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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name TURNER, CARLTON: FILES

Withdrawer

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File Folder

[CHRON FILE - NON-ROUTINE CORRESPONDENCE -

JULY 1981-FEBRUARY 1982] (6)

FOIA

F06-0060/01

Box Number

3-1

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	No of	Doc Date	Restrictions	
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DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions	
1	FORM	RE CAR RENTAL AGREEMENT/CREDIT CARD RECEIPT	1	10/31/1981	В6	
2	LETTER	FROM C. TURNER (PARTIAL)	1	11/6/1981	B6 B7(C)
3	RECEIPT	COPY OF CREDIT CARD RECEIPT	1	11/4/1981	В6	

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]

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



DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS WASHINGTON, D.C. 20226

December 9, 1981

DEC 11 1981

Dr. Carlton Turner, Ph.D.
Senior Policy Advisor
White House Working Group on Drug Policy
Old Executive Office Building
Washington, DC 20500

Dear Dr. Turner:

Mr. Robert E. Sanders, Assistant Director, Office of Criminal Enforcement will represent me on the Working Group on Narcotics Law Enforcement. He and a member of his staff will attend the December 16 meeting at your office to commence the preliminary effort.

Correspondence will reach him directly at:

Bureau of Alcohol, Tobacco and Firearms, Federal Building, Room 3226, 12th and Pennsylvania Avenue, NW., Washington, DC 20226 or he can be reached by telephone at 566-7585.

Sincerely yours,

9. Receiver

Carlton E. Turner, Ph.D. 8218 Clifton Farm Court Alexandria, Virginia 23306

November 4, 1981

Dr. Fred DiCarlo USEPA/TS 796 401 M Street, SW Washington, D.C. 20460

Dear Dr. DiCarlo:

Enclosed you will find receipts, etc. of expenses incurred during the trip to Sarasota, Florida.

1.	Airline Ticket	289.00
2.	Rental Car	49.73
3.	Phone call home to let my wife know my room number	3.30
4.	Lunch (11/1/81)	3.25
5.	Baggage Handling (11/1/81)	1.00
6.	Baggage Handling (11/2/81)	1.00
7.	Taxi/National to Office	4.75
8.	Lunch Atlanta (11/2/81)	3.65
9.	Toll/Sunshine Skyway Bridge	2.50
Tota	1	358.18

Talking to members of your organization was exciting. I look forward to visiting with you again in the near future.

Sincerely,

Carlton E. Turner, Ph.D.

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1 **FORM** 1 10/31/1981 B6

RE CAR RENTAL AGREEMENT/CREDIT CARD RECEIPT

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WASHINGTON

November 6, 1981

Dear Cathy:

The information you wanted about marijuana can be obtained from the American Council on Marijuana.

Let me thank you for your support of the Presidents program to reduce drug abuse.

Sincerely,

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

Ms. Cathy Roberts
Drug Abuse Comprehensive
Coordinating Office
3655 Henderson Boulevard
Tampa, Florida 33609

The address for the American Council on Marijuana locally and Nationally is as follows:

local

American Council on Marijuana 6193 Executive Voulevard Rockville, Maryland 20852

national

American Council on Marijuana 767 Fifth Avenue New York, New York 10022

WASHINGTON

November 30, 1981

Dear Robby:

Enclosed you will find a copy of my testimony before the Senate Permanent Subcommittee on Investigations on November 18th. Similar testimony was delivered before the House Select Committee on Narcotics on the following day.

I thought you might like a copy to keep you up-to-date on what we are thinking.

Regards to everyone.

Sincerely,

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

General Robinson Risner
Executive Director
DARE
Department of Community Affairs
Suite 381-W
7800 Shoal Creek Boulevard
Austin, Texas 78757

P.S. I have talked to the people in Denton's office. I told them you promised to kick my you-know-what if I didn't get over there to see him. His name is Roy Adams. I think we'll have that problem solved.

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DOC Document Type	No of	Doc Date	Restric-
NO Document Description	pages		tions

2 LETTER

FROM C. TURNER (PARTIAL)

1 11/6/1981 B6

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.

WASHINGTON

November 6, 1981

Dear

b(6)(c)

Good seeing you again. Thanks for the information on drugs in Florida.

Your comments about the excellent training provided by the DEA will be shared with Mr. Bud Mullen, Acting Administrator of the DEA.

I share your feelings that Mr. Dean Paulus be allowed to continue his excellent training schools at the region. As you know I am committed to training and will continue to assist Dean with the training schools when possible.

If there is any way we can be of assistance to you, please feel free to call.

Sincerely,

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

MIXCO

Vice and Narcotics
St. Petersburg Police Department
1300 First Avenue North

St. Petersburg, Florida 33705

WASHINGTON

November 4, 1981

Dear Paul:

Thanks for dropping by to see us. We are, as you know, very interested in how you are controlling <u>Cannabis</u>.

Enclosed you will find several ADAMHA News. We are requesting your name be put on the mailing list.

If you do not receive the news in a reasonable time, contact Dr. William Mayer of ADAMHA.

Sincerely,

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

Dr. L. Paul Neethling
Director Forensic Laboratory
South African Police
Private Bag X254
Pretoria, 0001
Republic of South Africa

South African Delgotton

THE WHITE HOUSE

WASHINGTON

November 4, 1981

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

Dr. L. Paul Neethling
Director Forensic Laboratory
South African Police
Private Bag X254
Pretoria, 0001
Republic of South Africa

South

Carlton E. Turner, Ph.D. 8218 Clifton Farm Court Alexandria, Virginia 23306

November 4, 1981

William Mayer, M.D.
Administrator
Alcohol, Drug Abuse, and
Mental Health Administration
Room 12105
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Mayer:

It was good seeing you at the National Academy of Sciences meeting. Your ideas on prevention are refreshing.

I had a request from a friend regarding ADAMHA News. I have taken the liberty of sending him my copies (Volume VII, No.14-19). Attached you will find his address.

If possible please put him on the mailing list. Paul is a good scientist and is interested in how ADAMHA handles drugs in the United States.

Give my regards to your gracious wife.

Sincerely,

Carlton E. Turner, Ph.D.

Please place the following on Mailing list for ADAMHA News:

Dr. L. Paul Neethling Director Forensic Laboratory South African Police Private Bag X254 Pretoria, 0001 Republic of South Africa Carlton E. Turner, Ph.D. 8218 Clifton Farm Court Alexandria, Virginia 23306

November 4, 1981

William Mayer, M.D.
Administrator
Alcohol, Drug Abuse, and
Mental Health Administration
Room 12105
5600 Fishers Lane
Rockville, Maryland 20852

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Sincerely,

Carlton E. Turner, Ph.D.

Please place the following on Mailing list for ADAMHA News:

Dr. L. Paul Neethling Director Forensic Laboratory South African Police Private Bag X254 Pretoria, 0001 Republic of South Africa

THE WHITE HOUSE WASHINGTON

November 18, 1981

Dear Bud:

It was good of you to send the October 1981 DEA World. I would appreciate it if you would put our office on your mailing list.

Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy
Office of Policy Development
Room 218, OEOB
Washington, D.C. 20500

Thanks again,

Sincerely,

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

Mr. Francis M. Mullen
Acting Administrator
Drug Enforcement Administration
1401 Eye Street, NW
Washington, D.C. 20537

WASHINGTON

November 30, 1981

Dear Mr. Hillenbrand:

I am sorry that it has taken me so long to get in touch with you. I see from our correspondence file, that you have received a letter from Mr. Edwin Thomas, Assistant Counsellor to the President. He was quite correct in his letter when he said that your assistance will be greatly appreciated.

We will be establishing a national drug abuse prevention and control strategy that will place great emphasis on involving State and local government officials. Anything that you can do to help us in planning a comprehensive approach would be appreciated. May we call upon you to work with us?

Enclosed you will find a copy of the President's speech in New Orleans on September 28 outlining his views on drug problems. Also enclosed is a copy of testimony that I delivered before the Congress detailing the President's initiatives. The sections on Prevention and Education and on Drug Law Enforcement should be of special interest to you.

I would appreciate your comments and suggestions.

Sincerly,

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

for Drug Policy

Mr. Bernard F. Hillenbrand Executive Director National Association of Counties 1735 New York Avenue, NW Washington, D.C. 20006

WASHINGTON

26 October 1981

Dear Mr. Hillenbrand:

In view of Ed Meese's heavy schedule, he asked me to acknowledge your letter regarding an anti-drug program. I agree that the problem of drugs and crime can be addressed and done so without vast expenditures of new money.

I have forwarded your correspondence to Mr. Carlton E. Turner, who is the Senior Policy Advisor in our Office of Policy Development. He can be reached on (202) 456-6594. I am sure your assistance will be greatly appreciated.

Sincerely,

Edwin W. Thomas
Assistant Counsellor
to the President

Mr. Bernard F. Hillenbrand Executive Director National Association of Counties 1735 New York Avenue, N.W. Washington, D.C. 20006

bcc: Carlton E. Turner, OPD w/incoming

National Association of Counties

Offices • 1735 New York Avenue N.W., Washington, D.C. 20006 • Telephone 202/783-5113

September 21, 1981

The Honorable Edwin Meese, III Counselor to the President The White House Washington, D. C. 20500

Dear Ed:

We hear rumors to the effect that you are putting together some possible new national initiatives for consideration of the President, and that among these is a vigorous effort at drugs, and the resultant, crime.

We would like to add the voice of our county officials in support of this idea. There are many of our elected officials who believe that the illegal drug traffic is tearing our society apart and the prime engine behind a vastly expanded wave of crime.

It seems to me that a national effort launched by the President could be effective against drugs and crime. I know that you would pick up enormous support of all public officials and it would be extremely popular with the vast majority of American citizens. We detect a strong feeling deep in the bosom of the average citizen that it is about time we did something as a nation to at least keep the score down in our anti-crime effort.

You have only to ask and you'll get all the people in NACo working with you since our counties are really on the front line of this effort, having major responsibilities ranging through the sheriffs' office, the jail, the district attorney, the courts, the welfare agencies, juvenile deliquency centers, parole, rehabilitation, medical care, drug control, and detoxification.

We also think, just as an aside, that this is something that would not involve vast new expenditures of funds for any level of government, but would involve coordination and the kind of impetuous that only the President could bring to a national issue.

The Honorable Edwin Meese, III September 21, 1981 Page two

If there is anything that you could think of that we could do to be helpful, give us a call.

Kindest personal regards.

Sincerely yours,

Bernard F. Hillenbrand Executive Director

BFH:bw

cc: Rich Williamson

WASHINGTON

November 18, 1981

Dear Senator Johnston:

During our recent converstion regarding drugs, I promised to provide you with information regarding Singapore. For many years the Singapore addict population was constantly increasing.

Singapore instituted an approach which is harsh by our standards; a mandatory three months "cold turkey" withdrawl followed by mandatory urine analysis. The addict population has subsequently leveled off at 8,500 identifiable addicts: this figure has remained flat for over four years.

The relapse rate after 4.5 years of the program is approximately 35%. The relapse rate in the rest of the world is approximately 70%.

Unlike most other treatment programs, Singapore's is run by a businessman. There is usually a one to one ratio of volunteers to addicts.

Previous to the "cold turkey" approach Singapore tried the methadone approach but was unimpressed with the success rate of the program.

We are contacting Mr. William E. Spruce, our Counselor for Political and Economic affairs in Singapore for more information.

Thank you for your concern and assistance.

Sincerely,

Carlton B. Turner, Ph.D.

Senior Policy Adviser

for Drug Policy

The Honorable J. Bennett Johnston United States Senate Washington, D. C. 20510

THE WHITE HOUSE WASHINGTON

November 9, 1981

Dear De De:

Thanks for such a well organized meeting. Please give all involved my regards.

A special hello to Phyllis and other members of the League. You all did a great job.

Attached you will find a copy of expenses.

Please stop by to see us when you are in the area.

Sincerely,

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

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

TRIP TO NEBRASKA (OMAHA) EXPENSES

4.	Phone Call to Home 11/5/81 to give delay in arrival at National Airport	1.25
3.	Dinner Kansas City (11/5/81)	3.21
2.	Hotel and Breakfast (11/5/81)	51.61
1.	Airline Ticket	\$410.00

\$466.07

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TELEPHONE 393-3950, A.C. 402			苏拉莱 奇	4
From ToTo			25-53-6	

All Desires

THE WHITE HOUSE WASHINGTON

November 9, 1981

Dear Shirley:

Thanks for your assistance in Omaha. I am honored to have met the people of Omaha.

The seminar was an education to me. Please visit with us when you are in the D.C. area.

Regards to all

Sincerely,

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

Mrs. Shirley Elliott 3822 South 99th Avenue Omaha, Nebraska 68114



Assistance League. of Omaha

NATIONAL ASSISTANCE LEAGUE® FOUNDED 1935 INCORPORATED 1949

ASSISTANCE LEAGUE® OF OMAHA

Guild Status 1973 League Status 1976

PRESIDENT

Mrs. John Jeter

MIDWEST DRUG EDUCATION **CONFERENCE COMMITTEE**

CHAIRMAN

Mrs. Gerald P. Laughlin

VICE-CHAIRMEN

Mrs. Don L. Miller Mrs. Louis A. Finocchiaro

COMMITTEE MEMBERS

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Mrs. Don Cimpl

Mrs. William Dunn

Mrs. Jerry L. Larson

Mrs. Monte E. Matz

Mrs. C. Mickey Skinner Mrs. Dennis Thomte

Mrs. Gus Wolf

PRIDE-OMAHA, Inc. ADVISORS

President, PRIDE-Omaha, Inc.

Mrs. Marty Jacobson

Mrs. Nadyne Millar Mrs. David Mohler

AIRPORT TRANSPORTATION

1981 MIDWEST DRUG EDUCATION CONFERENCE

Dr. Carlton Turner

Arr:

Arrival Driver

Phyllis Jeter

571-8686

Thurs., Nov.5

Dep:

2:48 P.M.

Shirley Elliot 397-9797

Departure Driver

United # 299

Wed., Nov.4

11:07 P.M.

Braniff #127

If there are any questions or changes, please contact

Diane W91f at the conference or at home (home Phone: 556-5670)

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COPY

THE WHITE HOUSE

WASHINGTON

November 30, 1981

Dear Mr. Hansen:

Thank you for directing my attention to Sandy Golden and his valiant attempt to draw national attention to the terrible problems that drinking drivers are causing in this nation.

It is my understanding that the National Highway Traffic Safety Administration is undertaking activity in this area as a result of the efforts of Mr. Golden and others.

I had the pleasure of speaking to Mr. Golden and Reverend Richard E. Taylor, Jr. on October 8, 1981 about this issue.

Thank you for keeping me informed. I look forward to our continued association.

Sincerely,

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

The Honorable James V. Hansen House of Representatives Washington, D.C. 20515

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TERIOR AND

NDARDS OF OFFICIAL CONDUCT

WASHINGTON OFFICE:
ROOM 1407
ONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-0453

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Congress of the United States

House of Representatives

Washington, D.C. 20515

October 8, 1981

DISTRICT OFFICES:
1017 FEDERAL BUILDING
324 25TH STREET
OGDEN, UTAH 84401
(801) 626-2151
(TOLL FREE; 1-800-662-2523)

750 NORTH 200 WEST SUITE 204 WESTPARK BUILDING PROVO, UTAH 84601 (801) 375-0370

Carlton Turner
Presidential Advisor on
Alcohol and Drug Abuse
The White House
Washington, D. C. 20500

Dear Mr. Turner:

Since years ago, when I first began working in insurance claims for State Farm Insurance, I have been concerned about the unnecessary and terrible suffering caused by drinking drivers. Two accidents in the last five months in which cars I was driving were totalled by drinking drivers has reinforced my concerns.

Because of my intense interest in this issue, I have recently joined many national and state leaders in urging President Reagan to form a Blue Ribbon Commission to address the issue of drinking drivers. I have also joined a number of other Congressmen and Senators in signing a letter to this effect and also encouraging Governors to do the same on a state level.

Congressmen Michael Barnes and Glen Anderson and I participated in a Capitol Hill News Conference last week where we called on federal and state governments to take measures against the drinking driver who kills 26,000 Americans every year.

Mr. Sandy Golden, an investigative reporter, has been instrumental in organizing this national effort to do something about drinking drivers. He has been researching the issue for the last fifteen months, and is one of the leading experts on the subject in the country. Sandy is addressing this problem with simple, yet innovative solutions that appear to have a better chance of success than any attempts we have made in the past.

Carlton Turner October 8, 1981 page 2

Would you please take a few minutes out of your busy schedule to talk with him about our efforts to solve the problem of drinking drivers. He has an important message that should be heard, and no one can tell it better than Mr. Golden can. He can be reached at the following address and telephone:

Mr. Sandy Golden
21 Quince Mill Court
Gaithersburg, Maryland 20760
Telephone: (301) 840-0081

Thank you for your interest and attention to this important issue.

Sincerely yours,

James V. Hansen Member of Congress

JVH: nwb

cc: Mr. Sandy Golden

THE WHITE HOUSE

WASHINGTON

November 30, 1981

Dear Dr. Erickson:

Thank you for the brochures, "The Need for Research into Causes of Alcoholism". They will certainly be useful in my work.

Please let me know if I can provide you with any information.

Sincerely,

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

Carlton E. Erickson, Ph.D. College of Pharmacy University of Texas Austin, Texas 78712



To: Carlton Turner, Ph.D.

From: Louisa Macpherson, RSA Managing Coordinator

Date: Nov. 5, 1981

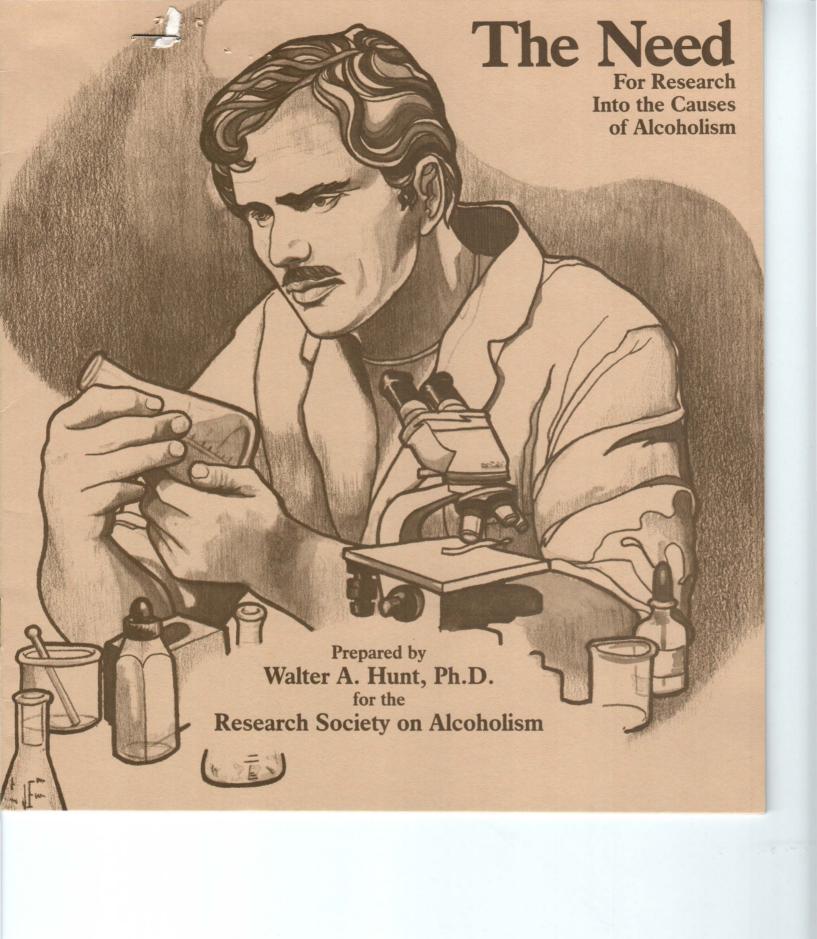
Enclosed are four copies of the brochure that Dr. Erickson mentioned in his letter to you of November 2d and neglected to send.

Should you wish to contact Dr. Erickson, he may be reached at:

Carlton K. Erickson, Ph.D. College of Pharmacy University of Texas Austin, TX 78712

(512) 471-3133

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A SUMMARY OF THE PROBLEM

Research holds the key to better treatment and an eventual discovery of the cause of alcoholism. Well-designed, patient research on alcohol abuse and alcoholism is a basic form of prevention. Consider this . . .

Nothing we have done so far in the recent history of the world, from prohibition to the jailing of drunks, has significantly changed the incidence of alcohol abuse and alcoholism.

The annual cost of alcohol abuse and alcoholism to American society approximates the yearly national budget deficit.

Unlike alcoholism, many other diseases such as leprosy, measles, smallpox, epilepsy, and tuberculosis are now socially insignificant because of research started over 50 years ago.

If we'd been content with only treating polio, today we would have computerized iron lungs! Fortunately, now we can prevent polio, because of medical research. In alcoholism, we are at a similar stage in history where the emphasis is primarily (in terms of dollar support) on the treatment of the disease.

The 1980 report of the prestigious Institute of Medicine has concluded that the United States needs to greatly increase its emphasis on alcoholism research at both the federal and private support levels. This brochure explains why.



THE PROBLEM

Alcohol (ethanol) is a simple substance which has been with us since the dawn of civilization. Ever since man realized that putting fruit or grain in water in the warm sun produced a drink that made him feel good, the consumption of alcoholic beverages has been an integral part of our culture. Alcohol has been used in social gatherings to stimulate conversation, in ceremonial occasions, in religious rituals and as a medicinal remedy.

As societies have become progressively more complex, the ability to deal with life around us has become more difficult. As a result, the tendency to drink to numb our senses to our daily problems has increased. Drinking can reach a point where it is uncontrollable and can disrupt many aspects of our existence. This is alcoholism.

Alcoholism in the United States has reached monumental proportions, inflicting 10 million of our citizens with what is now considered a disease. Most of these people are not from "skid row," but are our neighbors and relatives. Unfortunately, the magnitude of the health problem caused by alcoholism is not fully appreciated, even though it is comparable to the threat imposed by cancer and heart disease on the health of our

nation. Each year, 30,000 deaths are caused by cirrhosis of the liver alone. In addition, alcohol has been involved in a significant number of fatal accidents and violent crimes. Alcohol-related problems cost our society 43 billion dollars a year in lost productivity, health care services and property damage and also seriously strain family and interpersonal relationships. The importance of alcoholism is beginning to be recognized by industry through establishment of treatment programs for alcoholic employees and coverage of treatment by medical insurance policies.

How alcoholism occurs is not known. The needed knowledge for a cure can only be obtained through research. The level of the research effort on alcoholism is disproportionately low considering the magnitude of the problem, largely because of the inadequate level of funding by federal and state agencies. It is the purpose of this pamphlet to show how research has contributed to the understanding of what alcohol does to the body and how research has helped in the prevention and treatment of alcoholism, and to generate interest in increasing funding for alcohol research.



PAST ACCOMPLISHMENTS OF ALCOHOL RESEARCH

Alcohol research has expanded greatly in the last ten years and has produced a number of valuable contributions to the field. The following items are a few of the major accomplishments.

- 1. Research has been able to identify various ethnic and social groups which have a high risk of developing alcoholism. An increased incidence of drinking among women and teenagers has also been identified. This has led to the study of what specific cultural and social factors contribute to excessive drinking. This permits treatment methods to be tailored to a particular group's needs.
- 2. Specific treatment methods have been developed to help stop drinking. The detailed knowledge of how alcohol is broken down by the body has helped to explain how disulfiram (Antabuse), a drug which allows the accumulation of acetaldehyde, acts as a deterrent to drinking by alcoholics. When drinking occurs, acetaldehyde, an alcohol by-product, accumulates and induces headaches, nausea and vomiting. The techniques of behavior modification and aversion therapy have also been applied to the treatment of alcoholism.
- 3. The breath analyzer has been developed for the rapid determination of blood alcohol concentrations. This has allowed law enforcement officers to detect and prosecute drunk drivers and help remove them from the highways.
- 4. Methods have been developed to study the various actions of alcohol on the body in experimental animals. Most of the effects of alcohol seen in humans have been duplicated in animals. The direct pathological changes on the liver, brain, stomach, heart, and hormonal systems have been demonstrated. In addition, the various aspects of alcohol addiction have been identified as well, including the induction of tolerance (the requirement for progressively higher amounts of alcohol to become intoxicated) and the development of physical dependence (appearance of withdrawal symptoms when alcohol is taken away.)
- 5. Alcohol may damage the unborn child. Drinking by pregnant mothers has been shown in some cases to impair the normal development of the child. These abnormalities are called the fetal alcohol syndrome. Animal studies have demonstrated that such problems as kidney malformations can develop and have alerted clinicians to look for these in children. In addition, animal studies can allow researchers to separate the effects of alcohol from those of nutrition, smoking, and other drugs.
- 6. Alcohol can directly damage body organs. Small amounts of alcohol can seriously affect the digestive system. A single drink can cause damage and bleeding to the lining of the stomach and can retard the absorption of important body nutrients. Alco-

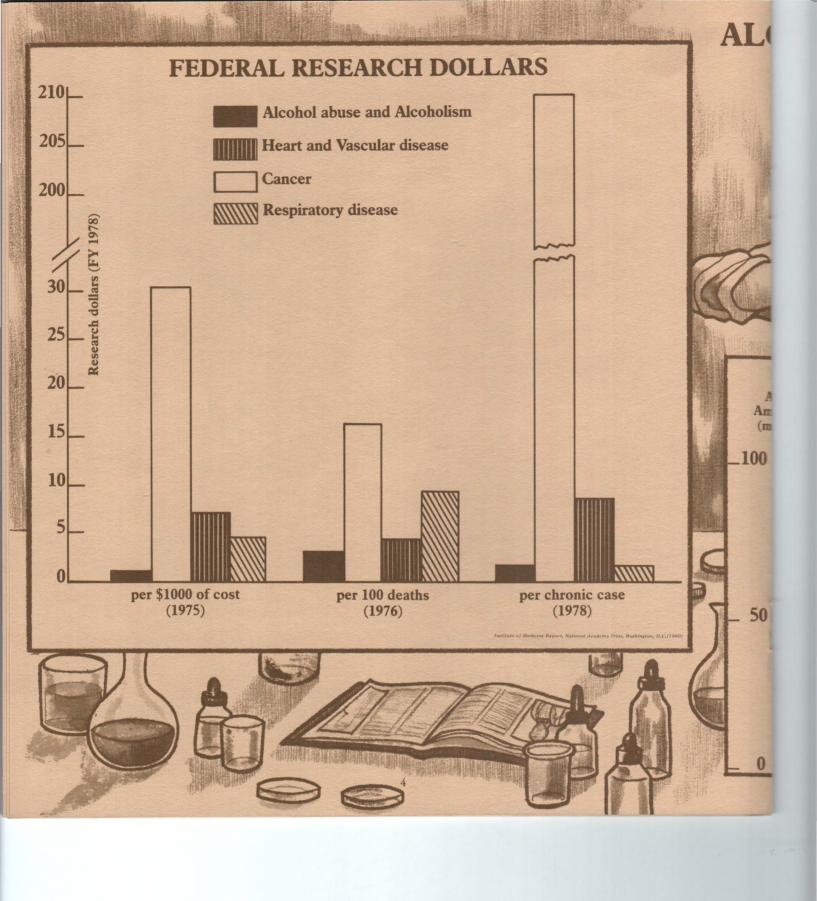
hol can also cause severe damage to the liver and brain with longterm use, through a direct effect on these organs, rather than through nutritional deficiencies often seen in alcoholics. Brain damage can have severe implications to teenage and middle aged drinkers. Teenagers may not develop their full intellectual potential and middle aged people may prematurely lose some of their intellectual abilities.

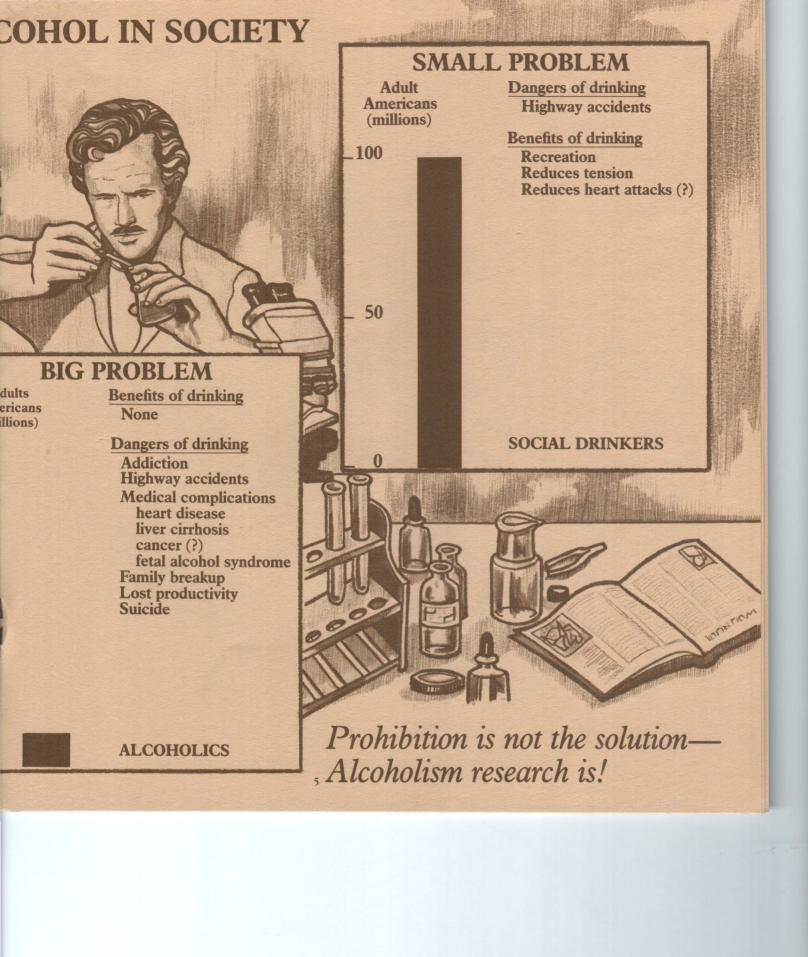
PROMISING RESEARCH TRENDS

Ongoing research has found potentially significant leads in a number of areas related to the development of alcoholism. The following items are a few of these.

- 1. There may be a hereditary link to alcoholism. People are more likely to have a drinking problem if one or both of their parents were alcoholics. The sensitivity of a person to alcohol may be inherited. Also, the rate at which alcohol is broken down and of tolerance development has a strong hereditary component.
- 2. Alcohol softens the membranes around cells. This trait may be responsible for its intoxicating properties. When animals are chronically treated with alcohol, this effect is considerably reduced, meaning tolerance has developed. This finding is associated with an increased amount of cholesterol in membranes. Discoveries of this type will help to understand how alcohol impairs the function of cells and why some people are able to hold their liquor better than others.
- 3. Alcohol disrupts the normal communication of nerve circuits in the brain after a single drink and after long term alcohol consumption. The nervous system functions by sending electrical signals to different relay stations involved in regulating bodily activities. This signal is transmitted to another nerve cell by the release of a chemical substance called a neurotransmitter. There are many transmitters in the brain and alcohol has been shown to impair their ability to deliver messages. An understanding of how alcohol affects specific nerve circuits could lead to better treatment of withdrawal symptoms, memory loss and possibly some forms of alcohol-induced brain damage.
- 4. A certain class of chemicals may produce a permanent preference for alcohol in animals. Compounds called tetrahydroisoquinolines (TIQs) are providing clues into what factors contribute to excessive alcohol consumption. If TIQs are formed when alcohol is consumed, or if higher amounts of these substances are normally present in the brains of some people, this could trigger the desire to drink alcohol. Drugs may some day be developed that would interrupt the urge to drink.
- 5. Antithyroid drugs can reverse alcoholic liver disease. Long-term alcohol consumption in experimental animals is ac-





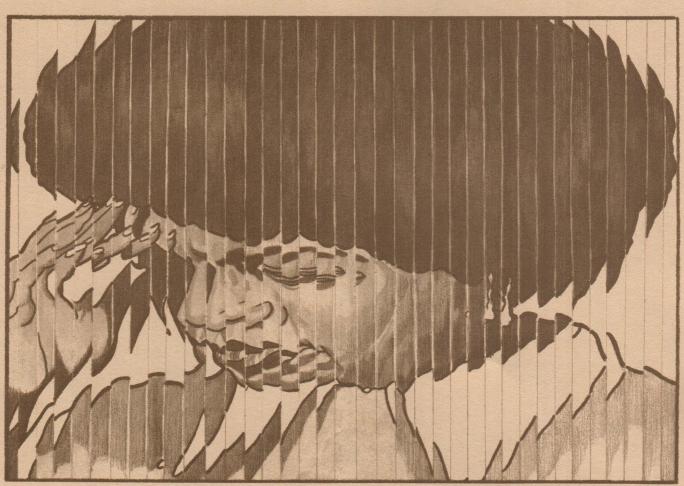


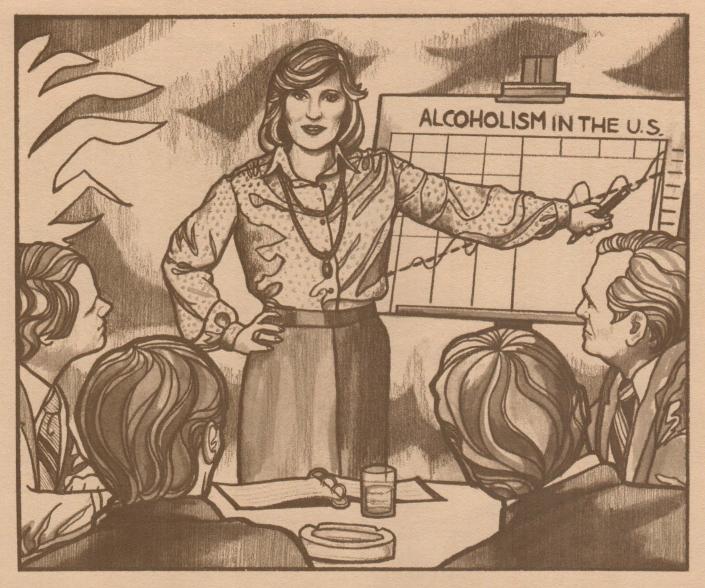
companied by a high metabolic rate in the liver which can be blocked by interrupting the normal function of the thyroid gland, a regulator of metabolic activity. It is thought that this process might contribute to the development of alcoholic liver disease. Clinical trials have suggested that propylthiouracil, an antithyroid drug, may improve liver function in alcoholics with certain types of liver disease.

PROSPECTS FOR FUTURE RESEARCH

With what is being learned about how alcohol works, it will be possible to provide more specific alternatives of treatment and useful detailed information that can be used to better educate the public about the risks associated with excessive drinking of alcohol. The following items are promising possibilities.

- 1. What are the critical levels of alcohol consumption that have harmful consequences on the body? At what point does drinking increase the likelihood of addiction, liver disease, of harm to the unborn child in drinking mothers, cancer and other medical complications? Knowing the risks of certain levels of drinking, it will be easier to provide better information to the public, so that they may better assess the consequences of their drinking habits.
- 2. Can we develop drugs to treat alcohol related problems? With improved and more specific knowledge about how alcohol affects the body, it will be possible to develop agents that can counteract many of the problems associated with alcohol abuse. For example, (1) drunkenness could be reversed, allowing better treatment of alcohol overdose and the reduction of alcohol-related automobile accidents, (2) factors associated with addiction, such as craving, tolerance and physical dependence could be abolished, minimizing the consequences of

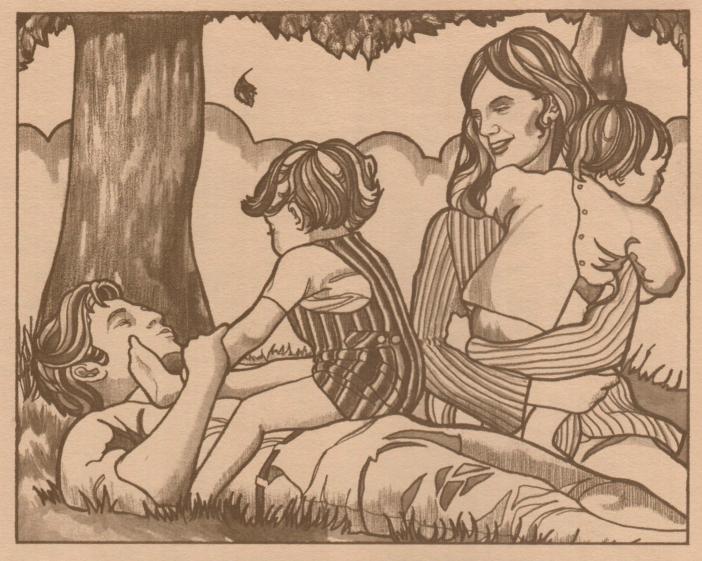




drinking and aiding in treatment, and (3) liver cirrhosis could be prevented.

- 3. What about the interaction of alcohol and other drugs? Indiscriminate use of more than one drug simultaneously has already been shown in some cases to be extremely hazardous. Alcohol and diazepam (Valium) are the most abused combination. Research can show more precisely which drugs taken together and in what amounts are the most harmful.
- 4. What internal and external factors contribute to the development of alcoholism? Excessive drinking is begun and

maintained for many reasons. Some of these reasons may relate to the biological makeup of a person, such as the sensitivity to intoxication, the psychological and physiological response by the body to alcohol, a hereditary influence, and the possible formation of drinking-inducing substances (TIQs). On the other hand, environmental factors may play a role in excessive drinking, such as drinking patterns, peer pressure, society's general perception of the consequences of drinking and the availability of inexpensive alcohol. Through research the important determinants of excessive drinking can be discovered and better treatment methods can be devised.

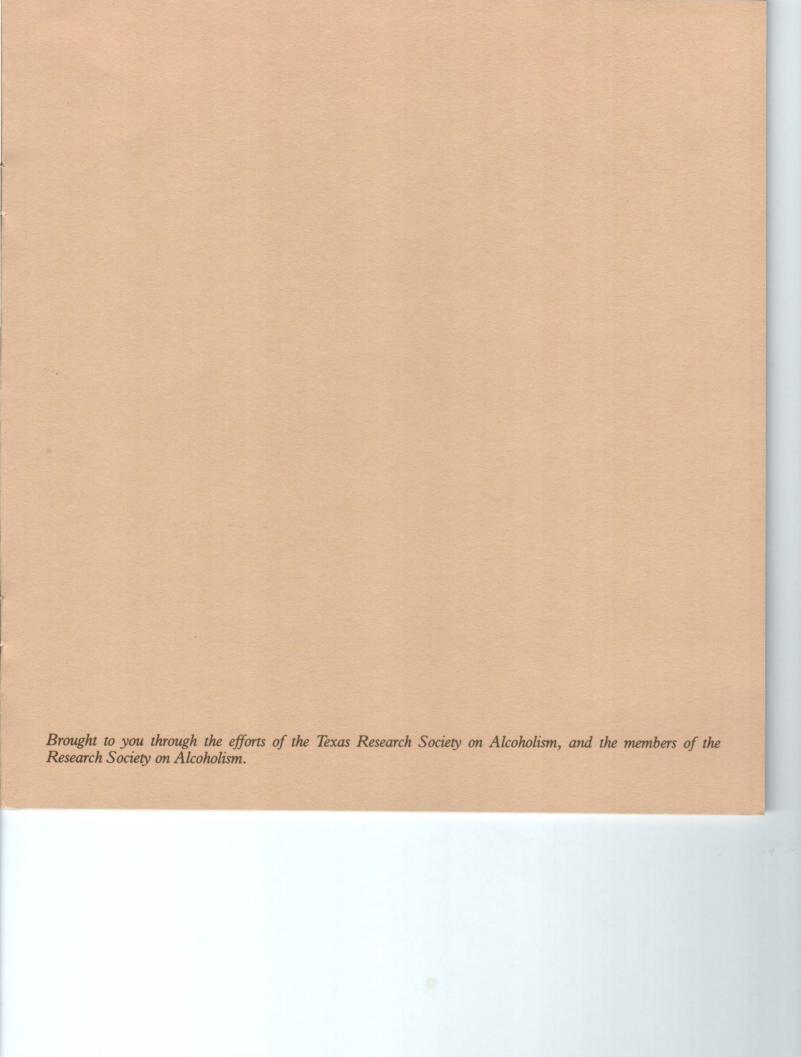


FUNDING OF ALCOHOL RESEARCH

Although research has shown its ability to aid in the prevention and treatment of alcoholism, it is substantially underfunded considering how devastating alcohol abuse is to our society. The federal budget for fiscal year 1981 for alcohol research is 22 million dollars. This is in contrast to 600 million for cancer and 470 million for heart disease. Another comparison is that the money spent on research per victim is 200 dollars for cancer and 8 dollars for heart disease, while alcohol research gets a mere 1 dollar per victim. In order to adequately confront the problems that drinking alcohol can cause, there must be a

larger effort at both the federal and state levels. More money must be appropriated in all areas of alcohol research. Research is our only hope for the eventual prevention and eradication of this serious disease.

Dr. Walter A. Hunt is Chief of the Physiological Psychology Division, Behavioral Sciences Department, Armed Forces Radiobiology Research Institute, Bethesda, Maryland 20014.



Brochure design by Jean and David Martin Austin, Texas