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OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

May 14, 1990

MEMO

TO: Stephanie Blessey
Speechwriting

FROM: Daniel Casse *Dac*
ONDCP

SUBJECT: The Administration's legislative package on drugs

Attached is fact sheet on the legislation proposed by the Administration to implement its 1990 National Drug Control Strategy. Please call me if you have any further questions.



OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

NATIONAL DRUG CONTROL STRATEGY IMPLEMENTATION ACT OF 1990

FACT SHEET

I. Accountability

A. Drug Testing

Requires States to establish a drug testing policy in their Criminal Justice Systems as a condition of receiving Federal BJA grants. (Originally submitted following Strategy I.)

Establishes a nationwide program of drug testing for Federal offenders on post-conviction release.

B. Statewide Treatment Plans

Requires States to develop a Statewide Treatment Plan as a condition of receiving the drug portion of Federal ADAMHA grants. The Plan must describe ways to expand capacity, assess need, improve client referrals, provide in-service staff training, coordinate with other services, and expand and improve services for pregnant women and drug-affected newborns. It must also include a drug testing component. (Originally submitted following Strategy I.)

C. Maintenance of Effort

Prohibits States receiving Federal ADAMHA grants from reducing their own expenditures for drug-related activities. States must continue to spend an amount at least equal to the average of such expenditures for the preceding two years. The Secretary of HHS may waive this requirement.

II. Death Penalty for Drug Kingpins

Allows for the sanction of death for major drug kingpins, for drug kingpins who attempt a killing to obstruct an investigation or prosecution of a drug offense, and for traffickers who engage in a federal drug felony that results in a death.

III. International Programs

Provides certain waivers to facilitate the provision of assistance critical to the implementation of the Andean Initiative. (Some of these were originally submitted following Strategy I.)

Provides the Secretary of State the discretion to order the extradition of a U.S. citizen to a foreign country even if the terms of the applicable treaty do not obligate the U.S. to extradite.

IV. Criminal Justice System Improvements

A. Immigration System Improvements

Provides INS agents and officers authority to make arrests for non-immigration offenses committed in their presence. Expedites the procedures to exclude or deport criminal aliens and restricts the appeal rights of such individuals.

B. Protection of Judges, Jurors and Witnesses

Provides for stronger penalties for obstruction of justice offenses against court officers and jurors. Penalties would be similar to those that exist for obstruction of justice offenses against witnesses, victims and informants.

C. Drug-Related Public Corruption

Makes drug-related public corruption punishable by up to 25 years imprisonment.

D. Drug Paraphernalia

Allows for forfeiture of assets for violations of the drug paraphernalia statute and adds civil penalties for such activity.

E. Sanctions for Failure to Land/Bring To

Makes it a criminal offense to fail to obey the order of an authorized Federal law enforcement officer to land an aircraft or bring-to a vessel, provides for revocation of operator's licenses, and provides Coast Guard with specific authority to engage in air interdiction over the high seas and waters over which the U.S. has jurisdiction.

F. Asset Forfeiture and Money Laundering Amendments

Provides for quarterly transfer of funds from the DOJ Forfeiture Fund to ONDCP's Forfeiture Fund, allows for forfeiture of vehicles with concealed compartments, and makes several conforming amendments.

G. Technical Amendments

Includes money laundering, grand jury access to records, and ONDCP transfer authority.

May 1990

THE WHITE HOUSE
Office of the Press Secretary

DRUGS

For Immediate Release

March 13, 1989

REMARKS BY THE PRESIDENT
AND DIRECTOR OF THE OFFICE OF
NATIONAL DRUG CONTROL POLICY WILLIAM BENNETT

Room 450
Old Executive Office Building

11:16 A.M. EST

THE PRESIDENT: Thank you all very much. Please be seated. Mr. Vice President and members of the Cabinet -- Justice Scalia, I believe, was here somewhere --

JUSTICE SCALIA: I'm here.

THE PRESIDENT: There he is. Present. But I cite that because he just did the honors over in the Oval Office for the swearing-in of Bill Bennett.

Honored guests and ladies and gentlemen, I'm delighted to be here. It's an honor for me to be here, with the Cabinet behind me, for this important occasion. There really is no greater test of America's greatness than its challenge on meeting this challenge -- this great challenge of drugs. And today I've come from the swearing-in, from Bill Bennett, the man who is going to lead this mission. We're going to need your help and the will and spirit of the American people to succeed.

Last month, before a joint session of Congress, I said Bill Bennett and I will be shoulder-to-shoulder leading this charge. And here we are, and he has just been sworn in, and we are shoulder-to-shoulder, and the Cabinet will be shoulder-to-shoulder with him in this important effort. To free our nation from drugs is going to require teamwork and coordination between all levels of government, private enterprise, and then the voluntary organizations, as well. It will mean building on your labors as activists, officials, public servants. For while you've done much, there remains so much more to be done. Most of all, it's going to require a sense of urgency to act now.

Drugs threaten what we are as a nation and as a family, and they chain the human soul and they destroy the lives of our children. And so, Bill, I know that you share these beliefs. As Secretary of Education, Bill showed what worked -- told us what didn't. Broke a little china in the process -- (laughter) -- but challenged the establishment in a lot of ways, and that was a tremendous plus. And in the process he created a record of stunning achievement and, like you all, he's been a strong voice for excellence. And now you must work together.

Bill is the first Director of the National Drug Council Policy. You, soldiers of this crusade. And drug abuse assaults the mind and the spirit of America, leaving damaged lives and destroyed careers. So we've got to mobilize our moral, spiritual, and economic resources to force a decline in drug trafficking and in drug abuse. We're going to seek to encourage the over 23 million Americans who last year used illegal drugs to get clean and stay clean.

And in that budget speech I spoke about four critical areas -- education, testing, interdiction and enforcement. And I asked for an increase of \$1 billion in budget outlays. In 1990 we're

MORE

requesting \$6 billion in new funding to fight this war. And some money will be used to expand treatment for the poor and to young mothers, and this will help many of the innocent victims of drugs, like the thousands of babies that are born addicted or with AIDS because of the mother's addiction. Some money will be used to cut the waiting time for treatment and to help prevention efforts in urban schools where the emergency seems to be the greatest. And much of it will be used to protect our borders, helped by the Coast Guard and Custom Service and Departments of State and Justice and the U.S. military.

To spread the word and thus stem demand, we're going to need more money for education and prevention. Our request totals \$1.1 billion. And we need to educate, involve parents, teachers and communities. And finally, to stop drug criminals we will support unequivocally our drug enforcement officials -- local, state and federal.

You know, we've talked a lot about zero tolerance. Well, it's not a catch word. It means quite simply if you do crime, you've got to do time. And our budget proposes \$4.1 billion, the drug budget, fully 70 percent of the entire drug budget for law enforcement purposes. I want judges who strictly apply the law to convicted drug offenders and then severe sentences for the dealers who hire kids to sell and carry these drugs. I want a new offensive against organized crime and enhanced drug prosecution, detection, enhanced intelligence capabilities. We need increased present sentences for drug related crimes. And the death penalty -- I believe in it firmly -- for drug kingpins who order and those who commit these drug-related murders.

Now, let me speak very frankly about one other aspect of the fight on drug abuse. The effectiveness of the federal government's efforts to combat drugs has been hampered -- sometimes severely -- by inadequate cooperation and coordination among the many departments and agencies involved in this antidrug effort. There have been struggles over turf and budgets and too often preoccupation with parochial interests.

Well, the soldiers in the drug battle have been risking their lives. Too often, conflict -- bureaucratic conflict here in Washington has hobbled our national effort. So this has got to end. No war was ever won with two dozen generals acting independently. And I have chosen Bill, Bill Bennett, to be the commanding general in the drug war. It is his responsibility, working with the departments and agencies headed by those you see here with me and others, to develop a strategy for this war. So I charge him with putting all the parts of the federal government in harness, pulling together in a life-and-death struggle against a deadly enemy. I will not tolerate, and the country cannot afford, bureaucratic infighting that forces us to fight this battle with one arm tied behind our back.

And so Bill has my total support. I call upon all of the parts of the government to get behind him in charting our course toward victory. We must not waver in our resolve to overcome drug abuse. And we're going to need fortitude, patience, compassion, and certainly the support of all America. Without the people, we can't do anything. And with the people, we can do great things.

This morning, then, I ask all of you to work with Bill and with businesses, churches, families and schools. Thank you very much for being here. And now, the man of the moment, the man in whom I've placed great confidence and who I know will be a superb job, Bill Bennett. (Applause.)

SECRETARY BENNETT: Ladies and gentlemen, members of the Cabinet who are so kind to be here this morning, thank you. And Mr. President, thanks especially to you for your kind words, for the trust you've placed in me, and for the firm commitment you've made to the work that I now begin.

No one who has fought this fight until now, no brave law

enforcement officer, no teacher, no doctor need be told how hard and cruel America's drug problem has become. They know. We know. But those here and across the country who join me today in our just war against drugs may take some renewed confidence in our prospects for success because the President of the United States has placed this struggle at the top of his administration's agenda, at the top of our common national agenda where it needs to be.

The President has asked for total effort. He has asked for action on each and every front. He has asked for a sharp increase in funding to make that action possible. He has asked for an end to the petty bureaucratic bickering that has too often hampered federal initiatives here in Washington. He has asked me to lead and to honor his mandate. Well, with your support, Mr. President, with your backing, much, indeed, can be done. I promise to give my all.

My office is already conducting an exhaustive review of our national fight against drugs on both supply and demand sides. Where past strategy has succeeded, we will see to it that it's continued. Where past strategy has failed, we will see that it's replaced or modified.

And my office will review the federal drug budget. I plan no cut-rate, bargain basement initiative, but I also plan no bloated pork barrel project, either. We will ask for what makes sense -- no more, no less.

And, as you've instructed me, we will not play politics with drugs. That's one game the American people simply will not afford.

All this will mean change, substantial change in some cases, and change takes time and long, hard work, especially in Washington. We'll do it where necessary. We want to see waiting lines for drug treatment reduced and prison cells for drug pushers increased. We want to see the drug violence on the streets of our cities and the streets of our Nation's Capital stopped. And we want those overseas, too, to know that we mean business.

As the President has made abundantly clear, this administration wants to work with all the good citizens of America to win the war. There is good news and we shouldn't ignore it. Drugs are no longer a thing of glamour. Our media and our culture now portray drugs accurately. They portray them for the death and ruin and despair that they are and that they bring. As the President sadly reminds us, 23 million Americans still use drugs regularly. But another 220 million Americans do not use drugs and never have.

We see the violence that drugs create. We see the damage drugs do to our economy, to our communities and to our children. And the American people are made angry and determined, and that is a good thing.

In neighborhood schools and churches across America there is a movement against drugs, and it's making a difference. Drug use is down among high school seniors. It is still too high, but it is going down. I believe that a persistent national commitment to this fight can and will bring it down further.

Many people have told me in recent weeks and months that my job will prove to be an impossible job. I think that's wrong. Today I act on the assumption that that is wrong. I did not take this job to sit at stalemate. The people I'll be working with, including and especially the people seated behind me, and the people who lead our antidrug efforts here in Washington and across the country are men and women of great ability, dedication and purpose. And best of all, the American people are with us. So, Mr. President, I have the best allies a man can have.

Mr. President, again I want to thank you for giving me the opportunity to make a difference on one of the critical issues of

our time. And, ladies and gentlemen, members of the Cabinet, I thank you for your good wishes and for the help I know you'll give, because I'm going to ask you for it.

Now, ladies and gentlemen, I've been asked to invite you all to follow us to the Indian Treaty Room for a brief reception. Thank you all for coming. Thank you, Mr. President. (Applause.)

END

11:30 A.M. EST

THE WHITE HOUSE

Office of the Press Secretary
(New York, New York)

For Immediate Release

March 9, 1989

REMARKS BY THE PRESIDENT
TO DEA NEW YORK FIELD OFFICEDrug Enforcement Administration Office
New York, New York

4:19 P.M. EST

THE PRESIDENT: Thank you all very much. Thank you, Bob. Bob Stutman, and to Commissioner, and I guess all are distinguished guests. Secretary Bennett -- this is my man here on the left -- the man that I have selected, and that the country, I think, overwhelmingly approves to be the first drug czar in the history of this country. I'm glad he came up here with me today. And to all of the prosecutors, and especially each one of you out there on the cutting edge, on the front line, thank you for being here. And you have important work to do, and Bob gave you the time frame: short, but to me, very important. I have a chance to say hello to Ms. Hatcher. I wish the circumstances were different -- but also to listen and learn -- when we finish here, listen to some of those who are out there every single day risking their lives.

In the empty streets of an island borough, the life of Everett Hatcher was ended with some cowardly -- four cowardly shots. And the echoes of those four shots were heard in Washington, and I'd say even more important, all across this country where decent men and women share your sense of loss and share your sense of outrage.

Here in New York, as in other cities across the country, the war is no metaphor. Before we could -- I say "we" as a country -- bury Everett Hatcher last week another officer was gunned down, felled by a single shot fired point blank beneath his bullet-proof vest. And as we speak, those accused of ambushing Eddie Byrne, one of New York's Finest, are standing trial in this city. And this week the DEA group that helped handle security for Everett's funeral is in yet another New York courtroom, testifying about the attempted murder of Special Agent Bruce Traverse.

You know that my personal interest and the interest of the nation goes beyond today's visit. As Vice President, I wrote to Bruce Traverse while he was in the hospital, and now, Bruce -- all of us are glad that he's recovering so well. Last week, Matthew Byrne, the dad to Eddie Byrne, came down to the White House for dinner with Barbara and me, joining us for a private dinner there. He couldn't believe he was in the White House, and I couldn't believe I was, either -- (laughter) -- so we had a nice private dinner. But it was important to me that he come. Earlier today, as I said, I had the pleasure to -- privilege, put it that way -- of visiting with Mary Jane, a woman of enormous dignity and strength. She and her two kids and husband's mother and sisters.

And so it's been quite an education. And I understand, I think, the special and dangerous challenges that all New York drug enforcement officers face. This area leads the nation in overall consumption, distribution, the importation of narcotics, run by a well-armed cross-section of drug traffickers as diverse as this city itself. Your role in this battle is very special. You put your life on the line every day. And if the legions of state and local patrolmen represent the infantrymen in this effort -- and I salute them at every occasion -- then you are something like the Special Forces, the Green Berets, if you will, of narcotics enforcement.

MORE

Like Everett Hatcher, many of you have worked undercover, in effect, operating, if you want to use the conventional war analogy, behind enemy lines. And I admire your courage. When I was a kid in World War II, I was behind enemy lines only briefly, sick and paddling in a little raft to get away from a Japanese-held island. But it was enough to know what it feels like -- and I'll confess it -- to be scared, and each of you probably has been there. You know the dry mouth and the moist palms, and the ball of ice that grips your stomach.

And you know, it used to be unthinkable to shoot a cop. And no longer -- Bob was telling me this upstairs -- no longer. Today narcotics agents are sometimes the first ones shot, targeted by criminals armed with a staggering array of battlefield weaponry. The explosive, expensive lesson of the past year in New York is that the rules of the game have dramatically changed.

Well, we've got to deliver some news to the bad guys. The hunting season is over. The rules on our side have changed, too, and we still need more change in those rules. But they're changing fast, and it's about time.

The scales of justice are becoming more balanced because of the newly-enacted federal drug laws. New York policemen and all of you in this room deserve all the protection that tough laws can offer. I've asked Bill Bennett to look into what can be done to prevent these fully automatic assault weapons from falling into the hands of the criminals that you face. Drug dealers need to understand a simple fact -- you shoot a cop and you're going to be severely punished -- fast. And if I had my way, I'd say with your life.

Drug traffickers used to know that, but it's been over 25 years since anyone has faced the death penalty in this state, and they may have gotten a little forgetful. But I want you to know that I have not changed my view. I strongly support the death penalty for the crimes we're talking about here today. And I want to have it as federal law, and I want to see it swiftly and firmly, fairly enacted. (Applause.) The killing's got to stop.

I wish Senator D'Amato had come up with me today. He couldn't leave the Senate, and it was legitimate Senate business. He's been in the forefront though, down there, of the drug question. A strong leader, a tough, no-nonsense fighter against drugs. And he has been very helpful to me in having me understand the problems that you face. I understand that this state is the home to an estimated 260,000 heroin addicts -- half of all those in the United States. And in the city alone, another 600,000 people are believed dependent on crack or cocaine.

And not surprisingly, the seizures that you've made are correspondingly huge. DEA New York is responsible for 30 to 50 percent of all heroin seized by the DEA nationwide each year. And last year, you seized more than 10,000 kilograms of cocaine in or destined for New York, almost 20 percent of the entire DEA nationwide total. In January, you recovered nearly \$20 million from a furniture store delivery van, said to be the largest cash seizure in the world.

And these impressive figures are a credit to your talent and dedication and to the effective working relations you've forged with your federal, state and local counterparts.

And still, we in Washington understand that the importance of a case cannot be measured merely by the size of the seizures or the numbers of arrests. Statistics in the drug war become mind-numbing as well as mind-boggling. And wars aren't won by statistics. We know wars are won by winning battles and, in this war, battles are won by putting particular drug organizations out of business. It's done the old-fashioned way, one group at a time.

And you in New York have done just that. And the names are as familiar to you here as the battlefields of World War II are to my generation. United States versus Torres. Monsanto. LIDO. Based Balls. Bob was explaining this to me just a minute ago. The Flying Dragons. Lai King Man. Reiter-Jackson. These are more than buy-busts, more than just another news conference with powder on the table, no matter how impressive those conferences are. Each of these cases represents an entire organization put behind bars, out of business.

And most importantly, each of these cases involved sophisticated, long-term investigations -- and several were among the first cases in the entire country to make use of the new drug kingpin statutes. Nearly all involved Task Force cooperation and the pioneering use of forfeiture laws, in some cases to spectacular effect: the forfeitures from the Torres brothers, I'm told, may ultimately total \$30 to \$50 million.

And just as the death penalty for cop killers helps even the odds, stripping the enemy of their ill-gotten gains turns the tables in a dramatic and highly effective way. Perhaps you heard Woody Allen's wry observation: "Organized crime in America takes in over \$40 billion a year and spends very little on office supplies." Philosopher that he is.

Experts have estimated that today drugs alone count for \$110 billion. An industry right here in our own country. We're hurting the drug kingpins where they live when we take their money and we're going to get even better at taking it. We've got to be. Ladies and gentlemen, we do intend to prevail. The scourge will end. I will lead the fight. Bill Bennett, our nation's first drug czar -- tenacious, unafraid -- is going to be right there at my side.

And although we meet on a crucial battlefield of this war, you might say, it is a war that is being waged on many fronts. Last month, I spoke to Congress about four areas: rehabilitation, education, interdiction, and enforcement. And in a time of budget constraints -- and regrettably, we are living in such a time -- I asked for an increase of \$1 billion in budget outlays to fund these new efforts.

And for you in federal law enforcement, our proposal budgets a record \$4.1 billion, fully 70 percent of the total. By 1995, we also intend to reduce present prison overcrowding by 50 percent.

And beyond enforcement, other monies will go to expanded treatment for the innocent and the poor, like the over 5,000 babies born in New York last year already addicted to drugs.

Other new funds will go to cut the waiting time for the treatment programs, perhaps along the lines of the innovative oral methadone program at New York's Beth Israel Hospital, designed to get the addicts off the needles as well as heroin.

Mary Jane Hatcher spoke with eloquence last week about the responsibility mainstream America and so-called "casual" cocaine users must bear for the death of her husband. Well, \$1.1 billion of our request will go for prevention and education, to let the casual users know the risk they take and the price they may have to pay, and to tell our children that drugs are wrong.

While there may not be light at the end of the tunnel, there does seem to be some light coming in under the door. At the Apollo Theatre in Harlem one Wednesday last month, the amateur night performances were interrupted by spontaneous antidrug messages from the stage and then supportive chants from the crowd.

And things like this don't happen because of government

programs. They happen because attitudes are beginning to change, and they are changing -- because the American people are behind your efforts all the way.

Attitudes are beginning to change overseas, as well. Your boss, the Attorney General, returns today from meetings with officials in Colombia, Bolivia, and Peru. And Bill and I will meet with him as soon as he gets back. I think we're having lunch tomorrow at the White House to be briefed on this trip. And I know that some of you have also served or will serve your own tours in South America, a tribute to our increased cooperation there.

When I first became Vice President eight years ago, several South American presidents told me, "It's your problem. You're the consumer. If it weren't for the rich gringos to the north, we wouldn't have the problem." But now they see that the narcotics have affected their own kids, their own society. Look at Colombia, where the Supreme Court justices were mowed down like tenpins.

Obviously, the race is far from won. But there is power in us yet. And we in Washington will continue to understand, to learn -- but certainly to support your work here. The Adamita trial, the Johnny Kon and Brooks Davis cases, the new seizure program in which whole apartment buildings are wrested back from the crack lords who control them -- they're all important to this fight.

But first and foremost, the killing must stop. And we must repeat it until we're hoarse, repeat it until we're heard. From the Apollo Theatre to the halls of Congress to anyone who doesn't seem to understand what it is you are up against out there on the street -- the killing must stop.

And what happened on the streets of Staten Island last week was a horrible tragedy which means -- you knew it all along -- that you have an important task ahead.

The cowards who murdered Everett Hatcher should be given no rest. But be careful out there. Remember the tearful salute of nine-year-old Zachery. And find these criminals. Bring them to justice. Nobody -- nobody but nobody is going to beat the DEA.

May God bless you all, and thanks for what you're doing for the United States. (Applause.)

END

4:36 P.M. EST

Side thought 1.

The short prison time ~~spent~~ ^{for} criminals ... the ever-increasing repeat crimes by the same criminals ... is not to be tolerated. ~~We have a national emergency.~~ We can and must do something about it.

Number One: Convert military barracks into prisons for some non-violent crimes by first offenders. Millions of young men ~~are~~ have lived in barracks, tents and fofoholes ~~and~~

~~and I see no reason why criminals~~

They didn't have the living space that liberal judges deem necessary for ~~to~~ the most hardened criminals.

~~Number Two: Speed up the appeals process~~
~~if it by legislation~~

C. J. F. and

(Revised)

7/24/89

Summary of "National Household Survey of Drug Use," Press Conference, 8-1-89

The 1988 National Household Survey on Drug Abuse shows what can be achieved when the nation commits itself to an "all fronts" effort against drug abuse in our society. For instance, between 1985 and 1988, "current use" (within the last 30 days) of all illicit drugs dropped from 23 million to 14.5 million Americans-- a 37 percent decrease. Current users of cocaine dropped 50 percent, from 5.8 to 2.9 million. The fear that crack use would push the cocaine statistics skyward did not materialize. Of the eight million who used cocaine in the last year, however, the percent of those who used the drug once a week or more almost doubled, from 5.3 percent in 1985 to 10.5 percent in 1988. It thus appears that cocaine use is becoming more intense among those who still use.

The dramatic declines in drug use identified by the Household Survey are testimony to the effectiveness of years of hard work by parents, educators, health care providers, employers and religious leaders to create a general social attitude that drug use is wrong and intolerable. Mindful of the destructive power of drugs and those who peddle them, the survey should be viewed not as a declaration of success but as a rallying point for sustained and invigorated demand reduction initiatives. While we celebrate our impressive gains, let us resolve to reinforce and build on them.

As we move ahead on all drug abuse prevention and treatment fronts, we must be particularly concerned about those individuals in our society who, according to the survey, are most vulnerable to drug use:

.unemployed and young adults aged 18-25, who have the highest rate of cocaine use

.the 600,000 teenagers who have used cocaine within the past year, placing them at heavy risk for addiction, serious medical consequences, dropping out of school, crime, etc.

.the 9 percent of women who in their child bearing years have used an illicit drug within the past month, thereby exposing their newborns to serious health problems.

file

NIDA

Capsules



Issued by the Press Office of the National Institute on Drug Abuse
5600 Fishers Lane, Rockville, Maryland 20857
301-443-6245

OVERVIEW OF THE 1988 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

The 1988 National Household Survey on Drug Abuse is the ninth in a series that began in 1971 under the auspices of the National Commission on Marijuana and Drug Abuse and has been sponsored by the National Institute on Drug Abuse since 1974.

The survey covers the population age 12 and older living in households in the contiguous United States. The results are based on personal interviews combined with self-administered answer sheets from 8,814 respondents, randomly selected from the household population. This is the largest sample ever used in this survey and includes an oversampling of Blacks, Hispanics, and young people, enabling us to make reliable estimates about the levels of drug use among these populations. Not included in the survey are the homeless, persons living in military installations, dormitories, and their group quarters, and institutions such as hospitals and jails.

Three major age groups are covered in this survey: youth age 12 to 17; young adults age 18 to 25; and older adults age 26 and over. The survey data provide the basis for prevalence estimates and other statistics which contribute to an understanding of the extent of drug use in the United States in 1988.

As with any sample survey, the results of this survey are estimates of the values that would be obtained if the data were collected from all members of the population from which the sample was drawn.

The following tables show the trends in prevalence of drug use, based on the surveys from 1972 through 1988.

Source: National Household Survey on Drug Abuse, 1988, National Institute on Drug Abuse, Division of Epidemiology and Prevention Research.

Lifetime Prevalence of Drug Use: 1972 to 1988
(Use in lifetime)

Youth Age 12-17

Drug (Unweighted N)	1972 (888)	1974 (952)	1978 (988)	1977 (1,272)	1979 (2,185)	1982 (1,581)	1985 (2,248)	1988 (3,095)
Marijuana & Hashish	14.0	23.0	22.4	28.0	30.9	26.7	23.6	17.4+++
Inhalants	8.4	8.5	8.1	9.0	9.8	--	9.2	8.8
Hallucinogens	4.8	6.0	5.1	4.6	7.1	5.2	3.3	3.5
Cocaine	1.5	3.6	3.4	4.0	5.4	6.5	4.9	3.4+
Heroin	0.8	1.0	0.5	1.1	0.5	.	.	0.6
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	7.3	10.3	12.1	7.7+++
Stimulants	4.0	5.0	4.4	5.2	3.4	6.7	5.6	4.2
Sedatives	3.0	5.0	2.8	3.1	3.2	5.8	4.1	2.4+
Tranquillizers	3.0	3.0	3.3	3.8	4.1	4.9	4.8	2.0+++
Analgesics	--	--	--	--	3.2	4.2	5.8	4.2
Cigarettes	--	52.0	46.5	47.3	54.1	49.5	45.2	42.3
Alcohol	--	54.0	53.6	52.6	70.3	65.2	55.5	50.2+

Young Adults Age 18-25

Drug (Unweighted N)	1972 (772)	1974 (849)	1978 (882)	1977 (1,500)	1979 (2,044)	1982 (1,283)	1985 (1,813)	1988 (1,505)
Marijuana & Hashish	47.9	52.7	52.9	59.9	68.2	64.1	60.3	56.4
Inhalants	--	9.2	9.0	11.2	16.5	--	12.4	12.5
Hallucinogens	--	16.6	17.3	19.8	25.1	21.1	11.3	13.8
Cocaine	9.1	12.7	13.4	19.1	27.5	28.3	25.2	19.7++
Heroin	4.8	4.5	3.9	3.6	3.5	1.2	1.2	0.4+
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	29.5	28.4	28.0	17.6+++
Stimulants	12.0	17.0	16.6	21.2	18.2	18.0	17.1	11.3+++
Sedatives	10.0	15.0	11.9	18.4	17.0	18.7	11.0	5.5+++
Tranquillizers	7.0	10.0	9.1	13.4	15.8	15.1	12.0	7.8++
Analgesics	--	--	--	--	11.8	12.1	11.3	9.4
Cigarettes	--	68.8	70.1	67.6	82.8	78.9	75.6	75.0
Alcohol	--	81.8	83.8	84.2	95.3	94.6	92.8	90.3

Older Adults Age 26+

Drug (Unweighted N)	1972 (1,813)	1974 (2,221)	1978 (1,708)	1977 (1,822)	1979 (3,015)	1982 (2,760)	1985 (3,979)	1988 (4,214)
Marijuana & Hashish	7.4	9.9	12.9	15.3	19.8	23.0	27.2	30.7+
Inhalants	--	1.2	1.9	1.8	3.9	--	5.0	3.9
Hallucinogens	--	1.3	1.6	2.6	4.5	6.4	6.2	6.6
Cocaine	1.8	0.9	1.8	2.8	4.3	6.5	9.5	9.9
Heroin	.	0.5	0.5	0.8	1.0	1.1	1.1	1.1
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	9.2	8.8	13.8	11.3+
Stimulants	3.0	3.0	5.6	4.7	5.8	6.2	7.9	6.6
Sedatives	2.0	2.0	2.4	2.8	3.5	4.8	5.2	3.3++
Tranquillizers	5.0	2.0	2.7	2.6	3.1	3.6	7.2	4.6++
Analgesic	--	--	--	--	2.7	3.2	5.6	4.5
Cigarettes	--	65.4	64.5	67.0	83.0	78.7	80.5	79.6
Alcohol	--	73.2	74.7	77.9	91.5	88.2	89.4	88.6

. Low precision; no estimate reported.

+Difference between 1985 and 1988 statistically significant at the .05 level.

++Difference between 1985 and 1988 statistically significant at the .01 level.

+++Difference between 1985 and 1988 statistically significant at the .001 level.

Source: NIDA, National Household Survey on Drug Abuse, 1988.

Past Year Prevalence of Drug Use: 1972 to 1988
(Use in past year)

Youth Age 12-17								
Drug (Unweighted N)	1972 (880)	1974 (952)	1976 (986)	1977 (1,272)	1979 (2,165)	1982 (1,581)	1985 (2,246)	1988 (3,095)
Marijuana & Hashish	--	18.5	18.4	22.3	24.1	20.6	19.7	12.6+-
Inhalants	2.9	2.4	2.9	2.2	4.6	--	5.1	3.9
Hallucinogens	3.8	4.3	2.8	3.1	4.7	3.6	2.7	2.8
Cocaine	1.5	2.7	2.3	2.6	4.2	4.1	4.0	2.9
Heroin	*	*	*	0.6	*	*	*	0.4
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	5.8	8.3	8.5	5.4+-
Stimulants	--	3.0	2.2	3.7	2.9	5.6	4.3	2.8+
Sedatives	--	2.0	1.2	2.0	2.2	3.7	2.9	1.7
Tranquilizers	--	2.0	1.8	2.9	2.7	3.3	3.4	1.6+-
Analgesics	--	--	--	--	2.2	3.7	3.8	3.0
Cigarettes ¹	--	--	--	--	13.3	24.8	25.8	22.8
Alcohol	--	51.0	49.3	47.5	53.8	52.4	51.7	44.8+-

Young Adults Age 18-25								
Drug (Unweighted N)	1972 (772)	1974 (849)	1976 (882)	1977 (1,500)	1979 (2,044)	1982 (1,283)	1985 (1,813)	1988 (1,535)
Marijuana & Hashish	--	34.2	35.0	38.7	48.9	40.4	38.9	27.9+-
Inhalants	--	1.2	1.4	1.7	3.8	--	2.1	4.1-
Hallucinogens	--	6.1	6.0	6.4	9.9	6.9	4.0	5.6
Cocaine	--	8.1	7.0	10.2	19.8	18.8	18.3	12.1-
Heroin	--	0.8	0.6	1.2	0.8	*	0.6	0.3
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	16.3	16.1	15.6	11.3+
Stimulants	--	8.0	8.8	10.4	10.1	10.8	9.9	6.4-
Sedatives	--	4.2	5.7	8.2	7.3	8.7	5.0	3.3
Tranquilizers	--	4.6	6.2	7.8	7.1	5.9	6.4	4.8
Analgesics	--	--	--	--	5.2	4.4	6.6	5.5
Cigarettes ¹	--	--	--	--	46.7	47.2	44.3	44.7
Alcohol	--	77.1	77.9	79.8	86.8	87.1	87.2	81.7+-

Older Adults Age 26+								
Drug (Unweighted N)	1972 (1,813)	1974 (2,221)	1976 (1,708)	1977 (1,822)	1979 (3,015)	1982 (2,760)	1985 (3,979)	1988 (4,214)
Marijuana & Hashish	--	3.8	5.4	6.4	9.0	10.6	9.5	6.9+-
Inhalants	--	*	*	*	1.0	--	0.8	0.4
Hallucinogens	--	*	*	*	0.5	0.8	1.0	0.6
Cocaine	--	*	0.6	0.9	2.0	3.8	4.2	2.7-
Heroin	--	*	*	*	*	*	*	0.3
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	2.3	3.1	6.2	4.7-
Stimulants	--	*	0.8	0.8	1.3	1.7	2.6	1.7-
Sedatives	--	*	0.6	*	0.8	1.4	2.0	1.2-
Tranquilizers	--	*	1.2	1.1	0.9	1.1	2.8	1.8+
Analgesics	--	--	--	--	0.5	1.0	2.9	2.1
Cigarettes ¹	--	--	--	--	39.7	38.2	36.0	33.7
Alcohol	--	62.7	64.2	65.8	72.4	72.0	73.6	68.6+

* Low precision; no estimate reported.

¹For 1979, includes only persons who ever smoked at least 5 packs.

+Difference between 1985 and 1988 statistically significant at the .05 level.

++Difference between 1985 and 1988 statistically significant at the .01 level.

+++Difference between 1985 and 1988 statistically significant at the .001 level.

Source: NIDA, National Household Survey on Drug Abuse, 1988.

Current Prevalence of Drug Use: 1972 to 1988
(Use in past month)

Drug (Unweighted N)	Youth Age 12-17							
	1972 (880)	1974 (952)	1978 (986)	1977 (1,272)	1979 (2,165)	1982 (1,581)	1985 (2,246)	1988 (3,098)
Marijuana & Hashish	7.8	12.8	12.3	16.6	16.7	11.5	12.8	8.4-
Inhalants	1.0	0.7	0.9	0.7	2.0	--	3.4	2.0-
Hallucinogens	1.4	1.3	0.9	1.6	2.2	1.4	1.2	0.8
Cocaine	0.8	1.0	1.0	0.8	1.4	1.6	1.5	1.1
Heroin	*	*	*	*	*	*	*	*
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	2.3	3.8	3.0	2.4
Stimulants	--	1.0	1.2	1.3	1.2	2.8	1.8	1.2
Sedatives	--	1.0	*	0.8	1.1	1.3	1.0	0.8
Tranquilizers	--	1.0	1.1	0.7	0.8	0.9	0.8	0.2
Analgesics	--	--	--	--	0.8	0.7	1.6	0.9
Cigarettes ¹	--	25.8	23.4	22.3	12.1	14.7	15.3	11.9-
Alcohol	--	34.8	32.4	31.2	37.2	30.2	31.0	25.2-

Drug (Unweighted N)	Young Adults Age 18-25							
	1972 (772)	1974 (849)	1978 (882)	1977 (1,500)	1979 (2,044)	1982 (1,283)	1985 (1,813)	1988 (1,505)
Marijuana & Hashish	27.8	25.2	25.8	27.4	35.4	27.4	21.8	15.5
Inhalants	--	*	0.5	*	1.2	--	0.8	1.7
Hallucinogens	--	2.5	1.1	2.0	4.4	1.7	1.9	1.9
Cocaine	--	3.1	2.0	3.7	9.3	6.8	7.8	4.5
Heroin	--	*	*	*	*	*	*	*
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	6.2	7.0	6.3	3.8
Stimulants	--	3.7	4.7	2.5	3.5	4.7	3.7	2.4
Sedatives	--	1.8	2.3	2.8	2.8	2.6	1.8	0.9
Tranquilizers	--	1.2	2.6	2.4	2.1	1.6	1.6	1.0
Analgesics	--	--	--	--	1.0	1.0	1.8	1.5
Cigarettes ¹	--	48.8	49.4	47.3	42.6	39.5	36.8	35.2
Alcohol	--	69.3	69.0	70.0	75.9	70.9	71.4	65.3

Drug (Unweighted N)	Older Adults Age 26+							
	1972 (1,613)	1974 (2,221)	1978 (1,708)	1977 (1,822)	1979 (3,015)	1982 (2,760)	1985 (3,979)	1988 (4,211)
Marijuana & Hashish	2.5	2.0	3.5	3.3	6.0	6.8	6.1	3.9
Inhalants	--	*	*	*	0.5	--	0.5	0.2
Hallucinogens	--	*	*	*	*	*	*	*
Cocaine	--	*	*	*	0.9	1.2	2.0	0.9
Heroin	--	*	*	*	*	*	*	*
Nonmedical Use of Any Psychotherapeutic	--	--	--	--	1.1	1.2	2.5	1.2
Stimulants	--	*	*	0.6	0.5	0.6	0.7	0.5
Sedatives	--	*	0.5	*	*	*	0.6	0.3
Tranquilizers	--	*	*	*	*	*	1.0	0.6
Analgesics	--	--	--	--	*	*	0.9	0.4
Cigarettes ¹	--	39.1	38.4	38.7	36.9	34.6	32.8	29.8
Alcohol	--	54.5	56.0	54.9	61.3	59.8	60.6	54.8

* Low precision; no estimate reported.

¹For 1979, includes only persons who ever smoked at least 5 packs.

+Difference between 1985 and 1988 statistically significant at the .05 level.

++Difference between 1985 and 1988 statistically significant at the .01 level.

+++Difference between 1985 and 1988 statistically significant at the .001 level.

Source: NIDA, National Household Survey on Drug Abuse, 1988.

Capsules

HIGHLIGHTS OF THE 1988 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE NATIONAL INSTITUTE ON DRUG ABUSE

TREND ANALYSIS

- Current use (past month) of illicit drugs continued a decreasing trend which began in 1979 and accelerated between 1985 and 1988. Current prevalence rates for any illicit drug use decreased from 23 million (12%) of the population aged 12 and over in 1985 to 14.5 million (7%) in 1988.
- Between 1985 and 1988, current drug use declined significantly in all age categories, among both men and women, and for blacks, whites, and Hispanics. The decline also was seen in all regions of the United States and for all levels of educational attainment.
- Alcohol and cigarette use also declined from 1985 to 1988. There were 105.8 million current drinkers of alcohol in 1988, compared with 113.1 million in 1985. This represents a decrease in the rate from 59% to 53% for those aged 12 and over. Current cigarette use in this period dropped from 32% to 29%. This is a decrease of 3.2 million in the number of cigarette smokers.

1988 ANALYSIS

- Overall, 72.4 million Americans age 12 or older (37 percent of the population) had tried marijuana, cocaine or other illicit drugs at least once in their lifetime.
- Twenty-eight million Americans (14%) had used marijuana, cocaine or other illicit drugs at least once in the past year.
- Among youth (aged 12 to 17), 17% used an illicit drug in the past year and 9% used an illicit drug at least once in the past month. Comparable rates for young adults (aged 18-25) are 32% and 13%, respectively; for mid-adults (aged 26 to 34), 23% and 13%, respectively; and for older adults (aged 35+) 6% and 2%.
- While the overall current prevalence of (any) illicit drug use was 7%, the rate for males (9%) was higher than the rate for females (6%). Other demographic subgroups with elevated current rates were those in large metro areas (9%), those living in the West (10%), those employed part time (9%) and the unemployed (18%).

- Over 5 million (9%) of the nearly 60 million women 15-44 years of age, the childbearing years, have used an illicit drug in the past month. Almost 1 million (2%) have used cocaine and 3.8 million (6%) have used marijuana in the past month.
- Among 20-40 year old full-time employed Americans, 22% used an illicit drug in the past year, and 12% used an illicit drug in the past month. Ten percent used marijuana, and 3% used cocaine in the past month.

ANALYSIS BY DRUG

Cocaine

- The number of current cocaine users decreased significantly from 5.8 million in 1985 to 2.9 million in 1988. The rate decreased from 3% of the household population aged 12 and older in 1985 to 1.5% in 1988.
- Among the 8.2 million people who used cocaine in the past year, 11% used the drug once a week or more, and 4% used the drug daily or almost daily. Although this represents a decrease in past year users from 12.2 million in 1985, only 5% of the 1985 users were weekly users and 2% were daily or almost daily users.
- Rates of use of cocaine in the past year declined for youth from 4% to 3%; for young adults (aged 18-25) from 16% to 12%; and for older adults (aged 26+) from 4% to 3%.
- Over half (53%) of youth in 1988 believed that trying cocaine poses a great risk, compared to only 31% of youth in 1985. A similar increase in awareness of the danger of cocaine use occurred in young and older adults.
- The rate of current (past month) cocaine use was 1.5% overall. The demographic subgroups for which the rates of current cocaine use were the highest were the unemployed (4.6%) and those aged 18-25 (4.5%). The rate of current cocaine use for males (2%) was twice as high as that for females (1%).
- While lifetime prevalence of cocaine use remained stable for whites and blacks, a significant increase occurred among Hispanics between 1985 and 1988, from 7% to 11%. The Hispanic population also did not experience a decrease in current cocaine use during the period.
- Approximately 1.9 million (8%) lifetime cocaine users have used cocaine intravenously at some time in their lives and 2% have done so during the past year. Thirty-one percent of past year users smoked cocaine during the past year.
- Approximately 1.3% of the population aged 12 and over have used crack at some time in their life, and one-half of one percent used in the past year. This translates to about one million past year crack users. Past year use is highest among 18-25 year olds (2%).

Marijuana

- o Marijuana remains the most commonly used illicit drug in the United States. Almost 66 million Americans (33%) have tried marijuana at least once in their lives. Four million youth, 17 million young adults, and over 45 million adults aged 26 and older have tried marijuana.
- o In 1988, the lifetime rate of marijuana use for youth was 17%; the rate for young adults was 56%. These rates have been steadily decreasing since 1979, when they were 31% and 68%, respectively. The lifetime rate among adults 26 and older was 31% in 1988 and has been steadily increasing since 1972. The increase in this age group is largely explained by the aging of individuals who began using drugs in previous years.
- o Current use of marijuana continued to decrease, as it has since 1979, for all age groups. The number of current users declined from 18 million (9%) in 1985 to 12 million (6%) in 1988. Prevalence rates for youth and young adults were the lowest measured since the survey was first done in 1972.
- o Of the 21 million people who used marijuana (at least once) in the past year, almost one-third, or 6.6 million, used the drug once a week or more.

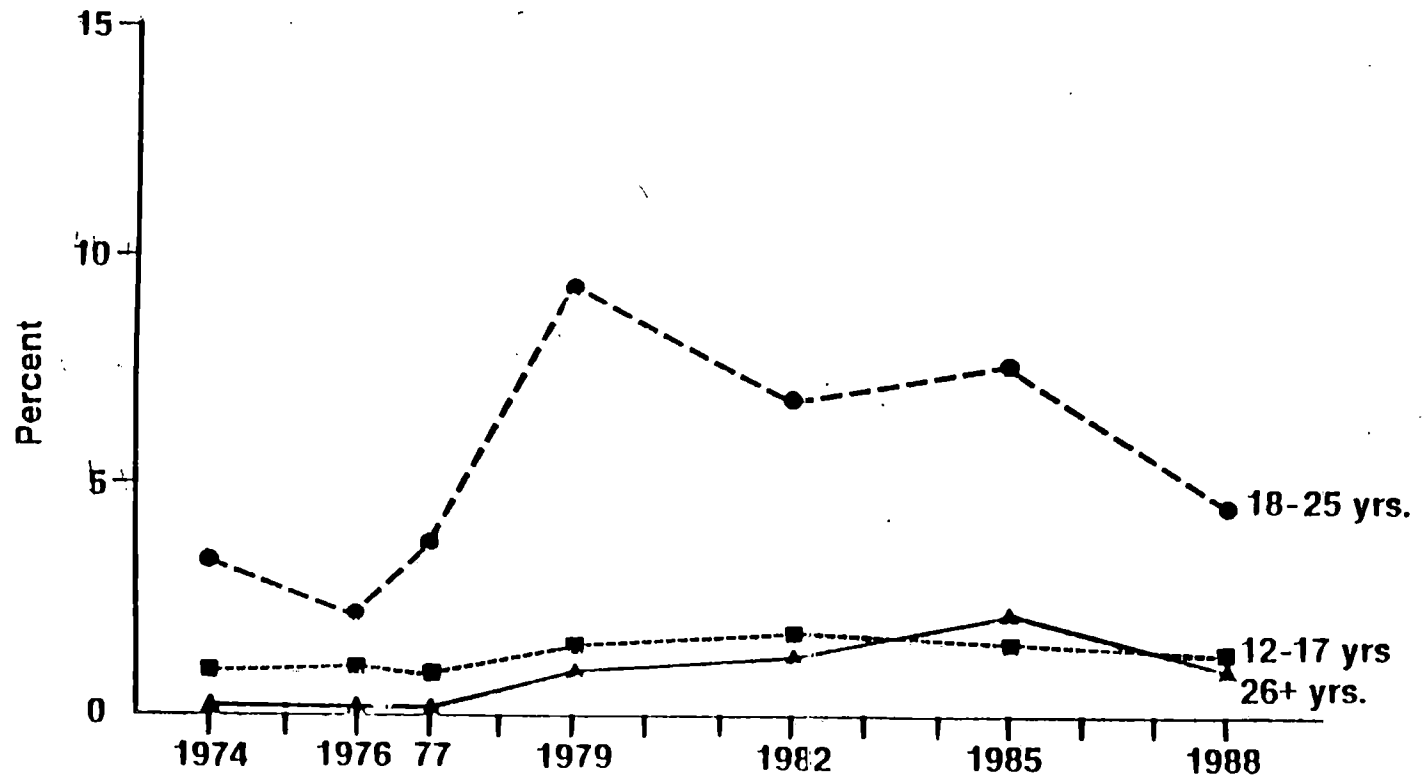
Alcohol and Tobacco Products

- o Half (50%) of the youth have tried an alcoholic beverage at some time in their lives. Use in the past year (45%) is almost as high; and 25% have had at least one drink during the past month. These rates are all significantly lower than comparable rates for youth in 1985 (56%, 52% and 31%, respectively).
- o For young adults, the prevalence of drinking (alcohol) is substantially higher than for youth: 90% have tried alcohol, 82% had used alcohol in the preceding year, and 65% had used alcohol during the preceding month. The 1988 rates for drinking among young adults in both the last year and last month, however, are significantly lower than those for the 1985 (87% and 71%, respectively).
- o Of the 135 million people who drank (alcohol) in the past year (68%), more than one-third, or 47 million, drank once a week or more often.
- o Three-quarters of the American population (75%) have tried cigarettes, and between a quarter and a third (29%) are current smokers. Current use of cigarettes among youth is 12%; among young adults, it is 35%; and among adults 26 and older, it is 30%. There were significant decreases in the current prevalence rates for smoking among youth and older adults between 1985 and 1988, but this was not true for young adults.
- o Seven percent of youth and 9% of young adults used smokeless tobacco during the past year. Among youth, more males (13%) than females (1%) used smokeless tobacco in the past year. Comparable figures for young adults are 17% for males and less than one half a percent for females.

Other drugs

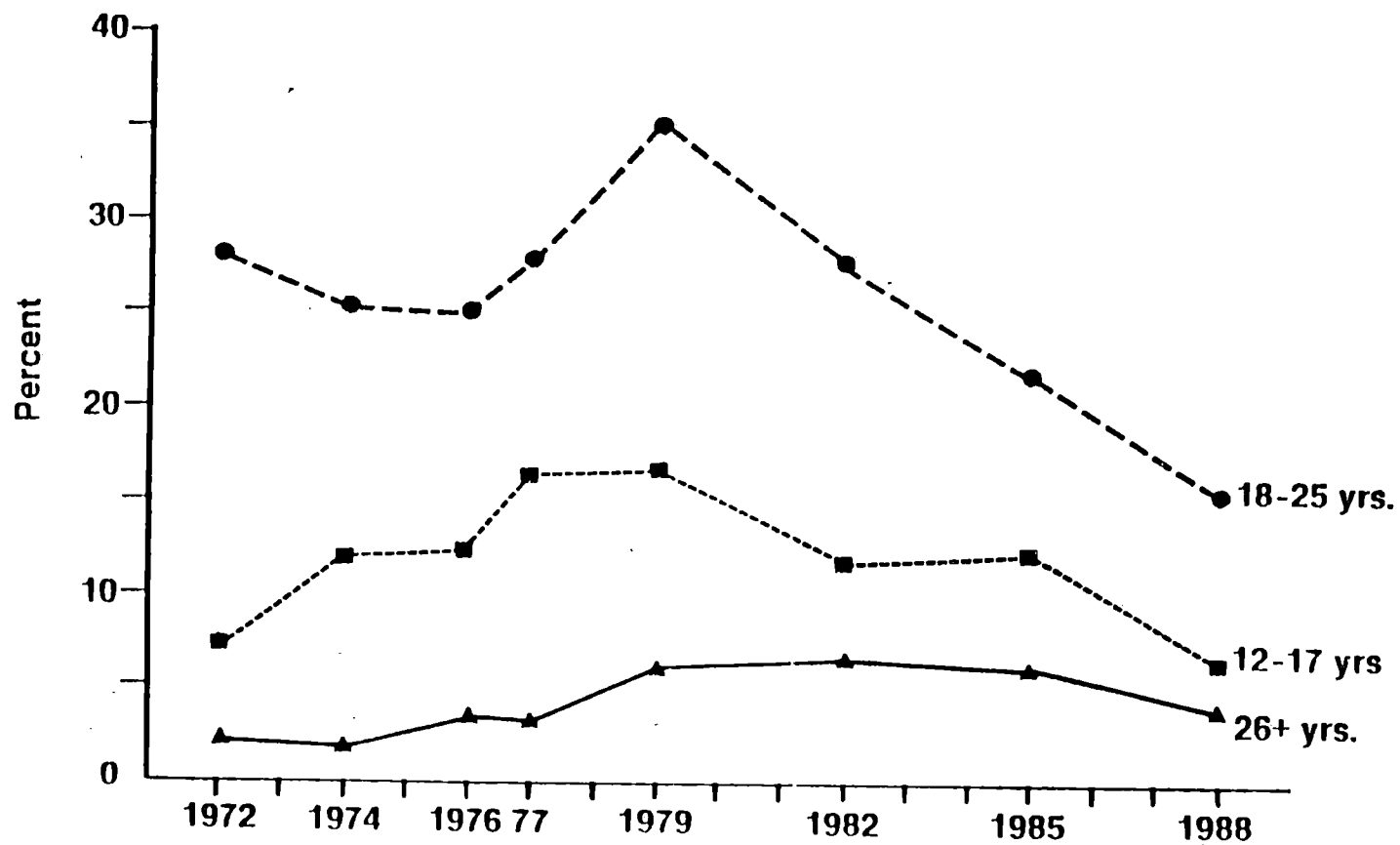
- o Hallucinogens, which first gained prominence during the mid-sixties, include such drugs as LSD, PCP, mescaline, and peyote. Prevalence rates for hallucinogens did not change significantly for any age group between 1985 and 1988. Lifetime prevalence is highest among 26-34 year olds (18%).
- o While too many youth (9%) have experimented with inhalants, current use is rare: only 2% of youth and young adults, and less than one-half of 1% of older adults (aged 26+) used an inhalant in the past month.
- o Current nonmedical use of psychotherapeutic drugs, that is, sedative, tranquilizers, stimulants, and analgesics, decreased from 3.2% in 1985 to less than 2% of the population in 1988.
- o The rate of current use of psychotherapeutic drugs was slightly higher for females than males (2% versus 1.4%), and the rate was higher for those in the 18-25 age group (4%) than for those in any other age group (1% to 3%). The rate of use for psychotherapeutic drugs, however, was down from 1985 for females and those 18-25, as it was for most other demographic subgroups.

Cocaine Trends in Past Month Use by Age Group



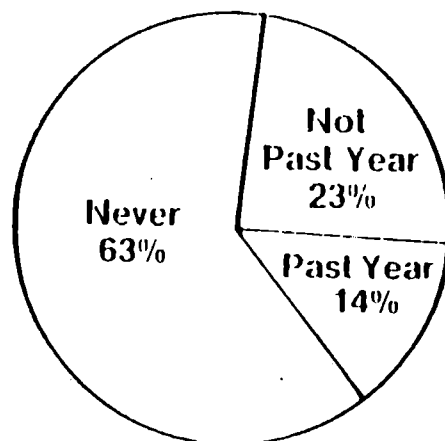
In 1974, 1976 and 1977 the estimates were less than 5% for the 26+ yrs. age group.
Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse.

Marijuana Trends in Past Month Use by Age Group



Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse

Any Lifetime Experience with Illicit Drug Use* 1988



Household Population 12 and Older

	Youth 12-17	Young Adults 18-25	Adults 26 to 34	Adults 35 and Older
Never	75	41	36	77
Past Year	17	32	23	6
Not Past Year	8	27	41	17

*Includes Marijuana, Hallucinogens, Cocaine, Heroin, or Prescription-type Psychotherapeutic Drugs (Stimulants, Sedatives, Tranquillizers and Analgesics) for Nonmedical Purposes.

Source: National Institute on Drug Abuse, National Household Survey on Drug Abuse, 1988

QUESTIONS AND ANSWERS
FOR PRESS CONFERENCE

1988 NATIONAL HOUSEHOLD SURVEY

MONDAY, JULY 31, 1989

Q. Is drug use really a problem or is it simply that increased public awareness has fueled this recent national concern about drugs? Are we in a drug epidemic?

A. Drug abuse remains a problem in our society. It has been at the top of the list of the most significant domestic problems we, as a society, face for many years. Our feeling that we are in the midst of a drug abuse epidemic may stem from the feeling of helplessness in controlling the supply of drugs and in trying to prevent the onset of drug abuse among our young people. Many of us know about the frustration of drug abuse and addiction when it affects a family--maybe our own or our neighbors. It isn't easy for someone to get off drugs and it is often a struggle for a lifetime. We are also seeing the impact of drug-related violence on our cities and increases in the medical consequences of drug abuse that have added to our feeling that drug abuse is out of control.

But today we are reporting good news in the overall prevalence in drug abuse among the general population. Significant decreases in illicit drug abuse are reflecting an overall change in attitudes and behavior among Americans. We still have serious drug abuse problems that must be addressed but we are making progress. We need to renew and increase our commitment to significantly reduce the more entrenched problems involving high-risk youngsters and those who are addicted.

Some of those more seriously affected are described below:

- o 11 million people are using marijuana monthly, 7 million of them are using the drug weekly, and 4 million are using the drug daily or almost daily;
- o among employed Americans age 20-40, one out of ten are currently using marijuana, and one out of 30 are currently using cocaine;
- o almost one-fifth of the women of child-bearing age in this country have used an illicit drug in the past year and one-tenth in the past month;
- o 600,000 teenagers used cocaine in the last year;
- o 1,000,000 people used crack in the last year.

Although the rates of use in the total population have

decreased, which is heartening, our data on adverse medical consequences resulting from drug use indicate that the problems are worse than ever among those who do use illicit drugs. The latest available data from participating emergency room and medical examiner facilities indicate, for example, that cocaine-related deaths increased from 628 in 1984 to 1,589 in 1988. Cocaine-related emergency room admissions increased from 8,831 in 1984 to over 46,000 in 1988.

- Q. What does this survey tell us about the problem of drugs in the workplace?
- A. This survey does not include data on drug use at the worksite per se. It does include data on drug use by employed individuals, age 20 to 40. The survey found that more than 1 out of 10 (10.2%) used marijuana at least once in the past month; and one out of every 30 (3%) used cocaine.

The household survey also shows the differential rates of drug abuse among the employed vs. the unemployed. Among 20 to 40 year olds, 12 percent of the employed used illicit drugs in the past month as compared to 24 percent of the unemployed. It appears that those in the workplace are getting the message that drug abuse will not be tolerated. Those who are unemployed remain at higher risk to drug abuse.

We are encouraged by these findings because we have undertaken major initiatives to encourage the establishment of drug-free workplace programs in the Federal government and in the private sector. We have helped develop guidelines for drug testing of Federal workers; developed a laboratory certification program setting standards for laboratories performing urine screening; established a national toll-free helpline, 1-800-843-4971, to answer questions and provide technical assistance to companies on developing and implementing a comprehensive drug-free workplace program.

Q. What does the survey tell us about crack? Do you have any data on the number of people using crack?

A. The 1988 Household Survey asked specific questions regarding the use of crack cocaine. The survey found that approximately 2.5 million (1.3%) Americans have used crack at some time in their life. One million (one-half of one percent) have used in the past year. Past year use is highest among 18-25 year olds (2%). The survey also found that crack use is more prevalent in large cities than in other areas. Since this is the first time data were collected on crack in this survey, no trend can be determined.

Data from the National High School Senior Survey, however, do show a downward trend for crack use. This survey indicates that the proportion of seniors who have used crack at least once in their lifetime has decreased from 5.6% in 1987 to 4.8% in 1988. Seniors who have used crack in the past year decreased from 4.0% in 1987 to 3.1% in 1988.

We are very concerned about smoking as a dangerous route of administration for drugs of abuse. In our society, smoking as a route of administration has been more acceptable than injecting and is a very potent means of ingesting a drug. The neurotoxic effects of smoked drugs are also very potent. Recent reports of smoking methamphetamine (crank, speed) are being investigated because this form of methamphetamine abuse produces medical consequences similar to those produced by crack.

One of NIDA's other research projects, the Drug Abuse Warning Network DAWN, reported a significant increase in people seeking help in emergency rooms for cocaine or cocaine-related medical problems from 1984 to 1988. Much of this increase coincides with increases in emergency room visits involving smoking cocaine which increased from 549 cases in 1984 to 15,306 cases in 1988, representing a 28-fold increase.

Rates of emergency room visits associated with smoking cocaine vary considerably among the metropolitan areas (cities) in DAWN. The highest rates were found in Detroit (57%), New Orleans (45%), New York City (44%), and Washington. D.C. (42%).

Q. Do these surveys measure the effectiveness of our national prevention programs?

While these surveys do not specifically measure the effectiveness of any single prevention effort, they obviously track changes in attitude and behavior against which we can view the totality of all drug abuse prevention efforts. For instance, in recent years, there have been several important Federal and private initiatives designed to increase youth awareness of the negative health consequences of illicit drugs and prevent drug use. Over this same time period, we have seen a significant decrease in the percent of youth who have experimented with marijuana, from a peak of 30.9% in 1979 to 17.4% in 1988. Decreases are seen as well among youth who have experimented with cocaine, from a peak of 6.5% in 1982 to 3.5% in 1988.

Between 1985 and 1988 the percent of youth saying there is "great risk" in trying cocaine increased from 31% to 53%. Comparable decreases in experimentation and increases of negative attitudes have been seen in the National High School Senior Survey. Young people are getting the message about saying no to drugs.

Q. What does the survey say about drug use by youth?

A. Overall, the trends for youth are decreasing or remaining stable. However, the use of drugs remain at unacceptably high levels. Nearly 1.3 million (6%) of youth age 12-17 used marijuana in the past month. For alcohol the level is 25.2%, and for cigarettes 12% used in the past month. Among our youth, 37% saw "great risk" in smoking marijuana regularly in 1985. This percentage has increased to 44% in 1988. The percentage of youth who saw "great harm" in trying cocaine increased from 31% in 1985 to 53% in 1988. Somewhat alarming, only 47% of youth saw "great risk" in smoking one or more packs of cigarettes per day.

Q. What are the reasons we're seeing improvement in the use of illicit drugs by younger people, and especially what is the cause of the turnaround in cocaine use?

A. Among the many reasons that we believe contribute to this positive turn of events are:

- o Increasing awareness of the dangers of drug abuse among young people is an important factor in the downturn. As the awareness of the perceived harmfulness of specific drugs, including marijuana, and most recently cocaine, has increased, use of the drug has decreased. NIDA research findings have contributed to this increased awareness. Marijuana's effects on learning and performance, as well as the extensive dissemination of information on cocaine's addictive and dangerous effects have helped young people resist the pressure to try these drugs.
- o The concerted and steadfast action of school-based education, prevention and intervention programs, as well as parent and community groups all around the nation have been very effective in informing young people convincingly of the real dangers of drug use.
- o Media campaigns and other educational efforts by our own Department and the many private sector organizations that underscore the grave consequences of drug use have been initiated. One of the most widely recognized is the campaign launched by the Media Partnership for a Drug Free America, a national ad campaign to "unsell" drugs. The attitude changes seen in the first wave of the campaign are an encouraging sign that advertising can play a role in preventing drug abuse. Attitudinal changes usually precede behavioral changes.

- Q. How do the data from the National Household Survey compare with that of the High School Senior Survey?
- A. The rates and trends for the comparable population groups are similar. Prevalence rates of the high school seniors captured in the Household Survey sample were examined and found to be consistent for most drugs. For example, lifetime crack use among high school seniors was estimated to be 4.3% from the 1988 Household Survey, compared with 4.8% from the High School Senior Survey. Past year marijuana use was 29% from the 1988 Household Survey compared with 33% from the High School Senior Survey.

Q. Do you have data on the heroin use?

A. The 1988 household survey found that 1.9 million Americans age 12 years and older, who reside in households, have tried heroin. It has been generally accepted that the majority of heroin addicts in the United States are not among the population surveyed in the household survey. From other surveys, we estimate that there are approximately 500,000 current heroin addicts nationwide, a number which has not significantly changed over the past ten years.

We have been seeing reports in the media that heroin smoking is becoming popular among crack users. Through NIDA's surveillance system and reports through the Community Epidemiology Work Group (CEWG) have found that this practice seems to be isolated among users in the New York City/New Jersey area. We will continue to monitor reports if they emerge in any other areas.

- Q. Why isn't more emphasis being placed on alcohol in the War on Drugs, since it is the number one drug problem in this country?
- A. Please let me assure you that this Department considers alcohol abuse and alcoholism a problem of major concern to the public health of America. Not only is the economic cost of alcohol abuse intolerably high, but the cost in terms of human suffering is immeasurable. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) serves as a national resource for the collection, analysis, and dissemination of scientific findings and improved methods of prevention of alcohol-related problems and treatment services.

During the past several years, the NIAAA and the Office for Substance Abuse Prevention (OSAP) have conducted a number of national public education campaigns in collaboration with a variety of State and local agencies, community organizations, school systems, and national voluntary and professional organizations. These efforts have been targeted to young adults and women of childbearing age. NIAAA and OSAP have sponsored a campaign targeted to youth aged 8 to 12 who have not yet been exposed to increasing peer and societal pressures to drink. The slogan for this campaign is "Be Smart, Don't Start." The last two years, the Department has sponsored a National alcohol prevention conference with a focus on education and early intervention.

Q. How can the finding of less cocaine use be reconciled with estimates of cocaine sales, and the increased availability of cocaine on the streets? On the streets in our cities, we are seeing indications of increased crack use and escalating reports of violence that suggests cocaine use has increased. Is there other confirming information that cocaine use may be down?

A. NIDA does not collect information on cocaine sales. Reports from the Drug Enforcement Administration, however, indicate that cocaine prices have decreased across much of the country and purity has increased, two important factors that suggest increased availability of cocaine.

One of the important findings of this year's survey is that decreases in cocaine use are occurring during a period of increased availability as reported by the DEA, suggesting that our demand reduction efforts seem to be having an effect.

We too are concerned by the increased violence and the impact of crack on our inner cities. But drug-related violence rates are not measures of the prevalence of drug use. Rather, they may be related to violence due to drug effects, acquisitive crime or drug trafficking. And, some have even postulated that drug-related violence may even be exacerbated in a shrinking market, fewer users mean fighting for fewer for customers.

The findings we are presenting today are from a survey designed to measure drug use among the general population living in households, and it shows decreases in cocaine use among this population. Trends seen in the Household Survey are consistent with trends observed in the High School Senior Survey, from which 1988 data were released earlier this year.

Q. How do you respond to charges by some in Congress (ie: Rangel) that the money passed by Congress has not been reaching the communities where it's needed, and that the "war on drugs" has been a sham?

A. The bulk of the Federal monies for treatment and prevention go to states and communities through block grants. In 1988, the block grant funding was approximately \$214 million; and about \$270 million in 1989. As you know, block grants are designed to give States and their localities maximum flexibility to assess their own problems and direct funds to those communities of greatest need.

The Anti-Drug Abuse Act of 1988 provides additional funds for drug abuse, including \$125 million in supplemental funds for the block grant program for treatment, including treatment of intravenous drug abusers. The Anti-drug abuse Act also establishes a one-time appropriation of \$75 million that will go to drug abuse treatment programs with waiting lists.

In speaking about treatment programs with waiting lists, we should be aware of the need for additional treatment centers. There has been a reluctance of communities to allow the opening of new facilities. There is a tremendous need for additional slots for treatment and communities must be open to having the facilities in areas where the need is great.

Q. What is the response rate in the survey?

A. Of the persons selected to be interviewed, 74 percent participated. Nonresponse occurred primarily because of selected people not at home (8%), and because of refusals (11%).

Estimates of drug use from the survey include a statistical adjustment which partially eliminates bias due to nonresponse.

Q. How can you be sure survey participants are telling the truth about their drug use?

A. The National Household Survey on Drug Abuse employs methods designed to encourage accurate reporting. Respondents are assured anonymity and confidentiality and names are never recorded. Drug use questions are answered by respondents on self-administered answer sheets that are not reviewed by the interviewers, but are sent directly to the survey contractor for processing.

Methodological research conducted over time has generally found that while some under-reporting of drug use does occur in surveys such as this, it does not seriously bias the estimates derived from these surveys. NIDA will continue to conduct research to measure under-reporting and to develop ways to minimize it in its surveys.

EDUCATION
(DRUGS)

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

March 7, 1989

REMARKS BY THE PRESIDENT
TO THE WOODROW WILSON
INTERNATIONAL CENTER FOR SCHOLARS

The State Department
Washington, D.C.

9:10 P.M. EST

THE PRESIDENT: Well, thank you all very, very much. And Barbara and I are pleased -- indeed, very pleased to be here this evening. Yogi Berra, philosopher, said, "You can observe a lot by just watching." (Laughter.) And I'm watching the Secretary of State to see how in heaven's name he can stay awake. (Laughter.) Because it wasn't but a handful of days ago that he was covering 14 countries, or something of that nature, in Europe; a few days less than that the he and I embarked on a trip to Japan and China and then Korea. He's only back three days and off he goes to Vienna. And so, I will be watching him -- observing to see how he survives.

But I am delighted to be introduced by him in this building. He'll be a great Secretary of State. And you watch, I made a good choice -- a real good choice. (Applause.)

I want to thank Mr. Blitzer and Mr. Baroody, Dwayne Andreas and all responsible for this lovely evening. Ever since I said I want to become the Education President, I've had more than a few things to say about accountability in education. Well, Woodrow Wilson did once serve as President of Princeton University. And legend has it that one day a worried mother approached him and questioned him closely about what Princeton could do for her son.

And he's said to have answered -- historians may dispute this, but nevertheless, he's said to have answered -- and here's the quote -- "Madam, we guarantee satisfaction, or you will get your son back." (Laughter.)

Well, I'm very glad to be back amongst the Wilson Scholars -- an honor to be here, celebrating the anniversary of this wonderful institution.

The law establishing this national memorial to Woodrow Wilson called for a "living institution" to express his ideals and his concerns. And this one certainly does.

In this alliance of scholars -- now world-renowned for exploring some of the most vital issues that confront mankind -- Woodrow Wilson's ideals find their highest and most effective expression.

The pursuit of knowledge and understanding that the Center is committed to, will be all the more crucial in coming years. We're going to depend more than ever on the counsel of learned men and women, in a world that is changing rapidly -- a world interconnected as never before in history.

New ideas, new technologies -- and the diplomatic and trading relationships that they spawn -- are developing at literally an astounding pace.

Barbara and I went back to China -- my fifth visit and

MORE

her sixth since we left there in the mid-70's -- 1975. Astounding -- the change and the excitement in that place. And Jim just filling me in briefly on a chat that he has had with the Foreign Minister of the Soviet Union, Mr. Shevardnadze. There is an exciting era in which we are living. New ideas, new technologies -- very important to what's going on. And we weave a tapestry of shared concerns and relations worldwide. Threads are many -- social, economic, environmental now -- world conscience -- what the world conscience -- has environment questions out there -- geopolitical, and really grows broader every day.

And much of what is occurring in the world presents us, I think, with remarkable opportunities. I said China is one. China really continues to experiment with free-market capitalism -- dramatic change. We're carefully, but optimistically, watching these internal changes in the Soviet Union that many in this room are interested in and, indeed, an area where many in this room have pioneered.

And all over the world, opportunities are rising for new directions in foreign policy and trading arrangements -- and new challenges are being issued to our competitive status in world markets.

During this recent trip to the Far East, I had many opportunities to observe and think about competitiveness. And there are many theories about the reasons for the industrial success that some of our Asian friends are enjoying today. But no one questions the importance of one factor -- the highly-skilled, highly-motivated, and educated work forces in those countries.

And out of the devastation of war, they had the courage to recognize how their future was tied to the quality of educations that their nations provided. And as this country prepares to -- what are we, 11 years short of a new century -- to enter that century, we, too, must recognize how essential the education of the next generations has become to our economic future.

Perhaps the highest praise that coming generations might bestow upon us, is that we understood the changes that are occurring in the world -- and that we prepared them for the challenges we knew they would face.

And so you who comprise the Wilson Center are devoted to the life of the mind. And I imagine you'll agree with me if I say that young minds will make or break the future of this and every other country.

And I have two concerns about those young minds that I want to just share briefly this evening. The young people of will have to be better educated than the previous generation. And to be so, they've got to be free of the scourge of drug abuse. You know, it's -- no matter what the problems we face, as I look at our country today and really, indeed, internationally look around, this terrible scourge of drug abuse has got to be in the forefront.

And it's fundamental. These things affect us all. Their solution is not a question of "whether" -- it's a question of "when." And so I want to think -- education drug abuse -- think of tonight as a celebration, but also a challenge -- consider what we've got to do.

Where the state of the schools is concerned, you've all heard the surveys. Last month's report from the National Science Foundation and the Department of Education over here put American seventh-graders -- American seventh-graders -- at the bottom of an international comparison of math and science skills.

And who's to blame? Too late -- that's not the issue. We all must be accountable for the quality of education in America. And to assure the competitive future of this nation and the overall

standard of living enjoyed by its people will demand the best kind of collective effort. All of us must get involved.

I want to launch a crusade for excellence in American education. And, yes, we are living in a time of cramped resources, but we've got to do it. The crusade has to be driven largely by local energy and initiative, drawing on people from both the public and the private sectors, and determined to establish a culture of high expectations in our schools.

At the federal level, I've made some proposals. I want to reward excellence and success by rewarding superior teachers, recognizing these Presidential Merit Scholars that make real progress in these merit schools. We will establish benchmarks for achievement and both commend and reward teachers and schools that succeed. I want to establish a National Science Scholars program, to encourage students to succeed in science.

It is incumbent upon us to restore the honor, indeed, the nobility, of good teaching in this country. And it won't escape the eyes of the young if we can show them how much we value learning in the way we value teachers.

And secondly, I want to put resources where they count. Targeting federal dollars to help those most in need to places where support can really make a difference.

We will also use funds in ways that build the right links between the university and government and industry, research labs -- to promote scientific education and basic research. And I intend to hold firm in our effort to double the National Science Foundation's budget by 1993.

And third, I want to promote choice and flexibility by devoting \$100 million in new funding for magnet schools -- these are the schools that increase choice, who expand opportunities for children, and generate healthy competition among the schools.

And lastly, I'm going to push for greater accountability at all levels -- among students, among teachers, administrators, and principals -- to assure that students are actually receiving the highest quality education.

And for this is what excellence demands. It means setting high standards -- standards that the rest of the world are going to look to. And it means constantly measuring yourself against those standards and not resting until you meet the standards.

It means discipline -- says, if we don't get it right the first time, we're going to try again and again until we do get it right.

But excellence in education will not be fully realized until we free our young people from that second problem I mentioned, the scourge of drugs -- drugs that kill hopes and ambitions and kill kids. And to rid our schools and our streets of this scourge, I've proposed nearly a billion dollars in new outlays for antidrug programs. I've got to confess, I wish it were more. That's what we've proposed. It's a lot of money.

With the help of our new drug czar, Bill Bennett, I'm going to be implementing a comprehensive national drug control strategy. He has six months from the day he's confirmed to come up with a whole new plan. And our strategy will deal with both supply and demand, by educating and inspiring in our young an attitude of zero tolerance; reclaiming lives through more effective treatment; stopping drugs at their source; and enforcing tougher penalties.

You know, last week, we did get some good news on the drug front. In 1988, use of cocaine declined among high school

seniors. In fact, student usage of almost every illegal drug, as well as alcohol, appears to be on the decline. So in our schools the message is beginning to get out. But we have no reason to be complacent. The drug problem is much worse among high school dropouts. And international cultivation of the opium poppy and coca leaf increased sharply last year.

So when I talk about a war on drugs, I mean more than a rhetorical war. I seek engagement on all fronts. And the Wilson Center is known as a vital point of contact between the thinkers and the doers of this country, and a number of scholars have shed new light on this drug problem. And I've heard great things about the conference that you all held on drug trafficking in the Americas last fall. And the proceedings of that conference provoked a great deal of thought -- and for my part, the thoughts are haunting.

Sadly, the cores of many societies have been permeated by drug gangs and cartels and organized crime. Consider it economic, call it social, call it cultural -- but consider it an international peril. And if we're to stop it, we've got to stop it together. And I encourage you in this great institution to continue searching for long-term solutions.

In a city that's preoccupied by short-term policy issues, the Wilson Center encourages the longer view. And in a city preoccupied by politics, you draw support from all parties and all quarters, with funding from both the public and the private sectors.

And in this nation's efforts to educate its young and see them clear of the threat of drugs, you're in a position to help us make our battles winning ones. We need our young people to succeed. Our ability to empower them will reflect our character and our ideals as a nation.

Woodrow Wilson put it this way. "The beauty of a democracy," he said, "is that you never can tell when a youngster is born what he's going to do, and that, no matter how humbly he's born, he has got a chance to master the minds and lead the imaginations of the whole country."

Well, I guess our challenge will be to give all young people the chance to fulfill their highest ambitions and their God-given potential. And I think it falls to us -- and maybe more heavily on you all, interested in this marvelous center -- to prove that Woodrow Wilson is right.

Thank you all. God bless you. Now the souffle, and then Pat Moynihan. You've got it made. Thank you all very much. (Applause.)

END

9:25 P.M. EST



. . . *on Fighting Crime*

May 19, 1989

**PRESIDENT UNVEILS WIDE-RANGING PACKAGE
TO FIGHT VIOLENT CRIME**

On May 15, 1989, President Bush outlined a comprehensive program to combat violent crime, designed to strengthen the nation's criminal justice system and the Federal, state, and local law enforcement partnership.

The President is proposing a common-sense approach to crime with proposals 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.

PRINCIPLES GUIDING THE PRESIDENT'S ANTI-CRIME PROPOSALS:

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

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

ELEMENTS OF THE COMPREHENSIVE CRIME CONTROL ACT OF 1989:

I. Strengthening Current Laws.

The President is calling on Congress to double the mandatory minimum penalties -- from five years to ten years in Federal prison -- for the use of semi-automatic weapons in violent crimes or drug felonies.

In addition, the Attorney General has been directed to advise America's prosecutors to end plea bargaining for violent Federal firearms offenses.

President Bush called on Congress to enact the steps necessary to implement the death penalty for the most serious Federal crimes, and urged state Governors to match these Federal initiatives -- new mandatory sentencing, tougher rules on plea bargaining, and implementing the death penalty -- in the States.

The President also announced that the Administration will make permanent the temporary suspension on the importation of any semi-automatic weapons which fail to meet the criteria specified in the Gun Control Act of 1968.

The President will propose legislation prohibiting the importation, manufacture, sale or transfer of gun magazines of more than 15 rounds.

And, to keep deadly weapons out of deadly hands, the President called on Congress to close loopholes like the one that allowed Patrick Edward Purdy to buy that deadly AKS-47 in Stockton, California.

II. Augmenting Enforcement.

The President has directed the Attorney General and the Treasury Secretary, working together with state and local authorities, to launch a comprehensive, coordinated offensive against America's most violent criminals.

President Bush requested funding for hiring 825 new Federal agents and staff -- 375 at the Bureau of Alcohol, Tobacco and Firearms; 300 at the FBI; and 150 Deputy U.S. Marshals. This offensive, including State and local enforcement authorities, will target violent criminals and repeat offenders.

III. Enhancing Prosecution.

The President proposed to increase funds for the U.S. Attorneys Offices to support 1,600 new prosecutors and staff, and increase funds for the Justice Department Criminal Division to support 168 new positions, to handle drug cases, weapons offenses and other priority matters.

IV. Expanding Prison Capacity.

The President proposed an additional \$1 billion for Federal prison construction, bringing the total FY 1990 budget to over \$1.5 billion. This will add 24,000 new Federal prison beds to the current 31,000 beds, an increase of nearly 80%.

PRESIDENT BUSH LAUNCHES NEW STRATEGY TO "TAKE BACK THE STREETS"

On May 15, the President participated in the National Peace Officers' Memorial Day Service, declaring to law enforcement officers assembled on the steps of the U.S. Capitol:

"We're going to take back the streets -- by taking criminals off the streets."

He urged a "return to common sense," and continued:

"A common sense approach to crime means that if we are going to affect people's behavior, we must have a criminal justice system in which there is an expectation that: If you commit a crime, you will be caught; and if caught, you will be prosecuted; and if convicted, you will do time."

After unveiling his new offensive to fight what he called the "new class of criminals" on our streets, the President concluded:

"Not since Lincoln has a President stood in front of the Capitol and been just a few miles from the front line of a war. Never was the toll more visible than in the faces of the brave men and women -- the families -- gathered here today. And when I first stood here as President ... I made a promise: 'This scourge will stop.' And that's a promise we intend to keep."

LAW ENFORCEMENT LEADERS BACK KEY ELEMENTS OF CRIME PACKAGE

Across the country, law enforcement officials are backing the President's proposals to fight crime:

"He sent a message to the criminal element that if you commit a crime you're going to get caught, that if you get caught you're going to get prosecuted, and if you get prosecuted and convicted you're going to jail -- and that requires a broad, comprehensive program of the type he proposed today." -- Attorney General Dick Thornburgh.

"We feel [the President's package] is a get-tough policy, and one that is urgently required if we are to make any headway in fighting crime. We are encouraged by the President's commitment to the crime issue." -- John Bellizzi, Executive Director, International Narcotics Enforcement Officers Association.

"George Bush has never wavered in his commitment against crime and in his support for victims of crime. This package is consistent -- and in fact is going forward -- with what he has been doing." -- Frank Carrington, Executive Director, Victims' Assistance Legal Organization.

"The president took the first step ... I thought the step he took was a giant step. I applaud the President's law enforcement package." -- Washington, D.C. Police Chief Maurice Turner

"I am very pleased with the idea that there are going to be added federal prosecutors, that they're adding new employees to the ATF and US Marshals, and the fact that there is \$1.5 billion for new prison construction." -- Mr. Robert Scully, National President, National Association of Police Organizations

"We are especially heartened by the additional resources being recommended for federal prosecutors and federal prisons ... We also strongly endorse the President's position that calls for reform of our habeas corpus procedures and the provision which would provide a good faith exception to the Exclusionary Rule." -- Mr. Jack Yelverton, Executive Director, National District Attorneys Association.

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CHANGE OF ADDRESS REQUEST:

Name _____
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RETURN TO:

The White House Office of
Public Affairs
OEOP, Room 122
Washington, D. C. 20500

Drugs Out, Kids In

and

An Alpbetter Answer

Two drug education/prevention films created and developed by
Baylor University Medical Center

 **BAYLOR UNIVERSITY MEDICAL CENTER**

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3500 Gaston Avenue, Dallas, Texas 75246 • (214) 820-0111

Photo Copy Preservation

NEWS RELEASE

FOR IMMEDIATE RELEASE

OCTOBER 20, 1989

CONTACT: STEVE HABGOOD

PHONE: (214) 820-2116

DRUG EDUCATION/PREVENTION FILM WINS CINE GOLDEN EAGLE AWARD

(DALLAS) -- "An Alphabetter Answer," a drug education/prevention film aimed at elementary school students, has received the prestigious CINE Golden Eagle award.

Presented by the Council on International Nontheatrical Events, the Golden Eagle award signifies "An Alphabetter Answer" as appropriate for representing the United States in international film competition. The award is also an acknowledgement that the film is eligible for competition at the Academy Awards.

Baylor University Medical Center, Dallas, developed the film as a public service project to help provide solutions to the problem of drug use and abuse in America. Baylor also developed the documentary "Drugs Out, Kids In". Both films are available to all interested organizations are being incorporated into the elementary schools of the Dallas, Plano and Rockwall districts.

Intended for fourth, fifth and sixth grade classroom use, the 30-minute film addresses the life skills of decision making, coping skills, self-esteem and peer pressure and directly relates them to substance abuse. It helps to remind children that they have choices to make and must be responsible for their own actions.

Both films were written by Dallas writer Jean Compton and produced by Marillyn Leaman Productions of Las Colinas.

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NEWS RELEASE

FOR IMMEDIATE RELEASE

OCTOBER 26, 1989

CONTACT: STEVE HABGOOD
(OR) CARRIE DOUGLAS

PHONE: (214) 820-2116

**PRIVATE ENTERPRISE WORKING EFFECTIVELY WITH PUBLIC SECTOR:
HEALTH CARE PROVIDER TAKES LEAD IN DRUG PREVENTION WITH SCHOOLS**

(DALLAS) -- Prevention through early detection and education has become the latest focus in health care during the past decade. Cancer, heart disease and many other health problems can now be successfully treated if detected early. Some diseases may even be avoided with proper preventative measures.

Now Baylor University Medical Center, Dallas, has taken the idea of prevention one step further in the area of alcohol and substance abuse. With the sponsorship and development of two drug education films aimed at fourth, fifth and sixth graders, Baylor hopes to prevent substance abuse before it gets started.

Traditionally, the role of the health care industry has been to provide treatment to individuals with drug and alcohol addictions. Responding to the alcohol and drug epidemic, hospitals across the country opened substance abuse centers. While Baylor continues to provide treatment to substance abusers on an inpatient and outpatient basis, it is also responding to the problem on a level outside the hospital, in the community.

"Like cancer, alcohol and drug abuse has turned into a life-threatening disease that's destroying the minds and bodies of our young people," said Boone Powell, Jr., president and CEO of Baylor. "Not doing something is not an option for us. Substance abuse by children is not just a problem for the schools to address and as a leading health care provider we share a responsibility to stop this epidemic."

(more)

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Drug Education Films - page two of three

Baylor began exploring the development of a drug education film two years ago and in its research turned to the Dallas Independent School District (DISD) and other community experts for input. After investing more than \$200,000, Baylor produced two films that work in tandem to show students, educators, administrators and parents how they can make a difference.

"It's one thing to have people try to sell you their product and tell you what you need," said David Sugg, DISD's drug and alcohol abuse program director, "but to have an organization such as Baylor come to you and say 'how can we work together and what do you need?' is a dream come true."

The first film, "An Alphabetter Answer," is targeted for children in the lower grades. Written and created by Dallas writer Jean Compton, the film was cast and filmed in Dallas. The 30-minute dramatization depicts how one fifth-grade teacher incorporates drug education as an essential element in her curriculum with her class putting on a play of its own making for a special PTA-sponsored drug program.

"This is one of the few films I've ever seen that deals with the four 'gateway' drugs of inhalants, tobacco products, alcohol and marijuana in such an entertaining and informative manner," said Cathey Brown, founder of Rainbow Days and president of the Texas Association of Children of Alcoholics. "Once kids in the lower grades begin experimenting with these drugs they tend to go on to other stimulants such as crack."

Intended for classroom use, "An Alphabetter Answer" takes the issues of dealing with peer pressure, decision making, coping skills and self-esteem and directly relates them to substance abuse. It reminds children they have choices to make and must learn to be responsible for their own actions.

(more)

Drug Education Films - page three of three

"Drugs Out, Kids In" is a documentary-style film for teachers and parents. It's the first film to take an indepth look at what DISD and other community agencies are doing to combat the drug problem. Intervention, teacher training, peer education and community support all play a role in reinforcing the anti-drug message.

The 26-minute film goes into the classrooms and onto the streets of Dallas to illustrate the components of DISD's 'wall of defense' that keeps drugs out and kids in school. Components of the wall include community support from the Dallas Police Department's "Drug Abuse Resistance Education" (DARE) program and the NBA Dallas Mavericks' "Don't Foul Out" program. Various DISD teachers and principals who have successfully implemented drug education programs in their schools are incorporated. Both drug-free students and drug abusers also share their message.

"To my knowledge, these films are a first for Texas and maybe the country," said Sugg. "They are invaluable as a teaching aid because they address all the pertinent issues, are so adaptable, and fit into almost any educational curriculum."

In addition to both films being available to all educators in DISD schools; other school districts, PTA's, churches, civic and business organizations have ordered the films for their use. Outside of Texas, the films are distributed by Select Media, a national distributor of educational films. In Texas, interested persons can contact Baylor University Medical Center, Public Relations Department, 3500 Gaston Avenue, Dallas, Texas, 75246.

"An Alphabetter Answer" and "Drugs Out, Kids In" were produced by Marillyn Leaman Productions of Las Colinas, Texas. Both films were funded in full as a public service of Baylor University Medical Center, Dallas.

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NEWS RELEASE

FOR IMMEDIATE RELEASE

APRIL 25, 1989

CONTACT: STEVE HABGOOD (or)
SYLVIA BODELL

PHONE: (214) 820-2116

AMERICA'S YOUTH AT RISK: THE WAR ON DRUGS GETS NEW WEAPON

- * The United States has the highest rate of teenage drug use of any industrialized nation.
- * An estimated 4.6 million young people are considered problem drinkers.
- * The percentage of sixth grade students using drugs has tripled in the past 10 years.
- * Twenty-eight percent of Texas seventh graders have used inhalants at least once.
- * Inhalant abuse caused more deaths in Dallas than any other major U.S. city.

The statistics are staggering. Drugs in America are destroying the minds and bodies of our children. Alcohol and drug abuse has grown to epidemic levels in our high schools and is now threatening our elementary schools.

The cycle of drug use and abuse among children is beginning at a younger age than ever before. Many experts agree that if the war against substance abuse is to be won, prevention must become an inherent component of drug education programs.

Recognizing this need, Baylor University Medical Center, Dallas, worked with the Dallas Independent School District (DISD) to develop two drug education/prevention films targeting children in the fourth, fifth and sixth grades. Until now, there were no drug education films readily available that addressed substance abuse for pre-teens.

(more)

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Drug Education Films - page two of four

"We've learned the best way to attack drug use and abuse is to begin prevention efforts before children start using drugs," said David Sugg, DISD's Drug and Alcohol Abuse Program (DAPP) coordinator. "Efforts that focus on elementary students using information without scare tactics are the most effective means to fight drug use today and that is exactly what these two films produced by Baylor accomplish."

"Substance abuse by school children is not just a problem for the schools to address. And schools should not have to carry the burden of drug education alone. It's a community problem and as a leading health care provider in this community, we recognize and share in that responsibility," said Boone Powell, Jr., president and CEO of Baylor University Medical Center. "We know from the two previous films we developed that film is an extremely powerful and effective communications tool."

As a result, Baylor began exploring the development of a drug education/prevention film 18 months ago and in its research, turned to the DISD and other community experts for guidance. The two films work in tandem to show educators, administrators, parents and the community how they can make a difference.

The first film is targeted at children in the lower grades and is titled, "An Alphabetter Answer." Written and created by Dallas writer Jean Compton, the film was cast and filmed locally. The 30-minute dramatization depicts how one fifth-grade class put on a play of its own making for a special PTA-sponsored drug program. It shows how one teacher incorporates drug education as an essential element in her curriculum.

"This is one of the few films I've ever seen that deals with the four 'gateway' drugs of inhalants, tobacco products, alcohol

(more)

Drug Education Films - page three of four

and marijuana in such an entertaining and informative manner," said Cathey Brown, founder of Rainbow Days and president of the Texas Association of Children of Alcoholics. "Once kids in the lower grades begin experimenting with these drugs they tend to go on to other stimulants and cocaine."

Intended for classroom use, "An Alphabetter Answer" serves as a model for teachers and counselors, with the actual script of the play available for teachers to order. The story takes the issues of dealing with peer pressure, decision making, coping skills and self-esteem, and directly relates them to substance abuse. It reminds children that they have choices to make and must learn to be responsible for their own actions.

The second film, "Drugs Out, Kids In," is a documentary-style film for teachers and parents. Using real people in real situations, it takes an indepth look at what the DISD and other community resources are doing to combat the drug problem locally. Intervention, teacher training, peer education and community support all play a role in reinforcing the anti-drug message.

The 26-minute documentary takes the viewer into the classrooms and onto the streets of Dallas to illustrate the components of DISD's "wall of defense" that keeps drugs out and kids in school. Such components of the wall include community support from the Dallas Police Department's "Drug Abuse Resistance Education" (DARE) program and the NBA's Dallas Mavericks "Don't Foul Out" program. Various DISD teachers and principals who have successfully implemented drug education programs in their classrooms and schools are interviewed. Both drug-free students and drug abusers also share their message.

(more)

Drug Education Films - page four of four

"To my knowledge, these films are a first for Texas and probably the country," Sugg said. "They are invaluable as a teaching aid because they address all the pertinent issues, they are so adaptable, and they fit into the Texas Education Association's curriculum."

In addition to both films being available to all educators in the DISD system; other school districts, PTA's, churches, civic and business organizations can order the films for their use.

"Baylor is proud to contribute a piece in DISD's 'wall of defense' against drugs," said Powell. "We hope this drug prevention message reaches out to young people, parents, teachers and community leaders throughout Texas and the country. We hope, it will serve as a reminder to all educators and role models that they can make a difference in influencing the course of young lives."

"An Alphabetter Answer" and "Drugs Out, Kids In" were directed and produced by Marillyn Leaman Productions of Las Colinas, Texas. Both films were funded in full as a public service of Baylor University Medical Center, Dallas.

#

ABOUT THE FILMS

As one of the country's leading health care providers, Baylor University Medical Center recognizes that substance abuse among children is not a problem for just schools to address. Believing that the community should share responsibility in the fight against drug use and abuse, Baylor began development of two drug education/prevention films 18 months ago. In its research, Baylor turned to the Dallas Independent School District and other community resources for guidance.

With the creative assistance of Dallas film writer Jean Compton and producer/director Marillyn Leaman, two films were developed targeting students, educators, parents, and community organizations.

"Drugs Out, Kids In," is a 26-minute documentary-style film for educators, parents, and community organizations. The film follows teachers, counselors, principals, students and community resources and takes an indepth look at what the DISD and others are doing to fight the drug abuse problem and keep kids in school. Intervention, teacher training, peer education and community support all play a role in reinforcing the anti-drug message.

Intended for 4th, 5th and 6th grade classroom use, "An Alphabetter Answer" shows how one teacher incorporates drug education as an essential element in her curriculum. The 31-minute dramatization depicts a 5th grade class that develops a play of its own making for a special PTA-sponsored drug program. It addresses the issues of peer pressure, decision making, coping skills and self-esteem and directly relates them to substance abuse.

Baylor hopes to work with school districts, PTAs, libraries, substance abuse agencies, community groups, churches and others in an effort to make these films an effective educational tool in the fight against drug use and abuse.



UNITED STATES DEPARTMENT OF EDUCATION

THE SECRETARY

TO DR. BOONE POWELL, JR.
BAYLOR UNIVERSITY MEDICAL CENTER
MAY 11, 1989

I am pleased to send you special congratulations on the premiere of the two drug prevention films: "Drugs Out, Kids In" and "An Alphabetter Answer."

You are to be commended for taking the lead in producing these films and donating time and resources to see that they reach a wide variety of audiences. Your films contain some very important messages. You have set an example for others in the private sector to follow.

The war on drugs, especially among our Nation's youth, cannot be fought alone. It needs the support of both the public and private sectors and the combined commitment of parents, schools, government officials, businesses, and the media.

I wish you continued success in your endeavors.


Lauro F. Cavazos



May 11, 1989

Boone Powell
President-Chief Executive Officer
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246

Dear Mr. Powell:

This letter is written to thank you and your organization in behalf of the Board of Education, administration, students, parents, and staff of the Dallas Independent School District for the gift of films for drug abuse education.

This endeavor was most rewarding, because it provided an opportunity for a realistic portrayal of the concerns of this District and community relative to drug abuse education. The fact that your organization provided the opportunity for collaborative planning and the inclusion of District staff, students, and relevant community agencies should be lauded.

Again, thank you and Baylor University Medical Center for such a wonderful gift and community resource. You can be assured that we will use this resource to benefit students and staff. Thank you for your continued interest in this District's programs.

Sincerely,

Marvin E. Edwards
General Superintendent

/mda

cc: Rosita Apodaca
David Sugg
Allen Sullivan

Dallas Independent
School District

Marvin E. Edwards
General Superintendent

3700 Ross Avenue
Dallas, Texas 75204-5491
(214) 824-1620

Marillyn Leaman Productions

May 15, 1989

Mr. Boone Powell, Jr.
President
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246

Dear Mr. Powell:

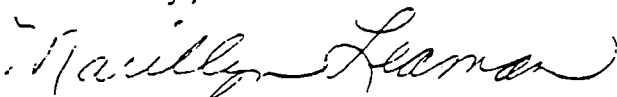
Thank you for the opportunity to participate in the Baylor drug education films, "An Alphabetter Answer" and "Drugs Out; Kids In".

These were projects I felt an uncommon desire to produce and am grateful that your staff chose to work with me and my company, Marillyn Leaman Productions. I am very proud to add them to our list of credits.

I pray the films achieve the results you desire in educating young people, their parents, teachers and the community about positive ways to prevent and fight substance abuse.

Additionally, I hope that Baylor will receive its due acknowledgement for this generous public service contribution.

Sincerely,



Marillyn Leaman

Three D Office
COTC Productions Complex
P.O. Box 2517
Dallas, Texas 75209
Tel: 214-835-1882
FAX: 214-835-1882

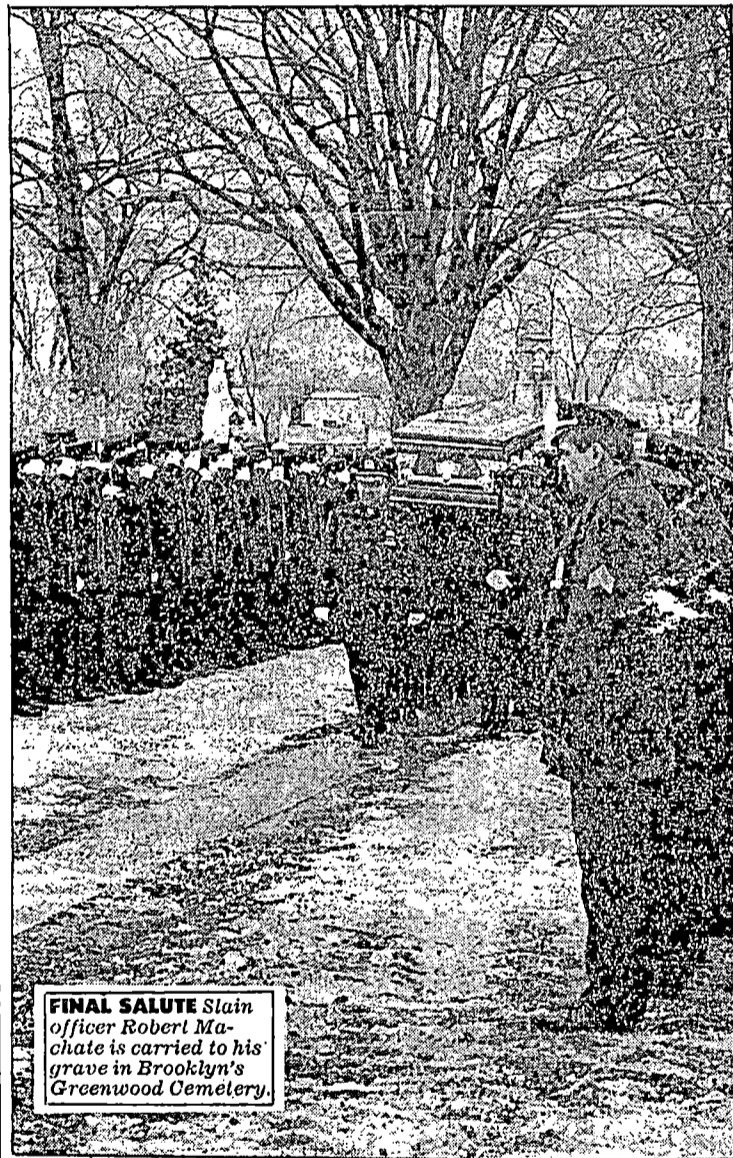


New York Post, Thomas Guertel

TABLEAU OF SORROW: Grief almost too much to bear is etched on the faces of (from left) Machate's mother, wife, father and brother at graveside.

CITY GRIEVES FOR SLAIN YOUNG COP

By ANDREA PEYSER



FINAL SALUTE Slain officer Robert Machate is carried to his grave in Brooklyn's Greenwood Cemetery.

New York Post, Thomas Guertel

Officer Robert Machate returned yesterday to the church where he celebrated his most joyous rites of passage — his baptism, his first Holy Communion, his wedding.

This time it was the 25-year-old cop's funeral. Five-thousand uniformed officers — their eyes stung by freezing wind and emotion — formed an eight-block wall of blue along Brooklyn's Ocean Avenue as Machate's coffin was carried into St. Mark's Roman Catholic Church.

Machate's wife, Grace Ann, walked with bowed head into the building where, 3½ years ago, she vowed to love her husband until death.

Her long tweed coat couldn't mask that she was pregnant with a child who would never know its father.

Just 2½ years on the force, Machate already had racked up 11 commendations when he was shot dead — possibly with his own gun — last Friday.

Police say ex-con Renaldo Rayside killed Machate during a scuffle on an infamous Brooklyn drug corner known as "crack heaven."

Machate was the first city cop killed this year.

The Machate family's priest urged the congregation not to let anger over the killing spawn more violence.

"We must not let that just anger turn to hatred," said the Rev. Gerard Arella, his voice rising to the height of the church's tall marble columns.

"Robert Machate would not want it — it was not what he grew up to believe in."

Mayor Koch, attending his second funeral for a law-enforcement officer in four days, said a government that's gone soft on crime shares the blame for the slaying — and he called for reinstatement of the death penalty.

"We are responsible — we have to do more than



ROBERT MACHATE
Gunned down.

"I believe, and always have, a cop's life . . . is more sacred than mine or anyone else's."

MAYOR KOCH

what we're doing," Koch said.

"What's required here is that every criminal in the street know that you're gonna be apprehended, that you're gonna be prosecuted, that you're gonna be jailed and, where appropriate, executed.

"I believe, and always have, a cop's life . . . is more sacred than mine or anyone else's."

Three days before Machate was killed, federal drug agent Everett Hatcher was shot to death while working undercover in Staten Island.

For some of the younger cops present, the funeral brought home how little protection a police badge affords an officer's life.

"I just got married six

months ago. This puts fear in you that you've got something to lose," said Detective James Tampellini, 28.

Michele Childs, 29, of the Nassau County force, said: "You try to do the right thing. You try to get out there and arrest people.

"You've got people who will cut you down for no reason — it gives you second thoughts about what you're doing."

Later, at Greenwood Cemetery in Brooklyn, Grace Ann Machate, flanked by family members, watched ashen-faced as her husband's casket was lowered into the ground.

The wind-whipped tears started spilling from her eyes.

KEMP DECLARES HOUSING WAR ON DRUGS

By MARILYN RAUBER
Post Correspondent

WASHINGTON — Housing Secretary Jack Kemp yesterday said he wants to find a faster way to evict drug dealers from public-housing projects in New York and other cities.

"The American people overwhelmingly want something done," Kemp told a House housing panel yesterday.

"I place this as high on my list of priorities as anything I do."

Under the current eviction procedures, it's difficult to boot out a tenant for drug-dealing in less than a year — and can take

up to three years — experts say.

Kemp didn't say how quickly he wants evictions carried out, but said he has given local public-housing authorities 30 days to come up with an action plan.

Kemp said those who object to speedier evictions are taking "an extremist" civil-liberties position, but he conceded: "We have to come up with an answer without violating people's rights."

After the hearing, he added: "I want to move quickly . . . to realize my goal of a drug-free public-housing sector."

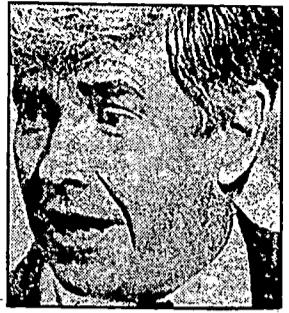
New York City's Housing Authority — which runs 293 federally subsidized projects — would "warmly welcome any alternative," said spokesman Val Coleman.

Since 1987, the HA has tried to oust drug dealers by seizing

their leases under federal seizure laws.

Due to the planning required — setting up undercover drug buys by U.S. marshals — only six tenants were evicted that way last year, Coleman said.

Rep. Charles Schumer (D-Brooklyn) applauded the idea of quick evictions, saying his criminal-justice subcommittee will look into it.



JACK KEMP
Evict drug dealers.

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*For example, a Chase Home Loan of \$20,000, with a term of 180 months at the fixed rate of 13.25% APR and a \$100 non-refundable application fee would be repaid in 180 monthly payments of \$256.35. The loan is secured by your home, condominium, or co-op, is subject to credit approval and is available for loan amounts from \$10,000 to \$50,000. Co-ops will be considered only if Chase holds the first lien on the co-op.

The rate is as of March 1, 1989 and is subject to change without any notice.

© 1989 The Chase Manhattan Bank, N.A./Member FDIC Equal Housing Lender



Agent says she blasted Korea jet

SEOUL (AP) — A confessed North Korean agent said in court yesterday she planted the bomb that blew a South Korean jetliner apart over the Andaman Sea in 1987, killing all 115 people aboard.

Relatives of victims shouted insults as security agents led Kim Hyun-hui into the courtroom for the opening session of her trial.

The defendant buried her face in her hands and sobbed.

Kim, 27, told the court later she bombed the Korean Air Boeing 707 on orders from leaders of communist North Korea who wanted to disrupt the 1988 Olympics in Seoul.

The bomb exploded as the plane approached the Burma coast Nov. 29, 1987, on a flight to Seoul from Baghdad, Iraq.

Her admission came in response to questions by prosecutors. After the prosecution finished presenting its evidence, the court adjourned until March 21.

Ahn Kang-min, the senior prosecutor, asked Kim whether the order to bomb the plane came from Kim Jung Il, son and heir-apparent to North Korean leader, Kim Il Sung.

She softly replied, "Yes."

English plague of rats could use a Pied Piper

LONDON (AP) — Britons are enjoying the mildest winter in years — problem is, rats are living it up in the warm weather, too.

Complaints are up as much as 70 percent in parts of London.

Rat-poison sales have doubled, with little effect.



ONCE YOU FIND IT YOU'LL NEVER FORGET IT.

A: 1939-40, 1932-33 and 1927-28

LOOK FOR TODAY'S QUESTION ON THE BACK SPORTS PAGE.

© 1988 Carlsberg Breweries, Copenhagen, Denmark.

Davis/McGroarty
Title: Wilding
Date: April 2, 1989
Draft: One

MEMORANDUM FOR DAVE DEMAREST

FROM: MARK DAVIS

THROUGH: CHRISS WINSTON

Re: Pinkerton insert into Law Enforcement Council remarks tomorrow.

"I will be making proposals in the very near future to punish those who do evil. To some ears, the very word 'evil' is an embarrassment, an arcane reference to old-fashioned attitudes. We've all heard sophisticated analysis that turns right and wrong into empty concepts -- words without meaning.

"You know better. You know that crime is not a matter of sociology. You know that crime, and fighting crime, is usually a question of good and evil. You know that the battering and brutalization of a young woman is an act that cannot be excused, or explained away. You know that a nation that cannot understand the difference between right and wrong will never protect itself."

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**Baylor University Medical Center
Public Relations Department**

3500 Gaston Avenue
Dallas, TX 75246

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Public Relations
(214) 820-2116

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(214) 820-0111

(Ask operator to page administrator)

Office Hours: M-F, 8:30 a.m.-5:00 p.m.

Baylor University Medical Center
Department of Public Relations
3500 Gaston Avenue
Dallas, TX 75246

_____ Yes I'd like to request a copy of "Drugs Out, Kids In"
and "An Alhabetter Answer"

_____ I need 1/2 inch VHS format (\$10)

_____ I need 3/4 inch format (\$30)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ (must include)

Baylor University Medical Center
Department of Public Relations
3500 Gaston Avenue
Dallas, TX 75246

Baylor University Medical Center
Drug Education Films
Evaluation

Film(s) viewed: _____ "An Alphabet Answer" _____ "Drugs Out, Kids In"

Name: _____ Phone: _____

Group/Organization: _____

Address: _____

Date(s) shown: _____ Number Viewing: _____

If for classroom use, what grade: _____

Purpose: _____

Comments: _____

Would you recommend film(s) to others: _____

For more information, call (214) 820-2116.