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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

ADMINISTRATOR OF THE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

July 15, 1985

NOTE TO CARLTON E. TURNER, Ph.D.

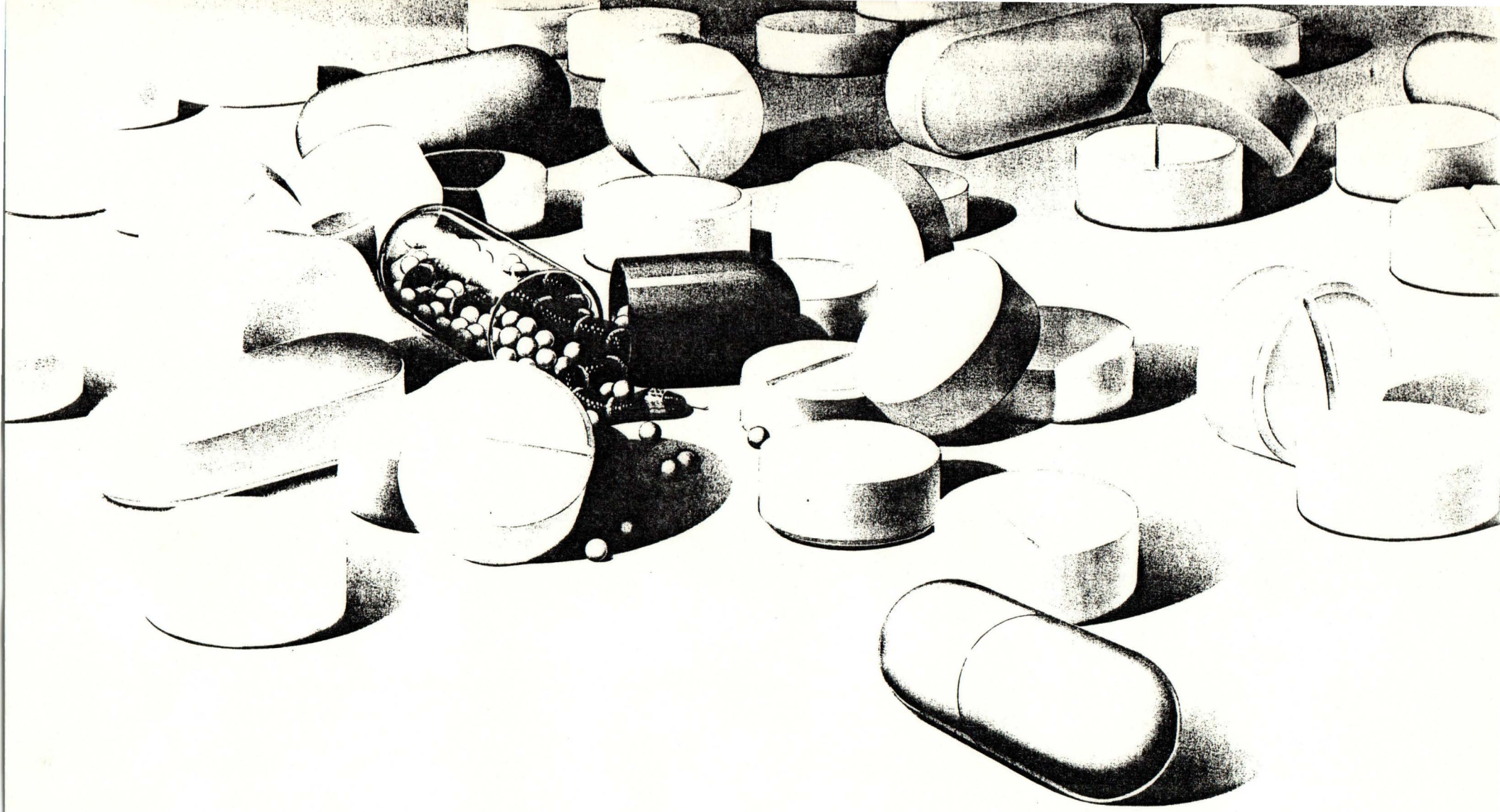
Dear Carlton:

I don't mean to bug you, but want to request again that you use your powerful persuasive talents to encourage Mrs. Reagan to attend the American Academy of Pediatrics (AAP) annual meeting in October. The AAP has not always been pro-Reagan and has been slow to actively take on drug issues. They are now, however, on board with a strong and active Drug Abuse Committee. A visit from the First Lady could do much to encourage this new-found enthusiasm.

Please keep me posted. Thanks.

Donald Ian Macdonald, M.D.

ROOM 12-105 PARKLAWN BUILDING, ROCKVILLE, MD., 20857



Look-Alike Drugs... One Bite and it Could Be All Over.

Look-alike drugs are drugs that mimic the size, shape and color of FDA controlled substances. Even a manufacturer's trademark is often duplicated. Although some look-alike drugs are legally advertised and sold under names like "Body Stimulant" the drugs' appearances are meant to confuse the purchaser. Look-alike drugs can easily be mistaken for Dexies, White Cross or Black Beauties.

The ingredients of look-alike drugs may vary widely in doses, purity and potency. Children and adults have suffered strokes and death following overdoses of these drugs. Users are more inclined to take dangerously larger doses of look-alike drugs, to mix the drugs, and to use them with alcohol.

How to Avoid the Traps of Drug Counterfeiters
Prepared with the cooperation of the Food and Drug Administration & Pharmacy Times.

The only totally reliable drugs are those purchased from a registered pharmacist. If you are not buying drugs from a registered pharmacist beware of the following.

1. Buy drugs only in original, sealed containers.
2. Avoid buying a small supply of a drug which the seller claims was taken from the "big-sized, original bottle."
3. Report at once to the police the name of any person who offers to pay you for empty, original containers —particularly of fast moving and expensive drugs... and/or larger sizes (500s, 1000s).
4. Avoid buying drugs from anyone who offers to sell you a drug at an unreasonably-low price, claiming it to be a "closeout."
5. Contact your physician, pharmacist or the Food and Drug Administration regarding any drug vendor or any drug product which arouses your suspicion.

American Academy of Pediatrics

Division of Public Education · P.O. Box 1034 · 1801 Hinman Avenue · Evanston, Illinois 60204

Change of tactics proposed for doctors of young people

Health

EDWARD L. COLE JR., M.D.

Too often it seems to me that our legal system capriciously denies and protects our civil liberties, to the detriment of our well-being.

As a case in point, our newspapers are filled with stories about parents who are forced to subject their new infants to expensive remedial surgical procedures that offer very little for the child when his whole problem is viewed. An example might be heart surgery on a severely retarded child.

At the other end of life, offspring who have "living wills" from their parents — requesting that they be allowed to die when there is no hope of curing their devastating disease — find that physicians, nurses and low-level officials completely ignore these requests. Unwanted treatment is carried out at great expense to the family, frequently stripping them of all their assets. But families who refuse such treatment are handcuffed by court orders from a judge, given on the advice of physician and hospital.

And then, in the middle, we have young people destroying themselves and parents unable to help them.

American pediatricians are distressed and depressed by their inability to stop the effect that the drug culture is having on their patients and former patients as they reach teen-age and young adult life. My generation of physicians has taken great pride in the fact that such illnesses as whooping cough, scarlet fever, polio and measles no longer create the threat they did several decades ago. But it seems that many of those who escaped damage from these diseases now are being killed as a result of involvement with drugs and alcohol.

Efforts on the part of physician-supervised groups set up to help these young people have been hampered in several areas. To understand this, one has to accept the fact that to treat and arrest a problem — much less cure it — the patient has to be available for the therapy.

But parents who know that their children are involved in the drug scene — and may eventually end up among the estimated 26,000 young people who die each year as a result of such involvement — are unable to assure that availability. They have no right to insist on treatment if the child does not want it. It will violate the child's civil rights.

To solve the problem of drug and alcohol dependency or addiction, the patient most often must be isolated from his peers and forced to continue his treatment. These individuals do not have enough common sense or mature judgment to make a proper decision concerning this. Yet, unlike the parents of the severely damaged newborn or the children of the hopelessly ill parent, the community and the courts make no effort to insure these "hooked" young people are treated. Indeed, recent courts have ruled that great financial penalties should be leveled against programs where such incarceration is used against the will of the patient.

Programs such as Straight Inc. have been set up to treat our young who are addicted to drugs and chemicals. The best results are attained by starting such therapy before the patient has advanced through the four stages of his or her problem. These programs cost very little when compared with other good hospital programs, which may charge $15,000 for one month of hospital treatment.

As far as I am concerned, it is time for physicians to the young — be they pediatricians, psychiatrists or family practitioners — to change their tactics. Too long, the medical community has fought the establishment and the judicial system in an effort to solve this dilemma. But it makes no sense for any of us to be adversaries when we all should want to solve this problem.

We do, after all, share a common concern: the well-being of our young people.

Dr. Cole has been in the private practice of pediatrics in St. Petersburg for more than 30 years.

Tues

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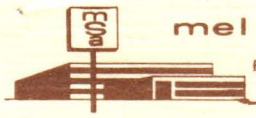
Aug 8, 1983
sent cc to
Jacky Noyes



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Note page 2

Also
This seems to be an excellent newsletter.
We should mail to them.

Dick

Alcohol and Drug Abuse

Editor: George V. R. Smith

PULSE BEATS

Published by **Insurance Field Co., Inc.**, P.O. Box 18630, Louisville, KY 40218. A monthly news report on the rapidly changing and complex field of alcohol and drug abuse, providing clear and concise details for timely action by citizens, businesses, civic and religious groups, and public officials at the national, state and local levels. • $37 per year.

July, 1983

COMMENTARY

WHY DOES A PERSON with average common sense want to start doing drugs? ....Involvement begins at an early age. Some studies find young people feeling pressure to start into drugs as early as fourth grade.... This obviously isn't a decision made after careful, objective study by a responsible and mature person....It's an impulsive action triggered to some extent by the environment in which we live. It's a social and commercial environment that encourages--indeed glamorizes--the drug culture, especially in the teen-age years. That's why it's significant to consider an action taken recently by Florida Pediatric Society and Florida Chapter of Amer Academy of Pediatrics....After failing to persuade parent firm, Squibb Corporation, that use of name 'OPIUM' for cologne and other related products promoted through Yves Saint Laurent Parfums, part of Squibb subsidiary Charles of the Ritiz, was in poor taste and ought to be stopped, the pediatricians resolved to begin a boycott of Squibb products. A resolution passed at a spring meeting recommends that pediatricians no longer prescribe Squibb Pharmaceutical products when reasonable substitutes are available....The action was presented to Florida Medical Assn's Substance Abuse Committee in early July. Amer Academy of Pediatrics will be approached in September, and Florida Academy of Family Practice, in October. These other professional groups, said Dr. Donald Ian MacDonald, pres, Florida Pediatric Society, are being asked to take similar action.

Dr. William Pollin, director, National Institute on Drug Abuse (NIDA), has perceptively focused on significance of the action initiated by Florida's pediatricians. "I think your campaign with regard to 'OPIUM' is an important one and more significant than might otherwise be the case," NIDA chief told them. "There is substantial evidence to indicate that inadvertent choices made by various Amer communications media--the record industry, the movie industry, as well as other types of private enterprise--in the 1960s and early 1970s contributed to the popularization and acceptance of the notion of illicit drugs. I believe it is most important at this time that we not permit or encourage the reappearance of such legitimization by major Amer corporations. It is for that reason that I strongly support your proposed initiative." Pediatricians have a natural interest in seeing the young grow into healthy, functioning adults. Florida's pediatric chapter is to be praised for its responsible action, an action which PULSE BEATS strongly recommends that others in the medical community follow.

(over)

Top of the News

WISCONSIN ATTY GEN BRONSON C. LA FOLLETTE filed lawsuits against mail-order look-alike drug sellers from Milwaukee, Chicago and California. Complaints, filed in Dane County Circuit Court, charge defendants with illegally advertising and selling look-alikes in Wisconsin. (See PULSE BEATS, May 1983, page one.)

NATIONAL ASSN OF SECONDARY SCHOOL PRINCIPALS (NASSP) gave 34,000 high school principals guidelines for student drug abuse prevention, in recent newsletter. For copy, send 50 cents to: NASSP, Research Dept, 1904 Association Drive, Reston, VA 22091.

WOULD REPORT DRUNK DRIVING: Survey by Opinion Research Corp, for Alliance of Amer Insurers (The Alliance) showed that 9 of every 10 people would report drunk driving over Citizen Band (CB) radio, were they in a position to do so.

58% OF FORTUNE 500 COMPANIES have employee assistance programs (EAPs), according to Dr. Carlton E. Turner, special assistant to President Ronald Reagan for drug abuse policy.

MARYLAND, FLORIDA AND CALIFORNIA among states planning to clamp down on drunken boaters. Reporter David Bauman, in article appearing in USA Today, said there are 1,200 boating deaths a year in U.S., with drunken boaters accounting for some 70%.

ECONOMIC COST OF ALCOHOLISM AND ALCOHOL ABUSE, largest portion of which is lost work productivity, may be as high as $120 billion annually, according to case study prepared for Congressional Office of Technology Assessment (OTA). Moreover alcohol abuse may be responsible for up to 15% of nation's health care costs. Details from editor.

GEORGIA DEPT OF HUMAN RESOURCES sending community health depts three pamphlets, including one detailing how to refuse drugs "without getting into a lot of bad feelings." The dept will also help sponsor viewing before community groups of television series, "The Chemical People," to be aired on public broadcasting stations in November. (See PULSE BEATS, June 1983, page one; and PULSE BEATS, May 1983, page two.)

ALCOHOL RISKS AND PREGNANT WOMEN: It's third most common form of mental retardation, medical experts told a House committee. Effects include a small brain, small eyes and thin upper lip. Up to 2,400 babies a year have it. But fetal alcohol syndrome, as it's called, can be prevented if women don't drink alcohol while pregnant.

RUDOLPH GIULIANI, formerly U.S. associate atty general, is now U.S. Attorney for Southern District of New York, the primary port of entry for heroin. Giuliani helped establish Justice Dept's Drug Enforcement Task Force plan. He expected task force in NYC to be operating by Aug 1. "I don't know if that is realistic nationwide."

DRINKING GAME DRAWS BOOS from Alcoholism Council's Cincinnati chapter. Dress for the game consists of golf outfits, down to the shoes, and topped off with a hat or visor reading "The Cincinnati Invitational." Players arrive at bar in limousines, order a drink, record it on their score cards. When leader blows whistle, players depart to next bar where procedure is repeated. Game continues until last one standing wins.

ADD TO YOUR FILE: Citizens for Safe Drivers (CSD) Against Drunk Drivers and Other Chronic Offenders, P. O. Box 42018, Wash, DC 20015. It was founded by Ken and Fran Nathanson. Details on CSD activity available from editor.

INNOVATIONS: "Prescription Drug Abuse Control: The Wisconsin Approach" looks at state's model program of cooperative effort among regulatory agencies. Result is a reported 90% decline in prescription abuse of amphetamines. 8 pages. Price $4. Write: Order Dept, Council of State Governments, P. O. Box 11910, Iron Works Pike, Lexington, KY 40578.

ARRIVE ALIVE is title of book on how to keep drunk and pot-high drivers off the highway. Author is Peggy Mann. Price $7.95 plus $1.50 for shipping and handling. Write: Woodmere Press, P. O. Box 1590, Cathedral Station, NYC 10025.

COMPTROLLER GENERAL REPORT TO PRESIDENT AND CONGRESS on Food and Drug Administration's (FDA's) efforts to regulate drug industry included recommendation that Secretary of Health and Human Services (HHS) "develop a mechanism to measure the extent to which voluntary corrective actions result in compliance."

COCAINE USE MAY DOUBLE, according to Thomas B. Kirkpatrick, executive director, Illinois Dangerous Drugs Commission. Article in Time magazine quoted Kirkpatrick as predicting use of cocaine "will double in the U.S. before we see any decline in its popularity." Poll reported 20 million Americans have used cocaine, while every day "5,000 neophytes sniff a line of coke for the first time."

WANT TO SUPPORT MOTHERS AGAINST DRUNK DRIVERS (MADD)? Donations can be sent to local chapter or to national office: MADD, 669 Airport Freeway, Suite 310, Hurst, TX 76053. Candy Lightner is MADD pres.

WHAT DETERS DRUNK DRIVING?....Here's what some observers have found: 1) Immediate administrative lifting of license for 90 days for every motorist who fails breath test at .10 blood alcohol level; 2) Immediate administrative license suspension for one year after refusing the test; 3) Random checkpoints at dangerous places on the highway; 4) Purchase of portable breath testers for all policemen, paid for by fines of drunk-driving offenders....It's been shown that 50% of all fatalities and injuries can be avoided if the above actions are together in place in a community.

1982 BEER CONSUMPTION IN AMERICA down 100 million gallons, although nation's brewers spent $400 million on advertising promoting their products. It marked industry's first unit-sales decline in 25 years.

(over)

COCAINE ADDICTION ON THE FARM is target of Hazelden Foundation in Minnesota, which treats addicts. One man reportedly sold farm assets to buy $80,000 of cocaine.

OUTSPOKEN CRITIC OF MEDICAL AND DRUG INDUSTRIES continues to present his case to Amer public through books and media interviews. Dr. Sidney Wolfe, director, Ralph Nader's Public Citizen Health Research Group contends that of 10 million Americans taking Valium or similar drugs, about 1.5 million risk addiction. (One newspaper says Wolfe is to drug industry what Nader was to Corvair.) Tranquilizers, Wolfe adds, are overprescribed and contribute to 1,400 deaths a year....Of more than $10 billion spent by Americans each year on over-the-covnter drugs, he says there's equally dismal picture. Believes at least $3 billion is wasted on grossly overpriced OTC products, many lacking safety or effectiveness.

ARMY'S POT-DETECTING TEST CHALLENGED IN LAWSUIT. Urinalysis tests to reveal marijuana smokers aren't accurate and violate GI's constitutional rights, according to class-action suit filed in Fayetteville, NC, against Army Secty John O. Marsh Jr.

DRUG-AND-ALCOHOL-FREE PARTIES in private homes, at city recreation centers and at teen canteens are popular, say Texas War on Drug officials. Drug education presentations by young people to elementary school classes, school assemblies, civic groups, church groups and other gatherings are also popular. Details from editor.

THE TWO AIRLINE MECHANICS who failed to install oil seals during a routine engine maintenance operation asked for informal hearing, as part of appeal process available to them. One had received a 60-day, and the other a 90-day license revocation after an Eastern Airline jet with 172 aboard barely limped back to Miami after engines overheated and stalled. One of the mechanics, James Andrew Sunbury, pleaded no contest in May 1982 to a misdemeanor charge of marijuana possession. The judge entered a guilty plea but withheld adjudication, meaning Sunbury could ask to later have his record expunged....FAA periodically checks mechanics' work performance but has no physical monitoring procedure for checking to see if mechanics are spaced out at work FAA spokesman Jack Barker told PULSE BEATS newsletter.

MC NEIL PHARMACEUTICAL-ACTION AGENCY sponsoring prevention effort, Pharmacists Against Drug Abuse....Successful enough in three New England test locations, it will be expanded nationally within the next year....A new element was added to campaign which currently includes a brochure and a pharmacist's guide. Now there's a public service ad starring actor Michael Landon, highlighting "visit your local pharmacy" to find out more about drug abuse.

NATIONAL ASSN OF ATTORNEYS GENERAL recently announced support for proposed legislation allowing marijuana for medical purposes. The legislation is sponsored by Rep. Stewart McKinney, R-CT.

CUSTOMS COMMISSIONER WILLIAM VON RAAB says smugglers are taking greater risks to bring drugs into U.S., because of stepped up enforcement.

End July 1983 Newsletter

SPRING 1983

THE PEDIATRICIAN'S ROLE IN DEVELOPMENTAL HEALTH: INFANCY THROUGH ADOLESCENCE

For further information, or copies of papers, please contact Gianfranco Chicco, Roberta Marks Wilbur at 212 /557-1020; or Jeanne Gumm at 312 /368-0400.

An Introduction

Although today's children have a statistically longer life expectancy than those born in 1900, the trauma facing contemporary youngsters may kill them just as surely as childhood diseases of the past.

Pediatricians have been the first to recognize this shift in health care needs. According to Dr. James Strain, president of the American Academy of Pediatrics, problems such as teenage suicide, alcohol and drug abuse, and stress-related disorders have reached such epidemic proportions among this segment of the population that living to adulthood may be unrealistic for some.

The lack of the right physician to treat teenagers has aggravated the problem. Until now, teenagers have tended to fall through the cracks of medical practice—they've been considered too old to be seen by pediatricians and too healthy to require a specialist. The youngsters are usually taken to their parents' physician, who may be so closely identified in the child's mind with the parents, that the kids are uncomfortable in dealing with them.

The needs are clear: among young adults between the ages of 15 and 24, suicide is the third leading cause of death for males and the fourth for females. Up to a million teenage girls become pregnant each year. About 700,000 adolescents have gonorrhea. Almost three-quarters of teen girls smoke cigarettes.

"This shows to what degree the health needs of adolescents are still unmet," Dr. Glenn Austin, immediate

continued on page 2

On October 28, 1982, the American Academy of Pediatrics, representing 24,000 pediatricians, held a medical symposium in New York City for representatives of leading social service organizations, educators, other health care professionals, and consumer and professional medical media.

The subject of the special day-long symposium, was "The pediatrician's role in developmental health: Infancy through adolescence." The meeting inaugurated a three-year nationwide campaign by the Academy to educate parents, other involved adults, and adolescents on the role of pediatricians in treating this country's youth.

The special symposium covered a broad spectrum of physical and emotional health problems confronting America's youth. The issues addressed by the symposium faculty were: teenage sexuality, infectious diseases, sports medicine, nutrition, and substance abuse. New scientific topics were: technology abuse (including video-game "mania") and the effects of changing family styles on adolescents.

Special presentations by Dr. James Strain, president of the American Academy of Pediatrics, and Dr. Glenn Austin, immediate past president of the Academy, summarized the salient points underlying the need for such a program, and introduced the concept of the pediatrician as health care taker of adolescents as well as children. ●

Dr. Paul F. Wehrle, vice-president of the American Academy of Pediatrics, and director of pediatrics at the Los Angeles County-University of Southern California Medical Center, moderated the symposium and led the discussion periods.

(Continued from page 1)

past president of the American Academy of Pediatrics said at the group's recent annual meeting.

Having identified the need, pediatricians are prepared to deal with it. "Over the next decade, in the New Age of Pediatrics, pediatricians will take care of almost two-thirds of American children and young adults," according to Dr. Austin, who spoke at a special day-long symposium on "the pediatrician's role in developmental health: Infancy through adolescence."

Why should pediatricians take on this role? "Because the pediatrician, who has known the family and the child through the years and is an expert in growth and development is the professional best qualified to care for the adolescent and young adult," according to Dr. Strain.

Other symposium participants agreed, adding that because of various biological and psychosexual factors, age 12 or 14 does not seem to be the best time for interrupting pediatric health care.

Elaborating on the rationale for prolonging pediatric health care into the teen years, the symposium speakers stressed the fact that the pediatrician can offer the same type of approach to preventive health care that he or she uses for patients in the second decade of life.

According to Dr. Michael Cohen, for example, talking to a mother about the importance of keeping medicine bottles out of the reach of her child is somewhat different from talking to a teenager about substance abuse risk-taking behavior, but the underlying theme—preventive care—is the same. Dr. Cohen is chairman of the department of pediatrics at the Albert Einstein College of Medicine-Montefiore Hospital, Bronx, New York.

"Teenage suicide, alcohol and drug abuse, and disease have grown to such epidemic proportions among America's young people that living to adulthood may be unrealistic for some."

Likewise, as a trusted and longtime friend, the pediatrician can offer information and reassurance about his or her young patient's growth and development, as well as helping the youngster with problems he or she may be embarrassed or afraid to talk about with his or her parents.

Because pediatricians are primary care physicians, they are better qualified to deal with both the physiologic and emotional problems of teenagers. For example, one of the most important tasks for the pediatrician is the identification and treatment of such infectious diseases as herpes and gonorrhea.

"Caring for youth is our mission," said Dr. Austin, adding that routine health examinations allow for early detection and treatment of medical problems and counseling on sex, suicide, and substance abuse.

The transition from "baby doctor" to health provider for young adults is expected to be smooth. "The unique ability of the pediatrician to adapt to the various developmental stages of a youngster should help in the shift to caring for the adolescent," according to Dr. Cohen. Other symposium participants agreed, many adding that they routinely assisted adolescents in such problems as drug abuse, pregnancy, sexually transmitted diseases, nutrition, and family counseling.

The truth is that for the last 25 years pediatrics has been on the cutting edge of adolescent medicine. Looking after adolescents and their biological and psychological problems appears to fit well with the training, experience, and philosophy of American Pediatrics. ●

Elizabeth R. McAnarney, M.D. FAAP

George Washington Goler Associate Professor of Pediatrics and Director of the Division of Biosocial Pediatrics and Adolescent Medicine at the University of Rochester School of Medicine, Rochester, New York.

Psychosexual Aspects of Childhood and Adolescent Sexuality

Being an adolescent mother is a stressful event that faces more than half a million teenage girls each year.

Contrary to common belief, most teenagers can give birth to a healthy baby, if they receive proper prenatal care. Even so, infants born to adolescents less than 15 years old, are more likely to be premature, and suffer more problems during growth.

Moreover, whether a 15-year old mother can rear her youngster properly is problematical. Available data indicate that children of adolescent parents suffer intellectual deficits, primarily because the father or mother is unable to complete his or her education. Another problem is that teenage marriages are very unstable because adolescent partners are immature.

Because of their special role in developmental health, and their confidential relationships with young patients, pediatricians are the most suitable professionals to counsel and treat teenagers. They are in an ideal position to detect and treat any medical problem, and counsel on birth control and other sex-related issues. If the adolescent is pregnant, the pediatrician can provide much needed counsel and advice to the often distraught youngster.

The pediatrician can prevent pregnancy or other sexually-related problems of adolescence by providing preventive counsel and education. The doctor can apply the same preventive health care model he or she uses for children and their parents to adolescents, modifying it so that it reflects the real problems and concerns of the teenager.

The pediatrician should focus on the needs of the adolescent, discussing with him or her the problems and questions the teenager may have on his or her sexuality, relationships with friends, and other health-related issues. Treating the adolescent as a maturing young individual and recognizing the youngster's need for counsel and help is the most valuable contribution the pediatrician can give to his or her young patient. ●

Gilbert B. Forbes, M.D. FAAP

Professor of Pediatrics at the University of Rochester Medical Center, Rochester, New York.

The Modern Nutritional Scene: Facts and Controversies

McDonald's Big Mac provides a 12-year old girl with all the protein she needs for the entire day. What the hamburger patty does not give her, and the millions of other children and adults who eat in fast food restaurants, is the variety of nutrients essential to good health.

In fact, most so-called "junk" food is good food. The problem is with eating habits. And this problem is one of the most critical in today's society. Furthermore, the pace of life today has become so frantic that families no longer have the opportunity to get together at the end of the day for dinner. And this situation is aggravated by the availability and cost of these fast-food meals.

"Adolescents who resort to rigid dieting without medical supervision often aggravate the problem rather than finding the solution to permanent weight control."

Because of the pediatrician's ongoing role as counselor and educator to children and parents, it is only natural for him to extend his expertise to adolescents and young adults. In fact, the doctor can apply the same knowledge of nutrition to his young patients and their families, educating them on proper nutrition and eating habits.

Eating disorders are another major concern in our society today. Interest in food and weight control is not limited to one sex, nor are most eating problems. But it is women, particularly those between the ages of 12 and 25, who are most likely to allow a preoccupation with food and dieting to dominate their lives.

Body image is not as much a central part of a boy's self-image. Boys can be more overweight than girls and still be socially acceptable. It is also easier for young men to stay thin because of higher metabolism rates

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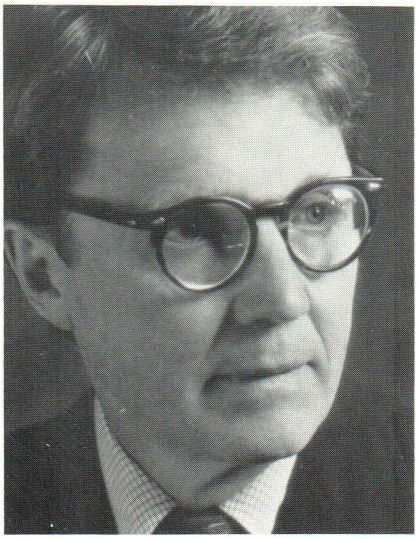


Nathan J. Smith, M.D. FAAP

Professor of Orthopedics, Division of Sports Medicine, at the University of Washington School of Medicine, Seattle, Washington.

Sports Medicine and the Pediatrician

There is something very wrong about the way children now play. Play is supposed to be fun, keeping a child happy and contributing to his or her physical and emotional development. For many children and their parents, however, play has lost its innocence, becoming very competitive—particularly in highly organized sports programs.

This has placed a host of new demands on children. Instead of having fun, children are now more concerned about winning. Failure to make the team, for example, can be devastating to a child, and has been likened to losing a parent. Young athletes also suffer from the physical hardships of long seasons and practice sessions.

Family reaction to sports is the most threatening emotional consequence for children participating in highly structured programs. Children don't gain from sports unless they are completely confident that their worth in the eyes of their parents and family members doesn't depend on whether they win or lose.

Another problem is the misconception among parents and untrained coaches of the preadolescent's physical limitations. Children don't have the same potential for responding to training as adults do; in fact, for the average boy, athletic maturity normally doesn't occur before age 16. Yet, Little League baseball players, for example, are under great pressure to perform like adult professionals even though young athletes lack both the physical and emotional maturity. As a result, children who participate in competitive sports at an early age may experience "burnout" by 14 or 15—even before reaching their earliest physical potential.

For all these reasons, the preadolescent's main sports goals—and his or her family's— should be enjoyment and the socialization team play brings.

"Instead of having fun, children are now more concerned about winning. Failure to make the team, for example, can be devastating to a child, and has been likened to losing a parent."

The pediatrician, who understands the physical and emotional characteristics of adolescence as no other physician does, can advise parents about their individual children's preparedness before the youngsters become involved in sports activities. The pediatrician can also provide expertise at the community level, minimizing the negative aspects of community sports programs. •

(Continued from page 3)

and more opportunities to exercise.

Young girls are under constant pressure to be thin at any cost. Our society admires and often demands thinness in women. Such expectations and pressures often cause young girls to measure their self-worth and happiness in terms of waist size.

The extreme expression of this dissatisfaction is anorexia nervosa. Long a closet illness, anorexia has lately received considerable attention from the general population. Because the typical anorexic usually denies that he or she has a problem, the many therapies that are constantly tried usually have limited success.

Anorexia is an emotional disorder complicated by biological factors resulting from starvation. The disease isn't simply the relentless pursuit of thinness through starvation. Internal stress, problems of self-esteem and identity, and social isolation are some of the underlying causes.

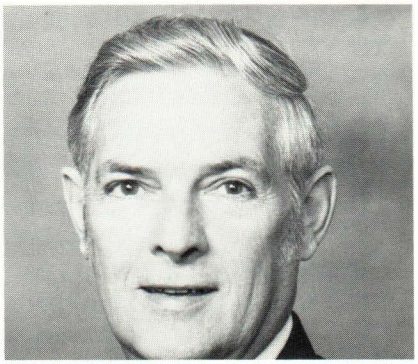
Another nutrition disorder which is not as life-threatening but is much more common than anorexia is chronic dieting. Almost everyone has been on some kind of diet at one time in their lives. Chronic dieters, though, want to lose weight regardless of whether they are fat or thin. Their obsession for thinness is fired by the hundreds of diet books and cook books on the market, in a culture that prizes thinness above everything else.

Adolescents who resort to rigid dieting without medical supervision often aggravate the problem rather than finding the solution to permanent weight control. Especially hazardous are fad diets. The nutritionally imbalanced liquid protein diet, for example, has been responsible for several deaths. Other diets, like the low fat and low carbohydrate diet can damage internal organs, cause nausea, fatigue and depression, and sow the seeds for more serious health problems later in life.

Pediatricians can help change the odds in the adolescent's favor. Since the pediatrician has the greatest expertise in developmental health counseling and has a special relationship with his young patient, he is in the best position to help. The doctor can provide counseling and education for the teenager on nutrition and proper eating habits.

The pediatrician can also help the youngster overcome feelings of inadequacy and dissatisfaction with his or her body. If the teenager is overweight, he can develop a diet plan suitable to the teenager's need and problem.

The Teenager, Technology Abuse and the Pediatrician



H. James Holroyd, M.D. FAAP

Affiliated with the Los Angeles Children's Hospital, and Professor of Clinical Pediatrics at the University of Southern California, Los Angeles, California.

An 11-year old addict stole from his grandmother to finance his habit. This would not be news – except that the addiction is video games. Thousands of other youngsters are skipping school, filching their mothers' purses, and breaking into parking meters – and all for the excitement of zapping aliens and pulverizing asteroids in garish arcades and family recreation rooms.

Faster than a rapacious Pac-Man, video games are gobbling up some 20 billion quarters every year ($5 billion), and have invaded millions of households around the country.

Because of their winning ways, video games have been bombarded by controversy. On the one hand, proponents have claimed that the little machines are helpful as well as fun: they introduce youngsters to computer technology and are intellectually challenging. On the other hand, the alienating effects of video games is raising some unsettling questions about potential hazards.

An adult who tries the games recognizes their pull – an addicting or narcotizing effect. The impressionable child can become so absorbed in the game that he or she may dodge reality and human contacts, becoming alienated from his environment. Although the full effects of video games on children and adolescents have yet to be determined, social scientists, parents, and even some communities are deeply concerned. Early research indicates that video games are not innately dangerous but, like so many products, they can become a health hazard if misused.

Another mechanical object that has become a part of pop culture is the portable stereo cassette player. Over 10 million people around the world are wearing personal stereos—while jogging, walking, or even driving—causing concerns about safety. Traffic becomes a hazard for people wearing headphones. The other less obvious risk, is that headphone listening for long periods of time with the volume on high could damage the listener's hearing. The classic and best-known example of technology abuse is that American institution, the automobile. The old family car is the single largest preventable killer of youngsters between 12 and 25 years of age.

Obviously, it is not the automobile itself but its abuse by youth that turns the car into a deadly weapon.

"The impressionable child can become so absorbed in the video game that he may dodge reality and human contacts, becoming alienated from his environment."

Lack of supervision by parents, unlimited licensing, and inadequate legislation for automatic restraints aggravate the situation.

Vehicle-related deaths are more than twice as high among adolescents than among the general population. The loss to the economy is as staggering as the loss in human life: the total annual cost of motor-vehicle trauma is estimated to be $22 billion.

After years of merely treating injured children, pediatricians and other health care professionals are now approaching the issue of technology abuse, particularly motor-vehicle accidents, from a preventive standpoint. They can counsel parents on the needs of their children and help them develop appropriate and effective role modeling for their youngsters. Likewise, as trusted and long-time friends, pediatricians can help their young patients sort through their struggle between video games and growing up.

At community and government levels, pediatricians can be counselors and advocates for more constructive and less dangerous uses of technology. •

The Effects on Children of Absentee Parents and Changing Family Styles

T. Berry Brazelton, M.D. FAAP

Associate Professor of Pediatrics at Harvard Medical School, and Chief of the Division of Child Development at the Children's Hospital Medical Center, Boston.

Whether because of divorce, single parenthood, dual careers or a troublesome economy, at least one-fourth of school-age children today are living with a single parent—and paying the price.

Consider that:

- By the 1980s, 40 to 50 percent of children under 18 will have lived with just one parent.
- Forty-two percent of mothers of children under three years old are employed and are using substitute care.
- Over 14 million children are in some form of day care for more than 10 hours a week.

What these facts indicate is that children are no longer the center of family life, particularly as parents become caught in a crunch of conflicting interests. On the one hand, there is the need and desire for child rearing and family life; on the other, there is the drive for career and personal fulfillment. Unfortunately, the child is often caught in the middle.

Today, the traditional family in which the father works and the mother stays at home is no longer the norm. Either because of financial straits or need for fulfillment, the mother is now going out and working. And in most instances, two careers produce a frantic existence that leaves limited time for the youngster. Many working parents are then forced to use substitute care for their children— paid sitters in the home or day care centers. Overall, 47 percent of married-but-working women and 65 percent of divorced or separated mothers with young children are working outside the home and using some form of child care.

In fact, these parents may feel such guilt and sadness for leaving their child, that they may alienate themselves from the infant—not because they don't care, but because they care too much. Parents must come to understand that the bottom line is not how much time they spend with their children, but how they spend it. After all, it is the

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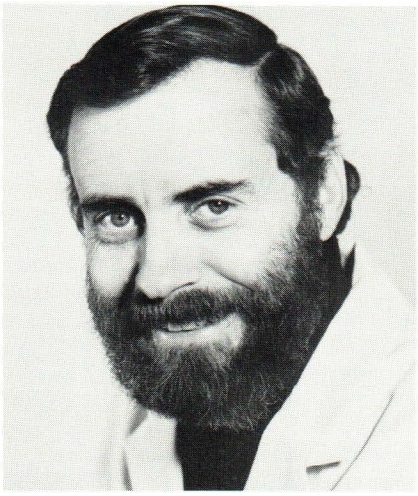


Sexuality, the Pediatric Patient and the Pediatrician

Michael I. Cohen, M.D. FAAP

Chairman of the Department of Pediatrics at the Albert Einstein College of Medicine-Montefiore Hospital, and Professor of Pediatrics at the Albert Einstein, Bronx, New York.

In a nation proud of its young, a whole generation is growing up irreparably harmed by a score of unmet health needs. Consider that:

- About 1 million teenage girls become pregnant each year.
- 650,000 are unmarried.
- 30,000 are 14 or younger.
- 400,000 have abortions.
- Another 250,000 between 15 and 19 years old suffer from gonorrhea, and some 5,000 are absent from school every day because of this disease.

Such data clearly indicate that youngsters are not being properly guided and cared for during a period of development that defines the future overt expressions of teenage sexual behavior.

Prolonged care and guidance by a pediatrician represents an effective way to influence change. Because of the pediatrician's role in the health of the growing child it seems natural that it would be his or her responsibility to provide continuing health care and treatment to the teenager.

Little is to be gained if pediatric health care is interrupted at puberty. A much more logical "break" time is when the youngster leaves home at the end of adolescence.

Moreover, experts agree that because of various biological and psychosexual factors age 12 or 14 does not seem to be the best time for interrupting pediatric health care.

The pediatrician can offer the same type of approach to health care he or she uses for children—such as immunization, prenatal care and preventive counseling —in the second decade of life. Talking to a mother, for example, about the importance of keeping medicine bottles out of the reach of her child is somewhat different from talking to a teenager about substance abuse but the underlying theme—preventive care—is the same.

"One million teenage girls become pregnant each year; thirty thousand are 14 or younger. This clearly indicates that youngsters are not being properly guided and cared for during a period of development that defines the future overt expressions of teenage sexual behavior."

Since the pediatrician is in a unique position to follow a youngster through the various developmental stages of his patient and has the greatest expertise in preventive health counseling, he is also in the best position to help the adolescent.

Although the pediatrician will always specialize in the treatment of the newborn, he will also play an increasingly greater role in adolescent health care. ●

(Continued from page 5)

quality of parenting time that fosters the baby's future social and psychological development.

Even more worrisome than single or dual career families, is the psychological trauma for many youngsters from families affected by divorce or separation. By the time they become adults, nearly half of today's youngsters will have spent part of their childhood with just one parent.

Many youngsters are able to cope reasonably well. Researchers say that most make a healthy adjustment within five years following a divorce. But others suffer for years. If the child is used as a "football" between the parents—as a means of retaliation—and he or she is not protected from the inevitable tension and bitterness, then the youngster's image, sexuality, even intelligence, may be severely affected.

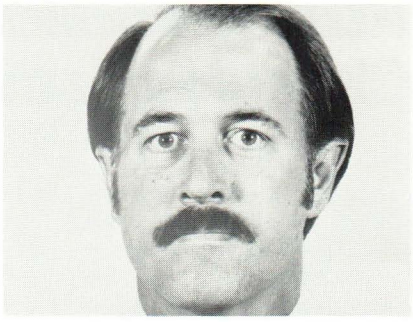
Since the children of a divorcing family tend to blame themselves for the break up and to devalue themselves, parents must provide constant reassurance, and encourage them to verbalize their anger and feelings of being deserted.

Researchers agree that children living with an opposite sex parent (boys with mothers, and girls with fathers) are less well adjusted than same sexes living together. Adjusting to a divorce may be easier for children if they are able to see both parents often. But many youngsters do not have that chance.

"By the time they become adults, nearly half of today's youngsters will have spent part of their childhood with just one parent."

Pediatricians play an increasingly active role in guiding these new kinds of families. They can advise young parents who have to or want to go back to work about timing, how to provide quality care to infant or child, and about what it will mean to them as developing adults to share their children with substitute care-givers. In a divorce situation, the pediatrician can act as an advocate for the children: he or she can prepare parents for the regressive symptoms their children may manifest, and help the youngsters overcome their parents' separation. ●

Substance Abuse and Youth



Joe M. Sanders, Jr., M.D. FAAP

Chief of Adolescent Medicine Service at Fitzsimmons Army Medical Center, and Associate Clinical Professor of Pediatrics at the University of Colorado Health Services Center, Denver, Colorado.

Driving while drunk is a risk for adolescents who know neither how to drive nor how to drink. Eventually they will learn how to drive, but who will teach them how to drink? Finding an answer to this question would save the lives of 8,000 teenage drivers a year, and spare 40,000 others from injury.

Beyond the statistics for teenage drunk-driving lies the grimmest of all statistics—the epidemic proportions of teenage drug abuse. Consider that:

- In 1981, approximately 20 percent of high school students smoked half a pack of cigarettes a day.
- Six percent used alcohol daily.
- Seven percent smoked marijuana frequently.
- Daily use of stimulants, primarily amphetamines, has tripled since 1976.

These drug-use figures are slightly lower than those compiled in similar studies in 1979 and 1980. However, there's a disturbing new finding: all three drugs are now used at an earlier age—as early as the 6th grade.

Pediatricians play an important role in combating drug abuse because they form confidential relationships with youngsters and intervene when no one else can or will. Their personal relationships with parents, and their expertise in developmental health, make them the ideal health care providers for teenagers, particularly in dealing with such a sensitive and far-reaching problem as drug abuse.

The link between the counsel of the pediatrician and families, schools, and community agencies is becoming increasingly more important as new studies uncover unexpected dangers from substances of abuse. For example, new studies have found that—contrary to popular belief—marijuana can cause serious illnesses, including cancer.

Why have such negative findings only recently emerged? The reason is that the marijuana now being sold is 10 times more potent and contains more THC (a hallucinogenic chemical) than the product sold in the 1960s, when marijuana became popular. This increase in potency essentially negates the previous research findings made with the weaker drug.

In describing the concentration of THC in the 1960s and 1980s version of marijuana, researchers have used the analogy of a single martini versus the effects of a complete bottle of gin.

"Investigators have found that smoking three 'joints' a week is roughly the carcinogenic equivalent of a pack-a-day cigarette habit."

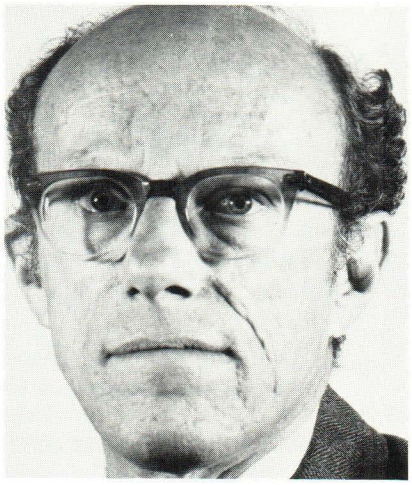
Another recently made finding is that THC is fat soluble and has a half-life of three days (meaning that it takes three days for half of a consumed amount to be eliminated from the body). This means that 1) the drug concentrates in organs particularly susceptible to fat-soluble substances—such as liver, lungs, reproductive organs and brain; and 2) that small amounts of the drug administered over a period of time are more harmful than the same quantity taken as a single dose.

Investigators have also found that smoking three "joints" a week is roughly the carcinogenic equivalent of a pack-a-day cigarette habit.

Preliminary data also indicate that habitual marijuana use can damage the central nervous system. The most frequently observed effect is on personality: changing motivated people into apathetic ones. Adolescents seem to be most susceptible to this kind of personality disorder.

As the extent and nature of substance abuse increases the pediatricians' knowledge of how to recognize and treat the problem, their expertise in developmental health, and their special relationship with youth make them the primary health-care providers to adolescents with substance-abuse problems. ●

Adolescent Suicide: On Taking Arms Against a Sea of Troubles



Leon Eisenberg, M.D. FAAP

Chairman of the Department of Social Medicine and Health Policy at Harvard Medical School, Boston.

Although the health of young people in this country improved rapidly over the first 60 years of this century, this age group's suicide rate has more than tripled in the last 20 years. Among those between 15 and 24 years of age, suicide is the third leading cause of death in males, and the fourth in females.

At a time when childhood diseases like smallpox and measles no longer claim young lives, physicians are having to face a new and insidious killer. Almost everyone goes through life with at least fleeting thoughts of suicide. But how does a child come to feel such loneliness and pain that life no longer seems worth living?

"The rate of teenage suicides has more than tripled in the last 20 years. Among those between 15 and 24 years of age, suicide is the third leading cause of death among males, and the fourth among females."

Experts agree that disrupted emotional lives, pressures for performance from family and peers and use of drugs and alcohol can precipitate a suicidal situation. But although that final push may come from something as small as failing an exam or breaking up from a girlfriend or boyfriend, the build-up to that final decision is gradual. The teenager who has reached the decision of seriously considering suicide never fails to send out warning signals. If the parent fails to notice the distress of the youngster, he may feel rejected; worse still, if the parent belittles the adolescent, disbelieving his cries for help, the teenager may feel it necessary to try suicide out of pride.

Because of the pediatrician's role in developmental health, a special

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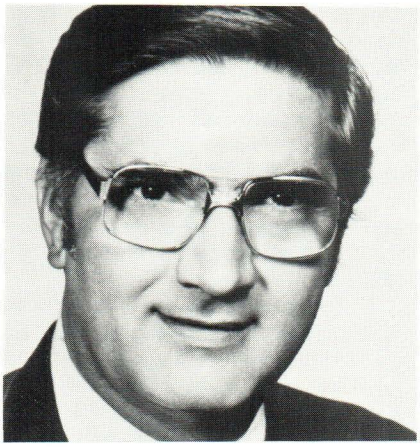
Sexually Transmitted Diseases and Other Infectious Diseases in Children and Adolescents



Vincent A. Fulginiti, M.D. FAAP

Professor and Head of the Department of Pediatrics at the University of Arizona College of Medicine, and Chief of Pediatrics at University Hospital, Tucson, Arizona.

The most common infectious diseases affecting adolescents used to be measles, mumps, chicken pox, and so on. Now, with the exception of the common cold and flu, sexually transmitted diseases are the most common. About 700,000 teenagers have gonorrhea, and for every 15 cases of gonorrhea there's one of syphilis.

One of the most important roles of the pediatrician is in identifying and treating such infectious diseases—not only for the sake of the adolescent, but in order to prevent the young adult's own offspring from being harmed by venereally transmitted infections.

The pediatrician can also identify and correct gaps in the adolescent's immunization— such as failure to have measles and rubella shots—which expose the developing fetus to congenital infections.

Once a normal infant is born, the pediatrician's role in prevention and control of infectious diseases becomes a central focus of health maintenance care. Diagnosis, treatment, and subsequent management of infants and children with common infectious diseases can prevent disability and loss of school time. But it also controls spread of infections to susceptible family members and lessens the impact of the illness upon the community.

For example, prompt identification of upper respiratory infections caused by Hemophilus influenzae can prevent the condition from becoming invasive and resulting in bacteremia and meningitis. Hemophilus influenzae causes 8,000 yearly cases of meningitis, with thousands more suffering serious infections of the skin, respiratory tract, and lungs.

"With the exception of the common cold and flu, sexually transmitted diseases are the most common infectious diseases among adolescents. About 700,000 teenagers have gonorrhea, and for every 15 cases of gonorrhea there is one of syphilis."

These children can spread the infecting organism not only to family members but to other groups of which they are members—children and supervisors in day-care centers and children and teachers in schools.

The attack rate among children is 600 times greater than in the general population, pointing up the critical role of the pediatrician in detecting and treating such infections before they become invasive disease. •

(Continued from page 7)
responsibility also falls on his shoulders. The pediatrician is in a unique position throughout the child's development – through adolescence – to detect and interrupt that gradual process leading to suicide and to refer his patient to a psychiatrist. He is also in a position to deal with it in a more objective manner than most parents.

Nonetheless, the question of how to detect this grim aspect of development is still quite problematical. Most suicides are ambivalent; along with the wish to die there is hope of being saved. The determination to die can often be measured by the lethality of the methods of self-destruction the adolescent has chosen.

For example, the lethality of guns increases the "success" rate of suicide attempts.

"What is crucial is to restore the source of emotional support on which all of us thrive. Thus, the ultimate task is to assure the child that he will be loved unconditionally..."

It naturally follows that restricting access to the means of committing suicide, even though absolute control is clearly not possible, can make an important difference. In the previous example, gun control legislation can be expected to diminish deaths from self-inflicted gun wounds.

Suicide is the ultimate expression of loneliness and social isolation. It is best described as a deficiency disease, a deficiency of social connections. The aim of treatment is not to be found in medications; the use of drugs can be dangerous because it shifts the focus away from the essential task of changing family relationships and life stress. What is crucial in therapy is to restore to the adolescent the source of emotional support on which all of us thrive. Thus, the ultimate task of treatment is to assure the child that he will be loved unconditionally to rebuild hope and reestablish ties among family members and friends. ●

Iris F. Litt, M.D. FAAP

Director of Adolescent Medicine and Associate Professor of Pediatrics at Stanford University School of Medicine, Stanford, California.

The Relationship of Physical Maturation to the Development of Adolescent Sexuality

The idea that infants are sexual beings almost from birth is so disturbing that most parents prefer not to think about it. Childhood is pictured as a time of ribbons, fairy tales, and lemonade. Adults notoriously forget that they were once children, too; they close their minds to early memories of masturbation and sexual play. So adults do not see their children as sexual beings until adolescence. This lag in timing is often a source of concern and confusion for the preadolescent and his or her family.

The changes that occur at puberty encompass both the physical and the psychological. They have a deep effect on family interactions, relationships with friends, school performance, and developing self-image. The previously open and loving child becomes a teenager who acts in a reserved and antagonistic way.

Parents often perceive this as rejection. Familiar behaviors and new friendships often acquire new meanings for the parents of the sexually developing adolescent. Parental anxiety about the daughter's new sexuality, for example, can result in imposition of rules and restrictions. Not uncommonly the adolescent girl, unaware of these reasons, will misinterpret her father's distancing as a rejection, further escalating the parent-adolescent conflict.

"The idea that infants are sexual beings almost from birth is so disturbing that most parents prefer not to think about it. Childhood is pictured as a time of ribbons, fairy tales, and lemonade."

Because of the pediatrician's ongoing role as counselor and educator of children, he or she shares part of the responsibility for helping the preadolescent through the physical and psychological problems of puberty. The pediatrician is in the ideal position to prepare both preadolescents and their parents for the physical changes of puberty, as well as their potential emotional consequences on family relationships.

For males, pubertal problems are most often related to a maturation rate that is slower than that of their peers. Late maturing boys are more dissatisfied with their bodies, have a poorer self-image, fewer friends, and poorer school achievements. They become socially isolated and locker-room comparisons may cause them even greater pain. A "small" penis or gynecomastia (the development of breast tissue) is the most common source of embarrassment and may lead a young boy to doubt his masculinity.

Female adolescent concerns about their developing bodies are quite different, yet have a similar impact on self-image. Early-maturing girls are at a social disadvantage because they have no peers to relate to.

Regardless of the rate of maturation, most females become dissatisfied about their bodies during puberty and wish to be thinner. This leads teenage girls to exercise more and to diet. The extreme expression of this dissatisfaction is anorexia nervosa. As the pounds melt away, an adolescent girl will feel more in control of her feelings and her self-image.

Guidance during the pubertal growth period is critical to the developing personality and health of the adolescent. The pediatrician can provide information and reassurance about his or her patient's growth and development as well as nutritional counseling. Using the teenager's own physical maturation as a guide, the pediatrician can individualize the timing and content of education about sex to match developmental needs.●

AMERICAN ACADEMY OF PEDIATRICS

Committee on Drugs

Old Town Holiday Inn
Alexandria, VA
January 13-14, 1983

MINUTES

NEXT MEETING:
~~August 15-17~~
Mackinac Island, MI

Participants:

Albert W. Pruitt, M.D., Chair
Walter R. Anyan, Jr., M.D.
Reba M. Hill, M.D.
Ralph E. Kauffman, M.D.
Howard C. Mofenson, M.D.
Harvey S. Singer, M.D.
Stephen P. Spielberg, M.D., Ph.D.

Liaison Representatives:

Earl J. Brewer, M.D. (Rheumatology Section)
John W. Leer, M.D. (Clinical Pharmacology Section)
John C. Ballin, Ph.D. (AMA)
Martha M. Freeman, M.D. (FDA)
Jennifer Niebyl, M.D. (ACOG)
Louis Farchione, M.D. (PMA)
Dorothy L. Smith, Pharm. D. (APhA)
Sumner Yaffe, M.D. (NICHD)

Guests:

Carlton Turner, Ph.D., Director, Drug Abuse Policy Office
M. Harry Jennison, M.D., Executive Director, AAP
Franz Rosa, M.D., FDA
Paula Botstein, M.D., FDA
Gloria Troendle, M.D., FDA
Joe Levitt, FDA
Anna Standard, M.D., FDA

Staff:

Jean D. Lockhart, M.D.
Jackie Noyes (part-time)

1. Welcome, Approval of Minutes

Dr. Pruitt welcomed the committee and guests, and after introductions, the minutes of the October meeting were approved.

2. Drugs in Breast Milk

Dr. Hill's revised commentary was reviewed, and approved with final modifications. She will send the final text to the Central Office. After editing, it will be sent to the committee and simultaneously to the Executive Board for approval and publication in PEDIATRICS. It may also be suitable as a pamphlet for physicians and their patients.

3. Neonatal Narcotic Drug Withdrawal

Dr. Hill distributed a new draft for discussion. After final revision by Dr. Hill, it will be distributed to the committee, and if no further comments are received, will be approved by mail and sent to the Executive Committee for publication in PEDIATRICS. (Dr. Lockhart will ask Dr. Segal to write a letter to the Editor of PEDIATRICS regarding the stability of a diluted solution of tincture of opium.)

4. Metaprel

Dr. Warren Bierman, a former member of the Committee on Drugs, has notified the AAP that the FDA plans to switch metaproterenol medihaler from Rx to over-the-counter use. (Trade name Alupent or Metaprel) The problem is that there has been very little testing in the pediatric age group, and the labeling will have to state "not recommended for children under 12 years of age because there is not sufficient data on administration of the dose form in this age group." Dr. Bierman is concerned because the medihaler will probably be used for children in any case, and felt more information should have been required.

Dr. Freeman agreed to find out who initiated the switch to OTC and what FDA labeling plans are. Possibly, there will be an opportunity for committee comment. Dr. Rosa will check on information re dosage of this drug in children.

5. Parents' Drugs Given to Children

Elva Poznanski, M.D., a Chicago Child Psychiatrist, wrote to the FDA with a copy to Dr. Jerry Lucey, concerning administration of psychoactive drugs to children by their parents. After discussion of this problem, the committee agreed that Dr. Pruitt should write to Dr. Poznanski, urging her to write a letter both for direct publication in PEDIATRICS and for publication in the Journal of the American Pharmaceutical Association.

6. Emergency Drugs

The Washington Chapter of the Academy has prepared a list of "Drugs Used in ACLS for Infants and Children". In addition, that Chapter introduced a resolution at the 1982 Chapter Chairmen's Forum, which was adopted and referred to the Committee on Drugs and the Section on Emergency Medicine. The resolution read,

> "the AAP Section on Emergency Medicine develop a poster on pediatric doses of emergency drugs for wide distribution to emergency departments and other pediatric facilities that provide emergency care."

Dr. Pruitt led discussion of the Washington Chapter List, which was compared with similar lists and charts obtained from various centers. The committee felt that the chart would be more useful if the drugs were listed by category, such as cardiopulmonary resuscitation, shock, status epilepticus, etc. However, the desirability of such a chart was universally agreed on. Dr. Pruitt will communicate with Dr. Scherz, Washington Chapter Chairman, so that this chart can be completed.

7. Government Report

Ms. Noyes presented an update on current events on the hill and with the administration, including Secretary Schweiker's resignation, the upcoming budget discussions, and the non-introduction of the fetal research amendment. The Academy's plans to have a bill introduced to provide for a national vaccine compensation system were also described.

8. New Drug Abuse Initiatives

Carlton Turner, Ph.D., Director, Drug Abuse Policy Office at the White House, joined the committee to discuss the administration strategy to deal with drug abuse. The comprehensive strategy includes international suppression of drugs at the source, tougher laws, research, detoxification treatment and early intervention, and prevention/education. Under the last category, physicians are to be involved especially by providing drug abuse information for their offices and clinics, with the understanding that prevention is preferable to any amount of treatment.

9. Look-Alikes

Dr. Anyan's current draft of a committee commentary was discussed. It is intended for publication in PEDIATRICS, with photos and a picture of the AAP poster. The statement should also include comment about the availability of the poster.

Dr. Freeman noted that the current street drugs on sale are not look-alikes, but "pretty" looking tablets containing caffeine and ephedrine.

Dr. Anyan will finalize the statement and send it to Dr. Lockhart for approval and publication.

10. Ethanol in OTC Drugs for Children

The committee reviewed the latest drafts by Drs. Singer and Mofenson, and made comments. Dr. Singer will prepare the next revision for review.

11. Fever Control

Dr. Mofenson's new draft was distributed (Dr. Lockhart will mail out additional copies, as there were too few to go around.) Dr. Singer's portion, on CNS mechanisms of antipyretic action, was also reviewed. Dr. Mofenson will combine the two drafts and a new manuscript will be distributed.

12. Growth Hormone

Dr. Louis E. Underwood, Chapel Hill, has sent the first draft of a proposed joint Lawson Wilkins Endocrinology Society/AAP commentary on growth hormone. Copies will be distributed to everyone by mail: Comments should be sent to Dr. Anyan by the end of February at the latest. Dr. Anyan will communicate these comments to Dr. Underwood.

13. Benzyl Alcohol

Dr. Botstein, FDA, reviewed the events leading up to and following the communications sent to pediatricians and pharmacists last May about the danger of benzyl alcohol in solutions administered to prematures. CDC studies have now shown a decreased infant mortality rate in several centers which had used the benzyl alcohol content, and the FDA has sent out letters on this. The USP has made monograph changes in view of the benzyl alcohol findings.

The committee discussed co-signing Dr. Jim Allen's statement on this, together with the Fetus and Newborn Committee, and agreed. Dr. Spielberg will write Dr. Allen to this effect.

It was also noted that caffeine sodium benzoate, given to infants with apnea, may also be a source of benzoic acid exposure, especially since it is given several times daily.

14. Valproate

Dr. Rosa, FDA, briefed the committee on the birth defect reports now received on valproic acid. Dr. Singer distributed a short "alert" statement on the risk of spina bifida when valproic acid is taken in early pregnancy. This was approved, for publication in PEDIATRICS.

15. New FDA-Proposed Regulations for NDAs and Surveillance

Joe Levitt, of the General Counsel staff at FDA, joined the Committee to discuss the proposed new NDA regulations and their implications. The purpose of the new regulations is to streamline and expedite approval of new drugs. The

Committee discussed many of the provisions of the proposal and reacted positively but expressed disappointment because the proposal was silent about the need for studies in special populations such as children.

ACTION: Dr. Pruitt will send a comment to the FDA pointing out the desirability of including mention of the need for studies of drugs in children when the new NDA regulations are published.

16. Aspirin and Reye's Syndrome

Dr. Jennison emphasized the reliance of the Academy on technical committees, but noted that policy-making is the exclusive prerogative of the Executive Board. He retraced events leading up to the letter to the Department of HHS on November 8 on aspirin labeling, the subsequent letter on deletion of "flu" in the labeling, and Academy comments on the HHS public education material on aspirin and Reye's Syndrome. Dr. Brandt, at a recent meeting with the Executive Committee, said that further epidemiologic studies are planned.

Dr. Yaffe described a PHS Task Force just formed, which has met to formulate plans for short- and long-term research on aspirin and Reye's Syndrome. Dr. Rosa commented on the desirability of a case control study. Dr. Botstein commented on the Salicylate-containing Drug Products. The Notice allows 60 days for comments.

With regard to a possible symposium on this subject at the Spring AAP meeting, there appeared to be a consensus that there was no pressing reason to have such a presentation.

17. Merthiolate

Dr. Botstein reported on a death of a child whose physician prescribed merthiolate to be put in the ear. The child had eartubes in place, and the merthiolate went into the Eustachian tube. FDA will issue a short Drug Bulletin on this.

18. Propylene Glycol in Parenteral Vitamins

Dr. Troendle described a report of five premature infants who developed hyperosmolality on TPN with added multiple vitamins ("MVI 12") which had 30% propylene glycol. The infants had high propylene glycol levels. Although a lyophilized multivitamin preparation will be available soon and will not contain propylene glycol, it is possible that the adult preparation is being widely used.

The Committee recommended that the FDA should work with the APhA on this, to notify pharmacists. It was also agreed that Dr. Troendle will send Dr. Lockhart an FDA notice on this, for publication in News & Comment.

19. Orphan Drugs

Dr. Freeman announced the signing of the Orphan Drug bill by the President, and described features of this legislation. Regulations will now be written to implement the law.

20. Depo-Provera

At an ongoing FDA hearing on this drug, the AAP position will be reiterated by the ACOG spokesman who is testifying. Three outside experts will evaluate testimony presented at the hearing.

21. NICHD Liaison Report

Dr. Yaffe gave the NICHD report, after distributing copies of a WHO report on "Drugs for Infants and Children", October 1981 and a brochure on research programs of the Center for Research for Mothers and Children, NICHD. The FY 83 budget for the Institute will have a seven million dollar increase. Upcoming conferences include: Ultrasound, The Fragile X Syndrome, Development Behavior and Pharmacology, Brain Dysfunction, Intrauterine Growth Retardation, and Families of Retarded Children.

22. ACOG Liaison Report

Dr. Niebyl reported on fluoride supplements during pregnancy and the use of antacids during pregnancy.

23. Pharmacology Section Report

Dr. Leer described plans for the AAP Annual Meeting Section program. He also offered to have the Section promulgate Dr. Turner's Drug Abuse challenge. (see 8.) Section plans for new members, a newsletter, and a member survey were announced.

The meeting adjourned at 2:45 p.m. on January 14, 1983.

Respectfully submitted,

Jean D. Lockhart, M.D.

JDL:nr

1/24/83

American Academy of Pediatrics

P.O. Box 1034
1801 Hinman Avenue
Evanston, Illinois 60204
Phone (312) 869-4255
Chicago (312) 273-3646

Committee of the
Section on
Allergy & Immunology

January 11, 1983

James P. Mann, M.D.
Office of New Drug Evaluation
National Center for Drugs and Biologics
HSN-160 Room 18B08
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Mann:

I have recently learned of the intention of the FDA to change alupent metered-dose inhaler (MDI) from a prescription to an OTC medication. As Chairman of the Section on Allergy and Immunology of the American Academy of Pediatrics, I must express my concern that this move represents a step backwards for the pharmacologic modification of bronchospasm in children.

I have heard that the rationale for this change is to provide an improved OTC beta adrenergic inhalant to those who now must rely only on the presently available low dose epinephrine and isoproteenol inhalers. Those now using these products are usually not under a physician's care, or else improved prescription medication would have been recommended. Nevertheless, the low potency of the OTC drugs and the short duration of action have resulted in relatively few serious adverse effects in spite of the well-known abuse potential of the beta adrenergic metered-dose inhalers. However, there is reasonable likelihood that the more potent alupent, which should only be used every four to six hours, will be misused and abused with serious consequences by those who are in the habit of self-medicating with the more benign and impotent medications now available.

There are other issues which should be considered. The issue of beta adrenergic tachyphylaxis occupied a good part of the December 1982 issue of the Journal of Allergy and Clinical Immunology. The issue of arrhythmia and myocardial toxicity from frequently prescribed high dose theophylline therapy combined with beta adrenergic therapy has affected new beta drug evaluations, the FDA requiring Holter monitoring in order to ferret out the truth about these possible adverse effects. It seems that the current climate of concern regarding safety of beta agents is an inappropriate time to unleash a potent preparation OTC.

Equally important and too often ignored is the issue of OTC availability of a drug which will most certainly be used by children but which has never been proven safe in children to an extent deemed acceptable enough by the FDA for it to recommend its use in children under the age of 12 years. While prescription dispensing permits the physician to select appropriate candidates for metaproterenol MDI, OTC dispensing removes this safety valve for children.

It would seem that the metaproterenol tablet, which has at least been studied sufficiently for FDA approval in children aged 6 to

12 years and which is free of the inhaler abuse potential is a more likely candidate for OTC dispensing.

I hope that you will seriously consider these concerns and delay the OTC release of metaproterenol by metered-dose inhaler. If you wish to discuss these issues with me at greater length, please do not hesitate to call me.

Sincerely,

Gail G. Shapiro

Gail G. Shapiro, M.D.
Clinical Associate Professor, Pediatrics
University of Washington School of Medicine;
Chairman, Section on Allergy and Immunology
American Academy of Pediatrics

GGS:js

cc: I. Leonard Bernstein, M.D.
James Easton, M.D.
Barbara Layman, M.D.
Rufus Lee, M.D.
Jean Lockhart, M.D.
William E. Pierson, M.D.

THE WHITE HOUSE

WASHINGTON

February 23, 1983

Dear Dr. Long:

Thank you so much for the invitation to participate in the American Academy of Pediatrics Committee on Adolescence April 8 and 9 in Natchez, Mississippi.

I would like to attend, however, I will be taking part in the 1983 PRIDE Conference in Atlanta on April 7 and I must be in Alabama the morning of April 9. If you feel the necessary arrangements can be made, I would be delighted to attend the Academy's Committee on Adolescence meeting.

I look forward to hearing from you.

Sincerely,

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

Dr. William Long
Chairman, Committee on Adolescence
American Academy of Pediatrics
1300 N. 17th Street, Suite 350
Arlington, VA 22209

cc: Jacky Noyes
Alex Calcagno

American Academy of Pediatrics

Office of Government Liaison
American Academy of Pediatrics
1300 N. 17th Street,
Suite 350
Arlington, Virginia 22209
(703)525-9560

Elizabeth J. Noyes
Director

February 15, 1983

Carlton Turner, Ph.D.
Senior Policy Advisor on Drug Abuse
Office of Policy Development
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Dr. Turner:

I would like to formally invite you to attend the upcoming meeting of the American Academy of Pediatrics Committee on Adolescence which will be held on April 8 and 9 in Natchez, Mississippi. The Adolescence Committee is responsible for making recommendations to the Academy on an array of issues affecting adolescents and is most interested to learn about the activities of your office. This committee is currently working on such issues as homosexuality, marijuana, care of the teenager mother, sex education and has almost completed a statement on substance abuse.

The Committee will meet from approximately 9:00 a.m. to 5:00 p.m. on April 8th with a dinner that evening and until noon on April 9th. You are invited to attend all or part of the meeting. The Academy's Washington Office will be pleased to assist you with your travel arrangement and accomodations. Please contact Alex Calcagno at 525-9560.

For your information I have enclosed a list of the members of the Committee and will send you an agenda when it becomes available.

I look forward to hearing from you and hope to see you in Natchez.

Sincerely,

William Long, M.D.

William Long, M.D.
Chairman, Committee on Adolescence

Enclosure

cc: Jackie Noyes
Alex Calcagno

COMMITTEE ON ADOLESCENCE
1982-1983

William A. Long, Jr., M.D., Chairman
838 Lakeland Drive
Jackson, MS 39216
601/362-1628
892-1122

Richard C. Brown, M.D.
14 Endeavor Drive
Corte Madera, CA 94925
415/821-8376

Renee R. Jenkins, M.D.
Howard University Hospital
Department of Pediatrics & Child Health
2041 Georgia Avenue, N.W.
Washington, D.C. 20060
202/745-1596

Joe M. Sanders, Jr., M.D.
Department of Pediatrics
Fitzsimmons Army Medical Center
Aurora, CO 80045
303/341-8879

S. Kenneth Schonberg, M.D.
15 Hidden Hollow Lane
Millwood, NY 10546
212/920-6781

Liaison Representatives:

Luella Klein, M.D.
American College of Ob/Gyn (ACOG)
Maternal & Child Health Project
Grady Memorial Hospital
80 Butler Street, S.E.
Atlanta, GA 30335
404/588-4927

Donald A. Dian, M.D.
Section on Adolescent Medicine
303 South Main Street
Bluffton, IN 46714
219/824-3500

7/30/82

American Academy of Pediatrics

P.O. Box 1034
1801 Hinman Avenue
Evanston, Illinois 60204
Phone (312) 869-4255
Chicago (312) 273-3646

Reply to:
William A. Long, Jr., M.D.
Chairman
Committee on Adolescence
838 Lakeland Drive
Jackson, MS 39216
601/362-1628

February 11, 1983

Dr. Carlton Turner
Senior Policy Advisor for Drug Policy
Office of Policy Development
The White House
Washington, D. C.

Dear Dr. Turner:

Dr. Jean Lockhart of the Academy of Pediatrics Central Office in Evanston, whom I believe you have recently met, told me at a meeting I attended with her in Florida of your interest in joining with the Academy in its fight against adolescent drug abuse. Naturally, we on the Committee on Adolescence, are delighted to hear that you are available to us for a cooperative effort, and I sincerely hope you will find it possible to join us at some future meeting to discuss ways we might develop mutually designed programs toward this goal.

Our next regularly scheduled meeting of the Committee will be in Jackson and Natchez, Mississippi, on April 7-9, 1983, and we would be very happy and deeply honored to have you with us for all or part of that meeting. We plan a regular business agenda, and are going to have a presentation by the Academy representatives from our Washington Office on juvenile delinquency, so this might be an appropriate time for you to join us! Unfortunately, for this presentation we will have used our budgeted funds designated for consultants, but that will not be the case for the next semiannual meeting, to be held some time in the early fall, probably in mid-September at some other spot and quite probably in Chicago.

If you find that you might be able to be with us in April without our financial help (our apologies for not knowing of your interest in time!), or if you might wish to be our expenses-paid guest in the fall, please let me know! We always would welcome a person of your knowledge and experience on a topic that we are vitally concerned with!

I had the pleasure of meeting you while you were at Ole Miss probably ten or more years ago while in the company of my good friend Frank McDonald in the Department of Pharmacology there. It will be good to see you again, Dr. Turner, when the best time for you arrives. We will look forward to your decision!

Sincerely,

Bill Long

William A. Long, Jr., M. D.

WAL:gat
cc: Mrs. Nancy R. Witty
Dr. Jean Lockhart

THE WHITE HOUSE

WASHINGTON

January 31, 1983

Dear Dr. Jennison:

Thank you for the letter. I enjoyed meeting you, and look forward to the opportunity to meet with the Committee on Adolescence of the American Academy of Pediatrics.

I appreciate your interest and efforts in the fight against drug abuse. Please contact my office with the specific details regarding the meeting with the Committee.

Best regards.

Sincerely,

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

Dr. Harry Jennison
Executive Director
American Academy of Pediatrics
Post Office Box 1034
1801 Hinman Avenue
Evanston, Illinois 60204

American Academy of Pediatrics

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1801 Hinman Avenue
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M. Harry Jennison, M.D.
Executive Director

January 17, 1983

Carlton E. Turner
Drug Abuse Policy Advisor
Office of Policy Development
White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Carlton:

It was an absolute delight getting to know you last week at the time of the Drug Committee's meeting in Alexandria. I am very intrigued with the many creative ideas that you expressed as regards initiatives for public education in drug abuse in children and youth. I will be back to you again at a later time with more specific details about your meeting with the Committee on Adolescence of the American Academy of Pediatrics. We are indeed very anxious to pursue with you any ways in which we can work with you and others to promote this very important public education initiative.

With warmest personal regards.

Sincerely,

M. Harry Jennison, M.D.
Executive Director

MHJ/dk
cc: Executive Committee
Jean D. Lockhart, M.D.
Jackie Noyes

THE WHITE HOUSE

WASHINGTON

December 13, 1982

Dear Elizabeth:

I enjoyed meeting and talking with you on December 8.

Per our conversation, I think the American Academy of Pediatrics can be very effective in alerting parents and young people about the problems of drug abuse.

At your convenience, I would like to bring you up to date on our program.

Sincerely,

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

Mrs. Elizabeth J. Noyes
Director, Division of Government
Liaison
American Academy of Pediatrics
1300 North 17th Street
Arlington, Virginia 22209

THE WHITE HOUSE

WASHINGTON

December 13, 1982

Dear Carol:

It was nice meeting and talking with you on Wednesday, December 8.

Per our conversation, we are in constant need of new approaches in the President's program against drug abuse. I think the medical community with its influence could, in appropriate ways, be very effective in alerting and helping the public reduce drug abuse.

At your convenience, I would like to get together with you to further discuss this.

Sincerely,

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

Dr. Carol A. Lively
Executive Director
American College of Nuclear Physicians
1101 Connecticut Avenue
Washington, D.C. 20036

American Academy of Pediatrics

P.O. Box 1034
1801 Hinman Avenue
Evanston, Illinois 60204
Phone (312) 869-4255
Chicago (312) 273-3646

Reply to:
Glenn Austin, M.D.
1000 Fremont Avenue
Los Altos, California
94022
(415)948-6681

File

February 1, 1982

08 FEB 1982

Carlton E. Turner, Ph.D.
Senior Policy Advisor for Drug Policy
The White House
Washington, D.C. 20270

Dear Dr. Turner:

It was a pleasure to meet with you and reassuring to find that you are personally familiar with most marijuana research. I look forward to the results of increased education of the pediatrician——and await the NIDH mailing of last year's report to the Congress.

You may be interested in the enclosed Pediatric News, pages 3 and 42.

We will remain active in our AAP anti-drug efforts. I personally am motivated by what I see in practice and also by what I hear from my daughter and son-in-law's private investigation firm experience. He had served in undercover drug busting for San Mateo County, and she is currently also a policewoman. Both have had hair-raising experiences with drug-abusing youth. It must stop.

Sincerely,

Glenn Austin, M.D., FAAP

GA:erg
Enclosure

cc: AAP Executive Committee

C. Turner

F16

American Academy of Pediatrics

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1801 Hinman Avenue
Evanston, Illinois 60204
Phone (312) 869-4255
Chicago (312) 273-3646

Reply to:
Glenn Austin, M.D.
1000 Fremont Avenue
Los Altos, California
94022
(415)948-6681

March 30, 1982

Kurt Metzl, M.D.
Chairman
Committee on Scientific Programs
601 East 63rd Street
Kansas City, MO 64110

Dear Kurt:

The enclosed letter may be of interest to your Committee and others in the AAP. I have heard only good things about Dr. Ian Macdonald from all sources.

Sincerely,

Glenn Austin, M.D.

GA:erg
Enclosure

cc: Executive Committee
ACBOE
Dr. William Long, Chairman, Adolescent Committee
Dr. Elizabeth McAnarney, Chair., Section on Adol. Health
Dr. Carlton Turner, The White House

THE WHITE HOUSE

WASHINGTON

March 5, 1982

Dear Dr. Austin:

Thank you for your recent letter.

Perhaps the best person to contact regarding the need for educating the primary and secondary care physicians, a project concept we support, is Dr. Ian Macdonald, Director of Medical Research, STRAIGHT, Inc., P.O. Box 40052, St. Petersburg, Florida 33743.

Dr. Macdonald has been involved in the adolescence and marijuana issue for several years.

Please call if we can be of assistance. I look forward to seeing you again soon.

Sincerely,

Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Glenn Austin, M.D., FAAP
1000 Fremont Avenue
Los Altos, California 94022

Enclosure

THE WHITE HOUSE

WASHINGTON

January 18, 1982

Dear Dr. Austin:

Thank you for keeping me informed regarding your initiatives in drug education.

Your comments on the PR exposure for Dr. Pollin's data also bothers me.

I encourage you to continue calling attention to health problems caused by marijuana.

Please visit me when you are next in Washington.

Sincerely,

Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Dr. Glenn Austin
1000 Fremont Avenue
Los Altos, California 94022

American Academy of Pediatrics

P.O. Box 1034
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Reply to:
Glenn Austin, M.D.
1000 Fremont Avenue
Los Altos, California
94022
(415)948-6681

December 29, 1981

William Pollin, M.D.
Director
National Institute on Drug Abuse
Department of Health and Human Services
Public Health Service
Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Pollin:

I have just finished reading your testimony on marijuana effects on youth given to the Congress on October 21st. The problem is sobering. I am pleased that science is finally catching up to clinical observations. I am concerned that because of an overdependence on scientific proof (or common sense) that the great increase in marijuana use has been fueled by the "scientific" debate and often vitriolic challenges made against clinicians who reported concerns and observations one or two decades ago. There still remains a large number of people, including many professionals, who have made the basic assumption that marijuana is relatively safe and harmless——that the laws are more damaging than the drug. You are, I am sure, aware of Kaplan's book. I have never seen a retraction. More worrisome, I have not seen your statement attain the PR exposure that Kaplan managed to achieve. That affected millions of young people. There is still a huge percentage of the population who consider pot safe. And the activists who campaign against the drug are often dismissed arbitrarily. So what can we do?

The AAP has the potential to reach and motivate a lot of its members to action——if we can get the right

material to them and get them to read it. As you know, we were supposed to have distributed PARENTS, PEERS AND POT to our members attending the recent New Orleans Annual Meeting. Somehow it didn't get done. The NIDA booth was well received but we should have done better. I know that Dr. Kurt Metzl and his Committee on Scientific Programs is willing to put the issue before the membership. I urge you to communicate with him at once so we can include more NIDA presentations in upcoming meetings. Meanwhile, I have a few suggestions for action.

First, I would like to see a copy of your testimony sent to all AAP leaders, including Chapter Chairmen and Chapter Committees on Adolescents. If you can do this, I will ask our Central Office to send you the appropriately addressed mailing labels. It would also be very helpful to send each a copy of the 1981 report on research on marijuana. I will then write an article for our Chapter Chairman's Bulletin advising them to be on the lookout for your material and urging them to study the material and spread the word. I hope your printing presses and budget can cope with this request.

Sincerely,

Glenn Austin, M.D., FAAP
President

GA:erg

cc: Dr. Carlton E. Turner, White House
Executive Committee, AAP
Dr. Kurt Metzl, 601 East 63rd St., Kansas City, MO 64110

American Academy of Pediatrics

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Phone (312) 869-4255
Chicago (312) 273-3646

Department of Education
Ned W. Smull, M.D.
Director

Managing Editor
Pediatrics
Pediatrics In Review

September 3, 1981

Glenn Austin, M.D.
Vice President AAP
1000 Fremont Avenue
Los Altos, CA 94022

Dear Glenn:

With Judy Hambourger's good help, we have put together a summary of CME courses, Fall and Srping Meetings, and other matrial where the Academy has focused on the adolescent and substance abuse.

CONTINUING MEDICAL EDUCATION COURSES:

Adolescent Behavior Problems for the Clinician - 1977
Drugs and Substance Abuse - 1978
Adolescent Depression and Suicide - 1978
The Marijuana Dilemma - 1981

ANNUAL MEETINGS:

Psychological, Social and Learning Problems of Children and Adolescents: A Practical Approach - 1976
Current Adolescent Health Issues - 1976
Using Behavior Modification to Change Eating, Drinking and Smoking Behaviors in Young People - 1976
Assessment of Emotional Health of Children and Adolescents - 1978
Alcohol and Drug Abuse - 1979
Pediatric Psychiatry for the Pediatrician - 1980
Alcohol and Substance Abuse - 1981

SPRING SESSIONS:

Adolescent Medicine including Substance Abuse 0 1977
Adolescent Medicine: Clinical Conditions in the Adolescent Associated with Significant Morbidity and Mortality, including Substance Abuse - 1980
Adolescent Suicide and Depression - 1981

In 1975 and again in 1980, The Committee on Drugs published statements about marijuana. Naturally, the tenor of the statements vary as more solid medical date became available in 1980. (Copies of the statements are enclosed.)

As an outgrowth of the 1980 statement, a pamphlet, which I understand was widely received, was prepared for distribution in physicians' offices.

I hope this information is helpful.

Sincerely,

Ned W. Smull, M. D.
Director
Department of Education

NWS:bb
Enclosures

cc: M. H. Jennison, M.D.

THE WHITE HOUSE

WASHINGTON

September 22, 1981

Dear Dr. Austin:

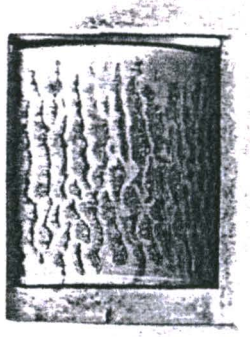
Thank you for your letter of September 9, with reference to the role of the American Academy of Pediatrics in drug education.

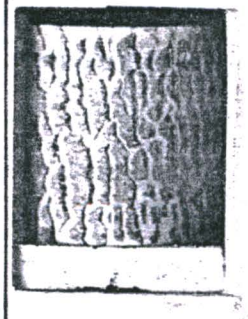
I appreciated your comments and was interested in reading the letter you enclosed outlining some of the Academy's past activities which focused on the adolescent. I look forward to discussing this with you in more detail and hope you will feel free to drop by my office on your next trip to Washington.

Sincerely,

Carlton E. Turner, Ph.D.
Senior Policy Adviser
for Drug Policy

Glenn Austin, M.D.
Vice President
American Academy of Pediatrics
1000 Fremont Avenue
Los Altos, California 94022





American Academy of Pediatrics

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Reply to:
Glenn Austin, M.D.
1000 Fremont Avenue
Los Altos, California
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(415)948-6681

SEP 14 1981

September 9, 1981

Carlton E. Turner, Ph.D.
Senior Policy Adviser for
Drug Policy
The White House
Washington, D.C.

Dear Dr. Turner:

Thank you for your letter of August 31, 1981, regarding the AAP role in drug education. The Academy has, of course, been involved in this field. The enclosed letter from the Director of our Department of Education outlines some of our activities over the past six years. We will distribute the booklet, "Parents, Peers and Pot," at our Annual Meeting in November 1981, and the NIDA will have an exhibit at that meeting.

Dr. Kurt Metzl, the Chairman of our Committee on Scientific Programs, has been in touch with Dr. Pollin and has offered space in future meetings. The Spring meeting in Hawaii, however, may not be too well attended, and the program is already with the printer. It is my hope that we can have a significant presentation at the Annual Meeting in the Fall of 1982 in New York.

I am personally dedicated to increasing the Academy's efforts in the anti-drug arena. I have cases in my practice where pot has significantly harmed adolescents and young people. I don't disagree with Hardin Jones who told me that the potential overall damage from pot may be even greater than from opiates. We need to realistically tarnish the reputation of pot in spite of the fact that so many claim it does them no harm.

I will be pleased to drop by your office on one of my Washington visits. Meanwhile, you can be assured of the cooperation of the Academy in this important effort.

Sincerely,

Glenn Austin

GLENN AUSTIN, M.D., FAAP

GA:erg

cc: AAP: Executive Committee
ACBOE
Kurt Metzl, M.D., FAAP
Ned Smull, M.D., FAAP, Dir., Dept. of Education

Enclosure

Dr Austin
Please feel free to come by my office on your next trip to D.C. I appreciated the comments in your letter of 9-9-81.

Sincerely
Carlton E Turner

American Academy of Pediatrics

P.O. Box 1034
1801 Hinman Avenue
Evanston, Illinois 60204
Phone (312) 869-4255
Chicago (312) 273-3646

Committee of Scientific Program
Kurt Metzl, M.D.,
Chairman
01 East 63rd Street
ansas City, Missouri
64110
6) 363-6118

File

September 8, 1981

Ingrid L. Lantner, M.D.
38429 Lake Shore Boulevard
Willoughby, OH 44084

Dear Dr. Lantner:

Subsequent to my letter of August 18, I have received copies of your August 17 letter to Dr. Austin, as well as your letter to Pollin, and a copy of the memo from Carlton E. Turner, Ph.D. to Dr. Austin. I greatly appreciate your interest in this matter and reassure you that we consider this a timely and important topic. Dr. Hughes, at my behest, has attempted to get in touch with Pollin at the NIDA but has not as yet received any reply. We had previously arranged a scientific booth to be at the New Orleans meeting from the NIDA. In addition, the keynote speaker at our San Francisco meeting two years ago addressed this topic and its importance specifically. We will do everything possible to have a workshop at the earliest possible time.

Sincerely,

Kurt Metzl MD

Kurt Metzl, M.D.
Chairman
Committee on Scientific Programs

bh

dictated but not read
signed in his absence

cc: Glenn Austin, M.D.
Gerald Hughes, M.D.
William Pollin, M.D.
Carlton E. Turner, Ph.D.

American Academy of Pediatrics

Committee on Scientific Program
Kurt Metzl, M.D., Chairman
601 East 63rd Street
Kansas City, Missouri 64110
(816) 363-6118

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WILLOUGHBY, OHIO 44094

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J.R. SHAH, M.D.

INTERNAL MEDICINE
P. GOLDBERG, M.D.
S.S. HAN, M.D.

ORTHOPEDIC SURGERY
S.P. COMBS, M.D.

RHEUMOTOLOGY
M. PAZIRANDEH, M.D.

File

30 October 1981

Glenn Austin,M.D.,F.A.A.P.
President
The American Academy of Pediatrics
1000 Fremont Ave.,Los Altos,Ca. 94022

Dear Dr.Austin:

Recently I became aware that the fall meeting of the American Academy of Pediatrics includes the Roundtable on "Drugs and Alcoholism:Use and Abuse" by Drs. Richard Jones and Dorothy Whipple. The name of Dr.Whipple was not mentioned in the printed program,or I would have responded sooner.

I am surprised and concerned about the choice of Dr.Whipple as a speaker on this subject, especially because the Academy did not have the "time or space" for the workshop on marihuana as suggested by the National Institute on Drug Abuse.

Dr.Whipple is on the Board of the National Organization for the Reform of Marijuana Laws, and has publically made statements such as :"A few,a very few,suffer seriously from the drug effect,but from the laws and the ways they are enforced".(pp.156,Senate Hearings on Jan.16-17,1980). She advocates the legalization of marihuana. She certainly does not share the same great concern about this epidemic as does The White House,the NIDA,the researchers in the field of cannabis,the clinicians who treat young marihuana addicts,and the American Council on Marihuana. Especially,she does not share the concern of thousands of parents who form the National Federation of Parents for Drug Free Youth.

These parents are familiar with the American Academy of Pediatrics' statement of 1975 : "The Committee on Drugs continuesto adhere to its conclusion stated in 1971,that there should be no criminal penalties for simple posession and use of marihuana", and are alarmed that despite the research findings of serious health hazards of this drug,this ten year old conclusion has not been changed. The invitation of Dr.Whipple as a speaker on this vital topic on Drug Abuse,will certainly give them the idea that we do not consider marihuana a dangerous drug.

I would be most interested in obtaining the transcript of these Roundtable discussions.

Sincerely,

Ingrid L. Lantner

Ingrid L.Lantner,M.D.,F.A.A.P.

CC: Dr.Carlton Turner,Sen.Adviser,Drug Policy,The White House
Dr.William Pollin,Director,NIDA
Dr.Robert DuPont,President,ACM
William Barton,President of the National Federation of Parents for Drug Free Youth
Dr.Kurt Metzl,Chairman,AAP Committee on Scientific Programs