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Doc No	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	LETTER	TO CARLTON TURNER RE DRUG ABUSE MEETING	1	6/24/1982	B6

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]
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- B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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TO CARLTON TURNER RE DRUG ABUSE  
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E.O. 13233

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Mr. Thomas Pauken  
Director  
ACTION  
806 Connecticut Avenue, N.W.  
Washington, D.C. 20525

MAR 30 1982

Dear Tom:

On behalf of the men and women of the Drug Enforcement Administration I commend you and ACTION for implementing a major drug abuse initiative. In addition to curtailing the supply of drugs available to our citizens, we must also diminish the demand for illicit controlled substances and provide treatment for those who unfortunately have drug abuse problems. Your agency's multifaceted approach to alert young people to the dangers of drug abuse is an essential element of our national strategy to minimize the drug problem.

I assure you that those of us in law enforcement will continue to do our part to fulfill the Administration's commitment to the people. If there is any way in which the Drug Enforcement Administration can support your efforts, please do not hesitate to call upon me. I thought also that your reception on March 18, 1982, was outstanding and the quality and enthusiasm of those present are encouraging.

Sincerely,

*Francis M. Mullen, Jr.*

Francis M. Mullen, Jr.  
Acting Administrator

bcc: Dr. Carlton Turner  
Senior Policy Adviser to the  
President for Drugs



OFFICE OF  
THE DIRECTOR

# ACTION

WASHINGTON, D.C. 20525

*File*

16 FEB 1982

February 11, 1982

Mahmoud Muhammad Baptiste  
Hurricane House  
7004 9th Street, N.W.  
Washington, D. C. 20012

Dear Mahmoud:

I found your letter of February 9 to Mr. Rosebush most interesting. It baffles me how you could come to the conclusion that our agency's initiatives with regard to drug abuse are aimed at the "white drug problem only." That is absolutely untrue!

Ironically, this agency has never undertaken any initiative with regard to drug abuse until our Administration took office. The problem of drug abuse is a problem that afflicts young people of all socio-economic backgrounds, including black, hispanic and white youth.

Mrs. Horner is a very able individual who is deeply and personally concerned with the problems of drug abuse. With limited resources, obviously our agency is concentrating its attention upon expanding volunteer efforts in the area of drug abuse prevention. We don't have a bushel full of Federal dollars to fund any and all organizations that are concerned with the drug abuse issue. As a result, we have turned down the funding requests of a number of organizations that have made such requests of our Agency.

Sincerely,

Thomas W. Pauken  
Director

cc: Mr. James Rosebush  
Dr. Carleton Turner  
Constance Horner  
The Honorable Leo Zefferetti

*Seeds*  
*a learning experience*

February 9, 1982

James Rosebush  
Chief of Staff  
Ms. Nancy Reagan  
White House  
1600 Pennsylvania Avenue, NW  
Washington, D.C. 20525

Dear Mr. Rosebush:

It has come to my attention that on March 22, 1982, there will be a White House meeting centering on drug abuse and the family. After only a scant investigation, and the open admission of one of the current administration's appointees in the Action office, it is clear that the current initiatives are aimed at the "white" drug problem only. Thus bringing the practice of segregation to new lows if that is possible. Drugs and their resultant social problems are obviously not restricted to any one race. Multiracial problems will take multiracial solutions, a simple truth.

The enclosed material speaks adequately to the fact that there are now and have been Blacks involved in a continued war against drug abuse and the deterioration of family and community. We sought involvement with your community only to be repulsed. Nothing new.

After a recent presentation by me on drug abuse and Black initiatives on February 1, 1982, Assistant Deputy Director at Action Constance Horner displayed an obtuseness that should be reserved for errant children. If her behavior is indicative of the current administration's emotional capacities God save us all.



Letter to James Rosebush  
page 2

In the hope of bringing greater understanding of Black perspectives I sent a copy of Lerone Bennett's classic history of Blacks "BEFORE THE MAYFLOWER" to Ms. Reagan. I am fearful that Ms. Horner has decided not to send the gift (from my school to the White House in commemoration of Black History Month) through proper channels. I would greatly appreciate your checking to see if the book was ever forwarded.

My intent is not to put Ms. Horner on the spot but rather to spotlight the type of arrogant high-handed behavior that restricts realistic efforts at solving very real problems.

Sincerely,

MMB:az

Mahmoud Muhammad Baptiste

cc: Dr. Carlton Turner  
Senior Drug Policy Advisor to the White House

Thomas Paukin  
Director of Action

Constance Horner  
Assistant Deputy Director at Action

Congressman Leo Zefferetti  
Chairman, Select Committee on Drugs

enclosure: 4





OFFICE OF  
THE DIRECTOR

*FF*

**ACTION**  
WASHINGTON, D.C. 20525

January 5, 1982

JAN 25 A.M.

Mr. Gary P. Reidmann  
Director  
Iowa Department of Substance Abuse  
Suite 202 Insurance Exchange Building  
505 Fifth Avenue  
Des Moines, Iowa 50319

Dear Mr. Reidmann:

I am pleased to hear of your successful, cooperative effort with Joel Weinstein in Iowa. I have heard a great deal about your conferences and meetings across the state. You will be pleased to know that your efforts are spoken of often in Washington.

Please keep me informed of your progress and let me know if ACTION in Washington may be of any service to you and Joel in your endeavors. If you are again in the Washington area, please don't hesitate to contact me. Thank you for your efforts.

Sincerely,

Thomas W. Pauken  
Director

cc:

Carlton E. Turner





# ACTION

WASHINGTON, D.C. 20525

November 12, 1981

TO : Regional Directors  
FROM : Connie Horner *Connie Horner*  
Deputy Assistant Director, OPP  
THRU : Mark Blitz, Assistant Director, OPP  
SUBJECT : Drug Abuse Policy Paper

Enclosed is OPP's policy paper on drug abuse prevention and volunteers.

It sets forth the results of several month's research regarding

- the nature and extent of drug abuse among American youth
- governmental responses to the problem and
- private volunteer responses.

The paper also describes the Agency's strategy to prevent drug abuse through the use of volunteers; notes in brief ACTION's specific efforts to date; and makes recommendations for expanded involvement through the regions, as well as at headquarters.

I want to emphasize that OPP will be happy to assist you in your efforts to discover ways in which ACTION volunteers can work in the drug abuse area. Please give us a call if you want suggestions, or if you have identified programs which may warrant support. We've developed a good working knowledge of specific programs and general approaches which we'd be glad to share with you or comment on.

Finally, I'd like to note that the First Lady and President Reagan, as well as White House drug policy advisor Carlton Turner, have recently expressed strong support for the parents' movement, in both private meetings and public forums.

Please call if we can help, and let us know if you come across anything we should be aware of.

cc: Lawrence Davenport, DO

## Volunteers and Drug Abuse Prevention Among Youth

### Magnitude of the Problem

Drug use by youth in America has been characterized by the National Institute on Drug Abuse (NIDA) as being of epidemic proportion. This official characterization confirms a long-standing common-sense perception that ~~general drug abuse is a serious~~  
~~problem~~

NIDA has conducted a number of surveys over a period of years to determine both the level of use and changes in that level among youth ages 12 to 17; young adults, ages 18 to 25; and older adults age 26+. The latest findings, reported in the 1979 National Survey on Drug Abuse, found that over 54 million Americans have used marijuana and hashish during their lifetime. Over 22 million Americans are regular users. Among youth, 7.3 million had used it at least once and 4 million were classified as regular users. Young adults who had used marijuana at least once were estimated to number 21.7 million with current users among the young adult population totaling 11.2 million.<sup>1</sup> "Of our high school seniors, some 10 percent were daily users, consuming an average of 3 1/4 marijuana joints a day."<sup>2</sup>

Not only has the level of use increased dramatically over the past decade in all categories of drug abuse, current levels of drug abuse have only recently begun to decline and are significantly higher than those found in Western European countries. A second survey, A Drug Retrospective: 1962 to 1980, reported that the percentage of persons who have used marijuana increased from 4 to 68 during

those years. Similarly, the use of cocaine, heroin, hallucinogens or inhalants grew from 3 percent to 33 percent among young adults.<sup>3</sup>

<sup>The</sup> Another study, The National Survey on Drug Abuse, conducted among more than 7,000 Americans and covering the period from 1972 to 1979, found a noticeable increase in the use of many drugs. For example, twice as many youth ages 12 to 17 used both marijuana and cocaine in 1979 as in 1972. Similarly, young adults ages 18 to 25 tripled their use of marijuana. Finally, use of inhalants and hallucinogens increased. The only experience with a particular drug which remained relatively unchanged over the period was with heroin.

Some of the other major findings of The National Survey are as follows:

"Marijuana

- The 1979 survey again confirms the correlation between age and marijuana use. At ages 12 and 13, only 8 percent have tried it; by ages 14 and 15, the percentage jumps to 32 percent and by ages 16 and 17, 51 percent have used it. Use peaks between 18 and 25 at 68 percent.
- Since the last survey in 1977, use of marijuana has increased in all age categories, except for current use among youth, which has stabilized.
- In the 12- to 17-year-old group, 31 percent report they have tried marijuana, up from 14 percent in 1972. Current use of marijuana in this age group is 17 percent -- the same as in 1977. In 1972, however, only 7 percent of this group were current users.
- In the 18- to 25-year-old age category, 68 percent report they have used marijuana in their lifetime, up from 60 percent in 1977 and 48 percent in 1972. Current use is also up from 27 percent in 1977 to 40 percent in 1979.

- Four in 10 of the 18- to 25-year-olds who have tried marijuana report they have used it 100 or more times in their lives. Of the current users, two-thirds report they use it 5 or more days a month.
- Men have consistently used marijuana more than women over the past decade. However, the new survey shows that use by women is increasing rapidly.

Cocaine

- Cocaine is second only to marijuana in its popularity. Since 1972 the rate of increase for cocaine use across all age groups has been noticeably larger than the rate of increase for marijuana.
- Young adults show the highest rates of use and the most significant increases since 1977; 28 percent have tried the drug, a significant increase from the 19 percent rate in 1977. Current use is now 9 percent, up from 4 percent in 1977.

Hallucinogens

- The number of people who have tried hallucinogens has increased significantly for all ages. Among youth, 7 percent have tried hallucinogens; young adults report 25 percent use. During the last two years current use by adults has more than doubled.
- Self-reported use of PCP (Angel Dust) in the 12- to 17-year-old group shows a decrease since 1977 from 6 percent to 4 percent. The number of users between ages 18 and 25 has not changed significantly; 15 percent report having tried it."14

Concerning attitudes, a Gallup poll conducted in May, 1977 found that teenagers and adults felt that drug abuse was the leading problem associated with growing up.

On a nationwide basis, the supply of drugs is another measure of the extent of the problem. ~~Statistics from the Drug Enforcement Administration of the Department of Justice show that the total sale of illicit drugs for 1979 above the total level of gross sales of the second largest corporation in the United States, another~~

*depending on whether the high <sup>estimate</sup> of or lower <sup>figure</sup> of the <sup>total</sup> ~~supply~~ <sup>is used</sup>*

~~It is estimated that the value of the marijuana crop in California~~  
~~is approximately the \$1 billion per year grape industry.<sup>5</sup>~~

The following table lists the low and high estimates of the retail value of different illicit drugs for 1979:

1979 ESTIMATED RETAIL VALUE OF ILLICIT DRUGS<sup>6</sup>

<u>Drug</u>	<u>Low Estimate</u>	<u>High Estimate</u>
Heroin	\$ 7,100,000,000	\$ 9,160,000,000
Cocaine	19,500,000,000	24,180,000,000
Marijuana	15,480,000,000	21,930,000,000
Hashish	680,000,000	720,000,000
Dangerous Drugs*	\$12,000,000,000	\$17,000,000,000
	\$54,760,000,000	\$72,990,000,000

\* Dangerous drugs are defined as either diverted or clandestinely manufactured controlled drugs.

Effect of Drug Use on Individuals

The effect of drug use on the individual user as well as on general social health is cause for alarm. ~~While heroin is an addictive drug, the effects of which have received much attention by the public since the early 1950's, other drugs such as marijuana, have not seemed to have received the same attention since they are generally considered to be non-addictive.~~

However, recent research has found evidence to show that, contrary to some commonly held opinion until the mid-70's, ~~heroin is a~~ dangerous drug. Marijuana, hashish and hash oil are derived from the female hemp plant Cannabis Sativa. Marijuana is composed primarily of the leaves of the plant, may include the whole plant except for the stem and roots, and takes the form of loose particles. Hashish is a resin extracted from the plant and is usually found in pressed blocks. Hash oil is a crude extract made from the entire plant. Of the more than 400 chemicals known to be contained in the Cannabis plant, <sup>61 are known Cannabinoids which produce hallucinogenic effects.</sup> ~~are not found in any other living thing.~~ <sup>One of these</sup> ~~chemicals~~ <sup>The principal Cannabinoid</sup> is delta-9-tetrahydrocannabinol (commonly called THC).

This is the chemical which results in the feeling of euphoria when marijuana smoke is inhaled. The amount of THC contained in samples of confiscated marijuana has increased from an average of 0.4 percent in 1975 to about 4 per cent in 1979. Thus, not only has the use of marijuana doubled since 1972 among youth and tripled among adults, its average strength has increased ten-fold since 1975.


While earlier research seemed to underscore the feeling that marijuana was not harmful, that research made no attempt to measure the relative levels of THC contained in the samples tested.

Comparisons with alcohol use also underestimate the physical dangers. Alcohol is water-soluble and passes through the body in twelve hours. The body retains THC, however, and it is still at half its strength 3 days after it has been used and may still be present over three weeks later. Thus, the periodic user of marijuana, hashish or hash oil may never be free from having THC in the body. It lodges in the liver, lungs, reproductive organs and the brain.

It is probable that the increase in the use of all drugs is attributed in part to the simultaneous use of different drugs, in order to increase feelings of euphoria. Both the danger of overdosing and the fact that there may be an even greater feeling of depression following the dissipation of euphoria are major new problems of drug abuse.

While the risk of physical addiction to marijuana appears to be negligible, psychological dependence seems to be highly associated with its use:

"The desire for instant gratification is a profound psychological reinforcer.... The common denominator of all drug dependence is the psychological reinforcement resulting from reward associated with past (use) and the subsequent increasing desire for repeated performance!"<sup>8</sup>



Many social scientists and researchers have assumed that youth take drugs to escape, to rebel, or to imitate peers. Although these

factors obviously operate in some sense, they do not exhaust the probable relationship of drug dependency to psychological factors.

A paper entitled A Psycho-Social Position on Chemical Dependency Among Adolescents prepared for the 1980 National State Advisory Group Conference for Juvenile Justice and Delinquency Prevention notes that drug use is "...usually linked to one or more of the following:

1. A fragmented life situation, accompanied by emotional stress reactions;
2. Lack of a clear-cut and designated position in a conventional social and economic life framework;
3. Deficits in areas such as literacy and general information content, which isolate the individual from general social participation and meaningful employment;
4. Non-participation in the civic, political and economic life of the communities, resulting in peripheral and/or trivial contact with educational, political, and community leaders; drug users are a powerless and inert body of consumers."<sup>9</sup>

~~...personnel... of drug use like this one suggests that engaging youth in close working or service relationships with family and community may reduce the incidence of drug use -- a probability~~

Nonetheless, the use of drugs by young people in large numbers of families which experience few or none of the social and emotional disruptions described above, as well as the very high percentage of use, strongly suggest that ~~many of the factors listed above are there. The availability of drugs and drug paraphernalia and the messages conveyed by popular music, movies, and television are considered as a primary cause of drug use~~



Beyond the physical and psychological damage, negative social consequences are becoming increasingly apparent. Young people resort to stealing, not only from the home, but also from stores, to obtain funds with which to purchase illegal drugs. As youth lose control of their motor activity and experience distorted perceptions, they may become dangerous to others, particularly if they are driving cars while under the influence of one or a combination of drugs. In the case of marijuana, users exhibit a reduced level of motivation, which affects academic and intellectual performance. Information learned while under the influence of the drug is more difficult to recall. In addition, the adolescent user may suffer inhibited development, particularly in the area of emotional maturation. The use of marijuana can lead to feelings of alienation toward both the family and society.

One study conducted in Boston found that the early use of drugs was closely correlated with truancy, alienation from authority, poor academic achievement and the early use of alcohol and tobacco.<sup>10</sup> On-the-job performance of young workers has been found to be inhibited by drug use as well. Young workers may exhibit high rates of absenteeism and lackadaisical or even negative attitudes toward supervision and direction. In addition, stealing stemming from both feelings of alienation and the need to buy drugs is another result of drug abuse among young workers.

Programs to Prevent Drug Abuse

Over the last decade, drug abuse prevention has been the subject of much federally-funded research and programming. In addition, a strong and promising volunteer movement has arisen to promote a drug-free environment for youth.

Federal programming was developed in the early 1970's, when the National Institute on Drug Abuse (NIDA) was formed in response to the need for treating drug addicts, whose numbers had rapidly increased during the 1960's. From 1972 to 1977, the number of federally-supported treatment slots grew from 20,000 to 102,000, which at that time constituted about 30 percent of the drug abuse treatment programs in the United States. Prevention programming developed more slowly. Of the \$160 million received by NIDA in FY 1981, 10 percent was set aside by statute for prevention activities. The prevention program is scheduled to become part of a block grant to states for <sup>primary health care</sup> ~~preventive health~~ after FY 1982.

Prevention strategies in the Federal Government initially took the form of literature designed to inform youth about the dangers of drug abuse. However, in April 1973, the White House Special Action Office for Drug Abuse placed a moratorium on the production of government information on the subject, because a study conducted by that Office had found that "80 per cent of the material contained factual errors. More than a third contained so many errors we labeled them scientifically unacceptable, and some are so bad we think that they are more dangerous than drugs."11 The Office issued

new guidelines for developing materials in order to correct this situation.

In addition, the White Paper on Drug Abuse argued for greater attention to a prevention strategy, because treatment programs did not result in total abstinence by users; it was felt that prevention would be more effective. This strategy was also supported by a Cabinet Subcommittee on Prevention comprised of nine different Federal agencies, which contended that drug abuse prevention should take the form of an expanded notion of preventive health care.

The current NIDA prevention strategy resulted from a number of factors associated with popular social criticism during the 60's and early 70's. Among these factors were the growth of humanistic psychology, dissatisfaction with traditional education, "affective education" designed to encourage self and group exploration of feelings, values and attitudes, and the increasing awareness of ethnic and racial identities as an alternative to the "melting pot" philosophy. All of these factors came together in a strategy to create an educational environment which, in theory, would reduce drug use.

Under this approach, a variety of program models were developed, many of them without Federal funding, which attempted either to prevent drug abuse, by acquainting youth with its potential danger, or to intervene when dysfunctional behavior was manifest which might lead to drug abuse.<sup>12</sup> Many of these programs have relied upon peer teaching and counselling and are general in subject content rather than drug-specific.

That is, they engage youth in self-examination in the expectation that the result will be a reduction in peer pressure for drug use. Another, more recently emphasized, approach promotes wholesome alternative group activities, to develop peer pressure for positive behavior.

The most notable peer participation program reflecting this latter approach is Channel One, a privately-developed program which has been partially funded by the Prevention Branch of NIDA. The purpose is to identify community service, ~~and recreational~~ and profit-making projects in which youth may participate. The premise of the Channel One project is that drug use can be discouraged when young people engage in productive community service, learn to work alongside others, and divert their energies to generally positive activities. For example, in one community, youth have collected food donated by individuals and supermarkets and distributed it free of charge to needy older persons. In another, they design, produce and sell T-shirts, with profits split between the project and the young entrepreneurs. The range of Channel One activities nationwide is as broad as community needs - from tutoring, school drug education, and <sup>historic</sup> ~~building~~ restoration, to writing community history and working in senior citizen centers.

As of 1981, 150 individual projects have been funded through state offices of prevention coordination, also funded by NIDA. By October 1982, when NIDA funding of Channel One terminates, the Prevention Branch expects to have 80 additional projects in existence. Because

~~Branch expects to have 50 additional projects in existence. Because~~ ←  
there will be no funds in FY 1983, some of the funds intended for  
new projects in FY 1982 will be used to extend existing projects.  
Each project receives a grant of \$10,000 for one year's operation,  
with the intent that it will complete a seven-step planning process  
and become self-sufficient by the end of its first year of operation.  
Private sector sponsors are teamed with a project coordinator at the  
outset; thus, there is active involvement by the private sector.  
The Prudential Insurance Company of America has provided support  
to a number of these projects. More recently, Metropolitan Life  
has provided support to projects, as have many local private sector  
sponsors. ~~Youth from the community are involved in the planning~~  
~~process from the beginning. They volunteer to serve as the majority~~  
~~of members on the board along with representatives who volunteer~~  
~~from local government, the business community, and private social~~  
~~agencies.~~

Channel One works as a partnership involving community volunteers,  
corporate support in the form of donated expertise, and financial ←  
and in-kind contributions, and federal funding. The future of this  
partnership in drug-abuse prevention is unknown at this time. It  
~~seems likely, however, that mobilization of the elements of a~~  
~~community, including the young themselves, to solve this serious~~  
~~national problem will attract increased interest and support, not~~  
~~only because less government funding may be available for drug abuse~~  
~~programs, but also, more importantly, because the solution to the~~  
~~problem is increasingly thought to lie in just such determined~~  
~~community-wide efforts.~~

A different, but complementary, approach to drug abuse prevention involving volunteers is the ~~parents movement~~, which has grown to more than a thousand groups nationwide. This movement has developed from the perceived need of parents to counteract the youthful drug culture which has characterized American communities and schools over the last decade and a half. Its operative assumption is that parents can combat the peer pressure leading their children to use drugs by forming peer support groups of their own. A typical group will form at first around the parents whose children socialize together. Initial activities include a process of self-education about drugs by the parents, so that they <sup>may</sup> base conversations with their children on accurate information, not error. Another initial activity may be to decide to make their anti-drug stance unequivocally clear to their children and to enforce rules regarding occasions when the possibility of drug use may arise. These rules include curfews and supervision of social occasions, as well as firm discussions with the young people involved.

A second stage of activity for a parent group is commonly a series of volunteer activities in the community. Parents may work with schools and churches to improve and update drug education, engage in campaigns to make communities aware of conditions which encourage drug use (such as the existence of paraphernalia shops or the incidence of drug use at rock concerts), and join with local officials to identify methods of improving law enforcement in order to reduce the availability of illegal drugs.

Finally, an increasing number of parent groups are taking responsibility for organizing alternative activities of a service or recreational nature, recognizing that boredom and purposelessness constitute a prime pre-condition for youthful drug use.

The size of this movement may be measured in part by the more than one thousand volunteer groups known to its umbrella organization, the National Federation of Parents for Drug-Free Youth. Its strength, however, is reflected less in numbers than in the fact that the groups have arisen autonomously, without governmental impetus at any level, and without external financial support. Prospects for its success are based on parents' intimate knowledge of their local community workings, on its exclusively voluntary nature--a testimony to its strength--and on the power of the impulse to protect one's own family members from harm.

What ACTION Can Do About the Problem of Youth and Drug Abuse

The magnitude of the problem of drug abuse, with its large legal, economic, and social ramifications, raises the question, what results can be achieved by a small federal agency whose effectiveness depends upon its capacity to support and expand volunteer activities?

The answer is two-fold. First, ACTION is allying itself and its resources to an Administration-wide endeavor which has significant symbolic and practical implications. For example, under discussion is an ACTION-sponsored White House Conference on Drug-Abuse and Families, to include parent group, corporate and voluntary association

leadership. Such a conference not only makes a statement to the American people that the United States government is determined to eradicate drug abuse. It also recognizes the power of private volunteer efforts to address the problem. Thus, ACTION's activities are enhanced through strong partnerships within the federal government and with the private sector.

Second, the initial efforts of the Agency outlined below should not end in themselves; they should, if properly designed, ripple out over time, involving large numbers of volunteers who may even be unaware of ACTION's small but stimulative contribution.

What, specifically, is to be the nature of this contribution as the Agency begins its drug abuse prevention initiative?

The parent movement, with its voluntary involvement of tens of thousands of parents and community members and Channel One with its thousands of young participants, offer ACTION opportunities to encourage voluntary activity and support the provision of technical assistance and informational resources.

Under discussion or in the early stages of implementation are several methods by which ACTION is supporting these and other promising voluntary efforts.

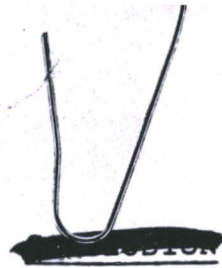
1) Demonstration grants. Recently awarded or about to be awarded, a significant portion of ACTION's demonstration grants for the end of FY 81 and for FY 82:

- Provide technical assistance, in the form of materials, conferences, and consultations, to parent groups in the process of formation. The key here is to make it possible for successful on-going groups to offer assistance to those starting up, either in person or through "how-to" manuals.



- Increase the availability to volunteers of recent research findings which contradict earlier, less authoritative research which underestimated the harm resulting from drug use. Much of the available material is out-of-date.
  - Support volunteer co-ordinators already engaged in mobilizing campaigns among community and youth groups, schools, churches, and parents.
- 2) Mini-grants, RSVPs and VISTAs. These resources can be used to support the activities of parent groups and diversionary youth programs such as Channel One, throughout the nation.
  - 3) ACTION/White House Conferences. Now being planned, a series of joint ACTION/White House conferences will attempt to encourage corporate leadership to extend private resources of money and expertise to volunteer efforts against drug abuse in their communities.
  - 4) Young Volunteers in ACTION. By its design, this ACTION demonstration program offers young people an opportunity to find challenges through service rather than through the escapism inherent in drug use. In addition, some young volunteers will engage in peer drug education.

These early efforts should be compounded by an aggressive regional and state search for volunteer efforts meriting support under Agency guidelines.



Drug abuse is a social and spiritual problem peculiarly susceptible to volunteer intervention. Unlike some social problems, it is not imposed by large forces beyond the immediate local control of ordinary citizens. Undeniably the billions of dollars to be gained by purveying illegal drugs are a strong corrupting influence on economic, cultural, civic and family life. Nevertheless, the use of drugs is a voluntary act which can be resisted if the will to do so exists in the individual the family, and the community. For this reason, ACTION's mandate to support volunteerism in the solution of serious social problems can be aptly and effectively applied to this problem. The prospects for significant success are excellent, when this mandate is joined, as it is now, to an Administration which shares the goal and a people already active in the task of meeting it.

## FOOTNOTES

1. These results are contained in: NIDA, "A Drug Restrospective: 1962 to 1980," reprinted in U.S. Department of Health and Human Services, "Reports Show Dramatic Increase in Use of Marijuana and Cocaine," HHS News, (U.S. Government Printing Office: Washington, D.C.: June 20, 1980), from the table on back cover.
2. NIDA: National Survey on Drug Abuse: Main Findings 1979 (Rockville, Maryland: NIDA, 1980); cited in Stuart M. Butler, "The Marijuana Epidemic," Backgrounder, No. 140, The Heritage Foundation, (Washington, D.C.: May 4, 1981), p. 1. A more recent report is available on high school seniors. It finds a decrease in the number of seniors who use marijuana on a daily basis from 10.3 to 9.1 percent. Monthly marijuana use was found to have come down by 3 percent. These findings are considered to be the first step in an impending decline in its use, following a dramatic increase in the past decade. For details, see National Institute on Drug Abuse Highlights from Student Drug Use in America 1975-1980, U.S. Dept. of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration (Rockville, Maryland: 1981). Figures for 1981, scheduled to be released by NIDA in November of this year, will show that the decline in drug use is continuing to occur in all categories of drug abuse, with the exception of two of them. (pp. 18).
3. Ibid.
4. Ibid., pp. 2-4.
5. Wall Street Journal, August 4, 1980, cited in Butler, Op. cit., p.4.
6. National Narcotics Intelligence Consumers Committee (NNICC), Narcotics Intelligence Estimates, The Supply of Drugs to U.S. Illicit Markets from Foreign and Domestic Sources for 1979 (with Projections 1980-83), U.S. Dept. of Justice, Drug Enforcement Administration (Washington, D.C.: 1980), p. 18.
7. NIDA, For Parents Only: What you need to know about marijuana, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, January, 1980, p. 3. It goes on to state that: "Sinsemilla, a cultivated form of marijuana which has become more frequently available in this country, may contain as much as 7 percent of THC."
8. G.G. Nahas, Marijuana - Deceptive Weed (Raven Press, New York: 1973), reproduced in Butler, Op. cit., p. 11.

9. Dr. Phillip G. Vargas, A Psycho-Social Position on Chemical Dependency Among Adolescents, a paper presented to the National Advisory Group Conference for Juvenile Justice and Delinquency Prevention, October 29-30, 1980, San Antonio, Texas (Arthur D. Little, Inc., Washington, D.C.: 1980), pp. 3-4.
10. Butler, Op. cit., p.14, with a reference to G. Smith and C. Fogg, "Psychological Predictors of Early Use, Late Use and Non-Use of Marijuana among Teenager Students," in D. Kandell (ed.), Longitudinal Research on Drug Use (Halstead Press, New York: 1978).
11. Henry S. Resnik, It Starts With People, Experiences in Drug Abuse, NIDA, DHEW Publication No. (ADM) 79-590 (Washington, D.C.: 1979), p. 13.
12. Ibid., p. 17. For more information, see page 13 through 17. For additional detail on program models, see Henry S. Resnik and Jeanne Gibbs, Draft Chapter III. "Types of Program Approaches," available from Pyramid, administered by Pacific Institute for Research and Evaluation, (Bethesda, Maryland and Lafayette, California: 1981).



# ACTION

WASHINGTON, D.C. 20525

December 17, 1981

TO : Carlton Turner  
White House Drug Policy Advisor

FROM : Connie Horner *Connie Horner*  
Deputy Assistant Director, ACTION

SUBJECT : ACTION Drug Abuse Prevention Program

ACTION's drug abuse prevention programming has four salient characteristics:

1. It is geared toward ~~use~~ use -- as a dangerous drug in itself and as the customary drug of introduction to general drug use.

2. It focusses on ~~aged fourteen to twenty~~ <sup>12 - 17</sup>.

3. It relies exclusively on the efforts of ~~with~~ with a strong personal commitment to the eradication of drug abuse.

4. It operates on the assumption that, in the area of prevention, the two most promising approaches to the solution of the problem are

-- The ~~which~~ which affirms the responsibility and authority of families to work with their own children and with schools, law enforcement authorities and community and church groups to promote a drug-free environment.

-- ~~for~~ for young people, to encourage a mature and traditional sense of civic responsibility and to serve as an antidote to purposelessness.

To achieve these goals, ACTION has awarded or is about to award the following grants:

1. A joint grant of approximately \$175,000 to ~~the Pacific Institute for Evaluation and Research, to form the Atlanta Center.~~ This Center, based in Atlanta, Georgia and Lafayette, California, will make available assistance to any parent group nationwide which needs

- Materials or advice regarding the facts regarding drug abuse or methods of organizing parent and community volunteers to combat it.
  - Small amounts of travel money to allow successful parent-group leadership to visit with and advise groups in the process of formation in nearby areas.
  - The opportunity to attend area conferences of interested parents.
2. A grant of \$70,000 to the ~~Archdiocese of New York~~ (Project D.A.R.E.) to train and organize ~~parent~~ young people to work with youth in five ~~counties in New York State~~. Those now being trained will work primarily but not exclusively through ~~parochial schools and church youth groups to educate~~ young people about the negative health and social effects of ~~drugs~~. Terence Cardinal Cooke plans to support national replication of this program upon demonstration of success.
  3. A grant of <sup>35,000</sup>~~\$40,000~~ to the Washington-based ~~American Council on Marijuana~~ to produce and publish ~~ten~~ brochures for distribution to volunteers which set forth in layman's language the latest medical research regarding the negative health consequences of marijuana ~~use~~.

In addition to these drug abuse-specific grants, ACTION

1. Has established a new service program for youth aged 14 to 22 called Young Volunteers in ACTION. Now at twelve sites, we hope to have 30 of these projects in place in FY 82. In addition to general service projects, Young Volunteers will participate in drug abuse education programs with their younger peers.
2. Has called upon its some 300,000 ~~Retired Senior Volunteers~~ nationwide to become active in prevention efforts in their communities.
3. Plans a high level of participation in ~~federal government~~ and ~~private efforts at~~ publicizing desirable volunteer approaches to prevention.
4. Is planning to produce a ~~film~~, geared toward adults, to encourage their efforts at prevention, especially as parent volunteers.



# ACTION

WASHINGTON, D.C. 20525

OFFICE  
DIRECTOR

TO : Dr. Carlton E. Turner

FROM : Tom Pauken, Director, ACTION *Tom Pauken*

SUBJECT : White House Conference on Drug Use  
Prevention and the Family, Sponsored  
by ACTION

Per our conversation: ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~ These conferences will be designed to create a forum for the parents' groups and other related community drug prevention groups to raise the awareness of the nation as it relates to the drug problem among our youth. The speakers at these conferences will actively encourage participation and support of the "grass roots" prevention programs with particular emphasis on the parents' movement, while educating those attending about the problem of adolescent drug use and the family.

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CONFERENCE I- WHITE HOUSE CONFERENCE ON DRUG USE AND THE FAMILY

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ACTION proposes that the ~~initial~~ conference be hosted ~~at the~~ the White House by President and Mrs. Reagan ~~at a time in mid-February~~. ACTION recommends that the White House Conference be the ~~foundation~~ upon which the ~~regional conferences~~ based and therefore should precede any other conferences with national participation.

ACTION proposes that this event be limited to ~~75-100~~ people from the following organizations and individuals:

National 4H, Future Farmers of America, Future Homemakers of America, National Junior League, National Girl and Boy Scouts, National PTA, National Federation of Parents, Rotary, Lions, Service League and other community service groups, National Hockey League, National Football League, Major League Baseball, National Basketball Association, Screenwriters' and Screen actors' Guild, Educational Associations, Treatment Associations, Religious Organizations. ACTION further proposes that executives from the corporate sector be included.

\*Note- This list of organizations and individuals is subject to change or insertion of additional groups.

--TENTATIVE AGENDA FOR CONFERENCE--

9:00am - 9:30am	Coffee with Mrs. Reagan
9:30 - 9:45	Mrs. Nancy Reagan
	Welcome
9:45 - 10:15	Dr. Carlton E. Turner, Senior Policy Advisor to President
	"Statistics on youthful drug use and its Implications"
10:15 - 10:45	Francis M. Mullen, Jr., Administrator DEA
	Extent of Drug Trafficking"
10:45 - 11:15	Bill Barton, President of National Federation of Parents
	"History of the Parents' Movement"
11:15 - 11:45	Representatives from parent groups
	"Local Experiences"
	Question and Answer
11:45 - 12:15	Mr. H. Ross Perot
	Texas War on Drugs
	"The Texas Experience" (corporate support)
12:15 - 1:00	Question and Answer
1:00 - 2:00	Luncheon (possible attendance by President Reagan)

The following materials will be developed by ACTION and made available at the conference:

1. Health related consequences of drug use, particularly by adolescents.
2. Recommendations and examples for corporate support.
3. Recommendations and examples for civic organizational support.
4. Up-dated list of parents' groups and their locations.



- B. The Second White House Conference would be much in the same fashion involving the leadership within organizations which would be in a position to have a positive impact children
  - 1. Examples: Junior League, Nat'l. Girl Scouts, Boys Scouts, PTA, NHL, NFL, NBA, etc.
  
- C. Action should endeavor to gain access to and prepare a list of conferences where accurate drug prevention informational speakers, materials and workshops would be appropriate
  - 1. Establish an up-to-date Speakers Bureau with experts from all areas of concern
    - a. Example: Physician for American Medical Association Conference
  
- D. Regional Conferences
  - 1. After composing list of expected conference appearances ACTION should target priority regions for drug prevention conferences
    - a. Consideration should be given to finding an active Parents' Group in conjunction with available ACTION assistance on the local level
    - b. These conferences should consist of single state agency directors, parents, educators, children, etc.

PHASE III - ACTION, proposes to fund a Nat'l. information dissemination center

- A. Prepare teachers' packet consisting of helpful information on youth and drugs for the junior high school level

PHASE IV - 5th and 6th grade drug education

- A. The Drug Use Prevention Program proposes that the Senior Citizens or RSVP be involved in the training of volunteers to go into the school system and conduct classes on drug education
  
- B. The Drug Use Prevention Program also proposes the same for the youth volunteer program
  - 1. This would encourage further distribution of ACTION drug prevention materials

PHASE V - ACTION offices in all 50 states shall be open to members of the parents' group and shall assist their efforts in any way possible.

A. Accurate drug information and referral service should be available

PHASE VI - ACTION should produce a series of educational films for parents, teachers and children

A. Training film for teachers and volunteers

B. Marijuana and Driving for high school students

C. Marijuana health consequences for junior high school students

PHASE VIII - ACTION should also produce a series of public service announcements and encourage media events

A. Supply speakers and experts for talk shows and news programs

B. Commercials for children and adults

PHASE IX - ACTION should respond as a referral service for interested and concerned individuals and organizations

A. An essential part of the program is to maintain an up-to-date list of prevention - oriented organization and sources of information