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THE WHITE HOUSE

WASHINGTON

August 4, 1986

CABINET DISCUSSION PAPER
Drug Abuse Policy

Issue: What are the next steps in the campaign against illegal drugs and drug abuse?

Background: The President will be calling for a "national crusade against drugs", and he will expand the First Lady's significant drug prevention and awareness campaign into a national campaign against the demand for illegal drugs. The dominant theme of the initiative will be "intolerance of illegal drugs - no excuses." Consistent with the President's aim to completely eliminate illegal drug use, and to be at least half-way there in 3-years, he will also announce six new goals to build on what has already been accomplished, and to lead us toward a drug-free America. The new goals are:

1. Drug-Free Workplaces
2. Drug-Free Schools
3. Expand Drug Treatment
4. Expand International Cooperation
5. Strengthen Law Enforcement
6. Increase Public Awareness and Prevention

Some of the problems and issues that could arise in each goal area are outlined below.

GOAL #1 - DRUG-FREE WORKPLACES

This is perhaps the most controversial goal, particularly in Washington. It encompasses prevention, detection, and treatment of drug abuse for millions of Americans in the workplace.

- A. What kind of program should the Federal government have to prevent, identify, and treat illegal drug users?

Major problems will likely arise with user identification (drug screening and testing) and employee treatment programs.

The cost of a screening program for Federal employees in sensitive positions is estimated at \$25-35 million per year.

The screening of new hires is a separate issue from that of screening current employees, but it could involve some of the same issues. This could cost about \$14 million per year.

Should the Federal government program be centralized or agency-based?

Should the Federal government's program be authorized by Executive Order or by legislation.

- B. The second area under this goal is how we should go about encouraging State and local governments to follow the Federal government's example.
- C. The third area under the Drug-Free Workplaces goal is how to solicit commitments from Government contractors to establish drug-free work environments.
- D. The fourth area under this goal is how to mobilize private sector management and labor leaders in the fight.

GOAL #2 DRUG-FREE SCHOOLS

This goal is one that most Americans will embrace because it is aimed at protecting children and young adults. Mrs. Reagan's "Just Say No" program has focused on many of these young people.

Secretary Bennett has proposed a Zero Tolerance Act, which includes provisions designed to require tough, effective measures to get drugs out of schools and keep them out.

Some have suggested that Education withhold funds under current programs if schools do not adopt a policy of having a drug-free institution.

Another proposal is to extend to colleges and universities the Federal penalties for drug pushing that now cover elementary and secondary schools.

GOAL #3 EXPAND DRUG TREATMENT

This goal is perhaps the most problematical in that it could be turned into a major new Federal financial assistance program.

One initiative under this goal is to encourage communities and States to develop treatment programs for drug-related health problems.

A key issue is whether mandatory treatment by the states should be required for intravenous (IV) drug users.

The other initiatives under this goal pertain to increasing research in health-related areas, including developing new and less intrusive drug tests, and bolstering health programs aimed at drug use prevention.

GOAL #4 EXPAND INTERNATIONAL COOPERATION

Mrs. Reagan's efforts have been of major significance in the international area.

One proposal has been to recall for consultation the Ambassadors to selected countries that produce illegal drugs or that have national drug problems.

We will continue to provide military support to operations against illegal drug trafficking and processing plants when requested by the governments of other countries.

GOAL #5 STRENGTHEN LAW ENFORCEMENT

This is an area in which much has been done.

The new Southwest border initiative is to be followed with a Southeast border.

Law Enforcement Coordinating Committees and U.S. Attorneys are to be told to prosecute to the fullest those who violate laws on selling drugs on or near school property.

A possible issue that may arise will be over stricter penalties for drug law violators, including the death penalty for certain violations.

Another law enforcement issue that requires attention is whether drug abuse screening and treatment programs will have to be specific regarding prosecution of individuals in those programs for their drug use.

GOAL #6 EXPAND PUBLIC AWARENESS AND PREVENTION

This goal is primary, and Mrs. Reagan has been in the forefront. A wide range of public awareness activities are being planned.

Two other suggestions have been made related to this goal:

1) Establishment of a Blue Ribbon panel to lead the effort in the private sector, and

2) Convening a White House Conference on Drug Abuse in 1987.

FUNDING

Extensive debate will occur over the funding of initiatives being considered under each goal. Some very rough estimates developed by OMB suggest that we are well below the \$3-5 billion that the House Democrats are targeting.

A fundamental question that will have to be addressed is whether funds for additional and/or new projects will come from already authorized funds from each agency.

OMB admonishes that if we are to remain consistent with directions to adhere to budgetary targets for FY 1987 and beyond, any new funding for the fight against drug abuse should come from other programs of lesser priority.

LEGISLATION

In recent weeks, Congressional activity on this issue has been brisk. Over 20 bills have been introduced, and members of Congress have been searching for any idea that might be included in spending measures they can pass. These bills have addressed such topics as parolee treatment, designer drugs, forfeiture of assets, money laundering, anti-smuggling, mail order drug paraphernalia, Executive Branch reorganization, Coast Guard activities, and DOD narcotics enforcement assistance.

While some of the above will probably be supported by the Administration, we have developed draft legislation that would support the goals in your new initiative. These include a legislative proposal on drug testing, the aforementioned Zero Tolerance Act for drug-free schools, an amendment pertaining to handicap laws, restructuring the Narcotics Addict Rehabilitation Act, and a model statute for state-based treatment authorities.

A Working Group of the Domestic Policy Council will be active in coordinating the development of drug abuse policy initiatives.



August 18, 1986

MEMORANDUM FOR: DRUG-USE PREVENTION WORKING GROUP
FROM: DRUG-FREE WORKPLACE TASK FORCE
SUBJECT: MODEL PLAN FOR A DRUG-FREE FEDERAL WORKFORCE

Introduction

In drafting a suggested plan for a drug-free federal workplace, we have sought to emulate successful programs which were crafted in conjunction with affected employees, programs which have withstood legal challenges. Much of the following plan follows the Department of Defense model, although some nuances have been borrowed from proposed Federal Railway Administration and Federal Protective Service systems.

A parallel can be drawn to the issue of drunk driving. It is clearly illegal and until recently enjoyed a degree of social acceptability. Recent education and awareness-raising about the issue has reversed the direction of peer pressure to where it has become unacceptable societal behavior. The issue of drug use should follow a similar course. It, too, is illegal, but until its "utter unacceptability" is conveyed clearly to all corners of society, peer pressure and social trends will not discourage the use of drugs. Ideally, clear policy and education will one day overtake the need for testing.

Policy/Education

In this light, the importance of a clear statement of policy and concomitant education cannot be diminished. Prior to promulgating any programs, the message needs to be conveyed loudly and clearly that drug use is reprehensible and will not be tolerated in the federal workforce.

The focus must be constructive, i.e., toward encouraging the non-productive to become productive members of society. The approach must also be flexible, reflecting the mission and needs of each agency. The emphasis must be rehabilitative, not punitive. As the President has said, "There should be an offer of help." These must be the watchwords for his program.

During the education phase, care should also be taken to make certain that any health insurer who wants to do business with the Federal Government must carry a drug rehabilitation component as an option. The insurer should only be required to pay for one rehabilitation per employee. Blue Cross/Blue Shield currently charges approximately \$2 per pay period for their rehabilitation. Managers must also be trained to deal with the problem. In short, the federal system should be prepared to help.

Survey

In 1980, shortly after the disaster on board the USS Nimitz, the Department of Defense undertook a worldwide survey of their military personnel. In an atmosphere rife with rumors of impending drug testing, DOD found that 27 percent of the military personnel had used drugs in the 30 days prior to the test. In 1982, that number dropped to 19 percent and to 9 percent by 1985. This survey was conducted by anonymous questionnaire. Some of the services conducted simultaneous anonymous urinalysis testing. Their results approximated those of the questionnaire. Cost of the questionnaire was \$600,000. Much of this figure represents the foreign travel necessary to complete the questionnaires due to worldwide dispersal of the military force. A similar survey should be duplicated for our purposes government-wide. It would provide guidance in preparation of programs and budgets, and would be essential to gauge results.

"Critical Jobs"

To date, DOD testing has focused only on employees in critical jobs. These are determined as falling within one of the following categories:

1. Law enforcement.
2. Positions involving the national security or the internal security of the Department of Defense in which drug abuse could cause disruption of operations, destruction of property, threats to the safety of personnel, or the potential for unwarranted disclosure of classified information.
3. Jobs involving protection of property or persons from harm.

Each branch of the service has compiled a list of such positions. These are reviewed by DOD. Some branches have pared their original lists after DOD scrutiny. At present, approximately 10 percent of civilian military personnel fall under this classification.

For government-wide purposes, each agency would compile its own list of critical positions. These lists would be reviewed for reasonableness and uniformity by OPM.

Once a position is classified as "critically sensitive," it would be written into the position description and the person in that position would be notified of the classification. The appropriate Employee Assistance Program (EAP) would also be identified.

Employees in critical jobs would be subject to pre-employment screening as well as to random and probable cause testing. Typically, random testing occurs, unannounced, once a year. However, frequency would be left to the agency.

Probable Cause Testing

The Department of Defense at present has no probable cause testing. However, the Federal Railway Administration (FRA) experience in this area is illustrative: the current FRA system comes after discussion with employee representatives. Probable cause testing would cover all employees not in critical jobs. This type of testing is legally more defensible if tied to job performance.

Government-wide probable cause testing would come after phase-in of critically sensitive testing.

Following the FRA model, probable cause testing would be at the request of a supervisor. The probable cause would require the corroboration of a second supervisor. To safeguard against harassment, no employee who tests negative twice in a one-year span can be retested for three years.

Pre-Employment Testing

On a shorter time frame, applicants for employment in the Federal Government would be tested for drug use. Those testing positive would be referred to an appropriate rehabilitation center. After thirty days, the applicant could retest and reapply.

Phase-In "Window"

Prior to the phase-in of testing, a ninety-day "window" period would allow an employee to take action. A critically sensitive employee could attempt to transfer to another job if they objected to the possibility of testing. Any employee should also be able to cease drug use during this period or to come forward for help.

Testing and Enforcement

There are necessary safeguards required before testing can begin:

- o Laboratories need to be identified, certified as eligible for Federal use, and made subject to Government-wide quality control standards.
- o "State-of-art" testing methods and equipment should be used. At present, no portable equipment should be used.
- o Agency health clinics should prepare to become collection points (with forensic protocol), and agencies should establish a process for collection from applicants and employees at remote sites.
- o A "chain of custody" with integrity must be established for handling of tests. (A forensic protocol needs to be articulated.)

As for steps taken once an employee tests positive (and after appropriate verification), the following is suggested:

- o Employees in critical jobs should be reassigned, if possible, to noncritical positions and referred for rehabilitation.
- o An employee can be offered rehabilitation. The insurer would pay the first, the employee the second. A third offense would result in termination.
- o Rehabilitation which occurs during the "window" period would count toward an employee's total.
- o An employee could refuse rehabilitation. However, they would be on notice that after one more positive test, they would be subject to termination.

Costs

OPM estimates the cost of one test for all employees per annum to be \$70 million. This is based on initial screening and confirmation testing cost of approximately \$20 - \$30 per employee. Obviously, the costs of the program outlined above would be substantially less. Assuming the high end of the 10-20 percent range of "critical" DOD employees, costs of tests alone would be \$14 million. The more important costs--rehabilitation--would be borne by employees, the employer and insurers jointly. Non-DOD employees represent only 48 percent of the federal workforce. DOD is already testing critical

employees and has surveyed all employees. Thus, a government-wide approach would assume the cost of surveying 48 percent of the federal workforce, critical testing of that same 48 percent and probable cause testing of the entire workforce.

Conclusion

Drug use and abuse is a scourge on society. Our mission is to eradicate it, and to do so in a manner that shows our efficiency and the President's compassion.

We must make our message clear: drug use will not be tolerated. To be sure, anyone caught actually using drugs in the federal workplace would be terminated. However, for those who are ridden with this cancer, who satisfy this dark appetite away from the workplace, we "Stand by" as the President said, "ready to help them take the treatment that would free them from this habit." If we purge first offenders, we dump them out into the street, to already-overcrowded rehab centers and ultimately to an equally overcrowded welfare system. We need not sap hope, but instill it. Let our action and our help be the stitch that saves the fabric of our society.

PRIVATE SECTOR TASK FORCE
Report
to the
DRUG USE PREVENTION WORKING GROUP

August 18, 1986

TABLE OF CONTENTS

List of Participants	Page 1
Opening Statement	Page 2
General Recommendations	Page 3
Proposal for Involvement of President Reagan	Page 4
Corporate Private Sector Initiatives	Page 5
Community-based Private Sector Initiatives	Page 7
Regulatory Restrictions/ Legislative Initiatives	Page 9
Suggested Special Projects	Page 11

PRIVATE SECTOR TASK FORCE
DRUG USE PREVENTION WORKING GROUP

Participants

Rick Ventura, Chairman	Deputy Director, ACTION
1. Ken Barun	Office of the First Lady The White House
2. Thomas J. Burns	Department of Education
3. Marion Cernansky	ACTION
4. Eileen Doherty	Office of Private Sector Initiatives, The White House
5. Neil Hammerstrom	Department of Justice
6. Angie Hammock	ACTION
7. Raymond H. Harvey	United States Information Agency
8. Merl Kuhlman	ACTION
9. Tom Lias	ACTION
10. Jean McMillen	Alcohol, Drug Abuse and Mental Health Administration
11. Tom Morgan	Office of Management and Budget
12. Mary Murdock	ACTION
13. Maiselle Shortley	ACTION
14. Rick Smith	Department of Transportation
15. Richard Walsh	Department of Transportation

PRIVATE SECTOR TASK FORCE
Report
to the
DRUG USE PREVENTION WORKING GROUP
August 18, 1986

The Private Sector Task Force of the Drug Use Prevention Working Group was assigned responsibility to develop an "action plan for expanding drug abuse prevention, with emphasis on community-based programs and initiatives" and to design creative and effective mechanisms for supporting private sector efforts. The following report includes the Task Force recommendations for the enhancement of private sector initiatives and the improved use of government resources in public/private partnerships.

Additionally, the Task Force has briefly examined regulatory and legislative restrictions encountered by various federal agencies which inhibit private sector initiatives.

This report is divided into five basic categories:

- o General recommendations
- o Presidential Involvement
- o Corporate private sector initiatives
- o Community-based voluntarism and private sector initiatives
- o Regulatory restrictions/legislative initiatives

Also included in this report is a brief list of drug use prevention projects which are recommended for development or expansion.

This Private Sector Task Force report supports the President's major goals for a national effort to "eradicate drug abuse." The Task Force has prepared a strategy which emphasizes the use of government programs as a catalyst for developing cooperative efforts with the private sector to assist in the development of drug prevention programs especially at the grass roots level. This strategy has been designed for implementation by all levels of government including local, state and federal programs and for the involvement of all levels of business from the independent businessman to the multi-national corporation.

The Private Sector Task Force believes that these cooperative and cost effective efforts will be an essential component in the President's national drug initiative and will ultimately result in a savings of great proportions for the American taxpayer.

These recommendations are submitted with the sincere hope that they will serve to assist the President in his efforts to eliminate the problem of illegal drug use in America and other countries around the world.

GENERAL RECOMMENDATIONS

A major concern addressed by this Task Force is the need for a consistent message on the prevalence of drug use, the health consequences, and the latest research. In view of this concern, the following recommendations are made:

1. The White House Office of Drug Abuse Policy continuously prepare talking points and general information on current and newly developing administration policies for dissemination to all agencies.
2. Each agency inform the White House Office of Drug Abuse Policy of current programs and their intentions to launch new initiatives.
3. The Alcohol, Drug Abuse and Mental Health Administration review all materials developed by the various agencies for accuracy, credibility and consistency in message.
4. The Alcohol, Drug Abuse and Mental Health Administration prepare talking points, sample speeches and general information for distribution among the agencies.

Proposal for the Involvement of President Reagan

The following recommendations by the Task Force are for the involvement of the President in national drug use prevention efforts.

1. Request each agency designate a private sector drug prevention representative to evaluate the agency's drug programs for potential private sector support and/or transfer to, or replication in the private sector. The private sector representative would assist each program and division within the agency in determining the potential use of corporate, state and community support for such programs. Additionally, this designated person would work to assure that the federal government is in no way in competition with the private sector in its efforts, but rather, work to assure successful cooperative efforts with the private sector.
2. Address a letter to the Chief Executive Officers of the Fortune 500 companies and selected foundations requesting their assistance in supporting drug prevention activities.
3. In conjunction with the release of the letter, launch a major media campaign of public service announcements featuring the President, First Lady, Cabinet Officers, national celebrities and athletes. The President could tape two separate spots, one targeting the general public and calling for support for an overall "War on Drugs," the other aimed at the corporate community, highlighting productivity rates, accidents on the job, absenteeism and general community problems. This spot would encourage corporations to get involved in the program to prevent drug use in the workplace, in their communities, and across the country. In addition, a PSA with both the President and Mrs. Reagan could be produced to emphasize the "family's" role in drug use prevention.
4. Request the White House Office of Private Sector Initiatives develop an incentive program for companies that contribute significant dollars or "in-kind" contributions in the area of drug use prevention. This could be along the lines of a "Presidential Honor Roll" which models the "Eagle" program of the Republican party.
5. Present a Presidential message to the general public on drug abuse on all three television networks. This would include film clips and statistics and a general call to arms.
6. Conduct a national drug prevention essay and poster contest with the nation's students.
7. Host, with Mrs. Reagan, a series of White House conferences and briefings in Washington and around the country, targeting specific networks of individuals such as religious leaders, corporate leaders, youth group leaders, etc.

CORPORATE PRIVATE SECTOR INITIATIVES

President Reagan has issued a general call to the country to share in the responsibility of implementing a national strategy for prevention of drug abuse. Many within the corporate community have rallied to the cause and have contributed funds, manpower or "in-kind" services in support of specific causes or programs. Some government agencies have entered into "public/private partnerships" in cooperation with private industry in an effort to expand or create new programs.

An example of the value and cost effectiveness of such ventures is the "Pharmacists Against Drug Abuse" (PADA) program designed by ACTION, the national volunteer agency, in conjunction with the White House Office of Drug Abuse Policy. The federal government designed the concept and the materials for the program which include free brochures for distribution to the general public in every pharmacy across the country and a detailed manual and a training program for pharmacists, posters, public service announcements, etc. McNeil Pharmaceuticals and the Johnson and Johnson Family of Companies has paid for the reproduction, promotion and distribution of the materials. To date, this multi-million dollar program has distributed over 50 million free brochures, trained over 5000 pharmacists as volunteers to their community and utilizes the services of 65,000 pharmacies. The cost to the federal government was less than \$15,000 for the development of the camera-ready materials.

There are numerous other examples of the value of public/private partnerships. The following recommendations are based on the premise that these activities are indeed cost effective, productive and extremely effective in mobilizing manpower, increasing available funding sources and raising awareness in industry.

Clearly technical assistance provided by government to the private sector is crucial in order to assure accuracy and consistency in the message being conveyed through these programs.

Recommendations:

1. A Presidential business task force should be established and charged with specific responsibilities. This Presidential task force would assist in identifying opportunities for private sector initiatives and potential sources of support within the private sector for drug prevention activities. This group would report their findings, recommendations and accomplishments to the President on a quarterly basis. Each federal agency should prepare and submit a list of projects and activities recommended for funding by the private sector to the business task force.

2. Each federal agency should develop a catalog of corporate private sector programs to be submitted to either the White House PSI or the newly formed Presidential task force for publication; thus, offering further incentive to the private sector and greater information for consumers regarding model programs.
3. Each federal agency should develop a list of corporations, organizations and foundations with whom they have contact and develop strategies for encouraging drug prevention support among these contacts. Additionally, each agency should develop its own incentive and recognition programs for corporations who support such activities.
4. Every private sector initiative or public/private partnership which involves a U.S. based, multi-national corporation should encourage programmatic assistance in other countries in which they operate, particularly source countries.
5. Foreign corporations operating in the U.S. should be approached and encouraged to launch or support private sector initiatives in drug use prevention both within the U.S. and their countries of origin.
6. An annual drug prevention symposium should be held for community affairs/public affairs representatives from major corporations and their foundation counterparts in an effort to share the materials, films, goals and objectives of drug prevention programs, thus stimulating awareness and support.
7. Drug prevention experts should be scheduled to address major business conferences, trade association meetings, national conventions, etc.
8. National corporations specializing in children's services such as Mattel, Walt Disney Productions, Shakey's, Wendys, etc. should be encouraged to review their available resources and assist in launching programs for young people.
9. Each agency should develop incentive and recognition programs for its employees who work with the private sector in the development of new and innovative programs.
10. Employee Assistance Programs (EAP) should be encouraged to broaden counseling programs to include prevention/education for their employees, their families and their communities.
11. The Nancy Reagan Fund, previously established, has traditionally served to assist low income children in receiving proper treatment services. There is a need for another fund specifically for prevention purposes... the "Nancy Reagan Drug Prevention Fund."

COMMUNITY-BASED VOLUNTARISM AND PRIVATE SECTOR INITIATIVES

In the spirit of neighbor helping neighbor, individuals around the country have rallied to help make their communities a better place to live... a better place to raise their children. It is in this spirit that many thousands of volunteer parent and youth groups have formed across our nation to prevent the use of illegal drugs by young people. The National Federation of Parents for Drug-Free Youth, the Parents' Resource Institute for Drug Education (PRIDE), Reach America, America's PRIDE, and Just Say No are a few of the outstanding groups that have organized to help raise awareness about and prevent drug abuse.

In many cases these groups have organized with no federal money but with technical assistance, information and guidance from various agencies. In some cases, the federal government has offered a small amount of grant money to the organizations to help establish their programs. Consistently, the use of volunteers to expand federal programs and the support of volunteer groups have been extremely successful and cost effective.

An example of the value of such efforts is seen in the "Elks Drug Awareness Program," a program involving the 1.6 million members of the Benevolent and Protective Order of the Elks nationwide. A government agency designed a training manual for the Elks and conducted several regional training seminars for their membership. The program cost the agency virtually nothing, but to date the Elks have contributed over \$3 million to the campaign. Additionally, all members of the Elks are volunteering through their Elk Lodges, located in most communities across the country, to help in the fight against drug abuse.

The value of this campaign can be measured not only in dollars spent but also in the large amount of voluntary manpower mobilized.

The following recommendations are for the purpose of expanding voluntarism and community-based private sector initiatives in partnership with the government and ultimately for the private sector to assume this role independently. As with the corporate programs, it is important that the value of the technical assistance offered by the agencies not be underestimated in order to assure credibility and accuracy of the drug information and effectiveness of the program.

Recommendations:

1. White House conferences and briefings could be held to share information, ideas and model programs in drug use prevention with target groups such as religious leaders, youth group leaders, civic group leaders, etc.

2. Each agency should hold follow up mini-conferences or workshops on the local and regional levels.

3. Each agency should examine its own constituency groups and determine opportunities to train members of these groups in drug use prevention through workshops, already scheduled meetings, special events and material distributions.

4. Establish a centralized location with a toll-free number for the private sector to contact for technical assistance, information and general referrals. This would in no way become a resource center which would be in competition with the private sector groups.

5. Establish a Presidential or Nancy Reagan Speakers' Bureau which consists of expert government speakers on a variety of specific subject areas (i.e. urinalysis, health research, voluntarism, etc.) for the purpose of addressing conferences, meetings and general media requests. A separate list of private sector speakers could also be developed (i.e. business leaders who have launched model programs, physicians, celebrities, etc.). It is important that this speakers' bureau not be in conflict with the previously established Nancy Reagan Speakers' Bureau established by the National Federation of Parents for Drug-Free Youth, consisting of volunteer parent group leaders. This new speakers' bureau would coordinate its assignments with the existing bureau.

6. The White House Office of Public Liaison should include in each of its upcoming events presentations regarding drug use prevention.

7. Training and educational materials specifically geared towards targeted groups (i.e. ethnic groups, physicians, parents, teachers, etc.) should be developed and distributed.

REGULATORY RESTRICTIONS/LEGISLATIVE INITIATIVES

In order to successfully embark upon a more pro-active role in seeking out and encouraging private sector support for various initiatives, it is important to examine the regulatory restrictions of such activities. Agencies interpret the various restrictions regarding solicitation for funds and program support differently. Oftentimes, it is easier for an agency or federal official to simply not seek private assistance than to sift through, interpret or maneuver around the bureaucratic red tape and technical restrictions to this activity. While the law appears to clearly prohibit a federal employee from soliciting for funds in order to 1) increase their agency or program's budget or 2) gain personally, it is unclear regarding a federal employee's ability to seek private support for various private sector groups and programs and public/private partnerships. This is an extremely important issue to resolve. Realistically, it is rare that corporations seek out government agencies or programs to support; thus, regulatory and legislative restrictions affect each agency's ability to encourage corporate private sector initiatives.

Additionally, there are numerous restrictions and regulatory problems confronting the agencies relating to the "Competition and Contracting Act." For instance, a company that will donate its services in order to produce a major program but wishes the government to pay the "out of pocket" expenses, apparently has to wait for the agency to advertise its ideas for this project to the general public and compete for the award of a contract. More importantly, they have to be listed on the Department of Defense's approved list of contractors before they can bid on a government contract. Some major firms (i.e. film producers, etc.) would not be on such a list and therefore could not donate their services to the federal government.

Finally, both the Department of Defense (DOD) and the United States Information Agency (USIA) have certain restrictions on the domestic use of educational materials developed for the Armed Services Network and for international consumption. DOD may develop some public service announcements (PSAs) which would be appropriate for use by the general public or might agree to enter into an interagency agreement to share expenses with another agency in production of PSAs and documentaries if these restrictions were lifted. Similarly, USIA materials cannot be utilized domestically. USIA can be of great value in developing materials for Spanish speaking audiences abroad but these same materials cannot be used in the U.S., even though they were paid for with U.S. taxpayers' dollars.

Recommendations:

In order to address these issues and concerns, the Private Sector Prevention Task Force recommends the following:

1. The White House prepare and issue government-wide guidelines which clarify the federal employee's limitations in seeking corporate support and funds for various programs.

2. The White House request that GSA reevaluate the "Competition and Contracting Act of 1984," specifically the exceptions to full and open competition and request any necessary legislative changes or exemptions in order to facilitate a more conducive environment for corporate private sector initiatives. One suggestion might be to consider that any project where more than 50% of the "actual, reasonable costs" are being donated would be exempt from the competitive process.

3. The restrictions for limited use of materials developed by DOD and USIA be reexamined and reconsidered and any legislative changes or exemptions be considered.

SPECIAL PROJECTS

The following is a list of special projects in the private sector in need of expansion or development.

1. PRIDE National Resource Center- an Atlanta-based, nationwide resource center with toll-free number, is organizing an international youth movement, conducts school surveys and conducts an annual international conference.
2. National Federation of Parents for Drug-Free Youth- operates as an umbrella organization for networks of volunteer parent groups, nationwide; has a toll-free number; offers technical assistance to concerned parents and supports a youth movement.
3. State Parent Group Networks- groups of concerned volunteer citizens who have organized to establish coordinated statewide drug prevention programs.
4. Local Parent Groups- groups of concerned volunteer citizens who have organized to establish effective drug prevention programs, locally.
5. National Youth Movement
 - a. College Challenge- a youth group dedicated to organizing volunteer college students on every college campus.
 - b. High School Groups and Just Say No Clubs- various local and national volunteer youth groups who are organizing drug prevention programs.
6. Dissemination and development of materials and films for targeted audiences such as parents, physicians, students, pharmacists, teachers, etc.
7. State, regional and national prevention conferences.
8. National Media Campaign- consisting of public service announcements for radio, television and print media; documentaries; etc.
9. Provide experts to all major talk shows.
10. Conduct media training conferences (to educate journalists).
11. Statewide toll-free numbers in conjunction with volunteer parent groups featuring taped messages for after hours.
12. Workshops on self-sufficiency and private sector initiatives for volunteer parent groups in each state (Note: this could be a swat team approach).
13. School text books on drug use prevention and the health

consequences of illegal drug use.

14. Resource centers for libraries including films, books, articles, and brochures on drug abuse.

15. Send speakers and trainers for Legislators' and Governors' conferences.

16. Launch educational/informational program through the churches with particular emphasis on the Christian Broadcast Network and its constituency.

17. National fundraising campaigns such as the 7-Eleven campaign for muscular dystrophy.

18. Provide drug prevention comic books to elementary schools.

19. Conduct PRIDE survey on prevalence of drug use in every school.

20. Computerize PRIDE, NFP and Families in Action.

21. Establish Nancy Reagan scholarships for medical students who wish to follow a career in drug abuse prevention.

22. Encourage civic group activities in drug use prevention.

23. Eliminate paraphernalia and magazines promoting drug use from places of business.

24. Promote campaign with nationwide distribution of T-shirts, bumper stickers, posters, etc.

25. Support and assist in expanding the Drug Enforcement Administration's program to educate all coaches.

26. Support international youth conference at PRIDE.

27. Comic Relief Day- encourage the writers of newspaper comic strips to produce a day of drug-free and anti-drug messages through their comic strips.

MISCELLANEOUS RECOMMENDATIONS

1. Withdraw federal funding if the state does not require the school system to have an adequate drug prevention program.

2. Withdraw federal funding if the state enacts legislation which allows for decriminalization, cultivation or possession of any controlled substance which otherwise is deemed an illegal activity by federal law.

Toward A Drug Free Society: Drug Abuse Research, Education, and Intervention
OVERVIEW

Goal: Reduce Demand

- o Zero tolerance for drug use in society
- o No drug use in schools or workplace
- o Encourage (force) drug users out of market and keep them there. [Goal: 50 percent reduction in users]
- o Societal attitude of "utter unacceptability" of drug use

Epidemic vs. Endemic Drug Use

- o Epidemic
 - Rapid increase in drug use over the past 25 years
 - Entry of drugs into schools, workplace, social activity with fairly general tolerance of use ("a victimless crime")
- o Endemic
 - Hard core layer of addiction that predated current epidemic and which is closely associated with social, economic, psychological, educational, and medical factors. Much more difficult and expensive to treat. May require long term (or permanent) institutionalization (incarceration) for some.

Intervention: Focus on Prevention and Cessation of Early Use

- o Primary Prevention
 - No alcohol, tobacco, or drug use by children and adolescents
- o Cessation of Early Use — (see "minimal demand," Table II)
 - to avoid progression to advanced levels of use
 - to eliminate contagion. New users are usually introduced to drug use by peers in early stages of use who seem to be functioning well and showing no signs of difficulty. Key to stopping epidemic is to deal firmly with these seemingly casual users.
 - to intervene when demands on resources are minimal or modest (see Tables III and IV)
 - to take advantage of private sector cost offsets: personal finances; Employee Assistance Programs; private insurance
 - easiest return to fully productive tax paying lives
- o Associated Considerations
 - *115 K-Routine* - AIDS
 - Waiting Lists for Treatment

Magnitude of Effort

o Research	\$ 33 million	<i>offset 12</i>
o Primary Prevention and Epidemiology	28 million	<i>10</i>
o Secondary Prevention (pushing users into abstinence)	<u>60 million</u>	
Subtotal	\$121 million	
o Support other Federal Efforts		
- HHS/DED	4 million	<i>offset</i>
- HHS/DoL/OPM	<u>5 million</u>	<i>offset</i>
Total	<u>\$130 million</u>	

legislation:

1) Block Grant - Remove ties - 80%

2) Waxman/Dingell - Agency for Substance Abuse

TABLE I

ESTIMATED NUMBERS OF CURRENT USERS (within past 30 days)*

AGE	<12	12-17	18-25	26-40	> 40
<u>DRUG GROUP</u>					
Primarily Opioids	2,500	10,000	190,000	200,000	100,000
Cocaine					
Non-Freebase	(50%)120,000	(55%)380,000	(65%)1,560,000	(78%)655,000	(80%)400,000
Freebase, Including "Crack"	(50%)120,000	(45%)310,000	(35%) 840,000	(22%)185,000	(20%)100,000
<u>Total</u>	<u>240,000</u>	<u>690,000</u>	<u>2,400,000</u>	<u>840,000</u>	<u>500,000</u>
Opioids Complicated by Cocaine	These Individuals are Included in the Two Categories Above				
Primarily Marijuana	886,000	2,660,000	8,990,000	5,859,000	2,511,000
Primarily Alcohol	2,068,000	6,210,000	22,250,000	28,704,000	43,056,000
Primarily Sedatives/ Stimulants/Other	300,000	900,000	2,380,000	1,064,000	116,000
Opioid/Alcohol/Poly-drug	These are Included Among Category IV Opioid/Cocaine Users				

* Because many individuals use more than one substance, there is great overlap and the total shown here far exceeds the number of unduplicated individuals who have used various drug categories.

TABLE II

RESOURCE DEMAND DISTRIBUTION WITH DRUG USE
CATEGORIES FOR RECENT USERS (last 30 days)

(Resource demand is a higher order category that incorporate co-existing pathology, social disability, and severity of dependence)

<u>Category</u>	<u>Description of Syndrome and Likely Resource Demand</u>
I	<u>Minimal demand</u> - responds to threat of urine testing, admonitions of employer, wife, etc., some counseling, modest supervision.
II	<u>Modest demand</u> - requires range of drug-related treatment, inpatient, outpatient, detoxification, therapeutic community, oral methadone, drug counseling, private therapy, naltrexone or pharmacological supports for cocaine, etc.
III	<u>Extraordinary demand</u> - severe dependence or psychopathology requiring special services (e.g., psychotherapy beyond that available in clinic settings, but ultimately when such services are provided these individuals respond by improving).
IV	<u>Maximal demand/minimal response</u> - social impairment/psychopathology exceeds the level that can be successfully addressed by current methods - requires chronic care, compulsory confinement.

TABLE III

EXPECTED RESOURCE DEMANDS AMONG INDIVIDUALS USING THIS DRUG CATEGORY OVER LAST 30 DAYS
 PRIMARILY COCAINE

Resource Demand Categories

<u>67%</u> <u>I</u>	<u>17%</u> <u>II</u>	<u>8%</u> <u>III</u>	<u>8%</u> <u>IV</u>	<u>Intervention Resource Description</u>	<u>Cost/Slot/ Year</u>	<u>Days/Episode</u>	<u>Throughput</u>	<u>Cost/Episode</u>
20	5	2	1	Self Help	N/A	180	2	N/A
5	30	15	8	Outpatient Psychotherapy	7500	60	6	1250
0	30	25	17	Outpatient Psychotherapy plus Pharmacotherapy	8500	90	4	2125
0	25	30	30	Non-medical Residential (e.g., Hazelton)	75,000- 100,000	21	16	4688-6250
0	6	10	15	Non-medical Residential - Concept House	13000	120	3	4333
0	3	18	29	Medical/Psychiatric Inpatient	120,000	21	16	7500
75	0	0	0	Employee Assistance Programs Urine Screening/ Minimal Counseling	3000	60	6	500

* Total cocaine use consists of both free-base (including "crack") and non-free-base forms. Our very rough estimates are that at present about 2/3 of users are still involved with non-free-base forms and about 1/3 are being exposed to free-base, including "crack." The estimates of resource demand shown in this Table are for non-free-base forms. We estimate that for free-base and cocaine, the percentage of those users in category I would drop to 30% and those in categories II, III and IV requiring more extensive services would rise to 70%. The distribution of resource categories also differs by age group and education; thus among Federal workers, we would expect more than 90% of recent users to be in category I.

TABLE IV

EXPECTED RESOURCE DEMANDS AMONG INDIVIDUALS USING THIS DRUG CATEGORY OVER LAST 30 DAYS
 PRIMARILY OPIOIDS

Resource Demand Categories

<u>15%</u> <u>I</u>	<u>30%</u> <u>II</u>	<u>30%</u> <u>III</u>	<u>25%</u> <u>IV</u>	<u>Intervention Resource</u> <u>Description</u>	<u>Cost/Slot/</u> <u>Year</u>	<u>Days/Episode</u>	<u>Throughput</u>	<u>Cost/Episode</u>
0	35	10	5	Methadone Outpatient Category II	2500	180	2	1250
0	0	30	50	Methadone Category III & IV	7500	180	2	3750
0	15	20	20	Outpatient Detoxification (with or without methadone)	3000	30	12	250
0	10	10	10	Non-medical Therapeutic Community or Concept House	10,000	120	3-4	2500-3333
0	2	5	5	Hospital Inpatient Detoxification (approx. \$265/day)	120,000	7	52	2308
5	10	10	10	Outpatient Post-withdrawal Treatment (e.g., naltrexone)	3500	90	4	875
0	4	5	3	Medically Augmented Concept House (e.g., Second genesis)	15,000	120	3	5000
5	10	5	5	Outpatient - Drug Free (primarily non-medical)	2000	60	6	333
5	1	2	0	Other - Private Psychotherapy (psychologist, social worker, etc.)	N/A	90	4	N/A
10	3	3	2	Other - Self Help	N/A	180	2	N/A
75	10	0	0	Employee Assistance/Urine Testing, On-job Counseling, School Counseling	3000	60	6	500

Assumptions about distributions within resource demand categories. Category I, 15% (75,000); Category II, 30% (150,000); Category III, 30% (150,000); Category IV, 25% (125,000).

TABLE V

PRIMARILY COCAINE

Cumulative

	No.	%	Amount	No.	%	Amount
Self Help	676,683	14%	0	676,683	14%	0
Employee Assistance Programs	2,346,675	50%	1,173,337,500	3,023,358	65%	1,173,337,500
Outpatient Psychotherapy	480,543	10%	600,678,750	3,503,901	75%	1,774,016,250
Outpat. Psycho. + Pharmacotherapy	395,082	8%	839,549,250	3,898,983	83%	2,613,565,500
Non-med. Res. Concept House	141,034	3%	611,100,322	4,040,017	87%	3,224,665,822
Non-medical Residential	422,635	9%	2,311,390,815	4,462,652	96%	5,536,056,637
Medical/Psychiatric Inpatient	199,409	4%	1,495,567,500	4,662,061	100%	7,031,624,137
Subtotal, Cocaine	4,662,061	100%	7,031,624,137			
Category I	3,128,900	67%	1,368,893,750	3,128,900	67%	1,368,893,750
Category II	785,961	17%	2,274,309,147	3,914,861	84%	3,643,202,897
Category III	373,600	8%	1,547,731,400	4,288,461	92%	5,190,934,297
Category IV	373,600	8%	1,840,689,840	4,662,061	100%	7,031,624,137
Subtotal, Cocaine	4,662,061	100%	7,031,624,137			

PRIMARILY OPIOIDS

Cumulative

	No.	%	Amount	No.	%	Amount
Other - Private Psychotherapy	8,291	2%	0	8,291	2%	0
Other - Self Help	19,095	4%	0	27,386	5%	0
Outpatient Detoxification	77,888	15%	19,471,875	105,274	20%	19,471,875
Outpatient - Free Drug	32,663	6%	10,876,613	137,936	27%	30,348,488
Employee Assistance	71,606	14%	35,803,125	209,543	41%	66,151,613
Outpatient Post-withdrawal	46,481	9%	40,671,094	256,024	50%	106,822,706
Methadone Outpatient Cat. II	74,119	14%	92,648,438	330,143	64%	199,471,144
Hospital Inpatient	16,834	3%	38,852,295	346,976	67%	238,323,439
Non-Medical Therapeutic	42,713	8%	124,571,006	389,689	76%	362,894,445
Methadone Categories III, IV	108,038	21%	405,140,625	497,726	97%	768,035,070
Medically Augmented Concept	17,336	3%	86,681,250	515,063	100%	854,716,320
Subtotal, Opioids	515,063	100%	854,716,320			
Category I	75,375	15%	32,818,275	75,375	15%	32,818,275
Category II	150,750	29%	178,429,208	226,125	44%	211,247,483
Category III	150,750	29%	310,725,900	376,875	73%	521,973,383
Category IV	138,188	27%	332,742,938	515,063	100%	854,716,320
Subtotal, Opioids	515,063	100%	854,716,320			

Activities

1. Community Systems Development Projects (\$70 Million)

- o Provide short-term financial assistance (on a matching basis with a declining Federal share) to communities to assist them in mobilizing comprehensive, integrated efforts to reduce drug use. Build on existing public and private sector institutions. Develop a permanent capability which can be sustained by the States and communities themselves. Anticipated outcomes: integration of alcohol and drug abuse into the mainstream of health care; involvement of all segments of society--the school, the workplace, the church, the health care system, the criminal justice system, civic and voluntary associations, the media, and all levels of Government--to enhance local systems capacity and capability; establishment of coordinated alcohol and drug abuse prevention and treatment systems nationwide.

2. National Center (\$15 million)

- o Establish a National Center for Prevention, Education, and Early Intervention Services to strengthen coordination of Federal activities with public and volunteer efforts and to disseminate knowledge gained from prevention research and treatment through a statewide prevention network. Provide immediate aid to communities in drug crisis through rapid response technical assistance, needs assessment, and advice on effective prevention strategies.

3. Epidemiology and Surveillance (\$3 million)

- o Develop enhanced epidemiology and surveillance systems to assure comprehensive tracking of the incidence and prevalence of alcohol and drug use and improved identification of risk factors and risk groups

4. Research (\$33 million)

- o Develop better and more effective methods of preventing, detecting, diagnosing, and treating illicit drug use and intervening with high risk children and adolescents
- o Develop alternative, improved, and less costly drug detection mechanisms. Develop national accreditation system for laboratory testing

5. Support for Other Department Efforts

- o Department of Education/HHS develop national demonstration projects and an integrative plan to establish and maintain drug-free schools, colleges, and universities in order to maximize the potential for students to become productive citizens
- o Department of Labor/OPM/HHS activities to facilitate the development of Employee Assistance Programs and to implement model drug and alcohol demonstration efforts at the workplace

COMMUNITY SYSTEMS DEVELOPMENT PROJECTS

- Goals:
- o Enhance public awareness and understanding of the problems of drug and alcohol use.
 - o Foster attitude changes that deglamorize drug and alcohol use.
 - o Make illicit drug use utterly unacceptable.
 - o Create drug free communities

Population Focus: Non-user and early initiator populations

Objective: Support model community systems development projects that feature:

- a) coordination of community-wide activities relevant to prevention, education, and early intervention services, including integrative early identification, referral, and services delivery systems
- b) linkage of all relevant social and familial institutions (i.e., criminal justice, business and industry, religious, educational, social services)
- c) innovative community coalitions of public and private organizations (i.e., community recreational facilities, public housing, volunteer organizations, health care systems, welfare units)
- d) focused activities on at-risk populations who exhibit high-risk behaviors. Such targetting has the highest potential for cost-offset and cost-benefit to society.
- e) surveillance and monitoring systems to rapidly identify changes in incidence and prevalence rates
- f) programs that address the needs of school-age youth who are not in traditional public or private school settings. Specific at-risk groups include runaways, ethnic minority youth, youth in the juvenile justice system, and youth in alternative schools or state training schools.
- g) development of community model standards and community intervention guides. This includes adoption of specific local level goals, objectives, and activities according to a community needs assessment profile.

Budget: \$70.0 M
14 FTEs

NATIONAL CENTER FOR PREVENTION, EDUCATION, AND EARLY INTERVENTION SERVICES

Goal: Establish within DHHS (ADAMHA) a National Center for Prevention, Education, and Early Intervention Services as the lead Departmental unit for the collection and dissemination of accurate and timely information, model programs, and resources to address alcohol and drug issues. The Center will be responsible for developing and implementing national training programs, prevention and intervention materials development and dissemination, and clearinghouse functions. This Center will liaison with other Federal units responsible for elements of the enhanced demand reduction strategy (The President's Initiative on Drug Abuse).

Population Focus: Non-users and early initiator populations

Objective: Develop programs to bring alcohol and drug problem awareness, recognition, and early intervention services into the mainstream of primary health care.

Objective: Disseminate information to State and local organizations in support of their efforts to develop and implement prevention, education, and early intervention programs. Innovative early intervention and prevention programs developed through the research and evaluation component of the initiative will be rapidly disseminated.

Objective: Ensure that accurate programs and messages reach citizens through public print and electronic media (TV, radio, newspapers, magazines).

Objective: Ensure that every State has a broad-based system for coordination of focused alcohol and drug programs. This is to include support of existing networks and organizations (i.e., NPN, NFP) as well as fostering the development of needed coalitions and task forces where gaps exist.

Objective: Establish a national prevention training center to ensure the training of "gatekeepers" at the community level (i.e., police, teachers, probation officers, social workers, judges, parents, clergy, primary care professionals, etc.). This unit will be responsible for developing and disseminating manuals, handbooks, and training materials.

Objective: Provision of rapid response/crisis response technical assistance teams to State and local organizations in support of their immediate needs to develop and implement prevention, education, and early intervention programs. This approach is based on the CDC Epidemic Intelligence Services (EIS) model.

Budget: \$15.0 M
18 FTEs

EPIDEMIOLOGY AND SURVEILLANCE

- Goal: Improve and expand epidemiologic surveillance systems and investigation capability to ensure comprehensive tracking of the prevalence of alcohol and drug use and related behaviors at the national, State, and local levels.
- Objective: Establish new epidemiologic surveillance systems to monitor drug abuse in populations, such as schools and colleges; juvenile and adult criminal justice; military; the workplace; life transition points, such as at time of birth and marriage; and hidden populations, such as high school dropouts, runaways, and the homeless. Evaluate the use of sentinel health events to measure the impact of drug abuse (i.e., criminal activity, motor vehicle accidents, intentional and unintentional injuries).
- Objective: Establish rapid turn-around survey methodologies, such as telephone surveys and public opinion polls to measure the impact of drug issues. Work with CDC to enhance drug abuse components of the behavioral risk factor surveillance system (BRFS).
- Objective: Establish a demonstration project to test surveillance and other data gathering techniques to permit identification of at risk groups for drug and alcohol use as well as early experimenters with drugs and alcohol.
- Objective: Develop an ongoing epidemiologic surveillance and investigation capability to identify new and emerging drugs of abuse by establishing a national reporting database from treatment programs, health facilities, hot lines and crisis centers, and law enforcement offices based on toxicology screenings, urinalysis, street drug analysis, intelligence reports, and ethnographic research.
- Objective: Establish the capability to conduct field investigations of acute drug-related outbreaks which threaten public health in the communities and improve epidemiologic surveillance at the State and local community level, by expanding technical assistance and collaboration with State and local officials (rapid deployment mechanisms), providing epidemiology training to community-based drug abuse researchers and other professionals, and encouraging the establishment of a State drug abuse epidemiologist in each State.
- Budget: \$3.0 M
8 FTEs

RESEARCH

Goal: TO DEVELOP INNOVATIVE, COST-EFFECTIVE TREATMENT PROGRAMS.

Current treatment research has been concentrated on the evaluation of established narcotic treatment techniques. Relatively little research is being conducted on innovative treatments for newer drug problems (cocaine dependence, adolescent drug dependence, AIDS risk reduction). We propose to establish at NIDA's intramural research program (ARC) a model adult and adolescent in- and out-patient treatment research program focusing on cocaine and IV drug users. Extramural research capacity will be increased to develop and evaluate innovative treatment techniques for cocaine and heroin abusers based on new knowledge of the biological and behavioral bases of drug abuse. This will include an emphasis on alternatives to methadone maintenance such as depot naltrexone and buprenorphine. Further expansion of extramural research on cocaine and controlled substance analogs and their toxic effects will also be initiated.

BUDGET: \$11,400,000 FTE: (27)

Goal: TO DEVELOP A PROGRAM TO EVALUATE THE EFFICACY OF CURRENT TREATMENT

A variety of treatments, including the use (alone and in combination) of drugs such as bromocriptine, amantadine, imipramine, and behavioral therapy and psychotherapy are currently being used to treat cocaine addiction. Specialized treatment research laboratories will be established to evaluate the efficacy of these treatment approaches. The results of this research will provide a rational basis for choosing the most cost-effective treatment for specific clients.

BUDGET: \$8,100,000 FTE: (2)

Goal: TO DETERMINE THE EFFICACY OF PREVENTION PROGRAMS

In collaboration with state and local agencies, programs funded under the Community Systems Development Project will be identified for evaluation. These programs will emphasize the school, the family, and the worksite as points of contact, and the preadolescent, adolescent and young adult as the focus of concern. The efforts will involve both evaluation of efforts to prevent the initiation of drug and alcohol use and the development of early intervention strategies targeted at the potential drug user and his or her family.

BUDGET: \$5,700,000 FTE: (3)

Goal: TO IDENTIFY CHILDREN AT RISK FOR DRUG AND ALCOHOL ABUSE

Recent studies have shown that the way children respond to the first year in school is predictive of teenage and adult problems. Aggressiveness, such as not obeying rules, truancy, and fighting with classmates often is associated with problems such as drug and alcohol abuse and delinquency later in life.

We propose to fund research to improve and determine the validity of identification criteria and the effectiveness of various interventions to avert the development of drug and alcohol problems in such high risk children. Further, we propose to expand our current extramural research on the biological and behavioral bases of illicit drug use with special emphasis on investigations of the social, behavioral, genetic, and biomedical factors underlying "invulnerability" to drug abuse.

BUDGET: \$4,100,000 FTE: (3)

Goal: DEVELOP VALID AND RELIABLE DRUG SCREENING METHODS AND PROGRAMS

HHS will develop standardized procedures for monitoring quality control for drug testing of urine. Working with the private sector, we will develop procedures to certify the proficiency of laboratories to perform these analyses. Further research will be conducted to develop more sensitive systems of analysis that may be useful as a diagnostic methodology for drug abuse. In addition, non-invasive technologies, designed to assess specific motor and cognitive performance effects of abused drugs, will be developed.

BUDGET: \$3,700,000 FTE: (3)

ADAMHA CONSULTATION/TECHNICAL ASSISTANCE WITH OTHER DEPARTMENTS

Department of Education

ADAMHA will provide technical assistance, consultation, and support for the development of a school-based element that focuses on the enhancement of student competencies as well as the development of school climates and support systems (e.g., peers/faculties/teachers) that make children more resistant to drugs and more committed to positive school/social adjustment.

Such efforts will include development and dissemination of 1) a comprehensive program of school health for all children (including instruction in the health and social dangers associated with tobacco, alcohol and drug use) designed to develop self efficacy as a way of making children resistant to social forces that lead to drug and alcohol use (i.e., make children capable of identifying and resisting peer pressure); 2) specific intervention programs designed for youth who present a profile of antecedent risk factors for substance abuse; and 3) specific programs for youth who are early initiators (experimenters).

Budget

\$4 M

Department of Labor/Office of Personnel Management

ADAMHA will provide technical assistance, consultation, and support for the development of public health - business/industry partnerships. ADAMHA will encourage specific expansion of the role of EAPs into preventive activities. Support will be provided for the development of prevention-oriented EAPs in industries that historically have been resistant to developing such programs (e.g., small business).

Such endeavors will encourage worksites to develop support programs for the maintenance of no-use drugs/non-abuse alcohol behaviors of employees who may previously have engaged in casual to moderate use of drugs or alcohol abuse. Model worksite drug and alcohol demonstration projects will be encouraged and supported by this activity.

Budget

\$5 M

House Panels Vote Ammo for War on Drugs

House committees completed work Aug. 13 on a \$3.75 billion package to help the nation fight its latest war on illegal drugs.

The Judiciary, Merchant Marine and Fisheries, and Education and Labor committees each approved separate packages of anti-drug-abuse legislation Aug. 12 and 13, while two other committees — Post Office and Civil Service, and Public Works — sent informal recommendations for inclusion in a bipartisan omnibus drug bill taking shape under the direction of Majority Leader Jim Wright, D-Texas.

In an effort to beat President Reagan on the public relations front, Speaker Thomas P. O'Neill Jr., D-Mass., July 23 directed Wright to have a bill ready for the Rules Committee by Sept. 9, the day after the House returns from its August recess. Full House consideration is scheduled for Sept. 10.

Meanwhile, Reagan continued his own anti-drug campaign. Vice President George Bush and 78 top White House officials took voluntary drug tests Aug. 11 "to set an example." Reagan took his test Aug. 9 during a checkup at the Bethesda Naval Hospital.

On Aug. 14, following two days of meetings with Mexican President Miguel de la Madrid, administration officials announced "Operation Alliance," which calls for an infusion of equipment and personnel to patrol the border in an effort to stem the flow of illegal drugs. (*Mexican talks*, p. 1883)

Not to be outdone, a bipartisan group of House members, led by Charles E. Schumer,

—By Julie Rovner

D-N.Y., and Lynn Martin, R-Ill., announced Aug. 11 that the four major networks (ABC, NBC, CBS and CNN) have agreed to undertake a three-year, \$1.5 billion advertising campaign to educate the public about the dangers of illegal drugs. The campaign, scheduled to begin in October, came as a result of a letter written by Schumer and Martin and signed by more than 338 other House members.

Money and Politics

Wright now faces the task of compiling the new committee recommendations, along with those of the four panels that marked up and reported bills in previous weeks, into a comprehensible, comprehensive piece of legislation. (*Previous committee action*, *Weekly Report* p. 1847)

As he does so, Wright must take

care not to damage the bill's tenuous bipartisan support. Wright has been keeping in close touch with House Minority Leader Robert H. Michel, Ill., and members of a Michel-appointed Republican drug task force headed by Jerry Lewis, Calif.

"I'm very pleased with the recommendations we've gotten so far," Wright said Aug. 14 after a meeting with Michel. "And I'm very pleased with the degree of bipartisanship we've been able to maintain."

Wright said he would not seek a closed rule for the bill, but would ask the Rules Committee to allow "reasonable opportunities to beef up or pare down" the package.

The overriding issue threatening the current bipartisan harmony is money. Six committees have authorized a total of \$1.92 billion for fiscal

1987 and more than \$3.75 billion over three years. The 1987 spending will require a supplemental appropriations bill, since the House has already passed most of its regular appropriations bills.

Such figures in a time of massive budget deficits have drawn the wrath of a number of Republicans who accuse Democrats of trying to solve the drug problem by throwing money at it.

"There's not any question that a couple of billion dollars is an awful lot more than we need to do an effective job," said Lewis at an Aug. 14 press conference to announce the Republican task force position on the package.

But Wright insists that he will not impose an arbitrary spending ceiling on the bill, and that he doesn't expect the price tag to cost the

Omnibus Drug Proposal Highlights

Following are highlights of proposals by more than half a dozen House committees for omnibus legislation to prevent and combat drug abuse:

Drug Sources. Deny trade benefits to uncooperative drug-source nations. Earmark \$10 million in foreign military aid for drug interdiction and eradication efforts. Allow U.S. law enforcement agents to be present when drug traffickers are apprehended in foreign nations.

Interdiction. Expand search and seizure powers of U.S. Customs Service and authorize nearly \$1 billion over three years to beef up Customs' air interdiction program. Authorize an extra \$300 million in fiscal 1987-88 for Coast Guard drug detection and interdiction activities.

New Crimes. Crack down on "money laundering" transactions by individuals, banks and credit institutions that involve cash proceeds of drug trafficking and other crimes. Ban manufacture and sale of "designer drugs," near-duplicates of illegal narcotics; prohibit use of children to manufacture or distribute drugs; bar mailing of controlled substances.

Enforcement. Authorize \$100 million in grants for state and local drug enforcement activities and \$60 million for Drug Enforcement Administration efforts. Permit state and local inspection of aircraft registration.

Stiffer Penalties. Set minimum mandatory prison sentences for the most serious drug offenses, increase sentences for lesser crimes and impose fines of up to \$10 million for drug traffickers.

Prison Construction. Authorize \$1.14 billion over three years for construction and staffing of new federal prisons.

Education and Prevention. Authorize \$350 million annually in grants to schools to develop drug abuse education and prevention programs. Authorize \$180 million in fiscal 1987 for a federal Agency for Substance Abuse Prevention.

bill support.

"Drug traffickers don't have any arbitrary ceiling on how much money they drain from our economy," said Wright. "Obviously it's going to cost some money, but the American public expects no less."

And more than a few Republicans seem to agree. "If we can get a handle on the problem and come up with a good program for \$3 billion, I as one member would support it," said E. Clay Shaw Jr., Fla., whose district has more than its share of drug-related problems.

Added Bill McCollum, another Florida Republican, "Money's not the bottom line in this fight. The bottom line is we have to get tough in law enforcement and we have to get the word out in education in a way that's effective."

Asked where the money was going to come from, Wright replied with a smile: "From the same place that \$300 billion for weapons comes from."

Role of Military

Another potential sticking point is the role of the military in the drug war. "We have a great power out there and we spend a great deal of money on it, and I think it's incumbent that we use it to the maximum extent practicable," said Shaw.

But many members from both parties fear that involving the military too much in the drug war could impair its combat readiness. Others oppose use of the military for civilian law enforcement within the nation's borders.

Adding to those troubles is the fact that the Armed Services Committee, tied up all week with the defense authorization bill (HR 4428) on the House floor, was unable to complete action on its contribution to the drug package. (*Defense bill*, p. 1869)

Wright said he and Michel did not reach a firm agreement about how to deal with the Armed Services problem, but one possibility being explored was to ask the White House to prepare a study and report back within 90 days its idea of the appropriate division of authority between the military, the National Guard and law enforcement agencies.



The U.S. Customs Service is on the front lines of the battle to intercept drugs being shipped illegally into the United States.

New Prisons, State Aid

The most costly portion of the drug package was approved by the Judiciary Committee Aug. 13. The committee July 29 had approved five drug-related proposals, including one (HR 5217) to make it harder for drug dealers to "launder" their profits through banks and other financial institutions. (*Weekly Report* p. 1749)

The two new bills (HR 5393, HR 5394), approved by voice vote after a six-hour markup, provide increased authorizations for drug enforcement and construction of new federal prisons, and stronger penalties for those convicted of drug-related offenses.

As approved by the Crime Subcommittee Aug. 11, HR 5393 increased the authorization for the Drug Enforcement Administration (DEA) by \$60 million for fiscal 1987, adding 543 new positions. It also created a new grant program to aid state and local drug enforcement efforts. The bill authorized \$100 million for the grant program in fiscal 1987 and \$200 million in 1988.

The full Judiciary Committee, not wanting to be outdone by other committees with smaller anti-drug jurisdiction, quickly upped the ante. By the time its spending spree was over, the committee had added well over \$1 billion to the total price tag.

"To provide less [funding authority than other committees] really makes no sense," said Chairman Peter W. Rodino Jr., D-N.J.

Committee Republicans — as well as some Democrats — expressed concerns that the House might be unable or unwilling to pass such expensive legislation, given the fiscal constraints facing members. But in the end, they could not resist the chance to attack such longstanding problems as overcrowded federal prisons.

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"Our last priority should be for us to share money we don't have with states to do what they won't spend their own money on," the California Republican said.

John Bryant, D-Texas, sought a compromise, suggesting spending \$100 million on U.S. attorneys and new prison construction without eliminating the grant program. But when some members said that the \$69 million Bryant designated for prison construction was not enough to make a dent in a system that is already more than 47 percent overcrowded, the committee boosted the total to \$164 million — the amount the administration originally sought for the Federal Bureau of Prisons for fiscal 1987.

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"This sends a message to people involved in drug trafficking that if you get caught, you're going to go to jail for a long time — no plea bargain, no parole," said Crime Subcommittee Chairman William J. Hughes, D-N.J.

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Allowing capital punishment, argued Gekas, is "a natural extension of the war on drugs we are waging."

But committee Democrats, many of whom said they generally supported capital punishment, worried that the amendment could end up derailing the entire drug package.

"I can't think of a better way to kill this bill than to tack a death penalty onto it," said Hughes.

Gekas' amendment was ultimately rejected 16-19, with Bryant and Smith joining the Republicans.

On a straight party-line vote, the committee also refused, 14-21, to adopt a McCollum amendment to permit plea bargaining after conviction in exchange for information that could lead to the conviction of a higher-up in a drug organization.

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The Merchant Marine Committee Aug. 13 approved a bill (HR 5406) authorizing \$150 million in each of fiscal years 1987 and 1988 for Coast Guard drug enforcement activities.

The \$300 million package authorizes \$132 million for operating expenses — including the addition of 1,500 military personnel, the bulk of whom will be used to augment shore station crews — and \$168 million for drug interdiction equipment.

The equipment would be used primarily to allow the Coast Guard to carry out air surveillance operations over the high seas. The legislation asserts the primacy of the Coast Guard over the Navy in carrying out drug-fighting activities, including surveillance operations.

The bill explicitly labels the funding package an "authorization enhancement" — money over and above any other amounts to be given to the Coast Guard in fiscal 1987 and 1988.

Committee members are especially sensitive about funding for traditional search and rescue missions. "I, for one, do not believe that the lives of New England fishermen or Great Lakes boaters should be lost because Coast Guardsmen who should be stationed in those areas have been called to the Caribbean to interdict marijuana or anything else," declared Gerry E. Studds, D-Mass.

But committee leaders acknowledged that the additional funds were not tied to any specific revenue source. Asked by Claudine Schneider, R-R.I., how the spending would be financed, Chairman Walter B. Jones, D-N.C., replied, "I assume we'll continue to spend money that we don't have."

Education Programs

The Education and Labor Committee Aug. 12 voted to create a \$350 million-per-year grant program for schools to develop drug abuse education and prevention programs.

By voice vote, the committee ordered reported HR 5378, its contribution to the omnibus drug package.

Members from both sides of the aisle seemed to take pains to maintain the spirit of bipartisanship encouraged by the House Democratic and Republican leadership. The cordiality was in marked contrast to the partisan sniping that had characterized the drug legislation markups of other House committees a week earlier.

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mittee Chairman Augustus F. Hawkins, D-Calif., the bill's sponsor.

The bill creates a grant program to provide state education agencies with funds to "establish, operate and improve" drug abuse education and prevention programs at the elementary and secondary school levels. The House version of the fiscal 1987 appropriations bill covering education (HR 5233) requires schools to set up such programs or face a federal fund cutoff. (*Weekly Report* p. 1771)

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As approved by the committee, the bill:

- Allows states receiving grant money to award funds to local educational agencies for the development of drug abuse education and prevention curricula; counseling programs; drug abuse treatment referral; in-service training for teachers, counselors, law enforcement officials and community leaders; and community education programs for parents.

- Requires the education secretary to establish a drug education and prevention program that includes a national media campaign; programs involving sports and entertainment figures, medical professionals and former drug users; and community education for parents.

- Requires the education secretary to establish a clearinghouse to collect and disseminate information to educational agencies on successful drug education and prevention programs and to provide technical assistance on the selection and implementation of such programs.

- Authorizes \$350 million for each of fiscal years 1987-89.

Among the amendments adopted by the committee were:

- By E. Thomas Coleman, R-Mo., to create a National Advisory Council on Drug Abuse Education and Prevention to "attract and focus national attention on drug-related problems."

- By Rod Chandler, R-Wash., to require the secretary of labor to conduct a two-year study on the incidence of drug abuse in the work place and efforts to assist workers.

The only partisan skirmish concerned another Coleman amendment

Senate Gives Claiborne September Trial Date

The Senate Aug. 14 established a timetable and procedures for conducting the impeachment trial of U.S. District Judge Harry E. Claiborne of Nevada, who is currently serving a two-year prison term for tax evasion.

It will be the first impeachment trial since 1936 and the first ever to make use of a special 12-member committee to collect evidence. All previous impeachment trials were conducted before the full Senate.

In a brief ceremony with Vice President George Bush presiding, members of the Senate took a special oath for the impeachment trial. Only Sen. Barry Goldwater, R-Ariz., was absent.

Majority Leader Robert Dole, R-Kan., said he wants the proceedings to be under way by Sept. 15 "at the latest," and would like the Senate to begin final deliberations by Sept. 29.

Claiborne, who began serving his prison term in May, has refused to resign and can be removed only through the impeachment process. He continues to receive his \$78,700 annual salary.

The House unanimously approved four articles of impeachment, or charges, against Claiborne July 22. Three are based on his conviction on two counts of filing false tax returns and the fourth charges that he brought the federal judiciary into disrepute.

The articles were formally presented to the Senate Aug. 6 by House Judiciary Committee Chairman Peter W. Rodino Jr., D-N.J., head of the nine "managers" who will act as prosecutors. (*Weekly Report* p. 1846)

Claiborne and his lawyer, Oscar Goodman of Las Vegas, contend the judge was a victim of overzealous federal agents anxious to force him off the bench because he ruled against them in some cases. Goodman has filed a motion for a new trial and wants to use the Senate to flesh out the claim of government misconduct.

Whether Goodman will have that chance will be up to the special committee and the Senate.

Under Senate impeachment rules, the committee can gather evidence and present a report to the full Senate. However, the committee cannot make a recommendation on whether to convict the impeached official. In addition, the Senate has the right to summon its own witnesses and to hear testimony.

The committee is made up of six Republicans named by Dole and six Democrats named by Minority

Leader Robert C. Byrd, W.Va. All are lawyers.

The Republicans are: Orrin G. Hatch, Utah; Charles McC. Mathias Jr., Md.; Mitch McConnell, Ky.; Larry Pressler, S.D.; Warren B. Rudman, N.H.; and John W. Warner, Va. Hatch, Mathias and McConnell are members of the Judiciary Committee. Rudman is a former state attorney general.

The Democrats are: Jeff Bingaman, N.M.; Dennis DeConcini, Ariz.; Albert Gore Jr., Tenn.; Howell Heflin, Ala.; David Pryor, Ark.; and Paul S. Sarbanes, Md. Heflin is a former chief justice of the Alabama Supreme Court. Bingaman is a former state attorney general. Sarbanes served on the House Judiciary Committee in 1974 when it voted articles of impeachment against President Richard M. Nixon.

The committee will select its own chairman and vice chairman.

In setting a schedule for the trial, Dole said he wants the committee to be prepared to take testimony by Sept. 15 and to have a printed report by Sept. 26. He wants the Senate to begin consideration of the report Sept. 29 "or as soon thereafter as possible," he said.

On Aug. 12, the Senate Rules Committee approved revisions to the Senate impeachment rules. But the Senate acted before the panel's recommendations were ready. One of the changes would have allowed the Senate to determine the size of the special committee.

The Senate's decision to use the committee is controversial. Goodman already has said he plans to appeal a Senate conviction to the federal courts. And some House members think this will give him more ammunition. "This a very questionable or arguable procedure," said Henry J. Hyde, R-Ill., one of the House managers. "It gives Judge Claiborne an entirely new direction to attack the impeachment."

Another member, who asked for anonymity, called the Senate's move "dumb. If they think they are saving time, they are kidding themselves. . . . They've used this route to dump the matter," he asserted.

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Coleman and other Republicans said such a "seed money" requirement would encourage local commitment, while Democrats, led by Matthew G. Martinez, D-Calif., argued that the amendment would preclude many financially strapped school districts from participation altogether.

Both sides finally agreed to a compromise offered by Mervyn M. Dymally, D-Calif., to provide states

full federal funding in the program's first year, but require states to match 25 percent of the funds thereafter.

Other Proposals

Two other committees — Post Office and Civil Service, and Public Works and Transportation — also sent recommendations to Wright for inclusion in the omnibus bill.

The Post Office Committee proposed requiring the Office of Personnel Management to develop prevention, treatment and rehabilitation

programs for all federal employees, and to establish a governmentwide education program on the health hazards of alcohol and drug abuse, symptoms of abuse, and availability of services. It also proposed to make the mailing of drugs a separate criminal offense.

The Public Works Committee suggested a number of changes in the Federal Aviation Act, including one that would allow state and local law enforcement officials to inspect the registrations of all aircraft. ■



File - Drug Abuse Policy

House Panels Vote Ammo for War on Drugs

House committees completed work Aug. 13 on a \$3.75 billion package to help the nation fight its latest war on illegal drugs.

The Judiciary, Merchant Marine and Fisheries, and Education and Labor committees each approved separate packages of anti-drug-abuse legislation Aug. 12 and 13, while two other committees — Post Office and Civil Service, and Public Works — sent informal recommendations for inclusion in a bipartisan omnibus drug bill taking shape under the direction of Majority Leader Jim Wright, D-Texas.

In an effort to beat President Reagan on the public relations front, Speaker Thomas P. O'Neill Jr., D-Mass., July 23 directed Wright to have a bill ready for the Rules Committee by Sept. 9, the day after the House returns from its August recess. Full House consideration is scheduled for Sept. 10.

Meanwhile, Reagan continued his own anti-drug campaign. Vice President George Bush and 78 top White House officials took voluntary drug tests Aug. 11 "to set an example." Reagan took his test Aug. 9 during a checkup at the Bethesda Naval Hospital.

On Aug. 14, following two days of meetings with Mexican President Miguel de la Madrid, administration officials announced "Operation Alliance," which calls for an infusion of equipment and personnel to patrol the border in an effort to stem the flow of illegal drugs. (*Mexican talks*, p. 1883)

Not to be outdone, a bipartisan group of House members, led by Charles E. Schumer,

D-N.Y., and Lynn Martin, R-Ill., announced Aug. 11 that the four major networks (ABC, NBC, CBS and CNN) have agreed to undertake a three-year, \$1.5 billion advertising campaign to educate the public about the dangers of illegal drugs. The campaign, scheduled to begin in October, came as a result of a letter written by Schumer and Martin and signed by more than 338 other House members.

Money and Politics

Wright now faces the task of compiling the new committee recommendations, along with those of the four panels that marked up and reported bills in previous weeks, into a comprehensible, comprehensive piece of legislation. (*Previous committee action*, *Weekly Report* p. 1847)

As he does so, Wright must take

care not to damage the bill's tenuous bipartisan support. Wright has been keeping in close touch with House Minority Leader Robert H. Michel, Ill., and members of a Michel-appointed Republican drug task force headed by Jerry Lewis, Calif.

"I'm very pleased with the recommendations we've gotten so far," Wright said Aug. 14 after a meeting with Michel. "And I'm very pleased with the degree of bipartisanship we've been able to maintain."

Wright said he would not seek a closed rule for the bill, but would ask the Rules Committee to allow "reasonable opportunities to beef up or pare down" the package.

The overriding issue threatening the current bipartisan harmony is money. Six committees have authorized a total of \$1.92 billion for fiscal

1987 and more than \$3.75 billion over three years. The 1987 spending will require a supplemental appropriations bill, since the House has already passed most of its regular appropriations bills.

Such figures in a time of massive budget deficits have drawn the wrath of a number of Republicans who accuse Democrats of trying to solve the drug problem by throwing money at it.

"There's not any question that a couple of billion dollars is an awful lot more than we need to do an effective job," said Lewis at an Aug. 14 press conference to announce the Republican task force position on the package.

But Wright insists that he will not impose an arbitrary spending ceiling on the bill, and that he doesn't expect the price tag to cost the

Omnibus Drug Proposal Highlights

Following are highlights of proposals by more than half a dozen House committees for omnibus legislation to prevent and combat drug abuse:

Drug Sources. Deny trade benefits to uncooperative drug-source nations. Earmark \$10 million in foreign military aid for drug interdiction and eradication efforts. Allow U.S. law enforcement agents to be present when drug traffickers are apprehended in foreign nations.

Interdiction. Expand search and seizure powers of U.S. Customs Service and authorize nearly \$1 billion over three years to beef up Customs' air interdiction program. Authorize an extra \$300 million in fiscal 1987-88 for Coast Guard drug detection and interdiction activities.

New Crimes. Crack down on "money laundering" transactions by individuals, banks and credit institutions that involve cash proceeds of drug trafficking and other crimes. Ban manufacture and sale of "designer drugs," near-duplicates of illegal narcotics; prohibit use of children to manufacture or distribute drugs; bar mailing of controlled substances.

Enforcement. Authorize \$100 million in grants for state and local drug enforcement activities and \$60 million for Drug Enforcement Administration efforts. Permit state and local inspection of aircraft registration.

Stiffer Penalties. Set minimum mandatory prison sentences for the most serious drug offenses, increase sentences for lesser crimes and impose fines of up to \$10 million for drug traffickers.

Prison Construction. Authorize \$1.14 billion over three years for construction and staffing of new federal prisons.

Education and Prevention. Authorize \$350 million annually in grants to schools to develop drug abuse education and prevention programs. Authorize \$180 million in fiscal 1987 for a federal Agency for Substance Abuse Prevention.

—By Julie Rovner

bill support.

"Drug traffickers don't have any arbitrary ceiling on how much money they drain from our economy," said Wright. "Obviously it's going to cost some money, but the American public expects no less."

And more than a few Republicans seem to agree. "If we can get a handle on the problem and come up with a good program for \$3 billion, I as one member would support it," said E. Clay Shaw Jr., Fla., whose district has more than its share of drug-related problems.

Added Bill McColm, another Florida Republican, "Money's not the bottom line in this fight. The bottom line is we have to get tough in law enforcement and we have to get the word out in education in a way that's effective."

Asked where the money was going to come from, Wright replied with a smile: "From the same place that \$300 billion for weapons comes from."

Role of Military

Another potential sticking point is the role of the military in the drug war. "We have a great power out there and we spend a great deal of money on it, and I think it's incumbent that we use it to the maximum extent practicable," said Shaw.

But many members from both parties fear that involving the military too much in the drug war could impair its combat readiness. Others oppose use of the military for civilian law enforcement within the nation's borders.

Adding to those troubles is the fact that the Armed Services Committee, tied up all week with the defense authorization bill (HR 4428) on the House floor, was unable to complete action on its contribution to the drug package. (*Defense bill, p. 1869*)

Wright said he and Michel did not reach a firm agreement about how to deal with the Armed Services problem, but one possibility being explored was to ask the White House to prepare a study and report back within 90 days its idea of the appropriate division of authority between the military, the National Guard and law enforcement agencies.



The U.S. Customs Service is on the front lines of the battle to intercept drugs being shipped illegally into the United States.

New Prisons, State Aid

The most costly portion of the drug package was approved by the Judiciary Committee Aug. 13. The committee July 29 had approved five drug-related proposals, including one (HR 5217) to make it harder for drug dealers to "launder" their profits through banks and other financial institutions. (*Weekly Report p. 1749*)

The two new bills (HR 5393, HR 5394), approved by voice vote after a six-hour markup, provide increased authorizations for drug enforcement and construction of new federal prisons, and stronger penalties for those convicted of drug-related offenses.

As approved by the Crime Subcommittee Aug. 11, HR 5393 increased the authorization for the Drug Enforcement Administration (DEA) by \$60 million for fiscal 1987, adding 543 new positions. It also created a new grant program to aid state and local drug enforcement efforts. The bill authorized \$100 million for the grant program in fiscal 1987 and \$200 million in 1988.

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The Public Works Committee suggested a number of changes in the Federal Aviation Act, including one that would allow state and local law enforcement officials to inspect the registrations of all aircraft. ■

August 18, 1986

DOMESTIC POLICY COUNCIL WORKING GROUP ON DRUG ABUSE POLICY

Tentative Schedule*

WEEK 1 - AUGUST 11- 15, 1986

Monday, 8/11/86 1:30 pm, OEOB 208. MEETING OF WORKING GROUP ON DRUG ABUSE POLICY to set up task forces and outline requirements.

WEEK 2 - AUGUST 18-22, 1986

Monday, 8/18/86 1:30 pm, OEOB Room 324. MEETING OF WORKING GROUP ON DRUG ABUSE POLICY, presentation of preliminary task force reports.

Tuesday, 8/19/86 10:00 am, OEOB 220. Meeting of Chairman/Task Force on Legislative Review with Working Group Chairman for discussion of status of draft Executive Order.

Wednesday, 8/20/86 10:00 am. Meeting of Task Force on Treatment with DAPO et al. for discussion of preliminary report and follow-up action.**

Thursday, 8/21/86 10:00 am. Meeting of Task Force on Private Sector Initiatives with DAPO et al. for discussion of preliminary report and follow-up action.**

1:00 am. Meeting of Task Force on Drug-Free Schools with DAPO et al. for discussion of preliminary report and follow-up action.**

3:00 pm. Meeting of Task Force on Drug-Free Workplace with DAPO et al. for discussion of preliminary report and follow-up action.**

Friday, 8/22/86 10:00 am. Meeting of Task Force on Legislative Review with DAPO et al. for discussion of preliminary report and follow-up action.**

WEEK 3 - AUGUST 25-29, 1986

Tuesday, 8/26/86 1:30 pm, OEOB, MEETING OF WORKING GROUP ON DRUG ABUSE POLICY to review task force status and discuss further action, etc.

Wednesday, 8/27/86 Task force meetings as needed (to be
- Friday, 8/29/86 determined at Working Group meeting on
8/25/86)

WEEK 4 - SEPTEMBER 1-5, 1986

Monday, 9/1/86 Labor Day

Tuesday, 9/2/86 1:30 pm, OEOB. MEETING OF WORKING GROUP ON DRUG ABUSE POLICY for discussion of report to Domestic Policy Council.

TO BE ANNOUNCED: MEETING OF DOMESTIC POLICY COUNCIL for presentation of Working Group report.

* Task Force composition and/or meeting times may be changed by the Working Group Chairman based upon requirements.

** Location and other details of meeting to be coordinated by Task Force chairman with Sharyn Lumpkins, DAPO, 456-2761.

THE WHITE HOUSE
WASHINGTON
August 18, 1986

FOR DONALD T. REGAN
August 18, 1986

MEMORANDUM FOR DONALD T. REGAN

FROM: CARLTON TURNER

SUBJECT: Drug Abuse Policy Update and Projections

At a Senior Staff meeting, you asked about the scheduling of drug staffing activities leading up to September 9th.

On August 11, 1986, the Domestic Policy Council Working Group on Drug Abuse Policy held its first meeting. Following the demand reduction goals outlined by the President on August 4, 1986, we formed five task forces to develop recommendations for action:

- Legislative Review, chaired by Justice
- Drug-Free Workplace, chaired by Labor
- Drug-Free Schools, chaired by Education
- Treatment, chaired by HHS
- Private Sector Initiatives, chaired by ACTION

The task forces will present their preliminary reports at the Working Group meeting scheduled today. Tomorrow, the 19th, we will have a separate meeting with the Legislative Review Task Force to discuss status and follow-up action in that area. Meetings will be held with the other task forces throughout the week as the reports are reviewed and decisions are made concerning further actions.

On Friday, August 22, 1986, we will have a preliminary draft of recommendations together for review. Included will be a description of legislation, the probable cost, and recommendations for administrative support.

On August 22nd, we also expect to have the final draft of the Executive Order on a drug-free federal workplace. There is substantial opposition from certain staff members at Justice over substance and procedures surrounding drug testing. They want the Executive Order to be so rigid and airtight that there would be little flexibility for department or agency heads. In addition, they are resistant to any actions which are not subject to full OPC debate. However, there is little time available for lengthy discussions.

During the week of August 25-29, 1986, the following will also be done:

- Updated Administration Accomplishments Report (draft for clearance and general distribution);

- Revised Administration Talking Points (for clearance and general distribution); and
- A compendium of drug-related events scheduled and proposed through January 1987 and recommendations for possible Presidential participation.

During the week of September 2-5, 1986, the following will be available:

- The final recommendations of the DPC Working Group on Drug Abuse Policy;
- A thematic communications approach to take us through the end of the Administration and make the President's program a self-sustaining effort that will continue into the 1990's.

We expect the DPC to meet during the week of September 8-12, 1986 to review the Working Group recommendations.

We sent a package of materials to the speechwriters last week. The package included issue and background papers, selected letters of support for the President's initiatives, selected articles and editorials representative of the recent change in public attitudes, and previous statements on drug abuse by the President and Mrs. Reagan. Updated materials will be provided to the speechwriters this Friday.

Issues:

We will receive some criticism from the departments and agencies because we do not have the time to run issues through the normal staff deliberations.

The initial reaction to the President's initiatives has generated a large number of suggestions and offers from the private sector. In the past we had a private consultant who was paid for by Customs and handled these projects for the West and East Wings. We no longer have this resource and, to be candid, it is going to be very hard for the Office to handle this level of activity without special assistance. Unless you have other ideas, I plan to ask Customs to restore this consultant for 180 days.

Earlier this summer, I had intended to appoint a 15-member Media Advisory Board to the Drug Abuse Policy Office. We have received support for this from the National Association of Broadcasters and others. Perhaps now it would be desirable for the President to establish this board -- a Media Advisory Board to the President? -- as an event during the break.