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Dear President Bush

I am a 14 year old student at Connorsville High School in Indiana. I am writing you this letter because this summer there was a tragic accident and now my family is torn apart. My 18 year old brother was in accident on July 16, 1989. He was being chased by a police officer and crashed on a motor cycle. My brother's name is Jason Bishop. Jason is now laying in Methodist Hospital in Indianapolis in Indiana. Jason has been in a coma for two months and 22 day on Oct 16 it will be 3 months. You see Jason had a drug problem and it shocked my parents to death. Most of all Jason killed my family life. They say he was high the day of the accident at least that's what one of his friends said and was talking to him that day. I am writing you this letter because of the drug program you are trying to put on.

Were a middle class family and were not having any with money, and we were the type of family who said this could never happen to us. But you find out it could happen to anyone etc. I don't know if your drug program will do any good but at least your trying. Some of Jason's friends went and saw him in the hospital that experience of seeing him in Intensive care hasn't changed them. They still do drugs. My family has been torn apart. My parents are all the time. I wish my step-dad could tell everyone in the world our story. But as you go on you always find someone who has a more painful story than yours. Jason went to a rehabilitation center in Indianapolis in Feb. I think Jason got kicked out because he would not cooperate. We thought it was Jason's counselor but she was the right one all along.

When Jason came home he
straightend up for a few weeks.
But after that he went back to
the same old stuff. He left our
house because he knows he would
get kicked out. They had ~~drogg~~
tasted him that day at school
and he knew his dad would
find out. I could go on but
there isn't enough time on
paper. I pray and hope that
you will respond to my letter.
If you ever called here is
my number - (317) 825-7102.
My family prays each day that
Jason will be normal. I love to
help people and someday my wish
was to be a drug counselor.
But my parents I don't think
want me to do that and it's
hard to find a counseling job
and find good money. Thank you
for reading my letter.

Sincerely
Brandi Conlay

Tampa's Winning War on Drugs

How this Florida city is battling its crack epidemic is a model—and an inspiration—for all America

By EUGENE H. METHVIN

THE FIRST TIME Abe Brown heard about crack cocaine, he was conducting a "street ministry" on one of the most crime-ridden blocks in Tampa, Fla.

A football coach turned dean of students at the city's Chamberlain High School, Brown spent his days dealing with classroom troublemakers. But after school he donned his Baptist preacher's hat and took the Bible message to Florida's prisons and to Tampa's roughest neighborhoods.

One day an ex-con warned Brown about a new drug made from powdered cocaine. "Coach," he said, "it's so powerful people go crazy for it."

In the summer of 1985, crack hit Tampa, a city of 280,000, like a killer hurricane. Hooked by the drug's instant rush, users turned to crime to support their addiction. Between 1984 and 1986 robberies almost doubled and murders soared 51 percent. "Addicts would shoot their robbery victims simply because they had no money,"

Brown recalled. "To buy crack, women prostituted themselves right out in the open."

Crack dealers concentrated in black neighborhoods where residents were apathetic and police were overburdened. As demand grew, so did profits—and competition. Crack houses festered in abandoned buildings and public housing. Open-air drug markets—"dope holes"—sprang up. With a dozen or more pushers lining a single intersection, gun battles erupted over turf.

Along East Lake Avenue at 28th and 29th streets, young crack dealers worked the thoroughfare as though hawking programs at a football game. The customers were suburbanites as well as inner-city residents. Parents would drive in with their

children. Teachers, school-bus drivers, stockbrokers, even city employees were seen buying.

When a network-television news program wanted to show the extent of America's drug problem, it used film from Tampa.

Brown watched cocaine babies born, children abandoned, families ravaged. Foraging addicts stripped neighborhoods like locusts.

He had had enough. One sleepless night in June 1987, Brown began to plot a massive community mobilization. Through the years the 60-year-old minister had become a folk legend for his tireless efforts to bridge the city's racial gap. "Brown has Judgment Day eyes, the kind that bore through a person," wrote a *Tampa Tribune* reporter. "His deep voice elicits 'yes, sirs' and 'amens.'"

As a start, Brown called 150 interested citizens to a local church. "Law ceases to exist after dark in our communities," he proclaimed. "The drug dealers are ruling our streets. Why? Because we sit and do nothing!"

The assemblage helped form Citizens for a Decent Community (CDC) to "regain control of our neighborhoods." The members knocked on thousands of doors and organized scores of meetings. Fearful at first, many citizens told the CDC, "These dealers have guns. They might shoot us if we act against them."

"If our kids aren't worth dying for," replied Brown, "what is?"

"Whatever It Takes." In 1988, after a year of organizing the black community, Brown presented Tampa Mayor Sandy Freedman and other city and county officials with petitions signed by 4000 citizens demanding action and promising cooperation.

As an initial step, the mayor persuaded a local company to donate demolition equipment to raze abandoned buildings being used as crack houses. Driving a bulldozer, Freedman tore into the first building herself. The destruction continued round-the-clock under floodlights, with neighbors applauding. In three days the wreckers smashed dozens of buildings.

At that time, however, Tampa was unable to mount a sustained attack. The police had only 30 narcotics officers, out of a force of 725, to patrol the city's 110 square miles. Spread too thin, the officers were simply pushing drug dealers from one corner to another. "Our people are dying," Brown told Tampa's white leadership. "If you don't help us now, crack will invade your community too."

His prophecy soon came true. Two days after Christmas 1988, Theresa Robertson, a 30-year-old white baby-sitter from the suburbs, drove with her three charges, ages six months to seven years, to a public-housing dope hole to buy crack. As she pulled up to the curb, a 17-year-old dealer snatched her gold necklace, firing his pistol through her car window. The bullet

struck one-year-old Sebastian Placker in the spine, paralyzing him.

The shooting produced new resolve on all sides. In January 1989 Public Safety Director Bob Smith and top police commanders cobbled together a bold scheme to increase the police force by 13 percent and create neighborhood anti-drug units. Called QUAD Squads—for Quick Uniform Attack on Drugs—the shock troops would consist of 41 officers assigned to four city quadrants. Backed by detective units and uniformed patrols, the squads would attack the open-air markets. They would get to know citizens and guarantee a quick response to reports of pushers.

"There's nothing here other police departments haven't tried before and found inadequate," Smith told the mayor. "But nobody has ever tried them all at once."

"We'll give you whatever it takes, for as long as it takes," Freedman promised. She proposed a 15-percent property-tax increase for 140 more police officers and aides, more police equipment and new drug-education programs.

The public hearing lasted just seven minutes, with no one in opposition. The tax-raising city council got a standing ovation from a biracial audience. "Glory be!" cheered Abe Brown when he heard.

"Beeper Cops." The QUAD Squads hit the streets in February 1989. The force began meeting with anxious citizens in drug-infested

neighborhoods. "Why are the dealers here?" the police asked. "What gives them a strategic advantage?"

Typically, on one corner a store owner stocked dusty canned goods and moldy bread. Dealers sat out front and used the store phone to call for more inventory. A jungle-like lot offered hiding places for drugs and scores of trails for dealers to flee through.

The squad arranged to have the building closed for code violations, and state-prison work gangs cleared the overgrown lot. In two weeks, the drug market was gone.

The QUAD Squads taught citizens how to get vacant buildings condemned, lobby for more street lights, record license plates, identify car owners and send letters advising "Your vehicle was seen in an open-air drug market."

Brown, Smith and Police Lt. John Cuesta, commander of the QUAD Squad, held meetings all over the city. "Without your help, the police can't hold down 110 square miles," they explained. "You must be their eyes and ears." At one gathering, a woman said she was afraid to call police for fear dope dealers would retaliate. Then a police officer she knew bought a beeper and gave her the page number. Thus armed, the woman cleaned up her block. "Get beepers for every QUAD cop!" Smith ordered.

Soon "beeper cops" were giving out their numbers at neighborhood meetings. "Call when you see the dealers," they urged. "Your name



Clockwise from upper right: Abe Brown talks to a local resident; QUAD Squad officers; a bulldozer demolishes a crack house; Mayor Sandy Freedman



won't be revealed, and you won't have to testify in court when we make arrests." Hundreds of people began phoning in tips.

Increased Arrests. Prompted by one police officer's suggestion, Tampa's city council passed an anti-drug law in April 1989 modeled on statutes against loitering for prostitution. Soon the QUAD Squads placarded every drug hole with bright posters proclaiming "WARNING: HIGH DRUG ACTIVITY AREA. Persons observed loitering for the purpose of engaging in illegal drug activity are subject to Tampa Police Department officers' questioning and arrest."

In June 1989, a QUAD Squad officer watched through binoculars while Anthony Rogers received money in exchange for a small plastic bag. As a uniformed policeman

moved in, Rogers fled but was caught without drugs or cash. His alibi: he ran because he was afraid of cops. A judge found the explanation unbelievable and sent him to jail.

Tampa's anti-drug law may be headed for the Supreme Court. The public defender complains that 74 of 76 people charged between March and June 1990 were black. Answers Cuesta, "We don't target blacks. We target drug dealers. That's not discrimination."

Assistant city attorney Tyrone

READER'S DIGEST

Brown, who drafted the ordinance, quickly dismisses allegations of discrimination. He agrees with the *Tampa Tribune*: "What could be more discriminatory than to allow rampant lawlessness in black neighborhoods? Or for police to be less aggressive in protecting black families than white families?"

Florida law allows police to seize any property used during the commission of a felony. Thus, an investment counselor who cruised into a drug hole and bought \$10 worth of crack had his \$26,000 Cadillac seized.

Winning the War. During June 1989, about three months after the QUAD Squads went into action, drug arrests were more than double what they had been that month the year before. In the first year, QUAD officers arrested 1929 sellers and 543 buyers; uniformed officers nailed another 2522.

From 1987 to 1990 robberies dropped 15 percent, burglaries 14 percent and larceny 24 percent. Of the 150 dope holes identified, about 140 showed little or no activity, while volume at the ten remaining was greatly reduced.

The waiting list for an area drug-treatment center has more than doubled since the QUAD campaign began. Many of the patients say they sought treatment only after they felt the police net tighten.

Mayor Freedman warns that a combined police and medical assault

on the crack epidemic is not enough. "Until there is adequate jail space, stronger sentencing guidelines and greater commitment to drug education and rehabilitation, the country will be fighting a losing battle."

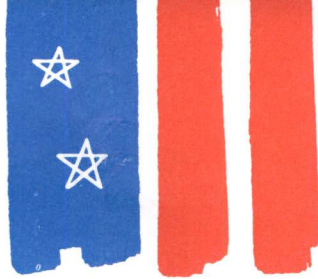
Today one of the QUAD Squads' biggest obstacles is Florida's shortage of prison space. Because of this shortage, a judge might end up imposing a prison sentence only after several convictions for selling or possessing cocaine. As a result, a person charged with three counts of selling crack within 1000 feet of a school, and facing a mandatory minimum three-year sentence on each count, could be back on the street selling in 18 months.

Last year the National Civic League named Tampa one of its ten All-America Cities. In February 1991, the Rev. Abe Brown was named "Citizen of the Year" by Tampa's Civitan Club, the first black to receive the city's highest accolade.

Tampa's example shows what police action with community support can do for drug-infested neighborhoods. "We're well on the way," says Abe Brown. "With cooperation from the community, churches and law enforcement, we can clean up street drug sales in this city. Many dealers have packed up and gone elsewhere. People can sit on their porches and walk the streets. And Tampa is once again a decent place to raise children."

A budget is a plan for going broke methodically.

—Kearney, Neb., *Hub*



PARTNERSHIP FOR A DRUG-FREE AMERICA

Newsletter

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Last Quarter Campaigns

Year-End Burst of Creative Energy

By Amy Cohn

A flurry of creative activity marked the end of 1990 as the Partnership released new work charting some previously unexplored themes. One campaign provides viable alternatives to parents in their attempts to keep their kids drug-free, while another one exhorts parents to be aware of and interested in their kids' lives. Others address preteens and teens by turning the tables on peer pressure.

Avrett, Free & Ginsberg created

several new print ads targeting parents, the "Encourage Your Kid's Habit" campaign and "Not Just a Phase" ad. "We're particularly excited about the 'Encourage' campaign," comments Philip Davidson, associate creative director for the ads. "The executions in these three ads build on the importance of parental involvement in a child's activities and approach the issue in a fresh, positive way."

The "Encourage" campaign centers

on a variety of children's hobbies in the visuals, featuring for example, a baseball mitt or a trumpet, to highlight the importance of positive influences in a child's life.

The "Not Just a Phase" ad reinforces the dangers of marijuana use — "a drug which many children of the '60s do not fear as they should," says Davidson, who helped write the headline "What She's Going Through Isn't A Phase, It's

see "New Creative" on page 5

Partnership Pursues Entertainment Strategy

The Partnership for a Drug-Free America has taken its anti-drug initiative to a new group of important influencers: the Hollywood entertainment community.

Recently, Partnership representatives urged producers and scriptwriters from five Hollywood-based studios to use the Partnership as a resource in deglamorizing illegal drug use on television and in the movies.

Conferences with Lorimar Television, Orion Television, Carsey-Werner Co., Walt Disney Co. and MGM/UA, held Dec. 3-5, served as a follow-up to a breakfast last October during which the Partnership briefed top executives from most major studios and encouraged

see "Entertainment" on page 4



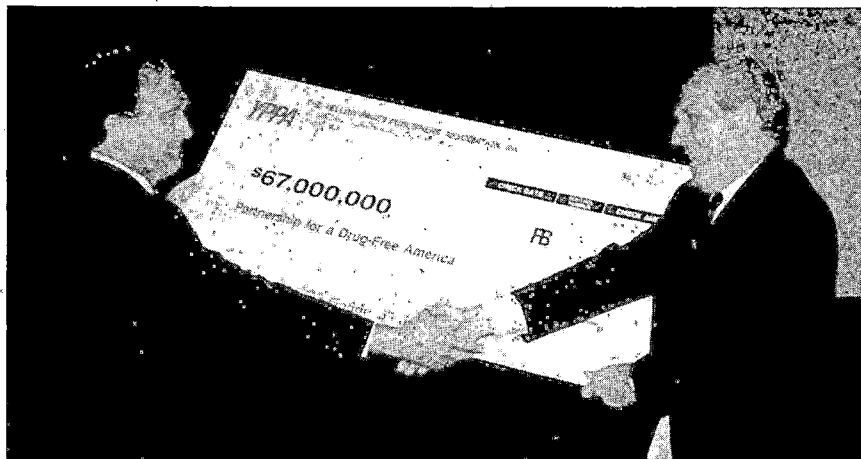
From left to right: Grant Tinker (GTG Television), Frank Wells (Walt Disney Co.), Partnership Chairman James E. Burke and Robert Daly (Warner Bros.)

YPPA Pledges \$67 Million

Members of the Yellow Pages Publishers Association (YPPA) have committed \$67 million in contributed advertising space in 1991 to the Partnership, according to J. Raymond Avedian, YPPA president and chief executive officer. Avedian made the announcement at the Association's Third Annual Convention.

"This enormous evidence of support from the YPPA will help ensure that many, many Americans continue to see these anti-drug messages," said Mike Townsend, Partnership director of communications. "We applaud the Association for its efforts."

This is the second year YPPA members have pledged advertising space in their directories to help combat the use of illegal drugs. Partnership messages



Lynn Mapes (left), Partnership deputy director, accepting a symbolic check for \$67 million from Yellow Pages Publishers Association President J. Raymond Avedian.

appear in thousands of directories throughout the country, often with dozens printed in each book, for a total of 11.5 billion impressions.

YPPA's commitment was a featured topic at the annual convention. Lynn Mapes, deputy director of the Partnership, addressed the issue of drug abuse among children and adults, and the devastating effects it has had on American society.

"As a major advertising medium that reaches nearly every household in the

country, Yellow Pages has the capacity to positively influence American society," said Avedian. "It's both our privilege and our responsibility to contribute in the fight against illegal drugs."

YPPA's publisher members collectively produce more than 94 percent of all directories published in the United States, and account for 98 percent of revenues generated by Yellow Pages advertising. Yellow Pages is the fourth-largest revenue-producing advertising medium.

Partnership Appoints Bonnette, Berger

The Partnership for a Drug-Free America has appointed Richard D. Bonnette as its executive director, announced the organization's president, Thomas A. Hedrick, Jr. In addition, Fred Berger has been named an executive vice president and becomes director of external affairs.

"The Partnership has been adapting and evolving to meet new needs since its inception in 1986," said Hedrick. "This operational fine-tuning is another step in our evolution."

Bonnette joined the Partnership in September 1989 as chief of staff, director of external affairs and executive vice president. He came to the Partnership from BBDO Worldwide Advertising, where he was executive vice president, director and member of the executive committee. As executive director, he now assumes day-to-day operating responsibility for the Partnership.

Hedrick, in his continuing role as president, will focus on the media and advertising efforts of the Partnership. His role as Partnership spokesperson will also increase. Hedrick joined the Partnership as marketing director in 1986, after serving as senior vice president at Backer Spielvogel Bates. He was elected president and executive director of the Partnership in 1987. Hedrick also serves on the boards of the Advertising Council and of the Greenwich (Conn.) Council on Youth and Drugs.

Since joining the Partnership at the beginning of 1990 as senior vice president and deputy director of external affairs, Fred Berger has spearheaded the organization's efforts to launch a volunteer public relations and public affairs initiative similar to that of the advertising campaign.

Berger came to the Partnership after

a long association with Hill and Knowlton, the world's largest public relations firm, where he served as vice chairman.

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At the Harvard School of Public Health: Healthcare Professionals Urged To Correct Medicine's "Blind Spot" Concerning Drug Abuse

The medical community needs to expand its role in the fight against illegal drug use, according to a group of prominent physicians and healthcare professionals convened by the Partnership and the Harvard School of Public Health. These experts met on Oct. 8 for a colloquium titled "Medical Alert: The Critical Need for Healthcare Professionals in the Fight Against Drugs."

Keynote speaker, Dr. Mitchell S. Rosenthal, president of Phoenix House Foundation, told the participants that "medicine's blind spot has served to protect drug abuse. We have been waging our war against drugs with only minimum involvement of healthcare professionals — where they belong is on the front lines."

These healthcare experts met at the Harvard School of Public Health to explore how medical professionals can become more involved in their communities to fight illegal drugs. Cited among the barriers to greater involvement:

- lack of physician training in substance abuse;
- inadequate levels of insurance coverage for prevention;
- difficulty of finding and evaluating treatment programs.

Other issues examined were: why drug abuse has not been accepted into the mainstream of medical, social and public health, and how to make physicians more aware of the multiple risk factors involved in drug abuse.

To overcome some of the barriers identified, participants recommended

"We have been waging our war against drugs with only the minimum involvement of healthcare professionals."

— *Dr. Mitchell S. Rosenthal*

that substance abuse prevention become an integral part of all medical school curricula, that National Residency Review Boards incorporate drug-related education, and that specialty groups incorporate information on alcohol and drug abuse into continuing education programs. Medical organizations, it was suggested, could play a key role by providing members with position papers on drug abuse, brochures

for use with their patients, and practice guidelines to help physicians identify and refer drug-abusing patients.

In addition to identifying barriers and potential solutions, speakers provided information on existing drug abuse prevention programs involving the healthcare community. Representatives described various programs of the American Medical Association, American Academy of Pediatrics, Office of Treatment Improvement, American College of Obstetricians and Gynecologists, Robert Wood Johnson Foundation, Office of Substance Abuse Prevention and the National Institute on Drug Abuse.

Partnership Chairman James E. Burke said, "We brought these healthcare leaders together in the hope that they will take what they've learned here to their communities and specialty organizations and influence those around them to join the struggle."

Follow-Ups Planned

Director of external affairs, Fred Berger, notes that a follow-up with the "Physicians' Consortium" has already taken place. "This group of private-sector physicians is willing to include the recommendations of the colloquium, along with their own findings, and forward them to their various specialties and associations." Meetings with this group will continue on a regular basis.

A 30-minute edited videotape — featuring highlights of the Colloquium — has been created with the help of Syncrofilm, an editing facility. The Partnership will use this videotape in an effort to obtain wider media awareness of the issues.

At the Colloquium, Rosenthal asked the audience to "imagine how effectively we could reduce demand and denormalize drug use if every physician in America was personally committed to that goal."

Bus Shelters Feature "Baby Bottle"

A new medium carries a new Partnership message: FCB/Leber Katz Partners' "Baby Bottle," illustrates the dangers of crack use during pregnancy. It is the first Partnership message specifically created for bus shelters. The space was donated by Gannett Transit.



Entertainment

(continued from front page)

aged them to become partners in the anti-drug initiative. In early February, and throughout 1991, Partnership representatives will meet again with writers and producers from another four studios.

At these meetings, Partnership representatives present suggested general scenarios for deglamorizing drug usage. These include young teens expressing disapproval of and a desire to avoid illegal drug users, older teens becoming involved in anti-drug initiatives at school or an adult employee confronting a drug-using colleague.

"These scenarios are intended solely as a launching pad for generating ideas," said Partnership President Richard Bonnette.

The Partnership's main focus thus far has been on the television industry, explained Bonnette. "One of the major attitude shapers is television, especially with young people. Television programming has the deepest penetration and the most flexibility, and a built-in acceptance level where the viewer has loyalty to a show and its characters," he said. Due to the overlap between motion picture and television studio ownership, the Partnership is conferring with moviemakers as well.

Many entertainment leaders at the October breakfast expressed a willingness to help communicate the Partnership anti-drug messages. In attendance at that meeting were top executives

from Walt Disney Co., NBC Enterprises, NBC Entertainment, ABC Productions, ABC Entertainment, CBS Entertainment, Fox Entertainment Group, Warner Bros., Inc., Warner Bros. Television, MGM/UA Television Productions, Inc., Columbia Pictures Television, Lorimar Television, MCA, Inc., The Carsey-Werner Co., Winkler-Daniel Productions, Stephen Cannell Productions, MTM Television, Viacom International, Inc., Marian Rees Entertainment, Inc., New World Entertainment, Lee Rich Productions, Barney Rosenzweig Productions, Millennium Entertainment, GTG Entertainment and Arnold Shapiro Productions. Much of the liaison work in bringing together these industry giants was performed by

Marian Rees of Marian Rees Entertainment, Inc. and Tricia McLeod Robin, president of the National Council for Families and Television.

As a direct result of the Partnership's presentation to Lorimar in December, its president, Leslie Moonves, sent the Partnership a script of a *Gabriel's Fire* episode entitled "The Great Waldo," which aired on January 10. The Partnership reviewed the script for accuracy in terms of anti-drug related content. The series stars James Earl Jones as a private investigator.

"We felt this episode, which deals with the problem of crack babies, was appropriate due to the type of things the Partnership is trying to accomplish," Moonves commented.



L. to r.: Gary Lieberthal (Columbia Pictures TV), Robert Iger (ABC Entertainment), Leslie Moonves (Lorimar Television), unidentified, David Slazman (Millennium Entertainment)

Partnership Applauds Production Industry

As 1990 draws to a close, the Partnership for a Drug-Free America acknowledges the continued support of the production suppliers who have volunteered time and services in the creation of more than 90 multi-media messages this year.

"The generous support given to the Partnership by the editors, producers, directors, actors, craftspeople and technicians in the production industry has been a vital component of our volunteer initiative," said Roger Pisani, di-

rector of creative development. "The talent of these behind-the-scenes professionals is the foundation upon which the Partnership has built its highly regarded anti-drug campaign."

As part of its formal efforts to thank each participating production union, the Partnership published articles detailing the specific contributions of each industry in their trade association newsletters.

Members of the following production organizations have contributed to

the creative work of the Partnership for a Drug-Free America: American Federation of Television & Radio Artists; Association of Independent Commercial Editors; Association of Independent Commercial Producers; Directors Guild of America; International Alliance of Theatrical Stage Employees, Motion Picture and Machine Operators of the U.S. and Canada; International Teleproduction Society; Photoplatformers Assoc. of NY; Screen Actors Guild.

1990 Finale Spotlights New Themes

(continued from front page)

An Ounce A Week" (see back page). Contrasting the headline with a visual of a young, innocent-looking preteen helps heighten awareness that drug trial, especially marijuana, can begin at a young age.

Avrett, Free & Ginsberg also produced a print message aimed at teenagers, "Drugs Do You." The ad is effective in its simplicity, warning teens that "You don't do drugs. Drugs do you." This message is currently being executed in television as well.

Credit at Avrett, Free & Ginsberg goes to Frank Ginsberg, president and creative director; Helen Pantuso, account supervisor; Davidson; Dan Weitzman, copywriter; Tom Hart and Mark Gershman, art directors; and Michael Pruzan, photographer. Quality House of Graphics, Master Eagle and Horan Engraving also contributed.

A Wake-Up Call For Parents

Dallas-based The Bloom Agency created two television messages aimed at parents. "We started with two separate and critical concepts for parents," Executive Creative Director Seth Werner explains. "From that we developed simple, but unique, spots which drive home the messages with a fresh level of intrigue and impact."

In "The Message" a young boy enters an empty house. While listening to an answering machine message from mom, the boy uses money left on the counter for dinner as cocaine paraphernalia. No faces are seen, the camera focuses on the answering machine, contrasting the message with the actions of the young boy. "Parents usually see what they want to see. We wanted to show them something else," says Werner.

"The Burbs" uses upbeat music from *Poltergeist* and a "generic" suburban setting to help dispel the myth that drugs are an inner-city problem. In this spot we see "anywhere" U.S.A. with "anyone's" kids dabbling in marijuana.



Chris Burke, in a spot from TBWA

Thanks for these two spots go to Werner; Karen Moran and Christopher Dean, art directors; Jim Weber, copywriter; Laurie Beach, producer; and Sharon Chortek, director of broadcast productions. The James Gang Production Co. produced; Tom Aberg, was editor; and Pyramid Productions provided post-production services.

Party Scene Explores Peer Theme

Earle Palmer Brown & Spiro in Philadelphia focused on young teens and the experience of rejection by the opposite sex in its spot. "The Party" begins with a typical party scene. Slowly, eye contact and flirtation develop as a young boy approaches a girl he has been glancing at from across the room. The scene's mood suddenly changes as the young girl drags on a marijuana cigarette.

"We carefully focused on the expression of the boy — his disgusted look — and the pained reaction of the young, rejected girl," comments Kelly Simms, executive creative director. The difficulty of conveying this message was in the subtleness of the characters' reactions.

This spot is yet another move toward messages emphasizing the emotional and social consequences of drug use. The key players responsible include Simms; Doug Hill, art director; Lorie Blackard, copywriter; and Joyce Rivas, account supervisor. SBK Pictures was the production company. Asche &

Spencer contributed recording time and Modern Video Productions served as the editing facility.

TBWA recently completed a new television spot originally aimed at young teens, but certain to have much broader appeal. The new :10 and :15 spots feature Chris Burke, the 25-year-old actor with Down Syndrome who plays Corky on *Life Goes On*. "The message delivered by Chris is powerful and enables the retarded community to play an active role in the anti-drug effort," says Scott Diel, account executive on the project. "Believe me, I know how bad it feels when you think you're not part of the crowd," claims Chris as the camera closely focuses on his face. "But taking drugs to fit in? I'm too smart for that."

Special thanks go to Tom McManus, art director; David Warren, copywriter; and Diel. Cucoloris was the production company, Syncrofilm, Post Perfect and FotoKem provided post-production services, and Multi Video provided editorial services.

Child's Rhyme Reworked

The Patrick Agency developed a powerful radio spot aimed at young children. Revising the lyrics of the child's hand-clapping game "Miss Mary Mack," the agency created a chilling message warning kids about the dangers of crack. Beginning with the lyrics "Miss Mary Mack, Mack, Mack/All dressed in black, black, black/She sold her hat, hat, hat/To get high off crack, crack, crack," the message slowly unwinds. "This child's rhyme is universal," says Austin Patrick, president and creative director of the project. "Giving it the anti-drug twist makes it all the more memorable, especially considering the difficulty of attracting and holding young kids' attention."

Credit goes to writer Yolanda Davis, and TNG Earthling Productions, which recorded and mixed the message.

Partnership Thanks Healthcare Publishers; Presents 25 New, Specialized Anti-Drug Messages

Partnership officials recently held an appreciation breakfast to express "thank you" to healthcare publishers for their contribution of almost \$6 million in advertising space.

Healthcare professionals are viewed by the Partnership as one of several primary influencers on potential and current casual users. "Healthcare professionals need to take advantage of their stature in the community," Partnership President Thomas A. Hedrick, Jr. commented to attendees, "and play a role in prevention, intervention and treatment of illegal drug use. Reaching these professionals is where you come in — and you've done an absolutely terrific job."

James E. Burke, the Partnership's chairman, also praised the publishers. "Your help in mobilizing physicians, dentists and nurses against illegal drugs is greatly appreciated."

New research by the Partnership indicates a downward shift in illegal drug use and a continuing intolerance against drug use and users. "We all have just begun," said Hedrick, "and the great tragedy would be to lose this momentum. We must ensure that these shifts become permanent, not just blips on a graph."

To encourage and increase the continued presence of Partnership messages in healthcare journals, eleven

healthcare agencies have created 25 new print ads, announced William G. Castagnoli, chairman of the Partnership Committee for Healthcare Audiences. "The situation has changed — so the strategy must," he said. "The Partnership was launched as an awareness campaign, and we've done well on that. Now, we want to emphasize an active participation by the healthcare professional."

The new print ads opt for straightforward, hard-hitting graphics and messages. Frank J. Corbett's "The Answer May Be In Her Eyes" focuses on the ophthalmology audience. RWR's "A Is For Amphetamines" gives a mini-lesson to pediatricians. Another, by Medicus Intercon, simply reminds physicians of their vast contribution in getting so many Americans to quit smoking: the ad features the famous 'No Smoking' logo of a cigarette with a slash through it, along with a new logo of cocaine lines with the same slash.

The Committee for Healthcare Audiences was formed in June 1987 and incorporates representatives from healthcare advertising agencies as well as from medical publications.

Those attending the Partnership's appreciation breakfast included representatives from the *American Journal of Gynecological Health*, *Cosmetic Dentistry*, *Hippocratic*, *Jobson Publishing Corpora-*

Cocaine Does Real Medical Damage.
Give Them the Facts.

Drug abuse...
You don't have to preach about it... just teach about it.
Partnership for a Drug-Free America

"Real Medical Damage" from Medicus Intercon

tion, *Journal of Clinical Practice in Sexuality*, *Lifetime Medical Television*, *Medical Advertising News*, *Medical Economics*, *Medical Tribune*, *NY Journal of Dentistry*, *Nurse Practitioner*, *Physician's Financial News*, *Physicians and Sports-medicine*, and *Postgraduate Medicine*.

New York City Mayor, Students Unveil Musical Radio Spot



New York City Mayor David N. Dinkins (far left) appears with some of the 20 public school students who sing on the Partnership's new radio spot, "We're Gonna Put A Stop To It Right Now." At the podium is Richard D. Bonnette, Partnership executive director. The anti-drug anthem was produced by Centerfield Productions and written by John Frizzell and Jeane Bice. Mayor Dinkins noted, "What better way to reach this target group of youngsters than with music?"

Toy Manufacturers of America Commit To Partnership Effort

The Toy Manufacturers of America, Inc. (TMA) is cooperating with the Partnership for a Drug-Free America in a joint effort to bring anti-drug messages to American children.

Already underway are two efforts: a TMA member, Nikko, Inc. will place an anti-drug message on its three million toys (see adjoining box). In addition, the TMA is helping to distribute a parent's drug prevention guide, which is being promoted in several Partnership messages.

In 1991, the Partnership, working with the TMA, will create an anti-drug message to be inserted into or onto toy packages produced and distributed by TMA members each year. "With over 1.7 billion toys sold in the U.S. annually, the potential for such a program is enormous," commented David A. Miller, president of the TMA.

The TMA is an industry trade association representing 240 toy manufacturers and importers (with an associate membership comprised of design firms, professional inventors and testing labs). In its new, 17-page "Guide to Toys and Play," designed to assist parents in selecting safe and appropriate toys, the organization identifies itself as a member of the Partnership. The guide is available in both English- and Spanish-language editions.

Each of the 100,000 TMA guides provides information for ordering the U.S. Department of Education's booklet "Growing Up Drug Free: A Parent's Guide to Prevention."

Nikko, Inc.'s placement of anti-drug bumper stickers on all of its radio-controlled vehicles begins later this spring. "These generous contributions are just the beginning," said Fred Berger, Partnership executive vice president of external affairs. "The Partnership looks forward to a productive relationship aimed at reaching a very important audience — America's children."

"The TMA Guide to Toys and Play" is available by mail order only. To request a copy, send a postcard to: Toy Booklet, P.O. Box 866, Madison Square Station, New York, NY 10159-0866.

Nikko Drives Home Anti-Drug Message

An anti-drug message created by the Partnership will be carried on the bumpers of more than three million radio-controlled toy trucks and cars manufactured by Japanese-based Nikko America, Inc. The bumper stickers, reading "Drugs Are A Dead End," are scheduled to appear on all 60 models this spring, according to Marsha Cathey, advertising/creative director for Nikko.

Nikko is a member of the Toy Manufacturers of America, which is in turn a member of the Partnership (see adjoining article).

Nikko's line of radio-controlled vehicles, retailing at between \$15 and \$350, is its sole product. The line is sold at mass merchandise outlets, toy stores, discount chains and department stores.

"Nikko has been using bumper stickers for awhile now," said Cathey, "and we thought this was an exciting opportunity to get a very important message across to the kids of America."

Nikko is making camera-ready art of the bumper stickers available to other toy manufacturers.

Alaskans Vote To "Re-criminalize" Marijuana Partnership Provides Materials To Assist Grass-Roots Campaign

Fifteen years after the Alaska State Supreme Court legalized the possession of small amounts of marijuana, voters in that state chose to re-criminalize the drug during this past November's election.

The passage of Proposition 2 illustrates America's increasing intolerance of all drug use. The initiative makes possession a misdemeanor punishable by up to 90 days in jail and a \$1,000 fine.

Brenda Rogers, Partnership manager of information and distribution, and Ginna Sulcer, Partnership deputy di-

rector of external affairs, worked closely with Alaskans for a Drug-Free Youth, one of the organizations responsible for bringing the issue to the ballot. The Partnership sent support materials, including TV, radio and print messages, to tie in with the group's media efforts. The citizens' group arranged for print ads to be turned into posters and distributed to area schools, and these posters were also used as components in the organization's Marijuana Education Symposium information packet.

"This is a perfect example of the ef-

fectiveness of the Partnership's mission of changing attitudes to change behavior," Sulcer said. "The one thing this grass-roots effort needed to continue its own momentum was a method to help the voter decide on this referendum — and our creative supplied that medium." Alaskans for a Drug-Free Youth (an affiliate member of the National Federation of Parents for a Drug-Free Youth) faced great opposition from groups such as NORML (National Organization for the Reform of Marijuana Laws) and Alaskans for Privacy.

**WHAT SHE'S GOING THROUGH
ISN'T A PHASE.
IT'S AN OUNCE A WEEK.**



Your child is no longer interested in school. She's hanging out with a different crowd. And she has trouble concentrating and remembering even simple things.

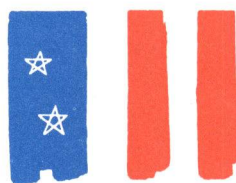
If you think she's going through a phase, think again. The signs point to what could be a serious marijuana problem.

The biggest mistake you can make is to do nothing. Or to say to yourself, "Marijuana is harmless. Besides, it's better than doing cocaine or crack."

The fact is marijuana affects learning, memory and the perception of time. It can also become psychologically addicting. And it can ruin your child's life.

If your kid is smoking marijuana, talk to her. If that gets you nowhere, call 800-662-HELP or contact a local drug abuse agency and ask for assistance.

But by all means, do something. Your child isn't simply going through a phase. If she's hooked on marijuana, she may be going through hell.



PARTNERSHIP FOR A DRUG-FREE AMERICA

C/O AMERICAN ASSOCIATION OF ADVERTISING AGENCIES
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national 4-H council

7109 CONNECTICUT AVENUE, CHEVY CHASE, MARYLAND 20815 • (301) 961-2800
FAX: (301) 961-2894

To: Carol Blymire
White House
Speech Writing Office

Please hand deliver to:

456-7750 -- Carol Blymire

FAX: 202-456-6218

From: Richard J. Sauer

This transmission consists of 1 pages plus this cover sheet.

Remarks: Here are three examples of programs involving young people in combating
drug abuse. I hope they will be helpful as you prepare the speech
President Bush will give in Montana.

Should there be any problems with the transmission of this material, please
contact National 4-H Council. The FAX number is: 301-961-2894

Sent at: _____ AM PM

Date: _____

Examples of Programs Involving 4-H'ers
Working Together to Combat Drug Abuse

MONTANA

Because of a death of one of their friends, the Deer Lodge Valley Beavers 4-H Club in Anaconda, Montana, decided to learn about some of the issues facing youth today. They invited guest speakers to work with them on substance abuse, death, suicide, and other related topics. As a result of their programs, several members of the Montana Teen Institute and the Teens In Partnership program were invited to participate in their 4-H club meetings which addressed the youth issues. Several members of the club have been invited to be a part of the Montana Teen Institute or the Teens In Partnership programs serving as leadership to help their peers consider alternatives and recognize choices around suicide or drug involvement. The Montana Teen Institute and Teens In Partnership programs operate through the schools in many Montana communities and use youth who have been trained in dealing with peer pressure issues, drugs, school drop out, and so forth, as leadership and mentors to other young people.

Recognizing the need for youth to band together to address the issues facing them in their community, this 4-H club is working to bring together all youth groups in a coalition to address youth issues. It would be called a Youth Board with a purpose designed to assist youth in dealing with peer pressure issues.

CALIFORNIA

Project LINK PLUS in Los Angeles, California, is a program of working with VISTA volunteers to identify, recruit and train 84 indigenous volunteers residing in 7 Los Angeles Housing Projects to assist with the delivery of drug abuse prevention education coupled with 4-H leisure time activities to the youth residents in these housing projects. The project is supported by multiple sources of private and public funds in partnership.

OREGON

LIGHTSPEED clubs are formed with 5th and 6th grade students in the elementary schools of Douglas County, Oregon. Coordinated by the leadership of the 4-H staff of the Oregon State University Extension Service, the goal is to support children in their commitment to "say no" to drugs and alcohol by providing positive alternative activities and life skills training. A peer support system among the children is a critical ingredient in the program's success. Drug use has decreased and school retention has increased since this program started in the first school district in 1980.

April 1, 1992

Spaniards Want Drug Laws with Criminal Penalties

This report is based on a USIA-commissioned survey of public opinion in Spain. Personal interviews were conducted with a representative nationwide sample of 1500 adults (18 and over). Interviews were conducted from November 27 to December 4, 1991.

Key Findings:

- The use of narcotic drugs in Spain is seen by nearly everyone in the country (98%) as a serious problem. Most say the government has had scant success in reducing or eliminating drug use (80%) and believe corruption of public authorities by drug traffickers is a serious problem (85%).
- An overwhelming majority (93%) say there has been a dramatic increase in narcotic use and related criminal activities, and most (75%) favor passing laws with criminal penalties for drug use.
- Few have heard much about Spain's cooperation with the U.S. (17%) or its provision of economic and technical assistance to producing countries like Colombia (21%) to stop drug trafficking. However, very large majorities approve of such cooperation when asked. Moreover, two-thirds of those who think Spanish assistance to countries like Colombia is a good idea are at least conditionally willing to pay higher taxes to finance efforts to cut drug supplies.
- A narrow plurality (41%) spontaneously say the drug problem must be solved equally by both producing and consuming countries, followed closely by 37 percent who say producing countries, and 21 percent who name consuming countries.
- Spaniards are nearly unanimous (95%) in approving economic actions to fight the international traffic in narcotics including: confiscating illegally-gained assets of drug traffickers; tightening banking laws to make it more difficult for drug traffickers to launder money; and cooperating with foreign banks to control money laundering.

Government Seen Unsuccessful in Dealing With Drug Use

Almost all (98%) agree that the use of narcotic drugs in Spain is a serious problem -- most (82%) saying it is "very serious." Eight-in-ten also say that the government has had little or no success in its efforts to reduce or eliminate drug use (Tables 1-2).

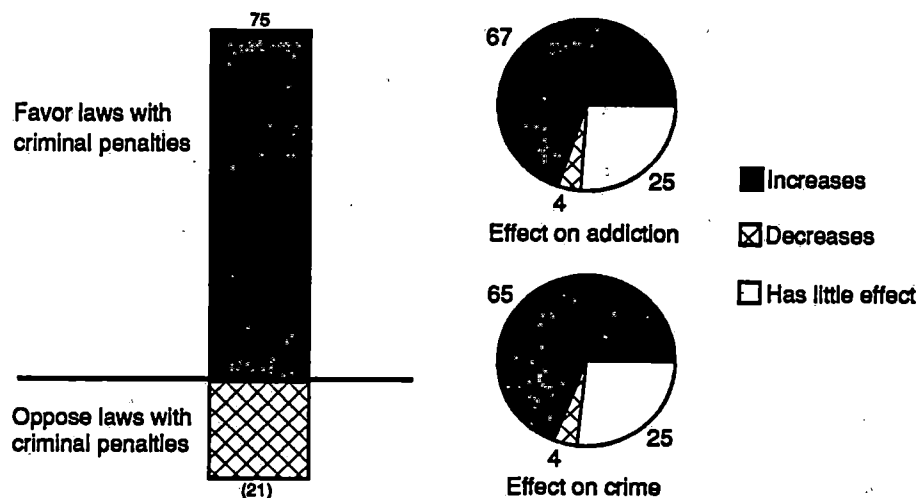
Although there is no indication that public authorities have been corrupted by drug traffickers, recent scandals in other areas appear to have had an effect on public perceptions of the drug issue. Most (85%) view corruption by drug traffickers as a serious problem (Table 3).

Public narcotic use, including the open daytime use of public parks and streetcorners with the casual disposal of syringes, has generated public outrage. Almost everyone (93%) believes that there has been a dramatic increase in narcotic use and related criminal activities (Table 4).

Drug Laws With Criminal Penalties Favored

Three-fourths favor imposing laws with criminal penalties for drug use as opposed to the administrative penalties now in place¹ (Table 5). Two-thirds say that the lack of criminal penalties leads to an increase in the number of people who become addicted or die and an equal number say the lack of criminal penalties increases the number of crimes (Figure 1 and Tables 6-7).

Figure 1: Public Favors Criminal Penalties for Illegal Drugs; Say Lack of Penalties Increases Crime and Addiction

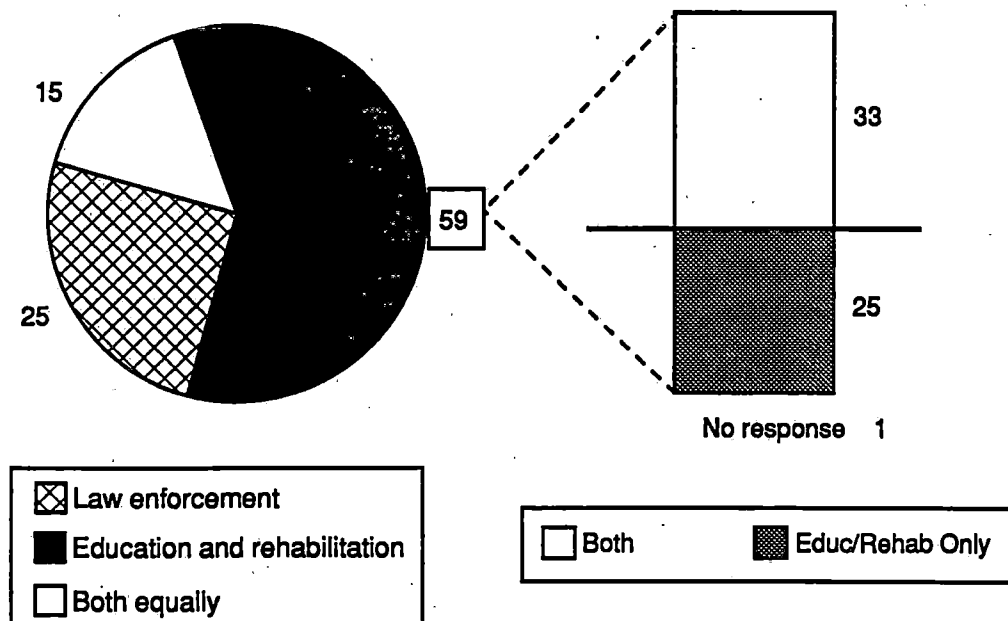


¹ Drug use is illegal in Spain, but at present there are only administrative penalties, i.e., fines, which drug users are rarely able to pay. Although entering rehabilitation will permit waiving the fine, there are inadequate treatment/rehabilitation facilities. The Socialist government decriminalized drug use when it came to power in 1982 and the government has reportedly had difficulty since in deciding how to handle the issue. Consequently, some Spaniards have formed vigilante groups who pursue, harass, and occasionally do violence against, those who use or push drugs in public places. There are criminal penalties for drug trafficking.

Support For Both Tougher Laws and Rehabilitation

While the public clearly favors tougher laws against drug users, it also favors less punitive measures. A majority say they would emphasize education and rehabilitation (59%) rather than law enforcement and prosecution (25%) as the best way to deal with the problem of drug use, particularly those under 45 and the better educated. However, when those who would emphasize education and rehabilitation are asked whether this alone will solve the problem, many (33%) then say that law enforcement and prosecution are also necessary, especially those 35 and older and the lesser educated (Figure 2 and Tables 8-9). This suggests that public sentiment, although initially emphasizing education and rehabilitation, pragmatically supports both tougher laws and rehabilitation.

Figure 2: Initial Emphasis on Education and Rehabilitation



Most Approve A Variety of International Cooperative Efforts to Stem Drug Trade

Although specific knowledge of their government's involvement in international efforts to eliminate drug trafficking is low, the public supports it when asked. Specifically, eight-in-ten have heard little or nothing about cooperation with the United States to eliminate the international traffic in narcotics. Despite this low level of awareness, the public, when asked, overwhelmingly favors (88%) cooperation with the U.S. (Tables 10-11).

Similarly, knowledge of economic and technical aid to drug producing countries like Colombia to help them cut off the supply of drugs reaching Spain is also low (75% have heard little or nothing about it). But an equal number, when asked, believe that it would be a good idea. Among those who say it would be a good idea, two-thirds would be willing to pay higher taxes -- either outright or under certain conditions (Tables 12-14).

Spain is both a consuming country and a gateway to Europe for drug traffickers. It is therefore not surprising that 41 percent **volunteered** that the problems with narcotic drugs must be solved by both producing and consuming countries equally. Nearly as many feel that the problems must be solved by producing countries (37%). Only two-in-ten say they should be solved by consuming countries (Table 15).

Nearly everyone approves of powerful economic sanctions to fight international drug traffickers. Ninety-five percent of the public approve of confiscating illegally-gained assets of drug traffickers, tightening drug laws to make it more difficult for drug traffickers to make their drug profits appear legally earned through money laundering, and requesting cooperation from foreign banks to control money laundering (Tables 16A-C).

Prepared by: R/AR - Barbara Smela

619-5140

Approved by: R - Ronald Hinckley, Director
Office of Research

M-49-92

How the Poll Was Taken

This public opinion survey is based on personal interviews with 1500 adults (18 years of age and older) throughout Spain. The poll was conducted between November 27 and December 4, 1991.

The questions were written by the USIA Office of Research and translated by ICP/Research of Madrid. The translation of the questionnaire was reviewed by the Research staff in Washington and by USIS Madrid. The poll was then conducted for USIA by ICP/Research of Madrid.

The sample is representative of the adult (18 and older) national population in Spain. The contractor selected the sample through a multi-stage, modified probability technique (probability proportional to size) with municipalities as the primary sampling units. Random selections were then made within districts and random selections continued to be made down to the household and to the individual within the household.

In theory, nineteen times out of twenty, results from samples of this size will differ by no more than 3 percentage points in either direction from repeated surveys of this type. The potential margin of sampling error is larger for smaller groups.

In addition to sampling error, the practical difficulties of conducting a survey of public opinion may introduce other sources of error into the results.

Additional information about the methodology applied may be obtained from the analyst.

Table 1: Spanish Say Drug Problem Serious

Question: How serious a problem would you say the use of narcotic drugs is here in Spain -- would you say it is a very serious problem, somewhat serious, not very serious, or not serious at all?

Date: Nov/Dec 1991
Sample Size: (1500)

Very serious	82%
Somewhat serious	16
Not very serious	1
Not serious at all	*
Don't know	1
Total	100%

Table 2: Government Viewed as Unsuccessful In Handling Drug Problem

Question: All things considered, how much success would you say Spain has had so far in its efforts to reduce and eliminate the use of narcotic drugs -- would you say it has had a great deal of success, a fair amount, not very much, or none at all?

Date: Nov/Dec 1991
Sample Size: (1500)

A great deal of success	2%
A fair amount of success	16
Not very much success	45
No success at all	35
Don't know	3
Total	101%*

* Some totals sum to slightly more or less than 100% due to rounding.

Table 3: Perception of Drug-Related Corruption

Question: In some countries the money generated by the narcotics trade has corrupted some public authorities. What about Spain? Do you think the corruption of public authorities by drug traffickers is or is not a serious problem in Spain? [If yes, is problem:] How serious a problem would you say it was -- very serious or only somewhat serious?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Yes, very serious problem	58%
Yes, somewhat serious problem	27
No, not a problem	7
Don't know	8
Total	100%

Table 4: Perceived Link Between Drug Use and Criminal Activities

Question: Some people say that Spain has experienced a dramatic increase in narcotic drug use and related criminal activities while other people say that there has not been a dramatic increase in narcotic usage and related criminal activities. Which of these views is closer to your own? Do you believe this strongly or somewhat?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Yes, strongly	62%
Yes, somewhat	31
No, somewhat	4
No, strongly	1
Don't know	2
Total	100%

Table 5: Criminal Penalties Strongly Favored

Question: All things considered, do you favor or oppose passing laws so that we would have criminal penalties for the use of drugs here in Spain? Somewhat or strongly?

Date: Nov/Dec 1991
Sample Size: (1500)

Strongly favor	52%
Somewhat favor	23
Somewhat oppose	12
Strongly oppose	9
Don't know	4
Total	100%

Table 6: Lack of Criminal Penalties Seen To Have Impact On Addiction Rate

Question: Do you think the fact that Spain does not have laws with criminal penalties for drug use increases, decreases, or has little effect on the number of persons who become addicted or die from using narcotic drugs in Spain?

Date: Nov/Dec 1991
Sample Size: (1500)

Increases	67%
Decreases	4
Has little effect	25
Don't know	5
Total	101%

Table 7: Lack of Criminal Penalties Said To Affect Crime Rate

Question: And do you think that not having criminal penalties for drug use increases, decreases, or has little effect on the number of crimes in Spain?

Date: Nov/Dec 1991
Sample Size: (1500)

Increases	65%
Decreases	4
Has little effect	25
Don't know	6
Total	100%

Table 8: Initial Emphasis on Education/Rehabilitation to Solve Drug Problem

Question: Some people say that the best way to solve the drug use problem in Spain would be to pass laws and prosecute users. Others say the best way is through the education and rehabilitation of drug users. Which do you think should receive more emphasis: law enforcement or education? [Accept "both equally" if volunteered.]

Date: Nov/Dec 1991
Sample Size: (1500)

Law enforcement and prosecution	25%
Education and rehabilitation	59
Both equally [volunteered]	15
Don't know	2
Total	101%

Table 9: Education and Rehabilitation Alone Not Enough to Solve Problem

If education and rehabilitation in previous question -- And do you believe education and rehabilitation alone will solve the drug use problem, or should we also pass and enforce laws to prosecute drug users?

Education and rehabilitation alone	25%
Both education and law enforcement	33
Not applicable	42
Don't know	1
Total	101%

Table 10: Little Knowledge of Cooperation With U.S.

Question: How much have you heard or read about Spain cooperating with the United States in efforts to eliminate the international traffic in narcotics -- a great deal, a fair amount, not very much, or nothing at all?

Date:	Nov/Dec 1991
Sample Size:	(1500)
A great deal	3%
A fair amount	14
Not very much	39
Nothing at all	41
Don't know	3
Total	100%

Table 11: Spaniards Overwhelmingly Approve of Cooperation

Question: Do you approve or disapprove of Spain's cooperating with the United States in efforts to eliminate the international traffic in narcotics? Is that strongly or somewhat?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Strongly approve	52%
Somewhat approve	36
Somewhat disapprove	4
Strongly disapprove	2
Don't know	7
Total	101%

Table 12: Little Awareness of Spanish Technical and Economic Aid

Question: How much have you heard or read about Spain providing economic and technical assistance to countries like Colombia that produce narcotic drugs to help them cut off the supply of drugs reaching Spain -- a great deal, a fair amount, not very much, or nothing at all?

Date:	Nov/Dec 1991
Sample Size:	(1500)
A great deal	4%
A fair amount	17
Not very much	36
Nothing at all	39
Don't know	3
Total	99%

Table 13: Good Idea to Provide Assistance

Question: Do you think that providing economic and technical assistance to countries like Colombia that produce narcotic drugs to help them cut off the drug supply, is a good idea or a bad idea? Is that strongly or somewhat?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Strongly believe good idea	39%
Somewhat believe good idea	36
Somewhat believe bad idea	10
Strongly believe bad idea	8
Don't know	8
Total	101%

Table 14: Spaniards Generally Willing to Pay Higher Taxes to Provide Aid

Question: If "good idea" to provide assistance -- Would you be willing to pay higher taxes if the money would be used to help countries like Colombia cut off the supply of narcotic drugs?

Date:	Nov/Dec 1991
Sample Size:	(1119)
Yes	38%
Yes, under certain conditions (volunteered)	29
No	26
Don't know	6
Total	99%

Table 15: Spaniards See Shared Responsibility For Solving Drug Problem

Question: Some people say that the problems with narcotic drugs must be solved by the countries where the drugs are produced. Others say that they must be solved by the countries where the people use them. Which view is closer to your own? [Accept "both equally" if volunteered.]

Date:	Nov/Dec 1991
Sample Size:	(1500)
Producing countries	37%
Consuming countries	21
Both equally [volunteered]	41
Don't know	2
Total	101%

Tables 16A-C: Economic Sanctions Strongly Approved In Drug War

Question: A number of different economic actions have been suggested to fight the international traffic in narcotics. For the following suggestions on combatting trafficking, please tell me whether you strongly approve, somewhat approve, somewhat disapprove, or strongly disapprove of the action.

16A. Confiscating the illegally-gained assets (such as cars, houses or boats) of drug traffickers? Is that strongly or somewhat?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Strongly approve	83%
Somewhat approve	12
Somewhat disapprove	1
Strongly disapprove	1
Don't know	3
Total	100%

16B. Tightening Spanish banking laws to make it more difficult for drug traffickers to make their profits appear legally earned through money laundering? Is that strongly or somewhat?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Strongly approve	84%
Somewhat approve	11
Somewhat disapprove	1
Strongly disapprove	1
Don't know	3
Total	100%

16C. Requesting cooperation from foreign banks to control money laundering by drug traffickers to make profits appear legally earned? Is that strongly or somewhat?

Date:	Nov/Dec 1991
Sample Size:	(1500)
Strongly approve	84%
Somewhat approve	11
Somewhat disapprove	1
Strongly disapprove	1
Don't know	3
Total	100%

Research Memorandum

United States Information Agency
Washington, D.C. 20547

Office of Research



February 18, 1992

Brazilians Favor U.S. Assistance In War Against Drug Traffickers

This is the last in a series of reports based on a USIA-commissioned survey of public opinion on drug issues and the environment in Brazil.¹ Personal interviews were conducted with a representative nationwide sample of 2000 adult (18 and over) residents of cities of 10,000 or more. Interviews were conducted November 9-16.

Key Findings:

- Nearly nine-in-ten Brazilians say that illegal drug use in the United States is serious and seven-in-ten say U.S. drug consumption is increasing.
- At the same time, seven-in-ten believe that the U.S. is serious about reducing the consumption of drugs.
- Moreover, three-in-four Brazilians say that even if cocaine use stopped in the U.S., production and trafficking would continue.
- Brazilians overwhelmingly approve a wide range of U.S. assistance in fighting the drug war -- from providing technical aid to Brazil to U.S. and Brazilian law enforcement teams working together.
- Among the suggested actions, the one believed to help most in the fight against drug traffickers is U.S. and Brazilian law enforcement officials working together in teams to combat drug traffickers, while the one named least is the U.S. giving money to Brazil.

¹ The earlier reports were: "Brazilians See Drugs As Serious and Growing Problem," M-217-91, "Brazilians Choose Environmental Protection over Economic Growth," M-218-91, "Brazilians Pessimistic About Environment," M-14-92, and "Brazilians Say Drug Problem Must Be Solved By Drug Producing Countries," M-16-92.

Brazilian Perceptions About U.S. Drug Use Parallel Latin American Pattern

Brazilians believe that the U.S. has a serious drug problem (87%), that U.S. drug consumption is increasing (68%), and that the U.S. is serious about reducing drug consumption (70%). At the same time, three-in-four say that even if cocaine use stopped in the U.S., production and trafficking would continue because traffickers would find new markets in other countries (Tables 1-4 and Figures 1-2).

Figure 1: U.S. Serious About Drug Problem

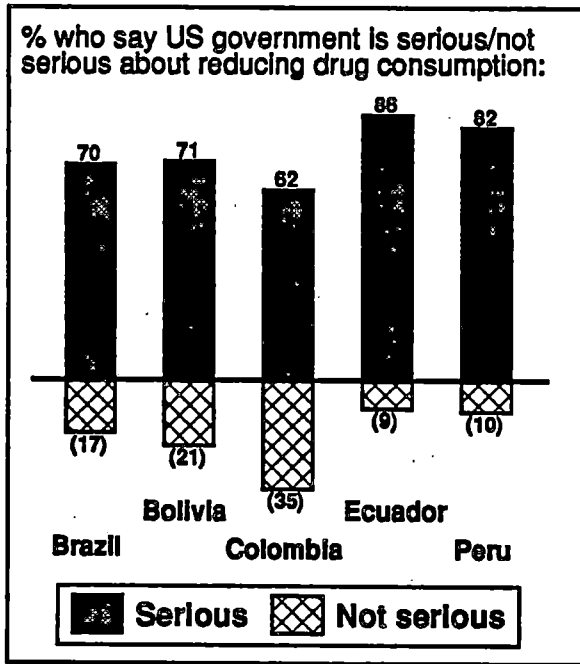
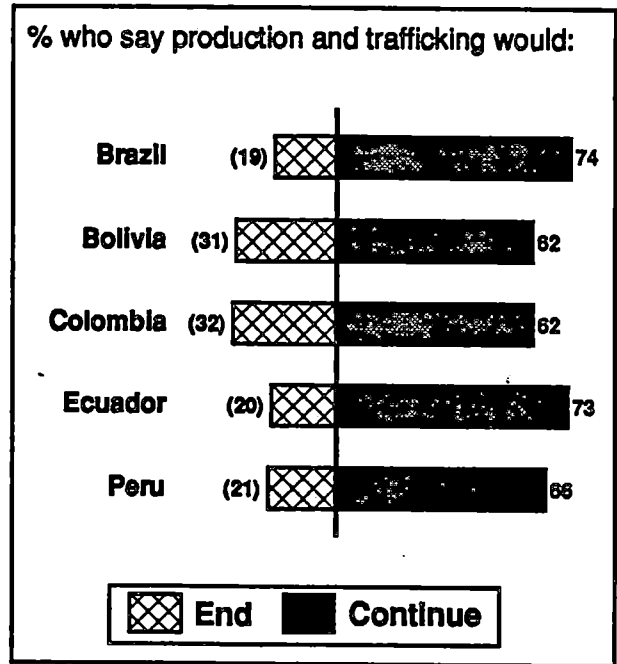


Figure 2: Ending U.S. Consumption Not the Answer



These responses follow the general pattern found in similar drug surveys conducted in the Andean nations and Mexico. On the one hand, the findings suggest a great deal of pessimism about the ability to stop drug trafficking. On the other hand, they also suggest widespread awareness that the solution to the drug problem has to go beyond blaming the United States.

Brazilians Strongly Favor U.S. Aid in Drug War

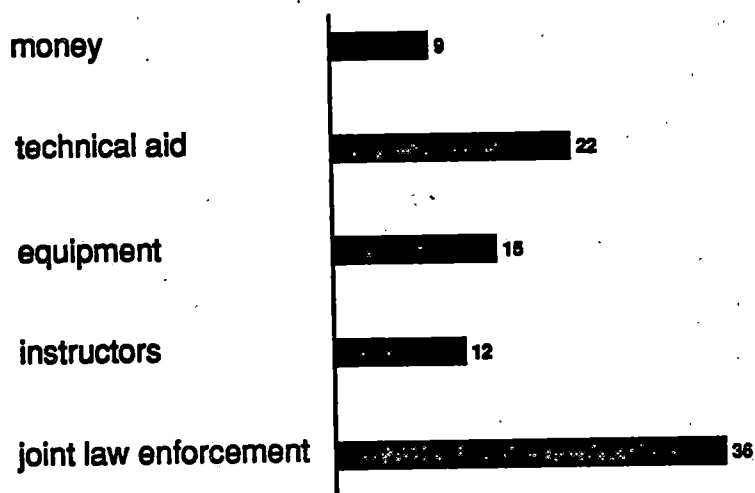
Brazilians overwhelmingly favor the U.S. providing technical aid (91%) to help in the fight against drug producers and traffickers, equipment and supplies (88%), and instructors to train Brazilian police (85%). Nine-in-ten favor (80% "strongly") cooperation between U.S. and Brazilian law enforcement officials. Somewhat fewer (72%) favor money. (Tables 5-9).

Although other Latin American nations surveyed in 1991 display the same pattern, in most cases Brazilian's opinions are substantially stronger.

Best Way To Help In Drug War Is Cooperation

Asked which of five actions suggested is the best way the U.S. could help fight against drug traffickers, a substantial plurality (36%) choose cooperation between U.S. and Brazilian law enforcement officials, followed by U.S. technical aid to the Brazilian government (22%). The option chosen least often is the U.S. giving money (Table 10 and Figure 3)².

Figure 3: Best Method For U.S. To Help In Fight Against Drug Trafficking



Percent of Brazilians who favor the various methods

Prepared by: R/AR - Barbara Smela

619-5140

Approved by: R - Ronald H. Hinckley
Director, Office of Research

M-18-92

² A similar pattern is found in Mexico where exactly the same question was asked. In the Andean survey the first four suggested actions were the same but, because the last was different, the data are not comparable.

How the Poll Was Taken

This public opinion survey is based on personal interviews with 2000 adults -- 18 years of age and older -- in Brazilian cities of 10,000 population or more. The poll was conducted between November 9 and November 16, 1991.

The questions were written by the USIA Office of Research. The poll was then conducted for USIA by IBOPE of Sao Paulo. The translation of the questionnaire was reviewed by the Research staff in Washington and by USIS Brasilia.

The sample is representative of the adult (18 and older) national population in cities of 10,000 population or more. The contractor selected the sample through a modified probability technique (probability proportional to size) with cities and census tracts as the primary sampling units. Households were then randomly selected and respondents within the household were selected by quotas.

In theory, nineteen times out of twenty, results from samples of this size will differ by no more than 3 percentage points in either direction from repeated surveys of this type. The potential margin of sampling error is larger for smaller groups.

In addition to sampling error, the practical difficulties of conducting a survey of public opinion may introduce other sources of error into the results.

The Andean and Mexican surveys cited were also sponsored by USIA and conducted in 1991, with questions written and translations approved by the Office of Research. The surveys were conducted by local contractors and supervised by USIA.

Additional information about the methodology applied may be obtained from the analyst.

TABLE 1: Brazilians, Like Other Latin Americans, Perceive Illegal Drug Use In U.S. As Serious

Question: How serious a problem do you think the U.S. has with illegal drug use? Is it very serious, somewhat serious, not very serious, not at all serious, or haven't you heard enough to say?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Very serious	79%	NA	59%	76%	74%	76%
Somewhat serious	8	NA	31	12	19	13
Not very serious	2	NA	2	6	2	2
Not at all serious	1	NA	1	2	1	0
Haven't heard enough to say	4	NA	4	3	2	6
Don't know	6	NA	3	1	2	3
Total:	100%	NA	100%	100%	100%	100%

TABLE 2: Brazilians Say That U.S. Drug Consumption Is Increasing...

Question: From what you have heard or read, is drug consumption^a in the U.S. increasing, decreasing, or remaining about the same?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Increasing	68%	NA	69%	56%	73%	62%
Decreasing	5	NA	6	11	5	7
Remaining about the same	16	NA	15	27	15	18
Don't know	12	NA	10	6	8	13
Total:	101%	NA	100%	100%	101%	100%

^a In Brazil, the question read "...is illegal drug consumption..."

TABLE 3: ...But Believe U.S. Is Serious About Reducing Drug Consumption

Question: How serious do you think the U.S. government is about reducing the consumption of drugs like cocaine^b in the U.S. -- very serious, somewhat serious, not very serious, or not at all serious?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Very serious	45%	NA	41%	34%	66%	55%
Somewhat serious	25	NA	30	28	20	27
Not very serious	11	NA	15	27	7	8
Not at all serious	6	NA	6	8	2	2
Don't know	13	NA	8	4	5	7
Total:	100%	NA	100%	101%	100%	99%

TABLE 4: Reducing Drug Consumption Won't End Production and Trafficking

Question: Some people say cocaine production and trafficking would end in (survey country) if the United States would stop the consumption of cocaine among its own people. Others say that even if cocaine use stopped in the U.S. our problems would continue because the traffickers would find new markets in other countries. Which view is closer to your own^c -- production and trafficking would stop or it would continue to be a serious problem?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Production and trafficking would end	19%	NA	31%	32%	20%	21%
Production and trafficking would continue	74	NA	62	62	73	66
Don't know	8	NA	7	6	7	13
Total:	101%	NA	100%	100%	100%	100%

^b In Brazil, the question read "...reducing the consumption of drugs in the U.S."

^c In Brazil, the question ended here. It omitted "production and trafficking would stop or it would continue to be a serious problem."

TABLE 5: Brazilians Approve U.S. Financial Aid in Drug War...

Question: Please tell me how much you are in favor of or against the U.S. giving money to (survey country) to help in the fight against drug producers and traffickers?

Country:	Brazil ^d	Mexico ^e	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Very favorable	54%	31%	12%	12%	38%	55%
Somewhat favorable	18	32	61	48	44	30
Somewhat opposed	7	14	21	34	13	7
Very opposed	17	22	4	3	2	5
Don't know	4	1	3	2	3	3
Total:	100%	100%	101%	99%	100%	100%

TABLE 6: ... As Well As Technical Aid...

Question: Please tell me how much you are in favor of or against the U.S. providing technical aid to our government to help in its fight against drug traffickers?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Very favorable	79%	51%	13%	11%	33%	61%
Somewhat favorable	12	35	69	61	59	29
Somewhat opposed	2	5	14	24	6	4
Very opposed	4	8	2	3	1	3
Don't know	3	2	3	2	2	3
Total:	100%	101%	101%	101%	101%	100%

^d In Brazil, the response categories were -- strongly in favor, somewhat in favor, somewhat against, and strongly against.

^e In Mexico, the question read "...against drug traffickers."

TABLE 7: ... Sending Equipment and Supplies ...

Question: Please tell me how much you are in favor of or against sending U.S. [military] equipment and supplies to be used by our police [and armed forces]^f to help fight drug traffickers?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Very favorable	77%	47%	10%	7%	29%	49%
Somewhat favorable	11	32	53	44	54	29
Somewhat opposed	3	8	27	41	11	10
Very opposed	5	12	6	6	3	8
Don't know	3	1	5	1	3	4
Total:	99%	100%	101%	99%	100%	100%

TABLE 8: ... Sending Instructors For Training Purposes ...

Question: Please tell me how much you are in favor of or against sending U.S. [military] instructors to assist in training (survey country's) police [and military] in the fight against drug traffickers?

Country:	Brazil	Mexico	Bolivia	Colombia	Ecuador	Peru
Date:	11/91	11/91	07/91	07/91	07/91	07/91
Sample Size:	(2000)	(1532)	(1199)	(1221)	(1200)	(1201)
Very favorable	73%	50%	6%	6%	31%	38%
Somewhat favorable	12	28	42	34	53	30
Somewhat opposed	4	8	38	49	11	14
Very opposed	7	13	9	10	3	13
Don't know	3	1	5	1	3	4
Total:	99%	100%	100%	100%	101%	99%

^f In Brazil, civil authorities have complete responsibility for the drug war and in Mexico they have the primary responsibility. Therefore, the terms military or armed forces were not used in the questions asked in those countries.

**TABLE 9: ... And U.S. And Brazilian Law Enforcement Officials
Working Together in Teams**

Question: Please tell me how much you are in favor of or against U.S. and Brazilian law enforcement officials working together in teams to combat drug traffickers.⁵

Country:	Brazil	Mexico
Date:	11/91	11/91
Sample Size:	(2000)	(1532)
Very favorable	80%	69%
Somewhat favorable	11	22
Somewhat opposed	2	3
Very opposed	5	4
Don't know/no response	2	2
Total:	100%	100%

⁵ In the Andean survey, the final question in the series asked "Please tell me how much you are in favor of or against sending U.S. troops to help to fight or arrest drug traffickers here in (survey country)."

TABLE 10: Brazilians Most Favor U.S./Brazilian Cooperation

Question: Here is the complete list of suggested actions (HAND CARD). Which one of these actions, if any, do you think is the best way the United States can help fight against drug traffickers here in (survey country)?

Country:	Brazil	Mexico
Date:	11/91	11/91
Sample Size:	(2000)	(1532)
The U.S. giving money to (survey country) to help in the fight against drug producers and traffickers	9%	7%
The U.S. providing technical aid to our Government to help in it's fight against drug traffickers	22	18
Sending U.S. equipment and supplies to be used by our police to help fight drug traffickers	15	11
Sending U.S. instructors to assist in training (survey country's) police in their fight against drug traffickers	12	12
U.S. and Brazilian law enforcement officials working together in teams to fight drug traffickers	36	49
None of these are good (volunteered)	2	2
Don't know/no response	4	1
Total:	100%	100%

D.C. Group Carries Drug War to Grass Roots

By Ruben Castaneda
Washington Post Staff Writer

It didn't take long for the 27 young people gathered in a Capitol Hill church to start discussing drugs, peer pressure and the way social status is measured in their rough-and-tumble neighborhoods.

They talked about the guys who hustle and make hundreds of dollars a day, buy fresh clothes and drive nice cars—guys who seem to get respect on the street.

But they talked too of robberies, addictions and shootings that left friends maimed or dead. One girl told of seeing her mother smoking crack and vowing never to do it herself, only to succumb later. She fought back tears as she talked of struggling to recover for the sake of her two young children.

And when all the discussion was over, something had been accomplished. Eleven of the young people said they would be willing to help educate others about the seductiveness of drugs and help them avoid the mistakes they had made.

The recent meeting was an early step in an ambitious new effort to combat drug use in the city, a grass-roots approach that organizers hope will succeed where others have stagnated.

With federal money, the creators of the Community Partnership Demonstration Program plan to begin individualized drug-prevention programs in all eight of the city's wards—an approach that will

office of Substance Abuse, is budgeted to last 15 months. Ruskin said he hopes to get more funding after that to keep the program operating.

Steve Rickman, a supervisor in the D.C. Office of Criminal Justice and Analysis, said the theory behind the program is that community residents, not bureaucrats, know best about the drug and alcohol problems in their community and should have a say in how to address them.

That approach has the support of police officials. Mark Brinkman, the special assistant to the department's director of planning and re-

search, said the attempt to spur neighborhood activism fits in well with the "community empowerment" being stressed by officials.

Still, the effort is just beginning, and organizers acknowledge that getting results will be difficult. One of the biggest challenges, they say, will be recruiting people to make it work.

"There are always people who come on committees and say they're going to do things, but when it's time for action you don't see them," said Saleem Hylton, one of the leaders of the effort in Ward 6.

Clare E. Mundell, another Ward 6

organizer, said she recently got a taste of how hard it is to recruit activists at an anti-crime meeting on Capitol Hill. For about two hours, residents complained about crime in their neighborhoods and implored police to increase patrols. Afterward, Mundell appealed for volunteers for the new drug prevention program. Only one person responded.

"People don't make the connection between the fact their house was burglarized and drug abuse," Mundell said. "It's easier to put up bars on your windows than to advocate for long-term solutions."

HEALTH



GETTING HOOKED GETTING HELP

Beyond Crime and Punishment:
The Medical Side of
The War on Drugs



The Medical Side of the War on Drugs

They are the forgotten trenches in Washington's war on drugs: hospital emergency rooms, church basements, methadone clinics and halfway houses, doctors' offices, public rehab centers and private retreats, city parks and suburban living rooms.

Beyond crime and punishment, the medical battlefield is where the zonked and the overdosed come with the stabbed and the shot for care—where the victims of violence line up next to users

held hostage to their cravings.

Now the Omnibus Drug Act of 1988, signed into law last month, has called for a major expansion of treatment and education programs across the country aimed at the more than 70 million Americans who have used drugs. To be sure, the main strategy of the new law is to sweep the streets of dealers and drug lords. But political leaders also addressed the demand side of the drug war and earmarked \$1.5 billion to treatment and rehabilitation, needed by an estimated 6 million people.

Nowhere is the drug war more savage than in the nation's capital, where drug use continues to escalate and drug-related homicides set a record this year.

Treatment centers, meanwhile, are overwhelmed and unprepared for the new waves of addicts, especially the growing number of "crack" users, who tend to be younger and poorer than cocaine users of a decade ago. Waiting lists at clinics are long—several months at some facilities—and treatment at private rehabilitation centers can reach \$10,000 or more for a month—an effective way of "just saying no" to treatment for many abusers.

Medical scientists, moreover, are just beginning to unravel the biochemical dynamics of drug addiction. Is there a genetic factor similar to the familial patterns of alcoholism? Can the brain damage from drugs such as cocaine be permanent?

And the addicts themselves aren't the only victims. What happens to families when one member gets hooked on chemicals? Indeed, some families ex-

perience their greatest turmoil *after* the drug abuser enters treatment—which forces members to change the way they relate to one another.

In all of this, there is little consensus on what constitutes effective therapy. Drug addiction is considered a disease, but unlike cancer or heart attack, there are no medicines or surgical procedures to combat addiction.

"Treatment is not very much of a science at this point," says Fred Holmquist, a counselor at Hazelden, a nationally known private treatment center in Minnesota. "It's hard even to say what's a success."

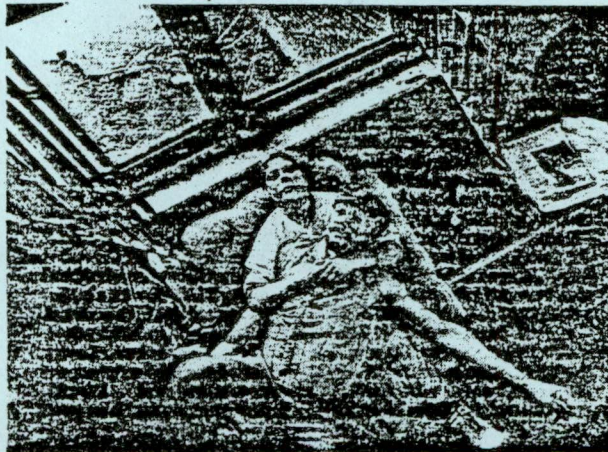
Most treatment programs, sooner or later, encourage their patients to join a support group such as Alcoholics Anonymous or Narcotics Anonymous.

But many addicts never even get into treatment. At one cocaine hotline in a private clinic in the District, only half the people who call in make an appointment; of those, only half show up. "Anything is easier to deal with than crack addicts," says clinical psychologist Ronald Wynne, who runs the hotline. "They make you feel so impotent."

For counselors who have long worked with alcoholics, drug addiction presents even a greater challenge. To begin with, drugs are illegal. But beyond that, less is known about the way drugs affect the body and the mind—and how the damage can be undone. What's more, people may become addicted to drugs more quickly than to alcohol. Yet the fundamental tasks—breaking the habit and starting

over—remain the same. As the drug war intensifies from city streets to suburban schoolyards, political pressure for expansion of services is bound to increase.

"We often say that our youth are our most important resource," says Dr. Sidney Shankman, executive director of the Second Genesis treatment program. "If that is really true, then 'war against drugs' is not a melodramatic phrase but an altogether fitting and pragmatic one." ■



Above, a woman with hands scarred from drug abuse. Left, two people in a New York crack house.

Undoing the Damage

Even After an Addict Quits, Recovery Is a Lifelong Struggle

By Don Colburn
Washington Post Staff Writer

No one who has not been there can know what it is truly like. Which is why so many drug counselors have addictions in their past.

"Sitting here with this tie and white jacket on gives a certain impression," says Federico Dansan, 52, a treatment counselor at the District's inner-city MASS Clinic. "Usually they think I'm a doctor and that I don't know anything about the streets or drugs."

"Then I tell 'em my story," says the man whose flock of "pigeons"—his 41 patients and fellow recovering addicts and alcoholics—call him "Good Feelin' Fred."

He tells them how he dropped out of Francis Junior High School in the ninth grade, and how at the age of 15 he watched with fascination as a stranger in a third-floor bathroom of the old Dunbar Hotel at 15th and U shot a drug called heroin. How he tried it himself, learning to wedge the crude needle into the eye dropper with the wet edges of a dollar bill to hold it airtight and then squeezed the baby-pacifier nipple at the other end to blow the stuff into his veins.

How the first time, of course, he felt sick and threw up—and then got sweet-dreamy high. How he mainlined everything, "speed-balling" heroin and cocaine at the same time. How he was soon doing \$100 worth a day, supporting his habit with larceny and theft. How he ran out of drugs one day in the '60s and, desperate, went to New York for the afternoon and stayed 10 years. How he lived off the streets and in them and how being sent to jail was always a relief. How he came to know he was a heroin addict but never believed he could become an alcoholic, too.

And how, 21 years after he last shot heroin and 12 years free of alcohol, that ninth-grade dropout has a master's degree and a mission—to help others like himself help themselves.

"I can't make them stop drinking and drugging," Dansan says. "They got to do it themselves."

• • •

More than 70 million Americans over age 12 have tried marijuana, cocaine or other illegal drugs, the National Institute on Drug Abuse has reported. Two million have tried heroin.

In the Washington area, a recent RAND Corp. study found, the drug problem is worse than in most comparable cities for heroin, PCP (phencyclidine or "angel dust") and cocaine. In the severity of its PCP problem, the study said, "Washington stands alone."

Beyond the official estimates, ask any parent, any schoolchild, any cop or cab driver, and they'll tell you the drug problem is bad and getting worse.

"It's much easier to get drugs than it is to get treatment," said Dr. Sidney Shankman, a psychiatrist and executive director of Second Genesis, a residential treatment program.

Virtually every drug treatment center



BILL DALZIN, 20, lives in Lawrence Court Halfway House in Rockville and works as a motorcycle courier downtown. He smoked pot for the first time at the age of 7 and, over the next decade, moved on to other drugs and alcohol, freebasing cocaine regularly after age 15. He dropped out of the ninth grade. In October, he "hit bottom" and wound up in a Montgomery County detoxification program at Shady Grove. He hasn't used drugs since. Dalzin, who has a 4-year-old son, attends group counseling once a week and goes to a meeting of Alcoholics Anonymous, Narcotics Anonymous or Cocaine Anonymous every day.

I didn't do it for pleasure. I did it more to get in with the crowd of older kids. When I first started trying pot, it wasn't every day or every week. But for a 7-year-old I guess that was still pretty regular.

I was probably 12 when I first used cocaine, but I didn't start buying it till I was 15. I dropped out of school in the ninth grade. My girlfriend got pregnant, and my mother kicked me out of the house.

I got a job with a catering company, and then at a car wash, and then as a courier. But I always ended up quitting.

Cocaine was always around. Eventually, after snorting cocaine on a regular basis, I began freebasing. It was offered to me by a friend, and like a dummy, I said sure. I never snorted again after that.

I had an excuse for everything I did. Once I started freebasing, every time I got some money I'd spend it on that. I was using about twice a month, \$150 to \$200 at a time.

In 1986, I got hit by a car at 16th and K and broke my leg. The next September, in an insurance settlement, I was offered \$50,000. I took the money and figured I was all

set. After paying lawyer's fees, I walked away with \$29,500—and spent all of it before January.

By then, I was spending about \$300 every other day on drugs.

I started selling marijuana to make money to buy cocaine. I was real strung out and couldn't hold a job. I was used to waking up at 6 o'clock in the evening and partying nonstop till 6 a.m.

Having to depend on my girlfriend to support me—and my drug habit—was depressing on my part and aggravating on her part, and eventually I had to leave. I moved out and ended up staying wherever I could. Sometimes I'd stay out in a drug neighborhood three or four days in a row with no sleep, without a shower, in the same clothes. I had a good meal about every three days.

Last October I hit bottom and wound up in detox, and I haven't used drugs since the first week of October.

I go to urinalysis twice a week, group counseling once a week and meetings every day, which helps a lot. I also went into family therapy, because I want my family back and want to be trusted again. I'm still trying to learn to want it for myself."

has a waiting list, ranging from a few days to a few months. "There are a plethora of cases and a dearth of services," Shankman said. "To turn these people away is to assign them to a death sentence at worst or at best, a life of living hell."

Nationally there are only 250,000 treatment slots available—one for every 24 Americans who are estimated to need drug abuse treatment, according to the House Select Committee on Narcotics Abuse and Control.

"We who do not use drugs cannot understand why people can't just stop—like that—using drugs," said Dr. Lynette Munday, a family physician and medical director of the MASS Clinic. "After you've lost your job, your home, your family, why can't you just stop?"

"But that's the nature of the beast."

All too easy to start, all too hard to stop.

"This is a disease," Munday said. "It's a chronic disease just like diabetes or hypertension. It's a progressive disease, which means that if you do nothing about it, just like diabetes or hypertension, it can be fatal."

Relapse is a particularly worrisome problem during the holidays.

"Addicts, too, see the holidays as a time of celebration," Munday said, "and all they know about celebrating is getting high."

Polydrug Use

Beyond the sheer rise in drug use, the pattern has changed radically, said Scott McMillin, director of the addiction treatment center at Suburban Hospital in Bethesda.

Most drug programs were initially modeled on alcohol treatment. But in the past few years, drug centers have been swamped by an influx of even more challenging cases: young men and women in their teens and twenties, most of whom are "polydrug" users—taking more than one drug, often with alcohol.

"Instead of having to teach them about one drug—alcohol—you had to teach them about as many as a dozen different drugs," McMillin said. And the relapse rate of these multiple-drug users is even higher than that of alcoholics.

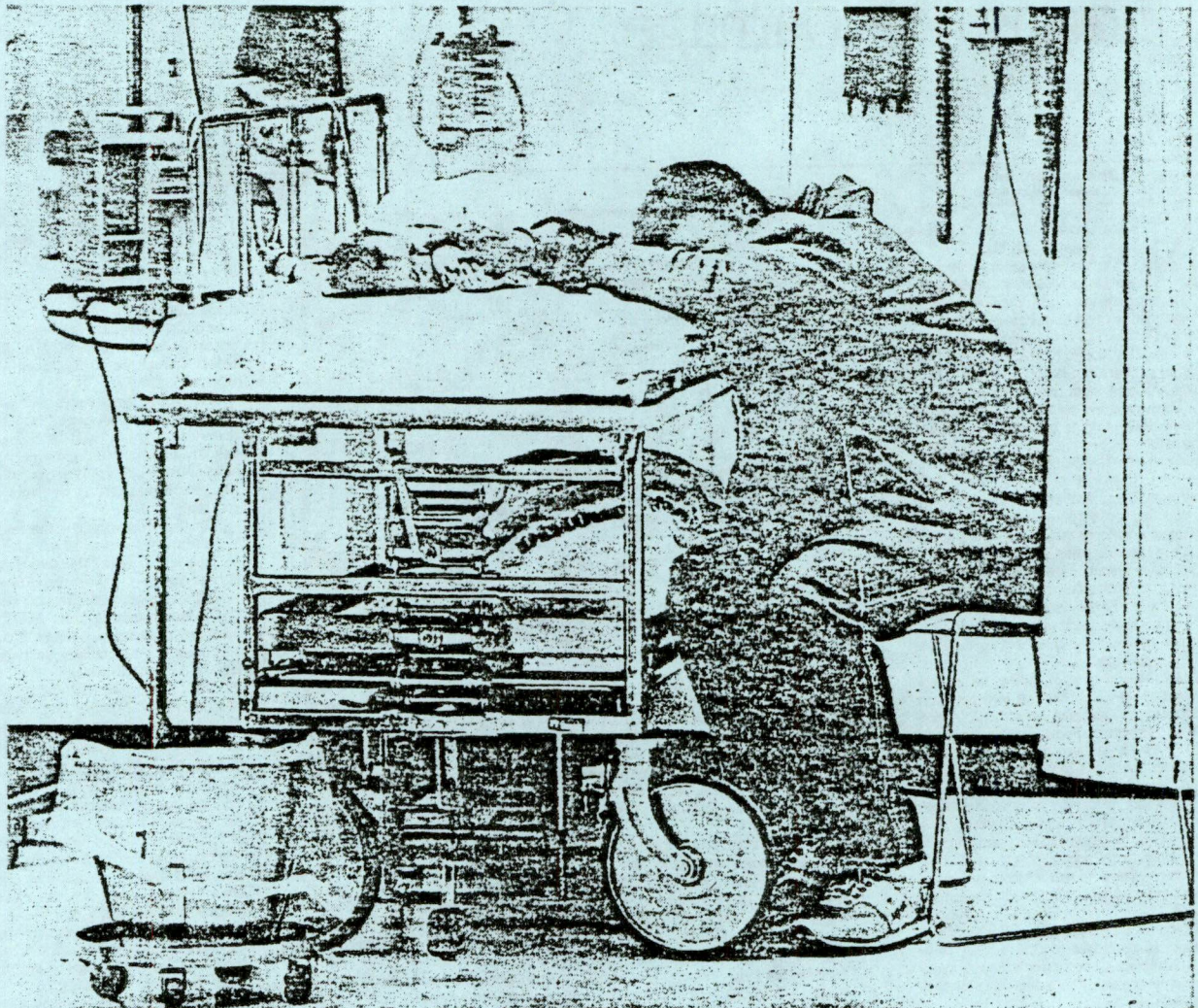
"There's no such thing as a heroin addict anymore," said Ron Clark, director and co-founder of RAP Inc., a residential drug treatment program in Laurel. "The heroin addict is a crack addict. The crack addict is doing PCP. They'll get high on whatever's available."

The sudden availability of "crack"—a cheap, potent, smokable form of cocaine—"really sent this thing through the wall," said Dr. Kenneth T. Larsen, chairman of the emergency department at Greater Southeast Community Hospital.

"Nobody was expecting a cocaine epidemic," Suburban's McMillin said. "We had been taught that cocaine was not an addictive drug, and therefore nobody bothered to develop treatments for it."

Today, the most common pattern seen at the Suburban center is cocaine plus alcohol

See DRUGS, Page 8



Wilson comforts her infant son, Reggie, at the hospital.

SHARON WILSON, 30, has been using PCP "on weekends" for about a year. Unemployed and unmarried, she has five children ages 10 and under, including an 8-week-old baby, Reggie, who was born Oct. 30 and went through withdrawal from both cocaine and PCP before going home. Reggie was readmitted to Greater Southeast Community Hospital the night of Dec. 11 with pneumonia. Wilson lives on \$533 a month in welfare benefits, plus food stamps, in a Southeast duplex apartment with no phone and—on the night she brought Reggie to the hospital emergency room—no heat or hot water. The low temperature was 12 degrees that night.

“I started smoking PCP a year ago, just weekends. It makes me relax. I do it with people, same amount every time. I drink beer every day. [Reggie] was in the hospital 11 days after he was born. They gave him phenobarbital to

prevent seizures. He's been sick since he was born. PCP—it's not good for anyone. I was going to go into a 21-day detox program on Tuesday, but I didn't have anyone to watch my kids.”



PHOTOGRAPHS BY CAROL GUYZ
—THE WASHINGTON POST

DRUGS, From Page 6

or cocaine plus PCP. Alcohol, cocaine, PCP, heroin—in that order but often in combination—are the drugs most commonly involved in emergency room cases at Greater Southeast, Larsen said.

What's more, intravenous drug use, a devastating crisis in itself, now poses an additional horror: the threat of spreading AIDS. The human immunodeficiency virus, or HIV, which causes AIDS, can be spread through sexual relations, sharing of intravenous needles or passage from mother to offspring during pregnancy or childbirth. By some estimates, as many as 60 percent of the heroin addicts in New York City now carry the AIDS virus.

At drug treatment centers such as the MASS (Move Addicts toward Self-Sufficiency) Clinic, 33 N St. NE, there are no easy cases. Most clients abuse more than one drug, often in combination with alcohol. Many have multiple health problems beyond their drug habits. Some are homeless—a few live in cars—and all too many have no health insurance. A growing percentage test positive for HIV.

Munday recalls one of her toughest cases of the past year: a heroin addict referred to the clinic by the courts. A woman in her 30s, she lived with her two young children in a room with no hot water, no reliable heat or electricity. Besides her heroin addiction, she abused cocaine. She tested positive for HIV but could not be placed in a hospice because she did not yet have symptoms of AIDS. Munday and the clinic staff despaired of what to do with the woman, until a "solution" presented itself: She was sent to jail for violating parole.

"For the first time in a while, she's getting three square meals a day," Munday said. "She can bathe every day. Her children are in foster care. It was the best solution in this case—unfortunately."

Growing Medical Burden

The overlapping social and medical needs of drug abusers have a growing impact on emergency rooms around the city.

"The problem is not just the drug abusers," Greater Southeast's Larsen said. "It's also the people they have abused because of their abuse"—the gunshot victims and other casualties of the drug distribution wars.

Almost all the drug users treated at the hospital lack health insurance. Most are treated and released—but many of them eventually show up again.

"We see a lot of repeaters," Larsen said. "There's one guy we have snatched back from the brink of death seven times."

To understand the current drug crisis, said Suburban Hospital's McMillin, it helps to think of crack as "the greatest marketing device in the history of drug use."

"It's extremely cheap, so almost everyone can afford it. And you get a tremendous rate of return business."

The crack epidemic has led to a "second wave" of cocaine users that rehabilitation centers are still struggling to catch up with. The second-wave cocaine users tend to be younger, less affluent and less well insured. Adolescent cocaine addicts, rare 10 years ago, are common today.

"Ten years ago, you had to have \$100,



Gaidurgis and his 7-year-old son, Matthew.

PERRY GAIDURGIS, 31, is the oldest of eight children. At 16, he was a college-bound athlete in Prince George's County who made good grades and held a part-time job teaching karate. Six months later, he had dropped out of school and was robbing gas stations and convenience stores to buy marijuana, PCP and alcohol. He was sentenced in January 1976 to prison for an \$8 armed robbery. While he was in prison, his sister, Julia, also a PCP addict, committed suicide. Today, Gaidurgis, who is separated from his wife, is father to Matthew, 7, and Jesse, 6. He works as a consultant to drug treatment programs.

"Prison saved my life. I either would have committed suicide, before my sister did, or somebody would have killed me. My sister was 20 when she committed suicide. It was real devastating, I was one of the last people to talk to her before she died. She called to cancel a trip to see me at

the prison.

The first time I got high, I was by myself. I took two of my brother's joints, tried smoking them, and nothing happened. A couple of weeks later, I got drunk and high [on marijuana] with a couple of buddies. Six months later, drugs were the most

important thing in my life.

We drank and drugged in prison. We made jailhouse wine. I was smoking grass every day. I attended the self-help groups in prison. Like most people, I went there to get out of jail. The parole board likes it if you go. But if you bring the body, the mind will follow. A light bulb went off for me in my second meeting.

I think that drug addicts only lie when we move our lips. I was just stuck in denial, but I began to change in these meetings. I finally got sick and tired of being sick and tired. In February 1978, I took my last drink. I kept smoking PCP and marijuana, but stopped on Aug. 29, 1978."

\$150, \$200 just to get in the door," McMillin said. "Now, it's there for \$20 or \$30."

The National Institute on Drug Abuse estimates that several thousand Americans a day are trying cocaine for the first time.

"If only 5 percent of those get caught and referred for help," McMillin said, "you're overwhelming treatment centers."

Drug treatment programs fall into two basic categories: inpatient and outpatient. Inpatient programs typically require a 28-day round-the-clock stay, including detoxification, medical checkup, group and indi-

vidual counseling. Outpatient programs provide essentially the same services, but the patient comes in one or more times a week.

But there's another factor that separates treatment programs—cost. A private inpatient 28-day program can cost up to \$10,000, which effectively limits such treatment to people with broad health insurance. Public programs, chronically underfunded, are left to struggle to meet the growing need for care of uninsured, less affluent drug users.

Most of the second-wave crack users cannot

afford inpatient care and must rely on public outpatient clinics, many of which already have long waiting lists of heroin addicts.

At the MASS Clinic and several others run by the District's Alcohol and Drug Abuse Services Administration, heroin addicts can receive daily doses of methadone, a synthetic morphine-like drug that produces a high less intense than heroin's.

Methadone is controversial because it too can cause dependency and can be abused.

"But you can't help these patients if you can't talk to them," said the MASS Clinic's

Munday. "You've got to somehow stabilize them physically so that you can talk to them." Patients are weaned off methadone within 21 days if possible.

Methadone treatment alone, without counseling and follow-up care, is not enough, said Mark Parrino, who directs a New York City clinic and heads the Northeast Regional Methadone Coalition, covering nine states and the District of Columbia.

"Some people say we don't have the money to do it all, so let's just give them basic medication to stabilize them and then worry about support and counseling services later on. That's very dangerous," Parrino said.

"Methadone only draws them in. It doesn't rehabilitate them. It satisfies the pharmacologic craving of the addict and means he doesn't have to go out and get high and steal anything. It keeps him from having to use needles all the time. But it's a technology that can shoot itself in the foot if support services aren't provided."

Trouble is, most communities don't want "community" drug treatment clinics in their midst. Drug abuse clinics are "perfect targets for critics," Dr. Edward Senay of the University of Chicago has written, because of what he calls their "one-third, one-third, one-third results." Typically, about one-third of drug abusers do quite well in treatment, another third swings back and forth between better and worse and another third makes little or no progress.

"If methadone were heart transplants it would be different," Parrino said. "Or insulin therapy for diabetic children—then there would be more public support."

The success rate for drug rehabilitation is hard to measure and harder to estimate, but everybody knows it's not very high. Over the long haul, anything above 25 percent is considered good.

Hazelden, a Minnesota center that has become a model for inpatient alcohol and drug treatment programs nationally, boasts one of the most successful records of rehabilitation. Still, just under 50 percent of its drug patients report that they are "clean" one year after treatment.

Residential Programs

With injected drugs such as heroin and some forms of cocaine, the social taboos are strongest and the challenge greatest, said Dr. William Flynn, a psychiatrist and director of the alcohol and drug abuse clinic at Georgetown University Medical Center.

"Aggressive intervention has to be even more aggressive to break through the denial and change the whole social situation the person is living in. It takes months."

That's the rationale for such long-term residential programs as RAP and Second Genesis. "You have a young man or woman who's been using drugs five years—you can't change that in 21 days or 90 days," said RAP director Clark. "They need time to adjust and change their whole relationship with the world."

RAP, which stands for Regional Addiction Prevention, was founded in 1970. But its residents today are younger, include more women and are much more likely to be polydrug users.

Ten years ago, the typical RAP resident was a 30-year-old male heroin addict, Clark said. Today, the average age is 22. Nearly 40 percent are women. Most use multiple drugs, with crack addicts increasingly common.

The RAP program lasts up to 18 months and includes classes, recreation, group therapy, one-on-one counseling and work assignments. No drugs—not even methadone—are allowed on the campus.

Prospective residents are referred to RAP by the courts, clergy, clinics or community groups and selected after an interview. The program, supported by District funds and private fundraising, does not charge residents.

"It's the reverse of what happens in a correctional setting," said Clark, 53, himself a heroin addict in the 1960s. "Prisons are unreal environments. We create a real environment."

At least 25 percent of the residents who complete the 18-month RAP program stay off drugs for at least five years, Clark said.

Second Genesis, another long-term residential program for drug users, runs five facilities in the Washington metropolitan area: one in the District, one in Virginia and three in Maryland. The five house more than 300 residents at a time, but each facility has a waiting list of 30 to 50. Applicants typically have to wait three or four months to get in, and Second Genesis turned away 2,500 people this year, said executive director Shankman.

Second Genesis offers a highly structured and disciplinary residential program lasting a year for adults and eight months for adolescents. Like RAP, it is seeing more polydrug users and more young addicts.

"The youngest in our program are 14, but many of these people who come in at 14 have been using for years," Shankman said.

Addicts, by definition, are motivated by instant gratification, Shankman noted. "When they turn to you for help, to withhold that help is a moral felony," he said. "When you keep them on a waiting list, you are assigning them in many cases to a death sentence on the street."

Relapse Risks

Getting into treatment is only the first step to recovery. And hard as it is to stop using drugs, it's even harder to stay stopped. "When someone starts back into a drug-using environment, you feel very uneasy because all the behavioral cues are there. That's what scares you," said Georgetown's Flynn. "If you take someone who doesn't have insurance or a job or family, the treatment options for him are pretty poor. And so are the recovery statistics."

As with alcoholism or heart attack, rehabilitation is a lifelong struggle.

"Your enemy is human nature," Suburban's McMillin said. "Whenever we can't cure a disease, the patient becomes the primary clinician."

A relapse, unfortunately, is not "abnormal" behavior for a drug addict. It's all-too-normal, which is why it's so difficult to break the cycle of addiction.

The key is getting patients to join some kind of support group such as Alcoholics Anonymous or Narcotics Anonymous, Georgetown's Flynn said. Studies have shown that people who leave treatment centers and get involved with AA or NA meetings have higher success rates than those who don't go to such meetings.

"The reasons why it works are speculative," Flynn said. "But the bottom line is, it works."



McDaniel hugs a patient she is counseling at the MASS Clinic.

UALAUNDA McDANIEL, 37, works as a treatment counselor at the MASS Clinic, an inner-city drug clinic run under contract for the District. She has three daughters and a son, ranging in age from 7 to 15. From her teens until about five years ago, she drank and used a variety of illegal drugs, including pot, "speed," mescaline and heroin. A childhood victim of physical and sexual abuse, she had spent time in numerous local schools, homes and programs for troubled youth—and in jail—by the time she underwent detoxification at Seton House five years ago.

66 It was fear—I asked for help. I had nothing else to do but die.

At Seton House, I learned the chemical side of drugs. And at meetings, they really 'stripped' you and got real. People didn't reject me. No matter how crazy I got, people put their arms around me and accepted me. I've grown to love these folks. They're still like that with me, and they won't let me get 'sick.'

I was there 28 days and the morning I left I went straight to a noon meeting of Alcoholics

Anonymous. I ain't looked back since.

I'm kind of blessed. I've had exposure to both sides—the prominent, social world and the ghetto, welfare world. Rum cokes were my first drug of choice. I went to all the best schools, Western and Sacred Heart and Holy Providence—and I also went to Junior Village and Cedar Knoll and Jessup Women's Detention.

I been there. It gives me an empathy and compassion, an ability to understand other people."

But nobody said it was easy.

"In some ways it's like learning how to ride a bicycle at age 35," said Myra Bridgeforth, a family therapist and clinic director of PIERS Family Services in Fairfax. "It feels pretty stupid, and you assume that everybody's looking at you and laughing."

Any family whose relationship has come to depend on alcohol or drug use must make big adjustments when one of its members goes into treatment.

Grown children may have to deal with long-suppressed anger about missing out on a normal childhood. The whole family may have to learn to live without a convenient scapegoat for every problem. Perhaps a spouse must deal with the renewed intimacy of being married to someone who is no longer drunk or stoned much of the time.

"In reality," Bridgeforth said, "when that 30-day program is over is when it really hits the fan."

The Personality Factor

Human Complexities Stump Psychologists Searching for a Typical Drug Addict

By Sally Squires
Washington Post Staff Writer

It is the quintessential chicken or the egg question: Which comes first? Are certain people born with character traits that make them prone to becoming drug addicts? Or do drugs themselves cause the personality changes documented in so many addicts under treatment?

Addiction researchers have been struggling with that question for decades, and each wave of new scientific knowledge is revealing more of the nuances of addiction. Yet, just as there is no stereotypical alcoholic, there also is not an average Joe Drug Addict.

"I'd like to have a nice clean answer about the causes of addiction, too," says Alan Lang, a psychologist who studies substance abuse at Florida State University in Tallahassee. "But it's not likely to be found."

Hard as researchers have tried, they have not been able to uncover a psychological profile of addiction that can be used to predict who will become an addict.

"The studies have been failures," says David LaChar, director of the Psychological Assessment Laboratory at the University of Texas Mental Sciences Institute in Houston. "There isn't one personality associated with substance abuse, and there isn't one path that leads to substance abuse."

But there are clues. Psychological tests of groups of drug users show some personality differences according to the types of drugs preferred. People who reported preferring marijuana to other drugs had average scores on a test known as the Minnesota Multiphasic Personality Inventory (MMPI). By comparison, individuals who preferred psychotropic drugs such as tranquilizers and antidepressants, were more likely to show psychiatric symptoms. And drug users who preferred barbiturates, such as dalmane, and stimulants, such as amphetamines or cocaine, were more likely to score as sensation-seekers or to report feeling depressed, stressed or alienated from society on the MMPI.

That's one reason that many addiction researchers believe some addicts are drawn to drugs as a way of unconsciously treating their own psychological problems.

"But it's hard to separate the cart from the horse," LaChar says. "It's crucial to look at what their personalities were like before they started taking drugs," he says, because many drugs cause chronic depression and other symptoms, including memory loss.

When employers and others use psycho-



McPhatter undergoes inhalation treatment for AIDS-related pneumonia.

CHERYL McPHATTER, 31, lives in Anacostia. She took both heroin and cocaine intravenously for about five years beginning in 1983. Fourteen months ago, she was diagnosed as having AIDS. In the past year, two of her former boyfriends, both of whom also used i.v. drugs, died of AIDS. She has survived three bouts of pneumocystis pneumonia in the past year and is being treated in the outpatient AIDS clinic at Georgetown Hospital. A former typist at several Washington law firms, she now supports herself on a disability benefit of \$445 per month. She says she has not had sexual relations or shared drug needles since she was diagnosed. She has not used illegal drugs in the past two months.

As to how I contracted AIDS, your guess is as good as mine. I had major surgery in 1985 and received a blood transfusion. I was doing heroin and cocaine intravenously for about five years, nearly every day. Two of my ex-boyfriends died of AIDS in the past year.

I shared needles all the time before I got sick with AIDS. I didn't really pay attention to the AIDS issue until I started getting sick. At the time, some people were saying black people didn't get AIDS.

Now I'm what you call celibate—I don't have any sex. Even if I used condoms, I couldn't enjoy sex anymore. I figure I've sowed my

share of oats and had my share of boyfriends. I'm not looking for a man.

When they told me I had AIDS I turned into a real basket case. I felt guilty because I thought I brought it on myself. Now I'm doing better, but it's a real hard thing.

I stopped sharing needles last year. I went out and got my own works. If anybody wanted to use my works I wouldn't let them, even if they would clean them with bleach.

I haven't really tried [to notify former sex partners that she has AIDS], even though sometimes I think I should. Most of them are in the drug community. I rationalize it by saying they probably have it anyway.

logical profiles to try to screen out addicts, they can probably catch a few individuals. "But they will also screen out some of the best fighter pilots and some of the most successful stockbrokers," says Lang, because they share some similar personality traits.

Environment and Biology

This is why the most popular theory about addiction today centers on a combination of causes.

In alcoholism, genetics has been shown to play a role. But placing the blame on genes alone is too simple, researchers say, because the majority of children of alcoholics don't become alcoholics or drug addicts themselves.

Environment clearly is a factor, too—one reason that being poor, uneducated and a minority is about as risky for drug abuse as is having an alcoholic parent.

Basic biology is also important. Laboratory studies show that when a variety of animals are given habit-forming drugs and are allowed to take them in unlimited quantities, they become addicted.

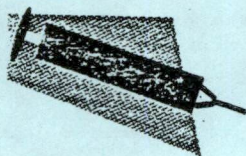
"All the drugs that laboratory animals can be trained to give themselves are drugs of abuse in the general population," says John Grabowski, who studies addiction at the University of Texas Health Science Center in Houston. "Those drugs that the animals refuse [to give themselves] are generally not a problem in society. Unless you are willing to make the argument that all the animals who become addicted in the laboratory have a personality defect, the basic biological effect of drugs has to be important."

Once an individual has become physically hooked on a drug, important psychological changes can take place. Where recreational drug use is controlled by social cues—a weekend party, celebrating after work with friends—in addiction the cues for taking the drug have shifted. The drug's pharmacological effects—the emotional highs and lows caused by the drug—that determine when the user will take the drug again. "All the control," says Grabowski, "now resides in the drug."

Brain Damage

Studies show that drugs that depress the brain's functions—such as heroin and morphine—can cause brain damage. But how quickly that damage occurs is yet to be determined. "We don't know exactly at what point you cross the Rubicon and your brain is altered," says Kenneth Adams, director of psychology at the Veteran's Administration Hospital in Ann Arbor, Mich.

HEROIN



ACTIVE INGREDIENT

Diacetyl morphine, a semi-synthetic narcotic substance prepared from morphine.

HOW USED

White, gray or brown powder can be injected, snorted or smoked.

EFFECTS SOUGHT

Euphoria

IMPACT ON BODY

Can cause restlessness, vomiting, drowsiness. Repeated use may lead to infection of heart lining and valves, skin abscesses, congested lungs.

EFFECTS OF OVERDOSE

Slow, shallow breathing, clammy skin, convulsions, coma, possible death.

DEPENDENCE/WITHDRAWAL

Causes high degree of physical, psychological dependence. Withdrawal leads to nausea, cramps, chills and sweating, panic, tremors, irritability, loss of appetite.

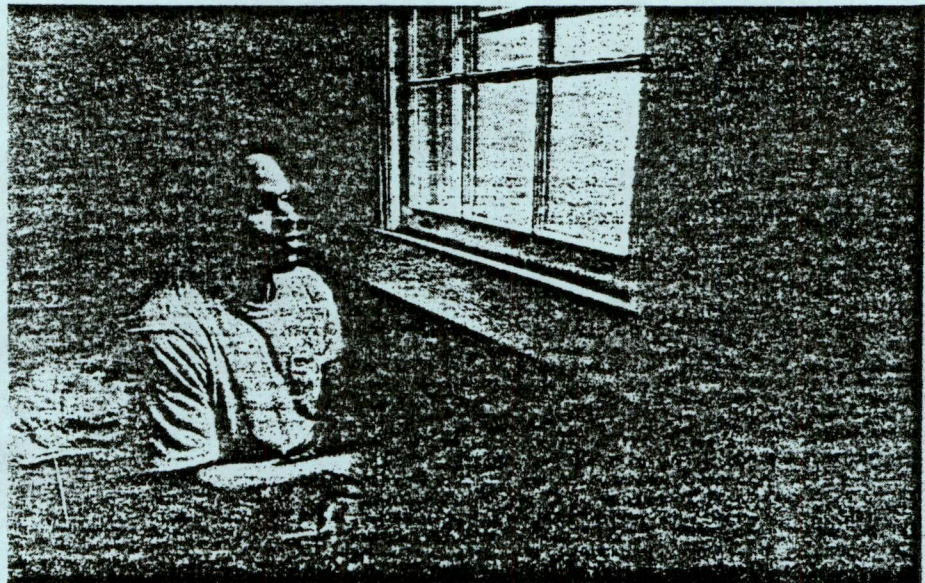
LLOYD WALTERS, 22, is at the end of a 21-day stay at the Montgomery County Maplewood Intermediate Halfway House, where he is "pretty sure" he has finished with drugs.

"I didn't think I had a problem when I came. Now I know I'm an addict."

I was using PCP. It makes you feel strong, you know? But then I found it was getting that I couldn't remember nothing. Then I started smoking Sherman sticks—cigarettes (marijuana) that you'd dipped in 'water.' Water was embalming fluid. Then I smoked green—parsley with PCP on it. But the side effect was that I'd cry every time I used it. I started selling coke. And using it.

I was the only one around that had it and everybody was looking for Lloyd. All of a sudden I started to accumulate more and more friends, you know, people I didn't know. All they was asking for was Lloyd, Lloyd, Lloyd. That's my name, Lloyd. I guess somebody told the police.

I wouldn't recommend drugs for nobody."



Even weekly, episodic drug use—the kind that many people have considered recreational and benign—has been found to cause significant brain damage over several years. "There's enormous variability between individuals," says Peter Nathan, director of alcohol studies at Rutgers, the state university of New Jersey. "Some people can be using drugs for as little as a couple of years and begin to develop these signs of brain damage. Others may take drugs for 20 years and not show it."

The general rule, however, is that those who take drugs more often stand to suffer more damage, and those who mix their poisons—alcohol and heroin, for example—are at greatest danger of brain damage. In a study of people who used several types of drugs daily over a period of years, Adams and his colleagues found that more than 25 percent showed significant mental impairment, primarily in language skills and memory. Drug users with this impairment, for example, had difficulty spelling simple words such as "shoot" and "believe" and reading a newspaper.

Adams speculates that either the drug users in the study started taking drugs early enough in their educational careers to have their learning disrupted, or they had learning problems to start with, which helped lead them into the drug subculture.

This inability to understand simple concepts can also affect treatment and recovery. Therapists, says Adams, must "make sure as best they can that recovering addicts are drawing the conclusions that should be drawn from therapy and treatment."

Whether drug-induced brain damage is reversible is still being investigated. But research on alcoholics suggests that there are "slow but measurable improvements," Adams says.

There can also be psychological residues of addiction that produce surprisingly strong physical reactions even after the person has stopped using drugs. Scientific papers cite the case of a former addict who used to buy drugs at the 30th Street train station in Philadelphia. A year after kicking his habit, the addict found that simply going to the station produced the same nausea and the cold chills he experienced as an active addict desperate for a fix.

Psychologists call this phenomenon classical conditioning. "If you walk into a wondrous Italian or French bakery, you will probably salivate," Grabowski says, just as a recovering alcoholic may crave a drink in the neighborhood bar where he used to imbibe. Similarly, people who have become sick from a particular food sometimes develop an aversion to that food that can last the rest of their lives.

There's no question that drugs can produce

some strong psychological symptoms. One of the most severe is cocaine psychosis—a condition that occurs when the brain has more cocaine than it can handle. PCP can cause a similar psychosis; people who take an overdose can become violent and disoriented, and this can occur even in longtime users.

Behavior may also change. The addict becomes irresponsible, untrustworthy and unpredictable as he or she is consumed by finding more of the drug.

But once the addict is no longer under the influence, those psychological changes appear to go away. "There is no systematic research that shows that people's perceptions change [during addiction]," says Florida State University's Lang.

Some characteristics ascribed to drug abuse may just be exaggerations of behavior common to everyone. Denial, for example, is not unique to addicts and alcoholics.

At the same time, addicts seem to have patterns of thinking that help maintain the addiction and lead others to view them as "leazy, slimy people who cheat, lie, steal and become rude, arrogant, narcissistic and ugly," says psychologist Ronald Wynn, who runs the Washington Assessment and Therapy clinic in the District. "But one of the really nice things is that you really do see them

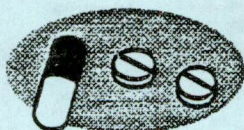
change when they stop using drugs. A very likable person will appear out of the ugliness."

After quitting a drug, the emotional issues that existed before the addiction still must be dealt with. "Most drug addicts have a desperate need to act out to cope with underlying feelings of anxiety and depression," explains Robert Kirach, a clinical psychologist who practices in Bethesda. When the drugs are gone and the haze has lifted, those feelings must still be confronted.

Groups like Narcotics Anonymous "give them support so that they can endure, and hopefully work through this underlying depression and anxiety," Kirach says. "But it takes a tremendous amount of support and probably everyday attendance at meetings to get through that kind of crisis and to stay away from the drugs."

Which is why so many addicts fail. Redskins star Dexter Manley, who was treated for alcohol abuse and has now just re-entered the Minnesota-based Hazelden clinic for more help, puts it this way: "When you're in a program, they say, 'Stop drinking and everything gets better, life gets better.' Well, I stopped drinking and whatever else, but then you get in touch with reality ... I said to myself, 'I did all that, and it didn't get all better.'"

BARBITURATES



ACTIVE INGREDIENT

Phenobarbital, pentobarbital, secobarbital or amobarbital.

NOW USED

Tablets or capsules, taken orally or injected.

EFFECTS SOUGHT

Lessening of anxiety, or euphoria.

IMPACT ON BODY

Can cause slurred speech, staggering gait, poor judgment and uncertain reflexes. Large doses can cause unconsciousness and death.

EFFECTS OF OVERDOSE

Shallow respiration, cold, clammy skin, dilated pupils, weak and rapid pulse, coma and possible death.

DEPENDENCE/WITHDRAWAL

Barbiturates result in moderate to high physical and psychological dependence. Symptoms of withdrawal include anxiety; insomnia, tremors, delirium, convulsions.

How Drugs Attack the Brain

Signals for Survival Give Way to Demands for Pleasure

By Larry Thompson
Washington Post Staff Writer

With each 10th press of the lever, the monkey injects itself with cocaine. Liquid pleasure.

If left alone, the monkey will push all day. Given a choice between food and cocaine, it will choose cocaine. Cocaine over other euphoric drugs. Cocaine over the company of other monkeys. Cocaine over sex.

The monkey will push the lever until it dies. The drug works directly on the brain's pleasure center, a complex network of nerves that evolved over hundreds of millions of years to ensure the species will engage in survival behaviors: eating, drinking, sex. Each act brings pleasure; the animal—or person—will repeat them over and over.

These [pleasure centers] are chemical systems in the brain and, as such, it is possible for drugs to affect them directly," said Charles R. Schuster, director of the National Institute on Drug Abuse.

Push the button, pump in the drug; stimulate the pleasure center.

Since the 1950s, when the pleasure center was first located in the brain, scientists have identified the substances used to transmit euphoric signals. The key chemical messenger is dopamine.

"Almost all [euphoric drugs] work through the dopamine system," Schuster said. "If a drug produces euphoria, it has the potential to be abused."

The Dopamine Connection

The communication of pleasure in the brain works this way: One nerve signals the next nerve by squirting a chemical, a neurotransmitter such as dopamine, into the space between them. (Nerves don't actually touch one another.) Once the signal is transmitted, the chemical is then sucked back out of the space by so-called uptake pumps in the membrane of the sending nerve cell. That recycles the dopamine.

If dopamine is not vacuumed up again and remains in the space between the nerves, the receiving nerve is stimulated over and over and over.

What happens with cocaine is that the drug blocks the uptake pumps for dopamine, keeping the pleasure nerves turned on. After a while, the blocking action of cocaine drains the sending nerves of dopamine, so it takes bigger and bigger doses to

produce the same high. It also upsets the receptors on the receiving nerve.

This is the essence of drug tolerance, said Dr. Steve M. Paul, scientific director of the National Institute of Mental Health.

Scientists now know that cocaine—and its smokable form, crack—are physically addictive primarily for two reasons: The dopamine-producing nerve cells get wrung dry and the receiving neurons turn off their own, overstimulated receptors. That means the proteins on the nerve's surface that recognize the presence of dopamine, the receptors, become less sensitive to the chemical. More dopamine must then be present to transmit the nerve impulse.

Over a longer period of time, Paul said, the nerve cells may actually turn off the genes that control the number of receptors they carry, disrupting the communication system between nerves.

This helps explain a person's dependence on cocaine. Without the stimulation of the drug, the brain doesn't produce enough dopamine to make it feel good, let alone euphoric. The system gets squeezed dry.

"The brain doesn't like that; the organism doesn't like that," Paul said, "so it seeks drugs."

Issue of Control

Although the dopamine system plays a key role in drug addiction, it is not the only chemical messenger at work in the brain. Other neurotransmitter systems—including serotonin, norepinephrine and acetylcholine—also are involved in complex ways that really are not yet understood, experts said.

For example, said Kathryn Cunningham, of the University of Texas Medical Center in Galveston, the serotonin system helps shut down the dopamine system when it is overstimulated. Cocaine shuts down the serotonin system. So cocaine not only overstimulates the dopamine system, it also turns off other neurons that keep dopamine under control, further disrupting communication with the brain's pleasure center.

Of all habit-forming drugs, the action of cocaine in the brain is best understood. Drugs such as heroin and other opiates, amphetamines, barbiturates, marijuana, even caffeine and nicotine do not seem to attack the dopamine system directly but affect other nerve systems in the brain that in turn stimulate this same pleasure center.

Yet even with these biochemical clues, there is much about drug dependence that scientists do not understand. What's more,

addiction—even pleasure—is not just the direct effect of chemicals on the brain.

Steven Dworkin at Louisiana State University School of Medicine in Shreveport linked three rats together in an apparatus that automatically gives them injections. One rat gets cocaine when it pushes a lever twice; a second rat receives the same dose of cocaine as the first, but it doesn't have any control over when it will receive the cocaine. A third rat receives a simultaneous injection without cocaine.

While the first rat will continue to push the lever to get cocaine—and presumably experience pleasure—the second rat suffers from the injection and ultimately dies. "This suggests that cocaine is actually aversive and noxious in the animal that does not have control," Dworkin said.

Blasting the Brain

Cocaine is noxious to the point of killing brain cells. Dr. Richard J. Wyatt at the National Institute of Mental Health's research unit at St. Elizabeths Hospital has preliminary evidence in rats that cocaine literally burns up the ends of the dopamine nerve cells, perhaps permanently eliminating their ability to transmit nerve impulses.

Wyatt said it is not yet clear that this happens in people, and scientists at a recent meeting at the American College of Neuropsychopharmacology in San Juan, Puerto Rico, cautioned that the observation has yet to be duplicated in rats. If it proves correct, the implications are clear: cocaine causes permanent damage.

"You are destroying parts of your brain," said Wyatt.

Researchers also have known for some time that the aging process naturally kills off dopamine nerves in the brain, and that whereas 85 to 90 percent of the neurons are lost in the region that controls voluntary movement, Parkinson's disease results. The scientists worry that chronic drug use, especially with some of the newer drugs including ecstasy, will knock out some portion of the brain's nerves. Then, as aging kills off the rest at a normal rate, diseases such as Alzheimer's and Parkinson's will appear earlier in life.

Ecstasy, or MDMA, once used legally by psychiatrists to aid therapy for their clients, has become fashionable on college campuses and in some New York City dance clubs now that it is illegal.

Its widespread use worries some scientists. Dr. Eroll DeSouza at NIDA's Addiction Research Center in Baltimore and other

researchers have looked with amazement at the widespread destruction ecstasy can do to the brain's so-called serotonergic system, a nerve cell network that uses the chemical serotonin as the neurotransmitter. After only two injections a day for four days, a standard test dose, the animals lose 70 to 80 percent of the fibers from those serotonin neurons.

The damage from ecstasy is "massive," DeSouza said. "It is not subtle in any way." One result: "These animals are awake almost all of the time."

If ecstasy is stopped, the fibers from the damaged neurons regrow in about a year, though the total amount of serotonin remains reduced by 50 percent and the researchers can't say whether the nerves work the same as before the damage.

This same nerve cell system is also the site of action for LSD, a hallucinogenic drug, but it does not appear to cause similar damage, nor is it known how LSD works.

Marijuana, however, has been shown to kill acetylcholine-using nerves in the hippocampus, a structure located near the center of the brain involved with learning and memory. Amphetamines can kill nerves in the substantia nigra, a part of the brain where dopamine controls voluntary movement.

The opiates, heroin and morphine, despite their reputation for being very addictive drugs, have never been shown to destroy nerves in the brain.

Immune Effects

Even when the drugs don't kill brain cells, they can cause other immediate problems. Cocaine, for example, raises blood pressure, causes the heart to race, causes heart attacks and strokes and has killed its share of celebrities, such as University of Maryland basketball star Len Bias.

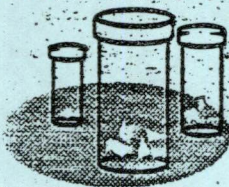
Some of its effects, however, are more subtle. Dr. Robert Post, also at the National Institute of Mental Health, has found that a low, steady dose of cocaine can cause a part of the brain to erupt in a major seizure.

"We call it 'drug kindling,'" Post said. "A little spark turns into a big fire." Animals—and humans—that suffer a drug-kindled seizure can die. Exactly why the seizure causes death is not clear, but in the animals, Post said, it looks like the lungs stop working. "The heart is still beating, but they stop breathing."

Elyse London at NIDA's Addiction Research Center in Baltimore has used PET scanners to look at which regions of the brain are

See BRAIN, Page 14

CRACK



ACTIVE INGREDIENT

Cocaine base, prepared from cocaine hydrochloride.

HOW USED

White crystal slivers, smoked (vapors inhaled).

EFFECTS SOUGHT

Intensified cocaine effects such as stimulation, excitation and euphoria.

IMPACT ON BODY

More, stronger cocaine reaches the brain more quickly. Risk increases for confusion, slurred speech, anxiety and serious psychological problems. Can cause heart attacks and death.

EFFECTS OF OVERDOSE

Agitation, rise in body temperature, hallucinations, convulsions, tremors, possible death.

DEPENDENCE/WITHDRAWAL

Causes high degree of physical, psychological dependence. Like cocaine, withdrawal results in apathy, long periods of sleep, irritability, depression, craving for more cocaine.

INSIDE THE BRAIN

The brain's pleasure centers evolved over millions of years to ensure survival behaviors such as eating and drinking. Most abused drugs directly stimulate the pleasure centers—but they also alter the way nerve cells communicate. Here is how cocaine affects the neurons.



1. Nerves signal one another by squirting dopamine into the space between cells. After the impulse is transmitted, dopamine is pulled back into the sending cell and reused.



2. Cocaine blocks reabsorption of dopamine, causing build-up in the space between neurons and overstimulation of the receiving cell.



3. Because cocaine prevents dopamine reabsorption, nerve cells become depleted, causing the exhaustion and hangover that follow cocaine use.



4. Preliminary evidence in animals suggests that cocaine can burn out dopamine nerve endings, perhaps causing permanent loss of nerve pathways.



INSIDE THE BODY

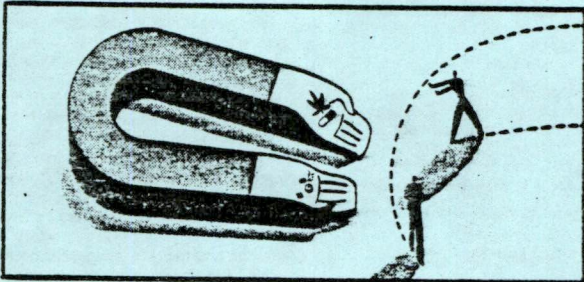
Drugs reach the brain most quickly when smoked. The path is the most direct and drug concentrations are highest:

- 1: From the mouth, drug passes down the trachea to the lungs.
 - 2: Drug quickly saturates the huge surface area of the lungs.
 - 3: Highly concentrated drug speeds directly to the heart.
 - 4: Major arteries leave the left side of the heart and proceed directly to the brain.
- The entire process takes about 10-15 seconds.

VITAL STATISTICS

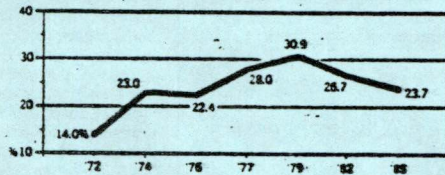
TEENS ON DRUGS: WHAT THE RECORD SHOWS

Since 1971, the National Institute on Drug Abuse has polled 12- to 17-year-olds on their drug use. The findings, reported every three years, show an increase in the use of many drugs in the '70s, and a decline in the '80s. They do not reflect, however, the recent sharp rise in the use of crack, a potent form of cocaine.



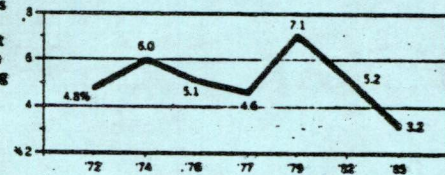
MARIJUANA:

The percentage of youths age 12-17 who had smoked marijuana at least once more than doubled from 1972 to 1979. It has since been in steady decline.



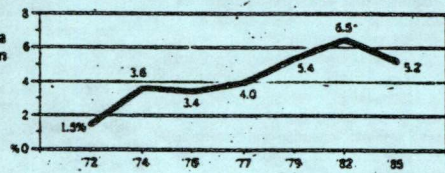
HALLUCINOGENS:

Hallucinatory drugs such as LSD, mescaline, amphetamines and PCP, appear to have peaked in popularity in 1979, as did marijuana. At the time of the last survey, the percentage of youths experimenting with hallucinogens was at its lowest level since the household polling began.



COCAINE:

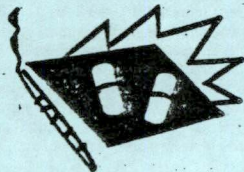
Use of cocaine or its derivatives has climbed steadily among youths age 12-17. Although the percentage for the last survey was down, more young people were experimenting with cocaine than with hallucinogens, a change that began in the early 1980s.



NOTE: Percentages indicate lifetime prevalence of drug use; figures revised October 1986.
SOURCE: National Household Survey on Drug Abuse, National Institute on Drug Abuse

ILLUSTRATION BY PETER ALBERS FOR THE INFORMATION POST

PCP (Angel Dust)



ACTIVE INGREDIENT

Phencyclidine, synthetic once used as a veterinary anesthetic.

HOW USED

Tablets, capsules, powder and liquid can be smoked, snorted or taken orally. Commonly, PCP is applied to a leafy material such as parsley, mint, oregano or marijuana and smoked.

EFFECTS SOUGHT

Distortion of senses.

IMPACT ON BODY

PCP alone among currently used drugs can produce psychoses indistinguishable from schizophrenia, which may recur even after the drug has left the body. Increases heart rate, blood pressure

and can cause flushing, sweating, dizziness and numbness. Large doses may cause convulsions, coma, heart and lung failure and ruptured brain vessels.

DEPENDENCE/WITHDRAWAL

Psychological dependence is high, but physical dependence unknown. Withdrawal syndrome unreported.

In the Genes? Some Evidence Says Yes

Researchers have known for years that alcoholism tends to run in families. More recently, they have linked a particular type of alcohol abuse to a genetic susceptibility that seems to be passed from father to son. Studies of identical twins who were raised in different families show a clear pattern that sons of alcoholic fathers are five times more likely to become alcohol abusers themselves than the general population.

But what about drugs? Can a person inherit a genetic predisposition to become a drug addict?

The population studies needed to answer that question have yet to be done, but from animal research, scientists suspect that a genetic factor may be involved. At the Addiction Research Center in Baltimore, a part of the National Institute on Drug Abuse, scientists have found strains of mice

and rats that show varying genetic sensitivities to specific drugs.

In one set of experiments, animals learned to push a lever in order to get a droplet of the test drug. How hard the animals worked to get a fix indicated their susceptibility to addiction. Results showed that some animal strains would work very hard to get cocaine, for example, while others showed little interest. Further, scientists found that cocaine-addicted strains also liked to consume other drugs such as barbiturates, opiates and alcohol.

"It clearly suggests genetic differences," said Dr. Steven R. Goldberg, chief of the addiction center's preclinical pharmacology branch.

At the same time, researchers suspect that addiction is not tied to one or two genes but more likely results from a constellation of genes involved in the central nervous system.

BRAIN, From Page 12

active under the influence of drugs. Cocaine and morphine, she finds, turn off the cortex, the seat of consciousness.

"People take abused substances to turn their higher brain centers off, and that feels good," London said.

Some of the newest research centers on the connection between the brain and the immune system. Scientists have long wondered about the effect of drugs on the body's defenses.

"Several studies show that natural killer cells [of the immune system] are altered by drug abuse," said Mary Jenne Kreek of Rockefeller University. Total numbers of these immune cells are reduced in heroin addicts. No one knows why, but it raises the possibility that addicts may be more susceptible to viruses that they inject along with their drug, including hepatitis B and the human immunodeficiency virus, which causes AIDS.

Studies in New York City have shown that intravenous drug users develop the symptoms of AIDS faster than homosexual men or other non-i.v. drug users, again suggesting that i.v. drug use damages the immune system.

Substitute Drugs

Understanding the physiology of addiction may give physicians new tools to attack the problem. A long-term goal of all this brain biochemistry research is identifying drugs to treat acute withdrawal and to block craving.

Methadone is the classic example of a drug that blocks craving, heroin in this case. Methadone literally intercepts the molecules on the surface of nerve cells where

heroin attaches, preventing heroin from stimulating the brain. As a result, methadone treatment reduces craving and euphoria, though not completely. It is not considered a cure, "only a holding action," Schuster said.

Scientists are now working on a substitute drug for cocaine. At the recent American College of Neuropsychopharmacology meeting, one research group suggested that carbamazepine, an anticonvulsant drug, could be used.

"In a small series of patients, it [carbamazepine] virtually eliminated cocaine addiction," said Dr. Frederick K. Goodwin, director of the Alcohol, Drug Abuse and Mental Health Administration. "That is exciting."

There is also debate about whether antidepressants or bromocriptine, which is used to stimulate dopamine secretion in Parkinson's patients, are better to treat cocaine withdrawal.

Yet despite progress in the biochemistry of addiction, researchers remain a long way from linking the effects of different drugs on specific nerves to the behaviors they see in the addicts.

Scientists know, for example, that while these agents are able to stimulate the brain's pleasure center, drug addicts are miserable.

"The notion of the euphoric, content abuser is false," said Dr. Jack Mendelson, a psychiatrist and drug-abuse expert at the Harvard Medical School. "As frequently as not, we really see people suffering as a result of their substance abuse," both physically and psychologically. "The behavior doesn't make sense. What is [psychologically] rewarding about substance abuse?"

Teens in Trouble

What Is the Correct Balance Between Discipline and Support?

By Paul Berg
Washington Post Staff Writer

Sometimes people ask drug counselor Howard Liddle: "What are you trying to do—cure adolescence?"

There is growing agreement that teen-agers should be treated differently from adult addicts—but no consensus on the most effective approach. What is the correct balance between discipline and support? Should a program be built around a teen-ager's sense of shame or sense of reason? Do all drug-using youths need to enter a residential treatment facility, or can some do better at home? What is the parents' role?

If some of those questions sound familiar, drug counselors say, it is because they parallel the debate over how to raise children in the first place, drugs or no drugs. The answers are just as elusive, but the stakes are higher: Lives hang in the balance, and the cost of a year's treatment can reach \$50,000.

Adolescence, a time of "natural tumult," cannot, of course, be "cured," says Liddle, an associate professor of family medicine at the University of California at San Francisco. For some teens, drug use is the most dangerous phase of their rebellion.

"Everything that feels uncomfortable to them—which is a lot of things in adolescence—they take care of by using," says Myra Bridgforth, a therapist in Fairfax.

The form of treatment for such youths, Liddle and others believe, is less important than the goal of surviving the teen years with minimum damage. "In some cases, it's 'Let's get them through this,'" he says. "We're not trying for perfection. We want to make sure he doesn't get incarcerated or killed. A few more years of life, and later on things can be better."

Liddle, who is conducting a federally funded study comparing ways to handle drug-using kids, hopes to help settle some of the hotly debated questions in this fledgling field.

In the meantime, parents are left with a multitude of choices and little guidance. There are an estimated 1,900 inpatient and outpatient adolescent drug-abuse treatment programs in the country, according to the National Association of Addiction Treatment Providers. Typically, these programs claim a success rate of somewhat less than 40 percent—that is, 40 percent are still abstaining from drugs one year later.

'We Don't Trust You'

Among the most controversial of these programs is Straight Inc., where youths get one very clear message from the outset: "We give them the message. 'We don't trust you,'" says Deborah Tychsen, administrator of the Springfield, Va., branch. "You need to earn our trust and your family's trust back."

The highly regimented Straight programs, using an approach called "tough love," attempt to turn around the peer pressure that led to drug use in the first place. At night, the

A Day in Treatment

Youths in many drug treatment facilities are expected to follow a rigorous schedule of meetings, counseling sessions, classes and exercise. This is a typical day at Arlington Hospital's 17-bed program, one of the area's most successful:

7 a.m.: Wake up, shower, dress.

8 a.m.: Breakfast.

8:30 a.m.: Large group meeting, including discussion of any problems facing the group as a whole, such as doubts about treatment.

9 a.m.: Individual counseling.

10 a.m.: Lectures. Often the physiological and psychological effects of various drugs are discussed.

11:15 a.m.: Exercise. Frequently a volleyball game. In addition to the well-known benefits of exercise, sweating helps cleanse the body of chemicals, experts believe.

Noon: Lunch.

12:30 p.m.: Small group counseling session. Each youth remains in the same small group during his or her six-week stay.

1:45 p.m.: Academic classes, taught at the facility by the Arlington County school system. The aim is to help youths keep up with their classmates.

4 p.m.: Lectures.

5 p.m.: Dinner.

6 p.m.: Study hall. Sometimes for academic work, sometimes for program-related work.

7 p.m.: Visiting hour. Only parents are permitted.

8 p.m.: Narcotics Anonymous meeting. These are held away from the facility.

10 p.m.: Clean-up and preparation for bed.

10:45 p.m.: Lights out.

There is some variation in this schedule. For example, on Saturdays, Sundays and Mondays, the youths are taken to recreation facilities away from the treatment center. Phone calls are also permitted at certain times.



teens live with host families whose own children are in or have been through the program. During the day, "old-comers"—those who have been in the program longer—watch the newcomers' every move; they are not even allowed to shower alone. They also confront the newcomers, pushing them into admitting their drug-use and acknowledging that they have hurt their families—the first step in their struggle to "gradually earn back what they have lost."

After six weeks or so, they return to their families but continue with the program as outpatients for more than a year.

Straight claims an overall success rate of about 50 percent—that is, of every 100 kids who enter the program, 60 finish it, and 50 are still drug-free a year later.

Other programs—often costing more than Straight's \$9,000—prefer an approach that stresses education rather than what they see as "confrontation."

"We don't run a program where we want to turn kids into little robots," says Deborah L. Volz, a psychiatric nurse who directs Arlington Hospital's adolescent program, which at \$15,000 includes six weeks of inpatient care and a year's follow-up.

Volz believes that a heavy drug user must be hospitalized for six weeks, because it takes at least two weeks for chemicals—including marijuana—to leave the body. Until then, "you don't really have a chemical-free individual," she says.

At that point, the program's regimen of counseling sessions, exercise and classes on the effects of drug use can begin to take hold (see box above).

New Friends

Straight and Arlington's program share a similar end point: Giving the drug-using adolescent a new group of friends in an effort to limit pressure to try drugs again once they leave. This means attending Narcotics Anonymous or Alcoholics Anonymous meetings regularly as part of therapy and for the foreseeable future.

Such meetings become an important part of the post-treatment life, "like a religion," says Robert Lewis, a family studies professor at Purdue University in Indiana who specializes in addiction. "I'm not saying it's wrong. People really believe this stuff. And it does work. But only for certain people."

Only recently has it been shown that any treatment—inpatient, outpatient, tough or not so tough—is of value in the long run. As Richard Catalano, a University of Washington social worker studying the issue, puts it: "Some treatment is better than no treatment."

There are very few studies comparing programs against one another or against control groups who are untreated. "Most do show reduction in use," he says, but those had been what Catalano called "pre-post" studies—looking at drug use before and after the program. It's harder to know what would have happened without treatment or with treatment of a different kind.

Nevertheless, the most difficult step in treatment, he says, may be making the right choice for the individual.

"There are people who think, 'addiction is addiction is addiction,'" says Catalano, who is reviewing 30 years of journal articles on the subject. But amount of drug use and the kinds of drugs involved are important factors that are too often overlooked in choosing a treatment program, he says.

"A kid using crack regularly... seems like a different phenomenon than marijuana or alcohol once a week," says San Francisco's Liddle.

Power of the Parents

With a growing number of treatment centers advertising for adolescent patients—especially teen-agers who are covered by private health insurance through a family policy—the choice of therapy becomes all the more complex. Catalano and others believe that within the next year, as a number of federally funded studies reach their conclusions, criteria for selecting a program will be developed and that parents will find them "particularly important before [they] spend tens of thousands of dollars."

Meanwhile, many treatment specialists—such as Liddle and Purdue's Lewis—are coming to the conclusion that parents of drug-using youths can have far more influence than they might think.

"Unfortunately, in a funny sense, the act of turning to a professional can be a disempowering thing for parents," Liddle says.

But he says that with regular family counseling sessions, many parents can learn to give children the direction they need—and want—without being overly authoritarian and sparking the very rebellion they are trying to control.

One thing all counselors agree on is that getting a teen-ager to stop using drugs is in some ways the easiest part. They must relearn how to get along with their parents and interact with friends. If they've been in a residential program, they must return to school and lose their reputation as "the druggie."

Volz, the director of the Arlington program, always looks on hopefully and with some anxiety as her charges head out into the world. "When they go out," she says, "I can't tell who's going to make it and who's not."

Helping Families Face the Facts

When One Member Is Addicted, All Have Roles to Play

By Sandy Rovner
Washington Post Staff Writer

The youth was surrounded, enveloped in an atmosphere of love and support. There were his aunts and uncles, his father and stepmother, his real mother, friends from the hospital detox program, high-school friends, therapists, teachers, doctors. A cast of thousands, as they say. All together with him, all there for him—a kind of therapeutic “this is your life” to mobilize family and friends in the treatment of the youth’s drug abuse.

Psychologist M. Duncan Stanton, who brought the group together, literally wrote the book—“The Family Therapy of Drug Abuse and Addiction”—in 1982, and continues to orient his program to the family, nuclear and extended, as active participants in the recovery process.

The relationship of the family structure to the abuse of either alcohol or drugs and to the eventual recovery of the abuser—and the recovery of the family—has only been developed over the past decade or so. Stanton, for example, a child psychologist at Philadelphia’s famed Child Guidance Clinic, was struck in the early ‘70s by the “futility” of treating children unless the family was involved.

He had worked with drug abusers in Vietnam, where he served as an Army psychologist. Currently he directs the Family and Marriage Clinic at the University of Rochester, where scenes like the one described above are as common as he can make them.

One theory about the family’s relationship to a drug-abusing member holds that the problem can be a misguided and largely unconscious attempt by the abuser to correct a malfunction in the family—a marriage that is failing, for example, or drug- or alcohol-abusing parents. The family continues to exist, but it does so *dysfunctionally*. In other words, the family as a unit becomes sick, held together by the bond of coping with or only focusing on the problem member.

The Co-Dependent

In other situations, “healthy” families can get so sucked into the abuser’s addiction that they also become sick and in need of help. As with the alcoholic family, the drug-abusing family is often organized into members who deny the problem and “enablers” who protect the abuser, lie and tell cover stories, thereby becoming co-dependents, their entire role dependent on protecting, caring for and financing the abuser.

According to Anne Wilson Schaeff, author of “When Society Becomes an Addict,” co-dependents frequently have low self-esteem, so “they find meaning in making themselves indispensable to others.” They are “sufferers—good Christian martyrs.” They are servers, selfless and devoted, and they tend to have ulcers, high blood pressure, colitis, back pain and rheumatoid arthritis.

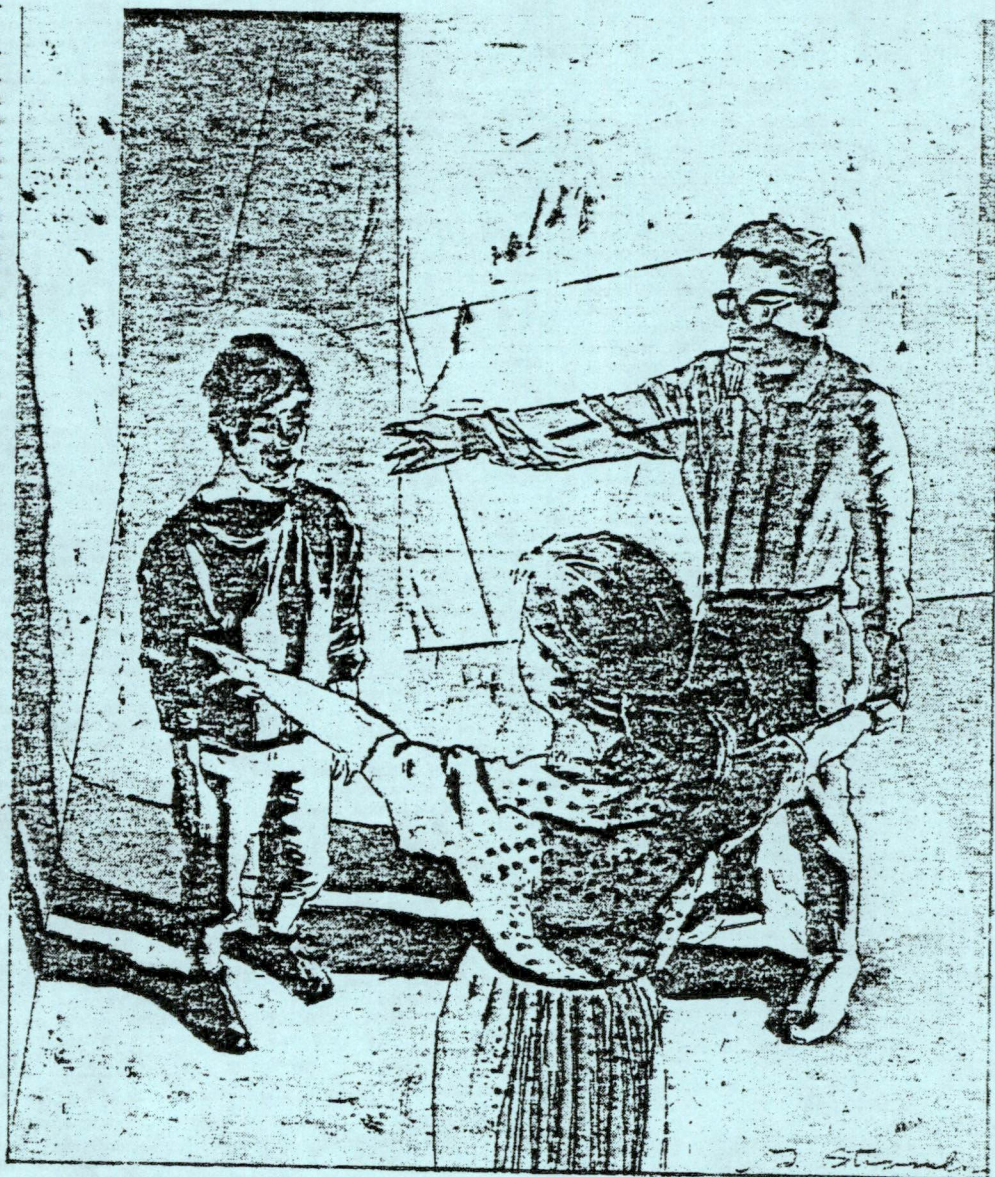


ILLUSTRATION BY OWEN STRAMPLER FOR THE WASHINGTON POST

As the addiction grows worse and the abuser’s behavior becomes more unmanageable, family members may feel guilty—that they are somehow responsible for the addict’s crisis. This in turn increases their dependency on the addict, which ironically may block the abuser’s path to recovery.

Sometimes, family members can best

help the addict by helping themselves. Some addiction counselors advise family members to detach themselves from the addict—to let go emotionally from that person—and let him or her face the consequences of drug-abusing behavior.

Psychologist Stanton’s group meeting with the drug-abusing youth and his extended fam-

ily permitted the family itself to spot, and then break, some destructive bonds that had developed to protect the addict member.

The young man had been unemployed for some months, and his parents, who were divorced, continued to support him—out of their fear, it turned out, that the boy would reject one in favor of the other. Once this

Are You Helping Someone Maintain a Drug Habit?

Co-dependency is an attempt by one or more members of a family to cope with a drug or alcohol abuser, usually in a manner that enables the abuser to continue. Some warning signs:

- **Lying for the abuser.** Includes calling in sick to the abuser's employer or school.
- **Providing support.** Includes financial support, but also bed and board, along with unquestioning, often uncomplaining, loyalty to the abuser.
- **Making excuses to friends and**

neighbors. Putting the best face forward and covering for the abuser in social situations.

- **Denial to self.** Telling oneself that dumping the drugs, pouring out drinks and hiding the car keys will stop the problem. Or ignoring the problem altogether, hoping it will go away.
- **Developing physical problems.** The unrelenting stress of living with an abuser can produce a variety of ailments in other family members, from headaches to an increased susceptibility to cancer.

became clear and the two parents were reassured that they would not be played off against each other, they were able to decide together not to support the youth and his drug habit any longer. This step was crucial in getting the boy to face the consequences of his addiction and get into treatment.

But just getting the addicted member to stop abusing drugs and alcohol doesn't solve all the family's problems. In fact, underlying psychological issues still need to be resolved, although Stanton feels strongly that the first order of business is the patient.

There's no question that when an addict recovers, marriages often undergo tremendous strain. When a spouse is the abuser, the non-abusing spouse may unconsciously fear that he or she will lose the spouse—that they won't be needed any more once the addict goes into treatment. Or the abuser may relapse in an unconscious effort to save the family by refocusing attention on "the sick one" and away from the failing marriage. Psychologists stress that not only must the addict change significantly in recovery, but so must family members and co-workers.

The role of drug-abuse counselors is often to get family members to relate differently to each other. Dr. Steven Wolin of the Family Guidance Center at the George Washington University Medical School recalls a case where the child in an abusing family challenged the therapist. "Tell me the truth, Doc, whose side are you on, anyway?" she asked. The therapist responded, "To tell you the truth, I'm against all of you because you're all interested in yourselves first and the family only second. I'm the only one here who is promoting the family as an institution first, and my job is to teach you to do that."

Wolin is also interested in family rituals of Thanksgiving and Christmas and even nightly dinners and their relationship to alcohol and drug abuse. He finds that such

rituals may be protective against addiction and help families function in a healthy way, at least part of the time. He recommends that therapists help families of drug abusers to strengthen whatever rituals exist.

Mixture of Addictions

Researchers have known for years that alcohol abuse tends to run in families. Now new findings suggest a genetic predisposition to addiction that, along with the psychological environment of addiction, may produce families where more than one member is abusing. The classic image is parents who are alcoholics and children who are drug users.

Yet very few addicts are "pure" abusers, experts say, and most are found to use many different kinds of substances, including alcohol. As Peter Luongo, director of the Montgomery County Division of Addiction and Youth Treatment Services, says: "You are now seeing people who do virtually everything. You may have a heroin addict, yeah, but he's also IV-ing cocaine, drinking alcohol, and you have a much more complex picture. You're not treating substances, you're treating people."

It is also the family unit that is most receptive to change, say experts, and may be most effective in helping the addictive member to recover. One of the earliest things Stanton found, he says, is that contrary to the public image of the adolescent or adult drug abuser "as loner or runaway, we found that most of these people were in regular contact with their families of origin."

That was a crucial finding. It means the family can be a crucial link to the addict and a crucial therapeutic tool, as well.

"We try to recognize the strengths in a family, and we often find their plans and ideas are better than anything we can come up with," says Stanton.

When You Suspect Your Spouse Has a Problem

By Dr. Jay Siwek
Special to The Washington Post

Q. My husband and I have been married for two years, and I'm beginning to suspect he may have a drug problem. Although he is a fine husband and very successful at work, he seems to be spending more time away from home at nights and on weekends. We don't

CONSULTATION

have as much cash available as we used to, which he blames on the increased cost of living.

At first, I suspected there was another woman, but he says there isn't, and I believe him. He did say that he likes to go out with some friends after work and admitted that they sometimes use cocaine and other drugs. I argued with him about the dangers of taking drugs, but he says he can control himself. How can I find out if he's in trouble, and how can I get him help if he needs it?

A. Your husband is in trouble. Finding out how bad his drug problem is—and getting him help—may not be easy, but for both your sakes I urge you to try.

There are many ways to define having a problem with drugs (including alcohol), but here are two simple and straightforward ones: First, simply using drugs illegally is a potential problem, because of the legal trouble your husband could get into if caught. Second, anytime drugs significantly interfere with a person's life—physically, personally or socially—he or she has a drug problem.

In other words, if drugs harm a person's health, cause conflicts in a marriage, damage relationships with children or other family members, or impair school or job performance, then drugs are a problem.

Here are some clues to hidden drug use:

- **Change in behavior or personality.** This change may show up as mood swings, irritability, being sullen or having unexpected difficulties at school or work. Changes in eating, sleeping or sex habits also may be a sign of unsuspected drug use.
- **Having accidents or injuries,** such as car accidents (especially single-car accidents), falls or getting into fights.
- **Focusing on drugs,** even legal ones. If someone you know seems preoccupied with sleeping pills, tranquilizers, pain pills or diet pills, chances are they have a drug problem.

Once you suspect a problem, I recommend getting professional help. If your husband won't see your family doctor on his own, I suggest that you call your doctor to discuss your concerns. The doctor may be able to get your husband to come in for an evaluation.

If so, your doctor will talk with your husband to judge the extent of the problem. It may also be important for the doctor to talk with you, because in many cases the person using drugs will deny or underestimate the problem. Family members might do the same, but they can also play an important role in identifying the existence of a drug problem and motivating their loved one to get help.

Your doctor will also look for signs of drug damage, such as:

- **Needle tracks on the skin** from injecting drugs, skin infections, scars or abscesses from "popping" drugs (injecting under the skin instead of into a vein).
- **Sores or even perforations of the nasal septum,** the cartilage between the two nostrils inside the nose, caused by snorting cocaine.
- **Contact dermatitis,** a red rash around the mouth and nose of people who sniff glue or solvents.
- **Yellow jaundice,** from hepatitis, a liver infection that can be spread by sharing needles. AIDS is also transmitted in this way, so people who inject drugs should be checked for AIDS infection.
- **Rapid or irregular heartbeat,** high blood pressure or tremor, from use of cocaine or other stimulants.

The first hurdle you face is getting your husband to admit that he has a problem and needs help. In addition to your family doctor, there are support groups and drug treatment programs you can turn to for help. Some of these are listed on Page 20 of this section.

Jay Siwek, a family physician from Georgetown University, practices at the Fort Lincoln Family Medicine Center and Providence Hospital in Northeast Washington.

Consultation is a health education column and is not a substitute for medical advice from your physician.

Send questions to Consultation, Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071. Questions cannot be answered individually.

COCAINE



ACTIVE INGREDIENT

Cocaine hydrochloride (Benzoyl-methylecgonine), contained in coca leaves.

HOW USED

White powder by snorting, liquid by injection.

EFFECTS SOUGHT

Stimulation, excitation, subtle euphoria.

IMPACT ON BODY

Raises blood pressure, heart rate and body temperature. Causes dilated pupils. May cause anxiety, sleeplessness, paranoia, seizures, heart attacks and death.

EFFECTS OF OVERDOSE

Agitation, increase in body temperature, hallucinations, convulsions, tremors, possible death.

DEPENDENCE/WITHDRAWAL

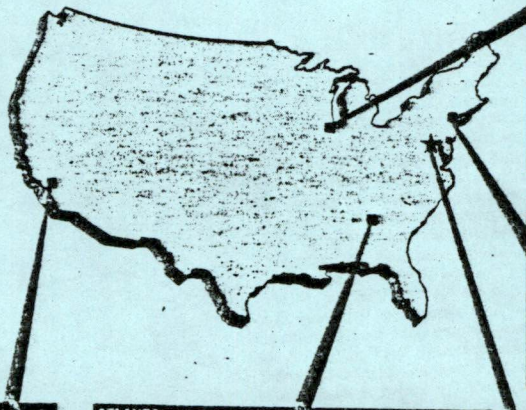
Causes high degree of physical, psychological dependence. Withdrawal results in apathy, long periods of sleep, irritability, depression, craving for more cocaine.

CITIES IN CRISIS DRUG ABUSE SPANS THE NATION

In 18 of 20 cities monitored by the federal Drug Abuse Warning Network, hospital emergency rooms reported a sharp rise in the number of cases involving cocaine, heroin, marijuana, PCP and other drugs.

Cases involving cocaine and cocaine derivatives more than doubled in a quarter of the cities, including Buffalo, Phoenix and Philadelphia. Incidents involving PCP more than tripled in St. Louis. Heroin cases rose 488 percent in New Orleans.

In the District, hospitals reported increases in each category.



CHICAGO

Cocaine: Emergency cases up 73%. Little crack in evidence; free-base smoking continues.
Heroin: Emergency room cases up 30%. Treatment facilities at capacity. Low-purity Mexican mud is dominant.
Marijuana: Emergency room cases up 36%, treatment admissions up, quality variable.
Other: PCP emergency cases up 22%, widespread smoking.

NEW YORK

Cocaine: 222 deaths, down from 287; emergency room cases up 39%; percentage of those admitted for drug-abuse treatment: 37%.
Heroin: 781 deaths; emergency room cases up; treatment admissions at 41%.
Marijuana: Stable health indicators; ready availability.
Other: Emergency cases involving PCP down 43%, diazepam down 31%.

LOS ANGELES

Cocaine: 360 deaths, down from 645. Emergency room cases down slightly, seizures of drugs up.
Heroin: Emergency room cases down 31%, seizures of drugs up.
Marijuana: Emergency room cases down 26%; treatment admissions, supplies and seizures of drugs down, prices up.
Other: Deaths down for amphetamines, PCP, diazepam (Valium); emergency room cases down for PCP and diazepam.

ATLANTA

Cocaine: Primary drug of concern in South. 152 deaths, emergency room cases up 86%, involves 30% of treatment admissions. Crack abuse has reached epidemic proportions.
Heroin: Availability up. Involves 17% of admissions. Frequently combined with cocaine (speedballing).
Marijuana: Involved in 18% of drug deaths. Second to cocaine for number of emergency room cases.
Other: Methamphetamine widely available; diazepam emergency cases down.

WASHINGTON

Cocaine: 48 deaths (up 500%), emergency room cases up 122%. Use, availability considered at all-time high. Major sources: Bolivia, Colombia, Peru.
Heroin: 171 deaths (record high), emergency room cases up 37%. Southwest Asian heroin widespread.
Marijuana: Emergency room cases up 165%, high THC; widespread PCP lacing.
Other: PCP cases double to highest number nationwide (1,262 emergency room cases in last three months of 1987 alone).

SOURCE: Drug Abuse Warning Network, 1987

BY CLARENCE BOND—THE WASHINGTON POST

Drug Education: Where Kids Say 'Yes' to Help

By Sally Squires
Washington Post Staff Writer

Across the country, the newest front line of the drug war is in schools and community programs aimed at preventing drug use from ever starting.

In Atlanta, the message begins in preschool for more than 300 children at 16 Head Start programs throughout the metropolitan area.

In Westchester County, north of New York City, high-school students are the targets of drug and alcohol prevention programs.

Locally, programs are aimed at a variety of youngsters:

- DARE (for Drug Abuse Resistance Education) targets more than 2,800 fifth graders in Virginia's Prince William County.

- City Lights on 9th Street NW in the District helps youngsters ages 12 to 18 with learning disabilities and behavior problems that make them vulnerable to drug use.

- The Sasher Bruce House helps children in Northeast Washington, near Capitol Hill.

While the message of "Saying No to Drugs" is being taught in schools alongside reading, writing and arithmetic, the best prevention programs reach well beyond the walls of the classroom and into the community. Often these programs join forces with church groups, mental health professionals and even law enforcement officers.

The reason for this broader approach is that schools often lack the time and flexibility to get the anti-drug message across.

"The schools are designed to teach academic skills," says Bettina Scott of the Office for Substance Abuse Prevention, part of the National Institute on Drug Abuse. "They can't do the only job. They don't have the kids for that long, and it's hard to fit drug information into a 45-minute class period on science or health."

What's more, community-based prevention programs can test a curriculum, find out what the kinks are and make changes. "They don't have to go through the whole school bureaucracy to change," Scott says. "We're finding that we have to link the school programs with churches and with recreation programs to be really successful."

That approach appears to be working at Baltimore's Concord Foundation Latchkey Program. The program targets 5- to 12-year-old children in Howard Park in northwest Baltimore.

The children go every day after school to the foundation's Resource Center, which is sponsored by the federal Office for Substance Abuse Prevention and a church-affiliated foundation. There, they are matched with a peer counselor—a high-school student who is "drug-free and academically strong," says Janet Pinkett, the program coordinator.

"The peer counselors provide immediate role models and tutorial assistance," Pinkett says. In addition, their charges "are educated about the dangers of drugs, so that they will be able to resist peer pressure to use drugs," she says. The children are also taught skills to enhance self-esteem and help them avoid drugs.

The broad brush approach is also central to the Student Assistance Program operating in 34 Westchester County high schools and 16 junior high schools. Patterned after employee assistance programs offered in many workplaces, the Student Assistance Program provides information and counseling to thousands of students.

Most join the program on their own. Others are urged to join by friends. About 8 percent of students are forced to seek help as part of a disciplinary action for, say, smoking marijuana in school.

Many come in for problems that seem at first to be unrelated to drugs or alcohol. "They might say that they are coming in because they broke up with their boyfriend, or their mom or dad is drinking too much, or because they didn't make the football team," says Ellen Moorehouse, the social worker who is executive director of the 7-year-old program. But on further examination, an underlying problem with drugs or alcohol often emerges.

All go through an intensive—and confidential—evaluation that examines their family background, school performance and their drug and alcohol use.

Students are questioned in ways that make it difficult to deny they have used drugs or alcohol. "We ask them to recall the first time they ever tried drugs," Moorehouse says. "Where were they? With whom? Did their mother know? What did they take?"

The students can be referred to one of six other groups for additional therapy. About one third are referred to family therapists or other self-help groups.

Stress Among Preschoolers

At Atlanta's Pre-School Stress Project, 3- to 5-year-olds at high risk of using drugs are taught to cope with stress in an effort to keep them from turning to drugs later in life.

The project is sponsored by the National Council of Negro Women Inc. and funded by the Office for Substance Abuse Prevention.

"There is a high correlation between those who get involved in substance abuse and stress," says Jennie C. Trotter, project director. By teaching children relaxation exercises, how to express their anger in nondestructive ways, how to improve their self-esteem and how to do yoga, Trotter and her colleagues believe they can place a roadblock on the path to drug abuse.

Why Doctors Miss The Warning Signs

15% of Patients Need Help, but Only 3% Get It

By Victor Cohen
Washington Post Staff Writer

Most drug and alcohol abusers show up in a doctor's office sooner or later for some medical trouble their habit has caused them. More often than not, they don't mention their habit, and more often than not, the doctor doesn't recognize it. This has been documented in study after study. Two of the country's leading doctors—Otis Bowen, secretary of health and human services, and James Sammons, ex-

PATIENTS & ADVOCATE

ecutive vice president of the American Medical Association—recently joined in a report saying 15 percent of all visits to doctors may be related to alcohol, but only 2 to 3 percent are usually so diagnosed. Drug abuse, less familiar to many doctors, is probably diagnosed even less often.

Why? Authorities cite several reasons. Some physicians are simply not in the habit of looking for such abuses. Some are under the false impression that zealous detection is useless and that the alcohol- or drug-addicted can be helped only if they have "hit bottom" and are asking for help. Experts say this isn't true. Instead, they believe that people with such problems often respond when help is offered.

Some physicians don't really want to look. They don't want to get involved with a potentially wearing patient. Others don't realize that among their own patients, there is use of almost every abused drug that one can name, as well as alcohol. And some doctors don't know what to look for.

Or what to ask. Some use some fairly well proven batteries of questions. Others may just ask a few, and sometimes the wrong ones. One study showed that the common questions, "How often do you drink?" and "How much?" missed more alcoholics than they detected. But when doctors asked both "Have you ever had a drinking problem?" and "When was your last drink?" they spotted most alcoholics.

Authorities also say that doctors should ask whether there is any family history of

drug or alcohol abuse. And, they should consider the possibility of drug or alcohol abuse when they see any of many physical, emotional or social problems such as chronic pain, fever, heart symptoms, anxiety, depression, joblessness and family trouble.

"I heard of a case where a young woman complained of palpitations of the chest," says Dr. Dorynne Czechowicz, an associate director of the National Institute on Drug Abuse. "They were caused by cocaine, but the physician never asked about drug abuse. A youngster smoking crack might have recurrent bronchitis or cough or colds that don't respond. I've known of children who had conjunctivitis [inflamed eyes] from smoking marijuana."

Today, too, physicians need to be alert to the adolescent high-school athlete using steroids and showing sudden changes in appearance. Most teams require a recent medical examination. "Physicians shouldn't miss this or any opportunity to take a drug history, then do individual and family counseling," says Czechowicz. "We're emphasizing early intervention now. It's an opportunity for prevention that shouldn't be missed."

Another person who shouldn't be missed: the drug-abusing con artist, the patient the doctor has never seen before who has "constant pain," often vaguely described, and must have something "strong" for relief—or who very precisely describes a set of symptoms that virtually come from a medical textbook, then knows just what drug is needed.

What is important, says Czechowicz, is that doctors "have some awareness, that they know what is going on in the community and what's going on in alcohol and drug abuse treatment and prevention—what the community resources are. Then, after they've referred the patient to one of these resources, to follow up and find out what happened."

"As physicians," say the government's Bowen and the AMA's Sammons, "we all have a role in the prevention and treatment of alcohol and drug-related problems, and this role must be addressed now. The future of too many of our . . . patients demands that we no longer accept such losses silently."

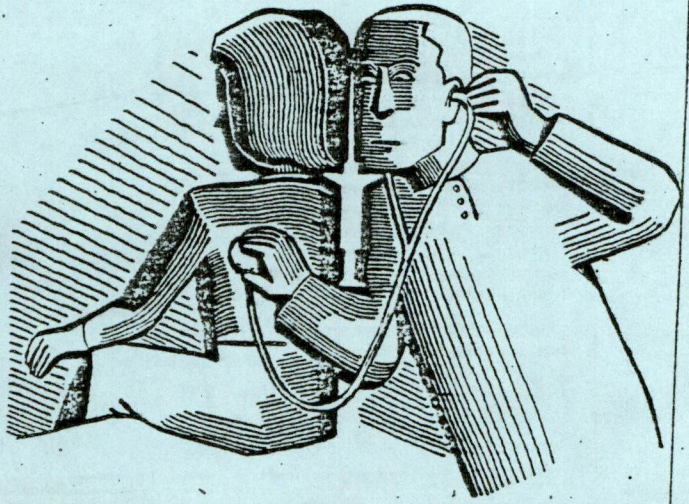


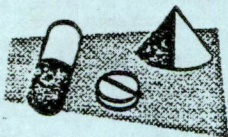
ILLUSTRATION BY CHAD RUTER FOR THE WASHINGTON POST

QUESTIONS TO ASK YOURSELF

Are you over-using pills or alcohol? Many prescription drugs can become drugs of abuse if overly used or overly relied on. Alcohol can easily become one. Following is a self-assessment quiz adapted from a test the Medical Society of the District of Columbia gave its members. The questions are good ones for anyone. There is no particular score, but if your answers disturb you, it may mean you should seek help.

1. Have you ever had concern about your personal use of alcohol or medications?
2. Have your spouse, colleagues or friends ever expressed concern about your use of alcohol or medications?
3. Do the prospect of the "cocktail hour" and its supposed relief from tension pop into your thoughts during the day?
4. Have you ever found yourself canceling or postponing work you should do to start the cocktail hour early?
5. Have you had to set "rules" for yourself on drinking?
6. Are your rules different for weekends, holidays, vacations?
7. Were you aware before answering these questions that you had "rules"?
8. If you are using mind- or mood-altering drugs, do you count your remaining pills to make sure you won't run out?
9. Do you make sure, always, that your alcohol cupboard and/or medication containers are well stocked?
10. Do you become anxious, concerned or irritated if your supply of alcohol or medications is low or gone?
11. Do you prefer to take your medications in private? Why?
12. Do you keep cotton in your bottle of pills so they won't rattle in your pocket and come to others' attention?
13. Do you use a medication to counteract the effect of another medication?
14. When alcohol is not served, do you enjoy occasions less?
15. Do you like to have a few drinks at home or in a bar before going to a function where alcohol will be served?
16. Do you have a special drug routine for treating the effects of too many drinks?
17. Has the use of alcohol or medications ever interfered, even in the slightest way, with friendships, marriage, finances, your physical or mental well-being, your job?

AMPHETAMINES



ACTIVE INGREDIENT

Amphetamine, dextroamphetamine, methamphetamine (Desoxyephedrine).

HOW USED

Tablets, capsules, powder or liquid, taken orally or injected.

EFFECTS SOUGHT

Alertness.

IMPACT ON BODY

Increases heart and breathing rate, raises blood pressure. Decreases appetite. Frequent use of large amounts also can produce brain damage, ulcers and malnutrition.

EFFECTS OF OVERDOSE

Hallucinations, convulsions, tremors, possible death.

DEPENDENCE/WITHDRAWAL

High level of physical and psychological dependence can result. Withdrawal syndrome involves apathy, long periods of sleep, irritability, depression.

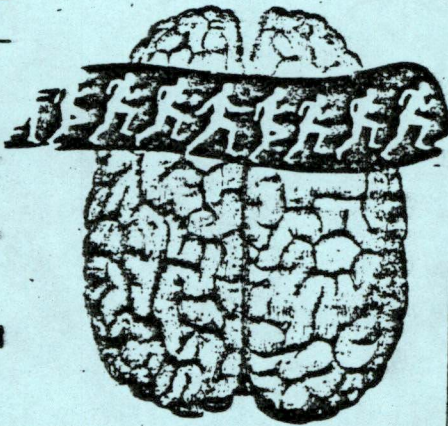
Exercise: A Natural High

Scientists Are Unsure Why Physical Activity Improves Mood

By Carol Krucoff
Special to the Washington Post

Back in the days when Rae Thrift used alcohol, pills and marijuana to get high, she never dreamed that she would one day come to rely on a two-mile morning run to give her a lift. "Like many addicts and alcoholics, I was in poor physical condition," said Thrift, who is 56 and a former Rockette. "I smoked, I was 30 pounds heavier, and my self-image was pretty bad."

Twelve years ago, Thrift decided to reach for sobriety and get in shape. Today she says she feels and looks "great," and she credits daily workouts with helping her stay sober. As exercise program coordinator at the Betty Ford Center, a drug and



BODYWORKS

alcohol abuse treatment facility in Rancho Mirage, Calif., Thrift is a living example of the "sound body and mind" principle, and she has taught 4,500 patients to use exercise as a tool for staying sober.

"When you start working on your physical body, you feel good about yourself," said Thrift, whose patients take a 20- to 30-minute "meditative" walk each morning and have an hour-long exercise session each day. "Exercise helps relieve tension, handle anger, lift depression and get control of your life. It all comes down to becoming responsible for yourself and having respect for your body."

Numerous scientific studies confirm the reports of exercisers who say that physical activity makes them feel good. At a workshop on exercise and mental health sponsored by the National Institute of Mental Health in 1984, experts agreed that:

- Physical fitness is positively associated with mental health and well-being.
- Long-term exercise is usually associated with reductions in traits such as neuroticism and anxiety.
- Appropriate exercise leads to lower readings on such stress indicators as neuromuscular tension, resting heart rate and some stress hormones.

"There is a great deal of data that show that anxiety and depression go down when you get involved in exercise, and self-esteem and your general feeling of well-being go up," said psychologist Tom Collingwood, director of programs at the Institute for Aerobics Research in Dallas. "But there is a great difference of opinion as to why."

One controversial theory holds that exercise stimulates the release of endorphins, a morphine-like substance, which make the exerciser feel good. "But the studies are inconclusive as to whether the endorphins are the cause or the effect of the mood elevation," Collingwood said.

A second theory, he said, is that when people accomplish something physical, such as increasing the number of

sit-ups they can do, they believe they will be able to accomplish other goals and have better control over what happens in life. "This gives them a higher expectation of success and a better mental outlook," he said.

Achieving athletic goals can help people with addictive problems because these people feel a lack of control. Collingwood said. Although physical activity alone is not the answer for addicts, he noted, it may be a useful tool that can help someone with an addictive nature learn to go for a run instead of reaching for drugs or drink.

The mild euphoria associated with physical activity is not limited to strenuous workouts, said Dr. James M. Rippe, director of the exercise physiology laboratory at the University of Massachusetts Medical School.

"Our research in less strenuous forms of exercise—mostly walking—found the same result," Rippe said. "There is a significant and immediate reduction in anxiety and tension that can be measured every half hour for the next two hours after exercise."

Rippe and his colleagues are studying the reasons that exercise appears to elevate mood. "Some researchers say it may have to do with getting out of a stressful environment," he said. "One study showed that if you sit a person in a Laz-Y-Boy chair for 20 minutes you get a reduction in tension and anxiety. But those changes tended to last just 30 minutes."

Rippe's own theory about the link between exercise and mood is that something involved in the rhythmic nature of walking, running, swimming and other exercises puts breathing and mental state into a deeper plane.

"World-class athletes seem to be able to exploit this link between the mind and the body, to improve their concentration and their performance," he said. "The next step could be to try to enhance these effects."

Where to Get Help

Here are some of the area's available resources:

- Cocaine Hotline** 1-800-COCAINE. A 24-hour national information service.
- Alcoholics Anonymous Hotline** 4530 Connecticut Ave. NW, Suite 111. 966-9115.
- Crisis Center** 2141 K St. NW. 965-8400 (sponsored by the Psychiatric Institute)
- Narcotics Anonymous** helpline: Northern Virginia—281-8638. Maryland—459-9355. District—399-5316.
- National Clearinghouse for Alcohol and Drug Abuse Information (NACADI)** P.O. Box 2345, Rockville, Md. 20852. 468-2600.
- National Federation of Parents for Drug-Free Youth** (417) 836-3709. 8730 Georgia Ave., Suite 200, Silver Spring, Md. 20910.
- National Institute on Drug Abuse Hotline** 1-800-662-HELP.
- Poison Control Center** Reservoir Road NW, Georgetown University Hospital. 625-3333. For overdose information: **Washington Area Council on Alcoholism and Drug Abuse (WACADA)** 1232 M St. NW, 20005. 783-1300. A hotline for drug and alcohol-related concerns.

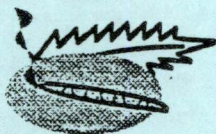
BOOKS

- "**When Society Becomes an Addict**" by Anne Wilson Schaefer (Harper & Row, paper, \$8.95)
- "**Codependent No More**" by Melody Beattie (Harper/Hazeiden, paper, \$8.95)
- "**Hope**" by Emily Marlin (Harper & Row, \$15.95)
- "**Rehab**," a comprehensive guide to drug-alcohol treatment centers in the U.S., by Stan Hart. (Harper & Row, paper, \$10.95)
- "**Choices and Consequences: What to Do When a Teen-Ager Uses Alcohol/Drugs**" by Dick Schaefer (Johnson Institute Books, Minneapolis, \$9.95) 1-800-231-5165.
- "**Not My Kid**" by Beth Polson and Miller Newton (Avon Paperback Books, \$3.95)
- "**White Rabbit: A Doctor's Story of Her Addiction and Recovery**" by Martha A. Morrison, MD (Crown, February 1989; \$17.95 in hardcover)
- "**Drugs and Kids**" by Joyce Tobias, a 96-page handbook for parents (PANDAA Press, Annandale, Va., 750-9295; \$4.85 in paper)

VIDEOS

The American Council for Drug Education offers an informational video, "A Gift for Life"—a half-inch tape usable on home VCRs that dramatizes issues such as parties without parents, peer pressure vs. parent influence and responsible parenting, \$29.95 from the American Council for Drug Education, Dept. GF, 204 Monroe St., Suite 110, Rockville, Md. 20850. (301) 294-0600.

MARIJUANA



ACTIVE INGREDIENT

Tetrahydrocannabinols (THC), found in the cannabis plant.

HOW USED

Dark green or brown plant leaves and tops are smoked or eaten.

EFFECTS SOUGHT

Relaxation, increased perception.

IMPACT ON BODY

Can impair memory and judgment, raise blood pressure. May cause birth defects.

EFFECTS OF OVERDOSE

Anxiety, paranoia, loss of concentration, slower movements, time distortion.

DEPENDENCE/WITHDRAWAL

Physical dependence unknown, moderate psychological dependence. Insomnia, hyperactivity, decreased appetite occasionally reported after ceasing use.

Sources: National Institute on Drug Abuse, Pharmaceutical Manufacturers Association, U.S. Drug Enforcement Administration

Drugs: Slang Names, Real Trouble



ILLUSTRATED BY LORI BARD FOR THE WASHINGTON POST

By Catherine O'Neill
Special to The Washington Post

Around your school, you may hear kids using "street" names for drugs. They might talk about pot, snow, horse, witch, blue dots, angel dust or crack.

There are hundreds of slang terms for drugs. The National Institute on Drug Abuse (NIDA) reports that marijuana has more than 150

HOW & WHY

street names; cocaine has over 100. The words are like a secret code that only a few people know. If you hear people use slang when they talk about drugs, it might make the substances seem intriguing and exciting.

But to really understand drugs, it's more useful to know their true names and the things they actually do to the human body.

A drug is a substance that affects the way the human body functions. Taking drugs may change the way a person feels, thinks, sees or acts. Some drugs make the body's systems work faster, while others slow them down.

Often, doctors use carefully measured amounts of certain drugs to treat people's illnesses. But drugs can be abused.

People who abuse drugs may take them to change their emotions and the way they perceive things. This may mean they are trying

to escape from unpleasant realities or to be "cool." But when the effects of the drugs wear off, they may get irritable, nervous or mean. They may feel sick and take more of the drug to feel better again. Before long, drug users may depend on drugs just to feel normal. The drugs take over their lives.

Doctors classify drugs into four major groups: *narcotics*, *depressants*, *stimulants* and *hallucinogens*. In addition, the Drug Enforcement Administration puts marijuana in a fifth group, *Cannabis*. All affect the brain and central nervous system—the part of the body that processes information, relays messages to the muscles, and makes decisions.

Narcotics are painkillers. They affect the part of the brain that registers pain. Narcotics are addictive. A person who uses narcotics can quickly grow to depend on the drugs just to feel normal.

Depressants slow down the nervous system. Tranquilizers and sleeping pills are depressants. Doctors may prescribe controlled amounts of these drugs to people who feel nervous or can't sleep. People who abuse depressants can become addicted to them.

Stimulants speed up the central nervous system. They make people feel alert and awake. Some are highly addictive. People can become dependent on them very, very fast.

Hallucinogens affect the way people perceive the world around them. After taking a hallucinogen, the user may not be able to tell what is real and what is not.

Let's translate those street names you read in the first paragraph. *Pot* is a word for *marijuana*. Marijuana plants contain chemicals that affect the way someone experiences reality. In recent years, the marijuana obtained illegally has gotten more and more powerful. Doctors say that chemicals in marijuana change how the body functions. It can make people depressed and interfere with their ability to concentrate and learn.

Crack and *snow* are both *cocaine*, a stimulant. Crack is a smokable form. When someone smokes crack, it goes directly from the lungs into the blood and straight to the brain. Using crack JUST ONCE can cause *seizures*—shaking out of control and then passing out. Seizures are very dangerous. Crack can also cause the heart to beat incorrectly, even in kids. And crack can be almost instantly addictive.

Horse and *witch* are both names for *heroin*, a narcotic.

Blue dot is a slang term for *LSD*, a hallucinogen. *Angel dust*—the chemical *PCP*—is an especially powerful hallucinogen.

Besides the damage they cause to the body, illegally obtained drugs endanger people, because buying or selling them can mean going to jail. Violent crime is often linked with drug use, too. Nearly 170 people were killed in Washington, D.C., this year in drug-related shootings.

If drugs are so dangerous, why do kids try them? *Peer pressure* is the main reason. *Peers* is a word that means *people your own age*. Some kids feel pushed by their peers to be popular, to be "cool," to be grown-up.

Once kids try drugs, they may begin to turn to them as a way of coping with frustrations and problems. That's when trouble begins.

According to the National PTA, the average American youth first tries some kind of drug between the ages of 11 and 14. You may be near that age now. Knowing the facts will help you make the right choice if one of your peers offers you drugs.

Tips for Parents

The National PTA publishes a booklet "Young Children and Drugs: What Parents Can Do." For a single free copy, send a self-addressed stamped business-size envelope to National PTA, 700 N. Rush St., Chicago, Ill. 60611-2571. For kids, Brite Music, Inc., has a two-volume Safety Kids kit, with tips on personal safety and drug awareness on sing-along cassettes for \$9.95. A computer game at \$19.95 is planned. To order, contact the local distributor, Jane Dumont, 11131 Derway Rd., Kensington, Md. 20895; (301) 942-0103.

Catherine O'Neill is a free-lance children's writer.

Beyond the Reach of Medicine

By Abigail Trafford
Washington Post Staff Writer

In the annals of the U.S. drug epidemic, there's a place for New York crack addict Alexis Vega. He wanted to overcome his addiction, but all the treatment programs turned him away because they were full. So he went to the police for help. Not our job, the cops said. So he smashed police station windows and duly was arrested. That desperate act finally brought him to the attention of a Bronx Criminal Court judge who personally made calls on his behalf. That's apparently how one drug addict at last was admitted to a treatment center.

The story illustrates a subtle shift in the politics of drugs. Suddenly treatment is the hot buzzword. Until recently, the law-and-

COMMENTARY

order hawks in the war against drugs focused on the supply side of the crisis, dominating the agenda with their efforts to crack down on imports and drug-related violence. But now, the treatment doves who look at the demand side of drug addiction are getting the nation's attention.

Everyone, it seems—from judges and police to politicians and parents—is banking on expanded medical facilities for addicts as a prime way to win the country's war against drugs.

After all, addiction—to alcohol or drugs—is described as a treatable condition. In the eyes of frustrated law officials, the health-care community has now been turned into a kind of medical Lone Ranger to the rescue.

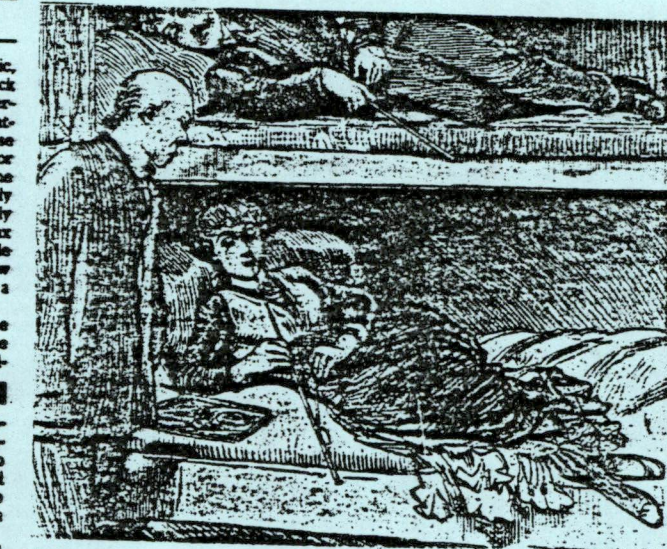
Certainly providing enough places in treatment programs for those who need care and want it is an essential first step. Federal statistics show that only about 20 percent of addicts get any treatment at all.

But concern is spreading among drug treatment experts that they are being set up for a fall. Five years from now, they say, after millions of taxpayer dollars are spent on rehab centers, the country will still have a health crisis due to drug and alcohol abuse.

The question is whether Americans will see the crisis in today's same stark terms of tragedy—and will they care enough to keep investing in treatment if the violence is controlled?

"I am most concerned about the public feeling that we are capable of a quick fix," said Charles R. Schuster, director of the National Institute on Drug Abuse. "My fear is that because we are looking for a quick solution, any failure in that regard will lead to disillusionment."

The problem with the medical approach is that drug abuse is not just a disease. To begin with, for virtually all users, drugs offer pleasure. "The sensation is fabulous," said one addict, who described going to a park near National Airport to mix the roar of the jets taking off with the roar of cocaine in his veins. "Cocaine—that's when I met my lady love," said another addict, who was introduced to the drug at a fraternity party at Duke University. In the beginning, at least, there's no pain associated with this disease the way



THEN Woodcut depicts a 19th-century opium den in California.



NOW Young crack users in a house in Brooklyn.

chest pains are a sign of heart disease. Why go to the doctor when something feels good?

What's more, drugs for many mean economic opportunity in an era when a full-time minimum wage job still puts a family of three below the poverty line. Medical treatment can't touch the economic dynamics of drug trading. Nor can it solve the criminal and social environment that encourages drug abuse. Yet to help rehabilitate the addict, many drug counselors must deal with the nonmedical

aspects of addiction, such as helping the person find a place to live.

The fact is that medical science has no magic bullet to "cure" addiction. Recovery depends more on the addict than the type of therapy or skill of the treatment team. Real treatment works from the inside out. It is a kind of do-it-yourself rebirth that usually involves a total change of life style and some form of spiritual awakening—whether it's through the Nation of Islam or Narcot-

ics Anonymous or a totally individual awakening. It involves, as the drug counselors say, a "vital spiritual experience."

Such a "spiritual" dimension to the cure is not the usual language of conventional high-tech medicine, and as a result physicians have long been notorious for ignoring the problem of alcohol and drug abuse. As John Haaga, co-author of a 1988 RAND Corp. study on drug abuse, said: In strictly medical terms, "there isn't a lot to do" in treating drug addiction. "What programs do is help you to help yourself."

The fact that addicts are ultimately responsible for their own recovery is a source of optimism for many who have recovered and hope to others still caught in the drug's grip. "I don't live in fear anymore," said one addict who is active in AA and has been drug-free for four years. "All the lying and the scamming and the hustling I did—I don't need to do that anymore. Before, that was the only option I had. Now, I have a choice."

But this do-it-yourself aspect of recovery can lead to two unfortunate conclusions. The first is that it lets the medical community off the hook if the treatment fails. The addict is then to blame. It can also be used to justify political neglect. It's like an extension of the you-can-lead-a-horse-to-water-but-can't-make-it-drink attitude, which inevitably raises the obvious question: If you can't make a horse drink, why lead it to water in the first place? If you can't make an addict stop, why have so many treatment facilities?

The answer, of course, is that while curing addiction does require more of the patient than, say, curing cancer, that doesn't mean he or she can do it without help. And it doesn't lessen society's responsibility to make that help available.

But changing patterns of drug use may alter the political landscape. College-bound high school students seem to have got the message that, as Robert J. Caiola, drug educator at Washington's private Maret School, put it: "Cocaine is bad stuff—no longer the drug of kings." In its cheap and potent form of "crack," cocaine has shifted downward in society and become a drug of the streets.

The problems of drug addiction are already a major feature of the growing medical underclass. Up to a third of the homeless are thought to be drug abusers. In the nation's prisons, up to half of the inmates in one study had used PCP.

Drug experts fear that with the downward mobility of cocaine, the mainstream middle class will lose interest in this war, and political energy will be lost. Once the drug-related street violence is brought under control, they say, it will be tempting to forget about the medical problem of drug abuse.

That would be tragic. Expanding treatment centers and boosting research into addiction are not the only answers to the nation's drug crisis, but they offer hope. "Realistic expectations are critical here," said Peter Reuter, drug policy expert with the RAND Corp. "That's hard to build into politics."

Hard, but necessary—if the country is really serious about helping the victims of drug wars, who are, after all, sick.



Republican
National
Committee

Jeanie Austin
Co-Chairman

FACSIMILE TRANSMITTAL SHEET
OFFICE OF THE CO-CHAIRMAN

DATE: July 10, 1990
TO: Carol Blymine
FROM: Alice Marris

Our FAX # is: (202) 863-8631

Total number of pages including cover sheet: ~~10~~ 16

If you do not receive all pages, please call (202) 863-8545
and ask for _____.

COMMENTS: Thanks Carol! Please let
me know the outcome.
I appreciate your work on
this! I will follow up
with a call to Dave Carney's
shop. Thanks again.

JA / ALM
☺

Idaho Republican Party

P.O. Box 2267 • Boise, Idaho 83701 • Telephone (208) 343-6405

June 29, 1990

Alice Marrin
Office of Co-Chairman
Republican National Committee
Dwight D. Eisenhower Republican Center
310 First Street Southeast
Washington, D.C. 20003

SUBJECT: "1,000 Points of Light Initiative"

Dear Ms. Marrin:

I would like to nominate for the 1,000 Points of Light Initiative, Jerry Lister. Mr. Lister is a policeman with the Boise Police Department, who has taken a special interest in the young people of our community and, as a result, created an organization called Parents and Youth Against Drug Abuse (PAYADA).

Under Jerry's leadership, this organization has become the most outstanding organization in the state of Idaho to assist young people with substance abuse. I am enclosing a description of the history of PAYADA and its current programs. You will see that it is both an exciting and very innovative program.

I happen to serve as Chairman of the Board of this organization and have been successful in getting Senator Steve Symms as a board member as well as Louise McClure, wife of Senator McClure. We also have other notables on the board such as the mayor of the city of Boise and the U.S. Attorney for the state of Idaho. More important than what I believe to be an outstanding board is our volunteer effort, all under the direction of Jerry Lister who is one of those individuals who has made a difference.

A recognition of Jerry for a job well done and for a person who has made a difference would be most appropriate.

Sincerely,

Randy Ayre
Randy Ayre
Chairman

Enclosures

cc: Jeanie Austin
John Cowden

**PARENTS AND YOUTH AGAINST DRUG ABUSE
(PAYADA)
DRUG PREVENTION PROGRAM**

PAYADA GOALS AND OBJECTIVES

PAYADA has annual plan and financial budget. Briefly stated, PAYADA will continue to emphasize the four basic program elements, including the annual summer youth conference. The objective is to educate as many community members as possible about substance abuse (which includes alcohol). The programs will continue as a cooperative effort between the police departments and the community. The long-term goal is to remain one of the most effective education groups in the state. The short-term goal is to educate approximately 12,000 parents and youth in 1990.

HISTORY OF PAYADA AND CURRENT PROGRAMS

PAYADA is an outgrowth of a drug prevention program established by the Boise Police Department in 1981. The group was formed as a volunteer organization with a police officer and a group of adults teaching a series of four classes for parents and youth of Ada County. The PAYADA efforts have grown from 23 events in 1982 to over 200 classes and community seminars in 1989, reaching over 10,000 people.

PAYADA remains a preventative education organization. The Boise Police Department and the volunteer organization (currently over 100 people) concentrate on substance abuse education and prevention in four areas:

- A. **Local Classes** -- a series of four classes are offered in the spring and the fall at various schools throughout the valley. For the spring of 1990 there have been 16 locations available. Class sizes vary from 25 to 175 participants.
- B. **Community Programs** -- PAYADA provided seminars and presentations for various community groups including service clubs like Rotary, all religious groups and various business organizations in Ada and Canyon counties.

PAYADA participates in many other events during the year including such things as celebrity basketball games, the annual RED RIBBON CAMPAIGN, the fourth of July parade, Just Say No programs, school assemblies, etc.

- Del B* *Peers*
- C. Youth to Youth -- in 1987 PAYADA organized a youth organization of junior high and high school students. The purpose is to provide educational and recreational activities for all types of kids in a drug-free environment. This year the Youth to Youth group will host the second annual state conference in June, expecting 250-300 students from throughout Idaho. In addition, weekly groups have been formed in Boise, Meridian, Kuna, and Sun Valley.

The PAYADA Youth to Youth group has won national, state, and local recognition as one of the most effective youth education models. Three of the students were selected to be national speakers at the Washington, D.C., conference in 1989. In addition, Youth to Youth has been granted special recognition and monetary awards from J.C. Penney, Price Development, U.S. West Foundation, Boise Cascade Corporation, West One Bank, and the Gannett Foundation.

- D. Statewide Program -- Based on the success of PAYADA in Treasure Valley, the program has been placed in thirteen other communities throughout the state. In each case, the series of four local classes are first developed in cooperation with the local police department and volunteers. The PAYADA model has worked well, and the growth of the program is limited only by resources of people and money.

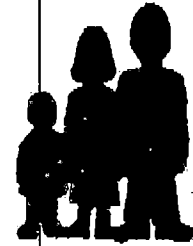
Enclosed are copies of a recent presentation for the Board of Directors which highlights the activities and accomplishments of PAYADA during 1989.

RECEIVED

MAR 30 1990

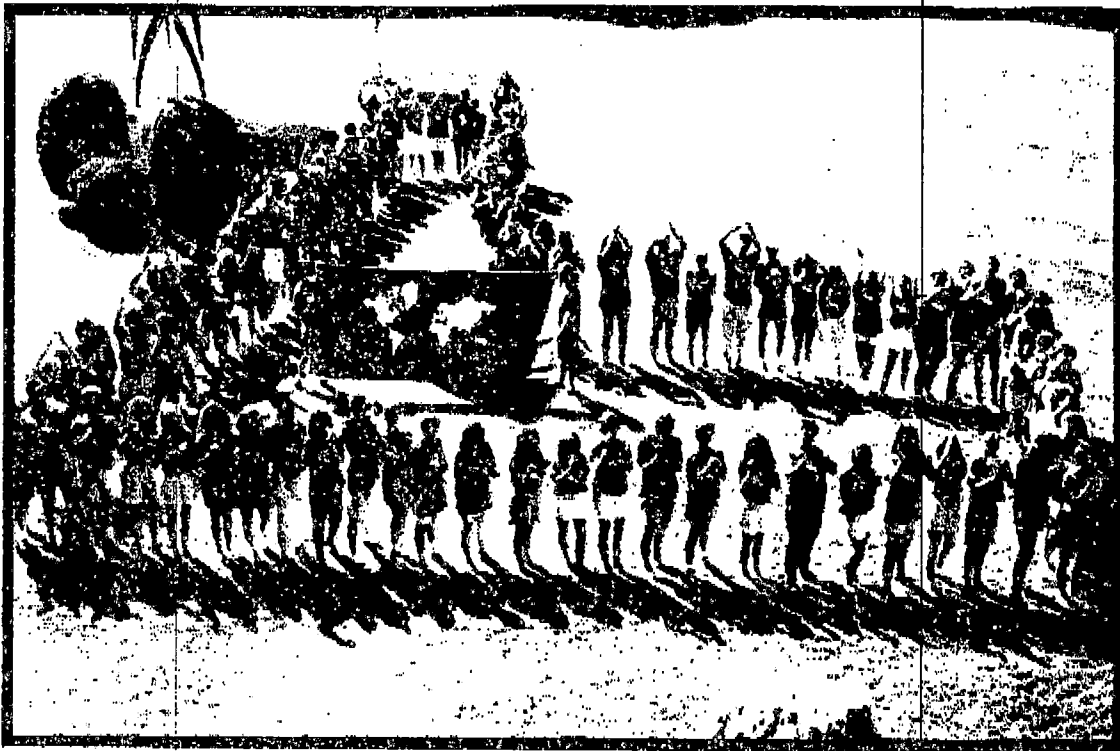
J.T.C.

PAYADA



PARENTS AND YOUTH AGAINST DRUG ABUSE

Spring 1990



DRUG PREVENTION COMMUNITIES WORKING TOGETHER

CHRISS - THIS DOESN'T FIT INTO CRANK
BUT WE MIGHT WANT TO USE IT IN FUTURE DRUG SP.

MESSAGE FROM JERRY LISTER, PAYADA PROGRAM DIRECTOR

Recently I, along with other police officers from across the state, had the opportunity to listen to Stan Morris, assistant to William Bennett, the President's Drug Czar. Mr. Morris spoke about the federal government's concern on how the "War on Drugs" is being fought across the nation. He made several insightful statements that I feel are important to repeat and emphasize.

Mr. Morris began by saying that the President's drug strategy is not a federal policy, but a NATIONAL STRATEGY. What he was saying, and I whole heartedly agree, is that the solutions to Idaho's drug problems do not lie in the federal government. We, as Idahoans, as part of the nation, must mobilize our forces and establish our plans to fight the war from within Idaho. With the federal government's assistance and our work as communities we can make our strategy a success.

The next point Mr. Morris made is a point which I and PAYADA have been emphasizing for about 6 years. He said that as he has gone from state to state and community to community, he has heard people say over and over, "Police departments cannot stop the drug problem — they have failed, schools cannot stop the drug problem — they have failed, communities cannot stop the drug problem — they have failed, families cannot stop the drug problem — they have failed." Mr. Morris said, "I agree with these doomsayers. We have all failed. We have all failed because we leave out one important word. That word is ALONE." We will all fail if we try to stop the drug problem alone. However, if we change our emphasis and say "TOGETHER" we will not fail. Drug abuse is not "only" a police problem, and it is not "only" a school problem. It is a community problem and together we can solve that problem.

It is time that we in the law enforcement sector of the community change our attitudes about drug use and abuse. Our traditional role has always been one of enforcement of drug laws. And, quite frankly, we have not done all that good of a job. We are that thin blue line, between anarchy and peace, but we are often stretched so thin that in some places we

are porous and some slime seeps through.

Yet, we need to continue to enforce drug laws at a zero tolerance level of enforcement. We must not warn and release juvenile beer drinkers or pot users if they have only a little. We must stay vigilante in our enforcement of drug laws. Then, we must stretch ourselves. The Director of the National Institute of Justice, James K. Stewart, said, "It is time we abandon traditional police methods in combatting drugs. Police agencies hold a unique position in their communities. Who better knows what is out there and who better can be trained to honestly and objectively warn the public of its dangers?"

Cary Edwards, Attorney General of the State of New Jersey has stated, "It is apparent that the only way a crusade against drugs can successfully be waged is through a partnership between police, prosecutors, the public . . . A short term strategy must rely heavily on enforcement of the drugs laws; for the long term, police agencies must be involved in educating society toward becoming a drug free society."

These enforcement leaders realize that in the national strategy to combat the prob-

lems of drugs, police agencies play an important — no, a VITAL — role in stemming the tide of drug abuse in our communities. We must combine with schools, community action groups, and the private sector to lead in our role of enforcement and education in drug issues.

PAYADA offers to you our help. We have had a successful partnership in communities across the state. We want to do more. If you or your police agency, school or community group would like more information on how to get involved, contact PAYADA at (208) 377-6656 for the nearest PAYADA organization in your area.

ABOUT THE COVER

Pictured are participants of the First Annual Idaho Youth to Youth Conference. The conference was held on the Northwest Nazarene College campus in July 1989, and over 120 teens and adults participated in the week-long session. Another conference is being planned for summer of 1990.

KICK THE CAFFEINE HABIT

Listen Magazine

Dr. Patricia Mutch, professor of nutrition at Andrews University, has several suggestions if you want to kick the caffeine habit.

1. Recognize that there are going to be withdrawal symptoms, such as headaches and sleepiness. Treat the headaches with aspirin (not painkillers containing caffeine) or other traditional means and the sleepiness with rest. It's better to plan to quit at a low-stress time when you can rest, such as on a holiday or over a weekend.

2. Allow 24 to 48 hours for your body to use up the caffeine that's in it. Drink six to eight glasses of water or juice a day to help flush it out.

3. If you drink soft drinks, read the label

of each brand. Use those which don't contain caffeine.

4. Substitute fruit juices for soft drinks to take advantage of all the nutrients they contain.

5. If you want something hot to drink, choose herbal teas and coffee substitutes (made from roasted barley and other grains).

6. Try to work ahead on projects and homework so you don't need to use a stimulant to stay awake at night getting them done. If you must stay up late occasionally, drink lots of water, do deep-breathing exercises, and get up and walk around often to keep yourself awake.

SECOND ANNUAL IDAHO YOUTH TO YOUTH CONFERENCE

Nearly 300 energetic teens and fun-loving adults will "Catch the Drug Free Wave" on the Northwest Nazarene College campus in Nampa June 12 - 16, 1990. The word has spread that this is a fun and exciting week that builds self-esteem, strengthens youth leadership skills, and develops lasting friendships. During last year's conference even adults had a great time as they learned to reach out and try new and exciting life experiences.

The staff for this active conference is made up of teens and adults who train together for two days prior to the participants' arrival. They learn how to lead exciting activities, games, and skits. The staff builds a relationship as a team to reach out to meet the needs of each other and the participants.

On opening day of the conference, the electricity of the staff excitement boils over as the week is introduced. Teens become immediately involved in activities that help them meet and understand new friends. Fun activities, small group discussions, and outstanding speakers challenge teens to grow, learn and develop their potential — without the influence of alcohol or other drugs.

The Idaho Conference will feature a carnival, dance, music, skits, and a group challenge course that builds cooperation and confidence. Featured guests will be from television shows, sports, and the music entertainment business.

Teens who will be in grades 7 - 12 and adults interested in helping teens build

positive programs in their community should register now for this exciting and rewarding opportunity. Registration is \$125 for teens and \$150 for adults. Registration fees include room, meals, and a conference T-shirt. Teen groups have found many positive ways to raise the funds to attend these conferences in the past. To obtain a registration packet or conference flyers, contact:

PAYADA
P.O. Box 500
Boise, ID 83701

For more information you may call PAYADA Youth to Youth at (208) 362-9106, afternoons; or PAYADA at (208) 377-6656 during business hours.

YOUTH TO YOUTH TRAINING OPPORTUNITIES

Throughout the year, the Youth to Youth program offers a variety of training programs to develop leadership for adult facilitators as well as teen leaders. Many of these training sessions are in the Boise vicinity. There are also some training sessions that can be conducted in other communities with local participants. For more information contact PAYADA Youth to Youth at (208) 362-9106 weekday afternoons.

Training sessions that have been held recently in the Boise area include:

* **Speakers Bureau Training:** Trains teens and adults to make energetic and effective presentations to schools, community groups, and the media. Methods of presentation include skits, talks, and puppetry.

* **Staff Training:** Trains teens and adults to co-facilitate small groups, lead workshops, participate in skits, and energize groups.

* **Youth Advisory Board Planning:** Teens work together to plan activities and events throughout the year.

* **Adult Roles in the Youth to Youth Program:** This new training will be available in

1990 to prepare adults for the challenges and rewards of working with teens in a facilitating role, or behind-the-scenes management.

* **Teen Stress Management:** Teens face a variety of stresses and have the opportunity to experience hands-on activities that they can utilize before stresses take a negative toll.

Adult volunteers are always welcome and encouraged to participate in a variety of roles. The most important prerequisite is a love of teenagers, respect for their potential, and a desire to be a participant in activities with teens.

JERRY LISTER HONORED...

Boise police officer and PAYADA Director, Jerry Lister, was one of 50 Americans recognized in the December 27, 1989, Issue of USA Today. Jerry was Idaho's DrugBuster of the year and was nominated for his anti-drug work.

Congratulations, Jerry, for your achievements and outstanding honor!

THE INTERNATIONAL FAMILY

By Shannon M. Blsh

Hugs and kisses
From around the world,
Love pours in
With caring words.

We'll win you over
With friendship and compassion.
Give us a chance,
We're the new crazy fashion.

Take our outstretched hand
And we'll show you a good time.
No drugs need to be used -
None of any kind.

It's cool to be drug-free!
The news is spreading fast.
Everyone is certain
This group will last.

Join our International family,
And the only admission fee
Is a big bear hug -
And the desire to be drug-free!

WHAT IS YOUTH TO YOUTH?

A message from Minnie Inzer
Director, PAYADA Youth to Youth

We often receive phone calls asking, "What is Youth to Youth?" "What kind of kids participate in Youth to Youth?" Youth to Youth is an anti-drug program with a focus on harnessing the powerful force of peer pressure — often turning it around to become a positive force that encourages young people to live alcohol and drug-free lives. The program began in Columbus, Ohio, and has participants in dozens of communities throughout the United States and several foreign countries.

This program is especially effective because it sends a clear message of NO alcohol or other drug use for teens at any time. This message prevents ambiguous, situational challenges. The programs are uniquely TEEN-CENTERED. Parents and teachers are welcome to participate in the programs, but Youth to Youth focuses on

teens taking responsibility upon themselves and serving as support for their friends to say "No" to alcohol and drug use. Youth to Youth focuses its programs on the temptations that teens are most likely to face while they are growing up today. The program emphasizes the development of young leadership. Teens comprise the Youth Advisory Board and are trained in public speaking and the presentation of skits and puppet shows. Teens teach at conferences and workshops. All special events are coordinated by teen efforts with adult guidance and support.

Youth to Youth programs involve teenagers from all backgrounds. Some are student body leaders, while others may be athletes, musicians, computer enthusiasts, or prefer to read. Some are extremely outgoing, while others are quiet. Some are top students, while others are barely hanging on. Some come from supportive

families, while others must support themselves. Some have had extensive challenges from their previous use of alcohol and other drugs, while some have never used these substances. The key issue is that they all learn to care about themselves and others, and they promote celebrating life without the use of alcohol and other drugs.

Youth to Youth goes beyond merely presenting information on the dangers of drug use. Using the emotional involvement that comes from working together in small groups, the program encourages personal growth. The program presents techniques that teens can use to change their own environments; it suggests alternatives to drug use and develops leadership.

Why not try it out? Call us at (208) 362-9106 for more information.

YOUTH TO YOUTH TO ME

by Mindi Griffin

Mid March of last year, I was walking through the office of my high school when I saw a sign that said, "PAYADA — Summer Conference." I was going to continue walking by until one word caught my eye, "Scholarships." I picked up a brochure and an application. I had always wanted to go to a summer conference of any kind, but I never had the financial ability to pay for it. Now I had a chance to get a scholarship and lower the cost. My values and ideals about drugs were identical to the drug-free philosophy. I filled out my application in my next class.

When I arrived home, I discussed with my parents the possibility of my attending the conference. They were excited about my getting involved in an anti-drug group and approved. Yeah! The hardest part was over. Now all I had to do was send in my application.

A couple of weeks later I received a letter explaining the type of scholarship I was awarded. I counted down the days until

school was out, not because it would mean more than one day a week to sleep in, but that my first conference was on its way to becoming a reality.

In June I received all of the information for the conference. I was all prepared, until five days before registration, when my grandfather passed away and his funeral was to be on Monday, the first day of the conference. Fearing I would not be able to go, I called Minnie Inzer and explained my situation. I had not even paid my registration fee yet. Minnie kindly expressed her sympathy and explained that she understood my circumstances and that I could go a day late and still participate. I thought to myself as I hung up the telephone, "All right! I still get to go!"

Tuesday morning I woke early, packed my things and headed for Nampa, the location of the conference. When I arrived, being a shy person, I did not know where I was supposed to go. Some of the adult staff members came and helped me unload and made sure that I got breakfast. Then I met the youth staff leader of my

family group. He explained everything and showed me the campus.

We did lots of activities that built my self esteem and did many fun things that helped to ease the mourning of my grandfather. I made a lot of new friends and built a very close relationship with the members of my family group. All of this happened in a drug-free surrounding, something I've always wanted to be around.

The experience I had at the 1989 Youth to Youth Conference could never be replaced. The compassion of the leaders for me and my situation helped me go on with my life in a positive manner. I have continued to be a part of Youth to Youth and I am planning to be a staff member at our next conference. Hopefully, I will be able to help someone in need, the same way that I was encouraged. All of this happened because I saw a sign that said, "Scholarship Funds Available."

LETTERS FROM TEENS:

Youth to Youth has affected me greatly. It has been the single most positive influence in my life. Youth to Youth allows the best of friends to do something very meaningful. I have met friends from all across the country that will support me for the rest of my life.

Youth to Youth presents an incredible opportunity to speak to my parents, friends, and the community about my choice to live drug and alcohol free. We can make a difference and turn lives around. Youth to Youth is an incredible organization which I love.

by Troy

Youth to Youth conferences are truly the most fun-filled, action-packed, and emotionally inspiring experiences possible. I really want to encourage other youth to attend the conference this summer because everyone can learn a lot about themselves and each other. The friends people make and the memories they share last forever. The creative ideas that everyone brings back to their communities make a positive difference in the drug problem.

by Karen

Youth to Youth Conference is a time when you can forget about everything in the outside world and let out your true feelings about what is going on in your life.

by Darrin

Youth to Youth, a drug-free organization for teenagers, promotes a very healthy drug-free life. Why is it important for people to be drug-free? The reasons are as numerous as they are varied. Every aspect of a person's life will take a steep decline if drugs are used. Self-esteem plummets. A person who uses drugs does not care as much about their own personal appearance and hygiene. A person's mental sharpness will often decline during drug use. The physical abilities of a person will decrease through the use of drugs. Also, a person's life is severely endangered through drug use.

Besides being a danger to the individual drug user, drugs will also have a terrible

effect on every single person with whom the drug user associates. Drugs will literally tear a family apart. No matter how a person rationalizes, drug use can never have a positive effect on the individual drug user, the people with whom he/she associates, or society as a whole.

by Brett

I choose to be drug-free because I want to make the most of my life. Drugs, including alcohol, damage the mind and body. They have a negative effect on all aspects of life and destroy many opportunities to succeed in life. I choose to be drug-free because I want to succeed in life.

by Bob

I feel that being a teenager now is very tough. When I see all of the problems with drugs in the news, I know that drugs are wrong. I feel responsible to do all that I can to show others that drugs aren't necessary for a good life.

I'm seventeen right now and I've never tried drugs or alcohol. I don't want to. I've heard people at my school bragging about their weekends of getting stoned senseless, then getting into trouble and often arrested. I know that I don't need any of that. I have a lot of friends that I can go out with on weekends and have a lot of fun, but with no hang-over. I don't want to have to pay for my fun by dropping to depression.

High school is tough enough to go through — drugs just make it harder. The best advice you'll ever hear is to "Just Say No!" I'm a senior right now and I'm worried about graduation, college and life in general. I don't want to mess it up by doing drugs. Stay off them!

by Barry

YOUTH TO YOUTH

Fun Friends
Week-long Summer Conference
Laughing Crying
DRUG-FREE

Youth to Youth is . . .

... A time when adults and youth can come together for a common purpose of creating a drug-free community.

... A time when you can be yourself, regardless of the choices and mistakes you have made in the past. No one judges you for where you have been, they just reach out and love you for who you are.

... You laugh with people you never thought you would laugh with, you cry with people you never knew before, you hug everyone with outstretched arms and a joy that is overwhelming.

... Extremely rewarding for adults to interact with teens and share as people, not authority figures. It's amazing to see the "magic" as strangers develop enduring friendships in a matter of hours. Sometimes, it's heartbreaking to hear the extremely difficult struggles some teens have survived, but watching them grow and turn around their lives is worth whatever effort it may take.

... I expected lectures and preaching. Was I ever surprised! Everyone takes part and talks about things that really matter in our lives. I thought kids who say they are drug-free would all be "geeks." Was I ever wrong! They are the most fun friends I have . . . and each one is quite different.

WHY ARE PARENTS IMPORTANT?

Adapted from NFP No Dope Connection

If there is any hope for successfully fighting America's teenage drug use, parents must join the forces already at work. Our society will continue to depend on government agencies to curb the supply of illegal drugs, but parents are the key to reducing the demand for illegal drugs. Armed with current scientific and medical information and motivated by love, parents are helping to change young people's attitudes about drugs. All across America, parents are discovering that there is additional strength and power through a united effort.

PAYADA STATEWIDE

IDAHO FALLS/BONNEVILLE COUNTY

The fall classes have been a huge success in Idaho Falls. As national attention on the drug crisis mounts, many people seem anxious to know what they can do to help reduce drug abuse. As parents and youth attended PAYADA classes, they reported that the information they received was vital. Many have said that the classes should be mandatory.

PAYADA classes in Bonneville County began in the spring of 1988 at Clare E. Gale Junior High School with 124 participants. Three of the four 1989 fall classes broke this attendance record, with Armon Elementary bringing in the most at 186. The main reason for this success is the local PAYADA board. In many organizations, there are one or two key people doing all the work. If you join our organization, watch out! Everyone works and no one is indispensable.

Thanks to the support we're getting from Jerry Lister & Company in Boise, we are looking forward to getting Youth to Youth off the ground and expanding the number of classes from seven in 1989 to twelve in 1990.

Idaho Falls/Bonneville County PAYADA was also contacted by a local group of concerned citizens in Butte County. They were concerned about how to fight drugs in their own community. Under the direction of PAYADA in Boise, Steve Roos from Idaho Falls has begun to help the Butte County group form their own PAYADA programs. They will hold their first PAYADA classes in January 1990.

POCATELLO/BANNOCK COUNTY

In late December 1987, then Chief of Police Norman W. Propst organized a task force comprised of representatives from the police department, School District #25, the office of the Bannock County Prosecutor, and the juvenile magistrate. This task force was to identify citizens within our community who could be called upon to help in the organization and implementation of a community owned drug education program.

An initial group of about thirty citizens were identified and, after several meetings, an executive committee was formed. The members of the executive committee were directed to research existing drug education programs to determine if any could be adapted for use in our community. The drug education program desired was one that would involve the community, educate parents and their children about drugs, and be affordable.

Over the next several months the executive committee met and evaluated several drug education programs. Most of these programs were discounted because of prohibitive initial costs as well as high maintenance costs. Others were discounted as not addressing the criteria of involving the parents and youth.

In the summer of 1988, the executive committee learned about PAYADA. They contacted Jerry Lister of the Boise Police Department who developed the PAYADA program. Mr. Lister explained that the first PAYADA presentation series would cost \$800. After that, if Pocatello wanted to franchise with PAYADA it would cost \$100 initially and \$100 each year. He said that he would present the first series and after that he would provide training for local volunteers to present future programs. The \$800 for the first program was obtained through the Drug Free Schools monies available from the Department of Health & Welfare.

The executive committee recommended to the general committee that PAYADA be selected as the drug education program for Pocatello. After some discussion the general committee authorized the executive committee to bring PAYADA in for a pilot presentation. The first PAYADA presentation was scheduled at Indian Hills School, January 15 through February 15, 1989. The response from the families attending the pilot program was overwhelmingly positive.

The general committee met again in February 1989 to review PAYADA and evaluate its reception at Indian Hills School. In light of the strong positive response to PAYADA, the general committee mem-

bers present unanimously voted to franchise with PAYADA.

A second PAYADA was scheduled in April/May 1989 at Gate City Elementary School. Jerry and his presenters again conducted the four sessions for the benefit of local volunteers who were willing to get involved with PAYADA in Pocatello.

Local volunteers organized the Management Committee in August with Carole Misner elected President. Lance Perkins and Chuck Horn volunteered to oversee the fund raising efforts to get the program started.

PAYADA of Bannock County officially franchised with PAYADA, Inc. on October 1, 1989. Since then our local volunteers have conducted two separate PAYADA programs for four elementary schools. Carole Misner and Bill Hess, a volunteer from Idaho Power Company, served as facilitators at the two sessions. Carol Kirkland, Aspen Crest Hospital, and Denise Campbell, Walker Center, presented the third session topic on addiction. Deena and Shawn, our two young people who are recovering from dependency, have been very popular with the audiences. Dr. Linda Barnier, Idaho State University Family Education Center, rounds out the program with the communications presentation for the fourth session. The overall response from those attending has been very positive.

The PAYADA program will be presented in a junior high school and two more elementary schools beginning in January 1990. Volunteers have also been recruited to help start a Youth to Youth program.

MINIDOKA

The Minidoka PAYADA Chapter got off to a good start this fall with the first set of classes. The average number of participants the first three sessions was 90 parents and students. There were 67 attending the last night.

FACTS ON ALCOHOL**CHILDREN AND THEIR CHANGING ATTITUDE TOWARD THEIR PARENTS**

Reprinted from Campuses without Drugs Newsletter, 1988

The user of alcohol is involved in:

- 70% all murders
- 66% fatal accidents
- 60% child abuse cases
- 55% all arrests
- 41% assaults
- 37% suicides
- 36% pedestrian accidents
- 22% home accidents

- Average beginning age of alcohol use is 12.5.
- Alcohol is a drug.
- Alcohol has no nutritional value.
- More than half of all drunk driving fatalities are underage.
- Every 5 seconds a teen has a drug/alcohol related traffic accident.
- 3,300,000 teenagers are alcoholic.

Colorado Federation of Parents for Drug Free Youth, Inc.

Every parent realizes that children go through different stages in their attitude toward Mom and Dad, as represented by the statements below:

Age 4 — "My parents can do anything."

Age 8 — "There might be one or two things they don't know."

Age 12 — "Naturally, my parents don't understand."

Age 14 — "I never realized how hopelessly old fashioned they are!"

Age 21 — "You would expect them to feel that way. They're out-of-date."

Age 25 — "They come up with a good idea now and then."

Age 30 — "I wonder what Mom and Dad think I should do."

Age 40 — "Let's be patient until we discuss it with our parents."

Age 50 — "What would Mom and Dad have thought about it?"

Age 60 — "I wish I could talk it over with them one more time."

STATEWIDE, from page 6

Under the sponsorship of the Rupert Kiwanis Club and the Rupert Police Department, over \$800 was raised in just two months. The area has been very receptive to the classes. The Management Committee is starting to get things lined up for the next set of classes scheduled to begin in February 1990. Lucky Bourn, chairman of the Minidoka PAYADA, will co-teach these classes as part of the training sponsored by PAYADA.

Other PAYADA classes are also planned this winter/spring in Emmett, Caldwell, and Kellogg. For more information about these classes contact PAYADA at 377-6656.

PAYADA CLASSES SPRING 1990

From January to May 1990, PAYADA classes will be held at the listed locations. Classes will be from 7:00 to 9:00 p.m. For further information contact Jerry Lister at 377-6656 or the phone number listed at the location you wish to attend.

- | | |
|---|---|
| <p>1. Amity Elementary School
10000 W. Amity — 322-3800
January 18, 25, February 1, 8 (Thursday)</p> <p>2. Whitney Elementary School
1609 S. Owyhee — 338-3515
January 24, 31, February 7, 14 (Wednesday)</p> <p>3. Star Elementary School
Star — 286-7211
January 30, February 6, 13, 20 (Tuesday)</p> <p>4. Liberty Elementary School
1740 S. Bergeson — 338-3464
February 1, 8, 15, 22 (Thursday)</p> <p>5. Jackson Elementary School
334 S. Cole — 322-3808
February 13, 20, 27, March 6 (Tuesday)</p> <p>6. Ustick Elementary School
4535 Ustick — 375-3204
February 14, 21, 28, March 7 (Wednesday)</p> <p>7. McKinley Elementary High
6400 Overland — 322-3818
February 15, 22, March 1, 8 (Thursday)</p> | <p>8. Fairmont Junior High
2121 N. Cole — 322-3835
February 27, March 6, 13, 20 (Tuesday)</p> <p>9. Franklin Elementary
5007 Franklin — 338-3440
February 28, March 7, 14, 21 (Wednesday)</p> <p>10. Hillcrest Elementary School
2045 S. Pond — 338-3457
March 1, 8, 15, 22 (Thursday)</p> <p>11. Mountain View Elementary
3500 Cabarton — 322-3824
April 3, 10, 17, 24 (Tuesday)</p> <p>12. Pierce Park Elementary
5015 Pierce Park Ln. — 338-3500
April 4, 11, 18, 25 (Wednesday)</p> <p>13. Hawthorne Elementary
2401 Targee — 338-3450
April 5, 12, 19, 26 (Thursday)</p> <p>14. Valley View Grange
Mitchell Street, Boise
April 17, 24, May 1, 8 (Tuesday)</p> <p>15. Frontier Elementary
11851 Musket — 375-2314
April 18, 25, May 2, 9 (Wednesday)</p> <p>16. Eagle Hills
650 Ranch Dr. — 989-1413
April 19, 26, May 3, 10 (Thursday)</p> |
|---|---|

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Page 8

1989 RED RIBBON CAMPAIGN

The 1989 Red Ribbon Campaign was held throughout the state of Idaho during the week of October 22-29, 1989. Many communities and organizations participated in activities focusing on drug abuse prevention.

prevention/education were held every day. On Friday, Oct. 27, the students released red balloons with messages inside. The merchants at the Magic Valley Mall in Twin Falls participated in Red Ribbon activities on Saturday, Oct. 28.

Monday, Oct. 23, a Red Ribbon rally was held on the Statehouse steps, and Governor Andrus signed a proclamation declaring the week of October 22-29 as Red Ribbon Week in Idaho. At the rally, the winners of the Treasure Valley Red Ribbon Poster Contest were named and awarded prizes. Later the same day a rally was held at Garfield Elementary School where Boise Mayor Dirk Kempthorne signed a proclamation. Red Ribbons decorated trees at both the Statehouse and City Hall during the entire week.

The Red Ribbon Committee commissioned the design of Idaho's very own Red Ribbon logo which has been trademarked. The logo will be used in conjunction with Red Ribbon activities each year. Hundreds of T-shirts with the logo printed on the front were distributed all around Idaho.

Several businesses in Idaho provided red ribbons for their employees to wear during the week. All in all, Red Ribbon activities around Idaho were on the increase and the Red Ribbon Campaign was very visible this year. Red was in abundance everywhere!

Several schools in the Treasure Valley participated in the Treasure Valley Red Ribbon Poster Contest sponsored by McDonald's. The theme of the poster contest was, "My Choice...Drug Free." There were many excellent posters submitted, and two students from Boise schools and one from a Caldwell school were the three top winners. Sears, K-106 and George's Lightweight Cycles provided the prizes for the winners. Special recognition certificates were given to all contestants.

Assemblies, plays/skits and other activities were held every day in the Meridian School District, as well as other Idaho schools. At the Caldwell Seventh-Day Adventist Elementary School, assemblies featuring special speakers on drug abuse



Youth speakers during the rally to officially open Red Ribbon Week were Kelly McMonigle and Troy Odom.

Pictured are members of the Red Ribbon Planning Committee—Jerry Lister, PAYADA; Lynda McCloskey, Boise Independent School District; Minnie Inzer, PAYADA Youth to Youth; Linda Hopfenbeck, US Attorney's Office and Chair person of the 1989 Red Ribbon Campaign; Molly Christensen, McDonald's; and



ICE

ICE is a deadly, smokable crystalline form of methamphetamine. Methamphetamine is an illegally manufactured form of amphetamine. Amphetamine is a pharmaceutical central nervous system stimulant. Methamphetamine is approximately three to five times the strength of pharmaceutical amphetamine and about three times as physically and psychologically addicting. Methamphetamine, also called crank, crystal, or speed, is either snorted or mixed with water and injected. A typical high from crank, when either snorted or injected, consists of increased energy, wakefulness, an intense wave of exhilaration, and wide mood swings. The user may often become paranoid, violent, and difficult to handle due to mental confusion and feelings of stress. These conditions may continue for two to four hours, followed by severe mental and physical depression and an intense urge to use again.

The ICE user is even at greater risk. Smoking is the fastest and most intense way to take a drug. Like smoking crack, the smoke from ICE hits the lungs and brain within five to ten seconds after inhaling. An extremely intense rush of energy to the brain and CNS causes the user to feel all powerful and invincible. Unlike the rush from crack, which lasts about fifteen minutes, the high from ICE may last from four to fourteen hours. During the high the user often experiences toxic psychosis similar to paranoid schizophrenia, extreme feelings of anxiety, panic attacks, and feelings of "going crazy." The users often become extremely violent due to paranoia and mental confusion. The high is followed by complete depletion of body energy which causes the user to either reuse the drug or crash for long periods of time.

Overdose and/or death is common among regular ICE users. Overdose is most often displayed in mental confusion resulting in the need for hospitalization in mental hospitals. The Honolulu Police Department reports approximately six overdoses per day in their city. The brain is often "burned out" and permanent inability to concentrate and function normally is observed. Overdose deaths are exhibited as heart attacks, seizures and strokes. The

Pat Gorman, Meridian
School District.



IS LEGALIZATION OF DRUGS THE ANSWER?

In the last issue of PAYADA we discussed at some length the issue of legalization of drugs. I would like to continue that discussion. For the full discussion, you may obtain the past copy of PAYADA at PAYADA, P.O. Box 500, Boise, ID 83701.

This past month Ann Landers has had her readers write in about the drug problem. I was dismayed by the number who advocated legalizing drugs. Even those close by admitted that the arguments sounded "pretty persuasive." But we must not allow ourselves to be dismayed over the ignorance of a vocal few. Remember, at last count nearly 90 percent of high school-age students and 75 percent of all adults surveyed wanted drugs kept illegal.

We must continue our support for programs, candidates and issue advocates which support the non-legalization of drugs. When letters appear in our newspapers we need to answer with editorials of our own. We need to support, and even advocate, legislation which keeps our "no legal use of drugs" philosophy in tact. Then, and perhaps most importantly of all, we must educate ourselves to look past the suave rhetoric and sleek presentation of those who are for legalizing drugs, and be prepared to combat their propaganda with hard facts and cold logic.

Legalization will not eliminate the black market profits or violence, as we are led to believe. In order to even begin to do that, we would need to make available any drug to any person in any strength upon demand. User tolerance increases with habitual use, thus level doses or maintenance doses just don't exist for addicts. Anyone who says addiction problems will go away with legal drugs just does not understand the disease of addiction.

The growth of the dysfunctional and addicted population will increase the load on a greatly overloaded social service system. Legalization advocates would have us believe that revenues from taxing drugs would solve that problem of increased load. Let's again look at what is happening now.

Alcohol is a drug, alcohol is legal, alcohol

is taxed. Do the tax dollars from the alcohol industry pay for all the needed treatment, education and other health care related expenses of alcohol abuse? Not even close. Ask any health care provider. The number one need, most will tell you, is the need for increased treatment for alcohol-related health problems. Who, then, must pay for the obvious increase in health related problems which will surely rise from legalized drugs? Functioning, healthy, drug free tax payers will pay that ever increasing cost.

Violent crime will not decrease with more and more people smoking, shooting and swallowing legalized drugs. Simply making a drug legal does not change the fact that it causes anti-social behavior in people. Violent reactions to drugs, criminal acts and total disregard for the person and property of others is caused by the use of drugs, not whether or not the drug is legal.

Most physical child abuse, 70 percent of juvenile crimes and the majority of domestic fights are already drug/alcohol related. Will that really all go away because the drugs are now legal?

Legalization is a cop-out. It sounds nice on the surface, but is much more complex once the shiny glitter-top is unraveled and the awful black mess caused by the true cancerous worms of legalization is uncovered.

There is no quick fix and single issue answers to a problem which has been creeping up on us for the past 40 years. While the problem is huge, it is not hopeless. The long time solution lies in working a comprehensive community plan which utilizes all parts of the solution—enforcement, courts, prevention, education, intervention, and treatment—in a coordinated effort. We are on the right track. Let's keep on and not let those who advocate legalization derail us.

EFFECTS ON SHORT-TERM MEMORY IN CANNABIS-DEPENDENT ADOLESCENTS

Review of an article by R.H. Schwartz, P. Gruenewald, and M. Klitzner in the "American Journal of Diseases of Children," April 1988, Volume 142, Number 4, published by the American Medical Association.

The tremendous increase in the potency of marijuana calls for new studies on its effects on the brain. Dr. Schwartz and his colleagues recently performed a study on the effects on short-term memory in marijuana-dependent adolescents. The subject group comprised ten marijuana dependent adolescents enrolled in a drug treatment program. Control groups consisted of eight clients in the treatment program who were infrequent marijuana users (less than weekly use) and nine siblings of program clients who were not marijuana users. All groups were matched on age, previous school performance, and IQ scores. None of the subjects were frequent alcohol or PCP users.

Each subject was given a battery of assessments by a trained technician unaware of the subjects' dependency status.

The test included the Wechsler Intelligence Scale for Children, the Peterson and Peterson short-term memory paradigm, the Buschke Selective Reminding Test, the Benton Visual Retention Test, the Wechsler Memory Scale Prose Passages, a complex-figure drawing test, and a paired associate learning task.

Marijuana abstinence was monitored by 24-hour surveillance and biweekly urine specimens. After six weeks of enforced abstinence from marijuana, significant differences between the marijuana-dependent subjects and the two control groups were obtained on the Benton Visual Retention Test and the Wechsler Memory Scale Prose Passages. There was no evidence of a differential improvement in performance within the marijuana dependent clients.

In conclusion, marijuana dependent adolescents retain their short term memory deficits for at least six weeks after their last use of marijuana.

FEATURES OF A GOOD TREATMENT PROGRAM

Chemical Dependency Is Considered a Disease: The program believes that the unacceptable behavior of the client is caused by the chemical use rather than by an underlying cause. The user must assume responsibility for his/her own actions rather than blaming others.

An Alcohol-and-drug-free Life Style Is Promoted: Counselors are drug free. "Recreational" or "responsible use" of alcohol or other drugs is not acceptable. Mind-altering prescription drugs are not part of the therapy. Not only must chemicals be rejected but so too must the drug culture be rejected.

Alcohol/drug-free Environment: Availability of prescription and street drugs within the program must be very carefully monitored. Clients, staff, and visitors can often be resources of street drugs. Parents must understand that only programs which are able to control the environment 24 hours a day can provide a totally drug free environment. Outpatient programs often use urine testing as part of their monitoring program. In an outpatient program parents have a responsibility to provide a 24 hour structured, controlled, alcohol and drug free environment to the best of their ability.

Peer Counselors: Some of the counselors are recovering abusers who can relate by personal experience to the pain the child is going through and read through the "cons" of their clients.

The Evaluation and Intake Procedure: The use of peer counselors during the evaluation/intake procedure is especially crucial since many kids have conned counselors and the diagnosis has been missed. Urine testing alone is not an adequate diagnostic procedure.

Treatment Tools: The time-proven 12 steps of AA are used. There is an emphasis on facing the past and dealing with it. To keep this disease of "frozen feelings" in remission, the client learns how to express feelings and use communication skills and problem solving tools, in place of using drugs.

Daily Support and Aftercare Program: Daily support is advocated in the form of

group counseling and/or AA meetings for at least three months. Aftercare continues on a frequent basis, often by attending AA or NA.

Family Involvement: There is counseling and education for the total family including siblings. This may be in the form of Al-Anon and Ala-Teen meetings. The family members learn to recognize and to change the undesirable behavior responses they have developed in response to the user's unacceptable behavior. If family members do not change, their ongoing enabling behaviors are apt to facilitate a relapse in the user. Establishment of good family relationships is a major goal of the program.

ICE, from page 8

intense depression following use also results in increased suicides and suicide attempts. In the first six months of 1989, the Honolulu Police Department experienced twelve overdose deaths, eight homicides, and seven suicides attributed to the use of ICE.

ICE first appeared in Hawaii in 1985 and has mushroomed into epidemic use since that time. Police departments in southern California are just beginning to experience problems with ICE. Our own Vice & Narcotics Office reports that they have seen ICE "a couple of times" in this area. Local treatment centers report that they are not experiencing calls for treatment from local parents.

ICE derives its name from its appearance. As the photos depict, it looks like ICE crystals or small ice cubes. It is described by the Honolulu Police Department as a translucent crystal similar to "rock candy." Small pieces can often look like broken glass fragments.

ICE is presently being sold in Honolulu in quantities ranging from .10 gram to an ounce. A .10 gram is \$50.00, and an ounce costs \$700.00. A user may get about 10 - 15 hits from 1 gram of ICE. ICE is most often being found in small paper

Re-entry: The client must learn to maintain sobriety in a drug oriented society. After adequate progress in a structured, controlled, alcohol and drug free environment, the client begins a gradual re-entry into society, learning to remain alcohol and drug free at home, school, job, and during leisure time. Therapy which may be in the form of AA or NA meetings continues during re-entry.

For more information about drug rehabilitation in your area contact your local PAYADA organization or local state substance abuse agencies.



bindles, small opaque glass vials, or clear heat-sealed cellophane pockets.

The paraphernalia used by the ICE smoker is a small "tube" pipe. The pipe, unlike a crack pipe, will have no screens and coolant chambers. The pipe will usually have a hole on the top of the bowl leading to the main chamber and may have a second vent hole on the pipe stem. The ICE is placed in the chamber and heated with a lighter until it turns to gas. The user places a finger over the hole and holds it there until the ICE has turned to gas. Users often will have blisters or burns on the fingers used to cover the vent hole. Once the ICE has turned to smoke it is inhaled through the stem by the user.

Slides of ICE are available in the PAYADA office. Additional information will be distributed as it becomes available.

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I believe Idaho's Youth should be drug-free. I also believe the best way to achieve drug-free youth is through Education of Parents, Children, Teachers and others.

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City _____ State _____ Zip _____

Please enroll me in PAYADA as:

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- Sustaining Member... \$ 50.00
- Family Member... \$ 25.00
- Individual Member... \$ 15.00

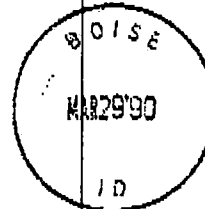
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The American Legion

The American Legion National Commission on Children and Youth is charged with formulating, recommending and implementing plans, programs and activities designed to assure care and protection for the children of veterans. The Commission works to improve conditions for all children and youth with due concern for maintaining the integrity of the family structure, preventing social and physical ills of youth, utilizing services of and cooperating with sound organizations and agencies for children and maintaining a balanced program that provides for their physical, emotional, intellectual and spiritual needs. Some of the ways that the American Legion does this includes the following:

1. Prepares effective drug education brochures: Cocaine - Marijuana - Alcohol. Circulation of these pamphlets has more than tripled in the past two years. The format design (more pictures and less copy) for elementary age students-is the secret to their popularity.
2. A Resource Brochure has several references and National contacts where other material and assistance can be obtained.
3. Drug "Media Kits" are packed with aids to help their local volunteers promote their program: Slides, a speech, editorials, news releases and a how-to sheet to help local volunteers get started.
4. The American Legion Child Welfare Foundation has funded several grants lately to promote and emphasize early education against the use and abuse of drugs. TARGET (the National Federation of State High School Association's program) is just one example. The Child Welfare Foundation has been of tremendous service to TARGET over the past two years. Over \$100,000 has been awarded in grants to promote and support their efforts. This has been a great anti-drug aid for educators.
5. The Foundation now has a special video offer going, which features excellent educational kits designed to alert and educate grades 6-11 about drug use. Drinking and Driving; Alcohol Abuse; Cocaine; Crack; and Drug Abuse in general. The teaching kits that: A Subject Video; Posters; a Teacher's Guide; a Post Test; and 50 Educational Booklets.
6. The prime directive for the 8 national Leadership Workshops this Fall will be a "How To" instructional class. Through this, they hope to train their volunteers to set up similar programs in their communities.

The American Legion drug program is strictly education and prevention oriented. With 16,000 Legion Posts throughout the country, they have an excellent network of volunteers to disseminate anti-drug information.

MAY 1970

The National Italian American Foundation

The National Italian American Foundation is a non-member organization based in Washington, DC. Their major function is to operate as a networking body for some 2,000 Italian American organizations around the nation and also for private and public organizations that interact with the Italian American community.

On a national level the NIAF has not had an anti-drug campaign or program. They have engaged in specific anti-drug efforts on an ad hoc level. For instance, the NIAF Medical Council organized several years ago a national conference centered on the theme of the impact of drug addiction on the family structure. The major audience for this session was medical professionals. Additionally, the Education Director and Public Policy Director have worked with local affiliates of the NIAF and with other organizations as they were developing drug prevention programs. There are also some 2,000 Italian American organizations around the country that do have specific drug prevention projects. The nature of these range widely. One project in Chicago organized by the National Italian American Sports Hall of Fame uses mechanical toys as a teaching mechanism for first and second graders. Other projects have involved actual classroom visits, one-on-one counselling, etc.

The NIAF has been designated by the Presidential Columbus Commission as the lead agency and chair for an Italian American Leadership Committee for 1992. They have approached the chair of this committee with the concept that a national drug prevention campaign would be a fitting theme to focus on in 1992.

The United States Jaycees have not sent any information on their drug programs.

Benevolent and Protective Order of Elks

The Benevolent and Protective Order of Elks (BPOE) is the nation's oldest and largest fraternal group, with 1.5 million members located in all 50 states. Since 1982 the BPOE has encouraged each of its 2,300 lodges to set up drug awareness programs in their local communities. The Elks National Foundation supplies seed money, but local lodges determine the needs of their communities and then raise money to help meet those needs.

Lodges are instructed to fully support existing community programs in drug-use prevention. If no program exists, the lodge is to be a catalyst to assist that community in developing an effective prevention/education effort. Last year the Elks provided 203,733 volunteer hours for their Drug Awareness Program. Local Lodges Contributed \$1,403,539 for the drug program, and \$5,860,859 for Youth Programs.

The BPOE drug program endeavors to reach children in the elementary schools, particularly the fourth through ninth grades. The program concentrates on the "gateway drugs" -- tobacco, alcohol and marijuana -- and places special emphasis on cocaine. The goal is prevention: to help youth decide not to use these gateway drugs by convincing them of the adverse mental and physical consequence of their use. The BPOE has joined the parents' movement, raising over two million dollars each year to pay for printing millions of pamphlets which are distributed at no cost to interested students, teachers and parent-teacher associations. These include:

- o A colorful, eight-page brochure, aimed at the fourth-through-ninth-grade reader, refuting the "dumb excuses" that youngsters may give for experimenting with drugs.
- o Three pamphlets: "Marijuana- The Gateway Drug," "Cocaine-The White Line on The Highway to Addiction," and "Teenage Drinking: Detour on the Road to Maturity."
- o The pocket card, "How Can I Tell If My Child Is Using Drugs?"

The organization also sponsors poster or essay contests and distributes bookcovers, bumper stickers, decals and videos with anti-drug use messages.

The Elks provide many programs for young people as an alternative to drug use. Some of these programs are scout troops, hobby clubs, bands, teen centers, family activities, substance-free parties and dances, and athletic teams. The Elks "Hoop Shoot" program is an ideal adjunct to their Drug Awareness Program. The "Hoop Shoot" reached over 3 million youngsters last year.

Kiwanis International

To mark its 75th anniversary, Kiwanis International has adopted "Operation KNOW," a drug education program for elementary schools, as its special anniversary project. Kiwanis International has more than 8,500 clubs and 320,000 members in 74 nations. Through the sponsorship of local Kiwanis clubs, Operation KNOW will be made available to elementary schools free of cost, with the potential to reach millions of children.

Operation KNOW is based on the notion that elementary school children are taught most effectively when the learning process is fun and interactive. The program includes sing-alongs, informational games, skits, and special events that get the children highly involved. This is all designed to inspire children to ask vital questions and discover the answers about drugs and drug abuse.

The program is comprehensive, including "Know To Say NO!" kits for each participating child and guidebooks for teachers, principals, and parent-teacher groups.

In each community, half of the funding for Operation KNOW will be provided by the Kiwanis International Foundation. The remainder will come from the participating Kiwanis club and corporate sponsorships. In 1989, Kiwanis Clubs raised and spent \$65 million for community service activities.

Operation KNOW was conceived by a private company, Pacesetter Steel Service, Inc., of Atlanta, Georgia in response to then President Reagan's plea in September 1986 for business leaders to become involved in the war on drugs. The CEO Steve Leebow and his executives worked in their spare time, researching existing drug education programs and methods being used in elementary schools. From this research, they designed Operation KNOW and began making presentations to elementary school students in the Atlanta area. The programs popularity soon began to soar.

Kiwanis involvement in school-age drug education and prevention began in 1969 when the organization launched "Operation Drug Alert," an award-winning program that reached several thousand communities through local Kiwanis club participation. Since 1983, Kiwanis has supported the anti-drug efforts of former First Lady Nancy Reagan with a major public awareness campaign. This continuing Kiwanis initiative has included the largest public-service billboard campaign in history, a series of 30-second spots aired on all three television networks, and a unique 14-week series of radio messages hosted by Mrs. Reagan that has been broadcast by about 500 stations during each of the past five years.

Lions Clubs International

The International Associations of Lions Clubs is a service organization with more than 1.3 million members in 162 countries. In 1982 Lions Clubs International determined that Lions Clubs worldwide should be involved in helping solve the massive problem of drug use.

In February 1983, the Lions hosted an international symposium on drug abuse which was attended by experts in the field. They recommended that prevention and education be the focus of the Lions Drug Awareness Program. As a result of the symposium, the International Board of Directors voted to make a five-year commitment to an intensive drug education effort.

The Lions program stresses a commitment to the elimination of the abuse of alcohol and other drugs at all levels of society. The program emphasizes prevention and education, and focuses on the critically important ages of 10-14 years. Lions throughout the world are encouraged to tailor their activities to the specific needs and character of the local community. The Lions Drug Awareness Program is a two-pronged attack on the abuse of alcohol and other drugs, featuring both short-term prevention/awareness activities and a long-term, in-depth education program.

Lions Clubs engage in a variety of short-term activities designed to raise the level of awareness, disseminate accurate, up-to-date information, and encourage community involvement. These activities include the following:

- sponsoring speech and essay contests
- forming parent groups
- distributing literature
- making presentations to schools or community groups
- sponsoring workshops and forums

The long-term, education initiative of the Lions program is LIONS-QUEST SKILLS FOR ADOLESCENCE. This project is a joint venture of Lions Clubs International and Quest International, a leading developer of programs for youth. The program was developed by 57 educators, researchers, psychologists and curriculum experts.

The LIONS-QUEST SKILLS FOR ADOLESCENCE is a one-semester curriculum for ages 10-14, designed to help young people develop social skills in areas such as understanding feelings, resisting peer pressure, strengthening family ties, making and keeping friends, and making responsible decisions. The program includes a curriculum guide, parent workshops and study materials, student materials, and intensive teacher training.

By September 1988, more than 11,000 schools worldwide were involved with the program, and 27,851 persons had been trained as instructors. The program is now being taught all over the world.

Loyal Order of Moose

In November 1986, 49 coordinators were appointed to lay the foundation for their international campaign against drugs. An annual budget of \$100,000 was earmarked by the Loyal Order of Moose for the project. Lodge governors, under the guidance of the coordinators, contacted high schools in their area, requesting each principal to select two students excelling in academics and athletics to represent the lodge at a Student Congress held in January, 1987. 41 of these Student Congresses were held, with 2,392 students participating.

The January 3rd meeting produced various proposals on how to deal with the drug problem at the grade school level. Each Congress selected two students to attend the International Student Congress. 95 high school juniors and seniors attended this two and a half day event, and they selected four among their peers to attend the Symposium on Volunteerism sponsored by the Loyal Order of Moose. These students were given the opportunity to personally voice their recommendations to a member of the President's staff at the White House.

Student Congresses have been sponsored by the Loyal Order of Moose every year since 1987. The Congresses have included an essay contest, a drug abuse logo contest which was open to all grade school youngsters throughout the country, and a 30-second public service radio announcement contest. At the last Student Congress, one student was selected, by popular vote, to attend the International Moose Convention, where the student took part in a panel on Youth Drug and Alcohol Awareness.

All of the students attending Congresses in all the states have formed a National Speakers Bureau for communicating with four to nine year olds in their various communities. This is designed as a peer-on-peer program without the presence of adults. The sessions with the children are held wherever possible outside the schoolroom atmosphere where the children can relax and not have the usual authoritarian persons present.

National 4-H Council

4-H is the nation's largest and most successful youth development program, with 640,000 volunteers reaching over 5.1 million youth in 1989. 4-H is the youth education program of the Cooperative Extension System, a national educational network established through legislation, and working as partners with state land-grant universities and the U.S. Department of Agriculture.

To deal with the drug problem and its underlying social problems, the cooperative Extension System began the Youth at Risk Initiative. The Extension systems' National Initiative on Youth At Risk targets the social and economic implications of not addressing the urgent needs of the next generation of Americans. A goal is to expand Extension's outreach to more youth, particularly those who are most vulnerable to drugs because of poverty, lack of parental support, and negative peer pressure.

In mid-1988, a National Initiative task force was appointed to outline the organization's Youth at Risk agenda (YAR). In the Spring of 1989 the initiatives were promoted in four regional workshops. The more than 300 attendees at these workshops received a video, learning guides and a model program software package for use in beginning YAR programming back home in their respective states.

The focus of Extension's YAR programming is on prevention and education programs rather than treatment. Plans call for the Extension System to do the following:

- o Develop and deliver programs for the most susceptible youth.
- o Provide leadership and employment skills training for America's future leaders and workers.
- o Train youth professionals and volunteers to work with young people, families, neighborhoods, and the larger community.

Since Extension's delivery network is anchored in local communities, The System has proven experience in:

- o Working in and with school systems.
- o Recruiting, training and managing volunteers.
- o Developing and guiding youth peer groups.
- o Building Community Coalitions.

As it moves forward nationwide to implement youth at risk and related programs, the Extension System is targeting Youth development education, Parent Education, and Community Education. The vision for the program is to develop youth potential -- enabling young people to become healthy, productive and contributing adults, free from the scourge of drugs.

Rotary International

The Rotary International has over 7,000 local organizations with 400,000 members. The organization is active in the areas of drug prevention and education.

Early in 1982 the Rotary International Board of Directors recognized the increasing threat of illegal drug use. A policy was soon adopted by the International Board that addressed this problem. The Board recommended the following proposals:

1. Rotary Clubs are urged to investigate the extent of drug related problems within their communities and to identify resources available to them for combating such problems.
2. Recognized that effective drug abuse prevention activity is dependent on cultural factors and the type of drug availability and use in a particular locale, agrees that it would be difficult, if not impossible, to recommend one or two programs for use worldwide, but also recognizes the need to provide information to clubs and districts to assist them in identifying appropriate methods to address the problem in their communities.
3. Agreed to disseminate information about the "model" Rotary drug abuse prevention projects in appropriate publications, including sources of additional information from the Rotary Clubs or districts that have participated in such projects, to Rotary clubs worldwide.

The Rotary International budget devoted to drug abuse prevention is primarily centered in publications and news articles. This includes a publication that is printed in several languages to encourage Rotary Clubs to become involved in drug abuse prevention programs, "Toward a Drug Free World." Internationally, the amount of money expended for club drug abuse prevention is several million dollars.

The member Rotary clubs have expended considerable sums of money in promoting drug abuse prevention. The Rotary Club of Los Angeles, for example, provided \$300,000 to help initiate the D.A.R.E. program that is now national in scope.

National Masonic Foundation

The National Masonic Foundation for Prevention of Drug and Alcohol Abuse Among Children was established in May 1987. The Foundation focuses on the area of drug prevention.

The principle program supported by the Foundation is State-by-State establishment of Student Assistance Training Programs. This is pursued through cooperative actions on the part of the Foundation, Freemasons in each community, local community schools and other concerned groups, and appropriate State government agencies.

Student Assistance Training is directed at "core teams" from each school who are taught, usually ten teams per training week, how to identify at-risk or early-using youngsters, how to intervene in the addictive cycle, and how to set up a policy support network within the school and within the community.

The role of the national office is to work through and with the 3,000,000 United States Freemasons and their families who are situated in all communities throughout the land. The Foundation annual budget of \$140,000 is to administer the national office's organization of and continuing support for Grand Lodge programs, each of which is independent from one another but which collectively spends hundreds of thousands of dollars, and that rely on the support of scores of Masonic volunteers.

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Carol Bergman

Fax # 202-456-6218

From:

Phyllis True

Fax # 717-898-7710

7-17-90

RA to RA

Youth to Youth[®]

F · A · C · T S · H · E · E · T

MEETING THE NEEDS OF PEER-PRESSED TEENS:

Youth to Youth was founded in 1982 as a community drug prevention program for middle school and high school age youth in Columbus, Ohio. The focus of its many programs is harnessing the powerful force of peer pressure -- often turning it around to become a positive force that encourages young people to live alcohol and drug-free lives.

At a Youth to Youth conference, Nancy Reagan emphasized, "This is the generation where drugs must stop. It's going to come through education, and through knowledge. I think Youth to Youth portrays a very strong message".

YOUTH TO YOUTH THE NATION'S MODEL PROGRAM:

Since 1982, the Youth to Youth program has served as a model for hundreds of schools and communities across the United States and throughout the world.

California; Arkansas; New York; Idaho; Bermuda; Vicenza, Italy; Pakistan; and Bangladesh are examples of such communities.

□ A 1988 National Institute on Drug Abuse survey reports 54% of America's youth have tried an illicit drug before graduating from high school.

□ Nearly all 1988 high school seniors ... 92%... said they had used alcohol.

□ On the other hand, drug use has dropped to the lowest point in a decade, a dramatic decrease of 37% in "current use" of illicit drugs by Americans aged 12 or older since 1985.

□ While this is down from the peak in 1982, it still means that our drug prevention efforts are as important as they have ever been.

While several fine anti-drug efforts are currently in motion, Youth to Youth's emphasis makes it the national leader in effectiveness:

□ Youth to Youth's message is a clearcut "NO" to any drug use at any time. A teen in the process of maturing needs definitive guidelines.

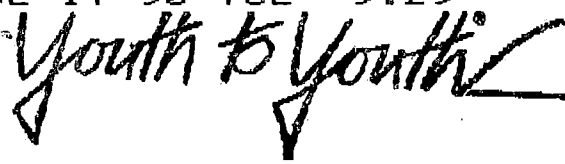
□ Youth to Youth programs capture the power of positive peer pressure to help young people lead drug-free lives.

□ Youth to Youth is uniquely teen centered. While parents and teachers are welcome to participate in its' programs, Youth to Youth focuses on teens taking the responsibility to serve as support for their friends to make their choice drug free.

□ Youth to Youth focuses its' programs on the temptations that teens are most likely to face while they are growing up today; alcohol, tobacco, marijuana, and "crack".

□ Youth to Youth emphasizes the development of young leadership: teens serve on the Advisory Board, teens are trained in public speaking, teens teach at conferences and workshops, teens write the national newsletter, and teens - with adult guidance - plan and coordinate all special events.

THE IMPORTANT DIFFERENCES OF YOUTH TO YOUTH



THE IMPORTANT DIFFERENCES

(cont'd):

Youth to Youth programs involve teenagers from many backgrounds, not limiting its participants and leaders only to student body leaders.

Youth to Youth is the national leader in teen drug use prevention, and serves as a model program so that communities around the country and the world can develop their own independent programs.

Youth to Youth goes beyond merely presenting information on the dangers of drug use. Using the emotional involvement that comes from working together in small groups, the program encourages personal growth, presents techniques that teens can use to change their own environments, suggests alternatives to drug use, and develops leadership.

Youth to Youth stresses prevention, based on the philosophy that the costs of prevention-emotionally, physically, and financially-are far less than treating addiction.

Youth to Youth estimates that tens of thousands of young people have never even tried alcohol or other drugs as a result of its' programs. More precise statistics are difficult to produce because prevention is much harder to track than reported cases of drug addiction.

HOW MANY HAVE BEEN HELPED BY YOUTH TO YOUTH:

PROGRAMS OF YOUTH TO YOUTH:

A series of national conferences throughout the year in various sites around the U.S., including California, Georgia, Ohio, and Rhode Island.

On-site training and consultation in individual communities with a team of adult and teen leaders.

The Positive Peer Connection newsletter, written and produced by teens.

A successful local program model that includes training, Youth Advisory Board, a speaker's bureau and fun activities.

Fun, educational, and promotional drug-free items for prevention programs.

The staff and operations of the Columbus, Ohio Youth to Youth program are funded in part by the Franklin County Board of Alcohol and Drug Addiction and Mental Health Services and CompDrug. Conferences and workshops are designed to be self-supporting.

Youth to Youth receives numerous grants and donations from many sources, including the United States Information Agency, Ronald McDonald Children's Charities, the McKesson Foundation and the Nancy Reagan Drug Abuse Fund.

SOURCES OF FINANCIAL SUPPORT:

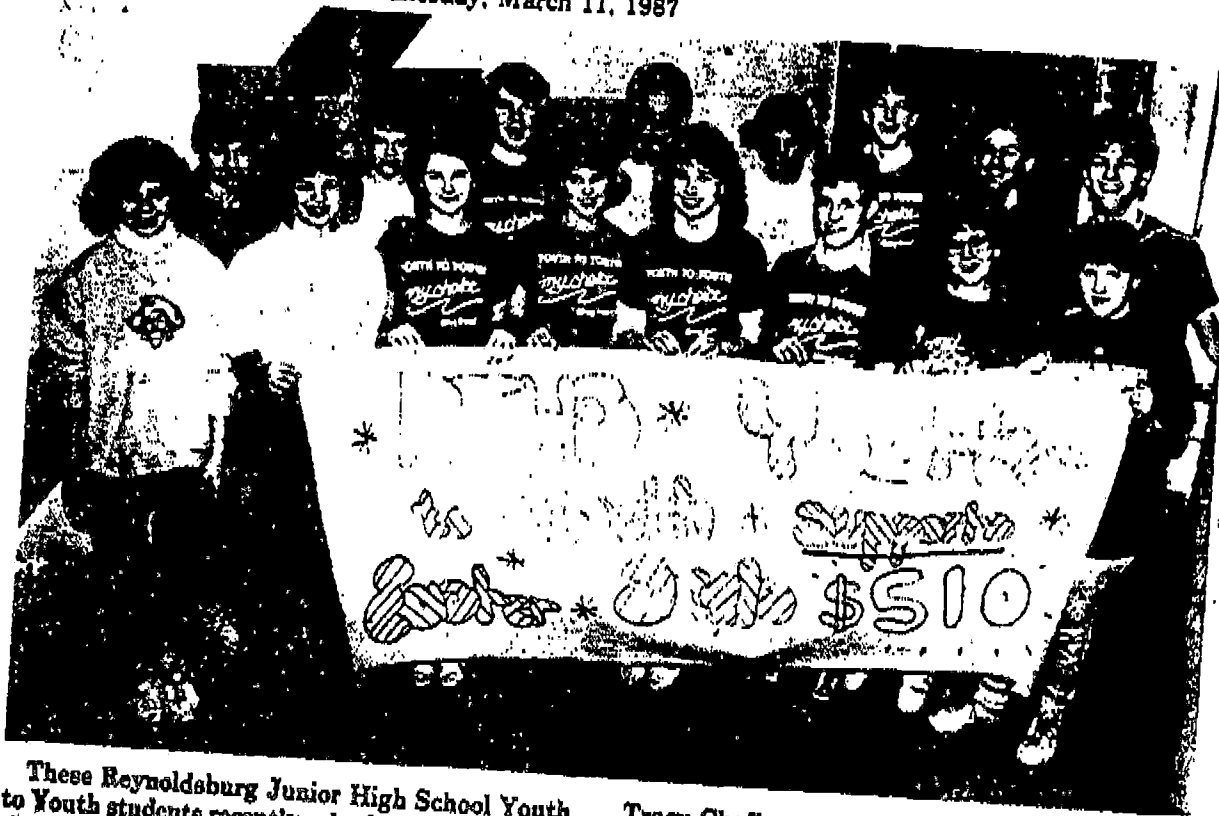
CONTACT:

Youth to Youth
700 Bryden Road
Columbus, Ohio 43215
(614) 224-4506



Howard
Holmes
Jr. Yay club
advisor in
Reynoldsburg.

6-Reynoldsburg Reporter Wednesday, March 11, 1987



These Reynoldsburg Junior High School Youth to Youth students recently raised enough money in the Easter Seals drive to participate in the Easter Seals Telethon by answering phones. From the left, front row are Sarah Issacs, Jannelle Woods, Jenny Riesen, Karen Morr, Kim McDorman, Craig Blank.

Tracy Chafin and Dana Sanders. In the back are Travis Rogers, Heather Fulton, Eric Lyon, Doug Brown, Jim Steinbugl, Jason Demkowicz, Gary Meade and Dustin Mets. The group raised the third highest total in the central Ohio area. Youth to Youth stresses drug prevention.

Youth to Youth students third in Easter Seals drive

The Youth-to-Youth organization at Reynoldsburg Junior High was ranked third in central Ohio for the school donating the most money to Easter Seals this year. The eighth and ninth grade students collected \$510.00 during the past month through various fund raisers. Several bake sales, a carnation sale for Valentine's Day, and a student/faculty basketball game were included in the list of activities.

Eighth-grader Tracy Chafin (who attended the Easter Seals rehabilitation center) and freshman Eric

Lyon (whose sister is currently attending the center) presented the check from R.J.H.S. to Bill Weber on WCMH-TV4 during the telethon Sunday.

The three schools raising the most money answered phones for the telethon on March 7 and 8. Students from R.J.H.S. designated the hours of 5-8 a.m. Sunday. Those students involved were freshmen Jason Demkowicz, Doug Brown, Dustin Mets, Eric Lyon, Gary Meade, and Jim Steinbugl. Eighth graders were Travis Rogers, Sarah Issacs, Heather

Fulton, Karen Morr, Janelle Wood, Craig Blank, Kim McDorman, Tracy Chafin, Jenny Riesen and Dana Sanders.

An all-night telethon party at the U.S.A.-North skating rink were also part of the festivities.

The Youth-to-Youth organization has grown throughout the year and is known for its emphasis on drug prevention. Reynoldsburg has one of the strongest chapters in central Ohio and remains active in its variety of drug-free activities and support of charitable organizations.

Y To Y: 'Positive Peer Pressure'

MEMBERS OF THE BREG AND ENACHE FAMILIES

By P.K. PRASHAW

Since 1982, a special program has been helping adolescents and teens fight the temptation to become drug or alcohol abusers.

Youth to Youth, based in Columbus, Ohio, uses positive peer pressure support groups as a drug prevention method.

The program not only focuses on youth counseling, it also uses youths to do the work. For college freshman Todd Carter, involvement on the Youth to Youth staff for the past year-and one-half has supplied innumerable benefits.

Carter explained the entire program is run by youths, with adults serving only in a small capacity. Though some of the administrative work is handled by adults, they are mainly involved in the program to supply guidance when needed.

"A lot of the decisions and a lot of the work is left up to the teens," Carter said. "That is, until the adults feel they need to intercede, and go ahead and do so."

According to Carter, Youth to Youth uses a different approach than other drug rehabilitation-prevention programs. "The program centers

around, not so much 'These are the facts, learn the facts so you can stay away from drugs.' It's more of a positive, peer pressure support group."

He added the majority of the kids who participate in the program have not been through, or needed, rehabilitation. "They're just kids who want to stay away from drugs and alcohol and want the opportunity to portray the value of that choice to others."

Members of Youth to Youth are characteristically outspoken, possess positive attitudes, and have outgoing personalities. "You can't be camera shy in Youth to Youth," Todd said.

Carter, who's home is located near Columbus, has spent many nights serving at the home office. Since starting college, however, he has not been able to take part as often as he would like.

As a result of this loss, Carter jumped at an opportunity to share his experiences and information about the Youth to Youth program with area residents. Serving as a Youth to Youth representative, he will speak at tonight's Chemical People meeting to be held in the Massena Library (Room A) beginning at 7:30 p.m.

"I am going to try to get the people of Massena to realize that this battle we are fighting does not stamp out any community," Carter emphasized. "It goes everywhere, any time - 24-hours a day. It doesn't care what age you are, your sex, your religion."

Statistics aren't important to Carter. "I don't know the percentages of people who take drugs, or what type of people smoke pot. How I feel about myself and how I make others feel is more important."

Carter admits selfishness is part of the reason he serves in the Youth to Youth program. "You don't always do it for the participants - you do it for you," he said. "I offered my assistance to the Chemical People (to speak at the meeting) because I wanted to save myself I could do it."

"In the process of helping other people grow, you grow as well. Because of Youth to Youth, someday I'm going to be what I want to be."

Carter has already taken steps toward accomplishing this goal. "My plans are to go through four years of undergraduate (study) at Capital (University in Ohio) and then another four years to get my doctorate degree in clinical psychology." He hopes to use this degree toward a specialty in drug and alcohol counseling.

Carter is excited about the opportunity to speak at the meeting. "This will be my first time to do a presentation all by myself."

He hopes his speech will, at the very least, encourage parent involvement toward potential drug or alcohol problems their children may face.



YOUTH TO YOUTH REP TODD CARTER

SECTION 2

The Massena Observer

A PARK NEWSPAPER

News Desk 769-2453

Thursday, February 26, 1987 Page 11

REFLECTIONS

NeighborNews

German Village
Groveport

Obetz
South Columbus

The Columbus Dispatch

★ Four area students
will be honored
at White House

Story on Page 6

Wednesday, May 13, 1987

Students to visit Reagans

Four Franklin County students, including one from Groveport Madison High School, will be guests of President and Mrs. Reagan this weekend in Washington.

The students, all members of the Franklin County Youth to Youth anti-substance abuse program, also will bring home a \$50,000 check from the Nancy Reagan Drug Abuse Fund to help launch a National Youth to Youth Speakers Bureau.

Joining the Reagans will be Travis Parker, Groveport Madison; Julie Graham, Columbus Alternative; Lauren Leshnock, Bishop Watterson and Derek Dowdy, Whitehall.

John Legg, who works with local Youth to Youth Executive Director Robin Seymour, said Mrs. Reagan met some of the local students when she attended the national Youth to Youth convention at Denison University in July 1985. She has been in touch with them since then.

Legg said the local Youth to Youth program was told grants were available and was urged to apply for the speakers bureau funding.

The local students will join the Reagans at a celebrity tennis tournament Saturday and discuss their drug-prevention efforts.

the promise of a stable nuclear balance that relies increasingly on defense. It provides an incentive for the Soviets to return to the negotiating table, and it will make any START [Strategic Arms Reduction Talks] treaty more effective. It represents a firm step towards stability, the same goal we seek through modernization of our nuclear arsenal and arms control. This is the program that our country needs, and I will work to see that this is the program that our country gets.

Just as critical to our nation's defense are the men and women of this Department of Defense. You are called upon to do a difficult, often dangerous job, and you perform your duty with great distinction. The history of this Department is nothing less than the history of American bravery. Whether we call it the Department of War or the Department of Defense, this tradition of service to country lives on in each and every one of you.

And so, today, in commemorating the Department of War, we also salute you and every brave American who ever served in the original War Department, in the U.S. Army, in your Air Force and Navy compatriots and now, with you in the Department of Defense. We also salute those who served in the two great conflicts of this century, and those who served in Korea and in Vietnam. And we cannot leave here today without pausing to salute one who stands as a symbol of the courage that burns in the breast of every American in uniform, one marine who has been very much in our thoughts, Lieutenant Colonel Higgins, William Richard Higgins.

It is an inspiration to be here today among America's finest and to honor a great Department and its great traditions. God bless you all, and God bless the United States of America.

Note: The President spoke at 9:32 a.m. on Sommerall Field at Fort Myer in Arlington, VA. In his opening remarks, the President referred to Secretary of Defense Richard B. Cheney; Deputy Secretary of Defense Donald J. Atwood; and Adm. William J. Crowe, Jr., Chairman of the Joint Chiefs of Staff. Lt. Col. William R. Higgins, USMC, chief of the U.N. peacekeeping force in

southern Lebanon, was kidnaped on February 17, 1988, and allegedly hanged by pro-Iranian terrorists on July 31, 1989.

Remarks at the Boy Scout National Jamboree in Bowling Green, Virginia August 7, 1989

Bill, thank you for that generous introduction, and to you and Ben Love, my sincere thanks for inviting us to this unbelievable gathering of Scouts from all across the country. If you will permit me a note of regional pride, I understand that my home State of Texas has a pretty good-size delegation over here. I saw that flag, and I wanted to acknowledge it. Thank you, Curtis, for the Pledge of Allegiance and, Calvin, for that National Anthem. Once again, I salute the colonel and the great Marine Band over here. You guys are lucky to have them. They are outstanding, and thank you, Colonel Bourgeois.

I want to salute our Secretary of Transportation, Sam Skinner. We flew down here. You saw us coming in on Marine One. And sitting with me on that plane was Sam Skinner, our outstanding Secretary of Transportation; Andy Card, an Assistant to the President; Bob Gates, an Assistant to the President for National Security—all three of them Eagle Scouts, so that tells you something about how we feel.

The last Jamboree, I understand you had an unwelcome visitor by the name of Bob—Hurricane Bob. And Bill tells me you didn't have a camp-out; you had a damp-out. But today I want credit as the guy that brought you the cool air down here. I would like full credit for that.

But I'm told that this Jamboree has come together marvelously—canoeing, kayak, swimming. You can race trail bikes and compete in archery. You can earn merit badges while you work your way down the Midway. And some of you undoubtedly, you wise ones, will be asked to organize snipe-hunting expeditions. [Laughter] And this all sounds like a lot of fun, but there's one activity here that really tempts me to leave the White House behind and spend a few days with you here at Fort A.P. Hill. And I'm talking about Fish Hook Lane.

You see, I started fishing at age 5 or so, in the cold waters along the Atlantic coast at Maine, using a lead jig with—[applause]—modest, but reasonably good delegation there, I'd say; thank you very much—you know, fishing with one of these lead jigs with a little white cloth for bait, trolling with one of those old green cotton lines. And after awhile you get the hang of it, pulling in the fish—mackerel and maybe a flounder. But I became acquainted with the waters up there, and so well that now I think I know every reef, when the swells will break and where they will, the sea conditions and where you can find the seals on a given day.

And since the time I was your age, I've waded in a clean, clear river in Iceland next to the Prime Minister of that land, catching my first salmon up there. I've pulled in bass in many, many of the States that are represented here today, fought dolphins and kings and tarpon and bluefish in Florida on the high seas—the earlier ones. [Applause] Good sound system here. Thank you, Florida. And as you might have guessed then, fishing, I guess, is my favorite source of relaxation. And it's with a rod and reel that I tend to count my blessings, especially if I'm out there with one of our grandkids or with Barbara, the only woman on Earth who can read and fish at the same time—[laughter]—and catch every word and every fish.

But no matter where I fish today, I always look back to the days when I trailed that little piece of white cloth along the shoreline. And there's a lesson here that I want to share with you. Whatever you love to do—whether it's hiking, hunting, kayaking—hang on to it. As you pursue success in school—and if there is ever a group that epitomizes the pursuit of success, it's you—and later in your careers, don't forget to find time for the things you love to do. If you stay true to the hobbies of your youth, you'll find a source of relaxation and replenishment that will never fail you.

There are other things that you will learn as a Scout that will serve you well through your entire life. Your Scout Law commands you to be trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent. What a mouthful. And that might sound like a lot to remember, but it isn't. For at the core of

that code is something simple: a desire to serve with honor, a sincere feeling for one's fellow man and for one's country. Serving is not a lifelong chore to be carried out. As Chief Scout Citizen Teddy Roosevelt put it: "The full performance of duty is not only right in itself but also the source of the profoundest satisfaction that can come in life." In short, to serve and to serve well is the highest fulfillment we can know. Bill Swisher, who gave so much time and commitment to this Jamboree—he certainly knows this. Around the country, Americans like you are serving others in a thousand ways, providing a thousand points of light and doing a good turn daily.

I know that Boy Scouts have always helped out through times of disaster, from fires to flash floods. The Boy Scouts were there when Franklin Delano Roosevelt appealed for help during the Great Depression, gathering almost 2 million articles of clothing, household furnishings, and food for the needy. And the Boy Scouts were a strong helping hand at home when older brothers fought a war in Europe. And today the Boy Scouts have taken on a new struggle: to defeat what you call the five "unacceptables"—illiteracy, unemployment, child abuse, drug abuse, and hunger. In fact, fighting hunger alone, Scouts, Cub Scouts, and Explorers rounded up—now get this—65 million cans of food for local food banks, the largest collection of food ever undertaken in the history of the United States of America.

And your focus, then, is right on target. Today we can be grateful as a nation that no depression or no war looms ahead of us. But this doesn't mean that the times we live in are less demanding. The Boy Scouts of this 12th National Jamboree will face challenges unimagined by your parents. Perhaps the greatest challenges of our times, I'm sorry to say, is one of the "unacceptables": the continuing struggle to keep drugs out of our high schools—a form of pollution, a poisoning of the mind, a corruption of the very soul of young America.

And we had some good news last week about drug use in America. The number of overall drug-users in the United States is down by almost 40 percent. And this is a real tribute to those who have worked in

the service organizations, the youth clubs, and communities across this country. And it's especially a tribute to the Boy Scouts of America. But we cannot yet claim victory. The number of people addicted to cocaine and crack has almost doubled. And we must work harder. And I'm especially looking to you to encourage friends to refuse drugs—any illegal drug. I don't want any young American starting down the path to cocaine and crack.

Last week, a Wall Street Journal reporter wrote movingly of his son, a boy named Ryan. Ronald Shafer remembered his Ryan as an enthusiastic collector of baseball cards who could name every batting champion back to the sixties—the kind of bright kid for whom life was an open invitation to succeed. But Ryan started using drugs and alcohol at age 12, and soon became a stranger to his parents and his classmates. And by age 16, Ryan was dead. There are thousands of Ryans across America, thousands of young men and women who are in danger of losing their future, their very lives, to this scourge called drugs.

The Boy Scouts of America has assumed a leadership role in confronting this problem. You are teaching self-protection strategies against drugs and other dangers, and you've circulated these strategies in direct language in a very successful pamphlet called "Drugs: A Deadly Game." And you've done something else: You are leading the youth by example.

For years, the Boy Scouts of America has led our nation in taking the antidrug message to every community. By actively engaging in the lives of others, you are demonstrating a central theme, a central idea of this administration: that from now on in America, any definition of a successful life must include serving others. Now I want to challenge you to take the final steps. Ask yourself if you know someone like Ryan Shafer. And if so, have you done everything that you possibly can to help him or her?

And there are other, more positive challenges facing your generation. When the first Boy Scouts chapter was formed, Americans had just tamed the farthest reaches of the West. There were only a few remote places in the world unseen by man. And

since then, the world has become smaller, and so has the room for our imagination and daring—a narrowed space for the restless spirit of freedom that is so much a part of our national priority and of our national identity. But you and I know that there's a new frontier, a frontier without limits: space.

And once again, the Boy Scouts has played a leadership role in preparing a generation for space exploration. It's no coincidence that half of all astronauts were once Scouts. Admiral Richard Truly, who ably heads NASA, is an Eagle Scout. Gus Grissom, an American hero who lost his life in the early space program, was a Scout. David Scott, who operated that first lunar rover, was a Scout. And Jim Lovell, another lunar explorer, whom I'm told is with us today. And I guess, Jim, if you're here, it's true what they say: Once an Eagle Scout, always an Eagle Scout. And I doubt that any of the Scouts who participated in the 1969 seventh Jamboree in Idaho will ever forget Eagle Scout—[*applause*—go Boise—will ever forget Eagle Scout Neil Armstrong, who made man's first step on the Moon and later sent his greetings to the Jamboree from deep space.

The first spacefarers were unique, the lucky few. But your generation will have a broader, greater opportunity to live in space, to travel, to establish an outpost on the Moon, and explore the mysteries of Mars. And this is the challenge of the next century—your century, your challenge.

Near the Jamboree area is a NASA exhibit called Freedom Station, which includes a display of our nation's first permanently manned space station in the next decade. And nearby are also large-scale models of the space shuttle and other spacecraft. This is America's space fleet, and its mission is gradually changing from exploration to settlement. When we aim for the stars, it will be to stay.

And this brings to mind a small coincidence. Just a few miles away, along the Tidewater coast of Virginia, the first Englishmen arrived in the New World—also not just to explore but to stay. Those early colonists faced a terrible struggle. Their first

autumn brought a bitter harvest of hardship. Their first winter brought tragedy. But in the end, the generation of Captain John Smith escaped the confines of the Old World and settled the New, a fresh frontier, a boundless promise called America.

And today, as before, some timid and chiding voices caution us against the danger, the hardship, and the expense. Perhaps they should have seen Steven Spielberg's extravaganza. Or perhaps they should listen to Ray Bradbury, a writer who once said that space will make children of us all. He meant that the strange beauty and mystery of space will teach even the most cynical and world-weary among us to rediscover the wonder of their first glimpse of the night sky. It is this sense of wonder and curiosity that draws you from the comfort of home, comfort of television, to the outdoors. And tonight, when you are lying around the campfire, surrounded by dark forest, looking up at the stars of the night sky, I want you to consider something. Perhaps you, or even your kids—or as hard as it is for you to imagine, your grandchildren—will one day look up at the night sky before going to sleep, and see the Earth as a faint, twinkling blue star.

It is this spirit, a spirit of wonder, of discovery, and adventure, that is surely drawing us to a new destiny on new and far distant worlds. You are privileged to be the generation that will witness the first large movement of men and women into space. And as this happens, I know that the Boy Scouts of today will be in the lead. Thank you for inviting me to your Jamboree. God bless you, God bless the Boy Scouts of America, and God bless the United States of America. Thank you all.

Note: The President spoke at 10:44 a.m. at Fort A.P. Hill. In his remarks, he referred to G. William Swisher, Jr., chairman of the National Jamboree; Ben H. Love, chief Scout executive of the Boy Scouts of America; former Scout Curtis Hawkins; entertainer Calvin Grant; and Col. John R. Bourgeois, USMC, Director of the U.S. Marine Corps Band.

Proclamation 6006—National Neighborhood Crime Watch Day, 1989 August 7, 1989

By the President of the United States of America

A Proclamation

Communities across the United States bear testimony to the great things Americans can accomplish through their own resourcefulness and the help of neighbors. In business, government, education, and social services, the ingenuity and hard work of individual Americans have been both the foundation and the catalyst for progress.

Individual private citizens represent a particularly important force in our Nation's fight against crime. Last year, crime struck one in four American households. While law enforcement officials do all they can to apprehend and prosecute those who prey upon innocent victims, the cooperation of law-abiding citizens is vital to their efforts.

Today, more than 19 million Americans participate in neighborhood crime watch programs. They remain vigilant against criminal activity in their neighborhoods and report suspicious behavior to the police. They also keep special watch over elderly persons and others who might easily become victims of theft or violence. These Americans who look out for their neighbors and make a personal commitment to help fight crime serve as positive role models for young people, thereby demonstrating not only respect for the law, but also active concern for the well-being of others. Participants in crime watch programs affirm that, as communities, we must not and will not tolerate contempt for civil order and disregard for the rights of innocent people.

On August 8, 1989, millions of Americans will join their neighbors in "National Night Out," an evening sponsored each year by the National Association of Town Watch. This event provides citizens an opportunity to demonstrate the importance and effectiveness of community participation in crime prevention efforts. During the "National Night Out," families spend the period between 8:00 p.m. and 10:00 p.m. on the porches, steps, or lawns of their homes as a notice to criminals that their communities

House. Bob Michel, our able Leader in the House, is outgunned, outmanned. So, let's help him by picking up more seats in the House of Representatives.

Strong state parties can help us win back the U.S. Senate, one of our most critical goals. And I salute our leader, Bob Dole. What a job he is doing as Republican leader in the Senate. But he needs more troops. He needs some help over there. So, let's win back the Senate. Let us again make it a Republican Senate, and that will be good for the United States of America.

In the next election, we have a good shot at making big gains. And of course, the party that controls the White House is often expected to do poorly in midterm elections. But there are no ironclad rules in politics. After all, if there were, I would never have become the only living member of the Martin Van Buren Society.

With your support and leadership, the leadership of so many great Republicans—I don't want to embarrass him, but in his work tonight and the support he's given me and so many other elected officials in this room, men like Carl Lindner of Ohio, who has done a superb job here—we can again defy the precedence; we can again make history. In order to win, we must work together as a team, not as an association of acronyms—the RNC or the NRCC or the RGA or the NRSC. These are top-notch, well-managed organizations staffed by the best people in politics today. But our Republican Party must be greater than the sum of its parts. We must be inspired by a common purpose. We must bring opportunity to new constituencies and campaign in their neighborhoods, in the inner cities, the barrios once considered to be the exclusive domain of the opposition. And I salute our Secretary of Housing and Urban Development for taking this message right into the inner city, Jack Kemp.

And our party chairman, Lee Atwater, who's doing a great job. And he's been a strong voice and a correct voice, arguing that we Republicans need to reach to minorities and the disadvantaged. And these groups can benefit the most from our philosophy, which simply maximizes opportunity and rewards initiative. And that is a message I believe in, and it's a message that we as a party must be prepared to act upon.

To win, we must also recruit the very best men and women to represent our party as candidates and as officeholders.

And so, these are my strategies for victory, but strategies are useless without a great purpose. And we have such a purpose: to build a better America for today and for the new century ahead. And we've shed a lot of blood, sweat, tears to rebuild the Republican Party since the early seventies. The best way to keep our party growing is to win more elections in 1990 from the courthouse to the statehouse to Capitol Hill. And with your help, let's prove to the Democrats that the successes of the 1980's are not a fluke, that they in fact spell the beginning of the end of Democratic dominance in the United States Congress.

Thank you all, each and every one of you, for your unbelievable contribution to these goals. Thank you. Barbara and I send you our best wishes. Good night, and God bless each and every one of you, and God bless the United States of America. Thank you very, very much.

Note: The President spoke at 9:45 p.m. in Hall A at the Washington Convention Center. In his remarks, he referred to weatherman Willard Scott, who led the Pledge of Allegiance, and television host Mary Hart, who sang the national anthem. The President also referred to the Republican National Committee (RNC), the National Republican Congressional Caucus (NRCC), the Republican Governors Association (RGA), and the National Republican Senatorial Committee (NRSC). These remarks were not received in time for inclusion in last week's issue.

Remarks to Students and Educators at the Drug-Free Schools Recognition Ceremony

June 19, 1989

Thank you, Secretary Cavazos. Mr. Vice President, students, parents, teachers, and friends, welcome to the White House, the steamy Rose Garden. [Laughter] We're delighted you're here. I thought long and hard about what to say today, how to talk about the importance of drug education

and prevention, and of how we can save our schools and our children from drugs. And then I read the judges' reports about this year's Drug-Free Schools Award winners, and these reports were simply incredible. So, today I'd like to just tell some American stories, stories about drug-free schools and, really, some American heroes.

Let's start with Spingarn High School, right here in Washington, DC. Spingarn is in one of Washington's worst drug areas—a tough area—and one teacher said, "Five years ago, teachers were afraid to go out in the hall between classes. There's no fear here now." One man, a teacher named Frank Parks, saw the drug dealers in the hallways, the expensive clothes; he smelled the marijuana in the bathrooms and the locker rooms. So, he started Operation SAND, Student Activities, Not Drugs, and recruited popular athletes as peer counselors. And he set up these "Rap Rooms" for kids to confidentially talk about the drug problems. And he founded a program that worked. He found answers. And he's here today, and despite the fact that his office was bombed a year ago. And I'm told he and his wife are available 24 hours a day for the kids, as they have been for years. And I hope that the students will be lucky enough to have him for years to come. Mr. Parks, thank you, and congratulations.

And next, let me tell you about St. John the Baptist School in Brooklyn, New York. Here's what one of the judges who visited the school wrote: "This school is a total drug-free oasis in a sea of crack dealers. This crusade to be a beacon of hope in a neighborhood of burned-out buildings and frequent killings is taken with serious risk. The school is almost the last liferaft available to families whose neighborhood peace and quiet has been overturned by the violence of alcohol and drugs. And if this school is not a model of a drug-free school, then no such model exists."

But keeping their school drug free was not enough for the St. John's students. They've asked Mayor Koch to deliver the neighborhood a drug-free community—to declare it a drug-free community, telling him about the crack houses and of the horror and despair they see during breaks. Drug dealers recently broke into the office of Sister Mary Jane Raeihle, the principal,

ransacking it, breaking into the safe where the school's money is kept. But they left the money on her desk as a warning, as a message to the school to stop its activities. But St. John's has not stopped. And just last week, during graduation practice, the brave nuns stood between the drug dealers and the children to protect them as they marched to the church. Sister Raeihle says: "We're very proud of the children. Even the little ones know what it's all about, which is a shame. We have good will and kids with a lot of hope. It's so hard for them, and they have so much hope." God bless you, Sister, and God bless the children.

Roosevelt Vocational School, from Lake Wales, Florida—local police say this school is "sitting in the middle of a drug supermarket." The students there are "high risk" for drug use, many with difficult disabilities. And yet some ride 2 and 3 hours to get to Roosevelt. Let me tell you why.

Less than 10 years ago, only 10 percent of Roosevelt's graduates got and held jobs. But students soon realized that in order to get the jobs they'd been trained for, they had to be drug free. So, they looked to the Kennedy Space Center which you can see from the school windows, and adopted the motto, Aiming for the Highest. And they kicked drugs out of the school, stopped feeling sorry for themselves, turned their attention to others who needed help, adopting a local family whose father has Lou Gehrig's disease and raising thousands of dollars to help them make ends meet. And now 75 percent of the students are employed after graduation. And they aimed for the highest and made it. And they're here today, too.

In fact, I heard a story about the principal, Harold Maready, who made a bet with the students during Red Ribbon Week, when students who are drug free wear red ribbons and clothes. He bet them that if at least half the school wore red—that is, were drug free—he'd paint his bald head with the words, Just Say No. Well, 225 out of 295 showed up in red—[laughter]—and guess what happened? I wore this red ribbon today and this red tie because I think Mr. Maready had a great idea, and I'm looking for Marlin Fitzwater [the President's Press Secretary] here somewhere. [Laughter]

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Finally, a story from out West. Live Oak, California, is a small town that started as a railroad stop serving ranchers. The residents fill only five pages of the phone book. One traffic light. No hospital. No jail. Just a drugstore, a few restaurants, a post office. A quiet, small town? No, not at all. Drugs arrived over the border, brought by transient workers. This county is now one of California's major producers of methamphetamines and a major contact area for drugs arriving from Mexico. The drugs got into the school and things went downhill fast. And during the last 4 years, however, this school developed a drug-free education program that is gradually influencing the face of the entire community. Students, parents, business leaders, and teachers came together and changed it from what we used to call the three R's to the four R's: respect, responsibility, recognition, and recreation.

And what made the difference was a temporary principal, Mrs. Paulla McIntire, assigned to the school for 4 months in 1985. Temporary—she's still there. [Laughter] And one judge called her "the visionary dynamo behind the progress" at one of the most overwhelmed and understaffed schools around. She and a teacher, Michael Dahl, beat the odds by "vision, no-nonsense leadership, compassion, and professional expertise." Mrs. McIntire and Mr. Dahl, thank you for making the trip today, all this way, and thank you for a job so well done.

As I look around here today, I see some of the top commandos in the war on drugs: our teachers, principals, community leaders, parents, and students. You're the ones winning this war because you are the ones looking to tomorrow. You're the ones who know that it takes a clear mind to get a good education and lead a productive life. You understand that students have a right to learn in drug-free schools. And I know that school's out for the summer, but there's one last lesson all America can learn from the courage and commitment and, yes, the downright stubbornness of each of these heroes here today who never gave up: Every school in this country can win; every school in this country can be safe and drug free.

Thank you, and God bless you all, and congratulations.

And now I'd like to welcome the students that are here from each school and join the Vice President and Secretary Cavazos in presenting these awards, or at least shaking hands before you get to the main event—the award from our great Secretary of Education. Thank you very much.

Note: The President spoke at 10:04 a.m. in the Rose Garden at the White House.

Message to the Senate Transmitting the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

June 19, 1989

To the Senate of the United States:

With a view to receiving the advice and consent of the Senate to ratification, I transmit herewith the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, done at Vienna on December 20, 1988. I also transmit, for the information of the Senate, the report of the Department of State with respect to the Convention.

The production, trafficking, and consumption of illicit narcotics have become a worldwide menace of unprecedented proportions. Narcotics trafficking and abuse threaten the developing and industrialized nations alike, eroding fragile economies, endangering democratic institutions, and affecting the health and well-being of people everywhere. The profits made from the international drug trade are consolidated in the hands of powerful drug lords who operate with impunity outside the law. The widespread corruption, violence, and human destruction associated with the drug problem imperil all nations and can only be suppressed if all nations cooperate effectively in bringing to justice those who engage in illicit trafficking and abuse.

Patterned after many existing U.S. laws and procedures, the present Convention represents a significant step forward in international efforts to control the illicit traffic in narcotic drugs and psychotropic substances. The Convention obligates states party to the agreement to cooperate in sup-