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Collection: Turner, Carlton E.: Files
Folder Title: [Chron File – Non-Routine
Correspondence – July 1981-February 1982] (4)
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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] (4)

FOIA

F06-0060/01

Box Number 31

POTTER

22

| DOC NO | Doc Type | Document Description | No of Pages | Doc Date | Restrictions |
|--------|----------|--------------------------|-------------|------------|--------------|
| 1 | CARD | BUSINESS CARD (2-SIDED) | 2 | ND | B6 B7(C) |
| 2 | LETTER | FROM C. TURNER (PARTIAL) | 1 | 12/21/1981 | B6 B7(C) |

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

- B-1 National security classified information [(b)(1) of the FOIA]
- B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
- B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
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- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

THE WHITE HOUSE

WASHINGTON

January 26, 1982

Dear Minister Dayal:

Thank you for visiting with me. I enjoyed the conversation and found Secretary Gujral a very charming man.

I learned a great deal about the situation in India by your and the Secretary's visit and look forward to future opportunities to discuss narcotic matters.

Thanks for the opportunity to share friendship and food. Do drop by for an informal visit.

Sincerely,



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

The Honorable Nareshwar Dayal
Minister of India
2536 Massachusetts Avenue, N.W.
Washington, D.C. 20008

THE WHITE HOUSE

WASHINGTON


February 17, 1982

Dear Colonel Tonner:

Thank you for sharing with me your thoughts and views on drugs issues in the military. I learned a great deal from my trip to Ramstein and look forward to a return trip.

Please give my regards to Joan and stop by for a visit when you return Stateside.

Sincerely,



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

Colonel Richard Tonner
HQUSAFE/DPZ
Ramstein Air Base
APO New York 09012

THE WHITE HOUSE

WASHINGTON

February 25, 1982


Dear Director General Vid:

This letter is to provide you with information on recent activities regarding illicit drugs. Four items are enclosed; I hope they are of interest to you.

I remember my visit to your lovely country and look forward to returning in the near future.

Let me thank you for your hospitality and the many courtesies shown me during my visit with you and your people.

Sincerely,



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

The Honorable Vid Tantayakul
The Director General of the
Royal Thai Customs
Ministry of Finance
Bangkok, Thailand

THE WHITE HOUSE

WASHINGTON

February 17, 1982

Dear General Smith:

It was a delightful meeting and talking with you during my recent trip to Germany. Your views and comments on drug abuse issues were appreciated.

Enclosed is a copy of the President's speech given in New Orleans in September 1981, and a copy of my testimony before Congress. These will give you information on the President's drug policy.

Please give my regards to all and thank you again for your hospitality.

Sincerely,



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

General William Y Smith
Department Commander
USEUCOM
APO New York 09128

Enclosures

THE WHITE HOUSE

WASHINGTON

February 17, 1982

Dear Major Raino:

Counterpush 82 will be successful and I am confident that it will also be a positive influence on our NATO allies.

Thank you for your courtesies during my trip to Ramstein. It was a pleasure to give the keynote address for Counterpush 82 and visiting with those in attendance.

The side trip to Frau Diller's was something else!, the food was delicious and the company superb.

Please give my regards to Priscilla and the boys as well as Chuck and his wife. When you return Stateside, stop by for a visit.

Sincerely,



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

Major Paul Raino
HQUSAFE/DPZ
Box 7936
Ramstein Air Base
APO New York 09012

Enclosures

THE WHITE HOUSE

WASHINGTON

February 17, 1982


Dear Colonel Palmer:

Thank you for your assistance and kind hospitality during my visit to Ramstein. I am confident that Counterpush 82 will be a success with your capable guidance.

Enclosed are two papers which may be of interest to you. If you need additional copies, my office will provide them.

Please give my best to Theresa and remember to stop by for a visit when you are in town.

Sincerely,



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

Lt. Colonel Donald Palmer
HQUSAFE/DPZ
Box 9901
Ramstein Air Base
APO New York 09012

Enclosures

THE WHITE HOUSE

WASHINGTON

February 4, 1982

Dear Mr. O'Hara:

Thank you for an enlightening and exciting tour of Customs' Dulles operation yesterday. It has already made work we do much more meaningful.

We especially appreciated meeting the people that make the organization "go". You and Bob Lowe were very gracious to prepare such an interesting day for us. Please convey our appreciation to everyone at Dulles for their time and attention.

Sincerely,

Jody Forman
Sydney Ensign

Mr. John O'Hara
Regional Director
Patrol Division
U.S. Customs Service
40 South Gay Street
Baltimore, Maryland 21202

THE WHITE HOUSE

WASHINGTON

February 17, 1982

Dear Colonel Olivito:

Your suggestions, assistance and hospitality made my trip to Ramstein enjoyable and educational. Counterpush 82 is obviously off to a good start.

Providing me with the opportunity to talk with Air Force personnel of all ranks provided a new perspective on the scope and nature of the drug problem in the Air Force. I look forward to continued improvement in the drug situation in USAFE.

Please give my regards to Angela and the girls. Thanks, too, to Angela for a wonderful meal.

Sincerely,



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

Colonel Anthony Olivito
HQUSAFE/DPZ
Box 6928
Ramstein Air Base
APO New York 09012

THE WHITE HOUSE

WASHINGTON

February 9, 1982

Dear Dr. Novitch:

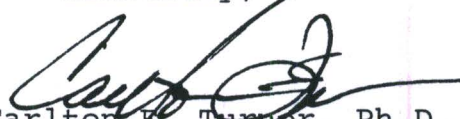
I would like to thank you and Mr. Brady for taking time to visit us to discuss the present status of patient package inserts.

Please keep me advised of any other steps that the Food and Drug Administration is planning to take in this regard.

Enclosed is a copy of testimony that I delivered before Congress in November, 1981 describing the President's program to prevent and control drug abuse.

Please let me know if I may be of assistance to you.

Sincerely,



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

Dr. Mark Novitch
Deputy Commissioner
Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20854

THE WHITE HOUSE

WASHINGTON

February 11, 1982

Dear Mr. Helmanis:

Thanks for stopping by to visit with us. I appreciate your views regarding the international aspects of drug abuse.

When you are next in D.C., stop by for a visit.

Sincerely,



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

Mr. Ansis M. Helmanis
International Narcotics
Control Board
Post Office Box 500
A-1400 Vienna
AUSTRIA



24 FEB 1982

VIENNA INTERNATIONAL CENTRE
P.O. BOX 500, A-1400 VIENNA, AUSTRIA
TELEPHONE: 26 310 TELEGRAPHIC ADDRESS: UNATIONS VIENNA TELEX: 135612

(Handwritten mark: a circle with the letter 'F' inside, and an arrow pointing to it from the left.)

Reference:

18 February 1982

Dear Carlton,

Thank you again for seeing me on such short notice.
It was truly a pleasure to meet with you and hear of your plans.

I regret that you did not have an opportunity to attend
the Commission session. It would have provided an excellent
insight into the proceedings and the delegations. Perhaps your
scheduling will permit a trip this way next February.

Should you find that either business or a vacation brings
you to Vienna, in the near future, please drop me a line. Although
Vienna's pleasures are limited, it does have some fine restaurants
and very nice wine. If I can be of any assistance to you, please
don't hesitate to ask.

Sincerely,

(Handwritten signature: Ansis M. Helmanis)

Ansis M. Helmanis

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

Organe International de
Contrôle des Stupéfiants



International Narcotics
Control Board

ANSIS M. HELMANIS

Acting Chief, Psychotropics Control Unit

THE WHITE HOUSE
WASHINGTON

February 17, 1982

Dear General Haldane:

Thank you for making my trip to Europe rewarding. Data at the briefing you chaired were interesting and gave me an appreciation of your problems, views, and needs.

If I can provide any assistance to you in your drug program, please do not hesitate to contact me.

Sincerely,



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

Lt. General Robert Haldane
Chief of Staff
USEUCOM
APO New York 09128

THE WHITE HOUSE
WASHINGTON

February 17, 1982


Dear General Gabriel:

Your delightful and knowledgeable officers made my visit to your Command enjoyable. I learned a great deal from them and am confident that Counterpush 82 will be a success under your guidance.

Enclosed is a copy of the President's speech in New Orleans in September 1981, and a copy of my testimony before Congress. These will provide you with information about the President's drug policy.

Thank you for your hospitality. I will give your regards to Barney Poole later this month.

Sincerely,



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

General Charles A. Gabriel
COMAAFCE and CINCUSAFE
Building 201, Room B-200
Ramstein Air Base
APO New York 09012

Enclosures

THE WHITE HOUSE

WASHINGTON

February 17, 1982


Dear General Bazley:

Thanks for your assistance during my recent trip to Ramstein. I am sure Counterpush '82 will be successful since all those involved are dedicated to reducing drug use in the Air Force.

Please give everyone my regards and feel free to contact me if I can provide any assistance regarding the President's drug policy.

I spoke with a friend of mine at the Veterans Administration. He wants to do some research which will, hopefully, provide data on how residual marijuan components affect body functions. He will use urine analysis to determine the concentration of residuals. His proposal sounds very interesting and the data may be just what we need.

Sincerely,



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

Lt. Gen. Robert W. Basley
VCINCUSAFE
Building 201
Ramstein AFB
APO New York 09012

THE WHITE HOUSE

WASHINGTON

December 1, 1981

Dear Mr. Darwick:

Thank you for your letter to President Reagan requesting that he set up a "blue ribbon" commission to deal with drinking drivers.

It is my understanding that that initiative has been given to the National Highway Traffic Safety Administration for action. Therefore, I am taking the liberty of forwarding your letter to that agency for a specific response.

The President has set this as a high priority in his comprehensive drug abuse prevention and control program.

I am enclosing a copy of the testimony I delivered before the Congress detailing the President's initiatives.

Sincerely,



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

Mr. Norman Darwick
International Association
of Chiefs of Police, Inc.
Eleven Firstfield Road
Gaithersburg, Maryland 20878

ID # 045489
FG999

NOV 5 1981
6 1981

WHITE HOUSE CORRESPONDENCE TRACKING WORKSHEET

- O - OUTGOING
 - H - INTERNAL
 - I - INCOMING
- Date Correspondence Received (YY/MM/DD) 8/11/81

Name of Correspondent: Norman Darwick

MI Mail Report User Codes: (A) _____ (B) _____ (C) _____

Subject: Requests the President appoint a blue ribbon Presidential commission to develop a national master plan to cope with the problem of the drinking driver.

| ROUTE TO: | | ACTION | DISPOSITION | | | |
|---------------|---------------|-------------------|---------------------------|------------------|------|-----------------------------|
| Office/Agency | (Staff Name) | Action Code | Tracking Date YY/MM/DD | Type of Response | Code | Completion Date YY/MM/DD |
| <u>✓ PD</u> | <u>Zion</u> | <u>ORIGINATOR</u> | <u>8/11/81</u> | | | <u>1 1</u> |
| | | Referral Note: | | | | |
| <u>OPD</u> | <u>Turner</u> | | <u>12/10/81</u> | | | <u>12/10/81</u> |
| | | Referral Note: | | | | |
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| | | Referral Note: | | | | |

ACTION CODES:
 A - Appropriate Action
 C - Comment/Recommendation
 D - Draft Response
 F - Furnish Fact Sheet
 to be used as Enclosure

I - Info Copy Only/No Action Necessary
 R - Direct Reply w/Copy
 S - For Signature
 X - Interim Reply

DISPOSITION CODES:
 A - Answered
 B - Non-Special Referral
 C - Completed
 S - Suspended

FOR OUTGOING CORRESPONDENCE:
 Type of Response = Initials of Signer
 Code = "A"
 Completion Date = Date of Outgoing

Comments: _____

Keep this worksheet attached to the original incoming letter.
 Send all routing updates to Central Reference (Room 75, OEOB).
 Always return completed correspondence record to Central Files.
 Refer questions about the correspondence tracking system to Central Reference, ext. 2590.



**International
Association of
Chiefs of
Police, Inc.**

Eleven Firstfield Road
Gaithersburg, Maryland 20878
Phone (301) 948-0922
Cable Address IACPOLICE

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University City, MO

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Farmingdale, NY

Norman Darwick
Executive Director

October 22, 1981

B. Frank

The President
United States of America
White House
Washington, D. C. 20500

045489

Dear Mr. President:

The International Association of Chiefs of Police wishes to bring to your attention what is perhaps America's greatest tragedy, the alcohol crash problem, and the need for you to take a firm stand and assume a leadership role to help resolve this critical problem.

Drinking driving and the gruesome toll it takes every day is the most often committed violent crime in our country, and it has been allowed to become a national disgrace. In the past 10 years alone, an estimated one-quarter of a million people have been killed in alcohol-related crashes. Millions more have been seriously injured—many crippled or maimed for life. This year another 25,000 people are expected to be killed in our country by drunken drivers—hundreds of thousands more seriously injured. The problem is projected to get worse—much worse.

Yet virtually nothing effective is being done at any level of government to stem this tide. Clearly, this is a situation that can no longer be tolerated and demands direct Presidential involvement.

We are convinced that much of the pain and suffering inflicted on innocent American families by drinking drivers is needless and preventable. In a country as great as ours, with our wealth of resources and talent, there is no sane reason to let this carnage continue. Drinking drivers can be removed from the highways. Death and destruction can be substantially reduced. But for this to happen, your involvement is needed.

The President
Page 2

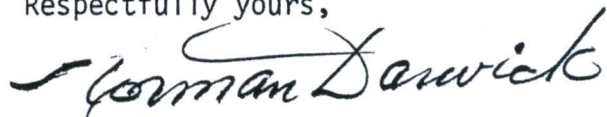
Therefore, we ask that you appoint a blue ribbon Presidential commission which will bring together the finest minds in the nation to develop a realistic national master plan to cope with this problem. We ask that you call on the American people to reduce drinking driving in order to save lives and prevent needless suffering.

And finally, we ask that you encourage every governor to establish a state task force to deal with drinking driving at the state and local level.

We believe society does not want the tragic problem of the drinking driver to continue. We believe the American people will get firmly behind your efforts to reduce death and injury caused by drinking drivers.

Thank you.

Respectfully yours,

A handwritten signature in cursive script that reads "Norman Darwick". The signature is written in dark ink and is positioned above the typed name and title.

Norman Darwick
Executive Director

THE WHITE HOUSE

WASHINGTON

December 18, 1981

Dear Dr. de Beer:

Attached you will find documents describing the President's Drug Policy. Mrs. Reagan has been taking an active part in the prevention campaign. Her help has been well received and has generated good community support.

I enjoyed the formal and informal discussions and look forward to visiting with you again.

Give my regards to your wife and colleagues. Mary Ann also sends regards to you.

Sincerely,



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

Dr. Johan de Beer
Director General of Health
Ministry of Health
Civitas
Pretoria 0002
Republic of South Africa

P.S. Thanks for the cuff links. They were beautiful and will be worn often.

WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name

TURNER, CARLTON: FILES

Withdrawer

KDB 1/9/2008

File Folder

[CHRON FILE - NON-ROUTINE CORRESPONDENCE - JULY
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F06-0060/01
POTTER

Box Number

21

22

DOC Document Type

*No of
pages*

Doc Date

*Restric-
tions*

NO Document Description

1 CARD

2

ND

B6

BUSINESS CARD (2-SIDED)

B7(C)

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

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[CHRON FILE - NON-ROUTINE CORRESPONDENCE - JULY 1981-FEBRUARY 1982] (4)

FOIA

F06-0060/01

POTTER

Box Number

3 |

22

DOC Document Type

NO Document Description

No of Doc Date Restric-
pages tions

| | | | | |
|---|--------------------------|---|------------|-------|
| 2 | LETTER | 1 | 12/21/1981 | B6 |
| | FROM C. TURNER (PARTIAL) | | | B7(C) |

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

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C. Closed in accordance with restrictions contained in donor's deed of gift.

THE WHITE HOUSE

WASHINGTON

December 21, 1981

Dear [REDACTED]

Enclosed is a copy of the President's speech in New Orleans and my testimony before the Senate Permanent Sub-Committee on Investigations. These documents will give you a better understanding on how this Administration plans to deal with drug problems.

[REDACTED] thanks for all your assistance while I was in Thailand.

Please drop by for a visit on your next home leave. Give my regards to everyone.

Sincerely,



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

[REDACTED]
Senior Customs Advisor
United States Customs Advisory Team
RTG Customs Building
Investigations Division
Khlong Toey
Bangkok, Thailand

b(6)
b(7)(c)

b(6)
b(7)(c)

THE WHITE HOUSE
WASHINGTON

December 21, 1981

Dear Dr. Harris:

Thank you for taking time from your schedule to visit with me. I appreciate very much the information and look forward to receiving your 1981 data.

When you are in the D.C. area please drop by to visit with us.

Sincerely,



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

Dr. Howard A. Harris
Director
Police Labs
New York City Police Department
235 East 20th Street
New York, New York 10003

THE WHITE HOUSE

WASHINGTON

December 22, 1981

BASIC
Dear Mr. ~~Commissioner~~:

Thank you for your letter of August 25, 1981. I apologize for the delay in responding to your letter, but I have been quite busy, as I am sure you can understand.

Enclosed is a copy of a speech on drugs and crime that the President gave before the International Association of Chiefs of Police in September. Your country was represented at that meeting.

Also enclosed is a copy of testimony I presented to the Congress in November detailing the President's drug initiatives.

Word has come to me that you are still in charge of the cannabis eradication efforts. I would appreciate any information you can provide me regarding the development of your program, resources, results, etc.

When you are in the United States, please let me know. I can arrange for some time together.

Sincerely,



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

The Commissioner
Hoofkantoor
Head Office
South African Police
Pretoria 0001
SOUTH AFRICA

Enclosures

SUID-AFRIKAANSE POLISIE



SOUTH AFRICAN POLICE

Rig korrespondensie aan DIE KOMMISSARIS

Address correspondence to THE COMMISSIONER

Privaatsak } X94
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Telegraphic address }

HOOFKANTOOR
HEAD OFFICE

PRETORIA
0001

| | |
|---------------------|----------------------|
| Verwysing Reference | 2/11/3 Vol. 4 |
| Navrae Enquiries | Lt.-col. S.J.J. Smit |
| Telefoon Telephone | 36186 |

1981-08-25

Send note that was here for note + send addresses' send phone #'s + Tell to University.

Dr. Carlton E. Turner
University of Mississippi
Mississippi U.S.A.
38677

Dear Dr. Turner

Thank you most sincerely for your letter dated July 13, 1981.

First of all I would like to congratulate you and also to wish you every success on being invited to join President Reagan's White House Staff in such an important position in the Office of Policy Development. I am sure you will find the new work interesting, stimulating and suited to your many and varied talents.

Please inform me of your new address.

Thank you for your invitation to visit you. I assure you I will do so if and when I am in your country.

My kindest regards to your family.

Yours faithfully

LT.-COL.
f/COMMISSIONER : SOUTH AFRICAN POLICE
(S.J.J. SMIT)

/RS

THE WHITE HOUSE

WASHINGTON

December 29, 1981

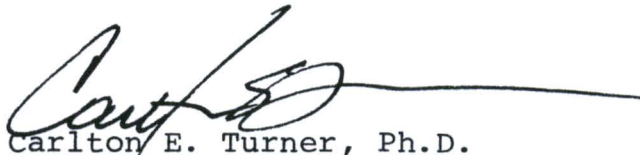
Dear Mrs. Jeter:

Thank you for your hospitality during my visit to Omaha. The Assistance League of Omaha deserves much credit for their superb prevention program. The President believes that long-term prevention programs are the key to the return to drug-free youth.

I encourage you to continue your drug prevention efforts. Action will be involved at the national, regional and local levels to foster volunteerism. They will probably be contacting you for advice.

When you are in our area, please stop by for a visit.

Sincerely,



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

Mrs. John Jeter
President
Assistance League of Omaha
6056 Country Club Oaks Place
Omaha, Nebraska 68152



DEC 07 1981

Assistance League® of Omaha

National Assistance League
Founded 1935 — Incorporated 1949

President
Mrs. John Jeter

November 24, 1981

Dr. Carlton E. Turner
Drug Policy Staff
The White House
Old Executive Office Building
Washington, D. C. 20500

Dear Dr. Turner:

On behalf of the Midwest Drug Education Committee and Assistance League of Omaha, we extend a sincere thank you for your part in making our conference on drug abuse possible.

We were extremely pleased to see our estimated response of 300 swell to 450 participants for the two day conference on November 5 and 6 at the Holiday Inn. While numbers are not the mark of success, they are gratifying. The true success of our conference will be realized when those in attendance move this effort forward within their own spheres of influence.

We valued your participation in our conference. Your excellent presentation not only clarified the Reagan Administration's position on drug abuse, but gave us understandable, practical information. We realize the extra effort you put forth to make arrangements to attend, and we are deeply grateful to you.

Assistance League of Omaha was able to offer this prevention effort because of the positive response from our community and concerned people across the nation. Thank you for your contribution to the Midwest Drug Education Conference.

Sincerely,

Mrs. John Jeter, President
Assistance League of Omaha
6056 Country Club Oaks Place
Omaha, Nebraska 68152

Mrs. Gerald P. Laughlin, Chairman
Midwest Drug Education Conference
11616 Leavenworth Road
Omaha, Nebraska 68154

MIDWEST DRUG EDUCATION CONFERENCE COMMITTEE

Chairman: Mrs. Gerald P. Laughlin Vice Chairmen: Mrs. Don L. Miller, Mrs. Louis A. Finocchiaro, Jr.
Committee Members: Mrs. Robert Batchelder, Mrs. Don Cimpl, Mrs. William Dunn, Mrs. John Hubbard, Mrs. Jerry L. Larson, Mrs. Monte E. Matz, Mrs. C. Mickey Skinner, Mrs. Dennis Thomte, Mrs. Gus R. Wolf, Jr.
PRIDE-Omaha, Inc. Advisors: President, Mrs. Marty Jacobson, Mrs. Nadyne Millar, Mrs. David Mohler

THE WHITE HOUSE

WASHINGTON

December 22, 1981

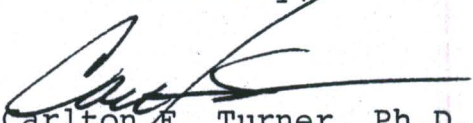
Dear Khalsa:

Thank you for the copy of, "Marijuana in the '80s." And, thank you for coming by to visit with me.

I am sending you a copy of testimony I delivered before the Congress in November, detailing the President's drug initiatives.

Let's keep in touch.

Sincerely,



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

Dr. J. H. Khalsa
Food Additives
Evaluation Branch
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200 C Street, S.W.
Washington, D.C. 20204

Enclosures



FOOD AND DRUG ADMINISTRATION
BUREAU OF FOODS
DIVISION OF TOXICOLOGY

DR. J. H. KHALSA

FOOD ADDITIVES EVALUATION BRANCH (HFF-185)

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Dr. Carlton Turner:

Hi! I am here at
FDA. Would love to get
together with you for old
times sake. Pl. Buzz me
if you can. Thanks
John

Marijuana in the '80s

Report of the AMA Council on Scientific Affairs
As Adopted by the House of Delegates
December 1980

It is perhaps ironic that concomitant with emerging therapeutic possibilities for cannabis and its constituents, new evidence has appeared that marijuana is hazardous to health.

On the one hand, we are at the threshold of providing symptomatic relief to some patients who suffer extreme nausea from cancer chemotherapy and for whom existing anti-emetic agents are ineffective. On the other hand, we face the growing prospect of an appreciable number of marijuana users incurring physiological and psychological impairment.

Marijuana is the drug of the young. More than two-thirds of 18 to 25 year old persons in the United States have tried it on at least one occasion.⁽¹⁾ Some have been chronic users. For the children, adolescents and young adults who do smoke marijuana regularly there is considerable risk ahead. The risk for them, and for society, is of a nature and magnitude that belies the characterization of marijuana as a "soft drug." It can be hard on its user, and inflict a great deal of harm.

The Council on Scientific Affairs has on two previous occasions called attention to the health aspects of marijuana use. In a report adopted by the House of Delegates in December 1977 (Report D: I-77), the Council expressed concern over evidence of a range of adverse effects that had been appearing in the scientific literature.⁽²⁾ Two years later, in December 1979 (Report I: I-79), the Council reaffirmed its concern to the House, and emphasized in particular the dangers of pulmonary involvement and possible carcinogenesis.⁽³⁾ The Council also took cognizance of investigations into possible medical applications of marijuana, and urged that research be more rigorously designed and conducted in the future.

In adopting the second Council report, the House asked the Council to prepare a subsequent report on "(1) increased regular use of marijuana by youth, (2) the proliferation of the paraphernalia industry and so-called 'headshops,' and (3) the subverting of FDA laws and regulations by state laws that legalize marijuana use for medical purposes."

Then, in July 1980, the House referred to the Council Resolution 3, introduced by the Wisconsin delegation, proposing that, in view of growing evidence of health hazards, the AMA "officially declare marijuana to be a dangerous drug."

This report was developed for the Council on Scientific Affairs by a special panel on drug abuse consisting of Joseph H. Skom, M.D., Chicago, chairman; Henry Brill, M.D., Brentwood, Long Island; Sidney Cohen, M.D., Los Angeles; David E. Smith, M.D., San Francisco; and Jokichi Takamine, M.D., Los Angeles. Rogers J. Smith, M.D., Portland, Oregon, chairman of the Council, participated as an ex-officio member of the panel.

This report, which constitutes a response to these requests, comes in the wake of three documents released earlier this year by the National Institute on Drug Abuse (NIDA): Marijuana and Health: 1980,⁽⁴⁾ HEW's eighth annual report to Congress; A Drug Retrospect: 1962 to 1980;⁽⁵⁾ and The National Survey on Drug Abuse: 1979.⁽¹⁾ Taken together, these publications paint a disquieting picture of a growing proportion of young people exposing themselves to dangers that no longer are in the area of tenuous speculation.

Use of Marijuana by Youth

NIDA's latest national survey reflected significant changes in marijuana usage from 1971 to 1979.⁽¹⁾

In 1971, one of 10 adolescents aged 14 and 15 reported ever using the drug. By 1979, the rate for this age group had tripled, climbing to 32 per cent. In the same period life time prevalence for 16 and 17 year olds had risen from 27 per cent to 51 per cent.

Looking at the 12 to 17 year olds who said in 1979 that they smoke marijuana on a fairly regular basis, the survey showed that 8.4 per cent reported using the drug on five or more days during the previous month. Over 22 per cent of young adults (18 to 25 years old) reported this frequency of usage. These figures, based as they are on a survey of households, undoubtedly are conservative; it can be assumed that a sizable number of chronic users detach themselves from family settings, and that students living away from home -- who were not interviewed -- might include a proportionately larger number of regular users than the surveyed population.

Although the NIDA survey indicated that only 8 per cent of 12 and 13 year old children in 1979 had ever tried marijuana, this figure is a third larger than the percentage of children of that age in 1971 who said they had ever used it. Moreover, other surveys conducted in two states found a greater proportion of children than this who used marijuana. In 1978, one in five 8th graders questioned in Maryland said they were currently smoking marijuana, and one in 11 said they were doing so daily or several times a week.⁽⁶⁾ In Maine the same year, 56 per cent of 13 to 15 year olds who were sampled said they had used the drug at least once, and 42 per cent reported being regular users.⁽⁷⁾

As pointed out in the two previous Council reports on marijuana, regular use can constitute a hazard for anyone; especially vulnerable, however, are children and adolescents, who are in crucial phases of psychological and physiological development. Additional findings of adverse effects of marijuana use in animals and humans, coupled with evidence of substantial regular use by young people, therefore have serious implications for the health of a new generation.

Some of the major recent findings as summarized in the 1980 Marijuana and Health report⁽⁴⁾ that have particular relevance to youth can be grouped under the headings of brain function, psychomotor effects, reproductive function, pulmonary involvement, and psychopathology.

It should be emphasized that most deleterious effects are related to chronic or consistent, as opposed to episodic, use of marijuana. Metabolites of delta-9-tetrahydrocannabinol (THC) can be found in fatty tissue for up to eight days following intake, so that a cumulative build-up takes place with regular use. (THC is the most prominent psychoactive component of marijuana.) The quality of the marijuana is also significant; in this regard, it is noteworthy that cannabis preparations in use today are as much as five times as potent in THC content as those available five years ago.

Brain Function

Conclusive evidence of macroscopic brain damage is lacking. Microscopic cellular changes, however, have been found in brains of rhesus monkeys who received the equivalent of one marijuana cigarette daily for six months.(8) Similar measurements have not been made in humans.

Yet, the possibility that such changes, which may or may not be reversible, can take place in man as well as in another primate cannot be dismissed out of hand. Moreover, damage does not necessarily have to be visible to result in impaired mental functioning.

In that regard, there are abundant anecdotal reports, if not controlled studies, on the lack of academic drive on the part of students who regularly use high doses of marijuana. Long-term sedative and other effects from chronic intake may combine with acute intoxication effects to initiate or to reinforce inattention to schoolwork or the wish to drop out.

The NIDA report(4) alludes to "dozens of experimental studies" which consistently have shown adverse acute effects of marijuana use on cognition and immediate memory; so that for "substantial numbers of high school students (who) are using marijuana during the course of the school day...a detrimental effect on their classroom functioning and knowledge acquisition" is likely.

Psychomotor Effects

The Council in its 1977 report on marijuana singled out motor vehicle crashes as potentially the most serious consequence of psychomotor impairment resulting from acute intoxication. Subsequent studies have indicated that as many as eight of ten marijuana users sometimes drive when they are "high."(4) NIDA predicts that "as use becomes increasingly common and socially acceptable and as the risk of arrest for simple possession decreases, more users are likely to risk driving while high."(4)

A recent study in California, involving blood samples of 1,800 motorists arrested for driving while intoxicated, detected marijuana in 16 per cent of the cases, nearly all of them in conjunction with the presence of alcohol.(9)

The concomitant use of marijuana and alcohol, which is quite common, has its greatest implications in the area of highway safety. Reduction in reaction time, poor cognition and impaired coordination that have been observed with the use of either substance alone are markedly amplified when the two drugs are taken in combination.(10)

Reproductive Function

Possible disturbances in endocrine function of adolescents and young adults are of greatest interest insofar as they adversely affect sexuality and reproduction. In 1977, the evidence for such effects was sparse. Now, although inconclusive and often preliminary, there is a growing body of data from studies of chronic heavy use in animals and humans that point to diminished fertility and that substantiate danger to the fetus.

For males, there is conflicting evidence regarding the lowering of testosterone levels, especially as to whether such effects are long-term and attendant upon chronic use, or transitory as a result of acute administration. In either case, interesting research questions can be raised concerning aphrodisiac qualities of marijuana that have been alleged by some users. Reduced sperm counts, which were found in one controlled study, probably are not as significant for decreased fertility as are abnormalities in structure and impaired motility, also detected in sperm in this study. (11)

For females, chronic marijuana use may cause abnormal menstruation, including failure to ovulate, and fetal damage. Menstrual problems were evident in a controlled study of street users in St. Louis, (12) although concomitant use of alcohol by some of the subjects could have had some influence on the results. Experiments with rhesus monkeys have implicated THC as a disruptive influence on the reproductive system, with effects apparently mediated through inhibition of pituitary gonadotropin secretion, and also possibly through direct action on reproductive tissues. (13) In another study, female monkeys treated with THC over a period of three to five years at levels comparable to daily human consumption of one or two marijuana cigarettes, suffered four times the incidence of fetal deaths, abortions and resorptions as did drug-free controls. (14) Although demonstrable fetal effects have been largely embryocidal, the possibility of abnormal fetal development as a result of the mother smoking marijuana during pregnancy cannot be ruled out.

Pulmonary Involvement

The two previous Council reports cited evidence of bronchial impairment and lung damage, including carcinogenic risks, associated with chronic and heavy marijuana smoking, and with combined marijuana and tobacco use. Additional supporting data come from a study done with rats who inhaled marijuana smoke daily for a period of one-eighth to one-half their life spans and suffered degenerative changes in their lungs more severe than those caused by cigarette tobacco. (15)

Although the degree of comparability of marijuana and tobacco smoke in pulmonary effects is still debatable, one study of bronchoconstriction found that smoking less than one marijuana cigarette per day diminished vital capacity of the lungs as much as smoking 16 tobacco cigarettes. (16) Because smoking several marijuana "joints" daily is not unusual among young people, their risk of incurring pulmonary problems may be far greater than that of heavy users of tobacco. The combination of tobacco and marijuana smoking, a common practice, is probably additive in its pulmonary side effects.

The 1979 Council report also dealt with the issue of spraying marijuana crops with paraquat, a herbicide found to have possible toxic pulmonary effects, although no evidence of paraquat toxicity in humans from smoked marijuana has been noted. This spraying reportedly has been discontinued; nevertheless, it would be advisable, in any future consideration of applying herbicides to marijuana plants, to determine and evaluate the health hazards of the chemicals involved before actually putting them into use.

Psychopathology

It has been known for some time that marijuana use can produce panic reactions, flashbacks and other emotional disturbances, and that children and adolescents are at high risk psychiatrically when they abuse psychoactive substances.

It is now also clear that persons with a history of schizophrenia or other major mental disorders place themselves in jeopardy by using marijuana, because even acute use has been shown to precipitate psychiatric symptoms in such individuals. (17)

The fact that the marijuana being smoked today is far more potent than that used just a few years ago may bring an increasing number of psychiatric casualties into emergency rooms, crisis centers, and physicians' offices.

Implications of the Research

Marijuana is a dangerous drug. A growing body of evidence from both animal and human studies and from clinical observations attests to its deleterious effects on behavior, performance, and functioning of various organ systems. There undoubtedly must be improvement in research design and techniques before definitive incontrovertible data can be secured in certain areas. But that is no reason to hesitate in calling attention to the potentialities for harm as they become clearer and more widespread.

In view of the evidence of possible adverse effects of marijuana use, the sale of, or other trafficking in, marijuana should be subject to stringent penalties and vigorous prosecution.

The AMA has long opposed excessive and unrealistic penalties for possession of small amounts of this drug for personal use. Nevertheless, legislative action that is designed to moderate penalties for possession should be of such a nature as to discourage use and not to support misconceptions that marijuana is a harmless substance. The fact that marijuana may prove to have therapeutic value in medical practice does not indicate that it is a safe drug for recreational use. Legislators should keep in mind the primary need to give young people a clear message that marijuana use may be hazardous and is not sanctioned or endorsed by society. Fines, although more appropriate penalties than prison sentences when applied to possession for personal use, should be large enough to constitute a deterrent to use.

To reiterate, although all penalties relating to marijuana should be large enough to constitute a deterrent to use, there should be a significantly greater penalty for trafficking in the drug.

The Drug Paraphernalia Industry

Proliferation of Paraphernalia Shops

Retail establishments that specialize in drug-related products have spawned across the country. There are in excess of 15,000 so-called "headshops" plus an undetermined number of other stores that stock paraphernalia of various kinds.⁽¹⁸⁾ Displayed and sold are machines and paper to roll marijuana cigarettes, pipes and other implements for alternative ways of smoking, and containers for concealing stashes of bulk quantities. Marijuana users are not the only ones catered to. Kits are available for converting cocaine into "free base" which can be smoked, with effects far more devastating than sniffing or inhaling can produce. Measuring devices, scales, instructions, recipes -- all pertaining to a variety of psychoactive substances -- are there to be examined and purchased.

As much harm as these establishments do in facilitating the abuse of marijuana and other drugs, their chief danger lies in the fact that they often constitute centers for exchange of drug information and for initiating minors into the drug culture.

Pressures brought by parents' organizations and other concerned groups and individuals against such establishments in their communities can be helpful and should be encouraged. Such pressure without legal sanction, however, is not likely to have major impact upon this multi-million dollar industry. Voluntary efforts are probably most successful in limited cases where the supplier or seller unwittingly offers a product that is used adjunctively in drug abuse, and can then be persuaded to withdraw it from the market or curtail its distribution when this fact is called to his attention.

Federal control of this problem would be difficult. The manpower required to enforce national legislation against the marketing of these products would be considerable and might be an undesirable drain on the staffing of other more productive efforts to curb drug abuse.

State and local legislation, on the other hand, has been effective in some parts of the country. The Drug Enforcement Administration (DEA) has prepared a model act for states⁽¹⁹⁾ that sets forth explicit definitions of paraphernalia, and that makes it a crime to possess such devices with intent to use them for drug abuse purpose, or to make or sell such articles with the knowledge that they are to be so used.

Therapeutic Applications

The most promising potential clinical use of marijuana and THC is in the treatment of extreme nausea for patients who undergo cancer chemotherapy.

Well-designed clinical studies have demonstrated the superiority of THC over placebo in this regard.^(20,21,22) There is conflicting evidence, however, as to the comparative efficacy of THC and prochlorperazine (Compazine), a standard anti-emetic drug. For example, one large study found

that THC had "no advantage over prochlorperazine,"⁽²²⁾ while another evidenced relatively good response to THC, especially among younger subjects.⁽²³⁾ Both of these studies utilized 10 mg. doses of prochlorperazine, an amount that is at the low end of the recommended therapeutic range of emesis.⁽²⁴⁾ A majority of 53 patients who were refractory to "aggressive use of standard anti-emetics" and who were later given THC showed improvement, in another study:⁽²⁵⁾ 10 had no nausea or vomiting, and 28 had partial responses. It may well be that THC's usefulness as an anti-emetic will be greatest among "treatment failures." A large-scale clinical trial of THC with such patients is being conducted under the auspices of the National Cancer Institute.

In this and future studies, it is hoped that differentials in response to THC and in experiencing adverse reactions can be further elucidated. Older patients, for example, seem to respond less well than younger ones, and to complain more about unpleasant drug-induced effects, such as drowsiness, hallucinations, anxiety and tachycardia.⁽²⁶⁾ More tests also need to be carried out on the relative efficacy of marijuana cigarettes vs. THC capsules as an anti-emetic agent. It may be difficult to standardize the content and potency of marijuana in cigarette form, but some patients find they are unable to swallow THC capsules because of retching and vomiting.

Reduction of intra-ocular pressure in glaucoma is another possible medical use of THC and marijuana that is now being investigated. The comparatively few clinical trials for this indication have yielded encouraging results; additional investigations need to be carried out to uncover any adverse effects and to identify the most active ingredient for this purpose, which may not be delta-9 THC.⁽²⁷⁾

The remaining potential therapeutic uses of marijuana are in preliminary stages of research. A few reports of effectiveness of THC in the treatment of muscle spasticity should prompt further investigation and attempts at replication.⁽²⁷⁾ Much of the clinical applicability of future studies, however, may depend on isolating and determining the action of marijuana's numerous constituents. The cannabis plant contains more than 400 chemicals, including some 60 cannabinoids, and delta-9 THC alone has over 30 metabolites.

Medical use of marijuana and THC, primarily for emesis and glaucoma, is now authorized in more than 20 states, under statutes providing for varying degrees and kinds of research controls. At least 11 of these states have FDA-approved protocols allowing for physician participation in clinical trials. Other states have submitted protocols for approval. Where such protocols are well designed and followed, there is opportunity for obtaining reliable patient data from numerous sources to augment findings that have been derived from small individual controlled studies.

For those states with enabling legislation that has not as yet been implemented, it is recommended that appropriate regulations and guidelines be established to ensure that bonafide research is carried out, and that medical use beyond the context of clinical investigation is not permitted. For those states that may contemplate legislation in the future, the following features proposed by the FDA⁽²⁸⁾ should be considered for incorporation in statutes:

1. The law should not be in conflict with rules and regulations imposed by current federal laws, such as the Controlled Substances Act.
2. The law should require coordination with FDA, NIDA, DEA and other relevant federal agencies.
3. It should provide adequate funding for the research.
4. It should recognize abuse potential and provide mechanisms to prevent diversion and misuse during the course of the research.

Conclusion

The perils and promise of marijuana require the continuing attention of the medical profession and the scientific community. The unfolding details of the hazards of abuse and the prospects for therapeutic use must be carefully evaluated and interpreted.

As the body of reliable information grows, all segments of society, and young people and their parents in particular, need to be apprised of the facts and their implications. The AMA, state and county medical societies, specialty societies and individual physicians should take a leading role in such educational activities. Physicians themselves should become fully informed, and continuing medical education programs and courses should be developed and made available for this purpose.

As important as prevention of drug abuse is, its victims must not be forgotten. Psychological impairment and physical disorders caused by excessive acute or chronic use of marijuana or other psychoactive drugs, and drug dependence itself, are of major concern to the practicing physician. Working cooperatively with other health professionals and social service personnel, he can provide effective comprehensive treatment and, by so doing, reduce the prevalence of drug problems in the future.

The Council on Scientific Affairs recommends the adoption of this report in lieu of Resolution 3 (A-80).

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THE WHITE HOUSE

WASHINGTON


December 29, 1981

Dear DeDe:

Please excuse the delay in writing to you. The program in Omaha was excellent. The Assistance League of Omaha and your supporters deserve much credit. Efforts such as yours offer our society a new approach to the drug problems. I am grateful to you for the opportunity to participate.


Thank you for your contribution to the President's drug prevention programs. Remember, if I can be of assistance, please call.

Sincerely,



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

Mrs. Gerald P. Laughlin
Chairman, Midwest Drug
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K. S. Tong

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THE WHITE HOUSE

WASHINGTON

December 21, 1981

Dear Mr. Long:

Please excuse my delay in writing you. Let me express my appreciation for the assistance you and others at Customs provided me during my short visit to Hong Kong.

Enclosed you will find two documents that will provide you with a proper view of President Reagan's approach to Drug Problems.

When your travels bring you to the United States please stop for a visit.

Sincerely,



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

The Honorable K. S. Long
Head of Investigations
Customs and Excise Service
Two Rumsey Street 10/F
Central, Hong Kong