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David W. Schnare, MSPH, PhD.
Science Advisor

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Foundation for Advancements
in Science and Education

P.O. Box 29813, Los Angeles CA 90029. (213) 666-8975

THE WHITE HOUSE

WASHINGTON

March 30, 1982

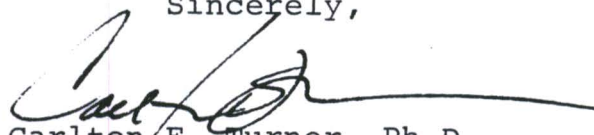
Dear Dr. Schnare:

Thank you for taking time to visit and discuss cocaine. Your comments on cocaine and the four paragraphs you provided me have been most useful.

Your concern over the Byck and Van Dyke article is shared by many. In fact, I am enclosing a copy of a letter to the Editor from Dr. Bill Pollin of the National Institute on Drug Abuse. This will give you some idea of what NIDA has responded with. We are awaiting the responses from other organizations.

Once again, thanks for your interest and for helping us control cocaine and other drugs of abuse.

Sincerely,



Carlton E. Turner, Ph.D.
Director
Drug Abuse Policy Office

David W. Schnare
Science Advisor
Foundation for Advancements in
Science and Education
P.O. Box 29813
Los Angeles, CA 90029

To the Editors of the Washington Post:

The recent article by O'Toole (Cocaine Behavior, Feb 26, 1982) reports on a study of thirty habitual cocaine users. On the basis of that pharmacologic study, Dyke and Byck assert that cocaine is neither addictive nor harmful, and that both foreign and domestic efforts to control distribution of the drug are somehow wasteful.

What these individuals have not reported might interest your readers. Cocaine is in fact viciously addictive. Cocaine, and its synthetic analogues, the amphetamines, are the only drugs known which when provided in unlimited quantities to primates are self-administered compulsively, resulting in death, or perhaps more accurately, suicide.

Cocaine is not a drug used predominately by an established adult population. Over fifty percent of cocaine users with problems are under the age of 25. Over 75 percent have other drug problems, usually heroin. Of those over the age of 18, more than 75 percent are unemployed and have only a high school education. Marital instability is also a common side effect of cocaine use. Nor is cocaine use without negative physical health effects. Cocaine users are absent from work twice as often, and the prevalence of common disorders is significantly greater in users. Among individuals with drug problems, cocaine users have three times the criminal involvement of other drug abusers.

In South American populations, coca leaf chewing is not the norm. 'Chewers' are not entrusted with responsible work assignments, and coca use is antagonistic to an already endemic malnutrition problem. Cocaine is nonnutritive, decreases productivity, is associated with other drug habits, and has led to death, even among 'snorters'. It will continue to receive the attention it deserves as an unequivocally pernicious drug.

LETTERS TO THE EDITOR

Cocaine: 'A Very Dangerous Substance'

The Post's front-page article "Cocaine Behavior" [Feb. 25] was misleading and potentially dangerous. The dangerous misconception was conveyed in the sub-headline, which said, "'Recreational' Sniffing Found No Riskier Than Alcohol or Tobacco: Heavy Use 'Enslaving.'" Both that headline and the text of the story implied that there exist two such distinct alternative patterns of cocaine use, and that one can choose which of them to follow. That is not so.

The tragic fact of the matter is that an estimated 10 to 20 percent of "recreational" users of cocaine, who use with any regularity, go on to a pattern of heavy, compulsive, accelerating use. Such use, as the article pointed out, is tremendously destructive and "enslaving." Unfortunately, which recreational users will move from "recreational" to the "heavy" use pattern is neither predictable nor a matter of free choice on the part of the user.

Though we are rapidly increasing our knowledge of predictor factors that define vulnerability to heavy, uncontrolled drug use, not enough is known at this point to be able to identify the vulnerable individuals. Very few, if any, heavy users voluntarily choose to become caught and "enslaved" to the drug. The percentage of recreational users who do lose freedom of choice and find their life increasingly corrupted and ruined by heavy cocaine use is as great as the percentage of smokers of one pack of cigarettes a day who go on to develop lung cancer.

If you are willing to accept the analogy that "recreational" use of cocaine is no more dangerous than use of alcohol or tobacco, you must also be willing to accept an excess of preventable disease and death—more than one-fourth of all U.S. deaths last year were premature deaths linked to smoking and alcohol.

The article points out that cocaine is not physically addictive. It is likely that drugs such as cocaine, which are very powerfully habit-forming, do not show current evidence of being physically addictive only because we have not yet learned enough about the relationship between brain, drugs and behavior to be able to identify those physical systems that are at the basis of compulsive drug use patterns.

The important point that must be stressed is the relative degree of control over the behavior of some users that psychoactive drugs are able to achieve. One measure of this for cocaine is that cocaine is one of the few drugs which, when offered to animals in a self-administration study where the animals can choose between cocaine or food, will lead animals to starve themselves to death so that they obtain the maximum amount of the drug.

In summary, I believe that The Post's article conveyed an unfortunate and inaccurate message of reassurance about a very dangerous substance, that it glamorized the image of cocaine use and dangerously misled the reader into believing there is a benign pattern of use for this drug.

WILLIAM POLLIN, M.D.

Director, National Institute on Drug Abuse

Rockville

We are concerned that our review article "Cocaine," in the March issue of Scientific American (reported on The Post's front page Feb. 25) has created the wrong impression in two areas. There has been an inference that we support or condone the recreational use of cocaine. We do not. There is also an inference that there are no risks associated with recreational use of the drug because intranasal cocaine in a protected situation does not cause profound effects. We believe that in some individuals intranasal cocaine is severely habit-forming, and so the drug is not safe for casual use. The self administration of cocaine is not harmless or without risk.

ROBERT BYCK, M.D.

Professor of Psychiatry and Pharmacology
Yale University

CRAIG VAN DYKE, M.D.

Associate Professor of Psychiatry
University of California at San Francisco

New Haven, Conn.

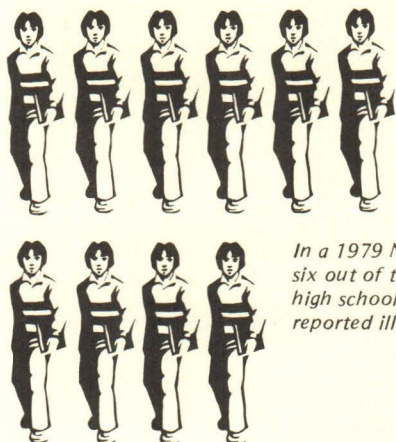


The Foundation for
Advancements in Science
and Education

The aim of the Foundation for Advancements in Science and Education is to identify, test, and help apply workable solutions to pressing human and social problems.

The Foundation grew out of a coalition of medical doctors, scientists, educators and other professionals who had been studying methods developed by writer and researcher L. Ron Hubbard. Each has observed positive results from these methods when dealing with problems of drug abuse and barriers to effective learning. And they shared an interest in conducting objective studies of these and other methods to see how they could be applied to broad social problems. Currently, more than 60 individuals from diverse fields of study and work, each committed to bettering conditions in society, are working with the Foundation.

There certainly are social conditions which warrant improvement. One of the most alarming is the sharp rise in drug use and abuse.



In a 1979 NIDA study, six out of ten American high school seniors reported illicit drug use.

Between 1976 and 1979, for example, studies showed that the percentage of people who had reported using marijuana increased in all three age groups: youths (ages 12 to 17) from 22 to 31 per cent; young adults (ages 18 to 25) from 53 to 68 per cent; and adults (over 26) from 13 to 20 per cent.

The same nationwide studies, conducted by the National Institute on Drug Abuse, showed that nearly 10 per cent of America's high school students were using marijuana *daily*.

Medical tests have indicated that THC -- the psychoactive ingredient in marijuana and hashish -- is not entirely eliminated from the body after the drug is used. A sizeable percentage typically is bound to plasma proteins or stored

in fat deposits. There is evidence that LSD crystals and other chemical poisons may likewise lodge in body tissues and remain there for years.

In addition to "street" drugs and medicinal drugs, the average person's chemical diet includes any of the more than 3,000 chemicals which are deliberately added to food. It can also include any of the more than 700 chemicals which have been identified in drinking water, such as DDT and other pesticides.

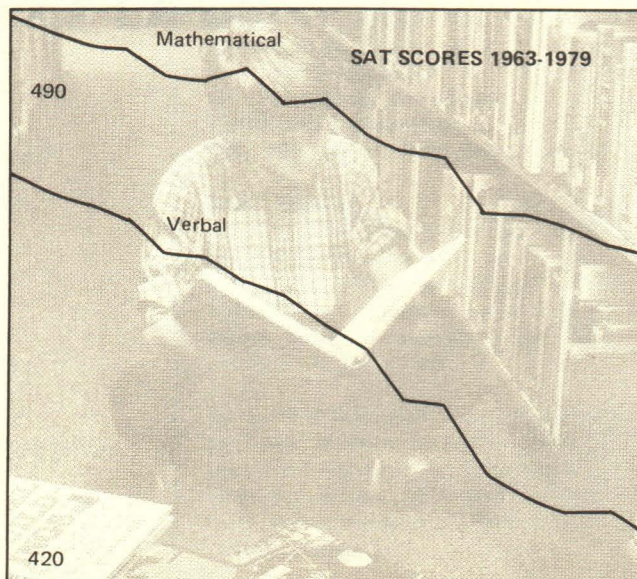
There is also the risk of exposure in one way or another to any of the approximately 35,000 chemicals used in the United States which are classified as definitely or potentially hazardous to human health by the U.S. Environmental Protection Agency.

The Educational Picture

Another area of Foundation interest is education.

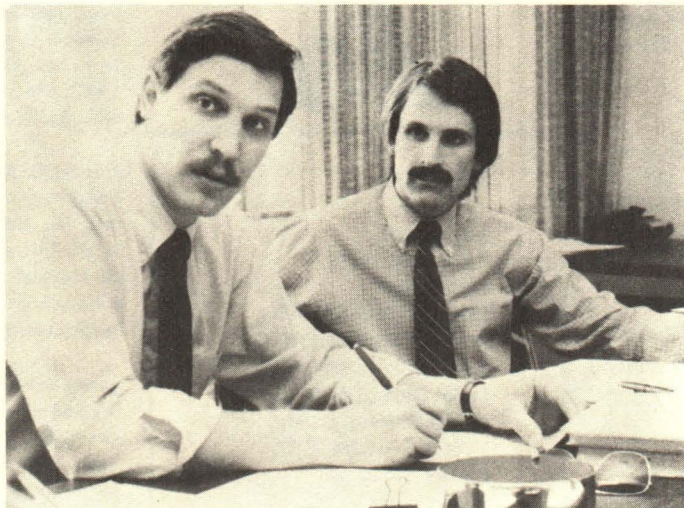
For the last 17 years, average scores on the verbal skills half of the Scholastic Aptitude Test (SAT) have dropped sharply and steadily, from 478 in 1963 to 424 in 1980. There was a similar downtrend in the average mathematical skills score.

As part of the same discouraging picture, by the late 1970's an estimated 23 million Americans between the ages of 18 and 65 could neither read nor write. Forty-two per cent of the nation's 17-year-olds were reported as functionally illiterate.





Gene Denk, M.D.



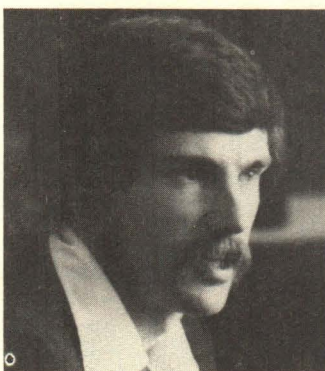
David W. Schnare, Ph.D., and Steven R. Heard



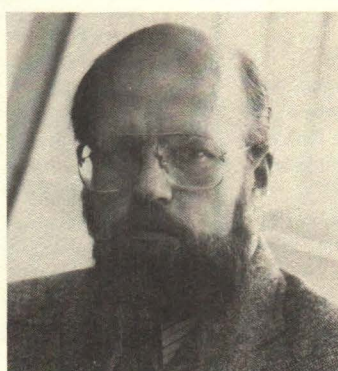
William L. Tutman, Ph.D.



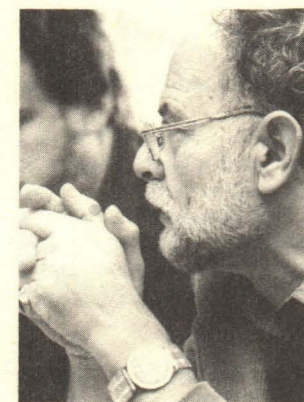
Jack Dirmann



Marcus E. Kuypers, M.D.



Ilmar Waldner, Ph.D.



Lewis H. Gann, Ph.D.

Workable Methods

There have been studies. And more studies. There have been papers, reports, blue-ribbon panels, official statements. Concern over these problems unquestionably is high. But where are the solutions?

The individuals working with this Foundation believe there are solutions and workable methods which could have considerable impact on problems such as drug abuse and learning difficulties - problems which can affect just about every aspect of productive human activity. These areas will be the initial thrust of Foundation work.

A Sample Program: Detoxification

To eliminate hazardous chemicals, drug residues, and other accumulated poisons, the Foundation has been studying the L. Ron Hubbard Purification Program. Foundation medical doctors and researchers have already conducted extensive tests on persons participating in this program.

Of 103 persons participating in these clinical tests, 83 experienced an increase in IQ of four or more points during the program. A full third of the individuals improved their IQ by at least 10 points.

Other significant phenomena were observed on these tests which warrant further studies, which are already underway.

Emphasis on Results

The Foundation for Advancements in Science and Education is interested in results.

We intend to make our research data available for general use. Sciences today are an interdependent community and no areas of data should be barred off or monopolized. Open exchange of such information can only serve to bring forth better ideas and better solutions for all.

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Executive Committee on Education

Lewis H. Gann, Ph.D. Dr. Gann has a distinguished academic background, and has more than 30 published books and articles to his credit. His doctorate is from the University of Oxford and he is currently a historian with Stanford University.

Elaine R. Parent, Ph.D. An educational psychologist from the University of Minnesota, Dr. Parent works with the University of California, San Diego.

Bernard Percy Mr. Percy is author of *The Power of Creative Writing* (Prentice-Hall, 1981) and *Help your Child in School* (Prentice-Hall, 1980). He has an M.A. in education from Columbia University.

William L. Tutman, Ph.D. Dr. Tutman has held such diverse positions as Director of the Teacher Corps Program for the University of Massachusetts School of Education, Director of the Office of Minority Affairs of the U.S. Peace Corps, and pediatric psychology consultant to Johns Hopkins Hospital.

Ilmar Waldner, Ph.D. Dr. Waldner's background includes a Fulbright Fellowship at Hamburg University, a Ph.D. in Philosophy and the Graduate Honors Program in Humanities at Stanford University. He currently heads a company which designs training programs for employees of client firms.

Executive Committee on Science

Terry Ashley, Ph.D. A biologist from Florida State University, Dr. Ashley works with the University of Tennessee. She also serves as a consultant with Oak Ridge National Laboratories and has published numerous articles in scientific journals.

Gene Denk, M.D. A Phi Beta Kappa graduate of the University of Michigan, Dr. Denk went on to the University of Washington Medical School. He is currently engaged in family practice with Shaw Health Center in Los Angeles.

Frank Gerbode, M.D. Dr. Gerbode is a psychiatrist. A graduate of Yale and Stanford Universities, he lives in Palo Alto, California.

Sig Hoverson, Ph.D. A physicist, Dr. Hoverson is currently working with laser technol-



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ogy and fusion power at Mathematical Sciences Northwest in Seattle.

Paul Jaconello, M.D. A graduate of the London Hospital Medical School, Dr. Jaconello has been practicing medicine since 1967. He is currently a general practitioner with Lafayette Medical Center in Toronto.

Marcus E. Kuypers, M.D. A graduate of the University of Texas Medical School at Houston, Dr. Kuypers has taken a keen interest in the instruction and continuing education of medical personnel. He is director of the Emergency Department of Valley View Medical Center in Cedar City, Utah.

James Michel, M.D. With a B.S. in chemistry and extensive post-graduate work in biochemistry, Dr. Michel went on to the Wayne State University School of Medicine. He is currently a physician with the U.S. Public Health Service in Colorado.

Mary Jo Pagel, M.D. After graduate work in pharmacology at the University of Wisconsin, Dr. Pagel studied at the University of Texas for her medical degree. She is currently in practice in Internal Medicine in Portland, Oregon where she is co-owner and director of several medical and minor emergency clinics.

David W. Schnare, Ph.D. Combining degrees in chemistry, public health, and environmental management, Dr. Schnare also has extensive professional experience. He currently works in policy development and analysis with the U.S. Environmental Protection Agency.

J. Michael Smith, Ph.D. Dr. Smith has a distinguished background in chemistry. He has been listed in *American Men of Science* and received an award from UCLA for his excellent work in chemistry. He has branched off into business management, and is the president of a management consulting company with more than 100 clients worldwide.

Steve Tomczak, Ph.D. Dr. Tomczak has served as a consultant with Hughes and Aerojet Corp. He is the author of *How to Become a Successful Consultant*, soon to be republished as *Successful Consulting for Engineers and Data Processors* by John Wiley and Sons, Inc., New York.

James N. Wilfert, M.D. A medical doctor for nearly 20 years, Dr. Wilfert has specialized in internal medicine, bacteriology, and infectious diseases. He is currently working in emergency medicine at Cottonwood Hospital, Salt Lake City.