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ABSTRACT

This collection of documents is concerned, specifically, with the problem of drug abuse in the U. S. and the coordinated attack planned by the President's proposed Special Action Office for Drug Abuse Prevention. The office would not be concerned, directly, with problems of reducing drug supply or with the law enforcement aspects of abuse control, but rather with the development of a reliable set of social indicators which clearly show the nature, extent, and trends in the drug abuse problem and the kinds of workload measures which will tell us what kinds of progress we are making. Two initial priorities must be the prevention of additional drug abusers and treatment for those who are already addicted. Essentially, the Special Action Office is designed to coordinate and direct a coherent national strategy and to convert this strategy into an integrated set of drug abuse programs which utilize fully available resources. It is conceived as the "missing link" to round out and make effective a total domestic drug abuse effort. (TA)

IMMEDIATE RELEASE June 17, 1971

Office of the White House Press Secretary

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THE WHITE HOUSE

EXECUTIVE ORDER

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# ESTABLISHING A SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION

Drug abuse has assumed alarming proportions in recent times and its spread must be reversed forthwith. I have sent a special message to the Congress urging the prompt enactment of legislation creating a new Special Action Office for Drug Abuse Prevention within the Executive Office of the President. This office will mobilize and concentrate the comprehensive resources of the Federal Government in an all out campaign to meet this threat. However, immediate action must be taken to place the leadership of our drug abuse effort under a single official who will coordinate existing Federal drug abuse programs and activities, and develop plans for increasing our future efforts.

NOW, THEREFORE, by virtue of the authority vested in me as President of the United States, it is ordered as follows:

## ESTABLISHMENT OF THE OFFICE

Section 1. There is hereby established in the Executive Office of the President a Special Action Office for Drug Abuse Prevention. The Office shall be under the immediate supervision and direction of a Director, who shall be designated by the President.

## FUNCTIONS OF THE DIRECTOR

Sec. 2 (a) The Director shall be the special representative of the President with respect to all Federal drug abuse training, education, rehabilitation, research, treatment, and prevention programs and activities (exclusive of law enforcement activities and legal proceedings).

(b) The Director shall prescribe policies, guidelines, standards, and criteria for the maximum achievement of the goals and objectives for those programs and activities. To the maximum extent permitted by law, Federal officers and Federal departments and agencies shall cooperate with the Director in carrying out his functions under this Order and shall comply with the policies, guidelines, standards, and procedures prescribed by the Director pursuant to this subsection.

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(c) In addition, the Director shall --

(1) develop comprehensive plans and programs to combat drug abuse including goals and objectives therefor;

(2) assure that all Federal drug abuse programs and activities are properly coordinated;

(3) evaluate all such programs;

more

(4) advise the heads of departments and agencies of his findings and recommendations, when appropriate;

(5) make recommendations to the Director of the Office of Management and Budget concerning proposed funding of drug abuse programs;

(6) establish a clearing house for the prompt consideration of drug abuse problems brought to his attention by Federal departments and agencies and by other public and private entities, organizations, agencies, or individuals; and

(7) report to the President, from time to time, concerning the foregoing.

ADMINISTRATION

Sec. 3 (a) Expenses of the Special Office for Drug Abuse Prevention shall be paid from the appropriation under the heading "Special Projects," in the Executive Office Appropriation Act, 1971, or any corresponding appropriations which may be made for subsequent fiscal years or from such other appropriated funds as may be available therefor.

(b) The General Services Administration shall provide, on a reimbursable basis, such administrative services and facilities for the Director and the Special Action Office for Drug Abuse Prevention as the Director may request.

RICHARD NIXON

THE WHITE HOUSE,

June 17, 1971.

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FOR RELEASE AT 12:00 NOON EDT JUNE 17, 1971

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

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THE WHITE HOUSE

REMARKS OF THE PRESIDENT
FOLLOWING BIPARTISAN LEADERSHIP MEETING
ON OMNIBUS DRUG CONTROL MESSAGE

The Briefing Room

AT 11:05 A.M. EDT

Ladies and Gentlemen: I would like to summarize for you the meeting that I have just had with the bipartisan leaders which began at 8:00 o'clock and was completed two hours later.

I began the meeting by making this statement, which I think needs to be made to the Nation:

America's Public Enemy Number 1 in the United States is drug abuse. In order to fight and defeat this enemy, it is necessary to wage a new, all-out offensive.

I have asked the Congress to provide the legislative authority and the funds to fuel this kind of an offensive. This will be a worldwide offensive dealing with the problems of sources of supply as well as Americans who may be stationed abroad, wherever they are in the world. It will be government-wide, pulling together the nine different fragmented areas within the government in which this problem is now being handled, and it will be nationwide in terms of a new educational program that we trust will result from the discussions that we have had.

With regard to this offensive, it is necessary first to have a new organization, and the new organization will be within the White House. Dr. Jaffe, who will be one of the briefers here today, will be the man directly responsible. He will report directly to me. He will have the responsibility to take all of the Government agencies, nine, that deal with the problems of rehabilitation, in which his primary responsibility will be research and education, and see that they work not at cross-purposes, but work together in dealing with the problem.

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If we are going to have a successful offensive, we need more money. Consequently, I am asking the Congress for $155 million of new funds, which will bring the total amount this year in the budget for drug abuse, both in enforcement and treatment, to over $350 million.

As far as the new money is concerned, incidentally, I have made it clear to the leaders that if this is not enough, if more can be used, if Dr. Jaffe, after studying this problem, finds that we can use more, more will be provided.

In order to defeat this enemy which is causing such great concern, and correctly so, to so many American families, money will be provided to the extent that it is necessary and to the extent that it will be useful.

Finally, in order for this program to be effective, it is necessary that it be conducted on a basis in which the American people all join in it. That is why the meeting was bipartisan: bipartisan because we needed the support of the Congress; but bipartisan because we needed the support of the leadership of the Members of the Congress in this field.

Fundamentally, it is essential that the American people are alerted to this danger, to recognize that it is not a danger that will pass with the passing of the war in Vietnam, which has brought to our attention the fact that a number of young Americans have become addicted as they serve in Vietnam, or in Europe or other places, because the problem existed before we were in Vietnam and it will continue to exist afterwards.

That is why this offensive deals with the problem there and in Europe, but will then go on to deal with the problem throughout America.

One final word with regard to Presidential responsibility this respect. I very much hesitate also to bring some new responsibility into the White House, because there are so many here, and I believe in delegating those responsibilities to the departments. But I consider this problem so urgent, I also found that it was scattered so much throughout the Government, with so much conflict, without coordination, that it had to be brought into the White House.

Consequently, I have brought Dr. Jaffe into the White House, directly reporting to me, so that we have not only the responsibility, but the authority to see that we wage this offensive effectively and in a coordinated way.

The briefing team will now be ready to answer any questions on the technical details of the program.

Thank you.

END (AT 11:10 A.M. EDT)

FOR IMMEDIATE RELEASE JUNE 17, 1971

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

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THE WHITE HOUSE

PRESS CONFERENCE
OF
JOHN D. EHRLICHMAN,
ASSISTANT TO THE PRESIDENT FOR DOMESTIC AFFAIRS;
EGIL KROGH,
DEPUTY ASSISTANT TO THE PRESIDENT FOR DOMESTIC AFFAIRS;
DR. JEROME H. JAFFE, SPECIAL CONSULTANT
TO THE PRESIDENT FOR NARCOTICS AND DANGEROUS DRUGS
(OMNIBUS DRUG CONTROL LEGISLATIVE MESSAGE)

The Briefing Room

AT 11:22 A.M. EDT

MR. EHRLICHMAN: Good morning. By way of introduction to this material, you may be interested in knowing that this announcement this morning is the culmination of a project that began about a year ago.

An intergovernmental working group, a staff working group, was formed just about this time last year and has been working along with a non-governmental advisory group which was chaired by Dr. Jaffe. They have been working on the side of the narcotics problem which does not involve law enforcement.

As you know, the initial effort was to reorganize the law enforcement effort and to provide adequate funding so that it could go forward. That was accomplished in the first year.

This second effort was to take a look at all of the non-law enforcement aspects of the narcotics problem and to move on them. So the recommendations of this working group have been based not only on the knowledge of these particular people brought together, but also on the on-the-spot inspections around the world, both in production in countries like France, where the laboratory processes go on, but also in Vietnam and Germany and other places where American Nationals are encountering this difficulty.

The briefing this morning will be conducted by Egil Krogh, from the Domestic Council staff, Deputy Assistant to the President for Domestic Affairs, who has had staff responsibility in the White House for this particular undertaking, and Dr. Jaffe, who is the appointee as director of this special action office.

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Because this has been an interdepartmental effort in the Government from the very beginning, there are representatives of the Defense Department here, and of the Office of Management and Budget, which has had an integral part in the reorganization of this effort within the Government.

So I will turn you over to Bud Krogh at this point and then he can proceed from there.

MR. KROGH: Thank you, John.

I think we will go through some charts which I hope will clarify the scope of the President's proposal. The first chart will be to create a Special Action Office on Drug Abuse Prevention. As the President indicated, this office will be located in the Executive Office of the President.

The next chart will show the responsibilities of the director of this new office. He will be accountable to the President for selecting priorities, managing, allocating budgets, and evaluating the five substantive functions noted in the bottom right-hand corner of that chart.

The word I would like to stress is "accountable." Today we have had approximately nine Federal agencies and offices in treatment, rehabilitation, education and training, and research. It has been a practical impossibility to set a national strategy, and we feel that by creating this type of office, with one man accountable for that job, we will be able to set one policy in motion, with results.

The next chart indicates the way this office will function. It will be working with the existing Federal agencies, as well as State and local agencies and private organizations through formal working agreements. An analogy of this is in the Sky Marshals program of the Department of Transportation.

You will remember that last year this program was set up, and they set up formal working arrangements with the FBI, U. S. Marshals and the Federal Aviation Administration. This has worked very well and has led to a reduction of the incidents of skyjacking over the past year.

The next chart gives the basic structure of the new organization, Planning and Evaulation, Reports and Statistical Indicators, the top line on the right. I would like to stress the word "evaluation" in that.

We have tried many things, many experimental programs, but we have not had a systematic, consistent way to evaluate what type of programs work for drug treatment and rehabilitation, and what types do not. Part of this office's responsibility will be to regularly evaluate the ongoing programs of the Federal Government, as well as to study programs which are underway around the country.

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The bottom line indicates the substantive functions which the new office will have in prevention and education programs, treatment and rehabilitation programs, and research and program development. This office will not have operational line responsibility for those functions. They will continue to be operated through the existing departments and agencies.

However, the responsibility of the director will be to set the strategy, formulate the policy, allocate the budgets, and evaluate those programs to make sure that they are responsive to the problem.

The next chart leads to Part II of this set of new initiatives, indicating the new money which will be requested for these initiatives.

I should say that that figure of $154.2 million is already obsolete because of a pay raise that went into effect last week, so it is over $155 million in new money. That is broken down in a number of areas. That $155 million will include treatment, education, prevention and training, research and health indicators, law enforcement, community planning, and expenses for the new Special Action Office of Drug Abuse Prevention.

In law enforcement, that will include money for the Bureau of Narcotics and Dangerous Drugs, the Bureau of Customs, and the Internal Revenue Service.

The next chart gives a general breakdown of how these new appropriations will be spent: $194 million for treatment and rehabilitation. I would like to stress the "education and training" component at the top of that chart.

This new initiative calls for $10 million in additional appropriations for a greatly expanded program. Last year we began this in the Office of Education with a $3.5 million appropriation to train over 75,000 teachers across the country in drug curricula so that they could convey accurate information about the risks involved in drug abuse.

On the bottom line, I would like to stress the $34.6 million for additional research. I would like to ask Dr. Jaffe to describe some of the research programs which may be undertaken.

DR. JAFFE: Obviously, there is no area of research that looks promising that we don't think we can fund and try to make some headway in those areas where we don't think we have any handles on the problem.

Among the things we will look at, particularly in the area of narcotics addiction, is further effort on the development of antagonists. We will look further into drugs that may be somewhat like methadone but have fewer of its disadvantages.

We will look into new and better ways to detect drug use, and I think that in the areas of treatment you might say that a lot of what we do in rehabilitation could be considered research in that we will never be satisfied with what we have. We will continually evaluate, asking always, "Can it be improved?"

Right now there are a wide variety of research programs going on. We will not simply concentrate on narcotics; we will also move into areas of amphetamine

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I think I will stop, because the subject of research almost presupposes that one knows the breakthroughs that will come tomorrow. It is virtually impossible to program what looks promising. One has to be prepared to fund those things that look like they have promise.

MR. KROGH: The next chart deals with drug addiction in the military around the world. The problem, as we perceived it, was to develop systems for the identification and treatment of military personnel throughout the world who use drugs.

The President directed the Secretary of Defense to begin immediately identification of drug-addicted servicemen in Vietnam; secondly, institution of a detoxification program for servicemen before they return to the United States; and thirdly, to expand treatment programs inside the military; and fourth, to develop a worldwide program of identification and treatment.

The next chart indicates the flow of this process and how it will work.

I would also now like to turn this over to Dr. Jaffe, who has been very helpful and instrumental in developing the military program.

DR. JAFFE: This is a general flow chart describing the approach to the problem of servicemen abroad who are almost ready to return. This step is a diagnostic process. At present, it is largely based on testing of urine. Those servicemen found to be positive would then be provided with seven days of detoxification in the country. At this point, they should be physically free of drug use, and they should have no withdrawal enroute.

On return to the United States, they will have an additional three weeks of treatment. At that point, there are three possibilities.

Those servicemen ready for release who are desirous of further treatment can be referred to civilian treatment agencies. These may be VA or they may be privately operated, or if they have more service time, they may be returned to duty.

There are those who, at this point, may be deemed ready and may consider themselves in need of no further treatment. They will be discharged to civilian life.

Obviously, those servicemen abroad who are found negative for drugs will be discharged directly to civilian life.

Q Is this going to be a mandatory thing?

MR. KROGH: Helen, we will take questions after we finish with the presentation. Then we can come back to the charts.

The next chart sketches the international initiatives which the President mentioned earlier. We met on Monday with the Ambassador from France, not India as the chart indicates, Luxembourg, Mexico, the United Nations, Thailand and Turkey, to improve cooperation in regulating opium production.

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Secondly, Ambassador Bunker from Thailand returned. He will be conducting a meeting tomorrow in Bangkok for U.S. Ambassadors from all Southeast Asian countries on how they can improve cooperation to get at the source of heroin in Southeast Asia.

The goal is a proposal to end growing of poppies and opium production all around the world.

Four, we are requesting $2 million from Congress for developing detection to be used in ports of entry and other places to detect heroin when it is being smuggled into this country.

Five, we are requesting $1 million to help train narcotics agents in other countries. Part of our program with France over the past year and a half has been to provide training to French law enforcement officials, both in this country and in France.

This has been very effective. We have sent teams from the Bureau of Narcotics and Dangerous Drugs to France where they have conducted symposiums in Paris. We have felt this has greatly increased the capability of the French law enforcement officials to detect the laboratories which are operating in France.

The next chart indicates that we will be requesting authority to provide funds for aid to Communist countries in helping them to detect the traffic of narcotics that may be flowing through those countries.

Next will be the submission to Congress for ratification of the Convention on Psychotropic Substances which was signed by the United States on February 21st in Vienna, this year.

Eighth, we have pledged $2 million to the United Nations effort against the world drug problem. This has been primarily an educational program. $1 million is in the fund right now, and another $1 million will be forthcoming in the next two months.

Finally, we will be urging support for the Single Convention on Narcotics which will increase the capability of the International Narcotics Control Board to inspect on-site the growing of opium and poppies through the world.

That is the basic nature of these four areas in these new initiatives on drug abuse.

Do you have any questions?

Q If heroin is the critical drug, the most important one here, and if the supply, as the President said, is the element which has to be taken care of, what are we now saying to the Turkish Government that we have not said before that brings us some hope that the supply of Turkey, the principal producer of poppies, will take some action?

The second part of that question is: What has happened to the $3 million which we did give them for this purpose, and do we intend to give any more for it?

MR. KROGH: Taking your second question first, the $3 million was used for the purchase of equipment to develop a better law enforcement capability inside Turkey, which has

this country and in France.

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MR. KROGH: Taking your second question first, the $3 million was used for the purchase of equipment to develop a better law enforcement capability inside Turkey, which has been increased, and from the evidence which we have received, it has proven to be very effective.

We are considering new measures. At this point we have not decided explicitly what should be offered. We have stressed from the beginning, with all the countries we have dealt with, that we are seeking to work together on a cooperative basis. We feel that we have received very good cooperation from the Turkish Government, French Government, and Mexican Government.

You will remember we began in 1969 with Operation Cooperation with the Mexican Government, which had a major impact on stemming the flow of dangerous drugs and heroin into this country, and the work with the French Government in the last two years led to the signing of a Protocol between France and the United States. In March of this year, the Attorney General signed it with Minister Marcelloin, the Interior Minister of France, and that has led to much greater cooperation between the United States and France.

So we have stressed cooperation with all of those countries, and we are hopeful that it will lead to further cooperation.

Q Can I ask a general question, and I may need some follow-up about the whole area of marijuana. The President in this message talks about the credibility problem. Obviously there are a great many young people in this country who don't believe that marijuana is dangerous, and yet the President and others keep claiming it is.

You have a credibility gap there that I don't see that you are moving on.

Secondly, you have the problem of so many of your men in the enforcement agencies running around chasing kids who are just using joints that they can't get at the real hard drugs. How are you going to handle this whole area of marijuana?

MR. KROGH: Taking the last point first, in the enforcement agencies at the Federal level, the Bureau of Narcotics and Dangerous Drugs spends approximately 93 percent of its agent time on the hard drugs, detecting systems and trafficking for heroin, dangerous drugs and the rest. That has been perceived as the primary law enforcement problem in the United States.

Q Are you talking about the Federal Government only?

MR. KROGH: Yes, sir.

Q Because local government does not spend 93 percent of its time.

MR. KROGH: That is also the local government's responsibility as well. As you know, we had submitted to the Congress, in July of 1969, the Control of Dangerous Substances Act, which was passed in October of last year. Along with that, there was a model State law which set up drugs by

last two years led to the signing of a Protocol between France and the United States. In March of this year, the Attorney General signed it with Minister Marcelloin, the Interior Minister of France, and that has led to much greater cooperation between the United States and France.

So we have stressed operation with all of those countries, and we are hopeful that it will lead to further cooperation.

Q Can I ask a general question, and I may need some follow-up about the whole area of marijuana. The President in this message talks about the credibility problem. Obviously there are a great many young people in this country who don't believe that marijuana is dangerous, and yet the President and others keep claiming it is.

You have a credibility gap there that I don't see that you are moving on.

Secondly, you have the problem of so many of your men in the enforcement agencies running around chasing kids who are just using joints that they can't get at the real hard drugs. How are you going to handle this whole area of marijuana?

MR. KROGH: Taking the last point first, in the enforcement agencies at the Federal level, the Bureau of Narcotics and Dangerous Drugs spends approximately 93 percent of its agent time on the hard drugs, detecting systems and trafficking for heroin, dangerous drugs and the rest. That has been perceived as the primary law enforcement problem in the United States.

Q Are you talking about the Federal Government only?

MR. KROGH: Yes, sir.

Q Because local government does not spend 93 percent of its time.

MR. KROGH: That is also the local government's responsibility as well. As you know, we had submitted to the Congress, in July of 1969, the Control of Dangerous Substances Act, which was passed in October of last year. Along with that, there was a model State law which set up drugs by category, with penalties thereto.

Now 18 States have passed that model drug law, which we feel has been very effective. That does set up very severe penalties for traffickers, suppliers, those people who profit from the traffic in narcotics. It did reduce the penalties for those who were first-time possessors.

That law has been adopted in 18 States with some modification, and we are hopeful that other States will pass it as well.

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Q I am not quite sure that you have answered my question, but let's go back to Question A. What are you going to do about the credibility problem?

MR. KROGH: The evidence at this point does not suggest to us that there should be any change at all in policy with respect to whether or not marijuana should be legalized. It has been our position from the outset that it is dangerous.

We have had some reports of research that has been done by the Marijuana Commission that this is so. That is the position that we are taking, and we will continue to take it.

Q Some of the testimony on the Hill recently has complained that one of the problems the GI in Vietnam faces is that the military law treats the addict as having committed a crime. Is that valid, and what, if anything, are you doing about it?

MR. KROGH: Under this proposal that will go along with the message is proposed legislation which will enable anyone who comes into this detoxification treatment program as a drug dependent person, he will not be punished for that act. He will not receive an undesirable or dishonorable or bad conduct discharge for that.

Q Does he now?

MR. KROGH: At present, it varies within the service. We feel that with this new law that we will be able to treat everyone who has been identified as a heroin addict and he will not be punished for that addiction, coming in and saying, "I am an addict and I need help," or if we pick him up in the urinalysis, he goes into the program and is detoxified and treated and is not penalized for that.

Q Does that apply to heroin only?

MR. KROGH: That will apply to all drugs to which he may be drug dependent.

Q Will every serviceman in Vietnam go through this test?

MR. KROGH: The way this will be structured in the first phase will be that everyone returning to the United States will be going through the diagnostic process at this point.

MR. KROGH: The evidence at this point does not suggest to us that there should be any change at all in policy with respect to whether or not marijuana should be legalized. It has been our position from the outset that it is dangerous.

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Q Will every serviceman in Vietnam go through this test?

MR. KROGH: The way this will be structured in the first phase will be that everyone returning to the United States will be going through the diagnostic process at this point. Then we expect to reach back into time so that, rather than just those who are about to return, we will be reaching those who have 30, 45 and 60 days left in-country.

We are hoping to move around the country taking those tests wherever we can, but at one time or another we expect to get everyone who has or will be returning to the United States, yes.

Q What about Helen Thomas' question as to the voluntary nature of that? Will this be mandatory?

MR. KROGH: It will be mandatory, the diagnostic process.

Q Can you put it into effect right now, or does Congress have to approve it?

DR. JAFFE: The diagnostic tests?

Q The whole thing.

MR. KROGH: The diagnostic tests are underway as of Saturday of this week in Cam Ranh Bay and in Long Binh. That is the first phase, for those returning right away. We will need additional legislative authority for the additional treatment for those about to be discharged.

We felt that with the first seven days of detoxification, you have physically detoxified him, but he will need additional treatment when he comes back to this country, and we hope to be able to provide it to him. That will require legislative authority, to be able to extend his term.

Q Will that be mandatory?

MR. KROGH: That three weeks of additional treatment will be mandatory.

Q Is three weeks long enough to realistically treat and rehabilitate a drug dependent soldier? Secondly, is the President going to support the bill that Congressman Rogers proposed, that we give $300 million to community health centers to aid in drug programs?

MR. KROGH: I will let Dr. Jaffe answer that.

Q Is this a cold turkey treatment?

DR. JAFFE: Treatment will be appropriate to the situation. Remember, we are only diagnosing people who have drugs in the urine. It does not tell us how severely dependent they are. Those severely dependent people who require medical treatment, such as brief methadone withdrawal, will have it. It will not necessarily be cold turkey.

Point 2? Is 30 days enough? It is not three weeks. It is seven days and three weeks. The answer is, going back to this issue of are they all severely dependent, we have a mixture here. Some people who may only have been experimenting may come into this thing. We are talking about the miniuum amount that servicemen will get before they are given the option of returning to civilian life.

As you see, at the end of those three weeks there are three options. They can return to civilian life if they

initiatives, indicating the new money which will be requested for these initiatives.



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As you see, at the end of those three weeks there are three options. They can return to civilian life if they feel that they have had enough. We cannot superimpose more treatment than is necessary to give the man an option.

After 30 days he has an option of whether he wants to return to use or try to change his life style.

The other options are: He can be returned to duty if he has more time, or they may elect to undergo further

Q Mr. Krogh, in the President's message, he talks of requesting legislation to permit the military services to retain for treatment any individual due for discharge. Can you take this a step further? Is there going to be some kind of legislation proposed, and if so, what will the rationale be of keeping a man beyond his service time for an indefinite period until he is considered cured in a VA hospital or other facility?

MR. KROGH: The way this will work, the legislation that is being proposed will enable the military to keep him in the service for up to 30 days, after which time you might reach a point of diminishing returns where, if a person is kept in treatment against his will, it could well make it difficult for other people undergoing treatment in the same facility.

We feel that for 30 days we can physically detoxify him and provide him with treatment which the VA, in five clinics around the country, presently provides in terms of psychotherapy, job counseling, trying to disassociate his present circumstances in the United States from Vietnam, where heroin was readily available.

But the law is written to put a maximum limit of 30 days on that mandatory treatment. However, he can be referred, after that period of time, to a civilian treatment program very much like the Narcotics Treatment Administration program in the District of Columbia, or the Illinois program which Dr. Jaffe headed, or he can go into a VA facility or he can stay in the military and use their treatment facilities. So he has three options.

Q Those are his options, and not mandatory?

MR. KROGH: That is correct.

Q You said five centers. Is there any plan to increase the number of centers?

MR. KROGH: Yes, sir. On the chart on new money, $14.1 million will be additional for the Veterans Administration to increase their capability immediately. As you know, they started five clinics in December of last year. We are hopeful that this will be expanded to 30 within the immediate future so they will be able to meet the influx of those returning.

Q Dr. Jaffe, you were speaking a minute ago of research and looking toward new antagonists. Tell us, in hour

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Q Dr. Jaffe, you were speaking a minute ago of research and looking toward new antagonists. Tell us, in hour mind, what is going to be the benchmarks or progress or lack of progress that you are going to be looking for, and some kind of time frame, if you can include that.

DR. JAFFE: I suppose if one had tohave an overall goal, it is to say that within some reasonable period of time no drug user should be able to say that he did not have treatment available to him. Treatment ought to be available to all people who want it, when they want it.

How long it will take to make that treatment optimal by looking at what kinds of treatment are needed is very hard to say.

MORE

I think it would be easy to say how we would measure the efficacy of treatment, and I think we would all agree that we would like to see the chronic, compulsive heroin user become a law-abiding, productive, and non-drug using, independent member of the community. That is the ideal.

Q That is certainly your target, but what is the first thing you are looking for that will tell you whether or not you are on the right track or whether this is moving?

DR. JAFFE: In the immediate crisis, I suppose we are going to look first to how quickly we can expand available treatments so that people can avail themselves of that which we already know has some efficacy.

At the same time, we will move forward trying to look for breakthroughs, but nobody promises those.

MR. KROGH: I would like to expand on that.

The Narcotics Treatment Administration program in the District of Columbia was patterned in part after Dr. Jaffe's program in Illinois. In February of last year we found approximately 150 addicts were in treatment, government programs providing treatment.

We had also received evidence that at any given time, approximately 45 percent of the population of the District of Columbia Jail did have heroin in their system. So we found there was a cause and effect relationship fairly clear between heroin addiction and the need to commit crimes to support that habit.

So we felt we needed to greatly expand the capability of the District of Columbia to treat those with the problem. In one year they expanded from that 150.

I think there are over 3,200 now in a multi-modality type program. They get all sorts of counseling, job counseling, group encounter sessions, psychotherapy, legal services, methadone is dispensed to those who want it, abstinence is available to those who want it. We wanted to provide a comprehensive method of treating these people to see if we could get some success.

After a year we found that those in high dosage methadone, for example, had a marked decline in criminal recidivism. They were able to hold jobs, stay with their families. They were not drug-free, but they were functional human beings, holding jobs and obeying the law. That was the goal that we reached for. There has been a correlative decrease of 5.2 percent in absolute decline in crime in the District of Columbia. I cannot piece out exactly what is attributable to narcotics treatment or police work, lights, a new court, but we feel all taken together have led to that result and we owould like to expand that type of treatment across the country.

Q Dr. Jaffe, would you comment on the severity of the heroine and other hard drug problem outside the city centers, in other words, in the suburbs and smaller towns around the country?

DR. JAFFE: I think unquestionably the incidence has increased. Heroine use in the suburbs three to four years ago was unknown. It is now there. There is no point in denying it. Unfortunately, we do not have the national data bank which would give us some idea of how hrapidly it is increasing. That is one of the goals of this agency, to provide those health indicators that we have about other medical problems so we can look at the rate of change and also guage our effectiveness in reducing that rate of change.

As far as the pattern that will emerge from the young adolescents in the suburbs using heroin, I can't say At this point, some may still be experimenters and some may go the route of the more well-known urban heroine users.

Q Do you have a theory about why there is such a widespread growth in the use of drugs?

DR. JAFFE: I think there are many factors and I'm not sure I would do us a service to try to go through all of them.

Q Do you have a philosophical idea?

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Q Do you have a philosophical idea?

DR. JAFFE: I am much more of an empiricist than philosopher. Availability is very often all you need. I think everything else, then, adds to the propensity of people to experiment and become dependent.

Q Mr. Krogh, you are focusing on the G.I. in Vietnam. After he becomes an addict, then you do something about him. I see little or nothing here in the way of efforts to prevent him from becoming an addict. There are still 300,000-some there.

MR. KROGH: I don't have a chart for that, but I would like to say that in addition to this is a greatly expanded educational program in South Vietnam. An example of this is that for some time military personnel felt that they could snort or smoke heroine without becoming addicted to it. This is a myth. They can become just as addicted by snorting or smoking this substance which is 95 percent pure, a good share of it, as they can by injecting the 5 to 6 percent heroine available in the United States. We have expanded those educational programs. There will be more of them in South Vietnam.

In addition, there are at present ten rehabilitation programs at work in South Vietnam for those who are not just about to depart, but those who need treatment at an earlier time in their stay in South Vietnam. This is a comprehensive program that will stress treatment and education and rehabilitation and as we get to the end of their term of service, they will be detected through the diagnostic program, detoxified and treated.

But it does go all the way back through the time they are in Vietnam or Germany or any place else around the world.

Q What the President said is that South Vietnam has a special responsibility in this. I don't see where you spell out anything that the Government of South Vietnam is going to be expected to do to shut this off.

MR. KROGH: The Government of South Vietnam has been very responsive and very helpful over the last two to three months in improving their customs procedures at various ports of entry, Ton San Nhut and other ports. They are increasing their effort throughout the country in both the national police level and at the customs level. We feel they are doing a very fine job on that. It is being done and done well.

Q Can you explain how you are going to treat people who are both addicts and dealers. Many people who are addicts, in order to support their habit, also sell drugs. Are you going to treat these people as criminals or patients? On Page 6 of this document, it says a seller can receive 15 years for a first offence involving hard narcotics and 30 years for selling to a minor and up to life if the transaction is part of a continuing criminal enterprise. Are you going to treat such people as criminals or patients?

DR. JAFFE: I think"such people" is a vague term.

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Q Those people who, to support their habit, also sell drugs.

DR. JAFFE: I think that will have to be adjudicated in each individual case. For somebody who is primarily an addict who has been unable to get treatment and turned to this, or somebody who is primarily a seller who incidentally uses drugs, and there are both kinds, I think if we tried to make a blanket rule to cover both we would either treat too many primary sellers, just because they incidentally use drugs or if we went the other way we would prosecute too many users because occasionally they sold drugs. This is not a simple solution and we are not trying to make simplistic responses to it.

I think the flexibility is there to move in either direction depending on what kind of history they develop on a particular individual.

Q Will your office develop policy guidelines?

DR. JAFFE: That is primarily a law enforcement policy. I am sure that as we learn more about these patterns we will have an opportunity to discuss this with the Department of Justice.

Q Who is going to make the decisions about whether to turn these patients over?

DR. JAFFE: Which patients -- Vietnam?

Q You say you are starting a program Saturday of urine analysis and you have not received the authority yet.

DR. JAFFE: We are able to detoxify people without additional authority. People will be detoxified for seven days. We are talking about keeping them an additional three weeks over their expected discharge time to give them whatever additional input they need so they can have an option as civilians as to whether or not they are going to return to drug use or return to the mainstream of society.

Q To what degree will the urine test be effective? I understand that if a guy stays clean for one or two days before he can beat the urine test.

DR. JAFFE: You can pick up these things for at least three days, if you decide to make a test that sensitive. On the other hand, as soon as you do that you pick up the occasional experimenter as well. A man who can at his own option decline the use of drugs for at least three days, perhaps, is not the person you are looking for. We expect to extend the testing back into time very shortly so if you mean a man who can avoid using drugs for 30 to 40 days because he escapes detection in random urine samples will not be included as a drug user, you are right. Any man who can avoid that for 40 days, perhaps, is not the kind of man we ought to put through this screen.

Q I wonder if you agree with the President, Dr. Jaffe, on the danger of marijuana, specifically that it leads to the use of hard drugs.

DR. JAFFE: I think the President has made his position clear on that.

Q What is your position?

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DR. JAFFE: I think the President has made his position clear on that.

Q What is your position?

DR. JAFFE: Well, I have discussed this with the President. I think that the issues are always not what the dangers are, but are the dangers such that we can safely legalize this substance at this time, and on that particular issue I have no disagreement with the President.

Q Do you believe that marijuana use does lead to the use of hard drugs?

DR. JAFFE: It is a very, very complicated question. I think that in one sense, and in a limited sense, you have to say that any time somebody steps over the bounds of using a drug which is not currently totally approved by society, he has broken a boundary, he has in fact put himself outside the conventional limits and to the extent that one begins to experiment beyond the conventional limits, one is more susceptible to experiment with other non-conventional and non-socially approved, illegal substances. To that extent, I think one has to accept the idea that moving across the boundary does in fact increase the use of other drugs.

Q Is popularity an indication of social acceptance? In other words, marijuana is widely used, admittedly, in high schools and colleges. Is this an indication of social acceptance, do you think?

DR. JAFFE: It becomes an indication of use. I think it is a tautological question.

Q It certainly is.

DR. JAFFE: You are really saying, is use in fact an indication of use, and I guess if you can express it that way the only logical answer is yes. But you have fundamentally put forth a tautology which can only command one answer. It does not address itself to the issue of what we do about the popularity and what should be the appropriate response.

Q Can you tell us what you would expect from the Communist countries? You have had a tough time with your allies.

MR. KROGH: Yes, this is to make it possible for us to support them with trafficking, suppression, expertise, technical help. The Commissioner of the Bureau of Customs has recently visited some Eastern European countries to discuss with them new procedures for improving their systems at ports of entry to those countries.

This amendment would enable us to provide that support to countries anywhere in the world, Rumania, Bulgaria -- I don't have the other countries right now.

MR. WEBER: There are other countries with whom we do not have diplomatic relations that presently are proscribed under the existing aid legislation. This amendment would deal

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MR. WEBER: There are other countries with whom we do not have diplomatic relations that presently are proscribed under the existing aid legislation. This amendment would deal with them as well as the bloc countries.

Q What kind of reaction have you had?

MR. KROGH: We have not had a reaction just yet.

THE PRESS: Thank you.

END (AT 12:15 P.M. EDT)

FOR RELEASE 12 NOON EDT

June 17, 1971

Office of the White House Press Secretary

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THE WHITE HOUSE

HIGHLIGHTS OF NIXON ADMINISTRATION ACTIONS IN THE DRUG FIELD

I. Presidential Messages and Addresses

- July 14, 1969, President Nixon announces introduction to the Congress of the Comprehensive Drug Abuse Prevention and Control Act of 1970 along with parallel model state narcotics legislation. President signs Comprehensive Act on October 27, 1970.

Thus far, 18 states have passed and 25 states have under consideration the model state narcotics legislation. President directs the following actions:

- Secretary of State and Attorney General to explore international narcotics control.

- Directs Bureau of Customs to tighten our nation's borders against narcotics.

- Directs Attorney General to create special narcotics investigative units.

- Directs Secretary of HEW and Attorney General to initiate authoritative anti-drug education program.

- Directs Secretary of HEW to expand research into the cause and effects of drug addiction.

- March 11, 1970, statement by the President announcing:

- $3.5 million Office of Education National Drug Education Training Program (by June 1, 1971, 150,000 teachers and 75,000 students and community leaders trained).

- Creation of clearinghouse on drug abuse information.

- Publication of authoritative book on drugs.

- Modification in Law Enforcement Assistance Administration to allow large cities to apply for funds for drug education.

- Development by Advertising Council of expanded public service

# HIGHLIGHTS OF NIXON ADMINISTRATION ACTIONS IN THE DRUG FIELD

## I. Presidential Messages and Addresses

- July 14, 1969, President Nixon announces introduction to the Congress of the Comprehensive Drug Abuse Prevention and Control Act of 1970 along with parallel model state narcotics legislation. President signs Comprehensive Act on October 27, 1970.

Thus far, 18 states have passed and 25 states have under consideration the model state narcotics legislation. President directs the following actions:

- Secretary of State and Attorney General to explore international narcotics control.

- Directs Bureau of Customs to tighten our nation's borders against narcotics.

- Directs Attorney General to create special narcotics investigative units.

- Directs Secretary of HEW and Attorney General to initiate authoritative anti-drug education program.

- Directs Secretary of HEW to expand research into the cause and effects of drug addiction.

- March 11, 1970, statement by the President announcing:

- $3.5 million Office of Education National Drug Education Training Program (by June 1, 1971, 150,000 teachers and 75,000 students and community leaders trained).

- Creation of clearinghouse on drug abuse information.

- Publication of authoritative book on drugs.

- Modification in Law Enforcement Assistance Administration to allow large cities to apply for funds for drug education.

- Development by Advertising Council of expanded public service campaign on drug abuse.

- Intensified professional training in prevention and treatment of drug abuse.

- October 23, 1970, President addresses the 25th Anniversary Session of the General Assembly of the United Nations urging international cooperation to stop the scourge of drugs. President recommends creation of a United Nations Fund for Drug Control (April 1, 1971, U.S. donates $1 million to the Fund) and strengthened anti-narcotics treaties.

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- February 25, 1971, in his U.S. Foreign Policy for the 1970's document, the President states that the "control of illegal narcotics . . . requires an integrated attack on the demand for them, the supply of them, and their movement across international borders."

- June 3, 1971, President meets with top Administration officials and military chiefs regarding drug abuse and prevention.

- June 14, 1971, President recalls and meets with Ambassadors for consultation on international narcotic control.

II. Legislation

- October 27, 1970. Comprehensive Drug Abuse Prevention and Control Act of 1970 was signed by President Nixon. This law consolidates and revises all of the various federal narcotic, marihuana and dangerous drug laws. The law contains a scheduling system whereby all controlled substances are classified. Streamlined procedures are established to enable the Attorney General to alter the degree of regulatory control imposed over a drug and in some instances, to alter the severity of a penalty imposed for an offense involving a particular drug.

III. National Drug Program Study Papers

- June 25, 1970, the Ash Council recommended a separate drug organization to coordinate all federal education, prevention, treatment, rehabilitation, training and research programs. President announces legislation to establish such an office in the Executive Office of the President on June 17, 1971.

- November, 1970, President requests an intergovernmental report to recommend new drug prevention and treatment programs.

- December, 1970, President requests committee of non-government drug experts to recommend new drug prevention and treatment programs. President announces new programs June 17, 1971.

IV. White House Conferences on Drug Abuse

A number of White House Conferences on Drug Abuse have been held in order to educate various professions on the full scope of America's drug abuse problems and in order to relate Administration actions designed to cope with those actions. The following groups have been briefed:

- December 3, 1969, Governors.

- April 9, 1970, TV Producers.

- October 14, 1970, Radio Executives.

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- April 9, 1970, TV Producers.

- October 14, 1970, Radio Executives.

- March 26, 1971, Religious Leaders.

V. International Agreements and Discussions

- August, 1969, U.S.-Turkey Agricultural Development and Control Loan Agreement. This agreement provides $3 million to Turkey to allow it to buy up Turkish poppy crops. The monies would also be used to fund a 700-man enforcement force in Turkey.

- September, 1969, Operation Intercept at Mexican border was designed to stop the flow of marihuana and dangerous drugs into the United States from Mexico. This action evolved into Operation Cooperation.

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- October 11, 1969 and October 10, 1970, Mr. John Ingersoll, Director of the Bureau of Narcotics and Dangerous Drugs, delivers Presidential letters to President Pompidou and Prime Minister Demirel, respectively. The Presidential letters expressed personal Presidential concern over the need to curtail international trafficking in drugs.

- March 9 and August 20, 1970, and March 29, 1971, Attorney General Mitchell meets with Attorney General of Mexico. The Attorney General indicated his concern and the concern of the President to the Attorney General of Mexico concerning the need to curtail international trafficking of dangerous drugs.

- August and September, 1970, and May, 1971, Mr. Egil Krogh, Jr., Deputy Assistant to the President for Domestic Affairs, and Mr. John D. Ehrlichman, Special Assistant to the President for Domestic Affairs, and Mr. Ingersoll take inspection tours of Vietnam. These were fact-finding missions to determine the extent and severity of the drug problem in Vietnam. As a result of those fact-finding missions, the U.S. government is now working with the Vietnamese government in an effort to curtail drugs in that country.

- October, 1970, U.S. submits to the United Nations amendments to Single Convention on Narcotic Drugs of 1961. The amendments were designed to strengthen the treaty on international drug trafficking by permitting the International Narcotic Control Board to utilize non-official sources to determine if violations are occurring. With the consent of suspected governments, the Board can conduct physical inspection of the production and distribution of dangerous drugs. The Board can impose embargoes on trade of products coming from the violating country. The amendments will make all offenses involving narcotics extraditable.

- February 21, 1971, U.S. signs the Convention of Psychotropic Substances. The Convention will be submitted to the Senate for ratification. The Convention places restrictions on the production, distribution and international commerce of hallucinogenic drugs such as LSD.

- February 26, 1971, Protocol creating Franco/American Intergovernmental Committee on Drug Control signed by Attorney General Mitchell and French Minister of Interior Marcellin insures cooperative narcotic suppression efforts between France and the U.S.

- April, 1971, U.S. contributes $1 million to United Nations Fund for Drug Control and pledges $1 million.

## VI. Agency Actions and Continuing Programs

- November, 1970, Secretary of HEW establishes Federal Drug Abuse Prevention Coordinating Committee. This Committee coordinates the drug prevention programs of the National Institute of Mental Health, the Office of Education, the Bureau of Narcotics and Dangerous Drugs, the Law Enforcement Assistance Administration, the Veterans Administration,

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- November 25, 1970, the Veterans Administration announces the opening of five drug treatment centers in January. These five drug treatment centers are the first of thirty that are planned around the country. The five centers are located in Washington, D.C., Houston, Texas, Battle Creek, Michigan, Sepulveda, California and New York City.

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- May 3, 1971, the Commissioner of Customs implements 100% inspection of all military and civilian mail, passengers, baggage and cargo from South Vietnam and Thailand to halt the importation of drugs.

- May 26, 1971, a joint announcement by HEW and Justice to invoke greater restrictions on availability of amphetamines.

- There are presently more than 20,000 addicts under treatment in federally-funded programs -- more than any other nation.

- The Federal Government has distributed 22,000,000 pieces of drug abuse information literature.

-As of June 30, 1971, the number of Bureau of Narcotics and Dangerous Drugs and Bureau of Customs agents increased to 2,134 from 1,626 in 1970.

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FOR RELEASE AT 12 NOON EDT June 11, 1971

Office of the White House Press Secretary

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THE WHITE HOUSE

PRESIDENT'S OMNIBUS DRUG CONTROL

LEGISLATIVE MESSAGE

FACT SHEET

Summary Statement

"We must now candidly recognize that the deliberate procedures embodied in present efforts to control drug abuse are not sufficient in themselves. The problem has assumed the dimensions of a national emergency. I intend to take every step necessary to deal with this emergency, including asking the Congress for a budget amendment to provide an additional $155 million to carry out these steps. This will provide a total of $371 million for programs to control drug abuse..."

Coordinated Federal Response

The President proposes legislation to establish a central authority -- the Special Action Office for Drug Abuse Prevention -- within the Executive Office of the President.

The Special Action Office would:

-- have direct responsibility for all major Federal drug abuse prevention, education, treatment, rehabilitation, training and research programs in all Federal Agencies.

-- develop overall Federal strategy for drug abuse programs; set program goals, objectives and priorities; evaluate performance.

-- be headed by a Director responsible to the President. (The Director would exercise authority through working agreements with the Federal Agencies. Agencies would receive funding and program authority based on performance. The Director also would have direct authority to let grants and make contracts with industrial, commercial and non-profit organizations.)

-- operate for a period of three years following date of enactment,

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-- operate for a period of three years following date of enactment, with the option of two-year extension.

The Special Action Office would not be directly concerned with problems of reducing drug supply or with the law enforcement aspects of abuse control.

The President announces an Executive Order establishing an interim Special Action Office on Drug Abuse Prevention to institute, so far as legally possible, the functions of the Special Action Office pending statutory authorization.

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Rehabilitation

The President announces a request to Congress for $105 million, in addition to funds in the 1972 budget, to be used solely for the treatment and rehabilitation of drug addicted individuals.

To the extent that rehabilitation is required for Vietnam veterans, the President:

-- orders immediate establishment of testing procedures and initial rehabilitation efforts to be taken in Vietnam.

-- orders the Department of Defense to provide rehabilitation services and the rehabilitation of all returning discharged veterans who desire this help.

-- announces the request of legislation to permit the military services to retain for treatment narcotics addicts due for discharge.

-- describes the authority of the Director of the Special Action Office to refer patients to private and Veterans Administration Hospitals as circumstances require.

-- describes authority to be sought by the Special Action Office to make VA facilities available for drug rehabilitation to all former servicemen regardless of the nature of their discharge.

-- will ask Congress to increase the present VA budget by $14 million to permit immediate initiation of the program.

The President also announces a request to Congress to amend the Narcotic Addict Rehabilitation Act of 1966 to broaden the authority for the use of methadone maintenance programs under rigid standards.

He instructs the Special Consultant to review immediately all Federal laws pertaining to rehabilitation and announces he will submit any legislation needed to expedite the Federal rehabilitative role and correct overlapping authorities.

Education

The President announces a request to Congress for an additional $10 million to increase and improve education and training in the field of dangerous drugs.

Enforcement

To expedite the prosecution of narcotic cases, the President announces he will ask Congress to provide legislation permitting the Government to utilize information obtained by foreign police and also will request legislation to permit a chemist to submit written findings of his analysis in drug cases

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Dangerous drugs and narcotics enforcement are to be stepped up with requests to Congress for:

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-- $2 million for research and development of equipment and detection techniques.

-- authorization and funding of 325 added positions in the Bureau of Narcotics and Dangerous Drugs.

-- supplemental appropriations of $25.6 million for the Treasury Department. (About $7.5 million for intensified investigation of large-scale traffickers; approximately $18 million for Bureau of Customs investigation and inspection efforts and for the pursuit and apprehension of smugglers.)

Narcotic-Producing Plants

The President announces a request for $2 million for the Department of Agriculture for research and development of herbicides to destroy growths of natural narcotics-producing plants without adverse ecological effect.

International Efforts

The President initiates a worldwide escalation of existing efforts along with new steps to secure international cooperation to control narcotics traffic. Measures include:

-- a request to the Director General of the World Health Organization to appoint a study panel on synthetics to replace opiates.

-- a request for $1 million for assistance to developed nations in training enforcement officers.

-- a request to Congress to amend and approve foreign assistance acts permitting assistance to communist countries presently ineligible for aid in ending drug trafficking.

-- a request to the Senate to promptly ratify the Convention on Psychotropic Substances recently signed by the United States and 22 other nations.

-- a request to Congress to make additional contributions, as needed, to the United Nations Special Fund on the world drug problem.

-- the urging of multilateral support for amendments to the Single Convention on Narcotics enabling the International Narcotics Control Board to acquire narcotics information, conduct inquiries on drug activities, and requiring signatories to embargo the export and/or import of drugs to or from a particular country failing to meet its

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The President directs research efforts in the United States be intensified to develop a feasible substitute for codeine.

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FOR RELEASE AT 12:00 NOON, EDT June 17, 1971

Office of the White House Press Secretary

THE WHITE HOUSE

TO THE CONGRESS OF THE UNITED STATES:

In New York City more people between the ages of fifteen and thirty-five years die as a result of narcotics than from any other single cause.

In 1960, less than 200 narcotic deaths were recorded in New York City. In 1970, the figure had risen to over 1,000. These statistics do not reflect a problem indigenous to New York City. Although New York is the one major city in the Nation which has kept good statistics on drug addiction, the problem is national and international. We are moving to deal with it on both levels.

As part of this administration's ongoing efforts to stem the tide of drug abuse which has swept America in the last decade, we submitted legislation in July of 1969 for a comprehensive reform of Federal drug enforcement laws. Fifteen months later, in October, 1970, the Congress passed this vitally-needed legislation, and it is now producing excellent results. Nevertheless, in the fifteen months between the submission of that legislation and its passage, much valuable time was lost.

We must now candidly recognize that the deliberate procedures embodied in present efforts to control drug abuse are not sufficient in themselves. The problem has assumed the dimensions of a national emergency. I intend to take every step necessary to deal with this emergency, including asking the Congress for an amendment to my 1972 budget to provide an additional $155 million to carry out these steps. This will provide a total of $371 million for programs to control drug abuse in America.

## A NEW APPROACH TO REHABILITATION

While experience thus far indicates that the enforcement provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970 are effective, they are not sufficient in themselves to eliminate drug abuse. Enforcement must be coupled with a rational approach to the reclamation of the drug user himself. The laws of supply and demand function in the illegal drug business as in any other. We are taking steps under the Comprehensive Drug Act to deal with the supply side of the equation and I am recommending additional steps

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Narcotic addiction is a major contributor to crime. The cost of supplying a narcotic habit can run from $30 a day to $100 a day. This is $210 to $700 a week, or $10,000 a year to over $36,000 a year. Untreated narcotic addicts do not ordinarily hold jobs. Instead, they often turn to shoplifting, mugging, burglary, armed robbery, and so on. They also support themselves by starting other people -- young people -- on drugs. The financial costs of addiction are more than $2 billion every year, but these costs can at least be measured. The human costs cannot. American society should not be required to bear either cost.

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Despite the fact that drug addiction destroys lives, destroys families, and destroys communities, we are still not moving fast enough to meet the problem in an effective way. Our efforts are strained through the Federal bureaucracy. Of those we can reach at all under the present Federal system -- and the number is relatively small -- of those we try to help and who want help, we cure only a tragically small percentage.

Despite the magnitude of the problem, despite our very limited success in meeting it, and despite the common recognition of both circumstances, we nevertheless have thus far failed to develop a concerted effort to find a better solution to this increasingly grave threat. At present, there are nine Federal agencies involved in one fashion or another with the problem of drug addiction. There are anti-drug abuse efforts in Federal programs ranging from vocational rehabilitation to highway safety. In this manner our efforts have been fragmented through competing priorities, lack of communication, multiple authority, and limited and dispersed resources. The magnitude and the severity of the present threat will no longer permit this piecemeal and bureaucratically-dispersed effort at drug control. If we cannot destroy the drug menace in America, then it will surely in time destroy us. I am not prepared to accept this alternative.

Therefore, I am transmitting legislation to the Congress to consolidate at the highest level a full-scale attack on the problem of drug abuse in America. I am proposing the appropriation of additional funds to meet the cost of rehabilitating drug users, and I will ask for additional funds to increase our enforcement efforts to further tighten the noose around the necks of drug peddlers, and thereby loosen the noose around the necks of drug users.

At the same time I am proposing additional steps to strike at the "supply" side of the drug equation -- to halt the drug traffic by striking at the illegal producers of drugs, the growing of those plants from which drugs are derived, and trafficking in these drugs beyond our borders.

America has the largest number of heroin addicts of any nation in the world. And yet, America does not grow opium -- of which heroin is a derivative -- nor does it manufacture heroin, which is a laboratory process carried out abroad. This deadly poison in the American lifestream is, in other words, a foreign import. In the last year, heroin seizures by Federal agencies surpassed the total seized in the previous ten years. Nevertheless, it is estimated that we are stopping less than 20 percent of the drugs aimed at this Nation. No serious attack on our national drug problem can ignore the international implications of such an effort, nor can the domestic effort succeed without attacking the problem on an international plane. I intend to do that.

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## A COORDINATED FEDERAL RESPONSE

Not very long ago, it was possible for Americans to persuade themselves, with some justification, that narcotic addiction was a class problem. Whether or not this was an accurate picture is irrelevant today, because now the problem is universal. But despite the increasing dimensions of the problem, and despite increasing consciousness of the problem, we have made little headway in understanding what is involved in drug abuse or how to deal with it.

The very nature of the drug abuse problem has meant that its extent and seriousness have been shrouded in secrecy, not only by the criminal elements who profit from drug use, but by the drug users themselves -- the people whom society is attempting to reach and help. This fact has added immeasurably to the difficulties of medical assistance, rehabilitation, and

government action to counter drug abuse, and to find basic and permanent methods to stop it. Even now, there are no precise national statistics as to the number of drug-dependent citizens in the United States, the rate at which drug abuse is increasing, or where and how this increase is taking place. Most of what we think we know is extrapolated from those few States and cities where the dimensions of the problem have forced closer attention, including the maintenance of statistics.

A large number of Federal Government agencies are involved in efforts to fight the drug problem either with new programs or by expanding existing programs. Many of these programs are still experimental in nature. This is appropriate. The problems of drug abuse must be faced on many fronts at the same time, and we do not yet know which efforts will be most successful. But we must recognize that piecemeal efforts, even where individually successful, cannot have a major impact on the drug abuse problem unless and until they are forged together into a broader and more integrated program involving all levels of government and private effort. We need a coordinated effort if we are to move effectively against drug abuse.

The magnitude of the problem, the national and international implications of the problem, and the limited capacities of States and cities to deal with the problem all reinforce the conclusion that coordination of this effort must take place at the highest levels of the Federal Government.

Therefore, I propose the establishment of a central authority with overall responsibility for all major Federal drug abuse prevention, education, treatment, rehabilitation, training, and research programs in all Federal agencies. This authority would be known as the Special Action Office of Drug Abuse Prevention. It would be located within the Executive Office of the President and would be headed by a Director accountable to the President. Because this is an emergency response to a national problem which we intend to bring under control, the Office would be established to operate only for a period of three years from its date of enactment, and the President would have the option of extending its life for an additional two years if desirable.

This Office would provide strengthened Federal leadership in finding solutions to drug abuse problems. It would establish priorities and instill a sense of urgency in Federal and federally-supported drug abuse programs, and it would increase coordination between Federal, State, and local rehabilitation efforts.

More specifically, the Special Action Office would develop overall Federal strategy for drug abuse prevention programs, set program goals, objectives and priorities, carry out programs through other Federal agencies, develop guidance and

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This Office would provide strengthened Federal leadership in finding solutions to drug abuse problems. It would establish priorities and instill a sense of urgency in Federal and federally-supported drug abuse programs, and it would increase coordination between Federal, State, and local rehabilitation efforts.

More specifically, the Special Action Office would develop overall Federal strategy for drug abuse prevention programs, set program goals, objectives and priorities, carry out programs through other Federal agencies, develop guidance and standards for operating agencies, and evaluate performance of all programs to determine where success is being achieved. It would extend its efforts into research, prevention, training, education, treatment, rehabilitation, and the development of necessary reports, statistics, and social indicators for use by all public and private groups. It would not be directly concerned with the problems of reducing drug supply, or with the law enforcement aspects of drug abuse control.

It would concentrate on the "demand" side of the drug equation -- the use and the user of drugs.

The program authority of the Director would be exercised through working agreements with other Federal agencies. In this fashion, full advantage would be taken of the skills and

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resources these agencies can bring to bear on solving drug abuse problems by linking them with a highly goal-oriented authority capable of functioning across departmental lines. By eliminating bureaucratic red tape, and jurisdictional disputes between agencies, the Special Action Office would do what cannot be done presently: it would mount a wholly coordinated national attack on a national problem. It would use all available resources of the Federal Government to identify the problems precisely, and it would allocate resources to attack those problems. In practice, implementing departments and agencies would be bound to meet specific terms and standards for performance. These terms and standards would be set forth under inter-agency agreement through a Program Plan defining objectives, costs, schedule, performance requirements, technical limits, and other factors essential to program success.

With the authority of the Program Plan, the Director of the Special Action Office could demand performance instead of hoping for it. Agencies ~~would receive money based on~~ performance and their retention of funding and program authority would depend upon periodic appraisal of their performance.

In order to meet the need for realistic central program appraisal, the Office would develop special program monitoring and evaluation capabilities so that it could realistically determine which activities and techniques were producing results. This evaluation would be tied to the planning process so that knowledge about success/failure results could guide the selection of future plans and priorities.

In addition to the inter-agency agreement and Program Plan approach described above, the Office would have direct authority to let grants or make contracts with industrial, commercial, or non-profit organizations. This authority would be used in specific instances where there is no appropriate Federal agency prepared to undertake a program, or where for some other reason it would be faster, cheaper, or more effective to grant or contract directly.

Within the broad mission of the Special Action Office, the Director would set specific objectives for accomplishment during the first three years of Office activity. These objectives would target such areas as reduction in the overall national rate of drug addiction, reduction in drug-related deaths, reduction of drug use in schools, impact on the number of men rejected for military duty because of drug abuse, and so forth. A primary objective of the Office would be the development of a reliable set of social indicators which accurately show the nature, extent, and trends in the drug abuse problem.

These specific targets for accomplishment would act to focus the efforts of the drug abuse prevention program, not on intermediate achievements such as numbers of treatments given or educational programs conducted, but rather on ultimate "payoff" accomplishments in the reduction of the human and

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These specific targets for accomplishment would act to focus the efforts of the drug abuse prevention program, not on intermediate achievements such as numbers of treatments given or educational programs conducted, but rather on ultimate "payoff" accomplishments in the reduction of the human and social costs of drug abuse. Our programs cannot be judged on the fulfillment of quotas and other bureaucratic indexes of accomplishment. They must be judged by the number of human beings who are brought out of the hell of addiction, and by the number of human beings who are dissuaded from entering that hell.

I urge the Congress to give this proposal the highest priority, and I trust it will do so. Nevertheless, due to the need for immediate action, I am issuing today, June 17, an Executive Order establishing within the Executive Office of the President a Special Action Office for Drug Abuse Prevention. Until the Congress passes the legislation giving

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full authority to this Office, a Special Consultant to the President for Narcotics and Dangerous Drugs will institute to the extent legally possible the functions of the Special Action Office.

Rehabilitation: A New Priority

When traffic in narcotics is no longer profitable, then that traffic will cease. Increased enforcement and vigorous application of the fullest penalties provided by law are two of the steps in rendering narcotics trade unprofitable. But as long as there is a demand, there will be those willing to take the risks of meeting the demand. So we must also act to destroy the market for drugs, and this means the prevention of new addicts, and the rehabilitation of those who are addicted.

To do this, I am asking the Congress for a total of $105 million in addition to funds already contained in my 1972 budget to be used solely for the treatment and rehabilitation of drug-addicted individuals

I will also ask the Congress to provide an additional $10 million in funds to increase and improve education and training in the field of dangerous drugs. This will increase the money available for education and training to more than $24 million. It has become fashionable to suppose that no drugs are as dangerous as they are commonly thought to be, and that the use of some drugs entails no risk at all. These are misconceptions, and every day we reap the tragic results of these misconceptions when young people are "turned on" to drugs believing that narcotics addiction is something that happens to other people. We need an expanded effort to show that addiction is all too often a one-way street beginning with "innocent" experimentation and ending in death. Between these extremes is the degradation that addiction inflicts on those who believed that it could not happen to them.

While by no means a major part of the American narcotics problem, an especially disheartening aspect of that problem involves those of our men in Vietnam who have used drugs. Peer pressures combine with easy availability to foster drug use. We are taking steps to end the availability of drugs in South Vietnam but, in addition, the nature of drug addiction, and the peculiar aspects of the present problem as it involves veterans, make it imperative that rehabilitation procedures be undertaken immediately. In Vietnam, for example, heroin is cheap and 95 percent pure, and its effects are commonly achieved through smoking or "snorting" the drug. In the United States, the drug is impure, consisting of only about 5 percent heroin, and it must be "mainlined" or injected into the bloodstream to achieve an effect comparable to that which may have been experienced in Vietnam. Further, a habit which costs $5 a day to maintain in Vietnam can cost $100 a day to maintain in the United States, and those who continue to use heroin slip into the twilight world of crime, bad drugs, and all too often a

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In order to expedite the rehabilitation process of Vietnam veterans, I have ordered the immediate establishment of testing procedures and initial rehabilitation efforts to be taken in Vietnam. This procedure is under way and testing will commence in a matter of days. The Department of Defense will provide rehabilitation programs to all servicemen being returned for discharge who want this help, and we will be requesting legislation to permit the military services to retain for treatment any individual due for discharge who is a narcotic addict. All of our servicemen must be accorded the right to rehabilitation.

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Rehabilitation procedures, which are required subsequent to discharge, will be effected under the aegis of the Director of the Special Action Office who will have the authority to refer patients to private hospitals as well as VA hospitals as circumstances require.

The Veterans Administration medical facilities are a great national resource which can be of immeasurable assistance in the effort against this grave national problem. Restrictive and exclusionary use of these facilities under present statutes means that we are wasting a critically needed national resource. We are commonly closing the doors to those who need help the most. This is a luxury we cannot afford. Authority will be sought by the new Office to make the facilities of the Veterans Administration available to all former servicemen in need of drug rehabilitation, regardless of the nature of their discharge from the service.

I am asking the Congress to increase the present budget of the Veterans Administration by $14 million to permit the immediate initiation of this program. This money would be used to assist in the immediate development and emplacement of VA rehabilitation centers which will permit both inpatient and outpatient care of addicts in a community setting.

I am also asking that the Congress amend the Narcotic Addict Rehabilitation Act of 1966 to broaden the authority under this Act for the use of methadone maintenance programs. These programs would be carried out under the most rigid standards and would be subjected to constant and painstaking reevaluation of their effectiveness. At this time, the evidence indicates that methadone is a useful tool in the work of rehabilitating heroin addicts, and that tool ought to be available to those who must do this work.

Finally, I will instruct the Special Consultant for Narcotics and Dangerous Drugs to review immediately all Federal laws pertaining to rehabilitation and I will submit any legislation needed to expedite the Federal rehabilitative role, and to correct overlapping authorities and other shortcomings.

## Additional Enforcement Needs

The Comprehensive Drug Abuse Prevention and Control Act of 1970 provides a sound base for the attack on the problem of the availability of narcotics in America. In addition to tighter and more enforceable regulatory controls, the measure provides law enforcement with stronger and better tools. Equally important, the Act contains credible and proper penalties against violators of the drug law. Severe punishments are invoked against the drug pushers and peddlers while more lenient and flexible sanctions are provided for the users. A seller can receive fifteen years for a first offense involving hard narcotics, thirty years if the sale is to a minor,

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These new penalties allow judges more discretion, which we feel will restore credibility to the drug control laws and eliminate some of the difficulties prosecutors and judges have had in the past arising out of minimum mandatory penalties for all violators.

The penalty structure in the 1970 Drug Act became effective on May 1 of this year. While it is too soon to assess its effect, I expect it to help enable us to deter or remove from our midst those who traffic in narcotics and other dangerous drugs.

To complement the new Federal drug law, a uniform State drug control law has been drafted and recommended to the States. Nineteen States have already adopted it and others have it under active consideration. Adoption of this uniform law will facilitate joint and effective action by all levels of government.

Although I do not presently anticipate a necessity for alteration of the purposes or principles of existing enforcement statutes, there is a clear need for some additional enforcement legislation.

To help expedite the prosecution of narcotic trafficking cases, we are asking the Congress to provide legislation which would permit the United States Government to utilize information obtained by foreign police, provided that such information was obtained in compliance with the laws of that country.

We are also asking that the Congress provide legislation which would permit a chemist to submit written findings of his analysis in drug cases. This would speed the process of criminal justice.

The problems of addict identification are equalled and surpassed by the problem of drug identification. To expedite work in this area of narcotics enforcement, I am asking the Congress to provide $2 million to be allotted to the research and development of equipment and techniques for the detection of illegal drugs and drug traffic.

I am asking the Congress to provide $2 million to the Department of Agriculture for research and development of herbicides which can be used to destroy growths of narcotics-producing plants without adverse ecological effects.

I am asking the Congress to authorize and fund 325 additional positions within the Bureau of Narcotics and Dangerous Drugs to increase their capacity for apprehending those engaged in narcotics trafficking here and abroad and to investigate domestic industrial producers of drugs.

Finally, I am asking the Congress to provide a supplemental appropriation of $25.6 million for the Treasury Department. This will increase funds available to this Department for drug abuse control to nearly $45 million. Of this sum, $18.1 million would be used to enable the Bureau of Customs to develop the technical capacity to deal with smuggling by air and sea, to increase the investigative staff charged with pursuit and apprehension of smugglers, and to increase inspection personnel who search persons, baggage, and cargo entering the country. The remaining $7.5 million would permit the Internal Revenue Service to intensify investigation of persons involved in large-scale narcotics trafficking.

These steps would strengthen our efforts to root out the cancerous growth of narcotics addiction in America. It is impossible to say that the enforcement legislation I have asked for here will be conclusive -- that we will not need

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These steps would strengthen our efforts to root out the cancerous growth of narcotics addiction in America. It is impossible to say that the enforcement legislation I have asked for here will be conclusive -- that we will not need further legislation. We cannot fully know at this time what further steps will be necessary. As those steps define themselves, we will be prepared to seek further legislation to take any action and every action necessary to wipe out the menace of drug addiction in America. But domestic enforcement alone cannot do the job. If we are to stop the flow of narcotics into the lifeblood of this country, I believe we must stop it at the source.

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INTERNATIONAL

There are several broad categories of drugs: those of the cannabis family -- such as marihuana and hashish; those which are used as sedatives, such as the barbiturates and certain tranquilizers; those which elevate mood and suppress appetite, such as the amphetamines; and, drugs such as LSD and mescaline, which are commonly called hallucinogens. Finally, there are the narcotic analgesics, including opium and its derivatives -- morphine and codeine. Heroin is made from morphine.

Heroin addiction is the most difficult to control and the most socially destructive form of addiction in America today. Heroin is a fact of life and a cause of death among an increasing number of citizens in America, and it is heroin addiction that must command priority in the struggle against drugs.

To wage an effective war against heroin addiction, we must have international cooperation. In order to secure such cooperation, I am initiating a worldwide escalation in our existing programs for the control of narcotics traffic, and I am proposing a number of new steps for this purpose.

First, on Monday, June 14, I recalled the United States Ambassadors to Turkey, France, Mexico, Luxembourg, Thailand, the Republic of Vietnam, and the United Nations for consultations on how we can better cooperate with other nations in the effort to regulate the present substantial world opium output and narcotics trafficking. I sought to make it equally clear that I consider the heroin addiction of American citizens an international problem of grave concern to this Nation, and I instructed our Ambassadors to make this clear to their host governments. We want good relations with other countries, but we cannot buy good relations at the expense of temporizing on this problem.

Second, United States Ambassadors to all East Asian governments will meet in Bangkok, Thailand, tomorrow, June 18, to review the increasing problem in that area, with particular concern for the effects of this problem on American servicemen in Southeast Asia.

Third, it is clear that the only really effective way to end heroin production is to end opium production and the growing of poppies. I will propose that as an international goal. It is essential to recognize that opium is, at present, a legitimate source of income to many of those nations which produce it. Morphine and codeine both have legitimate medical applications.

It is the production of morphine and codeine for medical purposes which justifies the maintenance of opium production, and it is this production which in turn contributes to the world's heroin supply. The development of effective sub-

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It is the production of morphine and codeine for medical purposes which justifies the maintenance of opium production, and it is this production which in turn contributes to the world's heroin supply. The development of effective substitutes for these derivatives would eliminate any valid reason for opium production. While modern medicine has developed effective and broadly-used substitutes for morphine, it has yet to provide a fully acceptable substitute for codeine. Therefore, I am directing that Federal research efforts in the United States be intensified with the aim of developing at the earliest possible date synthetic substitutes for all opium derivatives. At the same time I am requesting the Director General of the World Health Organization to appoint a study panel of experts to make periodic technical assessments of any synthetics which might replace opiates with the aim of effecting substitutions as soon as possible.

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Fourth, I am requesting $1 million to be used by the Bureau of Narcotics and Dangerous Drugs for training of foreign narcotics enforcement officers. Additional personnel within the Bureau of Narcotics and Dangerous Drugs would permit the strengthening of the investigative capacities of BNDD offices in the U.S., as well as their ability to assist host governments in the hiring, training, and deployment of personnel and the procurement of necessary equipment for drug abuse control.

Fifth, I am asking the Congress to amend and approve the International Security Assistance Act of 1971 and the International Development and Humanitarian Assistance Act of 1971 to permit assistance to presently proscribed nations in their efforts to end drug trafficking. The drug problem crosses ideological boundaries and surmounts national differences. If we are barred in any way in our effort to deal with this matter, our efforts will be crippled, and our will subject to question. I intend to leave no room for other nations to question our commitment to this matter.

Sixth, we must recognize that cooperation in control of dangerous drugs works both ways. While the sources of our chief narcotics problem are foreign, the United States is a source of illegal psychotropic drugs which afflict other nations. If we expect other governments to help stop the flow of heroin to our shores, we must act with equal vigor to prevent equally dangerous substances from going into their nations from our own. Accordingly, I am submitting to the Senate for its advice and consent the Convention on Psychotropic Substances which was recently signed by the United States and 22 other nations. In addition, I will submit to the Congress any legislation made necessary by the Convention including the complete licensing, inspection, and control of the manufacture, distribution, and trade in dangerous synthetic drugs.

Seventh, the United States has already pledged $2 million to a Special Fund created on April 1 of this year by the Secretary General of the United Nations and aimed at planning and executing a concerted UN effort against the world drug problem. We will continue our strong backing of UN drug-control efforts by encouraging other countries to contribute and by requesting the Congress to make additional contributions to this fund as their need is demonstrated.

Finally, we have proposed, and we are strongly urging multilateral support for, amendments to the Single Convention on Narcotics which would enable the International Narcotics Control Board to:

-- require from signatories details about opium poppy cultivation and opium production -- thus permitting the Board access to essential information about narcotics raw materials from which illicit diversion occurs;

-- base its decisions about the various nations' activities with narcotic drugs not only as at present on information officially submitted by the governments, but also on information

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-- base its decisions about the various nations' activities with narcotic drugs not only as at present on information officially submitted by the governments, but also on information which the Board obtains through public or private sources -- thus enhancing data available to the Board in regard to illicit traffic;

-- carry out, with the consent of the nation concerned, on-the-spot inquiries on drug related activities;

-- modify signatories' annual estimates of intended poppy acreage and opium production with a view to reducing acreage or production; and

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-- in extreme cases, require signatories to embargo the export and/or import of drugs to or from a particular country that has failed to meet its obligations under the Convention.

I believe the foregoing proposals establish a new and needed dimension in the international effort to halt drug production, drug traffic, and drug abuse. These proposals put the problems and the search for solutions in proper perspective, and will give this Nation its best opportunity to end the flow of drugs, and most particularly heroin, into America, by literally cutting it off root and branch at the source.

## CONCLUSION

Narcotics addiction is a problem which afflicts both the body and the soul of America. It is a problem which baffles many Americans. In our history we have faced great difficulties again and again, wars and depressions and divisions among our people have tested our will as a people -- and we have prevailed.

We have fought together in war, we have worked together in hard times, and we have reached out to each other in division -- to close the gaps between our people and keep America whole.

The threat of narcotics among our people is one which properly frightens many Americans. It comes quietly into homes and destroys children, it moves into neighborhoods and breaks the fiber of community which makes neighbors. It is a problem which demands compassion, and not simply condemnation, for those who become the victims of narcotics and dangerous drugs. We must try to better understand the confusion and disillusion and despair that bring people, particularly young people, to the use of narcotics and dangerous drugs.

We are not without some understanding in this matter, however. And we are not without the will to deal with this matter. We have the moral resources to do the job. Now we need the authority and the funds to match our moral resources. I am confident that we will prevail in this struggle as we have in many others. But time is critical. Every day we lose compounds the tragedy which drugs inflict on individual Americans. The final issue is not whether we will conquer drug abuse, but how soon. Part of this answer lies with the Congress now and the speed with which it moves to support the struggle against drug abuse.

RICHARD NIXON

THE WHITE HOUSE,

June 17, 1971.

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FOR IMMEDIATE RELEASE

66 JULY 17, 1971

OFFICE OF THE WHITE HOUSE PRESS SECRETARY
(Laguna Beach, California)

THE WHITE HOUSE

PRESS CONFERENCE
OF
DR. JEROME JAFFE
SPECIAL CONSULTANT TO THE PRESIDENT
FOR NARCOTICS AND DANGEROUS DRUGS



11:50 A.M. PDT

MR. ZIEGLER: As you know, Dr. Jaffe just completed a trip to South Vietnam at the President's request. Dr. Jaffe met this morning for about an hour and 15 minutes with the President to report on his trip to South Vietnam.

He will give you a report of that trip and the assessment he gave to the President. Dr. Primm, from New York, who has been working with Dr. Jaffe, also accompanied Dr. Jaffe to South Vietnam and met with the President this morning, together with Bud Krogh, who was on the trip; and also John Ehrlichman sat in on that meeting.

So, with that brief announcement, I will let Dr. Jaffe discuss the meeting.

DR. JAFFE: I will try to summarize what I told the President in a few minutes, and leave the rest of the time available for questions.

Of the several aspects of the program that are planned, one is fully operational. All servicemen scheduled to leave Vietnam are now having their urine tested for the presence of heroin at least two days prior to departure. If the test is negative, there is no delay and the serviceman returns home. If it is positive, it is confirmed by a second test, and then if that is positive, he stays at a specially developed treatment facility for about seven days. He is then transferred to facilities here in the United States for further evaluation and further treatment, if needed.

To do this requires the building of special facilities for testing and special laboratories and special treatment facilities. The impact, as we saw it, of even this first phase has been widespread, immediate, and rather uniformly well received. Many men who previously felt that they would

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FOR NARCOTICS AND DANGEROUS DRUGS

11:50 A.M. PDT

MR. ZIEGLER: As you know, Dr. Jaffe just completed a trip to South Vietnam at the President's request. Dr. Jaffe met this morning for about an hour and 15 minutes with the President to report on his trip to South Vietnam.

He will give you a report of that trip and the assessment he gave to the President. Dr. Primm, from New York, who has been working with Dr. Jaffe, also accompanied Dr. Jaffe to South Vietnam and met with the President this morning, together with Bud Krogh, who was on the trip; and also John Ehrlichman sat in on that meeting.

So, with that brief announcement, I will let Dr. Jaffe discuss the meeting.

DR. JAFFE: I will try to summarize what I told the President in a few minutes, and leave the rest of the time available for questions.

Of the several aspects of the program that are planned, one is fully operational. All servicemen scheduled to leave Vietnam are now having their urine tested for the presence of heroin at least two days prior to departure. If the test is negative, there is no delay and the serviceman returns home. If it is positive, it is confirmed by a second test, and then if that is positive, he stays at a specially developed treatment facility for about seven days. He is then transferred to facilities here in the United States for further evaluation and further treatment, if needed.

To do this requires the building of special facilities for testing and special laboratories and special treatment facilities. The impact, as we saw it, of even this first phase has been widespread, immediate, and rather uniformly well received. Many men who previously felt that they would take care of their drug problem after they came home now know that they are going to be tested and as a result a number of men have voluntarily sought treatment.. As a result, the number almost doubled, from about 1300 seeking treatment in May, to almost 2300 seeking treatment in June.

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This will have two effects: First of all, they can prevent total relapse because they will be testing people; and secondly, it will areassure unit commanders, who have been rather dubious about the reliability of a drug user, that somebody who has had treatment is now reliable, that he has not relapsed, because people who have had treatment will be tested periodically.

The testing procedures are beginning to give us a better estimate of heroin use in Vietnam than we have had before. Up to now, we have tested 22,000 men. The information that has come out of this program must, nevertheless, be carefully interpreted.

We recognize that the testing thus far has been only on men scheduled to return to the United States, and only on men who knew exactly the day they would be tested, so our interpretation has to take that into consideration.

Drug use varies from unit to unit. The men returning to the United States do not represent a cross-section of the Vietnam command. Those returning are not drawn proportionately from the various units. So when we finally evolve a figure that does represent a cross-section of the command, it may be slightly higher or lower than the figure I am going to present to you.

Additionally, we know that some men who are mild or occasional users have stopped using a few days prior to leaving. Some men, as you may have heard, have tried to substitute a urine specimen not their own. The Army has developed some procedures to minimize this kind of thing.

Furthermore, the percentage of positive varies with the specific procedures used. To date, the cumulative percentage of heroine-positive tests is 4-1/2 percent, or 1,000 of the 22,000 men tested.

With all the foregoing caveats in mind, I think that this represents a reasonable estimate of the size of the problem, we don't even feel that the entire 4-1/2 percent represents confirmed heroin users. We feel in this net we have picked up some occasional users as well.

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This has two main impacts. A lot of the veterans have been complaining that the widespread publicity about heroin use in Vietnam has impaired their capability to get jobs as the employers worry about their reliability. We should realize that we are picking up only 4-1/2 percent positives, and nobody is going home as a confirmed drug user. The net conclusion for an employer would be that the employment of a Vietnam veteran is no more likely to pose a drug risk to him than somebody of comparable age and background who has not served.

Secondly, we ought to point out that this estimate is considerably below the estimate that appeared in the press, and half of the 10 percent estimate we had based our plans on. This means that we have facilities already available for use for treatment in-country.

The President's message that no punitive action would be taken against people who seek treatment or who are required to accept treatment on the basis of testing procedures is beginning to have its impact as well. Some servicemen are skeptical, but we have had long talks with General Abrams and General Wyant as well as other commanders. We feel they are really concerned with this program and are really concerned with the welfare of their men and are going to make the policy stick. It will not be long before this feeling will find its way to all levels of command.

Lastly, we have big problems. I told the President that our treatment programs over there, as opposed to the screening test, very frankly, are still rather primitive. It is not a lack of dedication or interest or sincerity. It is a lack of skill, experience, and specialized facilities.

The present programs now involve only a few days of detoxification, after which the men are returned to the units without follow-up or after-care. Clearly, this is not satisfactory. We are working as quickly as we can to train people to develop a specialized network.

We think we can do better, certainly with the available urine testing, to determine if somebody has relapsed. We are going to extend the period of treatment so it is realistic, and so follow-up. A number of people in the United States who have skill in treatment and are experienced, have indicated that if necessary, they are willing to go to Vietnam to help train people in the military who can provide treatment. We think they will be training people here before they go over.

We realize that in gearing up, we are at the same time gearing down. On the other hand, we are gearing up for an extensive expansion in our capacity to treat the civilian population. So, we think much of our experience in Vietnam particularly when we get some trained people, will not be wasted, but these same people will be useful and employable because of their training in civilian programs.

Lastly, we are not casting this thing in concrete. We intend to do follow-up studies to see how well people who are treated or people who, in fact leave Vietnam,who we have not detected as drug users, are doing, 30 days, 60 days, six months after they leave.

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On the basis of how well they may be doing, we will either modify or maintain our efforts. We are willing to be flexible and change, based on experience.

Q Dr. Jaffe, you said that the treatment programs are rather primitive; that after a few days of detoxification, men are returned to the units without follow-up. I understood you to say earlier that any man who was treated would be tested periodically.

DR. JAFFE: No, I said that the plan is, now that we have the testing facilities, we have the laboratory capacity now to test people periodically. I am saying this laboratory capacity never existed. Prior to 30 days ago, there was no way to do this. So treatment not only consisted of a few days, but after that there was no way to determine whether somebody was still using it.

Q Is there any follow-up on it now?

DR. JAFFE: There may be in isolated units now. The issue is: What will it be like in two or three weeks? We are currently working on developing the training. That is sort of Phase 2, if you will.

For the first three or four weeks, we concentrated on making the first screening effective and providing treatment for those people about to return to the U.S.

Q All of the figures you gave us were on heroin users; is that correct?

DR. JAFFE: We were primarily testing for heroin use. Our lab capacity has the capacity now to screen for barbiturate and amphetamine use as well. I don't have those figures yet.

Q Do you have any figures on how extensive marijuana is used in Vietnam?

MR. JAFFE: These are only survey figures. I think the last surveys were taken several months ago. It depends on whether you want to ask, have they ever used or are they continuous users? Those figures vary, and they vary widely from unit to unit. I don't have a service-wide figure. I don't have a command-wide figure.

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Q What was President Nixon's reaction to your report today?

DR. JAFFE: I think he was satisfied that we had made all the progress he could have expected in the first several weeks. I think he felt confident that if we continued to make progress at that rate, we would begin to bring the situation under control.

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DR. JAFFE: Those men who are scheduled to return home. That is one small phase of the program.

Q And your statement that facilities for treatment are primitive refers to those staying in Vietnam?

DR. JAFFE: Yes. If a man comes to his Commanding Officer or physician and says "I have a drug problem" right now, he would have an opportunity to be detoxified, but much more than that is not offered at this time.

Q Dr. Jaffe, you have stated your concern with the widespread publicity and the adverse result that has been gained. Does the President and the Administration still consider it to be, in Mr. Nixon's words, "Public Enemy Number 1"?

DR. JAFFE: I really can't answer it for you. I am not sure what is currently Public Enemy Number 1. I know that the President remains deeply concerned and intent on seeing that this problem is brought under control.

Q Has your survey modified the evaluation of the Administration? The President went on national television saying it was a worldwide problem and responsible for high crime rates, et cetera. Now we say that the widespread publicity has been less than effective.

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Q Are are now making tests only on the GI's who are going to be leaving?

DR. JAFFE: That is correct.

Q Are you going to extend this program back as your facilities improve?

DR. JAFFE: I have not really described the fine detail of how this will operate when it is more operational. When we can, we will begin to test people not three days before they leave, but 10 and 21 days before. In effect, nobody who has used drugs within a month of leaving will leave without further evaluation.

Each of these phases has to be developed. It does us no good to take a man's best friend's urine specimen and test it. It is more important to make sure that somebody who is a drug user provides his specimen. It takes time and people have to be trained and procedures have to be developed.

Q Do you regard amphetamines as an addictive drug that will require the same kind of treatment as heroin?

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Now we are about to the point where we can begin to screen for other drugs, as well, and we will move that on line and more it further back in time.

Q You used the phrase in your opening statement that the figure you gave us, 4.5 percent positive, includes not only the addicts, but you say it includes the occasional users. How do you determine when a man reaches the point where he is addicted and how do you distinguish him from an occasional user?

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DR. JAFFE: We are assuming that anybody who has opiate in his urine is worthy of observation and further treatment. We are over-treating in that sense, yes.

Q Does your test give you levels, or just presence or non-presence?

DR. JAFFE: You have hit on a point that is rather complex. I will be happy to explain it until people get bored.

There are three separate tests. One is free radical assay technique. One is thin-layer chromotography. A third, not operational, is gas liquid chromotography.

Q In your talks with U.S. officials and command officers, did you get into the drug control problem and program?

DR. JAFFE: We talked about their interest in drug control; you know, about searching people, civilians as they come onto the facilities, et cetera. To that extent, yes, we talked about the problems of control.

Q Did you discuss reports of corruption, especially corruption among high Vietnamese officials?

DR. JAFFE: Not in any formal way, no.

Q Is there any parallel step-up in psychological treatment to keep these guys from going on heroin or any other drug?

DR. JAFFE: There is a step-up and effort at education. I think men are beginning to realize now that smoking and sniffing or snorting heroin also can cause physical dependence, which is something that many of them did not realize in the beginning. Their image of a drug user was only somebody who used it by needle. By the way, very few of them use it by needle now, according to our surveys.

Q Do you still say that availability was the primary reason for this?

DR. JAFFE: Availability is a primary factor any time people use drugs. We have to recognzie that the 18- to 22-year-old men are very often adventuresome. Some of them have enlisted. They are not all draftees. In a sense, to them, there are risks involved in drug use. It is a new experience and they find themselves in an exotic environment, and given that age group and a tendency to want new experiences, whatever is available, I think your imagination can tell you all the things that are available in the Far East.

Q Does your test give you levels, or just presence or non-presence?

DR. JAFFE: You have hit on a point that is rather complex. I will be happy to explain it until people get bored.

There are three separate tests. One is free radical assay technique. One is thin-layer chromotography. A third, not operational, is gas liquid chromotography.

Q In your talks with U.S. officials and command officers, did you get into the drug control problem and program?

DR. JAFFE: We talked about their interest in drug control; you know, about searching people, civilians as they come onto the facilities, et cetera. To that extent, yes, we talked about the problems of control.

Q Did you discuss reports of corruption, especially corruption among high Vietnamese officials?

DR. JAFFE: Not in any formal way, no.

Q Is there any parallel step-up in psychological treatment to keep these guys from going on heroin or any other drug?

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Drug use is among them, and since it is available, it represents the possibility they will have this experience as well.

Q On the subject of availability, there have been reports that very high-level Vietnamese officials are directly involved in drug traffic. Did you observe any of this first-hand?

DR. JAFFE: I did not meet any high-level Vietnamese officials, Number 1. I fully understand your concern with this, and as a citizen I share your concerns. But I can tell you that I did not participate in these kinds of discussions.

My primary mission was to look at treatment, prevention and the management of men, so frankly, the way you phrase the question, I cannot give you answers on those issues.

Q That is one of the points I was getting at a moment ago. When you were talking about the effect of widespread publicity having made more difficult the problem of employment for Vietnam veterans, how did you get involved in a political-economic question such as this, as opposed to research for treatment of drugs?

DR. JAFFE: Frankly, a man who cannot get a job because everybody thinks he is an addict, when he is not, is a very human problem.

Q Is that part of your mission in your job?

DR. JAFFE: Anything that makes it more difficult for a man to return to the mainstream of society as a productive citizen is my problem.

Q Will the United States Government use methadone in large quantities to try to get people off of the heroin addiction in the long run?

DR. JAFFE: Let me try to clarify the various ways in which methadone can be used, because I am not sure it is fully understood, even by physicians. It is used in two distinct ways.

There is methadone detoxification, which means somebody physically dependent on heroin is briefly transferred to methadone for a matter of a few days, and is quickly reduced and withdrawn, so in a matter of seven or eight days he is on no medication at all. It eases the withdrawal symptoms and makes people less frightened of undergoing withdrawal.

We are making sure that anybody who is dependent, who is afraid of severe withdrawal symptoms, will be treated with methadone. That is just good medicine. We intend to use it.

Methadone maintenance is another distinct technique which takes into consideration the fact that many people who try to withdraw relapse, and that when maintained on methadone, many people are able to function in a socially acceptable way.

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Methadone maintenance is another distinct technique which takes into consideration the fact that many people who try to withdraw relapse, and that when maintained on methadone, many people are able to function in a socially acceptable way. For the present time, we do not contemplate putting people on methadone maintenance, since most of them have not been on heroin for an extended time and have not had adequate treatment.

That doesn't mean we will not use it back in the States for people who relapse periodically. For the time being, we are not contemplating employing maintenance concepts in Vietnam.

MORE

Q What are you doing about stopping the supply of opium and heroin in particular?

DR. JAFFE: A number of steps are being taken, only some of which I relate to. First of all, there is an issue of morale. We understand that one of the Generals has involved his entire command in the idea that heroin is an environmental risk to them and their buddies, and they have a responsibility to control the availability of heroin within that command and region. The men are very dedicated to this idea and to their responsibility to protect those of their comrades who don't seem able to avoid use when it is available.

That is about the only area in which I am involved, where it involves men in a voluntary control of this. The idea of police work and detection of routes of infiltration and importation is really not my primary mission.

Q Where does it come from? Who supplies it in Vietnam, according to your study?

DR. JAFFE: You can buy it in the streets. You can buy it from some soldiers.

Q Who puts it in the streets and controls the market?

DR. JAFFE: Frankly, I don't know. I have read what you have read. Various people bring it in and there are various supply routes. It begins with an opium poppy and gets into little vials of Number 4 heroin. I don't know the people through whose hands it passes.

Q You said you did not discuss this in any formal way with those U.S. officials and command officers you spoke with. What did you talk about in an informal way, then?

DR. JAFFE: We talked about it in the same way that citizens would talk about it, wondering what people could do to get on top of this problem of supply, about what would happen if the cost went up before treatment was ready. There were a number of things.

Q Were you not concerned about the charges that our allies have been charged with heading smuggling operations in the supply of narcotics in South Vietnam?

DR. JAFFE: Yes, and the people I had an opportunity to discuss this with said they have no hard evidence that these people are involved. I can't go much beyond that. We hear the same rumors that everybody else hears.

Q Can you give us some means of comparing this

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Q Can you give us some means of comparing this 4.5 percent figure with the use of heroin in other parts of the Armed Services?

DR. JAFFE: I wonder if you could clarify the question?

Q How high do you think the rate is? Are there any surveys to indicate how high the rate is in other parts of the service, such as in Germany or in the U.S.? In other words, how prevalent is it in the Armed Services generally?

DR. JAFFE: We are planning -- and when I get back to Washington I will see how far the plans have gone -- to carry out service-wide surveys on the actual incidence of drug use, using this urine test as well as questionnaires that have been used in the past. For the time being, it is our general impression, and I can only give you impressions subject to reconsideration, but the problem is not as acute in Japan, for example, or Europe.

Q Does your program cover marijuana?

DR. JAFFE: Our program? People who want to seek treatment for marijuana are welcome to come in and do so. We do not test urine for marijuana. That technological capacity does not currently exist.

Q Are you satisfied that enough is being done in Vietnam to try to stop this trafficking in heroin?

DR. JAFFE: You know, you are asking somebody who is primarily a physician to respond to "How much is enough?" on what is fundamentally a law enforcement question. I don't feel qualified to know how much is enough.

Q We are asking you, in your capacity as an assistant to the President.

DR. JAFFE: I know that, but you are asking me to gauge how much is enough.

Q Have you been briefed?

DR. JAFFE: Yes, and I am told there is more effort to arrest people, and there are enough things going on. My own feeling is that we can try to judge by outcome what is happening to availability. Frankly, I have not addressed myself to this issue, and you can keep rephrasing the questions, but I cannot help you that much. I will be happy to tell you what I know about treatment.

Q Is there any addiction among the South Vietnamese?

DR. JAFFE: It is an excellent question. To the best of my knowledge, they are not using heroin, but frankly, we have not done any urine testing on Vietnamese to date.

Q The other end of the pipeline, are the tests

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Q The other end of the pipeline, are the tests adequate on the inductee?

DR. JAFFE: We have not instituted testing of inductees yet. I frankly think it will be further down on our priority list. We want to get on top of the man in service, and as soon as we have the capacity and resources to do that, we will get to that, as well.

Q Are you saying that an inductee does not get a urine test for heroin?

MORE

DR. JAFFE: That is exactly what I am saying. Inductees are not tested for drug use. Does that surprise you?

Q Sure. Any physical would show, I would think.

DR. JAFFE: People are inducted into all kinds of things. The capacity to test for drugs is only several years old, and one generally does not institute a test where you expect to get 999 people negative out of 1000 unless you are tremendously concerned. We will probably get to that.

Q But you don't now?

DR. JAFFE: We are not now, to the best of my knowledge.

Q Dr. Jaffe, did you make any side trips that were not on your official agenda? (Laughter)

DR. JAFFE: I did spend one night at the Third Field Hospital. I was sick. (Laughter) I visited no officials during that period.

There is one thing I want to clarify. I used the term "primitive" as a specialist's view of a non-specialist's efforts. So, you have to look at it in that sense. These people are trying. We think we have a long way to go.

One of my jobs is to help the Department of Defense acquire, in a matter of weeks, the technology that the civilian side has been developing over a number of years. Don't picture grass huts, if you will. They are trying hard.

Dr. Primm, do you want to add anything?

DR. PRIMM: I think the gentleman here asked if there were any side trips made. Indeed, I was able, myself, to get off and on and to visit with some of the troops and particularly in something that has been written about so much in the news media, and that is Soul Alley, to see about the availability of drugs.

They are indeed available at very low cost and men indeed are buying them. You don't have to be necessarily recognized as a soldier to buy them. In Soul Alley, you only have to be a soul brother to gain admission to the elicit drug traffic therein.

Are there any other questions?

Q Sir, the police say the heroine they are now picking up locally is sometimes Vietnamese heroine. In other words, it is being brought in by the Marines at Camp Pendleton. Is there any evidence that the source is continuing to be available to them in the United States?

DR. PRIMM: I don't have any information on that at all. I would doubt very seriously that drugs are being smuggled in by men. There are searches for contraband on all men. I would doubt very seriously that any gets through. It is just like any other customs operation.

DR. JAFFE: Just so there is no misunderstanding, I was primarily in Vietnam and the Far East to look at problems of treatment and prevention. In presenting this to the President, he did re-emphasize this feeling that this remains a major and problem and he re-emphasized his commitment to this problem and directed me to determine where we still needed to make progress

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THE PRESS: Thank you, gentlemen.

END (AT 12:22 P.M. PDT)

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503



FOR RELEASE ON DELIVERY
Expected at 10:00 a.m.
Monday, June 28, 1971

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STATEMENT OF DR. JEROME H. JAFFE
SPECIAL CONSULTANT TO THE PRESIDENT FOR NARCOTICS
AND DANGEROUS DRUGS, BEFORE THE SUBCOMMITTEE ON
PUBLIC HEALTH AND ENVIRONMENT OF THE
HOUSE COMMITTEE ON INTERSTATE
AND FOREIGN COMMERCE ON H.R. 9264 TO ESTABLISH
A SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION

Mr. Chairman and Members of the Subcommittee:

I am pleased to appear before this Subcommittee this morning to testify on the new Special Action Office for Drug Abuse Prevention which has been proposed by the President. I especially appreciate the willingness of this Committee to hold hearings so quickly after submission of the bill. I know that this is a reflection of the concern of this Subcommittee to find the best means for combatting drug abuse and shaping the Federal response to the drug problem.

In his Message of June 17, 1971, the President outlined the need for the Special Action Office to develop an overall Federal strategy for drug abuse programs to respond to the emergency situation in which we find ourselves. The President defined the role of the Special Action Office as follows:

> "This Office would provide strengthened Federal leadership in finding solutions to drug abuse problems. It would establish priorities and instill a sense of urgency in Federal and federally-supported drug abuse programs, and it would increase coordination between Federal, State and local rehabilitation efforts."

The problems of drug abuse and drug addiction are human problems. We do not yet have total insight into the causes of drug addiction among different groups of people, particularly young people, but we know Americans in ever-increasing numbers are experimenting with an ever-increasing variety of pharmacological substances. In some cases, the experimentation is a transient behavior motivated by curiosity and peer pressure. Often it is a phase that passes and leaves no scars. But tragically, for too many Americans the kinds of drugs used and the patterns of use lead to the break-up of their personalities, the destruction of personal and family ties, and the commission of crimes to obtain the money to buy the drugs.

As a society we pay for this in many ways -- the diversion of energy and talent from socially useful to socially detrimental channels, the cost to curb and root out the suppliers of illicit drugs; the crimes committed by the drug users, and the anguish of thousands of families who must watch helplessly as one of their members gets caught up in a drug dependence problem.

It is clear that one of our first priorities must be the prevention of additional victims. Once drug dependence is established, it is immensely difficult to reverse. Many drug users simply do not want treatment. Even for those who seek treatment, extraordinary effort is required by both the individual, himself, and by society, to make that treatment successful. Our best strategy at this time, therefore, is to prevent it in the first instance. We do know that for many individuals there is a terrible progression from experimental testing of a drug to the state of compulsive use or true addiction. Yet, not every single person moves inexorabally down this

roadway. But, who will do so and who will not still eludes us. We must develop ways to discover why some users progress, then to identify them, and halt that progression.

The second great need is for treatment of those who have already moved on to addiction but have not yet entirely destroyed their lives -- to shorten the journey before it reaches its tragic end. The Message of the President is a crucial "turning of the corner" in this regard. It represents a determination to give new emphasis to the treatment of drug abuse, and adopts the realistic and more humane attitude that every addict in need of treatment should be able to obtain it. It recognized further that treatment must be adapted to the individual and that this means a number of alternatives will have to be made available. Just as there are individual addicts who do not seek out any treatment, there are those who seek treatment, but do poorly in specific treatment programs.

Over the past several years many Federal agencies, each responsive to its own limited responsibilities, have developed and operated programs dealing with one piece of the drug abuse problem. There are nine Federal agencies now involved in some facet of the drug abuse problem including six offering some form of treatment program and five engaged in education and training activity. It is clear that this piecemeal approach is inadequate to the task. We no longer can afford the luxury of having each Federal agency respond to one part of the drug problem without linking its efforts to others underway. Such discontinuities are not only inefficient but they make it difficult for the public to know which agency it should seek out

first, and it dooms the drug user seeking treatment to wander through a bureaucratic maze hoping to find the treatment best suited to his needs.

There are a number of things which we can do to build on existing activities and programs. Our first priority is to make better use of the resources already committed to pieces of the problem. We must bring them together in a coordinated attack upon the total problem. We must, in fact, develop a national strategy for responding to this national crisis. To do this, we must take the following steps:

1. We must identify and define the total problem, and its parts, more precisely.

2. We must state clearly and definitively our immediate and longer-range objectives.

3. We must examine the range and variety of programs which will be needed to meet these objectives, take steps to get the most out of current programs and using new programs to fill in the gaps.

4. We must examine the utility of existing programs, measure their impact and effectiveness and be prepared to redirect their resources where their usefulness cannot be clearly seen.

We must view our mission with a clear sense of urgency, and with a recognition that we intend, in a few short years, to leave the scene with a better range of programs than we found it. A first step is to establish a new administrative entity to respond to this emergency directly and specifically. This agency is intended to achieve very specific objectives in a limited

period of time. Such an approach is not new in responding to questions of great national concern, but it is the first time it has been applied to this kind of program. In effect, we are setting up a project office in the Executive Office of the President which will be equipped to develop a national strategy, to set forth very clear objectives to insure coordinated program management, and to measure the progress of the Federal Government against those objectives.

In his June 17 Message, the President set forth the mission as follows:

". . . The Special Action Office would develop overall Federal strategy for drug abuse prevention programs, set program goals, objectives and priorities, carry out programs through other Federal agencies, develop guidance and standards for operating agencies, and evaluate performance of all programs to determine where success is being achieved. It would extend its efforts into research, prevention, training, education, treatment, rehabilitation, and the development of necessary reports, statistics, and social indicators for use by all public and private groups."

". . . it would concentrate on the 'demand' side of the drug equation--the rise and uses of drugs."

Within its mission, the Director would set specific objectives for accomplishment on a time-phased basis, during the three years of the Office's intended existence. These objectives would include, among others:

- reduction in the increasing national rate of drug addiction
- reduction in drug-related deaths
- reduction of drug use in schools
- increase in the number of individuals treated by methods proven effective
- increase in the number of rehabilitated addicts placed in jobs.

A major objective of the Office will be the development of a reliable set of social indicators which will show clearly the nature, extent and trends in the drug abuse problem, and the kinds of workload measures which will tell us what kinds of progress we are making. We already have such indicators in other medical problem areas, and we know that they can be provided for drug abuse as well, so that we can look at patterns of drug use and the rate of change and guage our effectiveness in reducing the growing numbers of addicts.

The Special Action Office will have special tools for carrying out its mission. It will have strong directive authority and funding control to enable the Federal Government to attain its objectives within a definite time limit. It will develop an overall Federal strategy for drug abuse programs.

At the present time no single agency has an overall view of the drug problem or even clear-cut responsibility for one complete segment of it. Program funding levels within each agency are relatively small and evaluation systems which would provide the basis for policy development are either rudimentary or simply do not exist.

Let me make clear that the program efforts which are carried out by a number of agencies have very real utility. What is lacking is a clear sense of direction and strategy. The Special Action Office will have the capacity to function across agency lines. It will provide a resource capacity to fill in program gaps as they emerge, particularly in the areas of research and information requirements. Section 5c of H.R. 9264 provides authority for the Director of the Special Action Office to exercise all or part of many Federal Acts as they relate to drug abuse prevention. This includes the Narcotic Addict Rehabilitation Act of 1966, the Comprehensive Drug Abuse Prevention and Control Act of 1970, the Drug Abuse Education Act of 1970, the Community Mental Health Centers Act, the Omnibus Crime Control and Safe Streets Act of 1968, the Economic Opportunity Act of 1964, the Manpower Development and Training Act of 1962, the Public Health Service Act, and Title 38 of the United States Code dealing with the authorities of the Veterans Administration.

In most cases, however, the Special Action Office will not implement programs under these authorities itself, with its own staff. Instead, it will arrange for implementing operations to be carried out by other Federal agencies through carefully defined working agreements. In the case of activities now in operation, the Office is authorized to take over direct responsibility for all significant, identifiable programs. The Director will prepare the Federal budget for funds for all programs for which he assumes responsibility and justify this consolidated budget before Congress. He will also develop and introduce new programs where necessary and include these in the consolidated office budget.

In many agencies, however, activities relating to some portion of the drug abuse problem may be part of some broader program where the drug abuse portion cannot be managed and funded separately by the Special Action Office. In these cases, the Special Action Office will provide policy and program guidance based on direct research and on evaluation of programs carried out by other agencies, to assist those agencies in making their programs more effective.

As part of its strategy-building, the Office will develop a Program/ Financial Plan. This will reflect the Office's determination as to which agencies should have primary responsibility for handling segments of the drug abuse problem. These determinations will offer the Federal Government an opportunity to enhance the program efforts already underway by building on their expertise, and to enhance those showing most evidence of effectiveness by allocating additional resources to them. In this way, optimum resource use can be expected. If an agency should insist on funding programs which are not considered to be of high priority, the Office would have the authority, and the responsibility, to require conformance with its policy and to redirect those resources.

The Office will implement its strategy primarily through working agreements with other agencies and departments, which will set forth specific objectives to be accomplished, the resources to be allocated and the time frame within which results can be expected. The agreements will provide for systematic reporting procedures, as well as external evaluations by the Special Action Office.

The Office will also be empowered to make grants and contracts both directly to other Federal agencies, state, local and private organizations and indirectly, through other Federal agencies. In addition, the Office will provide guidance and technical support to State, local, industry and private programs; and will develop a National data bank that will provide statistics for use by all organizations working on drug abuse control programs. Obviously, the issue of confidentiality will arise. We intend to work out mechanisms that will ensure the utmost confidentiality.

The comprehensiveness of the Special Action Office's role in the field of drug abuse control will insure the maximum effectiveness of our drug abuse control resources. This emphasis on rehabilitating the drug user will match other emphasis being placed on law enforcement under the Comprehensive Drug Abuse Prevention and Control Act of 1970, to deal with the supply of illegal drugs.

The Special Action Office will have a relatively small but highly qualified team of technical and management people. Its Director will report to the President. We envision a staff of 120 people at the end of the first year, with an executive staff numbering 10 persons, including the Director, the Deputy Director, the Assistant Directors and excepted positions. The technical staff will have 65 professionals, such as doctors, psychologists, sociologists, as well as program managers, attorneys and economists.

Administrative and clerical support will be provided by 45 non-professionals.

No general field structure is planned for the Office because of the highly specialized and policy-oriented nature of its operation. Monitoring and oversight of programs, particularly those research programs designed to fill gaps, will require fairly heavy travel, and the support and administrative budget will reflect this. Similarly, the budget will reflect funding for contracts for software development and equipment rental in connection with the sizable information collection, analysis, and dissemination effort anticipated for the National Data Center.

The President has indicated to us all the high priority which he feels the problems of drug abuse and drug addiction hold in our Nation. He has, as a prior action to the establishment of the Special Action Office on Drug Abuse Programs, set up a special office in the White House by Executive Order pending passage of this legislation. I am now working from that office to become familiar with the present Federal efforts and programs and to begin the development and implementation of our overall strategy.

I am certain we are all aware of the magnitude of the problem.

We must now move rapidly to confront the issue. I am aware that more than 100 bills dealing with drug abuse are now before the Congress. Many of these bills include innovative and sound concepts. Many of these concepts are found in this bill. Furthermore, we have, in this bill, deliberately set ourselves a very short time limit within which we must show marked progress. Every day we lose exacerbates the problem. We need the authority and funds to move ahead now. I urge the Congress to give us those tools as quickly as possible.

JULY 29, 1971

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FOR RELEASE ON DELIVERY

STATEMENT OF DR. JEROME H. JAFFE, SPECIAL CONSULTANT TO THE PRESIDENT FOR NARCOTICS AND DANGEROUS DRUGS, BEFORE THE SUBCOMMITTEES ON EXECUTIVE REORGANIZATION AND INTER-GOVERNMENTAL RELATIONS OF THE SENATE COMMITTEE ON GOVERNMENT OPERATIONS ON S. 2097 TO ESTABLISH A SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION.

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEES:

I AM PLEASED TO APPEAR BEFORE THE SUBCOMMITTEES TODAY TO TESTIFY ON THE NEW SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION WHICH HAS BEEN PROPOSED BY THE PRESIDENT. BECAUSE OF THE AREAS OF INTEREST OF THESE SUBCOMMITTEES I WILL ADDRESS MY PREPARED TESTIMONY TO QUESTIONS OF THE SCOPE OF AUTHORITY FOR THE PROPOSED AGENCY, THE ROLE THAT I PERCEIVE FOR THE SPECIAL ACTION OFFICE, AND THE MEANS BY WHICH WE INTEND TO ACCOMPLISH OU MISSION.

I SEE AS MY PRINCIPAL PURPOSE IN APPEARING HERE, THE OPPORTUNITY OF SHARING WITH YOU INFORMATION AND IDEAS ON THE SPECIAL ACTION OFFICE AS IT WOULD BE CONSTITUTED UNDER S. 2097 SO THAT YOU MAY TAKE TIMELY AND INFORMED ACTION ON THAT MEASURE. AS YOU KNOW, THE SPECIAL ACTION OFFICE IS CURRENTLY OPERATING UNDER THE AUTHORITY OF EXECUTIVE ORDER 11599. THE EXECUTIVE ORDER MAKES THE DIRECTOR OF THE SPECIAL ACTION OFFICE THE REPRESENTATIVE OF THE PRESIDENT IN DRUG ABUSE PREVENTION MATTERS. THE ADDITIONAL AUTHORITY SET FORTH IN S. 2097, HOWEVER, WILL

PROVIDE US WITH AN OPPORTUNITY TO ACHIEVE FULL AND EFFECTIVE COORDINATION IN THE DRUG ABUSE PREVENTION FIELD. WE URGE THE PASSAGE OF S. 2097 TO CARRY OUT BOTH THE COORDINATION AND POLICY DIRECTION WHICH IS SO IMPORTANT TO PROVIDE ADEQUATE PREVENTION, TREATMENT AND REHABILITATION PROGRAMS.

FOR THE PURPOSES OF ANALYSIS, THE DRUG ABUSE PROBLEM CAN BE LOOKED AT AS TWO SIDES OF A SUPPLY-DEMAND EQUATION.

THE PROBLEM ON THE SUPPLY SIDE IS TO STOP THE FLOW OF DRUGS TO THE ILLICIT MARKETS IN THIS COUNTRY FROM FOREIGN AND DOMESTIC SOURCES. THIS IS PRIMARILY A LAW ENFORCEMENT PROBLEM CONCERNED WITH PREVENTING ILLICIT PRODUCTION AND DISTRIBUTION AND APPREHENDING AND PUNISHING OFFENDERS. THE RESPONSIBILITY FOR THIS SIDE OF THE PROBLEM RESTS WITH THE DEPARTMENTS OF STATE, TREASURY AND JUSTICE.

THE PROBLEM OF LOWERING THE DEMAND FOR ILLEGAL DRUGS AMONG THOSE WHO CONSUME THEM IS A VERY COMPLEX PROBLEM. THIS DEMAND SIDE OF THE DRUG ABUSE PREVENTION EQUATION INVOLVES MEDICAL AND PROGRAM RESEARCH INTO THE CAUSES AND CURES OF DRUG ABUSE, EDUCATION AND TRAINING TO REDUCE THE ABUSE OF DRUGS, AND TREATMENT AND REHABILITATION OF DRUG ABUSERS SO THAT THEY CAN BE RETURNED AS PRODUCTIVE MEMBERS OF SOCIETY.

AT PRESENT THERE ARE NINE FEDERAL AGENCIES CONCERNED WITH THE DEMAND SIDE OF THE DRUG ABUSE PREVENTION EQUATION. YET NO AGENCY HAS CLEAR OVERALL RESPONSIBILITY OR AUTHORITY. WE ARE FORTUNATE THAT THESE AGENCIES HAVE RECOGNIZED THE NEED FOR ACTION IN COMBATTING DRUG ABUSE; AND I AM CERTAINLY GAINING A GREATER APPRECIATION FOR THE GREAT CONCERN AND LEADERSHIP FOUND IN THE CONGRESS IN SEARCHING FOR BETTER SOLUTIONS

TO THIS SERIOUS NATIONAL PROBLEM. YET I THINK IT IS GENERALLY RECOGNIZED THAT SOME IMPORTANT ELEMENTS OF OUR TOTAL CAPABILITY TO RESPOND TO THE DRUG ABUSE PROBLEM HAVE BEEN MISSING. WE HAVE LACKED A SINGLE COORDINATING AND DIRECTING FORCE IN THE DOMESTIC AREA TO SET FORTH A VIGOROUS AND COHERENT NATIONAL STRATEGY; WE HAVE LACKED THE CENTRAL CAPACITY TO CONVERT THIS STRATEGY INTO AN INTEGRATED SET OF DRUG ABUSE PROGRAMS WHICH MAKE THE MOST OF OUR AVAILABLE RESOURCES; AND WE ALSO LACK A CENTRAL MECHANISM WHICH CAN RESPOND RAPIDLY TO THE NEED FOR NEW ACTIVITY, AND CAN RAPIDLY SHIFT RESOURCES TO THE POINT OF GREATEST NEED. THE SPECIAL ACTION OFFICE IS CHARTERED TO FILL ALL OF THESE CRUCIAL NEEDS, AND IS IN FACT THE VITALLY NEEDED "MISSING LINK" WHICH MUST BE ADDED TO ROUND OUT AND MAKE EFFECTIVE OUR TOTAL DOMESTIC DRUG ABUSE EFFORT.

THE PRESIDENT HAS PROPOSED A BROAD PROGRAM OF EXECUTIVE REORGANIZATION TO DEAL WITH DUPLICATION AND FRAGMENTA TION IN FEDERAL PROGRAMS. HOWEVER, EVEN IF THE DEPARTMENTAL REORGANIZATION WERE TO TAKE PLACE IMMEDIATELY, THERE WOULD STILL BE A NEED FOR THE SPECIAL ACTION OFFICE, AS CERTAIN PROGRAMS OF IMMEDIATE INTEREST - SUCH AS THOSE IN DOD AND THE VETERANS ADMINISTRATION - WOULD BE OUTSIDE THE SCOPE OF THE PROPOSED DEPARTMENT OF HUMAN RESOURCES. WE NEED A SPECIAL ACTION OFFICE TO FUNCTION FOR THREE TO FIVE YEARS TO PROVIDE COHERENT POLICY AND OVERALL DIRECTION UNTIL SUCH A TIME AS THE SEPARATE AGENCIES CAN PROCEED IN CONCERT.

THE SPECIAL ACTION OFFICE IS ALSO INTENDED TO UPGRADE SIGNIFICANTLY THE CAPACITY OF THE TOTAL GOVERNMENT SYSTEM TO INTEGRATE AND COORDINATE ITS RESPECTIVE RESPONSIBILITIES AND I VIEW MY ROLE AS AN INNOVATOR AND AN INSTIGATOR IN ACHIEVING A TIGHTENING UP OF THIS SYSTEM. I DO NOT

SUGGEST THAT I CAN OR SHOULD BECOME A "CZAR" FOR FEDERAL DRUG PROGRAMS. I AM LESS CONCERNED WITH ISSUING ORDERS AND MORE CONCERNED WITH FINDING WAYS TO MAKE THE MOST OF WHAT WE HAVE, AND IN GENERATING A SENSE OF URGENCY THROUGHOUT ALL OF THE ELEMENTS ON WHICH WE MUST RELY. I RECOGNIZE THE CRUCIAL RELATIONSHIPS WHICH EXIST BETWEEN SUPPLY AND DEMAND - BETWEEN THE MILITARY AND DOMESTIC ENVIRONMENTS - AND BETWEEN VOLUNTARY AND LAW ENFORCEMENT ASPECTS OF DEALING WITH ADDICTS. IT IS MY HOPE THAT THE NEW SPECIAL ACTION OFFICE WILL BE THE CENTRAL COHESIVE FORCE AROUND WHICH CLOSER AND MORE EFFECTIVE RELATIONSHIPS CAN BE BUILT.

THE SPECIAL ACTION OFFICE, UNDER SECTION 5(a) OF S. 2097, WILL HAVE POLICY CONTROL OVER ALL AGENCIES OPERATING RESEARCH, EDUCATION, TRAINING, TREATMENT AND REHABILITATION PROGRAMS. THIS POLICY CONTROL INCLUDES SOME PROGRAMS OF THE DEPARTMENTS OF DEFENSE, AGRICULTURE AND LABOR WHICH UNDER SECTIONS 5(b) AND 5(c), WILL NOT BE FUNDED DIRECTLY BY THE SAO. MY OFFICE HAS ALREADY BEEN IN CONTACT WITH ALL THE APPROPRIATE AGENCIES AND IS DEVELOPING WORKING RELATIONSHIPS WITH THEM TO ENSURE A UNIFORM COHERENT NATIONAL POLICY ON THE PROGRAMS FOR PREVENTION, TREATMENT AND REHABILITATION. MY OFFICE IS DEVELOPING CLOSE WORKING RELATIONSHIPS WITH THE DEPARTMENTS OF STATE, TREASURY AND JUSTICE. WE HAVE ALREADY TALKED EXTENSIVELY WITH OFFICIALS OF THE DEPARTMENT OF JUSTICE AND HAVE THE FEELING WITH ALL OF THESE DEPARTMENTS THAT WE ARE GAINING A MUTUAL UNDERSTANDING OF OUR PROBLEMS AND POLICIES.

IN ADDITION TO ACQUIRING THE POLICY CONTROL DISCUSSED IMMEDIATELY ABOVE, THE DIRECTOR WOULD ACQUIRE THE AUTHORITY FOR BUDGETARY AND MANAGEMENT CONTROL OVER NINE STATUTORILY SPECIFIED FEDERAL ACTIVITIES. THESE ACTIVITIES ARE, GENERALLY SPEAKING, THE MOST IMPORTANT IN THE

FEDERAL DRUG ABUSE PREVENTION PROGRAM. THEY THEREFORE REPRESENT THE PRIORITY EFFORTS OVER WHICH THE SPECIAL ACTION OFFICE MUST EXERT ITS AUTHORITY FOR DIRECT MANAGEMENT CONTROL. AN INTERESTING ASPECT OF THIS STYLE OF MANAGEMENT IS THAT THERE WILL BE MANY SMALLER AND MORE SPECIFIC DRUG ABUSE PROGRAMS WHICH WILL REMAIN UNDER THE BUDGETARY AND MANAGEMENT CONTROL OF THESE AGENCIES. SAO WILL NOT HAVE THE RESOURCES TO ATTEMPT TO CONTROL THESE ACTIVITIES, AND IN FACT IT MAY NOT BE DESIRABLE TO DO SO. THESE PROGRAMS WILL REPRESENT A VALUABLE POTENTIAL FOR TESTING NEW CONCEPTS WHICH MAY DEVELOP INTO IMPORTANT NEW VENTURES FOR THE FUTURE. THE MAJOR PROGRAMS OVER WHICH SAO WILL ASSUME MANAGEMENT RESPONSIBILITY REPRESENT OUR LARGEST AND MOST IMPORTANT CURRENT DRUG ABUSE EFFORT. THE SAO AUTHORITY IS SPECIFICALLY INTENDED TO FACE UP TO THE NEED FOR CONTINUOUS EVALUATION OF SUCCESS OR FAILURE, AND TO MAKE THE DIFFICULT RECOMMENDATIONS TO THE PRESIDENT ON THE BEST MEANS OF DEPLOYING OUR RESOURCES TO ACHIEVE SUCCESS. UNLESS WE ARE WILLING TO FACE THIS KIND OF HARD CHOICE, WE WILL NEVER BE ABLE TO SAY WE ARE FULLY MEETING OUR RESPONSIBILITIES.

THE SPECIAL ACTION OFFICE IS STILL IN THE EARLIEST STAGES OF ITS DEVELOPMENT AND THUS HAS NOT BEEN ABLE TO FORMULATE THE PRECISE MECHANISMS BY WHICH BUDGET AND MANAGEMENT CONTROL COULD BE EXERCISED. WE CAN, HOWEVER, DISCUSS GENERALLY THE WAYS IN WHICH THE LEGISLATION AUTHORIZES THE DIRECTOR TO DO BUSINESS.

POLICY DIRECTION. THE OFFICE OF THE DIRECTOR WILL FORMULATE AND COMMUNICATE POLICY FOR THE DRUG ABUSE PREVENTION PROGRAMS OF THE FEDERAL GOVERNMENT. I INTEND TO COMMUNICATE POLICY BY PERSONAL CONTACTS WITH AGENCY HEADS AND PROGRAM DIRECTORS, THROUGH CONFERENCES WHERE IDEAS CAN BE FREELY EXCHANGED AS WELL AS MORE FORMAL POLICY DIRECTIVES. SOME POLICIES ENUNCIATED IN THIS FASHION WILL TREAT THE ENTIRE DRUG ABUSE AREA, OTHERS WILL BE DIRECTED TOWARD SPECIFIC ACTIVITIES.

BUDGETARY AND FISCAL MANAGEMENT. THE FISCAL AUTHORITIES PROVIDE A NECESSARY TOOL FOR INTEGRATING PROGRAMS AND IMPLEMENTING DECISIONS ON PRIORITIES. THESE MECHANISMS CAN BE SEEN AS OPERATING IN THE FOLLOWING FASHION:

-- THE PRESENTATION OF SUBSTANTIVE PROGRAM AUTHORIZATION REQUESTS TO CONGRESS. THE AGENCIES REQUESTING SUCH AUTHORIZATIONS WOULD BE REQUIRED TO SUBMIT THESE THROUGH THE SPECIAL ACTION OFFICE. THIS WOULD ALLOW THE DIRECTOR BOTH TO ESTABLISH PRIORITIES AND INSURE COORDINATION WITHIN THE OVERALL FEDERAL DRUG ABUSE PREVENTION PROGRAM. IT WOULD ALSO PERMIT THE DIRECTOR TO PRESENT THE COMMITTEES OF CONGRESS SUBSTANTIVE AUTHORIZATION REQUESTS IN THE CONTEXT OF THE OVERALL FEDERAL DRUG ABUSE PREVENTION PROGRAM.

-- THE PRESENTATION OF APPROPRIATION REQUESTS. THE DIRECTOR WOULD PRESENT A REQUEST FOR APPROPRIATIONS FOR THE PROGRAMS IDENTIFIED BY STATUTE IN THIS ACT. THIS AGAIN WOULD AFFORD THE OPPORTUNITY FOR A GREATER OVERVIEW OF THE GOVERNMENT'S EFFORTS IN THE DRUG ABUSE PREVENTION AREA.

-- THE ALLOCATION OF APPROPRIATED FUNDS DURING THE FISCAL YEAR. THE DIRECTOR WOULD ALLOCATE TO THE AGENCIES THEIR FUNDS AND ASSURE THROUGH SOUND FISCAL MANAGEMENT PRACTICES THAT THESE FUNDS ARE USED AS INTENDED. THIS CONTROL OF FUNDS COUPLED WITH THE DIRECTOR'S AUTHORITY TO MODIFY AND TRANSFER PROGRAMS WOULD ALLOW HIM TO ENSURE THE COORDINATION AND EFFICIENCY FOR WHICH HE IS RESPONSIBLE.

REGULAR PROGRAM FEEDBACK SYSTEMS FOR REVIEW BY THE SPECIAL ACTION OFFICE. BY REGULAR REPORTING MECHANISMS THE SPECIAL ACTION OFFICE WOULD BE KEPT CURRENTLY INFORMED OF THE STATUS OF ACTIONS BEING TAKEN UNDER VARIOUS PROGRAMS. (THE REQUIREMENT TO REPORT IS ITSELF OFTEN A USEFUL MANAGEMENT TOOL FOR ACCOMPLISHING COMPLIANCE.) IN ADDITION, WITH ACCURATE PERFORMANCE DATA, IT WILL BE POSSIBLE FOR THE DIRECTOR TO OFFER GUIDANCE AND EXERCISE CONTROL AT THE POINTS WHERE THEY ARE MOST NEEDED.

CONTRACTS AND AGREEMENTS WITH FEDERAL AGENCIES. THE SPECIAL ACTION OFFICE WOULD HAVE THE AUTHORITY TO CONTRACT WITH THE FEDERAL AGENCIES FOR PARTICULAR TASKS AND PROGRAMS TO BE PERFORMED ACCORDING TO SUCH SPECIFIC PERFORMANCE CRITERIA AS AGREED UPON IN THE CONTRACT. THIS WOULD ALLOW THE DIRECTOR TO CLEARLY ESTABLISH THE DESIRED RESULTS OF

A PROGRAM, AND IT WOULD GIVE AGENCIES CLEAR OBJECTIVES AGAINST WHICH TO O[illegible]RATE THEIR PROGRAMS.

CONTRACTS AND GRANTS. THE SPECIAL ACTION OFFICE WILL HAVE FULL AUTHORITY TO AWARD CONTRACTS AND GRANTS FOR DRUG ABUSE PROGRAMS. WHILE I DO NOT ENVISION OPERATING PROGRAMS OUT OF THE SPECIAL ACTION OFFICE, THE AUTHORITY TO DO SO EXISTS AND THAT WILL BE DONE SHOULD EVALUATION OF EXISTING PROGRAMS AND PERFORMANCE WARRANT SUCH ACTIONS.

THE DIFFERENCE IN THE DIRECTOR'S POLICY CONTROL OVER ALL NON-LAW ENFORCEMENT DRUG ABUSE PREVENTION ACTIVITIES AND HIS MANAGEMENT AND BUDGETARY CONTROL OVER THE SPECIFIED PROGRAMS WILL CREATE SITUATIONS WHERE HIS RELATION TO ANY GIVEN AGENCY MAY NOT BE UNIFORM. I DO NOT FEEL, HOWEVER, THAT THIS WILL CREATE ANY PROBLEM, BUT RATHER IT WILL ALLOW US TO FOCUS ON PARTICULAR AREAS WITH PRECISELY THE KIND OF AUTHORITY AND RESPONSIBILITY WHICH IS APPROPRIATE. FOR EXAMPLE, IN THE DEPARTMENT OF JUSTICE THERE WILL BE DRUG ABUSE RELATED ACTIVITY ENTIRELY DIRECTED AT LAW ENFORCEMENT AGENCIES OR OFFICIALS OVER WHICH THE DIRECTOR OF THE SPECIAL ACTION OFFICE WILL HAVE NO CONTROL. AT THE SAME TIME, THERE WILL BE FURTHER AREAS WHICH DEAL WITH DRUG ABUSE ACTIVITIES DIRECTED AT THE GENERAL PUBLIC; AND IN CONDUCTING THAT ACTIVITY THE DEPARTMENT OF JUSTICE WILL RESPOND TO THE DIRECTOR'S POLICY DIRECTION. AN EXAMPLE OF THIS MIGHT BE CERTAIN EDUCATION PROGRAMS FUNDED BY THE BUREAU OF NARCOTICS AND DANGEROUS DRUGS. FINALLY, THERE WILL BE DRUG ABUSE PREVENTION ACTIVITY OVER WHICH THE DIRECTOR WILL ASSUME BUDGETARY AND MANAGEMENT AUTHORITY AS WELL AS HIS GENERAL POLICY RESPONSIBILITY. AN EXAMPLE OF THIS IS THE PROGRAM OF THE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION IDENTIFIED IN SECTION 5(c)(1)(G). WHILE THESE DISTINCTIONS MAY SEEM CONFUSING AT FIRST GLANCE, THEY ALLOW THE DIRECTOR TO EXERCISE A RANGE OF AUTHORITY APPROPRIATE TO EACH KIND OF AGENCY DRUG ABUSE ACTIVITY. IT PLACES SUITABLE RESPONSIBILITY AND ACCOUNTABILITY ON OTHERS WHERE AND TO THE EXTENT THAT IS MOST APPROPRIATE.

AS MENTIONED ABOVE, UNDER SECTION 4(a) OF THE BILL BEFORE YOU, SAO WILL HAVE POLICY AUTHORITY OVER DOD DRUG ABUSE PROGRAMS. BECAUSE OF THE

MILITARY MISSION, THE CHAIN OF COMMAND RELATIONSHIPS AND THE NECESSITY TO TREAT SERVICEMEN WITHIN THE TOTAL CONTEXT OF THE MILITARY LIFE STYLE, BUDGETARY AUTHORITY OVER DOD PROGRAMS IS NOT DESIRABLE.

FURTHER I CAN SEE NO REASON WHY BUDGETARY AUTHORITY OVER DOD IS NECESSARY. OUR RECORD OF COOPERATION - AND ACCOMPLISHMENT - TO DATE SPEAKS FOR ITSELF. I HAVE RECENTLY RETURNED FROM A TRIP TO VIETNAM DURING WHICH I SPOKE TO SECRETARY LAIRD, GENERAL ABRAMS AND ADMIRAL McCAIN. DUE TO THE EXCELLENT WORKING RELATIONSHIP ESTABLISHED PRIOR TO AND DURING THIS TRIP, SIGNIFICANT PROGRESS HAS BEEN MADE. DOD HAS FOLLOWED MY POLICY DIRECTION IN EVERY INSTANCE. FOR EXAMPLE ON JUNE 18 WE LAUNCHED A URINALYSIS SCREENING PROCEDURE WHICH AS OF JULY 28 HAD TESTED SOME 20,145 DEPARTING SERVICEMEN. OF THESE SCREENED 2,159, OR 5.4%, HAD DRUG POSITIVE URINES. WE ARE PRESENTLY MAKING PLANS TO THICKEN THIS SCREEN TO MAKE IT EVEN MORE EFFECTIVE.

MY STAFF HAS BEEN WORKING WITH ASSISTANT SECRETARY KELLEY, WHO HAS DOD RESPONSIBILITY IN THIS AREA, TO DEVELOP PROGRAMS WHICH WILL ALLOW AN UPGRADING OF THE TREATMENT CAPABILITY IN VIETNAM.

TO THIS END WE ARE MAKING CIVILIAN EXPERTISE AVAILABLE TO DOD PERSONNEL RESPONSIBLE FOR TRAINING AND TREATMENT. THESE MILITARY EXPERTS ARE PRESENTLY VISITING FACILITIES IN NEW YORK AND CHICAGO IN ORDER TO ASSESS THE APPLICABILITY OF CURRENT CIVILIAN TECHNIQUES TO MILITARY TREATMENT PROGRAMS.

FINALLY, THE PRESIDENT, THE SECRETARY OF DEFENSE AND I ARE DETERMINED TO DO MORE THAN MERELY TREAT THE MILITARY AS AN ISOLATED PROBLEM. IN LARGE MEASURE THE PRESENT MILITARY DRUG PROBLEM IS A REFLECTION OF THE PROBLEM IN SOCIETY AT LARGE - ALBEIT COMPOUNDED BY THE SPECIFIC CIRCUMSTANCES IN VIETNAM.

ONE OF THE GREAT ADVANTAGES OF THE SPECIAL ACTION OFFICE WILL BE ITS ABILITY TO TRANSFER KNOWLEDGE BETWEEN PREVIOUSLY INSULATED AGENCIES. THE PRESIDENT COMMENTED TO ME IN SAN CLEMENTE THAT THERE ARE MANY PREVIOUS INSTANCES WHETE THE KNOWLEDGE GAINED FROM MILITARY MEDICINE HAS BEEN BENEFICIAL TO SOCIETY AS A WHOLE. HE IS COMMITTED TO THE PROPOSITION THAT WE CAN GAIN KNOWLEDGE FROM THE TREATMENT OF THE MILITARY DRUG PROBLEM WHICH WILL ENABLE US TO BETTER DEAL WITH DRUG ABUSE IN SOCIETY AS A WHOLE. TO THIS END WE ARE WORKING WITH THE SYSTEMS ANALYSIS STAFF OF DOD TO DEVELOP A SCIENTIFIC ANALYSIS OF THE MILITARY DRUG ABUSE PROBLEM AND AN EVALUATION OF THE EFFECTIVENESS OF DOD DRUG PROGRAMS.

I AM TOLD THAT THE CHINESE WRITE THE WORD "CRISIS" BY JUXTAPOSING TWO CHARACTERS: "DANGER" AND "OPPORTUNITY". CERTAINLY DRUG ABUSE IN THE MILITARY AND IN SOCIETY AS A WHOLE REPRESENTS A SERIOUS DANGER TO THIS NATION. YET, BY CANDIDLY ADDRESSING THIS PROBLEM REALIZING THE UNIQUE CHARACTERISTICS OF THE MILITARY AS A SAMPLE POPULATION, WE HAVE AN OPPORTUNITY TO GAIN VALUABLE INSIGHTS WHICH WILL MAKE US BETTER ABLE TO DEAL WITH THE PROBLEM IN CIVILIAN SOCIETY. AGAIN, THE MILITARY HAVE BEEN EXTREMELY COOPERATIVE IN THIS MATTER AND THE DAY IS NOT TOO DISTANT WHEN I WILL BE ABLE TO RECOMMEND TO MY CIVILIAN COLLEAGUES THAT THEY EXAMINE DOD DRUG PROGRAMS AND LEARN FROM THEM.

THUS, IN OUR RELATIONS WITH OTHER AGENCIES, WE ARE FINDING THAT THE PROVISIONS OF S. 2097 ARE VIABLE AND EFFECTIVE. WE DO NOT INTEND TO BECOME JUST ANOTHER LAYER OF BUREAUCRACY. WE ARE INVOLVED NOT ONLY IN THE SETTING OF POLICY BUT ALSO IN THE BUDGETARY PROCESS - THE KEY TO EFFECTIVE CONTROL. WE INTEND TO USE OUR BUDGETARY AUTHORITY TO ENFORCE PERFORMANCE STANDARDS AND TO MAKE THE SEPARATE AGENCIES WORK TOGETHER IN A COHERENT AND EFFICIENT MANNER. WE INTEND TO DIRECT A UNIFIED

RESPONSE TO A NATIONAL PROBLEM.

THE SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION REPRESENTS AN INNOVATIVE CONCEPT FOR UPGRADING AND IMPROVING THE CAPACITY OF THE FEDERAL ESTABLISHMENT IN COMING TO GRIPS WITH THE COMPLEX, MULTI-FACETED PROBLEMS OF DRUG ABUSE IN AMERICA. DURING ITS FIXED LIFE-SPAN IT MUST BUILD A GREATER SENSE OF URGENCY AND INITIATIVE INTO THE FEDERAL RESPONSE SO THAT, WHEN IT IS TERMINATED, IT WILL HAVE A STRONGER, BETTER, COORDINATED SET OF PROGRAMS CAPABLE OF GENERATING PERMANENT SOLUTIONS TO THE DOMESTIC DRUG ABUSE PROBLEM.

YET AT PRESENT WE ARE CONSTRAINED BY THE LACK OF THE FULL AUTHORITY PROVIDED IN THE BILL BEFORE YOU. WE WILL SOON REACH A PLATEAU OF EFFECTIVENESS BEYOND WHICH WE CANNOT LEGALLY PROCEED. FOR THIS REASON I URGE THAT YOU ACT AT THE EARLIEST POSSIBLE DATE TO SET UP THE SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION, AS PROVIDED IN S. 2097.

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PRESENTATION

BY

JEROME H. JAFFE, M. D.

SPECIAL CONSULTANT TO THE PRESIDENT

SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION

AT

ST. LOUIS, MISSOURI

24 JUNE 1971

Exactly one week ago, the President announced a plan for an all-out effort to deal with drug abuse in this country.. Fundamentally, the problem can be seen as consisting of two parts. The supply side -- those factors relating to the availability of drugs both International and National: The smuggling of dangerous drugs into this country and the illegal distribution systems now present on the streets of every large city in the United States. The demand side includes those issues that relate to whether available drugs will be used. Our efforts to understand and respond to the demand involves such diverse activities as treatment and rehabilitation of drug users; education both to inform the public and, hopefully, to prevent some kinds of drug abuse; training -- not only of those who treat but also of those who educate, conduct research and make public policy; and, lastly, the development of health care statistics without which we shall be unable to gauge with accuracy the size of the problem and how fast it may be changing. These diverse activities, when they are present at all, are presently spread across more than nine Federal agencies and departments. Any review of this situation leads to one obvious conclusion.

Some mechanism for pulling these diverse elements together is a necessary step in developing a rational and planned approach to deal with both the immediate crisis and the long term problems.

To accomplish this, the President has sent to Congress, a bill calling for the establishment within the Executive Office of the President, a Special Action Office for Drug Abuse Prevention. Until that bill is passed, the President has established by Executive Order, an office within the White House charged with carrying out those activities that do not require special legislation.

I have been consulting with the White House Staff for about a year. Last week, the President named me his Special Consultant and asked me to begin to develop the proposed new agency even as the enabling legislation is under consideration in the Congress. Right now, this office is in an early and inchoate stage of development. To use an analogy from Embryology, it would be difficult even for a sophisticated observer to know if we shall develop into the lovely child of bipartisan goodwill and optimism or a deformed toad whose parentage is better left unspecified.

But it is not too early to talk about the goals that should be set and some of the hopes we have for the near future and the long range.

Within the broad mission of the Office, we will set specific goals to serve as targets for accomplishment during the projected three-year lifespan of the office. We will aim at these targets and we will judge ourselves (as others will judge us) by how close we come to them. As of today we do not have enough data to know, realistically, what specific goals we can set. We do know the general areas. We would like treatment available to all drug users when they want it and need it. Not after months of waiting, or only after they have committed and been convicted of crimes. There must come atime when no citizen will be able to say that I committed a crime to get drugs because I could not get treatment.

Some forms of drug use lead not so much to crime as to impairment of social adjustment, injury to health and sometimes accidental death. We will undertake to reduce this social and human toll. We do not sentence our children to death because they use drugs; but some of them die in the process of using. Last year more than 1000 citizens of New York City died from causes directly related to drug use. That death rate must be reduced. Even our presently crude estimates indicate that Heroin use among young people has increased significantly



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over the past few years. It will not be enough to treat those who become heroin users. We must find a way to reduce the number of new users who enter the drug subculture each year. In addition we cannot continue to grope for information on drug use trends in this country. Adequate and considered planning requires a system of health statistics.. We must try to develop that system.

Specific targets are an important means of focusing our efforts and of measuring our accomplishments. We hope to set these targets not in terms of intermediate goals such as the numbers of treatments given or educational programs conducted, but rather on ultimate "payoff" accomplishments: of actual numbers of human beings who are returned to productive and satisfying lives; of families reunited; and of young people who do not move from experimentation to drug addiction.

As the bill is written, we will operate in a unique fashion. The Special Action Office will be a "special project" given strong directive authority and funding control to carry out a set of specific objectives within a definite period of time. It will develop an overall program strategy and specific activities to carry out that strategy, and we have an obligation to build-in

sufficient evaluation and feedback so that we can, within the brief life of the Agency, maximize our best efforts and shift our least effective efforts into more productive approaches.

The Agency, except as a last resort, is not intended to become involved in direct program operation. Its major mission is to set priorities, goals, policies and standards and to co-ordinate the Federal effort in moving toward these objectives in accord with those policies.

The office is conceived to be a relatively small but highly qualified team of technical and management people who will help to plan and direct a range of Federal programs to be carried out by other Federal agencies and by state and local agencies and organizations. By using working agreements with other Federal agencies we will be able to take advantage of the skills and resources that these agencies have developed over a number of years. Through these agreements, this capability can be left in its own organizational framework, but still form part of a coordinated effort. Each implementing agency must, however, agree to and accept specific terms and conditions of performance.

This kind of agreement is crucial to the ability of the Office to carry out its responsibilities. It is in the nature of a



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"contract" which binds both agencies. Without it, the Office has no clear commitment to which it can hold the implementing agency. The implementing agency in turn needs a clear understanding of what resources it must commit and what goals it must meet when it agrees to carry out an operation.

Earlier I said that the Office would help to plan and set policy. This may seem somewhat inconsistent with its mandated responsibility. What I mean to emphasize here is that no centralized group, no matter how highly skilled and technically competent, can hope to know in depth the needs, resources, and aspirations of all the communities in this land. We expect to form a working partnership not only with knowledgeable people in Federal agencies, but also with knowledgeable agencies and citizens throughout the country.

The policies and priorities we establish for the Federal effort may be somewhat different for different communities because there are few communities where the problems and the resources are identical.

Yet we believe that this flexibility is best suited to bring about overall National goals of reducing the incidence of drug dependence, making treatment available to all who want it, and

in general, reducing the toll of human anguish that drug dependence and its associated antisocial activity now exacts from our society.

One aspect of the operations of the Special Action Office that has had the most visibility in these, its days of gestation, is our work with the Department of Defense in developing a viable program to treat the problem of heroin addiction among American servicemen in Vietnam. An identification and treatment program has already begun at points of departure from Vietnam. The program that has been established puts an entirely new cast to the drug abuse problem within the military. The identification procedures are used as a cornerstone of treatment not punishment. Our objective is twofold--to establish a credible preventive thrust which clearly informs servicemen that if, indeed, they chose to use heroin, they will be identified. The second is to treat the G.I. addict so that his heroin use will not be brought home with him. To this end, following identification as a user of heroin, a serviceman will undergo a brief 5-7 day period of detoxification at suitable non-security facilities in Vietnam.

For the next few weeks, we will be sending those who need a more extended detoxification period to military hospitals. But



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we realize that for many, mere detoxification is not enough. The development of additional transitional facilities is proceeding rapidly--facilities which will provide those servicemen who are heroin users with an additional three weeks of care before they are discharged or returned to duty. This is a buffer period. At the end of this period the drug user will have another option to shed his heroin identity with his uniform. And for many, even this will not be enough. Even now VA and military hospitals are tooling up to provide a full range of rehabilitation services to those who want treatment and for those who return to civilian life and later relapse.

It is the right to rehabilitation both within the armed forces and the Nation as a whole that is a priority objective for this new initiative.

The illness of heroin addiction is spreading at an epidemic rate, and we must make treatment available to all who want it. We will use promising existing models, and we will innovate. New therapeutic agents must be developed in intensified programs.

But to be possible, this burgeoning of treatment possibilities must take place in a rational context supported by effective training to supply essential manpower and equipped with the best tools that modern technology can provide. We must also set reasonable goals

for what can be accomplished and how soon. So often in these past few days have I heard members of the press talk of failures of programs to cure more than a small percentage of their addict-patients. Here I think the word cure is ill-advised. There are few human medical problems that are treated once and remain corrected. Relapse in drug addiction treatment is no exception. But let us look at the days of treatment during which illegal drugs are not used and crimes are not committed as periods of partial success rather than focus on a later relapse as indicative of total failure. The very concept of total treatment for the heroin addict involves many therapeutic approaches and modalities. Some patients may not succeed on one course of treatment, but following relapse, they may enter a different modality and may resume acceptable social adjustment for a longer period. The return of individuals to productive lives for any length of time is a cause worth championing. Eventually our treatment networks must learn to transfer patients from modalities where they are not adjusting to modalities that may be more suitable. It should not be necessary to relapse to change treatments. And we will continue to strive for greater success both for the patient and for

the society in which he lives. Longer acting narcotic antagonists which block the effects of heroin must be developed. Longer acting methadone-like drugs are already under study. We believe that they will prove to be as safe and as effective as methadone. We are not putting our hopes on any one treatment, but rather exploring and developing what is and will be available.

The President has set one essential standard for this entire program--simply that I and my colleagues in this endeavor do all that is humanly possible to accomplish the objective of reducing the demand and reducing the human suffering and chaos that arise when drug users remain untreated. We will do all that human beings can do and be willing to expend ourselves in the process . . . . We will have little sleep, but were we to do less, we might not sleep at all.