

# Ronald Reagan Presidential Library

## Digital Library Collections

---

This is a PDF of a folder from our textual collections.

---

**Collection:** First Lady, Office of the: Press Office: Records,  
1981-1989

**Folder Title:** Drug Program  
(Strategy on Mrs. Reagan and the Campaign against Drug Abuse  
as It Was Just Getting Started in 1981)

**Box:** OA 15733

---

To see more digitized collections visit:

<https://www.reaganlibrary.gov/archives/digitized-textual-material>

To see all Ronald Reagan Presidential Library Inventories, visit:

<https://www.reaganlibrary.gov/archives/white-house-inventories>

Contact a reference archivist at: **reagan.library@nara.gov**

Citation Guidelines: <https://reaganlibrary.gov/archives/research-support/citation-guide>

National Archives Catalogue: <https://catalog.archives.gov/>

NR-38

RE: How can I get involved in the public  
television drug project?

THE WHITE HOUSE

May 26, 1983

Dear j

Thank you so much for letting me know about your interest in helping to solve the terrible drug problem this country faces. I am especially concerned about the devastating effect drugs have on young people and their families.

An exciting endeavor in which I am currently involved is The Chemical People project. It involves parents, teachers, community leaders -- everyone who wants to get involved on the grassroots level to combat the use of drugs by our school-age children. I would be delighted if you would join us. If you write to the following address, you will receive information on how you can become a part of the project.

Ms. Ricki Wertz  
The Chemical People  
WQED TV  
4802 Fifth Avenue  
Pittsburgh, Pennsylvania 15213

You have my heartfelt thanks for your interest and best wishes for success in your endeavors.

Sincerely,

(5/19/83)

j

THE WHITE HOUSE  
WASHINGTON

late  
file drug  
program

MEMO TO: Mrs. Reagan  
FROM: Ann Wroblewski and Sheila Tate  
RE: Drug Q & A for AMA and Good Morning America  
DATE: November 9, 1981

Your posture during both of these interviews should be one of a concerned mother. We think you need to be hopeful, eager to listen and learn, and you need to project a non-blaming attitude. You are not an expert in drug abuse, drug treatment, or prevention. You are however, a woman who, because of her position, has a marvelous opportunity to effect change through what you say and what you do about the problem.

1. Why are you interested in drug abuse?

When I was on the campaign trail last year I had the opportunity to visit a drug treatment center in New York City. I was stunned to find out just how large the problem of drug abuse really is. It borders on being an epidemic among our young people.

I also have many friends whose children have been involved in drugs and I have seen firsthand what it can do to a family to have a child who is heavily into drugs.

When I came to the White House in January I made it my business to try to learn as much as I could about why children do drugs, and how I could help to overcome this tremendous problem.

2. How did you first become interested?

As I said, it was during a campaign visit to Daytop Village, a drug abuse treatment center in New York City. I was so impressed with what I saw at Daytop Village--children who were climbing out of the mess that they had made of their lives because of their dependency on drugs--that I told them that I would come back and visit again. Later on in the campaign I found time to go back to Daytop Village and explain to them how concerned I was about the problem and how I wanted to help.

-more-

3. As a parent, how did you deal with your children?

We always talked. We kept the lines of communication open. They knew our family rules.

4. Tell us what you hope to accomplish.

I would hope that we would be able to shut down all of the treatment centers in this country, because we wouldn't need them any longer.

I feel my best role is to try to bring public awareness, particularly parental awareness, to the problems of drug abuse. It's just like any major problem, until you understand the scope of the problem, you can't do anything about it.

We are a generation, particularly my generation, of parents who don't know anything about drug abuse. There were no drugs when we were growing up--so we don't know how to deal with our children's drug use.

Understanding what drugs can do to your children, understanding peer pressure and understanding why they turn to drugs is, I think, the first step in solving the problem.

5. What have you done so far?

My first step was to organize a series of briefings on drug and alcohol abuse. I felt that until I had consulted with the experts in the field I really didn't have more than just a tremendous feeling that something needed to be done. I was lucky with my own children and I did not have to go through the terrible experience of having a child get into the drug scene, so I needed to educate myself. I attended six or seven briefings with people who are eminent in the field, during the spring and the summer of this year.

Then in July of this year I went to visit Second Genesis, a therapeutic treatment center in Upper Marlboro, Maryland, to talk to the kids about what they thought I could do and where they thought the problem areas were.

Last month I went to visit the Phoenix House Program in New York, and there I talked to both kids and their parents about what I could do, what parents could do, what we could all do together.

Earlier this week I met with 36 parents group leaders from around the country to try to find ways that I could encourage the parents group movement.

6. Tell us about Phoenix House.

Phoenix House is one of the oldest drug treatment program in the nation and they have, over the last ten years, treated many, many children who are drug dependent. It is what is called a therapeutic treatment program--in that the child comes and lives at Phoenix House. He is separated from his environment and really it is an effort to take kids away from the environment in which they do drugs and put them in a whole separate environment where the peer pressure is not to do drugs.

Recently Phoenix House, in an effort to reach out to the community, has started doing a lot of work in after school programs with kids and their parents. I had an opportunity to talk with several children who were in the residential treatment program at Phoenix House and to sit down and talk to some kids who come in after school and whose parents also come in for therapy.

Perhaps the one thing that sticks in my mind about Phoenix House was the mother whose son had been in the program several months who said to me that she herself had smoked marijuana and that she subconsciously passed on to her son, the idea that marijuana was okay to smoke.

I think during the last couple of years we have seen a lot of kids and a lot of parents take another look at what was thought for a long time to be a very harmless drug. I think that one of the messages that is coming out of our national ten year experience with drugs is that marijuana is not the benign drug that we all thought it was.

7. I understand you have some pen pals after your last visit to Daytop Village.

Yes, I shared a dias in New York a couple weeks ago with two kids who had made that long climb back to a normal way of life from drug dependency. After the dinner I had an opportunity to meet with some of the other kids who were in treatment at Daytop Village.

You know, as a mother you look at those kids and you are filled with tremendous hope. You are impressed by just how much determination and how much guts they have to say, "I am not happy with my life, I am not happy being dependent on drugs, and I am going to do something about it."



*revise*

I asked all of the kids that I was with that night to please write me and let me know how they are progressing.

8. And you visited a program in the D.C. area called Second Genesis?

Yes, the Second Genesis program is also a therapeutic community, much like Phoenix House and Daytop Village. I visited there in July of this year because I wanted to have the opportunity to talk to kids about how they got involved in drug abuse, and what made them want to get control of their lives again.

I asked all of the kids, there were probably 30 of them, what was their initial starting drug--the gateway drug I believe they call it. Do you know that every single one of them told me they started out on pot. I then asked them if they thought it should be legalized and every single one of them said no.

Every time I go to a program like Phoenix House and Daytop and Second Genesis, I have to keep reminding myself that the kids that I see there are those kids who are lucky enough to be in a good treatment program. How many thousands of other kids won't be that fortunate?

You know, drug abuse is a very democratic problem. It affects all races, it affects single parent families, as well as families where the mother stays home all day. It affects every socio-economic group in our nation.

9. Earlier this week you brought parents groups concerned about drug abuse to the White House. What did they have to say?

Yes, I met earlier this week with the Board of Directors of the National Federation of Parents for Drug Free Youth. I have always believed that your children are your responsibility, and I think that during the 60's and the 70's parents went through a period where they felt powerless. We had a lot of people telling us that we should be friends with our kids, that maybe alcohol and marijuana weren't bad for our kids, that we needed to be less of a disciplinarian and more of a friend. Well, I'm happy to say that it seems as though we turned the corner in the 80's.

Across the nation, more than a thousand parents groups have sprung up. These parents groups bring together parents in a single community to talk about the problems of raising their children with the specific idea of keeping them off drugs.

You know, my heart goes out to people who suddenly wake up one day and find that their son or daughter has been thrown out of school and is a chronic marijuana user. If that parent had had the opportunity to sit with other parents who were facing the same kinds of discipline problems, perhaps they could have kept that son or daughter in school and on the right path.

I think that parents are really the first line of defense in our battle against drug abuse. I'm greatly encouraged by the activity of these parents groups and I want to try to act as an advocate for these parents groups.

And you know, my staff is going to kill me, because I understand from the National Federation of Parents that two of their Board Members were on Good Morning America earlier this year and they received 17,000 letters. But I would say if there are any mothers and fathers who are worried about their children and who want to join a parents group, if they could write to me at the White House, we would be more than happy to try to get them in touch with a parents group in their area.

I asked the parents who I met with on Monday what I could do. I've looked at their suggestions and there are several things that I want to try to do as soon as possible to encourage the growth of the parents movement in this country.

First of all, I am going to continue to speak out on the subject of drug abuse and parental involvement. I am going to use forums such as this to try to get people thinking about the problem and hopefully, to act.

Secondly, I am also going to visit as many parents groups as I can in as many communities as I can. I think that if I can draw attention to the parent groups movement in such a way as to make mothers and father across the country think, "Hey now, wait a minute--maybe this is something I should look into," it's a good way for me to attack the problem.

Third, I think that this battle will really be won at the grass roots level in every community in this country. I would like to organize a series of seminars for wives and mothers. I would like for women across this country to have the opportunity to hear the facts from the experts, to hear how to organize a parent group in their community, and then to go out and try to combat this problem.

I'd like to start in Washington, with a series of seminars for wives of members of the House of Representatives and the Senate--and I'd also like to enlist all of the Governors wives in this campaign. I think that together this is a problem we can beat.

# # #

CC: Mike Deaver  
Joe Canzeri  
Peter McCoy



CONFERENCE REPORT

Prepared by: Collingwood Harris *CH*

Date: 14 August 1981

Date of Meeting: 14 August 1981

Place of Meeting: The Advertising Council  
New York

Attendees: ✓ Sheila Tate The White House  
Press Secretary to the  
First Lady

Ann Wrobleski  
Director of Special Projects  
for the First Lady

Dr Larry Allan Bear The Advertising Council  
Collingwood Harris  
Robert Keim  
Gordon Kinney  
Norma Kramer

Distribution: All Attendees  
Ad Council Staff

Purpose: The purpose of this meeting was to explore the feasibility  
of an anti-drug abuse program through The Advertising  
Council on behalf of the Office of the First Lady.

Discussion:

It was agreed that the subject of drug abuse is contentious. Much of the problem resides in the fact that most government funding against the problem is directed to that 1% of the population which is heavily addicted, whereas perhaps as little as 1% of the funds invested are directed at the prevention of the problem among the 75% of the thirteen-to-thirty-year-old population most vulnerable to addiction. In short, most funds are directed toward intervention rather than prevention. There is also the problem of competitive rivalries between the various factions in the intervention/prevention communities. Finally, there is legitimate concern that the scope of the program envisioned on behalf of the First Lady will be open to criticism on the part of those who do not correctly perceive what she is attempting to do. Essentially, as explained by Ms Tate and Ms Wrobleski, the objective of the program is to focus national attention on the subject and to restimulate corrective action, but it is not necessarily the mission of The White House itself to mobilize this effort down to the grass roots. And, in any case, response must come from the private sector as opposed to through government funding.

Dr Bear stressed that whatever The White House approach, it should be structured, it should have a specific goal, and it should be continuous.

Ms Wrobleski indicated that a series of workshops/seminars would be inaugurated sometime within the next four to six weeks, and would be held more or less monthly thereafter, with various national influential leadership groups being invited to The White House in groups of thirty to forty at a time. These seminars would serve as discussion forums under which the various groups would explore ways and means to address the problem through their various constituencies.

It was agreed, that from a publicity or public affairs point of view, these seminars should be low key and should have substance as their overriding focus. They should not be preceived as media events producing much sound and fury but signifying nothing.

Pending further definitization of the goals and objectives of the program, it was agreed that no specific action vis a vis public service advertising was indicated at this time. It was further agreed that should the specific need for such advertising arise, research of a consumer attitudinal focus-group nature would be most appropriate.

cc: Mr Dwan  
Ms Carbine  
Mr Ursomarso  
Mr Gerig

## MEMORANDUM

## THE WHITE HOUSE

TO: Peter *Sheila* WASHINGTON  
FROM: Ann *aw*  
RE: Nancy Reagan Drug Program  
DATE: August 5, 1981

Having checked all possible sources, I remain steadfast in my support for a program aimed at chemical abuse but concentrating on marijuana and alcohol. Our program is an educational program based on "getting the facts out." No one believes heroin or cocaine are harmless...that is not true of alcohol or marijuana. Statistically we are on solid ground. More importantly, we are dealing with reality.

It is true that marijuana is the gateway drug for that very small percentage who pass on to "hard" drug abuse. It is also true that the younger the first-time marijuana user, the better the chances for progression to harder drugs. For example, most teenage use of heroin and cocaine is among the black population in the ghetto. These are kids who started using marijuana when they were eight, and now that they are 16, they are shooting heroin.

My people think she may get some criticism from the minority groups along the lines of...she's concerned with white, middle-class kids like her own...she doesn't understand minorities... she doesn't care about minority kids, etc. They suggest two answers to that criticism. First, that we are aiming our program at prevention and that children who are abusing cocaine or heroin need intervention and treatment, not prevention. Second, that Mrs. Reagan is mindful of and concerned about use of hard drugs as evidenced by her visits to treatment facilities in an effort to draw public support for treatment programs.

A few statistics...based on the 1975 and 1980 NIDA survey of high school seniors:

<u>LIFETIME PREVALENCE</u>	<u>1975</u>	<u>1980</u>
alcohol	90.4	93.2
marijuana	47.3	60.3
cocaine	15.7	9.0
heroin	2.2	1.1

<u>ANNUAL PREVALENCE</u>		
alcohol	84.8	87.9
marijuana	40.0	48.8
cocaine	5.6	12.3
heroin	1.0	.5

-more-

<u>30-DAY USE</u>	<u>1975</u>	<u>1980</u>
alcohol	68.2	72.0
marijuana	27.1	33.7
cocaine	1.9	5.2
heroin	.4	.2

<u>DAILY USE</u>		
alcohol	5.7	6.0
marijuana	6.0	9.7
cocaine	.1	.2
heroin	.1	.0

The largest "drugs of abuse" after alcohol and marijuana are stimulants (amphetamines) with a daily use of 0.7, but the use of stimulants is attributed to "wanting to stay awake," "wanting to have more energy," and "wanting to lose weight," rather than "wanting to get high."

# # #

cc: Sheila Tate

THE WHITE HOUSE  
WASHINGTON

TO: PETER MCCOY

SHEILA TATE ✓

FROM: ANN WROBLESKI *abw*

JULY 31, 1981

The attached "document" has been through the usual West Wing channels. Please read, and let's discuss after the Monday morning staff meeting in preparation for a discussion with Mrs. Reagan Monday afternoon.



D R A F T

BRIEFING OUTLINE  
MRS. REAGAN/DRUG PROGRAM

GOAL: Using the Office of the First Lady to inform and educate opinion makers, parents and students to the epidemic use of drugs and alcohol among children and adolescents.

BASIS: The National Institute of Drug Abuse and the National Institute of Alcoholism and Alcohol Abuse (part of HHS) and the American Medical Association, as well as various research groups like the American Council on Marijuana and the National Council on Alcoholism have published medical and scientific evidence condemning marijuana and alcohol use. These two drugs have been shown to be particularly harmful to adolescents.

RESOURCES: Almost every business and professional group in the country is a possible resource, as drug and alcohol abuse know no social, educational or income boundaries. Aside from the federal agencies involved, there are several well respected private organizations participating in research as well as groups connected with churches, the legal profession, education, the media, the medical profession, corporations, volunteer services and--perhaps the most potent to date--the burgeoning parents movement.

PLAN: Combining the use of the White House for a First Lady Briefing Series, and the use of outside treatment facilities for a series of First Lady Visits, to produce a series of multi-media Public Service Announcements.

1. The First Lady Briefing Series would be a series of seminars lasting several hours, each using various spokesmen from the administration, as well as experts on drugs and alcohol to inform opinion makers. Each briefing would be pitched to a different interest group, with a matched set of spokesmen, experts, "success" stories, and goals. Each briefing would conclude with a lunch in the State Dining Room attended by Mrs. Reagan.

2. The First Lady Visits would be a series of visits to treatment/rehabilitation centers to focus media and public attention on the results of drug and alcohol abuse. Mrs. Reagan has a very effective line of questioning concerning drug and alcohol use. She easily establishes rapport with ex-addicts and elicits graphic responses.

3. The First Lady PSA Series would be a set of commercials tying the briefings and the visits together. The Advertising Council is willing to underwrite and distribute the series, which would be shot on location in the White House and during treatment visits. Each PSA would end with an address parents and children could write to for further information--either the White House or the federal agencies.



DRAFT/PLAN SCHEDULE  
Mrs. Reagan/Drugs

SEPTEMBER:

Third Week (September 21): First Lady Briefing

for: volunteer service organizations representatives  
celebrity: an ex-addict from Second Genesis  
success: Junior League (Mrs. Bill Clements)  
goal: using the national organizations to reach the widest  
number of parents and students

OCTOBER:

First Week (October 5): Second First Lady Visit

to: a drug/alcohol treatment center in the inner-city  
goal: bring media attention to problems of abuse

Fourth Week (October 26): Second First Lady Briefing

for: members of the education community--professionals,  
parents, and students  
celebrity: Robbie Riesner, former POW and Executive Direc-  
tor, Texas War on Drugs  
success: PTA in Texas  
goal: promote cooperation within the educational community  
on the issue of student drug abuse

NOVEMBER:

Third Week (November 16): Third First Lady Briefing

for: Church leadership and voluntary organizations from all  
denominations  
celebrity: Cardinal Cooke  
success: the New York Archdiocese (Msgr. William O'Brien)  
goal: urging the churches to institute aggressive education  
programs

JANUARY:

Second Week (January 11): Preview showing of First Lady  
Public Service Announcement Series with reception for contrib-  
utors

for: press and people involved in production and distribution  
goal: pre-publicity for the spots

-2-  
DRAFT/PLAN SCHEDULE  
Mrs. Reagan/Drugs

Fourth Week (January 25): Fourth First Lady Briefing

for: producers, directors and writers in the entertain-  
ment industry  
celebrity: Paul Newman/Joanne Woodward  
success: the "Scott Newman Foundation Awards"--given out  
in December  
goal: raise the consciousness of the entertainment community

FEBRUARY:

Second Week (February 8): Third First Lady Visit

to: an Ala-Teen meeting in a D.C. suburb--Virginia,  
if possible

Fourth Week (February 22): Fifth First Lady Briefing

for: Governor's Wives (winter meeting of the Gover-  
nor's Association)  
celebrity: Carol Burnett  
success: the National Federation of Parents  
goal: encourage wives to coordinate parents groups in  
their states

MARCH:

Fourth Week (March 22): Sixth First Lady Briefing

to: corporate and business executives  
celebrity: Ross Perot  
success: Drug Fair campaign  
goal: urge businessmen to use the resources of the corp-  
orate community to combat student drug use

OTHER POSSIBLE SPECIAL INTEREST GROUPS

1. Wives of Senators and Congressmen
2. Editorial Writers
3. Broadcasters/Reporters
4. Medical Profession
5. Legal Profession

DRAFT/SAMPLE SCHEDULE FOR BRIEFINGS  
Mrs. Reagan/Drug Program

8:30 a.m. Guests--no more than 50--assemble in East Room. Coffee and tea are served.

9:00 a.m. Press coverage begins. Moderator opens program, introduces administration spokesman for overview remarks on policy.

9:15 a.m. Remarks conclude--question and answer period.

9:30 a.m. Moderator introduces speaker on alcohol for general remarks on alcohol and youth.

9:45 a.m. Moderator introduces speaker on drugs for general remarks on drug abuse and youth.

10:00 a.m. Moderator opens question and answer session for two speakers.

10:15 a.m. Moderator introduces celebrity speaker for testimony.

10:30 a.m. Moderator asks for questions from the audience for celebrity speaker.

10:45 a.m. Break--coffee at either side of room.

11:00 a.m. Mrs. Reagan introduces success speaker for testimony.

11:15 a.m. Moderator asks for questions from the audience for success speaker.

11:30 a.m. Mrs. Reagan thanks speakers and makes brief remarks. Guests, speakers, Mrs. Reagan and staff break into small groups for discussion.

NOON Press coverage concludes--lunch is called. Lunch is served in State Dining Room--Mrs. Reagan and speakers host tables.

1:00 p.m. Lunch concludes--Mrs. Reagan thanks guests and speakers.

# # #



# D R A F T

## BACKGROUND MEMORANDUM MRS. REAGAN/DRUG PROJECT

The First Lady's interest in young adults has lead her to be very concerned about the epidemic use of drugs among pre-teens and teenagers. Since alcohol and marijuana are the most frequent "drugs of abuse" among high school students--due to availability, low cost, and misconceptions about harmful effects--the First Lady would like to launch an educational campaign directed at opinion makers, parents, and young adults.

### MARIJUANA:

Recent medical research indicates that the major psycho-active ingredient in marijuana (THC) has increased dramatically since the 1960's. Additionally, over 420 potentially harmful ingredients are also found in marijuana. During the 1960's, most of the marijuana smoked in this country had a THC content of 0.2 to 1 percent. Currently, marijuana with a THC content of 3 to 4 percent is common, particularly with Jamaican and Columbian varieties.

The high THC content along with other water insoluble components have dramatic health consequences since they are fat soluble. Unlike alcohol, which is water soluble and "washes out" of the body in twelve hours, components of marijuana remain in the body for days. The components concentrate in the brain, reproductive systems, lungs, liver, and other organs.

The increased levels of THC content in marijuana, unfortunately, coincide with a decrease in the age of users. In 1962 researchers classified one percent of users as "youth" and four percent as "young adults". By 1979, the "youth" figure was 31 percent and the "young adult" figure was 68 percent. Conservative estimates place the number of high school seniors who are daily users at ten percent.

Since apathy, withdrawal, distortion of reality, confusion, short term memory loss, diminished concentration and reduced motivation are symptoms of regular marijuana use, there is a very real fear that many students have or will "space out" through their adolescence--thus never forming the judgment and coping skills necessary for successful adulthood.

### ALCOHOL:

Alcohol is the most widely used drug among American youth. Because drinking is acceptable adult behavior, emphasis in prevention is placed on delaying "exposure" to alcoholic bev-

-2-  
BACKGROUND

erages until after the body and mind have had a chance to fully mature. This philosophy is reflected in the age limitation statutes of the states which prohibit purchase or consumption under certain ages.

Chronic psychological or physical dependence is rare among adolescents, although medical researchers estimate that while it would normally take ten years for an adult to become an alcoholic, the time frame for a teenager could be as short as six months. The significant problem is the quantity consumed on a given occasion, for young people, unlike adults, drink to get drunk. The number of high school seniors who said they used alcohol daily in 1980 was only 6 percent, but the incidence of occasional heavy drinking is high--41 percent said that on at least one occasion during the prior two week period they had five or more drinks in a row.

Not only are young people are drinking more, they are also starting at younger ages. Of the same group of seniors, 55 percent had their first drink prior to entering high school--22 percent during the 7th or 8th grade.

Since much adolescent drinking takes place away from home, in or around cars, and prior to driving, the "heavy" drinking makes for a high incidence of alcohol related traffic accidents and casualties. Motor vehicle accidents are the leading cause of death among young people 15 to 24 years of age. Up to 60 percent of all fatal crashes with a young driver are alcohol related--approximately 8,000 young people per year, more than 20 per day--die in alcohol related motor vehicle accidents.

SUMMARY:

The 1980 NIDA survey of high school senior drug use offers some hope. Although drug use is widespread, daily use of alcohol, marijuana, and tobacco is down since 1979...alcohol by only .9 percent, marijuana by 1.2 percent, and cigarettes by 4.1 percent.

Attitudes about drug use are also changing. In 1978, 35 percent of the nation's high school seniors felt that regular marijuana use posed a "great risk" to their health--in 1980 the figure was up to 50.4 percent. Similarly, the percentage of seniors opposed to "bouts" of heavy drinking has risen from 34.5 percent to 35.9 percent.

The most interesting increase in perceived harmfulness, however, occurred in the number of seniors who thought regular use of cigarettes put them at "great risk"--the percentage



-3-  
BACKGROUND

increased from 51.3 percent to 63.7 percent--over 12 points--during the last five years. This evidence suggests that the anti-smoking campaign launched almost a decade ago has had a major impact on teenagers. It also appears to overlap into marijuana by strengthening the "reverse" peer pressure against smoking of any kind and fosters a willingness to speak out for the "rights" of non-smokers.

Mrs. Reagan believes that the explosive use of drugs among teenagers is the result of simple ignorance. Most people believe marijuana is harmless, and most parents are grateful if their children "only" drink. If students knew of the dangers of abuse, she believes they would be more responsible in their use.

# # #



MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

TO: Sheila  
FROM: Ann  
RE: NDR Alcohol/Drug PSA's  
DATE: July 30, 1981

*Ann*  
*I think we should pursue it's the best way to go*  
*ST*

At the suggestion of Frank Ursomarso, I met this morning with Collingwood (Colley) Harris, the VP of the Washington Office of the Advertising Council, regarding a series of First Lady PSA's on alcohol and drug abuse.

Several points...

1. The Ad Council orchestrates and underwrites the ad campaign in that they assign one of their volunteer agencies to do the creative work and then the Council takes on the administrative details of having the spots reproduced and distributed. The talent, which are considerable, and detail work, which is monumental, is free of charge. There are technical costs and expenses in the \$250,000 range, however, which are normally borne by the sponsor.

2. Most of that sum is for technical support, i.e., film crews, lighting, sound and effects staff, and lab costs. If Mrs. Reagan could get "in-kind" contributions from the entertainment industry, we could cut the needed cash to around \$100,000. The Ad Council has never used in-kind crews, and is very interested in the concept. It also puts us in a position of asking for time instead of money--not necessarily easier, but certainly cleaner.

3. The FGP spots were for television and radio...the Ad Council would like to pitch this campaign at television, radio, newspapers, magazines, transit and outdoor outlets. You know more about this than I do, but a wider appeal seemed to make sense.

4. If we start work in September, the spots could be ready to go in January...which the Council thinks is the best time to launch a campaign of this type. In retrospect, I think we made a mistake in not hyping the FGP spots. I'd like to do a press showing of these in conjunction with a White House reception for the advertising agency, the in-kind and cash contributors, and maybe the Council Board of Directors.

-more-

5. The Council has found, not surprisingly, that a fresh set of PSA's every nine months to a year makes more of an impact than just a one-time shot. They would like a "length-of-the-Administration" commitment, which I'm not certain we are in a position to make.

The Ad Council has an alcohol/drug expert on their Public Policy Committee--a Dr. Larry Alan Bear, who is, among other things, an ABC radio commentator. He has participated in all of the Ad Council campaigns on this issue. I would like for you, Dr. Bear, Harris and myself to get together right after the Sadat visit to take another look at the concept.

As usual, your comments would be appreciated.

# # #

CC: FRANK URSOMARSO

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

TO: Peter McCoy  
Sheila Tate  
Carlton Turner  
Frank Ursomarso

FROM: Ann Wrobleski

DATE: July 22, 1981

This is the second draft of both the background memo and the briefing outline on Mrs. Reagan's drug program.

BRIEFING OUTLINE  
MRS. REAGAN/DRUG PROGRAM

GOAL: Using the Office of the First Lady to inform and educate opinion makers, parents and students to the epidemic use of drugs and alcohol among children and adolescents.

TOOLS: The National Institute of Drug Abuse and the National Institute of Alcoholism and Alcohol Abuse (part of HHS) and the American Medical Association, as well as various research groups like the American Council on Marijuana and the National Council on Alcoholism have published medical and scientific evidence condemning marijuana and alcohol use by the under-18 age group.

PLAN/SUGGESTIONS:

I. A White House Briefing Series

A seminar composed of administration spokesmen, independent researchers, scientists and doctors as well as a "celebrity", a former addict and an appearance by Mrs. Reagan is an effective way to educate. The seminar could begin after lunch with a White House reception in the late afternoon and a morning wrap-up. We could put on the same seminar once a month pitched to different interest groups...the heads of major service organizations like the Girl Scouts, the Junior League, the Federation of Women's Clubs...wives of Congressmen and Senators...representatives of the various teacher/administrator organizations...national representatives of various PTA's...etc. A seminar for student body presidents might be a good Christmas event. Participants would be urged to "get out the facts" using NIDA and NIAAA material or independently prepared information.

II. First Lady Visits

A series of visits to treatment/rehabilitation centers to bring media and public attention to the results of drug and alcohol abuse. Mrs. Reagan has a very effective line of questioning about "What drug did you start with? Does marijuana lead to other drug use? and Did you use alcohol and other drugs together?" She easily establishes rapport with ex-addicts and seems to elicit graphic responses. As we saw with our visit to Second Genesis, her Q and A with ex-addicts gets good coverage and affords her the opportunity to get her points across.

III. PSA Series

A set of radio and television commercials tying the briefing series and the First Lady visits together. The spots could open with a particularly poignant exchange between the First Lady and an addict, switch to a quote from a briefing participant on the dangers of drug usage, and close with a request for viewers to learn as much as they can about marijuana and

-2-  
BRIEFING OUTLINE

alcohol use by writing to NIDA and NIAAA. Because of Mrs. Reagan's ties to the entertainment community--and the Administration ban on "flicks and flacks" --it would be especially effective if she could raise the money for the spots, or contributions in kind, from the Hollywood Community. Since the media reception to Mrs. Reagan's FGP spots has been positive, these PSA's should receive good play.

# # #



BACKGROUND MEMORANDUM  
MRS. REAGAN/DRUG PROJECT

The First Lady's interest in young adults has lead her to be very concerned about the epidemic use of drugs among pre-teens and teenagers. Since alcohol and marijuana are the most frequent "drugs of abuse" among high school students--due to availability, low cost, and misconceptions about harmful effects--the First Lady would like to launch an educational campaign directed at opinion makers, parents, and young adults.

ALCOHOL:

Alcohol is the most widely used drug among American youth. Because drinking is acceptable adult behavior, emphasis in most prevention programs is placed on delaying the "choice" to drink until after the body has had a chance to fully mature.

Chronic psychological or physical dependence is rare among adolescents, although medical researchers estimate that while it would normally take ten years for an adult to become an alcoholic, the time frame for a teenager could be as short as six months. The significant problem is the quantity consumed on a given occasion, for young people, unlike adults, drink to get drunk. The number of high school seniors who said they used alcohol daily in 1980 was only 6 percent, but the incidence of occasional heavy drinking is high--41 percent said that on at least one occasion during the prior two week period they had five or more drinks in a row.

While young people are drinking more, they are also starting at younger ages. Of the same group of seniors, 55 percent had their first drink prior to entering high school--22 percent during the 7th or 8th grade.

Since much adolescent drinking takes place away from home, in or around cars, and prior to driving, the "heavy" drinking makes for a high incidence of alcohol related traffic accidents and casualties. Motor vehicle accidents are the leading cause of death among young people 15 to 24 years of age. Up to 60 percent of all fatal crashes with a young driver are alcohol related--approximately 8,000 young people per year, more than 20 per day--die in alcohol related motor vehicle accidents.

MARIJUANA:

Recent medical research indicates that the psycho-active (harmful) ingredient in marijuana (THC) has increased dramatically since the 1960's. During the 1960's, most of the



-2-  
BACKGROUND

marijuana smoked in this country was of domestic origin with a THC content of 0.2 to 1 percent. Currently Jamaican and Columbian marijuana with a THC concentration of 3 to 4 percent is the most frequently used variety.

The high THC content has dramatic health consequences, as THC is fat soluble. Unlike alcohol, which is water soluble and "washes out" of the body in twelve hours, THC remains in the body for a considerable time. THC concentrates in the liver, the lungs, reproductive systems and the brain.

The increased levels of THC content, unfortunately, coincide with a decrease in the age of users. In 1962 researchers classified one percent of users as "youth" and four percent as "young adults". By 1979, the "youth" figure was 31 percent and the "young adult" figure was 68 percent. Conservative estimates place the number of high school seniors who are daily users at ten percent.

Since apathy, withdrawal, distortion of reality, confusion, short term memory loss, diminished concentration and reduced motivation are symptoms of regular marijuana use, there is a very real fear that many students have or will "space out" through their adolescence--thus never forming the judgment and coping skills necessary for successful adulthood.

SUMMARY:

The 1980 survey of high school senior drug use offers some hope. Although drug use is widespread, daily use of alcohol, marijuana, and tobacco is down...alcohol by only .9 percent, marijuana by 1.2 percent, and cigarettes by 4.1 percent.

Attitudes about drug use are also changing. In 1978, 35 percent of the nation's high school seniors felt that regular marijuana use posed a "great risk" to their health--in 1980 the figure was up to 50.4 percent. Similarly, the percentage of seniors opposed to "bouts" of heavy drinking has risen from 34.5 percent to 35.9 percent.

The most interesting increase in perceived harmfulness, however, occurred in the number of seniors who thought regular use of cigarettes put them at "great risk"--the percentage increased from 51.3 percent to 63.7 percent--over 12 points--during the last five years. This evidence suggests that the anti-smoking campaign launched almost a decade ago has had a major impact on teenagers.

Mrs. Reagan believes that the explosive use of drugs among teenagers is the result of simple ignorance. Most people believe marijuana is harmless, and most parents are grateful if their children "only" drink. If students knew of the dangers of abuse, she believes they would be more responsible in their use.



BRIEFING OUTLINE  
MRS. REAGAN/DRUG PROGRAM

GOAL: Using the Office of the First Lady to inform and educate opinion makers, parents and students to the dangers of drug use. Specifically, to change public opinion regarding the dangers of regular marijuana use to children and adolescents.

TOOLS: The National Institute of Drug Abuse (part of HHS) and the American Medical Association, as well as various research groups like the American Council on Marijuana have published medical and scientific evidence condemning marijuana. Although there is not a "Surgeon General" report to mobilize opinion (as with the anti-smoking campaign) the National Academy of Sciences will be publishing a major study in the fall of this year.

PLAN/SUGGESTIONS:

I. A White House Briefing Series

A seminar composed of administration spokesmen, independent researchers, scientists and doctors as well as a "celebrity", a former addict and an appearance by Mrs. Reagan is an effective way to educate. The seminar could begin after lunch with a White House reception in the late afternoon and a morning wrap-up. We could put on the same seminar once a month pitched to different interest groups...the heads of major service organizations like the Girl Scouts, the Junior League, the Federation of Women's Clubs...wives of Congressmen and Senators...representatives of the various teacher/ administrator organizations...national representatives of various PTA's...etc. A seminar for student body presidents might be a good Christmas event. Participants would be urged to "get out the facts" using NIDA material or independently prepared information.

*Governors  
Wives*

II. First Lady Visits

A series of visits to treatment/rehabilitation centers to bring media and public attention to the results of drug abuse. Mrs. Reagan has a very effective line of questioning about "What drug did you start with? Does marijuana lead to other drug use? What did you feel like when you were high? and What would you tell other kids about marijuana?" She easily establishes rapport with ex-addicts and seems to elicit graphic responses. As we saw with our visit to Second Genesis, her Q and A with ex-addicts gets good coverage and affords her the opportunity to get her points across.

III. PSA Series

A set of radio and television commercials tying the briefing series and the First Lady visits together. The spots could open with a particularly poignant exchange between the First Lady and an addict, switch to a quote from a briefing participant on the dangers of drug usage, and close with a request for viewers to learn as much as they can about marijuana use by writing to NIDA. Because of Mrs. Reagan's ties to the entertainment community--and the Administration ban on "flicks and flacks"--it would be especially effective if she could raise the money for the spots, or contributions in kind, from the Hollywood Community. Since the media reception to Mrs. Reagan's FGP spots has been positive, these PSA's should receive good play.

WROBESKI  
7-20-81



BACKGROUND MEMORANDUM  
MRS. REAGAN/DRUG PROJECT

The First Lady's interest in young adults has lead her to be very concerned about the epidemic use of drugs among pre-teens and teenagers. Since marijuana is the most frequent "drug of abuse" among high school students--due to its availability, low cost, and misconceptions about harmful effects--the First Lady would like to launch an educational campaign directed at opinion makers, parents, and young adults.

Recent medical research indicates that the psycho-active (harmful) ingredient in marijuana (THC) has increased dramatically since the 1960's. During the 1960's, most of the marijuana smoked in this country was of domestic origin with a THC content of 0.2 to 1 percent. By 1970, Mexican marijuana with a THC content of 1.5 to 2 percent began to dominate the market. Currently Jamaican and Columbian marijuana with a THC concentration of 3 to 4 percent is the most frequently used variety.

The high THC content has dramatic health consequences, as THC is fat soluble. Unlike alcohol, which is water soluble and "washes out" of the body in twelve hours, THC remains in the body for a considerable time. Heavy users, in fact, may never rid their bodies of the ingredient. Worse, THC concentrates in the liver, the lungs, reproductive systems and the brain. It is the effect of this possibly permanent concentration of an alien chemical in the brain which most disturbs researchers.

The increased levels of THC content, unfortunately, coincide with a decrease in the age of users. In 1962 researchers classified one percent of users as "youth" and four percent as "young adults". By 1979, the "youth" figure was 31 percent and the "young adult" figure was 68 percent. Conservative estimates place the number of high school seniors who are daily users at ten percent.

Since apathy, withdrawal, distortion of reality, confusion, short term memory loss, diminished concentration and reduced motivation are symptoms of regular marijuana use, there is a very real fear that many students have or will "space out" through their adolescence--thus never forming the judgment and coping skills necessary for successful adulthood.

The 1980 survey of high school drug use offers some hope. Although drug use is widespread, daily marijuana use, as well as regular cigarette smoking dropped during the last year. (Cigarette use by 4 percent, marijuana use by 1.2 percent.) Interestingly, 64 percent of high school seniors think regular use of cigarettes puts them at "great risk." Half of the high

school seniors feel the same way about marijuana--but this is an increase from 35 percent during the 1979 survey!

This evidence suggests that the anti-smoking campaign launched almost a decade ago has had a major impact on teenagers--and that the publicizing of the more recent findings on marijuana has also had an effect.

In all probability, the most important cause of the explosion in use has been simple ignorance. Most people believe marijuana is harmless. Mrs. Reagan believes that if students know of the dangers of heavy marijuana use, a sizeable number would either never begin to use it, or would stop using it.

WROBLESKI  
7-20-81

MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

TO: Peter, Sheila and Muffie  
FROM: Ann  
RE: Anyone Can  
DATE: July 13, 1981

CONCEPT: Mrs. Reagan, like the President, believes there are many heroes in America who go unrecognized. She would like to highlight these people so they may serve as examples of the "best" of the American tradition that ANYONE CAN make a difference.

POLITICAL: Mrs. Reagan can blunt the impact of the budget cuts by drawing attention to those individuals or groups who have made a difference in their communities by private initiative.

I. Break the budget cuts into three areas: The Arts (dance, theatre, voice, and orchestra); Social Services (health, education--emphasis on children and elderly); Community Involvement (beautification, preservation, and heritage).

II. Appoint a Select Commission of twelve individuals who have made a difference in the fields in which we are interested. The commission will act as a buffer for Mrs. Reagan, in that they will be responsible for recommending site visits, evaluating programs, and judging award winners.

None of the twelve should currently hold office, work for the government or a major corporation that does significant government contract work.

III. There will be a First Lady's award given in each category once a year--the award will go to that individual who has made the most significant contribution to the quality of life in their community. The award could be the congressionally authorized First Lady's Medal.

-more-

TIMETABLE: We need a proposed list of Task Force members ready before Mrs. Reagan leaves for California in August. She should be able to choose between two names for each slot.

The initial Task Force meeting should be convened in mid-September at the White House just after the Reagan's return from their vacation.

At the time of the initial meeting, each appointee should have at least one suggestion for a site visit. I think we need to be ready with the September and possibly October visits at the opening of the meeting.

The optimum would be 12 visits--one per month--suggested by each of the 12 members.

The Task Force members could either meet in September, December, March and June--or in September and March. The awards ceremony should be targeted for September.

COMMISSION SELECTION: Each mini-category should have a representative from the West, the South, the Midwest and the East. Each mini-category should have one member strong in a certain discipline. We should be cognizant of sex, race, age, and ethnic origin.

For example, under Social Services, I would look for an educator, a medical doctor, a handicapped person and a drug professional. We might look for a beautification specialist, a preservationist, a naturalist, and a CEO of a toy company under Community Involvement.

# # #



MEMORANDUM

THE WHITE HOUSE

WASHINGTON

TO: Peter, Muffie and Sheila

FROM: Ann

RE: American Institute for Public Service (in preparation  
for meeting)

DATE: July 13, 1981

As you can see by the attached, the AIPS was founded ten years ago by a former aide to Robert Kennedy. Co-Chairmen of the AIPS are Jacqueline Onassis and former Senator Bob Taft.

The founding concept was of an American Nobel Prize for Public Service. AIPS gives five awards each year--the first four are nationally oriented. I would like to call your attention to the fifth category (circled on explanation sheet) for "outstanding public service benefitting local communities."

Because of the similarity to ABC, I contacted the founder about the workings of the local awards. AIPS realized early that they needed some form of local quality control over the nominations for the fifth category. Their solution was to involve a major media outlet in each of the top 100 media markets.

The newspaper, radio or television station accepts nominations (often as many as 800 in a single year) and nominates five to AIPS. In the process of ferreting out the "quality" nominations, the media outlets usually do half hour television shows or a series of articles on their five nominees. The stories benefit the media outlet--public service--as well as publicizing AIPS.

The AIPS Selectors Committee then reviews the nominations--by reading the copy or viewing the videotape--and make their selections. AIPS holds a yearly awards ceremony at the Supreme Court. Each "winner" receives \$1,000 and a "Jefferson" medal.

# # #



# THE JEFFERSON AWARDS

**CHAIRPERSONS**  
Jacqueline Kennedy Onassis  
The Honorable Robert Taft, Jr.

**PRESIDENT**  
Samuel S. Beard

## BOARD OF SELECTORS

Henry Aaron  
Muhammad Ali  
Herman Badillo  
Charles Bartlett  
Senator Julian Bond  
Congressman John H. Buchanan, Jr.  
Ellen Burstyn  
Patricia T. Carbine  
Harry M. Caudill  
Richard D. Cudahy  
Emmett Dedmon  
Kirk Douglas  
Peter Duchin  
Robert H. Finch  
Arthur S. Flemming  
Stephen O. Frankfort  
Mayor Corinne Freeman  
Betty Friedan  
Congressman Robert García  
Andrew Goodman  
Earl Graves  
Congressman  
John Paul Hammerschmidt  
Dr. Alexander Heard  
Senator John Heinz, III  
Marife Hernandez  
Lenore Hershey  
Luther Hodges, Jr.  
Dr. Philip Hoffman  
Roger Horchow  
Norman E. Issacs  
Crawford Johnson, III  
Philip C. Johnson  
Vernon E. Jordan  
Raul Julia  
Dr. Herman Kahn  
Dr. Russell Kirk  
Lane Kirkland  
David Kruidenier  
Lewis E. Lehrman  
James A. Linen, III  
Ambassador Patrick J. Lucey  
Dan W. Lufkin  
Senator Richard G. Lugar  
Lawrence C. McQuade  
Vilma S. Martinez  
John D. Montgomery  
T. Ballard Morton, Jr.  
Reg Murphy  
Dr. Antonia Pantoja  
Gordon Parks  
Gregory Peck  
Senator George S. Pillsbury  
Leontyne Price  
Michael Pulitzer  
Dr. Isador I. Rabi  
Judge Edmund Reggie  
Elizabeth J. Roberts  
Dr. George A. Roberts  
Winthrop P. Rockefeller  
Mary G. Roebing  
Leo Rosten  
William A. Rusher  
Robert T. Sakowitz  
Governor Terry Sanford  
John Seigenthaler  
Robert Shults  
Neil Simon  
William E. Simon  
Howard K. Smith  
Bruce Sundlun  
Arthur Toupin  
Jane Trahey  
R. Emmett Tyrrell, Jr.  
Jack Valenti  
Ernest van den Haag  
Hon. Sterry R. Waterman  
Mayor Louie Welch  
Andrew Wyeth

## New Members Added to Board of Selectors

**T**he American Institute is proud to announce that the following individuals have agreed to join the 1980 Board of Selectors: Henry Aaron, Atlanta Braves' baseball executive; Ellen Burstyn, actress; Kirk Douglas, producer/actor; Vernon E. Jordan, President, National Urban League; Raul Julia, actor; Vilma S. Martinez, Executive Director, Mexican-American Legal Defense and Educational Fund; Gregory Peck, producer/actor; R. Emmett Tyrrell, Jr., Editor, The American Spectator and Arthur Toupin, Vice Chairman, Bank of America.

## Board of Nominators Updated— Nation's Fifty Governors Participating

**D**uring 1979, the national Board of Nominators was greatly strengthened. Our goal was to make sure that the American Institute was represented in all 50 states. At the present time, the Board has 320 members.

Significantly, all 50 of the nation's governors have agreed to serve on the Board of Nominators. Other members include 42 editors and publishers,

76 university and college presidents, 63 mayors and business executives, as well as 23 heads of the major national social welfare organizations.

## National Media Committee Formed

**D**uring 1979, representatives from Capital Cities Communications, the Gannett Broadcasting Group, Metromedia Television, Multimedia Broadcasting, Outlet Broadcasting Company, Pulitzer Broadcast Stations and Storer Broadcasting formed the Jefferson Awards Media Committee.

The basic goal of the Media Committee is to utilize its creative talent to build up the national recognition and community impact of the Jefferson Awards. Initially, the Media Committee is seeking to identify a media sponsor in each of the top 100 media markets. Second, the Media Committee is asking each media sponsor to make an annual contribution to the American Institute. Third, the Media Committee is exploring ways of increasing the visibility and impact of the Jefferson Awards by featuring the annual winners on national television shows. It is presently exploring the feasibility of a national Jefferson Awards program highlighting excellence in public service in the United States.

**Congressman  
John Buchanan,  
Honorable Robert Taft,  
Charles Bartlett,  
Samuel S. Beard,  
Ambassador  
Patrick Lucey  
and Jack Valenti.**



**Meeting to review 1980  
Nominations in preparation  
for April Board  
Meeting.**



# THE JEFFERSON AWARDS

## STATEMENT OF PURPOSE

**T**he Jefferson Awards and the American Institute for Public Service were founded in 1973, to honor the highest ideals and achievements in the field of public service in the United States. Through its annual Jefferson Awards, the Institute recognizes the dedication, sacrifice, and accomplishments of individuals serving the American people and strives to develop new leadership.

During the past ten years, many Americans have been questioning our national character and sense of purpose.

In 1972, Samuel S. Beard, a former staff associate of the late Senator Robert F. Kennedy, felt that the country should pay more attention to attracting young people into public service and to uplifting the nation's focus on the best in public service.

"With all that is gratifying and worthwhile in the United States, and with so many citizens from all walks of life contributing so much to its vitality, I was startled to realize that in this country, there were no major national awards for public service similar to the Nobel or Pulitzer prizes," he said.

Enlisting the support of Mrs. Jacqueline Kennedy Onassis and Senator Robert Taft Jr. of Ohio as Co-Chairpersons, Mr. Beard set up the American Institute for Public Service. In 1972, he assembled the Board of Selectors, a group of outstanding citizens, to select the award winners.

In 1975, the Institute established the Board of Nominators to assure that all worthy candidates, from every viewpoint and geographic area, would be considered for the awards.

### Award Categories

#### The Greatest Public Service Performed by an Elected or Appointed Official

Publicly elected or appointed officials carry the greatest responsibility to serve the needs of the American people, and to offer progressive leadership. By elevating the national conception of public service, more qualified young people will aspire to enter the public arena.

#### The Greatest Public Service Performed by a Private Citizen

This award is designed to honor the private citizens who play a vital role in serving the public. Some are paid; others are volunteers. They are educators, professionals, heads of social welfare organizations, journalists, doctors, lawyers, community organizers; any private citizen other than an elected or appointed official.

#### The Greatest Public Service Benefiting the Disadvantaged

This award is given to the person who has done the most to uplift the position of disadvantaged Americans. Improvements in education, nutrition, working conditions, health services, housing or economic opportunities for the disadvantaged, are among the achievements which can be rewarded. The disadvantaged include the mentally and physically handicapped, the aged, the poor and the members of any group who have suffered from discrimination.

#### The Greatest Public Service Performed by an Individual Thirty-five Years or Under

This award is given to encourage youthful achievement in public service. Achievements in any field are eligible. Qualified for this category are persons who have not reached their 36th birthday prior to December 31 of the year in question.

#### Outstanding Public Service Benefiting Local Communities

This award is designed to recognize the countless private individuals across the country who are performing extraordinary public services in their local communities. Some are paid; others are volunteers; most are unrecognized. Each year the American Institute selects five national winners in this category.



Jacqueline Kennedy Onassis  
Chairperson



Robert Taft, Jr.  
Chairperson



Samuel S. Beard  
President



## The Nomination Process

Everyone is invited to submit nominations for the annual awards. The selection of award winners is based upon public service performed during the preceding calendar year.

To assure that the nomination process is broad-based and completely impartial, the American Institute annually undertakes the following steps:

- Invites the Board of Selectors and the Board of Nominators to submit nominations.
- Invites a broad selection of national institutions and organizations to submit nominations.

## The Selection Process

The Board of Selectors votes to determine award winners. The Board consists of individuals selected for their outstanding qualities, with a proportionate number from each geographic region. The members range widely in age, occupation, and point of view; they represent the diversity and individualism which is the hallmark of the American tradition.

## The Awards Presentation

Each year a ceremony is held in Washington in the U.S. Supreme Court Building to honor the winners. Distinguished leaders and friends of the Institute are invited to attend.

## The Award

The Jefferson Award is a 2½ inch proof medallion, gold on silver, featuring a replica of the Seal of the United States on the front; "In Recognition of Outstanding Public Service" on the reverse. The Jefferson Awards are donated as a public service by the Franklin Mint.

At the national level five thousand dollars is granted for each award category. In the fifth category each of the five local community winners receives \$1,000.

## Previous Winners Of The Jefferson Awards

### Greatest Public Service Performed by an Elected or Appointed Official

- 1973—Dr. Henry A. Kissinger  
 1974—Elliot Richardson  
 1975—Peter J. Rodino  
 1976—Arthur F. Burns  
     Alan Greenspan  
     William E. Simon  
 1977—Michael Mansfield  
 1978—Hubert H. Humphrey  
 1979—Kenneth Gibson  
     William Donald Schaefer  
     Coleman A. Young  
 1980—Cyrus R. Vance



U.S. Supreme Court Building  
Site of Annual Jefferson Awards

### Greatest Public Service Performed by a Private Citizen

- 1973—John W. Gardner  
 1974—Ralph Nader  
 1975—Katharine Graham  
 1976—John D. Rockefeller III  
 1977—Art Buchwald  
 1978—Paul Mellon  
 1979—Howard Jarvis  
 1980—Dr. Norman Borlaug

### Greatest Public Service Benefiting the Disadvantaged

- 1973—Cesar Chavez  
 1974—Dr. Thomas Szasz  
 1975—Reverend Leon Sullivan  
 1976—Reverend Theodore Hesburgh  
 1977—Dr. Howard Rusk  
 1978—Jerry Lewis  
 1979—Jesse Jackson  
 1980—Allard Lowenstein

### Greatest Public Service Performed by an Individual Thirty-five Years or Under

- 1973—Joseph A. Yablonski  
 1974—Maynard Jackson  
 1975—R. Emmett Tyrrell, Jr.  
 1976—Vilma S. Martinez  
 1977—Max Cleland  
 1978—Bernard Powell  
 1979—Denis Hayes  
 1980—U.S. Olympic Hockey Team

### Outstanding Public Service Benefiting Local Communities

- 1974—Robert I. Bates  
     James Ellis  
     James Masten  
     Ellen S. Straus  
     Peter Wilson  
 1976—Felix Rohatyn

- 1977—Father Alfred Boeddeker  
     Jean Chaudhuri  
     Dr. Leonard Cobb  
     Olga Mele  
     Marjory Taylor

- 1978—J.O. Asbjornson  
     Thomas Cannon  
     Sister Mary Kathleen Clark  
     Robert G. Levy  
     Elizabeth Maier

- 1979—Cornelius D. Banks  
     Dr. Ann Hines  
     Joyce Hunter  
     Father Bruce Ritter  
     Clarence H. Snyder

- 1980—John Carpenter  
     Tilda Kemplen  
     Lee Klein  
     Elaine Griebenow  
     Dr. Louis Mattucci

THE WHITE HOUSE

WASHINGTON

11 June 1981

*Greg Newell?*

MEMORANDUM FOR MICHAEL DEEVER

FROM: ROBERT M. GARRICK *rmg*

SUBJECT: Parade Magazine Media Request *rmg*

This request comes via Jack Anderson, Washington Editor of Parade Magazine. Parade is currently reviewing a number of its writers for an assignment to interview the First Lady, Mrs. Reagan.

Their approach is to determine, in her opinion, what kind of a First Lady she wants to be. They are looking for a warm, sensitive interview with the objective of bringing out all the very fine attributes of the First Lady. I have been advised by Jack that this is the reason for their extreme concern in selecting the correct interviewer/writer.

Their deadline is at the First Lady's convenience.

Please advise what further action you would like me to take or perhaps you would like to deal with Jack directly on this matter.

cc: Edwin Meese III

*Let's call Jack  
483-1442*

*July  
something*

*Interviewer:  
Dotson  
Rader*

*- family values, ties  
- yourself & husband  
as human being  
1 hr.  
w/ photos*

*Wants to  
do cover  
Parade  
6 wks. after  
written*



MEMORANDUM

THE WHITE HOUSE

WASHINGTON

Sheila

TO: Mrs. Reagan  
FROM: Ann  
DATE: April 22, 1981  
RE: Drug Abuse Briefings

Outlined below is a proposed schedule for six drug abuse briefings to take place during May.

Friday, May 8:

Dr. William Pollin, the Administrator of the National Institute for Drug Abuse (NIDA) and Dr. John DeLuca, the Administrator of the National Institute on Alcoholism and Alcohol Abuse (NIAAA) will give us the federal overview. NIDA and NIAAA are the lead agencies in providing policies and goals for the federal efforts in prevention, control, treatment and rehabilitation. Both administrations fall under the broad category of the Public Health Service at HHS.

Wednesday, May 13:

Peter Bensinger, the Administrator of the Drug Enforcement Administration, will brief us on enforcement of federal narcotics law. DEA is an arm of the Department of Justice and created specifically to deal with drug cases.

Monday, May 18:

Dr. Robert DuPont, the former head of NIDA and the White House Office of Drug Abuse Policy (ODAP) and currently the Director of the American Council on Marijuana and Dangerous Drugs, will brief us on past federal efforts and private support.

Friday, May 22:

Ross Perot and Robbie Risner from the Texas War on Drugs can brief us on what they are doing in Texas and some ideas they have for a Nancy Reagan War on Drugs. As you know, Perot traveled the world in a 14-month effort to fully acquaint himself with the narcotics problem.

PAGE 2

Tuesday, May 26:

I think it would be helpful at this point to meet with some former teenage drug users. There are several "Teens Against Drugs"-type groups modeled after the parent groups, and we should sit down with one from the Washington area.

Friday, May 29:

Depending on other schedules, I think this would be the time to schedule a celebrity meeting.

.....

The purpose of this briefing series is to acquaint you with the language, methodology and structure of the drug abuse field. These are all people who are experienced in narcotics abuse who should be able to answer our questions, as well as provide recommendations.

All meetings would be private, but Sheila would detail them to the wires after the fact.

#

#

#

MEMORANDUM

*Shultz*

THE WHITE HOUSE  
WASHINGTON

TO: Peter  
FROM: Ann  
RE: *Son of*  
Drug Abuse (~~second~~)  
DATE: April 7, 1981

If anything, my two days in Atlanta convinced me that Mrs. Reagan--and the staff--need to sit through several hours of briefings prior to any major decisions.

Probably the most crucial aspect of her drug abuse program is credibility. If she is uninformed, if her facts are incorrect, if she confuses drugs, treatment programs, or methods of prevention, her message will be lost, or worse, she'll be ridiculed. It is not her intention to be an expert on chemical abuse, but I think she'll be expected to be conversant with the language.

Ross Perot said to me, "She's smart enough that if she's well briefed she'll figure out what she needs to do." I think that's true. I also think that the more she learns, the easier it will be for her to organize her thoughts.

During our meeting with Gergen and Ursomarso, they strongly suggested that we begin an education program that would have a "ripple" effect. She should have a series of meetings with experts and those meetings should be detailed to the wires. With the sympathetic press she has received during the last week, it would seem to me that four carefully prepared meetings--culminating in a sports/celebrities meeting--would give us enough running room to gauge the press acceptance of a Nancy Reagan War on Drugs before we launch any major program.

I would suggest the following order of presentations:

1. Dr. William Pollin, the Administrator of the National Institute for Drug Abuse (NIDA) and Dr. John De Lucca, the Administrator of the National Institute on Alcoholism and Alcohol Abuse (NIAAA), should give us the federal overview. NIDA and NIAAA are the lead agencies in providing policies and goals for the Federal efforts in prevention, control, treatment and rehabilitation. Both administrations fall under the broad category of the Public Health Service at HHS.

For an overview on enforcement we should be briefed by Peter Bensinger, the Administrator of the Drug Enforcement Administration. DEA is an arm of the Department of Justice, and was given lead over drug cases during the Nixon reorganization.

2. Dr. Robert DuPont and Dr. Carlton Turner should brief us on the latest medical data on drug usage among teenagers. DuPont is a former director of the White House Office of Drug Policy and NIDA, and is currently President of the American Council on Marijuana and Dangerous Drugs. Turner is a PhD in organic chemistry who directs the NIDA--funded marijuana project at the University of Mississippi and is the co-author of Marijuana, An Annotated Bibliography.

3. Ross Perot and Robbie Risner should brief us on the Texas War on Drugs. As you know, Perot was asked by Governor Clements to coordinate the Texas effort, and picked Robbie as his Executive Director. Mrs. Reagan is very high on Robbie and knows Perot. I think they are an invaluable resource because they were in the same position we are in 1979. Ross spent 14 months literally traveling the world to brief himself on narcotics. Mrs. Reagan doesn't need to ride border patrol in Mexico, nor does she need to observe the poppy harvest in Southeast Asia, nor does she need to visit every treatment program in the country--but Perot has, and for that reason he is an invaluable resource. Additionally, he is the only authority around who isn't asking for money or pushing federal legislation.

\*4. Several "youth groups" have formed in recent years to provide anti-drug peer pressure. I had the opportunity to breakfast with one such group (the one Laxalt was pushing for Mrs. Reagan to meet) and was very impressed with their organizational concepts. The theory is that peer pressure to "party" using drugs/alcohol is so great that unless a freshman has a counter pressure he/she either withdraws from the social aspects of high school, or participates. They are forming a national Kids Against Drugs--type organization and it would be good for Mrs. Reagan to get some first hand information on the use of drugs/alcohol in high schools.

5. Convene a "celebrity/sports" meeting at the White House to explore the possibilities of a campaign against drug abuse.

---

TWO POSTSCRIPTS:

1. The kids I breakfasted with told me no celebrity in the world could have convinced them not to do drugs--but, that a well-chosen celebrity brought into the school under the auspices of a youth group would have a lasting effect on counter peer-pressure efforts.



2. As I mentioned earlier, the medical evidence beginning to come in on marijuana is startling. I've tried to balance the list of experts--but at some point it's going to come out and she'll pick up on it. I think we need to be prepared to deal with the spectre of killer marijuana.

\* I would insert the parent groups after Perot, but we've already seen their representatives.

THE WHITE HOUSE  
WASHINGTON

Peter -

I recommend we put  
this off until we kick  
off the "drug campaign" —  
use this as a vehicle to  
enlist medical support.

What sensibilities do I  
depend if I put them  
off for 3 months? Or longer...

JP

4-14-81

copy Ann W



MEMORANDUM

THE WHITE HOUSE .

WASHINGTON

WORKING MEMO

TO: Mrs. Reagan  
FROM: Ann Wrobleski  
RE: Drugs/Alcohol  
DATE: March 24, 1981

We seem to have settled on three client groups:

celebrities  
parents, and  
kids

Each with a different objective:

celebrities--to be used as drug free role models  
parents--to make other parents aware of their  
network, and  
kids--to be used as peer group leaders.

We come down to:

a "Celebrity Caucus"  
a "Parents Advisory Group"  
and a "Children's Crusade"

each with its own set of players, organizations, media requirements and messages.

I suggest we merge the three into a chemical free campaign with a catchy title.

1. Mrs. Reagan should convene a meeting of the "Celebrity Caucus" during her trip to the coast in April or May. If Right Track checks out, we can convene the meeting under their auspices in Los Angeles. At the meeting she should describe her interest in this national problem, impress on the celebrities their status as role models, and ask them to donate their time to her crusade in October.

At this point, I think we are looking for a commitment as well as a plan of action. Mrs. Reagan could ask them to divide into committees for recommendations on media, programming, production, etc. They could be working during the summer in concert with the task force on the Children's Crusade.

2. Also in May, Mrs. Reagan should try to merge the celebrity/Right Track idea with the parents movement by accompanying Carol Burnett when she speaks to the Congressional Wives.

*Notes  
vs 1/15  
no  
on  
movement  
W  
2/1/15  
group*  
Right Track has a program encouraging grass roots participation by urging people to let Right Track know when they see or hear celebrities either advocate drug usage or condemn it. Right Track then sends either a commendation or an alert. (We came to know Right Track as a result of their sending Mrs. Reagan a commendation for her comments about drug abuse during the Inaugural.) If you could generate grass roots support through the parents movement--which has a built-in constituency--the focus of attention would be on the celebrity community.

The wives are a handy forum since the meeting with Burnett is already arranged, and they probably have at least one parent group in their districts.

3. During the summer months, Mrs. Reagan could visit several local treatment facilities, attend a local parents group meeting, and speak to her plans during the network interviews Sheila has planned.

Mrs. Reagan should also meet with Peter Bensinger, head of the Drug Enforcement Agency, the heads of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse, and the Chairman and ranking minority member of the House Select Committee on Narcotics Abuse. As soon as a White House Drug Policy Office is established, she should meet with that staff.

Also during the summer, we should convene a task force on the Children's Crusade (an informal, private, staff working group) composed of representatives from NIDA, NIAAA, Health and Human Services, the West Wing's office of Drug Policy, a few public relations people who would donate their time, and the three of us. The group would be charged with putting together the promotional materials for the campaign and plotting a speaking schedule, media appearances, and a kick-off for the Crusade.

I think it's essential that we get professional help on the promotional aspect of the campaign and on the technical aspects of drug abuse, prevention and treatment.



Mrs. Reagan should meet with the task force perhaps at the beginning of the summer as we approach the kick-off.

4. It would seem that the time to launch the Children's Crusade is during the fall. October would be a good target date.

In terms of the Crusade, depending on the recommendations of the task force, I think we'd be looking at:

- \*a kick-off here at the White House with perhaps some of the celebrities
- \*the production and distribution of a comic book to the public schools
- \*Possibly a film starring some of the celebrities
- \*possibly a series of Public Service Announcements
- \*significant media participation through regular and specialized media.

To carry the campaign further, during the months between November and May, we could put together a series of regional kick-offs in the ten largest media markets. For example, we could travel to Atlanta, kick-off the Crusade with a press conference in the morning, convene a luncheon of civic leaders, parents groups, local law enforcement officials and such, and then visit a treatment facility or a school for a showing of our film in the afternoon and get back to the White House. The idea of one day media blitz trips--maybe once a month--is a good way of really promoting Mrs. Reagan's involvement.

#

#

#



*Spencer-Roberts & Associates, Inc.*

MAR 24 1981

March 19, 1981

Mr. Peter McCoy  
The White House  
Washington, DC 20500

Dear Peter,

The enclosed comments are self explanatory. I would recommend very highly that Nancy Reagan do this AMA News interview.

AMA News is one of the mouth pieces of the American Medical Association nationally. To make the necessary arrangements you should call Steve Seekins at the AMA office in Chicago, 312/751-6000.

Best Regards,

Stuart K. Spencer

SKS:nc

M E M O R A N D U M

TO: Stu Spencer  
FROM: Steve Seekins *SS*  
DATE: March 16, 1981  
SUBJECT: Attached Request

---

Stu, as you can see from the two attached memos AM News is interested in preparing an interview with Nancy Reagan. I think that all the information you will need with reference to the topic and format is included. Should there be any questions, please give me a call. This has been approved by all the necessary rungs of the AMA ladder.

SVS/cz  
Enclosures

M E M O R A N D U M



W. H. S., SENIOR VICE PRESIDENT

TO: Whalen Strobhar  
FROM: Larry Boston *LB*  
DATE: 9 March 1981

---

As we discussed, American Medical News has been working with the AMA's committee on the International Year of the Disabled. One of the projects we have been considering is an interview with Nancy Reagan regarding her work with the mentally handicapped.

Attached is a memorandum to Stu Spencer, asking his help in setting up an interview with Mrs. Reagan. I'd appreciate it if you could pass this along to Stu for his consideration.


Thank you.

LB:oa

cc: Theodore Doege, M.D.



M E M O R A N D U M

TO: Stuart Spencer  
FROM: Dennis L. Breo   
DATE: March 4, 1981  
SUBJ: Interview with Nancy Reagan

---

This is a formal request following up on our earlier discussion. I would like to interview Nancy Reagan about her work with the handicapped, for publication in a future issue of American Medical News.

I would like to spend part of a day with her, preferably as she visits with some handicapped patients, to develop this feature story, which will describe her long-standing commitment to help these unfortunate Americans better cope with their disabilities.

I think such a story will both help focus attention on the International Year of the Disabled, a campaign that AMA is enthusiastically supporting, and help focus attention on the Reagan Administration's compassion for the handicapped, a compassion that has been thrown into question by the President's budget cutbacks. As a precedent for this type of story, we last year profiled Rosalyn Carter's crusade to help the mentally ill.

We are prepared to move on this story as soon as possible and appreciate your earliest possible response as to the merits and practicality of this suggestion. I think it will be a good story for the new Administration, the AMA, and the millions of handicapped patients. For maximum impact, it should be published as soon as possible.

Thanks for your assistance on this important matter.

DLB:dvs

MEMORANDUM

THE WHITE HOUSE  
WASHINGTON

Sheila

Margaret Singleton

WIRES Ltd

S. 304 1101 30<sup>th</sup> St

DC 20007

\* wants to be on press  
release list for any  
drug/alcohol info +  
Mrs. R

\* she's a PR person  
- feel free to toss

BK - start a file

File Mrs R Drug Research

IT IS KNOWN THAT 213,000 CITIZENS WERE TREATED IN DRUG ABUSE TREATMENT PROGRAMS IN 1978. IT IS NOT KNOWN HOW MANY CITIZENS ARE SUFFERING SOME FORM OF DRUG ABUSE.

IT IS ESTIMATED THAT THERE ARE 9.3 TO 10 MILLION ADULTS SUFFERING FROM ALCOHOL ABUSE. THERE ARE ALSO AN ESTIMATED 3.3 MILLION PROBLEM DRINKERS IN THE 14 TO 17 AGE GROUP.

IT IS ESTIMATED THAT THERE ARE 1.1 MILLION COMPULSIVE GAMBLERS IN THIS COUNTRY.

THERE ARE A TOTAL OF 3,590 TREATMENT PROGRAMS FOR CITIZENS SUFFERING FROM DRUG ABUSE IN THIS COUNTRY.

THERE ARE A TOTAL OF 4,219 TREATMENT PROGRAMS (EXCLUDING ALCOHOLICS ANONYMOUS) FOR CITIZENS SUFFERING FROM ALCOHOL-RELATED DISORDERS.

THERE ARE A TOTAL OF 5 TREATMENT PROGRAMS (EXCLUDING GAMBLERS ANONYMOUS) FOR CITIZENS SUFFERING FROM A COMPULSIVE GAMBLING DISORDER.

CURRENT AND FUTURE INITIATIVES RELATIVE TO THE ABOVE PROBLEMS INDICATE A SERIOUS NEED TO PURSUE AND FOCUS ON EDUCATION, PREVENTION, TREATMENT AND RESEARCH IN ORDER TO IMPACT EFFECTIVELY ON THESE DEVASTATING DISORDERS.

PREVENTION

- Parenting groups / education
- Visits to rehabilitation centers
- Form a committee?

celebrities - commun. adv. group  
not adv. group  
state chairmen / speakers -

- \* Children's TV program
- \* Conferences for editors / feature kids ... ex-addicts
- \* Children's TV Network

MIKE WALLACE  
CAROL BURNETTE  
MRS. R

Helene  
10/9/95  
tell Lindy  
tell Jennifer  
to hold off  
on Helene