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The Immigration and Naturalization Service and Coast Guard provide valuable assistance.
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borders and ports of entry. U. S. attorneys' offices prosecute Federal cases, and the courts try and sentence traffickers. The Federal Board of Parole determines when imprisoned traffickers are released. And, finally, 400,000 State and local police officers, partly financed by Justice's Law Enforcement Assistance Administration (LEAA), are the Nation's defense against local trafficking.

The drug law enforcement program must design a strategy which maximizes the contribution of each of these organizations to the overall objectives of disrupting illicit traffic and reducing the availability of drugs for illicit use. Before discussing the task force's recommendations for accomplishing these objectives, the three ways in which enforcement achieves supply reduction will be reviewed.

First, the arrest, prosecution and incarceration of traffickers and immobilization of trafficking organizations results in the elimination of some illicit supply capabilities. Second, the seizure of quantities of drugs and of equipment and materials needed to operate drug networks (such as vehicles, aircraft and other property used in smuggling), both directly and indirectly reduces illicit supplies of drugs and cripples or inconveniences the operations of illicit traffickers.

Third, enforcement efforts have deterrent effects. Traffickers must operate cautiously: they must carefully screen customers, keep their markets small, and arrange elaborate strategies to hide the drugs. All of this caution reduces both the efficiency of trafficking activity and the total capability of the illicit supply system.

The following sections discuss the task force's findings and recommendations in four key areas which together determine the overall effectiveness of law enforcement efforts. They are:

- The development of enhanced capabilities to conduct conspiracy investigations and otherwise target enforcement resources at high-level violators.
- The effective immobilization of arrested or indicted traffickers.
- Interdiction; its role and interrelationship with investigation.
- Strengthening capabilities of State and local enforcement agencies, and improved cooperation between them and Federal investigative agencies.

Enhancing the Capability to Focus
on Major Trafficking Organizations

To achieve maximum impact, supply reduction efforts must focus upon the prosecution and conviction of those high-level traffickers who direct major organizations, because immobilization of these leaders significantly

reduces the organization's ability to move quantities of drugs for a considerable period of time.

Experience has shown that conspiracy cases are often the only way to apprehend high-level traffickers, since they purposely isolate themselves from all activities which would bring them into actual contact with drugs.* For example, DEA reports that almost half of the top violators it arrests are indicted on conspiracy charges. Use of conspiracy prosecutions is therefore one of the major tactical weapons which should be employed by enforcement personnel, prosecutors, and courts. Expansion of the use of conspiracy strategies will help to emphasize the importance of targeting enforcement resources at the leaders of trafficking organizations. Other strategies may, of course, be equally effective in certain cases. The important thing is to concentrate on top-level violators.

* In high-level conspiracy cases, Federal efforts have a great advantage over State and local activity, since coordination of a variety of investigative techniques can best be achieved at the Federal level, and high-level cases usually involve interstate activity.

In the course of its work, the task force prepared very detailed recommendations for improving the Federal Government's ability to conduct conspiracy cases, and submitted them to the appropriate agencies. These detailed recommendations, which are only summarized and highlighted here, were in three broad areas:

- . Building understanding and commitment to conspiracy strategy.
- . Inducing cooperation of knowledgeable individuals.
- . Developing long-term approaches to investigations.

First, it is essential to build understanding of and commitment to the conspiracy strategy among enforcement officials, prosecuting attorneys, judges, the Congress and the interested public.

Despite previous policy directives, it seems clear that current field practices in both investigating and prosecuting agencies often emphasize the quick arrest or conviction at the expense of vigorous pursuit of high-level violators. This orientation has proved resistant to change partly because of external incentives influencing the performance of the organizations, and partly because of internal personnel systems -- those which recruit, train, evaluate, and reward individual agents.



Thus, more than policy exhortation is required.

Leaders of the agencies involved in suppressing illegal drug traffic must publicly support the long-term conspiracy strategy, seek support for it, and be willing to accept possibly unfair criticism when sheer numbers of arrests decline. Within each organization, leaders must make the necessary shifts of resources and adjustments to the incentive and rating systems which will get agents "off the streets," and curtail the arrest of low-level employees in trafficking organizations. In particular, new measures of effectiveness must be developed which encourage building conspiracy cases rather than rewarding managers and agents on the basis of numbers of arrests.

Commitment to high-level conspiracy cases is equally necessary in the prosecuting function. Conspiracy investigations are difficult for prosecutors -- they absorb time and result in relatively high rates of acquittal and reversal. In addition, rapid turnover among prosecuting attorneys works against developing skills in this area. The 19 Controlled Substance Units inaugurated by the Attorney General this year offer a potential solution to these problems, provided that these specialists are not diverted from drug conspiracy pro-

secutions to other work.*

Judicial support for conspiracy prosecutions has been less than enthusiastic. Conspiracy trials are time-consuming and complicated, and courts have expressed some legitimate concerns regarding the misuse of conspiracy laws by law enforcement agencies. On the other hand, the task force believes that the courts will be more responsive to this important law enforcement tool if repeatedly made aware of the fact that high-level drug traffickers seldom become involved with actual drug transactions, making conspiracy investigations the only possible avenue of prosecution.

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- * In addition, better coordination in enforcement and prosecution of conspiracy cases is imperative. Exploiting the full potential of a complex conspiracy case requires complete responsiveness of agents and prosecutors to each other's needs. Prosecutors should advise the enforcement agency as to the kinds of evidence needed to support conspiracy and other drug violations. Similarly, enforcement and prosecution should be coordinated in case disposition; e.g., questions of whether to grant informal immunity, transfer a case to a local jurisdiction, utilize a grand jury, or to enter into plea bargaining are ones in which investigative agencies should have a say.

Finally, support for this conspiracy emphasis by Congressional committees with oversight and budget responsibility must be developed, or law enforcement agencies will continue to feel compelled to generate seizure and arrest statistics, the traditional measures of success.

The second area for improvement is by inducing the cooperation of persons with knowledge of drug conspiracies. Due to the nature of illicit drug trafficking, only a few individuals working inside the organization have knowledge of drug distribution networks. In developing conspiracy cases these are the people who can provide the most valuable leads. Cooperation can be induced by a wide variety of legal devices. These include decisions to grant formal or informal immunity,* postponing sentencing until defendants have delivered on their promise to cooperate, making cooperation a condition of probation, explicitly recognizing cooperation as a factor in parole decisions, and maintaining adequate protection of cooperating individuals by the U. S. Marshals Service.

* As tools to secure cooperation, grants of immunity can be effective. Yet they should be used sparingly. The Justice Department has recently reviewed the process of granting immunity with an eye toward tightening procedures.

The third way we can improve our capability to conduct conspiracy investigations is by developing long-term approaches to investigation. Since productive leads and cooperating individuals are scarce commodities, they must be preserved, if possible, by keeping these individuals out of court. This can be done by developing other evidence, or by using the border search authority of the Customs Service to arrest a known drug smuggler. In maintaining long-term sources of information, great care must be taken to avoid putting the cooperating individual in a position in which he is forced to actually participate in an illegal act.

Immobilizing Drug Traffickers

Gathering sufficient evidence to prosecute a trafficker does not guarantee his immobilization. He may be operating in a foreign country, out of reach of effective prosecution and sentencing. Even in the United States, indictment and arrest do not guarantee immobilization; these events merely begin a long criminal justice process during most of which the trafficker may be free to continue operating. At the end of this process, incarceration may be relatively short.

This failure to immobilize traffickers against whom a substantial case has been developed is very costly -- costly in terms of wasted investigative resources, weakened deterrent, and reduced public trust in the criminal justice

system. Consequently, the task force believes that efforts to more effectively immobilize indicted traffickers are vitally important.

The United States has two broad options for denying traffickers safe havens in foreign countries. First, U.S. enforcement officials can cooperate with foreign law enforcement officials in developing cases to be tried in foreign countries.* In some countries -- for example, France and Mexico -- laws permit evidence gathered in the United States for violations committed here to be used in prosecuting a trafficker in the foreign country's courts. Second, we can indict the foreign trafficker and then seek jurisdiction through extradition or expulsion. Both of these devices should be used to the maximum extent possible and the task force recommends that a permanent DEA-Justice-State committee be established under the CCINC to coordinate the extradition and expulsion program.

* It is worth noting that our success in encouraging other countries to deny safe havens depends significantly on our willingness to deal severely with people we arrest in the United States. Foreign governments have noticed and complained about our lenient treatment of couriers from their countries arrested in the United States. They have also noticed the short prison terms for major domestic violators. Consequently, some doubt our determination to control drug abuse. Thus there is an important interdependence between the program to deny safe havens to overseas traffickers, and the program to effectively control traffickers arrested in the United States.

For traffickers operating within the United States, simply arresting them has not proven to be an effective means of immobilization. Traffickers usually raise bail quickly and often immediately resume trafficking when released. Thus, attention should be paid to ways to keep traffickers from operating before conviction or while on appeal, and we should of course seek ways to increase the rate of conviction, and the period of incarceration which follows.

The task force's major recommendations regarding sentencing and parole of drug traffickers include:

- . Requiring minimum mandatory sentences for persons convicted of high-level trafficking in narcotics and "dangerous drugs."*
- . Requiring mandatory consecutive sentencing rather than concurrent sentencing for persons who are arrested and convicted for narcotics trafficking while on bail from another trafficking offense. This kind of selective deterrent aimed at offenses committed while on bail should help reduce the high rate of continued drug trafficking.**
- . Undertaking major efforts to educate judges regarding the likelihood of repeated trafficking offenses, and encouraging them to carefully weigh the danger to the community a trafficker represents if released.

* In this regard, the task force specifically endorses the President's proposal for mandatory minimum sentences for persons trafficking in hard drugs and suggests that consideration be given to expanding the proposal to include major traffickers in barbiturates and amphetamines.

** A recent DEA study showed that 45 percent of a group of traffickers on bail were implicated in post-arrest trafficking.

- . Submitting written recommendations from prosecutors to the parole board regarding parole decisions on high-level violators. At minimum, prosecutors should submit written requests to keep high-level traffickers incarcerated. This policy should ultimately result in explicit revisions of parole guidelines, in order to defer parole for high-level traffickers.
- . Revoking parole and cancellation of all "good time" already served, in the event that a paroled offender is re-arrested on narcotics trafficking charges.

Indirect pressures can also be used to supplement direct prosecution attacks on drug traffickers.

Efforts can be aimed at confiscating contraband drugs, damaging the trafficking network's capacity to finance its operations, and seizing vehicles, passports, and licenses (e.g., pilots') necessary to remain in the drug trade.

Targeting on the seizure of contraband by itself would not be an effective supply reduction strategy. The amounts seized are too small and the drugs themselves too easily replaced. Nonetheless, increased seizures of drugs in quantity could have a substantial impact on trafficking organizations. Toward this end, the development of improved technical equipment to detect drugs, especially easily concealed narcotic drugs, should be given high priority. Further, the detection of drugs will always remain useful for the leads and evidence that detection produces.

By focusing on the trafficker's fiscal resources, the government can reduce the flow of drugs in two ways. First, high-level operators, usually well insulated from narcotics charges, can often be convicted for tax evasion. Second, since

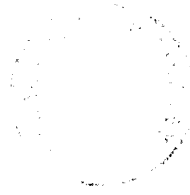
trafficking organizations require large sums of money to conduct their business, they are vulnerable to any action that reduces their working capital.

The IRS has conducted an extremely successful program that identifies suspected narcotics traffickers susceptible to criminal and civil tax enforcement actions. Recently, the program has been assigned a low priority because of IRS concern about possible abuses. The task force is confident that safeguards against abuse can be developed, and strongly recommends re-emphasizing this program. The IRS should give special attention to enforcement of income tax laws involving suspected or convicted narcotics traffickers.

Drug enforcement agents should be further encouraged to recognize promising leads for tax investigation purposes, and to refer them to the IRS. Even when tax cases cannot be made, information regarding financial transactions may be valuable in proving other violations by drug dealers. For example, the Customs Service enforces a law requiring reports of international transportation of currency; drug dealers have to violate this law regularly.

International agreements to increase investigative access to information in financial institutions should also be pursued.

All of these indirect methods of immobilizing trafficking networks can be very powerful tools in the overall supply reduction strategy. However, the great



discretion these tools provide law enforcement officials requires that extreme care be devoted to developing appropriate guidelines and procedures for their use, to ensure that constitutionally guaranteed civil liberties and fundamental rights of privacy are not impinged upon.

Interdiction; Its Role and
Interrelationship with Investigation

The Customs Service and the Immigration and Naturalization Service perform a valuable interdiction role along our borders and at ports of entry. Interdiction has an effect on the overall supply reduction effort in three ways. First, such activity results in the arrest of persons and the seizure of drugs. Second, the presence of a uniformed interdiction force which can search persons and cargo at the border has a strong deterrent effect: some potential traffickers will be dissuaded, and others will be forced to adopt more expensive and vulnerable methods of smuggling. Third, interdiction efforts will often discover narcotics trafficking activities that were previously unknown to investigators, thus adding to the investigation data base.

The last two of these three functions -- deterrence and discovery of previously unknown distribution systems -- are most effective if the interdiction efforts are random. If interdiction focuses too narrowly on certain locations,

types of people, and types of activity, then a sophisticated trafficker will simply "beat the system" by doing the unexpected. On the other hand, the first objective -- arrest and seizures -- is best accomplished if interdiction concentrates its efforts on individuals, activities, and places which have a known potential for trafficking on the basis of current information. Thus, there is a need for both random and targeted interdiction efforts.

Under Reorganization Plan 2, a distinction is drawn between investigative functions and interdiction functions with respect to narcotics enforcement efforts. The investigative function was given to DEA; the interdiction function continues to be performed by the Customs Service, ~~and the Immigration and Naturalization Service~~. Unfortunately, the distinction between interdiction and investigation was not precise in the legislation. This ambiguity has led to jurisdictional disputes among enforcement agencies, and the resulting interagency rivalry and lack of coordination have hampered supply reduction efforts.

The extent of the jurisdictional dispute is often viewed out of context and, frankly, out of proportion. The actual issues in question are relatively small. This is not to say that real differences do not exist -- they do -- nor that the effects of the disputes are minor -- they are not.



However, to put the differences in their proper perspective, we should first outline the considerable areas of agreement which exist. They are:

1. The central concept of Reorganization Plan No. 2 of 1973 -- that of creating a lead agency for drug law enforcement which integrates most investigative and intelligence activities -- is sound, and DEA is that lead agency.
2. The development of conspiracy cases should be a major element of drug law enforcement. Both border arrests and undercover purchases are useful ways of penetrating trafficking organizations to initiate conspiracy investigations, as are a number of other techniques. All should be used.
3. Interdiction of drugs at the border and ports of entry is an important component of the overall supply reduction strategy because of (1) the deterrent effect, (2) the potential for penetration of trafficking organizations, and (3) the possible removal of large quantities of drugs. The importance of this function is enhanced by the unique search authority of Customs.
4. Prior information is useful in performing the third of those objectives; namely, removing quantities of drugs from the market. While the vast majority of Customs border arrests and seizures always have been accomplished without prior information, both before and after Reorganization Plan No. 2, the most significant seizures have, in the past, been made based on prior information.
5. To date, DEA has not provided intelligence to the Customs Service relating to the modus operandi of smugglers, or regarding specific individuals, in sufficient quantity. A greater flow of information is necessary.

The task force believes that these basic points should form the framework for resolution of outstanding jurisdictional issues and better overall coordination. The specific jurisdictional issues to be


resolved center on the extent of Customs activities in

performing the interdiction role assigned by Reorganization Plan No. 2. They include:

- . Development of prior information.*
- . Jurisdiction over air interdiction and the use of transponders in suspected aircraft.
- . Maintenance of intelligence information systems.
- . Liaison with foreign customs agencies on narcotics matters.
- . Laboratory analysis of narcotic seizures.
- . Debriefing of persons arrested at the border on narcotics smuggling charges, to enable appropriate followup investigations.

These issues are founded on sincere differences of opinion regarding how best to utilize the unique capabilities of each agency in reducing the overall supply of drugs. But prompt resolution is essential; continued failure to resolve these issues hinders the effectiveness of the entire program to reduce the flow of drugs.

* In this, the most contentious of these issues, DEA has recently established a special section within its Office of Intelligence to concentrate entirely on creating intelligence information for use by Customs -- smuggler^{CS} methods of operation, individuals who are suspected traffickers but not currently the subject of on-going covert investigations, license plates of vehicles involved in narcotics, etc. Further, Customs has repeatedly been invited to participate as a full partner in the recently established El Paso Intelligence Center, which is designed expressly to improve intelligence exchange at the U.S.-Mexican border.



The task force feels that the two agencies have a basis upon which to achieve agreement for better operational coordination. Their respective efforts are complementary elements of an overall program, and are not mutually exclusive. DEA and Customs must set aside their institutional interests and work together if the Nation is to have the most effective drug enforcement effort.

The task force is encouraged by recent progress which has been made in meetings between the Commissioner of Customs and the Acting Administrator of DEA. Nonetheless, the task force recommends that the President direct the Attorney General and the Secretary of the Treasury to undertake resolution of these issues within the next three months. If these issues cannot be, or have not been, resolved at the agency or department level by December 31, 1975, the task force recommends that the Attorney General and the Secretary of the Treasury report their final recommendations for resolution of the matter to the President.

The time has come for these issues to be resolved and solutions implemented.

Strengthening Capabilities
of State and Local Police

The last area for improving the overall law enforcement effort is the strengthening of linkages between Federal law enforcement agencies and the more than 400,000 State and local police.

These police have an important independent effect on supply reduction objectives, since they are solely responsible for directing efforts against local drug dealers. Local law enforcement officials can disrupt stable distribution patterns and force dealers to be extremely cautious in approaching new, unknown, and as yet untrusted users. In addition, State and local enforcement agencies produce defendants in drug cases who may prove to be valuable leads in developing significant conspiracy cases.

The Federal Government seeks to strengthen State and local enforcement agencies and co-operate with them through several mechanisms. First, LEAA block and discretionary grants support State and local drug enforcement along with other enforcement activities. Second, LEAA and DEA jointly fund State and local officers involved in joint enforcement efforts. Third, DEA provides a variety of services to State and local agencies; for example, they train State and local officials in up-to-date narcotics investigation techniques; process State and local drug evidence in DEA laboratories; and disseminate intelligence to State and local agencies.

All of these efforts should be continued and expanded.

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INTELLIGENCE

The intelligence function is an integral part of the overall supply reduction program. Good strategic intelligence on trends in drug abuse, general levels of availability, sources of drugs, and capability of other governments to control drugs is essential. This information is a key to making resource allocation decisions among the various components of the overall drug program, and for evaluating the effectiveness of both supply and demand reduction programs. Operational and tactical intelligence are vital in targeting enforcement resources; without them enforcement efforts would be targeted on a more random basis, with a resultant reduction in efficiency and effectiveness. Further, tactical intelligence often leads to the development of strategic intelligence.

Significant progress has been made in establishing a national narcotics intelligence system since the formation of DEA in 1973. However, the overall narcotics intelligence function has generally suffered from:

- . Counterproductive competition within and among enforcement agencies. There is ample evidence that competitive attitudes within and among enforcement agencies have impeded an optimal production and flow of operational intelligence. In order to base enforcement action on something more than random inspections and informants' initiatives, all intelligence producers must be made to recognize that they serve many users.
- . Insufficient funding during the internal resource allocation process. This is particularly true with regard to intelligence analysis capability.

- Expanding DEA's narcotics intelligence capability in a way which closely integrates it with enforcement activities.

The analysis of operational and tactical intelligence depends on the adequacy of three factors: (1) analytic resources; (2) manual and automated information filing systems; and (3) a proper flow of information to the intelligence analysts -- all of which are currently inadequate. Inadequate analysis can only be overcome by increasing the number of intelligence analysts in DEA and attracting the best available talent for this function. The problem of inadequate information storage and retrieval capability is complicated by the existence of four separate automatic data processing (ADP) systems, ~~at least two of which (DEA's NAADIS and Customs' Treasury Enforcement Communications System) are similar.~~ The task force recommends that an analysis of all these systems be conducted, perhaps by OMB, with a view toward integration or at least improved interface.

Competitive attitudes within and among enforcement agencies have had a negative impact on the sharing and use of operational intelligence. Perhaps this is caused by the inordinate attention paid to agency seizures totals, which causes one agency not to pass information to another. Another problem centers on the behavior of users of intelligence; they must be compelled to observe all restrictions concerning its further dissemination.

Failure to impose discipline in this regard leads to reluctance on the part of the agency producing sensitive intelligence to share it. Other potential impediments to the dissemination of operational intelligence are the Privacy Act, and the Freedom of Information Act.

The Central Intelligence Agency plays a vital role in the overseas collection of intelligence dealing with international narcotics trafficking. While its principal focus is on strategic intelligence, valuable tactical and operational intelligence is also collected.

Strategic Intelligence

Strategic intelligence about trends in drug abuse, levels of availability, sources of drugs, characteristics of illicit production and distribution systems, and capacities of foreign governments to control drug supplies is important in making broad resources allocation decisions, and in selecting which supply or demand reduction programs to emphasize. Accordingly, this intelligence should be routinely available to all organizations involved in the drug program, as appropriate to their particular responsibilities and functions.

As the agency responsible for the development of a national narcotics intelligence system, DEA has made significant progress in some areas. The development of chemical signatures to identify sources of drugs, and the use of hepatitis and emergency room episodes as indicators of trends in drug abuse are examples. However, DEA is currently inadequately equipped to supply the full range of strategic intelligence requirements, mostly due to the lack of sufficient strategic intelligence analysts. The task force recommends that greater resources be committed to this area. In addition, the users of this intelligence -- in many cases members of this task force -- must do a better job in identifying specific strategic intelligence requirements. The Intelligence Estimate Board recently established by DEA should help in this regard, as should the Foreign Intelligence Subcommittee of the CCINC.

The task force believes that the CCINC must provide greater leadership in the area of foreign narcotics strategic intelligence. The Central Intelligence Agency, the State Department, the Department of Defense, and DEA all have important roles to play in the collection and analysis of information, and the CCINC is the appropriate inter-agency coordinative mechanism.

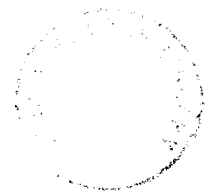
INTERNATIONAL*

No matter how hard we fight the problem of drug abuse at home, we cannot make really significant progress unless we succeed in gaining cooperation from foreign governments, because many of the serious drugs of abuse originate in foreign countries.**

Thus, our capability to deal with supplies of drugs available in the United States depends strongly on the interest and capability of foreign governments in drug control. In order to encourage the greatest possible commitment from other governments to this joint problem, the task force believes that narcotics control should be discussed at the highest levels, to adequately communicate our deep concern over international drug trafficking,

* The international program is operated under the general policy guidance of the Cabinet Committee on International Narcotics Control (CCINC), which is chaired by the Secretary of State. Other members include the Attorney General, the Secretaries of Treasury, Defense, and Agriculture, the U.S. Ambassador to the United Nations, and the Director of the CIA. The Executive Director of the CCINC is the Senior Advisor to the Secretary of State and Coordinator for Narcotics Control Matters. Other key working-level organizations are the Agency for International Development, United States Information Agency, National Institute on Drug Abuse, and the Office of Management and Budget.

** Not all abused drugs are of foreign origin, of course, we have problems with U.S. manufactured amphetamines, barbiturates and other mood-altering drugs.



and our commitment to control it. President Ford recently said:

"All nations of the world -- friend and adversary alike -- must understand that America considers the illicit export of opium to this country a threat to our national security... Secretary Kissinger and I intend to make sure that they do (understand)"

The task force applauds this statement, and urges that it be reflected in the agenda of all high-level bilateral discussions; between heads of State, foreign ministers, finance ministers, justice ministers, and any other officials who play a part in the drug program. These discussions should deal not only with illicit opium, but with other drugs as well.

The key objectives of the international program are to gain the support of other nations for narcotics control, and to strengthen narcotics control efforts and capabilities within foreign governments. These objectives can be achieved through internationalization of the drug program, cooperative enforcement and enforcement assistance, and control of raw materials -- each of which is discussed below. A final section deals with the special problem of Mexico.

Internationalization of the Drug Program

In many countries, drug abuse is still seen as principally an American problem. Many countries are

unaware of the extent of their own drug abuse. Poorer nations find it difficult to justify the allocation of scarce resources to deal with drug abuse in the face of so many other pressing needs. Some producing countries lack sufficient administrative control over opium-growing areas within their boundaries to effectively participate in drug control programs.

Still, there are several things the United States Government can do to raise the level of concern of foreign governments. The United States should intensify diplomatic efforts at the highest level of government to assure that other "victim" nations express their concern over violation of international treaty obligations in multilateral forums and in bilateral contacts. In addition, the United States should continue to participate in building institutions that promote international awareness of drug abuse. Such mechanisms include the signing of formal drug control and regulatory treaties and the support and encouragement of international efforts to study and reduce drug abuse. Chapter 4 will describe cooperative assistance in determining the extent of drug abuse in a foreign nation.

International treaties complement U. S. efforts to control drug abuse and have formalized the drug concerns of other nations. The Single Convention on Narcotic Drugs of 1961 is the basic treaty now in force for controlling

narcotic substances. The international machinery established by the Single Convention has a mixed record. It has worked well in limiting legal production of narcotic drugs to amounts needed for medical and scientific use.* It has been less successful in getting countries to fulfill their treaty commitments to root out illegal production and trafficking.

Accordingly, in 1972 a United Nations Conference prepared a Protocol to Amend the Single Convention. The Protocol strengthens the authority of the International Narcotics Control Board (INCB), the control organ of the Single Convention. In addition, the Protocol strengthens provisions used to estimate production, manufacturing and consumption requirements. By July 1975 a total of 40 countries** -- including the United States -- had ratified or acceded to the Protocol, and it came into force on August 8, 1975.

* Further, the U.N. has been closely monitoring worldwide developments in regard to the supply of and demand for codeine and other opium derivatives, which have been in short supply for two years. The task force recommends that the ad hoc Opium Policy Task Force continue to provide similar oversight of the American situation until the period of limited supplies is past.

** Unfortunately, with the exception of Thailand, none of the important opium-producing countries has yet ratified or acceded to the Protocol. An important part of our program is to urge other nations to do so.

The impact of the Amending Protocol can be significant:

- . The INCB for the first time has authority to require reduction of opium poppy cultivation and opium production in countries shown to be sources of illicit traffic.
- . The international control system will intensify its efforts against illicit narcotics traffic through access to better information, on-the-spot examinations, and publicity of control violations or non-cooperation at the highest levels of the United Nations.
- . The United States will have, along with other "victim countries,"⁽¹⁾ significantly greater ability to extradite and thus prosecute narcotics traffickers who have taken refuge in other nations.
- . For the first time under a narcotics control treaty, the control organ will have authority to recommend technical and financial assistance to help cooperating governments carry out their treaty obligations.
- . Also for the first time in international narcotics control, the nations undertook an obligation to drug abuse prevention and education, by adding the treatment, rehabilitation and social reintegration of drug abusers to law enforcement efforts, as was done in the United States with the passage of the Drug Abuse Office and Treatment Act of 1972.

Even with the Amending Protocol, however, the Single Convention is not without problems. The INCB remains dependent upon the cooperation and ability of the parties to the treaty to furnish it with timely and accurate statistics. An even more serious problem is that the INCB must depend upon the willingness and ability of cooperating governments to respect and enforce the Board's decisions. Finally, it must be recognized that governments unable to enforce

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their own national narcotics laws are not likely to be able to enforce the INCB rulings.

Another important international treaty is the Convention on Psychotropic Substances of 1971. It provides a system for the international control of psychotropics similar to that which the Single Convention provides for narcotic drugs.* Although the United States played a major role in the preparation of this treaty, Congress has not yet passed the enabling legislation and the Senate has not yet ratified it. U.S. ratification of the Psychotropic Convention would demonstrate willingness to control production of substances manufactured here in much the same manner as we ask other governments to control production of narcotics covered by the Single Convention. Consequently, the task force strongly recommends the prompt passage of enabling legislation and ratification of this treaty.

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- * The Convention sets up various procedures for the control of psychotropic substances. Manufacturing, distributing, and trading in psychotropic substances must be licensed and the drugs may be dispensed only by an authorized prescription. Warning labels must be used. The Convention also requires that records be kept by the manufacturer, the distributor and the dispenser and provides for a system of inspection. For the more dangerous substances, both export and import authorizations are required. The Convention also calls for measures of prevention and education and for treatment, rehabilitation, and social reintegration of drug-dependent persons. It provides for coordinated action against illicit traffic, punishment of violations of the Convention, and extradition of offenders.

Through the initiative of the United States, the United Nations Fund for Drug Abuse Control (UNFDAC) was established to provide voluntary contributions to enable the United Nations and its narcotics organizations to increase their narcotics control assistance to member governments. The Fund has helped energize the entire U.N. drug program. It has also been useful in calling attention to the fact that drug abuse is truly a worldwide problem, not one which affects only the United States. Moreover, the Fund has served as an essential supplement to U. S. efforts in those countries which prefer to receive assistance from multilateral rather than bilateral sources.

To date, the United States has contributed four-fifths of the financial support of the Fund, and there is justifiable concern in Congress about the high proportion of the Fund's resources provided by American taxpayers. The task force believes that a more aggressive and imaginative fundraising program directed to the leaders of other governments would be likely to generate greater financial support from them. While it is expected that other governments will progressively carry a greater load, the Fund's work in priority areas such as Turkey is so directly important to U. S. drug supply reduction efforts that it is in our national interest to continue support for the Fund.

The task force believes that the United States should continue to support and actively participate in other important international organizations dealing with drug control. These include Interpol, the international criminal police organization, and the Customs Cooperation Council, an international organization of representatives from the Customs services of 76 member nations.

Cooperative Enforcement and
Enforcement Assistance

Once enhanced international interest in drug control is aroused, the problem of translating that concern into effective operational programs still remains. The key to solving this problem is the development of strong drug control organizations within foreign countries. Strengthening foreign enforcement organizations depends on three interrelated components: the provision of technical and equipment assistance, formal training of foreign enforcement officials, and assistance through cooperative enforcement efforts with U.S. agents stationed overseas.

U.S. technical and equipment assistance and support to foreign enforcement agencies accompanied by a political commitment on the part of the host government, and careful bilateral planning, can contribute significantly to better narcotics control. In many instances, such assistance is absolutely essential to the development of foreign narcotics control capability.

Formal training of enforcement officials is another important component of the program to strengthen foreign enforcement organizations. Since the establishment of the CCINC, the Drug Enforcement Administration and the U.S. Customs Service have provided training in the United States and overseas for over 9,000 foreign enforcement officials. Such training has taught many foreign officials the necessary skills to suppress illicit narcotics production and trafficking, has motivated them to become more effective in conducting enforcement operations, and has encouraged greater cooperation between them and American enforcement officials.

Under CCINC auspices, an evaluation was recently made of DEA and Customs training programs. It highlighted the need to closely integrate training into the other elements of narcotics assistance programs so that training will contribute to the more basic objective of developing self-sustaining, highly skilled foreign narcotics control units.

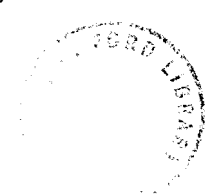
Direct assistance to foreign officials through cooperative enforcement activities is a third component of this program. The Drug Enforcement Administration presently has more than 200 agents in over forty foreign countries. The primary task of U.S. narcotics agents abroad is to assist their foreign counterparts in preventing

illicit supplies of narcotics and dangerous drugs from reaching the U.S. market. In addition to the reduction in narcotics flow, these joint efforts provide "on-the-job training," for foreign officials in advanced anti-drug trafficking techniques. This cooperative activity has contributed to reducing the illicit traffic affecting the United States. For example, it played a major role in immobilizing the heavy illicit heroin traffic from Turkey and France which had such a serious impact on the United States. Currently, DEA agents are working with Mexican Federal agents to control the problem which has developed there.

The task force believes that additional emphasis on the collection, analysis and utilization of overseas operational intelligence is needed. By providing additional training to U.S. agents abroad in intelligence collection needs and techniques, intelligence could be a more effective tool in deterring the flow of drugs to the United States. Finally, U.S. narcotics agents abroad should concentrate their activities on international trafficking channels, particularly those believed to be headed for the United States, and should avoid becoming involved in inconsequential local arrests and seizures.

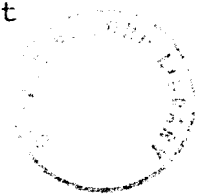
Control of Raw Materials

The basic factors to consider in the control of raw materials used in making drugs are controls over legitimate production, and illicit crop destruction and crop substitution programs.



The medical need for opium-derived drugs requires some poppy cultivation. The problem is to control diversion from these legal crops. Past strategy has attempted to concentrate legitimate poppy cultivation in countries with the capability to control diversion, and to strengthen the control capabilities in other producing countries. As a result, India, which has a successful control system, has been a major legal producer of opium. When Turkey decided to re-enter the licit market, the U.N. made a major effort to assist in the strengthening of control systems. Consequently, Turkey has shifted its harvesting methods from poppy incision to harvesting by the "poppy straw process." This program promises much more effective control of diversion from legitimate poppy cultivation.

Illicit cultivation of opium poppies, coca leaves and marihuana can be attacked through crop destruction or substitution programs. Because of different political, economic and cultural factors in each source country, no general approach can apply. In Thailand, for example, although opium has been outlawed for more than fifteen years, Thai hill tribes have cultivated the crop for centuries. Thus, any serious program to suppress illicit crop production by the Government of Thailand must be undertaken in conjunction with income substitution in the affected areas to create new economic alternatives so that the hill tribes will not turn to banditry or insurgency. An important



consideration in the use of crop destruction as a tool in narcotics control is that the elimination of crops at the source in one or two significant countries of supply is not, alone, a solution to the problem. The base materials for illicit drug traffic -- whether opium, coca, or cannabis -- can be cultivated in a large number of countries, so crop eradication can only be a short-term measure to control drug availability in one specific area.

The task force recognizes that efforts to eliminate illicit cultivation will have limited success as long as there are no viable economic alternatives for growers. Thus, we endorse efforts to develop alternative sources of income. For example, in Turkey our agricultural experts have developed a winter lentil, winter safflower, and hardier oat, wheat, and barley varieties to replace the poppy crop.* The United States should continue to explore ways to effect crop substitution in cooperation with foreign countries and the U.N. Such projects increase the possibility of a long-term solution to the problem of illicit supply.** While crop replacement projects involve an element of uncertainty, in the final analysis, they may constitute the only feasible alternatives to moving to strong controls or the elimination of production, two methods which by themselves are likely to be unacceptable to the producing country.

* It is interesting to note that the Turkish government has decided to continue these projects with its own funds, despite its decision to allow renewed cultivation of opium poppies.

** Since new crops are unlikely to provide the same income illicit poppy cultivation provided, effective enforcement of a poppy-growing prohibition must accompany development of these projects.

Since full implementation of a crop substitution project over a large area is likely to be expensive, the task force believes that efforts should be made at the beginning of any such project to enlist other financial sponsors, such as the various international financial institutions.

Mexico: Major Source of Supply

Mexico is currently the top priority country in the international narcotics control program, since drugs are both produced in and transshipped through Mexico. The Mexican narcotics situation is complicated by such factors as its proximity to the U.S. market, the size and topography of the country, and the relatively unpatrolled 2,000 miles of common border. All of these factors are exacerbated by the problem of insufficient trained personnel within Mexico.

Since 1969, there has been growing cooperation between the United States and Mexico in suppressing narcotics abuse. President Echeverria has assigned high priority to the Mexican anti-drug campaign, and in May and June 197⁵, a review of the past year's narcotics control program in Mexico resulted in the Mexican Government's decision to increase dramatically its effort to eliminate illicit cultivation of opium and marihuana by expanding crop destruction operations and committing more personnel to the task.

The United States agreed to support the Mexican effort by providing additional equipment for crop destruction. DEA and Customs are also taking strenuous steps to intensify their own efforts to cope with this problem.

Even though joint U.S. - Mexican efforts within the past year far exceeded those of previous years, the amount of heroin and other illicit substances crossing our common border is not decreasing.

Thus, these efforts must be further improved on both sides of the border. The task force recommends that a program be developed for more effective border control, and that Customs, DEA and the U.S. Border Patrol vastly improve their coordination of activities along the border, including joint task force operations. The task force also recommends that the CCINC be instructed to discuss further cooperative programs with the government of Mexico.

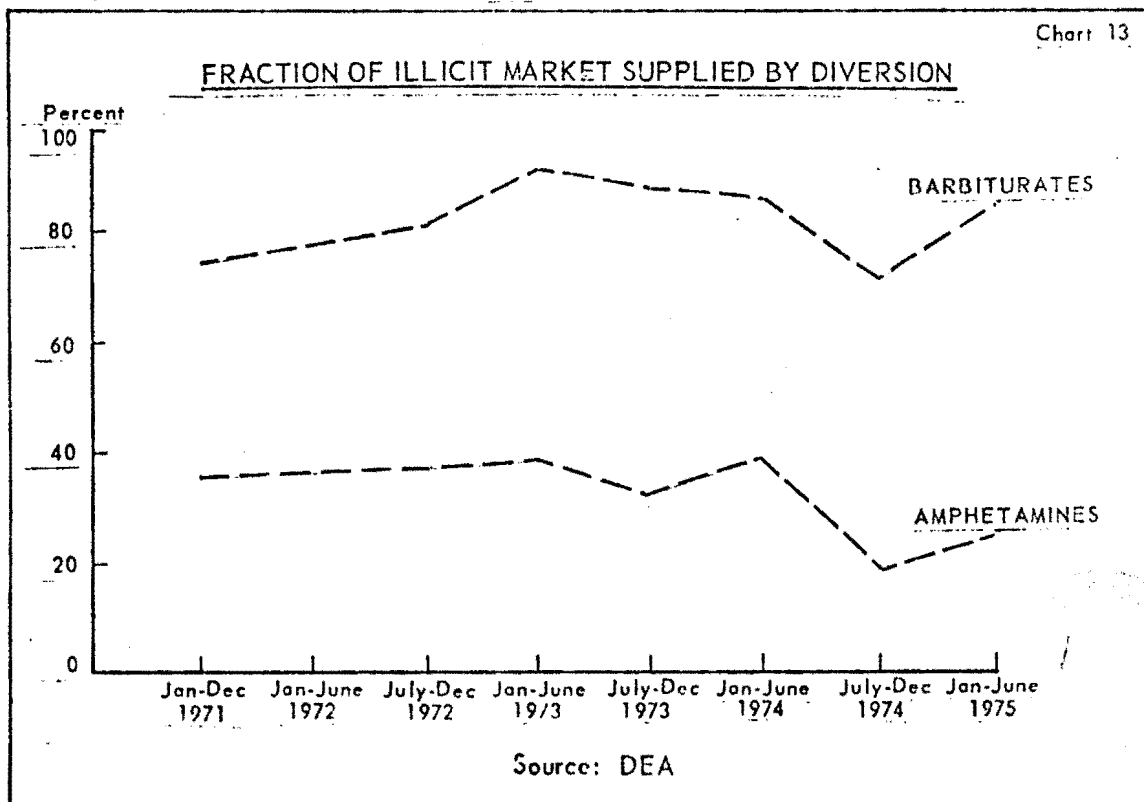
REGULATORY AND COMPLIANCE

In Chapter 2, we observed that the abuse of "dangerous drugs" such as amphetamines and barbiturates ranks with heroin as a severe social problem. Of course, only a small fraction of the people using these drugs use them chronically and without medical supervision. However, this small fraction of the total users amounts to a large absolute number of abusers. Estimates are that there are several hundred thousand people using these drugs in a manner which leads to a high personal and social cost, which is roughly comparable to the number of heroin addicts.**

* Chapter 2 discusses this concept. Basically, a user is likely to be "in trouble" if he uses these drugs intensively, in combination with other drugs, and without medical supervision.

The regulatory and compliance program plays a vital role in the strategy to control the illicit supply of these drugs. By its very nature, this program is targeted exclusively at drugs which have legitimate medical uses as well as abuse potential. Therefore, two objectives must be carefully balanced: we must keep legitimately produced "dangerous drugs" out of illicit markets, and at the same time preserve a legitimate market in which drugs are inexpensive and readily available.

Moreover, the regulatory and compliance program is targeted only at that portion of the supply of these drugs which is diverted from legitimate domestic manufacture; to deal with illicit production and smuggling, we must rely on a criminal enforcement program similar to that used to reduce supplies of opium, cocaine, and marihuana. The chart below shows that drug diversion accounts for a major share of the illicit market.



Diversion from legitimate domestic production can occur at a variety of different points and in a variety of ways. Drugs can be diverted at the production stage, the wholesale distribution stage, the retail distribution stage, the dispensing stage, or at the sub-retail level (e.g., medicine cabinets). This diversion can occur as a result of thefts, accidental losses, fraudulent purchases, or illicit sales.

The regulatory program attempts to minimize this diversion by (1) using the authority of the Controlled Substances Act of 1970, and (2) by controlling retail diversion.

Controlled Substances Act

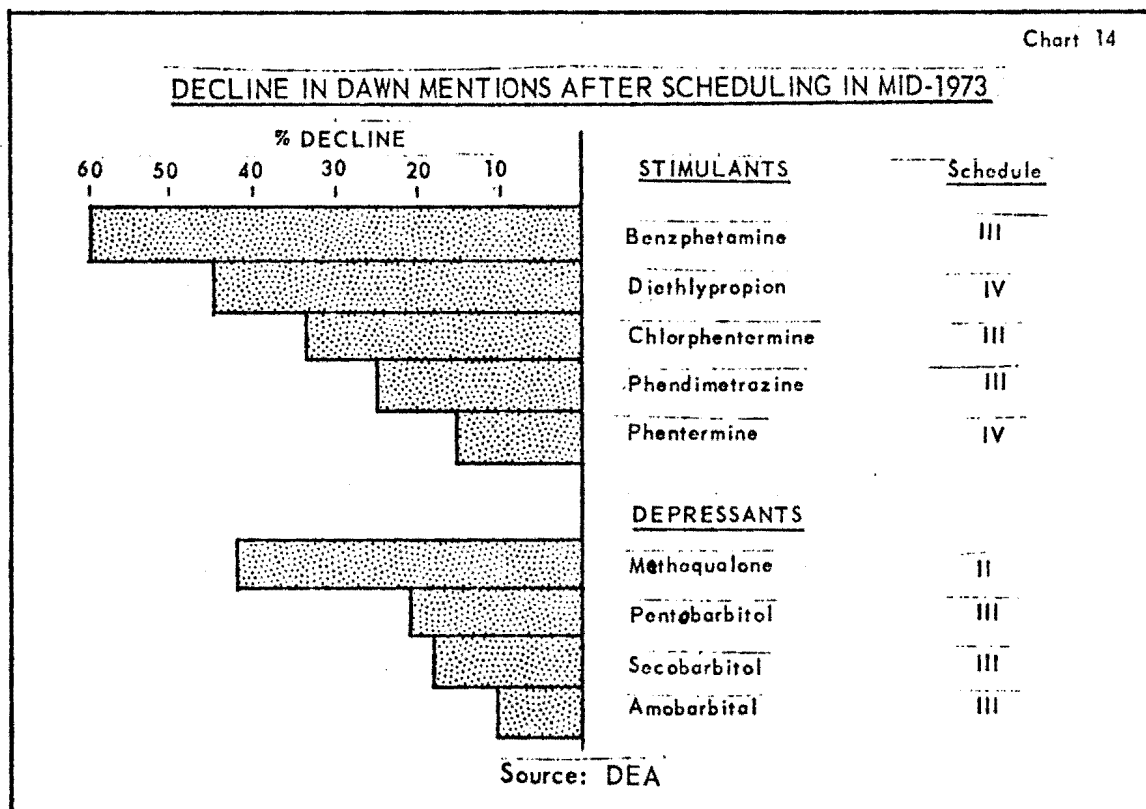
The Controlled Substances Act of 1970 provides the statutory authority to regulate drugs which have abuse potential. The Act provides for:

- . the scheduling of drugs into five abuse classifications;
- . the imposition of manufacturing quotas on Schedule II drugs (highest level of abusable drug with legitimate medical use);
- . Auditing firms to determine compliance with the manufacturing, reporting, and security requirements of the Act.

DEA and the Food and Drug Administration (FDA) in HEW share responsibility for scheduling drugs. Scheduling decisions are made by balancing a drug's abuse potential with its medical value. Higher drug schedules correspond to

increasing abuse potential and lower legitimate medical need, and require tighter restrictions on production, distribution, and use.

An evaluation of recent scheduling decisions indicates that scheduling does reduce abuse of dangerous drugs without significantly increasing the cost of these drugs to legitimate users. The chart below shows the decline in abuse as measured by DAWN mentions of five stimulants and four depressants following their scheduling in 1973. The average decline is 35 percent.



During the same period, the retail price of these same drugs in the legal market either remained steady or rose only a few percent. These data indicate that the regulatory system can reduce abuse without substantially affecting the prices in legitimate markets.

The scheduling procedure should be quick (to avoid the spread of abuse); accurate (to insure appropriate trade-offs between preventing abuse and insuring availability for legitimate medical use); and consistent (to avoid legal problems with drug firms). The major obstacle to an effective drug scheduling process has been the difficulty of making reliable assessments of the abuse potential of a drug. However, research currently being conducted by DEA, NIDA and FDA should provide in the near future techniques for quickly and accurately gauging the relative abuse potential of various drugs.

In summary, the scheduling system appears to be working effectively.

DEA and FDA are also required to establish production quotas for Schedule II drugs, based on an estimate of "legitimate medical need" for the drugs. These quotas aim at preventing overproduction of legitimate drugs, thereby reducing the likelihood of diversion.

In practice, the quota system proves difficult to administer and cannot alone prevent the diversion of legitimate drugs. The government must utilize quotas in concert with other regulatory controls to ensure that manufactured drugs are distributed only to those who need them. Since the government is responsible for ensuring the availability of drugs to legitimate users, and since it cannot guarantee appropriate distribution, the quota-estimating procedure must make fairly liberal allowances for inventory and manufacturing needs. This problem of determining production limits is further compounded by inadequate and unreliable projections of demand provided by FDA.

Thus, the realistic function of quotas is to dampen market promotion and prevent overstocking. At best, the quotas limit inventories (sometimes significantly reducing them as with amphetamines) thereby reducing the amount lost when thefts occur and perhaps inhibiting promotional activities by drug companies.

Finally, the Controlled Substances Act requires Federal licensing of all firms that handle scheduled drugs. In addition, the Act imposes an elaborate set of security and recordkeeping requirements on licensed firms. The security requirements help prevent thefts, and the recordkeeping requirements help prevent accidental losses and deter illicit sales.

To insure compliance with these provisions of the Act, DEA investigates licensed firms. The major sanction available to DEA to induce compliance is its ability to deny or revoke a firm's license to handle scheduled drugs.*

The program to control diversion at the wholesale level has been generally effective, but improvements can be made in its efficiency. For example, existing automated information systems can be used to reduce the amount of time required to complete an inspection of a legitimate firm. Information about local trends in abuse, legitimate drugs that appear in illicit markets, the size of existing firms, thefts reported by specific firms, and records of previous inspections can be combined to permit the pinpoint targeting of compliance investigations. The personnel system for compliance investigators (e.g., recruitment, selection, training and evaluation of the investigators) can be strengthened to insure high quality investigations. These three improvements would increase the efficiency and effectiveness of the

* The Federal Government can revoke a registrant's license only if the registrant loses his State license, is convicted of a felony, or lies on his application form. Since these criteria are fairly narrow, the revocation sanction is rarely used. However, the Federal Government can reject a license renewal application from producers and wholesale distributors for "failing to operate in the public interest." This power does not, however, extend to retail distributors and dispensers. The reissue of a retail distributor's license can be denied only on the same narrow grounds that allow revocation. Thus, the Federal Government's authority is broader at the wholesale level than at the retail level.

regulatory program.

Controlling Retail Diversion

Retail diversion is a large and growing problem, as evidenced by the fact that thefts from retail pharmacies have increased sharply in the last two years. Also, a number of recent surveys have indicated that fraudulent prescriptions are not difficult to obtain and are readily filled.* The predominance of retail diversion is evidenced by an examination of drugs available in the illicit market; the distribution of brands is parallel to the distribution of brands in legal markets. If wholesale diversion were the major source of supply, the distribution of brands in the illicit market would be skewed in some manner.

The Federal Government has very little regulatory authority at the retail level. Most of the authority in this area is reserved to States. The Federal role primarily involves giving technical, financial and informational assistance to the States. A major obstacle to effective control at the retail level is the sheer number of registrants: there are over half a million.

* A recent DEA study showed that a random sample of pharmacists presented with fraudulent prescriptions filled them in about half of the instances.



Since the Federal Government is dependent on State capabilities in seeking to control retail diversion, the most important recommendation of the task force regarding retail diversion is to launch a systematic effort to upgrade State regulatory capabilities. The other major components of a program to control retail diversion are efforts aimed at improving physicians' prescribing practices and experimental programs to curb pharmacy thefts. Each is described briefly below.

Key elements of the program to upgrade State regulatory capabilities include:

- . A State assessment program which evaluates current State capabilities, and monitors improvements.
- . Expansion of the LEAA supported Diversion Investigation Units which fund joint efforts to control retail diversion.
- . Training of State investigators through formal DEA operated schools and by cooperative retail investigations.

Key elements of the program to improve physicians' prescribing practices include:

- . Development of prescribing guidelines by joint FDA, NIDA, DEA and medical society committees.
- . NIDA sponsored programs within medical schools to disseminate information on proper prescribing practices and appropriate scheduling procedures.
- . Continuation of FDA efforts to educate physicians about proper prescribing practices through labeling and other means.
- . NIDA sponsored technical assistance to medical societies regarding peer review of prescribing activities, especially through Professional Standard Review Organizations. (~~PERA's~~).

Finally, development of a program to curb pharmacy thefts should be given high priority since pharmacies account for over 80 percent of all drugs stolen through the licit distribution system. A pilot program in St. Louis, in which pharmacies took anti-burglary precautions and police gave high priority to pharmacy thefts had promising results, and may form the basis for development of an LEAA experimentation program in other selected cities.

SCIENCE AND TECHNOLOGY

The science and technology function is an important support element of the overall supply reduction program. If successful, the science and technology program will increase the overall effectiveness of other program elements both directly, for example, by providing a better device for tracking suspect vehicles, or by allowing better assignment of interdiction forces through statistical analysis and operations research; and indirectly, perhaps through extracting useful information as to source from a drug sample.

The key in achieving the most from science and technology expenditures is to closely integrate its planning with the objectives and strategies of the ultimate users of the technology, whether in law enforcement, intelligence, regulation of legitimate production, or crop control. Science and technology planned in conjunction with the ultimate user can thus be a vital part of the overall

supply reduction effort. For example, the need for a way to identify opium poppy fields over a wide area led to the development of "Compass Trip," an aerial detection system based on multi-spectral photography. Use of this system permitted more effective deployment of ground forces involved in crop destruction, as well as providing a mechanism for subsequently determining the effectiveness of the crop destruction effort.

Based on an assessment of technology needs from the perspective of the overall supply reduction program, the task force recommends that high priority be given to projects in the following areas:

1. Limit the flow of drugs entering the United States by interdiction at the port of entry or between ports. Better equipment, such as X-ray systems, thermal viewers and electronic detectors of drug vapor are needed for facilitating border interception efforts. Aircraft equipped with electronic sensors and advanced communications equipment, high-speed boats, and sophisticated ground radar, sensors and monitors are other examples of the type of equipment needed.

We should also develop better methods for tracking suspect land vehicles, aircraft and boats by improving the use of beacon devices and tracking systems.

2. Improve U.S. drug intelligence and information systems. Science and technology can assist intelligence efforts by developing advanced computer technology and management information systems to improve the storage, retrieval and analysis of data. For example, systems have been developed to monitor changes in patterns of drug abuse through analysis of hepatitis data.

3. Improve communications systems and support equipment for enforcement officers. The effectiveness and safety of agents could be increased by the use of devices such as miniaturized alarm systems, and night vision and video-recording systems for monitoring drug distribution operations. Advanced communications systems would also facilitate the coordination of various agents' activities. Better tracking devices would enhance an agent's ability to maintain surveillance.
4. Assign experienced scientists, engineers and technicians to provide direct technical and scientific support for enforcement and intelligence operations in the field. A closer relationship between technical specialists and enforcement officers would provide each group with a better appreciation of the others' role in the overall supply reduction effort.
5. Selective local destruction of drug crops. Development of better means of locating crops and developing poppy-specific herbicides would improve our ability to control poppy cultivation, for example.
6. Determine the country of origin of illicit drugs by analysis of seized samples. Trace elements in drugs such as opium, morphine base and heroin can be used to identify their country of origin. Such information has both strategic and diplomatic value.
7. Determine the source of the diversion of licit drugs into illicit markets. The deliberate incorporation of trace elements into legitimately produced drugs would aid in pinpointing the location of the diversion effort.

Changes in year-to-year program funding prove particularly disruptive to technology development. Long-term commitments of money and scientific and technical talent are essential in meeting the program objectives described here. Thus, to the degree possible, funding and staffing of science and technology activities should remain relatively steady from year to year.

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4 - DEMAND REDUCTION

If the supply reduction effort discussed in the last chapter is successful, illicit drugs will become more expensive, will be more difficult to find, and buying them will be hazardous. As a result, fewer people will use drugs illicitly, and those who do may reduce their consumption.

However, some drugs will continue to be available in the illicit market in varying quantities, since supply reduction efforts cannot be completely successful. Thus, some people will continue to use drugs and others will experiment with them and perhaps become habitual users.

In Chapter 1, we noted that complementary demand and supply reduction programs improve the effectiveness of the overall effort to combat drug abuse. This chapter analyzes the components of the Federal program to reduce the demand for drugs.

Most of the early efforts in the demand reduction area were directed toward providing treatment to drug users. This emphasis on providing care for those in need was appropriate because of the acute nature of the problem and the national responsibility to provide treatment to those who seek it certainly continues.

Nonetheless, we now realize that "cures" are difficult to attain. This is especially true if we define cure as total abstinence from drugs. Relapse rates are high, and many narcotic addicts require treatment again and again.* Even treatment which does not result in permanent abstinence is worthwhile from society's point of view, since for the period of treatment plus some time beyond, most addicts' lives ^{are} were stabilized and most ^{are} were better able to function as valuable members of society. Perhaps the addict ^{is} was able to hold a job, or return to school, or ^{became} became a more reliable family member. Certainly, treatment -- even if not completely successful -- is useful.

But treatment alone is not enough. Once someone reaches the point at which he needs treatment, a serious problem has already developed and permanent improvement is extremely difficult. It is far better to prevent the problem before it develops.

Therefore, the task force believes that greater emphasis must be placed on education and prevention efforts that promote the healthy growth of individuals and discourage the use of drugs as a way to solve (or avoid) problems. Experiences to date indicate that broad-based,

* Experience shows that individual addicts who return to treatment exhibit more progress the second time; more again the third; and so on.

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community-based programs which meet the developmental needs of children and youth are the most effective, and future emphasis should be placed on this type of prevention and education program.

At the same time that greater emphasis is being placed on prevention efforts, it is also important that greater attention be paid to drug users by existing rehabilitation programs in order to provide them with marketable skills and jobs. Positive changes in an addict's life and self-esteem are needed to keep him from returning to drug use. A job can do as much to accomplish this as anything else.

Detailed recommendations for improving demand reduction efforts are only highlighted here. Many others developed in the course of the review have already been implemented in whole or in part. The balance of this chapter summarizes the most important findings, conclusions, and recommendations of the task force under six headings:

- Education and Prevention
- Treatment
- Vocational Rehabilitation
- Interface with the Criminal Justice System
- Research, Demonstration, and Evaluation
- International Demand Reduction

EDUCATION AND PREVENTION

Illicit drugs are likely to remain available for a long time. And, despite our efforts to treat and

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rehabilitate drug users, we now understand that once a person begins to abuse drugs, long-term rehabilitation is both expensive and difficult. These sobering facts have convinced many experts that supply reduction efforts, even when coupled with treatment and rehabilitation, are not enough, and that ultimately the drug problem can only be contained through effective education and prevention efforts.

There has been common agreement on the long-term desirability of expanding efforts in the education and prevention field for some time. However, only recently has experience begun to indicate how that expansion should be implemented and what roles the Federal, State and local governments and the private sector should play.

One conclusion well supported by experience is that drug abuse does not occur in isolation, so programs which address the broad developmental needs of children and youth are the most effective in preventing and reducing drug abuse and other forms of self-destructive behavior such as truancy, alcoholism, and juvenile delinquence.*
The most successful drug abuse education and prevention

* Although recognizing that drug abuse is not confined to youth, current education and prevention efforts ~~will~~ concentrate on youth from early childhood through late adolescence. Adults of all ages and roles will be involved in these efforts, but as a group they will not be the target of a specific effort.

programs are those that take into account all the problems affecting young people and do not focus exclusively on drug abuse.

Another lesson learned from experience is that in all programs where prevention efforts have been successful, the local community has been a vital part of program planning, management and financial support. In some communities the schools are the focal point of prevention activities; in others, churches; in still others, neighborhood "rap" centers. Communities have generally been very receptive to the development of prevention activities, and over 1,000 communities have responded to the opportunity to receive training to help them create the opportunities for personal and social growth for their youth which prevent or reduce destructive drug use. This community interest is evidenced by the number of Office of Education - Mini-Grant Projects* and NIDA funded demonstrations

* The Mini-Grant program is an attempt by the Office of Education to involve concerned people in local communities and school systems in the planning and execution of programs dealing with youth problems. Selected teachers, parents, police, and other concerned residents are trained in organizational skills so they can successfully establish and fund programs defined by the community as important in assisting with the problems of youth. Approximately 1,500 local drug abuse prevention programs have been established by these core groups, and another 2,500 "influenced" by them.

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currently underway.*

We have also learned valuable lessons from programs which have proven unsuccessful. Early experiments with drug education using scare tactics aimed at youth and children did not work. In fact, they may have been counterproductive by stimulating curiosity about drugs. Future Federal media efforts aimed at this audience should:

- provide basic information about drugs and their effects, not in a "scare" sense, but with an objective presentation of "best information"; and
- emphasize successful and productive lifestyles of non-drug users.

Additional media efforts should be directed at parents, teachers, police, clergy, and others whose relations with drug-prone youths have a major influence on whether or not they decide to use drugs.

In the general area of community-based prevention, the Federal role should be catalytic in nature; specifically:

- To provide training and technical assistance to local communities which enable them to define their problems and mobilize their resources in support of effective education and prevention programs;

* The NIDA program provides over 40 communities with funds to be used in the development of innovative prevention program techniques that might serve as models for replication in other locations. A wide variety of community and school-based initiatives are presently being supported, including peer-counselling, interpersonal communications and problem solving skills, career education, and planned alternatives programs.

- . To provide materials and guidebooks for use by local programs;
- . To provide limited seed money for particularly critical programs and creative new programs;
- . To rigorously evaluate existing programs; and
- . To make the results of these evaluations widely available for use by States and local communities in designing or improving their own programs.

The task force does not anticipate (or recommend) major Federal grants in support of these local projects.

Federal efforts to deal with the wide variety of youth problems are now scattered across numerous agencies. The task force believes that it is critically important to coordinate and integrate their efforts more closely. The agencies involved include:

- . Law Enforcement Assistance Administration (Justice)
- . Drug Enforcement Administration's Prevention Section (Justice)
- . Runaway and Truancy Programs (Health, Education and Welfare)
- . Office of Education (HEW)
- . National Institute on Drug Abuse (HEW)
- . National Institute on Alcohol Abuse and Alcoholism (HEW)
- . National Institute of Mental Health (HEW)
- . Dependent School System (Department of Defense)
- . Social and Rehabilitation Service (HEW)
- . Veterans Administration
- . Extension Service -- 4-H Youth Program (Department of Agriculture)

Representatives of these agencies should form a permanent functional subcommittee under the Cabinet Committee for Drug Abuse Prevention (CCDAP).^{*} The subcommittee's first responsibility should be to develop a government-wide prevention plan which will address all dysfunctional behavior in youth regardless of the particular form it takes. This plan should be submitted to the Secretary of HEW, as Chairman of CCDAP, by March 31, 1976.

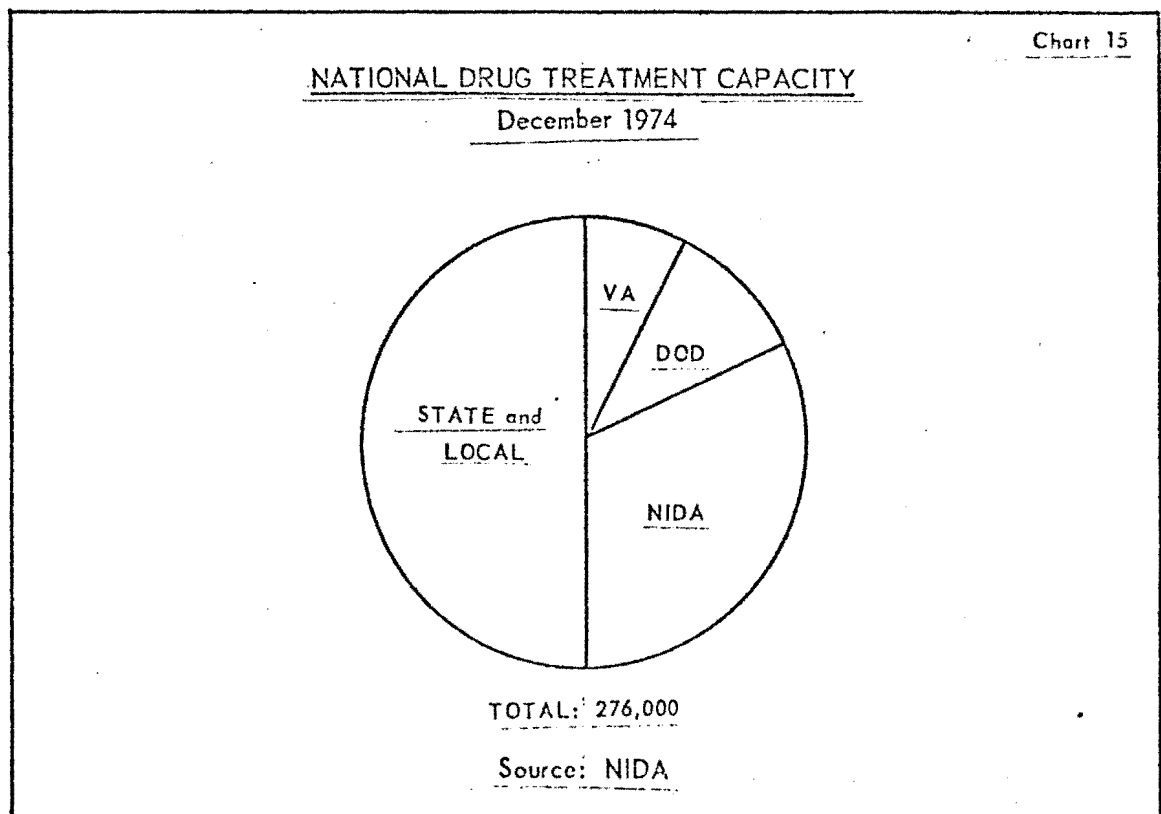
In summary, education and prevention should play a more important role in the national program than they have in the past. The task force recognizes that drug abuse does not occur in isolation and that drug abuse prevention programs involve many of the same elements which are required to prevent other kinds of self-destructive behavior. Accordingly, the task force believes that these drug abuse prevention efforts should be integrated into an overall Federal, State, local, and private program for dealing with all behavioral problems among youth as soon as possible. Finally, the role of the Federal Government in this area should be catalytic and supportive ; the major effort and funding should come from local communities.

^{*} See Chapter 5.

TREATMENT

As mentioned earlier, the main thrust of the Federal demand reduction effort to date has been in treatment. Reflecting this priority, the budget for Federally funded treatment services grew from \$18 million in 1966 to \$350 million in 1975.

Progress in establishing a sizeable treatment capacity has been impressive. As shown in Chart 15 below, national capacity exists to treat over one quarter of a million drug abusers at one time. Since the average length of time an individual remains in treatment is seven months, this treatment system could potentially treat over 450,000 drug abusers in a given year.



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Yet even this doesn't seem to be enough. Waiting lists began to form again early in 1975, after being almost nonexistent for 15 months. No longer can NIDA shift unused treatment slots to more hard-pressed areas as was done throughout 1974, since no significant excess Federally supported capacity exists anywhere. The number of identified drug abusers among persons arrested is climbing. Nearly everyone from the treatment community contacted in the course of the study named "limited treatment capacity" as the single most important issue in drug abuse treatment and rehabilitation.

Treatment capacity should be increased to fill unmet treatment demand when necessary because of the high social cost associated with compulsive drug use. But there are also ways to increase the effective capacity of (or reduce the effective demand on) the existing system, and to increase the efficiency of treatment. Both types of improvement should be made before increasing static capacity. The task force recommendations regarding treatment are discussed below in four sections:

- Treatment priority
- Treatment types (or "modalities")
- Quality of care
- Supplemental funding



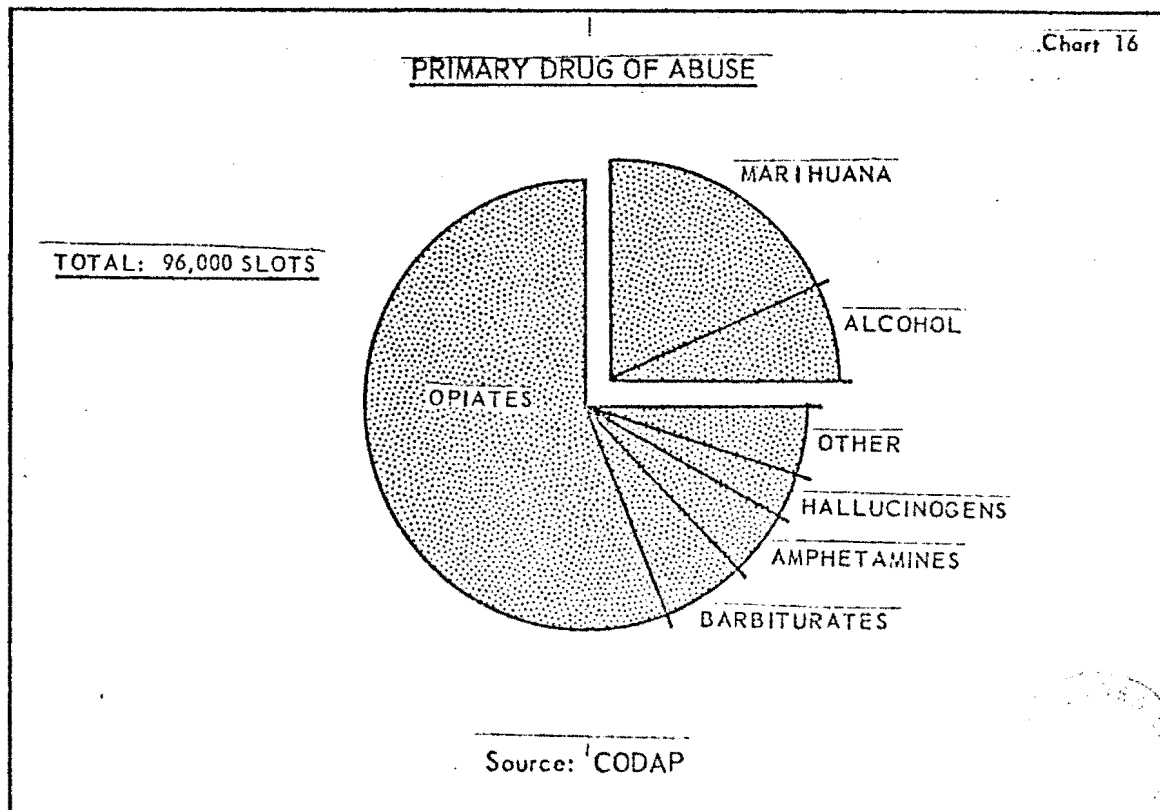
Treatment Priority

In Chapter 2, we said that priority should be given to those drugs and patterns of use which have the highest social costs. We said that the highest social costs were associated with the compulsive use of those drugs with high dependence liability. Drugs in the highest risk category are:

- heroin
- barbiturates, particularly when mixed with other drugs
- amphetamines, particularly when administered intravenously

Other drugs of abuse, such as cocaine or marihuana, present a somewhat lesser but not insignificant risk, particularly if used in a compulsive manner.

Chart 16 below shows the percentage of patients



admitted to treatment funded by NIDA, VA, and the Bureau of Prisons between January and April 1975. who reported various drugs as their primary drug of abuse.*

Marihuana, the second most prevalent drug, is not one identified as having a high priority. The third most prevalent is alcohol, for which separate treatment centers exist. The task force recognizes that some individuals are indeed suffering severe adverse consequences because of compulsive use of these drugs and need treatment. But to the extent possible, services in drug treatment centers should first be provided to abusers of opiates, barbiturates, and amphetamines.

The task force also recognizes that many drug treatment centers face the problem of receiving inappropriate referrals of casual or recreational marihuana users from the courts for "treatment" as an alternative to jail. This places both the client and treatment center in a difficult position. The task force recommends that NIDA, in conjunction with the Department of Justice, establish and distribute guidelines for appropriate judicial referral for drug treatment services. Further, the task force urges the expanded use of community mental health centers (CMHC's) to provide alternate community treatment. The

* Unfortunately, we do not have complete data concerning the 120,000 non-Federal slots. However, we believe that the pattern shown here closely approximates that for non-Federal slots as well.

success of CMHC's in providing drug and alcohol treatment, particularly in rural areas, is sound evidence that these resources can and should be used to a greater extent than at present.

In summary, all agencies involved in drug treatment should develop operating plans which give preference to abusers of high-risk drugs or compulsive abusers of any drug, to the extent possible, and should refer users of low-risk drugs to other social services*. Agencies such as VA and DOD which are required to provide treatment to users of lower priority drugs should do so in the most cost-effective way possible. The work group has made recommendations to the Assistant Secretary for Health, HEW, which give NIDA the authority to ensure that Federally funded Community Mental Health Centers

* Options for implementing a policy of giving treatment priority to users of high-risk drugs are somewhat limited for some agencies. For example, Veteran Administration legislation mandates treatment for all eligible veterans who request it, regardless of their particular drug of abuse. Nonetheless, even in these situations some leverage exists through choosing to provide less costly types of treatment to users of lower priority drugs, and reserving the most expensive treatment for those using high-risk drugs.

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make services available to drug users.* If only half of the NIDA funded slots currently occupied by marihuana and alcohol abusers could be recovered, 12,000 Federal slots would be available to treat users of more serious drugs.

Treatment Types

Another way to increase the effective capacity of existing treatment programs is to utilize the most cost-effective type of treatment for each patient. There are a variety of treatment types, including:

- . Methadone maintenance, which provides the medication to satisfy the craving for narcotics in dependent individuals so that they can take advantage of rehabilitation services and maintain a more normal lifestyle.
- . Detoxification, which gradually eliminates a patient's physiological dependence on a drug.
- . Drug-free treatment, which provides counselling and structured activities to help the individual regain his place in society.

Each of these, in turn, are offered in a variety of settings, which have radically different costs.

	<u>Average Yearly Cost per Patient</u>
. Hospital (inpatient)	\$40,000
. Prison	9,000
. Residential, including half-way houses and therapeutic communities	\$ 5,000
. Day care	\$ 2,500
. Outpatient	\$ 1,700

* Specifically, NIDA should be given the means to ensure that Community Mental Health Centers provide the full range of drug abuse services as mandated by Section 401(A) of PL. 92-255; and NIDA should be authorized to approve or disapprove all requests for waivers by CMHCs as they relate to this legislation.

To give an indication of the use of these various treatment types and settings, Chart 17 shows the percentage of patients entering NIDA treatment programs between January 1 and March 31, 1975, in each type and setting. For example, Chart 17 shows that 8 percent of the patients entered hospitals for detoxification, while 42 percent were drug-free outpatients.

Chart 17

TYPES OF TREATMENT AND SETTINGS

TREATMENT SETTING	TYPE OF TREATMENT			
	Methodone Maintenance	Detoxification	Drug Free	TOTAL
• Prison	1	1	3	3
• Hospital	—	8	3	11
• Residential	—	2	12	14
• Day Care	—	—	4	4
• Outpatient	15	10	42	67
TOTAL	15	20	64	100%

Since hospital treatment costs more than twenty times as much as outpatient services, we recommend that the latter form of treatment be utilized whenever possible. For example, opiate detoxification can usually be accomplished on an outpatient basis, and should be.

In general, inpatient detoxification should only be used when drug abusers are physically dependent on a drug, and when life-threatening medical, surgical, psychiatric, or obstetrical complications justify hospitalization. Another instance in which this option should be considered would be mixed addictions such as opiates and barbiturates requiring two separate withdrawal regimens.

On the other hand, the possibility of effectively treating compulsive abusers of high-risk drugs in outpatient drug-free slots is highly questionable. People abusing opiates and barbiturates generally need either medication or the structure and supervision provided in a day care or a residential program. The use of outpatient drug-free slots for low priority drug users should be curtailed, and such funds used to provide effective treatment services for high priority drug users.*

* For example, the 31% of NIDA's outpatient drug-free slots currently used for marihuana users, and the 17% currently used for people who claim no drug use at all.

Quality of Care

Improving the quality of care will also constructively affect the balance between treatment capacity and demand. To the degree that we improve treatment effectiveness, the relapse rate -- the percentage of treated drug users requiring further treatment -- should decline, thereby reducing the effective demand for treatment services in a relatively short period of time.

During the past year, NIDA has initiated a number of major programs to improve the quality of care in drug treatment programs. These include publication of the Federal Funding Criteria and various "How To" manuals, provision of technical assistance training for both professionals and paraprofessionals, ongoing program review and development of accreditation standards under the auspices of the Joint Commission on Accreditation of Hospitals.

In addition to those steps which have already been taken, the task force has recommended several specific actions to the Director of NIDA, the Assistant Secretary for Health, HEW, and other appropriate officials. These actions, many of which are already being implemented as a result of being highlighted by the task force, are summarized below.

1. Switching from methadone to LAAM, a long acting substitute for methadone, in treating opiate-dependent persons as soon as its safety and efficacy have been determined. Because patients will only be required to come to the clinic three times a week, LAAM should reduce diversion, cost, and interference with patients' work schedules.
2. Publishing revisions to regulations governing methadone immediately. These regulations will facilitate entrance into treatment and will allow more reasonable surveillance, establish a more equitable patient termination procedure, and allow the use of physicians' assistants where medically and legally appropriate to substitute for certain current physician time requirements.
3. Accelerating skill training for para-professionals.
4. Resolving jurisdictional and organizational problems between DEA, NIDA and FDA. Most of these deal with overlapping responsibilities for setting and monitoring compliance with treatment standards. The task force recommends that this be made NIDA's responsibility.
5. Incorporating drug abuse into the required curricula of medical schools and schools of social work, psychology, and vocational rehabilitation. Drug abuse problems have generally been on the periphery of health training, and medical schools seem unwilling to incorporate the subject into their curricula; of 115 U.S. medical schools, fewer than 5 require course work in drug dependency and less than 20 offer it as an elective. Some progress has been made; for example, licensing and accreditation examinations for health personnel are being revised to include specific references to drug abuse knowledge and related skills. However, more must be done ~~in this area~~ and the task force recommends that HEW develop a specific plan in this regard.

Supplemental Funding

The Federal Government funds drug treatment services by sharing costs with local programs on a gradually declining Federal share basis for a period of several years. Part of the philosophy of this type of funding is having the Federal Government provide the financial assistance and expertise to initiate treatment programs, with the Federal role gradually declining to allow State and local agencies to pick up larger shares of the costs of these programs. However, many programs are now finding it difficult to meet even their proportionate matching share of funding.

HEW's policy is to move away from grants for specific programs (categorical grants) toward reliance on payments by outside agencies such as insurance companies, Medicaid, and social services funds (third-party payments) for services provided clients. While this policy is sound in the case of most medical and social services, there are at present many serious limitations to garnering third-party payments for drug abuse treatment. These include:

- Client Eligibility. A large percentage of clients in drug abuse treatment do not qualify under major third-party programs (i.e., Medicaid and social service funding) due to stringent eligibility requirements related to age, sex, income and disability.



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- . Lack of Coverage. Less than one-third of the treatment clients are employed at the time of admission, and of those employed, many do not have health insurance coverage. Those clients who are insured are likely to have plans that exclude out-of-hospital benefits, thereby eliminating the majority of cost-effective drug abuse treatment services. Furthermore, many insurers view drug addiction as a self-inflicted or chronic problem and will not provide coverage.
- . Provider Status. The Medicaid program is administered differently in each State. Since clinical services are optional under Medicaid, community-based treatment clinics are eligible for reimbursement only in States which have such plans. An additional constraint is the lack of licensing and accreditation standards for drug abuse programs, necessary for inclusion under most insurance plans.
- . Rate Structure. Most payment programs are not obligated to pay the full cost of services, resulting in a gap between costs and reimbursement.

Because of these limitations, third-party payments are not realistic as a major source of funding for drug abuse treatment services at this time. The changes required for drug abuse coverage would be massive, including changes in Medicaid and social service statutes, changes in the implementation of the Medicaid program, and comprehensive revamping of private insurance policies. However, drug programs have not adequately tried to capture third-party and social service reimbursements for those clients who are eligible.

Under current legislative and regulatory provisions, third-party payments cannot be expected to replace Federal funding for drug abuse treatment and rehabilitation, but they can be an important supplement. For example, third-party payments can be used as a secondary funding mechanism for programs to meet a portion of their local matching requirements.

Rather than jeopardize treatment programs which are already finding it difficult to obtain local matching requirements, the task force recommends that the Federal share of categorical program support not be reduced below 60 percent. This cost-sharing rate of 60 percent Federal/40 percent local should be maintained until it can be determined that local governments and private donors are able to assume greater fiscal responsibility.

In the long term it is critical that drug abuse treatment services be incorporated into the general health services system. However, it is impractical to do so at this time. Nonetheless, the task force believes that we must continue to pursue the goal of including drug abuse services in national health insurance and other programs designed to meet the overall health needs of Americans.

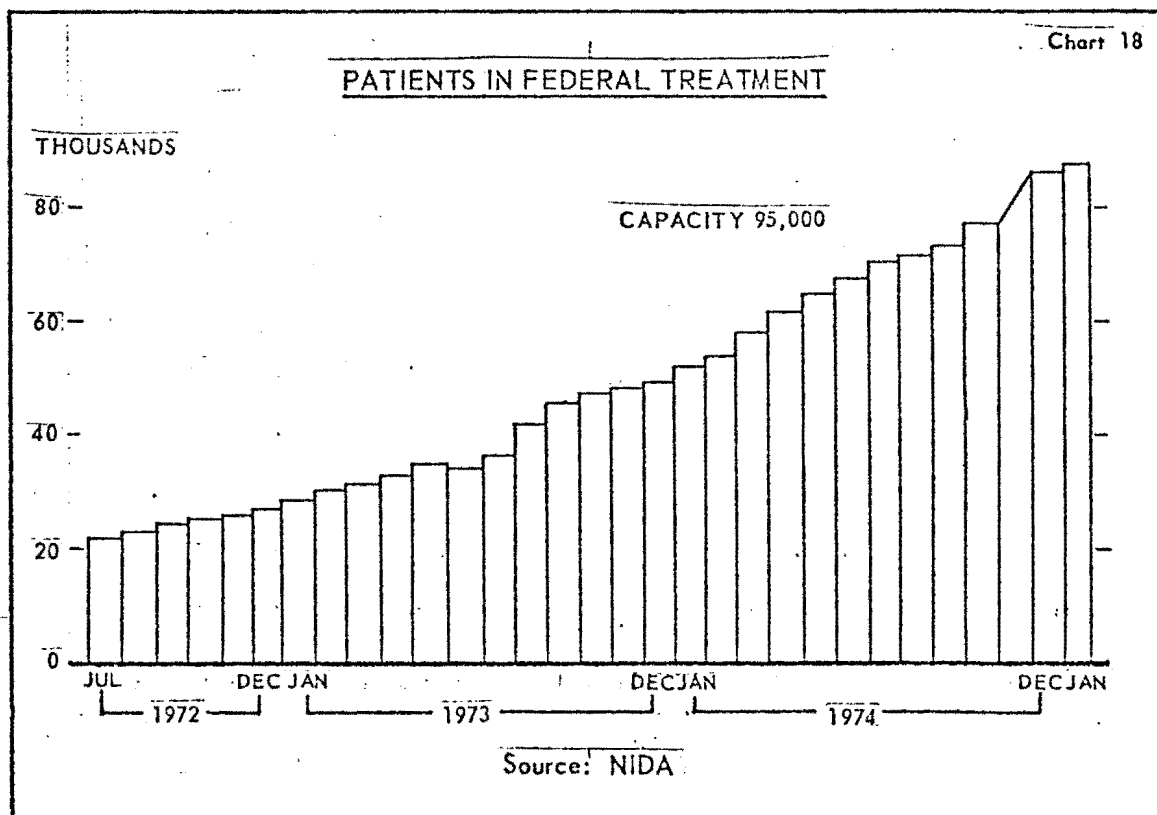
Current and Projected Treatment Demand

Many of the steps recommended above will have a significant impact on the treatment capacity required in the future. For example, the identification of

barbiturates and amphetamines as drugs whose abuse warrants high treatment priority will tend to increase treatment demand. On the other hand, many under-utilized slots can be freed through more careful screening of marihuana and alcohol abusers.

It appears, nonetheless, that current capacity is inadequate to meet the existing demand.

NIDA treatment utilization has increased rapidly over the past 18 months and is now operating at or above effective capacity as show in Chart 18 below.*



* Effective capacity is below 100 percent because a few slots will be empty at scattered sites, lowering the utilization rate.

Initially, treatment programs were funded on the basis of "best guesses" of the demand for treatment in an area. However, during 1974 a full inventory of treatment utilization was made and a massive shifting of slots occurred from areas of underutilization to areas where there was unmet treatment demand.* This resulted in a better geographic distribution as well as full slot utilization. Today, because almost all treatment facilities are operating at a capacity level, only marginal geographic shifts in treatment location are possible.

Thus, there is a shortage of treatment resources at the present time. This existing unmet treatment demand comes from several sources:

	<u>Approximate Number</u>
. Patients currently on NIDA waiting lists	4,400
. The Treatment Alternatives to Street Crime program (TASC)	4,500
(It is anticipated that the TASC program will generate this unmet treatment demand of 4,500 slots annually)	
. Bureau of Prisons parolees	3,000
(U.S. Probation Service estimates an additional 3,000 potential clients for the already fully utilized community care programs.)	

* Over 15,000 slots were shifted during 1974

In addition, further demands are likely, since NIDA treatment utilization has grown by approximately 3,000 patients per month during the past year. That rate has slowed in recent months, but it is reasonable to expect some additional demand from communities.

Non-Federal sources are unlikely to meet all of this increased demand for treatment. Local programs are already experiencing difficulty in meeting their increasingly proportionate share of funding through the categorical grant process. State and local sources now fund about one-half of all treatment slots, and these sources are finding it difficult to increase their investment in drug abuse treatment. And, given the many legislative and programmatic constraints outlined in the supplemental funding section, third-party payments cannot make a substantial contribution to treatment funding at the present time.

Therefore, the Federal Government should be prepared to fund additional community treatment capacity. The exact number of additional slots required will not be known until the interrelated effects of the recommendations discussed above are assessed, but it is imperative that the number be determined as soon as possible. The task force recommends that CCDAP* undertake a high priority analysis of treatment capacity, and submit a recommendation to the President by December 1, 1975, in order to be considered in FY 1977 budget deliberations.

* See Chapter 5.

