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WITHDRAWAL SHEET

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Collection Name TURNER, CARLTON: FILES

Withdrawer

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File Folder MEMOS: AUGUST 1984-MAY 1985 705 (2)

FOIA

F06-0060/01

Box Number 4

POTTER

27

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2	MEMO	TURNER TO BEN ELLIOTT RE STUDENTS AGAINST DRUNK DRIVING (SADD) THE ABOVE DOCUMENT IS PENDING REVIEW IN ACCORDANCE WITH E.O. 13233	1	8/3/1984	
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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-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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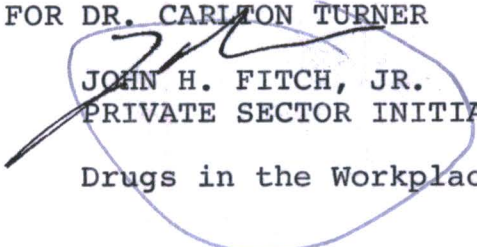
14 AUG 1984

1558

THE WHITE HOUSE
WASHINGTON

August 13, 1984

MEMORANDUM FOR DR. CARLTON TURNER

FROM:  JOHN H. FITCH, JR.
PRIVATE SECTOR INITIATIVES

SUBJECT: Drugs in the Workplace

On September 6, I will be making remarks to a conference on Drugs in the Workplace hosted by the Minnesota Institute on Public Health.

While the main thrust of my presentation will be on private sector initiatives in the drug area, I would like some talking points on the Administration's policies and program in the drug and alcohol area. Information relating to the subject described above would be doubly appreciated.

THE WHITE HOUSE

WASHINGTON

August 10, 1984

MEMORANDUM FOR JACK SVAHN

FROM:  CARLTON E. TURNER

SUBJECT: Request for Scheduling Recommendation

Due to several factors, I am suggesting the President regret the attached scheduling recommendation to accept the Champions Award from the Athletes Against Drug Abuse.

The Athletes Against Drug Abuse is a relatively new organization headed by Bob Goldman, an analyst. The organization consists of amateur athletes and as far as we know, there are no "big name" athletes involved at this time. Furthermore, no charter or by-laws presently exist to guide the organization of the Athletes Against Drug Abuse.

THE WHITE HOUSE

WASHINGTON

AUGUST 7, 1984

MORANDUM

TO: ✓ JACK SVAHN - CRAIG FULLER

FROM: FREDERICK J. RYAN, JR., DIRECTOR
PRESIDENTIAL APPOINTMENTS AND SCHEDULING

SUBJ: REQUEST FOR SCHEDULING RECOMMENDATION

PLEASE PROVIDE YOUR RECOMMENDATION ON THE FOLLOWING
SCHEDULING REQUEST UNDER CONSIDERATION:

EVENT: Acceptance of Champions Award, to be
presented by Athletes Against Drug Abuse

DATE: ---

LOCATION: The White House

BACKGROUND: See attached

YOUR RECOMMENDATION:

Accept ___ Regret X Surrogate ___ Message ___ Other ___
Priority ___
Routine ___

IF RECOMMENDATION IS TO ACCEPT, PLEASE CITE REASONS:

RESPONSE DUE 8/10/84 TO JEAN APPLEBY JACKSON

CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE

Dear Mr. President:

There is a critical issue that deserves your closest attention. Here in the United States as well as numerous countries around the world, sport drugs and steroid drug abuse by athletes is now an epidemic. I have been a World Class athlete and International Record holder myself for the past 15 years and witnessed this destruction personally having had two of my friends die from these drug abuses. Now in my final years of medical and surgical training as a Sportsmedicine Research Fellow/Scientist, I have spent the last 10 years researching this area in great depth (even delaying my medical education three years to complete my work), and have produced a book that will help to turn back this destructive tide engulfing sport and threatening the lives and health of thousands of young people, not only in this county, but around the world. It is the most comprehensive book ever published, and has received rave reviews internationally by the lay press and scientific community. The material will be syndicated around the world by Universal Press Syndicate, Associated Press, and UPI among others.

The insidious nature of these drugs is that the disasterous effects many times do not manifest until years after the young athlete has stopped competing, and lead to cancer, heart disease, sterility in young men and women, and birth defects just to name a few of the hazards. In this Olympic year it is vital we provide good role models for our young people, for if to become an Olympic champion means being doped up on steroids, amphetamines and other dangerous drugs, what parent would want their child to become an athlete. We must preserve this vital role model of clean sports and athletics, and effectively combat the 'win at any cost' philospthy. This project has received strong Olympic support, and I hope you will help me to save these young lives.

It is vital parents realize this is now their son or daughter, as it has infiltrated the high schools and colleges across the country, with a black market so extensive a 12 year old can purchase any drugs desired complete with needles to inject-even mail order, if the local gym-drug pusher is unavailable. Good children who don't smoke or drink, yet want so desperately to keep everyone proud of their accomplishments they will even take deadly drugs.

If a 26 year old athete who just died of liver cancer had available to him, or his parents a fraction of the information in this book he would still be alive today.

In this Olympic and election year we are at the cross roads of either victory or defeat. You have provided great leadership and direction, and it is with

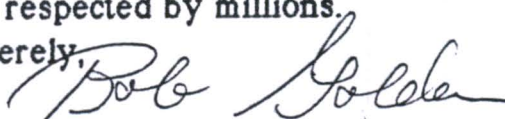
CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE

great honor I report you have been chosen to receive the 1984
Champions Award, to be presented by **Athletes Against Drug Abuse**, a
nonprofit organization made up of present and former Olympic, and world
champion athletes, sports physicians, and concerned citizens with a quickly
expanding worldwide following.

The number of athletes competing in this years' Drug Free World
Powerlifting Championships now outnumber the non-tested drug
competitions. You have 'championed' the way for our young people in an
attempt to keep drugs away from our young people, and are bringing
some morals and fairplay back to sports. You represent much more than
the 'Gipper' to us, Mr. President. The wire services have expressed strong
desire to cover the presentation. At your leisure we will make the
presentation at the White House.

I hope you will continue to help us reach the parents of these young
people. Your words are very respected by millions.

Sincerely,



Bob Goldman

Chairman-Athletes Against Drug Abuse

THE WHITE HOUSE

WASHINGTON

August 3, 1984

MEMORANDUM FOR BEN ELLIOTT

FROM: ~~GA~~ CARLTON TURNER

SUBJECT: Students Against Drunk Driving

As we've discussed previously, the grassroots movement against drunk and/or drugged driving is very sensitive to any Administration endorsement of Students Against Drunk Driving (S.A.D.D.) because they condone under age drinking.

I know I have been a nuisance in my efforts to delete any mention of S.A.D.D. in the President's speeches, but the purpose has been to minimize criticism from groups like Mothers Against Drunk Driving (M.A.D.D.), the Parent-Teacher Association (PTA), Remove Intoxicated Drivers (R.I.D.), etc.

The President did mention of S.A.D.D. in the Rose Garden ceremony regarding the 21 Drinking Age legislation. Attached is a letter from Doris Aiken, founder of R.I.D., which exemplifies the issue. I thought you might be interested in seeing it.

RID

A CITIZENS' PROJECT TO REMOVE INTOXICATED DRIVERS

HEADQUARTERS

President R. Reagan
The White House
Washington, D.C.
20500

July 30, 1984

Dear Mr. President:

I want to commend you for earning RID's highest award for Executive Leadership in moving acceptance and passage for the 21 drinking age bill, and for signing the Bankruptcy Act defining drunk driving as a willful and malicious act.

I am told that you have this award in your possession, through a comedy of errors involving security, x-rays and my lunch at the Executive Dining Room just before the 21 signing ceremony.

I request an opportunity to present this award a second time, since we both missed this publicity opportunity the first time. Even a brief meeting in your office with resulting photos would go a long way toward healing a deep hurt many thousands of volunteers in RID are feeling after reading the printed news story of your signing speech. Your speech writers credited SADD as being key to the 21 bill passage, and never mentioned RID. Senator Lautenberg's office, and my own experience, belies this statement, since SADD has been at best, neutral, and usually, counterproductive. The only time I was booed was at a SADD high school chapter opening when I mentioned 21 as a lifesaving measure. The principal asked me not to mention it again, since SADD did not support 21.

Since the bill signing at the Rose Garden, I have received many frustrated and unhappy calls from RID chapter heads, all volunteers, (as I am) who had spent their own money and precious time, call-key Senators in Connecticut, New York, and Idaho, among others. These States are heavily dominated by RID chapters, and the Senators representing them were planning to add amendments to the bill that would kill all chance of passage this year. These States have a total of 55 RID chapters, and 4 MADD chapters. Other RID dominated States such as Tennessee and Missouri raised their drinking age to 21 in 1983 and 84, whetting public expectancy for other States to do the same.

RID has over 155 chapters in 32 States and France, and at the request of Sen. Lautenberg and of the National Safety Council for help, hand-carried thousands of petitions to Washington the day before the Senate vote from back home constituencies to key Senators. We asked each the question, "Will you go against the wishes of your own constituents and your President by adding killing amendments to this bill? The answer was "no" in every case.

Sitting in the Rose Garden last week, I saw gathered, on camera, behind you, those who were key to passage of 21, except for RID. I saw that all those gathered there were paid either by government taxes, or private salaries. All save RID, the only 100% volunteer national group effectively working on this issue since 1978. I had thought this was the kind of group you particularly wanted to encourage. RID's only reward is the deep satisfaction of helping victims and the public safety, and public recognition for these efforts from those who are in a position to give it. At this time, you are that person. I have asked Dr. Carlton Turner and Mrs. Gail Healey to act as liaison with me and your office, to arrange some kind of public acceptance, however brief, of the RID award our Board voted to give you at the Board meeting on July 7, 1984. We also voted to give Mrs. Dole our professional leadership award for highway safety because of her concern for 21 bill passage. She will receive her award in Dallas, I am told, during the Republican Convention. We have a large chapter in Dallas, and our New Jersey State RID head, Lorraine Roy, will be there covering the convention for the RID newsletter.

Please take this opportunity to help correct the serious oversight made by your speech writers and planners for the Rose Garden ceremony. The resulting photos of the RID award presentation to you will be published in our newsletter going to all RID leaders and to the media, in September.

It is my firm belief that if you had not gotten on the radio and television, selling the public on the necessity of raising the drinking to 21, the bill would have gotten nowhere this year, despite all of the rest of our combined efforts. I heard your voice coming from Oradell, N.J. and New York City while I was driving my car, or sitting in hotel rooms, explaining why we must have this standard for drinking in the U.S. The appeal was simple eloquent and effective.

I thank you now, personally, on behalf of all the parents worried about their kids driving across blood borders, who call and ask what they can do. You have helped eliminate the need for many of those anxious calls. Thank you.

Sincerely,

Doris Aiken

Doris Aiken, Founder
RID-USA

Member, National Commission
Against Drunk Driving.

Enclosure: Current newsletter, Lautenburg letter.

cc: *Healey*

ANK R. LAUTENBERG
NEW JERSEY

SENATE OFFICE BUILDING
WASHINGTON, D.C. 20510
(202) 224-4744

ROOMING BUILDING
870 BROAD STREET
NEWARK, NEW JERSEY 07102

United States Senate

WASHINGTON, D.C. 20510

July 19, 1984

Ms. Doris Aiken
Remove Intoxicated Drivers
1013 Nott Street
Schenectady, New York 12309

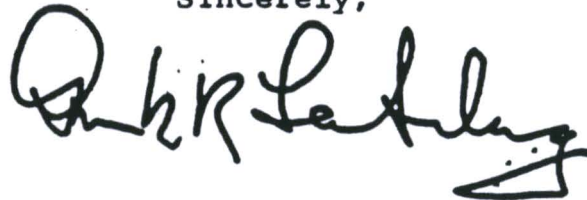
Dear Ms. Aiken:

As you probably know, President Reagan signed the Uniform Minimum Drinking Age Act, which was included in H.R. 4616 the Child Safety Restraint Act, on July 17, 1984.

Without your efforts to raise public consciousness of the senseless loss of life due to drunk driving - particularly by young people - this legislation would not have been possible. For that reason, I wanted to share with you the debate in the United States Senate on H.R. 4616. It makes interesting reading and it has a happy ending.

We share a sense of accomplishment with the passage of this bill, but we have a long way to go. I look forward to working with you and your organization on auto safety issues in the future.

Sincerely,



FRL:tho
Enclosure

THE WHITE HOUSE

WASHINGTON

August 3, 1984

MEMORANDUM FOR JACK SVAHN

FROM: ~~CARLTON~~ CARLTON TURNER

SUBJECT: Drug Abuse Health Issues

Per your request, attached are talking points on drug abuse health issues; drug abuse prevention, detoxification and treatment, and research.

Also attached is a summary of accomplishments in the area of drug abuse health issues, plus significant accomplishments in international cooperation and drug use in the military. I did not include information on accomplishments in drug law enforcement, but can if you have not received it from other sources.

cc: Roger Porter

TALKING POINTS--DRUG ABUSE HEALTH ISSUES

No one can deny the existence of massive drug and alcohol problems. Today, more than 20 million Americans use marijuana at least once a month. One out of 18 high school seniors use marijuana daily. Over four million people, half of whom are between the ages of 18 and 25, use cocaine on a regular basis. Approximately one-half million Americans are heroin addicts. Countless others are affected by the significant abuse problems which involve medical drugs manufactured in illicit laboratories or diverted from legal pharmaceutical sources. Alcohol is a major problem as well; there are an estimated 10 million problem drinkers, including 3 million between the ages of 14 and 17.

In 1981, President Reagan called drug abuse "one of the gravest problems facing us" and began a nationwide campaign to stop drug abuse in the United States. The overall Strategy is a comprehensive program to reduce drug and alcohol abuse in the United States through integrated and cooperative efforts of Federal, State, and local governments, as well as providing encouragement and support for simultaneous private sector activities. It includes both reducing the availability of the illicit drugs with strong diplomatic and law enforcement efforts and reducing the demand for illicit drugs by convincing the users to cease using. Our goal is to reduce the abuse of drugs, including alcohol, and to eliminate drug abuse in future generations of Americans. The health-related elements of the program include:

- Drug Abuse Prevention and Education
- Detoxification and Treatment
- Research.

Drug abuse prevention--through awareness, education and action--is key to long-term success in stopping drug abuse and drug-related crime in our society. Prevention must begin with public awareness of the problem, an understanding of what can be done to improve the situation and a willingness to do something about it. The prevention strategy includes teaching young children to actively resist drug taking behavior and convincing those of all ages who are currently involved in drugs to stop.

Regardless of the amount of Federal resources available, the success of the national drug abuse prevention effort ultimately depends on the dedication and the commitment of our citizens; volunteers, private industry, and civic and social organizations. The Administration, through State block grants, has moved to provide the States with the flexibility to design and implement their own programs. Today, prevention and education are in the hands of parent and community groups, peers, school officials and health care professionals, those closest to the user and potential user and therefore those who can have the greatest impact on drug and alcohol abuse. President and Mrs. Reagan, Federal, state and local officials, and concerned citizens from

every segment of society are actively involved in this national effort.

The national prevention effort is beginning to pay dividends. Although drug and alcohol abuse levels remain high, the trend is down instead of up. With the active involvement of parents and other concerned citizens, these decreasing trends are expected to continue. The long-range objective is to eliminate drug and alcohol abuse in future generations of Americans.

Detoxification and treatment are necessary for the millions of Americans dependent upon drugs and alcohol and in need of treatment and professional assistance to free themselves of abuse problems and rebuild productive lives. The Federal government is assisting efforts to achieve more effective use of resources within the existing national treatment network, including the development of treatment programs which are more responsive to local priorities and to a wide range of drug and alcohol abuse problems.

States gained more flexibility to determine specific treatment needs and respond accordingly in 1982 when the Federal share of treatment support was incorporated in the Alcohol, Drug Abuse and Mental Health Services (ADMS) block grants. The ADMS block grant program and technical assistance by the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) are facilitating integration of drug and alcohol services into the general health care system for more effective and efficient treatment.

The Federal program will continue to emphasize the integration of the latest research findings into the existing treatment network. High priorities are assigned to enhancement of treatment services for youth and the expansion of private sector support to early intervention and treatment programs.

Research. Prevention and treatment approaches have been revolutionized in the past few years by increased knowledge concerning the serious health consequences of a number of drugs; the inter-relationships of various drugs, including alcohol, in drug abuse; and the need to address abuse within a range of related social, psychological and physical problems that may be as varied as the population affected.

Ongoing research concerning the biological, psychological and social determinants of drug and alcohol abuse and the effects of drug and alcohol use on different types of individuals is expected to have a dramatic effect on treatment and prevention programs.

SUMMARY OF ACCOMPLISHMENTS

Drug Abuse Health Programs

Drug Abuse Prevention and Education Accomplishments:

- o The number of organized parent groups has grown to over 4,000 and they are working all across America to promote an environment in which children are discouraged from using drugs and alcohol.
- o Major organizational efforts to develop and coordinate statewide prevention efforts are well underway. There are at least 35 states which are now organized or in the process of networking.
- o A Congressional Families for Drug Free Youth has been established to provide leadership to education and prevention efforts in the Congressional Districts.
- o On October 3, 1982, the Secretaries of the Department of Health and Human Services and Transportation announced a National Initiative on Teenage Alcohol Abuse which taps the potential of voluntary citizen efforts and others.
- o The Department of Education has developed and maintained alcohol and drug abuse prevention programs in over 4,500 school-communities.
- o The Drug Enforcement Administration (DEA) is providing speakers, publications and technical assistance to community and parent groups. Also, DEA has joined with the FBI in a prevention effort to raise drug abuse awareness in professional athletes and to promote sports figures' responsibilities as role models for youth.
- o The Occupational Safety and Health Administration (OSHA) has implemented innovative cooperative programs which recognize the important role that employers and employees have in ensuring their own safe and healthful working conditions.
- o The Administration, through the Department of Transportation, has embarked upon a comprehensive, community-based program to combat alcohol-related traffic fatalities. Major Administration initiatives include the establishment of the Presidential Commission on Drunk Driving, followed by a National Commission; a massive national public awareness effort, supported by law enforcement, judicial and citizen action; and the development of programs for teenagers in each State.

The involvement of private sector and service organizations

in the education and prevention effort is a key element of the national program. Selected examples include:

- o Weekly Reader survey of children's attitudes on drugs and alcohol, sponsored by Xerox Education Publications;
- o Drug awareness comic books sponsored by DC Comics, The Keebler Company, the National Soft Drink Association, IBM, the National Federation of Parents for Drug Free Youth;
- o "Pharmacists Against Drug Abuse," sponsored by McNeil Pharmaceutical;
- o "Team Up Against Drugs," sponsored by the professional sports associations;
- o Steering Committee on Prescription Drug Abuse, sponsored by the American Medical Association;
- o Program against look-alike drugs, sponsored by the American Academy of Pediatrics;
- o Lions' War Against Drugs, sponsored by the International Association of Lions Clubs;
- o "The Chemical People" Project, which was aired on the public broadcasting stations across the country, produced by WQED (PBS) in Pittsburgh and sponsored by a new National Coalition for the Prevention of Drug and Alcohol Abuse, representing 35 organizations and 15 million members and volunteers;
- o "Don't Be a Dope" campaign, sponsored by NBC; and
- o A ten-year impaired driving prevention campaign, sponsored by the National Association of Independent Insurers.

The national prevention effort is beginning to pay dividends. Although drug and alcohol abuse levels remain high, the trend is down instead of up.

- o The National Survey on Drug Abuse reports that, between 1979 and 1982, the number of Americans who were current users of marijuana decreased by 11 percent, hallucinogens by 55 percent, cocaine by 4 percent and alcohol by 7 percent.
- o The leveling off in drug use by young people is especially encouraging. A major reason was increased awareness of the health risks posed by drug use.
- o In 1978, daily marijuana use by high school seniors peaked at one in nine. In 1983, daily use had dropped to one

in 18 high school seniors. Reflecting the change in attitudes, seniors in 1983 were more more concerned about the health consequences of regular marijuana use and more likely to feel the disapproval of their peers if they used marijuana. Both seniors and adults questioned in different parts of the country favored stricter enforcement of laws against marijuana.

Detoxification and Treatment Accomplishments:

The Federal government is assisting efforts to achieve more effective use of resources within the existing national treatment network, including the development of treatment programs which are more responsive to local priorities and the specific needs of a heterogeneous population with drug and alcohol abuse problems.

- o States gained more flexibility to determine specific treatment needs and respond accordingly in 1982 when the Federal share of treatment support was incorporated in the Alcohol, Drug Abuse and Mental Health Services (ADMS) block grants.
- o The ADMS block grant program and technical assistance by the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) are facilitating integration of drug and alcohol services into the general health care system for more effective and efficient treatment.
- o State and private treatment programs are being encouraged and assisted in making the appropriate provisions for counseling and medical services which meet the special needs of young people with drug, alcohol and related problems.
- o The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is integrating drug and alcohol prevention and treatment programs into the juvenile justice system by supporting a local project which provides training for probation officers in substance abuse interventions.
- o The Department of Education has trained 4,500 school/community teams to identify and refer drug and alcohol abusing youth to early intervention programs.
- o The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) are conducting feasibility studies to determine if certain types of traditional service delivery can be modified to be less expensive and remain effective.
- o NIDA continues to work directly and indirectly with drug companies in the development of new drugs for potential

use in the treatment of narcotic addiction. In July 1984, Naltrexone was approved by the Food and Drug Administration as an agonist/antagonist and holds promise for less expensive, more effective treatment.

- o NIDA and NIAAA are working with private and public organizations, state and local government agencies and public interest groups to encourage their support of treatment programs and the expansion of third party funding.

Research Accomplishments:

Prevention and treatment approaches have been revolutionized in the past few years by increased knowledge concerning the serious health consequences of a number of drugs; the inter-relationships of various drugs, including alcohol, in drug abuse; and the need to address abuse within a range of related social, psychological and physical problems that may be as varied as the population affected.

- o Federal measurement programs provide a wealth of information which can be utilized to describe drug-related health problems; monitor the incidence and prevalence of nonmedical drug use; assess the negative health consequences associated with certain drugs in the nation, states and major metropolitan areas; and plan research, treatment, law enforcement and other operational activities.
- o DEA drug analyses programs and the NIDA-funded Marijuana Project provide a solid foundation for an expanded drug analysis system concerning the composition, potency and probable source of illicit drugs.
- o Significant progress has been made in understanding biological factors which may predispose some individuals to drug and alcohol abuse and tend to make other resistant.
- o The National Institute on Mental Health (NIMH) has several projects underway which will strengthen current hypotheses concerning the relationship of drug and alcohol consumption with overall mental health.
- o NHTSA has conducted extensive research to ensure the integrity of current alcohol chemical test equipment and has identified highly accurate psychophysical skills tests which determine degree of alcohol intoxication. The current applications are in the law enforcement community, but may also be available to alcohol servers, probation officers, etc., in the future.
- o NIAAA research suggests that attempts to develop commitments to conventional goals, such as education or occupational

careers, as well as changing attitudes towards the law, may be effective in promoting a reduction in the use of alcohol by adolescents.

- o Research on the developmental progression of drug use in adolescents indicates that prevention and intervention programs should focus on alcohol and marijuana, which serve as the "drugs of introduction" to other drugs by young people.
- o NIDA is investigating family therapy approaches to drug abuse treatment and methods for using schools to identify and provide effective services to aid drug abusing youth.
- o An extensive series of studies have begun to reveal which types of treatment are most effective for particular types of individuals with serious drug problems.

International Cooperation:

National efforts to alleviate the problems caused by drug abuse and to reduce demand for drugs through a variety of deterrent activities must be supported by the international community. In addition to a major supply reduction program, the United States has a lead role in international demand reduction through diplomatic initiatives, technical assistance, training and information exchange.

- o The United States supports and participates in United Nations, other international, and regional programs for demand reduction, collaborating on research projects and providing advice, technical assistance, materials and funding.
- o United States participation in drug scheduling decisions under the Convention on Psychotropic Substances and the Single Convention on Narcotic Drugs has a major impact on the availability of and access to controlled substances internationally and within the United States.
- o Each year, the Bureau of International Narcotics Matters (INM), NIDA and NIAAA provide technical assistance to help countries develop effective treatment and prevention programs. In 1982, assistance was provided to Malaysia, Pakistan, Ecuador, Peru, Thailand and Burma, among others.
- o The United States Information Agency (USIA) plays a major role in the international strategy by communicating demand reduction messages to overseas audiences, thereby heightening public awareness and official recognition of internal drug abuse problems and encouraging these nations to undertake narcotic control and demand reduction programs.

The United States is continuing to encourage producer, transit, victim and other donor nations to recognize the global nature of drug abuse and to increase demand and supply reduction activities.

Drug Abuse in the Armed Forces:

The Department of Defense (DOD) has established the goal of a force that is free of the effects of drug and alcohol abuse and has undertaken major initiatives, many in close cooperation with other Federal agencies, to achieve this goal. Department of Defense surveys show significant improvement in drug use trends in the military, including a sharp decline in current marijuana use by junior enlisted personnel since 1980.

- o The most recent world-wide survey of marijuana use by junior enlisted personnel shows an 40% reduction overall; down 62% in the Navy, down 56% in the Marine Corp, down 26% in the Air Force, and down 21% in the Army.
- o A technical breakthrough has enabled DOD to include marijuana, the most widely used illicit drug in the military, in the urinalysis detection and deterrence program.
- o A media campaign, initiated in 1981, emphasized both the danger an abuser poses to the unit and the opportunities available for those who want help. In 1982, radio and television spots were developed which emphasize the incompatibility of alcohol and drug abuse with a healthy lifestyle.
- o DOD has intensified efforts to prevent intoxicated driving. Activities include the implementation of alcohol, occupant protection, and motorcycle safety workshops conducted jointly by DOD and the National Highway Traffic Safety Administration (NHTSA).
- o DOD works with the Veterans Administration on treatment matters concerning discharged military personnel and is developing an agreement which will provide treatment services to active duty personnel who have major alcohol and drug abuse problems.
- o The Department of Defense is working with volunteer groups and other Federal agencies to develop a community-based prevention program which will focus attention on school-age dependents.

THE WHITE HOUSE

WASHINGTON

August 3, 1984

MEMORANDUM FOR JACK SVAHN

FROM: CARLTON TURNER

SUBJECT: Methadone Treatment in New York City

Attached is a copy of a Memorandum of Telephone Conversation between Mr. Charles LaPorte, Deputy Director of New York State Division of Substance Abuse Treatment, and Dr. Stuart Nightengale, Associate Commissioner for Health Affairs of FDA.

You may find the two marked paragraphs on page two interesting. According to my sources, Mr. LaPorte is a close associate of Congressman Charles Rangel (D-NY).

30 JUL 1984
1483

Memorandum of Telephone Conversation

July 11, 1984

Between:

Mr. Charles LaPorte
Deputy Director
Division of Substance Abuse Services,
Bureau of Methadone Services
State of New York

and

Stuart L. Nightingale, M.D.
Associate Commissioner
for Health Affairs

Subject: Methadone Waiver Request

Mr. LaPorte called me to find out when FDA was going to respond to its New York State Drug Abuse Authority's May 3, 1984, request for an exemption to the current methadone regulations. He also was very interested in what our response would be. I told Mr. LaPorte that while FDA had met jointly with DEA and NIDA to consider New York State's request, no final determination had been made. I took the opportunity to tell Mr. LaPorte that New York's waiver request did present us with serious problems. By requesting the use of oral solid dosage methadone combined with a significantly extended take home, we needed to concern ourselves with potential diversion. This required our consultation with DEA.

I told Mr. LaPorte that had his waiver request been along the lines discussed and recommended by the Federal agencies in our April 9, 1984, meeting, our job would have been much easier. In fact, I told him that we were trying to be very reasonable and to accommodate the treatment needs for those said to be on waiting lists in New York City. Modifying the patient-counselor ratio in selected programs continues to appear to the Federal agencies as a very reasonable waiver request, in the face of an emergency situation in New York City caused by effective law enforcement efforts.

Mr. LaPorte told me that modifying the patient-counselor ratios in New York methadone programs would lead to a decrease in the quality of treatment services in these programs. I told him that even if there were a temporary lessening of the quality of ancillary services in these programs, that in a true emergency situation, with addicts in withdrawal, and many forced to turn to criminal pursuits to

find money for drugs, such modification of the program--on a temporary basis-- would seem to be appropriate from a public health and humanitarian perspective. I told him that when I was Medical Director of the Drug Abuse Authority of the State of Maryland in the early 1970's, we responded to a law enforcement induced emergency situation by establishing a temporary "holding program"--a facility that offered medication as a stop-gap measure, offering treatment while seeking to place addicts in longer term rehabilitation services. I stated that I personally would suggest that providing ambulatory detoxification services would be quite appropriate--similar to the New York City programs of the mid-1970's and the Hong Kong programs developed by Dr. Newman. Mr. LaPorte said that he was definitely against such an approach. Further, he said that another argument against lessening the patient-counselor ratio and taking more addicts into treatment, was the fact that it would cost more money (more methadone dosage units and containers, more nurses to dispense and more physicians for physical examinations). I said that I understood that more money would be needed, and, thus, it would not be inappropriate to seek a waiver of the patient-counselor ratio and at the same time request further funds from the appropriate agencies. I asked him if he had requested more funds, and he said he had not.

I told him that FDA was considering his request based on its merits, but that funding was not in our purview. However, I told him that FDA was being put in a "bind" by his refusal to submit any request other than the one recently sent in. Specifically, we appreciate the problem of a waiting list and the emergency situation in New York. We had fully explained that to him and the others from New York State in our April meeting, and yet they had failed to submit a waiver request along the reasonable lines recommended by us. One problem is that we want to be as helpful as possible, but by their not requesting a waiver of the type suggested by us, they were making it very difficult for us to help them.

At this point, Mr. LaPorte told me that we were dealing with issues of treatment, finances, community concerns, and politics. He told me that the failure of the Federal government to approve their request and thus help get treatment for these addicts in New York, would surely be a campaign issue and that he needed to get a response to his request soon.

I told him that I clearly understood that there were politics involved, but we were trying to be as responsive as possible to the stated treatment needs and did not want our regulations to be an impediment to getting addicts into treatment.

I told Mr. LaPorte that I would check on the progress of the decision and get back to him in a few days with information as to when he might get a final response.

Stuart L. Nightingale

Stuart L. Nightingale, M.D.

cc:

Mark Novitch, M.D.

Ms. Lyvonne Covington

William Pollin, M.D., NIDA

Jack Lawn, DEA

Gene Haislip, DEA

✓ Carlton Turner, Ph.D, ODAP

SLNightingale:7/13/84

Disk:DB.1:MEMO/LAPORTE

THE WHITE HOUSE

WASHINGTON

August 3, 1984

MEMORANDUM

FOR: ANN WROBLESKI
FROM: CARLTON TURNER
SUBJECT: Spokane, Washington

Attached is some information on Spokane, Washington. This was sent to me by John Lamp, U.S. Attorney for the Eastern District of Washington.

If you need any additional information, do not hesitate to contact John -- 509/456-3811 or -- FTS 439-3811.

Greater Spokane Substance Abuse Council

East 245 13th Avenue • Spokane, Washington 99202 • (509) 624-5156

John Olson
Executive Director

Board of Directors

Sharon Sullivan
Pharmacist, Board Chair

Liz McGinnis
Chair. of the Council

Raue Ellis
U. S. Air Force

Joan Hoffmeister
Prescription Addiction

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KHQ TV

Ron Laws
Spokane County Sheriff Dept.

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Grant Maclean
Pharmacist

Betty Winfield
C.P.A.

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Shirley Corbit
Tough Love

Karen Porter
Deaconess Comp. Care

Michael Forness
Student

Elaine Tyrie
SECUS

Diane Martin
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Catherine Crawley
Drug Counselor

Virginia Schults
Health Consortium

Barry Hicks
Anthropologist

Gordon "Bud" Kremer
A.A.

Jim Loudermilk
Serenity House

Ben Camp
Detox Center

Mary Brown
School Dist. 81

Dr. Timothy Keller
Psychiatrist, Medical Society

Jeannie Critchfield
Junior League

Mike Carlson
Asst. to the Mayor

Paul Kirking
Investment Broker

John Plock
CARTA

Dear Friends,

Most of us have had to overcome obstacles of one kind or another. There is an enormous obstacle, a mountain if you will, that is destroying lives and draining our society of its psychic and physical strength.

That mountain is alcohol and drug abuse, and America has the greatest problem of any country in the world. It has become our number one health problem, involved in over 80% of all crimes, and costs us at least \$16 billion/year in lost productivity.

Though there is a tendency to blame parents, youth, the schools, churches, law enforcement, etc. the truth is that no one group is responsible. Alcohol/drug abuse is a community or societal problem. The mountain will not be moved unless we move it together, or as one expert put it, "It takes a system to defeat a system".

As one who has been receiving our Newsletter, you are probably aware that the Greater Spokane Substance Abuse Council is a comprehensive community-wide effort to confront and reduce alcohol/drug abuse. Though the Council has only existed since January 1983, it already has 750 members representing 50 organizations, with over 10,000 volunteer hours donated so far.

Would you please take time to read the attached report on our overall game plan, accomplishments so far, and projected projects. We are hopeful that you will be impressed enough to make a contribution to the Council for our annual appeal. Thanks to various funding sources and individual contributions we have raised over \$11,000 of our \$22,496 budget, but we still have a long way to go. Your contribution will enable the Council to continue to have part time staffing (1/2 time Exec. Director and secretary) and enable important projects to go forward. Most important, you can have the satisfaction of knowing that you are part of the solution to this monumental problem. Let us together, move the mountain of alcohol/drug abuse now!

Sharon Sullivan

Sharon Sullivan, Board Chair.

Sincerely,

Liz McGinnis

Liz McGinnis, Overall Chair

John Olson

John Olson, Director



"HEY, LET'S GO TO THE GREATER SPOKANE SUBSTANCE ABUSE COUNCIL QUARTERLY MEETING & PICNIC AT LIBERTY LAKE PARK ON SATURDAY, JUNE 23!"

"WHO'S GOING TO BE THERE?"

"PEOPLE WHO HAVE BEEN INVOLVED WITH TRYING TO REDUCE ALCOHOL/DRUG PROBLEMS & THEIR FAMILIES."

"I DON'T KNOW. SOUNDS LIKE A ROWDY BUNCH TO ME. WHAT ARE WE GOING TO DO THERE?"

"WE'RE GOING TO HAVE LOTS OF FUN - FOR KIDS & ADULTS. PEOPLE SHOULD BRING HORSESHOES, CROQUET & FRISBEES. WE CAN PLAY SOFT BALL, VOLLEY BALL, TOSS BALOONS, SWIM. WE COULD EVEN PLAY 'TRIVIAL PURSUIT'. WE'RE GOING TO EAT AT NOON."

"I DON'T KNOW. SOUNDS LIKE IT COULD BE TROUBLE. WHY DON'T WE JUST STAY HOME AND WATCH TV?"

"THAT'S UP TO YOU, BUT I'M GOING TO THE PICNIC. I DON'T WANT TO MISS OUT ON ALL THE FUN!!"

Arrive 11:00 a.m.

Information: - Lunch at Noon (Please bring food & beverages, salads & desserts could be shared. Home-made ice cream encouraged - Barbeques available).

Brief Meeting - 1:00 p.m.
(Games for kids during meeting)

- Please bring equipment for games you would like to participate in. (Bats, Balls, Frisbees, Horseshoes, etc.).
- Swimming & Boating are options (the Park has an excellent Beach) however, you cannot launch Boats at the Park. There is a free launching area near the Golf Course (follow signs).

DIRECTIONS TO LIBERTY PARK - (PLEASE DON'T CONFUSE WITH SANDY BEACH RESORT) EAST ON INTERSTATE 90 - FOLLOW SIGNS TO LIBERTY LAKE EXIT. EAST ON MISSION TO MOLTER, SOUTH TO VALLEY WAY, EAST ON ZEPHYR ROAD.



COST FOR USE OF THE PARK

\$2.00 - CAR & DRIVER
\$1.00 - EACH ADDITIONAL PERSON
UNDER 6 FREE

COME AND STAY AS LONG AS YOU WISH!





"Let us together move the mountain
of alcohol & drug abuse, now!"

What is Greater Spokane Substance Abuse Council? The Council is essentially a comprehensive community wide effort to confront and reduce alcohol/drug abuse. Community wide - the Council's membership includes representatives of key sectors of our community: business, government, education, law enforcement, the media, the military, religion, pharmacy, medicine, health & human services, experts in the alcohol/drug field, along with parents and youth. The Council has approximately 750 members representing 50 organizations, with over 10,000 volunteer hours donated so far. Quarterly meetings are open to all. The Board and Task Forces meet monthly. The Council has 4 Task Forces: Community Awareness, Education/Prevention, Intervention/Treatment, Advocacy/Funding.

NETWORKING - Greater Spokane Substance Abuse Council has provided a means for coordination of efforts and networking between a variety of community groups. Though there were and continue to be excellent prevention and treatment programs in the Greater Spokane area, efforts were splintered at best. The existence of the Council allows for attention to be paid to the full continuum of needs. Networking has occurred between GSSAC, CHEC, ESD 101, various school districts, PTSA, Junior League, various treatment agencies, parent groups such as "Tough Love" and the "Chemical People" Task Forces, and with the recently organized WSSAC (WA. State Substance Abuse Coalition).

COMPREHENSIVE - It is not sufficient for a community to merely attack the problem of alcohol/drug abuse on one or two fronts. Communities are far more likely to succeed if they address the full continuum of needs on all fronts simultaneously, including as many of the key components as possible.

1. COMMUNITY AWARENESS - It is not sufficient to merely inform the public. It is essential that we break through denial of the problem, so that the various segments of the community are willing to admit to it and become part of the solution.

- GSSAC has:
- Sponsored 3 local TV specials and 12 local Public Service Announcements, 8 of which were directed at a youth audience.
 - Sponsored 34 "Chemical People" Town Forum meetings (with panels of experts) to view and discuss 2 national TV specials.
 - Published a monthly newsletter.
 - Sponsored a youth oriented "Alternatives Fair" in Riverfront Park to celebrate "Natural Highs".

FUTURE PROJECTS:

- More media coverage.
- Second "Alternatives Fair".

2. EDUCATION/PREVENTION - The following components are key to effective prevention through education.

- Curriculum in all of our schools (K-12) that includes: drugs/alcohol information, self-esteem building, and coping/decision making skills.
- Additional training events for parents and youth, which develop communication and "Refusal" skills.

- Training for citizen Task Forces and parent support groups.
- Training for key sectors of the community - i.e. business and industry, churches, "gate keepers".
- There is a specific need to educate key educational decision makers as to effective curriculum and early intervention models.
- Training for youth involvement in proven models such as "Natural Helpers" and "Teen Institute" (positive peer pressure teams in schools).
- Student "Rap Groups" on alcohol/drugs and other concerns with professional leaders.
- Prevention of drunk driving.
- School and community "drug free" events for youth.

GSSAC has:

- Advocated on behalf of state-wide legislation to fund alcohol/drug curriculum in our schools.
- Supported efforts of CHEC to get "Hear's Looking at You II" curriculum in local school districts.
- Co-sponsored 2 successful parent/youth Educational Events. "Communicating on Alcohol/Drugs" and "Peer Pressure - Refusal Skills".
- Training event for "Chemical People" Task Forces.
- Co-sponsored motivational "Getting High on Yourself" event featuring Bob Moawad for teams of high school and junior high youth and faculty advisors (450 in attendance). A second Moawad presentation for parents and educators was attended by 200.
- Co-sponsored Graduation and Memorial Weekend "Free Ride Service".

FUTURE PROJECTS:

- Luncheon event for superintendents and principals of area school districts to acquaint them with various ways of preventing and dealing with alcohol/drug problems in the schools. - August '84.
- 3 day training event for positive peer pressure teams from various schools (similar to "Teen Institute"). Teams already identified through Bob Moawad event.

3. INTERVENTION - Early intervention is to be preferred to advanced stages of abuse and dependency. Student Assistance programs need to be established with the training of "core teams" in our schools with responsibility for early detection and intervention. On campus intervention experts have proven to be effective in getting help for youth in the earlier stages of abuse and dependency. Employee Assistance programs have proven helpful to those employees with problems and wise for employers economically. Community programs designed to work with the significant "others" of chemically dependent persons may not only be supportive of family members but lead to an earlier intervention for the alcoholic or addict as well.

GSSAC has:

- provided school administrators, counselors, and teachers with a workshop on "Early Intervention & Alternatives to Suspension".
- Workshop for school decision makers on "WA. Teen Institute".
- Sponsored John Hughes, a full-time on campus Intervention Expert, to Spokane to speak to educators and parents. John also spoke to school administrators at their NWASA meeting.
- Supported efforts by ESD 101 and Comp. Care to conduct first Spokane Impact training event. Ten core teams from area schools were trained to do early intervention.

FUTURE PROJECTS:

- Continue to promote intervention models with school decision makers.
- Provide 2 day training event for area businesses.

4. TREATMENT & AFTER-CARE - The immediate result of effective community awareness, education and early intervention is increased case-loads for treatment agencies. It is hoped that prevention efforts will, in time, turn the problem around. Before such a long range goal can be achieved, it is crucial that the various treatment programs avoid turf considerations and develop joint strategies for impacting the community. Although treatment programs and AA groups continue to respond to after-care needs, similar support groups are needed in schools and businesses.

GSSAC has:

- Held monthly treatment task force meetings.
- Initiated forum sessions featuring a different agency each time.
- Sponsored an information booth at the Interstate Fair with treatment agencies providing information.
- Involved youth treatment agencies in early intervention workshop for educators.
- Initiated a contact system to alert treatment agencies of important issues and concerns.

FUTURE PROJECTS:

- Bring nationally known speakers to our area.
- Help schools establish support groups for recovering youth.
- Establish a Community Resource and Information Center on alcohol/drugs.
- An "Outward Bound" experience for recovering youth.

5. ADVOCACY - Any individual or group involved in combating alcohol/drug abuse on an ongoing basis will eventually become aware of the need to impact related Legislation. It is crucial that the full force of Legislative power be used to confront and reduce the problem. It also became evident that individual community efforts to reduce the problem in the State of Washington would be diminished unless there was also a state wide effort and coalition.

GSSAC has:

- Initiated a Legislative response system.
- Sponsored a "Grass Roots Legislative Conference on Alcohol & Drugs". State Legislators were in attendance along with White House Aide, Dr. Carlton Turner. Key legislative issues were identified and ad-hoc committees followed up on them.
- Gave and continue to give leadership to the formation of the Washington State Substance Abuse Coalition (WSSAC).
- Gave primary leadership to the first Citizens' Alcohol/Drug Legislative Hearing in Olympia (168 were in attendance, 20 from the Spokane area).

FUTURE PROJECTS:

- Spokane has been given primary responsibility for establishing the Legislative Arm of WSSAC.
- Fall regional Legislative Conference.

GREATER SPOKANE SUBSTANCE ABUSE COUNCIL
SUPPORT NETWORK

Individual

\$5.00-\$100.00 (Supporter)
\$100.00-\$500.00 (Sustaining)
\$500.00 + ("Second Mile"
Givers)

Business or Organization

\$25.00-\$250.00
\$250.00-\$500.00
\$500.00 +

The Council can expect my (our) donation:

- Annually _____
- Semi-annually _____
- Quarterly _____
- Monthly _____

NAME _____

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Greater Spokane Substance Abuse Council

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Girl's death underlines danger in latest fad of sniffing fluid

Intentional inhalation of typewriter correction fluid has killed a 15-year old girl and forced hospitalization of three other teenagers, say health officials concerned about a dangerous new fad.

"They're finding something new to play with besides the Pam (an aerosol non-sticking cooking spray) and the airplane glue they used to use," said Robert E. Banes, administrator of the Tidewater District Medical Examiner's Office.

Medical examiners who performed the autopsy on the girl, who died April 13, attributed her death to "acute cardiac arrhythmia...due to inhalation of trichloroethylene contained in Liquid Paper correction fluid." She was not identified.

Dr. Mallory Read, a Virginia Beach General Hospital physician, said trichloroethylene, a drying agent in the fluid, can bring on death by forcing the heart to beat rapidly and irregularly, interrupting the flow of blood to vital organs.

Users pour the chemical into a paper plastic bag and inhale the fumes through the mouth of the bag, the doctor said. Initial euphoria is often replaced by confusion and sometimes coma, he said.

Abuse also can damage the kidneys, liver and central nervous system, said Read, who on May 8 treated a 15-year old boy who had been sniffing the fluid. Two 14-year old boys also have been treated in other cases.

"I'm getting calls about it from parents and from kids," said Craig Snyder, coordinator of the Tidewater Poison Center.

"I'm getting calls from teachers saying students 'are stealing all my correction fluid and getting high from it.' "

Liquid Paper Corporation is aware of the product's potential for abuse and in September 1982 began including a strong warning on the label.

Correction fluid made after March 1, 1984 has a strong aroma intended to deter abuses.

Getting motivated with Bob Mowad

The Greater Spokane Substance Abuse Council, Education Service District 101, and the United States District Attorneys Office are sponsoring two events with motivational expert, Bob Mowad. "Getting High on Yourself," will be Bob's theme for teams of high school and junior high school students along with faculty advisors. Mowad has spoken to over a million people and his video tapes on self-esteem and motivation are used in numerous school districts.

A contact student for each school team will be asked to help plan a major Fall Training event. The student event will be held May 22 at the Shadle Park High School Auditorium at 1 p.m. Mowad will be making a second presentation designed for parents and educators the same date and location at 7:30 p.m. The evening session is open to all and is free.

For more information contact John Olson (509) 624-5156 or Elaine Porter (509) 456-7683.

Alternatives Fair is 'high on life'

Free balloons, neat games with Earth Balls, Parachutes, etc. Volleyball, rock music, information on treatment programs and speakers were all part of the First Alternatives Fair sponsored by the Greater Spokane Substance Abuse Council. The event was not just for the "fun of it," though a good time was had by all. Speakers such as Don Kardong, former Olympic Marathoner, emphasized the need to get "high on life" other than through alcohol or drugs.

The second version of the Fair will also be held alongside "Main Street USA," in the large grass area in front of the clock tower on Saturday, August 11, 1984.



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THE STRAIGHT SOURCE

volume 1

A PUBLICATION OF WSSAC

number 1

WSSAC— What are we?

By Sharry Heckt, Chairman

To encourage and support community efforts for the prevention of the abuse of alcohol and other drugs in the state of Washington through the development of a network of individuals and organizations involved in drug and alcohol education, prevention, legislation, advocacy, early intervention, treatment and/or aftercare activities.

The Washington State Substance Abuse Coalition was formed in January 1984, out of need to have one organization networking all of the groups and organizations in the state of Washington who were working in the area of Substance Abuse, from Prevention, Intervention through Care and Aftercare; from Young People to our Senior Citizens.

The Chemical People Project became the impetus for developing a coalition. The Steering Committee of the KCTS Chemical People Project saw a need to care and feed the task forces or watch most of them die from lack of training and stimulation. At the same time many groups and organizations had taken on projects in the area of Drug/Alcohol Use and Abuse and there was a need for someone to help facilitate sharing of information and resources among these groups. Although there are some organizations in this state who's sole purpose deals with the issue of alcohol, they are narrowly focused; speaking perhaps to one issue or one age group. After careful analysis it was determined that there was a crucial need for an organization such as the Washington State Substance Abuse Coalition.

The WSSAC Steering Committee is made up of individuals from across the State representing different groups and

—continued on page 3

'Building a Vision' conference

"Building a Vision" has been selected as the title for this year's Third Annual Substance Abuse Conference in Ellensburg. Sponsored by the Washington State Bureau of Alcohol and Substance Abuse and WSSAC, the conference will bring together over 350 people interested in comprehensive approaches to alcohol and other drug abuse, from prevention to after-care. The conference, to be held on October 7-9, 1984, will be targeted at teams from local communities.

The focus of the conference will be to help teams identify "hands-on" ideas, information and resources, and to organize those into a comprehensive plan to "Build a Vision" in their local areas. The final agenda is being planned to include sessions in the areas of school education, public education/information, student groups, intervention, enforcement, policy, alternative highs/positive role models and support groups/after-care. Other "skill shops" will help the teams in the areas of goal setting, avoiding committee burnout, organizing volunteers, effective meetings, fund raising, legislation, moving the power structure, etc. There will be a special emphasis on youth with a variety of sessions specifically planned for student participants.

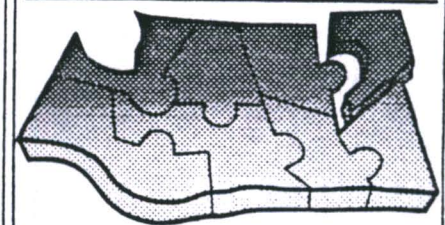
Communities are encouraged to apply to send a team of two to ten members. Larger communities may organize more than one team representing different segments of that community. Because interest in the conference is expected to be high, final decisions on the conference participants will be done by a selection committee and some teams may be asked to reduce their original team size. Teams will be selected to attend the conference based on the following criteria:

1. Geographical location.
2. Broad-based representation of students, schools, law enforcement, treatment, parents, com-

munity groups, service agencies, etc. (Priority will be given to teams which include youth.)

3. Inclusion of key decision-makers as well as grass roots organizers.
4. Past efforts in the area of alcohol and other drug abuse prevention.
5. A written statement explaining the teams role in the communities ongoing prevention efforts.

Application forms can be obtained after June 15 by contacting the conference coordinators, Roberts, Fitzmahan & Associates, 9131 California Avenue SW, Seattle, WA 98136, (206) 932-8409, Attn.: Sue Parker. Applications must be received by August 1, 1984. Because of anticipated high demand **no applications** will be accepted after that date.



BUILDING A VISION

The Third Annual Community Focus Conference

October 7-9, 1984
Central Washington University
Ellensburg, Washington

A conference for communities and families concerned about substance abuse prevention.
(formerly the "Family Focus Conference")

THE STRAIGHT SOURCE

a bi-monthly publication of the
WASHINGTON STATE SUBSTANCE
ABUSE COALITION
9131 California Ave. SW
Seattle, WA 98136

Sharry Heckt, Chairman
Steering Committee:
Dr. Rupert Brockmann
Sarah France
Fritz Wrede
Bob Kinch
Peter Berliner
John Olson
Dr. Gary Bloomfield
Barbara Daugherty
Chuck Hayes
Rosemary Richert
Danetta Rutten
Pat Geiger
Karen Whitmore
Steve Hill
Clay Roberts
Don Fitzmahan
Carl Nickerson
Debbie Batjer
Liz Woods-Frausto
Deb Landis
Judi Kosterman
Elaine Porter

Written contributions are welcome from local groups who are working in the area of substance abuse. Send to WSSAC, Dona Hook, 9131 California Ave. SW, Seattle, WA 98136; phone 932-8409.

THE STRAIGHT SOURCE

A PUBLICATION OF WSSAC

This is the first newsletter published by WSSAC. We are very excited to have our bi-monthly newsletters and Fall Conference funded by Prevention monies from the Washington State Bureau of Alcohol and Substance Abuse. We have also applied for a Federal ACTION Grant to help fund staffing, telephones, office and regional training for 84-85. We encourage all of you to send articles for publication in the newsletter. We particularly would like to hear activities being done in your communities to fight substance abuse. Please send the project coordinators name and address so that others who wish to find out more about your neat activity may do so. This is your newsletter funded to be a resource and working tool across the state of Washington. Deadline for submitting articles for our August newsletter is July 15. Let's hear about all those exciting things going on in your hometown! Send articles to WSSAC, Dona Hook, 9131 California Ave. SW, Seattle, WA 98136.

WSSAC has membership fees

After a great deal of discussion by the WSSAC Steering Committee it was decided that in order to continue to fund the needs of the coalition, membership fees should be charged. The funding offered to WSSAC by the State Bureau of Substance Abuse is for start-up cost only and will only fund 1/3 of the budget for one year only. The Federal ACTION Grant will fund another 1/3 of the proposed yearly budget showing a need to generate an additional 1/3 of the money from membership and other grants. Therefore we are offering different types of membership as stated below. The WSSAC Steering Committee felt strongly, however, that the newsletter be sent to anyone requesting it or already on the Chemical People mailing list, regardless

of whether they were members of WSSAC or not. The rationale being that we were a service organization for the purpose of networking across the State and that the newsletter should not be received contingent on membership. We will be offering special rates to activities and conferences to members of WSSAC in the future. Please consider which category you wish to join under and send your membership to Dona Hook.

Student/Senior Citizen	\$5
Individual – Supporting	10-50
Sustaining	50-100
Enabling	100-up
Organizational – Supporting	25-100
Sustaining	100-300
Enabling	300-up

Feeling good about me!

People who feel good about themselves tend to make better choices, including choices about alcohol and other drugs. What can you do to develop a positive self-image in yourself and in the young people around you? Here are some ideas given by **Dr. Jennifer James**, noted psychologist in a recent presentation entitled "Building Self-Image in Adults and Children":

Try to encourage, instead of criticize others. If you have someone in your life who is criticizing you, count the criticisms instead of listening to them—or in your head chant, "No matter what you do or say, I'm still a worthwhile person."

Be your own fairy godmother. If your birthday or other special day is coming up, buy yourself exactly what you want, then plan the party that you want. Then you will know you will be delighted and other people don't have to be mind readers to please you.

Accept yourself today. Be 10 years ahead of your friends! Young people who are depressed or attempt suicide aren't those who are under-achievers, but rather those who are "perfect." They often have tapes gong through their heads that say, "You are not good enough." We all have these tapes and the best way to combat them is to play some new tunes like, "I sure did that well," "I'm a super sister" or "I'm OK all day."

Allow yourself only five expectations of teenagers or of your spouse. Once you have five, see if the other 20 are your own or those that you picked up from your parents, the media, or somewhere else. Nobody's perfect, especially the people you see close up. Live and let live.

Watch your face. It's a mirror to other people. What they see on your face is what they believe about themselves for a time. Be aware of how much power you have over others, especially over young people. Smile!

If you feel guilty because you did something or because you didn't do it, devise a punishment for yourself. Send flowers, call to apologize, or go visit someone who needs a friend. Once you carry out your "punishment" your guilt will evaporate and you'll feel better about you.

If someone criticizes you, agree with them and you will minimize the bad feelings you have. You will make them think twice. Another idea is to visualize critical remarks as slugs and mentally step on them when they come your way. Remember, they squish.

Go for your own goals. When watching the Olympics, people dealt with victory and defeat in different ways. One factor in how they felt was whether they were doing it for themselves or to please others. When you go for your own goals, whether you win or lose, you will feel OK about yourself.



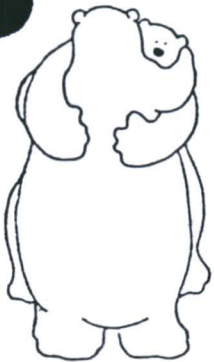
PIERCE COUNTY TASK FORCE ON ALCOHOL / DRIVING
Room 1133 / 930 Tacoma Avenue South / Tacoma, Washington 98402

DWI Task Forces combat problem

The purpose of the DWI Task Forces is to determine the extent of the problem within their area. They then outline steps to combat the problem, develop a priority of activities and then implement those activities.

Fifteen communities were originally selected on the basis of their alcohol-traffic safety record. The following Counties have formed task forces: Benton, Clark, Mason, Okanogan, Skagit, Snohomish, Spokane, Whatcom and Clallam is in the process of forming one. The Cities of Kent, Seattle, Bellevue, Tacoma/Pierce County and Olympia/Thurston County also have Task Forces.

For more information contact The Washington Traffic Safety Commission, 1000 South Cherry, Olympia, WA 98504.



**HUGS
NOT
DRUGS!**

Avoiding peer pressure problems

A training event for parents and youth will be held May 31, 1984, at North Central High School, at 7:30 p.m. "Peer Pressure—Refusal Skills" is the official title, but perhaps a more accurate description would be "Avoiding Trouble." Adults and youth alike are often presented with trouble often in the form of friendly invitations. How can we avoid trouble without putting down or avoiding people is the theme. The presentation will be given by David Biviano, who is director of a program for Juvenile Offenders. The workshop is free to the public.

For more information contact John Olson (509) 624-5156.

WTI utilizes peer pressure

WTI is a primary prevention program using PEER PRESSURE to create a positive influence among high school students to not abuse alcohol or drugs. The four major goals of the program are to: Provide education in alcohol and drug abuse; promote self-esteem and develop communication skills; develop student run prevention programs; create a resource system for local prevention programs.

The method is to recruit a team of 6 to 8 students plus an advisor from each high school. Students are selected on the basis of inspirational leadership qualities and individual stability. WTI is not a treatment program for problem kids, but rather seeks to develop an informed cadre of

healthy young people. Advisors are selected for their interest and ability to work with kids and their personal commitment to working on the drug and alcohol problem. The school administration must also make a commitment to support the WTI team in its' alcohol/drug prevention efforts.

In 1982, 9 high schools and 67 students participated. In 1983, 20 high schools and 135 students participated. This year two camps will be conducted, one on the West side near Seattle, and one in the Central area of the state near Yakima. In all, 32 high schools are expected to participate.

For more information contact Fritz Wrede, 344-7635, Seattle.

You lose more than you think

A student was arrested and convicted for the possession of marijuana, which is a felony. The judge gave him a suspended sentence.

Since the penalty seemed light, the young man turned to his lawyer and asked, "What did I really lose?"

The lawyer looked at him and replied, "You have lost the right to vote, the right to run for public office, and the right to own a gun."

"You have lost the opportunity of ever being a licensed doctor, dentist, lawyer, engineer, realtor, CPA, architect, private detective, stock broker, osteopath, pharmacist, physical therapist, school teacher, barber, or funeral director. You can never get a job where you have to be bonded or licensed. You can't work for the city, county, state, or federal government. You can enlist in the military service, but you will not have a choice of service and will probably be assigned to a labor battalion."

These are some examples of what you really lose.

(Reprinted in part from a Lions Club Magazine.)

ESD #123 is active in educating students about drugs/alcohol

School districts in Educational Service District #123 (Southeastern Washington) have been active in drug and alcohol education for students.

A total of 19 of the 23 school districts in ESD #123 are currently using the "Here's Looking At You, Two" curriculum. In addition, the Natural Helpers program is expanding rapidly! By October 1984, ten schools in this area will have completed Natural Helpers retreats. (Two of these schools will have completed their second retreat by October!)

Funding for these programs has occurred through County prevention funds, community service organizations, schools, and state grants. For further information on drug and alcohol education in ESD #123, please contact Bev Henderson, Curriculum Consultant, 124 South 4th, Pasco, WA 99301, (509) 547-8441.



**Have you had
your thousand
smile checkup?**

WSSAC—

What are we?

Continued from page 1

organizations in all facets of issues dealing with substance abuse. At a recent planning conference the mission statement was finalized, a slate of officers elected, sub-committees identified, final planning for the Fall Conference started and a timeline for the year 84-85 identified and tasks assigned.

At the present time WSSAC is under the umbrella of the Health Education Alliance. The HEA is a non-profit organization for the purpose of providing a means by which those interested in health education can coordinate their advocacy in an effort which is effective, efficient and sustained.

Meanwhile WSSAC is actively working to incorporate and file a 501-C3 so it can be identified as a non-profit organization. Dona Hook has been hired as Project Director and she may be reached at:

WSSAC

Dona Hook

9131 California Ave. SW

Seattle, WA 98136

932-8409 Mon.-Fri.

9 a.m.-4:30 p.m.

Health Education Alliance has new board members

The HEA met on May 11, 1984, for their Annual Meeting. The new elected Board of Directors were introduced as well as the continuing and retiring members. New Board members were: President—Cynthia Shurtleff, March of Dimes; Pres. Elect—Lynne Sherwood, American Heart Association; Secretary—Joann Peterson, Washington Dairy Council; Treasurer—Tony Silvestrin, King Co. Health Dept.; Past Pres.—Rupert Brockmann, M.D.; Board Member—Al Skinner, M.D.; Board Member—Sharon Schwindt, CWU; Board Member—Lillian Thorsen, South Central School Dist.; Board Member—Terry Janicki, Fred Hutchinson Cancer Center.

Continuing Board Members were: Board Member—Bob Collins, Bellevue School Dist.; Board Member—Anita Lagerburg, Parent; Board Member—Clay Roberts, Roberts, Fitzmahan & Associates; Board Member—Dick Dion, M.D.



MADD

Mothers Against Drunk Drivers

MADD is a tax-exempt, non-profit organization consisting of victims, survivors and concerned citizens determined to reduce deaths and injuries resulting from driving under the influence. MADD is not a crusade against the use of alcohol, its mission is directed toward the removal of the drinking drivers and victims' rights out in the open and keep them there until the drinking driver and their victims are no more. It is a legal crime to drink and drive, but it is a moral crime for those who watch and do nothing.

Death caused by the drinking driver is the only socially acceptable form of homicide.

The objectives of MADD are to: Force effective reform of the drunk driving problems; be the Voice of the Victim; Increase public awareness to the seriousness of driving under the influence; teach communities how they can become involved in the fight against drunk drivers; establish court monitoring programs in each community.

For more information contact Mothers Against Drunk Drivers, 2366 Eastlake Ave. E., Suite 413, Seattle, WA 98102.

Positively Negative

We drank for joy and became miserable.
We drank for sociability and became argumentative.
We drank for sophistication and became obnoxious.
We drank for friendship and became enemies.
We drank to help us sleep and awakened exhausted.
We drank to gain strength and it made us weaker.
We drank for exhilaration and ended up depressed.
We drank for "medical reasons" and acquired health problems.
We drank to help us calm down and ended up with the shakes.
We drank to get more confidence and became afraid.
We drank to make conversation flow more easily and the words came out slurred and incoherent.
We drank to diminish our problems and saw them multiply.
We drank to feel heavenly and ended up feeling like hell.

(Ann Landers)

Retiring Board Members were: Pres. Elect—Aggie Pigao, American Red Cross; Secretary—Judy Wagonfeld, R.N.; Treasurer—Jane Akita, Natural Helpers; Board Member—Tammy White, Roberts, Fitzmahan & Associates; Board Member—Nora Page Hall, Retired Health Educator; Board Member—Marilyn Guthrie, Washington Dairy Council; Board Member—Stan Harris, M.D.

Presentations included the following: Sharon Schwindt, presenting results of a survey on employability of CWU Health Education graduates; Sharry Heckt, presenting a report on the formation of the HEA Ad-hoc committee WSSAC. She announced the 3-day conference in Ellensburg in October 1984.

The afternoon session presented "Issues of Unpopular Prevention." Speakers Jon Jaffe from FANS (Fresh Air

for NONsmokers), Bob Jaffe, M.D. from WASH. DOC and Jackie Baggen from MADD (Mothers Against Drunk Drivers), gave information on advertising, Politics and Legislation action taken by their organizations.

The following dates have been set for the 84-85 HEA bi-monthly meetings. The time and place and topic will be announced later. September 14, November 16, January 11, March 8, and April 12.

If you wish to become a member of the Health Education Alliance please contact Dona Hook at 932-8409. The address is 9131 California Ave. SW, Seattle, WA 98136.

Drug Alert

Alert #1 Be aware that P.C.P. has reappeared on the streets mixed in marijuana cigarettes (joints). There were 7 recent admissions to Seattle hospitals with acute overdose reactions.

Alert #2 Teenage users of marijuana often mix it with alcohol use. **Alert!** marijuana anesthetizes the vomit control center of the brain. Youngsters mixing these drugs may end up with acute alcohol poisoning because their vomit center is not activating, thus the teenager passes out. **Contact 911 immediately!**



STARR project addresses problem of 'nothing to do'

A common complaint of young people in the Pierce County community of Sumner—and in many other American communities—is that, “There’s nothing to do but drink or take drugs.” An equally common complaint of parents is that pressure from peers encourages many youngsters to drink, smoke, snort, or otherwise ingest mind-altering addictive substances.

In 1980, the Sumner School District put together a comprehensive, multi-faceted program to prevent abuse of alcohol and other drugs by young people. Called the STARR (Sumner Tobacco and Alcohol Risk Reduction) Project, it was initially supported by two funding sources in DSHS: the Division of Health and the Bureau of Alcohol and Substance Abuse. This year it is funded by the Sumner School District and County prevention dollars. The project addresses the “nothing to do” problem by identifying and organizing drug-free activities for students. It provides drug education and offers training to develop positive self-

concepts and skills which help students cope with problems which might lead to drug abuse.

The project utilizes seven components: *Teacher Training* - in the *Here's Looking At You, Two* prevention curriculum. *Student Intervention* - Natural Helpers peer helper program. *Public Education* - alcohol vendor education to reduce the supply to young people and parent education, including the *Here's Looking At You, Two Family Interaction Series*. *Enforcement* - special emphasis patrols on nights when young people tend to drink and drive. *School Policy* - working toward an enforceable, consistent policy that provides help for students with problems. *Positive Alternatives/Positive Role Models* - young people need both to help them make better choices. *Public Information* - the family wellness newsletter.

For additional information contact Elizabeth Woods Frausto, STARR Project Coordinator, 1202 Wood Avenue, Sumner, WA 98390, 206-863-2201.

Rap Sessions

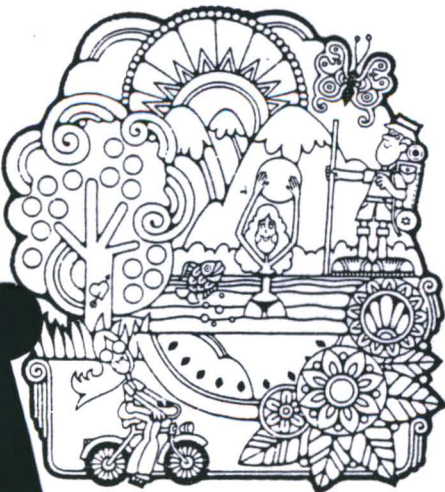
The program started this fall with the development of alternative programs to “Suspension,” and the alternative mentality that “kids with problems need help and kicking kids out of school doesn’t lead to helpful solutions.” More school, not less school, was the first step and a “Saturday School” program began. In addition, students who are “busted” must attend a drug and alcohol seminar after school.

A conference with the student and parent is always a part of first offense situations. Students and their parents may be encouraged to look further at the problem of Substance Abuse on their own or through the voluntary RAP SESSION held at school during lunches once a week. The RAP SESSION is facilitated by a certificated and licensed Drug and Alcohol Counselor, and is a totally voluntary setting. A “drop in” invitation to all students to “join us” to talk about drug and alcohol questions and answers.

2nd time Offenders (or Dealers or Suppliers) have the option of (1) a long term suspension from school (remainder of the term) AND involvement of local law enforcement, OR (2) agreement to an Individual Assessment by a professional licensed drug and alcohol counselor and action following the recommendation. Charges are filed but held in suspension.

In addition to the “help” available through the discipline channel, and the RAP SESSIONS which provide a forum, individual student counseling and assessments are available by referral or request. A weekly support group meets as well to affirm the efforts of students who are working on living clean and sober lives. We at Kennewick High are excited about living in the solution! Results in an effort that began as a realization that the only choice we have is “how we shall deal with the problem,” are certainly a sign of it’s success. To date, only 14 students have been suspended for drug and alcohol related incidents, while 71 students have been assigned to Saturday School as an alternative. 150 students have attended the RAP SESSIONS at least one time (that’s over 10% of the student body). 74 students have been individually assessed with recommendations ranging from AA, NA and Alanon referrals to in-patient treatment. As our program is working, so students are working—in school! And education will work for all of us.

For more information contact Judi Kosterman, Kennewick School District, (509) 582-1300.



Let's have
a
Natural High
Summer!

THE WHITE HOUSE

WASHINGTON

August 3, 1984

MEMORANDUM FOR JOHN A. SVAHN

FROM: CARLTON E. TURNER

SUBJECT: Meeting of the Executive Board of the National
Narcotics Border Interdiction System (NNBIS)

The Vice President chairs the Cabinet-level Executive Board of the National Narcotics Border Interdiction System (NNBIS). The Executive Board is responsible for setting the policy of the interdiction effort and directing interdiction activities through the NNBIS Coordinating Board, headed by Admiral Murphy. I am a member of the Executive Board and Dan Leonard is a member of the Coordinating Board.

The Coordinating Board has been evaluating the threat, the existing and potential resources, and the needs of the U.S. interdiction effort. Vice President Bush has called a meeting of the Executive Board of NNBIS to review the report and recommendations. The meeting is scheduled for August 9, 1984 in the Roosevelt Room (1:00pm to 2:00pm). I will be in Weisbaden, Germany reviewing the Army's drug testing laboratory and thus, unable to attend. I would greatly appreciate it if you would attend the meeting.

I have reviewed a draft of the report and am not comfortable with many of the minor details. More importantly, the recommendations have significant policy implications. Therefore, the following are my general observations.

Strong and effective interdiction efforts are an important part of the overall Federal drug law enforcement program. However, it is important that interdiction not be perceived as the focal point of the overall national program to reduce drug abuse. Dramatic resource increases for interdiction efforts will not make a significant improvement in the drug abuse situation. Increasing the surveillance capabilities, preferably as part of the normal budget process, could improve the effectiveness of interdiction.

The draft report recommends an expenditure of over \$140 million to purchase sophisticated radar units for the southern part of the U.S. I have major policy reservations with Customs becoming involved in operating massive radar systems. Such expensive radar coverage could be installed by the military to meet potential national security threats and be utilized to meet drug smuggling intelligence needs as well.

The recommendation would give AWACS-type aircraft to Customs. History has shown that Customs has difficulty effectively maintaining and operating sophisticated military aircraft. The U.S. Coast Guard has a better record with large aircraft. If a decision is made that AWACS-type aircraft are needed, the Coast Guard would be a more logical operator and could use them for multiple purposes.

Thinking ahead, if Customs is given sophisticated air detection capabilities, they will be unable to respond to intrusions in a timely manner because of a lack of adequate interception capabilities. The next step would be "dusting off" the previous requests for interception modules of various aircraft as part of an expanded Customs airforce.

The question of overlapping jurisdiction is also an issue. Customs is building the case that they have responsibility out to the 12 mile limit. The Coast Guard has broad responsibility which includes all waterways in the United States. The responsibilities do and should overlap. The Executive Board should avoid precipitating a jurisdictional battle. Further, Customs is legally responsible for inspection of goods entering the Country and derives its drug role from this responsibility. Broader border control is properly a national defense function and any tendency to make the U.S. Customs Service a quasi-military force responsible for "controlling borders" should be dismissed.

I am concerned that a major budget increase attributed to NNBIS could accidentally support the Congressional perception that a "drug czar" would have authority to bypass the existing resource decision process.

Further, the eradication efforts which have begun in Colombia could cause a significant reduction in drugs smuggled from there to the U.S. Since Colombia is a major supplier of the illegal drugs available in the U.S., a dramatic change in their production could cause major changes in interdiction resource needs.

In short, I believe the timing is wrong. No decision or action should be taken on the resource-oriented issue of increased surveillance capabilities until the recommendations have been studied more thoroughly and the departments and agencies have had more opportunity to work out their concerns. The minor recommendations in the report are largely within the prerogative of the departments and agencies and do not need specific approval of the NNBIS Executive Board.

These are my general concerns. I am a supporter of strong interdiction, to the point that it provides an effective deterrent to drug smuggling. The President has stated repeatedly that wall-to-wall policemen will not solve the drug problem.

cc: Roger Porter

THE WHITE HOUSE

WASHINGTON

August 2, 1984

MEMORANDUM

FOR: ANN WROBLESKI
FROM: ~~GA~~ CARLTON TURNER
SUBJECT: Drug Eradication

Attached, for your information, is a copy of an internal Department of Interior memorandum regarding drug eradication.

In my conversation with Judge Clark, I did not mention Mrs. Reagan's attendance. We agree on this point -- she should be no where near the speech.

25 JUL 1984



United States Department of the Interior

OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20240

1478
JUL 24 1984
JK5

July 18, 1984

MEMORANDUM

To: Rusty Brashear
Thru: Nancy Maleley
From: Lynn A. Pirozzoli *LP*
Subject: Drug Eradication

In a meeting with Dr. Carlton Turner, on June 28, 1984 Secretary Clark agreed to speak on marijuana eradication on public lands. The speech would address: 1) Environmental damage caused by drug traffickers through uncontrolled spraying of pesticides, rodenticides, herbicides; 2) Traps used in marijuana harvest areas vs. how public lands should be preserved for multiple use including safe recreation; 3) How it is important to the United States that Latin American countries are initiating drug eradication programs. (Colombia started spraying on July 5, 1984); 4) How there will be increased pressure on the illegal propagation of marijuana in the U.S. due to lessened imports from Latin America; 5) The underlying challenge of environmental groups to work with us against dangers to the environment and the recreationalist by using the current information system.

The date proposed for this event (discussed at the July 17 scheduling meeting) was the first part of September when the Secretary may be visiting the Pacific Northwest. The area most prevalent for marijuana propagation and eradication is southern Oregon and northern California. Nancy Reagan should be invited to participate in this event.

The White House has requested a scenario for their review to include:

- 1) Location
- 2) Talking Points
- 3) List of Invitees (Environmental and Anti-drug groups)
- 4) Background Information

The attached material sent by Pat McKelvey may be helpful in preparation of the above. Walt Johnson, Enforcement - BLM (653-8815) is very knowledgeable about eradication procedures and may be instrumental in the preparation of a scenario.

Mary Walker and Bob Smoak, members of the Cabinet Council Drug Supply Task Force may also provide valuable assistance.

In addition John Keller, USIA (485-8644) has requested the speech to be broadcast over the wireless file or Voice of America, to communicate U.S. drug policy on drug eradication to Latin America.

~~We agreed that a scenario would be prepared for review by Dr. Carlton Turner by August 1, 1984.~~ A copy of the final scenario should be routed through Nancy Maloley.

cc: Pat McKelvey ✓
John Keller