Davis was tragically killed in an automobile accident on November 1, 1986. Debbie had been with PRIDE for the past four years. She was a fulltime student at Georgia State University, where she was president of Delta Zeta Sorority. She planned to graduate in March and be married in September.

Those who knew Debbie were touched by her love and caring and impressed by her abundance of energy. She was the light of the PRIDE office, planning outrageous parties to keep the overworked staff from becoming too intense. She was very special to her family, her fiance, her sorority sisters, her friends and to us.

A light has gone out in the PRIDE office. We are deeply grieved.



Debora Lynn Davis

consequences if the rule is broken. Particularly useful is a "top 10" list of parental reactions which don't work, according to parents who have learned the hard way. "Early drug use is a matter of decision," the authors state. "The most effective response to addiction is to get the person to . . . treatment. The most effective action we can take to deal with early drug decision-making is to influence those decisions with all the power we have as parents."

ORGANIZING PARENTS INTO AN EFFECTIVE PREVENTION NETWORK. Elizabeth W. Houghton. Target Audience: Adults. \$5.00. Order from Informed Networks, Inc., 200 Ramsay Road, Deerfield, Illinois 60015. This booklet outlines a step-by-step method to focus attention on the powerful role of parents in preventing drug use in a community. The method is the Parent Network Agreement, a unique contract combining (1) parental enforcement of "no use", (2) a commitment by parents to chaperone activities and set curfews and (3) a membership recruitment form. The author includes guidelines to maximize the exposure and community impact of the agreement. Most important, the action plan outlines follow-up parental network activities and plans designed to continue the commitment beyond the agreement toward meaningful action.

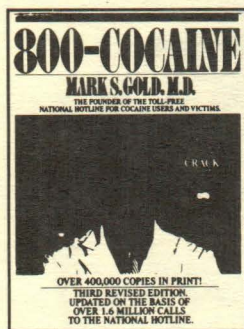
VIDEOTAPE

MARIJUANA: MYTHS AND MISCONCEPTIONS. Robert C. Gilkeson, M.D. Target Audience: Junior High, High School, Adult. Videotape. \$350.00. Order from 210 Associates, Inc., 650 California Street, San Francisco, California 94108. This is a four-part 90-minute videotape featuring Robert C. Gilkeson, M.D. which attacks, often in an anecdotal fashion, the popular misconception that marijuana is relatively harmless. This attack is buttressed by a straight-forward yet intricate explanation of marijuana's chemical effects, both short-term and long-term, on the human nervous system, especially that of the adolescent. The tape also discusses other widely-abused drugs such as alcohol, cocaine, amphetamines and hallucinogens. The message is clear: drugs impede emotional, intellectual and physical development. The package includes the tape, a 24-page teaching guide and two student handouts which may be reproduced for distribution.

PRIDE RESOURCE MATERIALS

Quality Products . . . Personal Service

BOOKS/PAMPHLETS



800-COCAINE

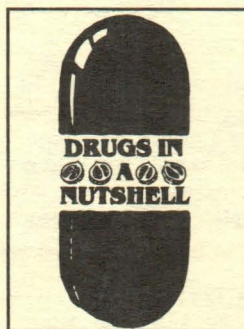
By Mark S. Gold, M.D.

Target Audience: Junior High, High School, Adult

Third Revised Edition with an all-new chapter on the crack epidemic

If you know someone who is having a problem with cocaine, you'll want to read this book. As many as five million people across the country have a serious cocaine problem—and that number is growing at a startling rate. Dr. Gold, a leading expert on cocaine use and treatment, presents this straight-forward manual for anyone who

needs to know about this drug problem. It contains up-to-date facts and describes methods that have helped hundreds of thousands deal with cocaine, America's fastest growing drug problem. You'll learn who the addicts are . . . cocaine use in the workplace . . . cocaine and children . . . crack and freebase . . . methods of treatment . . . what cocaine is and where it comes from . . . physical, psychological and emotional effects of cocaine use . . . user case histories . . . plus a checklist of how to tell if someone is addicted. \$3.95.

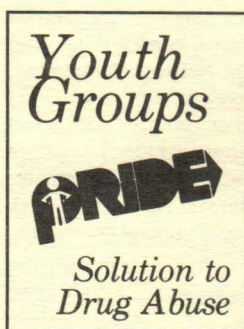


DRUGS IN A NUTSHELL

PRIDE Publication

Target Audience: Junior High, High School, Adult

Ten drugs are summarized in this pamphlet. Includes research, potency, effects and street names of the drugs. \$1.00.



YOUTH GROUPS:

A SOLUTION TO DRUG ABUSE

By Mary M. Cobbs, M.A.

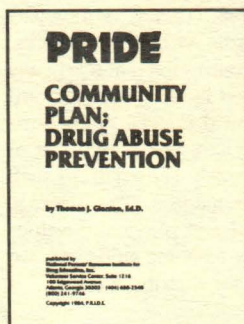
and Peter M. Jean

PRIDE Publication

Target Audience: Grades 6-12

This booklet is designed to help teens start a youth group to reduce drug and alcohol use in their school and community. Everyone knows it's hard to do anything alone. With a little bit of organization and some goals in mind, you will find out just how much can be accomplished. Most adults are waiting to give you a hand, and most of your

friends are looking for alternatives to the pressure to use drugs and alcohol. What is really needed is someone with a plan—and that person can be you. \$3.00

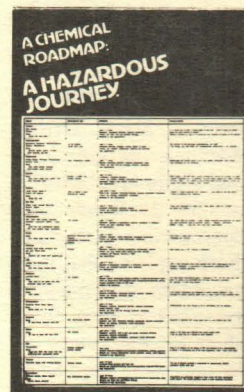


PRIDE COMMUNITY PLAN: DRUG ABUSE PREVENTION

By Thomas J. Gleaton, Jr., Ed.D.

Target Audience: Parents, professionals

An overall plan of action which allows schools, law enforcement agencies and local businesses to work together in preventing drug abuse. \$3.00

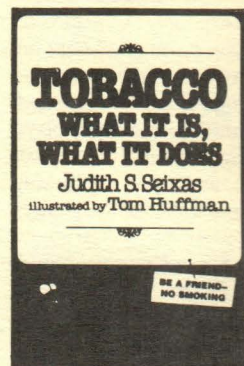


A CHEMICAL ROADMAP: A HAZARDOUS JOURNEY

PRIDE Publication

Target Audience: Junior High, High School, Adult

A colorful 24"x34" poster listing 18 drugs, the method of use, their effects and other facts. Can be displayed in a school corridor, counselor's office, gymnasium, church hall or other areas where young people gather. Contains vital, easy-to-understand drug facts. \$1.00



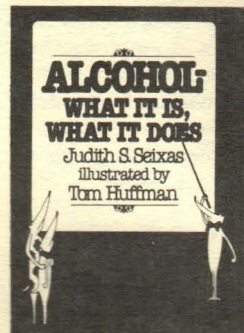
TOBACCO: WHAT IT IS, WHAT IT DOES

By Judith S. Seixas

Illustrated by Tom Huffman

Target Audience: Grades 2-4

This delightfully-illustrated book depicts the hazards of tobacco and smoking. Touches on history, research and the impact of smoking on health. \$5.95



ALCOHOL: WHAT IT IS, WHAT IT DOES

By Judith S. Seixas

Illustrated by Tom Huffman

Target Audience: Grades 2-4

This book tells the facts about alcohol. It describes what alcohol does to the mind and body and discusses alcoholism as an illness. Delightfully illustrated. \$3.95



MARIJUANA:

TIME FOR A CLOSER LOOK

By Curtis L. Janeczek, M.D.

Target Audience: Grades 6-12

(See Teacher's Guide Below)

A unique and colorful book which reports accurate scientific facts in a simple, kind and humorous way. Vital new information about the health hazards of marijuana in a format that appeals to young readers. The basic theme is that pot smoking is a serious threat to health. \$6.95



TEACHER'S GUIDE—MARIJUANA: TIME FOR A CLOSER LOOK

By Curtis L. Janeczek, M.D.

Target Audience: Adult

Exercises and review questions serve to reinforce students' awareness of many good reasons not to use marijuana. \$4.00

If audiovisuals, please specify film or video.

SHIP MATERIALS TO:

Signature _____

PRIDE RESOURCE MATERIALS



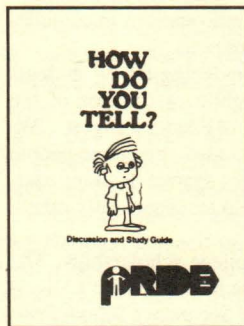
STARTING A PARENT GROUP

PRIDE Publication

Target Audience: Adults

A practical plan of action for forming a parent group that will correspond to your child's friendship circle. \$2.00

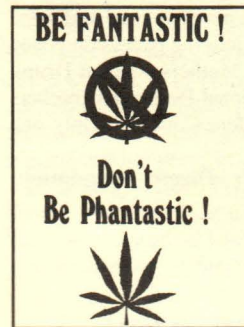
AUDIOVISUALS



HOW DO YOU TELL? Target Audience: Grades 2-6, Parents, Teachers. 13 minutes.

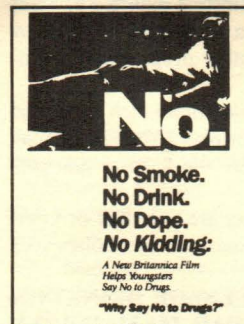
Uses a magical combination of live footage and animation in dealing directly with peer pressure and the ability to say "No!" to smoking, drugs and alcohol. Besides heightening the awareness of the very real dangers of drug and alcohol use and abuse, it acknowledges that there are always choices available. Aimed at the young people who are at the most vulnerable age for initiation into substance abuse patterns, the presentation encourages young people between the ages of 7 and 12 to connect with "If it isn't

healthy, don't do it." The film is accompanied by a Leader's Guide. 16mm film \$310.00; Video \$265.00.



BE FANTASTIC! Target Audience: Grades 2-6. To be used with HOW DO YOU TELL? (See Above). Children learn vocabulary, facts about marijuana and do a matching quiz. They are also asked to fill out a brief essay sheet to return to the adult leader to reveal the initial understanding of the class about marijuana. Also included is a list of books geared to the children's age level. In addition, each child receives an ALWAYS BE FANTASTIC sticker to wear. An uncomplicated piece with a message children of this age can grasp easily. Each set includes one copy of DRUGS IN A NUTSHELL. Set of 25 brochures \$8.95.

EPIDEMIC: KIDS, DRUGS AND ALCOHOL. Target Audience: Junior High, High School, Adults. 27 minutes. Presents the alarming level of use of all mind-altering drugs. Includes medical findings of deleterious effects on the lungs, memory and reproductive system. It creates an awareness of the prevalence of drugs and the dangers of drug use and explains the influence of media on young people. 16mm film \$520.00; Video \$475.00



WHY SAY NO TO DRUGS? Target Audience: Grades 5-9. 16 minutes. Youngsters receive conflicting messages about drug use: While some ads warn of its dangers, other ads—as well as friends and peers—promote its "pleasures." But Britannica's Why Say No To Drugs? sets the record straight: besides illustrating how cigarettes, alcohol, and marijuana can impair—and even destroy—the body, the film shows students how to look critically at the positive claims made about these drugs. And, through live-action dramatizations, the film offers youngsters specific techniques for saying "NO" to

friends trying to push drug use. Why Say No To Drugs? is essential viewing for intermediate and junior high students—those forced to make decisions about drugs for the first time. "An Award Winning Film." 16mm Film \$360; Video \$290.00

How to talk to your kids about growing up without drugs and alcohol



HOW TO TALK TO YOUR KIDS ABOUT GROWING UP WITHOUT DRUGS AND ALCOHOL. Target Audience: Adults. 35 minutes.

How to Talk to your Kids about Growing up without Drugs and Alcohol is a practical, easy-to-follow approach to improved family communication, particularly on the subject of adolescent substance use. Combining interviews with a series of dramatic vignettes, producers of the Good Foundation Series have created the most important tool yet available to parents who want a drug-free youth for their children. Parents will learn:

- How to avoid a communication breakdown
- The three principal motivations behind adolescent behavior
- Why kids get involved with drugs and alcohol
- How to present a good case against adolescent drug and alcohol use
- Ten ways kids can say "no"
- How to recognize an adolescent drug or alcohol problem
- What to do if a problem exists. Available in 1/2" VHS only; \$24.95.

HOW TO ORDER RESOURCE MATERIALS

Use the card enclosed with this newsletter to order Books/Pamphlets and Audiovisuals described on these two pages.

PRIDE CONFERENCE (Continued from Page 1)

the program, youths will receive a certificate; letter of commendation to school principal, student council and sponsor; and resource materials for community action.

Exhibits—Displays from leading educational, assistance, health and government organizations.

Hotel Reservations—Rooms have been reserved in hotels near the World Congress Center. Phone 1-800-282-0456 in Georgia and 1-800-631-3188 outside Georgia.

Travel—Delta Air Lines is the official carrier of the conference. To make your reservation, phone Travelers Choice at 1-404-256-1818 and ask for Sara Eads or Mary Porter.

Youth and Adult Teams—Phone PRIDE at 1-800-241-7946 for more information and suggestions about teaming up for the Conference.

To Register—Use the form on the back of this newsletter to register early. Pre-registration is required, and registration is limited to the first 3,000.

PRIDE INTERNATIONAL CONFERENCE ON DRUGS The World's Largest Youth and Adult Conference on Drug Abuse Prevention March 19-21, 1987

World Congress Center • Atlanta, Georgia
Conference Will Be Limited to 3,000 Participants.

Pre-Registration is Required.

YOUTH SCENE

READER'S DIGEST FOUNDATION CHALLENGES HIGH SCHOOLS TO FIGHT DRUNK DRIVING

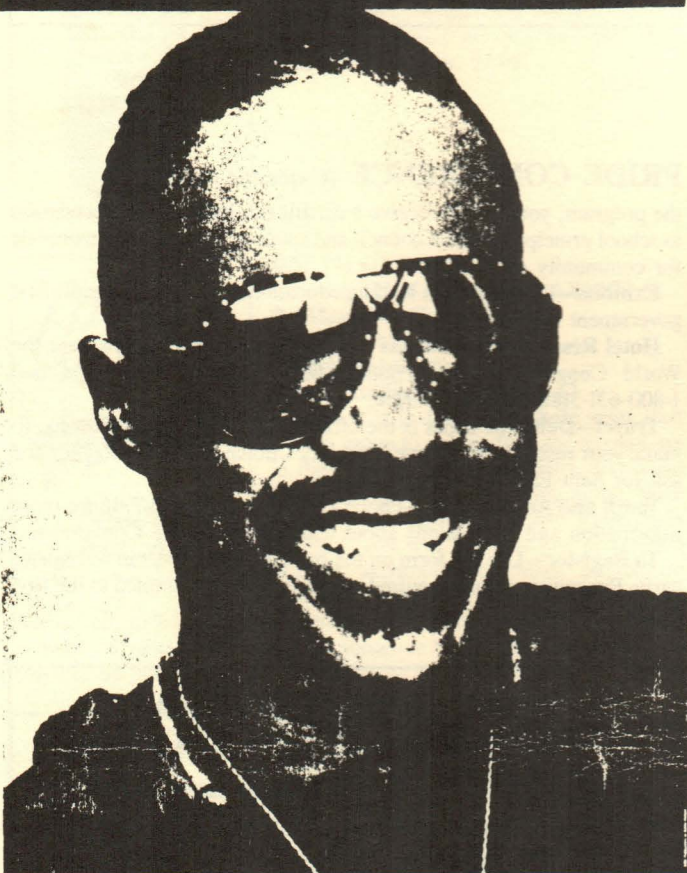
PLEASANTVILLE, NY—The Reader's Digest Foundation has announced a second national competition to seek the best high school programs to combat drinking and driving. Winning schools will share another \$500,000 in four-year college scholarships, raising Reader's Digest's investment in the sober-driving effort to \$1 million.

The Reader's Digest \$500,000 Don't Drive and Drink College Scholarship Challenge, held for the first time last year, kicks off in January in all U.S. high schools. Teenagers will be asked to conduct anti-drinking-and-driving programs primarily aimed at their peers. The programs should also make others in surrounding communities aware of the hazards of mixing alcohol and autos.

Last year's competition drew more than 700 entries. The top award, a four-year \$20,000 college scholarship, went to two Great Falls, Mont. high schools for a statewide poster campaign that used cowboy themes to promote alcohol-free teenage driving. Four other schools each won \$10,000 scholarships, and 110 programs earned \$4,000 awards for the sponsoring schools. Programs ranged from rock videos to seminars to awareness weeks.

To help spur student involvement in the high school contest last year,

**"Before I'll ride with a drunk,
I'll drive myself."** —Stevie Wonder



Driving after drinking, or riding with a driver who's been drinking, is a big mistake. Anyone can see that.

WINNING POSTER—This poster of entertainer Stevie Wonder helped launch last year's Reader's Digest \$500,000 Don't Drive and Drink Challenge.

Reader's Digest challenged U.S. advertising agencies to submit designs for a theme poster. The winning poster was a picture of blind musician Stevie Wonder beneath the headline, "Before I'll ride with a drunk, I'll drive myself." It was used to launch the program in more than 16,000 high schools across the nation.

This year, instead of a poster, Reader's Digest has challenged advertising agency creative teams to produce a powerful public service newspaper ad and radio commercial to address the problem of drinking and driving.

The winning ad and radio commercial will be mailed to high school principals along with contest information before the January kickoff. Students in these schools will be asked to try to place the ad and radio commercial in their local newspapers and on radio stations in conjunction with their "Don't Drive and Drink" programs.

"Teenagers did a superb job last year of convincing fellow students to drive sober," praised Richard F. McLoughlin, a director of the Reader's Digest Foundation and vice chairman of Reader's Digest. "We want them to do that again this year while they also encourage people of all ages in their communities to join the fight against drinking-and-driving. The ad and radio commercial will help teenagers rally others to their cause."

Schools will be competing again for 115 college scholarships. The awards, to be announced next spring, will come from a Reader's Digest Foundation grant to the National Association of Secondary School Principals (NASSP). The NASSP, representing secondary school administrators throughout the country, is administering the competition.

Students will have until April 10, 1987 to complete their sober-driving programs, document results and submit their entries. Part of the documentation will indicate how they used the newspaper ad and radio announcement. Entries will be reviewed by a judging panel composed of representatives from PRIDE, the NASSP, Mothers Against Drunk Driving, Students Against Driving Drunk, National Parent and Teachers Association and National Association of Student Councils. Only one entry per school will be allowed.

For more information, write Reader's Digest Foundation, Pleasantville, N.Y. 10570.

YOUTHS AT HIGHER RISK FOR ALCOHOLISM

An estimated 1 of 6 children live in families with alcoholic members, which increases their odds for alcoholism. The metabolic changes and immaturity of adolescents, coupled with current practices of early and heavy (binge) drinking, accelerate the development of alcoholism. Teens often have poor nutrition and erratic eating habits (salty snacks and junk food, eating on the run, fad diets), which diminish the body's defense against alcohol.

The high incidence of "blackouts" (memory losses) reported by teens after drinking parties suggests a stronger brain effect than reported by adults. Moreover, teen drinkers tend to use other drugs which intensify the negative effects of alcohol.

The young drinker "crosses the wall" into addiction much faster and with more damaging effects than the adult drinker. Youngsters may become alcoholic in 6 months to 3 years, versus the 10-to-15-year pattern for adults.

An estimated 20 to 30% of teenage drinkers are potential or complete alcoholics. More than one third of America's alcoholics (3.3 million) are under the legal drinking age.

**From TEENAGE DRINKING:
DETOUR ON THE ROAD TO MATURITY**
By Marsha Manatt Schuchard, Ph.D.

YOUTH SCENE

WINE COOLERS TARGET YOUNG DRINKERS

In order to keep the drinking trend alive, the liquor industry continues to come up with new alcoholic beverages, many of them aimed at drawing in the younger crowd.

To the industry, young people represent the future and a potential for a greater consumption rate. As one marketing executive said, "Let's not forget that getting a college freshman (17 or 18 years old) to choose a certain brand of beer may mean that he will maintain his brand loyalty for the next 20 to 35 years."

But kids today have a lot more choice than just beer or wine. Today, there are entirely new categories of alcoholic beverages—lines that hardly existed five or 10 years ago.

There are no less than 50 brands of wine coolers on the market now. Wine coolers, a mix of fruit juices and wine, replaced the "pop wines" of the 60's and early 70's, and promoters downplay the presence or taste of alcohol, and emphasize the fruit content or non-alcohol mixer in order to draw in younger drinkers.

But the alcohol is there, nevertheless, no matter what the pitch, warns the National Council on Alcoholism. So-called "low-alcohol" beers and wines "may appeal to and mislead young people, giving them a false sense of safety from alcohol."

Drinks classified as "low alcohol" usually contain less than the 3 or 4 percent alcohol of regular beer or light beer, but that's enough alcohol to hook new drinkers or trigger the urge to drink in recovering alcoholics. (The alcohol content in wine coolers, on average, is slightly higher than beer—about 5 percent.)

So, say the experts, these drinks are producing a false sense of safety. What often happens, says Dan Beauchamp, public health professor at the University of North Carolina, is that some of the new products are not replacing more potent beverages "but are additive," meaning that people are drinking them "on top of, rather than instead of," their regular consumption of alcohol.

Adds Sen. William Plymat of the American Council on Alcohol Problems: "People adjust to the level of alcohol they have been used to. So, if they consume low alcohol drinks, for instance, they are apt to just drink more of them to reach their usual satisfaction level."

**Catholic Twin Circle
September 21, 1986**

BRIGHT IDEAS

Students at Platteville Middle School in Wisconsin have asked high school students to act as advisors and chaperones for their drug prevention group, FOCUS (Free of Chemical Use by Students). The result: The high school students have become so involved that they have started their own FOCUS groups.

**Donna Bestor
FOCUS Advisor
Platteville, WS Middle School**

Project 714 sponsors youth programs in Bradley, Hamilton and Davidson counties in Tennessee to meet a variety of student needs:

- Students Staying Straight, Triple S, asks members to sign a contract to abstain from all mind-altering drugs. It also sponsors drug-free social activities.
- Chemical Awareness Groups—nine-week discussion programs—are for students who have been apprehended under the influence of drugs or alcohol or have these substances in their possession.
- Intervention Groups are for students who request help with a drug-related problem.
- Support Groups are for aftercare students or those recovering on their own.



THE CAST—Soozie the Frog, Looie the Lightning Bug, Brainy Beaver, Fritz the Fox, Katy Kangaroo (L-R).

ANIMAL CHARACTERS DELIVER ANTI-DRUG MESSAGE IN 'THE POWER OF NO'

The Fairfax County Council of the Arts (FCCA), George Mason University and Fairfax County Public Schools in Virginia have joined together to develop and present "The Power of NO," an original one-act mini-musical. The project is designed to help prevent substance abuse among elementary school youngsters through education and early awareness.

Originally funded by a \$6,000 grant from Mobile Foundation, Inc., the production was an overwhelming success when it debuted at George Mason University's Harris Theatre for more than 1600 elementary students brought in from area schools.

"The Power of NO" helps prepare elementary age students to resist the kind of peer pressure that often leads to the use of alcohol and drugs. The production makes this difficult subject accessible to students through a delightful assortment of animal characters with names like Brainy Beaver, Fritz the Fox, and Looie the Lightning Bug (otherwise known as the Drug Bug). They sing, dance, juggle, perform acrobatics, and rollerskate their way through this lively forest fable.

The play was written and directed by GMU graduate and FCCA program intern Ronna Corman of Rockville, Maryland. Corman drew two of the play's main characters, Soozie the Frog and Katy Kangaroo, from the "Soozie and Katy" coloring book distributed nationwide by the Drug Enforcement Administration as part of the President's Drug Awareness campaign. The five-member cast and production crew are also GMU students.

For more information, contact Ronna Corman at 301-490-4115.

HOW TO SAY NO AND KEEP YOUR FRIENDS: PEER PRESSURE REVERSAL. Sharon Scott, 1986. Human Resource Development Press. Reading Level: Middle and High School Students. In Peer Pressure Reversal (PPR) you will find lots of ways to stop friendly pressure—to put it in reserve—and get away from trouble or something you don't want to do. Ms. Scott takes you beyond the "just say no" stage to really help you take charge of those everyday decisions you make with your friends. This book is easy to read. You can get the main idea in a quick hour or so. Practicing the techniques of PPR may take longer, but the more often you try one of the following responses, the better prepared you will be to stop pressure from a friend to do something that makes you uncomfortable: • Leave • Ignore • Make an excuse • Change the subject • Just say no • Make a joke • Act shocked • Flattery • A better idea • Return the challenge. As a former counselor and director of the Dallas Police Department First Offender Program, Ms. Scott has worked with lots of kids who were unsuccessful in avoiding trouble. Since then she has presented her PPR program to thousands of young people and adults.

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GROUP

SCHOOL/

COMPANY NAME

ADDRESS

CITY _____ STATE ____ ZIP _____

COUNTRY | | | | | | | | | | | | | | | | | | HOME PHONE | | | | | | | | | |

[illegible]

BUSINESS PHONE | | | | | | | | | |

(A) ☐ Parent
(B) ☐ Youth
(C) ☐ Educator

Professional:
(D) ☐ Medical
(E) ☐ Military Representative
(F) ☐ Government
(G) ☐ Corporate

(P) <input type="checkbox"/> Professional	\$140.00	\$165.00	\$ _____
(A) <input type="checkbox"/> Adult/Educator	\$ 95.00	\$120.00	\$ _____
(Y) <input type="checkbox"/> Youth	\$ 25.00	\$ 35.00	\$ _____

☐ Peer Teaching ☐ Leadership Effectiveness

Georgia State University, a unit of the University System of Georgia, is an equal educational opportunity institution and an equal opportunity/affirmative action employer.

Tickets for food functions are not included in registration fees.
Please order tickets below:

QUANTITY

(1) _____	Awards Banquet at \$24.50	\$ _____
(2) _____	Celebration at \$22.00	\$ _____
(3) _____	International Luncheon at \$20.00	\$ _____

Less 10% Discount for
Charter Members of PRIDE \$ _____

TOTAL AMOUNT DUE \$_____

☐ Check for total amount is enclosed. (Make checks payable to PRIDE. All fees must be paid in U.S. funds)

☐ Charge to my ☐ VISA ☐ MasterCard

Card No. _____

Exp. Date _____

☐ Purchase order attached

RETURN THIS FORM WITH TOTAL AMOUNT DUE (U.S. FUNDS ONLY) TO:

PRIDE, INC.

100 Edgewood Avenue, Suite 1002
Atlanta, Georgia 30303
1-800-241-7946 404-658-2548



Robert W. Woodruff Building
Volunteer Service Center
Suite 1002, 100 Edgewood Avenue
Atlanta, Georgia 30303

NON-PROFIT ORG.
U. S. POSTAGE
PAID
PERMIT NO. 2528
ATLANTA, GA

1985-1986 PRIDE SURVEY RESULTS

The results from the 1985-86 PRIDE Survey indicated that American youth continue to be heavily involved in drug and alcohol use. This year's survey was given in 17 states to just under 40,000 children in grades 6 through 12. The PRIDE Survey indicated that more than half of the 8th grade students responding (54.3%) used beer or wine during the year, and that 10.4% of 8th grade students used beer or wine once a week, three times a week, or daily. This weekly or more often use of beer or wine increased to 36.3% for 12th grade students. Use of liquor by young adolescents was also high. More than one in four (26.6%) junior high school students (grades 6 through 8) admitted some use of liquor during the past year. Sixty percent (60%) of the senior high school students (grades 9 through 12) reported use of liquor during the year. (Reference tables 1 and 2.)

Marijuana continued to be the most popular illicit drug among school age children. One child in 10 (10%) in junior high school reported using marijuana, and one in four (27.6%) of the senior high school students reported using marijuana in 1985-86. One out of ten juniors (11th grade) reported using pot one to three times a week or more often. This frequent or heavy use of marijuana rose to 13.1% for seniors. (Reference Table 3.)

The reported frequency of cocaine use was far below the use of alcohol or marijuana, and was most often reported at the senior high level. Only 1.6% of the junior high students reported any cocaine use while 6.4% of the senior high school students reported cocaine use. The grade levels in which most frequent cocaine use occurred

were the 11th and 12th grades at 7.7% and 10.4%, respectively. Most of this use was reported as light (1 to 6 times a year) or moderate (1 to 2 times a month). The prospective use of cocaine by young adolescents is frightening when one considers the decreasing cost, increasing availability, and the highly addictive nature of cocaine. While current survey findings indicate that cocaine is not as prevalent as alcohol or marijuana, cocaine experimentation by one in ten seniors is certainly cause for alarm. The use of cocaine by adolescents cannot be allowed to become as common as has the use of marijuana. (Reference Table 4.)

Not only were there significant numbers of students in junior and senior high school who reported frequently using alcohol and illicit drugs, but many of these students reported that this use led to their intoxication. Further, the levels of intoxication formed a pattern that appeared related to the drug use category reported. Separate percentage data were computed for four categories of students:

- Group 1. Beer/Wine--Use of beer or wine only, with no use of liquor or illicit drugs
- Group 2. Liquor--Use of liquor and may use beer/wine, but no use of illicit drugs.
- Group 3. Marijuana--Use of marijuana and may use alcohol, but no use of other illicit drugs.
- Group 4. Cocaine--Use of cocaine and may use marijuana, and alcohol.

Table 5 contains findings from the analyses of these four use groups. It is evident that as students report using the more toxic or stronger drugs, they report higher levels of intoxication across all drug categories. For example, 14.8% of the senior high students in Group 2 (the students who reported using liquor, but no illicit

drugs) reported getting "bombed" on liquor as compared to 25.5% of the students in Group 3, the marijuana users, or 43.6% of Group 4, the cocaine users. Further, if the effects of beer/wine use is observed over the four groups by combining the "very high" and "bombed" categories, the percentage of students reporting intoxication increases dramatically from Group 1 to Group 4 (see Figure 1).

Three-fourths of Group 4, the cocaine users, reported getting "very high" or "bombed" on liquor and marijuana as their most often effect of use. Even though most of these students reported infrequent use of cocaine (see Table 4), they appear to be poly-drug users and seek high levels of intoxication when they use any drug.

The question of where and when drug and alcohol use occurred were asked of students responding to the PRIDE Questionnaire. The categories of "Where" consisted of 1) Home, 2) School, 3) Car, 4) A Friend's House, and 5) Other Places. Table 6 contains the percentages of responses made to each category. Students were asked to respond to the place where they most often used a particular drug. For junior high school students, "Home" was most often reported as the place where alcohol was used. However, "Friend's House" and "Other" places were given slightly more often for marijuana use. Senior high school students reported "Friend's House" and "Other" places as most popular when using alcohol and marijuana. The "Home" was also a popular place for alcohol use. While not as popular as other places, many high school students gave a "Car" as the place they most often used alcohol or marijuana. These findings are disturbing given the hazards of driving while

intoxicated (DWI). The school was the least reported site of alcohol or drug usage. While cocaine use among senior high students was not as prevalent as for alcohol or marijuana, the "Home" was most often given as the place of use.

Students were asked to respond "yes" or "no" to questions of "When" they used drugs. The following time periods were included: 1) Before School, 2) During School, 3) After School, 4) Week Nights, and 5) Weekends. "Weekends" was by far the most often given time category in which drugs were used by both junior and senior high students. "Week Nights" were the next most popular time of use. "Before School" and "During School" were reported as times of relatively little use of drugs and alcohol by students, although 5.5% of the senior high students reported use of marijuana before school. Some after-school use of both alcohol and marijuana was reported.

Summary

The frequency that junior and senior high school students use alcohol and marijuana is unacceptably high. Nearly half of the junior high and three-fourths of the senior high students reported some use of beer/wine. Sixty percent of the senior high students reported some use of liquor with one in five 12th graders reporting weekly to daily use of liquor. Marijuana use is also high among senior high students with over 25% reporting some use. One in ten seniors (12th graders) smoke marijuana weekly to daily. Cocaine use is most prevalent in the 11th and 12th grades with 1 in 13 juniors and 1 in 10 seniors reporting some use of cocaine during 1985-86.

There appears to be a relationship between use of certain drugs and effect of use where students who report using the stronger or

more toxic drugs also report higher levels of intoxication when they use any substance. For example, students who reported using marijuana were seven times more likely to get intoxicated on beer/wine than students who reported only using beer/wine (31.8% to 4.5%). While cause and effect relationships cannot be directly implied from these data, they suggest a hypothesis of progression of alcohol and drug use leading to a need for higher and higher levels of intoxication by the adolescent user.

Junior high school students reported frequently using alcohol and marijuana in their homes, with some use at their friends' houses and other places. As students move into senior high, the home becomes less popular and friend's house and other places, presumably popular gathering places of teenagers, become the preferred places of use by older teens. Weekends and week nights were the times most often given for use. However, some use of marijuana was reported before school and some use of alcohol and marijuana was reported after school. Both the reported place and time of use implied that drugs and alcohol are not being used to an appreciable extent at or during school. However, this does not suggest that drug and alcohol abuse is not a school problem. Rather, it is a problem that faces the entire community, schools included. Students who have smoked marijuana while waiting for the bus or who have a hangover from too much alcohol the night before will be less receptive to instruction during the school day.

Bullets from the 1985-86 PRIDE Data Bank

1. 47.1% of junior high students reported some use of beer/wine, with 18.1% reporting at least monthly use. 73.5% of the senior high students reported drinking beer/wine during 1985/86 with one-fourth reporting drinking beer/wine weekly to daily.
2. More than one in four junior high students and 60% of the senior high students reported drinking liquor. One in five of the seniors (12th graders) reported heavy (weekly to daily) use of liquor.
3. One out of ten students in junior high school reported some use of marijuana while one in ten senior high school students reported heavy (weekly to daily) use. One in eight seniors (12th graders) reported using marijuana at least weekly.
4. Cocaine use is most prevalent among 11th and 12th grade students with 7.7% of the juniors and 10.4% of the seniors reporting some use of cocaine. However, most of the cocaine use was reported as light (1 to 6 times a year) or moderate (1 to 2 times a month).
5. Thirty percent of all senior high students (grades 9-12) reported that they most often became "very high" (15.8%) or "bombed" (14.8%) when they drank liquor. Nearly 25% of these students reported being "very high" or "bombed" when they smoked marijuana.
6. Students who report drinking beer or wine only are much less likely to become intoxicated when they drink than are students who report the use of liquor, marijuana, or cocaine, even when only beer/wine use is considered.

7. Students who report trying or using cocaine are generally heavy users of alcohol and marijuana. They also report getting "very high" and "bombed" more than students who use only alcohol and/or marijuana. Nearly three-fourths of these cocaine using students reported getting very intoxicated when they smoke marijuana.
8. Junior high students (grades 6-8) reported using alcohol at home more than at any other place (26.6% beer/wine and 12.5% liquor).
9. Senior high students reported using alcohol and marijuana at a "Friend's House" or "Other" places more than at "Home", "School", or "In a Car". However, some students reported using beer/wine (8.8%), liquor (6.3%) and marijuana (6.0%) in a car more than at any other place. This use of alcohol and marijuana outside the home and the reported direct use of these substances in a car suggest a serious problem with teenagers driving under the influence.
10. Schools are places least likely for students to use drugs and alcohol. Approximately 1% of all students reported any use of alcohol during school while about 2.2% reported any use of marijuana during school.

TABLE 1

PERCENTAGE OF RESPONSES TO ITEM:
HOW OFTEN DO YOU DRINK BEER OR WINE?

Grade	Frequency of Use			
	No Use	Light	Moderate	Heavy
Six	61.1	27.8	6.5	4.6
Seven	57.1	27.3	8.7	6.8
Eight	45.7	31.1	12.7	10.4
Nine	33.8	30.9	18.2	17.1
Ten	27.7	25.7	21.7	24.9
Eleven	22.5	24.1	24.3	29.1
Twelve	19.0	20.6	23.5	36.6
Jr High	52.9	29.0	10.1	8.0
Sr High	26.5	25.8	21.7	25.9
Total	36.9	27.1	17.1	18.9

Light = one to six times per year
 Moderate = one to two times per month
 Heavy = one to three times per week or daily

TABLE 2

PERCENTAGE OF TOTAL RESPONSES TO ITEM:
HOW OFTEN DO YOU DRINK LIQUOR?

Grade	Frequency of Use			
	No Use	Light	Moderate	Heavy
Six	83.5	10.9	3.3	2.3
Seven	77.4	13.4	5.2	3.9
Eight	65.6	18.8	9.0	6.5
Nine	51.6	21.9	15.3	11.2
Ten	42.0	22.0	20.7	15.3
Eleven	35.1	23.8	24.0	17.2
Twelve	30.0	24.9	25.7	19.5
Jr High	73.4	15.3	6.5	4.8
Sr High	40.8	23.0	20.9	15.4
Total	53.6	20.0	15.2	11.2

Light = one to six times per year
 Moderate = one to two times per month
 Heavy = one to three times per week or daily

TABLE 3

PERCENTAGE OF TOTAL RESPONSES TO ITEM:
HOW OFTEN DO YOU SMOKE MARIJUANA?

Grade	Frequency of Use			
	No Use	Light	Moderate	Heavy
Six	94.4	2.5	1.2	1.9
Seven	92.2	3.1	1.5	3.2
Eight	87.3	5.3	2.8	4.7
Nine	79.7	7.6	5.1	7.6
Ten	73.5	9.9	7.0	9.6
Eleven	68.9	11.7	8.4	10.9
Twelve	64.3	14.3	8.3	13.1
Jr High	90.5	3.9	2.0	3.6
Sr High	72.4	10.6	7.0	10.0
Total	79.5	8.0	5.0	7.5

Light = one to six times per year
 Moderate = one to two times per month
 Heavy = one to three times per week or daily

TABLE 4

PERCENTAGE OF TOTAL RESPONSES TO ITEM:
HOW OFTEN DO YOU USE COCAINE?

Grade	Frequency of Use			
	No Use	Light	Moderate	Heavy
Six	99.2	0.2	0.2	0.3
Seven	98.7	0.6	0.3	0.4
Eight	97.8	1.0	0.5	0.7
Nine	96.6	1.6	0.8	0.9
Ten	94.4	3.0	1.4	1.1
Eleven	92.3	4.5	1.8	1.4
Twelve	89.6	5.9	2.8	1.7
Jr High	98.4	0.7	0.4	0.5
Sr High	93.6	3.5	1.6	1.3
Total	95.5	2.4	1.1	1.0

Light = one to six times per year
 Moderate = one to two times per month
 Heavy = one to three times per week or daily

TABLE 5

**JR. AND SR. HIGH STUDENTS REPORTING DRUG/ALCOHOL USE:
EFFECT OF USE BY USER GROUPS**

=====

Drug User Group	% of Effect of Use				
	No Use	No High	Little High	Very High	Bombed
GROUP 1: BEER/WINE USERS					
Beer/Wine					
Jr High		85.2	12.1	1.1	1.5
Sr High		64.7	28.9	3.4	2.9
Total		74.7	20.9	2.3	2.2
GROUP 2: LIQUOR USERS					
Beer/Wine					
Jr High	5.5	56.9	28.5	3.6	5.5
Sr High	3.1	27.8	49.8	10.9	8.4
Total	3.7	35.6	44.1	8.9	7.7
Liquor					
Jr High		54.3	29.1	7.4	9.3
Sr High		25.1	40.8	19.3	14.8
Total		32.9	37.6	16.2	13.3
GROUP 3: MARIJUANA USERS					
Beer/Wine					
Jr High	9.1	29.0	42.7	9.7	9.6
Sr High	2.5	10.6	52.1	21.0	13.7
Total	3.7	14.1	50.4	18.9	12.9
Liquor					
Jr High	23.7	17.0	29.4	14.6	15.2
Sr High	8.5	5.6	28.9	31.5	25.5
Total	11.4	7.8	29.0	28.3	23.6
Marijuana					
Jr High		11.3	39.3	31.6	17.8
Sr High		9.8	39.2	40.8	10.1
Total		10.1	39.2	39.1	11.6
GROUP 4: COCAINE USERS					
Beer/Wine					
Jr High	6.9	22.7	33.5	10.7	26.2
Sr High	1.4	6.2	41.2	23.6	27.6
Total	2.1	8.5	40.1	21.9	27.4

Liquor					
Jr High	9.1	12.5	25.9	17.7	34.9
Sr High	2.8	3.1	19.6	31.0	43.6
Total	3.7	4.4	20.4	29.2	42.4
Marijuana					
Jr High	8.2	3.4	14.7	38.8	34.9
Sr High	4.2	2.6	18.8	52.4	22.0
Total	4.8	2.7	18.2	50.6	23.8
Cocaine					
Jr High		18.3	18.4	30.3	32.9
Sr High		8.3	22.4	44.1	25.2
Total		9.7	21.8	42.2	26.3

FIGURE 1: PERCENT OF STUDENTS REPORTING BEING INTOXICATED
BY USER GROUP

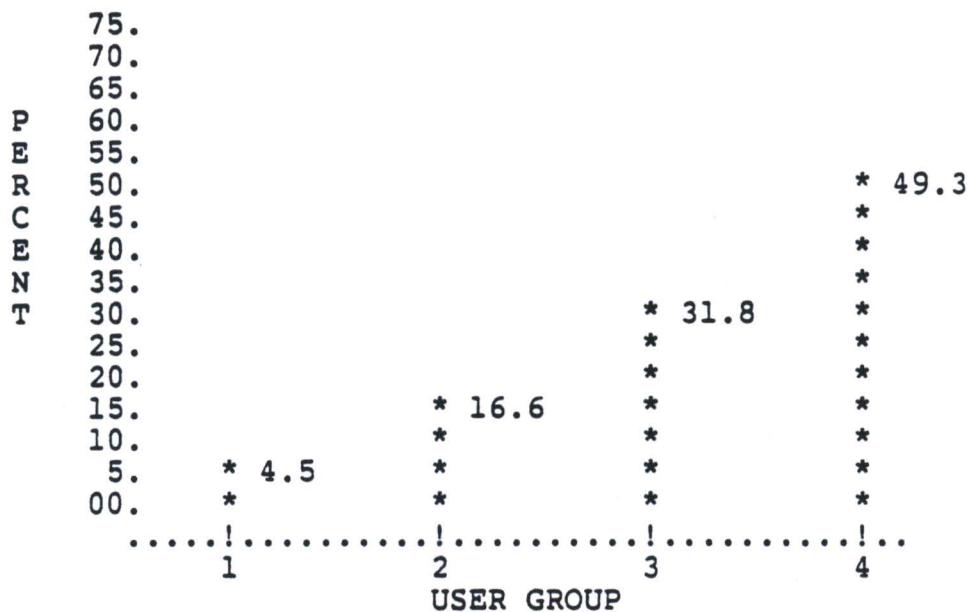


Figure 1: Percent of students reporting being intoxicated by
User Group.

Group 1 = Beer/Wine
 Group 2 = Beer/Wine or Liquor
 Group 3 = Alcohol or Marijuana
 Group 4 = Alcohol, Marijuana, or Cocaine

TABLE 6

RESPONSES TO THE QUESTION: "WHERE DO YOU MOST OFTEN USE ____?"
BY JUNIOR AND SENIOR HIGH SCHOOL STUDENTS*

Grade Level	% of Use in				
	Home	School	Car	Friend	Other
Beer/Wine					
Jr High	26.1	0.2	1.6	10.6	9.0
Sr High	19.1	0.7	8.8	23.8	21.3
Total	21.9	0.5	5.9	18.5	16.4
Liquor					
Jr High	12.5	0.2	1.2	8.4	6.2
Sr High	12.3	0.8	6.3	22.1	19.0
Total	12.4	0.6	4.2	16.7	13.9
Marijuana					
Jr High	3.2	0.4	1.0	4.1	3.6
Sr High	3.8	1.4	6.0	9.4	10.0
Total	3.6	1.0	4.0	7.3	7.5
Cocaine					
Jr High	2.7	0.3	0.1	0.6	0.4
Sr High	3.9	0.6	0.4	2.6	2.1
Total	3.4	0.5	0.3	1.8	1.5

* The "Do Not Use" category was omitted, thus the row totals do not equal 100%.

TABLE 7

RESPONSES TO THE QUESTION: "WHEN DO YOU USE ____?"
 BY JUNIOR AND SENIOR HIGH SCHOOL STUDENTS*

=====					
% of Use in					
Grade Level	Before School	During School	After School	Week Nights	Week Ends
Beer/Wine					
Jr High	1.9	0.4	6.1	16.5	30.2
Sr High	2.9	1.5	7.5	29.5	59.0
Total	2.5	1.0	6.9	24.4	47.7
Liquor					
Jr High	1.5	0.3	3.7	9.8	19.2
Sr High	2.3	1.2	5.0	22.0	49.5
Total	2.0	0.9	4.5	17.2	37.6
Marijuana					
Jr High	2.5	0.7	3.4	3.8	7.6
Sr High	5.5	3.2	7.6	11.7	23.1
Total	4.3	2.2	6.0	8.6	17.0
Cocaine					
Jr High	1.6	0.3	0.7	0.9	1.6
Sr High	2.1	0.8	1.3	2.3	5.0
Total	1.9	0.6	1.1	1.8	3.7

 * The "No Use" category was omitted from this table and students were permitted to mark all categories that applied to them.

PAST, PRESENT AND FUTURE WITH PRIDE

Thomas J. Gleaton, Ed.D.
President and Co-Founder

The U.S. entered the 1980s with an historically unprecedented epidemic of drug abuse among its young people. In 1959, less than one percent of American teenagers had tried an illicit drug; by 1979, more than 60 percent had done so. In the face of a 6,000 percent increase in consumption and escalating profits from drug trafficking, many experts and policy-makers argued that psychoactive drug use had become a "socially acceptable" form of youthful behavior. Thus the U.S. should renegotiate or withdraw from the United Nations Single Convention on Narcotic Drugs, the international treaty by which 151 nations agree to maintain legal prohibitions on marijuana, cocaine, heroin and other drugs of abuse. In the face of these widely-publicized arguments, parents and young people felt overwhelmed by a problem they could neither understand nor withstand.

PRIDE and the Parents' Countermovement: Reversing the Trend. In 1977, PRIDE was organized at Georgia State University to provide education and training for parents who wanted to fight back against the commercialized drug culture. PRIDE drew upon the successful efforts of parent groups in Atlanta and Dublin, Georgia, who first educated themselves about the health hazards of drugs, the social world of the child and then worked to reverse the pro-drug attitudes and peer pressure among local youngsters. Working with parents and educators, PRIDE developed pragmatic strategies of parent education, collective behavioral guidelines and social alternatives for youth, which dramatically reduced adolescent drug, drinking and discipline problems. Dr. Marsha Manatt Schuchard, co-founder of PRIDE and author of Parents, Peers, and Pot, a book which urged parents nationwide to get informed and get involved in a parents' movement. With more than a million copies distributed by the National Institute on Drug Abuse (NIDA) and with new parent groups forming in every state, PRIDE held regional and national conferences for rapidly growing numbers of concerned parents and young people.

PRIDE GOALS FOR THE 1980'S

1. Local parent, student and community groups:

PRIDE will continue to assist and support small local parent and student groups that are working to promote pro-health, anti-drug efforts. PRIDE can provide the following services for neighborhood and community groups:

- Printed materials of age-appropriate information, ranging from brochures to full-length books.

- Films, videotapes and audio cassettes for various ages and community interest groups (banks, businesses, health care providers, agencies, etc.)
- A Parent Group Coordinator, who can give organizational advice and respond to problems.
- A computerized parent network, through which PRIDE volunteers in every state can offer assistance to newcomers or new strategies to veterans.
- A Youth Group Coordinator, who can supply or evaluate printed and media materials for youngsters from kindergarten through high school, and put students in touch with peers in other schools for the exchange of ideas.
- A community Organization Consultant, who can help civic, business and religious groups develop their own projects to advance the anti-drug community effort.
- A drug information phone bank, with toll-free number, to serve the nation with instant and up-to-date information on drugs.

2. Local and state wide school systems

PRIDE believes that long-range planning and liaison between parent groups and school systems provide the best means of maintaining continuity of prevention projects. Through five-year plans of systematic re-education of parents and teachers and replenishment of volunteers, school and PTA programs can greatly accelerate the decline in teenage drug, drinking and discipline problems. (The Gwinnett County, Georgia, Five-Year Plan, initiated by PRIDE, has already shown how effective system-wide efforts can be. Surveys show that student drug use for most drugs declined in this 42-school system at four times the national rate in the first three years of the project.)

PRIDE can provide to Parent-Teachers Associations and School System projects with the following expanded technical and consulting services:

- Low-cost computerized surveys of drug and alcohol use, including evaluation of findings for relevance to curriculum, parent education and community social guidelines. (PRIDE has surveyed more than 250,000 students in 27 states and three foreign countries).
- Development of drug information and resource centers in the schools, containing printed and audio-visual materials for use by students, teachers, parents and community leaders.

-An Educational Consultant, who can share techniques and documentation of effective, practical strategies for improving discipline, morale, motivation and academic achievement while reducing drug and alcohol use among students.

3. International Expansion of the Parent Movement

The Background: In 1983, the United Nations Narcotics Control Board warned that the global situation of drug abuse was deteriorating rapidly, as more countries found the drug culture taking root among their young people. In some developing countries, illicit drug cultivation has replaced food crop cultivation, leading to serious food shortages. Increasing use of illicit narcotics profits to finance international terrorism, clandestine arms shipments and destabilization of legitimate governments is alarming. The most disturbing factor is the growing permissiveness of certain western European governments, which seem to be repeating the tragic mistakes of U.S. policy in the early 1970s. Significantly, the most encouraging development mentioned in the U.N. report was the impact of the 4,000 parent groups in the U.S. which are raising public consciousness about the health hazards of drugs and decreasing the numbers of teenage users.

The Beginning: In 1981, one Swedish mother took back to the Swedish parents' organization what she had learned at the PRIDE conference. The group translated Parents, Peers, and Pot into Swedish and began to develop parent networks for prevention throughout Sweden. In 1983, representatives of 17 countries responded so enthusiastically to the PRIDE Conference that PRIDE has now launched a major international initiative to expand the parent movement for drug-free youth.

In 1985, First Lady Nancy Reagan brought the First Ladies of sixteen countries to the PRIDE Conference where Mrs. Reagan began by saying that:

Three years ago I attended my first PRIDE Conference. It was during that trip that my thinking on drug abuse began to crystalize. I had already seen the pain our children were suffering, but I had not seen the answer. At the PRIDE Conference, I began to see the hope, the way we could save our children from drugs. I saw it in the faces of the mothers and the fathers of PRIDE and that visit genuinely marked a turning point for me. And I believe that the founding of groups such as this, mark the turning point in the very, very long battle against drugs. I wanted the First Ladies

with me today to see what I saw on my first trip here because conferences like this are possible in their homelands too.

The First Ladies then heard scientists describe the negative effects of marijuana, cocaine, and other drugs on maternal and fetal health, on adolescent development, on genetic defects, and on immune reactions to herpes and AIDS viruses. The First Ladies and representatives from 53 countries heard first-hand from parents and teenagers about practical, low-cost projects to prevent drug and alcohol abuse. The success of this Conference led to a follow-up seminar at the United Nations, where Mrs. Reagan hosted First Ladies from 32 countries, to hear about PRIDE's international effort and other treatment and prevention projects. At the 1986 PRIDE Conference (March 18-22), representatives from 70 countries met with pioneering parent group organizers from Australia, Canada, Panama, Pakistan, Belize, Finland, etc., who are proving that parent power works--all over the world. They also joined with 4,000 enthusiastic youngsters from the USA and abroad who celebrated in song and dance their commitment to building a drug-free world for the next generation.

4. PRIDE's international services:

As the parent movement expands internationally, PRIDE will offer its services to parent and community groups, health professionals, educators and policy makers who are interested in developing non-partisan, non-sectarian parent education projects.

- On-site telephone or written consultation by a PRIDE team of parent leaders and educators to assist in the initiation or expansion of parent networks in the host country (through seminars, public conferences, school system projects, briefings of professionals, etc.)

- Supplies of printed and media materials to help parent organizations develop up-to-date and locally relevant educational materials.

- Contacts with national and international civic and business associations that are interested in supporting drug awareness projects (Lions, Rotary, Elks, Lung Association, Pharmacists, Medical Auxillaries, etc.)

Contacts with various U.S. treatment programs which can be examined and evaluated by foreign visitors.

- Expanded international coverage and mailing of PRIDE's quarterly newsletter, which contains up-dates on drug and alcohol research, warnings of new

problems, news of innovative projects and a liaison between local, national and international parent organizations.

- The Annual PRIDE International Conference, held each Spring in Atlanta, providing an exchange of concerns, strategies, achievements and plans for the future.

In Summary:

The developments of the past have reinforced PRIDE's original conviction that informed parents are society's best bulwark against the floodtide of euphoriant chemicals. No one is harder hit by the drug involvement of a child than his or her parents, but no one can fight back harder to save other children from the drug culture than concerned parents. In every type of society, tribal or urban, there is no greater weapon against the extraordinary power of the criminal drug trafficker than the ordinary mother or father. PRIDE's international initiative is designed to link parents and youth in a worldwide network that can reverse the global trends of spreading drug abuse. PRIDE believes the U.S. owes a debt of conscience to parents and youth around the world, for it was our initial mistakes that allowed the commercialized drug culture to mushroom to its present international power.

Finally, the work of PRIDE will continue to be based on its philosophy which was adopted in 1977.

PRIDE's Philosophy

We believe that a child's parents are his best bulwark against drug involvement. We also believe that the universal instinct of parents to protect their young is society's best bulwark against the expansion of the commercialized drug culture. However, at a time when parents and families are becoming increasingly isolated and fragmented because of changing social conditions, economic pressures, and community values, parents need all the help they can get to maintain control over the nurturing and guidance of their children and over the immediate environment which influences the growth and development of their children. And this help must come from the people who respect parents--who sympathize with their problems, who have faith in their concern for their children, and who believe in their rights to affirm behavioral and ethical standards within their families.

We believe that the most innovative and effective helpers for parents who are trying to cope with adolescent drug and drinking problems are other parents--other adults who have experienced similar difficulties or who want to prevent similar situations from arising. The major antidote to the

individual parent's sense of isolation and helplessness when faced with a walled-in youthful peer culture is the cooperative company of other parents. When parents band together to prevent unhealthy or illegal adolescent behavior, they can create positive parental peer pressure to counterreact or even reverse negative adolescent peer pressure.

When groups of parents commit themselves to mutual respect, candor, concern and support, they can eliminate the blaming, scapegoating, and denying processes that tend to undermine the parents' confidence in and commitment to direct personal involvement in the prevention of drug and alcohol usage by their own and neighborhood youngsters. Rather than imposing a sense of guilt and failure on parents, we believe in convincing them that they have a lot to give--and that other children and parents will benefit from their contribution. Thus, we hope to draw upon the tremendous diversity in individual personality and style and upon the rich pluralism of American family life to build clusters or networks of mutually committed and communicating parents who can redefine and reestablish a sense of cohesive community values and standards. Whether the newly created "community" consists of five families or fifty families, of five city blocks or fifty country miles, it can provide a more controllable, constructive, and coherent environment for the growth and development of young people.



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A DRUG POLICY FOR OUR TIMES - 1985

A POSITION PAPER OF P.R.I.D.E.

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THE PRESENT SITUATION

In its 1984 annual report, the International Narcotics Control Board of the United Nations states that the illicit traffic and consumption of dependence producing drugs has markedly increased in the major consuming countries of Western Europe, North America, Australia, and in the producing nations of Africa, South America, and Southeast and Southwest Asia. Seizures of heroin have increased by 23%, of cocaine by 50%, of hashish and marijuana by 30%, over those of the preceding year which had already reached an all time high. Such figures may be considered as the barometer of the increasing penetration of these drugs in the consuming countries which seem to offer an ever-expanding market with millions of consumers in spite of the many counter-measures which have been taken.

In contrast to the drug producing or consuming countries of the "Western" sphere of influence, the U.S.S.R. and its allies, as well as mainland China, have kept the consumption of these illicit drugs under control by using very harsh methods of repression against traffickers and addicts alike.

In its concluding remarks the International Narcotics Control Board calls for new and global solutions which should "decrease supply as well as demand of illicit dependence producing drugs." The "new" solutions need not refer to strictly repressive methods, which are actually ancient and prevail in the Communist

countries, but rather to more recent ones formulated by the World Health Organization (W.H.O.). This advisory body to the United Nations states that since there is no medical cure for drug dependence, the only effective measure is to suppress the drug as much as possible, treating it like an infectious agent, and to rehabilitate the addict through quarantine until he is able to lead a drug-free life.

Over the past two decades such measures have been successfully implemented in Japan, Taiwan, and Singapore, where a national consensus has supported a social taboo against illicit use of drugs designated by the United Nations Single Convention on Narcotic Drugs (cannabis, cocaine, opiates) and the Vienna Convention on Psychotropic Drugs (newer dependence producing drugs such as LSD, barbiturates, amphetamines).

Such policies have enabled Japan and Singapore to roll back major epidemics of amphetamine and of heroin addiction in the past decade. By contrast, the United States and Western countries have failed to follow the W.H.O. and United Nations' recommendations or have ignored the success story of the Asian democracies and have not succeeded in curtailing their epidemics of illicit drug use. Instead their drug policies have been influenced by the views of social theoreticians who have committed three major errors of judgement which have contributed to the spread of the epidemic.

THE FALSE ASSUMPTIONS BEHIND THREE MAJOR ERRORS OF JUDGEMENT

1. Illicit, addictive drugs (mainly cannabis, cocaine, opiates) are not bad in themselves. They are just substances like any other and may be used for good or evil purposes. Illicit drugs are no more dangerous than licit ones such as alcohol or tobacco. There are no bad drugs, just bad drug users. One should distinguish between "recreational" and "excessive" drug use. Such assumptions underestimate the inherent damaging and addictive properties of illicit dependence producing drugs.

2. A person may be taught through proper information and education to use addictive drugs in a responsible fashion. Drug addiction is a disease which may be treated as such. Such assumptions overestimate man's ability to control the use of dependence producing drugs and the overall effectiveness of the "medical treatment" of drug addiction.

3. A progressive society should legalize the sale of illicit addictive drugs according to the model now used for the sale of licit drugs, tobacco and alcohol. Such a measure would take the crime out of the corrupting drug traffic. This assumption minimizes the individual and social cost associated with the legitimate commercial availability of presently illicit dependence producing drugs, as illustrated by scientific studies.

LET US NOW EXAMINE IN GREATER DETAIL THESE ERRONEOUS ASSUMPTIONS:

1. Underestimating the inherent properties of dependence producing drugs. According to the current permissive theory on drug addiction, the dangers to mental and physical health caused by illicit, addictive drugs have been greatly exaggerated. These drugs act primarily on the mind, and the mind can control their use to take advantage of their redeeming value. Indeed an addictive drug should be considered as a substance like any other. According to one psychiatrist, there is little difference between heroin and sugar, both white crystalline powders which produce addiction. In his best seller, he argues that From Chocolate to

Morphine, there is little difference. The same theoreticians claim that marijuana is a "soft" drug, less dangerous than tobacco and alcohol, and that its sale should be legalized or at least "decriminalized," which in effect increases social acceptance and consumption. Cocaine was even considered with benign neglect. Two professors of psychiatry wrote in Scientific American (April 1983) that cocaine is no more addictive than peanuts or potato chips! A specialized organization created by major foundations to study drug abuse prevention methods claimed in 1980 that cocaine use produced few adverse effects and did not lead to dependence. These theoreticians also minimize the long term damaging physical and mental effect of illicit addictive drugs when they are absorbed frequently.

2. Overestimating man's ability to control the use of dependence producing drugs. According to this trend in thinking, the modern American man or woman should be considered as a rational and mature individual. Each has inherent rights, as defined by John Stuart Mill, "over himself; over his own body and mind, the individual is sovereign." For government or society to prevent an individual from using the drug of his choice is felt to be an invasion of privacy and an infringement of individual freedom. Man's reason, it is assumed, will ultimately prevail over his craving for pleasure inducing drugs and most individuals are able to control their use of drugs, including opium and cocaine, without abusing them. According to this assumption, experimentation with drugs is a basic feature of man's behavior; therefore, drug education of school children should consist of teaching them how to use drugs in a "responsible" fashion. Children should be taught how to develop "good relationships with drugs," or how to "get intoxicated without getting into trouble;" and those who get into trouble will be treated by a "drug abuse specialist." The same theoreticians also claim that drug dependent people have a psychological profile that triggers their addiction. This has never been scientifically proven. All individuals are susceptible to the addictive power of the major illicit dependence producing drugs.

Other sociologists have stated that drug addicts are the victims of a repressive society that must relax its anti-drug policies in order to deal more effectively with drug addiction. History indicates clearly that the opposite is true. A number of drug abuse professionals have also expressed an over-optimistic view on the treatment and recovery of confirmed addicts, despite the fact there is no medical cure for drug addiction. Abstinence is the only cure.

3. Underestimating the social and individual cost of legalizing the use of presently illicit, dependence producing drugs. The same social philosophers claim that because drugs are more and more available, their prohibition in a free and democratic society does not work, no more than does the prohibition of alcohol. Any prohibition is counterproductive and compounds the problem by breeding crime and more addiction. Instead, man should learn "chemical survival," that is to say, how to live with drugs, how to use them for pleasure in a responsible fashion, without abusing them. The increased availability of drugs is to be accompanied by a massive educational program to teach people how to use them in moderation. But none of these theoreticians has ever projected the individual and social damage which would be caused by the commercial availability of presently illicit drugs. By the most conservative estimates, such damage would be infinitely greater than that associated with present use of alcohol and tobacco.

All these erroneous assumptions have been widely disseminated for two decades through the popular media and they have inspired hundreds of books and articles which have flooded libraries. They have also permeated popular thinking and encouraged a greater tolerance towards the use of dependence producing drugs, which has resulted in their greater and greater social acceptance.

The results have been disastrous. American society is in the throes of an epidemic of drug dependency unprecedented in the history of mankind, and which is threatening the fabric of its democratic institutions. It is time to reassess all of these erroneous theories about drug dependence, in order to chart a new course

based on current scientific knowledge. Indeed there is no sound basis for the assumptions just enumerated. It is now time to formulate the scientific and rational basis on which an effective policy of drug addiction prevention can be built.

THE LESSONS OF SCIENCE

1. What does science tell us about dependence producing drugs? Science tells us that these drugs may be defined by four main properties which distinguish them from other substances.

a) First these drugs produce a pleasurable feeling, a "reward" because of their action on the pleasure centers of the brain. As a result, a person who has consumed one of these dependence producing drugs will have a tendency to take it again in order to obtain the initial pleasurable sensation. These drugs will also dissipate unpleasant feelings, decrease anxiety, produce detachment from the world, and alter the state of consciousness.

b) Secondly, these drugs produce a temporary impairment of brain function (neuropsychotoxicity) or an inability to interpret the outside world as it really is. An intoxicated brain cannot process the millions of signals which keep an individual alert and functional in his environment. Psychological and psychomotor performance will be impaired. Science tells us also that some addictive drugs such as nicotine, caffeine (in moderate amounts) and alcohol (in small doses) do not induce neuropsychotoxicity. That is why their use has been tolerated for adults in many societies, despite their inherent potential for abuse. All these societies, however, do emphasize that tobacco and alcohol need to be restricted to adults, controlled by law, and that intoxication with alcohol is a deviant behavior which in many instances has to be penalized.

c) Thirdly, while consumption of addictive drugs provides a pleasurable feeling, abstinence from these drugs results in unpleasant and painful reactions -- "the withdrawal symptoms."

Therefore a drug dependent person is caught between the urge to take a drug for pleasure and the desire to avoid the unpleasantness and difficulties that occur when no longer under its influence. (There are withdrawal symptoms from all dependence producing drugs, including tobacco, a highly addictive substance).

d) Fourthly, the use of these drugs is associated with tolerance, that is, the necessity of increasing dosage in order to obtain the initial pleasant effect. Tolerance accentuates the problems of drug supply and the need for frequent readministration.

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The combined factors of pleasure and reward, the dream state of neuro-psychotoxicity, withdrawal symptoms, and tolerance lead to drug seeking behavior and to compulsive, frequent, daily self-administration. Addiction is characterized by major preoccupation with securing the drug and a high tendency to relapse after discontinuing usage. Medical science also tells us that the regular use of all dependence producing drugs is associated with a high incidence of mental and physical ailments. This holds true for marijuana, which should no longer be called a "soft" drug because it impairs the lung, the brain, and the immune and reproductive systems. The science of epidemiology tells us that because of these inherent properties of illicit addictive drugs and their effects on man's brain, their use will spread in an epidemic pattern when social circumstances are favorable. These drug epidemics are especially contagious because the individual victim will seek out the drug, whereas he will try to avoid the contaminating agent in an epidemic of infectious disease.

2. What does science tell us about man's primary reaction to dependence producing drugs? Science tells us that man has a limited power to control the intake of these drugs once he has been exposed to their use. The principle target of these drugs is a group of nerve cells which have been identified with the pleasure reward centers, located in the old primitive brain.

Nature has endowed the brain with these pleasure/reward centers for a specific purpose: to favor those behaviors essential for the survival of the individual and the species in order to insure the continuation of the dominant activities of nutrition and reproduction. The functional integrity of these pleasure/reward centers is even more crucial today, in order to survive in our demanding technological society.

However, the rapid production of pleasure through chemical stimulation of the brain by dependence producing drugs, has remained throughout history a profound desire of man. This is particularly true in the young person who is very vulnerable to dependence producing drugs: his brain functions are in the process of integration and development, and the dominant pleasure centers tend to orient his behavior towards immediate fulfillment of the desire for fun. Only through training the "new brain" -- that is, the "neo-cortex" that covers the old brain -- will reason develop so that the individual will be willing and able to forego immediate satisfaction in order to obtain long lasting rewards. That is what education is all about.

Man, because of the very nature of his brain, has a natural propensity to consume pleasurable dependence producing drugs. It is now clear that these drugs **abridge the freedom of the individual** by enslaving him in a habit which he may no longer control. Indeed science tells us, that whatever method is used, rehabilitation of a confirmed addict to a drug free life is hard, long, and often disappointing with a success rate of 50% at best.

3. What does science tell us about the consumption of dependence producing drugs in different societies? Science tells us that in societies where dependence producing drugs are socially acceptable and easily available, they are widely consumed, and their usage is associated with a high incidence of individual and social damage.

The lessons of history are clear: in 1858, the British imposed by force of arms the legal trade of opium in China. By 1900,

75 million Chinese were addicted to the drug. It took a national revival and 50 years of very coercive measures for the country to become opium free. In the 1920's, the unrestricted commercial availability of cocaine and heroin in Egypt resulted in a massive epidemic which was curtailed by similar restrictive methods. In our Western society, recent studies have documented in a statistical fashion the relationship between alcohol consumption and the occurrence of alcoholism. The French mathematician, Sully Ledermann, after extensive investigations in France and other countries reported that the more there were consumers of alcohol in a society, the more there were alcoholics, and problems associated with alcoholism. This observation seems to derive from common sense but Ledermann gave it a mathematical formulation. His general conclusion was that in order to decrease the incidence of alcoholism and related damage, one had to attempt to decrease the overall consumption of alcohol in a given population. For instance, if it is desirable to decrease the casualties among eighteen- year-olds in alcohol-related road accidents, then raising the legal drinking age to 20 is an effective measure. What is being done, in fact, is to decrease the overall consumption of alcohol in that vulnerable age group.

Ledermann also observed that in a given population within a given time period the percentage of the consumers of alcohol who consume excessively corresponds to about 7% of the drinking population, which in France represents two million alcoholics and in the United States over twelve million.

A similar analysis may be applied to the population of marijuana smokers among high school students in the United States. In the population of high school seniors who reported smoking marijuana during a period of one year, 18% of them used the drug daily. And yet this drug was an illicit one, not readily available. Other surveys of marijuana consumption were made in three Jamaican villages where the drug is freely available and socially acceptable.

In these villages 64% of the villagers who consume marijuana smoke an equivalent of ten joints a day (i.e., are intoxicated daily).

Another survey made among a population of coca leaf chewers in the Bolivian Andes where this habit is an inherent part of the local culture, is even more striking. Out of the population which chewed the coca leaf, 90% used it daily in large amounts, equivalent to 300-500 mg of cocaine a day, which is an intoxicating dose. In the United States, the major constraint on cocaine use is its high price which limits its availability. And it is common knowledge that heroin addicts have to consume their drug of choice everyday.

Such surveys indicate that the percentage of excessive consumers of these illicit, dependence producing drugs is related to their respective addictive properties. It is now appropriate to conclude that their abuse potential (their compulsive daily usage associated with intoxication) is much higher than that of alcohol. (Fig. 1)

From the surveys which we have reported and which are summarized in Figure 1, one may conclude that the abuse potential of marijuana is seven times that of alcohol, and the abuse potential of cocaine and heroin fourteen times higher, when these drugs are socially acceptable and easily available.

A DRUG POLICY FOR OUR TIMES

From the foregoing analysis it is now possible to formulate a drug policy which takes into account:

- the evident failure of the assumptions and permissive policies of the 1970's.
- the updated analysis of scientific, medical and historical records.
- the successful examples of the democratic nations which have effectively controlled drug epidemics in past and present times.

Such a policy should emphasize measures aimed at **decreasing the supply as well as the demand** of dependence producing drugs.

1. The supply of drugs will be curtailed by a strict enforcement of the existing national and international legislations drafted for this purpose.

a) The domestic legislation adopted over the past century, aimed at limiting the use of cocaine, opiates and cannabisto medical and scientific purpose must be enforced (alcohol remaining a special case requiring age-related and flexible controls). The enforcement of laws against illicit drugs might seem excessively repressive to an "occasional" user but it has now been amply demonstrated that thousands of users are also small traffickers and suppliers of their drug of choice (the so-called "ant traffickers") which makes it almost impossible to distinguish users from traffickers. The failed policy marijuana "decriminalization" in the 1970's has clearly shown that a society cannot effectively enforce criminal law on a half legal and half illegal basis.

b) An effective domestic program of law enforcement must be coupled with an international program. Since most illicit addictive drugs come from abroad, the reduction of illicit drug supply at the source is essential and requires a cooperation with drug enforcement agencies in the producing countries. It has become a monumental task to effectively fight a multi-billion dollar business, which has corrupted and destabilized the fabric of entire nations. Historically, the United States has been committed to this fight by implementing the international treaties against drug traffic which America initiated. However, it is now clear that this drug supply reduction must be coupled with a program of demand reduction in order to curtail the current drug epidemic.

2. The demand for drugs will be reduced by a program of primary prevention and of rehabilitation.

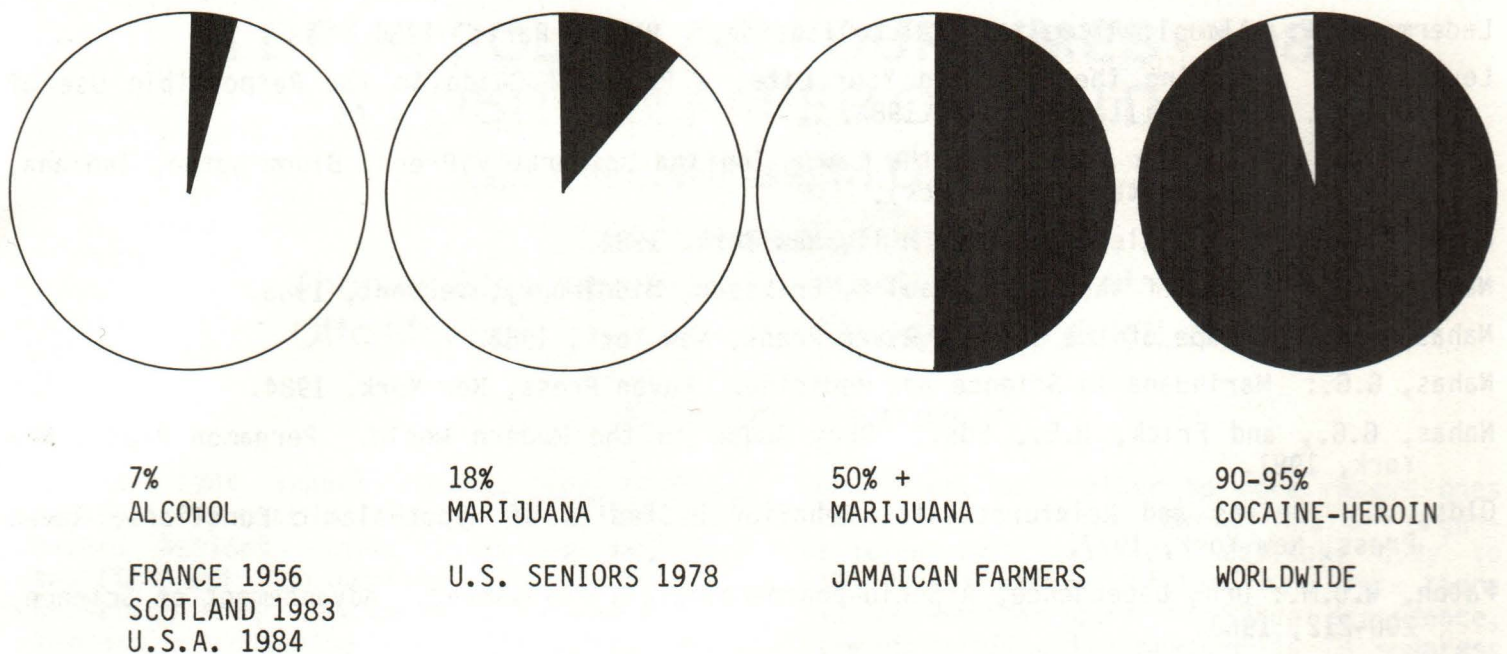
a) Primary prevention will be best achieved by a program of public education which will present without equivocation the damaging effects of drug use on the individual citizen and his society. This educational program should be broadly based on history, science and common sense, with a clear and consistent message. It should be integrated into the whole school curriculum and taught by all teachers. The anecdotal and misleading drug literature that abounds in bookstores and libraries should be matched by up-to-date, scientific publications. The cooperation of the media will have to be sought to recreate a national consensus on such a vital issue. However, primary prevention will have a limited effect on the confirmed addicts who have to undergo prolonged rehabilitation in order to live a drug free life.

b) The drug free programs for the rehabilitation of the confirmed addict will have to be expanded. Addicts are drug consumers who number in the millions and they must be numerically decreased if the demand for drugs is to be curtailed. The successful Japanese and Singapore models of drug rehabilitation which bypass the courts are not feasible on a similar scale in the United States (which has fine voluntary programs of its own). However, these models deserve careful scrutiny for possible application in selective groups such as the armed forces and the schools.

CONCLUSION

This blueprint for illicit drug control policy is based on the study of science, and history, and it is grounded on both common sense and the ethic adopted by those who founded American democracy. The original American ethic, an inspiring blend of personal freedom and strong moral fiber, is fundamentally opposed to the slavery of the mind imposed by dependence producing drugs. For all of these reasons, this policy will have the overwhelming support of the American youth, of their families, and of their counterparts throughout the free world, who are determined to build together a better tomorrow.

Fig. 1 - Percentage of Consumers of Different Dependence Producing Drugs Who Consume A Daily Intoxicating Dose (when these drugs are socially acceptable and easily available).



In alcohol consuming populations about 7% of the consumers drink excessively and consume a daily intoxicating dose. They are addicted to alcohol. The higher the number of consumers, the greater the number of excessive consumers and alcoholics (Ledermann).

Available surveys of populations consuming cannabis, cocaine or opiates show that 50 and 90-95% respectively of the consumers use these drugs in daily intoxicating doses when they are socially acceptable and easily available. The abuse potential of cannabis, cocaine, and heroin would be respectively 7 and 14 times greater than that of alcohol.

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