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THE WHITE HOUSE

WASHINGTON

September 13, 1983

MEMORANDUM FOR JOHN S. HERRINGTON
ASSISTANT TO THE PRESIDENT
FOR PRESIDENTIAL PERSONNEL

FROM: ^{CA} CARLTON E. TURNER
SPECIAL ASSISTANT TO THE PRESIDENT
FOR DRUG ABUSE POLICY

SUBJECT: Administrator of the Alcohol, Drug Abuse and
Mental Health Administration (ADAMHA)

There are four key positions within the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA); Administrator of ADAMHA, Director of the National Institute on Drug Abuse (NIDA), Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Director of the National Institute on Mental Health (NIMH). Only the Administrator of ADAMHA is a Schedule C. After Bud Mayer leaves, we will not have a Reagan man there.

I strongly recommend Dr. Forrest Tennent as Bud's replacement. Forrest is a Californian who supports the President's drug program and is, in my opinion, the only M.D. I know who can do the job that's needed. Another possibility is Dr. Beny Primm, a strong Republican from New York City. Beny is well respected with the drug treatment community, but has refused, thus far, to leave New York for any position in government.

Both Forrest and Beny are veterans. By virtue of Forrest's service in Vietnam he may be able to help with the Agent Orange issue. Beny would be helpful with the black community. For your information, attached are their addresses. I am in the process of contacting them to obtain copies of their resumes.

Also attached is a memo I sent to OMB regarding my views on ADAMHA. Please let me know if you would like to discuss this further.

cc: Jack Svahn ✓
Roger Porter ✓

Bob Carlson ✓
Ed Meese ✓

File

December 3, 1982

MEMORANDUM FOR KEN CLARKSON, PH.D.

FROM: CARLTON TURNER, PH.D.

SUBJECT: Alcohol, Drug Abuse and Mental Health
Administration

*John Cogan
12/3/82
replaced Ken*

Per our conversation, these are my initial thoughts. My suggestion is that the administrative element called the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) be dissolved and the three institutes, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Mental Health, report directly to an Assistant Secretary for Health.

The President repeatedly has said that law enforcement alone cannot solve the drug problem and that we must have an equally strong program on the health side.

Drug abuse is a changing societal condition. If we expect to make real progress in reducing drug abuse, we must have a strong and effective research program. The research cannot be exclusively a basic research program which responds to the researcher rather than to the needs of society; neither can it be handled as a political tool that only responds to the needs or mood of the country.

There is a special need to improve epidemiological research which is the critical element in drug abuse prevention. This is also true in alcohol and mental health. However, a scientist (or organization) dedicated to basic research is unlikely to accept the role or direction public concern might suggest or dictate. There should be a reasonable balance between the basic and the applied research in these agencies, and there must be a system capable of enforcing this balance.

The basic and applied research should be handled in the following ways:

- a) Each institute would have a director and two deputy directors, one responsible for management of basic research and the other for applied research; and

- b) The heads of each of the three institutes would be responsible directly to an Assistant Secretary who would have a policy office to dictate directions and priorities. This way it would insure the needs of basic science are met, while providing for the needs in treatment and prevention activities. This would allow for longitudinal and epidemiology studies under the applied branches, as well as basic studies under the basic branches to answer long-term society needs as dictated by clinical studies.

I am opposed to placing the three institutes under National Institutes of Health (NIH). This would be a counter-productive signal to the field regarding the intent of the reorganization. Also, I believe that it would soon lead to too much emphasis on basic research at the expense of the needed applied research. As a basic researcher, I might support more basic research; however, the broader need is clear. We could set the stage for an unconscionable void in epidemiology where the need is critical.

The savings from eliminating the administrative functions of ADAMHA could subsequently be put into programmed research (basic and applied), with some return to the taxpayer in the form of better services.

I envision the Assistant Secretary's office as a tough policy management office. The director of each institute would be the operational manager of projects.

In regards to funding, I suggest we make the institutes lean and mean. The block grant money has gone back to the states and the need for the major grant management structure is largely gone, but with it we lost some data collection capability. These institutes should rely largely on grants to researchers in basic research, and on a mixture of grants and contracts for the epidemiological or longitudinal studies. Also, I strongly support the use of contracts when we must insure that studies and data collections are done to meet special needs.

We must expand the research role to include transferring the resulting knowledge in an understandable and timely way throughout the health, law enforcement and education communities, as well as to the general public.

Ken, this would do another thing. It would provide a focal point for the interest groups, away from the Secretary's office and away from our office. The Director's office and the Assistant Secretary's policy office would be accessible and able to respond in a timely way to changing needs.

cc: Ed Harper
Roger Porter
Bob Carleson



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

24 MAY 1983

MAY 20 1983

The Honorable Carlton Turner
Director
White House Drug Abuse Policy Office
The White House
Old Executive Office Building, Room 218
Washington, D.C. 20500

Dear  Dr. Turner.

I am pleased to share with you a special report on The Secretary's Conference For Youth on Drinking and Driving, published in the official newsletter of the Alcohol, Drug Abuse, and Mental Health Administration, Vol. IX, No. 7, April 29.

We have had uniformly positive feedback from the State participants, and reports received from several States indicate that the conference ideas already are taking root. Surely, the young people and their enthusiasm inspired us all.

Sincerely yours,

William Mayer, M.D.
Administrator

SPECIAL REPORT:

The Secretary's Conference For Youth On Drinking And Driving



Students from across the Nation were joined by HHS Secretary Margaret Heckler (center) and Former HHS Secretary Richard Schweiker, Transportation Secretary Elizabeth Dole, Education Secretary Terrel Bell, and Representative Michael Barnes (Md.)

U.S. Students Crusade To Save Young Lives

Three Cabinet members, a Congressman, and 324 teenagers closed ranks against a national killer at the March 26-28 Secretary's Conference for Youth on Drinking and Driving in Chevy Chase, Md.

As part of the HHS campaign to combat teenage alcohol abuse, the conference mobilized high school students to alert the country that drunk driving is the leading cause of death among young Americans age 16-24, and that prevention programs "by students for students" can help save young lives.

Five student delegates and a school superintendent from every State and Territory learned from teenagers how to mount effective sober-driving campaigns based on "positive peer pressure": using young people to persuade other young people that drinking and driving is neither fun nor "cool" but can be deadly.

The student delegates, selected on the basis of previous involvement in school and community activities, met with the teenage leaders of eight successful "don't-drink-and-drive" programs in high schools and communities around the country. Working together, they devised ways to launch similar programs in their own schools and to enlist help from adults—parents, teachers, law-makers, the media, business and civic groups—in arousing their entire communities.

The students received encouragement and praise at the outset of the conference from high-ranking Government officials: HHS Secretary Margaret Heckler; former HHS

Secretary Richard Schweiker, who initiated the Department's campaign against teenage alcohol abuse in October 1982; Department of Transportation Secretary Elizabeth Dole; Department of Education Secretary Terrel Bell; and Congressman Michael Barnes (Md.), who sponsored a law passed in October 1982 providing Federal incentive grants to States which take recommended steps to combat drunk driving (including alcohol education and treatment programs).

Dr. William Mayer, ADAMHA Administration and Acting NIAAA Director, welcomed the delegates and the officials whose Departments joined HHS in sponsoring the conference.

Secretaries Heckler, Dole, and Bell pledged their Departments' resources to pursuing a common goal: *eliminating* (not just reducing) alcohol-related traffic deaths and injuries, especially among youth, through public education efforts.

In her welcome to the students, Heckler told them that theirs is "the only age group in the Nation whose death rate has climbed rather than fallen in the last decade." Alluding to the virtual elimination of polio in the 1950s through immunization, she remarked that alcohol-related traffic deaths constitute "an epidemic in our society that's harder to fight than polio. No doctor can give us a vaccine... a 'don't-drink-and-drive' pill.

"... Researchers tell us peer group pressure often is what leads young people to drink in the first place," Heckler observed. "By turning that peer pressure around into a warning from one student to another about the danger of drunk driving, we can save thousands of young lives from being snuffed out every year."

In what may have been the most dramatic presentation at the conference, the young

delegates were put on notice by 19-year-old Kevin Tunnell that a drunk-driving tragedy could indeed happen to them. Tunnell spoke from experience: after drinking too much champagne on New Year's Eve of his senior year, he killed another young driver in a head-on auto collision.

The subsequent agony that he, his family, and his friends suffered "wasn't worth being the coolest guy in Fairfax (Va.) High School," he said. As part of his sentence for a manslaughter conviction, the court ordered him to recount his experience publicly for a full year before assemblies of teenagers and young children.

"Our parents and the governmental system had their turn to warn us," Tunnell told the delegates, "but young people need to hear it from each other. My year of speaking out about drinking and driving is up. Now the ball's in your court."

Further dramatic evidence of the toll of drunk driving was provided in an audiovisual montage entitled *Friday Night Live*. Part of a Washington State media campaign, the slide show included actual footage of a teenage girl being arrested and jailed for driving while intoxicated. It also showed interviews with a young man who had caused an accident while drunk and his girlfriend, who lost an eye and suffered facial wounds in the accident.

The students also heard from Don Newcombe, former Brooklyn Dodgers pitcher, who described his life as a recovering alcoholic.

The opening presentations by Tunnell, *Friday Night Live*, and Newcombe alerted the young delegates to the real danger of drinking and driving, and also served as examples of effective tools for educating other students.



What The Students Learned . . .

Throughout the weekend conference, the student delegates became familiar with education and prevention techniques they can use in developing anti-drunk-driving campaigns back home. In a series of intensive "how-to" workshops, they heard about eight school-based model programs from the students who developed and ran them.

According to the student presentations, all eight model programs incorporate certain key principles: they rely almost solely on peer leadership "by students for students"; they employ a "holistic" approach to health promotion which emphasizes self-esteem and alternatives to alcohol/drug abuse; and they use resources of the entire community, especially expertise and support drawn from the private sector.

**Former HHS Secretary
Richard Schweiker:**
*"The idea of a conference
of, by, and for students
against drunk driving
was conceived almost
a year ago. It's very
gratifying to see
our goal realized."*

- The eight model programs are:
- **Operation: Snowball** (Illinois). Begun by five teenagers in 1977, this alcohol/drug abuse prevention program operates via franchised chapters organized in a State-regional-local network. Teams of trained teen staff and teen participants "seek out youth who are insecure, alienated . . . or in conflict with self or society . . . to establish a community of caring." Alternative activities include weekend retreats and fundraising ventures. Operation: Snowball is affiliated with the Illinois Alcoholism and Drug Dependence Association and the Illinois Teen Institute.
 - **The Control Factor** (Minnesota). Founded on the philosophy that "young people can have a positive impact on other young people's behavior," this alcohol safety education program uses trained student instructors to help their classmates make

informed decisions about drinking and driving. Graduates of the program receive a follow-up newsletter on a regular basis. Sponsored by local school districts throughout the State, The Control Factor will reach an estimated 15,000 students in FY 1984 at an approximate cost of \$6 per student.

- **Students Against Drunk Driving (SADD)** (Massachusetts). This peer-run community program to deter drunk driving by teenagers and others now numbers several hundred chapters in 22 States, reaching 3 million students. It includes: a 15-session classroom curriculum on drinking and driving; a Parent-Teenager "contract" calling for parents to provide safe, sober transportation home when young drivers have had too much to drink; and seminars for seniors on dealing with problems that often face new college students.

- **Project Graduation** (Maine). This campaign confronts the fact that many seniors view alcohol and drugs as part of the commencement celebration ritual. To offer safe alternatives, project organizers stage "chemical-free" parties for seniors and their guests, with anti-drunk-driving media coverage from April through June. In 1982, 36 school districts reported very successful parties in such settings as cruise boats, dance halls with live bands, and State parks and campgrounds. In one region, alcohol-related deaths in the 2 weeks before graduation fell from seven in 1979 to none in 1980.

- **The Ohio Teen Institute**. Started in 1965, OTI provides residential training in alcohol/drug abuse prevention to 500 teenagers each summer. In 6 days of intensive training, student participants learn to be assertive and effective in helping others avoid alcohol/drug problems, and they become acquainted with the value of "positive addictions" (e.g., running, dance, photography). Such training successfully prepares students to launch prevention activities in their own school districts, as evidenced from a 1982 followup survey which showed that, 6 months after the Institute, 72.2 percent of the teenage respondents had worked on a prevention project with other students in their county, 86.3 percent had worked with a teacher or other adult, and 67.5 percent had worked with a local or regional alcoholism center.

- **Peer Resources Education Program (PREP)**. Winner of the 1981 Wisconsin Exemplary Prevention Program Award, the project trains 30 students every year to provide alcohol and drug education in their schools and communities. To reach students before they begin experimentation, education efforts focus primarily on fifth graders using a curriculum called "The Choice Is Mine." Upon graduation, PREP students help train new students and become active as community referral resources.

Congressman Michael Barnes:
*"The once-hidden horror
story of drunk driving
has moved from back-page
obituaries to the front
pages of newspapers and
magazines and to
prime-time television."*

- **Southern Oregon Drug Awareness (SODA)**. Open to all interested youth, the program's long-term goals include increasing community awareness of alcohol and drug abuse problems and eliminating all local retail sales of drug-related paraphernalia. A "Channel One" program operates under a \$10,000 grant to train students in video production, graphics techniques, and other skills needed to develop effective media campaigns. Students also are trained to serve as peer counselors and to collect program statistical data in support of program funding.

- **National Student Safety Program**. This national resource program assists students in planning and carrying out safety promotion campaigns in their schools and communities. It features a high school assembly program on drinking and driving called "The Price Is High" which uses a game-show format to give students information and decision-making skills. The program, which sponsors annual conferences for participants, is operated by the American Driver and Traffic Safety Education Association with activities coordinated by the Safety Center at Central Missouri State University.



And How They Plan to Use It

After hearing the special presentations on the eight model programs, student delegates met in small groups to start "brainstorming" plans for their own programs. The teenagers from all parts of the country found they had several things in common: they had never known, or thought much about, the actual threat drunk driving poses to themselves and their generation; they were certain that, when they returned home, they could use what they had learned to mobilize their schools and communities to combat the problem; and they felt inspired and eager to do so.

The participants were most interested in statistical charts that showed how the number of accidents in their own States compared with the rest of the Nation. They also were fascinated by demographic charts which showed prevalence of alcohol-related accidents by age groups, times of day, days of the week, etc. (see page S-4). Many agreed that the information would prove useful in developing education programs back home.

Looking beyond the facts and figures, students said they were especially impressed by a remark made by Washington State Trooper John Mittman during the *Friday Night Live* presentation in the opening session: to realize the meaning of the statistic that 1 in 10 young people dies in a drunk-driving crash, he said, "picture 10 of your closest friends—then take one of them away."

One student presenter raised the point in his workgroup that some people in the delegates' communities might question whether

driving. After much discussion, the group decided that the best way to avoid such confusion is to emphasize that their overriding concern is saving young lives.

To make the greatest impact on teenagers, education programs should emphasize that alcohol use is a *health* issue which affects the body's capacity for fitness and activity, several delegates commented. After attending the model presentations, most student delegates selected several elements from each project which they felt would be most relevant for use in developing their own projects and could be incorporated in their plans most effectively.

Transportation Secretary Elizabeth Dole:

"Drunk driving is a form of homicide—and the young generation suffers from it disproportionately. Your generation also is stigmatized by drunk drivers. We don't hear much about responsible teenage drivers."

Because the student delegates already were actively involved in school and community programs (a prerequisite to attending the conference), they entered the anti-drunk-driving arena with leadership experience, know-how, and, especially important, local contacts.

Most felt that their primary task back home would be to tap existing resources and networks for help in launching comprehensive campaigns against drinking and driving. To help demonstrate the need for action, they recognized the value of conducting local needs assessment activities to determine the scope of the problem in their areas.

The young people all received area lists of State and local resource groups to contact for assistance. They also learned about Federal funds available to their States for prevention of drunk driving and other alcohol problems. These include: incentive grants

from the National Highway Traffic Safety Administration for States with programs to reduce alcohol-related crashes; and block grant funding for ADM services which require States to set aside funds for alcoholism prevention programs.

The students felt encouraged by these and other Federal efforts to alert the country to the dangers of drunk driving. As one teenager put it, "National recognition like this will make it easier for us to get our communities moving."

The conference closed on an exuberant note as Dr. William Mayer, ADAMHA Administrator and Acting NIAAA Director, awarded certificates of achievement to all the students who had presented their eight model projects throughout the weekend. Special certificates went to teenage representatives of two other model prevention efforts: Students Helping Other People (Maryland) and The Omaha Magic Theatre (Nebraska), a performing-arts approach to teenage alcohol education partially funded by the National Endowment for the Arts.

"Your presence here places you among the new leaders of the country," Mayer told the students, "From what I've seen this weekend, the future of our Nation is in good hands."

Repeating an earlier pledge made by Secretary Heckler, Mayer announced that HHS intends to hold similar conferences annually to mobilize future generations of students against drunk driving.

At the very end of the conference, the student delegates stood and applauded the NIAAA staff who had worked long and hard to ensure the success of the event. Under the direction of Edward Kelly, the staff included Heddy Hubbard, Nancy Judd, Barbara Lubran, Deanna Mills, Jeanne Trumble, and Peter Vaslow and Suzie Koehn (who worked as a volunteer).

Education Secretary Terrel Bell:

"Of the many problems facing our Nation's schools today, none has more potential for the disruption of the vital education processes than the widespread abuse of alcohol and other drugs by our student population."

a don't-drink-and-drive campaign implicitly condones students' drinking-and-not-

Minnesota Delegate Gives Students' Views

John Blood, a high school senior from Brooklyn Park, Minn., came to the conference to present information about his State's prevention project, The Control Factor, and wound up as the student emcee for the entire weekend. Blood, who was chosen to lead the conference because of his exuberance and ability to articulate ideas, later discussed his views on teenage drinking with ADAMHA News:

Q. Why do young people use alcohol and drugs?

A. Whatever their age, kids drink and take drugs for a number of reasons. First, there's peer pressure. The hardest to resist is not direct pressuring, but subtle and constant nudging: "Aw, come on, everybody does it."

Another reason kids drink is because they don't have a good self-image. This goes along with peer pressure: students feel they have to do something everybody else does to get acceptance. To be "someones," teens may think they have to "party" with alcohol or drugs, because the kids who are "party-ing" usually are the most vocal about what they do, and so they become the "in" group.

Adolescence is a confusing time. You start to ask yourself, "Who am I, really?" And finding out who you are often means experimentation with new experiences.

Q. Can a teenager who speaks out against drinking and driving still be considered "someone?"

A. Yes. Many kids who give in to peer pressure are just waiting for some other kid to say, "No, let's not do this." But it has to be someone in your own group. You can't approach kids as an outsider—you must be "one of the gang." Most people will talk and listen more to a friend than a stranger.

To speak out against peer pressure, it only takes one kid in the group to say, "I'm just like everybody else, I like to party, too—but let's set limits." Or "I don't feel like drinking beer. Why don't we go out for a pizza instead?"



John Blood

Q. What was most exciting about the conference?

A. For me, it was the fact that this was the first time that three Cabinet members put their heads together on behalf of young people. I think most of the kids realized it, too: here are leaders of government actually listening to us. This resulted in very productive work sessions. It also helped us get over our reluctance about going home with these new plans. We figured, "If the people in Washington are this receptive to us, think what the people back home will say."

The most enjoyable part of the conference was meeting so many other people from different regions, even with different dialects. Kids from Hawaii who had never seen snow meeting kids from the Midwest who had never seen the ocean. And everyone was pulling together.

Q. What about the people back home: do you think the prevention idea will be picked up at the local level?

A. Definitely. All the delegates and their adult advisors will be working on anti-drunk-driving programs over the summer to have them ready for the new school year in September. Getting to go to a national conference in Washington, and getting word to the outside world through national media coverage on TV, radio, and the newspapers, gave us a real boost. A lot of the kids I talked to said they were raring to go with what they learned when they get back home.

The Private Sector Provides Support

Nearly \$125,000 in private contributions from 10 organizations and foundations helped sponsor the weekend conference.

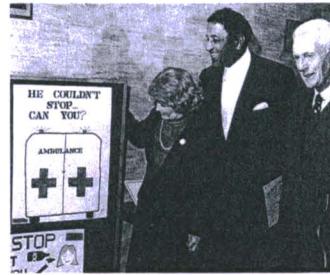
Coordinating the private sector's involvement in the teen conference were James Kemper, Jr., Chairman of the Board of Kemper Insurance Group, and Davis Taylor, Member of the Board of Directors, Boston Globe Foundation, Inc.

Both men received the Secretary's Volunteer Award for stimulating the private sector's support of the conference.

Other contributors included:

Allstate Foundation; Dow Jones and Company, Inc.; GEICO Philanthropic Foundation; Philip L. Graham Fund, (*Washington Post*); Knight-Ridder Newspapers, Inc.; Lee Enterprises; Liberty Mutual Insurance Company; and the *New York Times*.

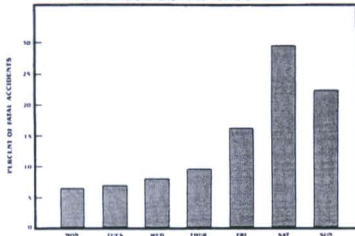
According to Edward Kelly, Coordinator of the Secretary's Initiative on Teenage Alcohol Abuse, "This fantastic effort by the private sector paid for all the student transportation and for their lodging at the National 4-H Center."



Davis Taylor, Boston Globe Foundation, Inc., (right) visits a pre-Conference student art exhibit with Don Newcombe and Secretary Margaret Heckler

SCOPE OF THE PROBLEM

FATAL ACCIDENTS BY DAY OF WEEK (1979-1981)
DRINKING DRIVERS 16-19 YEARS OF AGE

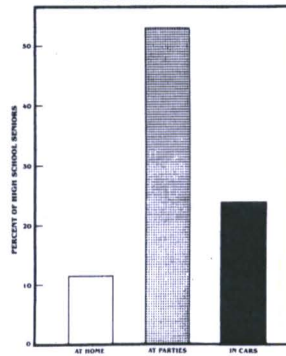


Throughout the conference, the student delegates learned the facts about the serious nature of teenage alcohol abuse, such as:

- Approximately 3 million young people age 14-17 have problems with alcohol use.
- One in every four 10th to 12th graders drinks at least once a week.
- Six percent of the 12th graders drink daily.

These charts are samples of information materials distributed at the conference. Complete sets can be obtained by telephoning (301) 443-4883.

WHERE TEENAGERS DRINK





AT LEGISLATORS' FORUM

States Discuss Teen Alcohol/Drug Abuse

State legislators and staff pondered teenage alcohol and drug abuse issues at an unusual forum on the topic held in Washington last week following the spring assembly of the National Conference of State Legislatures.

Dr. William Mayer, ADAMHA Administrator, and William Passannante, Speaker Pro Tem of the New York State Assembly and President of the Conference, arranged the collaborative meeting to bring the issue, and approaches to addressing it, to the attention of State officials.

"The tragic consequences of teenage alcohol and drug abuse in this country have aroused action at the highest governmental and corporate levels. All sectors of our society are alerted," Robert Trachtenberg, ADAMHA Deputy Administrator, told the group in his opening address. "The role that State officials can play—in education and legislation—to encourage communities and schools to act against the problem is the key to the success of our Nation's concerted efforts."

ADAMHA stands ready to provide technical assistance to States which request it, he said.

"Throughout the country, alcohol is the drug of choice among young people. The National Institute on Alcohol Abuse and Alcoholism estimates that 19 percent of our youth, 3 million young Americans, are problem drinkers," he added.

The life expectancy of young Americans—unlike other age groups—has grown shorter due to alcohol-related motor vehicle accidents and other forms of violence, Trachtenberg said.

While young Americans are beginning to moderate their use of illicit drugs, including marijuana, they still have the highest use among any youth in the industrialized world, he pointed out.

See STATES (P. 3, Col. 1)

NALTREXONE: Breaking the Addiction Cycle

A potent new weapon against narcotic addiction—a long-acting, orally-administered, and non-dependence-producing new drug called *naltrexone*—is expected to be on the market early next year.

After 10 years of research and development supported by NIDA contracts at an approximate cost of \$7 million, a "New Drug Application" (NDA) has been submitted to FDA by Dupont Pharmaceuticals.

Full approval of the application would mark the first time that an Institute-developed drug has gone to market.

Naltrexone is a narcotic antagonist (a drug that counteracts the effect of another narcotic) which has proven extremely useful in clinical trials at blocking the psychological and physiological effects of opiates such as heroin.

The drug blocks opioid-produced euphoria completely and prevents development of physical dependence on heroin or any other narcotic. It produces no high of its own, and has no known side-effect when taken with barbiturates, alcohol, or other narcotics.

Naltrexone's main function is to help patients who have undergone narcotic

See NALTREXONE (P. 2, Col. 1)

RESEARCH FINDS

Dialysis Is "Useless" For Treating Schizophrenia

Kidney dialysis is useless as a treatment for schizophrenia, according to a study conducted by NIMH grantees at the University of Maryland School of Medicine and reported in the March 24 *New England Journal of Medicine*.

At a press conference held at the University's Baltimore campus, Dr. William Carpenter, Jr., Director of the Maryland Psychiatric Research Center, and colleagues refuted the findings of previous researchers who held that kidney or hemodialysis dramatically improved the mental condition of schizophrenics.

The most widely known reports of the therapeutic value of dialysis for schizophrenia came from Drs. Herbert Wagemaker and Robert Cade of the Universities of Louisville (Ky.) and Florida, who said in 1977 that schizophrenic patients improved substan-

tially, almost to the point of recovery, in dialysis treatment.

"It is important to evaluate these findings carefully because positive findings raise hopes for many people," said Carpenter. "They also raise questions about the policy implications of treating great numbers of people with an expensive, time-consuming, and even somewhat risky procedure like kidney dialysis."

Kidney or hemodialysis, a process normally used for patients with renal failure, involves hooking the patient up for a number of hours to a machine which filters blood and removes impurities.

Under double-blind experimental conditions, 15 schizophrenic patients underwent 16 6-hour sessions of actual renal dialysis and 16 sessions of "sham" dialysis. Neither

See DIALYSIS (P. 2, Col. 1)

SPECIAL REPORT: Page 3
The Secretary's Conference For Youth On Drinking And Driving



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

NALTREXONE *from page 1*

detoxification to stay drug-free. Patients taking naltrexone would be "protected" against the effects of drugs such as heroin. If such individuals should "shoot up," they would get no effect from the drug. It is anticipated that this total blocking of narcotic effects should help to maintain abstinence.

Three types of patients seem particularly well-suited for treatment with naltrexone, according to Dr. Harold Ginzburg of NIDA's Division of Clinical Research. They are: highly motivated narcotic users, "abstinent" addicts recently released from prison or residential treatment programs, and patients recently detoxified from methadone maintenance.

Of the estimated one-half million people in the United States who abuse heroin, some 80,000, or approximately 16 percent, are on methadone. It is anticipated that only approximately 10 percent of the methadone patients and some of the untreated population are candidates for naltrexone.

These potential naltrexone users need not necessarily be heroin dependent. They could

DIALYSIS *from page 1*

the attending physician nor the patient knew when the bogus or the real dialysis treatment was being given.

"By introducing the double-blind method into the evaluation," explained Carpenter, "we could isolate the key issue in dialysis and schizophrenia: what effect, if any, does the blood-filtering process itself have on schizophrenia?"

"We found no difference in responses," he continued. "Four patients improved somewhat after renal dialysis, and four improved somewhat after the sham treatment. Two improved under both conditions. The rest showed no effect from either the renal or sham procedure."

The patients' commitment to the research study was truly impressive, according to Carpenter. Each patient required a minor surgical procedure in the forearm in order to create the blood-flow channels necessary for dialysis. They then underwent 32 6-hour sessions of dialysis over a period of 16 weeks.

The researcher commented that, given this kind of patient commitment, "it was not surprising to find some changes in the condition of a few because of the placebo or Hawthorne effects."

The placebo effect occurs when the patients get better after receiving a sham treatment which they think is an actual treatment. The Hawthorne effect occurs when patients improve in response to close, caring attention in a supportive environment.

"While we cannot exclude the possibility that dialysis may help an occasional schizophrenic patient, we have little reason to expect such, and can firmly conclude that hemodialysis will not effectively treat most schizophrenic patients," said Carpenter.

—Judy Falkenberg, NIMH

President Proclaims Mental Health Weeks

President Reagan signed two proclamations within 2 weeks recognizing the importance of mental health care and the contributions of the mental health field.

Following two joint resolutions by Congress, the President proclaimed March 20-27 as "National Mental Health Counselors Week" and April 10-16 as "National Mental Health Week."

In issuing the proclamations, the President drew public attention to the scope of mental illness in America, which, he noted, "costs this Nation more than \$50 billion a year [in declining productivity and rising health costs] and "during any given year, [affects] approximately 35 million people.

"In addition," he said, "millions more require assistance to cope with the physical and emotional problems created by excessive stress. . . . Public fear and misunderstanding place additional burdens on the afflicted and their families."

"I call upon health professionals, educators, the media, the business community, individuals, and public and private organizations concerned with the welfare of their fellow citizens to seek and encourage better understanding of mental disorders," President Reagan said, "and to honor those whose studies, treatment, and support have brought palpable gains and welcome hope to the mentally ill."

have been dependent upon such other opioids as meperidine hydrochloride (Demerol) or hydromorphone hydrochloride (Dilaudid), which sometimes are abused by professional people, including physicians, nurses, and pharmacists.

"People will have to be motivated to want to take naltrexone," says Ginzburg, "since the individual doesn't feel a high when taking the drug, because it blocks the effect of narcotics and does not produce its own high."

However, he adds, it is important to note that naltrexone is not a treatment in itself, but an adjunct to treatment. The focus of the treatment consists of staff efforts to help the individual patient alter his or her lifestyle to avoid the need for taking dependence-producing drugs altogether.

Naltrexone is proposed as a drug which some individuals will take indefinitely. Others may use it as a "crisis" medication only when they feel tempted to resume narcotic use.

At the current time, naltrexone needs to be taken in doses administered three times per week. NIDA has been working on a so-called "depot preparation" of the drug which can be implanted under the skin. This "time-release" device will automatically provide therapeutic doses of naltrexone for extended periods. It already has been tested in normal volunteers for periods up to 30 days, and clinical testing in former narcotics users should begin shortly.

While the promise of naltrexone as a weapon against drug abuse is great, Ginzburg says, many questions have to be answered. Among them: Are there particular patterns of opioid addiction for which naltrexone is most effective? Is there any way of predicting which patients are most likely to complete a course of treatment with naltrexone? Will long-term studies establish a decreased level of recidivism in naltrexone-treated patients, compared to patients receiving treatment in other modalities or environments?

Finally, naltrexone may hold promise for other medical conditions in addition to narcotic addiction. Since it blocks the effects of opioid drugs, it also is effective in blocking the effects of endogenous (or internal) opiate-like substances such as endorphins. Preliminary studies suggest that naltrexone eventually may prove to be a valuable adjunct in the treatment of a wide variety of disorders such as sudden infant death syndrome, obesity, shock, Chronic Obstructive Pulmonary Disease, alcoholism, and Alzheimer's disease, to name just a few.

As Dr. Pierre Renault, formerly of NIDA's Division of Research, stated some years ago in a NIDA monograph on the new drug, "Perhaps naltrexone is not a 'new magic bullet,' but it has stimulated the imagination of researchers in this field, and its promise seems to change and grow as our knowledge and understanding of basic processes increases."

ADAMHA NEWS

Alcohol, Drug Abuse and Mental Health Administration
 William Mayer, M.D., Administrator
 National Institute on Alcohol Abuse and Alcoholism—William Mayer, M.D., Acting Director
 National Institute on Drug Abuse—William Pollin, M.D., Director
 National Institute on Mental Health—Herbert Pardes, M.D., Director
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ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

ADAMHA News invites comments. Phone (301) 443-3783 or write to: OCPA, Room 12C-15, 5800 Fishers Lane, Rockville, Md. 20857.

SPECIAL REPORT:

The Secretary's Conference For Youth On Drinking And Driving



Students from across the Nation were joined by HHS Secretary Margaret Heckler (center) and Former HHS Secretary Richard Schweiker, Transportation Secretary Elizabeth Dole, Education Secretary Terrel Bell, and Representative Michael Barnes (Md.)

U.S. Students Crusade To Save Young Lives

Three Cabinet members, a Congressman, and 324 teenagers closed ranks against a national killer at the March 26-28 Secretary's Conference for Youth on Drinking and Driving in Chevy Chase, Md.

As part of the HHS campaign to combat teenage alcohol abuse, the conference mobilized high school students to alert the country that drunk driving is the leading cause of death among young Americans age 16-24, and that prevention programs "by students for students" can help save young lives.

Five student delegates and a school superintendent from every State and Territory learned from teenagers how to mount effective sober-driving campaigns based on "positive peer pressure": using young people to persuade other young people that drinking and driving is neither fun nor "cool" but can be deadly.

The student delegates, selected on the basis of previous involvement in school and community activities, met with the teenage leaders of eight successful "don't-drink-and-drive" programs in high schools and communities around the country. Working together, they devised ways to launch similar programs in their own schools and to enlist help from adults—parents, teachers, law-makers, the media, business and civic groups—in arousing their entire communities.

The students received encouragement and praise at the outset of the conference from high-ranking Government officials: HHS Secretary Margaret Heckler; former HHS

Secretary Richard Schweiker, who initiated the Department's campaign against teenage alcohol abuse in October 1982; Department of Transportation Secretary Elizabeth Dole; Department of Education Secretary Terrel Bell; and Congressman Michael Barnes (Md.), who cosponsored a law passed in October 1982 providing Federal incentive grants to States which take recommended steps to combat drunk driving (including alcohol education and treatment programs).

Dr. William Mayer, ADAMHA Administration and Acting NIAAA Director, welcomed the delegates and the officials whose Departments joined HHS in sponsoring the conference.

Secretaries Heckler, Dole, and Bell pledged their Departments' resources to pursuing a common goal: *eliminating* (not just reducing) alcohol-related traffic deaths and injuries, especially among youth, through public education efforts.

In her welcome to the students, Heckler told them that theirs is "the only age group in the Nation whose death rate has climbed rather than fallen in the last decade." Alluding to the virtual elimination of polio in the 1950s through immunization, she remarked that alcohol-related traffic deaths constitute "an epidemic in our society that's harder to fight than polio. No doctor can give us a vaccine... a 'don't-drink-and-drive' pill."

"...Researchers tell us peer group pressure often is what leads young people to drink in the first place," Heckler observed. "By turning that peer pressure around into a warning from one student to another about the danger of drunk driving, we can save thousands of young lives from being snuffed out every year."

In what may have been the most dramatic presentation at the conference, the young

delegates were put on notice by 19-year-old Kevin Tunnell that a drunk-driving tragedy could indeed happen to them. Tunnell spoke from experience: after drinking too much champagne on New Year's Eve of his senior year, he killed another young driver in a head-on auto collision.

The subsequent agony that he, his family, and his friends suffered "wasn't worth being the coolest guy in Fairfax (Va.) High School," he said. As part of his sentence for a manslaughter conviction, the court ordered him to recount his experience publicly for a full year before assemblies of teenagers and young children.

"Our parents and the governmental system had their turn to warn us," Tunnell told the delegates, "but young people need to hear it from each other. My year of speaking out about drinking and driving is up. Now the ball's in your court."

Further dramatic evidence of the toll of drunk driving was provided in an audiovisual montage entitled *Friday Night Live*. Part of a Washington State media campaign, the slide show included actual footage of a teenage girl being arrested and jailed for driving while intoxicated. It also showed interviews with a young man who had caused an accident while drunk and his girlfriend, who lost an eye and suffered facial wounds in the accident.

The students also heard from Don Newcombe, former Brooklyn Dodgers pitcher, who described his life as a recovering alcoholic.

The opening presentations by Tunnell, *Friday Night Live*, and Newcombe alerted the young delegates to the real danger of drinking and driving, and also served as examples of effective tools for educating other students.



What The Students Learned . . .

Throughout the weekend conference, the student delegates became familiar with education and prevention techniques they can use in developing anti-drunk-driving campaigns back home. In a series of intensive "how-to" workshops, they heard about eight school-based model programs from the students who developed and ran them.

According to the student presentations, all eight model programs incorporate certain key principles: they rely almost solely on peer leadership "by students for students"; they employ a "holistic" approach to health promotion which emphasizes self-esteem and alternatives to alcohol/drug abuse; and they use resources of the entire community, especially expertise and support drawn from the private sector.

**Former HHS Secretary
Richard Schweiker:**
*"The idea of a conference
of, by, and for students
against drunk driving
was conceived almost
a year ago. It's very
gratifying to see
our goal realized."*

The eight model programs are:

- **Operation: Snowball** (Illinois). Begun by five teenagers in 1977, this alcohol/drug abuse prevention program operates via franchised chapters organized in a State-regional-local network. Teams of trained teen staff and teen participants "seek out youth who are insecure, alienated . . . or in conflict with self or society . . . to establish a community of caring." Alternative activities include weekend retreats and fundraising ventures. Operation: Snowball is affiliated with the Illinois Alcoholism and Drug Dependence Association and the Illinois Teen Institute.

- **The Control Factor** (Minnesota). Founded on the philosophy that "young people can have a positive impact on other young people's behavior," this alcohol safety education program uses trained student instructors to help their classmates make

informed decisions about drinking and driving. Graduates of the program receive a followup newsletter on a regular basis. Sponsored by local school districts throughout the State, The Control Factor will reach an estimated 15,000 students in FY 1984 at an approximate cost of \$6 per student.

- **Students Against Drunk Driving (SADD)** (Massachusetts). This peer-run community program to deter drunk driving by teenagers and others now numbers several hundred chapters in 22 States, reaching 3 million students. It includes: a 15-session classroom curriculum on drinking and driving; a Parent-Teenager "contract" calling for parents to provide safe, sober transportation home when young drivers have had too much to drink; and seminars for seniors on dealing with problems that often face new college students.

- **Project Graduation** (Maine). This campaign confronts the fact that many seniors view alcohol and drugs as part of the commencement celebration ritual. To offer safe alternatives, project organizers stage "chemical-free" parties for seniors and their guests, with anti-drunk-driving media coverage from April through June. In 1982, 36 school districts reported very successful parties in such settings as cruise boats, dance halls with live bands, and State parks and campgrounds. In one region, alcohol-related deaths in the 2 weeks before graduation fell from seven in 1979 to none in 1980.

- **The Ohio Teen Institute**. Started in 1965, OTI provides residential training in alcohol/drug abuse prevention to 500 teenagers each summer. In 6 days of intensive training, student participants learn to be assertive and effective in helping others avoid alcohol/drug problems, and they become acquainted with the value of "positive addictions" (e.g., running, dance, photography). Such training successfully prepares students to launch prevention activities in their own school districts, as evidenced from a 1982 followup survey which showed that, 6 months after the Institute, 72.2 percent of the teenage respondents had worked on a prevention project with other students in their county, 86.3 percent had worked with a teacher or other adult, and 67.5 percent had worked with a local or regional alcoholism center.

- **Peer Resources Education Program (PREP)**. Winner of the 1981 Wisconsin Exemplary Prevention Program Award, the project trains 30 students every year to provide alcohol and drug education in their schools and communities. To reach students before they begin experimentation, education efforts focus primarily on fifth graders using a curriculum called "The Choice Is Mine." Upon graduation, PREP students help train new students and become active as community referral resources.

Congressman Michael Barnes:
*"The once-hidden horror
story of drunk driving
has moved from back-page
obituaries to the front
pages of newspapers and
magazines and to
prime-time television."*

- **Southern Oregon Drug Awareness (SODA)**. Open to all interested youth, the program's long-term goals include increasing community awareness of alcohol and drug abuse problems and eliminating all local retail sales of drug-related paraphernalia. A "Channel One" program operates under a \$10,000 grant to train students in video production, graphics techniques, and other skills needed to develop effective media campaigns. Students also are trained to serve as peer counselors and to collect program statistical data in support of program funding.

- **National Student Safety Program**. This national resource program assists students in planning and carrying out safety promotion campaigns in their schools and communities. It features a high school assembly program on drinking and driving called "The Price Is High" which uses a game-show format to give students information and decision-making skills. The program, which sponsors annual conferences for participants, is operated by the American Driver and Traffic Safety Education Association with activities coordinated by the Safety Center at Central Missouri State University.



And How They Plan to Use It

After hearing the special presentations on the eight model programs, student delegates met in small groups to start "brainstorming" plans for their own programs. The teenagers from all parts of the country found they had several things in common: they had never known, or thought much about, the actual threat drunk driving poses to themselves and their generation; they were certain that, when they returned home, they could use what they had learned to mobilize their schools and communities to combat the problem; and they felt inspired and eager to do so.

The participants were most interested in statistical charts that showed how the number of accidents in their own States compared with the rest of the Nation. They also were fascinated by demographic charts which showed prevalence of alcohol-related accidents by age groups, times of day, days of the week, etc. (see page S-4). Many agreed that the information would prove useful in developing education programs back home.

Looking beyond the facts and figures, students said they were especially impressed by a remark made by Washington State Trooper John Mittman during the *Friday Night Live* presentation in the opening session: to realize the meaning of the statistic that 1 in 10 young people dies in a drunk-driving crash, he said, "picture 10 of your closest friends—then take one of them away."

One student presenter raised the point in his workgroup that some people in the delegates' communities might question whether

**Education Secretary
Terrel Bell:**

"Of the many problems facing our Nation's schools today, none has more potential for the disruption of the vital education processes than the widespread abuse of alcohol and other drugs by our student population."

a don't-drink-and-drive campaign implicitly condones students' drinking-and-not-

driving. After much discussion, the group decided that the best way to avoid such confusion is to emphasize that their overriding concern is saving young lives.

To make the greatest impact on teenagers, education programs should emphasize that alcohol use is a *health* issue which affects the body's capacity for fitness and activity, several delegates commented. After attending the model presentations, most student delegates selected several elements from each project which they felt would be most relevant for use in developing their own projects and could be incorporated in their plans most effectively.

**Transportation Secretary
Elizabeth Dole:**

"Drunk driving is a form of homicide—and the young generation suffers from it disproportionately. Your generation also is stigmatized by drunk drivers. We don't hear much about responsible teenage drivers."

Because the student delegates already were actively involved in school and community programs (a prerequisite to attending the conference), they entered the anti-drunk-driving arena with leadership experience, know-how, and, especially important, local contacts.

Most felt that their primary task back home would be to tap existing resources and networks for help in launching comprehensive campaigns against drinking and driving. To help demonstrate the need for action, they recognized the value of conducting local needs assessment activities to determine the scope of the problem in their areas.

The young people all received area lists of State and local resource groups to contact for assistance. They also learned about Federal funds available to their States for prevention of drunk driving and other alcohol problems. These include: incentive grants

from the National Highway Traffic Safety Administration for States with programs to reduce alcohol-related crashes; and block grant funding for ADM services which require States to set aside funds for alcoholism prevention programs.

The students felt encouraged by these and other Federal efforts to alert the country to the dangers of drunk driving. As one teenager put it, "National recognition like this will make it easier for us to get our communities moving."

The conference closed on an exuberant note as Dr. William Mayer, ADAMHA Administrator and Acting NIAAA Director, awarded certificates of achievement to all the students who had presented their eight model projects throughout the weekend. Special certificates went to teenage representatives of two other model prevention efforts: Students Helping Other People (Maryland) and The Omaha Magic Theatre (Nebraska), a performing-arts approach to teenage alcohol education partially funded by the National Endowment for the Arts.

"Your presence here places you among the new leaders of the country," Mayer told the students, "From what I've seen this weekend, the future of our Nation is in good hands."

Repeating an earlier pledge made by Secretary Heckler, Mayer announced that HHS intends to hold similar conferences annually to mobilize future generations of students against drunk driving.

At the very end of the conference, the student delegates stood and applauded the NIAAA staff who had worked long and hard to ensure the success of the event. Under the direction of Edward Kelly, the staff included Heddy Hubbard, Nancy Judd, Barbara Lubran, Deanna Mills, Jeanne Trumble, and Peter Vaslow and Suzie Koehn (who worked as a volunteer).

Minnesota Delegate Gives Students' Views

John Blood, a high school senior from Brooklyn Park, Minn., came to the conference to present information about his State's prevention project, The Control Factor, and wound up as the student emcee for the entire weekend. Blood, who was chosen to lead the conference because of his exuberance and ability to articulate ideas, later discussed his views on teenage drinking with ADAMHA News:

Q. Why do young people use alcohol and drugs?

A. Whatever their age, kids drink and take drugs for a number of reasons. First, there's peer pressure. The hardest to resist is not direct pressuring, but subtle and constant nudging: "Aw, come on, everybody does it."

Another reason kids drink is because they don't have a good self-image. This goes along with peer pressure: students feel they have to do something everybody else does to get acceptance. To be "someone," teens may think they have to "party" with alcohol or drugs, because the kids who are "party-ing" usually are the most vocal about what they do, and so they become the "in" group.

Adolescence is a confusing time. You start to ask yourself, "Who am I, really?" And finding out who you are often means experimentation with new experiences.

Q. Can a teenager who speaks out against drinking and driving still be considered "someone?"

A. Yes. Many kids who give in to peer pressure are just waiting for some other kid to say, "No, let's not do this." But it has to be someone in your own group. You can't approach kids as an outsider—you must be "one of the gang." Most people will talk and listen more to a friend than a stranger.

To speak out against peer pressure, it only takes one kid in the group to say, "I'm just like everybody else, I like to party, too—but let's set limits." Or "I don't feel like drinking beer. Why don't we go out for a pizza instead?"



John Blood

Q. What was most exciting about the conference?

A. For me, it was the fact that this was the first time that three Cabinet members put their heads together on behalf of young people. I think most of the kids realized it, too: here are leaders of government actually listening to us. This resulted in very productive work sessions. It also helped us get over our reluctance about going home with these new plans. We figured, "If the people in Washington are this receptive to us, think what the people back home will say."

The most enjoyable part of the conference was meeting so many other people from different regions, even with different dialects. Kids from Hawaii who had never seen snow meeting kids from the Midwest who had never seen the ocean. And everyone was pulling together.

Q. What about the people back home: do you think the prevention idea will be picked up at the local level?

A. Definitely. All the delegates and their adult advisors will be working on anti-drunk-driving programs over the summer to have them ready for the new school year in September. Getting to go to a national conference in Washington, and getting word to the outside world through national media coverage on TV, radio, and the newspapers, gave us a real boost. A lot of the kids I talked to said they were raring to go with what they learned when they get back home.

The Private Sector Provides Support

Nearly \$125,000 in private contributions from 10 organizations and foundations helped sponsor the weekend conference.

Coordinating the private sector's involvement in the teen conference were James Kemper, Jr., Chairman of the Board of Kemper Insurance Group, and Davis Taylor, Member of the Board of Directors, Boston Globe Foundation, Inc.

Both men received the Secretary's Volunteer Award for stimulating the private sector's support of the conference.

Other contributors included:

Allstate Foundation; Dow Jones and Company, Inc.; GEICO Philanthropic Foundation; Philip L. Graham Fund, (*Washington Post*); Knight-Ridder Newspapers, Inc.; Lee Enterprises; Liberty Mutual Insurance Company; and the *New York Times*.

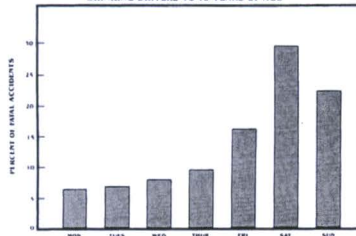
According to Edward Kelly, Coordinator of the Secretary's Initiative on Teenage Alcohol Abuse, "This fantastic effort by the private sector paid for all the student transportation and for their lodging at the National 4-H Center."



Davis Taylor, Boston Globe Foundation, Inc., (right) visits a pre-Conference student art exhibit with Don Newcombe and Secretary Margaret Heckler

SCOPE OF THE PROBLEM

FATAL ACCIDENTS BY DAY OF WEEK (1979-1981)
DRINKING DRIVERS 16-19 YEARS OF AGE

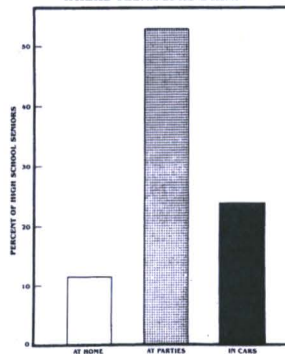


Throughout the conference, the student delegates learned the facts about the serious nature of teenage alcohol abuse, such as:

- Approximately 3 million young people age 14-17 have problems with alcohol use.
- One in every four 10th to 12th graders drinks at least once a week.
- Six percent of the 12th graders drink daily.

These charts are samples of information materials distributed at the conference. Complete sets can be obtained by telephoning (301) 443-4883.

WHERE TEENAGERS DRINK



TATES from page 1

The latest high school senior survey indicated that "research and education are having a salutary impact. The seniors attributed a decline in their marijuana use to their own concern over the health consequences of using the drug regularly, and to peer acceptance of smoking the drug." For cigarettes, a dramatic decline that occurred between 1977 and 1980 appears to be slowing down, Trachtenberg reported. He pointed out that research indicates a relationship between young people's smoking habits and their use of alcohol and marijuana. "We also know that kids who experiment with cigarettes have a 50-75 percent chance of becoming regular smokers, and this type of addiction causes more illness and death than any other drug dependence." The National Institute on Drug Abuse is supporting studies which have proven that peer counselors can be successful in preventing tobacco use among students by teaching youngsters to say "no" to peer pressure to smoke. "We believe the technique also can prove useful for teaching youngsters to say 'no' to use of other drugs," Trachtenberg said.

Knowledge about the extent and nature of the problem of teenage alcohol and drug abuse was addressed by John Noble, Deputy Director, NIAAA Division of Biometry and Epidemiology, and Dr. Lloyd Johnson, University of Michigan's Institute for Social Research, who conducted NIDA's 1982 bi-annual household survey of drug use among Americans.

Lloyd Kaiser, President, Metropolitan Pittsburgh Public Broadcasting, who created the "Chemical People" TV and community action program, described the prevention project to be aired nationwide in November, with First Lady Nancy Reagan as host. PBS stations all over the country will air hour-long programs on two consecutive nights, followed by local tie-ins and local action by community "coalitions" formed to address drug problems in local schools.

Four students from nearby Maryland schools contributed the teenagers' perspective to the discussions. They were: Steven

NIAAA-NHTSA AGREEMENT

U.S. Agencies Join Forces To Curb Drunk Driving

The National Highway Traffic Safety Administration (NHTSA) and the National Institute on Alcohol Abuse and Alcoholism have signed an agreement pledging a partnership effort to combat alcoholism and reduce the incidence of drunk driving.

The interagency agreement covers biomedical, epidemiological, and behavioral science research, alcoholism prevention and treatment, training, exchange of statistical data, and distribution of alcohol and safety information. It also calls for increased technical assistance by both agencies to State and local governments and voluntary organizations.

"As a public health agency, we are concerned over the need to combat alcohol abuse and its tragic consequences, including the slaughter of Americans in alcohol-related motor vehicle accidents," said Acting NIAAA Director William Mayer. "Among young people, traffic fatalities are the leading cause of death. I look forward to our working closely together with NHTSA to make the most of Federal, State, and local resources aimed at this problem."

Chaconas, Mount Airy; Brooke Mercer and Kelly Gilliece, Ellicott City; and Julie Haffner, Dayton.

Delegate Bob Kramer of the Maryland House of Delegates described several community-based programs for preventing substance abuse problems among youth.

Assemblyman John Plewa of Wisconsin's General Assembly told the group about his State's comprehensive approach, which involves agencies, schools and organizations at various levels.

Don McConnell, Director, Connecticut Alcohol and Drug Abuse Commission, described his State's alcohol and drug abuse programs and cooperation of the State legislators.

Private sector initiatives were discussed by Barney Malloy, a consultant to the United States Brewers Association.



Dr. William Mayer and Raymond Peck

Alcohol is involved in 55 percent of the fatal traffic accidents in this country, NHTSA Administrator Raymond Peck pointed out. Over the past decade, 250,000 Americans have lost their lives in alcohol-related crashes, at an estimated cost of \$24 billion.

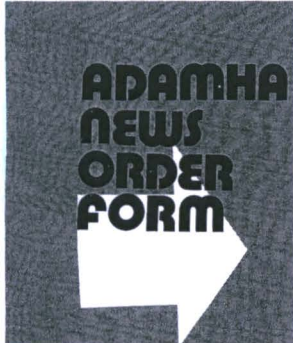
"Drunk driving has become a pressing national issue because of its prevalence in virtually every community. While public agencies have a leadership responsibility to reduce the magnitude of the problem, all citizens must be active partners in the effort by establishing and enforcing social norms that strongly discourage driving after using or abusing alcohol," Peck said.

An important goal of both agencies under the Memorandum of Understanding is reduction of alcohol-related motor vehicle deaths and injuries. To help reach this goal, biomedical and behavioral research projects by the two agencies will seek to enhance understanding of the specific factors and patterns leading to alcohol-related deaths and injuries, and explore ways to prevent accident-causing behavior.

Epidemiologic research by NIAAA and NHTSA will examine the incidence and prevalence of alcohol problems, and investigate various factors affecting the relationship of alcohol use to driving problems.

—M.K.L. ADAMHA

See DRUNK DRIVING (P. 4, Col. 3)



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NIMH Scientists Participate in International Seminar in Israel on Stress and Coping

"It was a particularly moving and unique experience, a rare blend of human and scientific concerns," said Dr. Julius Segal, Director, NIMH Division of Scientific and Public Information, about a recent meeting in Israel on "Psychological Stress and Adjustment in Time of Peace and War."

"The palpable hunger on the part of Israeli scientists and clinicians to learn new information that they might apply in dealing with day-to-day stress was keenly felt by myself and other participants," he reported.

Segal and Dr. Michael Fishman, NIMH Assistant Director for Children and Youth, were among the scientists who came from all parts of the world to share their expertise on stress and coping with their Israeli hosts.

Delivering the plenary address to a standing-room audience, Segal spoke about factors which permit victims of stress to continue functioning effectively as citizens and family members. Fishman reviewed the Atlanta crisis created by the murder of 28 black youths, focusing on national and local strategies to alleviate stress in the community.

Segal also reported on pertinent findings from research on a variety of stress victims, including Vietnam veterans, institutionalized mentally ill who have been restored to their communities, victims of long-term captivity, and persons suffering bereavement or the trauma of family breakup.

The evidence indicates that victims of stress do well over time to the degree that they have a support network available to them, particularly in times of need, he noted.

One study Segal cited found that among Vietnam veterans, survivors of long captivity are faring better physically and psychologically than are a comparable group of combat



Drs. Julius Segal and Michael Fishman

veterans who were not captured. "One reason may well be that the prisoners, unlike the other veterans, came home to an adoring, supportive country rather than to harsh judgments and stigmatization," he said.

Fishman described the unfolding of the Atlanta crisis and the effects on children, parents, families, neighborhoods, Atlanta, and beyond. He also discussed NIMH's collaboration with local groups, State authorities, and other government entities, to provide assistance.

While in Israel, both Segal and Fishman explored with Israeli scientists the potential for collaboration between U.S. and Israeli professionals in the fields of stress and prevention research and child mental health. In response to a request from the Israel Defense Forces, Segal assisted a mental health team in planning for the return home of POWs held in Lebanon.

"The communication was not one-sided," Segal emphasized. "We also learned from the Israelis about innovative efforts to deal with seemingly insurmountable stress.

"One especially effective treatment program was carried out as close to the front-lines as possible. Traumatized soldiers, never referred to as patients, were treated as fighting men expected to return to battle. They were encouraged to take part in physical fitness and weapon training programs, and their fellow soldiers were encouraged to keep in close contact with them."

Since many had developed gun phobia, said Segal, a program of systematic desensitization was created to help them become more comfortable with weapons by having them handle parts of guns, gradually introducing one piece at a time. This was an impressive example of the practical application of a therapeutic technique in a setting that merged both mental health and national interests, he pointed out.

—Marilyn Sargent, NIMH

DRUNK DRIVING from page 3

Prevention research will include testing selected prevention strategies and refining techniques for alcohol education and teacher training. Treatment research will include development of improved treatment and intervention techniques for the drinking driver.

Information dissemination and technology transfer activities under the NIAAA-NHTSA agreement will encompass exchange of research results relevant to traffic safety, along with technical assistance/technology transfer to State and local governments, hospitals, police departments, and community and voluntary organizations.

The new agreement is a successor to a 1976 general agreement between NIAAA and NHTSA, and it encompasses a 1980 specific agreement for mutual support of Alcohol/Highway Safety Research Grants. It will be in effect for 5 years.

Leland Towle, NIAAA Chief of International and Intergovernmental Affairs, is the Institute Coordinator.

STAFF NEWS

QUALITY STEP INCREASES

The following ADAMHA employees have been awarded Quality Step Increases in recognition of outstanding performance:

- NIDA:** Ruth Bonn
Lillian Marks
Clara Sheretz
- NIMH:** Gladys Baith
Ruth Bower
Peggy Cockrill
Irma Einheber
Karen Kemp
Dona McLemore
Ruth Miller
Elien Perella
Margaret Pittiglio

St. E's Nurse Recruitment Campaign

Registered nurses who are unemployed, unsure of their jobs, or dissatisfied with their nonclinical positions are invited to attend Saint Elizabeths Hospital's "Nurse Recognition Day" May 6 to learn about nursing opportunities at the Hospital.

The program will be held at 1 p.m. in Hitchcock Hall in observance of National Nurses Day. Veneta Masson, former President of the D.C. League for Nursing, will deliver the keynote address on "Nursing in the '80s: Challenges and Commitments."

A special presentation will honor Anne Louise Goldthorpe, a nurse who was a prisoner-of-war in the Philippines during World War II and went on to serve as Saint Elizabeths' Head Nurse in the 1950s.

Denise Canton, the Hospital's Nurse Recruiter, will be on hand throughout the day to talk with nurses interested in employment at Saint Elizabeths. Canton is coordinating a long-range registered-nurse

LATE NEWS: Ruby Elmore, M.S.N., Chief Nurse of Saint Elizabeths Richardson Division, has been appointed by D.C. Mayor Marion Barry to serve on the District of Columbia's Board of Licensing for Practical Nursing.

recruitment program at the Hospital to upgrade professional nursing services to patients.

Hospital nurses are offered internship programs, continuing nursing education programs, and opportunities to specialize in such areas as crisis intervention, programs for the deaf, community mental health, adolescent services, geriatrics, and forensic nursing.

For further information, contact Canton at (202) 574-7162.

—Don Coyte, St. E's



Memorandum

Date April 15, 1983
From Director, Division of Epidemiology and Statistical Analysis
Subject 1982 Summary Report - National Drug and Alcoholism Treatment Utilization Survey
To NIDA Staff

Attached is the 1982 Summary Report on drug abuse treatment units for the National Drug and Alcoholism Treatment Utilization Survey (NDATUS). A more detailed report is being prepared for later publication in the NIDA Statistical Series.


Neil H. Sampson

Attachment

NATIONAL DRUG AND ALCOHOLISM TREATMENT UTILIZATION SURVEY
SUMMARY REPORT ON DRUG ABUSE TREATMENT UNITS
SEPTEMBER 30, 1982

Special Analysis and Reports Section
Ann J. Blanken, Chief

by Diane C. Reznikov, Statistician

Statistical and Epidemiologic Analysis Branch
Division of Epidemiology and Statistical Analysis
National Institute on Drug Abuse

Prepared April 1983

NATIONAL DRUG AND ALCOHOLISM TREATMENT UTILIZATION SURVEY SUMMARY REPORT
PRELIMINARY FINDINGS, SEPTEMBER 30, 1982

The purpose of this report is to highlight preliminary findings of the National Drug and Alcoholism Treatment Utilization Survey (NDATUS) conducted on September 30, 1982. The 1982 NDATUS is the 11th in a series of nationwide surveys of all drug abuse treatment units, designed to measure the scope and use of drug abuse treatment services throughout the United States, regardless of their funding.

INTRODUCTION

The 1982 NDATUS, conducted on September 30, is in many ways quite different from past NDATUS efforts. Not only have major modifications to the data collection form been made to reduce the reporting burden on treatment units, but more importantly, changes in the data collection methodology have been made.

The 1982 NDATUS, as in previous years, was largely dependent on participation from the States to ensure proper identification of all existing units, especially new units, and to ensure accurate and proper completion of the forms. Budget constraints, however, reduced the level of contractor support available to the States and precluded nationwide training conferences which, in previous years, had been held in an attempt to obtain uniform definition and data collection procedures from all States. Since the previous NDATUS was conducted in September 1980, the Alcohol and Drug Abuse and Mental Health Services Block Grant Program was implemented in October 1981. This change in Federal treatment funding mechanisms, along with the constraints mentioned above, created a data collection environment that was less uniform across all States than in previous years.

Due to competing priorities in the State of California, there was no State-level participation in the 1982 NDATUS. In order to collect information, the National Institute on Drug Abuse, by dealing directly with the treatment units, however, did receive considerable NDATUS data from California. Without State-level participation, not only were these data not reviewed by the State for accuracy and completeness but it was not possible to update existing files with State information on newly opened units or units that had closed. All of the other 49 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands participated to some degree in the 1982 NDATUS; however, the level of their involvement in the collection procedures varied by State. To what extent these changes in the collection procedures have affected the funding, staffing, clients in treatment, and capacity data collected through NDATUS will not be fully understood until further analysis has been done.

In view of the substantial changes in NDATUS data collection procedures, findings from the 1982 Survey are not directly comparable to those from the 1980 Survey. With over 3,000 drug abuse treatment units reporting, however, NDATUS does continue to provide information on a substantial portion of the treatment resources available throughout the United States. Highlights of the 1982 NDATUS are as follows:

- o A total of 3,018 drug abuse treatment units participated in the 1982 NDATUS. About half of these units (1,514) treated only drug clients and the remainder were part of combined units which treated both drug and alcohol clients.
- o Capacity information was reported by 3,013 of the drug abuse treatment units; collectively, these units reported capacity to treat 196,289 clients. Of these slots, 173,479 or 88 percent were being utilized by clients at the time of the survey.
- o Over \$500 million in financial support were reported by 2,875 treatment units. The predominant source of this financial support was State and local governments which together provided \$223 million or 42 percent of total funding.
- o The majority, 58 percent, of all clients in treatment were in a drug-free modality and 82 percent were in an outpatient environment.
- o The equivalent of 14,794 paid and 788 volunteer full-time workers were employed at 1,508 drug abuse treatment only units at the time of the survey. About half (51%) of the paid employees were counselors.

FINDINGS

Geographic Distribution

In response to the September 30, 1982 NDATAUS, 3,018 drug abuse treatment units in the fifty States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands provided facility-level data pertaining to capacity, clients in treatment, funding and staffing. According to State and outlying areas these 3,018 units were distributed as follows:

Number of Treatment Units by State

<u>State</u>	<u>Number of Treatment Units</u>	<u>State</u>	<u>Number of Treatment Units</u>
Alabama	22	Nebraska	18
Alaska	12	Nevada	24
Arizona	84	New Hampshire	17
Arkansas	14	New Jersey	85
California	282	New Mexico	29
Colorado	32	New York	368
Connecticut	65	N. Carolina	35
Delaware	8	N. Dakota	10
District of Columbia	21	Ohio	125
Florida	94	Oklahoma	22
Georgia	73	Oregon	27
Hawaii	7	Pennsylvania	115
Idaho	9	Rhode Island	13
Illinois	70	S. Carolina	43
Indiana	33	S. Dakota	14
Iowa	43	Tennessee	68
Kansas	43	Texas	131
Kentucky	106	Utah	29
Louisiana	79	Vermont	20
Maine	16	Virginia	40
Maryland	78	Washington	52
Massachusetts	78	West Virginia	16
Michigan	106	Wisconsin	112
Minnesota	36	Wyoming	9
Mississippi	47		
Missouri	21	Guam	1
Montana	8	Puerto Rico	107
		Virgin Islands	1

TOTAL 3,018

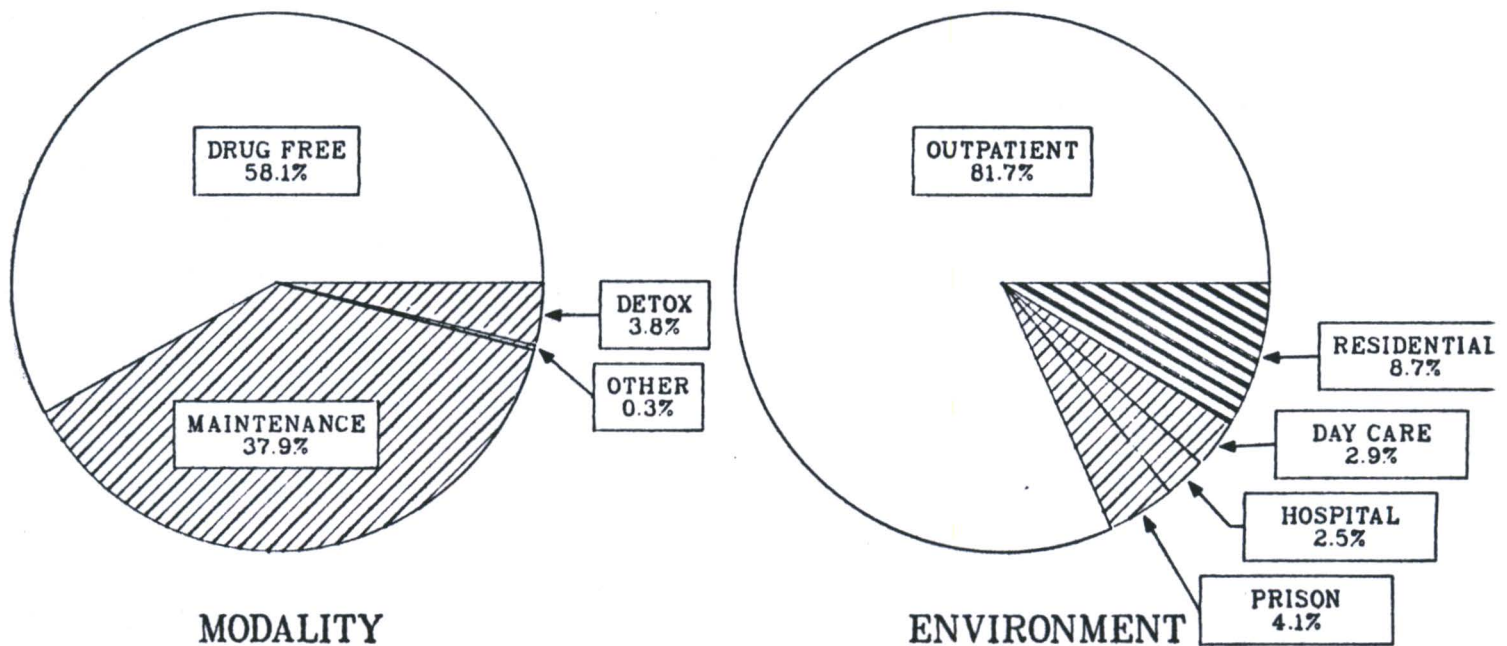
As clearly indicated by this table, the States of California and New York predominate in the number of individual treatment units, together accounting for 22 percent of the treatment units.

Capacity and Clients in Treatment by Modality and Environment

Overall, the 3,018 treatment units reported 173,479 active clients in treatment on September 30, 1982. A few (5) of the units were unable to report capacity. The total capacity reported by the remaining units was 196,289. With 173,420 active clients being reported by this latter group of treatment units, the overall utilization rate was 88 percent.

As the following chart shows, drug free the most common type of treatment approach and outpatient was the most common treatment environment offered.

UNIT CAPACITY



Calculated utilization rates for each separate modality show that utilization ranged from a high of 97 percent in the maintenance modality to a low of 70 percent in the detoxification modality. Environment utilization rates showed a high of 90 percent in the outpatient environment to a low of 60 percent in the hospital environment. The following table displays these data.

<u>Modality</u>	<u>Number of Treatment Units¹</u>	<u>Clients in Treatment</u>	<u>Unit Capacity</u>	<u>Utilization²</u>
Drug Free	2,597	95,874	114,008	84.0
Detoxification	464	5,146	7,400	69.5
Maintenance	516	72,010	74,312	96.9
Other	16	449	569	78.9
<u>Environment</u>				
Outpatient	2,249	144,540	160,400	90.1
Residential	602	14,840	17,167	86.4
Day Care	138	4,943	5,775	85.6
Hospital	279	2,937	4,863	60.4
Prison	148	6,219	8,084	76.9
TOTAL	3,018	173,479	196,289	88.3

¹ Column does not add to the total because a unit may provide treatment in more than one modality or environment.

² Based on 3,013 units which reported capacity.

Unit Size

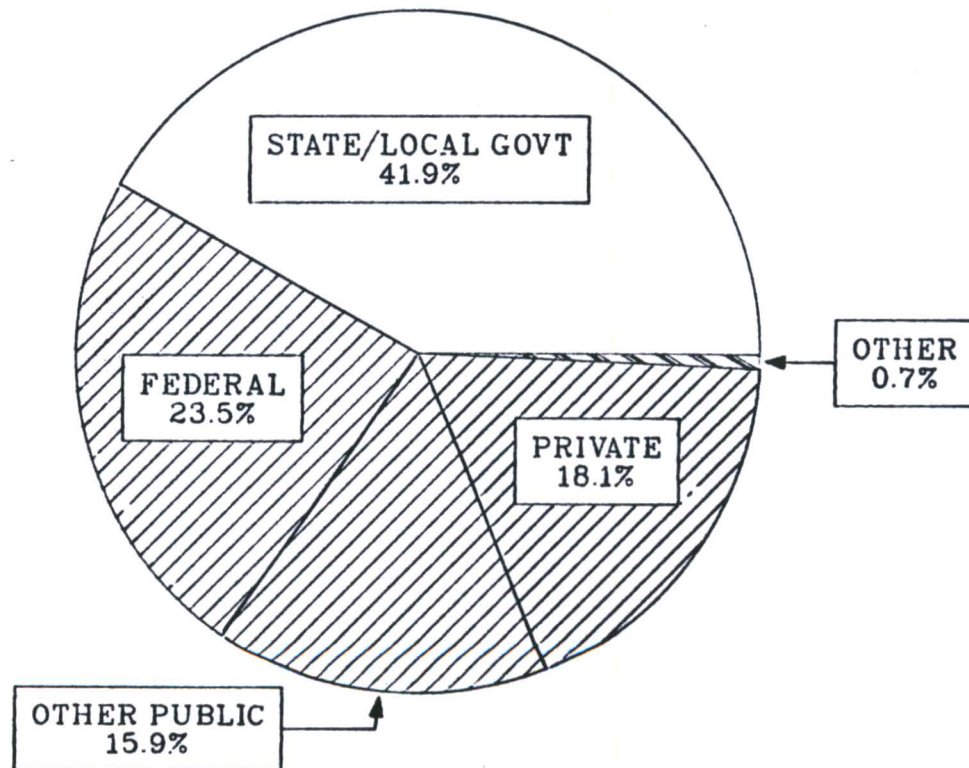
The size of the units, in terms of capacity, ranged from one to over three hundred clients at the time of the survey. As indicated by the following table, the majority of the 3,013 units which reported capacity were budgeted for 40 clients or less.

<u>Unit Capacity</u>	<u>Number of Units</u>	<u>Percent of Units</u>
1-20	1,076	35.7
21-40	651	21.6
41-60	354	11.8
61-80	203	6.7
81-100	179	5.9
101-200	325	10.8
201-300	153	5.1
301-400	47	1.6
Over 400	25	0.8
TOTAL	3,013	100.0

Funding

Historically, it is the funding information that units have particular difficulty reporting since exact sources and amounts may not be known by individual units. It is possible that block grant funding has further confounded reporting in this area. Treatment units were asked to report the amount and sources of their funding support for their fiscal year which included the data collection date, September 30, 1982. The 2,875 treatment units which provided this information reported a total of \$534 million in funding support. As illustrated in the chart below, the plurality of the funding was derived from State/local government sources which together accounted for 42 percent of the total monies reported or \$223 million. A large portion of the units were at least partially supported by these sources.

FUNDING SOURCE



Federal sources, such as ADAMHA block grant and other ADAMHA program support, also provided substantial amounts of drug abuse funding and accounted for another 24 percent or \$125 million of the total amount spent.

Private sources accounted for 18 percent and other public sources for 16 percent of the funding with \$96 million and \$85 million reported, respectively. It should be noted, that the reporting of private funding is more likely to be underreported than public funding both because private units are the least likely to report to NDATUS and because private units are the least likely to report funding data.

<u>Funding Source</u>	<u>Treatment Funding Dollar Amount in Thousands</u>	<u>Number of Units Supported¹</u>
<u>Federal</u>	125,446	
ADAMHA Block Grant	67,804	1,000
Other ADAMHA program support	11,572	228
Other Federal Funds	46,070	369
<u>State/Local Government</u>	223,447	
State Government	165,412	1,732
Local Government	41,423	973
State/Local Government Fees for Service	16,612	317
<u>Other Public</u>	84,629	
Social Service Block Grant	5,174	199
Public Welfare	17,226	283
Public Health Insurance	62,229	589
<u>Private</u>	96,459	
Private Health Insurance	43,513	546
Private Donations	17,358	694
Client Fees	35,588	1,690
<u>Other</u>	3,651	190
TOTAL	533,632	2,875

¹ Column does not add to the total because a unit may receive more than one source of funding.

Staffing

For the findings presented thus far concerning client capacity and treatment funding, NDATUS collected information separately for drug and alcohol treatment. Staffing data, however, are not allocated by type of client treated. Of the 3,018 units identified as providing drug abuse treatment, 1,514 treated only drug clients and 1,504 treated both drug and alcohol clients. The staffing data presented in this section reflect only those units which just treated drug abuse clients. Of the 1,514 drug-only units, six did not report staffing data.

Overall, as indicated in the table below, the equivalent of 15,582 full-time paid and volunteer staff were employed by the drug-only treatment units; 14,794 were paid and 788 were volunteer employees. Counselors made up the single largest group of paid employees and constituted about 51 percent. Administrative staff accounted for another 25 percent of the paid employees.

<u>Staff Category</u>	<u>Full-Time Equivalent Staff¹</u>	
	<u>Number</u>	<u>Percent</u>
<u>Paid</u>		
<u>Direct Care Staff</u>	11,135	75.3
<u>Medical</u>	2,553	17.3
Physicians	448	3.0
Registered Nurses	1,229	8.3
Other Medical	876	5.9
<u>Counseling</u>	7,496	50.7
Psychologist MA and above	782	5.3
Social Workers, MSW and above	999	6.8
Counselors, Credentialed, Counseling Degree, or other	5,715	38.6
<u>Other Direct Care Staff</u>	1,087	7.4
<u>Administrative Support</u>	3,658	24.7
Total	14,794	100.0
<u>Volunteer</u>		
<u>Direct Care Staff</u>	518	65.7
<u>Administrative Support</u>	270	34.3
Total	788	

¹ Full-Time Equivalent staff equals number of hours worked by part-time employees divided by 35 plus number of full-time employees.

Note: This table includes staff employed by drug abuse only treatment units.



22 JAN 1984

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National Mental Health Association

1800 North Kent Street • Arlington, Virginia 22209 • (703) 528-6405

January 19, 1984

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Mr. John Herrington
Assistant to the President
for Personnel
The White House
Washington, D.C. 20500

Dear Mr. Herrington:

The National Mental Health Association has serious concerns about the method to be used to fill the vacant position of Administrator of the Alcohol, Drug Abuse and Mental Health Administration in the Department of Health and Human Services. We believe this appointment is pivotal to ensuring coordinated policy direction for mental health and substance abuse programs within the federal government.

The National Mental Health Association is a nationwide, voluntary non-governmental organization dedicated to the promotion of mental health, the prevention of mental illness and the improved care and treatment of the mentally ill. NMHA's 650 Chapters and statewide Divisions and its more than one half million citizen members and volunteers work towards these goals through a wide range of activities in social action, education, advocacy and information.

It is of the utmost importance that the next Administrator of ADAMHA be an individual closely familiar with all the major areas under his purview; mental health, alcoholism and drug abuse. Such an individual must also be familiar with major areas of research conducted by those agencies, especially neuroscience. To accomplish this, a careful search process, and one which includes full consultation with the professional, consumer and scientific communities, is essential. Such a process is not yet under way. I certainly hope that no precipitous action will be taken in this very important

Page two
John Herrington
January 19, 1984

appointment. I urge you to ensure that the major organizations in the field are consulted and that the individual finally selected is well qualified for this very important position.

Sincerely,



Michael B. Unhjem
Vice-President
Public Policy

cc: Jack Svann
Carlton Turner
The Honorable Margaret M. Heckler
The Honorable Edward N. Brandt, Jr., M.D.

THE WHITE HOUSE

WASHINGTON

February 2, 1984

Dear Mr. Henderson:

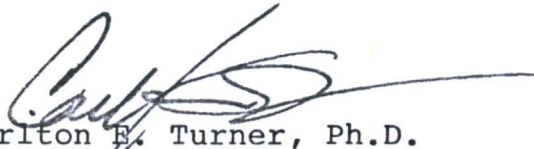
Thank you for your letter of January 18, 1984 regarding the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) Administrator.

President Reagan has embarked on a long term program to provide an environment whereby future generations of Americans may live drug-free. ADAMHA has and will play a role in helping provide that environment. Drug use is beginning to decrease and we, the Administration, wants that trend to continue.

Be assured that the President's choice for Administrator of ADAMHA will be able to provide the leadership and guidance that is so vital in our quest to stop the problems caused by alcohol, drug abuse and mental disorders. We do not believe, however, that only a psychiatrist can accomplish this goal, but that one is essential as Director of the National Institute on Mental Health (NIMH).

Again, thank you for your letter and taking the time to share your concerns. We are delighted with your support.

Sincerely,



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

Mr. Peter B. Henderson, M.D.
President
American Association of Directors of
Psychiatric Residency Training
Western Psychiatric Institute
3811 O'Hara Street
Pittsburgh, PA 15213

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American Association of Directors of Psychiatric Residency Training

21 JAN 1984

18 January 1984

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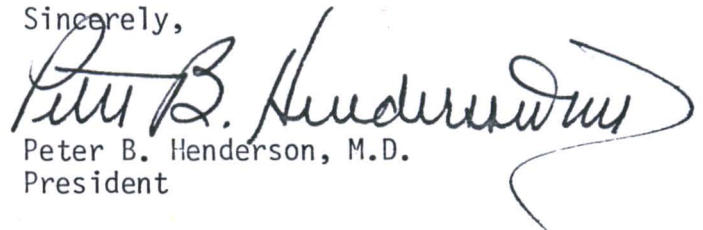
Mr. Carlton Turner
Director, Office of Drug Abuse Policy
The White House
Washington, D.C. 20500

Dear Mr. Turner:

At its most recent meeting, 11-15 January 1984, the American Association of Directors of Psychiatric Residency Training strongly urges that a nation-wide search be undertaken to select the new administrator for the Alcohol, Drug Abuse, and Mental Health Administration. We recommend that a psychiatrist with proven and extensive administrative abilities and broad experience in the fields of mental health, alcoholism, and drug abuse be sought for this national and critical leadership position. Such a psychiatrist, with considerable background and expertise in these areas, would thus be able to continue into the future with excellence the bio-psycho-social endeavors which have characterized the ground-breaking efforts of ADAMHA in recent years.

We would be pleased to be available for additional discussion or enlargement of our ideas relative to this recommendation at any time.

Sincerely,



Peter B. Henderson, M.D.
President

PBH/va1

cc: Executive Committee

EXECUTIVE OFFICE

The Institute of Living, 200 Retreat Avenue, Hartford, Connecticut 06106