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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name TURNER, CARLTON: FILES

Withdrawer

KDB 1/9/2008

File Folder [CHRON FILE - NON-ROUTINE CORRESPONDENCE -
JULY 1981-FEBRUARY 1982] (2)

FOIA

F06-0060/01

Box Number 31

POTTER

21

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	MEMO	C. TURNER TO ED GRAY RE ATTACHED LETTER	1	2/2/1982	B6 B7(C)
2	LETTER	TO TURNER RE SITUATION IN PERU	2	1/18/1982	B6 B7(C)

Freedom of Information Act - [5 U.S.C. 552(b)]

- B-1 National security classified information [(b)(1) of the FOIA]
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February

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

February 18, 1982

FOR: EDWIN J. GRAY
FROM: CARLTON E. TURNER
SUBJECT: Travel Request

The National Association on Drug Abuse Problems (NADAP) has requested that I attend a meeting of the Greater New York Coalition on Drug Abuse, Inc. in New York City. The conference will be attended by Executives and Administrators of major methadone and drug free programs and Administrators of prevention programs and early intervention programs. They have asked that I brief them on the President's program.

They have agreed to pay and are classified as a tax-exempt organization.

This would involve leaving on the Morning of March 2, 1982 and returning on that evening .

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

February 18, 1982

FOR: FRED FIELDING
FROM: EDWIN J. GRAY
SUBJECT: Honorarium - Can We Designate a Charity?

Carlton Turner, the drug policy adviser for OPD is invited to give the Harry G. Armstrong lecture to the Aerospace Medical Association (AsMA) in Bal Harbour, Florida. Two lecturers are selected annually and each is given a \$500.00 honorarium. Turner's office has notified them that as a member of the White House Staff the honorarium would be inappropriate. The AsMA would like him to designate a charity to receive the money? Can we do this?

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

February 12, 182

FOR: EDWIN J. GRAY
FROM: CARLTON E. TURNER
SUBJECT: Annual Meeting of American Association of
Colleges of Pharmacy (AAPC)

Ed, the AAPC has invited me to attend their Council of Deans to discuss the President's Drug programs. The Council of Deans makes policy for schools of Pharmacy. We need to stimulate more education on drug abuse in professional schools. I will pending your decision attend the meeting on March 23 at 9:00 - 9:45 am. This program will follow the First Ladies program sponsored by Action on the 22nd.

ATTACHMENT



AMERICAN ASSOCIATION OF
COLLEGES OF PHARMACY

4630 Montgomery Avenue • Suite 201

Bethesda, Maryland 20014

(301) 654-9060

John F. Schlegel, Pharm.D., M.S.Ed.
Executive Director

01 FEB 1982

January 27, 1982

26 JAN 1982

Dr. Carlton Turner
Senior Policy Adviser for Drug Policy
White House Office of Policy Development
Old Executive Office Building, Room 218.
Washington, DC 20500

Dear Dr. Turner:

On behalf of the Council of Deans of the American Association of Colleges of Pharmacy, I cordially invite you to speak to the Council about the priorities of your office on Tuesday morning, March 23, 1982 at the Key Bridge Marriott Hotel in Arlington, Virginia. Council Chairman Julian Fincher of the University of South Carolina and Dean Wallace Guess of the University of Mississippi particularly wished that a special invitation be extended to you. We hope that you can take this opportunity to communicate national drug policy direction to the leaders of the country's seventy-two colleges of pharmacy.

Our Council of Deans meets once annually in Washington. Approximately one hundred deans and administrators generally attend and virtually every pharmacy college is represented. Should you accept our invitation, we propose that you be the single speaker to address the Council at the closing session of their two day meeting. A 9:00 to 9:45a.m. time frame has been programmed; however, for your convenience the program could begin earlier. The length of your remarks would be at your discretion, and questions or discussion entertained at your pleasure.

My office shall contact yours to see if your schedule permits you to join us. Please contact me should further information be needed.

Sincerely,

JFS:ss

THE WHITE HOUSE

WASHINGTON

February 12, 1982

MEMORANDUM FOR OVERSIGHT WORKING GROUP MEMBERS

The next meeting of the Oversight Working Groups will be on March 10, 1982 at 10:30 in room 248 in the Old Executive Office Building.

Attached are notes from the last meeting and copies of February monthly reports from the member agencies.

Please send your agenda items with your monthly report on or before March 3, 1982.

Regular members of the Oversight Working Group will be cleared into the building. Please advise us of any changes at least two days before the meeting.



Carlton E. Turner
Senior Policy Adviser

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

February 11, 1982

FOR: EDWIN J. GRAY
FROM: CARLTON E. TURNER
SUBJECT: Travel Request

The Straight, Inc. has requested that I attend their Awareness Banquet in Tampa, Florida. The conference will be attended by 500 patrons of Straight: Florida Judges, local law enforcement personnel and school teachers and counselors. They have asked that I talk on drug problems in the nation and the President's programs. The evening is designed to educate the attendees on the drug problem and how it relates to young people.

The Aerospace Medical Association has requested that I give the Harry G. Armstrong lecture on the afternoon of May 13. The lecture is devoted to indepth discussion of a selected topic of current interest from the scientific community.

The ASMA will cover expenses and provide a donation, subject to Fred Fielding's approval, of \$500.00 for a charity of our choosing. Miscellaneous expenses will be covered by Straight, Inc

This would involve leaving on Wednesday, May 12, in time for the address in the evening and returning on the morning of Friday, May 14, 1982.

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

February 11, 1982

FOR: EDWIN J. GRAY
FROM: *cut* CARLTON E. TURNER
SUBJECT: Travel Request


The National District Attorney's Association has requested that I attend their Midwinter Conference in New Orleans, Louisiana. The conference will be attended by District Attorneys from all over the nation. They have asked that I appear on a program with representatives of the Department of Justice. This Association's committee on Drug Abuse is interested in working with parents and young people to reduce drug use. We certainly need the District Attorney's to take a stronger stand.

This would involve leaving on Sunday Evening, March 7, 1982 and returning on Monday night, March 8, 1982. The Association will pay airfare and expenses.

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

February 11, 1982

FOR: EDWIN J. GRAY
FROM:  CARLTON E. TURNER
SUBJECT: Travel Request

The Drug Research and Education Association in Mississippi (DREAM) has requested that I attend their DREAM ONE Conference that was previously cancelled and now is rescheduled for February 25 - 27, 1982 in Jackson, Mississippi. The conference will be attended by Educators, Principals, Superintendents, High School Students, Parents. They have asked that I discuss the President's broad drug program and do a 35 minute lecture on marijuana. As mentioned before, Mississippi is the second state to organize a drug abuse program on the state level.

This would involve leaving on Wednesday evening, February 24, 1982 and returning on Saturday, February 27, 1982. Dream has agreed to pay travel expenses.

THE WHITE HOUSE
WASHINGTON

February 8, 1982

MEMORANDUM FOR WILLIAM GEMMELL

In addition to the names listed on the clearance "Request for Appointments" form, the following names will need place cards.

Dr. Carlton Turner

Ms. Jody Forman

Mr. Daniel Leonard

Mr. Richard Williams

The place cards should be large enough to be seen from across a large table.

Thank you very much for accomodating our request.

Lynne Ensign

REQUEST FOR APPOINTMENTS

To: Officer-in-charge
Appointments Center
Room 060, OEOB

Please admit the following appointments on Wednesday February 10, 19 82

for Carlton E. Turner, of OPD
(NAME OF PERSON TO BE VISITED) (AGENCY)

Dr. Denis Prager - OSTP
Mr. Bob Lewis - Department of Education
Mr. Donald Mathes - ICA
Mr. Loran Archer - NIAAA
Mr. James Lawrence - ADAMHA
Major John Killeen - Defense
Dr. Manuel Gallardo INM
Dr. Stewart Baker - Veterans Administration
Mrs. Connie Horner - Action
Dr. Richard A. Lindblad - NIDA

MEETING LOCATION

Building OEOB Requested by Lynne Ensign
Room No. 330 Room No. 218 Telephone 6554
Time of Meeting 1:30 pm Date of request Tuesday, February 9, 1982

Additions and/or changes made by telephone should be limited to three (3) names or less.

APPOINTMENTS CENTER: SIG/OEOB - 395-6046 or WHITE HOUSE - 456-6742

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NO Document Description

1 MEMO

1 2/2/1982 B6

C. TURNER TO ED GRAY RE ATTACHED LETTER

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NO Document Description

2 LETTER

2 1/18/1982 B6

TO TURNER RE SITUATION IN PERU

B7(C)

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THE WHITE HOUSE

WASHINGTON

February 8, 1982

Dear Mr. Gil del Real:

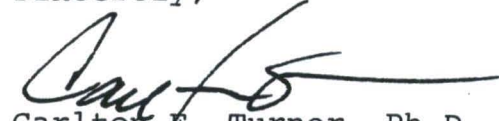
The President has asked me to respond to questions on drug abuse issues as his senior drug policy adviser.

Enclosed you will find information that was given to two committees of Congress on drug abuse. I think you will find pages 15 - 21 very interesting and helpful.

I am assuming that you are concerned with illicit drugs entering the country.

Thank you for writing and I hope you will continue to be involved in writing your government officials.

Sincerely,



Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Mr. Richard Gil del Real
260 Northwest 52nd Avenue
Miami, Florida 33126

260 N.W. 52 Ave
Miami Fl 33126

President Ronald Reagan
The White House
1600 Pennsylvania Ave.
Washington, D. C. 20500

Dear Mr. President:

I am a student at South Miami Senior High School doing a project for my course in American Government on Imports of Drugs. I would appreciate any information and your view on this issue.

Thanking you in advance for your help,

Richard Gil del Real

THE WHITE HOUSE

WASHINGTON

December 22, 1981

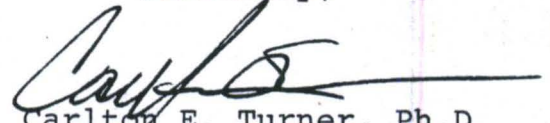
Pat
Dear ~~Mr.~~ O'Carroll:

Thank you for your paper from the INEOA Annual Conference in Minneapolis last August. I am sorry that it has taken this long to get back to you.

Next time you are in our area, please come by. We appreciate the support that you have given us in the drug abuse area.

I am enclosing a copy of a speech that the President made in September on crime and drugs, and I am also enclosing a copy of testimony I delivered before the Congress in November detailing the President's initiatives.

Sincerely,



Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Mr. Pat O'Carroll
Security Manager
Warner-Lambert Company
201 Tabor Road
Morris Plains, New Jersey 07950

Enclosures

Warner-Lambert Company
201 Tabor Road
Morris Plains, New Jersey 07950

201 540-2000
Cable Address: QUICKPILL: MORRISPLAINS
Telex: 13-6424 (WARNER LAM MOPS)

**WARNER
LAMBERT**

August 31, 1981

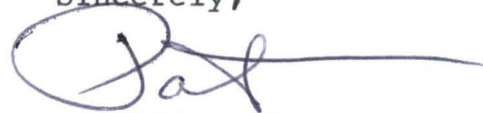
Dr. Carlton E. Turner
Senior Policy Advisor
The White House
Washington, D.C.

Dear Carl:

I have just returned from Minneapolis, Minnesota where I attended the INEOA Annual Conference.

I was on the law enforcement-medical panel sponsored by Haight-Ashbury Clinic. I prepared some remarks concerning the relationship of law enforcement and the medical community. You may find the survey I referred to interesting. I have attached it to my remarks.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Pat', with a long horizontal flourish extending to the right.

Pat O'Carroll
Security Manager

8/21/81

SPEECH - P. O'CARROLL

Perhaps it is more clear today than at any other previous time in narcotic enforcement history that clear, continuous communication with the medical community is an essential component of effective law enforcement.

I think the deliberations, statements and decisions made today are extremely important factors in this process. They, may, and I hope they will provide a foundation for a more unified approach by law enforcement and medicine in the prevention and control of drug abuse.

Training and education are integral parts of this communication process. It is my view, that law enforcement and medicine, who have worked together to prevent and control drug abuse must work even more intensively to educate the public at large about the drug problem.

Ignorance, about drug abuse despite individual and joint efforts by enforcement and medicine, is vast. There is still a tremendous amount of work to be done in public education. The better informed the public is, the easier it will be for us to carry out our responsibilities to prevent and control drug abuse.

But before we can educate the public we must educate ourselves. The relationship of narcotic law enforcement and medicine must be founded in trust and confidence and meetings like this can do much to strengthen a relationship that has been nurtured over the years by many in this room. When I organized the first Federal Narcotic School 25 years ago in October 1956 I reported to Henry Giordano the deputy to Harry Anslinger.

Anslinger and Giordano suggested that the U.S.P.H.S. be asked to participate in our training program and from our first class onward treatment specialists like Murray Diamond, Jim Lowry, directors of Lexington Hospital, had the opportunity, and as they said, the pleasure to discuss the drug abuse problem with expert narcotic officers. They saw the police officer as the initial diagnostician of addiction.

People on this panel like John Bellizzi, Don Fletcher etc. have labored long and hard in developing not only a rapport but an excellent working relationship with the medical community.

And this association through the years made it a special point to invite Doctors like Eddie Cameron, Lynch and others to contribute to our knowledge of drug addiction.

Since this is an international association you may be interested in the relationship of enforcement and medicine worldwide. As you know I was Chief of Narcotic Training for the

speech:1.46

DIVISION OF NARCOTICS AND DRUG ABUSE
Switzerland. I served in that capacity from 1972-1979, starting in 1972 the first international narcotic training school. Using the same technique I developed in the U.S. I asked WHO whose main headquarters is in Geneva if they would contribute their expertise to our training program. In addition to using my own director, Doctor George Ling, a famous pharmacologist in U.S. and Europe as part of the training staff I also had the opportunity to use WHO specialists like Doctor Faddarusso, who headed the Pharmaceutical and Research Division of WHO; Doctor Arif, head of Narcotic Unit of WHO. Dr. Patrick Hughes a noted sociologist from U. of Chicago; Dr. Khan, treatment specialist from Pakistan and Doctor Chruciel, a Polish psychiatrist.

These doctors helped us teach more than 1500 senior customs and police officials from about 50 countries. Our theme throughout our U.N. program was the important role training and education had to play in the prevention and control of drug abuse. We suggested that they adopt similar training programs in their own countries and many did so.

In 1979 together with Interpol I conducted a survey of police national training establishments to determine the state of affairs concerning instruction on narcotic drugs and psychotropic substances.

The survey was fairly extensive and will be published in its entirety by INEOA. But I would like to share with you today some of the highlights. We surveyed three levels of enforcement. Constables, supervisors, and senior managers.

Constables: We found that their basic training program averaged 15 weeks, and two days out of the 15 weeks were devoted to drug training. More than 10% of the drug training was conducted by medical doctors.

Supervisors: Their advanced training averaged 12 weeks and about 2% of that period was devoted to drug training. More than 12% of this advanced narcotic training was conducted by medical doctors.

Senior Officers: Advanced training received was approximately 20 weeks and about 7% of that period was devoted to drug training.

Some general observations can be made as a result of this survey. First, because of the spread of drug abuse throughout the world, enforcement agencies are providing knowledge and skills to all levels of enforcement to combat the problem. Secondly there seems to be a growing awareness that medical personnel have a contribution to make to any drug training program. Thirdly we found that a number of countries such as France, Belgium, El Salvador have visits to psychiatric and drug treatment centers as part of the drug training program.

speech:1.47

Lastly, I think that in some countries where enforcement personnel are basically military oriented there is recognition of the need for medical personnel in drug training programs. I know many police officers who came to our U.N. program in the seventies who were talking like many of us in the fifties. "There's no such thing as a cured junkie," "junkies should be put on an island and an atom bomb dropped in it." But the narcotic training going on and the involvement of the medical profession is encouraging and I think the tunnel vision concept is changing.

In closing I can give you an example of the impact the medical profession had on one of my students in a United Nations Class. He was a senior police official from Sri Lanka and as a result of listening to one of our treatment specialists in a seminar in Geneva he inquired into the treatment program in his ^{own} country. He found that treatment of drug addition was almost non-existent; that there was no adequate facility; that the budget was penurious; and that the medical doctor in charge of the program was in need of help to develop an appropriate treatment program.

He made the rounds of government offices and with the help of the Minister of Interior (and Probably Pio Abarro whose headquarters for the Colombo Plan is in Sri Lanka) he arranged for an appropriate budget for the treatment authorities.

Today instead of treating 5 addicts per year they are treating more than 500 and all through the auspices of a police officer whose life was touched by his training.

CONSTABLE LEVEL

Survey Report

Response

Fifty-eight countries reported 91 training programmes, in addition to 20 specialized drug courses. The response of countries and the number of training establishments are shown in Appendix 1.

Question: Average size of intake for each session and the number of classes into which they are divided?

The average size of intake for each session was 188 participants. In general, as a result of responses, we have become aware that the term, "intake for each session" is used in different ways by different respondents. Although the majority defined the term as stated, others took a broader view and reported intakes as high as 2,500 participants. The indication being that some respondents considered intake on a yearly rather than "each session" basis. An average size of class comprised of 30 participants.

Question: Average standard of education reached?

1 Very Primary	4 Prim/Secondary
22 Primary	48 Secondary

Question: Total duration, in hours, of all types of training given during the course?

The total number of hours devoted to training amounted to 55,959. This averaged 615 hours, or a 15 week training programme, for police constables.

Question: Out of the total number of training hours how many hours are devoted to drugs training?

Out of 55,959 hours, 1406 were devoted to drugs training. This indicates that each training programme devoted two days to drugs training, i.e. .025%.

Question: What teaching techniques are employed in drugs instruction at the training establishments, and for how many hours are they used during the course?

	<u>No. of hours</u>	<u>%</u>
(a) Lecture and discussion	1084	50
(b) Films and slides	225	10
(c) Simulation of practice	238	11
(d) Actual practice	172	8

(e) Practice in the use of work devices	126	6
(f) Field observation of communications facilities, laboratory analysis, etc.	68	3
(g) Discussion of assigned reading	28	1
(h) Other techniques	210	10

Question: What kind of instructors are used to give drugs training?

Seventy-six national training establishments reported that they utilized 158 instructors in drugs training.

	<u>No. of hours</u>	<u>%</u>
(a) Staff instructor	45	28
(b) Police officer (drugs unit)	63	40
(c) Doctor	18	11
(d) Lawyer	17	11
(e) Other	15	9

Question: Does the training establishment have:

	<u>Countries</u>	
	<u>Yes</u>	<u>No</u>
- Instructors qualified to teach drugs subjects?	27	40
- Instructors who need special training to teach drugs subject?	50	17
- Source/reference material on drugs such as:		
books	43	24
lecture outlines	39	28
drug films	36	31
sets of slides on drugs	36	31
pamphlets or other documents	38	29
slide projectors	53	14
film projectors	51	16

Question: What particular problems have you encountered in developing a drugs training programme at this level, or what problems do you anticipate in the future if no such programme has been established at the present time?

Forty-eight of the 58 countries responded to this question and their comments focused on nine specific problem areas listed below together with the number of countries who identified the particular problem area. Many countries reported multiple problems.

Audio-visual aids	27
Teaching material	27
Instructor training programme	16
Specialized drug course	10
Projectors	5
Drug samples (for exhibit)	4
Laboratory	3
Drug identification kits	2
Time factor	4

Question: What kind of assistance do you need to develop or reinforce drugs training at this level?

Forty-eight of the 58 countries generally identified their problems as needs, and requested assistance in meeting those needs as listed in the responses to the questions on problems. No assistance was requested under the last item, "time factor".

INTERMEDIATE LEVEL

Thirty-seven countries reported 63 training programmes for intermediate level.

Intake ranged from 6 to 800 participants with a median of 119. Each class size comprised 22.8 participants.

Education

3 Primary	1 Prim/University
4 Prim/Secondary	1 University (two year)
4 University	3 Sec/University
	44 Secondary

Total duration

29,539 total training hours

the average overall programme consisted of 469 hrs, i.e.
12 weeks = .019%

582 1/2 drugs training hours or 2% drugs training

Kinds of instructors

Staff instructors	43
Police officers	62
Doctors	19
Lawyers	16
Other	15

<u>Teaching techniques</u>	<u>hours</u>	<u>%</u>
(a) Lecture	327	53
(b) Films and slides	113	18
(c) Simulation of practice	53	9
(d) Actual practice	51	8
(e) Practice in the use of work devices	22	4
(f) Field observation	14	2
(g) Discussion of assigned reading	20	3
(h) Other	18	3

The NTEs reported 582 1/2 hours of drugs training using the above teaching techniques.

<u>Does the establishment have:</u>	<u>Yes</u>	<u>No</u>
Qualified instructors	41	17
Instructors needing special training	46	12
Books	50	8
Lecture outlines	46	12
Films	42	16
Slides	43	15
Pamphlets, documents	42	16
Slide projector	51	7
Film projector	49	9

Assistance requested

Audio-visual	7
Teaching material	5
Instructor training	4
Laboratory	5
Special drugs course	1

SENIOR LEVEL

Twenty-nine countries reported 39 training programmes for senior level.

Intake of 2,586 ranged from 4 to 340 participants with a median of 56. An average class comprised of 25 participants.

Education

16 Secondary	4 Sec/University
15 University	1 Advanced Degree

Total duration

30,519 total training hours

the average overall programme consisted of 783 hrs, i.e.
20 weeks = .0178%

544 drugs training hours

Kinds of instructors

Staff instructors	20
Police officers	21
Doctors	13
Lawyers	10
Other	9

Teaching techniques

	<u>hours</u>	<u>%</u>
(a) Lecture	346	48
(b) Films and slides	108	15
(c) Simulation of practice	50	7
(d) Actual practice	91	14
(e) Practice in the use of work devices	32	4
(f) Field observation	44	5
(g) Discussion of assigned reading	37	4
(h) Other	12	2

Does the establishment have:

	<u>Yes</u>	<u>No</u>
Qualified instructors	11	14
Instructors needing special training	19	6
Books	18	7
Lecture outlines	15	10
Films	17	8
Slides	17	8
Pamphlets, documents	12	13
Slide projector	21	4
Film projector	20	5

Problems reported by the NTEs

Audio-visual	10
Teaching material	10
Instructor training	4
Special drug course	3
Identification kits	2
Time factor	1

Assistance requested

Audio-visual	1
Teaching material	1
Special drug course	1
Instructor training	3

<u>Country</u>	<u>No. of training establishments</u>
Antilles Netherlands	1
Australia	16
Austria	7
Bangladesh	1
Belgium	4
Chad	1
Chile	1
Cyprus	1
Denmark	2
El Salvador	1
Egypt	1
Fiji	1
Finland	1
France	8
Gilbralter	1
Ghana	1
Hong Kong	1
India	3
Indonesia	2
Iran	1
Iraq	1
Ireland	1
Israel	1
Italy	1
	1
Jamaica	1
Japan	1
Jordan	1
Kenya	1
Kuwait	1
Libya	1

ICPO-INTERPOL/UNITED NATIONS

DIVISION OF NARCOTIC DRUGS CENTRAL TRAINING UNIT

SURVEY OF POLICE NATIONAL TRAINING ESTABLISHMENTS

Introduction

This survey is the first effort to collect and analyze information about the current state of affairs concerning instruction on narcotic drugs and psychotropic substances in police national training establishments. It offers both a status report and a guide for the CTU/Interpol project to develop or reinforce drug training in NTEs.

Status Report

It is a status report in that it is the first body of knowledge that attempts to give a current and comprehensive view of the instruction available in NTEs on narcotic drugs and psychotropic substances. In addition, it provides a format to generally identify the needs as well as the achievements of NTEs.

Guide

It is also a useful guide to provide necessary data and information for the joint project of the CTU/Interpol relating to the development, reinforcement and/or expansion of drug training in police NTEs. The main objectives of this project are:

- ° to provide essential drug training in police NTEs to all personnel from police constable to senior officer;
- ° to assist NTEs to become self-sustaining in drug training;
- ° to assist, where necessary, police NTEs to improve their drug training programs;
- ° to foster cooperation and the exchange of information and experience among training administrators throughout the world.

Survey Need

A primary obstacle in achieving these objectives is the lack of reliable data on drug training programs in NTEs.

Recognizing that needed data and management information were lacking to set precise targets and measure performance and accomplishment, the CTU/Interpol designed a survey instrument which was distributed to the Heads of National Central Bureaus of

Interpol in November 1977, in English, French, Spanish and Arabic respectively. Interpol forwarded completed questionnaires to the CTU in April 1978 for analysis and collation. A number of performance indicators were included in this survey instrument:

- average intake per session;
- class size;
- educational requirements;
- total duration of general training course;
- hours devoted to drug training;
- teaching techniques used;
- kinds of instructors used;
- problems encountered;
- identified needs.

Method

The total number of countries questioned on their NTEs was 103, with 58 responding. It is believed that the returns represent an adequate indication of training but a cautionary note must be introduced in that results presented are based on this indication only. They are considered to be reasonably representative of the state of affairs of NTEs but this cannot be guaranteed. It is also believed that additional responses would not change the overall pattern to any significant degree although it is possible that significant differences might be found concerning specific items.

The reader is reminded that there can be no ideal or average training establishment, as training objectives, operations and administration differ in each country and region depending upon innumerable factors. Variance, therefore, associated with a number of differences among NTEs was expected and the survey bears out this expectation.

The collated data should serve as a basis for improved drug training programs and provide the UN DND/Interpol/NTEs with some carefully measured insights into present drug training.

Survey Findings

The survey instrument identified problems in attaining performance targets and assisted in assessing the relative

speech:1.57

strengths and weaknesses of NTEs. To move the performance level of the police NTEs forward from where they are to where they could be in the future, certain identified problems have to be solved. These identified problems are considered, for purposes of analysis, as impeding forces, or those factors restraining organizations from moving towards higher levels of effectiveness. A listing of impelling forces, i.e. the helpful factors pressurizing organizations towards higher levels of effectiveness are also included.

The impeding forces were seen as follows:

- (a) lack of audio-visual aids (films, slides, video, graphs);
- (b) lack of teaching material in terms of lecture material, books documents, outlines, etc.;
- (c) lack of qualified instructors;
- (d) need for specialized drug course as an integral part of in-service training;
- (e) need for drug samples and drug paraphernalia to be used as exhibits and for demonstration purposes;
- (f) need for drug identification kits;
- (g) need for more time in current training schedules.

Impelling Forces

The impelling forces are those factors pressurizing the system towards higher levels of performance. Impelling forces, or helping forces, identified from the survey returns include:

- (a) Recognition by management that drug training is a necessary part of the general training of all levels of personnel. Survey results indicated that out of 190 NTEs, 172 (90%) reported drug training as a part of their general program.
- (b) That the average standard of education reached is relatively uniform and is generally consistent with the level of training received.
- (c) Total number of hours devoted to general training indicates a genuine commitment on the part of management to provide personnel with training programs and there is, in almost all countries, a viable national institution in place, with facilities, staff and teaching materials.

- (d) That a firm base exists for the reinforcement or expansion of drug training programs at all levels of enforcement. The survey indicates that the percentage of drug training in NTEs ranges from .018 to 0.25.
- (e) The average class sizes reported are not inordinately large and in most cases seem to be manageable in terms of numbers. Average class sizes ranged from 23 to 30 participants per class with a median of 26 participants.
- (f) Instructors: Although most NTEs relied on drug specialists from the specialized drug squad as trainers, a substantial number used staff instructors, doctors and lawyers as teachers of drug subjects. This linkage of enforcement with other disciplines involved in combating drug abuse is seen as a genuine effort to lay the groundwork for a supportive partnership through the training mechanisms.
- (g) There are a number of innovating and imaginative drug programs at the national level that deserve further study as their techniques are transferable to other training institutions. Some of a number of examples are:
 - field visits to court, psychiatric centers and treatment centers in connection with drug training (El Salvador);
 - an interchange of duty assignments in drug operations between State Police forces and Federal Customs (Australia);
 - exchange of drug instructors among various training establishments (Philippines).

Observations

A major requirement for the management of any program is the development of a systematic data base to serve as a foundation for both long and short-range program decisions. This survey report is a primary "building block" to a data base and affords an opportunity for some observations and recommendations. The survey findings indicate that in the great majority of Member States there is a viable national training establishment in operation with facilities, staff and teaching material. More than 90% of these NTEs report drug training as part of their general program, and indicate that the percentage of drug training ranges from .018 to 0.25. Although most NTEs relied on drug specialists from specialized drug squads as trainers, nevertheless a substantial number of

establishments used guest lecturers from other disciplines such as doctors and lawyers as part of their staff. These reported impelling, or helpful, factors appear to be an excellent base from which to move, individually and collectively, to higher levels of effectiveness.

The impeding or hindering factors indicate a wide range of needs from a lack of training material to a shortage of qualified instructors.

These needs have been described quantitatively and appear to be commonly shared needs of the target group. No unique or unusual needs were identified indicating that no unusual response will be required of the "delivery system."

Recommendations

1. The CTU of the Division of Narcotic Drugs, in conjunction with ICPO-Interpol, continues its project to develop or reinforce drug training in police NTEs.
2. That an advisory committee be established to assist the CTU/Interpol in the implementation of the project. It would convene at least once a year and would advise on the scheduling of programs, establishing of programs in order of priority, setting of completion dates, reports and reviews. This advisory committee would serve as a "voice" for NTEs and as such would participate actively in the diagnosis of problems and the development of plans of action for their solution.
3. That the CTU/Interpol survey be continued with on-site visits to selected training establishments. Those selected would be those that exhibited major variations in their structure and operational practices. These visits would also provide the opportunity to study unique training approaches and procedures.
4. That expert/consultants (one from each region) be used to assist in the implementation of the project (these experts could be members of the committee).
5. To identify all available teaching texts and other materials for use by NTEs. There is an ancillary need for ready access to text materials in this area. Some combination of a compilation of the best published articles and some new material focused on specific drug training needs would be useful and might encourage trainers to develop drug training programs or increase content coverage in existing drug training programs.

6. Development, on both a short and long-term basis, of an improvement package which would be a comprehensive and systematic plan for developing or reinforcing drug training in NTEs.

Project Impact (Future)

- an all-out enforcement response to the drug problem from constable to senior official, rather than total reliance on a special narcotic unit;
- the training of constables, or the uniformed patrol officer, to tap a vital resource in many countries, since the officer has direct contact with the public;
- emphasis on NTEs to refine and reinforce present strategy to train instructors, who, in turn, would be able to train many others;
- a new training exchange conduit to be established not only focusing on basic information about drugs, demand, supply and illicit traffic, but also on development of training strategies and specific training programs for overall performance improvement;
- the cost-benefit ratio in terms of drug training to be considerably improved as NTEs become self-sustaining.

สำเนา พลพณิชย

Somnao Polpanich

Asst. Project Officer
Narcotics Control Unit

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95 Wireless Road
Bangkok, Thailand.
Tel: 2525040 Ext: 2254

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THE WHITE HOUSE

WASHINGTON

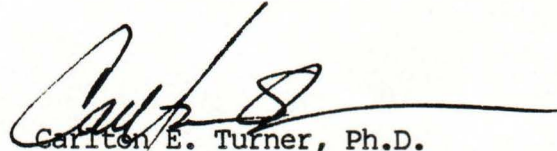
December 17, 1981

Dear Mr. Polpanich:

Enclosed are two documents which will provide a broad overview of President Reagan's approach to drug problems.

Let me thank you for your hospitality during my visit to Thailand. The visit was enjoyable and I look forward to returning.

Sincerely,



Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Mr. Somnao Polpanich
Assistant Project Officer
Narcotics Control Unit
American Embassy
95 Wireless Road
Bangkok, Thailand

THE WHITE HOUSE

WASHINGTON

December 21, 1981

Dear Dr. Rexed:

I have just received a copy of Mr. Joseph Linneman's recent letter to you. I do not have a copy of your interview with the Swedish publication, Socialnytt, containing your comments on U.S. drug policy. But, I can tell you that the President is keenly interested in the drug issue and has taken a very strong stand against drug use. The speech he delivered in New Orleans, Louisiana in September clearly stated his position. A copy is enclosed.

Also, my recent testimony before the United States Congress is enclosed for your information. This testimony was developed by the White House Office of Policy Development and reflects the views of the Administration.

During my appearance before the House of Representatives, I was questioned about the Administration's stand on decriminalization and legalization of Marijuana. We oppose such moves.

I am enclosing an article from the December issue of Reader's Digest which demonstrates the media's concern about drug problems. I have met with ABC-TV to discuss the networks' involvement in anti-drug themes. A brochure on a program produced by WABC-TV in New York is enclosed. The business community is also supporting our anti-drug program.


My office will take a very active role in international drug issues. I intend to discuss drug abuse prevention and control issues with our international visitors. In this connection, I have recently met with Minister Karin Soder, the Minister of Health and Social Affairs for Sweden; Minister L.A.P.A. Munnik, the Minister of Social Welfare of the Republic of South Africa; Commissioner Peter Lee, Narcotics Commissioner of Hong Kong; Dr. Donald Smith, Senior Scientist for the Department of National Health and Welfare of Canada. I am looking forward to continuing and expanding these exchanges.

Our education and prevention program will involve all federal agencies with drug responsibilities and will focus many activities around the volunteer organizations of this country. We will undertake new initiatives to complement the already sizeable drug enforcement efforts that this country has made for many years.

We are confident that our program and, in particular, the President's international initiatives will have a positive and long-term effect on the drug problems of our country. I know that you will help us communicate this message.

When your travels next bring you to the Washington area please stop for a visit.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlton E. Turner', followed by a long horizontal line extending to the right.

Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Dr. Bror Rexed
Executive Director
United Nations Fund for
Drug Abuse Control
Vienna International Centre
Post Office Box 500
A-1400 Vienna, Austria

THE WHITE HOUSE

WASHINGTON

December 22, 1981

Jens
Dear Professor Schou:

Thank you for your letter asking how you can receive standardized cannabis from us to be used as a nausea treatment for Danish cancer chemotherapy patients.

I have referred your letter to Dr. Richard Hawks of the National Institute on Drug Abuse and to Mr. Edward Tocus of the Food and Drug Administration. They will be able to manage your request directly.

I hope that your family is well. Please visit us when you are next in the States. My home address is 8218 Clifton Farm Court, Alexandria, Virginia 22309.

Sincerely,



Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Professor Jens Schou
Department of Pharmacology
University of Copenhagen
20, Juliane Mariesvej
DK-2100 Copenhagen Ø
DENMARK

*Hope you had a merry and happy
holiday season. Happy new year
CT*

NOV 2 1981

Dr. Carlton Turner, MD
The White House
Washington D.C.

October 28, 1981

Dear Carlton,

I take the liberty to write you on a matter in which your present and former position may both be helpful.

I have been asked by various clinicians whether it would be possible to try the treatment of cancer chemotherapy nausea with the standardized cannabis preparation in this country. Could you find out if it would be possible to receive a supply from your government for a controlled clinical trial in Denmark?

I don't think we shall face any problems with regard to obtaining the necessary authorization from the Danish National Board of Health as to importation and application.

I hope your new assignment brings you lots of pleasure. Please receive my best personal regards, also from family to family.

Your friend,


Jens Schou

THE WHITE HOUSE

WASHINGTON

December 14, 1981

Dear Mr. Shaw:

I am furnishing for the record, the answer to a question you raised on November 19 at hearings of the Select Committee on Narcotics Abuse and Control. Your question concerned an estimate of the total amount of funds that are used for drug law enforcement.

During the past fiscal year, \$540 million was expended on drug law enforcement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlton E. Turner', with a long horizontal flourish extending to the right.

Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

The Honorable Clay Shaw
House of Representatives
Washington, D.C. 20515

bcc: Select Committee on Narcotics Abuse and Control

THE WHITE HOUSE
WASHINGTON

December 18, 1981

Dear Mr Ambassador:

Enclosed you will find copies of letters that were sent to Minister Mounik and Dr de Beer. A copy of my testimony before the Congress which was presented to the President on November 17th is enclosed.

The President's Drug Policy as presented in the testimony is a broad and balanced policy. We are optimistic.

Best wishes for a rewarding holiday season to you and your family.

Carlton Sun

In honour of Minister of Health, Welfare and
Pensions, Dr. L.A.P.A. Munnik



OK
called
@ 9:00 PM

*The Ambassador of South Africa
and Mrs D. B. Sole
request the pleasure of the company of*

Dr. and Mrs. C. E. Turner

at Dinner

on Tuesday 20 October at 08h00

TO REMIND
P.L.A.P.
232-4400 Ext. 21

3101 Massachusetts Avenue, N.W.