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OFFICE OF EDUCATIONAL RESEARCH AND IMPROVEMENT

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TO: Stephanie Blessy
White House Research Staff

FROM: Dr. Vance Grant OERI IS, PID, EIB

NUMBER OF PAGES (INCLUDING COVER SHEET): 2

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9/11/89 vg

Estimated enrollment in grades 7 through 12: United States, fall 1989

Grades 9 through 12 (from press release dated 8/24/89):

Total	12,680,000
Public	11,505,000
Private	1,175,000

Grades 7 and 8:

Total	6,670,000
Public 1/	5,850,000
Private 2/	820,000

Grades 7 through 12:

Total	19,350,000
Public	17,355,000
Private	1,995,000

1/ Based on fall 1987 data adjusted for changes in the number of 12- and 13-year-olds between 1987 and 1989.

2/ Estimated as 14 percent of public school enrollment.

THE WHITE HOUSE

Office of the Press Secretary

FOR IMMEDIATE RELEASE May 15, 1989

FACT SHEET

COMBATTING VIOLENT CRIME

The President outlined today a comprehensive program to combat violent crime. The program is designed to strengthen the nation's criminal justice system and the Federal, State and local law enforcement partnership.

The program is grounded in the President's belief that greater certainty of apprehension, prosecution, and punishment will help deter crimes of violence. It includes proposals to strengthen current Federal, State and local laws, to step up enforcement, and to hold perpetrators of crimes fully accountable for their actions.

The President is proposing a common sense approach to crime with initiatives to limit access to weapons by criminals, to reform the criminal justice system, to enhance enforcement and prosecution, and to expand prison capacity to ensure both the certainty and severity of punishment.

Fundamental Principles

Four principles underlie the goals of our criminal justice system and the means for accomplishing them.

- A primary purpose of government is to protect citizens and their property. Americans deserve to live in a society in which they are safe and feel secure.
- Those who commit violent criminal offenses should, and must, be held accountable for their actions.
- Our criminal justice system must have as its objective the swift and certain apprehension, prosecution, and incarceration of those who break the law.
- Success in accomplishing our criminal justice system goals requires a sustained, cooperative effort by Federal, State and local law enforcement authorities.

The President today proposed a comprehensive four-part program to strengthen current laws, enhance enforcement and apprehension of criminals, facilitate prosecutions, and expand Federal prison capacity.

COMPREHENSIVE CRIME CONTROL ACT OF 1989

I. STRENGTHENING CURRENT LAWS

To ensure that those who commit violent criminal offenses are held fully accountable for their actions, it is essential to eliminate certain gaps in existing law and to strengthen some existing statutes.

A. Enhanced Penalties for Firearms Violations

The President proposed seven changes in Federal firearms laws which would:

1. Double the mandatory penalty from five to ten years under 18 U.S.C. 924(c) for the use of a semi-automatic firearm during the commission of a violent crime or drug felony.

2. Amend the Armed Career Criminal statute to count as predicate offenses acts of juvenile delinquency which if committed by an adult would constitute a serious drug offense. Many youthful repeat offenders now escape the enhanced career criminal penalties because most of their prior offenses were charged as juvenile delinquency.

3. Allow for pre-trial preventive detention of defendants in cases involving certain serious Federal firearms and explosive offenses.

4. Authorize criminal penalties and mandatory minimum sentences for theft of a firearm.

5. Enhance penalties for smuggling firearms into the United States while engaged in, or in the furtherance of, drug trafficking.

6. Require mandatory revocation of Federal supervised release for those possessing a firearm anytime before the term of their supervised release expires.

7. Double the current penalty for a knowing and materially false statement on ATF Form 4473 to a maximum sentence of ten years imprisonment.

The President also urged all States to adopt model legislation providing mandatory minimum sentences for criminal offenses involving firearms to parallel Federal mandatory minimum provisions.

He directed the Attorney General to provide the States with related technical assistance through the Law Enforcement Coordinating Committees (LECCs). At present, thirty States have some provision for mandatory terms of imprisonment for use of firearms in the commission of a crime.

The President proposed providing a five percent bonus to the formula portion of drug law enforcement grants for those States which adopt this model legislation.

B. Restricting Plea Bargaining

If our criminal justice system is to achieve its objective of ensuring that those who commit violent firearms offenses are held fully accountable for their actions, plea bargaining practices nationwide must be reformed. Too often, serious felons walk away from court after pleading guilty to minor offenses and misdemeanors because overburdened prosecutors have accepted plea agreements rather than going to trial. The lesser charges result in lesser sentences or probation and repeat offenders continue to beat the system. To speed an end to such plea bargaining:

1. The President directed the Attorney General to issue and fully implement guidelines for Federal prosecutors regarding plea bargaining under the Sentencing Reform Act to ensure that Federal charges always reflect both the seriousness of the defendant's conduct and the Department's commitment to statutory sentencing goals and procedures. This will ensure that Federal prosecutors seek minimum mandatory penalties for all violent firearms offenses.

2. The President urged State and local governments to reform their plea bargaining and sentencing practices along similar lines and to devote increased resources to prosecutions.

C. Enacting Death Penalty Procedures

The criminal justice system must accord paramount importance to the protection of innocent life. The murderous "assault weapon" armed gang member, the terrorist, the traitor and the assassin, who threaten American lives and the nation's security, must know that they will face the death penalty for their crimes.

The President proposed to restore an enforceable death penalty for the most aggravated Federal crimes. His proposal includes adequate standards and constitutionally sound procedures for applying the Federal death penalty provisions that now appear in Federal statutes for homicide, espionage, and treason. It would also authorize the death penalty for a number of new offenses, such as murder for hire. In direct response to the increase in firearms-related violence, the proposal specifies that the use of a firearm in committing the offense or a previous conviction of a violent felony involving a firearm, constitute aggravating factors justifying capital punishment.

D. Restricting Imported Weapons

When the study of imported weapons by the Bureau of Alcohol, Tobacco, and Firearms is completed, the Administration will make permanent the temporary suspension on the imported weapons, if any, that fail to meet the criteria specified in the Gun Control Act of 1968 (18 U.S.C. 925).

E. Preventing Circumvention of Import Laws

The Administration will propose an amendment to ensure that actions taken under the provisions of the Gun Control Act of 1968 shall not be circumvented by domestic assembly of such weapons or any combination of domestic and foreign assembly of such weapons.

F. Restricting Gun Clips and Magazines

The Administration will propose legislation prohibiting the importation, manufacture, transfer, or sale of gun magazines of over 15 rounds for use by private citizens.

G. Limiting Access to Weapons by Criminals

In addition to greater penalties for misusing firearms, it is also important to limit access to weapons by criminals. This can be facilitated in three ways:

1. Strengthening and Expanding Prohibitions on Access to Weapons by Criminals

    a. The President proposed to bar the sale of firearms to, or possession of firearms by, persons convicted of any violent offense, expanding the existing prohibition to cover individuals convicted of violent misdemeanor offenses.

b. The President also proposed to bar the sale of firearms to, or possession of firearms by, persons who are convicted of any serious drug offense.

2. Improving Mechanisms for Identifying Criminals Who Attempt to Purchase Firearms

The Anti-Drug Abuse Act of 1988 requires the Attorney General to develop a system for the immediate and accurate identification of felons and others who attempt to purchase firearms but are barred by Federal law [18 U.S.C. 922(g)(1)] from buying or possessing firearms. The initial stage of the study must be completed by November 18, 1989.

a. The President directed the Attorney General to expand the National Criminal Records Identification System Implementation study to include a review and evaluation of State and local procedures which have effectively limited criminal access to firearms, and based on that review and in consultation with the Bureau of Alcohol, Tobacco, and Firearms, to develop recommendations for model State legislation and procedures to complement and enhance efforts to reduce felons' access to firearms.

Model State legislation or procedures might include a reasonably structured waiting period, or use other devices to facilitate accuracy in determining whether an individual seeking to purchase a weapon from a licensed gun dealer is ineligible by reason of Federal law. At present, more than twenty States have waiting periods, identification requirements, or other procedures which effectively limit criminal access to weapons.

b. The President urged States to transfer criminal history conviction, sentencing, and other case disposition records to the proper Federal authorities. He also directed the Attorney General to recommend additional improvements in the criminal records data system. The quality of criminal history data is a critical factor in crime control and prevention. At present, the only criminal history records consistently reported by States and localities are arrest records.

Timely and accurate reporting of conviction, sentencing and other case disposition records is essential to the effective operation of the nation's criminal justice system.

To improve the national data base, States should make such criminal record reporting mandatory and take steps to ensure that centralized State criminal history repositories are adequately funded and managed. In addition, States should maintain records and report on all serious crimes committed by juveniles who frequently continue their criminal careers into adulthood, but often escape early identification as repeat offenders and recidivists because their juvenile records are not reported.

3. Eliminating Loopholes and Clarifying Existing Offenses

The President also proposed to eliminate loopholes and clarify existing offenses related to the sale or transfer of firearms, in order to:

a. facilitate the prosecution of unlicensed gun dealers engaged in illegal weapons transfers to aliens or transients;

b. expand Federal jurisdiction to permit prosecution of transactions in stolen firearms and weapons lacking serial numbers in cases where the firearms have previously moved in interstate or foreign commerce (present law requires the firearms be moving in interstate commerce at the time of the offense);

c. provide a uniform standard to determine whether a person is under Federal firearms disabilities based upon State convictions;

d. require that persons convicted under State law of a serious drug offense or violent felony apply to Federal authorities in order to have their firearms rights restored;

e. amend provisions regarding the disposal of forfeited firearms; and

f. clarify the definition of burglary in the Armed Career Criminal Act to eliminate loopholes caused by differing State laws.

H. Making Drug Testing a Condition of Release

The President also proposed to authorize and fund nationwide implementation in 1990 of drug testing as a mandatory condition of Federal probation, parole or supervised release. It is estimated that 81,500 people will be on some form of Federal supervised release in 1990. The Justice Department and the Federal Judiciary will coordinate implementation of this program.

The President urged States to adopt similar mandatory drug testing programs as a condition of parole.

II. AUGMENTING ENFORCEMENT

A primary purpose of government is to protect citizens and their property. This requires the sustained cooperative commitment of Federal, State and local law enforcement officials. Apprehending violent offenders requires increased enforcement personnel, improved cooperation among law enforcement authorities, and not permitting the exclusion of evidence on legal technicalities.

A. Additional ATF Special Agents

The President proposed to increase funds for the Bureau of Alcohol, Tobacco and Firearms to provide for the hiring, training and equipping of 375 ATF special agents, inspectors and support personnel to investigate assault weapon and other firearms violations by armed career criminal and repeat offenders.

B. Additional U.S. Marshals

The President proposed to increase funds for the U.S. Marshals to provide for about 150 additional positions for the Marshals Fugitive Investigations and Court Orders Program. This would direct greater Federal efforts to capturing fugitives and career criminals.

C. Additional FBI Agents

The President proposed to increase funds for the FBI to provide for about 300 additional positions for the Bureau's Violent Crime and Major Offenders Program and Organized Crime Program and to assist States and localities improve their efforts in fighting violent crime through greater Federal/State cooperation.

D. Coordinated Task Forces

The President directed the Attorney General and Secretary of the Treasury to develop a coordinated strategy for the deployment of the additional U.S. Marshals, ATF and FBI agents. Their deployment will emphasize working closely with State and local authorities in task forces to target and investigate career criminals who are subject to prosecution as repeat offenders under Federal firearms laws and related statutes.

E. State and Local Resources

The President urged State and local authorities to increase their law enforcement resources devoted to identifying and apprehending violent criminal offenders.

F. Exclusionary Rule Reform

The President proposed to establish a general "good faith" exception to the exclusionary rule which would permit evidence to be admitted if the officers carrying out a search or seizure acted with an objectively reasonable belief that their conduct was in conformity with Fourth Amendment requirements. The reform legislation would clarify that in the absence of explicit statutory authority for doing so, Federal courts may only exclude evidence on the basis of constitutional violations.

III. ENHANCING PROSECUTION

In order to assure that criminals are held accountable for their offenses, certainty of prosecution must accompany severity of punishment. Federal, State and local authorities must expand and coordinate their prosecutorial efforts.

A. Additional Assistant U.S. Attorneys

The President proposed to increase funds for the U.S. Attorneys Offices to support 1,600 additional positions to handle the increased number of Federal defendants and to prosecute more drug cases, weapons offenses, and other priority matters.

B. Additional Criminal Division Attorneys

The President proposed to increase funds for the Justice Department Criminal Division to support 168 additional positions to focus on drug cases, weapons offenses, and other priority matters, including activities to foster State and local cooperation and coordinated law enforcement strategies.

C. Additional Housing for Unsentenced Prisoners

The President proposed additional funds for the U.S. Marshals Service to provide transportation and 300,000 added jail days for unsentenced prisoners and pre-trial detainees.

D. Additional Judicial Branch Resources

The President proposed increasing the Administration's budget request for the Judiciary by $40 million for FY 1990 to cover costs associated with processing increased numbers of criminal defendants and for additional Federal criminal prosecutions.

E. Habeas Corpus Reform

The President proposed immediate enactment of habeas corpus reform to establish a general one-year time limit on Federal applications by State prisoners; and to require deference in Federal proceedings to the results of fair and reasonable State court determinations. This will correct the existing system of review, under which over 10,000 cases are annually filed in Federal court.

IV. EXPANDING PRISON CAPACITY

Prison overcrowding remains a national problem. The most acute problem is at the Federal level. At both the Federal and State level prison overcrowding is a factor in sentencing. At the State and local levels it is often responsible for the early release of convicted criminals.

A. Expanding Federal Prison Construction

The President proposed an additional $1 billion for Federal prison construction, bringing the total 1990 budget to over $1.5 billion. This will increase prison capacity by about 77 percent, adding over 24,000 new Federal prison beds. The present rated Federal prison capacity is 30,951 beds, the present Federal prison population is approximately 48,000.

B. Converting Unused Federal Properties

The President directed the Secretary of Defense, the Secretary of Education, and the Administrator of the General Services Administration to work with the Attorney General to identify expeditiously properties and facilities suitable for conversion for use as Federal prisons or jails.

C. Deporting Criminal Aliens

The President proposed to provide the Attorney General with $14.0 million for the Immigration and Naturalization Service (INS) and the Executive Office for Immigration Review in order to expedite the deportation of convicted criminal aliens.

Crimes committed by aliens are rising disproportionately in relation to the general population and entailing more violent and drug-related crime.

The Federal Bureau of Prisons has identified 9,254 aliens in its facilities, 20.6 percent of its total inmate population.

D. Encouraging State Prison Construction

The President commended and encouraged State prison construction efforts. States currently have construction of 63,452 new bedspaces underway. An additional 78,094 bedspaces are planned, and funding has been secured for their construction. Moreover, States have requested construction of 72,190 additional bedspaces.

E. Review of Court-Ordered Prison Caps

The President directed the Attorney General to conduct a review of the role of court orders and consent decrees in prison crowding situations, including an assessment of the scope of judicial authority in formulating and issuing such orders, the impact of such orders on the operation of prison systems and public security, and non-judicial means of addressing prison crowding. The Attorney General will report his findings to the President and recommend any necessary remedial actions.

Legislation to implement elements of this initiative will be transmitted shortly by the Attorney General.

Funding Summary

Enforcement:	
BATF	$18.8 million
U.S. Marshals	$12.0 million
FBI	$19.5 million
Prosecution:	
U.S. Attorneys	$49.6 million
Criminal Division	$ 5.4 million
Unsentenced Prisoner Support	$13.0 million
Courts	$40.0 million
Drug Testing:	
Mandatory Testing	$10.7 million
Criminal Alien Deportation:	
INS	$12.5 million
EOIR(Executive Office for Immigration Review)	$ 1.6 million
State Grant Bonus:	
Office of Justice Programs (Bonus)	$ 6.0 million
SUBTOTAL (non-prison)	$189.1 million
Prisons:	
Federal Prison Construction	$1.0 billion

This will bring the total 1990 prison construction budget to over $1.5 billion, which includes $115 million available from the Special Forfeiture Fund available to the Office of National Drug Control Policy, and $401 million in the original Bush Budget.

TOTAL INCREASE	$1.189.1 billion*

* This total can be accommodated within the overall domestic discretionary spending cap set in the Bipartisan Budget Agreement.

SEP 1 1989

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Table G-4

Updated Costs to Society of Alcohol Abuse, Drug Abuse, and Mental Illness, 1982
(dollars in millions)

	Alcohol Abuse	Drug Abuse	Mental Illness	Total
Core Costs				
Direct				
Treatment and Support	$13,558	$1,868	$30,502	$45,928
Indirect				
Mortality[a]	17,055	2,336	8,490	27,881
Reduced Productivity	61,612	31,328	3,803	96,744
Lost Employment	5,001	380	22,589	27,970
Other Related Costs				
Direct				
Motor Vehicle Crashes	2,560	c	-	2,560
Crime	2,640	6,649	979	10,268
Social Welfare Programs	46	2	241	289
Other	3,479	642	787	4,908
Indirect				
Victims of Crime	197	966	-	1,163
Crime Careers	-	10,314	-	10,314
Incarceration	2,675	2,177	131	4,983
Motor Vehicle Crash (time loss)	555	c	-	555
Total	$109,376[b]	$56,663[b]	$67,522[b]	$233,561

Totals may not add due to rounding.

[a]At 6 percent discount rate.

[b]The total costs to society for each of the three ADM disorders are not comparable, since the completeness of data available for each cost category varied significantly. For example, the estimate of reduced productivity is relatively complete for alcohol abuse, only partially complete for drug abuse, and incomplete for mental illness.

[c]Although costs are phyothesized to occur in this category, sufficient data are not available to develop a reliable estimate.

Source: Research Triangle Institute.

Table G-5

Unscaled Costs to Society of Alcohol Abuse, Drug Abuse, and Mental Illness, 1983
(dollars in millions)

	Alcohol Abuse	Drug Abuse	Mental Illness	Total
Core Costs				
Direct				
Treatment and Support	$ 14,865	$ 2,049	$33,445	$50,359
Indirect				
Mortality[a]	18,151	2,486	9,036	29,673
Reduced Productivity	65,582	33,346	4,048	102,976
Lost Employment	5,323	405	24,044	29,772
Other Related Costs				
Direct				
Motor Vehicle Crashes	2,667	c	-	2,667
Crime	2,607	6,565	966	10,139
Social Welfare Programs	49	3	259	311
Other	3,673	677	831	5,181
Indirect				
Victims of Crime	192	945	-	1,137
Crime Careers	0	10,846	-	10,846
Incarceration	2,979	2,425	146	5,549
Motor Vehicle Crash (time loss)	583	c	-	583
Total	$116,674[b]	$59,747[b]	$72,775[b]	$249,196

Totals may not add due to rounding.

[a] 6 percent discount rate.

[b] The total costs to society for each of the three ADM disorders are not comparable, since the completeness of data available for each cost category varied significantly. For example, the estimate of reduced productivity is relatively complete for alcohol abuse, only partially complete for drug abuse, and incomplete for mental illness.

[c] Although costs are hypothesized to occur in this category, sufficient data are not available to develop a reliable estimate.

Source: Research Triangle Institute.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release September 5, 1989

ADDRESS BY THE PRESIDENT
ON NATIONAL DRUG POLICY

The Oval Office

9:00 P.M. EDT

THE PRESIDENT: Good evening. This is the first time since taking the oath of office that I felt an issue was so important, so threatening that it warranted talking directly with you, the American people. All of us agree that the gravest domestic threat facing our nation today is drugs.

Drugs have strained our faith in our system of justice. Our courts, our prisons, our legal system are stretched to the breaking point. The social costs of drugs are mounting. In short, drugs are sapping our strength as a nation. Turn on the evening news or pick up the morning paper and you'll see what some Americans know just by stepping out their front door: Our most serious problem today is cocaine and, in particular, crack.

Who's responsible? Let me tell you straight out.

Everyone who uses drugs. Everyone who sells drugs. And everyone who looks the other way.

Tonight, I'll tell you how many Americans are using illegal drugs. I will present to you our national strategy to deal with every aspect of this threat. And I will ask you to get involved in what promises to be a very difficult fight.

This -- this is crack cocaine seized a few days ago by Drug Enforcement agents in a park just across the street from the White House. It could easily have been heroine or PCP. It's as innocent looking as candy, but it's turning our cities into battle zones and it is murdering our children. Let there be no mistake, this stuff is poison. Some used to call drugs harmless recreation. They're not. Drugs are a real and terribly dangerous threat to our neighborhoods, our friends and our families.

No one among us is out of harm's way. When four-year-olds play in playgrounds strewn with discarded hypodermic needles and crack vials -- it breaks my heart. When cocaine -- one of the most deadly and addictive illegal drugs -- is available to school kids -- school kids -- it's an outrage. And when hundreds of thousands of babies are born each year to mothers who use drugs -- premature babies born desperately sick -- then even the most defenseless among us are at risk.

These are the tragedies behind the statistics. But the numbers also have quite a story to tell. Let me share with you the results of the recently completed Household Survey of the National Institute on Drug Abuse. It compares recent drug use to three years ago. It tells us some good news and some very bad news. First, the good.

As you can see in the chart, in 1985, the government estimated that 23 million Americans were using drugs on a "current" basis -- that is, at least once in the preceding month. Last year, that number fell by more than a third. That means almost nine million fewer Americans are casual drug users. Good news.

MORE

Because we changed our national attitude toward drugs, casual drug use has declined. We have many to thank: Our brave law-enforcement officers, religious leaders, teachers, community activists, and leaders of business and labor. We should also thank the media for their exhaustive news and editorial coverage and for their air time and space for antidrug messages. And finally, I want to thank President and Mrs. Reagan for their leadership. All of these good people told the truth -- that drug use is wrong and dangerous.

But as much comfort as we can draw from these dramatic reductions, there is also bad news -- very bad news. Roughly eight million people have used cocaine in the past year, almost one million of them used it frequently -- once a week or more.

What this means is that, in spite of the fact that overall cocaine use is down, frequent use has almost doubled in the last few years. And that's why habitual cocaine users -- especially crack users -- are the most pressing, immediate drug problem.

What, then, is our plan? To begin with, I trust the lesson of experience: No single policy will cut it, no matter how glamorous or magical it may sound. To win the war against addictive drugs like crack will take more than just a federal strategy. It will take a national strategy, one that reaches into every school, every workplace, involving every family.

Earlier today, I sent this document, our first such national strategy, to the Congress. It was developed with the hard work of our nation's first Drug Policy Director, Bill Bennett. In preparing this plan, we talked with state, local and community leaders, law enforcement officials and experts in education, drug prevention, and rehabilitation. We talked with parents and kids. We took a long, hard look at all that the federal government has done about drugs in the past: What's worked, and -- let's be honest -- what hasn't. Too often, people in government acted as if their part of the problem -- whether fighting drug production, or drug smuggling, or drug demand -- was the only problem. But turf battles won't win this war. Teamwork will.

Tonight, I'm announcing a strategy that reflects the coordinated, cooperative commitment of all our federal agencies. In short, this plan is as comprehensive as the problem. With this strategy, we now finally have a plan that coordinates our resources, our programs and the people who run them.

Our weapons in this strategy are the law and criminal justice system, our foreign policy, our treatment systems, and our schools and drug prevention programs. So the basic weapons we need are the ones we already have. What's been lacking is a strategy to effectively use them.

Let me address four of the major elements of our strategy.

First, we are determined to enforce the law, to make our streets and neighborhoods safe. So to start, I'm proposing that we more than double federal assistance to state and local law enforcement. Americans have a right to safety in and around their homes. And we won't have safe neighborhoods unless we're tough on drug criminals -- much tougher than we are now. Sometimes that means tougher penalties. But more often it just means punishment that is swift and certain. We've all heard stories about drug dealers who are caught and arrested -- again and again -- but never punished. Well, here the rules have changed: If you sell drugs, you will be caught. And when you're caught, you will be prosecuted. And once you're convicted, you will do time. Caught. Prosecuted. Punished.

I'm also proposing that we enlarge our criminal justice system across the board -- at the local, state and federal levels alike. We need more prisons, more jails, more courts, more prosecutors. So tonight, I'm requesting -- altogether -- an almost

$1.5 billion increase in drug-related federal spending on law enforcement.

And while illegal drug use is found in every community, nowwhere is it worse than in our public housing projects. You know, the poor have never had it easy in this world. But in the past, they weren't mugged on the way home from work by crack gangs. And their children didn't have to dodge bullets on the way to school. And that's why I'm targeting $50 million to fight crime in public housing projects -- to help restore order and to kick out the dealers for good.

The second element of our strategy looks beyond our borders where the cocaine and crack bought on America's streets is grown and processed. In Colombia alone, cocaine killers have gunned down a leading statesman, murdered almost 200 judges and seven members of their Supreme Court. The besieged governments of the drug-producing countries are fighting back, fighting to break the international drug rings. But you and I agree with the courageous President of Colombia, Virgilio Barco, who said that if Americans use cocaine, then Americans are paying for murder. American cocaine users need to understand that our nation has zero tolerance for casual drug use. We have a responsibility not to leave our brave friends in Colombia to fight alone.

The $65-million emergency assistance announced two weeks ago was just our first step in assisting the Andean nations in their fight against the cocaine cartels. Colombia has already arrested suppliers, seized tons of cocaine and confiscated palatial homes of drug lords. But Colombia faces a long, uphill battle, so we must be ready to do more.

Our strategy allocates more than a quarter of a billion dollars for next year in military and law enforcement assistance for the three Andean nations of Colombia, Bolivia and Peru. This will be the first part of a five-year, $2-billion program to counter the producers, the traffickers and the smugglers.

I spoke with President Barco just last week, and we hope to meet with the leaders of affected countries in an unprecedented drug summit, all to coordinate an inter-American strategy against the cartels. We will work with our allies and friends -- especially our economic summit partners -- to do more in the fight against drugs. I'm also asking the Senate to ratify the United Nations Antidrug Convention concluded last December.

To stop those drugs on the way to America, I propose that we spend more than $1.5 billion on interdiction. Greater interagency cooperation, combined with sophisticated intelligence-gathering and Defense Department technology can help stop drugs at our borders.

And our message to the drug cartels is this: The rules have changed. We will help any government that wants our help. When requested, we will for the first time make available the appropriate resources of America's armed forces. We will intensify our efforts against drug smugglers on the high seas, in international airspace and at our borders. We will stop the flow of chemicals from the United States used to process drugs. We will pursue and enforce international agreements to track drug money to the front men and financiers. And then we will handcuff these money launderers and jail them -- just like any street dealer. And for the drug kingpins, the death penalty.

The third part of our strategy concerns drug treatment. Experts believe that there are two million American drug users who may be able to get off drugs with proper treatment. But right now, only 40 percent of them are actually getting help. This is simply not good enough.

Many people who need treatment won't seek it on their own. And some who do seek it are put on a waiting list. Most programs were set up to deal with heroin addicts, but today, the

major problem is cocaine users. It's time we expand our treatment systems and do a better job of providing services to those who need them.

And so tonight, I'm proposing an increase of $321 million in federal spending on drug treatment.

With this strategy, we will do more. We will work with the states. We will encourage employers to establish employee assistance programs to cope with drug use. And because addiction is such a cruel inheritance, we will intensify our search for ways to help expectant mothers who use drugs.

Fourth, we must stop illegal drug use before it starts. Unfortunately, it begins early -- for many kids, before their teens. But it doesn't start the way you might think, from a dealer or an addict hanging around a school playground. More often, our kids first get their drugs free, from friends, or even from older brothers or sisters. Peer pressure spreads drug use. Peer pressure can help stop it.

I am proposing a quarter-of-a-billion-dollar increase in federal funds for school and community prevention programs that help young people and adults reject enticements to try drugs. And I'm proposing something else. Every school, college and university -- and every workplace -- must adopt tough but fair policies about drug use by students and employees. And those that will not adopt such policies will not get federal funds. Period.

The private sector also has an important role to play. I spoke with a businessman named Jim Burke who said he was haunted by the thought -- a nightmare, really -- that somewhere in America, at any given moment, there is a teenage girl who should be in school, instead of giving birth to a child addicted to cocaine. So Jim did something. He led an antidrug partnership, financed by private funds, to work with advertisers and media firms. Their partnership is now determined to work with our strategy by generating educational messages worth a million dollars a day -- every day for the next three years -- a billion dollars worth of advertising, all to promote the antidrug message.

As President, one of my first missions is to keep the national focus on our offensive against drugs. And so next week I will take the antidrug message to the classrooms of America in a special television address, one that I hope will reach every school, every young American. But drug education doesn't begin in class or on TV. It must begin at home and in the neighborhood. Parents and families must set the first example of a drug-free life. And when families are broken, caring friends and neighbors must step in.

These are the most important elements in our strategy to fight drugs. They are all designed to reinforce one another, to mesh into a powerful whole, to mount an aggressive attack on the problem from every angle. This is the first time in the history of our country, that we truly have a comprehensive strategy.

As you can tell, such an approach will not come cheaply. Last February, I asked for a $700-million increase in the drug budget for the coming year. And now, over the past six months of careful study, we have found an immediate need for another $1.5 billion. With this added $2.2 billion, our 1990 drug budget totals almost $8 billion -- the largest increase in history.

We need this program fully implemented -- right away. The next fiscal year begins just 26 days from now. So tonight, I'm asking the Congress -- which has helped us formulate this strategy -- to help us move it forward immediately.

We can pay for this fight against drugs without raising taxes or adding to the budget deficit. We have submitted our plan to Congress that shows just how to fund it within the limits of our bipartisan budget agreement.

Now, I know some will still say that we're not spending enough money. But those who judge our strategy only by its price tag simply don't understand the problem. Let's face it, we've all seen in the past that money alone won't solve our toughest problems.

To be strong and efficient, our strategy needs these funds. But there is no match for a united America, a determined America, an angry America. Our outrage against drugs unites us, brings us together behind this one plan of action, an assault on every front.

This is the toughest domestic challenge we've faced in decades. And it's a challenge we must face -- not as Democrats or Republicans, liberals or conservatives -- but as Americans. The key is a coordinated, united effort. We've responded faithfully to the request of the Congress to produce our nation's first national drug strategy. I'll be looking to the Democratic majority and our Republicans in Congress for leadership and bipartisan support. And our citizens deserve cooperation, not competition; a national effort, not a partisan bidding war.

To start, Congress needs not only to act on this national drug strategy, but also to act on our crime package announced last May; a package to toughen sentences, beef up law enforcement and build new prison space for 24,000 inmates.

You and I both know the federal government can't do it alone. The states need to match tougher federal laws with tougher laws of their own -- stiffer bail, probation, parole and sentencing.

And we need your help. If people you know are users, help them -- help them get off drugs. If you're a parent, talk to your kids about drugs -- tonight.

Call your local drug prevention program. Be a Big Brother or Sister to a child in need. Pitch in with your local Neighborhood Watch program. Whether you give your time or talent, everyone counts.

Every employer who bans drugs from the workplace. Every school that's tough on drug use. Every neighborhood in which drugs are not welcome. And most important, every one of you who refuses to look the other way. Every one of you counts.

Of course, victory will take hard work and time. But together we will win -- too many young lives are at stake.

Not long ago, I read a newspaper story about a little boy named Dooney, who, until recently, lived in a crack house in a suburb of Washington, D.C. In Dooney's neighborhood, children don't flinch at the sound of gunfire. And when they play, they pretend to sell to each other small white rocks that they call crack.

Life at home was so cruel that Dooney begged his teachers to let him sleep on the floor at school. And when asked about his future, six-year-old Dooney answers, "I don't want to sell drugs, but I'll probably have to."

Well, Dooney does not have to sell drugs. No child in America should have to live like this. Together as a people we can save these kids. We've already transformed a national attitude of tolerance into one of condemnation. But the war on drugs will be hard-won, neighborhood by neighborhood, block by block, child by child.

If we fight this war as a divided nation, then the war is lost. But if we face this evil as a nation united, this will be nothing but a handful of useless chemicals.

Victory. Victory over drugs is our cause, a just cause and, with your help, we are going to win.

Thank you, God bless you, and good night.

END 9:23 P.M. EDT

August 31, 1989

MEMORANDUM TO MARK LANGE

FROM: STEPHANIE BLESSEY

SUBJECT: Drug Numbers

The following are statistics taken from the Drug Strategy introduction. Tell me what you think and where we should go from here.

- "Felony drug convictions now account for the single largest and fastest growing sector of the Federal prison population. Three-fourths of all robberies and half of all felony assaults committed by young people (statistically the most crime-prone group) now involve drug users. Reports of bystander deaths due to drug-related gunfights and drive-by shootings continue to climb." (p.2)

- "Intravenous drug use is now the single largest source of new AIDS virus infections, and perhaps one-half of all AIDS deaths are drug-related. The number of drug-related emergency hospital admissions increased by 121 percent between 1985 and 1988. And as many as 200,000 babies are born each year to mothers who use drugs. Many of these infants suffer low birth weight, severe and often permanent mental and physical dysfunction or impairment, or signs of actual drug dependence. Many other such babies -- born maybe weeks or months premature -- do not survive past infancy." (p.2)

- "One U.S. Chamber of Commerce estimate puts annual gross drug sales at $110 billion -- more than total gross agricultural income, and more than double the profits enjoyed by all the Fortune 500 companies combined. Such figures cannot truly be calculated with any real precision, but it is all too clear that drug use acts as a direct and painful brake on American competitiveness. One study reports that on-the-job drug use alone costs American industry and business $60 billion a year in lost productivity and drug-related accidents." (p.2-3)

- "Crack is responsible for the explosion in recent drug-related medical emergencies -- a 28-fold increase in hospital admissions involving smoked cocaine since 1984." (p.5)

- "The financial cost of illegal drug use on the job ranges from medical bills and insurance premiums to productivity losses and business failures. Drug use costs the Nation about $33 billion each year in lost productivity. And more than just money is lost. In 1987, for example a Conrail employee who later tested positive for marijuana was at the controls of a locomotive when it collided with another train in Chase, Maryland. Sixteen died and 174 were injured." (p.87)

To Stephanie

Date 8/31 Time 5 PM

WHILE YOU WERE OUT

M Diana

of US Hispanic Chamber of Commerce

Phone

Area Code Number Extension

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RETURNED YOUR CALL	X		

Message She is FAXing alot of info to you.

Operator

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PRIDE
National Parents' Resource Institute for Drug Education, Inc.

Thomas J. Gleaton, Ed.D.
President

PHOTOFAX MESSAGE

FOR: STEPHANIE BLESSEY
OFFICE of PRESIDENTIAL RESEARCH

FAX NUMBER: 202 456 6218

PHONE NUMBER: 202 456 7750

FROM: DOUG HALL

FAX NUMBER: (404) 680-6937

PHONE: (404) 577-4500

COMMENTS:

DATE: AUGUST 31, 1989

COVER + 2 PAGES

PLEASE DELIVER IT AS SOON AS POSSIBLE!

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LISA M. ELLSWORTH

Lisa M. Ellsworth is the 24 year old National Youth Director for PRIDE. Lisa attended Central Michigan University and studied broadcasting. During college she formed PRIDE of CMU, a drug-free musical/training group that is the only one of its kind on a college campus. Two years ago she helped organize College Challenge and World Youth Against Drugs. For three years Lisa performed with America's PRIDE and was a PRIDE National Youth Award winner in 1985. Lisa received several college leadership awards and accepted her position with PRIDE National in January of 1987. She has presented the America's PRIDE program to over 50,000 young people in the U.S. and abroad.

BILL ESSEX

Bill Essex is the founder and president of the non-profit organization, E.S.S.E.X. (Every Student Should Expect X-cellence) National Association for Education Services, Inc. His dedication to creating a drug-free environment in which to raise future generations of leaders has led him to present his prevention program to over 2.4 million people. Essex is a retired undercover narcotics agent and created the "Excellence in Law Enforcement" training program. Essex is a founding member of Americans for Substance Abuse Prevention, an advisor to the President's White House Conference For A Drug-Free America, and a consultant to the Alcohol and Drug Abuse Education Program and the American Bar Association.

DURAND FARLEY

Durand is a naturally hyperactive 19 year old. He is an actor, singer, dancer, songwriter, musician, poet, choreographer and playwright. He is also very fond of children and enjoys working with them. In his senior year, Durand attended Avondale High School DeKalb Center for the Performing Arts, where he appeared in four school productions. He also worked with the Atlanta Workshop Players for a year. In his spare time, Durand likes to read, dance, write and watch television. His other favorite hobby is playing with his two-year-old sister. Durand started out as a volunteer for PRIDE over a year before he was hired full-time in August of 1988. Someday Durand hopes to be a well-known performer, but for now he lends himself wholeheartedly to PRIDE and the drug prevention movement.

(404) 577-4500

JENNIFER A. FLOCK, R.N.

Jennifer Flock has been a Registered Nurse for thirteen years. She graduated from Grady Memorial Hospital School of Nursing in 1976. After many years in rehabilitation and psychiatric nursing, Ms. Flock helped develop the Substance Abuse and Eating Disorders Treatment Program at Decatur Hospital where she has been Head Nurse for the last five years. Ms. Flock is active in community education and has spoken to industry, university and professional groups about the problem of addiction.

National Parents' Resource Institute for Drug Education, Inc. Thomas J. Gleaton, Ed.D.
President

August 31, 19[illegible]

MEMORANDUM

TO: [illegible] BLESSEY
[illegible] RESEARCH

FROM: [illegible]
[illegible] INSTITUTE FOR DRUG EDUCATION

Regarding your request [illegible] information for the President's video message for U.S. schools:

The National Parents' Resource Institute for Drug Education recently [illegible] students in grades 6-12 [illegible] school year.

[illegible] 10 times more likely [illegible] drugs.

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR RELEASE AT 10 A.M. EST
Tuesday, February 28, 1989

CONTACT: Mona Whittaker
(301) 443-6245

Dr. Frederick K. Goodwin, administrator of the Alcohol, Drug Abuse and Mental Health Administration, today released results of the national survey of drug abuse among the high school senior class of 1988, which show drug use in this population at its lowest level since the survey began in 1975, including significant decreases in cocaine use for the second year in a row.

From 1987 to 1988, the proportion of seniors who have used cocaine at least once in their lifetime dropped by one-fifth, from 15 percent in 1987 to 12 percent in 1988. "Current use" of cocaine (at least once in the last 30 days) also declined from 4.3 percent in 1987 to 3.4 percent in 1988.

"This news about the decrease in cocaine use is encouraging," Dr. Goodwin said, "but the survey found that 40 percent of seniors who tried cocaine also have used crack, a smokeable and highly addictive form of cocaine. Fortunately, crack use may also be moving in the right direction. Those reporting using it at least once decreased from 6 percent in 1987 to 5 percent in 1988."

Dr. Charles R. Schuster, director of the National Institute on Drug Abuse, a component of ADAMHA and sponsor of the survey, said, "We can safely say that these decreases suggest that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug use in general. While crack cocaine is very available, seniors appear to be concerned about its addictive qualities and are less likely to try or continue use."

(more)

This is the 14th in a series of national surveys conducted annually since 1975 by the University of Michigan Institute for Social Research under grants from NIDA.

In addition to cocaine, the 1988 survey found a decrease in the proportion of seniors who said they had "ever used" each of the other 18 drugs included in the survey. Furthermore, there was a significant reduction in those reporting current use of any illicit drug, from 25 percent in 1987 to 21 percent in 1988. Dr. Schuster noted, however, that 54 percent of seniors had tried an illicit drug by the time they graduated from high school. And large percentages of young people are still experimenting and using many illicit drugs, including marijuana, stimulants and inhalants, he said.

Marijuana use decreased significantly between 1987 and 1988, yet the rate "remains unacceptably high, especially in light of recent data on its harmful effects on brain functioning," Dr. Schuster said. In the class of 1988, 47 percent of seniors reported use at least once, 33 percent reported use in the past year and 18 percent reported use in the past 30 days. The 1988 survey also reports 20 percent of seniors used stimulants and 18 percent used inhalants at least once.

Despite a steady decline in drug use among high school seniors, there are still large subgroups in the general population whose drug use patterns are becoming more compulsive and more damaging. Dr. Schuster said, "We're very concerned about these subgroups, especially adolescents who are dropping out of school and becoming involved with drugs. We have heard of major metropolitan areas reporting dropout rates as high as 40 to 50 percent. These young people are more likely to become involved with the criminal justice system and experience problems with drugs."

(more)

Data from NIDA's Drug Abuse Warning Network (DAWN), which collects information on negative health consequences and deaths due to drug abuse, show over 46,000 emergency room cases involving cocaine in 1987, up from 25,000 in 1986. Cocaine-related emergency room cases involving smoking crack or other forms of cocaine increased from 21 percent in 1986 to 30 percent in 1987.

The high school senior survey found increases in seniors concerned about the negative effects of marijuana, PCP and cocaine. Almost 32 percent of seniors saw "great risk" from even occasionally smoking marijuana and 77 percent felt that smoking marijuana regularly is harmful. The study also showed increases in the percent of seniors who disapproved of people over 18 smoking marijuana and a significant increase in seniors saying their close friends would disapprove if they were to use drugs even once or twice. Survey director Dr. Lloyd Johnston pointed to newly emerging concerns among seniors about drugs and their effects as important factors accounting for decreases in experimentation and use.

The survey found overall rates for alcohol use decreased, yet still remain high -- 92 percent of seniors tried alcohol at least once and 35 percent reported having five or more drinks in a row in the last two weeks. Cigarette smoking by seniors also remains a problem, with 66 percent having tried smoking at least once and 18 percent smoking daily.

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The University of Michigan

News and Information Services

412 Maynard
Ann Arbor, Michigan
48109-1399

February 24, 1989 (19)
Contact: Terry Gallagher
Phone: (313) 747-1847

Teen drug use continues decline,
according to U-M survey.
Cocaine down for second straight year;
crack begins decline in 1988.

FOR RELEASE 10:00 A.M. EST, TUESDAY, FEBRUARY 28, 1989

EDITORS: Results of the 1988 National High School Senior Survey will be presented at 10 a.m. Tuesday (Feb. 28) in the auditorium of the Hubert Humphrey Bldg., headquarters of the Department of Health and Human Services in Washington, D.C. U-M Research Scientist Dr. Lloyd Johnston will be joined by Dr. Frederick K. Goodwin, Administrator of the Alcohol, Drug Abuse and Mental Health Administration, and Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse. For further information about the study findings, contact Johnston, Program Director at the U-M's Institute for Social Research, (313) 763-5043.

ANN ARBOR---Drug use among American young people in high school and college continued to decline in 1988, according to the most recent national survey by The University of Michigan's Institute for Social Research. Of particular importance, the downturn in cocaine use, which began in 1987, continued in 1988. And among high school seniors at least, crack use---which leveled in 1987---also began to decline in 1988.

These are among the central findings of the 14th national survey in the series titled "Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth." (It is also sometimes referred to as the National High School Senior Survey.)

"Nearly all of the changes revealed by the 1988 survey about illicit drug use are good news, particularly those relating to cocaine and crack. There is also some encouraging indication of a decline in alcohol consumption, but unfortunately not much improvement in the smoking rates," said U-M social psychologists Lloyd Johnston, Jerald Bachman, and Patrick O'Malley, who direct the study.

(more)

Each year since 1975, some 16,000 to 17,000 seniors in 135 high schools nationwide have been surveyed in the study, which has been funded through a series of research grants from the National Institute on Drug Abuse. Self-completed confidential questionnaires are administered to seniors in their classrooms by U-M research personnel.

Also, each year since 1977, some participants from all previously graduated classes have been followed through the use of mailed, self-administered questionnaires. These follow-up surveys have yielded a representative sample of about 1,200 American college students (one to four years past high school) each year since 1980, and presently yield a national sample of about 11,000 young adults one to eleven years beyond high school.

Among the findings reported from the 1988 survey are the following:

Marijuana: Marijuana use continued its long-term, gradual decline among high school seniors in 1988. In the peak year of use, 1979, half of all seniors reported some use in the year prior to the survey (that is, annual prevalence was 51 percent), but by 1988 that statistic has fallen to one-third. Current daily marijuana use has fallen even more in proportional terms---from 10.7 percent in 1978 to 2.7 percent in 1988.

"We think this important decline in marijuana use has been occurring, and continues to occur, largely because of changes in the risks which young people associate with the use of this drug," stated Johnston. "In 1978, the peak year for daily use, only 35 percent of seniors thought there was a 'great risk' associated with regular marijuana use. Today that number stands at 77 percent and is still rising."

Cocaine: "We predicted such a decline in cocaine use would occur once young people began to see its use---particularly experimental and occasional use---as more risky; and that's what now seems to be happening," Johnston said. The proportion of seniors reporting any cocaine use in the prior 12 months dropped between 1986 and 1988 from 13 percent to 8 percent, following a six-year period in which use remained fairly level. Over those same two years (1986 to 1988) the proportion of seniors who said there was great risk associated with even experimenting with cocaine rose from 34 percent to 51 percent, and the proportion who saw great risk associated with occasional cocaine use rose from 54 percent to 69 percent.

Similar changes in cocaine use are occurring among American college students, where the annual prevalence rate for cocaine fell from 17 percent to 10 percent between 1986 and 1988. Cocaine use also fell among all young adults aged 19 to 28 who are high school graduates---from 20 percent annual prevalence in 1986 to 14 percent in 1988. These older age groups are also coming to see cocaine use as more dangerous than in the past.

66

Disapproval of cocaine use has also been rising among these age groups during the same interval. Fully 89 percent of the 1988 seniors said they personally disapprove of even experimenting with cocaine, up from 80 percent in 1986.

(more)

Crack: "One of the most important findings from the 1988 survey," Johnston added, "is that the use of crack cocaine declined among high school seniors for the first time, and for much the same reason. That is, an increasing number of young people have come to believe that even experimentation with crack is dangerous." Lifetime prevalence of crack use fell from 5.6 percent to 4.8 percent of all seniors between 1987 and 1988, while annual prevalence fell from 4.0 percent to 3.1 percent, after having leveled off between 1986 and 1987.

Between 1987 and 1988 the proportion of seniors who said they believe that experimentation with crack involves great risk rose from 57 percent to 62 percent, while the percent saying it was readily available rose slightly. Among the young adults, there also was a significant increase in the perceived dangers of crack use, and at the same time a substantial increase in perceived availability.

"We really can't say with much certainty whether a similar decline in crack use is occurring among the high school dropout segment of the population, which constitutes about 15 percent of the age group," stated Johnston. "Without question the crack problem is particularly concentrated in this population, especially in the inner cities. However, among the majority still in high school we do not find any evidence that the improvement is concentrated in the upper socioeconomic groups, or among the most academically able, or among those with the best attendance records. This suggests that the incidence of new use may be down even among the dropouts.

"The annual prevalence of crack use showed a decline in 1988 among college students, as well, though not a statistically significant one (from 2.0 percent to 1.4 percent), but there was little change among the 19-29 year olds (from 3.0 percent to 3.1 percent)."

National Strategy: "These important changes in young people's beliefs and attitudes about these drugs, and the declines in use which have accompanied them, tell us a great deal which is relevant to our national strategy in the overall war on drugs," Johnston commented. "The declines in use have occurred in spite of a continuing increase in the availability of cocaine and crack, as reported by seniors, and a fairly constant level of availability for marijuana. In other words, these important successes have been achieved not through supply reduction: they are due almost entirely to a reduction in demand. These results say to me that demand reduction can work, has worked, and has the potential to accomplish a great deal more."

Johnston cautioned, however, "I do not think that use among the already addicted population is likely to be affected nearly as much by an increased recognition of the dangers of crack. Changing use in that segment of the population is going to take longer and will depend heavily on our ability to provide adequate treatment capacity, attract people into treatment, and offer effective treatment. The addicted are going to require the pound of cure, not the ounce of prevention, and that's one reason why it's so very important to prevent use in the first place."

(more)

Other Illicit Drugs: In addition to marijuana, cocaine, and crack, there also was some decline observed in the use of nearly all other illicit drugs in 1988. The use of hallucinogens, stimulants, tranquilizers, opiates other than heroin, and the nitrite inhalants all fell by statistically significant amounts among the nation's high school seniors. Methaqualone and barbiturate sedatives also continued their longer term declines, though their changes in 1988 did not reach statistical significance. The lifetime prevalence for heroin remained at 0.5 percent, where it has hovered for the past nine years, following an earlier period of decline.

Among American college students the story is much the same.

Overall, the proportion of seniors using any illicit drug during the prior year fell from 42 percent in 1987 to 39 percent in 1988. (This compares with 54 percent in 1979, the peak year.) The proportion using any illicit drug other than marijuana in the prior year fell from 24 percent to 21 percent between 1987 and 1988 (which compares with a high point of about 30 percent in 1982.)

Johnston noted, "There's no question this is good news for the country, but what we cannot lose sight of is that there still remains a troublesome amount of illicit drug use among our young people, especially among the segments of the population not well covered by the surveys. Of particular concern is the number who still are willing to experiment with drugs as dangerous as cocaine or crack. And, of course, the one thing that's certain is that there are new drugs yet to come along, which will test the resolve we have inculcated in our young people. That means that prevention must be an ongoing and long-term process."

Alcohol: The 1988 survey also yielded some important results concerning alcohol use among high school students. For the first time in several years, the proportion of seniors who can be categorized as "current drinkers" (had one or more drinks in the past 30 days) declined significantly (from 66 percent to 64 percent). More important, the proportion reporting having five or more drinks in a row during the prior two weeks also declined significantly (from 38 percent to 35 percent, down from a high point of 41 percent in 1983).

Johnston said, "Just as we found no evidence during the onset of the drug epidemic for any displacement of alcohol by the illicit drugs, during this decline phase we have seen no evidence of a displacement from illicit drugs back to alcohol use. In general, these behaviors have tended to move more in parallel, but with alcohol use showing much less overall change, no doubt reflecting its enculturated status in American society.

"This modest decline in alcohol consumption does not seem to be explained by young people seeing such drinking as more dangerous. But we are seeing some change in their own normative attitudes, with an increasing number of seniors saying they personally disapprove of heavy weekend drinking." Among college students, however, and young adults generally, there has been only a slight change in the drinking rates.

(more)

Cigarette Smoking: "Clearly the most disappointing results this year relate to cigarette smoking," according to Johnston, "though that comes as little surprise, since they have been disappointing for the last four years." Neither the number of current smokers, nor the number of current daily smokers, is down significantly from where it was in the class of 1984. "That means that the initiation rate for smoking in this society has pretty well stabilized, and stabilized at a level that is still going to cut short the lives of a lot of our young people. I'm afraid this stabilization has tended to get overshadowed by the overall improvement in adult smoking rates, which results from more people quitting."

The proportion of seniors who are current smokers stands at 29 percent in 1988, with 18 percent of all seniors smoking daily. Johnston pointed out that a number of the current light smokers will graduate to heavy smoking in the years after high school, based on the patterns observed in all previous graduating classes. Cigarette smoking rates among American college students (who are far less likely to smoke than other young adults) are also unchanged since about 1984.

"Clearly the importance of these initiation rates has been underemphasized, in part because of the long delay between the onset of the addiction and the extraordinary amount of death and disease which eventually will result from it," Johnston said. "If the number of young people who eventually will die from this addiction did so in just a year or two after starting, the public outcry for action would be deafening. But the 30- or 40-year delay means that the tragic consequences of adolescent smoking are less recognized. I think it's about time we took the issue of our youngsters smoking a lot more seriously."

##########

EDITORS: The detailed findings from the 1988 survey will be published later this year by the National Institute on Drug Abuse as a research monograph, authored by Johnston, O'Malley, and Bachman, and tentatively titled "Drug Use, Drinking, and Smoking: National Survey Results from High School, College, and Young Adult Populations, 1975-1988."

(ISR;Johnston;Bachman;O'Malley)(R1-3;ISR;Ed1-3;X1a,2a,9;RTspA,B)[3628]

TABLE 1
Trends in Lifetime Prevalence of Eighteen Types of Drugs

	Percent ever used														
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87–'88 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	−3.0ss
Inhalants[a]	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	−0.3
Inhalants Adjusted[b]	*NA*	*NA*	*NA*	*NA*	*18.2*	*17.3*	*17.2*	*17.7*	*18.2*	*18.0*	*18.1*	*20.1*	*18.6*	*17.5*	*−1.1*
Amyl & Butyl Nitrites[c,h]	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	−1.5s
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	−1.4s
Hallucinogens Adjusted[d]	*NA*	*NA*	*NA*	*NA*	*17.7*	*15.6*	*15.3*	*14.3*	*13.6*	*12.3*	*12.1*	*11.9*	*10.6*	*9.2*	*−1.4s*
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	−0.7
PCP[c,h]	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	−0.1
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	−3.1sss
"Crack"[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.6	4.8	−0.8
Other cocaine[c]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	−1.9
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	−0.1
Other opiates[e]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	−0.6
Stimulants[e]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[e,f]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*27.9*	*26.9*	*27.9*	*26.2*	*23.4*	*21.6*	*19.8*	*−1.8s*
Sedatives[e]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	−0.9
Barbiturates[e]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	−0.7
Methaqualone[e]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	−0.7
Tranquilizers[e]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	−1.5s
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	−0.2
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	−0.8

NOTES: Level of significance of difference between the two most recent classes: s =.05, ss =.01, sss =.001. NA indicates data not available.
[a]Data based on four questionnaire forms. N is four-fifths of N indicated.
[b]Adjusted for underreporting of amyl and butyl nitrites. See text for details.
[c]Data based on a single questionnaire form. N is one-fifth of N indicated.
[d]Adjusted for underreporting of PCP. See text for details.
[e]Only drug use which was not under a doctor's orders is included here.
[f]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[g]Data based on two questionnaire forms. N is two-fifths of N indicated.
[h]Question text changed slightly in 1987.

TABLE 3
Trends in Thirty-Day Prevalence of Eighteen Types of Drugs

	Percent who used in last thirty days														
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87–'88 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	−3.0ss
Inhalants[a]	NA	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	−0.2
Inhalants Adjusted[b]	*NA*	*NA*	*NA*	*NA*	*3.2*	*2.7*	*2.5*	*2.5*	*2.5*	*2.6*	*3.0*	*3.2*	*3.5*	*3.0*	*−0.5*
Amyl & Butyl Nitrites[c,h]	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	−0.7s
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	−0.3
Hallucinogens Adjusted[d]	*NA*	*NA*	*NA*	*NA*	*5.3*	*4.4*	*4.5*	*4.1*	*3.5*	*3.2*	*3.8*	*3.5*	*2.8*	*2.3*	*−0.5*
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	0.0
PCP[c,h]	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	−0.3
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	−0.9ss
"Crack"[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.5	1.6	+0.1
Other cocaine[c]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.2	−0.9
Heroin	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.0
Other opiates[e]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	−0.2
Stimulants[e]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[e,f]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*10.7*	*8.9*	*8.3*	*6.8*	*5.5*	*5.2*	*4.6*	*−0.6*
Sedatives[e]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	−0.3
Barbiturates[e]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	−0.2
Methaqualone[e]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	−0.1
Tranquilizers[e]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	−0.5s
Alcohol	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	−2.5s
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	−0.7

NOTES: Level of significance of difference between the two most recent classes: s =.05, ss =.01, sss =.001. NA indicates data not available.
[a]Data based on four questionnaire forms. N is four-fifths of N indicated.
[b]Adjusted for underreporting of amyl and butyl nitrites. See text for details.
[c]Data based on a single questionnaire form. N is one-fifth of N indicated.
[d]Adjusted for underreporting of PCP. See text for details.
[e]Only drug use which was not under a doctor's orders is included here.
[f]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[g]Data based on two questionnaire forms. N is two-fifths of N indicated.
[h]Question text changed slightly in 1987.

TABLE 5

Trends in Lifetime, Annual, and Thirty-Day Prevalence in an Index of Illicit Drug Use

(Based on Original and Adjusted Amphetamine Questions)[a]

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87–'88 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Percent reporting use in lifetime															
Marijuana Only	19.0	22.9	25.8	27.6	27.7	26.7	22.8	20.8	19.7	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	23.3	22.5	21.3	20.9	19.9	20.8	21.4	+0.6
Any Illicit Drug Other Than Marijuana[b]	36.2	35.4	35.8	36.5	37.4	38.7	42.8	45.0	44.4	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	41.1	40.4	40.3	39.7	37.7	35.8	32.5	–3.3sss
Total: Any Illicit Drug Use	55.2	58.3	61.6	64.1	65.1	65.4	65.6	65.8	64.1	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	64.4	62.9	61.6	60.6	57.6	56.6	53.9	–2.7ss
Percent reporting use in last twelve months															
Marijuana Only	18.8	22.7	25.1	26.7	26.0	22.7	18.1	17.0	16.6	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	19.3	19.0	17.8	18.9	18.4	17.6	17.4	–0.2
Any Illicit Drug Other Than Marijuana[b]	26.2	25.4	26.0	27.1	28.2	30.4	34.0	33.8	32.5	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	30.1	28.4	28.0	27.4	25.9	24.1	21.1	–3.0sss
Total: Any Illicit Drug Use	45.0	48.1	51.1	53.8	54.2	53.1	52.1	50.8	49.1	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	49.4	47.4	45.8	46.3	44.3	41.7	38.5	–3.2sss
Percent reporting use in last thirty days															
Marijuana Only	15.3	20.3	22.4	23.8	22.2	18.8	15.2	14.3	14.0	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	15.5	15.1	14.1	14.8	13.9	13.1	11.3	–1.8s
Any Illicit Drug Other Than Marijuana[b]	15.4	13.9	15.2	15.1	16.8	18.4	21.7	19.2	18.4	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	17.0	15.4	15.1	14.9	13.2	11.6	10.0	–1.6ss
Total: Any Illicit Drug Use	30.7	34.2	37.6	38.9	38.9	37.2	36.9	33.5	32.4	–	–	–	–	–	
Adjusted Version	–	–	–	–	–	–	–	32.5	30.5	29.2	29.7	27.1	24.7	21.3	–3.4sss

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

[a] Adjusted questions about stimulant use were introduced in 1982 to exclude more completely the inappropriate reporting of non-prescription stimulants.

[b] Use of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

TABLE 7

Trends in Annual Prevalence of Fourteen Types of Drugs
Among Follow-Up Respondents 1–11 Years Beyond High School

	Percent who used in last twelve months		
	1987	1988	'87–'88 change
Approx. Wtd. N =	(7450)	(7320)	
Marijuana	34.3	31.3	–3.0sss
Inhalants[b]	2.0	1.7	–0.3
LSD	2.8	2.8	0.0
Cocaine	15.6	13.8	–1.8ss
"Crack"[c]	3.0	3.1	+0.1
Heroin	0.3	0.2	–0.1
Other Opiates[a]	3.0	2.6	–0.4
Stimulants, Adjusted[a,d]	8.5	7.1	–1.4ss
Sedatives[a]	2.5	2.1	–0.4
Barbiturates[a]	2.0	1.9	–0.1
Methaqualone[a]	0.9	0.5	–0.4ss
Tranquilizers[a]	5.1	4.3	–0.8s
Alcohol	89.1	88.5	–0.6
Cigarettes	39.9	37.5	–2.4ss

NOTES: Level of significance of difference between the two most recent years:
s = .05, ss = .01, sss = .001.
NA indicates data not available.

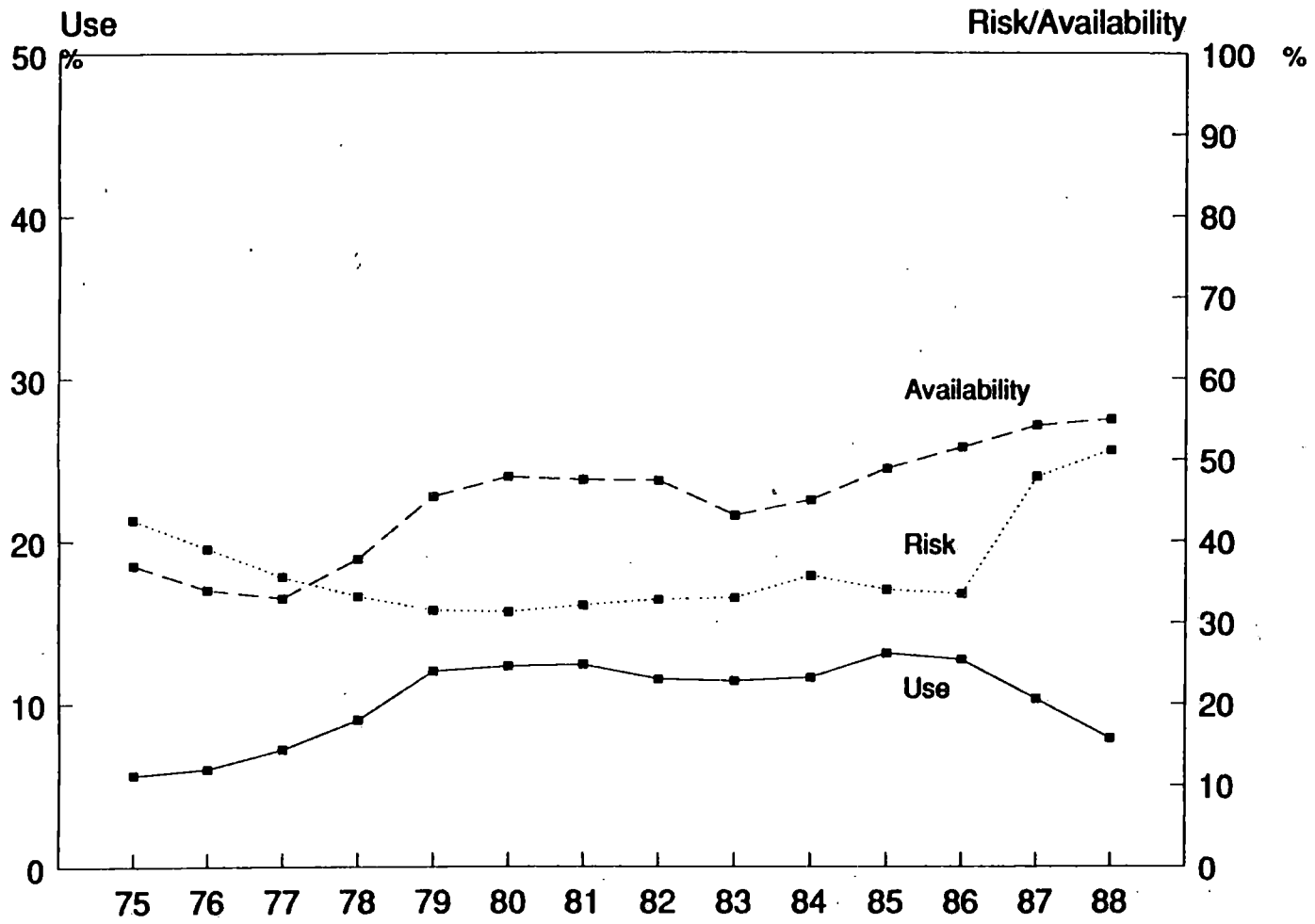
[a]Only drug use which was not under a doctor's orders is included here.

[b]This drug was asked about in four of the five questionnaire forms. N is four-fifths of N indicated.

[c]This drug was asked about in two of the five questionnaire forms. N is two-fifths of N indicated.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

FIGURE 2
Trends in Cocaine Availability,
Perceived Risk of Trying, and Use in Past Year
High School Seniors



Use: % using once or more in past 12 months

Risk: % saying great risk of harm in using once or twice

Availability: % saying fairly easy or very easy to get

STATEMENT OF CHARLES R. SCHUSTER, PH.D

DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

Press Conference

National High School Senior Survey 1988

February 28, 1989

Thank you Dr. Goodwin. As most of you know, the National High School Senior Survey has been one of the major contributors to our knowledge of student drug abuse for 14 years. It warned us of the tremendous increase in illicit drug use in the late 1970's and the peak in cocaine use by seniors in 1985. This kind of research is critical to target our resource allocations wisely and develop new relevant prevention and treatment programs.

Today, we are encouraged by the downward trend in the use of all illicit drugs, including the use of cocaine which has declined for the second year in a row. We can safely say that this decrease suggests that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug use in general. While crack cocaine is readily available, seniors appear to be concerned about its addictive qualities and are less likely to try or continue use.

Although these downward trends in illicit drug use are encouraging, drug abuse in our youth still remains a major public health problem. We can see that one of every eight high school seniors, or 12 percent, have tried cocaine before they graduate high school. We cannot be sure how many of them will continue to use the drug. Further, others will initiate cocaine use after they leave

high school. Dr. Johnston's findings show that among those who have graduated high school, 14 percent have used cocaine in the past year, as compared to only 8 percent as high school seniors.

Tragically, some of those exposed to cocaine will become addicted and will experience some of the severe medical consequences of use, for example, paranoia, convulsions, and cardiovascular toxicity and death. We can see from one of our other research projects, the Drug Abuse Warning Network (DAWN), that over 46,000 people sought help in emergency rooms for cocaine or cocaine-related medical problems in 1987, up from 25,000 in 1986. Cases involving smoking crack or other forms of cocaine increased from 21 percent in 1986 to 30 percent in 1987.

The High School Senior Survey also found a significant reduction in those reporting current use of any illicit drug, from 25 percent in 1987 to 21 percent in 1988. A similar decline was seen in lifetime prevalence of illicit drugs where the trend went from 57 to 54 percent in the past year. But we must be cautious in interpreting these encouraging trends. These figures indicate that <u>one out of every two</u> students have tried an illicit drug before they graduated high school. And those are the graduates. What does this mean for those who do not make it through high school. Certain large metropolitan areas are reporting high school dropout rates of up to 40 to 50 percent. These young people are more likely to become involved with the criminal justice system and experience problems with drugs.

NIDA research based on the National Household Survey on Drug Abuse of 1985 found that the rate of illicit drug use among 19-21 year old high school dropouts was 67% higher than for high school graduates of the same age. A

second study funded by NIDA of men ages 19-27 conducted at Columbia University in New York found that dropouts used 50% more cocaine and 80% more marijuana than those high school graduates.

We also must be concerned because large percentages of young people are still experimenting with and using many illicit drugs, including marijuana, stimulants and inhalants. This CHART illustrates what I'm saying. As I said previously, over half of those who graduate high school have tried marijuana or another illicit drug. Twenty percent have tried stimulants like methamphetamine and other amphetamine derivatives; almost as many (18 percent) have tried inhalants, which other NIDA research has shown to be a particular problem among young ethnic minority children, especially Hispanics and Native Americans. And, of course, any experimentation with cocaine is dangerous, and can presage serious consequences for a teenager.

All measures of marijuana use decreased significantly between 1987 and 1988, yet the rate "remains unacceptably high." In the class of 1988, 47 percent of seniors reported use at least once, 33 percent reported use in the past year, and 18 percent used in the past thirty days. Each of these measures dropped by three percentage points from 1987 to 1988.

It is important to note that these declines in drug use accompany an increase in the number of seniors who report in the survey that drugs are "easy to get." If young people want a drug, they know they can get it. These results emphasize the importance of demand reduction, which encompasses drug abuse prevention, research and treatment activities, and demonstrate that reductions in use can be achieved in spite of continued availability of drugs.

Increased concern about the harmful effects of drugs, coupled with increased disapproval of drug use are making it "uncool, unacceptable, and unwise" to use drugs. As you can see in this CHART, as the perceptions of harmfulness of marijuana and cocaine have increased over time, the use of marijuana and cocaine have declined. We are seeing similar trends in many of the other illicit drugs. Dr. Johnston will discuss the relationships of these two measured in greater detail in his statement.

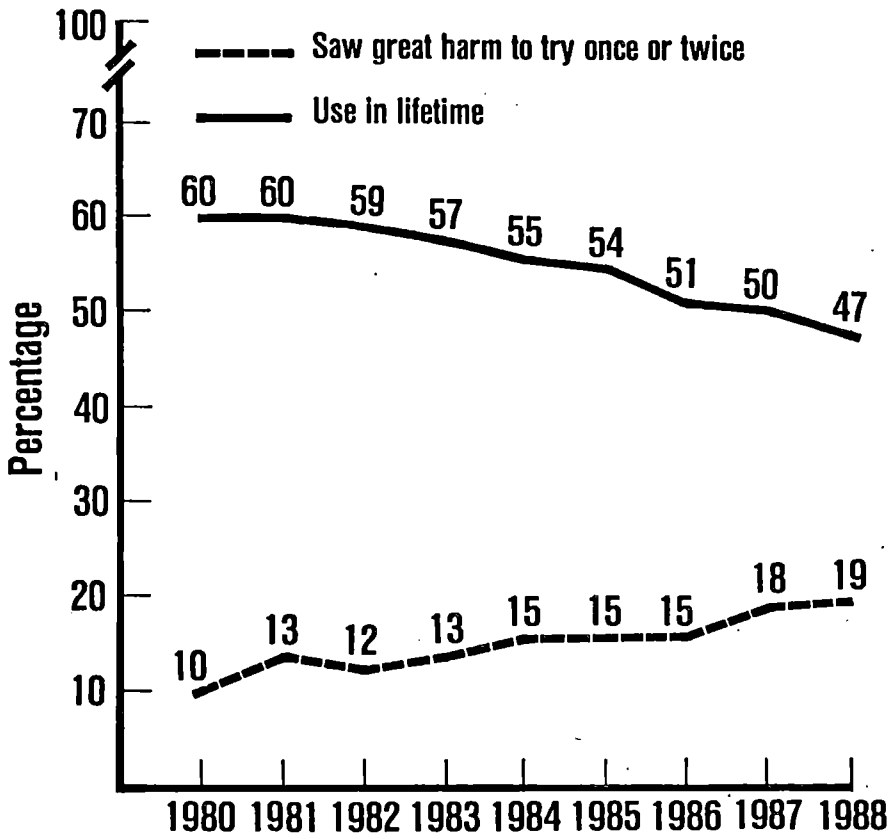
Changing attitudes and norms is difficult. It requires research to provide sound, credible information on the psychological and physical consequences of illicit drug use. Further, it requires a continuing commitment and contribution from all segments of society, including government, business, community groups, schools, and certainly the media, to get this information across. The results of this survey are showing that these efforts are paying off. More and more young people are heeding the messages; they're making good decisions about their lives; and they're staying away from drugs.

Now I would like to introduce Dr. Lloyd Johnston, the principal investigator of "Monitoring the Future," from the University of Michigan Institute for Social Research.

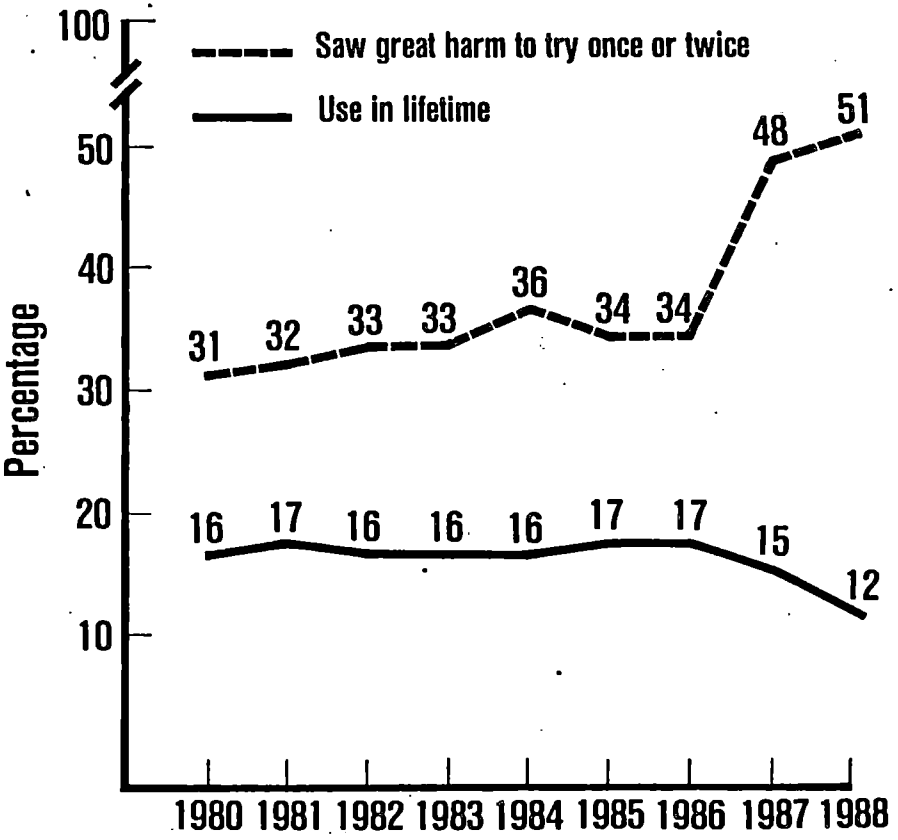
###

National Institute on Drug Abuse
High School Senior Survey

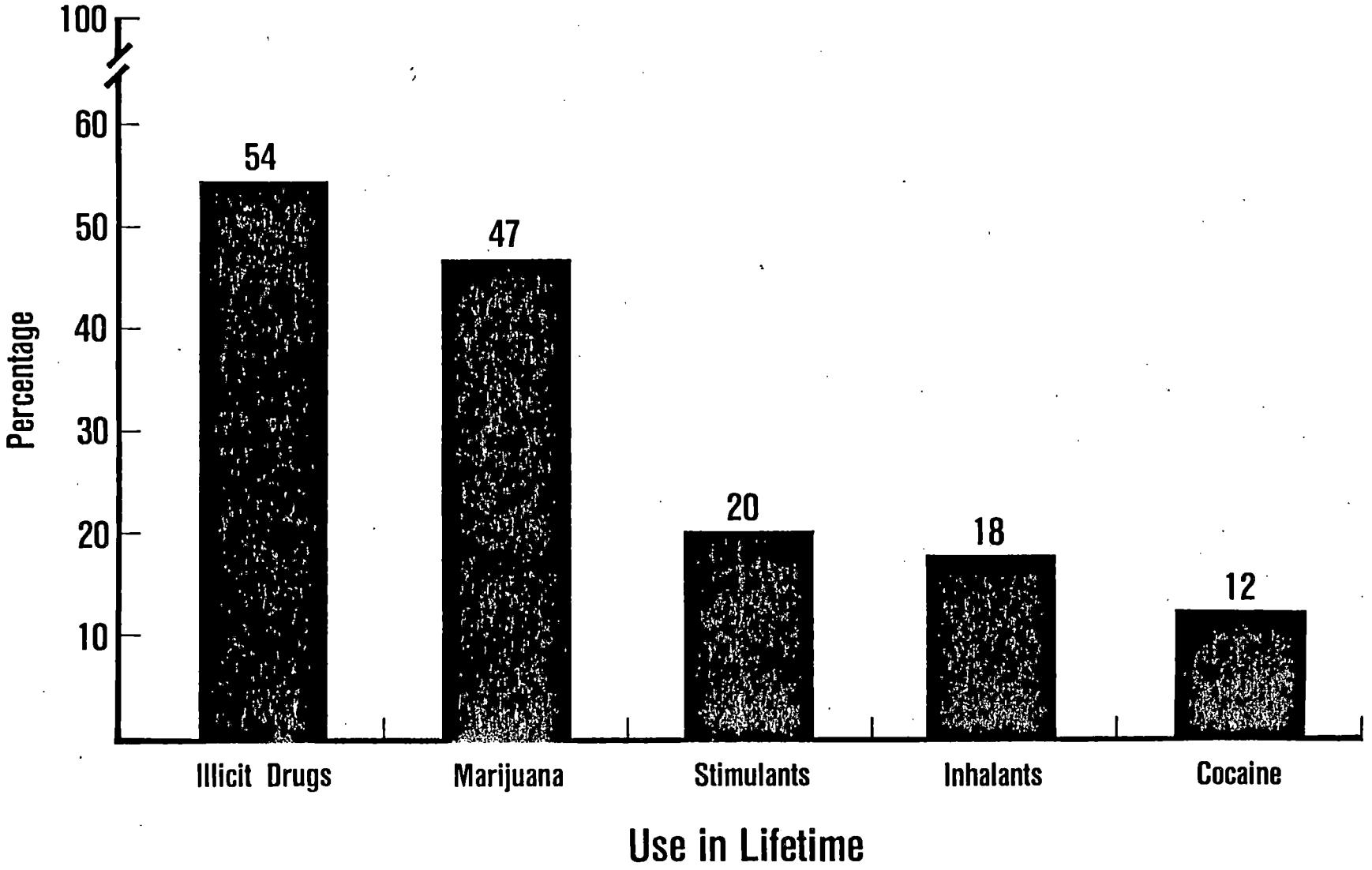
Correlation Between Marijuana Use and Perceived Harmfulness of Marijuana



Correlation Between Cocaine Use and Perceived Harmfulness of Cocaine



National Institute on Drug Abuse
High School Senior Survey
Seniors' Experience with Illicit Drugs 1988



SEB,

The stats are interesting...

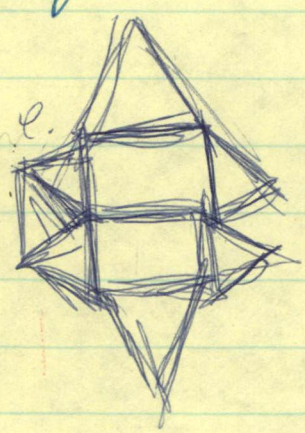
I'm still hoping, though, that we can give these kids some numbers that make it immediate -- i.e., "drugs cost <u>you</u> #x/yr.

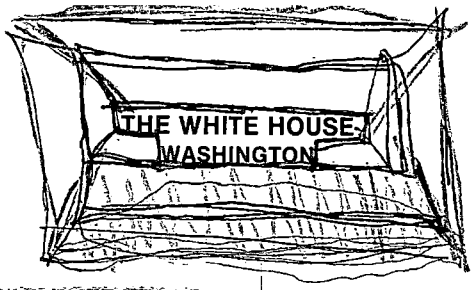
Even if you don't use them, "You can't afford to look the other way..."

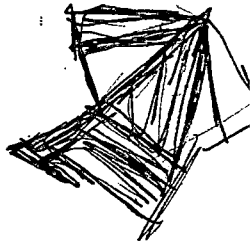
Any chance?

Mel

i.e.







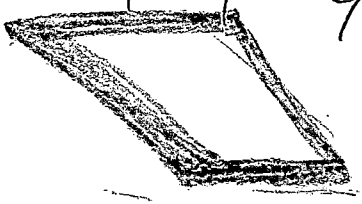
10:00 AM

STRAIGHT

Hope

La Dora Jordan

404-434-8675



THE WHITE HOUSE

WASHINGTON

September 1, 1989

MEMORANDUM TO MARK LANGE

FROM: STEPHANIE BLESSEY

SUBJECT: Kids on Drugs

The following are three examples of kids on drugs.

- Durand Farley of Atlanta was asked and tempted to do drugs. He was under the peer pressure that many of the teenagers of the 80's are under. But Durand decided not to do drugs. In fact, he decided to stand up and tell everyone not to get into the drug scene. He travels to schools and tells other kids that they can have fun and not to do drugs -- that they can be leaders and not drug lords. He has travelled to Germany and appeared on news programs promoting the fight against drugs. He is an student, actor and dancer.

- Gary of East High School in Denver, CO came to a Montel Williams presentation as a drug user -- a tough guy. He was included in a game on the stage where students played a panel that answered questions on why they should be allowed to do drugs. In the middle of the session, he broke down crying and confessed that <u>he</u> did drugs because no one who does not do drugs would like him. When the students were asked who would be Gary's friend, 80% of the kids raised their hands. After school Gary came back to another session that was organizing groups to combat the drug problem.

(Lange/Blessey)
September 5, 1989
3:30 p.m.
[SCHOOLS.DOC]

PRESIDENTIAL REMARKS: ADDRESS TO STUDENTS (7TH-12TH)
THE LIBRARY
TUESDAY, SEPTEMBER 12, 1989
12:15 P.M.

[LOOKING OUT THE WINDOW] Somehow the fall always feels like a time to start over. It's a time full of possibility. Everyone gets a new chance.

[TO CAMERA] You know, Presidents don't talk directly to students very often. But what's been on my mind lately is very important. You may have heard my address to the nation last week. But I wanted this message to go to you straight.

[LEANS ON EDGE OF DESK] When I was thinking about what I wanted to say to you today, I tried to put myself in your place. To look at it from your perspective. But you know, the harder I tried, the harder it got.

You live in complicated times. You deal with pressures that people like me -- people like your mom or dad -- never had to face.

Some say my generation came of age in a simpler time. A time when doing lines meant reciting poems. When Coke only came in bottles. When Ecstasy wasn't a designer drug -- it was a state of mind.

Simpler times? Maybe. And if you think your parents don't understand -- or your teachers don't understand -- you may be right.

But it's up to you to care enough to **talk** to them, and **make** them understand. Whether they want to or not. Whether you think they deserve it or not.

[PICKS UP GLOVE] I used to play ball. Knew I'd never make the big leagues -- but I made a lot of friends. Friends I learned to count on -- on and off the field. Friends who showed me what it's like to be counted on.

We trusted each other to come through -- now matter how tough it got. And I learned from that. I learned that the kind of people you surround yourself with can either give you strength -- or take it away.

Somehow, some people just make you find the best in yourself. They can help make you a better person -- help you discover more of who you are.

[PUTS DOWN GLOVE] But there are others, who may **seem** like friends, who will sell you into slavery. Slavery -- because in modern-day America, the manacles are worn by those who do drugs.

That's what's been on my mind. Whatever else you've heard: **In any quantity, drugs enslave.** And you can't be free, if you're not drug free.

You're at a point in your life when the doors should all be opening to you. And with each step, with a thousand small decisions, you're shaping your future. It ought to be bright with potential. But for some, who are letting drugs make their decisions for them, you can almost hear the doors slamming shut.

We know that now. Attitudes that once encouraged or excused drug use have changed.

The latest surveys show that use of cocaine has dropped by about a third among high school seniors -- and overall drug use at lowest levels in ten years. We now understand that "casual" drug use is a myth -- just like nobody can be "a little bit" pregnant.

Even if you don't use drugs, you ought to be angry about them. Because you're being cheated by those who do.

Drug abuse means we spend about $22 billion a year in criminal costs -- for police, courts, prisons, and wasted potential behind bars. Another $2 billion in health costs. $1.5 billion for overdose deaths. $33 billion for lost productivity. And $8-10 billion in damage to property. Every year.

Add it all up, and drug abuse costs this country well over $60 billion a year. If every student entering junior and senior high school this fall had to pay that bill, it would cost each of you more than $3000 a year.

But of course, we're all paying for it -- every day. We know that every time someone does drugs; or sells drugs; or **even just looks the other way**, they're supporting an industry that costs more than money. It enslaves -- and kills.

Every dollar that goes to drugs fuels the killing. And unlike those of ~~us~~ you who are here this fall, the victims of drugs will never have a second chance. Like Don Henley says, they don't make hearses with luggage racks.

Drugs are an equal opportunity destroyer. They don't offer a second chance. They just murder people. Young and old, good and bad -- it doesn't matter. For too many, drugs mean death.

[PICKS UP BADGE] I keep this badge in a drawer in my desk, to remind me of that. It was worn by a young rookie cop named Eddie Byrne. He was out trying to protect a witness in a crack-infested neighborhood. Remember Eddie Byrne esp his brother

In the early hours of a cold February morning, sitting in a cruiser, Eddie Byrne was blown away at point-blank range.

To me this badge is a constant reminder -- that the killing must and **will stop**. It's a promise, that Eddie Byrne's life was not given in vain. That **the slavery of drugs must end -- and will end.** [PUTS BADGE DOWN.]

From where you're sitting right now -- in school -- you're in a position to begin to make your dreams come true. But out on the streets, a nightmare for America is happening, right now.

Somewhere a teenage girl who ought to be in school is giving birth to a baby already addicted to cocaine. That baby is coming into this world severely addicted -- shaking and twitching from withdrawal -- so sensitive to the touch that it can't be held or fed properly.

That baby is likely to cry itself to death -- joining the hundreds that are buried every year in pine coffins the size of shoe boxes, on places like Hart Island in New York.

[PICKS UP VIAL] **How can something so small cause so much pain?** How can it force mothers to abandon children, brothers to

kill brothers? And behind all of the senseless violence, the needless tragedy, what haunts me is the question -- **why**?

[PUTS DOWN VIAL] I have one answer. Drugs are still a problem -- because too many of us are still looking the other way.

And that's the message I wanted to get out to you today. **Don't look the other way**. Maybe you're in trouble -- or on the edge of trouble. Maybe you know someone who is.

We're used to telling people to find help. But that's not enough. Today I'm asking you to find someone who **needs** help. If you're not in trouble -- seek out someone who is.

Success isn't what's in your wallet, or what's parked in front of your house, or what's hanging in your closet. It's what's in your heart and mind. That's where the real power is. By staying in school, you can make your life count for something. You are in control of your life. **With knowledge and education, you will succeed. You can <u>not</u> be denied.**

We all need to succeed. And I'll let you in on a secret: we all **can** succeed. Maybe you've heard Michael Jordan, who's said "If you don't use drugs, you can just about be anything you want to be. You've got at least 3/4 of your life to go. That's three more lifetimes to you. So don't blow it."

If you're thinking about dropping out, think again. If you know somebody who's thinking about dropping out, talk to them about it. If you have friends who have already dropped out, find them. Talk to them. Find a way to bring them back.

How can such a small step make any difference? Well, last winter, after I was sworn in as President, I said that any definition of a successful life must include serving others. And I think we all sense that.

A friend of mine tells a story about a young boy and an old man who were walking along a beach. As the boy walked along the beach he picked up each starfish he passed, and threw it into the sea. The old man asked him why.

"If I left them here," the boy said, "they would dry up in the sun and die. I'm saving their lives."

"But the beach goes on for miles and their are millions of starfish," the old man said. "How can what you're doing make any difference?"

The boy looked at the starfish in his hand, threw it into the ocean, and anwered, "It makes a difference to this one."

You're here to make a difference -- for yourself, and those around you. So learn to count on each other. Make a difference. Give someone else a new chance. And make the days mean something.

Have a good year. Good luck. And God bless you.

# # #

Law Offices
Matthew L. Byrne

516-249-2976 (h)

1100
36 West 44th Street • Suite ~~800~~ • New York, N.Y. 10036
(212) 819-2333

April 12, 1989

President George H.W. Bush
The White House
Washington, D.C. 20500

Dear Mr. President:

Ann and I want to thank you and Mrs. Bush for the delightful evening we recently spent at the White House. We were particularly honored by the fact that you were carrying the shield as you promised you would.

On May 15, 1989 an organization called Concerns of Police Survivors (COPS) will be holding their annual police awards day in Washington, D.C. I had previously requested them to send you an invitation in the hope that you might be able to attend and deliver the keynote address. The ceremony honors police officers killed throughout the United States in the previous year. In view of your outspoken and demonstrated support of police officers, we would be honored if you could participate in the ceremony.

Finally, as you requested I did have a second invitation sent to you for the April 27th dedication of the Police Officer Edward R. Byrne School in the Bronx. Again, if your schedule permits, we would be honored to have you present.

Very truly yours,

Matthew L. Byrne

6TH STORY of Level 1 printed in FULL format.

Newsday

October 21, 1988, Friday, NASSAU AND SUFFOLK EDITION

SECTION: NEWS; Pg. 4
Other Edition: City Pg. 6

LENGTH: 705 words

HEADLINE: Bush, in NY, Backed by Police

BYLINE: By Myron S. Waldman. Newsday Washington Bureau. Kenneth Crowe contributed to this report, which was supplemented by wire services.

DATELINE: Middle Village

KEYWORD: ELECTION; 1988; PRESIDENT; CANDIDATE; REPUBLICAN PARTY; CAMPAIGN; ISSUE; GEORGE BUSH; CRIME

BODY:

Vice President George Bush stood in Christ the King High School in Queens yesterday wearing the commendation bar of slain patrolman Eddie Byrne in his lapel. Behind him, 500 police officers were on their feet, forming an applauding backdrop of blue.

"You and I know," Bush roared, "that when the apple rots, you cull it out. Some people need to be taken off the streets and kept off the streets . . . My opponent is against the death penalty."

George Bush was staging a raid on New York, a state where the Bush campaign feels Michael Dukakis is vulnerable. On a platform crowded with politicians and men in blue, Bush was accepting the endorsements of more than 50,000 of the state's law enforcement officers before attending last night's Al Smith dinner in Manhattan presided over by Roman Catholic Cardinal John O'Connor.

Outside, other city union leaders and members - contending Bush was telegraphing his anti-union feelings - turned out in force yesterday to protest the stop at Christ the King, whose teachers' union was broken after a lengthy strike in 1981.

Edward Cleary, president of the New York State AFL-CIO, standing amidst the 1,500 demonstrators opposite the entrance to the school, said, "It's a scab house . . . This is his [Bush's] PATCO. He is sending a message out." The AFL-CIO takes the position that President Ronald Reagan's decision to break the air traffic controllers union after an illegal strike in August, 1981, established the anti-union credentials of his administration.

But Richard Bond, the deputy campaign manager, said that Christ the King was chosen at the request of Serphin Maltese, the chairman of the New York Conservative Party, a candidate for the State Senate and the chairman of the board of trustees of the high school.

"We were aware of the community dispute," Bond said. "We're proud to be here." Bond said that "we had a choice where to receive this endorsement" and

passed up Nassau and Suffolk counties for Queens because of an opportunity to reach out to Reagan Democrats.

Inside the school, hundreds of flag-waving teenagers took a pledge to shun drugs and then cheered as speaker after speaker demanded the death penalty for criminals.

"Our neighborhoods, our people are under seige," declared Sen. Alfonse D'Amato (R-N.Y.), who has pushed for the death penalty for drug kingpins.

Phil Caruso, the head of the New York City Patrolmen's Benevolent Association, announced the endorsement of his organization and then said: "Civil libertarianism when it is well channelled and well directed is no vice.

"But when that particular philosophy is used to handcuff and shackle the police, then it is a vice . . . We once had to deal with a judge in the city of New York who had that propensity to cut loose violent criminals. We called him, 'Cut Loose Bruce.'

"Now we have a man who wants to go on to the presidency. We call him, 'Cut Loose Duke.' "

Matthew Byrne, the retired police lieutenant whose patrolman son, Eddie, allegedly was murdered on the orders of a drug dealer, said no one should blame either Bush or Ronald Reagan for the increase of drug use. "We have had two Democratic governors who collectively vetoed the death penalty 14 times." He presented Bush with his son's badge and commemorative bar.

As Bush declared that the endorsement of the police "is a great big exclamation point," Matthew Byrne was at his side. Next to him, in his uniform and in a wheelchair, was Steven McDonald, the patrolman who had been paralyzed by a shot fired by a teenager in Central Park.

Bush pleaded with the students not to buy drugs. "Your middle-class money pays for the bullets and the guns that kills these officers and we've got to stop it," he said.

"My final pitch is this," the vice president said as the cheers rose and the flags waved. "I care."

Meanwhile, Dukakis, campaigning in Connecticut before attending last night's dinner, accused Bush of distorting his record.

"Above all, the truth should matter a lot in a presidential campaign because as we learned in Watergate, it matters a lot in the Oval Office," Dukakis said at a stop in New Haven. He said that in the Bush campaign, as in the Nixon White House, "truth was the first casualty."

GRAPHIC: Newsday Photo by Ari Mintz-Union leader Phil Caruso, Bush, officer Steven McDonald and Matthew Byrne at rally

7TH STORY of Level 1 printed in FULL format.

Newsday

October 21, 1988, Friday, CITY EDITION

SECTION: NEWS; Pg. 24

LENGTH: 445 words

HEADLINE: Boos for Bush in Middle Village;
But loud cheers for father of slain cop Edward Byrne

BYLINE: By Joseph W. Queen

KEYWORD: GEORGE BUSH; DEMONSTRATIONS; QUEENS COUNTY; OPINION

BODY:

If a straw poll had been taken on Metropolitan Avenue in Queens yesterday, Vice President George Bush would have finished a distant runner-up to the father of slain Police Officer Edward Byrne.

Matthew Byrne received rousing cheers and applause from more than 500 Bush supporters and protesters as he left Christ the King High School in Middle Village after a campaign stop. However, the vice president was subjected to cascades of boos and obscene gestures from several hundred union members and local residents as his limousine pulled away.

The spontaneous and bipartisan cheers for Byrne, whose son was gunned down in February while guarding the home of a drug case witness in south Jamaica, came during a week that has seen two city police officers gunned down in the line of duty. And local residents complained that the so-called war on drugs that Bush talks about is a joke.

"How many more cops got to die before Reagan and Bush get serious," said Ray Webber, 38, a truck driver from the borough's Glendale section. "The cops endorsed Bush, but that's only because they want to back the winner. They know he's a joke."

However, Webber and many of both sides of the crowd supported Bush's stand in favor of legislation that would create a federal death penalty for murderous drug kingpins and anyone who kills a police officer during the commission of a drug-related crime.

Bush mentioned that bill in relation to the Byrne case during his speech to students of Christ the King, located at 68-02 Metropolitan Ave. But the students had been told in advance that Catholic bishops and Pope John Paul II oppose capital punishment on spiritual grounds, according to the Rev. John Savage, the school's spiritual adviser. "They've heard both sides, so they know what's going on," he said.

Outside the school, union protesters objected to Bush's appearance at the school because of a long, bitter strike in 1981, during which the lay board that runs Christ the King fired all the teachers and permanently replaced them with non-union teachers. They were also angered at Bush's appearance with Serphin Maltese, a big Bush backer who was the chief negotiator for the school and is

now the Republican candidate for the State Senate in the 15th District. They accused him of union-busting.

"He's anti-union and anti-education," said Sandra Feldman, president of the United Federation of Teachers. "His words are not to be believed.

"He says he's for education, but Bush is part of an administration that did everything it could to cut education funding and now he comes to a place that went out of its way to break a lay Catholic teachers' union," Feldman added.

THE FUROR GROWS

New city war on drugs

OFFICER BYRNE'S DAD GIVES SON'S BADGE TO VEEP

Make cop killers pay: Bush

By FRANK LOMBARDI
Daily News Political Editor

Accepting the badge of a murdered city cop, Vice President Bush yesterday joined the chorus of grief-stricken New Yorkers who want the death penalty for the killers of Police Officers Christopher Hoban and Michael Buczek.

The badge Bush accepted at an emotional rally in Queens had belonged to Edward Byrne, the rookie cop slain in February as he sat on guard duty in a patrol car outside the South Jamaica home of a drug probe witness.

Byrne's father, Matthew, gave Bush the shield and urged the Republican presidential candidate to carry it as a "reminder of all of the brave police officers in this country who put their lives on the line for us every day."

Bush cited Byrne's case and Tuesday's double-slaying of Officers Hoban and Buczek as further proof that "it's time to get serious about serious crime."

'Cruel reminder'

"These tragic incidents stand as a cruel reminder of the fact that when we talk about a war on crime, it is not just a metaphor," Bush said. "It's a shooting war with real human beings, real lives at stake."

Without mentioning Demo-

See BUSH Page 13

VICE PRESIDENT Bush greets Matthew Byrne, father of slain cop Edward Byrne, and Officer Steven McDonald – paralyzed by gunshot two years ago – at Christ the King High School in Queens yesterday.
MISHA ERWITT DAILY NEWS

A cry: Killers die!

By DAVID J. KRAJICEK
Daily News Police Bureau Chief

The furor over the drug-linked slayings of two young cops escalated yesterday as Vice President Bush, at a Queens rally, urged the death penalty for cop killers and the city moved to begin a sweeping new anti-drug plan.

In a day of mourning and undiminished anger, a task force of more than 100 officers pressed their hunt for the killers of Officers Christopher Hoban and Michael Buczek, who were slain Tuesday night in separate Manhattan shootings.

In other developments yesterday:

■ The Daily News learned that the suspected triggerman in the shooting of Buczek has been identified as a drug ripoff artist with the street name "Poppy." Sources said Poppy and El-

THE PHONY WAR
An editorial.
SEE PAGE 16

bin Roberto Pena Peralta, 27, who is in custody and charged in Buczek's murder, were known in Washington Heights as partners in robbing drug dealers. Both are Dominican immigrants.

■ The Board of Estimate unanimously approved initial funding for the citywide expansion of the tactical narcotics team, an anti-crack program started in Queens after the execution of rookie Police Officer Edward Byrne in February. The $116 million plan will add hundreds of cops to the front line of the Police Department's battle against drugs.

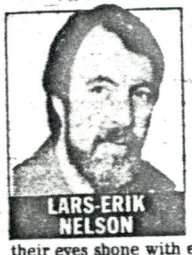
■ Heavily armed cops served search warrants at six locations in Manhattan and the Bronx where they believed the cop killers were holed up. They searched for Poppy at 580 W. 161st St., where the events leading to Buczek's death began, and at 551 W. 160th St.

Cops searched four locations for Bienvenido (Daniel) Castillo, another Dominican immigrant and the suspected triggerman in the Hoban slaying.

■ Flavio Prophete, 49, was ordered held without bail during arraignment on charges of second-degree murder, robbery and sale and

See COPS Page 8

Three cheers for death



LARS-ERIK NELSON

The cute little girls in the pleated miniskirts jumped up and down in the gym at Christ the King High School in Queens yesterday. They squealed with delight, and their eyes shone with excitement and they cheered themselves hoarse at every mention of death.

The Rev. John Savage had opened Vice President Bush's campaign rally by recalling the murders, Tuesday night, of Police Officers Christopher Hoban and Michael Buczek. Savage offered a prayer for "eternal peace for these two young, brave officers." But not just yet. First they were needed as props for Bush's presidential campaign, and props they were, Republicans in death, whatever they may have been in life.

Rep. Guy Molinari of Staten Island started it off. "These murderers must be given the death penalty," he thundered to the children in the gym. The kids furiously waved little American flags and burst into joyful cheers.

Sen. Alfonse D'Amato kept the mood going, introducing the vice president to the students as "George Bush, who supports the death penalty." The kids roared and grinned their approval.

"The vice president favors the death penalty," D'Amato shouted again, in case anybody missed the point. "To put it simply, America needs George Bush." Wild cheering erupted in the stands. Bush, standing at D'Amato's side, smiled in humble appreciation at this praise of his qualifications, and gave a half-wave. This man is running for National Hangman and liking it.

It was not over. Matt Byrne, the father of murdered Police Officer Edward Byrne, got more cheers from the kids by reporting overwhelming sup-

See LARS Page 17

6TH STORY of Level 2 printed in FULL format.

Mike Brautigam
718-834-5213
Brooklyn D.A.

Newsday

March 17, 1989, Friday, CITY EDITION

Scott Cobb says: message

SECTION: NEWS; Pg. 06
Other Edition: Nassau and Suffolk Pg. 16

LENGTH: 455 words

HEADLINE: Prosecution Rests Case In Trial of Slain Cop

BYLINE: By Wendy Lin

KEYWORD: NEW YORK CITY; POLICE; SHOOTING; TRIAL; MURDER; EDWARD BYRNE

law-abiding America

BODY:

After presenting more than 30 witnesses and 65 pieces of evidence, the prosecution rested its case yesterday against the three men accused of the Feb. 26, 1988, murder of rookie Police Officer Edward Byrne.

The defense is expected to begin its case on Monday in Queens State Supreme Court.

Yeah well [illegible] little message of our [illegible]

The prosecution's case, which began on Feb. 21, reached a dramatic high point on Wednesday when the last witness, Arjune, took the witness stand. He is the witness in a drug case that Byrne was protecting when he was killed.

Byrne was shot five times in the head as he was sitting behind the wheel of his patrol car in front of Arjune's south Jamaica home. The prosecution claims that the killing was a "message" from suspected drug trafficker Howard "Pappy" Mason, who had recently been sent to prison on weapons charges. Mason has not been charged in connection with Byrne's death. Four men accused of carrying out the killing on Mason's orders are Scott Cobb, 25, Philip Copeland, 23, Todd Scott, 20, and David McClary, 23, who will be being tried separately later.

weapons' possession - 3½-7 years

Assistant Queens District Attorneys Eugene Kelly and Kirke Bartley produced several witnesses who said they overheard Scott, Cobb, and Copeland plotting the murder from the apartment of Roger Philips. Philips had been expected to testify but the prosecution decided against calling him after learning about a death threat against Philips and Philips' own drinking problems. One of the witnesses, admitted drug dealer Martin Howell, 18, testified he heard Scott soliciting assassins the night before the murder with an offer of $ 8,000 to anyone who would participate. He testified that Copeland told him, "The boss [Mason] was very pissed off and that he was going to see it on television on Rikers Island that a cop got iced."

The only eyewitness to testify was Rachel Moore, 22, a former crack user and prostitute who knew the defendants from the neighborhood. She told the jury that she saw Cobb driving the car past her and toward Byrne's parked patrol car. The headlights were off, she said. Then she saw Scott, Copeland, and McClary approach the patrol car. " Todd [Scott] bent down over and looked inside the cop car, and then all of them came out with guns," she said.

The most chilling - and possibly the most damaging - testimony

How many kido
aged 7th - 12th
do they expect
start school this
~~[illegible]~~ fall?

~~[illegible]~~

John Borth
Integrat.
752-5101

David Lobb

THE WHITE HOUSE
WASHINGTON

MEMORANDUM OF CALL

Previous editions usable

TO: Stephanie

☐ YOU WERE CALLED BY– ☐ YOU WERE VISITED BY–

Hope Christian

OF (Organization)

— Atlanta

☐ PLEASE PHONE ▶ ☐ FTS ☐ AUTOVON

404-434-8679

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

has info. on Kids using crack and going to jail if you still want it

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STANDARD FORM 63 (Rev. 8-81)
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MEMORANDUM OF CALL

Previous editions usable

TO: S

☐ YOU WERE CALLED BY– ☐ YOU WERE VISITED BY–

Cheryl

OF (Organization)

Clearinghouse Alc + Drug

☐ PLEASE PHONE ▶ ☐ FTS ☐ AUTOVON

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

local speakers bureau

Care Center

301/770-3780

Ann Roth

Called

RECEIVED BY	DATE	TIME

63-110 NSN 7540-00-634-4018
★ U.S. GPO: 1988 — 201-759

STANDARD FORM 63 (Rev. 8-81)
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FPMR (41 CFR) 101—11.6

Toledo Public Schools 443 E. Manhattan Toledo, Ohio 43608

FAX COVER SHEET

PLEASE DELIVER THESE TELECOPIED PAGES IMMEDIATELY.

TO: Ms. Stephanie Blatty FAX # 202-456-6218

FROM: Ken Newbury, Ph.D.

DATE: 9/6/89

RE: Request for President's speech

NUMBER OF PAGES TO FOLLOW 7
(including cover sheet)

TO REPLY: FAX NUMBER IS (419) 729-8425.

ADDITIONAL COMMENTS:

IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL (419) 729-8250 IMMEDIATELY.

Ms. Stephanie Blessey
The White House
FAX: 202-456-6218

Dear Ms. Blessey:

I am greatly honored by your request for information about students who have overcome their own serious drug problems. As you suggested, I have enclosed one story of a student who attended one of our schools. The counselor who intervened with "Mary" is a hard-working individual who makes a difference in the lives of many students. I have attempted to change some minor facts about "Mary" to maintain her anonymity. The story line with many of the students we identify is similar. However, despite our best efforts, we are not always so lucky.

Our greatest interest is the hundreds of young people who spend many hours each week teaching other young people to make the drug-free decision. Toledo's own America's PRIDE, and the 70 young people who work within the program are keeping others drug-free. Their peformances and workshops have resulted in schools starting support groups, young people entering treatment, and others sustaining their drug-free lifestyle. These young people, and others like them are the real American heroes. I strongly urge you to include them in some way to recognize their efforts and the hope they provide for a new drug-free America.

If you are interested in the individual names of young people in America's PRIDE, I might suggest one of the following: Madelyn Mackie (senior), Bruce Purdy (junior), and Gina Calcamuggio (college freshman). Extensive bio's on each of these teens is available.

Finally, let me put a plug in for the power of vision. America's PRIDE of Toledo will be the first-ever high school group to perform and present workshop about our international substance abuse concern in the Soviet Union in April, 1990.

I have included other information for your benefit. Please feel free to contact me later today (419-475-4665) or at home (419-885-7400) if you need further information or assistance. I applaud you and the President for contributing to resolution of our nations most urgent concerns.

Steph:
call drug
rehab program
~~gang~~ △ from one
city to another
spin to Boston, N.E.,.

make them understand what you're going through

slavery - backwoods

Eddie Rogers - make more powerful
make him a person - real
had a family/brother sister

call Edward?

p. 5 - preachy

what I'm asking you today
is that you love & help them
take care of each other.
I've got a lot of faith in you
you know what's got a problem

Gary
you won't be on your own.
Gaga

had 3 brothers
had a quilt of 4 yrs.
a lot of friends in the neighborhood
loved football was a running back
at Plain Edge High School.

~~Harper~~

Sincerely,

Ken Newbury

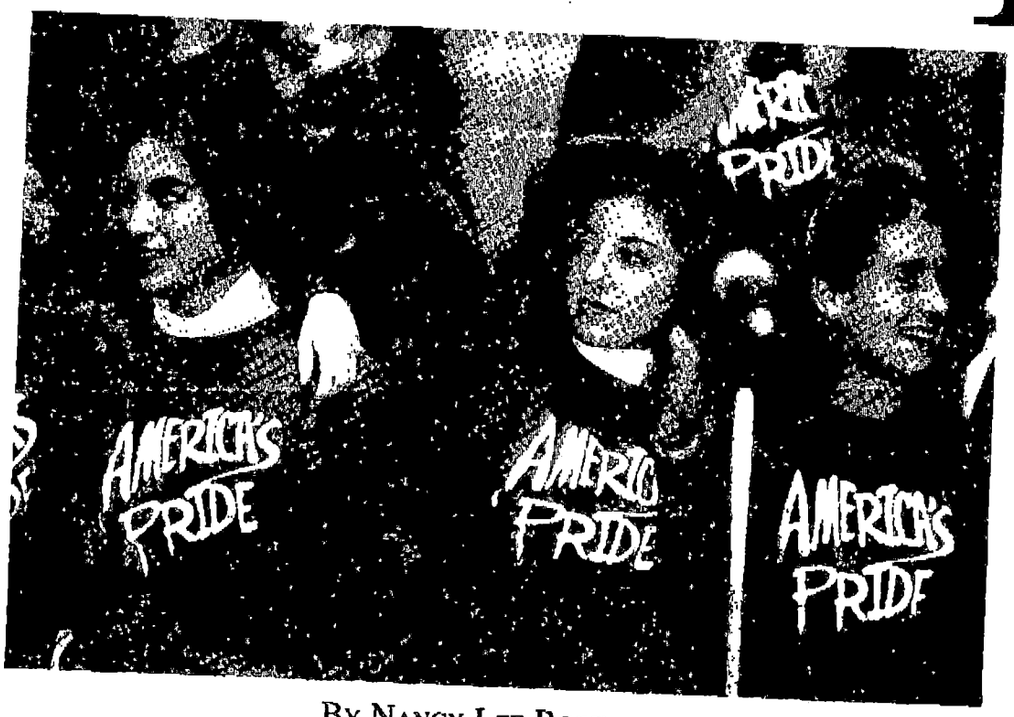
Ken Newbury, Ph.D.
Director, Student Assistance Program
Toledo Public Schools

"MARY"

"Mary", not her real name, began her drug use innocently when she was 12 years old. A likeable pretty girl Mary always had many friends. She was an average student. Her first drug use occured while she was at family outings. In junior high school, she began using marijuana. Mary's old friends stopped seeing her as she developed new drug-using friends. As her chemical dependency progressed and became more serious, her behavior deteriorated. By the time she entered high school, she had a police record for running away and truancy. She experimented with any available drugs. Her appearance and family relations were poor. While using drugs, Mary frequently involved herself with numerous boys in sexual relations.

While attending a Toledo area high school, the substance abuse counselor, befriended Mary and placed her in one of the schools support groups for students with alcohol and other drug problems. When the extent of her involvement was known, the counselor intervened on Mary's behalf by contacting Mary's mother and father. The counselor attempted to educate her parents about the disease of chemical dependency. The result was a divided family. Mary's father said that he would leave the family if Mary were to receive the help she so needed. Her father, a local attorney, said she should be able to beat her chemical dependency by just not using, the way he did years before. Yet, Mary appeared to need more support. In spite of this threat, with the support of both mother and the counselor, Mary entered treatment, while her mother joined Alanon. The father did leave home. Mary completed treatment, attended AA meetings and the school support group meetings. A month later, Mary's father returned home. With the challenge of putting their family back together, Mary's father, mother, and Mary attended AA meetings together.
In the next year, Mary was a frequent speaker for other youth. She was able to share her own experience as a means of teaching others about the consequences of alcohol and other drug use.

AMERICA'S PRIDE



BY NANCY LEE ROSSNAGEL

RUNNING THROUGH THE audience of students and some adults was an air of skepticism, a few caustic comments, a lot of raised eyebrows and cocky aloofness as the clean-cut, bright, smiling young entertainers in white pants and casual shirts took the stage. An hour and a half later, that same audience was on its feet, applauding, hugging and wiping away tears. Toledo's own America's Pride had done it again. Through song, dance and skits, the cast had reached the hearts and souls of the audience. The message? "Love yourself! Respect yourself! And live drug free!"

It sounds like something right out of a yearbook from the Class of '52. But it's 1989, and it's a group of fifty students from twenty-three Toledo and area junior and senior high schools and colleges. Under the guidance of co-directors Dr. Ken Newbury and Mr. Bill Geha, America's Pride has traveled from coast to coast, making a positive impact on their audiences — an impact that moves viewers to write letters, send cards and even phone long distance to thank the group for making a difference in their lives. In many cases, they have been inspired to form support groups in their own communities.

Almost three years ago, Newbury, director of the Student Assistance Program for the Toledo Public Schools, and Geha, director of Drug Prevention Activities at Jefferson Junior High School in Toledo, working together on many drug prevention projects, realized that kids touch kids. Thus began their dream and goal of developing a positive, drug-free group to do just that.

At the first meeting, there were twelve students. At the first rehearsal, there were only five. But that didn't stop the co-directors. In January of 1987, America's Pride of Toledo was organized and led the city's initial "Just Say No" walk right into SeaGate Centre. They were the highlight of this first event in the convention center following its grand opening, and they have been on the go every since.

That fall, at the request of Millie Schembechler, wife of the University of Michigan's famed Bo Schembechler, Toledo's Pride was part of the "Partners in Prevention" program video-taped in the U of M stadium and aired on PASS cablevision. As a result of their stirring

performance during the 1988 Mid-American Conference Basketball Championship play-off games in UT's Savage Hall, America's Pride was the star of the pre-game show for the 1988 California Bowl football game in Fresno, California. Accompanied by cheerleaders and a rousing band, they sang and danced and told their story to an enthusiastic sell-out crowd.

As part of the Fresno trip, programs and workshops were conducted in ten of the area's schools. Some teens found these performances so motivating, they followed the group to other schools to hear it all again. Following the musical selections, members of the group always took time to talk individually with students and share their experiences, encouraging them to take pride in themselves and celebrate life drug free. The message is lasting.

A month after the California trip, Bill Geha received a three-foot banner, designed and signed by the students of Fresno. Some of the notes were short – "Thank you, Pride People!" Others told a more poignant story – "Thanks for coming! You've really impacted my life in a possitive (sic) way! You people are my sunshine." And notes like the following that make all the rehearsals and traveling worth while – "Pride People – Thank you for coming. You are all so great. You touched very many kids who were/are on drugs. I personally know that two people went to counseling and have since slowed down their problem. Many more have decided to join our school club. You really inspirated (sic) me!"

The kids from Toledo feel, "If we touch only one person we're happy. We're ecstatic!" Not all programs are so fulfilling; sometimes, only one person will respond with "You were great." Other times, however, the Pride group feels so much love coming back from listeners that it brings tears to their eyes.

Some of their toughest audiences are right here in area high schools. Students have heard about them, their travels and their reputation, and have prejudged them as "goody two shoes." Madelyn Mackie, a member of Toledo's Pride and official spokesperson, laughingly explains, "We're not perfect kids. We aren't four-point students; we miss curfew – but we can come up with good excuses 'cuz we're not trashed half out of our minds. We have car accidents; we fight with our parents; we fail tests. And like any family of brothers and sisters, we squabble among ourselves."

Parents of members support the group's activities. Like a PTA, they handle organization business. They help the Pride team accomplish its programs by making travel arrangements and ordering new outfits, among numerous other things. "They don't try to change what we are or what we do," Madelyn explains. They advise their kids to "keep priorities in order – school, family and church" – while recognizing that "Pride" takes top priority when written on the calendar.

The bond between cast members is nearly universal: "I don't know what I'd do if Pride wasn't in my life." Madelyn calls it a "healthy addiction." "There will always be that special link between us, no matter where we go. For some of the kids, they never had anyone to count on. Now they have fifty."

"If we touch only one person, we're happy. We're ecstatic!"

A member's past is not important to Toledo's America's Pride, as long as he has come to terms with his problem, chosen a healthy way of life, and wants to stick with it. Of the present membership, only three teens have had reoccurring problems, and each is "recovering." The group's camaraderie has helped develop self-esteem, the ability to communicate, and a willingness to share good feelings with others.

Those "good feelings" have been so well received, Governor Celeste appointed Toledo's America's Pride to his Teen Advisory Council. Touring Ohio with "The Parent Trap," a program encouraging junior high students to set high priorities – but *not* as teen parents, they talk about setting goals and taking pride in who you are.

Junior high students also participate in all-night "Lock Ins." From 4 p.m. to 8 a.m., America's Pride supervises a workshop for these younger students, delving into topics such as handling peer pressure, recognizing one's feelings, setting goals, solving problems and communicating with parents. No one sleeps that night – including co-directors Newbury and Geha!

The organization's message also carries far beyond the student level. This past spring, the group was asked to perform before 800 business people attending the Chamber of Commerce dinner at the Masonic. It was a performance that still has some corporate executives making laudatory comments to Bill Geha and Ken Newbury.

Once you've heard them, you don't soon forget it – whatever your age. This was proven when the Mid-American Conference asked them to appear again during the Mid-Am Championship Basketball Conference at Savage Hall this past March, and to organize a drug workshop for 2,200 junior and senior high school students. These were just two of the many programs and performances Toledo's Pride planned for spring and summer.

"We sing, we dance, we rap, we act. We do anything to get our message across," is how Madelyn describes their performances. "And we'll put anyone to work who wants to help portray that message. We're more than singers and dancers; we have people who write our material and actors who perform the skits. It's a positive atmosphere that puts any talent to work."

In April, the teens went to Atlanta, Georgia, national headquarters for the twenty nationwide Pride teams, and were honored with the distinction of being national trainers in a three-hour workshop. Only one or two other groups in the country have the recognition and stature of this Ohio team. Only Toledo's America's Pride has accepted "request performances" coast to coast, including one for President and Mrs. Reagan at the

White House. It was with the help of Mrs. Reagan and the students from the University of Georgia that Parents Resource Institute for Drug Education headquarters was formed in Atlanta.

In addition to the travel and performances, Pride members have to live up to some pretty high standards. According to Bill Geha, "In our regular meetings, the kids are taught the importance of family, school and God. They're aware that they are part of a community and must be able to communicate within it and be understanding of others. They are expected to live the message of Pride in their personal lives and at school. If they don't, they can be suspended.

"Because we are concerned about the kids and their schooling, not everyone goes on all of the trips. We take different groups on different travels. We don't want them missing too much school." Madelyn adds. "Most teachers are very supportive of Pride. They believe in us and we don't want to let them down, so when we're traveling it's like one big study group. There are even 'tutors' for those having problems. When we're going to travel, we get our assignments early and usually do them before we leave, because we know how we're going to feel when we get home – tired!"

It doesn't take long for their enthusiasm to return, however. When young people are drawn to something so positive, it goes beyond work. Despite their diverse backgrounds, they all share the same goal – "people working together." Toledo Pride teens come from all walks of life. Though they may be Black, White, Spanish or Laotian, their common values transcend cultural differences. "We teach values, and we're not apologetic about it," Ken Newbury explains.

The co-directors put as much time and energy into the program as the students. Madelyn describes their involvement by saying, "They leave their families, leave their jobs, to travel with fifty teenagers and stay up all night. Now that's love!"

Newbury, a community psychologist and educator, believes that "schools have an opportunity to change the future. By working with these kids, we can help make a difference in other people's lives. I'm in it because I love it. I like the kids. I like the rapport with them. They have put us in the position of surrogate parents, and I wouldn't trade it." As county junior high Youth to Youth coordinator in Lucas County, Geha takes a strong interest in the drug and alcohol problems of students. "Toledo and area schools don't have their heads in the sand. There are more than forty support groups in the system. With Pride's message, we can reach even more kids. I can best express it with a line from a Pride song, 'We live the whole world over. We don't meet everyday. We've shown the spirit that changes are on the way....' We all know that together we can make a difference."

The enthusiasm and emotions run high after an America's Pride program, but cast members know that to keep that enthusiasm alive in the people they have touched, discussion groups are needed. Adult support from the community is another vital ingredient. "The more kids get involved in a healthy way, the less drug problems we're going to see," is Newbury's reminder. Toledo can be proud of its America's Pride team as it reminds all of us that "together we can make a difference." ■

America's PRIDE from Toledo, Ohio is invited by the Soviet Union and Friendship Ambassadors to become the first-ever American high school group to perform and conduct alcohol/drug prevention workshops in the Soviet Union with Soviet young people. Twenty-four members of America's PRIDE from the Toledo Public School, Washington Local Schools, and other area schools will travel to Moscow April 6, 1990. The trip, which encompasses spring vacation in Toledo will bring the America's PRIDE group to Leningrad, Riga, as well as Prague, Czechoslovakia before returning to Toledo, April 20.

Students traveling to the Soviet Union will have an unprecedented educational experience at a time in our history when alcohol and drug abuse have assumed international importance. Students will spend time at each city they visit with their English-speaking Russian counterparts learning about Russian culture and sharing approaches for alcohol and other drug prevention. In preparation for the trip, all students will be required to study the Russian language as well as Russian culture. All students will be expected to maintain written logs to document their own educational experience.

America's PRIDE, which has conducted workshops and performances for more than 300,000 people in the past three years, is committed to drug prevention and student welfare. The Toledo group has performed for President and Mrs. Ronald Reagan at the White House Conference for a Drug Free America, the California Bowl, National Youth to Youth Conference, University of Michigan Football Stadium, and for numerous other groups. The primary focus, however, is the many school performances and student workshops conducted with other students in schools. America's PRIDE has also been named by Governor Celeste as trainers for the Ohio campaign for All Ohio's Youth.

The exchange with the Soviet Union is a once-in-a-lifetime education for 24 fortunate students to become part of history. Toledoans can feel proud that area students will be representing them and their school systems in an effort to promote international drug prevention.

anec.

THE WHITE HOUSE

WASHINGTON

September 1, 1989

MEMORANDUM TO MARK LANGE

FROM: STEPHANIE BLESSEY SB

SUBJECT: Kids on Drugs

The following are ~~three~~ two examples of kids on drugs.

- Durand Farley of Atlanta was asked and tempted to do drugs. He was under the peer pressure that many of the teenagers of the 80's are under. But Durand decided not to do drugs. In fact, he decided to stand up and tell everyone not to get into the drug scene. He travels to schools and tells other kids that they can have fun and not to do drugs -- that they can be leaders and not drug lords. He has travelled to Germany and appeared on news programs promoting the fight against drugs. He is an student, actor and dancer.

- Gary of East High School in Denver, CO came to a Montel Williams presentation as a drug user -- a tough guy. He was included in a game on the stage where students played a panel that answered questions on why they should be allowed to do drugs. In the middle of the session, he broke down crying and confessed that he did drugs because no one who does not do drugs would like him. When the students were asked who would be Gary's friend, 80% of the kids raised their hands. After school Gary came back to another session that was organizing groups to combat the drug problem.

SECOND FRONT PAGE

More menacing than crack, 'ice' strikes

By Mark MacNamara
USA TODAY

SAN FRANCISCO — The latest threat in the USA's war on drugs may be a new "Ice Age," police say.

Ice — the street name for a crystalized methamphetamine — was introduced in Hawaii in 1980 and abuse of the drug is spreading to the mainland.

Colorless, odorless ice — also called "crystal meth" — is more dangerous than crack cocaine, experts say.

"We have a real problem here," says Honolulu police Capt. Henry Lau. "We're starting to see the same kinds of problems we saw with crack — robberies and murders."

The aftereffects of ice are "similar to crack," says Dr. Daryl Inaba of the Haight Ashbury Free Medical Clinic Drug Program in San Francisco.

"One becomes lethargic, suffers severe depression, paranoia and possibly cardiopulmonary effects," he says.

Ice, used in Asia for decades, was imported to Hawaii by Filipino immigrants. Youth gangs started pushing ice in Hawaii in 1987, promising that it was less addictive than crack cocaine.

Like crack, ice is smoked. But it's actually more addictive than crack. Ice costs about the same, $80 to $125 a gram, but it's cheaper than crack per dose and the effects last much longer.

The drug is being aggressively marketed in San Francisco, Los Angeles, Seattle and, recently, Salt Lake City.

"We're hearing about it from our kids," says Diane Flannery of the Larkin Street Youth Center in San Francisco. "Since kids are aware of it and talking about it, it's just a matter of time before they go after it."

Dr. Joseph Giannasio of the Castle Alcoholism and Addiction Program in Honolulu says ice seems to be widely used by auto mechanics.

"There are entire garages where everyone is using crystal meth on the job," he says. "They believe it helps them crank out the work."

But then comes the crash: "People come in here and sleep for a week."

▶ Bush sells anti-drug plan, 1A

3RD STORY of Level 1 printed in FULL format.

March 19, 1989, Sunday, Final Edition

SECTION: EDITORIAL; PAGE C7

LENGTH: 493 words

HEADLINE: That's Not the Real Issue . . .

BYLINE: Alfonse D'Amato

BODY:

What a tragedy it would be if the debate over the proposal to federalize the D.C. police department were to distract us from the much broader -- and complex -- debate we should be conducting. The 372 homicides committed in the District last year certainly horrify us all. But what about the 1,842 homicides committed in New York City last year? And what about the roughly 700 homicides that are committed in Chicago and Los Angeles every year? Are those deaths any less horrifying?

The real issues we should be debating are: Why do 23 million Americans -- one in 10 -- use an illegal drug at least once a month? What policies are we prepared to enact to provide drug-free schools for our children and drug-free work places for adults? The fact is the drug-abuse epidemic pervades our entire society. Studies by the National Institute of Justice show that as many as three-quarters of individuals arrested for a crime test positive for drugs. The National Institute on Drug Abuse reports that between January and June 1988 there were 64,750 emergency room episodes that were drug-related.

On Feb. 28, in New York City, almost one year to the day after the cold-blooded assassination of New York police officer Eddie Byrne, DEA Special Agent Everett Hatcher was murdered while conducting an undercover drug investigation. His widow, Mary Jane Hatcher, eloquently stated after her husband's murder the damning truth we keep avoiding:

"Even through the grief of our loss," she said, "I must ask the question, 'Who really killed Everett Hatcher? Who are the ultimate guilty parties?' Look around. As Pogo said, 'I have met the enemy and he is us.' We, middle-class suburban Americans, we casual users, we dabblers in drugs, people marketing drugs in ever increasing numbers. All of you who fit this description . . . all of you must accept blame for the loss of this good, gentle man."

Not just in the District, but in every one of our cities, suburbs and rural areas, we have users such as those Hatcher speaks of. America's drug appetite -- 6 metric tons of heroin a year and up to 90 metric tons of cocaine -- is what fuels the mayhem and murder on our streets.

Gettingat this problem takes much more than simplistic draconian declarations. It requires a serious examination of the Army's experience with drug testing, which reduced drug use levels from more than 20 percent to less than 5 percent. It requires, in an era of tough budget choices, finding the money to build the prisons and jails we need to put an end to the revolving-door criminal justice system that makes us all prisoners in our own homes. It

requires meaningful rehabilitation opportunities for those with the courage to try to end their addiction.

Above all, it requires action that does not stop at the boundaries of the District of Columbia, but reaches into every city, community, job site, school and family in this nation.

The writer is a Republican senator from New York.

GRAPHIC: ILLUSTRATION, STEVE SALERNO

TYPE: OPINION EDITORIAL

SUBJECT: DISTRICT OF COLUMBIA; CITY GOVERNMENT; FEDERAL GOVERNMENT; GOVERNMENT AID TO CITIES; CRIMES; POLICE SERVICES

NAME: ALFONSE D'AMATO

MAY 12 1989

Pete

26 Towne Creek Drive
Charleston,S.C. 29407
May 07,1989

William Bennett
Drug Czar

Dear Mr. Bennett:

I am an eighth grader from Charleston,South Carolina,and I am very concerned about the drug problem in our nation today. I go to a private school where there is a large drug problem. I am not involved in drugs, but I have undergone peer pressure and I do know kids my age and older who have experimented with drugs. The problem is growing larger as we speak, and obviously something has to be done.

I have heard many of the plans we have to stop drugs and drug crime, none of which seem to capture the problem. I watch the news every night, and every night there is a segment on the drug related crime in America. Needless to say, it is disgraceful to have our nation's capital be the murder capital of the nation.

The problem at our school seems to be that there is such easy access to the drugs. If I wanted to get drugs, I could find someone to get it for me. The students and the parents need to be more educated. If you were to ask many parents at our school, they would deny the drug problem our students have. Many of the kids have gone to rehab centers, and in some cases it helps, and in others, it doesn't. There maybe solutions to our local problems, but there are much more serious problems in such cities as New York, Chicago, and of course,Washington,D.C.. Photo I.D.'s, easier evictions, and curfews in some cities are all good solutions, but it will take much more than that to fix such a great problem. I only wish there was something I could do personallly.

Another solution I have heard much about is the legalization of some drugs. There are , of course,the positive and negative apects to this solution,but what is your stand on this position? It is obvious that a great deal of the money would be taken out of the drug rings, but wouldn't it just

multiply the addicts to a much larger number? I hope a definite solution comes up soon, so we can fix the horrible dilemma at our hands.

Finally I would like to wish you good luck in the next years, and if there is anything I or my classmates can do, we would be more than happy to assist in what we can to help our country with our probles.

Sincerely,

Samantha Schabel

Samantha Schabel

STRAIGHT

(1)

C SUZANNE HARDMAN
Administrator

TO: Stephanie Blessey

Used For 5 years

Kelly 19F. Used Pot, Alcohol, Cocaine, Crack, Prescriptions Intralents, Ups, Downs, LSD, MDA

Started to use at age 13. Dropped out of school 3 times. Attempted suicide twice, attempts to kill family members, could not hold a job, disowned from family, three using friends died from suicide while high on cocaine, hung around with bikers

Now

Graduated from Straight Inc, is on staff helping other drug addicts. Involved with NA/AA Suport groups, in college making 3.0, now saving money to buy a car. Sober 15 months. Wants to be a Photographer

Kelly 17F Used For 3 years

Used Pot, Alcohol, Cocaine, LSD, crank, inhalents hash

Skipped school, beach bum, drug using friend caught on fire with 1-3rd degree burns - runaway from accident, has been in Juveniile homes, runaway with strange Oldermen, lived on streets.

Now

Good family, sober 13 months, making good

JCAHO Accredited
Straight, Inc. • 2221 Austell Road • Marietta, GA 30060 • (404) 434-8679
A family oriented treatment program for drug using young people.

got help
found someone to look up to

STRAIGHT

(2)

C. SUZANNE HARDMAN
Administrator

grades in school, wants to be a singer, about to graduate from straight, Inc, has requested to work on staff

Ian 17M Used For 3 years
Used Pot, hash, cocaine, LSD, Mushrooms, Alcohol, Inhalents

Kicked out of house. OD'd on hash., dropped out of school, lost jobs, stole money

Now
Has a good family relations, grades in school are up, feels good about himself, enjoys life.

Brian 14M Use For 4½ years
Used Pot, Alcohol, over counters, Inhalents, LSD, cocaine, Crystal, prescriptions

Since 4th grade, expelled from school, skipped school and suspended many times. Transfered to 3 different types of alternative schools. Arrested for public drunkenness, possession, theft, has been in YDC, very violent

Now
Back in school, making good grades, has

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Straight, Inc. • 2221 Austell Road • Marietta, GA 30060 • (404) 434-8679
A family oriented treatment program for drug using young people.

STRAIGHT

(3)

C. SUZANNE HARDMAN
Administrator

positive friendships, strong person

WES 16 M Used For 13 months
Used Alcohol

Got in fights with others in school, very violent with family, beat family, always felt inferior

Now

Can communicate his feelings instead of fighting them out, he is doing well in school, has a respectable appearance.

EVA 18 F Used For 1 year
Used Pot, LSD, Ups, Downs, Over Counters, prescriptions, inhalents, alcohol

Flunked out of school, hit by car while on Acid, Kicked out of schools, tried to kill herself by cutting her wrist

Now

Good relationship with father, will be going back to school, has made good friends. wants to be an actress

Suggested story from Peace Corps.

How much of a difference can you alone, make? To answer that, I'll conclude with a short story.

A young boy was walking down the beach at dawn. The beach was strewn with seaweed, shells and starfish. As the young boy walked along the beach he picked up each starfish he passed and flung it into the sea. An old man who had been watching, questioned the boy.

"What are you doing?" asked the old man.

"Why, I'm throwing the starfish back into the sea," answered the little boy.

"But why are you doing that?" questioned the old man.

"The tide is going out and the sun is rising," answered the little boy. "If left out in the mid-day sun they would surely dry up and die. I'm saving their lives."

"But the beach goes on for miles and there are millions of starfish," said the old man. "How can your effort possibly make any difference?"

The boy looked thoughtfully at the starfish in his hand and .. as he tossed it back to the safety of the waves .. he said, "It makes a difference to this one."

Thank you, congratulations and God speed.

Charles Krauthammer 274A 1261

WASH.POST:07-30-89

Children of Cocaine

The inner-city crack epidemic is now giving birth to the newest horror: a bio-underclass, a generation of physically damaged cocaine babies whose biological inferiority is stamped at birth. "This is not stuff that Head Start can fix," explains Douglas Besharov, the former director of the National Center on Child Abuse, who first coined the term bio-underclass. "This is permanent brain damage. Whether it is 5 percent or 15 percent of the black community, it is there. And for those children it is irrevocable."

Five percent is the estimate of New York City infants exposed to cocaine in the womb. Fifteen percent is the estimate for the District of Columbia. Although this catastrophe is particularly acute in the black community, it is obviously not restricted to it. Besharov's estimate (the best that I have seen) is that 1 to 2 percent of all babies born in the United States have been exposed to cocaine. It is clear, moreover, that throughout the country the problem is exploding. In 1985 two cocaine babies were born in Cincinnati. This year, University Hospital expects 120.

It is crack that accounts for the astonishing jump in infant mortality rates in places such as the District of Columbia. Cocaine babies, for example, have 15 times the risk of Sudden Infant Death Syndrome. But the dead babies may be the lucky ones.

For some of the crack babies who survive, the first life experience is the agony of cocaine withdrawal. They suffer terribly. They are so sensitive to touch that they cannot be held or fed properly. Some move their limbs endlessly, looking for relief. Even the hardened veterans of the neonatology intensive care units find the piercing cries of withdrawing babies intolerable. "Never in my medical career have I seen so much suffering as cocaine has brought," says the director of the nursery at D.C. General Hospital (quoted in The Wall Street Journal).

A mother's use of cocaine during pregnancy can cause appalling damage to the infant: strokes, seizures, paralysis, prematurity, deformed hearts and lungs, abnormal genital and intestinal organs. And, most ominously, permanent brain damage. A cohort of babies is now being born whose future is closed to them from day one. Theirs will be a life of certain suffering, of probable deviance, of permanent inferiority. At best, a menial life of severe deprivation. And all this is biologically determined from birth.

It is a horror worthy of Aldous Huxley. In "Brave New World," the state creates a race of (sub)human "Epsilon" drones by reducing their oxygen as they incubate in government-run fetal "hatcheries." "Nothing like oxygen-shortage for keeping an embryo below par," explains Mr. Foster, a hatchery scientist, rubbing his hands.

Cocaine works the same way. It does its damage in the womb by cutting off the blood supply to the baby, leaving every organ, the brain in particular, screaming for oxygen. Yet life has outdone Huxley. Even he could only imagine a mad (and satirical) utopian state doing this to its children. It is harder to imagine mothers doing it to their own. Yet, says Dependency Court Commissioner Stanley Genser of Los Angeles County, "We are getting women in here now who have given birth to their second or third or fourth drug baby."

It is not just in the inner city that a bio-underclass is emerging. Alcohol is creating a similar bio-underclass among Indians. Studies show that on some reservations 5 to 25 percent of children suffer from fetal alcohol syndrome—physical abnormalities and mental retardation caused by heavy maternal drinking during pregnancy. The children are hyperactive, difficult to raise, harder to educate. They have quite simply been robbed of the capacity for thinking well. The consequence, pediatrician Geoffrey Robinson told The New York Times, is "a devastation that is worse than smallpox."

No doubt, maternal drug and alcohol abuse is producing damaged babies throughout society. A 1985 survey by the National Institute on Drug Abuse found that at least one in 10 of all American women of child-bearing age had used cocaine in the previous year. The problem does exist among the middle class, where it is better hidden for being widespread. But middle-class values and middle-class money can at least help protect these children after birth.

Moreover, when the problem is widespread it produces individual tragedies, but only when it becomes concentrated and localized, as in the inner city or on the reservation, does it become a threat to communal life as a whole. In the poorest, most desperate pockets of American society, it has now become a menace to the future. For the bio-underclass, the biologically determined underclass of the underclass, tomorrow's misery will exceed yesterday's. That has already been decreed.

What to do? Indeed can we really do anything about women so controlled by cocaine that they risk horrible damage to their babies by doing crack during pregnancy? A new burden for inner-city hospitals is cocaine babies abandoned by mothers who simply leave the hospital after delivery and never come back. Cocaine may be the most effective destroyer of the maternal instinct ever found. And repairing the maternal instinct is a problem beyond politics.

The other voice of despair says that until the government solves the drug problem as a whole, it cannot hope to solve the problem of cocaine babies. This too may be true, but it is irresponsible, as well as cruel, not to try to save some babies pending solution of the larger drug problem. But how?

(1) Punishment. Several jurisdictions have tried criminal prosecution. Three weeks ago a judge in Florida found a 23-year-old mother guilty of criminally conveying cocaine to her unborn child. This case followed a string of legal failures, the most prominent of which occurred in Winnebago County, Ill., where a grand jury refused to indict a Melanie Green of involuntary manslaughter for killing her fetus with cocaine.

The jury was probably right. Current legislation, never intended for the contingency of cocaine babies, is too vague to sustain such a conviction. Moreover, criminal sanctions probably won't work. If concern for the child is no deterrent to a pregnant crack addict, concern for the justice system is hardly a better one.

One rationale for not prosecuting cocaine mothers is entirely fatuous, however. Leave it to the local ACLU legal director (who represented Green) to offer it. He praised the Green jury for refusing "to criminalize and punish a pregnant woman who was herself a victim and who had already lost her child."

The sang-froid of middle-class whites so addicted to rights and so enamored of victimhood is shocking. It is one thing to let the homeless mentally ill die with their rights on in the streets of America. You might, if you stretch it, say that these adults are destroying themselves: the state has no business interfering in people's privacy. But how can you maintain the fiction that a woman who does crack during pregnancy is protected from state intrusion because she, too, is engaged in a self-regarding act? The hospital wards filled with these broken, tormented infants utterly refute the proposition.

(2) Treatment. The liberal answer, of course, is not to punish these women but to treat them. But that assumes that they will accept treatment. In the District of Columbia, prenatal care is not only free, the city has made a large effort to bring pregnant woman in for help. Yet, reports The Post, at Greater Southeast Community Hospital 25 to 30 drug-abusing women show up every month for delivery. "A person who is addicted to drugs has another priority," explains Pamela Robinson, a social worker at the hospital. "The unborn child is not a priority." Care for these mothers, says Robinson, "is available, and they are aware of it, but they are not seeking care."

The other problem with treatment is that we do not have the slightest idea how to go about it for crack addiction. Besharov, a scholar at the American Enterprise Institute who has studied the problem for 20 years, concludes that "there is almost no evidence of our ability to deliver a successful drug treatment program to people." The heroin successes are due either to the development of blocking drugs (such as methadone) or to programs with a charismatic leader who uniquely engages the participants. Otherwise? "There ain't no proof that this stuff makes a difference," concludes Besharov.

(3) Custody. Jeaneen Grey Eagle, who runs an alcohol treatment program at the Pine Ridge reservation in South Dakota, tells The New York Times that her tribe once locked up a pregnant woman who could not stop drinking. She supports such action.

So do I. The choice is simple. We can either do nothing, or we can pass laws saying that any pregnant woman who takes cocaine during pregnancy will be sent until delivery to some not uncomfortable, secure location (boot camp, county jail, house arrest—the details are a purely technical matter) where she will be allowed everything except the liberty to leave or to take drugs.

We should do this not as punishment, nor as vengeance, nor even for deterrence, but purely for the protection of the soon-to-be-born child. Taking custody of the child unfortunately but necessarily means taking custody of the mother. This is no solution to mother's drug problem. But it is a solution to baby's. There might be a better solution fairer to both, but no one can find it. And until we do, the bio-underclass grows.

16TH STORY of Level 2 printed in FULL format.

The Daily Telegraph

August 12, 1989, Saturday

SECTION: INTERNATIONAL; Pg. 3

LENGTH: 219 words

HEADLINE: Children set up shop as drug dealers at playtime

BYLINE: By Wendy Holden in New York

BODY:

THE DISTURBING effects of the drugs trade on America's youth was highlighted yesterday by the story of two young children found playing make-believe drug dealers in a playground. Police in Lebanon, Pennsylvania, said a passer-by discovered the children, aged seven and nine, with bags of grass cuttings and sugar weighed out into fake drug deals. The boy and girl had a large fishing tackle box from which to sell their wares - made to look like marijuana and cocaine - and a ledger to write down transactions with other children. One note in the ledger read: "Cocaine, small half-baggie, 55 cents (34p); small baggies $ 1 (62p)." Capt Bernie Reilly was horrified by the discovery. "We have just lost the war on drugs," he said. The children told detectives they were just following their parents' example. They wanted to make a lot of money when they grew up and not work. In New York, social scientists and police reported seeing a 12-year-old boy sitting on an upturned milk crate in Brooklyn selling crack - the smokeable cocaine derivative that is the scourge of the city's poor neighbourhoods - with his mother standing beside him, drinking beer and patting his head. Studies have shown that children are taking over as heads of families in many areas because of their large incomes from selling crack.

18TH STORY of Level 2 printed in FULL format.

Chicago Tribune

August 10, 1989, Thursday, NORTH SPORTS FINAL EDITION

SECTION: NEWS; Pg. 10; ZONE: C

LENGTH: 227 words

HEADLINE: It's not make believe: Kids play they're drug dealers

BYLINE: Associated Press

DATELINE: LEBANON, Pa.

BODY:

A group of children used a playground as headquarters for a make-believe drug ring, selling neatly packaged bags of sugar and grass clippings that looked like cocaine and marijuana, police said Wednesday.

"I think the whole thing is very tragic. Normally they play fireman or policeman. It's tragic when they want to grow up and be drug dealers, " said city Councilman Peter Zug.

Authorities speculated that the children, who were believed to be 12 or younger, were either emulating their parents or being trained for the drug business.

"I was shocked and depressed," said Detective Thomas Capello, looking through a tackle box stacked with bogus drugs and colored slips of paper detailing the group's transactions.

The tackle box was turned over to police last week after two children, ages 7 and 9, found it in a tree at the dilapidated downtown playground, which borders an area of the city known for drug use.

Police had not interviewed any children in the case but said they had five names from reading ledger notes in the box and intended to speak with the youngsters Thursday.

"It was sophisticated packaging; they were maintaining a list of buyers, money spent and money owed. . . . I was totally shocked," said Chief Michael DeLeo.

A small bag of the bogus cocaine was priced at 55 cents. The small bags of grass clippings were $1.

GRAPHIC: PHOTO: AP Laserphoto. Police Detective Thomas Capello shows off a tackle box filled with grass clippings and sugar in plastic bags that children were using as part of a make-believe drug ring in Lebanon, Pa. (page 6, Final).

TERMS: PENNSYLVANIA; POLICE; CHILD; DRUG

9TH STORY of Level 1 printed in FULL format.

Newsday

June 29, 1989, Thursday, CITY EDITION

SECTION: NEWS; NEWS YORK DIARY; Pg. 5

LENGTH: 866 words

HEADLINE: The Children of the Damned;
City burying more littlest victims of two evils

BYLINE: Dennis Duggan

KEYWORD: COVER; ACQUIRED IMMUNE DEFICIENCY SYNDROME; COCAINE; DRUG; ABUSE; PREGNANCY; INFANT; DEATH; STATISTICS; COLUMN

BODY:

To the inmates who bury them, the dead babies in tiny pine box coffins in Potter's Field are the children of the damned, and yesterday morning, shoveling dirt onto the little coffins, Anibel Bermudez shook his head and said, "It is such a waste, so sad."

Bermudez, 21, in jail for gun possession, was one of several inmates who helped bury 42 newborns yesterday in a common grave on Hart Island, many of them the littlest victims of the rise in crack use and the explosion of AIDS.

The babies arrived at a rickety, wooden pier on City Island in a city Health and Hospitals Corporation van driven by Jose Santiago. They had been placed in unmarked coffins, the size of shoeboxes, with pink slips telling their names and dates of deaths.

"Poor little kids," said Santiago, 31, who had picked up his sad cargo earlier at the morgue at Kings County hospital. " Crack is killing them all, crack and AIDS."

Santiago, married and the father of a 5-month-old son, has made the journey to Potter's Field many times in the five years he has worked for the city, but he said his job was harder than ever now "because my heart breaks when I see all these tiny coffins."

Now, waiting on the pier for a ferry boat to take the dead babies to Potter's Field, where the poor have been buried for the past 120 years, Santiago shook his head slowly.

"Two years ago. That's when it started. That's when I began carrying more dead babies, " he said.

That's when the Department of Health's figures on infant mortality began rising after a steady decline over several years. In 1986, 1,128 babies were buried at Potter's Field. Last year, 1,489 were buried there - a 32 percent increase.

About two years ago is when Dr. Louis Cooper, director of pediatrics at St. Luke's-Roosevelt Hospital, says he noticed that the newborn intensive care

unit at St. Luke's in East Harlem began looking like a crowded subway car at rush hour.

"We have room for 16 babies in our unit here but we regularly care for 20," said Cooper.

"The rise in the death of newborns reflects a deeply troubled society," Cooper said. "These children are born of parents who live in poverty. Crack and AIDS are the gasoline that has been poured on that tinder."

Under an overcast sky yesterday, the heart-twisting results of those two evils lay in tiny 6-inch by 16-inch boxes, waiting their final resting place, as abandoned in death as they had been in life.

You could read their names and the names of the hospitals in which they had died on the slips pasted onto their coffins. All of these babies had died in Brooklyn hospitals such as Interfaith, Woodhull and St. Mary's.

At the dock on Hart Island, the boxes were taken from the van and piled on top of one another by inmates while Department of Correction Capt. Frank Revello watched. Revello, 41, holds two Purple Hearts from Vietnam. But as the boxes piled up, he turned away. "These are the kids who never had a chance, they just didn't make it," he said.

It was a scene of unutterable sadness. A dog named Lady yelped and the inmates stacked the coffins onto a truck and headed toward a common grave in the middle of the island. There, the babies are buried 1,000 to a grave 15 feet wide by 40 feet long and 6 feet deep.

No mourners, no ministers offered up souls for repose in the hereafter, no one played taps. No tears, no flowers, no wringing of hands. Nothing but the sound of Officer Hugh Conroy, reading off numbers from a manifest list and the sound of dirt landing on the little boxes.

"Number 1128," Conroy yelled. "Mark that 969." As he spoke, an inmate scrawled a number on the top and the side of the coffin with a black crayon. This would allow someone who wanted to recover the baby's body to do so.

"That makes 1,000 in this grave," said Conroy. "Now we'll close it and put up a headstone. We'll mark it 99B. The next grave will be 100B. B is for ' babies. ' "

More than 700,000 poor and forgotten people have been buried on Hart Island in 120 years. But only recently have the babies begun arriving in bigger and bigger numbers, and state Department of Health officials confirm the main reasons are crack and acquired immune deficiency syndrome.

In 1987, the number of infant deaths in New York City rose from 1,566 the previous year to 1,673. Last year it rose again to 1,769.

Many of those babies, as New York Newsday's Clem Richardson reported, "were sentenced to death by women who passed along the AIDS virus through their infected blood."

Richardson also reported that 42 of the 2,103 babies born in central Harlem in 1987 died before their first birthday - an infant mortality rate nearly twice as high as the citywide average.

It took just 15 minutes to put the baby coffins into their final and unheralded resting place yesterday. The sun broke through the overcast sky for a few brief moments. But those 42 misbegotten children, innocent victims taken to Potter's Field yesterday, now repose under a layer of freshly dug dirt.

They were born in darkness and died in darkness, and it ought to be required of everyone who lives in this city to go to these unvisited graves of our children to ponder what it is that has brought us to this.

GRAPHIC: Newsday Photos by Alan Raia-1 and 2) On Hart Island, inmates unload coffins containing the littlest victims of the city's twin problems of crack addiction and AIDS. The infants are buried in Potter's Field. 3) Newsday Color Cover Photo by Alan Raia-Tiny pine coffins of infants await burial at Potter's Field on Hart Island. City's infant mortality has been on increase

12TH STORY of Level 1 printed in FULL format.

June 8, 1989, Thursday, City Edition

SECTION: METRO/REGION; Pg. 33

LENGTH: 1432 words

HEADLINE: DSS: Too many problems, too few hands

BYLINE: By Diane Lewis, Globe Staff

KEYWORD: MASSACHUSETTS; DSS; STATISTIC; EMPLOYEE; FAMILY; CHILDREN

BODY:

It was the kind of call that the Department of Social Services often receives. A social worker from a local hospital telephoned to report the birth of a newborn who had tested positive for cocaine. Could the state investigate?

The agency responded by sending DSS investigator Theresa Warren to the home of the mother, 27, who sat cross-legged on a bed with her newborn baby nestled in the crook of her arm. Warren leaned forward and stroked the infant's foot.

"Hey there, girl," she said, watching the tiny foot jerk and noting that the mother seemed healthy and showed no signs of the paranoia and nervousness so common in cocaine addicts. Still, the situation was serious enough for Warren to schedule meetings with the teachers of an older child in the family, request physical examinations and recommend a 45-day assessment by a caseworker.

"This is a borderline case," Warren said while driving to another assignment. "But borderline cases can blow up."

How does a caseworker know when a family is about to go over the edge and children must be removed?

"You talk to everybody - teachers, doctors, relatives, the kids, day care and the parents," Warren said. "You use judgment, common sense. . . . A lot of it you don't learn in school. You learn by the seat of your pants."

In fact, on-the-job training is more the rule than the exception for many DSS caseworkers who work with the state's most troubled families and children, critics say. They contend that it is not unusual for a new caseworker to be in court on a child-abuse case before he or she has attended even one training course offered by the agency.

Even when caseworkers do attend training sessions, some find that the courses are more like orientation and offer no policies for determining when to remove a child at risk.

"Everything we do is based on judgment calls," said Bob Moro, vice president of Local 509 of the Service Employees Union, which represents DSS social workers.

"The day you arrive on the job, you get six cases," he said. "By the end of the month, you've got six more. You're supposed to be in the office for training for 14 days, but you get new kids in and you give them a caseload. Then they have to go to court, and their heads are spinning. It's baptism by fire, and you either sink or swim."

Although the criticism is not new, the death in April of a 3 1/2-year-old Lowell boy who had been beaten severely has prompted calls for change and has forced the agency to take a closer look at its policies.

Shortly after the child died, police alleged that little Hanif Sutton had been tortured almost daily by his mother's boyfriend in the last two or three weeks of his life. A caseworker who was assigned to the case in January noticed no signs of abuse. In April, the caseworker went to the apartment unannounced and was turned away by the boy's mother, who came to the door bruised and disheveled.

The agency was aware that the mother used drugs and knew that her boyfriend, Randolph Scott, was a heroin addict who had forced her into prostitution to support his habit. Hanif died a few weeks after the mother turned the social worker away. The boyfriend has been indicted on murder and assault charges.

"Was the social worker's decision not to intervene due to inadequate performance or was it an example of a good, but harried, caseworker who was being asked to do too much?" said Dr. Ann Raynolds, director of Family Preservation Services Inc., a nonprofit counseling and support team.

"Who can say? Caseworkers have been given impossible resources," she said. "They're front-line workers trying to do a job that is a residual function, a job nobody else wants to do or can do."

Part of the problem is that current DSS policies provide no guidelines for handling situations such as Hanif Sutton's.

"We try to look at and assess the risk in a situation that a child is in, but we don't have a specific policy that says if X, Y and Z are present, you should remove a child," said DSS spokesman Joseph Landolfi.

In an interview with The Boston Globe last week, DSS Commissioner Marie S. Matava acknowledged that the agency must develop tough policies to help caseworkers do their jobs.

She noted that increasing numbers of drug- and child-abuse cases as well as current social trends would overwhelm the most competent and well-meaning social worker.

Nationwide, growing caseloads are forcing social workers to shift their attention from the so-called borderline cases to crisis intervention. In 1972, there were 60,000 abused or neglected children in the United States. In 1986, with improved documentation, the number of reports had risen to 2.2 million, according to the American Humane Association.

In 1988, DSS received more than 40,000 reports on an estimated 60,000 children, representing an 18 percent increase over the previous year. Moreover, the turnover rate among social workers last year was 16.5 percent, compared

with 13.7 percent the year before.

Even more distressing to professionals is the lack of time, funding and resources for children and families at risk.

According to Carol Brill, director of the Massachusetts chapter of the National Social Workers Association, cutbacks have forced DSS supervisors to take on cases, leaving caseworkers with less guidance and supervision. Additionally, cuts in funding for secretaries have left more paperwork and less time for caseworkers.

"Training is not as extensive as it should be because they don't have the time to do it," said Brill. "What really troubles me is that we now have the knowledge to keep kids in the home and protect them, but we don't have the resources."

Warren, 26, a former caseworker who became an investigator at the DSS office in the Solomon Carter Fuller Mental Health Center last fall, said caseworkers are overworked and overwhelmed.

"There were times when I was a caseworker when I didn't get to see everyone" in the caseload," Warren said. "Why? Because the agency is crisis-oriented. It's sad because the borderline cases have the potential to blow up, and if you can get the services, if you have the time, you can prevent something from happening."

Caseloads at the Fuller center range from 22 to 25 cases per person. Seventy-two social workers were hired by DSS recently, which should lower the caseloads.

"But it will not be enough to make sure kids are safe," said Moro. "Even as we hire new people, caseloads are parallel to what they were last year when there was a record-breaking increase."

DRUGS, NOT POVERTY, NOW SEEN AS ENEMY

Sometimes at work, before meeting a new client, Sheila Upchurch worries about her safety.

Last summer, she was standing in front of the entrance to an apartment at a housing project when the door flew open and a woman ran out waving a knife. The woman stabbed a security guard who had accompanied Upchurch to the project.

Last March, Upchurch and four colleagues had to fight off a group of angry parents who were trying to prevent them from removing eight children from a house where " crack" cocaine was being trafficked.

Upchurch, 36, is a Department of Social Services caseworker at the Solomon Carter Fuller Mental Health Center in Boston's South End. But after seven years on the job, she has submitted her resignation and will leave in July.

"You always take the job home. You watch the news and hear about a 14-year-old being shot and you wonder if you know him. You go home and you dream about cases. You feel anxious, sometimes for no apparent reason. Even if you leave at 5 p.m., the job doesn't end.

"When I came on in '82, the type of cases and type of problems families were having were not as severe. Now, poverty isn't even an issue anymore. It's drugs, lack of self-esteem, unhealthy relationships."

To Upchurch, the most dramatic change to occur within the past five years has been the spread of drug addiction, particularly cocaine and its crystallized derivative, crack. In fact, drugs played a role in 64 percent of the substantiated child-abuse cases in a recent DSS study.

"The problems out there are much, much bigger than DSS."

Pausing a moment, Upchurch sighed. "Let's put it this way," she said, "if the state Legislature doesn't provide the kind of services we need to help people care for their kids properly, then it can't be alarmed when a child turns up dead."

She noted that other veteran caseworkers are leaving too.

"People are leaving because they know they are being held accountable, but it's like we're being sent out to war without a gun."

August 31, 1989

MEMORANDUM TO MARK LANGE

FROM: STEPHANIE BLESSEY

SUBJECT: Conversation with Lt. Comm. Montel Williams

A few excerpts from our conversation that might be inspiring:

o"You've heard it before from William Bennett from your teachers and principal, but now your going to hear it from the Commander in Chief. Drugs are wrong! And we're fighting a war on drugs."

o"It's time for you to get involved. You want to be treated like an adult. Well, here's your chance. Here are the tools. If you see someone messing up their lives with drugs. Tell them to stop. If they won't, turn them in."

o"When you go to jail, you'll be treated like and adult. You'll be put in an adult prison."

o"If you start using or dealing drugs and hanging with a gang, your life expectancy is 3 to 5 years. With our War on Drugs it will be less than that.

o"We're out to get you if you get on drugs. But I want us to be on the same team -- to fight the war on drugs together."

o"You think you can get away with selling drugs and making that fast cash, but it will only last for 2-3 years. Look at....."

o"You've heard the term drug scourge. But what does it mean. It means finding a mother who sold her child for crack. It means a mother letting her 13 year old girl get raped for a vile of crack."

o"You think its alright to hear about these other kids buying crack. You might think its funny if you try it. But how funny would it be if your 3, 4, or 5 year old little brother or sister was sold or was selling crack.. It could happen. That's why you must get involved to stop the epidemic. Join the War on Drugs before drugs ruin your life."

o"You are the future. Your are the only ones who can change things. If you say no. No more drugs. No more dope. No more weed. You can change the future."

o"You can use your education to become something. You can become a policeman, a doctor, a nurse, a pilot, an astronaut, a musician, a fashion designer, anything you want, if you study and take advantage of your education."

o"Knowledge and education are the keys. With knowledge and an education you can not be denied."

o Michael Asbury was one of the three kingpins of the Crips in Denver. Just recently he was carrying a bullet in his left shoulder for 2 1/2 weeks. He decided to turn around. He's visited a teen club in Denver and convinced the Bloods and Crips to shake hands and not fight at the teen club. He gathered some 6 and 7 year old and showed the m the tape o Montel and talked to them about the dangers of drugs and gangs. He detained two juveniles who escaped from the Juvenile Detention Center until the police came and picked them up.

4TH STORY of Level 3 printed in FULL format.

Newsday

August 27, 1989, Sunday, NASSAU AND SUFFOLK EDITION

SECTION: NEWS; Pg. 7

LENGTH: 1639 words

HEADLINE: Babies' Premature Fate;
Death rate for black infants in Nassau troubling and puzzling

BYLINE: By Michelle Slatalla

KEYWORD: NASSAU COUNTY; HOSPITAL; BLACKS; INFANT; DEATH; STATISTICS; INCREASE; POVERTY; DRUG; ACQUIRED IMMUNE DEFICIENCY SYNDROME; TRENT; PREGNANCY; TREATMENT; HEALTH DEPARTMENT; REPORT; HISPANICS; BIRTH CONTROL; COCAINE

BODY:

A needle-thin intravenous tube is lodged in an arm barely thicker than a pencil. This is how the baby eats.

A respirator is threaded into a tiny nostril, its plastic tube taped in place against papery skin. This is how the baby breathes.

This tiny baby, who weighed 1 pound, 15 ounces when he was born at Nassau County Medical Center recently, is one of the lucky ones: he may live. But many other Nassau babies like him - most of them black and conceived in the pockets of poverty hidden amidst some of the most affluent communities in the nation - will not be so lucky.

A county health department study released last week of the 325 infant deaths that occurred in 1986 and 1987 has uncovered a disturbing trend: after dropping for decades, the death rate for Nassau's babies is climbing again. The vast majority of those deaths are occurring among black babies, who are more than four times as likely to die as white babies. And the gap between black and white is widening.

"Those numbers are upsetting, but do they surprise me? No, because they mirror what we see here every day - pregnant women who arrive with no prenatal care, mothers who take drugs, babies who are born with AIDS - these are the problems we see," said Dr. Harriet Boxer, director of neonatology at the medical center, where about 550 of the county's sickest newborns are admitted each year.

Nassau's high death rate among black infants reflects a national trend. But even in the inner-city environment of Washington, D.C., which in 1987 had the worst overall infant death rate in the country, the death rate for non-white babies, 21.4 per thousand, was lower than Nassau's 1987 rate for black babies, 31.2.

"We can say that Nassau County should not have a rate that's higher than some Third World countries, like Guyana, but it's difficult to get people to do anything because you don't have a loud constituency," said Rae Grad, executive director of the Washington-based National Commission to Prevent Infant Mortality. "Babies don't tend to come together to schedule PAC breakfasts."

For white babies in Nassau, the death rate of 7 per thousand in 1987 was the same as the infant death rates of other industrially advanced countries, like Norway and Switzerland. But for Nassau's black babies, the death rate in 1987 was about the same as the overall death rate in such poverty stricken countries as Guyana and Sri Lanka.

Nassau's health experts and community activists say the numbers are as puzzling as they are troubling. "These are such complex issues, and the study has been able to describe the problem, but not answer why," said Dr. Marie Casalino, the Nassau health department's director of maternal and child health.

The data shows death rates are high among babies born to teenage mothers, among babies born prematurely, and among those born to women who live in Freeport, Hempstead, New Cassel, Long Beach, Inwood and Roosevelt - areas identified as "poverty communities" based on income information gathered during the 1980 U.S. Census.

But the 325 death certificates didn't provide a glimpse into the underlying problems. They didn't say whether the pregnant mothers had adequate medical care, whether they drank too much or smoked crack, whether they relied on nutrition from slices of white bread spread with ketchup.

This kind of information county workers gather informally from the women who come to the county's seven public-health clinics for prenatal exams.

At the busiest clinic, on North Main Street in Freeport, 750 pregnant adults and half as many pregnant teens come each year for regular exams every three weeks. They sign in and then wait their turn in battered chairs in a pink-walled reception room where a sign tells them in both English and Spanish not to eat unhealthy snacks like potato chips and cheese doodles while they wait.

"As much as they're told what to do, they sometimes don't because they're so busy just trying to survive," says Eileen Lloyd, nursing supervisor at the clinic. "They live in single rooms, with no stove, nowhere to store food. How can you begin to address the problems?"

The answer, health officials say, is more money. Health Commissioner Dr. John Dowling has asked for a bigger chunk of the county's budget next year.

"We're going to do what we can afford to do, but there are clearly limits to our resources," responds County Executive Thomas Gulotta. He said the answer may be to identify less essential programs and shift money away from them to beef up maternal and child-care services.

At the clinics, the county has a sliding scale for payment. Most women pay nothing. When asked what the top end of the scale is, the clerks say they do not even know. They look it up. A few minutes later, they have figured it out: if a client earned $ 56,000 a year, she would be charged $ 40 for a prenatal visit. The very few patients who pay are charged fees closer to $ 6.

According to clinic officials, most of the women who come to the clinic live in the Freeport-Roosevelt area. Most are black or Hispanic. Most have several children. Most live with a male partner. Most have no health insurance to cover their hospital and medical costs.

Many, like Ann Marie Dennis, do not speak English.

Dennis, who is 28 and expects her second child in December, made her first visit to the clinic when she was 19 weeks pregnant. She is Haitian. Her husband, Nerva, who works in the kitchen of a Plainview restaurant, accompanies her to her appointments.

"I come for the baby," Nerva Dennis says. "To be sure they are well."

The Dennises meet with Mary Anne Brantley, a public health nurse who scrutinizes the medical records, checks blood pressure and weight. "Everything looks fine," Brantley tells them.

Most likely everything will be fine, clinic staffers say, because Dennis has been getting adequate prenatal care, and got medical care before her 20th week. Clinic officials say ideally a woman should begin getting prenatal care during the first three months of pregnancy. However, if care is sought within the first 20 weeks, there is no increase of risk to baby's health, they say.

Nassau health experts and community leaders say they cannot estimate how many of the 16,000 women who give birth each year are not getting prenatal care. Experts say many poor woman either don't know where to seek care or are reluctant to seek care because they know they will not be able to pay for it.

But health officials say there is clearly a problem. According to the county's infant death study, at least 21 of the babies who died were born to mothers who had no prenatal care. In 94 other infant deaths, it is unknown whether the mothers received care.

"There are women out there who aren't getting prenatal care. I know, because sometimes I have to send a worker out in a van to pick them up and bring them in for the program," said Dr. Salvatore Ambrosino, executive director of Family Services Association of Nassau, a non-profit group.

Those who do seek care face an overburdened system. Dowling says the county's clinics are swamped and unable to handle the needs of pregnant women and sick babies.

Women are waiting up to eight weeks for prenatal appointments; pregnant women who called Freeport last week had to wait until October for an initial exam. Newborns may have to wait up to a week after their parents call for an initial checkup.

Dowling, alarmed by the escalating infant death rates, says the health department must have more money for additional staff at the clinics - or else eliminate services to adults seeking general medical care - to accommodate the needs of mothers and infants.

"In public health, prevention is a top priority," Dowling said.

This year, about 42 percent, or $ 12.9 million, of the health department's $ 30.9-million annual budget was spent on programs for maternal and child care programs. Nassau received an additional $ 2.2 million in state grants to help fund the programs, which include the clinic appointments, home care, monitoring infant development and meal services.

For next year, Dowling has asked Gulotta to submit a $ 34-million budget. Roughly the same percentage of the money would be spent on maternal and child care programs. Gulotta said he has not yet decided on specifics for next year's budget, which he must unveil by mid-November.

In Suffolk, the numbers are less alarming. In 1987, the overall infant death rate was 7.8 per thousand, compared to 10.1 in Nassau, and Suffolk's death rate for black babies was 16. Suffolk Health Commissioner David Harris said it is difficult to compare the two counties, though, because Suffolk has such a small black population. There are about 30 deaths among black babies a year in Suffolk.

Dowling said the Nassau health department would like to conduct a second phase of the infant death study, to review medical records of the babies who died to try to determine how great a role such factors as drug use play in infant mortality.

"This is one isolated report. It is absolutely essential that we understand the causes so we can attack the causes," Gulotta said "The more detailed study will be done."

But when and how has not been decided.

In the meantime, the county's tiniest and sickest residents sleep in the 38 incubators in the neonatal nursery at Nassau County Medical Center.

They are babies like the little girl, the smallest of premature triplets, who has been in the hospital for nine months, long enough to sprout two teeth. Hospital officials no longer know where her mother is; she may have moved to Virginia.

They are babies like the little boy whose urine tested positive for cocaine exposure when he was born 89 days ago. His mother stopped calling the hospital a long time ago.

His medical records say he belongs to Nassau County.

GRAPHIC: Newsday photo by Julia Gaines-One of many premature babies in Nassau County Medical Center's neonatal unit

1ST STORY of Level 1 printed in FULL format.

August 18, 1989, Friday, City Edition

SECTION: NATIONAL/FOREIGN; Pg. 3

LENGTH: 1064 words

HEADLINE: Born to the burden of crack;
The earliest victims of capital's plague

BYLINE: By Craig S. Palosky, Contributing Reporter

DATELINE: WASHINGTON

KEYWORD: CHILDREN; BIRTH; DRUG; STATISTIC; WASHINGTON; US; HEALTH

BODY:

They are the youngest victims of drugs. Born physically damaged and addicted, the children of crack users face a traumatizing struggle for survival, especially in Washington where one of 43 babies dies before reaching its first birthday.

The infant mortality rate here, 23 deaths per 1,000 births, recently reached about 2 1/2 times the national average of 10 deaths per 1,000 births, and specialists are blaming most of the increase on mothers' use of cocaine during pregnancy. "The infant mortality rate is going up rather than down simply because of drugs," said Douglas Besharov, a specialist on child abuse and neglect at the American Enterprise Institute in Washington.

Each year, as many as 375,000 children - 11 percent of all births nationally - are born with evidence of exposure to cocaine, PCP, marijuana or another drug, according to a survey conducted by the National Association for Perinatal Addiction Research and Education in Chicago.

MORE THAN 1 IN 10

At D.C. General Hospital, more than 20 percent of pregnant women admit to their doctor that they used cocaine, and an equal number probably lie, said Dr. Sidney Jones, chairman of the obstetrics and gynecology department. Some deny using cocaine even after their babies test positive for the drug at birth, he said.

Many " crack babies, " named after the cheap but potent form of cocaine, are born several months premature and require expensive medical care and supervision in order to survive their first few weeks, said Dr. Mehnur Abedin, the hospital's director of neonatology. Some suffer from withdrawal, shaking and twitching like their adult counterparts, crying out loudly as their bodies fight a craving for the drugs used by their mothers. And the immediate problems may not be the worst. During pregnancy, cocaine can constrict the fetus' blood vessels and cut off its oxygen supply, creating the equivalent of a stroke and sometimes causing brain damage and physical deformities, said Dr. Mhairi McDonald, vice chairman of the neonatology department at Children's National Medical Center in Washington. Children exposed to cocaine appear introverted and unresponsive to the outside world, and some may have permanent brain damage, even though their addiction to the drug disappears after a week or so.

"As long as the baby gets through the pregnancy, as long as the baby isn't grossly premature, its survival is not threatened," McDonald said. "It's more their prospects for the future that's jeopardized. . . . We're only just beginning to find out what the problems are."

The problem affects women of all levels of income in all areas of the country, but the hardest hit are those in poor, inner-city neighborhoods, where crack use is most widespread.

Jones, who runs a weekly clinic at D.C. General Hospital for mothers who use drugs, said an extensive outreach effort to warn inner-city women about the effects of drug use on pregnancy could slow the problem, but would not solve it. "These are women who do not listen to education," he said. "They are living in horrible conditions. There's not much that they care about."

To halt the exposure of fetuses to drugs, the abuse of drugs must be ended, and that would come about by changing the conditions in the inner-city, Jones said. "It's really a socioeconomic problem," he said. "These women live in filth. They are undereducated and unemployed. Crack provides a quick, powerful high to escape."

Treatment programs to get people off drugs are in short supply. Rough estimates indicate that the city has more than 60,000 cocaine or heroin addicts, but only 3,500 are receiving treatment at any given time. At D.C. General Hospital, for example, a 20-bed treatment unit has a waiting list of 200 names. Mayor Marion Barry vowed last year to increase treatment efforts, but so far no new programs have been started and existing ones have faced staff shortages.

Medical officials are struggling to save these children of the drug culture, but often doctors cannot even ensure that newborns end up in a safe and caring home. Doctors often find themselves releasing children into the custody of addicts, in which the children are often neglected in favor of smoking crack and dealing drugs. The mothers' addiction "produces such a craving for the drug, they'll do anything," said McDonald, who also teaches pediatrics. "It's a totally selfish response. The only thing they can think about is the drug."

Some health care professionals say the city's welfare system does not do enough to protect these children. "It's got so bad that, if you report a mother simply because she is smoking crack, it will get you nothing but the phone hung up on you," McDonald said. Proving abuse is the only way to place a child in temporary foster care if the mother wants to retain custody, she said.

Sometimes mothers abandon their babies at the hospital, where they may stay for as long as a year while the local bureaucracy gains custody and finds a foster home, said Tanya Howard, a spokeswoman for D.C. General Hospital. It is estimated that there are 40 such children in district hospitals at any given time. D.C. General Hospital consistently cares for between eight and 11 such babies at costs of about $ 350 each per day.

These children, known as "border babies, " live in cribs donated by charity groups and use clothes and toys given to them by nurses. "A hospital is no place for a baby, " Howard said, as she picked up and cuddled a healthy-looking 8-month-old boy. "These children can't live without love."

The city follows the same lengthy process for these crack babies as it does for other parentless children. "This is just another new problem that's afflicting the community," said Edward Sargeant, spokesman for the District of Columbia Commission of Social Services. "If you have a baby who is addicted to crack at birth and a baby who has rheumatoid arthritis at birth, how do you judge which is more important?"

The problem goes beyond the medical problems caused by drug use. Once released into their mothers' custody, cocaine children often have trouble adjusting to the outside world.

"A number of them have major school problems later," McDonald said, "but they're coming from very deprived environments, and trying to figure out what comes from the deprived environment and what comes from the exposure is difficult."

GRAPHIC: PHOTO, The baby of a crak user lies in the intensive care unit at D.C. General Hospital in Washington. / Globe staff photo/Wendy Maeda.

7TH STORY of Level 1 printed in FULL format.

July 31, 1989, Monday, BC cycle

SECTION: Washington News

LENGTH: 470 words

HEADLINE: Women and infants key to winning nation's drug war

BYLINE: By TRACEY WEBB

DATELINE: WASHINGTON

KEYWORD: Drugs- Babies

BODY:

The federal government must focus more of its anti-drug efforts on treatment for pregnant women who abuse drugs and alcohol -- particularly crack cocaine -- or risk a ''legacy of addicts giving birth to addicts,'' health officials warned Monday.

The comments at a hearing before the Senate Govermental Affairs Committee on developing a national drug policy for women, infants and children, came as the Department of Health and Human Services released the results of a nationwide household survey that showed a sharp decrease in overall cocaine use.

Terry Hagan, program and clincial coordinator at the Thomas Jefferson University Hospital Family Center in Philadelphia, an outpatient program that provides medical and psychological services to pregnant drug and alcohol abusers, told committee members that any treatment and prevention program established must take into account such ''environmental variables'' as homelessness, illiteracy and unemployment that contribute to addictive behavior.

Hagan said Family Center is seeking funds to house 50 cocaine addicted women and their children for a program that would provide intensive drug and medical treatment as well as education and job training.

''This kind of project could serve to eliminate the medical and the social problems experienced by the drug dependent woman and her children,'' Hagan said, adding that the lack of treatment services and research to help drug addicts has helped trigger the transmission of addiction from one generation to another.

''As a country, we have fostered a spiraling legacy of addicts giving birth to addicts,'' Hagan said.

Sherry Agnos, developer of the Phoenix House Project in San Francisco, which will accommodate crack -addicted women and their children, noted that 18 percent of babies born at San Francisco General Hospital test positive for crack, while more than 700 drug-exposed infants will be born in that city this year.

Of that number, 85 percent will have mothers who use crack, Agnos said.

Agnos said residential treatment for drug dependent mothers would be an investment with a generous return.

''One day in Phoenix House would cost $50 to $70 compared with $1500 in an Neo-Natal Intensive Care Unit, $600 in a hospital nursery, or even $92 in a very cost-effective foster care program,'' she said.

Sen. Herbert Kohl, D-Wis., noting that three to six cocaine babies are born every day in Milwaukee while 35 percent of all babies born this year in one hospital in that city tested positive for cocaine, said the federal government should direct more of its resources to women and children in waging its war on drugs.

''Unless we deal with this emergency as the public health crisis that it is, the statistics released this morning are going to be a fading memory by this afternoon,'' Kohl said.

8TH STORY of Level 1 printed in FULL format.

July 23, 1989, Sunday, Final Edition

SECTION: METRO; PAGE B3; COURTLAND MILLOY

LENGTH: 731 words

HEADLINE: Who Will Save D.C.'s Babies?

BYLINE: COURTLAND MILLOY

BODY:

Last year, hundreds of newborn infants died in the District after taking a few desperate gasps of air. Some ended up in little shoe box caskets, covered with dirt.

End of story.

No tears. No shame. No outrage. Just more nameless, faceless babies who fought to survive but were outgunned by neglect and parental self-hatred.

Infant mortality in the nation's capital is up again -- way up. But like the dead babies, the issue has gone underground -- out of sight, out of mind -- just more death as an accepted fact of life in this cold-blooded town.

The increase has been attributed to drug abuse among pregnant women, a notion that conjures up misplaced loathing and disgust. But what people should be nauseated about is that the nation's capital, with so many resources and so much talent, continually has more babies dying than any place else in the United States, or even some Third World countries for that matter.

The infant mortality rate in the District was 23.2 deaths per 1,000 births in 1988, compared with 9.9 nationally, and up from the city's rate of 19.6 deaths in 1987. The figures were included in the latest issue of Indices, an annual compilation of city statistics.

Last year, Mayor Marion Barry held a news conference to announce a 7 percent decline in infant mortality.

This time, no mention was made of the infant mortality numbers in a 10-page news release about the Indices. When asked about the numbers, the mayor was silent.

The babies come into this world crying themselves to death, battling with all their hearts and souls against the kind of gut-wrenching drug withdrawal that would knock most adults to their knees.

Every gram of their tiny, days-old bodies is engaged in a most valiant struggle for survival, just to shake somebody else's monkey off their backs.

It does not seem to penetrate our consciousness that these are people, undisputably human beings who are being born only to die one of the most undignified deaths imaginable, that of a drug addict.

In the land of high-powered think tanks and lobby groups, in this city that is the seat of power, the deaths of these babies warrant little more than scornful disbelief.

How could a mother smoke crack until the day she walked into the delivery room?

Because she was an addict, damn it.

No mother gives birth to a dead or dying baby if she can help it. But rather than taking an enlightened medical approach to the problem of drug addiction, we treat the mother as a criminal.

Two weeks ago, a Florida judge found a woman guilty of a felony for delivering cocaine to her newborn through the umbilical cord. The judge was as ignorant as the woman was irresponsible. Threatening her with prison only serves to keep more pregnant addicts in hiding.

But if the Florida judge was wrong, the people of Washington certainly don't act as if they know what's right.

For much of his administration, Barry has made the District's high infant mortality rate a major part of his health care agenda. There were some successes. But just as city health experts were predicting a rise in infant mortality as a result of the crack cocaine epidemic, the mayor began cutting back on health care initiatives.

Not all pregnant drug addicts are going to take advantage of available health care. But some of them will, and it is crucial that the city try to save as many babies as can be saved. To do this, more outreach, education and treatment are needed, not just more guns, cops and prisons.

The main problem is money. The mayor has to make some hard choices between improving infant and prenatal care and losing something else.

"The fiscal restraints have really hurt us, and they're going to hurt us even more," said Richard S. Guy, a physician and cochairman of the mayor's advisory board on maternal and child health. "They've got to set priorities, and evidently this is not a priority."

Not a priority?

Not long ago, the advisory board urged Barry to expand drug treatment and make it easier for pregnant women to enroll in Medicaid. The mayor's heart seemed to be in the right place when he applauded the recommendations.

But his budget pencil was apparently attached to another part of his anatomy because he turned around and allowed some health clinics to close during the evening.

So much for making it easier for pregnant addicts to get help, so much for saving the babies.

TYPE: COLUMN

SUBJECT: DISTRICT OF COLUMBIA; MORTALITY RATE; DRUG ABUSE

ENHANCEMENT: STATISTIC