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1. ~~letter~~ form	Travel Voucher ~~Letter C. Turner to D. Hawks and T. Peters~~, 1p. (partial)	~~6/7/84~~ n.d.	~~P6~~ B6 CB 12/29/00

RESTRICTION CODES

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2016

DRUG-FREE YOUTH THRU DRUG EDUCATION

FAMILIES IN ACTION

SUITE 300, 3845 NORTH DRUID HILLS ROAD, DECATUR GA 30033, TELEPHONE 404-325-5799

Dear Carlton,

It's always nice to know when folks appreciate your efforts!

Happy Holidays,

Sue

DeKalb Families in Action
3845 N. Druid Hill Rd.
Decatur Georgia

2130 Beckwood Ave
Monroeville, Pa. (15146)

Dear Sirs

Please send information about how to secure information material on "How To Form Families In Action Groups".

Guidelines seem so necessary to generate interest with other families — even though they have become aware and are willing to act on this problem.

My wife is deeply into P.E.T.-A.D.A. and has tried to get enough interest in this community to have meetings. She is an active part here seems covered in the denial of the problem. She has not been discouraged yet. But has not decided on the basis to at least get some help for others who are in the same position as our family finds it self.

The drug problem & the alcohol problem the suicide problem the emotionally unstable problem are so closely related to family needs great help.

It gratifies me that all the way to the White House, the concern has not been brought into focus.

The problem is enormous.

Mr and Mrs Clair McLaughlin

THE WHITE HOUSE

WASHINGTON

July 12, 1984

Dear Sue:

Thank you for your recent letter and attachment from Doug Hawks and Tom Peters.

I have reviewed this letter, however, it does not ring any bells with me. I will be more than happy to speak with anyone in the private sector regarding the value of parents and their education in drug abuse prevention.

Again, thanks for writing and best regards,

Sincerely,

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

Ms. Sue Rusche
Executive Director
Families in Action
Suite 300, 3845 North Druid Hills Road
Decatur, Georgia 30033

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DRUG-FREE YOUTH THRU DRUG EDUCATION

FAMILIES IN ACTION

SUITE 300, 3845 NORTH DRUID HILLS ROAD, DECATUR GA 30033, TELEPHONE 404-325-5799

January 19, 1984

Mr. Carlton Turner
Special Assistant to the President
Office of Drug Abuse Policy
The White House
Washington, DC 20500

Dear Carlton,

Enclosed is the brochure King Features prepared to promote my soon-to-begin column, "Striking Back," on drug and alcohol abuse. I thought you might like to see a copy. The column will begin February 5, 1984.

Sincerely,

Sue Rusche
Executive Director

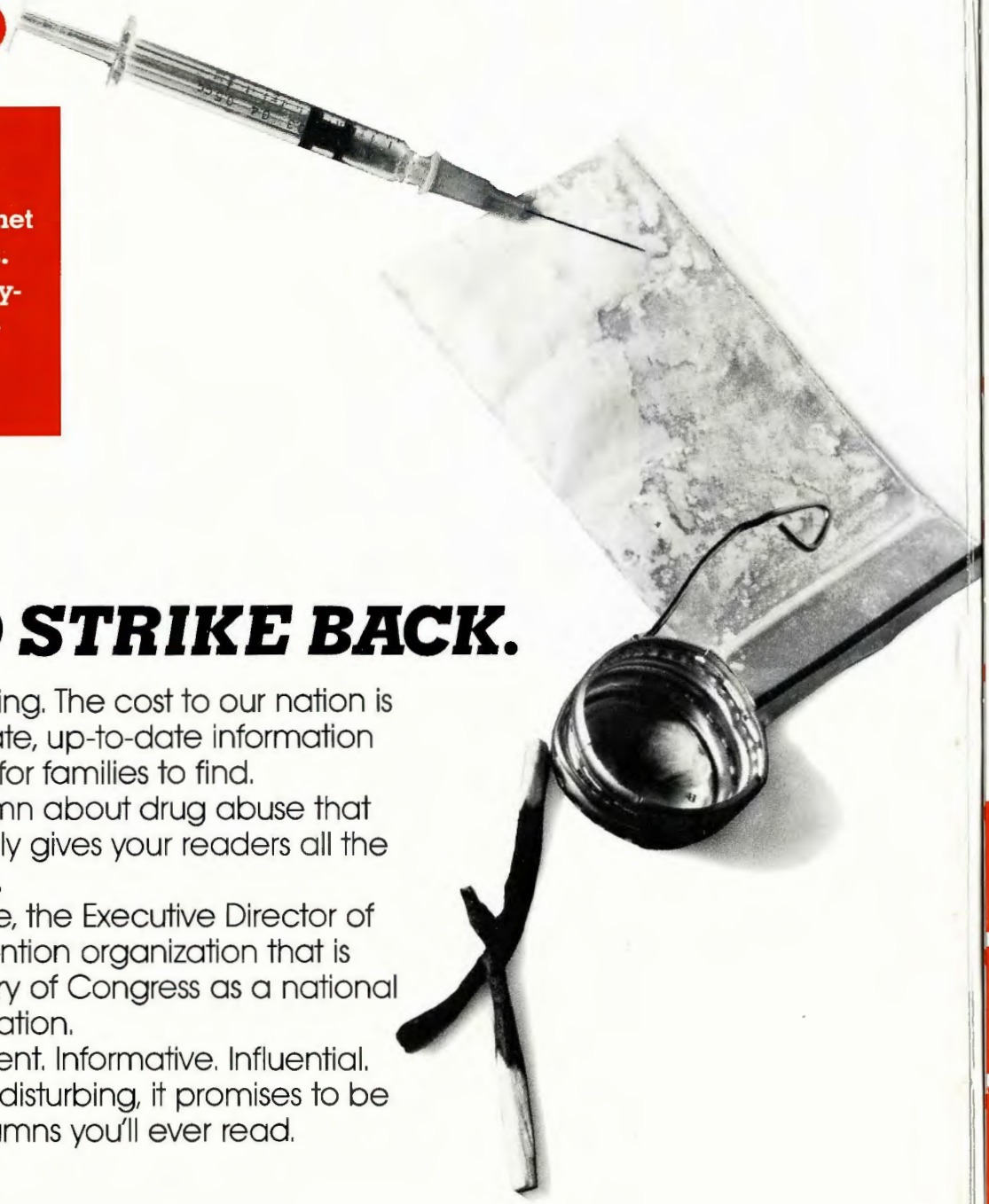
SR:jpg
Enclosure

WHAT DO AMERICANS SPEND $90 BILLION A YEAR ON?

A. Psychotherapy B. Vacations C. Running Shoes D. Illicit Drugs

ILLICIT DRUGS.

Americans spend more on illicit drugs than the combined net profits of the top 40 corporations. That's equal to 6 million jobs paying $15,000 or 3.5 million college educations.



IT'S TIME TO STRIKE BACK.

The statistics are staggering. The cost to our nation is horrifying. And until now, accurate, up-to-date information on drug abuse has been hard for families to find.

Striking Back is a column about drug abuse that focuses on prevention. It not only gives your readers all the facts, but offers solutions as well.

It is written by Sue Rusche, the Executive Director of Families in Action, a drug prevention organization that is listed by the United States Library of Congress as a national resource for drug abuse information.

Striking Back is intelligent. Informative. Influential. And though at times it may be disturbing, it promises to be one of the most important columns you'll ever read.

WHA
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A. 60%

WHAT PERCENTAGE OF SMUGGLED NARCOTICS IS CONFISCATED AT U.S. BORDERS?

A. 60%

B. 35%

C. 20%

D. less than 10%

LESS THAN 10%.

Drug smuggling is the most profitable crime in the world today and the hardest to combat.

Government officials openly admit that their efforts to fight this national crisis are thwarted by the lack of manpower, equipment and organization to do the job.

IT'S TIME TO STOP THE BIG BUSINESS OF NARCOTICS.

"There are people on the 80th floor of buildings with multi-million dollar computers routing (heroin)," said Delaware Senator Joseph Biden recently. "This isn't Al Capone in some mansion in Long Island."

The government, aware of its outnumbered personnel and its lack of organization, is now taking every action it can to fight the drug war more effectively.

But we must take action too.

The big business of illicit drugs isn't isolated in some gleaming skyscraper off in someone else's city. It spreads to even our smallest communities.

Often it is our own children selling drugs to each other. It is our problem. And it's time we found out how to stop it.

WHAT ARE SOME EXPERTS TEACHING CHILDREN TO USE 'RESPONSIBLY'?

A. Hand guns

B. Fireworks

C. Plastic explosives

D. Illicit drugs

ILLICIT DRUGS.

Many drug abuse experts say we must teach people how to use drugs "responsibly." They claim that teaching responsible use rather than prevention is a more realistic approach to the drug problem.

Unfortunately, kids are getting their message.

IT'S TIME TO PROTECT OUR CHILDREN.

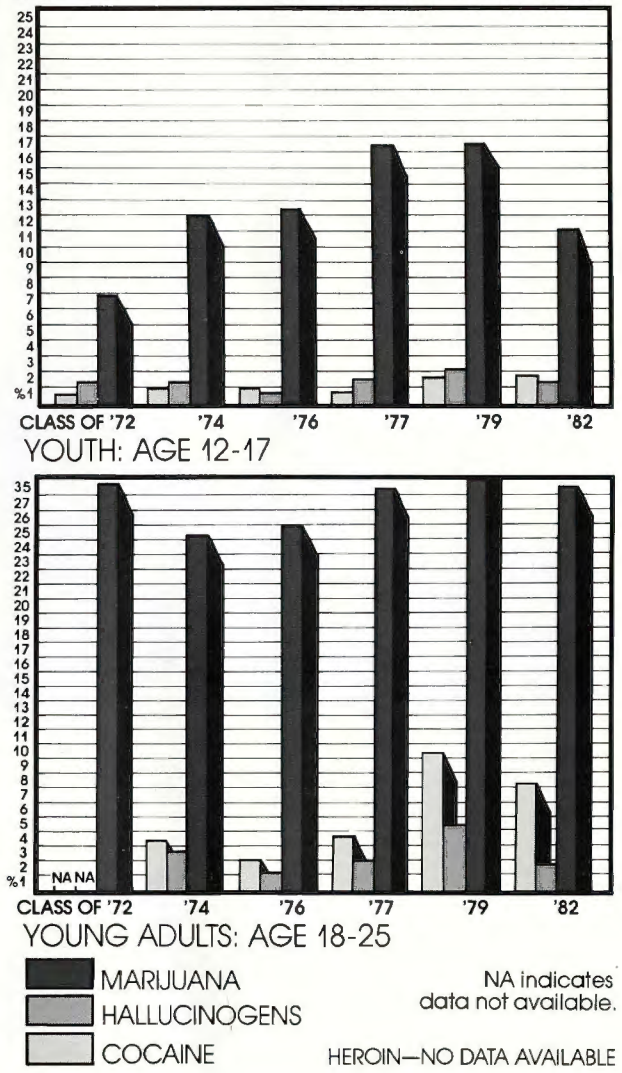
Anyone thinking he can teach a child the "responsible use" of any illicit drug is irresponsible. Children should be learning the dangers of drugs. To prevent them from becoming victims of this frightening epidemic.

Through the efforts of parents' organizations across the U.S., we are beginning to see progress made.

But even though some drug use among America's youth is starting to decline, latest statistics indicate that one-fourth of our 12 to 17 year-olds are still involved with drugs.

So the war is far from over. **Striking Back** arms your readers with the facts on what's happening in education, legislation and prevention. Information they need to join the fight.

CURRENT DRUG USE: 1972–1982



SOURCE: National Household Survey on Drug Abuse, 1982. National Institute on Drug Abuse.

WHICH OF THE FOLLOWING AGE GROUP'S LIFE EXPECTANCY IS DECREASING?

A. 0-14 years

B. 15-24 years

C. 25-65 years

D. 65 and over

E T S G E T.

15-24 YEARS.

Every age group in our society is living longer except for 15-24 year-olds. According to the Surgeon General, their life span is *decreasing* due to accidents, suicides and homicides. Many are drug-related.

IT'S TIME SOMEONE TOOK ACTION.

Sue Rusche is a parent of two teenagers, who takes her concern about drug abuse seriously.

Her efforts as a writer, speaker and organizer have won her national acclaim as well as the support of First Lady Nancy Reagan.

She has testified before five different U.S. Congressional Committees. One testimony led to the drafting of the Model Drug Paraphernalia law to control user devices.

Among her other contributions, Sue has published books and countless articles on drug abuse. She has also appeared on national TV, including Today and Good Morning America. And she was asked to co-conduct a White House briefing on the drug problem.

No one is more qualified to write on this important subject.

IT'S TIME WE ALL GOT THE FACTS ON DRUG ABUSE.

There's only one way to end the illegal traffic of drugs...we have to stop their use. But this will only happen when *every* American has an intelligence about drugs.

Striking Back will give your readers all they need to know.

Striking Back is a good way to join families together in the battle against drug abuse. For more information call Lawrence T. Olsen collect 212-682-5600 or toll free,

800-223-7383

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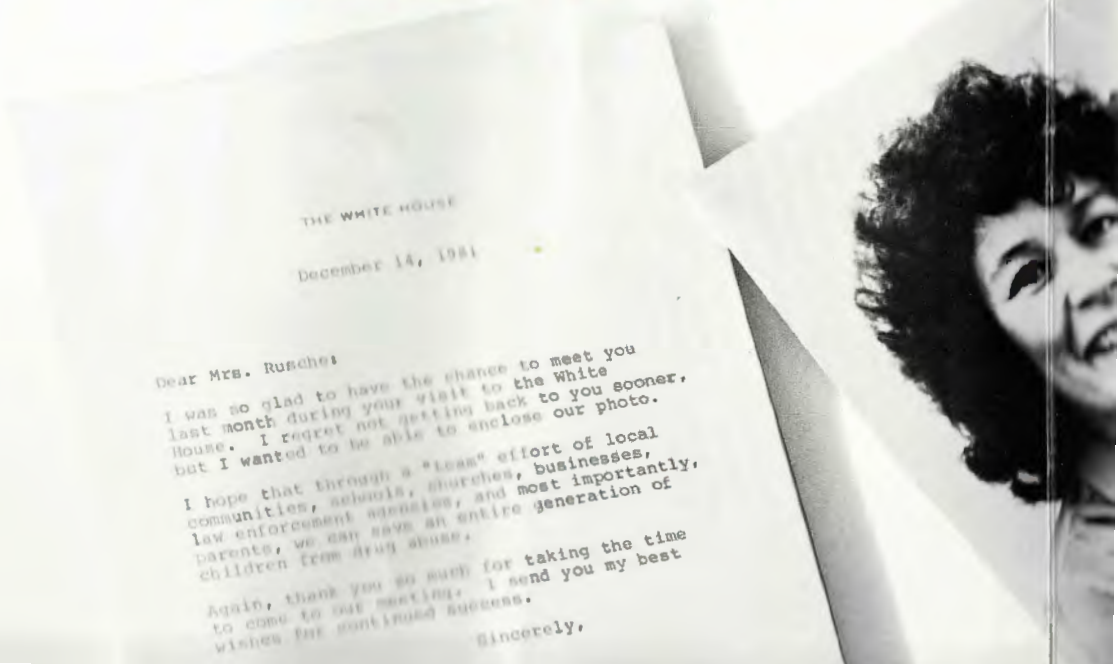

STRIKING BACK

by Sue Rusche

Mind Expansion: What's Wrong With It?

Q. I'm a high school senior and I can't see what's wrong with using drugs to expand your mind. If it really helps you to function but you don't abuse them what's wrong with doing it?

A. Plenty. Dr. Robert DuPont, former director of the National Institute on Drug Abuse and now president of the American Council on Drug Education, says psychoactive drugs affect the mind in a number of dangerous and harmful ways. To call this "mind expansion," he says, is a real perversion of what actually happens.

A recent Washington Post report says, "an influx of 18- to 34-year-olds, many of them confused relics of the 1960s and '70s, has started refilling the nation's mental hospitals." The Post interviewed Dr. Thomas Krajewski, superintendent of Maryland's Springfield State Hospital at Sykesville, who said, "Many have multiple problems, including drug use. Or brain damage due to drug use."

Although not yet confirmed by other research, a study of rhesus monkeys indicates that "expanding your mind" — or at least a part of it — may be exactly what pot smokers are doing to themselves.

This study found a widening of the synaptic cleft, the space between the brain's nerve cells over which nervous impulses are transmitted, in monkeys exposed to the human equivalent of one to three marijuana cigarettes a day for a period of up to six months. In reviewing this study, the National Academy of Sciences concluded that because the study has not yet been replicated and because only a few monkeys were studied, "no definitive interpretation can be made at this time. However, the possibility that marijuana may produce chronic ultrastructural changes in the brain has not been ruled out and should be investigated."

* * *

Q. I've just discovered my teenage son is using drugs. What do I do?

A. Parents tell us over and over again that Naranon is the best first step for help. Just as Alanon offers help to families of alcoholics, Naranon helps families of drug abusers. At a Naranon meeting, you'll find other parents whose children are involved with drugs and you'll learn from them about the resources in your community that can help. You'll also get first-hand information from those who have been through it about where to go — and not to go — for treatment for your child.

Naranon is growing very quickly. In Atlanta, for example, three to five Naranon meetings are held in different sections of the city every night. Look in the phone book for a number to call. If Naranon is not listed, call Narcotics Anonymous, Alcoholics Anonymous, or Alanon to find out where and when the next meeting will be in your community.

* * *

Q. Can you explain to me just what a "bong" is?

A. Bongs are modified water pipes in which marijuana is smoked. The purpose of a bong is to cool the smoke (special chambers in the bong hold ice, water, or even wine) and to direct all the smoke into the user's lungs so that none is wasted. One brand advertises, "The only thing wasted is you!"

* * *

Sue Rusche answers questions from readers in her column. Write to her in care of this newspaper.

STRIKING BACK

by Sue Rusche

What Are the Symptoms of Smoking Pot?

Q. Our 14-year-old son has been acting strangely lately. We're not sure whether he's smoking pot or drinking; or both. How can we tell? Are the symptoms different?

A. There are more differences than similarities in the symptoms of these two drugs. The most obvious difference is that you can smell alcohol on the breath of someone who has been drinking. Pot leaves no such telltale odor. Also, a youngster who has had too much to drink will begin to vomit when his system can absorb no more alcohol.

Not so with pot, which has an antiemetic (anti-vomiting) effect. In fact, experts worry about the use of both drugs together: pot's antiemetic effect may interfere with the body's natural defense of vomiting when too much alcohol is in the system. This may explain the alarming rise in acute alcohol poisoning cases that are showing up in hospital emergency rooms.

Parents report the most obvious symptom in pot smokers is redness of the eyes. In fact, a youngster's sudden preoccupation with "getting the red out" is often a parent's first clue that his child may be smoking pot. Other symptoms are more difficult to spot and parents report it may take six months to a year to be certain what a child is using. Many symptoms of pot use mimic those of adolescence which makes the task all the more difficult.

In general, the following symptoms may indicate regular marijuana use: loss of appetite or change in eating habits, occasional "binge" eating (known as the munchies), unexplained weight loss; lethargy, slowed or staggering gait, slurred speech; red, watery eyes, runny nose, drooping eyelids, persistent, hacking cough; insomnia or excessive sleeping at inappropriate times; noticeable change in personal grooming habits or sloppy, dirty, unkempt appearance; personality changes or unexplained behavior; changes in friends, sudden avoidance of old friends and an overpreoccupation with one or two new friends; changes in activities and hobbies, loss of interest in previously important activities; discontinuation of favorite hobbies or pastimes; secretiveness, sudden withdrawal from family and friends; unexplained periods of moodiness, irritability, depression, or anxiety, frequent temper tantrums, continuing resentful behavior; sudden oversensitivity (everything is a "hassle," or a reason to "get off my back"); change or drop in performance at work or school, grades dropping off, change in habits at home; noticeable drop in attention span, falling asleep in class; and a general lack of motivation to do anything, boredom, and an "I don't care attitude."

* * *

Q. I don't hear much about LSD any more. Has interest in this drug died out?

A. No. In fact, it appears to be on the rise. Recently, The Washington Post reported that LSD "is making a strong comeback on college campuses and among working- and middle-class whites in metropolitan areas throughout the nation. From five to 10 times more overdose cases are being treated in hospital emergency rooms now than in the 1970's when the drug was losing popularity."

The average dose of LSD in the 1960's, however, was from 6 to 18 times stronger than that available today. Although still not safe, these lower doses may explain why the bizarre behavior associated with the drug is not being seen so frequently even though use is increasing.

We talked with Don Bay, administrative assistant of the Los Anges Police Department's Narcotics Division, who said L.A. Police have seized some 112,000 units of LSD so far this year, compared to about 3,500 units in the first six months of last year. Bay also said although the greatest amount of use is taking place among high school students, an increasing number of elementary school children are becoming involved with LSD as well. The most popular form of the drug is LSD stamps — blotter paper the size of a postage stamp that has been impregnated with a drop of LSD.

* * *

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STRIKING BACK

by Sue Rusche

Alcohol and Tobacco: Why Are They Legal?

Q. I've read that alcohol and cigarettes are the third leading cause of death in the United States after heart disease and cancer. So why are these drugs legal?

A. You ask a good question. The information you read comes from a report by the U.S. Surgeon General titled "Healthy People." (Available from the Superintendent of Documents, Publication Number 79-55071.)

With the exception of the prohibition years, alcohol and tobacco have always been legal. Unfortunately, widespread use of both drugs preceded scientific knowledge about their harmful effects. The result was that most of us were hooked before we knew what we were doing to ourselves.

By the time we had that knowledge, two huge industries involving millions of jobs had evolved. To make either drug illegal at this point would create economic havoc in the lives of millions of Americans and their families.

Fortunately, we have another choice. The Surgeon General says deaths from heart disease have been reduced by 22 percent over 10 years — an almost unheard-of change in such a short period of time. What made this change take place? People began modifying the way they lived their lives. Once they knew it would make a difference, folks started losing weight, getting more exercise, changing their diets, and cutting down on smoking.

Now that we've learned such simple changes can reduce deaths from heart disease, we can reduce cigarette- and alcohol-related deaths by modifying our use of society's two legal drugs. It's not a perfect answer, but until somebody comes up with a better one, it's the best we've got.

* * *

Q. My 16-year-old daughter is in a drug rehabilitation center. Before she entered treatment she was taking several drugs. What are her chances for recovery?

A. That depends on a number of factors including how deeply involved she was and with what drugs. Overall, if she's in a drug-free treatment center, her chances for recovery are good to excellent. If not, there may be trouble ahead.

Generally, successful treatment involves several steps: detoxification, group therapy, re-entry into society, and aftercare to help the patient adjust to a drug-free life style and to learn to accept responsibility for the consequences of his actions.

* * *

Q. What is the difference between legal and illegal drugs?

A. Most illegal drugs have been made illegal because they have a high potential for abuse and little or no accepted medical use. Heroin, PCP, LSD, and marijuana are examples of illegal drugs that fall into this category.

Other drugs have a high abuse potential but do have use in medicine. These drugs are legal for doctors to prescribe to patients but are illegal to use for non-medical purposes. Some opiates, cocaine and other stimulants, sedatives, barbiturates, and tranquilizers fall into this medical-use category.

Some drugs are legal even though they have a high abuse potential and little or no medical use. These include most inhalants, alcohol and cigarettes.

A drug's legal status is generally determined by weighing its usefulness in medicine against its potential for abuse. When these two factors get out of balance, legislation is usually passed to correct that balance.

* * *

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STRIKING BACK

by Sue Rusche

What Is Addiction?

Q. How can you tell if you're addicted to a drug? Are there different kinds of addiction? We talk about this in school a lot but even our teacher has trouble giving us a clear answer.

A. There are as many definitions of addiction as there are experts in the field with differing opinions about how to treat it. A broad definition from the Addiction Research Foundation in Toronto is this: "A state of dependence upon a drug substance which is harmful to physical or mental health, social well-being, or economic functioning."

I like this definition because it side-steps distinctions some make between physical and psychological dependence. Some experts who draw these distinctions say only those drugs which produce physical withdrawal symptoms upon quitting are truly addictive. But this narrower definition leaves out many who suffer few if any physical withdrawal symptoms from giving up marijuana, or cigarettes, or even cocaine, but who nonetheless are so psychologically dependent upon the drug they find it extremely difficult to quit.

If you fear you may be addicted to a drug, check with your doctor first. Then try to give up the drug for three months. If you can do this comfortably, you don't have much to worry about. If you can't, it's probably time to seek help.

Q. At what age are children likely to start experimenting with drugs? When should a parent start watching for signs?

A. A recent survey of grade school children conducted by the Weekly Reader at the request of the White House finds that pressure to use drugs and alcohol begins in fourth grade.

By the time they reach seventh grade, 60 percent of the children feel pressure to try alcohol; 50 percent feel pressure to try marijuana.

The survey also found that children on the East and West coasts report more involvement with drugs of all sorts, while children in the North Central and Mountain states report the least.

* * *

Q. Prohibition didn't work for alcohol and it won't work for pot. So why don't we get it over with and legalize marijuana?

A. The U.S. Surgeon General says our two legal drugs, alcohol and cigarettes, are the nation's third-leading cause of death after heart disease and cancer. From 80 to 100 million Americans use these drugs while some 20 million use marijuana. If pot were legalized says Dr. William Pollin, director of the National Institute on Drug Abuse, we have every reason to believe marijuana use would rise to the level of alcohol and cigarette use.

Studies of marijuana's harmful effects suggest that, like tobacco, marijuana will be found to cause lung cancer. And, like alcohol, drivers under its influence kill and injure innocent victims on the highways.

By keeping marijuana illegal, we are probably preventing 60 to 80 million Americans from using the drug. And we may be saving hundreds of thousands of lives as well.

* * *

Q. My son, a high school senior, says his friends are turning away from pot and using more alcohol than ever. Does this local experience indicate a national trend?

A. Yes and no. According to the National Institute of Drug Abuse's annual high school senior survey, more of the nation's seniors have tried alcohol (93 percent) than marijuana (59 percent), but when it comes to daily use, more seniors smoke pot (6.3 percent) than drink alcohol (5.7 percent) every day.

The Institute's National Household Survey shows that 65 percent of the nation's 12- to 17-year-olds have tried alcohol while 27 percent have tried marijuana. Twenty-six percent use alcohol while 11 percent use marijuana (defined as having used the drug at least once in the month preceding the survey). This survey doesn't measure daily use.

* * *

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STRIKING BACK

by Sue Rusche

Sources of Drug Information

Q. We are the parents of two pre-teen boys and we are painfully aware of our lack of knowledge and understanding of drugs and drug abuse. They are asking questions and we just don't have the answers. Is there any group or government agency that publishes material that will help us be better informed?

A. Yes. The best overall reference book I've seen is expensive ($29.50) but well worth the price. It is "Drugs and Drug Abuse," by Cox, Jacobs, Leblanc and Marshman, Addiction Research Foundation, 1983. Order from Marketing Services, Dept. M.J., Addiction Research Foundation, 33 Russell St., Toronto, Canada, M5S 2S1.

You can order an excellent set of booklets on various drugs and their abuse from the American Council on Drug Education, 6193 Executive Boulevard, Rockville, Md. 20852. Write for their publications and price list.

You can subscribe to Drug Abuse Update, a 12-page quarterly journal that abstracts current information from the Families in Action (FIA) Drug Information Center. One-year subscriptions cost $5 and are available from Suite 300, 3845 N. Druid Hills Road, Decatur, Ga. 30033. You may also want to order a copy of FIA's 164-page parent group organizational manual for $10.

A $10 membership in the National Federation of Parents for Drug-Free Youth will bring you the Federation's Parent Group Starter Kit and brochures on alcohol and marijuana as well as a one-year membership.

You may also want to write to the Information Clearinghouses of the National Institute on Drug Abuse, and the National Institute on Alcoholism and Alcohol Abuse. The address for both is the same: 5600 Fishers Lane, Rockville, Md. 20857.

Finally, your U.S. congressman can send you a list of free publications available from the Government Printing Office. A division of that office which offers longer publications at cost is the government's Consumer Information Center, Pueblo, Colo. 81009. There you can obtain a copy of Parents, Peers and Pot, one of the most helpful booklets written for parents to date, for $5.

* * *

Q. Is it true I don't have to worry about my children getting into cocaine because only older adults use it?

A. No. The National Household Survey on Drug Abuse shows young adults (18 to 25) use more cocaine than any other age group. Twenty-nine percent have tried the drug compared to 9 percent of older adults and 7 percent of 12- to 17-year-olds. One in 14 young adults uses cocaine on a regular basis. And there's a new development that has drug experts really worried. So much cocaine has entered the U. S. that the market is glutted and the price has dropped to put it within the means of more youngsters than ever before.

* * *

Q. What is Acapulco Gold?

A. It's a high-potency marijuana grown in Mexico. The cost of Mexican pot varies according to grade. Commercial Mexican pot sells in the United States for $375 to $535 per pound while top grade Mexican sells for $500 to $850 per pound. Mexican sinsemilla (an even higher-potency seedless marijuana from unpollinated female plants) now sells for $1,200 to $1,500 per pound.

* * *

Sue Rusche answers questions from readers in her column. Write to her in care of this newspaper.

STRIKING BACK

by Sue Rusche

Alcohol and Pot — What's the Difference?

Q. I think my 14-year-old son smokes a little pot now and then. When I try to talk to him about it, he says, "Alcohol is your generation's drug and pot is ours — what's wrong with that?" How can I answer him?

A. This is a hook kids use to justify their drug use. First, point out that although he's approaching adulthood, he is still a child and you are an adult.

Second, his generation's drug is illegal. Yours is not, except for minors and drunk drivers. If you have driven when you've had too much to drink, admit that to your son and tell him he'll have some company: as he works to change his illegal behavior, so will you.

Third, tell him that as long as he expects to enjoy the benefits of being a member of your family — and that includes free rent, free board, free education, and parents who love and care for him — you expect him to obey family rules.

Fourth, to protect him legally, your family rule about drug and alcohol use must echo society's laws. The fact that society isn't doing a very good job enforcing those laws is irrelevant. The risk is still there and, more important, the reasons behind those laws are valid.

Fifth, to protect his health and well-being, you must insist that he give up altogether pot, alcohol and other drugs until he has become a mature adult. There is good evidence that his chances of making it to adulthood physically fit and capable of accepting responsibility for his actions are severely diminished if he becomes involved with drugs and alcohol during adolescence.

To reinforce with him that your number one concern is his health, you might challenge your son to join you in gathering information about the harmful effects of marijuana.

Finally, I am suspicious of your statement that your son smokes "a little pot now and then." Most parents who think this eventually find out that "a little" means three or four joints and "now and then" means nearly every day.

* * *

Q. My 16-year-old daughter is constantly asking me: "What's wrong with getting high?" I don't have a clear-cut answer — in fact, I'd like to know too: Just what is wrong with getting high?

A. Not a thing. It's one of the most wonderful feelings in the world. Getting high from reaching a goal, from physical exercise such as running, or even from making someone special smile are examples of natural highs. Better still, you can get naturally high as often as you choose. And no one has ever overdosed from a natural high.

Taking drugs to get high is an entirely different matter. These chemical highs are artificial. Most create dependence or withdrawal symptoms or both, threaten health and well-being, and most are illegal. The majority will make you feel high at first, but after a while you find you have to keep using them just to feel normal. By this time, you don't have a choice anymore.

* * *

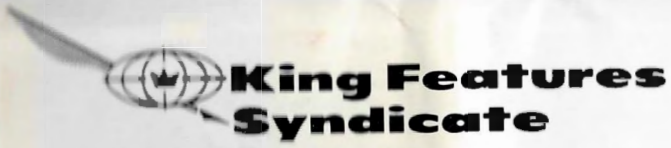
Q. How does a drug become illegal?

A. Through legislation. Take methaqualone, for example. The U.S. Controlled Substances Act classifies methaqualone as a Schedule II drug. This means physicians with a special license can prescribe them. It was originally developed as a sedative, but it was so subject to abuse that doctors began to prescribe other drugs that fulfill the same medical requirements.

In the past few years, both Georgia and Florida rescheduled methaqualone, moving it from Schedule II to Schedule I on their state controlled subtances list. Schedule I drugs are highly subject to abuse and have little or no accepted medical application. But they can be used in medical research. Thus in Georgia and Florida methaqualone is now illegal. A Georgia congressman has introduced at the federal level a bill similar to his state's, so methaqualone may some day be illegal nationwide.

* * *

Sue Rusche answers questions from readers in her column. Write to her in care of this newspaper.



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by Sue Rusche

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SUITE 300, 3845 NORTH DRUID HILLS ROAD, DECATUR GA 30033, TELEPHONE 404-325-5799

13 DEC 1982

Mr. Irving Rubin
Editor and Publication Director
Pharmacy Times
80 Shore Road
Port Washington NY 11050
7 December 1982

File
P. T.

Dear Mr. Rubin,

Thank you for your letter of Novemebr 17 and for your kind invitation to contribute an article on the issues surrounding marijuana and medicine. It is one of my favorite topics to try to sort out and I shall be delighted to submit an article of between 1600 and 1800 words.

I will do my best to complete the article by January 5th. Please let me know if there are any other instructions.

And thank you for asking me.

Sincerely,

Sue Rusche

Sue Rusche
Executive Director
Families in Action

Carlton —
Thanks
And Merry Christmas.

File

September 2, 1982

Sue Rusche,
Secretary & Research Chairman
National Federation of Parents
for Drug-Free Youth
9805 Dameron Drive
Silver Spring, Maryland 20902

Dear Sue Rusche:

Thanks for writing. All my critical comments on the NRC's committees' efforts were conveyed "in house," and I've deliberately not commented publicly on my views of detail in the report. I will adhere to that decision.

My general views on the inherent issues derive from my 30 years of research, administrative and clinical work in the field, and my work with parents, children, neighborhoods and policy groups over that time.

In effect, I do not believe it timely (but rather divisive) to institute or advocate policy changes at this juncture in history. That, of course, is different than analyzing (whether well or badly) policy options.

Communities (and generations) have to be far more active than they have been in resolving attitudes about intoxication and its positive or negative value before any policy can be solid and effective. Nothing I now see is different than what was wrestled with, evident and predictable 15 years ago.

As both a research and clinical psychiatrist, I cannot welcome intoxication and its consequences, nor guarantee lack of risk to any who engage in these behaviors. For most intoxicants I know of, there is a subset of people at high risk for misuse. There is a further subset vulnerable to mental and developmental impairments that are either precipitated or exacerbated by the use and/or misuse of intoxicants. There are a majority who apparently manage controlled use without readily definable harm.

Society - and each of us - must determine whether our "right" to consume jeopardizes the health of others - even a minority of others - and whether that right is preemptive. Thus prohibition's repeal fundamentally exposed more people vulnerable to misuse of alcohol to ready access to alcohol. While providing the majority with a right, a sizeable and enlarged minority were at greater risk. The deaths from disease and accident, and disrup-

tions to mental and social function, increased greatly, although the majority of moderate drinkers are not visibly harmed. The problem of how to relate supply of alcohol to habits and customs governing ingestion has occupied every generation in Western society since the 18th Century. Every conceivable "remedy" - laws, potency controls, supply controls, controls on location and occasion for ingestion, and attitudinal measures (religion, teetotalism, etc.) - has been utilized in varied mixes with variable success.

We've analogous decisions with pot - but at least a head start insofar as its historical use has not produced a dominant majority adamantly demanding access to it (although I would suppose there is a sizeable minority that would be adamant in taking offense to restrictions of supply - and a smaller group - as was true in the 30's and 50's - who take high risks to gain access to supply).

At the center of current debate is (and has been) a focus on youth, and their supposed "right" to be stoned. This is a rather shocking commentary on the culture of the past 2 decades. One would hope the parents would have the resolve and perception to recognize that use by children and the young cannot enhance the development of competencies and attitudes that optimize chances for maturity of judgment and conduct.

For me, the issue has not been one or another passing "fact," but a moral issue of responsibility in rearing the young. For parents, the need is for social supports in saying no and in reinforcing the values of sobriety and self-mastery in the realms of work, pleasure, personal relations, self expression, love and sex, etc. Thus I'm aware that the proper reading or interpretation of any documents or publicized reports can be a matter of sensitivity.

The fact that many sectors of society only 25 years ago had marijuana available, but the very idea of utilizing it was for the majority simply not thinkable (one did not debate the option), strikingly indicates the loss of a key "social support" since the "epidemic of drug interest" of the past 20 years. If legitimate pharmaceuticals had had the publicity and exploitation of allure which recreational drugs repeatedly received in the press and media (beginning in the early 60's), they would have saved multimillions in advertising costs.

For those of us who did not welcome the advent of this drug culture and the rapid spread of interest in the use of drugs from a few isolated subgroups to the "youth culture" at large, the question is how credibly to discourage use. The "trap" here for experts is that what one can soundly say on scientific grounds is hardly forcible enough to creditably remove the option of trying marijuana or, for that matter, a "drink". Indeed focus on

the minutiae (absent major evidence of sizeable risk to any and all) absolutely diverts attention from the enduring moral problem: how reliably to guide the young to a sound start in adulthood. Both the "advocates" such as NORML and the Concerned Parents seem to me to repeatedly misemphasize the pros and cons of scientific data.

Prudence has no more or less support from the science data today than the data of a decade ago - excepting, perhaps, clearer data on alcoholics' not experimenting with a drink. I anticipate that the subset of vulnerable people whose psychotic symptoms and "unreality focus" are exacerbated by pot will be more precisely described and identified in clinical research. The size of the group needing treatment for mental illnesses evoked or exacerbated by pot is not known - it is not large, but a general hospital psychiatric ward will see several such cases yearly.

Parents should recall that mental illnesses are and always have been costly, but also occur at a high frequency in youth and always have. In 1979 I could fairly estimate that approximately 12,000 youngsters who would become 18 years old would be treated for schizophrenia and schizophrenia-like illnesses for the first time. It is difficult to see base rates of illnesses in youth drastically increased in the 70's as compared to the 50's. This does not mean research could not more precisely estimate the drug associated increase; even if it is small, it is clinically evident. The fact that there are so many more youth means, of course, that treatment facilities see larger numbers, but not necessarily a greatly enhanced rate. Impulsive suicide has increased (but it had begun to in the pre-drug era too). This increase is linked to availability of drugs and other means of self-destruction - but fundamentally to developmental problems or disorders (such as serious adolescent depression) for which treatment is characteristically avoided by parents and teachers until it is too late.

In any event, enhancing availability clearly enhances the size of the "at risk" vulnerable group. Whether large or small, that is a personal and social cost. It was true for alcohol, and I believe it is true for other intoxicants and drugs that enhance retreat from coping with reality. (Thus when you ask about health costs, they are difficult but probably not impossible to roughly estimate; if you include a wide range of social costs, then with or without drugs the entire youth culture and societal response to it would have to be examined -the costs of social mobility, access to cars, different cultures and, in general, the costs of different attitudes towards risk-taking to the sound development of young adults might well be analyzed.)

Insofar as enforced laws can discourage use, the discussion has to be on degree and consistency of enforcement and the nature of sanctions. Watching developments, I've not been convinced that the elite and solid

middle class are willing to see the child or young adult imprisoned for possession. Indeed one hardly ever hears the young chastised for jeopardizing a possibly vulnerable colleague by "passing a joint" or enriching a dealer, or not reporting an offense they observe. When the President's children admit to having "tried" - i.e., possessed and/or purchased - pot, are we ready to incarcerate them as an example? If not, what enforcement do we advocate? These issues have to be faced by communities as they attempt to deal with the anguish and anxieties of teaching the young how to cope with the array of products - from cars to records, to skateboards to drugs - so amply available.

Decriminalization was the reluctant answer of the very conservative Schaeffer Commission - coupled with discouragement of use. I've no objection - if all wish to pay the price - to the use of criminal sanctions, but the issues of disregarded laws, of selective prosecution (and corruption), invasion of privacy, etc., have to be faced.

So all of us who hope use is credibly discouraged (and those of us who have to deal with casualties are amongst them), as well as those of us who know that decent kids may be at risk for criminal records and sanctions, cannot credibly ask for risk-free solutions. Neither science nor the law (or non-law) will provide an easy answer to an unwanted dilemma.

Thus my own preference is for an emphasis on what sound growth and development require (and that includes an environment in which laws are fairly enforced - or if unfairly enforced, all - parents and kids - are willing to accept the consequences on behalf of the broader good).

Between Draconian laws and misdemeanor, between unwarranted intrusions of search and seizure and simple fines for possession, I'd opt for the latter, given current realities. But policy toward sanctions on supply and distribution, and the threshold - if any - for identifying major and minor offenses - also need to be dealt with. In opting for decriminalization, I would not advocate it as a pressing issue. But any who dismiss it must logically take some alternative position rather than wishfully dismiss or divert the issue. Such alternative position can be not to deal with the legal issues, but to focus on actions and attitudes discouraging use. The point is that a range of options must be considered for policy, and each has benefits and costs.

Those who advocate decriminalization may have to face the costs of appearing to trivialize the moral issues, and those who advocate Draconian laws may have to face the issue of proportion, willingness to suffer the consequences, and to protect or to abrogate civil rights. But if the topic is at all to be discussed, some position is more dignified than mere carping at any position. Thus I cannot wish away what I do not like, and I believe that

the true emphasis of the Schaeffer Commission is still valid: let's shift our emphasis to the major problem, discourage supply and emphasize criminal sanctions or measures for suppliers and distributors. That may not be right, but all in all it best balances, in my view, amongst thoroughly unpleasant alternatives.

I know of no easy answer - least of all one coming from science. My regret has been that the competencies of parents and peer groups to deal with the proposition that it's good to be stoned and drunk has been so distracted by a number of related, but not central issues. I enclose a view from a time of similar intensity and anguish a decade ago, and I'm not pleased the issue seems to have to recur with each generation of parents. Thus I wish you well in your efforts to discourage use which, I think, if credibly done, best serves all.

Sincerely,

Daniel X. Freedman, M.D.
Professor and Chairman
Department of Psychiatry
University of Chicago

DXF/jfp
Enclosures

File

DRUG-FREE YOUTH THRU DRUG EDUCATION

FAMILIES IN ACTION

SUITE 300, 3845 NORTH DRUID HILLS ROAD, DECATUR GA 30033, TELEPHONE 404-325-5799

August 13, 1982

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

Dear Carlton,

I thought you'd be pleased to see the enclosed. The coalition document, of which I'm proudest, will go to all candidates who survive the primaries. We will make a very big deal out of who pays most attention to our document.

Under separate cover, I am returning the draft of the Strategy. I called in my comments but Jody asked for the "real thing" as well to keep a paper trail. You've done a good job. Where did Gary Sidler get the China stuff? If you already haven't please send him an advance copy and give him a chance to retract -- he's turning into more and more of an ally.

Keep you chin up and let me know what you think of the DRUG ABUSE UPDATE. I'm really eager to hear your comments.

Sincerely,

Sue Rusche
Executive Director

SR:jpg
Enclosure

D. Enact legislation to:

1. Establish "bottle tax" to provide alcohol, marijuana and other drug prevention, treatment, and law enforcement programs
2. Mandate all group insurance policies to pay for alcohol, marijuana and other drug treatment
3. To permit the seizure of assets obtained with illicit drug profits and to use those funds for alcohol, marijuana and other drug prevention, treatment, and law enforcement programs (DEA Model Civil Forfeiture Act; see attached)
4. Provide stricter penalties for drug trafficking
5. Raise drinking age to 21
6. Require warning labels on alcoholic beverages telling of adverse effects
7. Strengthen penalties for driving under the influence:
   a. No charge reductions. First offense should be handled administratively if breathalyzer is .10 or above and include mandatory:
      1) Fine
      2) 60-day suspension of license
      3) DUI School
      4) Evaluation/treatment if called for
      5) Community service in hospital emergency room
   b. Second offense mandatory:
      1) Fine
      2) Jail term or treatment
      3) 1 year suspension of license
   c. Judges should have little or no discretion in sentencing persons convicted of DUI
   d. Drug screenings similar to alcohol tests for DUI offenders

GEORGIA TASK FORCE ON ALCOHOL, MARIJUANA, AND OTHER DRUGS
BRIEFING PAPER FOR GUBERNATORIAL CANDIDATES

Representatives from the groups listed below formed the Georgia Task Force on Alcohol, Marijuana, and Other Drugs to make the following recommendations to the next Governor of Georgia:

I. That the Governor include on his staff a Director of Alcohol, Marijuana and Other Drug Policy

II. That the Governor appoint a Commission of private citizens and public officials to stimulate alcohol, marijuana and other drug prevention, education, intervention, treatment, and law enforcement activities in the State of Georgia

III. That the Governor, his Director of Alcohol, Marijuana and Other Drug Policy, and the Commission then take the following actions:

A. Establish and fund a statewide Prevention/Education Program which teaches the health consequences of alcohol, marijuana and other drug use and direct it to:
   1. Students--K through 12, colleges, universities
   2. Parents
   3. Teachers
   4. Health professionals
   5. Government officials
   6. Media

B. Expand treatment services
   1. Increase funding for alcohol, marijuana and other drug-free treatment programs
      a. For adolescents
      b. For adults
      c. For families
   2. Complete the funding of the Uniform Alcoholism Act
   3. Encourage cooperation between public and private treatment facilities

C. Increase law enforcement efforts
   1. Increase use of undercover agents in schools
   2. Request of the President a Federal Narcotics Task Force in Georgia similar to "Operation Florida"
   3. Increase resources of Georgia Bureau of Investigation
   4. Establish Regional Drug Enforcement Task Forces composed of local and state enforcement personnel under supervision of Georgia Bureau of Investigation

24. Fayette County Concerned Parents

25. Forest Park Dept. of Public Safety/Police Division

26. Fulton County Police Department

27. Georgia Alcohol and Drug Associates

28. Georgia Citizens Council on Alcoholism

29. Georgia Mental Health Institute/Alcohol & Drug Service

30. Georgia Psychological Assoc./Substance Abuse Committee

31. Georgia Regional Hospital/Atlanta

32. Henderson Community Families in Action

33. The Link Counseling Center

34. MAAD - Atlanta Chapter

35. Marietta Police Department

36. Mercer University, School of Pharmacy

37. Metro Atlanta Crime Commission

38. Metropolitan Atlanta Council on Alcohol and Drugs

39. New Freedom Lodge

40. North DeKalb Family & Children's Clinic

41. North Fulton PTA Council

42. Odyssey Counseling Center

43. Parents and Kids (PAC)

44. Peachford Hospital

45. PRIDE

46. Psychiatric Institute of Atlanta

47. PTA Drug Education/Marietta Junior High

48. Reality House

49. Resources & Information on Drugs (RID), Douglas County

GEORGIA TASK FORCE ON ALCOHOL, MARIJUANA, AND OTHER DRUGS

Atlanta Regional Commission
Mr. A. B. Padgett
Convenor

1. ACTION
2. A & D Section/Dept. of Human Resources
3. Atlanta Junior League-GATE Program
4. Brawner Recovery Center
5. Bridge Family Center
6. CASCADE
7. Care Unit
8. Church Women United
9. City of Atlanta Police Dept.
10. Clayton County Board of Education
11. Clayton County Police Department
12. Clayton Mental Health
13. Cobb County Police Department
14. Cobb County Public Schools
15. Cobb County Sheriff's Dept.
16. DeKalb Addicition Center
17. DeKalb County Department of Public Safety
18. DeKalb County PTA Council
19. DeKalb County Sheriff's Dept.
20. Douglas County Board of Education
21. Douglas County PTA Council
22. Dunwoody Families in Action
23. Families in Action, Inc.

GA Task Force on Alcohol,
Marijuana and Other Drugs

50. Ridgeview Institute

51. Rockdale House

52. Rockdale Mental Health

53. Salvation Army/Adult Rehab. Center

54. Salvation Army-Red Shield Services

55. S. Cobb/Douglas Mental Health

56. S. DeKalb Alcohol & Drug Program

57. Southside Treatment Center

58. St. Jude's House

59. State Drugs & Narcotics Agency

60. Stone Mountain Families in Action

61. Straight, Inc.

62. Third Ear Alcohol Rehabilitation Program

63. Tucker Families in Action

64. Unified Parents of America

65. United Way

66. Woodward Academy

Underwood
for GOVERNOR
Campaign Headquarters: 3368 Peachtree Rd., N.E.
P.O. Box 18875 • Atlanta, Georgia 30326 • 404/237-2112

PRESS CONFERENCE
July 1, 1982
9:30 A. M.

REMARKS OF NORMAN UNDERWOOD

ATLANTA - Drug abuse and drug trafficking are two sides of a single threat to the well-being of our State. They are the demand and supply sides of an economic equation of misery, crime, and death. I have three children, and I share the concern that was expressed to me in every corner of the State during my 159 County Tour. The problem is not white or black, rural or urban. It affects Georgians wherever they live, whatever their race. It is time for the Governor to take a stand against the threat to our young people, our families, our schools, and our community.

The demand side of the equation is revealed in a few truly alarming statistics. Three-fifths of American high school seniors have used marijuana, and one-third of children ages 12-17 have tried it at least once. Cocaine use among high school seniors has almost doubled in five years. 72% of high school seniors have stated that they are regular alcohol users. New medical studies are rapidly being published which show the health dangers of indiscriminate use of illegal drugs.

Paid for by Norman Underwood Campaign Committee, Ralph Edwards, Chairman, 3340 Peachtree Rd., Atlanta, 30326; Tom Cordy, Vice-Chairman, 463 Plum St., NW, Atlanta, 30313; Fred Taylor, Treasurer, P.O. Box 1156, Albany, 31702

Following the conference, I will appoint a Governor's Drug Abuse Task Force composed of concerned citizens, professionals, parents, and educators. The Task Force's mission will be to design a model drug education program to help local school systems teach our children about the facts of drug abuse. I will ask that special attention be given to the establishment of community-based drug treatment centers with special family oriented programs for teenagers.

Most importantly, I will use the Governor's office to convey the urgency of the problem to the people of Georgia, and to provide the glue to hold this community effort together. I will personally take the lead in a media blitz concerning drug education. Through television, radio, and newspapers, I will publicize the facts of the problem, and the necessity for parental and community involvement in the solution. I will ask all high school principals in the state to develop drug education programs for their schools, based on the model program drawn up by the Governor's Task Force. I will urge communities to set up drug information centers, along the lines of the extensive library established in DeKalb County by Families in Action.

I will attack the supply of drugs by opposing legalization of any currently illegal drug. I will support the enforcement of the Georgia anti-drug paraphernalia law to the fullest extent possible under the state and federal Constitutions.

Following the conference, I will appoint a Governor's Drug Abuse Task Force composed of concerned citizens, professionals, parents, and educators. The Task Force's mission will be to design a model drug education program to help local school systems teach our children about the facts of drug abuse. I will ask that special attention be given to the establishment of community-based drug treatment centers with special family oriented programs for teenagers.

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I will attack the supply of drugs by opposing legalization of any currently illegal drug. I will support the enforcement of the Georgia anti-drug paraphernalia law to the fullest extent possible under the state and federal Constitutions.

I will work with the General Assembly to pass a law that will penalize those who traffic in illegal drugs by forcing them to forfeit profits made on the sale of the illegal drugs. This law would be similar to the Federal Civil Forfeiture of Drug Profits Act, which provides for the forfeiture of money and other assets of drug dealers. The level of proof required in these civil forfeiture suits is significantly lower than the beyond reasonable doubt standard required in a criminal trial. The money raised by this forfeiture of illegal drug profits could pay for the state's increased role in drug education.

There is no simple solution to the drug abuse problem. If an adult is determined and resourceful, no society which values freedom and individual liberty as much as ours will long keep him from his goal of obtaining and using harmful and illegal drugs. But we must not accept that goal as a necessary part of growing up in America. We need to pass a social judgment that drug abuse is wrong for our children and we will not tolerate it. We need to break the criminal that supplies the drug and the immature and mistaken state of mind that demands it. To the extent that we can do that, we free our children from a terrible oppression. The time is now.

FOR FURTHER INFORMATION CONTACT:
Terry L. Wells (404) 237-2112

22 JAN 1985

THE PROCTER & GAMBLE COMPANY

LEGAL DIVISION P. O. BOX 599 CINCINNATI, OHIO 45

January 11, 1985

Celeste F. Wallace
Trademark Chairman, Families In Action
1514 Sagewood Circle
Stone Mountain, Georgia 30083

Re: COMET "stash can"

Dear Ms. Wallace:

Your letter of December 17, 1984, has been referred to me for response.

Procter & Gamble has not given permission for any company to use the COMET can as a "stash can." Furthermore, we have protested the subject use of the COMET can to the California company in question and we are studying further possible action.

Thank you for your inquiry.

Very truly yours,

L. L. Lorance
Counsel -- Trademark Section

LLL:mls
0921E

Families In Action

Brookstone Company
Vose Farm Road
Peterborough, New Hampshire 03458
(603) 924-7181

Dec. 29, 1984

Ms. Celeste F. Wallace
1514 Sagewood Circle
Stone Mountain, Ga. 30083

Dear Ms. Wallace:

Thank you for your suggestion.

Your recommendation is being sent to the proper department head for evaluation.

We appreciate your taking the time to write us, as many times our customers' suggestions lead to better products and services for everyone.

Thank you again and we look forward to serving you in the future.

Sincerely,

Pat Shuman

Customer Service

The stash cans in Brookstone's Catalogue are "Old Spice" and "Quaker State Motor Oil."

DRUG-FREE YOUTH THRU DRUG EDUCATION
FAMILIES IN ACTION
SUITE 300, 3845 NORTH DRUID HILLS ROAD, DECATUR GA 30033, TELEPHONE 404-325-5799

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Dr. Carlton Turner
Special Assistant to the President for Drug Abuse Policy
The White House
Washington DC 20500

THE WHITE HOUSE

WASHINGTON

June 7, 1984

Dear Mr. Hawks and Mr. Peters:

Thank you for your follow up letter of May 18 regarding our meeting.

Thank you for sharing your thoughts and ideas with me.

Best regards,

Sincerely,

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

Mr. Doug Hawks
Mr. Tom Peters
Families in Action
3845 North Druid Hills Road, Ste. 300
Decatur, Georgia 30033

THE WHITE HOUSE

WASHINGTON

June 7, 1984

Dear Dick:

It sure was great to see you again. Keep those DEA boys in New Orleans straight and the same goes for Winthrop-Breon!

Best regards,

Sincerely,

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

Dr. Dick Garey
c/o Tulane University
6823 St. Charles Avenue
New Orleans, Louisiana

ANDREW GOWERS

FINANCIAL TIMES

Bracken House Cannon Street London EC4P 4BY 01-248 8000 Telex: 8954871

SAL J. RUBINO, R.Ph.
Manager - Professional Services

Winthrop-Breon

Winthrop-Breon Laboratories
New York, New York

90 Park Avenue
New York, NY 10016
212-907-2525

22 MAY 1984
1265

DRUG-FREE YOUTH THRU DRUG EDUCATION

FAMILIES IN ACTION

SUITE 300, 3845 NORTH DRUID HILLS ROAD, DECATUR GA 30033, TELEPHONE 404-325-5799

Dr. Carlton Turner
Special Assistant to the President
Office of Drug Abuse Policy
The White House
Washington D.C. 20500

18 May 1984

Dear Dr. Turner,

We all want you to know how much we appreciate your taking the time to see us Wednesday. We feel the meeting was extremely helpful in clarifying a number of points.

Biff Wilson, our vice president of fundraising, and Sue Rusche especially want you to know how grateful they are, as are we, for your offer to identify individuals in the private sector to help us raise funds for and support the work of the Families in Action National Drug Information Center. I know we can ditto that for Dean Radtke and Carla Lowe, who appreciates the efforts you have already made in behalf of Californians for Drug-Free Youth.

While we understand the Reagan Administration's policy of no federal funding for individual parent groups, we also understand there is no objection to federal funding for programmatic projects.

We want you to know that we are giving careful consideration to ways we might assist the state parent group networking organizations to become financially self-sufficient. As we develop such methods we would like to be able to seek your advice and assistance in this effort.

We also want you to know that we have contacted Senator Mattingly's office today and requested a copy of legislation that mandated 20 percent of block grant drug and alcohol funds to prevention. We plan to visit our governor for advice on how we can make that work for us in Georgia.

Sue will continue to highlight special drug abuse reduction projects the Administration undertakes or sponsors in

her newspaper column from time to time. We all want you to know we stand ready to help you in any way we can in your efforts to reduce drug abuse in the United States and throughout the world in behalf of the President. If the services of our Information Center or if our publication, Drug Abuse Update, can assist you in any way, please do not hesitate to let us know.

Biff Wilson will be speaking to Senator Mattingly next week. After that the three of us (Biff, Tom and Doug) would like to arrange a conference call with you to discuss what our next steps should be in seeking funding.

It was good to meet you after having heard so much about you from Sue and the staff. Thank you again for meeting with us.

Sincerely,

Doug Hawks

Doug Hawks
Chairman of the
Advisory Board

Tom Peters

Tom Peters
President of the Board

Rm 220

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
Washington, D.C. 20503

MEMORANDUM FOR: DANIEL LEONARD

FROM: Ursula H. Pearson
Ursula H. Pearson
Director, Financial Management Division

SUBJECT: Outstanding Travel Advance

Attached is a copy of your travel voucher number XD3D25. The advance you were given for this trip exceeded your entitlement in the amount of $ 80.00. Please attach your personal check to this letter and forward to:

Financial Management Division
Room 4005 NEOB

The check should be made payable to:

Treasurer of the United States

The Federal Claims Collection Act of 1966 (80 Stat. 309), and the Federal Claims Collection Standards (4 CFR 101-105) requires that if your payment of this amount is not received in this office by 7/6/84, a finance charge of 9 percent has to be assessed on the unpaid balance.

If you have any questions regarding this, please contact the Travel Office on 395-7246.

1. [illegible] OFFICE OF POLICY DEVELOPMENT

2. [illegible] ☐ PERMANENT DUTY STATION

3. [illegible] NO.

4. SCHEDULE NO. 5C120P

TRAVELER (PAYEE)

a. NAME (First, Last, Middle Initial)
LEONARD, DANIEL F.

[redacted]

PERIOD OF TRAVEL
a. FROM 5/31/83
b. TO 6/1/83

c. MAILING ADDRESS (Includes ZIP Code)
OEOB, Room 220
The White House
Washington, D.C. 20500

d. OFFICE TELEPHONE NO.
202/456-7090

7. TRAVEL AUTHORIZATION
a. NUMBER(S) XD3D25
b. DATE(S) 5/28/

e. PRESENT DUTY STATION
Washington, D.C.

f. RESIDENCE (City and State)
Falls Church, VA

10. CHECK NO.

8. TRAVEL ADVANCE
a. Date(s) filed
b. Amount to be applied
c. Amount due Government (Attached: ☐ Check ☐ Cash)
D. Balance outstanding

9. CASH PAYMENT RECEIPT
a. DATE RECEIVED 5/31/83
b. AMOUNT RECEIVED $ 80.00
c. PAYEE'S SIGNATURE

11. PAID BY

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is refunded show claim on reverse side.)

I hereby assign to the United States any right I may have against any person in connection with the furnishing of transportation charges described below, purchased under cash payment private fares (FPMR 101-7) > Traveler's initials

AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Use code) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e)	POINTS OF TRAVEL TO (f)
GTR-D7-361-637 156.00	EA	Y	5/27/83	Washington, D.C.	Boston,
	PT			Boston, MA	Hyannis Port,
	EA			Boston, MA	Washington, D.C

HYANNIS PORT AIRPORT WAS FOGGED IN THE AFTERNOON OF JUNE 1. THUS, I RENTED A CAR WITH TWO OTHER CONFERENCE PARTICIPANTS, FROM HYANNIS PORT TO BOSTON'S AIRPORT -- CANCELLED THE AIRPLANE TICKET FROM HYANNIS PORT TO BOSTON

13. I certify that the items listed on the reverse hereof are correct to the best of my knowledge and belief, and that payment or credit has not been received for them, and that the amount claimed is the average amount of lodging incurred during the period covered by this voucher.

TRAVELER SIGN HERE > [signature] DATE 6-2-83 AMOUNT CLAIMED > $ 112.

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).

14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)

APPROVING OFFICIAL SIGN HERE > X [signature] DATE

17. FOR FINANCE OFFICE USE ONLY
DISTRIBUTION
a. DIFFERENCES, IF ANY (Explain and show amount)

15. LAST PRECEDING VOUCHER PAID UNDER THIS TRAVEL AUTHORIZATION
a. VOUCHER NO.
b. D.O. SYMBOL
c. MONTH & YEAR

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION
Certifier's initials:
$

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE > X [signature] DATE

c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):
$

d. NET TO TRAVELER > $

18. ACCOUNTING CLASSIFICATION

1012-114

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self-explanatory)*

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (g) Show amount incurred for each meal including tax and tips and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone call's for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. PAGE ____ OF ____ PAGES

TRAVEL AUTHORIZATION NO. XD3D25

TRAVELER'S LAST NAME LEONARD

DATE 1983 (a)	TIME *(Hour and min/pm)* (b)	DESCRIPTION *(Departure/arrival city, per diem computation, or other explanations of expense)* (c)	ITEMIZED SUBSISTENCE EXPENSES: MEALS: BREAKFAST (d)	MEALS: LUNCH (e)	MEALS: DINNER (f)	MEALS: TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: ¢ NO. OF MILES (k)	AMOUNT CLAIMED: MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
8/1	1:45p	LV White House for National airport via taxi											7.50
	2:36p	LV Washington for Boston via Eastern #192											
	5:00p	LV Boston for Hyannis Port, MA via Provincetown Airlines #1929											
	5:40p	AR Hyannis Port; met & taken to Hotel			15.00	15.00		40.17	55.17			55.17	
8/1	10:00a	Speak at program	6.00	8.00		14.00			14.00			14.00	
	2:30p	LV Hyannis Port for Boston via Rented Car with 2 other Conference participants (airport logged in)											25.00
	5:15p	LV Boston for National via Eastern #865											
	6:33p	AR Washington National											
	6:45p	LV National for Falls Church via taxi											11.00
									SUBTOTALS ➤			69.17	43.50
									TOTALS ➤			69.17	43.50

Additional space is required, continue on another SF 1012 BACK, leaving the front blank.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ➤ $112.67

In accordance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. 5707 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose for the requested information is to determine payment or reimbursement to the individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain control of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowances or expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 1012 BACK (10-77)