

STRAIGHT, INC.
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STRAIGHT

A Direction for Youth

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WHAT IS STRAIGHT, INC.?

Straight, Inc. is a privately funded, non-profit, family oriented drug rehabilitation program for the youthful drug abuser between the ages of 12 and 21.

WHEN AND HOW DID STRAIGHT BEGIN?

Straight, Inc. opened its doors in St. Petersburg, Florida on September 1, 1976, after a year of organizational research by a group of private citizens who recognized the seriousness of the teenage drug abuse problem in our communities.

WHAT HAS HAPPENED SINCE ITS BEGINNING?

Straight has made exceptional progress in the seven years since its beginning. At the end of January 1983, there were four operational programs. Each program has its own facility which was purchased entirely through funds raised within the community it serves.

<u>Location</u>	<u>Opened</u>
1. St. Petersburg, Florida	September, 1976
2. Atlanta, Georgia	July, 1981
3. Cincinnati, Ohio	January, 1982
4. Washington D.C./Virginia	October, 1982

Groups of dedicated parents are working in many states to engender the community support which is necessary in order to establish a branch program in their communities.

HOW IS STRAIGHT ORGANIZED AND OPERATED?

The facility in St. Petersburg, under the direction of an Executive Director remains the locus for the administration of the branch programs that are being planned and those that are already operational. Each operating branch has a Program Director, Professional and Para-Professional Staff, and an Administrative Board of 8 to 12 members which operated under the Branch Operating Regulations for Straight, Inc. All staff is trained in the St. Petersburg facility for a period of three to five months.

This organizational approach has been successful in assuring that the program operates as a successful Straight facility. We want to be able to guarantee the community that the uniqueness and high quality of services provided by Straight are not in any way compromised. We want to provide a means for local participation within all branch operations. We believe that strong and secure community support is essential for the development and continuation of the local branch.

Dr. Robert L. Dupont, M.D.

Founding Director, National Institute of Drug Abuse;

"This is an idea growing out of the community responding to community needs, rooted in families coping with problems together, that can help all of us overcome our sense of helplessness and help us all learn that families and communities can fight the drug problem. Straight is the best program of its kind in the country. What you do in the program helps the kids, helps the parents, and helps the community."

Dr. Carlton E. Turner, Senior White House Policy Advisor for Drug Policy visited Straight on two occasions. He was so impressed that he recommended to Mrs. Nancy Reagan that she visit the program personally. During February 1982, the First Lady visited the St. Petersburg facility and was deeply touched by what she observed. Her visit was in no way connected to any solicitation for Federal funds, but was simply a confirmation of what the private sector is doing with community and parental support.

The Straight program and its professional staff maintain membership in numerous professional associations. All Federal, State, and Local regulations are complied with by Straight.

HOW DOES STRAIGHT DERIVE ITS FINANCIAL SUPPORT?

The details for each branch vary, but generally 70% of the operating costs are covered by clients' fees. The remaining 30% are covered by contributions from corporations, civic clubs, churches, foundations, concerned individuals, and the fund raising activities of parents. The current client fee structure is a one time charge of \$4,000.00. This one time fee covers the child's presence in the program, regardless of how long his treatment continues. In addition, there is a monthly fee of \$55 for food.

No family has ever been turned away because they could not afford the program. All children are helped, regardless of race, color, religion or political background.

WHY ARE GOVERNMENT FUNDS NOT ACCEPTED?

Straight's policy of not accepting Government funds stems from a deep conviction that Straight's program must remain sensitive to the needs of the community. By depending on direct community support, this dependence serves as a check on the quality of Straight's services. If poor quality services are provided to the community, the consequences are financially severe for Straight. This is as it should be and the way Straight wants to keep it.

Providing a quality service at a reasonable cost, while fulfilling a community need, is Straight's primary concern. If this is not accomplished, then our existence should justifiably be questioned. This is an unusual position for a social service agency to take, but Straight has taken it and has proven that it works, and with outstanding results.

LET'S GET OUR KIDS OFF DRUGS

By Nancy Reagan

One of our First Lady's priorities is to stem the drug abuse epidemic among the nation's youth. Here is her urgent plea for your help.

I will confess, right off, that I cry very easily. Aren't many of us like that? We cry not only when we're sad but when something sweet or sentimental touches us. If you send me a Christmas card, and I suddenly miss you, tears of nostalgia will fill my eyes and there is no stopping them. My husband kids me about it. He says I cry sending out the laundry!

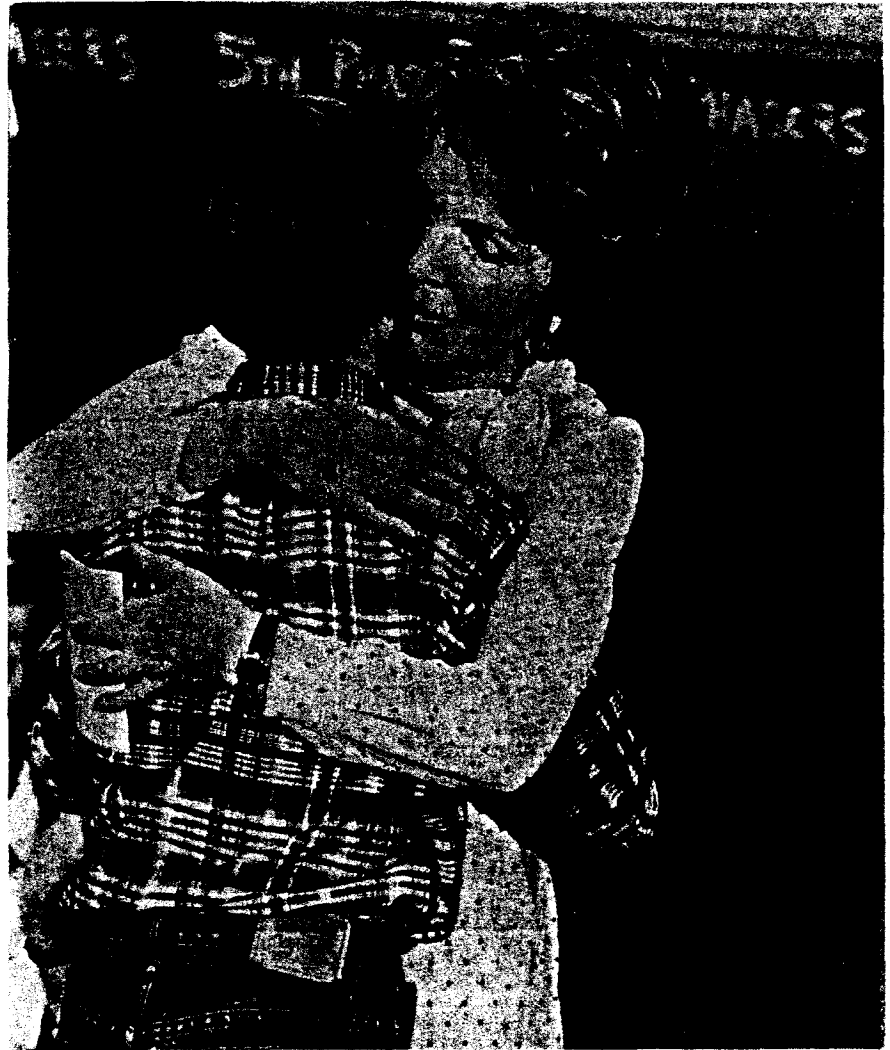
But until last year—until I began visiting and talking with children and parents whose lives have been absolutely devastated by drugs—I had never wept in public. It embarrassed me; I thought it was something you do privately. I was wrong.

It began last winter with my visit to STRAIGHT, a drug treatment program in Florida. It is one of a growing number of rehabilitation programs in the country in which drug-addicted children and their parents pull together, with professional guidance, to try to straighten out their truly tragic lives.

The meeting was held in an enormous room. Sitting on one side of it were 350 teenagers. On the other side were 650 mothers, fathers and foster parents. I was told that during this first phase of the STRAIGHT program, the youngsters were put into foster homes and allowed to see their natural parents only twice a week—in this open forum.

I thought I was psychologically prepared. But until you've seen the naked emotion at one of these confessional sessions close-up, you cannot know what it's like. One by one the teenagers stood up in front of their parents and me and described what their past lives had been like, how they had started on drugs—some had been "turned on" by their own parents—and the shocking things that had happened to them as they sank deeper and deeper into drug dependency.

In most cases, the problems had begun with marijuana or liquor, because both are so accessible in our schools and on our streets. From that, the youngsters had progressed to other concoctions I had never heard of. I was stunned when these kids told of grinding up leaves and soaking them in



UPI/DAVID LUM

“At drug treatment clinics, a lot of hugging and crying goes on. But tears won't save our children. We have to take action.”

mixtures like roach killer, gasoline, even embalming fluid—anything they could find to produce a greater "high."

Then they described how they concealed their drugs. They hid them in their underwear, in their pillows or mattresses, under rugs and in bushes. And they told how they had shared their booty with siblings, and with girlfriends and boyfriends. Some even

gave drugs to their pets. One pretty girl admitted she regularly got the family dog high!

They confessed they had lied and cheated, stolen and fought for drugs. Some had run away from home and overdosed on whatever they could buy or beg—pot, PCP, cocaine, uppers and downers, hashish, heroin, even insecticides. Often

KIDS OFF DRUGS

continued from page 44

these drugs were mixed with alcohol, and that can be suicidal, but these children were too out-of-their-minds to know or care.

At first I was horrified. Then gradually, my shock began to give way to sympathy. Most of these children had begun their drug experiences with feelings of low self-esteem. Many began using drugs out of desperation for attention and love. But in every case, the deeper they descended into drug abuse, the more worthless and unloved they felt.

As each child finished revealing a story, he or she would be crying, spilling out feelings of enormous guilt. Even when their family situation had been bad, which it usually was, these kids didn't absolve themselves. The bottom line was always that they wanted more than anything to lead a normal, happy life with their families. I could see in their parents' faces that they wanted this reunion, too.

By the end of the meeting, after two and a half hours, I was expected to make a comment. My voice was trem-

ters described how they would come home, find nobody there, then go out on the streets to smoke pot or drink beer—or both—with friends. Then, returning for dinner, they would sit at the table "totally stoned," and their parents didn't even notice. Other parents just didn't know what to look for.

But smart parents are now forming groups to support one another and take action against drugs—not only on a personal level but on a political level, too. There are close to 3,000 of these groups now, and believe me they are effective! Some have pressured local legislators to outlaw "head shops" that sell drug paraphernalia in their communities. Others have pressed boards of education for early drug-awareness programs in schools.

One example: In April, I sat in on a drug-prevention rap session with a group of Atlanta third-graders. The teacher asked, "Why do young people smoke marijuana?" and these little children piped up answers. "They think it's cool," one said. "They think it's grown-up," cried another. Then one said, "Peer pressure!" and everyone nodded in agreement. Well, I have high hopes that those children will

problems. But recent studies, in a 180-degree turn, show that it does considerable harm. Adults should fortify themselves with the latest findings or they may find themselves in the position of a mother and father I recently heard about whose 16-year-old son had been smoking marijuana casually for a year. One night he smoked pot heavily, and began picking fights with friends and showing signs of extreme paranoia. Police rushed him to a hospital, where the psychiatrist who took charge asked the parents if their son used drugs. "No, he doesn't use drugs," the father said. "He just smokes pot."

I wish all parents would not only learn the dangers of drug abuse, but also watch for certain personality traits in young children that indicate that they could be "at risk" of becoming drug abusers in the future. One classic warning signal is low self-esteem. This indicates that a child is susceptible to mind-altering "escape" from those feelings of inadequacy. As for the symptoms of actual drug abuse, I find it incredible that some adults still don't recognize them: prolonged sleeping, glazed eyes, combative or erratic behavior, slurred speech, lack of interest in once-loved activities—there are so many clues.

We must realize that every young child is at risk. Drug addiction is the most democratic of problems. It crosses all social, political, color and economic lines, and celebrities' kids are every bit as vulnerable as ghetto children. And the sad truth is that what happens in Hollywood tends to set a trend. With so much being written now about show business and sports celebrities using cocaine and other dangerous drugs, those substances somehow attain an aura almost of glamour.

Two of my close friends are Carol Burnett and Art Linkletter, both of whom, as you probably know, had young daughters who began "experimenting" with pot and went on to become drug addicts. Art's tragedy was enormous: His daughter leaped out a window to her death while experimenting with LSD. Carol's 19-year-old daughter, Carrie, is off drugs now, but the ordeal lasted several years. These terrible problems brought the drug threat even closer to me.

As a former actress, I think the film industry has a responsibility to youth . . . and right now it's not living up to that responsibility. Drugs are so common now that they're even used as humor in films. The children I see in the drug centers are bitter and angry about that. They know how important TV and movies are in influencing young people's lives, and they ask me, "Why do movies glamorize drugs?" They can't understand why (continued)

“As a former actress, I think the film industry has a responsibility to youth . . . and right now it's not living up to it.”

bling and tears were rolling down my cheeks. I was upset, depressed at what these kids had gone through, but at the same time, encouraged by the fact they had made the choice to stop. So I said what I felt. "I'm so proud of you, and I love you, too." If it were any other public gathering, you'd feel like a fool, but I promise you, at drug treatment clinics, tears are not only nothing to be ashamed of, they are essential therapy. A lot of healthy hugging, kissing and crying goes on! But how I wish that parents and children could share these honest feelings *before* the peer pressure and drug pushers take control of their lives.

But neither my tears nor yours are going to save our children; we have to take positive and specific action . . . and we can. The first vital steps are:

We must be aware and keep open the lines of communication with our children. The 1960s and early '70s were a terrible time to bring up kids because drugs were a new concern. Parents were embarrassed because they thought their child was the only one on drugs. Some were so caught up in their own lives and pleasures they didn't pay attention as they should have. Many of the children I have talked to in drug treatment cen-

ter somehow escape peer pressure, because they know what it's all about. This class was part of the GATE program—Gaining Awareness Through Education—sponsored by the local Junior League. And as the teacher said, "If we save one child in this class, it will be worth it."

Another fascinating project I've visited is Operation PAR/Alpha in Florida. PAR is an acronym for Parents' Awareness and Responsibility, and Alpha, of course, means a beginning. This is a pilot prevention program for children aged 9 to 12 who have problems that could later lead them into drugs—youngsters who are disruptive in class, are either overly aggressive or withdrawn, underachievers, or who come from families that have suffered psychological trauma such as death or divorce. It is hoped that reaching these children early will help them resist peer pressure and avoid drugs.

We must all "bone up" on the subject of drugs, because there is a powerful propaganda network giving children some very distorted information. Many kids will defend their use of marijuana with "facts and figures" based on the earliest research, which falsely concluded that the drug didn't appear to cause lasting physical

KIDS OFF DRUGS

continued

writers and comedians are allowed to poke fun at the drug scene that nearly ruined their lives, and I share their frustration.

We should all make use of and encourage the organizations that exist to fight drug abuse. Today there are dozens of projects, and thousands of great people, dedicated to ending this drug epidemic. Some people seem to think it's the federal government's responsibility to wipe out drugs, but I don't agree with that. I've seen firsthand that money doesn't buy parental involvement or knowledge or love. Our children are our responsibility, so it's a *people* problem, and when people get together there's nothing they can't do! Look at Alcoholics Anonymous, a great program run by dedicated, caring volunteers. Now there's Narcotics Anonymous [check your local phone book for your nearest branch], just as successful. And in Texas, the PTA is working with the Texans' War on Drugs Committee to battle drugs in that state. Can you imagine what we could accomplish if that kind of cooperation took place in every state?

One of the most recent and most encouraging signs in the fight against drugs is the growing counter-movement developing among young people themselves. Kids are banding together to talk about how bad drugs are, and they're pressuring their peers *not* to try them.

With peer pressure so powerful, it's wonderful to see children becoming involved to help one another. And this anti-drug feeling surely is growing. On one of my trips, I made a remark during a radio broadcast that brought me a flood of letters. The comment I made—and I believed it at the time—was this: "I think it's fair to say that most kids have probably tried marijuana by the time they're fifteen or sixteen."

Well, children by the dozens wrote to tell me, with friendly but justifiable indignation, that they had never smoked pot and never intended to.

Finally, I'd like to ask everyone—parents as well as students—to get involved. If there are drugs in your schools—and it's hard to find any schools that are completely drug-free—I hope you'll write to me at the White House [1600 Pennsylvania Avenue, Washington, D.C. 20500]. I'll send you a list of parent action groups in your area, and I urge you to join one.

There is an important lesson to be learned here: If we close ranks, pull together and share our love and concern, nothing can stop us! **End**

DRUG ABUSE

The Latest Facts

There's good news and bad news in the fight against drug abuse. The good news is that, in general, drug abuse is *down* among the nation's youth. According to the National Institute on Drug Abuse's most recent survey, the use of marijuana and PCP ("angel dust")—two of the most popular drugs—is on the decline.

The bad news: The use of cocaine is rising, as is the use of stimulants and other pills. And unfortunately, the current trend is toward the use of a greater variety of chemicals by kids who are experimenting with them at younger ages. For example, 34 percent of American children have tried drugs *before* they enter high school.

The illicit drug industry is such big business that experts estimate marijuana will be the third largest cash crop in the country this year, worth more than \$10 billion. And like all good entrepreneurs, drug dealers aim their sales pitches where the demand is greatest . . . at young people:

- "Head shops" cater to children by selling Frisbees with pipes attached for smoking marijuana.

- LSD is sold on Mickey Mouse stamps to children eager to lick the hallucinogen off the back.

- Books and pamphlets teach kids still too young to study botany at school the most sophisticated methods for cultivating marijuana.

These new trends in drug abuse have the experts worried. "There's an explosion of chemicals we can't keep up with," says Kevin McEaney of Phoenix House Foundation in New York, the nation's largest drug education and treatment center. "There's massive consumption by large numbers of young people . . . and that means heavy casualties."

Poly-drug abuse

THE MOST DANGEROUS TREND

Youngsters who are poly-drug abusers take drugs in combination—often whatever drugs happen to be available. John Belushi's death from "speedballing"—injecting a combination of heroin and cocaine—is one example, and other drug combinations are just as dangerous. Some widely used combinations are Dexedrine and Valium, Methedrine and Seconal, marijuana and alcohol, Quaaludes and alcohol, and cocaine and Quaaludes. Teen-age poly-drug abusers often favor pill combinations, because pills

are easy to take and leave no telltale needle marks.

Look-alike drugs

THE NEWEST PROBLEM

Look-alike drugs are the newest fad . . . and they are a deadly one. The Food and Drug Administration (FDA) has already attributed at least 12 deaths to "look-alikes."

Look-alike drugs are purposely fashioned to resemble amphetamines, barbiturates, sedatives and tranquilizers—but unlike the prescription drugs, these pills and capsules contain only the substances found in over-the-counter medications such as decongestants, cold tablets and diet aids. Look-alikes are sold in streets and schoolyards by dealers who pretend to be selling prescription drugs so they can charge an exorbitant price. These drugs are also sold through the mail.

Deaths from look-alikes occur because the stimulants in these drugs increase the heart rate and raise blood pressure; taken in high doses they can cause stroke. High doses of the antihistamines, taken for sedative effect, can cause cardiorespiratory collapse.

Legislators are finally beginning to respond to this problem, and so far 35 states have laws to combat the imitation-drug industry. The FDA and the U.S. Postal Service are also planning to take action. But in 15 states, these drugs are still legal killers.

Marijuana

THE MOST POPULAR DRUG

Marijuana is still the drug of choice of America's teenagers: Fully 60 percent of high school students have tried the drug, and 7 percent are chronic users who say they need the drug to get through the day.

The marijuana that today's pushers are selling is much more potent than it was ten years ago. THC (delta-9-tetrahydrocannabinol), the chemical most responsible for the smoker's high, has gone up tenfold—from 0.4 percent to 4.0 percent. What particularly concerns experts is that with marijuana users younger than they used to be, and marijuana stronger than it used to be, there is a population extremely vulnerable to physical and psychological damage. —BETH WEINHOUSE