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CABINET COUNCIL ON HUMAN RESOURCES  
WORKING GROUP ON DRUG ABUSE HEALTH ISSUES

November 19, 1982

W O R K P L A N F O R

IMPLEMENTATION OF THE 1982 FEDERAL STRATEGY

<u>MILESTONE</u>	<u>DATE</u>
Designation of Task Forces and discussion of workplan (WG/DAHI Meeting)	October 26, 1982
Working Group members report specific Task Force representatives and comments on workplan to WG/DAHI Chairman (456-7777)	November 2, 1982
Distribution of Task Force Workplan, membership, and guidelines for Task Force report content and format by WG/DAHI Chairman	November 5, 1982
Task Force Chairmen submit draft reports to WG/DAHI Chairman	December 17, 1982
Comments on draft Task Force reports due back to Task Force Chairmen	January 3, 1983
Finalized Task Force report due to WG/DAHI Chairman	February 15, 1983
Task Force reports consolidated into Working Group interim report (WG/DAHI Meeting)	February 25, 1983
Working Group interim report completed	March 1, 1983
(Progress briefings will be scheduled as needed with each Task Force Chairman.)	

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Drug Abuse Policy Office Coordinator: Sharyn Lumpkins  
456-7777

EDUCATION AND PREVENTION TASK FORCE

ISSUE: To discourage drug and alcohol use among school-aged children (youth under the age of 18) and reduce the demand for illicit drugs in all age groups.

- To identify the Federal resources available in the areas of drug and alcohol abuse education and prevention, with particular attention to the direct involvement of agencies or activities not currently involved or identified with the drug abuse program.
- To comment on the effectiveness of the current use of Federal, State and local resources, to recommend ways to improve current use, and to identify areas with potential for future expansion.
- To enlist the participation of all Federal, State and local agencies which have responsibilities for drug and alcohol issues.
- To educate the public, and especially the parents of school-aged children, about drugs and alcohol and how to recognize and deal with drug and alcohol abuse in their homes, schools and communities.
- To tap the tremendous potential of voluntary citizen efforts, of individuals, groups and organizations in the education and prevention effort.
- To promote the family unit as the best vehicle for discouraging drug and alcohol abuse by school-aged children.
- To encourage and assist initiatives by private business, labor organizations, mass media, the entertainment industry and the sports establishment to deglamorize the drug scene and raise concern about drug and alcohol abuse.
- To encourage and support State and local governments in developing, organizing and implementing major statewide and community-wide prevention efforts.
- To provide leadership, encouragement and support to a continuing public information and education effort which addresses the problem of driving while intoxicated.
- To promote the timely dissemination of accurate, clearly written information about drugs to health care professionals, educators, parents, young people and the general public.

CABINET COUNCIL ON HUMAN RESOURCES  
WORKING GROUP ON DRUG ABUSE HEALTH ISSUES

IMPLEMENTATION PLANNING

1982 FEDERAL STRATEGY FOR PREVENTION OF DRUG ABUSE

November 19, 1982

PURPOSE: To provide an environment which allows the individual to develop and function without dependence on drugs or detriment from other persons involved in drug use and its consequences.

To bring all available Federal resources to bear on the health aspects of drug abuse and to achieve more effective use of existing resources at all levels of government through integrated and cooperative efforts.

Ultimately, to provide a society free of drug abuse.



ISSUE: To reduce the abuse of prescription and over-the-counter drugs.

- To work with physicians, pharmacists and research organizations to find ways to reduce the abuse of prescription and over-the-counter drugs.
- To promote the timely dissemination of accurate, clearly written information about these drugs to health care professionals, educators, consumers and the general public.

EDUCATION AND PREVENTION TASK FORCE MEMBERSHIP:

CHAIRMAN: Ms. Constance Horner, ACTION

MEMBERS: DEA - Mr. Robert H. Feldkamp, Public Affairs  
DOD - Mr. Bob Stein, Prevention & Treatment  
DOT - Mr. Raymond Peck, Traffic Safety  
EDUCATION - Ms. Anne Graham, Public Affairs  
FDA - Dr. Alan Kaplan, Health Affairs  
INM - Dr. Manuel Gallardo, Demand Reduction  
NIAAA - Mr. William Gregory, Prevention  
NIDA - Dr. Jack Durell, MD, Office of Science  
NIMH - Dr. Steve Goldston, Office of Prevention  
OJJDP - Mr. William Modzeleski, Juvenile Programs  
OSHA - Mr. Anthony Goldin, Regulatory Analysis  
USIA - Mr. Domenick R. DiPasquale, Writer-Editor  
VA - Dr. Steven M. Sleight, Pharmacy Services

EX-OFFICIO MEMBERS: Mr. Richard Williams, Drug Abuse Policy Office  
Ms. Sharyn Lumpkins, Drug Abuse Policy Office

DETOXIFICATION AND TREATMENT TASK FORCE

ISSUE: To achieve more effective use of treatment and detoxification resources.

- To identify the Federal resources available in the areas of detoxification and treatment, with particular attention to the direct involvement of agencies or activities not currently involved or identified with the drug abuse program.
- To comment on the effectiveness of the current use of Federal, State and local resources, to recommend ways to improve current use, and to identify areas with potential for future expansion.
- To encourage and assist State and local governments in developing, organizing and implementing detoxification and treatment programs which address the specific drug abuse priorities in each geographic area.
- To encourage States to support programs that serve youngsters who have just started using illicit drugs and alcohol and have not yet established a total lifestyle around drug use.
- To encourage States to continue detoxification and treatment programs that will reduce the length of time a person spends in treatment.
- To integrate drug services into the general health care system, especially the mental health system.
- To seek less expensive, yet effective, treatment alternatives.
- To encourage private industry, religious groups, private organizations and state agencies to work together to support treatment programs.
- To promote drug-free treatment programs.

DETOXIFICATION AND TREATMENT TASK FORCE MEMBERSHIP:

CHAIRMAN: Dr. James Cooper, M.D., NIDA

MEMBERS: ACTION - Ms. Angie Hammock, Prevention  
DEA - Mr. Gene R. Haislip, Diversion Control  
EDUCATION - Ms. Betty Grisamore, Public Affairs  
FDA - Ms. M. Lyvon Covington, Methadone Maintenance  
INM - Dr. Manuel Gallardo, Demand Reduction  
NIAAA - Mr. Fleetwood Roberts, Technical Assistance  
NIMH - Dr. Ira Lourie, Childrens Services  
OJJDP - Mr. William Modzeleski, Juvenile Programs  
OSHA - Dr. Leonard Vance, Health Standards  
VA - Dr. John F. Russell, M.D., Mental Health

EX-OFFICIO Mr. Richard Williams, Drug Abuse Policy Office  
MEMBERS: Ms. Sharyn Lumpkins, Drug Abuse Policy Office



RESEARCH TASK FORCE

ISSUE: To strengthen the Federal drug abuse research programs.

- To identify Federal research resources available, with particular attention to the direct involvement of agencies or activities not currently involved or identified with the drug abuse program.
- To comment on the effectiveness of current Federal, State and local research activities, to recommend ways to improve current programs, and to identify areas with potential for future expansion.
- To assist State governments in developing, organizing and implementing programs to improve their capability to collect State, local and regional information on drug problems.
- To overcome methodological problems in data gathering and analysis and to work with various research organizations to address data problems and assist in improving the understanding of the dynamics of drug and alcohol abuse.
- To produce accurate and clearly written information about drugs and alcohol and make this information widely available in a credible form to be used in education, prevention, detoxification and treatment efforts.
- To develop an effective system to monitor the composition and potency of illicit drugs.
- To continue to support longitudinal and epidemiological research to expand knowledge of drug and alcohol use patterns, risk factors, and the long-term health effects of drugs and alcohol.
- To emphasize basic research into the biological and psychological determinants of drug abuse.
- To prioritize research into the development of chemical agents which will block or change the expected physiological effects of a drug.
- To study the effectiveness of prevention and treatment approaches.
- To increase the priority for drug research into the development of agonists and antagonists.



RESEARCH TASK FORCE MEMBERSHIP:

CHAIRMAN: Dr. Denis J. Prager, OSTP

MEMBERS: ACTION - Mr. Mark Blitz, Policy and Planning  
DEA - Mr. John W. Gunn, Jr., Science and Technology  
DOD - Dr. John Allen, Drug & Alcohol Prevention  
EDUCATION - Mr. Brent Marriott, Education System  
FDA - Dr. Edward Tocus, Drug Abuse and Biologics  
INM - Dr. Manuel Gallardo, Demand Reduction  
NIAAA - Dr. Albert Pawlowski, Ph.D., Research  
NIDA - Dr. Marvin Snyder, Ph.D., Research  
NIMH - Dr. Mitchell Balter, Therapeutic Research  
OJJDP - Mr. Buddy Howell, Delinquency Prevention  
USIA - Ms. Carla Carlson, Science Writer  
VA - Dr. John L. Sullivan, M.D., Medical Research

EX-OFFICIO MEMBERS: Mr. Richard Williams, Drug Abuse Policy Office  
Ms. Sharyn Lumpkins, Drug Abuse Policy Office

INTERNATIONAL COOPERATION TASK FORCE

ISSUE: To support the international cooperation program and encourage drug demand reduction around the world.

- To identify the Federal resources available in the area of international demand reduction, with particular attention to the direct involvement of agencies or activities not currently involved or identified with the international cooperation program.
- To comment on the effectiveness of the current use of Federal resources, to recommend ways to improve current use, and to identify areas with potential for future expansion.
- To propagate an awareness in producing and transit countries of the high priority placed on reducing the effects of drug abuse in the United States.
- To encourage the governments of producing and transiting countries to recognize that their populations can also be victims of drug abuse.
- To encourage and assist foreign governments in developing, organizing and implementing programs which address the drug abuse problems in their countries.
- To foster an increased awareness on the part of other industrialized nations and their governments of their domestic drug abuse problems, both to stimulate internal prevention efforts and to encourage their participation in international drug control efforts.
- To provide technical assistance in planning and developing demand reduction programs.

INTERNATIONAL COOPERATION TASK FORCE MEMBERSHIP:

CHAIRMAN: Mr. Jon Thomas, INM

MEMBERS: ACTION - Mr. Tom Pauken, Volunteer Programs  
DEA - Mr. John Warner, International Programs  
EDUCATION - Mr. Robert Lewis, Education System  
FDA - Mr. John Lupien, International Affairs  
INM - Mr. Rayburn Hesse, International Programs  
NIAAA - Mr. Lee Towle, International Activity  
NIDA - Mr. James Lawrence, Drug Abuse Health Issues  
NIMH - Dr. Ed Keltz, International Programs  
USIA - Mr. Donald Mathes, International Media  
VA - Dr. Lawrence B. Hobson, M.D., Ph.D., Medicine

EX-OFFICIO MEMBERS: Mr. Richard Williams, Drug Abuse Policy Office  
Ms. Sharyn Lumpkins, Drug Abuse Policy Office

DRUG ABUSE IN THE ARMED FORCES TASK FORCE:

ISSUE: To support the comprehensive drug and alcohol abuse reduction program being implemented by the Department of Defense.

- To identify Federal resources outside the Department of Defense which can be used to assist Department of Defense programs in the areas of education and prevention, detoxification and treatment, and research.
- To identify Department of Defense programs and capabilities which have potential application to or can otherwise enhance overall Federal programs in the areas of education and prevention, detoxification and treatment, and research.
- To develop and implement programs to enhance information and resource exchange between the Department of Defense and other Federal agencies in pursuit of our common goal.
- To support implementation of internal Department of Defense programs to stop drug and alcohol abuse in the Armed Forces.
- To encourage support to Department of Defense programs by State, local and private drug and alcohol abuse prevention efforts.

DRUG ABUSE IN THE ARMED FORCES TASK FORCE MEMBERSHIP:

CHAIRMAN: Dr. John F. Mazzuchi, DOD

MEMBERS: ACTION - Mr. Ed Timperlake, Vietnam Veterans  
ADAMHA - Mr. Thomas Vischi, Program Planning  
DEA - Mr. Abraham Azzam, Interagency Programs  
EDUCATION - Ms. Diane Vines, Education System  
INM - Dr. Manuel Gallardo, Demand Reduction  
NIAAA - Dr. Donald Godwin, Occupational Programs  
NIDA - Dr. Richard Lindblad, Program Development  
NIMH - Dr. Lemual Clark, Mental Health Services  
VA - Dr. Stewart Baker, Behavioral Sciences

EX-OFFICIO MEMBERS: Mr. Richard Williams, Drug Abuse Policy Office  
Ms. Sharyn Lumpkins, Drug Abuse Policy Office



PRINCIPAL ISSUES  
HEALTH RELATED ASPECTS OF DRUG ABUSE

Goal: To provide an environment which allows the individual to develop and function without dependence on drugs or detriment from other persons involved in drug use and its consequences

Ultimately, to provide a society free of drug abuse.

Issue: To discourage drug and alcohol use among school-aged children. *Education. Education and Prevention*

Issue: To bring all available Federal resources to bear on the drug problem. *ADAMHA*

Issue: To clarify the roles of the various Federal, State and local government agencies and confirm priorities appropriate to the drug problems existing in the area of jurisdiction.

Issue: To encourage and assist State and local governments in developing and implementing programs aimed at the health aspects of drug abuse.

Issue: To encourage and assist private sector initiatives aimed at the health aspects of drug abuse. *ACTION OSHA DOT*

Issue: To integrate drug treatment services into the general health and mental health care system. *Pavlos/NIMH*

\* Issue: To strengthen the Federal drug abuse research programs. *OSTP*

Issue: To promote the timely dissemination of accurate, clearly written information about drugs to health care professionals, educators, parents, young people, and the general public. *NIDA*

*Information Review*

Issue: To reduce the abuse of prescription and over-the-counter drugs.

*need FDA  
DEA?*

\* Issue: To reduce drug and alcohol abuse among military personnel. *DOD  
YA*

*Issue: Evaluate*

*Issue: Int'l aspects of drug abuse prevention State  
USIA*

PRINCIPAL ISSUES  
DRUG LAW ENFORCEMENT

Goal: To reduce the availability of illicit drugs in the United States

To stop illicit drugs as close to their source as possible.

To bring to bear the full range of Federal, State and local government resources, and private sector support where appropriate, on the drug problem

To provide a flexible framework that allows local priorities based on the nature of the drug problems and drug trafficking threats which exist in a particular geographic area.

Domestic:

Issue: To increase the level of effort of Federal drug law enforcement through improved management and broadened involvement of Federal agencies, targeted on the full range of criminal activities associated with drug trafficking organizations.

Issue: To improve cooperation and coordination among Federal, State and local law enforcement agencies.

Issue: To make more efficient use of all available prosecutorial and court resources.

Issue: To encouraging State and local efforts to eradicate production of marijuana within the United States.

Issue: To seek legislative changes to improve effectiveness of law enforcement efforts in eliminating criminal involvement in drug trafficking and deterring future involvement.

Issue: To improve the quality of data systems and intelligence estimates supporting drug law enforcement at all levels of Government.

Issue: To involve law enforcement agencies in public education programs directed at the impact of illegal drugs on society and individuals.  
(Coordinated effort with Health Aspects Working Group)

## Border Interdiction:

Issue: To increase effectiveness of intercepting drug smuggling by air and on the seas.

Issue: To increase effectiveness of port of entry interdiction.

Issue: To increase effectiveness of interdiction on land borders between ports of entry.

Issue: To develop policies and procedures for use of military assistance now possible under Posse Comitatus legislation, with emphasis on integrating requirements for drug smuggling information into military operational and training activities.

Issue: To improve technological support to drug interdiction operations.

Issue: To develop a comprehensive National border policy with the cooperation and participation of the border States.

## International:

Issue: To strengthen the State Department programs to stop production and transportation of illegal drugs within source nations.

Issue: To encourage foreign Governments to undertake crop eradication programs.

Issue: To develop innovative mutual assistance treaties with foreign Governments directed at assets derived from drug trafficking and banking procedures which conceal drug transactions.

Issue: To curtail the diversion from legitimate international commerce of pharmaceuticals and chemicals essential to the manufacture of abused drugs.


Issue: To increase the effectiveness of international organizations directed at international narcotics control.



MEMORANDUM

THE WHITE HOUSE  
WASHINGTON  
December 1, 1981

TO: MARTIN ANDERSON  
EDWIN GRAY

FROM:  CARLTON TURNER

SUBJECT: Working Group on Drug Abuse Health Issues under  
the Cabinet Council on Human Resources.

We request that the above-named working group be established to develop and implement a federal drug strategy in the following areas:

- \* Prevention and Education
- \* Detoxification and Treatment
- \* Research

This has been discussed with Bob Carleson and he has concurred with our request.

I will serve as Chairman and in order to obtain the broadest possible discussion of these issues, the following agencies should be members of the working group:

- \* Office of the Science Adviser - Dr. Jay Keyworth
- \* National Institute on Drug Abuse  
-- Dr. William Pollin, Director
- \* National Institute on Alcohol Abuse and Alcoholism
- \* National Institute on Mental Health
- \* National Institutes of Health
- \* ACTION  
-- Mr. Tom Pauken, Director
- \* Veteran's Administration
- \* Department of Education



- \* Department of Labor
- \* Department of State
  - Bureau of International Narcotic Matters
- \* International Communications Agency
- \* Department of Transportation
  - National Highway Traffic Safety Administration

We anticipate that this working group will address the specific issues outlined in the attachment. We will seek the involvement of other agencies as needed.

Attachments.

## PREVENTION AND EDUCATION

The President supports the development and implementation of a comprehensive, long-term drug abuse prevention and education campaign that targets its message to young people in order to reduce the demand for drugs. How can this be accomplished in the most effective way and include the following?

- Devise a plan to enlist the participation of all federal and state agencies who have responsibilities for drug issues.
- Solicit active involvement of the business community and labor in the drug prevention and education effort.
- Develop a method to tap the organized and individual volunteer efforts of citizens to carry the anti-drug message to the community.
- Foster the expansion of the parent-group concept.
- Integrate drug abuse prevention efforts with alcohol abuse prevention efforts.
- Work with the National Parent/Teacher Association (PTA) and other similar organizations to place a high priority on drug abuse prevention in the schools.
- Seek better methods of evaluating the effectiveness of prevention efforts.

## DETOXIFICATION AND TREATMENT

Assuming that the appropriate federal role is to provide information and guidance to help states design treatment responses to the drug problems of their local communities, how will the following be accomplished?

- Encourage states to continue detoxification and treatment programs that will reduce the length of time a person spends in treatment.
- Integrate drug services into the general health care system - especially the mental health system.
- Devise a system that encourages the business community, state agencies and private programs to work together to develop employment and rehabilitation programs to aid those who succumb to drug use.
- Encourage the development of treatment approaches directed at the unique needs of groups such as youth, women and the elderly.
- Help the criminal justice system enhance their capability to address drug problems.

## RESEARCH

Basic research findings should be transferred in a timely and understandable way for use by health care professionals, educators and the public. How can the following be implemented in a way that meets this goal?

- Increase the priority for drug research into the development of agonists and antagonists.
- Devise ways to encourage private enterprise (pharmaceutical firms, colleges, universities, etc.) to undertake more "orphan" drug research.
- Expedite the processing of new drug applications for the purpose of treating victims of drug abuse.
- Re-examine how research data is used, what we decide to research and how those decisions are made.
- Undertake longitudinal and epidemiological research on drug issues. And, at the same time, solve the methodological problems associated with the gathering and analysis of data.
- Consider the relative merits of the undesirable effects of a drug vs. the possible beneficial effects of a drug and seek to balance these along with technical considerations and the overall impact on society.
- Review research activities in law enforcement.



CABINET COUNCIL ON HEALTH AND HUMAN RESOURCES  
WORKING GROUP ON DRUG ABUSE HEALTH ISSUES

September 17, 1982

Mr. Loran D. Archer ✓  
Acting Director  
National Institute on Alcohol  
Abuse and Alcoholism  
Room 16-105 Parklawn Building  
5600 Fishers Lane  
Rockville, Maryland 20857

443-3885

Mr. Thorne G. Auchter ✓  
Assistant Secretary  
Occupational Safety and  
Health Administration  
Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20210

523-9361

Mr. Robert Carleson ✓  
Executive Secretary,  
Cabinet Council on  
Health and Human Resources  
Room 208, OEOB

456-6630

Dr. Manuel Gallardo ✓  
Demand Reduction Consultant  
Office of Global Strategy and Support  
Bureau of International Narcotic Matters  
Room 7813  
Department of State  
Washington, D.C. 20520

632-1274

Dr. G. A. Keyworth, II ✓  
Director OSTP/Science and Technology  
Adviser to the President  
360 OEOB  
Washington, D.C. 20500

456-7116

Handwritten: 560-3655

Mr. Robert W. Lewis  
Special Assistant to the Deputy  
Undersecretary  
Department of Education  
Room 4079  
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Washington, D.C. 20202

755-1100

Mr. Donald Mathes  
Senior Planning Officer  
Planning and Guidance Staff [Programs]  
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724-9198

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ADAMHA  
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Dr. John F. Mazzuchi  
Staff Director  
OASD(HA)/ODAAP  
Pentagon 3D-171  
Washington, D.C. 20301

695-6800

Mr. Robert P. Nimmo  
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Veterans Administration  
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Dr. Herbert Pardes  
Director  
National Institute of Mental Health  
Room 17-99  
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Rockville, Maryland 20857

443-3673

Mr. Tom Pauken  
Director  
ACTION  
Room 500  
806 Connecticut Avenue, NW  
Washington, D.C. 20525

254-3120

1982 Stride

\$ 81 N

average daily usage

NYC \$40

ATL \$60

Chi \$50

LA \$45

price variations  
go areas —

best



Dr. William Pollin ✓  
Director  
National Institute on Drug Abuse  
Room 10-05  
5600 Fishers Lane  
Rockville, Maryland 20857

443-6480

Mr. Andrew W. Swantak ✓  
Special Assistant to the Deputy Secretary  
United States Department of Transportation  
Room 10-200  
400 Seventh Street, SW  
Washington, D.C. 20590

426-0237

✓ Dr. Carlton E. Turner, Chairman  
Director, Drug Abuse Policy Office  
Office of Policy Development  
The White House  
Room 218/ OEOB  
Washington, D. C. 20500



\$1 yield of 1 mj. plant per year  
Buy sand \$45K

40%  
domestic  
Sensimilla \$200 per ounce  
Colombian marijuana \$36-60/oz

1 lb.

450 -  
\$600

3/6 of  
60  
\$960  
\$750

\$5000  
\$2000/pent  
1750



DRAFT NNICC for 81

[ Sinsimilla \$200 per oz  
Colombian marijuana \$36-60 per oz

If 1 plant yields 1 lb per year - - -

Sinsimilla  
\$200  
X 16  
\$3,200

Colombian marijuana  
\$36 - \$60  
X 16      X 16  
\$576 - \$960

NY street prices

1 plant sinsimilla = \$8,750

1 plant Colombia

① \$2.00/joint = \$3,500

② \$1.00/joint = \$1,750

HUMAN RESOURCES SECRETARIAT

✓ Health and Human Services

✓ David Swoap  
Undersecretary  
245-7431

✓ Agriculture

✓ Mary Jarratt  
Assistant Secretary for Food  
and Consumer Services  
447-7711

✓ Education

✓ Charles Ronald Kimberling  
Acting Executive Secretary  
245-7913

*Mike*  
*Attn: Linda Combs*

✓ Labor

✓ Lloyd (Chip) Aubry  
Special Assistant to the Secretary  
523-9073

*assistant*

*to Bill*

*Evans*

✓ Housing and Urban Development

✓ Emanuel (Steve) Savas  
Assistant Secretary for Policy  
Development and Research  
755-5600

*JOHNATHAN C. ROSE; Asst A.G.  
633-3824 ofc. of Legal Counsel*

Justice  
30/82

*Paul Colborn  
ofc. of Legal Counsel  
633-3239 we attend  
all for Rose*

✓ W. Bradford Reynolds  
Assistant Attorney General for  
Civil Rights  
633-2151

*Glass*

✓ Office of Management and Budget

✓ Ken Clarkson  
Associate Director for Human  
Resources, Veterans and Labor  
395-5044

✓ Office of Policy Development

✓ Robert Carleson  
Special Assistant to the President  
for Policy Development  
456-6630

Council of Economic Advisers

✓ Gary Bauer  
Policy Adviser  
456-2135

✓ William Niskanen  
Member  
395-5046

✓ Action

✓ Tom Pauken  
Director  
254-3120