chron

[redacted]

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Peggy:

The enclosed information from Otto is very interesting. Geraldine Woods is a teacher living in New York. After reviewing her book I know what problems we face in the elementary schools. What we need now is a good federal book.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Peggy Mann
46 W 94th
New York, New York 10025

[redacted]

DREAM

Drug Research & Education Association in Mississippi (DREAM), Inc.
Suite B
1991 Lakeland Drive
Jackson, Mississippi 39216
(601) 362-9329

January 16, 1984

Mr. and Mrs. Otto Moulton
Post Office Box 366
Topsfield, Massachusetts 01983

Dear Otto and Connie:

My fourth grader brought this home from her school library. I was appalled! Note the copyright date is 1979. Anyway, I knew you would want to know about this elementary school reference/text book. I am sending a burning letter to the publisher and perhaps you would like to do something also.

Do you have an acceptable list of drug information books for elementary grades?

Hope to see you both soon -

Sincerely,

Terrie

Terrie Ainsworth
Assistant Director

Enclosure

TA/jas

DRUG USE AND DRUG ABUSE

BY GERALDINE WOODS

FRANKLIN WATTS
NEW YORK ■ LONDON ■ TORONTO ■ 1979
A FIRST BOOK

When you need a powerful drug, a doctor will prescribe it for you. The doctor will also give you careful instructions on how to use it. This information will appear on the container you get from the pharmacy.

Less powerful medicines, such as nasal sprays, aspirin, and some cough syrups, can be bought by anyone. These medicines are usually called **over-the-counter (OTC) drugs,** because they can be bought by simply giving money "over the counter." People don't need a doctor's prescription to buy OTC drugs.

However, just because these drugs do not require a prescription does not mean they are harmless. Not at all. They are simply *less* likely to cause harm if misused. NO DRUG IS SAFE IF IT IS TAKEN CARELESSLY. To help you choose and use OTC drugs wisely, manufacturers nearly always supply printed labels with information on what the drug is for, who can take it safely, and how to take it safely. If you are unsure about a particular item, ask your druggist.

DRUGS FOR RECREATION

Since drugs change the way we feel not only physically but psychologically too, many people take drugs to change their mood. Drugs are an important part of most social events. People invite friends for "a cup of coffee" or "some nice hot tea." Coffee and tea both contain small amounts of the drug **caffeine.** At many parties one or more forms of alcohol are served, such as beer, wine, or whiskey.

Drugs are also taken by people who are looking for new experiences. These people take drugs out of curiosity, to see what

effects these drugs will have on their minds. Other people take certain drugs to lift their spirits, to "get high."

Most of the drugs taken for recreation are described in this book. None have label information for their safe use. Only cigarettes carry any kind of warning at all. This does not mean that these drugs cannot be abused. Many of them are, in fact, quite dangerous and may have powerful and lasting effects on the body. Some have been found to be so dangerous, even taken in moderation, that their use for recreation is against the law. Yet illegal drugs are available—from people who sell them illegally on the street or from friends who have already bought them from a drug "pusher."

Each year, Americans alone buy over $10,000,000,000 worth of drugs to treat their aches and pains. They spend an additional $32,000,000,000 on tobacco and alcoholic beverages. How much is spent on illegal drugs is almost impossible to estimate, but must surely number in the billions also.

Americans are not alone in their liking for drugs, either. All over the world, from the largest cities to the smallest villages, drugs can be found.

It is easy to see that using drugs is very much a part of human life. What is not easy to see is the effect of all these drugs on our bodies.

You will probably at some time be urged by your friends to try one or more recreational drugs. If you are thinking about doing so, you need information. This book can help you get it. Read it, and some of the others mentioned, or contact the organizations listed. Be wise; know what it's all about *before* you take drugs.

such as pneumonia and hepatitis. Some users die from these diseases. Others die from overdoses of the drugs, which cause convulsions (violent muscle spasms), coma, and death.

COCAINE

Cocaine also speeds up the nervous system, but it is milder than the amphetamines. Cocaine is a white powder that is made from the leaves of the coca bush, which grows in the mountains of South America. As far back as a thousand years ago the Indians of South America chewed coca leaves to give themselves more energy.

Cocaine is occasionally used medically in some operations. The nonmedical use of cocaine is against the law. Still, among some groups it is fashionable to take cocaine for recreation. It is very expensive, so the dealer who sells cocaine usually mixes it with cheaper substances.

Cocaine can be injected or taken by mouth, but it is usually inhaled. When a person takes cocaine, the blood vessels become narrowed. The blood pressure and temperature of the body rise. The heart beats faster, and the pupils of the eyes grow larger. The person feels high. The user is excited and talkative and has a "sitting on top of the world" feeling. Cocaine also temporarily numbs the part of the body it touches.

Repeated use of cocaine can cause psychological dependence and mental confusion. Some scientists believe it also causes physical addiction. If it is inhaled repeatedly, the lining of the nose can become damaged. In severe cases, the partition between the nostrils breaks.

If you are using any of these products, removing a stain with cleaning fluid for example, you can't help inhaling some of the fumes. That small amount won't have any noticeable effect on you. But some people "sniff" these products deliberately, in order to get high. People who do this take in a large amount of the chemical by inhaling deeply. Sometimes they fill a bag with the chemical and breathe into it in order to get a higher concentration of the fumes.

Sniffing these gases causes a drunk, dizzy feeling. Hues seem brighter, and the user feels reckless and all-powerful. Some people hallucinate. But like all other drugs that change reality, sniffing chemicals can cause bad reactions. Headaches, memory loss, lack of coordination, and panic are some of the symptoms that can occur. Because users become mentally confused while under the drug's influence, many have accidents they wouldn't otherwise have had. One boy walked off a roof after sniffing glue. Sniffing also has harmful effects on the body. Liver, kidney, bone marrow, and brain damage can result from inhaling these chemicals.

MARIJUANA

Marijuana is the name given to the dried leaves of the hemp plant. These leaves can be cooked into food and eaten, but they are usually smoked. In a few places the medical use of marijuana is legal. In these places, marijuana is a prescription drug and is used in the treatment of the eye disease glaucoma. It may also be used to relieve the nausea experienced by people who are taking anticancer drugs. The use of marijuana for recreation is against the law everywhere. Nevertheless, it is one of the most popular recreational drugs around today. Millions of people are regular users.

Most people who smoke marijuana say it makes them feel pleasantly relaxed. Hues and sounds seem more intense. Often, the user's sense of time and space changes. A minute may seem like an hour. Giddiness and some mental confusion are common. Since there is also usually some loss of coordination, a person's driving skills are affected. Many people report an increase in appetite and thirst. Marijuana also increases the heart rate, reduces pressure inside the eyeball, and irritates blood vessels behind the eye.

As with all the other drugs discussed in this chapter, marijuana sometimes causes unpleasant reactions. Some people experience irritability, nervousness, or anxiety. However, hallucinations are extremely rare. This may be because the marijuana sold in the West is often very mild. In India, where more powerful forms of the drug are used, there are more frequent reports of hallucinations.

Marijuana may cause psychological dependence, but it is not physically addictive. Is it safe for repeated use? At the present time, no one really knows. Only a few carefully controlled long-term studies have been done, but even these have yielded conflicting results.

One type of marijuana that is almost certainly dangerous is marijuana that has been sprayed with paraquat. Paraquat is a chemical that is used to kill weeds. Some marijuana grown in Mexico has been sprayed with this chemical. If you smoke marijuana coated with this substance, you will probably take some of the paraquat into your lungs. Most doctors agree that this is harmful. Unfortunately, you can't tell just by looking at it if a batch of marijuana has paraquat on it. A laboratory test is necessary.

WHAT WILL YOU DO?

Each day you make decisions that shape your life—what to wear, what to eat, what to study in school, whom to choose as a friend. Each individual decision seems unimportant. But through the years your choices add up and help make you the special person you are.

Decisions about taking drugs will have to be made again and again, in different ways. Should I take aspirin for this headache? Should I go drinking with my friends? Smoke marijuana at the party? Try LSD, cocaine, or heroin?

No one can make these decisions for you. If you really want to take a drug, you will. Even if your parents, your school, and the laws of your country say you should not.

But drugs are powerful, and decisions about them should not be made lightly. Before you swallow, puff, or sniff, THINK! What is this drug? What will it do to my body? What will it do to my mind? If the drug is against the law, am I willing to risk being arrested? If the drug is habit-forming, am I willing to take it for the rest of my life?

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Edward:

Thank you for your follow-up letter of February 15 bringing me up to date on your many activities.

As of now, my schedule while travelling in Europe only allows for a stay at Cambridge. I will, however, be visiting U.S. military installations on the continent. If possible, I would like to arrange to get together at Cambridge. I believe that Mahmoud will be there also.

Again, thanks for writing and congratulations on your promotion.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Dr. E.G. Broeren
Research Manager
United Technologies Packard
Vulcanusweg 259, P.O. Box 519
2600 AM Delft, The Netherlands 38047

Dr. E. G. Boeren
Research Manager

FEB 1984

UNITED TECHNOLOGIES PACKARD

Packard Instrument B.V.
Vulcanusweg 259 P.O. Box 519
2600 AM Delft The Netherlands
Tel. 015 569305 Telex 38047

UTRECHT
February 15, 1984

Dear Dr. Turner:

Thank you very much for your letter of February 1, 1984. I am glad to learn that you are making good progress in fighting the drug problem.

Yesterday I received the "Pharmacy Report" (volume 5, no. 1) which gives a closer look at the excellent work you are doing in the White House.

As you know, I joined Packard in 1980 as Application Chemist; in 1981 I became Manager of the Application Laboratory and in 1982 Manager of the Research and Application Labs. Since December 1983 I am a staff member of Packard Instrument and have the function of Manager Research with full responsibilities for the R and D projects.

Last year I had a chance to visit my Mississippi friends. It was good to see Mahmoud and his family. Sometimes I regret that I am no longer associated with RIPS.

I noticed that you will be attending the Marihuana Symposium in Oxford (Great Britain). Are you also going to visit other parts of Europe? Let me know if you plan to visit the Netherlands.

Again thank you very much for your letter.

Sincerely,

Edward

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Dr. Wright:

I enjoyed your paper, "Alcohol and Polydrug Use Among College Undergraduates." Your data raises some interesting policy questions as well as clarifies several others.

Congratulations on a job well done and thank you for explaining some of the fine points to me. Please stop by for a visit the next time you are in town.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Dr. Lloyd S. Wright
Professor of Psychology
Southwest Texas State University
San Marcos, Texas 78666

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Buddy:

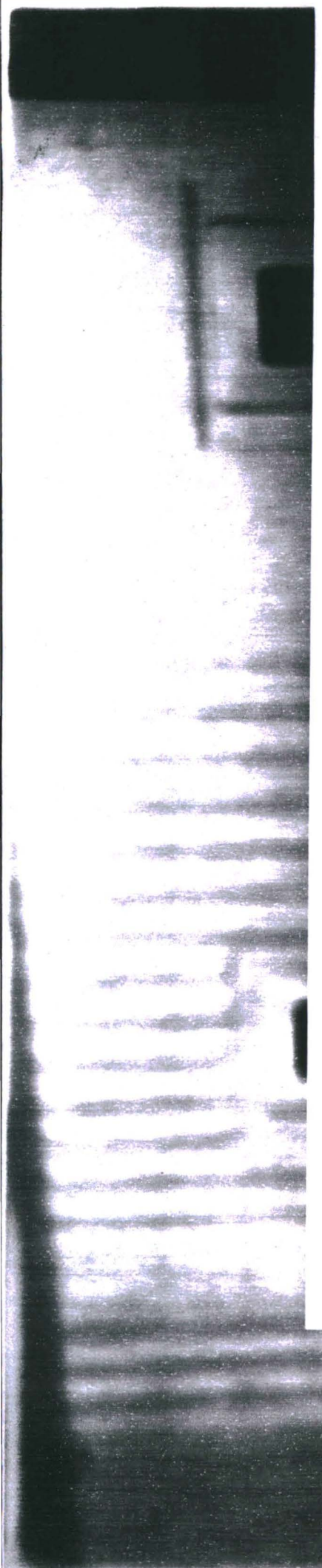
The attached is for your information only. I thought you might find it interesting.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Dr. Thomas Gleaton
PRIDE
Georgia State University
University Plaza
Atlanta, Georgia 30303



THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear June:

The attached is for your information only.
I thought you might find it interesting.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Mrs. James A. Milam
2352 North Cheryl Drive
Jackson, Mississippi 39211

[redacted]

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Don:

The attached is for your information only. I thought you might find it interesting.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Mr. Don Rettberg
Executive Director
Texan's War on Drugs
Suite 381-W
7800 Shoal Creek Boulevard
Austin, Texas 78757

[redacted]

NASPA JOURNAL

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ARTICLES

See p 28 & 44

Gregory Snodgrass and Loyd S. Wright

Alcohol and Polydrug Use Among College Undergraduates

Mixing drugs is discussed.

The abuse of alcohol and other drugs has long been recognized as a problem on many college campuses. Recent evidence suggests that college personnel are faced with a new menace: polydrug use (Carrol, Malloy, and Kendrick, 1980). Polydrug use refers to the simultaneous or sequential use of two or more mood altering drugs from different pharmacological categories to achieve different affects. Unfortunately, polydrug use has created new and unique problems without eliminating the old ones. During the 1974-75 school year, for example, representatives from the National Institute on Alcohol Abuse visited 62 college campuses and found that most health officials in those institutions were already aware that serious alcohol abuse problems existed on their campuses. Since that time, the problem has increased. Former U.S. Secretary of Health and Human Services, Schweiker, recently told a San Francisco audience that alcohol abuse among young people has reached epidemic proportions (*San Francisco* Chronicle, 1982).

Authorities now estimate that 50 percent of the traffic deaths, 40 percent of the suicides, and 50 percent of the homicides in the United States each year are alcohol related (Kinney & Leaton, 1982). This means that last year there were approximately 10,000 traffic deaths, 2,000 suicides, and 2,700 homicides in the 15-to 24-year-old age group related to alcohol use.

Gregory Snodgrass is Assistant Professor of Psychology and Staff Counselor, Southwest Texas State University, San Marcos, TX 78666. Loyd S. Wright is Professor of Psychology, Southwest Texas State University, San Marcos, TX 78666.

While alcohol represents the number one killer of young people in the nation today, the loss of lives is only part of the picture. Alcohol abuse has repeatedly been linked to poor health, human misery, crime, and delinquency. The problem is complicated by the fact that while alcohol use has remained heavy over the past decade (Favazza & Connell, 1977; Kaplan, 1979; Wright & Moore, 1982), Marijuana, cocaine, and other stimulants (uppers) have grown even more popular (Johnston et al., 1982; Fishburn, Abelson, & Cisin, 1979).

The most consistent information concerning drug use among young people comes from the National Institute of Drug Abuse (NIDA). The NIDA has surveyed high school seniors yearly since 1975 (Johnston et al., 1982). These surveys indicate that from 1975 to 1981 the proportion of students using marijuana during the previous year rose from 40 to 46 percent, and the proportion using stimulants rose from 16 to 26 percent. Other than marijuana, stimulants were the most widely used class of illicit drugs during this period. In addition, they were the only type of drug to show a statistically significant increase in reported use between 1980 and 1981. From 1975 to 1981 cocaine jumped from the seventh to the third most popular illicit drug, while the number of students using it during the previous year doubled from 6 to 12 percent. The use of sedatives (downers) also continues to cause great concern. Although their use has not increased since 1975, downers continue to account for almost twice as many deaths from overdoses as heroin, hallucinogens, cocaine, and other stimulants together (Richards, 1981).

The high school seniors surveyed by NIDA who went to college appear to have taken their drug use habits with them. Fishburn, Abelson, and Cisin (1979) reported in the *National Survey on Drug Abuse* that in the two years from 1977 to 1979 the percentage of college students who had used marijuana jumped from 59 to 68 percent. A recent survey by the *Chronicle of Higher Education* (1982) found that 41 percent of the deans questioned reported increased cocaine use among students on their campuses.

Because most drugs remain in the body for hours, or even days after ingestion, the use of different drugs in sequence can be deceptively dangerous. One of the major dangers involved in polydrug use is related to the synergistic effect of some drugs. This occurs when two or more chemicals interact to create a more complex chemical with properties unlike the original components and with a total effect that is greater than the sum of the original component. This effect has been associated with the following problems: (1) increased and often unpredictable complexities in detoxification (Wesson, 1972); (2) increased risk of cerebral, physical, or psychological damage, or a combination of these factors (Adams et al., 1975); and (3) increased risk of overdose (Gay, 1972). Fatalities have occurred in polydrug users when the blood concentration of each drug ingested was at less than lethal concentrations (Cohen, 1981).

Another danger involved with polydrug use is related to the cross-tolerance effect. This effect occurs when the use of one drug increases not only the tolerance for that drug, but the tolerance for certain other drugs as well. For example, heavy long-term use of alcohol may increase an individual's tolerance for barbiturates; thus, the amount of barbiturates required to obtain the desired result must be increased. But the lethal level of the drug has not increased and therein lies the danger (Coleman, 1976).

How many college students are polydrug users? Hochhauser (1976) surveyed 365 undergraduates and found that 42 percent of those surveyed used combinations of mood altering drugs. Of these polydrug users, 84 percent said they combined alcohol and marijuana, while 30 percent indicated they used one of these drugs with amphetamines, barbiturates, or hallucinogens. Hochhauser found that alcohol was often the first drug used, but noted that those students who turned to other drugs seldom abandoned alcohol. Since the problems associated with alcohol abuse are often exacerbated when alcohol is combined with other drugs, and since polydrug use is on the increase on many college campuses today, a study was undertaken to obtain a current, objective picture of this type of drug use among college students.

OBJECTIVES

A survey of 770 undergraduates enrolled in freshman level psychology classes at a state-supported university was conducted to provide the following information about their alcohol and drug use:

1. The frequency and intensity of alcohol use by sex of respondents;
2. The frequency of marijuana, uppers, downers, and cocaine use by sex of respondents;
3. The frequency of alcohol and drug use by place of residence (on campus, off campus) for both sexes;
4. The percent of the male and female students population which could be classified as heavy, moderate, light, or nondrinkers;
5. The frequency with which heavy, moderate, light and nondrinkers reported seriously considering suicide during the previous six months; and
6. The frequency with which heavy, moderate, and light drinkers combined alcohol with the daily or regular use of marijuana, uppers, cocaine, and downers.

METHODS AND PROCEDURES

All students who were present on the days the self-administered questionnaires were distributed agreed to participate in the study. Participants were told that the survey was being conducted to determine what their drinking habits were and the frequency of their alcohol and drug use.

Questionnaire. The questionnaire contained 70 items pertaining to drinking habits and drug use. The questions in this study were related to sex of respondents; place of residence; number of alcoholic drinks usually consumed per sitting (a drink was defined as one beer, one mixed drink, or 5 oz. of wine); frequency of alcohol, marijuana, uppers, downers, and cocaine use; and suicidal thoughts.

Respondents were classified as heavy, moderate, light, or nondrinkers according to the number of drinks usually consumed per sitting and the frequency of use. Heavy drinkers included those who reported drinking four or more drinks per sitting at least weekly. Moderate drinkers drank fewer than four drinks daily or

four to eight drinks per sitting at least weekly. Light drinkers drank weekly or less and usually consumed three or less drinks per sitting.

Sample. Responses from 29 of the 770 participants were eliminated from the analyses because of gross inconsistencies in their responses or because they failed to complete significant portions of the questionnaire. Of the remaining respondents, 335 were males and 406 were females.

RESULTS

Data reported in table 1 indicate that more than 65 percent of the males and 30 percent of the females said they usually drank four or more drinks at a sitting. Males were more than five times as likely as females to report consuming eight or more drinks per sitting ($p < .0001$).

Table 1
Number of Alcoholic Drinks Usually Consumed Per Sitting
by Sex for the Spring 1982 Semester

	Sex	
Number Usually Consumed	Males (N = 304)	Females* (N = 380)
One	4.9%	14.5%
Two or Three	27.6%	47.4%
Four to Eight	54.9%	35.8%
More than Eight	12.5%	2.4%

*Chi square (3 df); $p < .0001$

Note. A drink was defined as one beer, one mixed drink, or 5 oz. of wine.

Table 2 shows significant differences between males and females with respect to frequency of alcohol, marijuana, uppers, downers, and cocaine use. While alcohol was by far the most popular drug (daily and weekly use combined), both males and females reported daily use of marijuana more frequently than daily use of alcohol. The four most popular drugs were alcohol, marijuana, uppers, and cocaine in that order. During the month before the survey, approximately 88 percent of both sexes used alcohol, 37 percent of the males and 21 percent of the

females used uppers, and 15 percent of the males and 12 percent of the females used cocaine. Downers were not popular with either sex.

Table 2
Frequency of Reported Alcohol and Drug Use by Sex of Respondents for Spring 1982

	Frequency of Use				
Type of Drug	Daily	Weekly	Monthly	Not Recently	Never
Alcohol					
Males[a]	11.7%	62.3%	13.5%	4.8%	7.8%*
Females[b]	4.4%	62.7%	21.2%	5.9%	5.7%
Marijuana					
Males	13.9%	16.0%	17.2%	22.7%	30.2%*
Females	8.1%	9.4%	13.3%	24.9%	44.3%
Cocaine					
Males	0.9%	3.3%	10.4%	19.1%	66.3%*
Females	1.2%	1.7%	9.2%	8.7%	79.2%
Uppers					
Males	0.6%	5.1%	11.9%	23.9%	58.5%*
Females	1.2%	2.7%	9.8%	13.3%	73.0%
Downers					
Males	0.6%	2.4%	6.5%	17.9%	72.6%*
Females	1.2%	1.6%	5.8%	12.8%	78.8%

*Chi Squares (4 df); $p < .05$.
[a]n = 335
[b]n = 406

Place of residence—on campus or off—was also related to alcohol and drug use (Table 3). Males who lived off campus were more than twice as likely to report the daily use of marijuana and almost twice as likely to report the daily use of alcohol as males who lived on campus. Among females who lived on campus, little difference existed between the percent reporting daily alcohol use and the percent reporting daily marijuana use; however, those living off campus were almost four times as likely to report daily marijuana use as daily alcohol use. To put it another way, the percent of females using alcohol daily did not differ substantially between those who lived on campus and those who lived off; however, the percent of females using marijuana daily was four times greater among those who lived off campus than among those who lived on campus.

Table 3
Daily and Weekly Use of Alcohol and Marijuana
by Sex and Place of Residence

Frequency of Drug Use	Sex			
	Males		Females	
	On Campus (N = 182)	Off Campus (N = 78)	On Campus (N = 269)	Off Campus (N = 73)
Alcohol				
Daily	10.1%	19.0%	4.1%	5.6%
Weekly	67.0%	60.7%	66.3%	62.5%
Marijuana				
Daily	9.9%	23.1%*	5.2%	21.9%*
Weekly	17.6%	19.2%	10.4%	9.6%

*Chi Squares (1 df) revealed significant differences ($p < .05$) in daily marijuana use between those who lived on and off campus for both sexes.

Using the previously reported criteria (see Methods and Procedures), Table 4 shows that males were over four times more likely to be classified as heavy drinkers than females, while females were more than twice as likely to be classified as light drinkers than males ($p < .001$).

Table 4
Percent of Males and Females Who Were Determined to be
Heavy, Moderate, Light, and Nondrinkers

Sex[a]	Type of Drinker			
	Heavy	Moderate	Light	Nondrinkers
Males (N = 304)	19.4%	42.8%	29.3%	8.6%*
Females (N = 378)	4.8%	30.2%	59.0%	6.1%

*Chi square (3 df); $p < .05$)
[a]Twenty-one males and twenty-eight females did not fall into any of these categories and remained unclassified. They were treated as missing data for this analysis.

Table 5 shows significant differences among heavy, moderate, and light drinkers of both sexes with respect to the incidence of suicidal thoughts ($p < .05$). Among the males, heavy drinkers were approximately three times as likely as moderate and light drinkers to report that they had seriously considered suicide in the previous six months. Among moderate drinkers, females were three times more likely than males to report suicidal thoughts. This latter finding suggests that the criteria for heavy drinking should be different for females than for males.

Table 5
Percent of Heavy, Moderate, Light, and Nondrinkers Reporting Serious Suicidal Thoughts[a] by Sex of Respondents

	Percent Indicating Suicidal Thoughts	
Type of Drinker	Males	Females
Heavy	13.6% (8 of 59)	11.8% (2 of 17)
Moderate	4.7% (6 of 128)	14.2% (16 of 113)
Light	4.7% (4 of 86)	6.0% (13 of 218)
Nondrinkers	4.3% (1 of 22)	0% (0 of 21)

Note. Pearson correlations revealed that suicidal thoughts were significantly related to heavy drinking for both males and females ($p<.05$).
[a]Answering "yes" to the following question was considered indicative of suicidal thoughts: "Have you seriously considered attempting suicide during the last six months?"

Significant differences ($p < .01$) were also found among heavy, moderate, and light drinkers with respect to other drug use (Table 6). Heavy drinkers were more likely to use all four types of drugs than were moderate drinkers, while moderate drinkers were more likely to use them than light drinkers. The most important finding was the large percentage of heavy drinkers who used other drugs at least weekly. Among heavy drinkers, almost 44 percent used marijuana, 12 percent used cocaine, and about 11 percent used uppers at least once a week. Since most of these heavy drinkers by definition are drinking daily, they are probably combining alcohol with these other drugs at least once a week.

Table 6
Percent of Heavy, Moderate, and Light Drinkers Who Reported Daily and Weekly Use of Other Drugs

Type and Frequency of Drug Use	Type of Drinker		
	Heavy (N=77)	Moderate (N=244)	Light (N=312)
Marijuana			
Daily	23.3%	13.6%	6.0%
Weekly	20.5%	17.4%	8.9%
At Least Weekly	43.8%	31.0%	14.9%*
Uppers			
Daily	1.4%	2.1%	0.0%
Weekly	9.5%	4.2%	2.1%
At Least Weekly	10.9%	6.3%	2.1%*
Downers			
Daily	1.3%	1.7%	0.0%
Weekly	4.0%	2.1%	0.4%
At Least Weekly	5.3%	3.8%	0.4%*
Cocaine			
Daily	4.0%	1.3%	0.0%
Weekly	8.0%	1.3%	2.2%
At Least Weekly	12.0%	2.6%	2.2%*

*Chi squares (2 df); $p<.05$.

DISCUSSION

The differences found between males and females with respect to alcohol consumption reflects numerous earlier studies (Straus & Bacon, 1953; Hanson, 1977; Weislogel, 1978; and Hill & Bugen, 1979). One of the most alarming findings in those studies, as well as in the present investigation, was the large proportion of both males and females who said they usually consumed four or more drinks per sitting. Since three to four drinks when consumed on an empty stomach within a one-to two-hour period is enough to intoxicate most college-age females, and five to six is enough to intoxicate most males, a substantial number of both males and females in our sample appear to be consuming enough to become legally intoxicated each time they drink. The fact that heavy drinking was related to suicidal thoughts suggests that many college students do not drink for social reasons only—many drink to escape their problems or to signal others for help. This finding underlines the need for comprehensive services and programs designed specifically to help students, particularly heavy drinkers, to cope with alcohol and drug problems.

While alcohol was by far the most popular drug used weekly or monthly, the daily use of marijuana was reported more often than the daily use of alcohol for both males and females. In fact, among female students living off campus, daily

marijuana use was four times more prevalent than daily alcohol use. Why marijuana is the drug of choice among daily users is unclear. But whatever the reason, it is obvious that the laws intended to curtail marijuana use are not effective, and that there is the need for alcohol and drug abuse programs on college campuses.

The finding that over 14 percent of male participants used cocaine, over 17 percent used other stimulants, and over nine percent used downers at least monthly is also evidence for the need for such programs on college campuses. The reason this finding is disturbing is that the tolerance for both stimulants and downers increases quickly, meaning it takes more and more to maintain the desired effect. Beyond that, cocaine withdrawal often results in depression, which is frequently combated with more cocaine or other drugs with potentially lethal results. According to NIDA reports, almost 300 people in the U.S. died from stimulant and cocaine overdoses in 1978, and approximately four times that many died from overdoses of depressants (Richard, 1981).

Equally disturbing was the widespread use of other drugs in combination with alcohol. Because it takes up to 30 days for THC (the major psychoactive substance in marijuana) to be eliminated from the body (Kreuz & Axelrod, 1973), those who smoke marijuana more than once a month and drink occasionally are by definition polydrug users. Among the heavy drinkers, 44 percent used marijuana at least weekly, 12 percent used cocaine, 11 percent used uppers and 5 percent used downers.

The finding that frequency and intensity of alcohol consumption is directly related to the use of other drugs parallels the result of earlier studies. The growing tendency to combine alcohol with other drugs is likely to increase the number of discipline problems, the number of college dropouts, and the number of students killed in drug-related incidents.

The trend among student toward mixing drugs to obtain synergistic effects—and using different drugs in sequence to either wake up, calm down, or sleep—suggests that the current tendency on many college campuses to focus on the use of individual drugs rather than on the polydrug problem should be reevaluated. In the words of former Secretary Schweiker: "Every year, thousands of young people never get the chance to grow into maturity, to develop good judgement, to learn how to say, 'No!' This is no time to play Russian roulette with young lives by looking the other way (Mogagnini, 1982, p. 22)." Schweiker's warning is clear. The evidence has been presented and the case for comprehensive alcohol and drug abuse programs on the college campus has been made. Unless we heed his warning, many potentially good students could end up as socially, emotionally, and intellectually damaged citizens.

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Chron

[redacted]

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Secretary Lehman:

Attached for your information is correspondence from several commanders in your service who have been helpful in alerting the public to the problems caused by drug abuse.

We are thankful for the support given to us and to our efforts in eradicating drug abuse.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse

The Honorable John Lehman
Secretary of the Navy
Department of the Navy
Washington, D.C. 20350

[redacted]

DEPARTMENT OF THE NAVY
NAVAL AIR STATION
KINGSVILLE, TEXAS 78363

9 December 1983

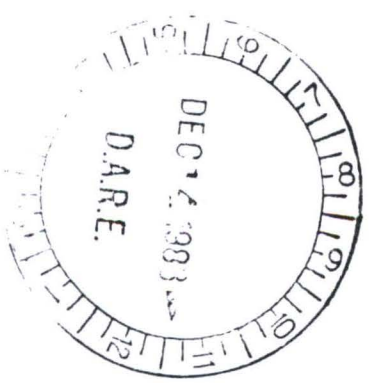
Colonel Don F. Rettberg, USAF (Ret)
Texans' War on Drugs
7800 Shoal Creek Boulevard, Suite 381-W
Austin, TX 78757

Dear Sir:

This is to inform you that this command fully endorses the described program and to assure you that signs are in the process of being installed at all entrances to the base.

Sincerely,

L. E. SMITH
LCDR USN
By direction of the
Commanding Officer



DEPARTMENT OF THE NAVY
NAVAL AIR STATION
KINGSVILLE, TEXAS 78363

26 Jan 84

Colonel Don F. Rettberg, USAF (Ret)
Texans' War on Drugs
7800 Shoal Creek Blvd. Suite 381-W
Austin, TX 78757

Dear Colonel Rettberg:

Thank you for your latest ideas on the War on Drugs. We have received favorable comments on the anti-drug sign that we erected as a result of your December suggestion.

I'm always interested in fresh approaches to old problems. Please continue your effective effort.

SAMUEL C. FLYNN, JR.

chron

THE WHITE HOUSE

WASHINGTON

March 1, 1984

Dear Secretary Orr:

Attached for your information is correspondence from several commanders in your service who have been helpful in alerting the public to the problems caused by drug abuse.

We are thankful for the support given to us and to our efforts in eradicating drug abuse.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse

The Honorable Verne Orr
Secretary of the Air Force
Department of the Air Force
Room 4871, The Pentagon
Washington, D.C. 20330

DEPARTMENT OF THE AIR FORCE
3750TH AIR BASE GROUP (ATC)
SHEPPARD AIR FORCE BASE, TX 76311

30 Dec 83

Colonel Don F. Rettberg, USAF (Ret) MIL.
Executive Director
Texans' War on Drugs
7800 Shoal Creek Blvd, Suite 381-W
Austin, Texas 78757

Dear Colonel Rettberg

This is in reply to your letter of December 2, 1983 requesting our participation in preparing and displaying "stop-drugs" signs on Sheppard Air Force Base.

I am pleased to report that we are in full support of the Texans' War on Drugs program as outlined in your letter. Three signs are on order and will be erected during January 1984. We join with you in hoping that what we do will be a worldwide statement against drug abuse by the military community.

Thank you for writing and bringing this important program to our attention. If I may be of further assistance, please do not hesitate to write.

Sincerely

E. A. McLAUGHLIN
Colonel, USAF
Commander

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 2851ST AIR BASE GROUP (AFLC)
KELLY AIR FORCE BASE, TEXAS 78241

14 DEC 1983

Colonel D. F. Rettberg, USAF, Retired
Executive Director
Texans' War on Drugs
7800 Shoal Creek Boulevard, Suite 381-W
Austin, Texas 78757

Dear Colonel Rettberg

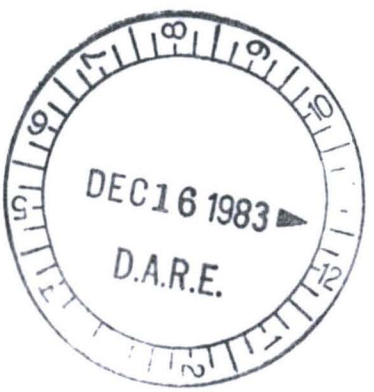
We at Kelly Air Force Base share your commitment to the concepts supported by the Texans' War on Drugs and welcome the opportunity to participate as you suggest.

I directed that anti-drug signs, similar to those you suggested, be prepared and displayed at the entrances to Kelly Air Force Base. Such an initiative not only helps further our current commitment against drug abuse, but serves as a daily reminder to that commitment.

We appreciate your suggestion and the opportunity to join in the worldwide statement against drug abuse by the military community.

Sincerely

JOHN A. WEBB, Colonel, USAF
Base Commander



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 12TH AIR BASE GROUP (ATC)
RANDOLPH AIR FORCE BASE, TX 78150

11 JAN 1984

REPLY TO ATTN OF CC

SUBJECT Texas War on Drugs (Your Ltr, 2 Dec 83)

TO Colonel Don F. Rettberg, USAF (Retired)
7800 Shoal Creek Boulevard, Suite 381-W
Austin, Texas 78757

1. Sorry it took so long to get back to you. We wholeheartedly concur in and support your efforts to combat drug abuse. As you know, the Air Force already has several initiatives in this area and we believe our preventive and punitive programs are highly effective. We at Randolph contribute our success to the great spirit of cooperation and cohesiveness among the several base agencies working this difficult problem. We also have superlative relationships with our counterpart organizations in the surrounding communities.

2. In view of all of this, we would like to use your logo within the framework of our media/public affairs efforts, instead of adding it to the base signage program.

3. We wish you continued success in your program.

DUANE G. DIVICH, Colonel, USAF
Commander

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 3480TH AIR BASE GROUP (ATC)
GOODFELLOW AIR FORCE BASE, TX 76908

30 January 1984

Colonel Don F. Rettberg, USAF (Ret)
Texans' War on Drugs
7800 Shoal Creek Boulevard, Suite 381-W
Austin, Texas 78757

Dear Colonel Rettberg,

This is in response to your letter dated 2 December 1983 regarding the anti-marijuana signs.

Goodfellow Air Force Base fully supports this very worthwhile cause of your organization, and we believe the anti-marijuana symbol and slogan gives us a meaningful and effective message. Unfortunately, our entrances are narrow and cramped, and there is not sufficient space to erect any additional permanent signs.

We were, however, so pleased with the concept that we developed small posters which are being distributed on base and displayed on unit bulletin boards. Perhaps this will be just as effective, if not more so, then outside signs.

I commend you and your organization for your outstanding efforts, and thank you for allowing us to participate in this program.

Sincerely,

Paul N. Driggers

PAUL N. DRIGGERS, Lt Colonel, USAF
Commander

Enclosure

cc: Marilyn Golightly, Texans' War on Drugs
3480 Technical Training Wing Commander

NOT IN MY DORMITORY!

NOT ON MY BASE!

NOT IN MY AIR FORCE!

3480 TECH TNG WG VA 125-12, JANUARY 1984
OPR: SP DISTRIBUTION: X

THE WHITE HOUSE

WASHINGTON

March 5, 1984

Dear Mr. Imhof:

Thank you for your letter of February 27, 1984 regarding the Journal of Substance Abuse Treatment.

I would be delighted to receive a copy of the first issue from you and members of the Editorial Board. Please contact Sue Daoulas (202/456-6554) in my office to set up a mutually convenient time.

Again, thank you and I look forward to seeing you in the near future.

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Mr. John Imhof, A.C.S.W.
Director
Department of Psychiatry
Drug Treatment and Education Center
400 Community Drive
Manhasset, NY 11030

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NORTH SHORE UNIVERSITY HOSPITAL

A TEACHING CENTER OF CORNELL UNIVERSITY MEDICAL COLLEGE

Department of Psychiatry
Drug Treatment and Education Center
400 Community Drive
Manhasset, New York 11030

(516) 562-3010

February 27, 1984

Carlton Turner, Ph.D
Special Assistant to the President
for Drug Abuse Policy
The White House
Washington, D.C.

Dear Dr. Turner,

I am pleased to inform you that your kind letter of support will appear in Vol. I, No. 1 of the Journal of Substance Abuse Treatment.

The initial response to this Journal has been overwhelming, and your letter will undoubtedly reach thousands of substance abuse treatment clinicians throughout the United States and abroad.

Upon publication, members of the Editorial Board and myself would like to request the honor of making a formal presentation to you of the First Issue.

I appreciate your consideration of this request, and will contact your office in the near future to discuss this further.

Thank you.

Sincerely yours,

John Imhof, A.C.S.W.
Director

Editor-in-Chief
Journal of Substance Abuse Treatment

FEB 6 1984

NORTH SHORE UNIVERSITY HOSPITAL

A TEACHING CENTER OF CORNELL UNIVERSITY MEDICAL COLLEGE

(516) 562-4050

CT
need to discuss

February 3, 1984

Ms. Ann Wrobleski
The White House
Washington, D.C. 10500

Dear Ms. Wrobleski,

Several weeks ago we were informed by a member of your staff, Mrs. Fenton, that Mrs. Reagan had agreed to write a welcome statement for the Journal of Substance Abuse Treatment. To assist your office in this matter, I was asked to prepare a sample statement for review, which was forwarded to your office on December 28, 1983.

We were obviously delighted and honored by this expression of support from Mrs. Reagan, as she most eloquently and courageously expresses the hopes of our nation in fighting the war on drugs.

Hospital trustees, medical staff and community representatives were all informed of this honor, and the press was notified that the premier issue would carry a statement from the First Lady. The Journal's publisher made their appropriate arrangements for the statement, and additional plans are in development, upon release of the First Issue, to present a special award to Mrs. Reagan in recognition of her contributions to the battle against drugs.

We are now informed that some kind of "error" has been made, and that Mrs. Reagan, for reasons which are quite unclear, will not be writing the introductory statement.

NORTH SHORE
UNIVERSITY HOSPITAL

A TEACHING CENTER OF
CORNELL UNIVERSITY MEDICAL COLLEGE

(516) 562-4050

We respectfully request a reconsideration of this decision, especially in light of the events that have been set in motion by what we clearly understood to be approval from the First Lady.

If you deem it necessary, we have also requested an appointment, at your convenience, to further discuss this matter.

I look forward to hearing from you.

Sincerely yours,

John Imhof, A.C.S.W.
Director
Drug Treatment and Education Center
Department of Psychiatry

Editor-in-Chief
Journal of Substance Abuse Treatment

cc. Community Relations Committee
Board of Trustees

chron

THE WHITE HOUSE

WASHINGTON

March 5, 1984

Dear Alfred:

Thank you for your letter of February 21, 1984. Your views are always welcomed and appreciated.

We try to follow up on the trends, but sometimes we miss the boat, thus, arises the need to be constantly reminded.

Regards to all,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Alfred Couchon
Executive Director
Providence Hospital
210 Elm Street
Holyoke, Massachusetts 01040

27 FEB 1984
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The Providence Hospital

SUBSTANCE ABUSE PROGRAMS

210 ELM STREET, HOLYOKE, MASSACHUSETTS 01040

Telephone (413) 536-7383

February 21, 1984

Dr. Carlton Turner, Director
Presidential Advisor, Drug Abuse Policy
The White House
Washington, D. C. 20500

Dear Dr. Turner,

I wish to take an opportunity to again thank you for your time and consideration during our recent meeting surrounding issues of Methadone Treatment in the North East.

I was especially impressed and grateful for your candor and and forthrightness. Such qualities seem so rare these days. It was also exciting, yet I suppose no surprise, to find such a knowledable and informed perspective at the National level. Best wishes and looking forward to our meeting again in New York City.

Sincerely,

Alfred Couchon
Executive Director
Providence Hospital M.M.T.P.