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- ① Saw her - 2:30 PM 8-17-81, CBT
- ② Called 8-26-81 @ 4:34. told no money but
promised to keep in touch. CBT
- ③ Came by on 12-17- we discussed DON
Report
287 - 3970 offer
588 - 2259

8201 16th Street, #1108A
Silver Spring, Md. 20910
August 20, 1981

Dr. Carlton E. Turner
Senior Policy Advisor
Office of Policy Development
The White House

Dear Dr. ^{Carlton} Turner:

It was certainly a pleasure having an opportunity to meet
with you yesterday.

I look forward to speaking with you again and to hearing from
you concerning possible employment or consulting arrangements that
might be worked out.

Most sincerely,

Paula Gordon

Paula D. Gordon, Ph.D.

(301) 588 2259

THE WHITE HOUSE
WASHINGTON

August 18, 1981

5:00 p.m.

NOTE FOR: Carlton Turner

FROM: Ron Frankum *RF*

Re the attached folder on Dr.
Paula Gordon.

She dropped off the letter today.
I suggest you call me or stop
by my office prior to your meeting
with her tomorrow.

Dr. Turner:

Paula Gordon has a
2:30. appt with you on Wednesday.

RF.

→ Return to Mr Frankum: Ron did you
want me to keep this file? Please
note on folder & make short comments.

8201 16th Street, #1108A
Silver Spring, Md. 20910
August 17, 1981

Ronald B. Frankum
Deputy Director
Office of Policy Development
The White House

Dear Ron:

Just a note to let you know that I expect to be meeting with Carlton Turner this week ~~or next~~. When you called to tell me that he was being named, you had said that you would mention me to him. A word from you might be especially helpful now if you have not said anything to him as yet.

* wed. 8/19
at 2:30

Many, many thanks!

All best wishes,

Paula

Paula Gordon

PS. It turns out that both Senators Dole and Laxalt had been supporting me for ADAMHA Administrator. I am hopeful that if something does not work out in the Drug Policy Office for me that I might be able to use this support elsewhere. If you have any ideas or suggestions, I would certainly appreciate hearing them. I am particularly interested in finding something in the White House so that I will not be hatched.

588 2259

PERSONAL BACKGROUND STATEMENT

Paula D. Gordon, Ph.D.

for position as Administrator of the Alcohol, Drug Abuse, and Mental Health Administration

Political, Policy, and Managerial Roles and Background

- o Played a key role in the evolution of Federal drug abuse prevention efforts by strongly urging that all Federal drug abuse prevention programs be coordinated by a White House Office and made key contributions concerning the wording and content of legislation which established the Special Action Office for Drug Abuse Prevention and the conference report;
- o Provided consultation from a management and technical perspective in coordinating and overseeing efforts of the Federal Drug Abuse Prevention Coordinating Committee and its extensive subcommittee structure. (The FDAPCC existed prior to the establishment of the Special Action Office for Drug Abuse Prevention and was under the aegis of the National Institute on Mental Health);
- o Played a key role in launching the "alternatives to drug abuse" approach in Federal prevention efforts. Played a major role in the planning and implementation of the first Federal efforts to advance this approach;
- o Built and managed a national organization in drug abuse prevention from the ground up, creating a functioning, effective organization which made an impact on national policy;
- o Organized and conducted training programs for persons working in the field of drug abuse prevention and early intervention, stressing the training of former users to serve as speakers and paraprofessional counsellors in schools and in the military;
- o Appointed Charter Member of Governor Reagan's California Interagency Council on Drug Abuse in 1968; served as a member of the Council and a Member of the Task Force on Education from 1968 to 1971. Provided extensive recommendations to the Chairman concerning the organization and goals of the Council and its Task Forces;
- o Received acknowledgments from Governor Reagan concerning my efforts as a member of the California Interagency Council on Drug Abuse and the approach to drug abuse prevention fostered by my non-profit organization, an approach identical to the President's proposed national campaign to combat drug abuse;
- o Received commendations in formal endorsements from Governor Reagan during my Congressional Campaign for my work in drug abuse and rehabilitation. Commendations were also received from Senator Hayakawa;
- o Provided early recommendation concerning the nature and scope of training and technical assistance programs to NIMH which eventually became a part of Federal drug abuse prevention efforts;

- o Provided a briefing paper to the Special Action Office for Drug Abuse Prevention on the need for criminal justicesystem-based diversion programs, an approach which later became a focus of SAODAP efforts;
- o Currently engaged in evolving a new method of evaluating drug abuse prevention programs for the National Institute on Drug Abuse. (The method will have implications for the evaluation of approaches to the amelioration of any societal problem;)
- o Conceived of, initiated, and managed research studies in a wide range of areas relating to psychological, social, and physical health, including major studies as an HEW Fellow on the rehabilitation of the handicapped, rehabilitation of the criminal offender, and environmental health issues;
- o Directed a scientific study and assessment of existing research on roles played by trace elements in the processes of carcinogenesis and anticarcinogenesis;
- o Conversancy with a broad range of scientific and medical literatures concerned with social, psychological, biological, biomedical, epidemiological, and methodological issues and acquainted with major contributors in these fields;
- o Conducted a seminar series on research utilization, an innovative comprehensive approach, for large international firm which has had a major contract with the National Institute on Alcohol Abuse and Alcoholism to provide information clearinghouse services;
- o Concerned with the mental and social health aspects of the rehabilitation of the emotionally disturbed, the criminal offender, and the handicapped;
- o Identified and explored approaches which have been successfully employed to renew and revitalize governmental institutions and other institutions, including schools, prisons, and mental institutions;
- o Doctoral studies focused on the development of an action-oriented approach to governance and administration, an approach which emphasizes highest ethical standards and enhancement of the integrity and effectiveness of governmental institutions;
- o Wide range of experience and executive assignments at the Federal level in controversial and emerging problem areas, including assignments for the National Institute on Mental Health, the Federal Energy Office/Federal Energy Administration, the National Science Foundation, and the Federal Emergency Management Agency;
- o Advised on budgetary allocations for drug abuse prevention efforts;
- o Participated in the decision-making process concerning the allocation of a multi-million dollar budget for the Office of Intergovernmental Relations of the Federal Energy Office;
- o Developed papers on several energy-related program initiatives, including the creation of a national clearinghouse on energy information, which has become a multi-million dollar effort;

- o Initiated liaison with the U.S. Office of Government Ethics during the critical preelection transition period to compile information on conflict of interest regulations affecting political appointees and to ensure that this information reached key persons in the Reagan Campaign thereby avoiding potential problems and embarrassment in the post-election period;
- o Won a hotly contested primary to become the Republican nominee for U.S. Congress (7th District-California). Developed good lines of communication with the national Republican effort. Gained the support of President Reagan and the Citizens for the Republic, the RNC, the National Republican Congressional Committee, and the Republican Congressional Boosters.

Selected List of Publications and Unpublished Writing

- o Guide to Ideas on Drug Abuse Programs (compiler and primary contributor) Distributed by the Committee on Alternatives to Drugs, Berkeley, California and the Educational Resources Information Center, U.S. Office of Education, 1970.
- o "Approaches to Drug Abuse Prevention," J. Drug Education, 1(3), 1971.
- o "'Alternatives to Drugs' as a Part of Comprehensive Efforts to Ameliorate the Drug Problem," J. Drug Education, 2(3), 1972.
- o "The Promulgation of Promising Approaches to Prevention and Early Intervention," Drug Forum, 2(3), 1972.
- o "Toward the Resolution of the Controversy Surrounding the Effects and Social Health Implications of Marihuana Use," J. Drug Education, 3(4), 1973.
- o Proceedings of the Alternatives to Drug Abuse Conference (I and II) (contributor), Bureau of Narcotics and Dangerous Drugs (now Drug Enforcement Administration), U.S. Department of Justice, 1972 and 1973.
- o "The Drug Problem and Youth," Drug Forum, 4(3), 1975 (also printed in an abridged version in the Congressional Record.)
- o How the Drug Problem Can be Solved: A Prescriptive Analysis of Drug Abuse Prevention Efforts (unpublished book length manuscript).
- o Doctoral Dissertation: Public Administration in the Public Interest, December 1975.
- o "Untoward Social Health Implications of the 'Responsible' Use of Drugs Philosophy" (unpublished).
- o "The Rehabilitation of the Handicapped," September 9, 1977
- o "Assessment of the Linkages between Trace Elements and Carcinogenesis," Report to the Electric Power Research Institute, January 18, 1980.

**TOWARD THE RESOLUTION OF THE CONTROVERSY
SURROUNDING THE EFFECTS AND SOCIAL HEALTH
IMPLICATIONS OF MARIJUANA USE¹**

PAULA D. GORDON,

Consultant

Chevy Chase, Maryland

ABSTRACT

The controversy over marijuana continues unabated because of two primary factors: 1) the widespread lack of knowledge and understanding among the general public concerning many of the lesser known effects of marijuana, and 2) the failure to deal with basic issues concerned with the value of individual and social health and society's role in safeguarding the health of the individual and the nation. Problems in communication which have impeded resolution of the controversy and social policy implications of the effects of marijuana use are discussed.

The history of the controversy over the use and control of marijuana in America has been a pendulous one. The views of many in the early half of this century who spoke out vociferously against marijuana reflected strong moralistic biases typically uninformed by scientific evidence. Even though much significant research has been done in the past 10 to 15 years, many persons have reacted so strongly to the previous moralistic and unscientific stance of the early prophesiers of death and moral denegration that they are disinclined to believe any claims that significant evidence exists or could exist which would prove that marijuana has harmful effects. Convinced that there is a dearth of definitive evidence or confused by a plethora of contradictory opinion or of what appears to be conflicting evidence, many educated persons seem to be holding fast to the view that

¹In this article "social health" refers to the health of the entire society.

marijuana is either innocuous in its effects, or at least is no more harmful than alcohol.

The resolution of the controversy seems to turn not only on the acknowledgment of the actual effects of the drug, but also on understanding the implications that these effects have for personal and social health. The central issues in the marijuana controversy will be viewed in a context that is typical of neither of the extremes alluded to above, a context in which social and psychological health, common sense as well as research findings, and other developments in the field are considered. The problems in communication which have clouded the central issues will also be discussed along with the social policy implications of some of the lesser known effects of marijuana.

Marijuana—The Question of Effects

The following is a summary of the less widely known, yet critically important, psychological and social effects of marijuana use. The focus here has been limited to hazards posed to psychological and social health because of the importance of such hazards to individuals and to society. All of the findings have been reported on in the extensive literature on marijuana and all are dealt with to some extent in recent secondary research efforts.^{2,3} (Reasons for the tentativeness of the conclusions reached by persons involved in these and other primary and secondary research efforts—including many of those cited here—will be offered elsewhere in this article.)

The significant findings are still unknown to many, including persons in medicine and in the field of marijuana research itself. Such findings include the serious side effects of marijuana use: spontaneous recurrences of the drug-intoxicated state, the "flash-

²See pages 15-67 as most pertinent to the concerns of the present article in the most notable of these research efforts, Volume 1 of the *Appendix to Marijuana: a Signal of Misunderstanding—the Technical Papers of the First Report of the National Commission on Marijuana and Drug Abuse* (hereafter referred to as the "Marijuana Commission Report"). The Appendix to the Marijuana Commission Report (1972) is available in a two volume set from the U.S. Government Printing Office, Stock Number Y3,M33/2:2M33/Appendix 1 and 2, \$10.75.

³Also see pages 111-137 of the effects of marijuana in man in the DHEW report, *Marijuana and Health Second Annual Report to Congress from the Secretary of Health, Education, and Welfare*. This 1972 report is available from the U.S. Government Printing Office, Stock Number HE 20.2402:M33/33/972, \$2.25.

back" and the "contact high," the continuing propensity for uncanny experience, and other little understood effects.⁴

The most notable effects are summarized here along with other significant findings.

1. *Delta 9 THC and Psychotomimetic effects in man.* Delta 9 THC is regarded as being the major active component of cannabis. Since the successful synthesis of delta 9 THC in the mid-1960s [10], experiments on humans and on animals have become practicable, increasing the number of research studies on the effects of marijuana. Perhaps the most significant findings bearing on psychological health were those published in 1967 in which delta 9 THC was shown to be capable of producing psychotomimetic effects (psychosis-like experiences) in human subjects [18, 29].

These findings are obscured by the massive quantity of other recently published research in the field and their significance is likely to elude those who do not have a basic knowledge of the methodology involved in ascertaining the effects of a drug of natural origin. In addition, there is an apparent failure of many of those capable of understanding the significance of such research to communicate its importance to the public.

2. *Idiosyncratic nature of reactions to marijuana.* The study done by Isbell [18] in 1967 showed that an untoward reaction to delta 9 THC was not solely the function of a high dose level, for some individuals can experience psychosis mimicking reactions at relatively low dose levels. Hypersensitive reactions may be related to any or all of a wide variety of factors, including individual variations in biochemistry, mood, psychological predisposition, mental and physical health histories of the individual, history of use of other drugs, set and setting of use, dose level, etc. Because of the idiosyncratic nature of reactions to marijuana, there is no guarantee

⁴The propensity for uncanny experiences which can be precipitated by the use of marijuana and other psychotomimetic drugs and the hazardous nature of the cultivation of such experiences are not discussed here. For those interested in pursuing this subject the following reading is recommended: Manly P. Hall, "Drugs of Vision," *PRS Journal*, Winter 1966, Vol. 26, No. 3, pp. 1-15, The Philosophical Research Society, Inc., (3910 Los Feliz Blvd) Los Angeles; Meher Baba's *God in a Pill?* (1966), and "The Place of Occultism in Spiritual Life" in Vol. II, *Discourses*, 1967, Sufism Reoriented, Inc. (1290 Sutter St.) San Francisco; Allan Y. Cohen, "The Journey Beyond Trips," *The ARE Journal*, Vol. III, Fall 1968, No. 4, pp. 26-33, Association for Research and Enlightenment, Virginia Beach, Va.; Ivy O. Duce, *What I Am Doing Here?* 1967, Sufism Reoriented Inc. (1290 Sutter St.) San Francisco.

that any naive or even veteran user will escape experiencing a psychosis mimicking reaction as a result of its use.

3. *Symptomatic reactions similar to those occurring with other psychotomimetic agents.* Marijuana, a psychotomimetic agent, can produce symptomatic reactions similar to those symptoms which can accompany or follow the use of stronger psychotomimetic agents such as LSD, mescaline, psilocybin, etc. While the degree of severity may be less with marijuana than with the stronger agents, the significance of these effects cannot be overlooked. Uncontrollable and unanticipated alterations in mood and mental disfunctioning or disorientation, fundamental alterations in perception—cannot be taken lightly by anyone who places a value in mental health and sanity. Research and case studies link marijuana use to the most notable symptoms:

Flashbacks. “Flashbacks,” defined in the Marijuana Commission Report, are “spontaneous recurrences of all or part of the drug-intoxicated state when not under the influence of the drug.” Such phenomenon are discussed in Keeler [21], Weil [41], Smith [39], Bialos [5], Blumenfeld [6], and Milman [32]. Aside from these researchers, former users and sensitive occasional users are best acquainted with the flashback phenomenon. The chronic user would not be in a position to ascertain the causal effect relationship of marijuana use to such symptoms as he would be perpetually under the influence of the drug. Others who experience flashbacks and who are only occasional users may either look upon the flashback as a trick of the mind or accept it as a purely natural phenomena. Possibly some individuals increase the frequency of use so that flashbacks could be attributed to recent highs rather than to some possibly permanent dysfunction. Weil [41] and others indicate that such spontaneous recurrences decrease in frequency and intensity the longer a person abstains from using the drug.

Contact highs. A “contact high” is a type of recurring phenomena in which a drug-intoxicated state is experienced as a result of being in the vicinity of someone who is high.⁵ The contact high can be experienced by marijuana and other drug users, by former users who have rendered themselves sensitive to the drug-intoxicated state, and perhaps more significantly because of its far reaching implications for social policy—by sensitive nonusers, including

⁵The contact high effect is discussed on page 53 of Volume I of the Appendix to the Marijuana Commission report. It is also described in Kinneberg [26].

children, pregnant and recently pregnant women, or women in menopause, highly intuitive and emotionally sensitive persons, and persons with mental and emotional problems. This phenomena, similar to the flashback, is familiar to users and former users [26] but has been ignored, overlooked or even avoided by those studying marijuana. The result is that few have recognized the importance of the effect; few have considered its implications for social policy, particularly the civil liberties questions involving the infringement of the rights of individuals to be free from being subjected to such externally imposed alterations in mood, perception, and mental functioning.

Survey research conducted by those knowledgeable concerning the contact high effect has yielded a startling result. The results of an unpublished survey of 29 former marijuana users showed that 22 have experienced contact highs as a result of being around persons who are high on marijuana [11]. It should be noted that both the flashback and the contact high effect may be explained at least in part by the recent finding that two active constituents of marijuana, delta 9 and delta 11 THC both "remain in the plasma of human subjects for several days and are excreted in the urine and feces for more than eight days" (Lemberger [33, 34], as cited in Woodhouse's report [45], which confirms evidence of delta 11 THC in the urine of marijuana smokers.)

Creation of new or aggravation of latent or manifest psychological problems and pathology. A propensity for paranoid feelings and a diminished ability to cope with stressful situations have been noted among users of marijuana, particularly sensitive or long terms users [22, 37]. Kleber [27] and Kaplan [20] cite cases in which marijuana use exacerbated existing psychoses. Wikler [46], Janowitz [19], and Wurmser [46] have also written of chronic paranoid symptoms and thought disorders in users of marijuana. The contention that psychotomimetic drug use only aggravates preexisting problems or pathology (however amoral the assumptions implicit in such a contention) is refuted by Glass and Bowers [17], who note that untoward reactions to psychotomimetic drugs are not necessarily dependent upon the psychological predisposition of the user.

Hallucinatory phenomenon. Various researchers have cited cases in which the experiencing of hallucinatory phenomenon was linked to marijuana use. These include Keeler [23], Wurmser [46, 47], Keup [24] and Dally [14]. Because of the idiosyncratic nature of the effects, dose level need not necessarily be high for

hallucinations to occur. (This is not to imply anything concerning the frequency of this effect.)

4. *Marijuana use and amotivation.* Marijuana use has been widely cited in international literature as being a major factor contributing to an amotivational syndrome of behavior. (This syndrome is characterized by diminishing will power, loss of previously held goals, values, and ambitions.) Recent Western researchers linking marijuana use and amotivation include Smith [39], West [43], Kolansky and Moore [28], Brill [7], Farnsworth [16], and Wurmser [46].

5. *Marijuana and distortion of judgment; impairment of mental functioning, short term memory, synthetic reasoning, concentration, information retrieval; and difficulties in speech.* Long term subtle side effects including the distortion of judgment and difficulty in synthetic reasoning have been noted as occurring as a result of continuing marijuana use. Impairment of mental functioning, concentration, and short term memory have been demonstrated in clinical testing as well as documented in case studies [1-4, 9, 15, 37, 40, 42]. Impairment of decision-making processes, synthetic reasoning and problem-solving capabilities, including information retrieval have been cited in other studies [1, 9, 30, 31]. Disorders in focal attention and thinking are also noted in Wurmser [47].

The most subtle but nonetheless detrimental side effects accruing to the user of marijuana are not always recognized or admitted to when recognized. One reason for this is that as the use of marijuana can distort a user's judgment, the user is not always able to perceive that his powers of judgment have been distorted. The researcher who is unfamiliar with these effects is not likely to know what to look for; when he does know, he may fail to discern when the user is deluding himself or consciously trying to delude others. Perceptive former users who have been intimately involved with drug users are perhaps most familiar with such strategems and self-delusionary tactics.

Those interested in further study of detrimental effects of marijuana usage should take particular note of the following studies: Campbell [8], indication of a possible linkage between marijuana use and cerebral atrophy; Kew [25], possible hepatotoxicity resulting from marijuana use; Neu [36], marked decrease in the rate of cellular division when delta 9 or delta 8 THC is added to white blood cell cultures. Other research concerned with the effects of marijuana can be found in the two government reports cited earlier. Selected

references can also be found in the Congressional Record for March 17, 1970 and November 16, 1970 [12, 13].

Factors Impeding the Resolution of the Marijuana Controversy

The emotionally charged nature of the controversy makes communication of the meaning or significance of research findings exceedingly difficult.

One obstacle involves the typical value free approach taken in assessing and evaluating effects. While the pure scientist might show a reluctance to deal with the social implications of his research, the applied scientist as well as the policy maker are both (at least in theory) concerned with the social implications. The role of value judgments is critical in applying knowledge to the solution of social problems.⁶ They play a similarly important role in personal decision making, in the wielding of parental discipline and guidance, and in the formulation and implementation of social policy. As with so many other areas of scientific inquiry, basic values as far as effects from marijuana usage have not been clarified because of the highly emotional character of the marijuana controversy.

Some persons who show concern over the discovery of toxic levels of mercury in fish, impurities in processed foods, defects in cars, dangerous toys, etc., fail to be equally concerned over the demonstrated risks involved in marijuana use. A well developed capacity to rationalize negative aspects, coupled with an absence of independent thinking informed by positive values, can make rational discussion of the subject of marijuana use, its effects and its implications impossible. A breakdown in basic values which are concerned with the preservation of life, the sustenance and enhancement of health and well being to oneself, and a lack of concern; and a dearth of common sense and wisdom are obviously not conducive to the acceptance or application of knowledge concerning the detrimental effects of marijuana. Other factors impeding the resolution of the controversy are:

⁶Individuals making a case for the normative character of social action, policy and research include: Michael Scriven, "Value Claims in the Social Sciences," Publication 123 of the Social Science Education Consortium, Purdue University, Lafayette, Indiana, 1966; Max F. Millikan, "Inquiry and Policy: The Relation of Knowledge to Action," in *Human Meaning of the Social Sciences* (Daniel Lerner, ed.) Meridan, New York, N.Y., pp. 158-180, 1959; and R.G.H. Siu, *The Tao of Science: An Essay on Western Knowledge and Eastern Wisdom*, The M.I.T. Press, Cambridge, Mass., 1957.

1. *Social and cultural pressures.* They can help foster a skeptical attitude toward the studies which report negative effects of marijuana use.⁷
2. *Cognitive dissonance.* In a social milieu in which marijuana use has become so socially acceptable in certain circles, implications of negative findings can be expected to cause considerable cognitive dissonance and be rejected without even being investigated.
3. *Believing what one wishes to believe.* People often believe what they want to believe without necessarily substantiating their view with evidence. Selective bias,⁸ or accepting the opinion of those "experts" whose views corroborate one's own beliefs.
4. *Maintaining a viewpoint in order to save face.* There can be considerable ego involvement in changing one's mind. Face saving may be one of the major reasons some persons steadfastly refuse to acknowledge the significance of new information. Adherence to the "hang loose," "do your own thing" ethic of the youth drug culture can similarly result in a failure to acknowledge any negative side effects and untoward social health consequences of marijuana use.
5. *Generalizing on the basis of personal biases and narrow personal experience.* There is a common tendency to generalize from one's own experience, or lack of it. Such individuals often reject totally the possibility of or importance of idiosyncratic effects or untoward side effects in themselves or others.
6. *Accepting views of "experts" as being infallible.* There is a tendency on the part of many otherwise intelligent persons to accept the opinion of "respected experts." Persons with credentials can be as fallible as those without and also ignorant of research findings.
7. *Time lag and the difficulty of assimilating new information.* As with other areas of scientific endeavor, there is a time lag between the time a discovery is made, and the time it becomes available to others. In addition, it takes time for new insights and knowledge to be accepted and assimilated.

⁷See Solomon E. Asch, "Opinions and Social Pressure," *Scientific American*, Nov. 1955, pp. 31-34 in which some startling findings are reported which concern the role that social pressure can play in shaping the opinion of an individual.

⁸The exercise of a selective bias in policy making is discussed in Irving L. Janis in "Groupthink Among Policy Makers," in *Sanctions for Evil: Sources of Social Destructiveness* (Nevitt Sanford, Craig Comstock and Associates, eds.) Jossey-Bass Inc.: San Francisco, pp. 71-89.

8. *Information overload.* Another problem in the transfer of knowledge is that of information overload. It can be exceedingly difficult for a researcher to keep abreast of all the developments which pertain to his own specialized concerns. The lay public is at a greater disadvantage because lacking the requisite understanding of the field and the disciplines involved, judgments as to what is pertinent, and what is not, may be impossible to make. The time factor alone makes it difficult for any given person who does possess the knowledge to track down the research, study it, synthesize the findings, follow out the implications of the findings, and then perhaps record or translate these for the information of other researchers or laymen.
9. *The tendency to overlook hard to explain phenomenon.* For a variety of reasons a majority of researchers have failed to adequately identify and assess some of the more subtle side effects which do occur as a result of using marijuana. The contact high phenomenon is an example. Its very oddity may well keep researchers from admitting to its existence, let alone trying to understand it or come to terms with its rather far-reaching implications for psychological and social health.
10. *Lack of imagination concerning viable policy options.* Another factor impeding resolution of the marijuana controversy is lack of imagination regarding policy options if one accepts as fact that marijuana is harmful. Viable alternatives to *laissez faire* or punitive legalistic approaches to marijuana users (as well as users of other drugs) are discussed at greater length elsewhere.⁹ These approaches which are gaining in acceptance are based on diversionary policies. Such policies can entail the diverting of marijuana users out of the justice system into appropriate services and programs aimed at dissuading them from using marijuana and other drugs and designed to help them channel their energies along personally and socially constructive lines. Legalization is not required in order for there to be decriminalization of those who use a drug and it does not merit serious consideration because of the great likelihood it would result in the unwanted increased use of marijuana.

⁹See Bureau of Narcotics and Dangerous Drugs, U.S. Department of Justice, *Proceedings Alternatives to Drugs Conferences May 16-18, 1972, Santa Barbara California and Airlie, Virginia, January 9-12, 1973*, and Paula D. Gordon, "The Promulgation of Promising Approaches to Prevention and Early Intervention," *Drug Forum*, 2(1) 1972.

Conclusion

The resolution of the marijuana controversy depends on the recognition, acceptance, and understanding of the effects of marijuana, and of the implications of those effects for psychological and social health. Such determinations cannot be made in a vacuum free of all consideration of value. The valuing of psychological and social health and the valuing of life itself should make clear viable options for personal and social action.

While the resolution of the controversy over marijuana should contribute substantially to a decrease in use by persons who value mental and social health, it cannot in itself be expected to lead to a curtailment of marijuana use among those whose use has other than rational bases (e.g., social pressure and conformity, psychological dependency, desire for euphoric experiences and sensations, etc.) Neither can the resolution of the controversy be expected to automatically lead to an amelioration of the underlying causes and conditions contributing to the use of marijuana. In order to make real inroads into the problem of drug use, a comprehensive approach is required which is aimed at addressing underlying causes as well as responding humanely to symptoms which arise from use.¹⁰

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¹⁰See Paula D. Gordon, "Alternatives to Drugs as a Part of Comprehensive Efforts to Ameliorate the Drug Abuse Problem," *J. Drug Education*, 2(3), 289, 1972 and Paula D. Gordon, "Promulgation of Promising Approaches to Prevention and Early Intervention," *op. cit.*

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Note: The Committee for Psychedelic Drug Information is the former name of the Committee on Alternatives to Drugs, Berkeley, California.

"Alternatives to Drugs" As a Part of Comprehensive Efforts to Ameliorate the Drug Abuse Problem

PAULA D. GORDON, M.A.
Consultant in Drug Abuse Prevention
Chevy Chase, Maryland

ABSTRACT

The author discusses the trend in drug abuse prevention efforts toward promoting alternatives to drug-taking behavior. The alternatives approach is an integral part of comprehensive efforts to deal with the problem. The approaches which are most worthy of attention promote social and psychological health while responding to the wide range of unmet needs and unfulfilled aspirations which underlie drug-taking behavior. Certain current approaches have either negligible or questionable effects or decidedly harmful effects on psychological and social well being and their continued support would be both unwise and impolitic. The author suggests that the same kind of orientation toward psychological and social health which characterizes the most effective and promising alternatives should be reflected in all efforts to intervene at every stage of the drug-taking cycle if such efforts are to have lasting and beneficial results.

Providing alternatives to drugs is a recently emerging trend in drug abuse prevention efforts. The "alternatives to drugs" approach needs to be viewed in terms of its role in comprehensive efforts to deal with the drug problem. To develop a context for discussing the alternatives trend, it would be helpful to begin with a description of what can be called the cyclic potential of drug-taking behavior. Following this description is a brief discussion of the relationship between various stages of this

cycle and specific kinds of approaches required in ameliorating the drug abuse problem.

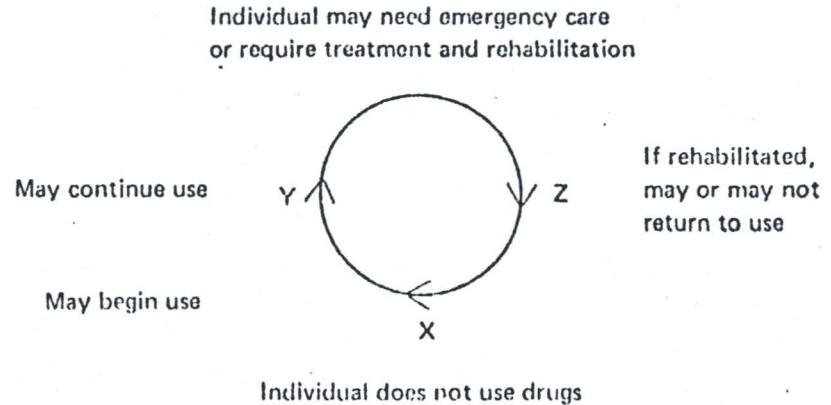


Figure 1. The cyclic potential of drug taking behavior.

An individual at point X (Figure 1) does not use drugs. If he begins to experiment, he may continue to use drugs and become a casual user or a chronic user. In the case of psychologically or physiologically habituating drugs, he can become drug dependent. He may at some point require extensive treatment and rehabilitation are required (beginning at point Y). If an individual undergoes treatment and rehabilitation he may, if rehabilitated, reach a stage when he is once again drug free (point Z). Between Y and Z, however, if the needs or conditions which led the individual to use drugs in the first place remain unsatisfied or unchanged, if other needs arise, or if the individual's ability to deal with these needs and conditions has not significantly improved, then the chances of his reverting to drug use and beginning the cycle again are great.

The Need To Provide Services And Viable Approaches For Persons At Every Point In The Drug-Taking Cycle

A comprehensive approach to ameliorating the drug abuse problem must be designed to provide services and effective approaches for individuals at every point in the cycle. Approaches in the past seem to have been directed at two primary areas:

1. treating and rehabilitating those who require extensive care, and treating those who require emergency care, and
2. rather ineffectual efforts aimed at trying to prevent drug-taking behavior in the first place. Most of these efforts have been strongly cognitively oriented with a recent increase in emphasis on the affective domain—developing awareness and understanding, changing attitudes and values, and concentrating on the role of these in behavior and in the decision-making process.

In terms of the cycle of drug-taking behavior described above, these kinds of approaches have tended to deal with fairly restricted areas of the drug-taking cycle. (See Figure 2.)

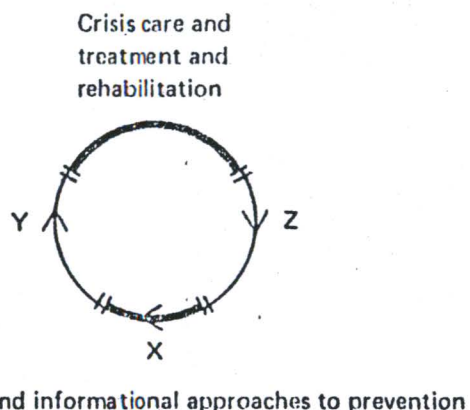


Figure 2. Typical approach to dealing with the drug abuse problem.

Typically certain areas have been effectively ignored or overlooked. These include early intervention in drug-taking behavior and approaches to drug abuse prevention which have long term beneficial effects on attitudes, values, and behavior—approaches which respond to unmet needs and unfulfilled aspirations underlying drug-taking behavior.

A truly comprehensive approach concentrating on all of these needs should supplant current, more typical efforts concentrating on isolated aspects of drug-taking behavior (dealing primarily with advanced symptoms or with earliest stages of prevention). The kinds of approaches and direct services involved in such a comprehensive approach could be depicted as shown in Figure 3.

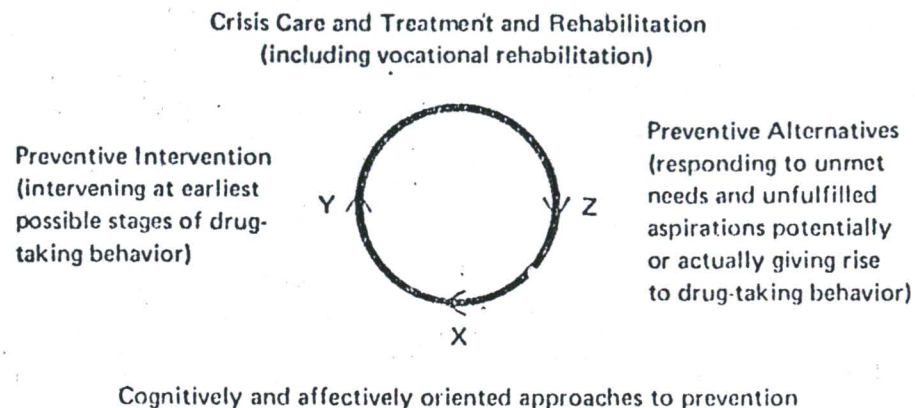


Figure 3. A comprehensive approach to the drug abuse problem.

The Alternatives Approach to Drug-Taking Behavior

Thus far most efforts to deal with the drug abuse problem in any kind of a comprehensive way have left much to be desired. In recent years, however, various missing pieces of the puzzle have begun to be sought out, found, and are now beginning to be put in place. The trend toward promoting alternatives to drug taking reflects such a process. The discussion which follows deals with some of the problems and the potentials of the alternatives trend and with the bearing that this approach has upon the nature and direction of all other aspects of comprehensive efforts to ameliorate the drug abuse problem.

"Alternatives" And Its Various Meanings

The alternatives approach to drug taking or to drug abuse means different things to different people. To one person alternatives may encompass efforts to:

- increase the relevancy of school curricula to the lives of students,
- humanize the educational process generally,
- improve vocational opportunities,
- humanize the work situation,
- enrich people's lives,
- generally enhance the quality of life

to others, alternatives refers to:

- programs, policies, and approaches which provide for afterhours use of schools, churches, and community facilities for a wide range of activities and programs;
- programs providing opportunities for volunteer efforts and apprenticeship involvement in such areas as child care, teaching, tutoring, counseling, social work, paramedical occupations, caring for and working with underprivileged, the aged, the handicapped, etc., social service occupations in general, ecology, agriculture, business, technical trades, etc.;
- programs promoting character development and self development, and the development of interpersonal competencies in growth oriented ways, including the development of spiritual and other ideals and aspirations;
- programs opening up career and employment opportunities;
- programs and activities aimed at providing opportunities for socializing and recreation;
- programs stressing athletics, physical fitness and development;
- opportunities for developing artistic abilities and sensitivities and competencies in the fields of arts and crafts.

To still others, "alternatives" may be thought of as "one for one" substitutes for drug induced experiences or drug oriented life styles. Some of these "alternatives" include group and individual experiments and experiences such as group therapy, encounter groups, attack therapy, sensitivity training, communal living, and certain kinds of behavior which can be construed as being morally questionable. Also included may be types of activities which involve cultivating occult and other unusual sensations, moods, and "powers" including such things as kundalini yoga, black magic, trance states, regressive hypnosis, spiritualism (mediumship and seances), the cultivation of extra-sensory perception, brain wave regulation, and electrode stimulation. Because of the decidedly harmful effects (characterologically, if not psychologically and socially) that can result from involvement in these kinds of experiments and the cultivation of such experiences and because of the many negative implications that the promotion of such activities has for the stability of society generally, it is most important that indiscriminate

support not be lent to anything and everything which is promoted as or which appears to be an "alternative" to drugs. While individuals, particularly adults, have great freedom over what they choose to do with their bodies and their minds and lives generally, it would seem important that public funds not be used to promote activities directed toward youth or adults which have either negligible or negative personal and social effects or value or are of a questionable moral character.

Experimentation with and involvement in any and all kinds of activities and experiences can prove as detrimental to spiritual, mental, and physical health as experimenting with or using drugs. The goal of an alternatives approach should not be to replace drug taking with just anything; the goal should be to replace drug taking with something which has the long term effect of promoting personal and spiritual well being and growth, while helping to satisfy and fulfill the unmet needs and aspirations which are giving rise to drug-taking behavior in the first place.

Consequences of Failing to be Discriminating In Promoting "Alternatives to Drugs" Approaches

It is important that in planning and implementing programs which would promote alternatives to drug taking that consideration be given to the political feasibility as well as the social and psychological consequences of promoting certain types of alternatives. Unless a discriminating approach is taken, resources which could have been better used may, in effect, be wasted. Worse yet, such resources may actually be used to bring about results opposite to those intended. They may lead to an undermining of mental health, an increase in disillusionment, alienation, frustration, confusion, *anomie*, etc. When a lack of positive results becomes apparent, support is apt to be withdrawn. The gathering of support for other innovative, but viable, alternatives approaches may well meet with resistance on the part of decision and opinion-makers who have become cynical concerning the efficacy of all such approaches, if not adamantly opposed to them.

Expanding the Concept of Alternatives To Address a Wider Spectrum of Needs

The interest in and the growing support for "alternatives to drugs" is most typically seen in terms of the unmet social, ego,

and self-actualization needs of the white middle class youth. The concept of alternatives should be expanded to encompass the whole spectrum of unmet needs which give rise to drug-taking behavior irrespective of heritage or socioeconomic level. Unmet survival needs, as well as unmet social and other needs of those persons coming from lower socioeconomic levels deserve far greater attention than they have thus far been given. To introduce a crafts program in a ghetto or barrio where basic survival needs are going unmet does very little to get at the underlying causes and the unmet needs giving rise to drug-taking behavior, as well as to other asocial and antisocial behavior in that community. While such programs do constitute a step in the right direction, efforts must not stop there. While a crafts program can provide much needed diversion and serve some beneficial therapeutic and recreational needs, and provide a much needed outlet for expression, it alone cannot address deeper unmet needs. Other types of approaches are also needed. As long as the need for decent living conditions, food, clothing, education, employment, humane treatment, and humanized relationships with others are going unmet, little real progress towards the ultimate amelioration of the drug problem or of any of the other major social ills plaguing the ghetto or the barrio or other depressed areas can be expected.

The Essential Characteristics of Viable Alternatives

A responsiveness to a wide range of human needs coupled with a genuine attitude of care should characterize all truly viable alternatives approaches. No matter what a person's unmet needs are, the presence of such a caring and responsive attitude is most essential in promoting personal and social well being and fulfillment. It is the essential antidote to the dehumanization, alienation, and absence of worthwhile purpose which threatens personal and social health and happiness regardless of socioeconomic level. Because dehumanization, alienation, and directionlessness play such major roles in the increasing incidence of drug experimentation, use, dependence, and addiction, "alternatives to drugs" must, in effect, promote that which is essentially human, conducive to balance, harmony, and health, and worthy of human attention and effort.

It is essential that care be taken to see that all efforts aimed at preventing drug-taking behavior or intervening at any stage of

the drug-taking cycle—from the earliest to the latest stages—reflect a similarly responsive and humanistic approach. Only in this way can the drug abuse problem ultimately be ameliorated.

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 ——— "Approaches to Drug Abuse Prevention," *Journal of Drug Education*, 1(3), p. 275, 1971.

5519 Chevy Chase Pkwy. NW
Washington, D.C. 20015
April 12, 1981

(P)

Ron Frankum
The White House

Dear Ron:

Thought I should bring you up-to-date re my pursuit of the ADAMHA Administrator position.

A major break came last week when Paul Laxalt sent a letter to Pen James (copy attached.) It's quite a fine letter. I have asked him if he would also contact Secretary Schweiker on my behalf and I think he very likely will do just that. Other letters from Norm Shumway, Don Stone, and Guy Vander Jagt are also attached. Fred Biebel may also have been in touch with people at the White House on my behalf. He had contacted Ed Meese early on recommending I be considered for a role as I believe I mentioned to you before.

Also I have indications that Lyn Nofziger's office is helping.

On the HHS side, I heard from Richard Deem who works with David Newhall that they would be contacting me again after this week to set up an appointment for me to come in and interview.

I have prepared a new background statement which specifically deals with my qualifications for the ADAMHA position. A copy is attached.

If there is anything there you could do to help shore up my chances, I would certainly appreciate it.

I am still interested in a White House Drug Policy job as a fall back position if it proves necessary - or another position in HHS.

Thanks so much, Ron, for your continuing interest and support.

Most sincerely,

Paula

Paula Gordon

Enclosures

653 7851
686 7334
966 5628

PAUL LAXALT
NEVADA



United States Senate

WASHINGTON, D. C.

April 2, 1981

Dear Pen:

Please find enclosed a letter from, letters of support and a resume' for Paula D. Gordon.

Dr. Gordon is very much interested in the position of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration.

Pen, I think, from the enclosures, you will find Dr. Gordon to be very qualified for this position. I would appreciate your giving her application very serious consideration. I would also appreciate your keeping me advised of her status.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul".

PAUL LAXALT
U.S. Senator

PL:dkr

enclosures

E. Pendleton James
Assistant to the President
Presidential Personnel
THE WHITE HOUSE
Washington, D. C. 20500

cc: Dr. Gordon

NORMAN D. SHUMWAY
14TH DISTRICT, CALIFORNIA

COMMITTEES:
COMMITTEE ON BANKING,
FINANCE, AND URBAN AFFAIRS
SELECT COMMITTEE ON AGING

Congress of the United States
House of Representatives
Washington, D.C. 20515

1228 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2511
CHRISTOPHER C. SEEGER
ADMINISTRATIVE ASSISTANT
1045 NORTH EL DORADO, ROOM 5
STOCKTON, CALIFORNIA 95202
(209) 464-7612
MARK A. DENERO
DISTRICT REPRESENTATIVE

March 23, 1981

Mr. Pendleton James
The White House
Washington, D.C.

Dear Mr. James:

I am writing to recommend Dr. Paula D. Gordon for selection to fill the position of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Enclosed you will find a copy of Dr. Gordon's resume for your reference.

I first met Paula in 1978, at which time we were both candidates for Congressional seats. During the course of the various campaign schools we attended together, I became well acquainted with, and most impressed by, the outstanding abilities and intelligence of this fine young woman. As you are no doubt aware, she is a solid Republican, and an extremely committed and dedicated individual.

You may also recall that Paula was an extremely active charter member of the California Interagency Council on Drug Abuse established by President Reagan during his tenure as Governor in 1968. It is my understanding that the President was well aware of Dr. Gordon's efforts concerning drug abuse, and that he made reference to those credentials when assisting Dr. Gordon with her campaign for Congress in 1978. Moreover, she is in complete accord with President Reagan's suggested initiatives to combat drug abuse among the nation's youth, and I am confident that her selection to fill this vital position would constitute an enormous asset to the President's efforts.

Paula's impressive resume speaks for itself. She is undoubtedly a superbly qualified individual in terms of intelligence, commitment, integrity and articulateness. It is my profound pleasure to recommend her to you without reservation, and to respectfully request that she be given every possible consideration.

With best regards,

Sincerely,

NORMAN D. SHUMWAY
Member of Congress

NDS:tes
Enclosures

GUY VANDER JAGT
9TH DISTRICT, MICHIGAN

2409 RAYBURN HOUSE OFFICE BUILDING
TELEPHONE: (202) 225-3511

COMMITTEE:
WAYS AND MEANS

ADMINISTRATIVE ASSISTANT
JAMES M. SPARLING, JR.

Congress of the United States
House of Representatives
Washington, D.C. 20515

DISTRICT OFFICES:

ROOSEVELT PARK
950 WEST NORTON AVENUE
MUSKEGON, MICHIGAN 49441
(616) 733-3131

31 WEST 8TH STREET
HOLLAND, MICHIGAN 49423
(616) 396-3849

March 25, 1981

Dr. Paula D. Gordon
5519 Chevy Chase Parkway, N. W.
Washington, D. C. 20015

Dear Paula:

Your letter of March 23rd has been brought to my attention, and I just wanted to let you know that I am happy to be of all possible assistance relative to your great interest in an appointment in the new Administration.

We have contacted the White House expressing my personal interest and endorsement in your behalf. I certainly hope this will prove helpful.

Paula, it has always been my personal policy not to provide copies of letters of recommendation I have submitted in an individual's behalf. Because of this established policy, I hope you can appreciate and understand why I have not enclosed a copy of the recommendation I have sent to the White House.

You may be certain, however, that I will pass along to you any response that I receive.

With all good wishes,

Sincerely,



Guy Vander Jagt
Member of Congress

GVJ:rg

Carnegie Mellon University

School of Urban and Public Affairs
Schenley Park
Pittsburgh, Pennsylvania 15213
March 30, 1981

Mr. Edwin Meese, 3rd
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C., 20500

Dear Mr. Meese:

Paula Gordon reports that she is being considered for the post of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, and that she has been asked to have references send evaluations of her capabilities.

I first came in contact with Ms. Gordon when she had completed a dissertation for American University on fraud and ethics in government. It was a very pioneering and useful document. I have quoted from it numerous times.

I counseled with her in connection with her work as an HEW fellow and later in her research in criminal justice administration. I thought her campaign for Congress in California was most resourceful in an unfavorable district. Because of my high regard for her administrative competencies, I have recommended Ms. Gordon for the Deanship of two schools of public administration and have offered to serve as a reference in any job effort.

As her resume will show Ms. Gordon has had outstanding education and experience for leadership in the public service. She is well-prepared to undertake major governmental responsibilities. She fulfills the requisites of both managerial and substantive capabilities for the proposed post which are the qualities stressed in the National Panel's report on "A Presidency for the 1980's." She has a unique combination of political sophistication, commitment to the values and ethics of public responsibility, knowledge of the proposed field of operation, and an extensive background in administration.

In my view Ms. Gordon represents the precise combination of talents which presidents, governors, and local executives should seek in carrying out their public responsibilities.

All good wishes.

Yours sincerely,



Donald C. Stone
Adjunct Professor of
Public Administration

PERSONAL BACKGROUND STATEMENT

Paula D. Gordon, Ph.D.

for position as Administrator of the Alcohol, Drug Abuse, and Mental Health Administration

Political, Policy, and Managerial Roles and Background

- o Played a key role in the evolution of Federal drug abuse prevention efforts by strongly urging that all Federal drug abuse prevention programs be coordinated by a White House Office and made key contributions concerning the wording and content of legislation which established the Special Action Office for Drug Abuse Prevention and the conference report;
- o Provided consultation from a management and technical perspective in coordinating and overseeing efforts of the Federal Drug Abuse Prevention Coordinating Committee and its extensive subcommittee structure. (The FDAPCC existed prior to the establishment of the Special Action Office for Drug Abuse Prevention and was under the aegis of the National Institute on Mental Health);
- o Played a key role in launching the "alternatives to drug abuse" approach in Federal prevention efforts. Played a major role in the planning and implementation of the first Federal efforts to advance this approach;
- o Built and managed a national organization in drug abuse prevention from the ground up, creating a functioning, effective organization which made an impact on national policy;
- o Organized and conducted training programs for persons working in the field of drug abuse prevention and early intervention, stressing the training of former users to serve as speakers and paraprofessional counsellors in schools and in the military;
- o Appointed Charter Member of Governor Reagan's California Interagency Council on Drug Abuse in 1968; served as a member of the Council and a Member of the Task Force on Education from 1968 to 1971. Provided extensive recommendations to the Chairman concerning the organization and goals of the Council and its Task Forces;
- o Received acknowledgments from Governor Reagan concerning my efforts as a member of the California Interagency Council on Drug Abuse and the approach to drug abuse prevention fostered by my non-profit organization, an approach identical to the President's proposed national campaign to combat drug abuse;
- o Received commendations in formal endorsements from Governor Reagan during my Congressional Campaign for my work in drug abuse and rehabilitation. Commendations were also received from Senator Hayakawa;
- o Provided early recommendation concerning the nature and scope of training and technical assistance programs to NIMH which eventually became a part of Federal drug abuse prevention efforts;

- o Provided a briefing paper to the Special Action Office for Drug Abuse Prevention on the need for criminal justicesystem-based diversion programs, an approach which later became a focus of SAODAP efforts;
- o Currently engaged in evolving a new method of evaluating drug abuse prevention programs for the National Institute on Drug Abuse. (The method will have implications for the evaluation of approaches to the amelioration of any societal problem;)
- o Conceived of, initiated, and managed research studies in a wide range of areas relating to psychological, social, and physical health, including major studies as an HEW Fellow on the rehabilitation of the handicapped, rehabilitation of the criminal offender, and environmental health issues;
- o Directed a scientific study and assessment of existing research on roles played by trace elements in the processes of carcinogenesis and anticarcinogenesis;
- o Conversancy with a broad range of scientific and medical literatures concerned with social, psychological, biological, biomedical, epidemiological, and methodological issues and acquainted with major contributors in these fields;
- o Conducted a seminar series on research utilization, an innovative comprehensive approach, for large international firm which has had a major contract with the National Institute on Alcohol Abuse and Alcoholism to provide information clearinghouse services;
- o Concerned with the mental and social health aspects of the rehabilitation of the emotionally disturbed, the criminal offender, and the handicapped;
- o Identified and explored approaches which have been successfully employed to renew and revitalize governmental institutions and other institutions, including schools, prisons, and mental institutions;
- o Doctoral studies focused on the development of an action-oriented approach to governance and administration, an approach which emphasizes highest ethical standards and enhancement of the integrity and effectiveness of governmental institutions;
- o Wide range of experience and executive assignments at the Federal level in controversial and emerging problem areas, including assignments for the National Institute on Mental Health, the Federal Energy Office/Federal Energy Administration, the National Science Foundation, and the Federal Emergency Management Agency;
- o Advised on budgetary allocations for drug abuse prevention efforts;
- o Participated in the decision-making process concerning the allocation of a multi-million dollar budget for the Office of Intergovernmental Relations of the Federal Energy Office;
- o Developed papers on several energy-related program initiatives, including the creation of a national clearinghouse on energy information, which has become a multi-million dollar effort;

- o Initiated liaison with the U.S. Office of Government Ethics during the critical preelection transition period to compile information on conflict of interest regulations affecting political appointees and to ensure that this information reached key persons in the Reagan Campaign thereby avoiding potential problems and embarrassment in the post-election period;
- o Won a hotly contested primary to become the Republican nominee for U.S. Congress (7th District-California). Developed good lines of communication with the national Republican effort. Gained the support of President Reagan and the Citizens for the Republic, the RNC, the National Republican Congressional Committee, and the Republican Congressional Boosters.

Selected List of Publications and Unpublished Writing

- o Guide to Ideas on Drug Abuse Programs (compiler and primary contributor) Distributed by the Committee on Alternatives to Drugs, Berkeley, California and the Educational Resources Information Center, U.S. Office of Education, 1970.
- o "Approaches to Drug Abuse Prevention," J. Drug Education, 1(3), 1971.
- o "'Alternatives to Drugs' as a Part of Comprehensive Efforts to Ameliorate the Drug Problem," J. Drug Education, 2(3), 1972.
- o "The Promulgation of Promising Approaches to Prevention and Early Intervention," Drug Forum, 2(3), 1972.
- o "Toward the Resolution of the Controversy Surrounding the Effects and Social Health Implications of Marihuana Use," J. Drug Education, 3(4), 1973.
- o Proceedings of the Alternatives to Drug Abuse Conference (I and II) (contributor), Bureau of Narcotics and Dangerous Drugs (now Drug Enforcement Administration), U.S. Department of Justice, 1972 and 1973.
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- o "The Rehabilitation of the Handicapped," September 9, 1977
- o "Assessment of the Linkages between Trace Elements and Carcinogenesis," Report to the Electric Power Research Institute, January 18, 1980.

Paula D. Gordon, Ph.D.

5519 Chevy Chase Pkwy. N.W.
Washington, D.C. 20015

⁶⁵³⁻⁷⁸⁴⁵
(202) 966-5628
(202) 686-7334

Paula D. Gordon, Ph.D.

5519 Chevy Chase Pkwy. N.W.
Washington, D.C. 20015

653-7845
(202) 966-5628
(202) 686-7334

FILE GORDON

5519 Chevy Chase Pkwy. NW
Washington, D.C. 20015
April 27, 1981

Dear Ron:

In thinking back over our phone conversation of last Thursday, it occurred to me that you may not have received the letter and attachments which I had dropped off earlier that week. In the event this is the case, I am sending along a duplicate set of attachments. These include a background statement concerning my qualifications for the White House Drug Policy Staff Director position and copies of recent letters from persons supporting me for the position of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration.

I interview at HHS today. I will plan on calling you tomorrow to let you know how this comes out. Whatever the outcome, I would like to meet with you at your earliest convenience to discuss ideas concerning the scope and functions of the Drug Policy Office. I think I might be able to be of help at this juncture.

By the way, I had mentioned in my previous note to you that I had written Ed Gray re my interest in the position (not realizing that you had the action) and mentioned that Richard Beal might be contacting him on my behalf. I also mentioned that Lyn Nofziger's office could be called on for some words of support.

I will plan on calling on Tuesday.

All best regards,

Paula

653 7845
686 7334
966 5828

PERSONAL BACKGROUND STATEMENT

Paula D. Gordon, Ph.D.

for position as White House Drug Policy Staff Director

Political, Policy, and Managerial Roles and Background

- o Played a key role in the evolution of Federal drug abuse prevention efforts by strongly urging that all Federal drug abuse prevention programs be coordinated by a White House Office and made key contributions concerning the wording and content of legislation which established the Special Action Office for Drug Abuse Prevention and the conference report;
- o Provided consultation from a management and technical perspective in coordinating and overseeing efforts of the Federal Drug Abuse Prevention Coordinating Committee and its extensive subcommittee structure. (The FDAPCC existed prior to the establishment of the Special Action Office for Drug Abuse Prevention and was under the aegis of the National Institute on Mental Health);
- o Played a key role in launching the "alternatives to drug abuse" approach in Federal prevention efforts. Played a major role in the planning and implementation of the first Federal efforts to advance this approach;
- o Built and managed a national organization in drug abuse prevention from the ground up, creating a functioning, effective organization which made an impact on national policy;
- o Organized and conducted training programs for persons working in the field of drug abuse prevention and early intervention, stressing the training of former users to serve as speakers and paraprofessional counsellors in schools and in the military;
- o Appointed Charter Member of Governor Reagan's California Interagency Council on Drug Abuse in 1968; served as a member of the Council and a Member of the Task Force on Education from 1968 to 1971. Provided extensive recommendations to the Chairman concerning the organization and goals of the Council and its Task Forces;
- o Received acknowledgments from Governor Reagan concerning my efforts as a member of the California Interagency Council on Drug Abuse and the approach to drug abuse prevention fostered by my non-profit organization, an approach identical to the President's proposed national campaign to combat drug abuse;
- o Received commendations in formal endorsements from Governor Reagan during my Congressional Campaign for my work in drug abuse and rehabilitation. Commendations were also received from Senator Hayakawa;
- o Provided early recommendation concerning the nature and scope of training and technical assistance programs to NIMH which eventually became a part of Federal drug abuse prevention efforts;

- o Provided a briefing paper to the Special Action Office for Drug Abuse Prevention on the need for criminal justicesystem-based diversion programs, an approach which later became a focus of SAODAP efforts;
- o Currently engaged in evolving a new method of evaluating drug abuse prevention programs for the National Institute on Drug Abuse. (The method will have implications for the evaluation of approaches to the amelioration of any societal problem;)
- o Coordinated and oversaw Federal intergovernmental and interagency efforts in the fields of energy and of drug abuse;
- o Developed and managed a political campaign organization involving five paid staff and over 200 volunteers. Delegated authority and constructed a functioning organization to ensure that the myriad details involved in a political campaign were properly executed;
- o Wide range of experience and executive assignments at the Federal level in controversial and emerging problem areas, including assignments for the National Institute on Mental Health, the Federal Energy Office/Federal Energy Administration, the National Science Foundation, and the Federal Emergency Management Agency;
- o Advised on budgetary allocations for drug abuse prevention efforts;
- o Won a hotly contested primary to become the Republican nominee for U.S. Congress (7th District-California). Developed good lines of communication with the national Republican effort. Gained the support of President Reagan and the Citizens for the Republic, the RNC, the National Republican Congressional Committee, and the Republican Congressional Boosters.

Selected List of Publications and Unpublished Writing

- o Guide to Ideas on Drug Abuse Programs (compiler and primary contributor) Distributed by the Committee on Alternatives to Drugs, Berkeley, California and the Educational Resources Information Center, U.S. Office of Education, 1970.
- o "Approaches to Drug Abuse Prevention," J. Drug Education, 1(3), 1971.
- o "'Alternatives to Drugs' as a Part of Comprehensive Efforts to Ameliorate the Drug Problem," J. Drug Education, 2(3), 1972.
- o "The Promulgation of Promising Approaches to Prevention and Early Intervention," Drug Forum, 2(3), 1972.
- o "Toward the Resolution of the Controversy Surrounding the Effects and Social Health Implications of Marihuana Use," J. Drug Education, 3(4), 1973.

- o Proceedings of the Alternatives to Drug Abuse Conference (I and II) (contributor), Bureau of Narcotics and Dangerous Drugs (now Drug Enforcement Administration), U.S. Department of Justice, 1972 and 1973.
- o "The Drug Problem and Youth," Drug Forum, 4(3), 1975 (also printed in an abridged version in the Congressional Record.)
- o How the Drug Problem Can be Solved: A Prescriptive Analysis of Drug Abuse Prevention Efforts (unpublished book length manuscript).
- o Doctoral Dissertation: Public Administration in the Public Interest, December 1975.
- o "Untoward Social Health Implications of the 'Responsible' Use of Drugs Philosophy" (unpublished).

References

- o Roger Jones, former Chairman of the Civil Service Commission and former Federal Executive (203)379-4996
- o Donald C. Stone, Carnegie-Mellon University and former Federal Executive, including administrator of the Marshall Plan (412) 682-3948 or (412) 578-2179
- o Robert C. Crawford, Acting Associate Director, Federal Emergency Management Agency (202) 653-7845
- o Dr. Robert Emrich, Vice President for Corporate Development, Pacific Institute for Research and Evaluation (301) 949-3764
- o Dr. Allan Y. Cohen, President, Pacific Institute for Research and Evaluation (301) 654-1194, (800) 277-0438, (415) 283-3744

PAUL LAXALT
NEVADA



United States Senate

WASHINGTON, D. C.

April 21, 1981

Dear Dick:

This is to request your special attention to Paula D. Gordon, Ph.D.

Dr. Gordon is a candidate for ADAMHA Administrator and, as you can see from the enclosed resume', an excellent choice.

I would appreciate it, Dick, if you would give Dr. Gordon's request very serious consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Paul", written over the word "Sincerely,".

PAUL LAXALT
U.S. Senator

PL:dd

enclosure

The Honorable Richard S. Schweiker
Secretary
HEALTH & HUMAN SERVICES
200 Independence Avenue, S. W.
Washington, D. C. 20201

Enc: P. Gordon

PAUL LAXALT
NEVADA



United States Senate

WASHINGTON, D. C.

April 2, 1981

Dear Pen:

Please find enclosed a letter from, letters of support and a resume' for Paula D. Gordon.

Dr. Gordon is very much interested in the position of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration.

Pen, I think, from the enclosures, you will find Dr. Gordon to be very qualified for this position. I would appreciate your giving her application very serious consideration. I would also appreciate your keeping me advised of her status.

Thank you.

Sincerely


PAUL LAXALT
U.S. Senator

PL:dkr

enclosures

E. Pendleton James
Assistant to the President
Presidential Personnel
THE WHITE HOUSE
Washington, D. C. 20500

See: Dr. Gordon

NORMAN D. SHUMWAY
14TH DISTRICT, CALIFORNIA

COMMITTEES:
COMMITTEE ON BANKING,
FINANCE, AND URBAN AFFAIRS
SELECT COMMITTEE ON AGING

Congress of the United States
House of Representatives
Washington, D.C. 20515

1228 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2511
CHRISTOPHER C. SEEGER
ADMINISTRATIVE ASSISTANT
1045 NORTH EL DORADO, ROOM 5
STOCKTON, CALIFORNIA 95202
(209) 464-7612
MARK A. DENERO
DISTRICT REPRESENTATIVE

March 23, 1981

Mr. Pendleton James
The White House
Washington, D.C.

Dear Mr. James:

I am writing to recommend Dr. Paula D. Gordon for selection to fill the position of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Enclosed you will find a copy of Dr. Gordon's resume for your reference.

I first met Paula in 1978, at which time we were both candidates for Congressional seats. During the course of the various campaign schools we attended together, I became well acquainted with, and most impressed by, the outstanding abilities and intelligence of this fine young woman. As you are no doubt aware, she is a solid Republican, and an extremely committed and dedicated individual.

You may also recall that Paula was an extremely active charter member of the California Interagency Council on Drug Abuse established by President Reagan during his tenure as Governor in 1968. It is my understanding that the President was well aware of Dr. Gordon's efforts concerning drug abuse, and that he made reference to those credentials when assisting Dr. Gordon with her campaign for Congress in 1978. Moreover, she is in complete accord with President Reagan's suggested initiatives to combat drug abuse among the nation's youth, and I am confident that her selection to fill this vital position would constitute an enormous asset to the President's efforts.

Paula's impressive resume speaks for itself. She is undoubtedly a superbly qualified individual in terms of intelligence, commitment, integrity and articulateness. It is my profound pleasure to recommend her to you without reservation, and to respectfully request that she be given every possible consideration.

With best regards,

Sincerely,

NORMAN D. SHUMWAY
Member of Congress

NDS:tes
Enclosures

GUY VANDER JAGT
9TH DISTRICT, MICHIGAN

2409 RAYBURN HOUSE OFFICE BUILDING
TELEPHONE: (202) 225-3511

COMMITTEE:
WAYS AND MEANS

ADMINISTRATIVE ASSISTANT
JAMES M. SPARLING, JR.

Congress of the United States
House of Representatives
Washington, D.C. 20515

DISTRICT OFFICES:
ROOSEVELT PARK
950 WEST NORTON AVENUE
MUSKEGON, MICHIGAN 49441
(616) 733-3131
31 WEST 8TH STREET
HOLLAND, MICHIGAN 49423
(616) 396-3849

March 25, 1981

Dr. Paula D. Gordon
5519 Chevy Chase Parkway, N. W.
Washington, D. C. 20015

Dear Paula:

Your letter of March 23rd has been brought to my attention, and I just wanted to let you know that I am happy to be of all possible assistance relative to your great interest in an appointment in the new Administration.

We have contacted the White House expressing my personal interest and endorsement in your behalf. I certainly hope this will prove helpful.

Paula, it has always been my personal policy not to provide copies of letters of recommendation I have submitted in an individual's behalf. Because of this established policy, I hope you can appreciate and understand why I have not enclosed a copy of the recommendation I have sent to the White House.

You may be certain, however, that I will pass along to you any response that I receive.

With all good wishes,

Sincerely,



Guy Vander Jagt
Member of Congress

GVJ:rg

Carnegie Mellon University

School of Urban and Public Affairs
Schenley Park
Pittsburgh, Pennsylvania 15213
March 30, 1981

Mr. Edwin Meese, 3rd
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C., 20500

Dear Mr. Meese:

Paula Gordon reports that she is being considered for the post of Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, and that she has been asked to have references send evaluations of her capabilities.

I first came in contact with Ms. Gordon when she had completed a dissertation for American University on fraud and ethics in government. It was a very pioneering and useful document. I have quoted from it numerous times.

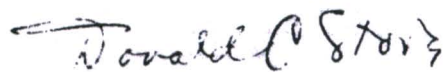
I counseled with her in connection with her work as an HEW fellow and later in her research in criminal justice administration. I thought her campaign for Congress in California was most resourceful in an unfavorable district. Because of my high regard for her administrative competencies, I have recommended Ms. Gordon for the Deanship of two schools of public administration and have offered to serve as a reference in any job effort.

As her resume will show Ms. Gordon has had outstanding education and experience for leadership in the public service. She is well-prepared to undertake major governmental responsibilities. She fulfills the requisites of both managerial and substantive capabilities for the proposed post which are the qualities stressed in the National Panel's report on "A Presidency for the 1980's." She has a unique combination of political sophistication, commitment to the values and ethics of public responsibility, knowledge of the proposed field of operation, and an extensive background in administration.

In my view Ms. Gordon represents the precise combination of talents which presidents, governors, and local executives should seek in carrying out their public responsibilities.

All good wishes.

Yours sincerely,



Donald C. Stone
Adjunct Professor of
Public Administration