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NATIONAL INITIATIVE ON DRUG ABUSE

OBJECTIVES

- Enhance President Reagan's leadership role in the national campaign to prevent drug abuse and drug trafficking.
- Garner public support for new initiatives working toward the Administration's goal of creating a drug-free generation by the 1990s.

STRATEGY

1. Stimulate action and broaden public awareness on drug abuse.
 - Move from uninformed to informed debate.
 - Direct sudden public outrage over drug abuse to support for government and private initiatives against drug use. Focus on drug user, not as victim but as irresponsible member of society.
2. Increase awareness of the successes of the President's national and international drug program.
3. Maintain Executive Branch leadership in undertaking major new initiatives.

THEMES

1. Administration has taken unprecedented actions to stop drug abuse.
2. Drug users are financing our Nation's suicide.
 - Drug abuse is a threat to national security and public safety.
 - Drug abuse costs the American public at least \$60 billion each year in terms of productivity, health care, accidents and crime.
 - Drug abuse is eroding the quality of education and the personal development of our young people.
3. Government must do all in its power to help, but the war on drugs will be won only by the action and commitment of private citizens -- businessmen and workers, students and teachers, parents and volunteers.

TIMING: July through October 1986

The window of opportunity is wide open. Public outrage and media attention about drug abuse are at an unprecedented high in the wake of the recent cocaine deaths of Len Bias and Don Rogers. Public focus has shifted from the drug traffickers to the drug users, from the drug user as victim to drug abuse being irresponsible behavior, and from government program to private initiative.

Strong leadership is required to maintain and direct the current momentum into effective public action. There has already been some dissipation in the current situation: the media has begun to refocus the burden of resolution on government and on drug law enforcement, both of which are limited without broad public commitment to stopping the use of drugs.

Key dates:

- July 15, 1986 - Congressional hearings on crack cocaine.
- July 16, 1986 - Tentative hearing by House Subcommittee on Crime on H.J. Res. 631, legislative initiative mandating a White House Conference on Drug Abuse.
- August 16-September 8, 1986 - Congressional Labor Day recess.
- September 1, 1986 - Labor Day and beginning of school year

PROPOSED DRUG ABUSE EVENTS

Major National Events

- RR nationally-televised address to American people/Joint Session of Congress

Purpose: To take full leadership role, heighten national awareness of the multi-faceted drug abuse issue, communicate progress made and outline new offensive against drug abuse.

- RR Signing Ceremony - possible Executive Orders

(1) directing the Secretary of Education to withhold Federal funding from any educational institution which does not have a policy of no drug use; (2) requiring all DOD contractors to have a certified drug-free workplace; and (3) requiring Federal Government to adopt (a) preemployment screening for all positions and (b) screening of all employees -- beginning immediately with those in positions affecting public safety or national security and including all employees within next three years.

Purpose: To ensure the public trust by taking those actions which are the most difficult and the most effective in eliminating drug abuse.

- RR/NR Presentation Ceremony for Certificates of Achievement to six individual and corporate achievers.

Purpose: To highlight accomplishments of established national program against drug abuse and present model for upcoming initiatives.

Specialty Events

- RR/NR briefing for Chief Executive Officers of multi-national corporations. Event would be a dialogue on the subject of drug abuse in the workplace.

Purpose: To highlight priority of drug abuse prevention programs in the workplace, demonstrate support for established programs and encourage other corporations to establish programs of their own.

- RR/NR visit to a plant which has a drug-free environment.

Purpose: To focus on ability of management and labor to work together to eliminate drug abuse in the workplace.

- RR/NR visit to a school which has implemented an effective anti-drug program. Addresses student body, tours town, etc.

Purpose: To focus on ability of community to rid schools of drugs and the relationship of a drug-free school with the quality of education.

- RR/NR meeting with Congressional leaders. Event would be a "listening" session among conservative and liberal drug program spokesmen in Congress.

Purpose: To reaffirm the President's leadership on the issue, demonstrate a listening posture and break ground for new Administration initiatives.

Call to Action

- RR call on union and management to eliminate drug abuse in their ranks and to set an effective policy to deal with the drug users and their health needs.

Purpose: To build a consensus among labor and management for eliminating drug abuse in the workplace.
Possible Labor Day speech.

- RR call on media and private sector to seek every opportunity to assist Mrs. Reagan in publicizing the negative aspects of drug abuse and the positive aspects of saying no to drugs.

Purpose: To expand national prevention/education program and ensure that accurate information is presented in a credible way to all citizens.

- RR/NR Message to School Principals to coincide with Department of Education program kick-off and release of "Schools Without Drugs."

Purpose: To give high priority and visibility to leadership role of school principals in eliminating drug abuse in the schools.

- RR/NR Message to teachers to coincide with release of IBM-sponsored comic books.

Purpose: To emphasize important role of teachers in drug abuse prevention among children.

- RR/NR briefing to commissioners of major sports organizations calling on them as role models for Nation's youth to support drug abuse awareness programs and to be drug free.

Purpose: To recall 1982 RR/NR meeting with representatives of professional sports associations and direct current visibility of the problem of drugs and sports to a call for action in all segments of society.

Enforcement

- RR message to all mayors calling for commitment of at least 10 percent of local police resources specifically to stopping the supply as close to the user as possible by arresting all known drug dealers and making public the names of dealers and users. Presidential call to all judges to hold these drug dealers for a minimum of seven days as a threat to the community.

Purpose: To disrupt the drug traffic as close to the user as possible; to hold drug dealers responsible for their criminal activity which can include murder, attempted murder and assault.

- RR call on all levels of government to aggressively enforce laws and regulations prohibiting possession, use, sale or transfer of any illicit drug in any public building. Direct immediate dismissal of any employee of the Federal government committing this criminal offense.

Purpose: To disrupt the drug traffic as close to the user as possible; to hold individuals involved in drug offenses responsible for their criminal activity.

Press Events

- RR/NR informal chat with selected editorial writers.
- RR Op-ed for Wall Street Journal: the national cost of drug abuse.
- RR/NR exclusive interview with appropriate weekly news magazine.

- RR/NR Parade Magazine article.
- Regional press luncheon.
- Weekly briefing of regional press.
- Establish media action committee.

Legislative Events

- RR call on all states asking them to pass the model paraphernalia law within two years and asking Congress to remove 25 percent of the ADM block grant money from any state which does not comply with such requirement and make it illegal to manufacture or possess drug paraphernalia.
- Legislative package to Congress requesting rescheduling of butyl nitrite, and legislation requiring all IV drug users to enter treatment.

Government Events

- RR Signing Ceremony for Executive Order altering current policy board chaired by the Attorney General to include drug abuse health issues or creating Cabinet-level drug abuse health policy board.

Purpose: To enhance Cabinet-level drug abuse policy participation on the health side.

- RR directive to Secretary of HHS to develop ways to provide funding assistance to states which implement programs (a) making treatment mandatory for IV drug users, (b) meeting the treatment needs of indigent people, and (c) identifying other drug users and forcing them into treatment.
- Briefing for Cabinet on drug abuse issues and programs.
- Briefing for White House Senior Staff concerning drug abuse issues and programs. (ACTION: DAPO)
- RR/NR address to national meeting of drug abuse health care professionals.
- Distribution of materials to U.S. Attorneys, calling on each to promulgate the drug abuse issue and strategy in the local media and with community groups.

International Events

- RR/NR discussion with other leaders.
- NR host briefing of the wives of foreign ambassadors assigned in Washington.
- Recall of U.S. Ambassadors for White House Briefing on drug abuse.
- Cabinet/Senior Staff briefing of Foreign Press.

Cabinet/Senior Staff Events

- Briefing for national press with Regan, Weinberger, Meese, Bowen, Brock, Dole, Bennett, Turner on appropriate aspects of drug abuse problem and what must be done to solve it.
- Shultz major domestic address on international impact of drug abuse.
- Meese and appropriate Department of Justice officials visibility for domestic eradication program and other enforcement initiatives.
- Weinberger address on DOD initiatives to end drug abuse in the military and by the civilian workforce.
- Bowen major addresses on the drug abuse issue.
- Brock as spokesman on drug abuse in workplace.
- Bennett major addresses on drug abuse in the schools and spearhead major Department of Education initiative.

Ongoing Events

- White House briefings for select business leaders, consumer groups, labor organizations, educational associations, etc. (ACTION: Public Liaison, DAPO)
- Fact sheets/speech inserts for surrogates. Mailings of supportive editorials and other advocacy materials. (ACTION: Public Affairs, DAPO)

DRAFT/July 8, 1986

SCHEDULE OF POSSIBLE DRUG ABUSE EVENT OPPORTUNITIES

<u>DATE</u>	<u>EVENT</u>	<u>LOCATION</u>
7/8-11/86	North American Christian Convention	Indiana
7/11-18/86	Association of Trial Lawyers of America	New York, NY
7/14-19/86	National Law Enforcement Explorer Conference	Seattle, WA
7/15/86	RR Address to Republican Fundraiser	Washington, DC
7/15/86	Fourth National Conference of Hospital-Medical Public Policy Issues	Washington, DC
7/16/86	Texans War on Drugs	Texas
7/18/86	NR meets with sports commissioners. (T)	Washington, DC
7/27-31/86	Youth to Youth National Conference	Ohio
8/3-6/86	First National Conference on Alcohol and Drug Abuse Prevention, "Sharing Knowledge for Action"	Washington, DC
8/22-26/86	American Psychological Association	Washington, DC
8/14/86	Congressional Picnic	Washington, DC
8/16-9/7/86	RR to Ranch/Congress recess	National
8/17-21/86	White House Conference On Small Business	Washington, DC
8/24-26/86	National Governors Conference	Hilton Head, NC
8/26-30/86	Toastmasters, International	Nevada
9/1/86	Labor Day & Beginning School Year	Nat'l Holiday
9/8/86	RR/Congress return	Washington, DC
9/11-13/86	Radio-Television News Directors Association	Texas

<u>DATE</u>	<u>EVENT</u>	<u>LOCATION</u>
ca. 9/15/86	Department of Education program kick-off and release of "Schools Without Drugs."	National
9/18/86	Capital Cities/ABC Conference: "Drugs in the U.S.A."	New York, NY
9/18-21/86	Concerned Women for America	Washington, DC
9/23-26/86	National Conference of Editorial Writers	South Carolina
9/29-10/2/86	American Academy of Family Physicians	Washington, DC
10/4/86	Congress recess/Campaign	National
10/22-26/86	American Business Women's Association	Kansas
11/23-24/86	Tennessee Statewide Law Enforcement Coordinating Committee (LECC) meeting on drug education and enforcement	Nashville, TN
11/2-6/86	American Pharmaceutical Association	Louisiana
11/2-6/86	National Association of Convenience Stores	Louisiana
11/4/86	Election Day	National
11/6-11/86	National Association of Realtors	New York, NY
11/16-19/86	American Heart Association	California
11/12-15/86	Society of Professional Journalists (Sigma Delta Chi)	Georgia
11/16-19/86	Southern Newspaper Publishers Association	Florida
11/17-19/86	TV Bureau of Advertising	California

Perennials

National Chamber of Commerce
National Press Club

NEWSWEEK MAGAZINE QUESTIONS

1. Do you have an overall goal in mind for the reduction of illegal drug use?
2. Mrs. Reagan has been out in front on the illegal drug issue for five years. Why are you getting in this drug effort now? Did the Len Bias/Don Rogers cases spur your interest?
3. Why do you think so many people take drugs? Why is the problem as bad as it is?
4. What do you think is the best way to attack the problem? Government? Industry? Schools? Do you think it is realistic to believe each of these environments can ultimately be drug-free?
5. Do you favor mandatory drug testing for all federal employees? Isn't this an infringement of civil rights?
Rather a voluntary program - mandatory for sensitive
Executive Security clearance Privacy
approx \$30m Cabinet yes
6. What should be the federal government's role in drug treatment? Why has the Administration cut federal funding for drug treatment centers?
7. How can the U.S. get other countries involved? How effective has the effort in Bolivia been?
220 K
50/20
8. Does recent action in South Florida and on the Southwest border portend increased effort against the drug traffickers?

9. Are you concerned about getting the U.S. military involved in this effort?

10. What new legislation do you foresee in this area?

11. Do you favor stiffer penalties for possession? What should be done with users once they are caught? Do you favor the death penalty?

12. Do you feel the entertainment industry has glamorized drug use? Since many young people look up to those in the industry, what can its members do to help with the problem?

National Institute on Drug Abuse

**EMPLOYEE
DRUG
SCREENING**

Detection
of Drug Use
by Urinalysis

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and Mental Health Administration

This leaflet was written by J. Michael Walsh, Ph.D., Chief, Clinical and Behavioral Pharmacology Branch, Division of Clinical Research, and Richard L. Hawks, Ph.D., Chief, Research Technology Branch, Division of Preclinical Research, National Institute on Drug Abuse.

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EMPLOYEE DRUG SCREENING

DETECTION OF DRUG USE BY URINALYSIS

Many companies have established employee assistance programs and health promotion programs to prevent and intervene in drug abuse in the workplace. Recently, as part of these programs, companies have begun to utilize urinalysis to screen for employee drug use. The use of these techniques has generated many inquiries regarding the various issues involved. This booklet attempts to answer the most frequently asked questions about the detection of drug use by urine screening.

Q. Why do companies use urine screening?

A. The evaluation of employees to determine fitness for duty has long been performed in industry. Within the context of occupational medicine programs, physical examinations were initially performed to ensure the selection of personnel free of medical conditions which would be likely to interfere with their ability to work safely and efficiently. In recent years, within the context of health promotion and wellness programs, an additional purpose of the medical evaluation has evolved; that is, to address risk factors that may impair employee health (e.g., poor nutrition, substance abuse, hypertension). As the incidence and prevalence of drug abuse in the United States have risen, many companies have developed preemployment and inservice drug screening programs. The primary purpose of these programs is to protect the health and safety of all employees through the early identification and referral for treatment of employees with drug- and alcohol-abuse problems. The integration of drug screening with programs of treatment, prevention,

and drug education is proving to be an effective way of managing substance-abuse problems in industry.

Q. How many companies are using preemployment screening?

A. Preemployment screening for drug use is being used widely by industry to screen job applicants. Recent reports indicate that in the last 3 years the number of Fortune 500 companies screening employees for drug use has risen from 3 percent to nearly 30 percent. Urinalysis is now being used as part of the preemployment screening process by many of the Nation's largest employers, including major corporations, manufacturers, public utilities, and transportation, and even by small businesses. In general, these companies use a blanket policy that they will not hire individuals who present positive urines indicating current use of illicit substances. However, many of these companies also counsel applicants who fail the drug screen to seek treatment and to reapply.

Q. Is urine screening for drugs legal?

A. At the present time no Federal or State constitutional provision or law directly prohibits the use of drug detection or urine screening programs. Issues of civil rights, discrimination, etc., argue strongly for a well-thought-out policy which carefully considers the need for unbiased, accurate, and legally defensible screening for the job in question. In general, employers should use common sense procedures to minimize legal challenge, i.e., develop reasonable policies, inform management, union, and employees of drug policies and the consequences of policy violations, and ensure that employees are aware that drug testing is part of their job requirements.

Q. How often should employees be screened?

A. Company policy regarding the frequency of drug screening is usually determined with consideration of risk factors associated with safety, security, and health. Over the last 2 years, a continuum of drug screening policies has evolved, ranging from postaccident evaluation to random, unannounced testing. The least intrusive is an incident-driven policy wherein screening occurs only after an accident or "incident" (e.g., a fight) or other "probable cause" event. High-risk or safety-sensitive occupations where public safety is of special concern may require routine scheduled screening. In these cases, screening is often tied to evaluation of fitness for duty or to annual physical examinations. In extremely hazardous and high-risk occupations, periodic unannounced or random testing to assure the health and safety of employees may be warranted.

Q. What about individual rights, privacy, and confidentiality?

A. How best to deal with the problems associated with employee drug use is a complex issue. Principles of public safety, efficient performance, and optimal productivity must be balanced against individuals' reasonable expectations of privacy and confidentiality. Job situations where there is a substantial risk to the public safety will surely justify greater permissible intrusions than would be acceptable where risks to the employee or community are perceived as minimal. On the one hand, an employer has the right to demand a drug-free workplace; on the other, an employee has reasonable rights to privacy and confidentiality. Since substance abuse is a diagnosable and treatable illness, policies and procedures should be written to ensure the confidentiality of employee medical records, as in any other medical or health-related condition. Urinalysis test results, which could be part of such a diagnosis, should be treated with the same confidentiality.

Q. Who should set up a drug screening program? How does one develop a policy?

A. The first priority should be to establish whether there is a need for a screening program. Is drug use present and significant? Can a drug use deterrent be established by means other than urine screening? The decision of whether or not to establish a drug-testing program will also depend to a large extent on the work setting. The initial question that management should consider is, "What is the purpose for testing?" The key concerns must be for the health and safety of all employees (i.e., early identification and referral for treatment) and to assure that any drug detection or screening procedure would be carried out with reasonable regard for the personal privacy and dignity of the worker.

The second critical question to consider is, "What will you do when employees are identified as drug users?" Once these issues are clarified, drafting a policy should be relatively easy.

Q. What level of drug in the urine indicates an individual is impaired?

A. Although urine screening technology is extremely effective in determining previous drug use, the positive results of a urine screen cannot be used to prove intoxication or impaired performance. Inert drug metabolites may appear in urine for several days, even weeks (depending upon the drug), without related impairment. However, positive urine screens do provide evidence of prior drug use.

Q. How reliable are urinalysis methods?

A. A variety of methods are available to laboratories for drug screening through urinalysis. Most of these are suitable for determining the presence or absence of a drug

in a urine sample. Accuracy and reliability of these methods must be assessed in the context of the total laboratory system. If the laboratory uses well-trained and certified personnel who follow acceptable procedures, then the accuracy of the results should be very high. Laboratories should maintain good quality control procedures, follow manufacturer's protocols, and perform a confirmation assay on all positives by a different chemical method from that used for the initial screening.

Equally important are the procedures that are followed to document how and by whom the sample is handled from the time it is taken from the individual, through the laboratory, until the final assay result is tabulated. This record is referred to as the "chain of custody" for the sample.

Q. What does laboratory quality assurance mean?

A. Quality assurance procedures are documented programs which the laboratory follows to ensure the highest possible reliability by controlling the way samples for analysis are handled and instruments are checked to be sure they are functioning correctly, and by minimizing human error. It involves the analysis of standard samples and blank samples along with the unknown samples to ensure that the total laboratory system is producing the expected results. These known samples are referred to as quality control samples.

Q. Many reports have appeared in the news media about legal cases in which experts have questioned the validity of a urine assay result. Does this indicate that the assay methods are not sufficiently reliable for broad application?

A. There is little controversy among experts in those cases where appropriate methods were used, good laboratory procedures were followed in the context of a

good quality assurance program, and adequately trained personnel carried out the analysis and interpretation.

Q. What are the primary methods being used for urine screening?

A. Two of the most widely used methods are the EMIT System, distributed by SYVA Co., and the ABUSCREEN System, distributed by Roche Diagnostics, Inc. These are both based on immunoassay techniques. Information on these assays can be obtained by contacting the companies at the following addresses:

SYVA Company
900 Arastradero Rd.
Palo Alto, CA 94304
(415) 493-2200

Roche Diagnostics, Inc.
340 Kingland St.
Nutley, NJ 07110
(201) 235-6500

Q. What are "confirmation assays"?

A. If an initial screening assay shows a sample as being positive, a second assay should be employed to confirm the initial result. Two different assays operating on different chemical principles having both given a positive result greatly decreases the possibility that a "cross reacting" substance or a methodological problem could have created the positive.

A confirmation assay usually is made by a method which is more specific (or selective) than a screening assay. Examples of commonly used confirmation methods include gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS), and high performance liquid chromatography (HPLC). These are sophisticated

instrumental methods requiring highly trained technicians to operate them. They are capable of providing highly selective assays for a variety of drugs. Such assays cost more than the screening methods, but they provide a greater margin of certainty when used in concert with the screening assay.

Q. What is the preferred method for confirmation of presumptive positives from initial urine screens?

A. Gas chromatography coupled with mass spectrometry (GC/MS) is the preferred method for confirmation of a positive urine screening test, although other methods such as GC or HPLC can provide acceptable results.

Q. What do assay "sensitivity" and assay "cutoff" mean?

A. The ability of any assay to detect low levels of drugs has an inherent limit. The concentration of drug in the urine sample below which the assay can no longer be considered reliable is the "sensitivity" limit. The "cutoff" point is the concentration limit that will actually be used to assay samples. Any sample which assays below this level is considered a negative. Manufacturers of commercial urine screening systems set cutoff limits to their assays well above the sensitivity limits of the assay to minimize the possibility of a sample which is truly negative giving a (false) positive result.

For example, although the immunoassay screens such as the EMIT and ABUSCREEN for detection of marijuana use are sufficiently sensitive to detect drug metabolites at levels below 20 ng/ml, the assays are usually used at cutoff levels of 50 or 100 ng/ml. This not only decreases the possibility of a false positive resulting from operating the assay too close to its level of sensitivity, but also significantly decreases the possibility of a positive test resulting from passive inhalation.

Q. How can false positive results occur?

A. It is theoretically possible for substances other than the drug in question to give a positive result in a screening assay. This is sometimes referred to as "cross reactivity." However, most substances which could possibly cause such cross reaction have been evaluated by the companies that developed the tests and found not to interfere. These companies can supply brochures for all their drug screens which detail the extent to which other drugs or substances cross react with the assay. Generally the screening assays available today are highly selective if they are properly used.

False positive results can also occur due to human error. This is directly dependent on the experience of the laboratory personnel conducting the test and on the laboratory quality control procedures and confirmation procedures any good laboratory imposes to catch such errors.

Q. How can false positives be eliminated?

A. Probably the two most important reasons for the occurrence of false positives are poor quality assurance (QA) procedures in the laboratory and the absence of an appropriate confirmation assay to confirm presumptive positives arising from an initial screening procedure.

A good laboratory will impose a stringent and well-documented QA system and will also use a well-validated confirmation assay for all samples that test positive in a first screen.

Q. How frequently do false positives occur?

A. While there have been some reports of the occurrence of false positives, these can usually be

traced to poor quality control procedures at the laboratory site or to the fact that appropriate confirmation procedures were not used to verify the "presumptive positive." Typically the samples which were the subject of these reports were ones which tested positive by an initial screen but could not be confirmed by the confirmation assay. Such "unconfirmed positives" should always be reported as negatives.

Q. Are rigorous and costly laboratory procedures always necessary?

A. The need to use assay systems which are based on state-of-the-art methods and rigorously controlled procedures is inherent in situations where the consequences of a positive result to the individual are great. Where reputation, livelihood, incarceration, or the right to employment is an issue, maximum accuracy and reliability of the entire detection or deterrent system is indicated. In a case where the consequences are less severe, such as a counseling situation, it might be acceptable to use less rigorous systems. For instance, pediatricians sometimes use portable screening systems in their practices to assist in the diagnosis and treatment of drug problems in adolescents. Deterrence screening programs might employ screening assays alone when warnings are the only consequence and use more rigorous procedures when other actions are to be taken.

Q. Can passive inhalation of marijuana smoke lead to a positive urine even if the person did not smoke a joint?

A. Inadvertent exposure to marijuana is frequently claimed as the basis for a positive urine. Passive inhalation of marijuana smoke does occur and can result in detectable body fluid levels of THC (tetrahydrocannabinol, the primary pharmacological component of marijuana) in blood and of its metabolites in urine. Clinical studies have shown, however, that it is highly

unlikely that a nonsmoking individual could inhale sufficient smoke by passive inhalation to result in a high enough drug concentration in urine for detection at the cutoff of currently used urinalysis methods.

Q. Can time of previous drug use be determined from analysis of urine?

A. Not specifically. Urine specimens positive for cannabinoids, for instance, signify that a person has consumed marijuana or marijuana derivatives from within 1 hour to as much as 3 weeks or more before the specimen was collected. Generally, a single smoking session by a casual user of marijuana will result in subsequently collected urine samples being positive for 2 to 5 days, depending on the screening method employed and on physiological factors which cause drug concentration to vary. Detection time increases significantly following a period of chronic use. Determination of a particular time of use is thus difficult. The same issues would hold for other drugs, although the time after use during which a positive analysis would be expected might be reduced to a few days rather than a week or more.

Q. Can the level of "intoxication" of an individual due to marijuana use be gauged by urinalysis? Can his or her "use patterns" be determined?

A. Impairment, intoxication, or time of last use cannot be predicted from a single urine test. A true-positive urine test indicates only that the person used marijuana in the recent past, which could be hours, days, or weeks depending on the specific use pattern. Repeated analyses over time will, however, allow a better understanding of the past and current use patterns. An infrequent user should be completely negative in a few days. Repeated positive analyses over a period of more than 2 weeks probably indicate either continuing use or previous heavy chronic use.

Q. How long after use can cocaine/heroin/phencyclidine be detected by urinalysis?

A. Detection times are dependent on the sensitivity of the assay. The more sensitive the assay, the longer the drug can be detected. Drug concentrations are initially highest hours after drug use and decrease to undetectable levels over time. The time it takes to reach the point of nondetectability depends on the particular drug and other factors such as an individual's metabolism. The sensitivity of urine assay methods generally available today allows detection of cocaine use for a period of 1-3 days and heroin or phencyclidine (PCP) use for 2-4 days. These detection times would be somewhat lengthened in cases of previous chronic drug use but probably to no more than double these times.

Q. How long after marijuana is used can such use be detected?

A. Metabolites of the active ingredients of marijuana may be detectable in urine for up to 10 days after a single smoking session. However, most individuals cease to excrete detectable drug concentrations in 2-5 days. Metabolites can sometimes be detected several weeks after a heavy chronic smoker (several cigarettes a day) has ceased smoking.

Q. If a urine sample is negative a day after a positive sample, does this mean the first result was wrong?

A. Not necessarily. The actual concentration of drug in urine can change considerably depending on the individual's liquid intake. The more an individual drinks, the more the drug is diluted in the urine. A negative result on a sample taken a few hours after drinking significant amounts of liquid is quite possible, even though a clearly positive sample might have been evident before the liquid intake.

For this reason, a negative result does not mean that the person has not used the drug recently. As the excretion of marijuana metabolites reaches the approximate limit of detection by a given assay, repeated samples collected over several days may alternate between positive and negative before becoming all negative.

Q. How are the results of a urine drug assay expressed?

A. Frequently the results of an assay are reported by the laboratory simply as positive or negative. If a sample is reported as positive, this means that the laboratory detected the drug in an amount exceeding the cutoff level it has set for that drug. Different laboratories using different procedures and methods may have different cutoff levels. For this reason, one laboratory could determine a sample to be positive and another determine the same sample to be negative if the actual amount of drug in the sample fell between the cutoff levels used by the two laboratories.

Analyses may also be reported quantitatively. The actual concentration of the drug is expressed as a certain amount per volume of urine. Depending on the drug or the drug metabolite that is being analyzed, urine concentrations may be expressed either as nanograms per milliliter (ng/ml) or as micrograms per milliliter (ug/ml). (There are 28,000,000 micrograms in an ounce, and 1,000 nanograms in a microgram.) Cocaine metabolites may be detected in amounts as high as several micrograms in a heavy user, but the levels of metabolites from marijuana use rarely reach one microgram per milliliter and are usually expressed in nanograms per milliliter.

Q What adverse health effects can be correlated with the presence of marijuana metabolites in urine?

A. No studies have attempted to correlate metabolites in urine with specific adverse health effects. The presence of metabolites in urine indicates previous use of marijuana, and use of marijuana, at least on a chronic basis, is likely to lead to adverse health effects. Specific effects, however, cannot be correlated with a single urine concentration of metabolite.

"HOW DO I DEVELOP A DRUG POLICY?"

This is the question about employee drug use most often asked of the National Institute on Drug Abuse. The following steps are recommended in developing a drug abuse policy:

Determine the need for such a program.

Write for further information:

National Clearinghouse for
Drug Abuse Information
P.O. Box 416
Kensington, Maryland 20795

If individual urine screening or other surveillance is to be implemented, determine what you will do when you identify employees who use illicit substances.

Identify treatment resources.

Get expert assistance to identify reliable laboratories with good quality control programs.

Develop a company policy. Get union, labor relations, legal, medical, and employee assistance program staff involved.

Educate employees regarding the changes in company policy and make sure they are aware of the consequences of drug use.

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20850

HOUSE DEMOCRATIC STRATEGY FOR THE COCAINE ISSUE IN 1986

7/29/86

The House Democrats will seek to develop a very expensive approach to the drug problem. They will include money for many of their natural allies in government bureaucracy and education. They will reject severe punishment of drug dealing and drug using in favor of education and rehabilitation. While attacking the Reagan Administration for doing too little they will design a bill so expensive and by conservative standards so ineffective that they guarantee Republican opposition and a Reagan veto.

The best Republican strategy is to design a bill which is very strong on law enforcement and on punishing drug dealers and drug users while focusing new resources on expanding our interdiction and police capabilities.

Republicans should insist that a bipartisan approach start with very tough penalties and very thorough enforcement.

The public will support a lean, tough on drugs, pro-law enforcement Opportunity Society Republican approach over the Liberal Welfare State expensive bureaucracy, soft on crime, throw money at the problem Democratic approach.

The attached paper outlines a possible Republican effort to create a drug free America.

Cost Estimates for Drug Testing of Federal Civilian Workforce

Alternative	On Board		New Entrants	
	No.	Cost	No.	Cost
1. All employees (excludes Postal Service)	2,200,000	\$70,400,000	440,000	\$14,080,000
2. National Security (all employees with top secret or secret security clearances)	1,100,000	\$35,200,000	220,000	\$ 7,040,000
3. Law Enforcement (including firefighters)	85,000	\$2,720,000	17,000	\$ 544,000
4. Public Health (including medical officers, nurses, pharmacists)	120,000	\$3,840,000	24,000	\$ 768,000
5. Public Safety (including FAA Controllers, Safety Inspectors)	30,000	\$ 960,000	6,000	\$ 192,000
6. Random (10%) screening of all employees	220,000	\$7,040,000	44,000	\$ 1,408,000

NOTE: Calculations based on cost of \$32 for screening tests given once a year. The \$32 test cost figure is derived from the experience of Customs Service, using contractor services for both collection (\$20) and initial screening (\$12). Army reports an initial screening figure of \$15, but does not have data available on cost of collection. The cost of confirmation tests is higher; these were excluded from the data, however, since experience in military drug testing shows a very low number of confirmation tests requested by servicemen after original positive tests.

Employment figures not mutually exclusive since many employees in Alternatives 3, 4, 5 also included under Alternative 2. New entrants calculated at 20% of total employment, including temporaries.

Corrected Version

THE WHITE HOUSE
WASHINGTON

August 1, 1986

Tony Ingrassia called regarding
Connie Horner's paper on Cost
Estimates for Drug Testing. They
left out some zeros and will send
a revised paper over on Monday.

The figures should read:

	<u>On Board</u>	<u>New Entrants</u>
1.	\$70,400,000	\$14,080,000
2.	35,200,000	7,040,000
3.	2,720,000	544,000
4.	3,840,000	768,000
5.	960,000	192,000
6.	7,040,000	1,408,000

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

August 1, 1986

Ralph Bledsoe:

For your information.

From: Constance Horner
Director



Office of the Director

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

August 1, 1986

MEMORANDUM FOR: HONORABLE EDWIN MEESE III
CHAIRMAN, DOMESTIC POLICY COUNCIL

FROM: CONSTANCE HORNER
DIRECTOR

SUBJECT: Cost Estimates for Federal Workforce
Drug Testing

Attached are rough cost estimates for drug testing of
Federal civilian workers in the Executive Branch.

Attachment

cc: Carlton E. Turner
Director, Drug Abuse
Policy Office

Cost Estimates for Drug Testing of Federal Civilian Workforce

<u>Alternative</u>	<u>On Board</u>		<u>New Entrants</u>	
	No.	Cost	No.	Cost
1. All employees (excludes Postal Service)	2,200,000	\$704,000	440,000	\$140,800
2. National Security (all employees with top secret or secret security clearances)	1,100,000	\$352,000	220,000	\$ 70,400
3. Law Enforcement (including firefighters)	85,000	\$ 27,200	17,000	\$ 5,440
4. Public Health (including medical officers, nurses, pharmacists)	120,000	\$ 38,400	24,000	\$ 7,680
5. Public Safety (including FAA Controllers, Safety Inspectors)	30,000	\$ 9,600	6,000	\$ 1,920
6. Random (10%) screening of all employees	220,000	\$ 70,400	44,000	\$ 14,080

NOTE: Calculations based on cost of \$32 for screening tests given once a year. The \$32 test cost figure is derived from the experience of Customs Service, using contractor services for both collection (\$20) and initial screening (\$12). Army reports an initial screening figure of \$15, but does not have data available on cost of collection. The cost of confirmation tests is higher; these were excluded from the data, however, since experience in military drug testing shows a very low number of confirmation tests requested by servicemen after original positive tests.

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HOUSE DEMOCRATIC STRATEGY FOR THE COCAINE ISSUE IN 1986

7/29/86

The House Democrats will seek to develop a very expensive approach to the drug problem. They will include money for many of their natural allies in government bureaucracy and education. They will reject severe punishment of drug dealing and drug using in favor of education and rehabilitation. While attacking the Reagan Administration for doing too little they will design a bill so expensive and by conservative standards so ineffective that they guarantee Republican opposition and a Reagan veto.

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The attached paper outlines a possible Republican effort to create a drug free America.

TOWARD A DRUG FREE AMERICA:

A PROPOSAL FOR AN EFFECTIVE WAR ON COCAINE AND HEROIN BY NEWT GINGRICH

7/29/86

SUMMARY

A successful effort to eliminate cocaine and heroin will resemble a war against an active adversary (in this case against the underground drug empire scattered throughout America and around the world).

Any successful anti-drug war will require expert planning and coordination on a global scale and a mobilization of national will and determination such as we have not seen since World War II.

A professional plan will require an expert team with access to many resources. This paper suggests the principle and scale required for a successful war against cocaine and heroin.

The suggested specific activities are merely illustrative and will undoubtedly be improved by professional planners. However, the principles and scale represent the minimum effort necessary to destroy the underground drug empire and create a truly drug free America.

INTRODUCTION

"If the war on drugs isn't a world war, it's not a war at all." (James Mills, The Underground Empire, p. 1139)

Cocaine, heroine, and marijuana "attack the fiber of our society ...our productivity, our ethics, our education...more directly and dangerously than any other form of foreign subversion." (General Paul Gorman, U.S. Army, retired)

From 1975 until 1984, the amount of cocaine smuggled into the U.S. quadrupled and the number of cocaine abusers more than tripled from 4 to 14 million.

For nearly 20 years the epidemic of cocaine and heroin addiction has grown. Our efforts to destroy the underground empire of growers, processors and dealers have failed. Despite good intentions and increased efforts, the forces of law and health are being defeated by the forces of crime and addiction.

To win the war on drugs we must eradicate its growth and processing, interdict its transportation, wipe out domestic demand for drugs, and reclaim the drug money that finances the underground empire. All four zones have to be attacked simultaneously and victory in all four will be necessary to achieve a drug free society.

There is a real parallel between the incremental approach leading to defeat in the cocaine and heroin war of today and the incremental increases which led to our defeat in Vietnam. We therefore need a strategy for victory that calls for a decisive, focused all-out effort to destroy the underground drug empire while eliminating cocaine and heroin addiction in our society.

There is considerable evidence that the American people will support such an aggressive, no holds barred campaign to root out the cocaine and heroin trade. The American people will accept considerable inconvenience if the result is a drug free America in which their children are safe.

However, the American people will not rally to an incremental, gradual approach. Enthusiastic action or general indifference seem to be the two dominant models of American behavior.

The current bureaucratic fragmentation of the war on cocaine and heroin has apparently stifled the development of decisive plans for defeating the underground empire. The fragmentation has blocked any comprehensive planning that would break up the system from grower through processor to dealer and user.

Bureaucratic rhythm and mindset have blocked the urgency, the scale of resources, and the decisiveness required in a plan that would rally the American people.

The following plan may be wrong in detail but it is essentially correct in its scale and decisiveness. It draws on the lessons of history in which countries have successfully stopped drugs and other contraband.

TEN PRINCIPLES FOR A SUCCESSFUL WAR ON COCAINE AND HEROIN

Since we face an active enemy, "The Underground Drug Empire," determined to defeat us, we are engaged in a real war. Successful wars require the application of principles which are very different from the rigid approach of normal peacetime bureaucracies.

The following ten principles combine the lessons of history, current realities about the underground drug empire and the principles of war. No plan which violates these principles can succeed. Indeed a plan which violates these principles is likely to become a Vietnam-like quagmire of increasing expense, increasing bureaucracy, increasing frustration. It will ultimately produce an increasingly exhausted, addicted and corrupted America.

1. Respect our opponents strength. (Sun T'zu "Know the enemy and and you have won half the battle") The underground empire is wealthy, smart and mobile. If we seal off Bolivia it will shift to Peru. If we clean up South America it will shift to Africa. It is international, resourceful and flexible. A successful vision and strategy for the war on cocaine and heroin

must match the scale of this challenge to our sovereignty and our citizens.

2. Assume our opponents are active and will try to defeat us. (The essence of Clausewitz' definition of what makes war different from business) No static plan that assumes we face isolated, shortsighted drug criminals can work. We face a large, wealthy sophisticated underground empire that has prospered for two decades outside the law. We must design a battle plan for use against active enemies who will use all their wits and all their assets to defeat us.

This requires a flexible, mobile, quick moving and quickly adapting command system and a congressional willingness to help reshape bureaucracies and rewrite laws faster than the drug empire can adapt.

3. Recognize the reality that the American People are impatient by nature. (second half of Sun T'zu's rule "know yourself and the battle is yours") This was the cardinal violation of the Vietnam war. The American people will accept great sacrifices for brief periods. An all-out assault on the drug empire must be designed to win within three years. Any effort longer than that will be perceived as "business as usual" and the American people will shrug it off.

4. The first three principles require that bureaucracies and laws must be reshaped to win the war within three years. The war can't be lengthened and softened to fit bureaucracies and laws. If this principle requires national mobilization and a national command authority, then make that the first act on the war on cocaine and heroine.

The war against the underground empire must be planned professionally and the legal and bureaucratic systems have to be built around the professional plan. This is a real war and requires real experts and professionalism in both planning and execution.

The very nature of a peacetime bureaucracy is to nibble the anti-cocaine and anti-heroin effort to death. We must break out of the straitjacket of bureaucratic legalism and create a temporary capacity to wage decisive war on the underground empire.

FDR would have lost World War II with our current bureaucracy and timidity. Lyndon Johnson did lose Vietnam with precisely these crippling handicaps.

If this principle is not followed there is no hope of victory.

5. Our goal must be a decisive, shattering victory. Both Clausewitz and Sun T'zu agree that there are no good long wars. Only by seeking a sudden, decisive victory can we expect to breakup the underground empire before it can adapt to changing pressures.

Military historians argue that failing to accept this principle was the cause of failure in the Vietnam war. Moving

incrementally and gradually gave the Communists time to adjust and adapt.

A decisive, shattering victory as a goal also forces us to rethink our laws and bureaucracies and guarantees we meet the time frame of the American people's impatience.

6. When in doubt use more than adequate resources. Every successful American war has involved flooding the opponent with forces. It is always better to be overwhelmingly superior so you can dictate the terms of the conflict.

War against the underground empire is a variation on guerrilla warfare. In guerrilla warfare it takes many more regular troops than guerrillas to defeat the guerrillas. Today there are more drug dealers than drug enforcement agents.

We must focus the total resources necessary to win a decisive victory. One too many won't be a big waste. One too few will lead to defeat.

7. Wargame all plans. Because we face active opponents and because this is going to be a complex, dynamic fluid struggle every major plan should be war gamed. Only by practicing against a hostile opponent will the weakness, the flaws, the unsuspected gaps surface.

Most bureaucracies will dislike this provision because it will threaten their territoriality and challenge the routines to which they have become accustomed.

An unwargamed plan is an amateur undertaking. A week at wargaming may save us a year or more in learning the hard way how the drug empire can defeat a seemingly sound idea.

The scale of a true war on cocaine and heroin will require the formation of a special aggressor unit that learns to think and act like drug growers, drug dealers, drug lawyers, drug-bribed politicians and corrupt law enforcement officials.

This aggressor unit will take apart the bureaucratic plans and force expert and tough minded planning into our systems.

8. Develop a thoroughly prepared plan for total victory including the creation of a national command authority capable of implementing it. This principle may have been the key to our success in fighting World War II. The extremely difficult task of thinking through the entire war and the entire range of possible underground empire counter efforts forces a clarity and a totality which creates the momentum and focus for victory. The war on cocaine and heroin should not be launched until this plan is prepared.

9. The United States must win the drug war at home as a model for other nations to follow. Until we have the courage, discipline and toughness to clear up Florida how can we demand that Columbia clean up Cartagena. If we can't clean up New York, how can we expect Mexico to tackle its drug dealers.

We are the most powerful free society in history. We must do at home for ourselves what we expect others to do.

10. Dry up supply and demand simultaneously. A decisive shattering victory requires that we eliminate both the user and the pusher at the same time. We must relentlessly squeeze grower, processor, distributor, dealer and user in parallel if we are to win fast enough.

SOME POSSIBLE COMPONENTS OF A SUCCESSFUL WAR ON COCAINE AND HEROIN

The following suggestions are illustrative and neither exhaustive nor necessarily correct in detail. They are designed to illustrate the scale of change required to defeat the underground drug empire.

1. Dramatically raise the penalty for use of cocaine and heroin. Possibly set a 10% gross assets fine for first use, 20% for second use, 30% for third use. The host of a party with multiple use of cocaine and heroin should automatically be fined 30% on first offense.

The goal is to set a fine so steep that movie stars, rockstars, athletes and professionals in the community (doctors, dentists, architects, etc.) simply could not afford to play with cocaine.

The goal is to dry up the market by frightening away anyone with money.

2. Drug dealers must be convinced there is no profit in the drug trade. Convicted dealers should have everything confiscated (home, savings accounts, etc). Parole should be conditioned on an agreement that the convicted drug dealers will annually report all expenses along with the income tax return. The first time more is spent than earned (indicating hidden assets had been used) everything would be confiscated again and the dealer returned to jail.

The goal is to make it clearly profitless to go into drug dealing and to drive the already successful out of the drug trade by making it too expensive.

3. Mandatory sentences as prescribed in Duncan Hunter's H.R. 1946 should be imposed and judges should be reviewed to determine if anyone is routinely letting off convicted users or dealers.

4. Law enforcement officials and informers should get dramatically bigger rewards for convicting major dealers (paid for out of the confiscations).

5. Mandatory drug testing should become a routine part of federal government employment including congressional staffs. Government contractors, government licenses (including radio and television stations), and recipients of government aid (including universities) should be required to establish drug free environments as a condition of contract, licenses and aid.

This kind of effort worked in the Navy. The country will support this systematic all-out approach if it is part of a nationwide, decisive war on cocaine and heroin.

6. Every arrested person should be automatically tested for drug use.

7. Addiction hospices should be established to routinely dry out addicts. No addict should be allowed on the streets while addicted.

By definition addicts have lost control of his or her life. Therefore we have a community obligation to help them regain control of their lives.

Hospices would be less threatening than jails and less expensive than hospitals. The drug use fines and drug dealers confiscations should provide the resources to pay for the hospice program.

All addicts should routinely be assigned to hospices until they are freed from their addiction. In cities like New York this will be a massive program but that is a reflection of how massive the problem has become.

The reward will be safe streets and saved lives. We will have rehabilitated useful citizens. There would be a decline in prostitution (which is often driven by drug use). Robberies and burglaries (largely driven by the need for drug money) will decline. Currently, the second largest group spreading AIDS in America are intravenous drug users including drug using prostitutes. All these benefits will more than compensate for the addiction hospice program.

8. Secretary of Education Bennett's call for a letter from college and university President's to beginning students should be reinforced. All schools and colleges should be encouraged to develop drug free campuses.

9. States should be encouraged to pass a law requiring two phone calls for campus drug cases. First, the principal or dean of students should call the police. Then they should call the parents and tell them their child was caught using drugs and can be found at the police station. Those schools which have gotten serious about enforcing the law, have cleared up their drug problem almost overnight.

10. All employers should be encouraged to develop a drug free work plan. Commissioner Uberoth's efforts in baseball and the Georgia Power Company and the Federal Express self-enforcement plan are models for American business. Management and labor should be encouraged to write drug free environment clauses into their union contracts.

11. An all out effort should be made to destroy growers and producers on a world wide basis. This is a global conflict in which the underground empire shifts resources and activities from Laos to Columbia to Turkey as pressure builds in one zone or

another.

We need a global battleplan to simultaneously destroy the drug trade at both the growing and processing stages simultaneously everywhere.

12. Drug profits and drug money should be confiscated or at least frozen in place wherever it exists. A world wide assault on drug bank accounts and safety deposit boxes is as important as the assault on growers and processors.

It is money which attracts people into the drug trade, money which corrupts politicians and law enforcement figures, money which provides the resources to hire people and buy equipment.

If we can dry up the money the underground empire has accumulated, we can collapse its capacity to violate the law, challenge our sovereignty and addict our children.

13. Every country should be challenged to cooperate in eradicating growers and processors, in identifying and seizing or at least freezing drug generated bank accounts, and in extraditing indicted drug dealers to the United States. Any country which refuses to cooperate should be cut off from U.S. aid, then cut off from the U.S. market, then isolated from U.S. air travel and telecommunications.

For a three year period we must relentlessly pursue drug dealers into every sanctuary. If every other pressure has failed, we should consider overt or covert operations if a particular country becomes a haven for the drug empire (ie. the Jeffersonian principle in the Barbary conflict that those who shelter law breakers can't shelter behind the law).

14. Nationwide grand juries and nationwide prosecutor (on the model of Dewey in New York State in the late 1930's) should be used to go after the more sophisticated aspects of the drug empire.

Currently local U.S. Attornies simply don't have the resources to prosecute complex cases against well financed defense attornies. There is an overpowering bias in favor of getting easier convictions for simpler crimes. The 20 kilogram seizure is convictable. The twenty million dollar conspiracy may not be.

A national prosecutor with a first class team (possibly \$1 a year for men and women on loan for two years from law firms) would be able to focus on the most powerful criminals and the most complex conspiracies.

National Grand juries could focus on the correct level of conspiracy and develop a real understanding of the underground empire.

15. Special courts for cocaine and heroin cases might be established temporarily to insure quick hearings, speedy trials, and appropriate punishments.

No drug dealer should be on the street, no drug user should

be unfined simply because of a clogged court calendar.

16. The American borders must be thoroughly sealed for three years. If this requires doubling the border patrol, customs agents, FBI and DEA agents, then double them. If it requires tripling the Coast Guard then triple it. If it requires all-out use of the regular military and occasional mobilization of National Guard and Rescue units then do so.

If we are at war then we must use the forces necessary to win the war.

No plane should land, no ship should arrive without someone checking it thoroughly.

No offshore transfer point should escape surveillance.

Whatever resources are necessary to seal off our borders to win the war should be used. That is how wars are won.

17. Those willing to risk their lives to protect us deserve protection themselves. Anyone shooting at law enforcement or military personnel should receive a death penalty. We should serve notice on the underground empire that its days are numbered and we will not tolerate violent resistance to the rule of law.

CONCLUSION

The principles outlined above are based on the historical record of what has worked in the past. The specific suggested steps are simply examples of the scale and intensity that a serious anti-cocaine and anti-heroin program would require.

Many countries have wiped out drug addiction in the past. Even the United States has had a prior cocaine epidemic and defeated it. (see David Musto's "Lessons of the First Cocaine Epidemic")

Today we fight both a drug addiction problem and a drug empire problem. The underground empire, as James Mills termed it, is a threat to our very sovereignty. Its wealth, ruthlessness and capacity to corrupt are increasing every year.

Drug addiction threatens our children and the values of our culture. The drug empire threatens our nation and the rule of law.

A successful war on cocaine and heroin will be a large and complex undertaking. A successful war on the underground empire will require an investment comparable to any other medium sized conflict on a global scale.

Anything short of a decisive victorious war will be a defeat. If we incrementally add resources and add laws, we will never catch up with the underground empire.

Our children, our culture, and our country are at stake. Isn't it time to go all-out and win the war on cocaine and heroin? Isn't it time to eliminate the underground empire?

If it isn't, then how bad will it have to get and how threatened will we have to be to act decisively?

Lessons of the First Cocaine Epidemic

By DAVID F. MUSTO

The latest complication in the current cocaine epidemic is "crack," a relatively cheap form of cocaine that can be smoked and quickly absorbed into the lung's blood supply. The effect is intense but brief, unless the user sustains it by smoking more cocaine. After repeated use of crack, the craving is so great that the user may feel a need to obtain cocaine at any cost. Crack has been called an unprecedented threat; the whole cocaine episode is assumed to be unique in U.S. history. It isn't, and our previous experience with cocaine around the turn of the century provides some instructive lessons.

Cocaine for inhalation was easily purchased at the corner drugstore in the 1880s. Cocaine was available in a multitude of forms. Parke, Davis & Co. produced "coca cigarettes" and "coca cheroots" as well as "cocaine inhalant." Cocaine became extremely popular among Americans. For one reason, the U.S. had no national laws controlling drug sales or therapeutic claims for drugs, including opium and cocaine. Also the advertising and distribution of drugs had become a highly efficient process. Parke, Davis & Co. reported that within a year of cocaine's commercial introduction there was "not a second-rate drug store" that didn't have a supply and that manufacturers had "been obliged again and again to increase their capacity to produce it, so active is the demand."

'Long Day's Journey'

Drugs, including narcotics, enjoyed an open market. Easy availability led to their widespread use. In the 1890s, opium reached a peak of per-capita consumption in America that probably has never been equaled. Cocaine, which had become available in a pure and cheap form beginning in 1885, peaked in consumption in the first decade of this century. The damage to users and their families caused by narcotics eventually led to a popular insistence on some legal curbs. Eugene O'Neill's play "A Long Day's Journey Into Night," set in 1912, illustrates the common abhorrence of narcotics of that time. Drug use was at a level at least comparable to today's, compounded by low-cost, high-purity and legal distribution.

When restrictive laws were enacted they reflected fearful attitudes toward narcotics. The result of this changed perception of cocaine and subsequent legal controls was a great reduction in cocaine use

for several generations. Still, establishment of a broad public consensus against cocaine took about 20 years, and then a decade or more passed before it became a minor problem. Public memory of the first drug "epidemic" has long since faded away, and with it went the public's slowly acquired resistance to cocaine.

This memory loss has led not only to misperceptions about current drug issues but also to pessimism about whether the U.S. cocaine problem can be curbed. It can be, but the process is likely to be a painfully slow one, as shown during the first "cocaine epidemic."

This first epidemic lasted from 1885 until the 1920s, about 35 years. There were

Public memory of the earlier widespread use of drugs has long since faded away, and with it went the public's slowly acquired resistance to and fear of cocaine.

three stages: an initial euphoria about an apparently harmless, indeed, a valuable and helpful stimulant; a middle period of dispersion and multiplying instances of prolonged use; and, finally, a powerful rejection of cocaine as its popular image became as negative as it had once been positive. This last stage was so effective in discouraging the use of cocaine that the drug had faded into obscurity until recently.

Wonder and joy at the appearance of a mental stimulant that appeared to have no bad side effects characterized the first, or euphoric, stage, which lasted about 10 years. Cocaine, to quote a drug manufacturer's statement to the medical profession, could "supply the place of food, make the coward brave, the silent eloquent, free the victims of the alcohol and opium habits from their bondage, and, as an anesthetic, render the sufferer insensitive to pain."

Medical experts were as enthusiastic and sincerely uncritical as the manufacturers. Sigmund Freud popularized the drug in Europe by quoting accounts of its miraculous properties from U.S. medical journals. One of the most enthusiastic U.S. supporters was a former surgeon-general of the Army and an eminent New York neurologist, Dr. William A. Hammond. He recommended cocaine for a variety of ailments, especially depression. He found that cocaine treatment could "make the most dismal melancholic cheerful and [the cocaine would] act permanently." He went so far as to state that he believed there

was not "a single instance of a well-pronounced cocaine habit, the patient being able to stop it at any time, if he chose to do so." He reassured doubters by noting that cocaine had been chosen as the official remedy of the Hay Fever Association.

With experts reassuring the public that cocaine was harmless and not addictive, consumption soared. Warnings were also published, but there was little desire to listen to kill-joys. Because many of the negative effects would be apparent only as the casualties of prolonged use accumulated, the first stage was a bull market in cocaine.

As cocaine's casualties increased in number and range, individuals were more

likely to know of someone who had experienced its bad effects. Euphoria became a more difficult mood to maintain during this second stage, which also lasted about a decade. As casualties mounted, cocaine was no longer seen as a harmless or non-addicting drug. Still, during the 1890s its consumption increased until it reached a peak just after the turn of the century.

Cocaine's disfavor grew not only from direct observation of its effects but as an outgrowth of a growing health movement that was not only concerned with cocaine but with alcohol's effects on society, fear of food additives, outrage over industrial carelessness with the environment, and a philosophy of exercise and simple healthy food.

Cocaine's link with violent crime and paranoid mind-sets helped to associate the drug with sources of social unrest. Cocaine supposedly caused southern blacks to behave violently against whites—although ample evidence exists that whites used cocaine at least as frequently as blacks. Cocaine was also associated with prostitution and criminal gangs. As public anxiety about cocaine accelerated, it became as feared as it had once been hailed.

It was at this point that laws directed against cocaine were enacted. The first federal law was the Food and Drug Act of 1906, requiring any over-the-counter remedy containing cocaine to list it as an ingredient. Then, in 1914 the federal government, after several years of effort, enacted the Harrison Anti-Narcotic Act, which con-

trolled the distribution of opiates and cocaine. One of the most important and stringent state laws was the New York anti-cocaine law of 1913. This law left no room for non-medical use of cocaine. Cocaine had become the archetype of the dangerous drug, and this image would have a profound influence on later drug laws such as the prohibition of heroin manufacture in the U.S. (1924) and the Marijuana Tax Act (1937).

Peer pressure, so often given as the reason for the spread of drugs, can be just as potent a force against drug use, once the image of a drug's effects has changed from miraculous to destructive. Cocaine use declined in America and did not surface again until a vivid public memory of its effects had been lost. But when cocaine did reappear about 1970 and a euphoric stage recurred, the laws enacted during the third stage of the last epidemic and gradually strengthened since then appeared draconian and bizarre. The laws were now out of synch with public attitudes.

Recently suggestions have been made to legalize cocaine because its use is ubiquitous. The example of the first epidemic, however, suggests that its current widespread use may be the prelude to a vigorous public rejection of the drug.

Social Immunization

If so, legal controls are likely to facilitate cocaine's demise. In the meantime, enforcing laws without vigorous public support is obviously very difficult. But we can reasonably assume that as cocaine's effects become more obvious—and crack is speeding up this process—a similar outrage against cocaine will lead to reduced demand, more effective law enforcement, and a new public memory regarding cocaine, a form of social immunization that will last at the very least for a generation or two.

However, we have not yet found a method of developing an effective and lasting public antipathy toward cocaine without, at the same time, engaging in a certain amount of emotional overkill. It would be far better if a public consensus against cocaine and other seductive drugs did not have to be relearned every few generations, but there seem to be no easy ways to ensure such a lasting public attitude.

Dr. Musto is a professor of psychiatry and the history of medicine at Yale University.

7/25/88

House Panels Begin Drafting Ambitious Antidrug Program

By George C. Wilson
Washington Post Staff Writer

House committees yesterday began drafting a battle plan for combating drugs that is so ambitious—ranging from military interdiction to new educational programs—it could end up costing \$5 billion a year, according to congressional estimates.

The new program is being mapped out against the backdrop of a commitment from the Reagan administration to spend \$359 million next year to interdict drug smugglers, broaden intelligence gathering and drug prosecution, and spend more money to prevent drug abuse.

The administration's blueprint is contained in a letter that Attorney General Edwin Meese III recently sent to Congress and Vice President Bush. Meese called the \$359 million effort "a balanced approach."

House Speaker Thomas P. (Tip) O'Neill Jr. (D-Mass.), in calling for an all-out war on drugs, stressed in meetings with Democratic leaders, according to several persons who attended, that he wants a bipartisan campaign and not a Democratic political effort to preempt President Reagan on the suddenly popular drug issue.

Rep. Glenn English (D-Okla.), who as chairman of a Government Operations subcommittee has been focusing on ways to interdict drugs bound for the United States, said yesterday

that he could not put a price on the O'Neill initiative but "it is likely to run into the multibillions each year."

English said he saw no indication that either Congress or the White House would propose raising taxes to pay for the program. "There will have to be a change in priorities," English said, "with money coming from other programs."

Sen. Dennis DeConcini (D-Ariz.), who has been allied with English in the effort to push the military into drug interdiction, said last night that he and other senators will introduce a companion measure to the one being drafted for O'Neill. He estimated the annual cost of such a program at between \$3 billion and \$5 billion.

Although a general tax increase to pay for the effort is not politically palatable, DeConcini said, "enhanced revenues" could be a source of financing. He said he favored increasing tobacco taxes and using the increases Reagan had earmarked for the Defense Department to fight drug use.

Meese in his letter said the administration's National Drug Enforcement Policy Board, which he heads, wanted to work with Congress "to end this national scourge." The board recommended spending the bulk of the \$359 million in fiscal 1987 on aircraft to interdict drug smugglers.

The rest of the remaining money would be spent on intelligence collection, drug investigations, drug prosecution and drug prevention.

**TALKING POINTS FOR THE
UNDER SECRETARY**

Our bill, the Zero-Tolerance Act, includes provisions designed to require tough, effective measures to get drugs out of schools.

- o Education is a component, but the goal is to get drugs out of schools and keep them out.

- o Schools are not entitled to funds -- they must compete for them. They must:
 1. Submit a plan for getting drugs out of their school that includes tough disciplinary provisions that are developed in conjunction with parents, law enforcement officials and the courts.
 2. They must demonstrate their commitment to prevention by providing at least 1/3 of the cost of the program.

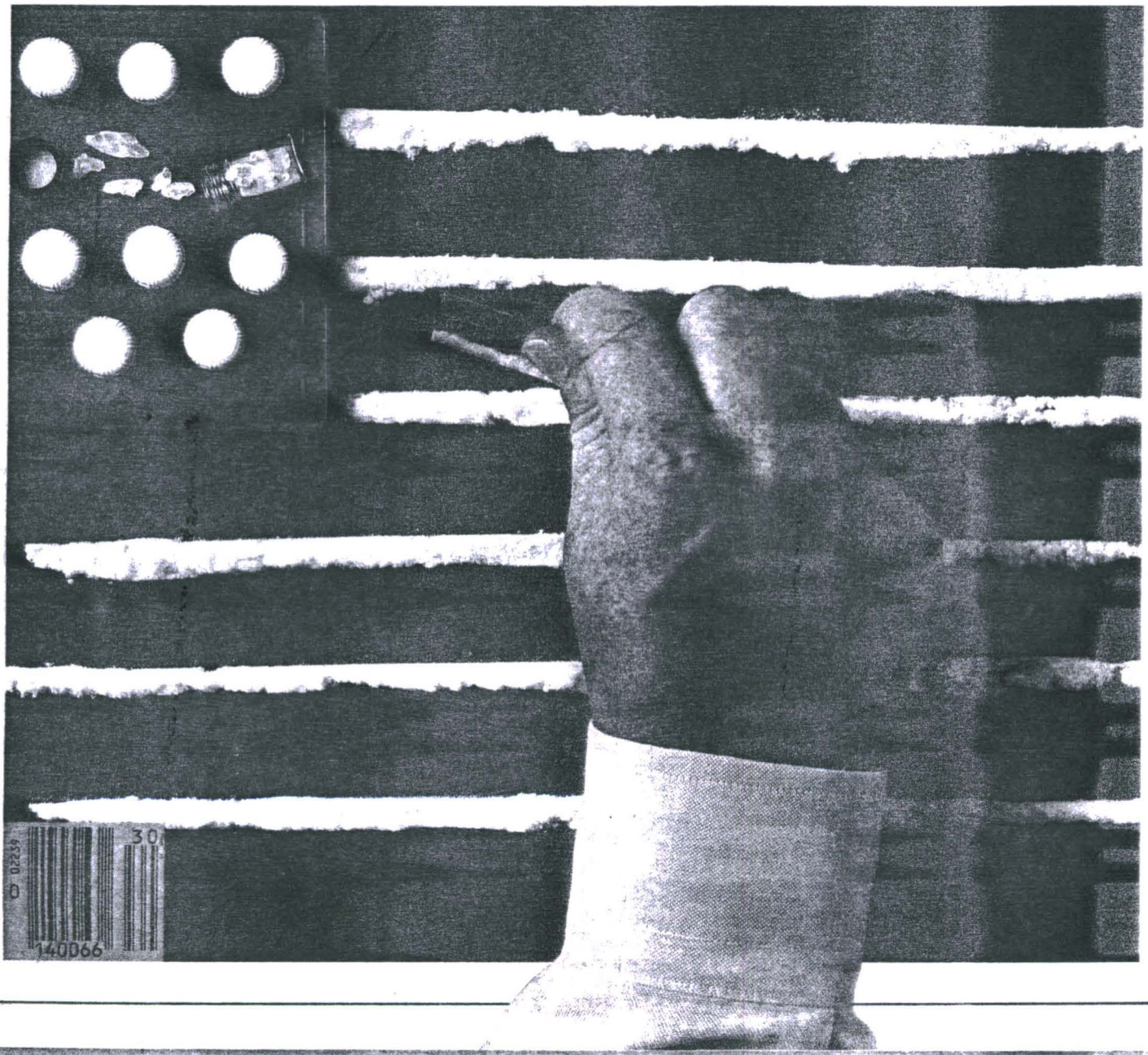
- o Funds can be used for improving school security, as well as educational activities.

- o Grants would be for up to three years, but funding for each year would depend upon a school district demonstrating specific progress in reducing drug use.

U.S. News & WORLD REPORT
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KILLER DRUGS

New Facts, New Enemies



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White House, Congress and the media join the offensive

Drugs: Now prime time

■ With public outrage over drug abuse reaching a new crest, Ronald Reagan caught the wave. "The time has come," the President said on July 30, "to give notice that individual drug use is threatening the health and safety of all our citizens."

Indeed, to many who have served on the front lines in the nation's drug war for the past two decades, it seems that the time, finally, has arrived. Evidence is everywhere. And the issue comes at an opportune moment for Reagan, who could use a diversion from economic problems and challenges to his policies on trade and sanctions against South Africa. Stepping into an arena he previously left to First Lady Nancy Reagan, he prepared to announce the first details of his own antidrug plan in early August.

On Capitol Hill, more than 80 pieces of legislation are pending, and leaders in the House promise quick action. "I've never seen this electricity since I've been in Congress," says Representative Charles Rangel (D-N.Y.), a 16-year Capitol Hill veteran. The press, meanwhile, is keeping a spotlight on the issue, as is the unprecedented U.S.-Bolivian drug operation.

Rising antidrug sentiment is being fed by fears of a deadly substance called crack and by the recent deaths of sports stars Len Bias and Don Rogers. Says Dr. Mitchell Rosenthal, president of New York City's Phoenix House



"We are no longer willing to tolerate illegal drugs"

Foundation: "The deaths of those young men are like lightning rods."

Skeptics predict that the furor will die down quickly. But others believe the summer of '86 will be a watershed: "We're on the verge," says Bill Rhatigan of the Advertising Council, whose antidrug ad has become so popular that broadcasters are requesting new tapes after wearing out old ones. "On this issue, we're ready to go over the top."

Some liken the antidrug atmosphere to the fight against drunk driving in the

late 1970s and the push for handgun control and tougher crime laws in the 1960s. "My God, look at the parallels," says Howard Simons, curator of Harvard University's Nieman Foundation. "Guns had always been part of society. But it took the deaths of the Kennedys and Martin Luther King to shed light on them. Tragic death is frequently what you need to set the spark."

The deaths of Bias and Rogers further churned waters that have been boiling for a long time. Some evidence:

- Crack, a form of cocaine virtually unknown a year ago, has rocketed from near obscurity to national villainy in the past six months. Deaths, addictions, disruptions in family life all have eroded cocaine's image as a passive plaything of the well-to-do. Now the jury is back, and its verdict is irrefutable: "Cocaine can kill."

- In the nation's schools, as drug use reached epidemic levels, Education Secretary William Bennett became the first cabinet official to spotlight the problem. In March, he called for a "total drug ban" at colleges and universities, and for his pains he was labeled a "small-town-PTA president." Under-terred, he has intensified his rhetoric.

- The news media, fired by the crack scare, jumped on the drug story with a vengeance. *Newsweek* ran two cover stories only three months apart, and newspapers have examined the problem on their front pages day after day. The

SPOTLIGHT ON COCAINE

■ Pro baseball is providing \$2 million in antidrug advertising time on radio and TV. Stars such as Mike Schmidt of the Philadelphia Phillies spread the word: Drugs are deadly.

COCAINE. THE BIG LIE.
1-800-662-HELP



■ By all accounts, Len Bias used cocaine only once, on June 19. But once was enough to kill the University of Maryland star seen as a likely superstar in pro basketball.



■ Eight days after Bias died, Don Rogers, 23, a football player with the Cleveland Browns, was killed by cocaine. He was to wed his college sweetheart the next day.

■ A close friend to Bias, Brian Lee Tribble, 24, is suspected of supplying the drugs that killed the athlete. Tribble, below at center, was indicted for possession of cocaine and PCP with intent to distribute. Bias and Tribble often played basketball together, and the two men shared an enthusiasm for clothes and cars.



focus of much reportage has changed. Robert DuPont, president of the Center for Behavioral Medicine, says the media traditionally have covered the drug issue as a "controversial issue, sort of a pro-and-con kind of argument." Adds the Nieman Foundation's Simons, former managing editor of the *Washington Post*: "Now, all you get is the con: The message is drugs are bad. Period."

In cities and suburbs, the message has been on the streets for months—but it finally is getting back to official Washington. For House Majority Leader Jim Wright (D-Tex.), the message hit right where he lives. A poll of his Fort Worth district showed that 82 percent of 30,000 respondents believed drug use was a serious problem in their neighborhoods. Admits Wright: "I was stunned." The problem has become so serious, he and Speaker Thomas "Tip" O'Neill (D-Mass.) say, that politics must take a holiday.

To capitalize on the public's heightened concern, Congress will try to move fast. House committee chairmen have been ordered to report all bills by August 11, and O'Neill plans to send the entire package to the floor by September 10. It will deal with five areas: Eradication of drug crops at the source, interdiction along U.S. borders, stepped-up enforcement within the country, education and treatment of drug users.

The effort is billed as bipartisan, but there are obstacles. Democrats emphasize education of youth and rehabilitation of users while the GOP wants stricter enforcement and stiffer penalties for traffickers—some even calling for the death penalty. The hitch: In the Gramm-Rudman-Hollings budget-cutting era, who will pay for more judges and jail cells? Or for that matter, the

rest of the five-point program? Aides to Robert Michel (R-Ill.), the House Republican leader and an enthusiastic supporter of the program, put the price tag at up to \$3 billion, raising the prospect of new spending, which is anathema to Reagan.

The President will unveil his full program in a televised speech in September. It could prove controversial. Like the Democrats, Reagan focuses on users—only he would spend much less—shifting perhaps \$200-\$300 million from existing programs. Drug screening and testing of federal employees also is being weighed, and the administration intends to beef up antimuggling efforts along the southern border, probably using military aircraft. The White House denies that the program is meant to steal the Democrats' thunder on drugs, but a key aide says: "Both parties want to do something, and this is a case of keeping the President out front."

What will come of all this concern and activity? "It won't last," says actor Paul Newman's daughter, Susan, who heads a California antidrug foundation named for her brother, Scott, who died of drug-and-alcohol abuse in 1978. "We've seen false starts before."

Others are more optimistic. James Wilson, a Harvard professor of government who was chairman of the National Advisory Council for Drug-Abuse Prevention in the early 1970s, argues that real progress won't be made until drug use is seen as socially unacceptable.

"That's what happened with drinking and driving," he notes. "With all the concern we're seeing now over drugs, it may be that drug use is passing through the same kind of barrier." ■

by Brian Duffy with Jeannye Thornton, Kenneth T. Walsh and James M. Hildreth

CELEBRITY DEATHS

Grim roll call of two decades

Len Bias and Don Rogers were only the latest public figures to suffer drug-related deaths. In the past two decades, drugs have taken their toll of a wide range of prominent people. Some examples:

David Kennedy, son of the late Senator Robert Kennedy, 1984, cocaine, Demerol and Mellaril.

Ronald Roberts, son of evangelist Oral Roberts, 1982, suicide resulting from drug addiction.

John Belushi, right, comic, 1982, heroin and cocaine.

Louis Jourdan, Jr., son of actor Louis Jourdan, 1981, unprescribed drugs.



Sid Vicious, British rock star who killed a girlfriend, 1979, heroin.

Scott Newman, son of actor Paul Newman, 1978, pills and alcohol.

Elizabeth Anne Moore, sister of TV and movie actress Mary Tyler Moore, 1978, unspecified drugs.

Keith Moon, member of popular British rock group the Who, 1978, combination of drugs.

Jimi Hendrix, rock guitarist of international fame, 1970, heroin.

Janis Joplin, leading female rock vocalist of the 1960s, 1970, heroin.

Judy Garland, singer and actress, 1969, sleeping pills.

Diane Linkletter, television actress and daughter of Art Linkletter, 1969, LSD.

Lenny Bruce, right, iconoclastic comedian noted for his foul language who influenced a generation of comedians, 1966, unspecified narcotics.



Dorothy Kilgallen, newspaper columnist and TV personality, 1965, barbiturates and alcohol.



■ Barry Word, top, a former football player at the University of Virginia, pleaded guilty on July 29 to conspiring to distribute cocaine. Teammates Kenneth Stadlin, center, and Howard Petty, below, also are charged in what authorities described as a four-state drug-selling ring. Police said Word first used cocaine at parties where "the drug was laid out for the taking."



■ U.S. troops were dispatched to Bolivia in July to join local authorities in raids on cocaine-producing laboratories

FOURTH DPC MEETING ON DRUG ABUSE POLICY
July 25, 1986

WITH THE PRESIDENT

- o Aggressive program on demand side.
- o Building on 1984 Strategy.
- o Time is right to hold user responsible.
- o Military reduction 67 percent.
- o Contractors.
- o Private industry.
- o Public support is firm.
- o Business leaders support this.
- o Goal is drug-free society.
- o I want to launch a national campaign.
- o To appeal to pride.
- o Volunteer, not compulsory.
 - We have a right to demand drug-free workers.
 - Not mandatory tests, but if they don't want to take tests, can go into treatment.
 - \$30-\$35 per test - 2 million employees.
 - Possible select sensitive occupations.
 - How about laboratories providing something.
 - Room for positive peer pressure.
 - Unions resisting.
 - If we did it maybe Lane Kirkland would have his policy board take it.
 - What is illegal possession.
 - Why aren't more arrested.
 - Federal law.

- Hard law enforcement effort.
 - Making good mileage on drunk driving.
 - Suggest balance voluntarism with law enforcement.
 - More local law enforcement resources to drug abuse.
 - Discharge was a severe deterrent.
 - Concern over numerical goal
 - Settling for half?
 - Goal is total eradication and we intend to be half-way to goal in 3 years.
- o Schools - part of battleground.
 - O'Neill's package \$3-5 billion.
 - Education has drafted drug-free schools bill.
 - \$100 million funding in other programs.
 - Schools would get money if they show progress.
 - Bill is ready.
 - Not squealing on friends - saving a friend.
- o Stress on treatment.
 - Inadequate treatment centers.
 - Educate health care professionals.
 - EAPs in public and private sector.
 - Expand third part payments.
 - Research already under way.
 - Must get communities involved.
 - Private sector will be larger than government.
- o International.
- o 14 Countries eradicating plants.
 - Bring ambassadors in to send signal and to educate them.
 - Ministers in drug countries.

- What Mrs. Reagan has done - you can see results/impact.
- It costs money and our foreign program is being cut.
- We will support any country that asks.
- Congress whacking programs.
- o Law Enforcement.
 - Law enforcement personnel can help treatment.
 - Strong action by
 - SW border initiative.
- o Communications.
 - First Lady - approval - 80 percent.
 - President - 82 percent approval 18 - 24 age group.
 - Take high road - let departments do specifics.
 - Challenge media, corporations, clubs, S&L, governments.
 - Use White House to launch campaign.
 - Country ready - opportune time.
 - 71 percent people concerned with drugs.
- o Need to look at legislative strategy.
- o Need to watch individual rights.
- o Federalism.
- o Funding.
- o Buried in samples - labs clogged.
- o Being fired should not be punishment.