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U.S. House of Representatives

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HEARING ON FEDERAL DRUG STRATEGY
THURSDAY, NOVEMBER 19, 1981

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, D.C.

The select committee met, pursuant to call, at 9:30 a.m., in room 2212, Rayburn House Office Building, Hon. Leo C. Zefteretti (chairman of the select committee) presiding.


Staff present: Patrick L. Carpenter, chief counsel; Roscoe B. Starke III, minority counsel; George R. Gilbert, associate staff counsel; Brenda L. Yager, assistant minority counsel; Ricardo R. Laremont, professional staff member; Elliott A. Brown, professional staff member; John R. Thorne, investigator; James J. Heavey, press officer; Nena W. Cofield, administrative assistant, and Sharon Wright, minority staff assistant.

Mr. ZEFERETTI. Good morning, ladies and gentlemen. Today the Select Committee on Narcotics Abuse and Control will examine the administration's efforts to formulate a comprehensive, coordinated, long-term Federal drug strategy as required by law. Unfortunately, on the basis of their performance to date, I regret to say that this administration apparently does not place a high priority on the serious problems of drug abuse and drug trafficking confronting our Nation.

Under existing law, the President is required to designate a single officer or employee of the United States to direct the development and coordinate the implementation of Federal drug abuse policies and programs. The President is also required to establish a strategy council, consisting of cabinet level officials and non-Federal representatives to develop the Federal drug strategy. After 10 months in office the President has not officially designated an officer to serve as his drug representative and he has not appointed a strategy council.

The administration has announced a number of initiatives that are being undertaken to fight drug trafficking and other drug-related crime. However, since proclaiming crime to be one of the administration's top priorities, the President has asked Congress to make substantial cuts in the budgets of our law enforcement agencies, cuts that would severely undermine, if not cripple, drug law enforcement efforts.

The select committee has been mandated by the House to make recommendations for a comprehensive program to control the
worldwide problem of drug abuse. No strategy can succeed without the concerted efforts of Congress and the executive branch. On numerous occasions we have written to the President and other White House officials to express our concerns and to offer our cooperation. We have requested the opportunity to meet informally to discuss how we can work together to develop an effective drug strategy. After nearly 10 months, we have yet to receive a substantive reply.

A number of basic questions concerning the administration’s drug policy remain unanswered. In view of our mandate to develop a global drug strategy, I called for this hearing and wrote to the President requesting him to send his representative to delineate the administration’s strategy for drug abuse control. Dr. Carlton Turner, the President’s senior drug policy adviser, was designated to appear before the committee. We welcome Dr. Turner and look to him for the answers to our questions.

Some of the issues we will be exploring with Dr. Turner today are:

Who is in charge of overall drug policy formulation and coordination within the administration?

When will the President appoint a strategy council?

How will the new interagency task force on drug law enforcement, established by the President, be organized and what duties and responsibilities will it have?

Is the administration currently preparing a drug strategy and, if so, what are the major priorities of that strategy?

How can the effectiveness of our drug law enforcement agencies be maintained in the face of severe budget cuts?

What role does the senior drug policy adviser play in OMB’s review of drug budget issues?

Specifically, what legislation is the administration supporting in the area of drug abuse and control?

What defense resources will the administration make available to implement the poise comity status revisions when they become law?

What plans does the administration have to expand international narcotics control programs through use of AID funds and expertise and other means?

And last but not least, what plans are being developed to carry out the President’s pledge to involve the private sector in a major, national anti-drug strategy?

I also wrote to Health and Human Services Secretary Schweiker and invited him to discuss the administration’s plans for drug abuse treatment, rehabilitation, prevention, education, and research. He has designated Dr. William E. Mayer, Administrator of the Alcohol, Drug Abuse and Mental Health Administration, to represent him this morning. I am pleased to welcome Dr. Mayer. Some of the issues we will ask him to address include:

How will the Federal Government maintain a continuing leadership role in reducing the demand for drugs now that primary responsibility for drug services has been shifted to the States through block grants?

How will HHS administer the new alcohol, drug abuse, and mental health block grant?

What steps is the Department taking to increase public awareness of new evidence concerning the harmfulness of marijuana?

We do not sit here as adversaries, but the time has come for this administration to respond to the serious issues raised by drug abuse and drug trafficking. I hope that this hearing will be the beginning of a productive dialogue between the administration and the Congress. At some future date, hopefully before the end of this session, the committee plans to hear from Attorney General William French Smith in his capacity as Chairman of the new Interagency Task Force on Drug Law Enforcement created by the President.

Dr. Turner is accompanied this morning by drug policy adviser, Mr. Daniel Leonard. Dr. Mayer is accompanied by Dr. William Pollin, Director of the National Institute on Drug Abuse. Before hearing from our witnesses, who I invite to the witness table, I invite my colleagues on the committee to make any opening statements they may have.

Mr. Railsback. Thank you, Mr. Chairman. I want to commend you for holding this hearing to examine the administration’s drug policy and its direction and goals for the next few years.

While Congress can pass laws and make recommendations, it is important for the administration, which has the responsibility for insuring that the agencies enforce the laws, to develop a uniform and cohesive policy. In that regard, I want to recount the problems, without going into any great detail, that we have had for several years now in the previous administrations. I know that the chairman is likely to agree with me that we were concerned that there has been a lack of direction. The previous administration dismantled, for all practical purposes, the White House Office of Drug Abuse Policy. I remember that the “strategy council” which was in existence during the Carter administration, actually met, I think, a very few times, causing two of its appointees to be very critical of the strategy council.

But, as the chairman has said, we are not here to be critical. We want to be cooperative. We want to be supportive. I personally think that President Reagan has made some very wise appointments to his drug policy advisers positions, and I look forward to working with them in a mutually beneficial way.

I am optimistic that the administration does intend to meet and work with this committee as well as the ad hoc caucus formed in the other body. I remember the strong stance taken by the Reagan administration relating to the control of crime, and, of course a major element of crime control is drug law enforcement. I think that drug trafficking often incorporates often serious crimes ranging from murder and theft all the way to the violation of the tax laws.

I imagine, Mr. Chairman, that our committee will be very interested in the proposed expanded role of the FBI in drug enforcement activities. I am personally optimistic about that, and I look forward to reviewing it.

I want to welcome our witnesses and thank them for being here this morning.

Mr. Zepfettiti. Thank you, Mr. Rangel.
Mr. Rangel. Thank you, Mr. Chairman. I just want to emphasize the statement made by my colleague, Mr. Railsback. I've served on this committee from its inception and I've never served with a more nonpartisan type of committee. We all have a deep-seated concern. We all don't agree on every issue but certainly we are aware that drugs and heroin are destroying a substantial part of the population. Narcotics addicts are responsible for innumerable crimes and the social costs of controlling this social disease can't be measured in dollars and cents.

We have reason to believe that even our military could be in jeopardy as a result of this epidemic. I think it's abundantly clear that the ravages of narcotics certainly do not identify people by their color.

Now, what is the problem? I have a problem with my chairman, his restraint, his trying to work out an understanding has allowed me to restrain myself in such a way that I can't return home to my constituents and say what I am doing about the problem, and when I say "I'm talking about our Government,"

In addition to that, the President of the United States has a very real media presence. There's hardly anyone in my community that doesn't believe that President Reagan is one of the most vigorous opponents of illegal narcotics in the United States, and he's received standup cheers by the National Association of Law Enforcement Officers for the promises of support that he's made. The President's wife has been in my district visiting narcotic rehabilitation centers.

David Rockefeller, who doesn't visit with me very often, came down to say that he was visiting the White House, that he supported the President, and that he wanted to assure me and the delegation of the concern that the administration has about narcotics. Then I go home. My police chief doesn't see this cooperation. My district attorneys don't see the cooperation. Indeed, we have policemen that are not going to arrest anyone because they know there's no budget and it's abundantly clear to me that in every area from how we can do more with less in this area. I've taken a look at the budget and it's abundantly clear to me that in every area from rehabilitation to law enforcement, there are fewer dollars. In the city and State of New York they're saying that they can't go on any further and I assume—well, I know—that in Newark and in the District of Columbia and in Baltimore and in all of the centers that were promised assistance, that they don't believe anything is coming.

I do hope that as a result of this meeting we can leave knowing in dollars and cents, in policy, where we can go. We want to go home and say that the problem is not resolved but we have every reason to believe that the administration is moving toward that goal.
TESTIMONY OF DR. CARLTON E. TURNER, SENIOR DRUG POLICY ADVISER, OFFICE OF POLICY DEVELOPMENT, THE WHITE HOUSE

Dr. Turner. Mr. Chairman, distinguished members of the committee, it's a pleasure to appear before you today. The assistance and guidance that this committee has provided in the past is appreciated and I look forward to continuing that relationship.

Mr. Chairman, I am certainly not here to propose a quick fix. Just as serious diseases sometimes develop slowly and fester over many years, the drug problem in America has not happened overnight. It has been growing in spite of the efforts of recent administrations and the yeoman efforts of many congressional committees.

I believe that one reason for the growth is that we have tended to view the drug problem too narrowly. What we need is a broader and more balanced perspective so that our preventive and control efforts can take full advantage of the vast Federal, State, local business, and volunteer resources that can be brought to bear. This administration intends to mobilize all components of society to capitalize on the existing mechanisms and resources that Americans have traditionally used to solve national problems.

These are the Federal Government, State, and local governments, the business community, and the forces of voluntarism.

Our objectives for these four are to integrate and make use of all Federal resources in the effort to prevent and control drug abuse, to provide national goals and information to assist State and local governments in making informed decisions about mobilizing their resources to address drug abuse prevention and control at the local level, to encourage the use of resources of the business community, and to mobilize existing resources of the Federal Government, State, and local government, the business community, and the forces of voluntarism.

Mr. RAILSBACK. May I ask where you're reading so we can follow?

Mr. TURNER. I'm trying to condense it, Congressman. I'm on page 8.

Mr. RAILSBACK. I just couldn't find you.

Mr. TURNER. OK.

Let me start over. On page 8, Second asterisk.

Mr. RAILSBACK. No, you don't have to do that.

Mr. TURNER. To provide national goals and information to assist State and local governments in making informed decisions about mobilizing their resources to address drug abuse prevention and control at the local level, to encourage the use of resources of the business community, and to mobilize existing resources of the business community.

Mr. RAILSBACK. Excuse me. Where are you reading?

Dr. ZENKER. He's on page 8.

Mr. TURNER. I'm trying to condense it, Congressman. I'm on page 8.

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Dr. TURNER. To provide national goals and information to assist State and local governments in making informed decisions about mobilizing their resources to address drug abuse prevention and control at the local level, to encourage the use of resources of the business community, and to mobilize existing resources of the business community.

Page 9. By broadening the availability of existing Federal resources which have not been focused on drug problems, we will be able to capitalize on existing resources and will integrate drug issues into the function of many Federal agencies. To assist State and local governments in making informed decisions about how they can best address drug problems in their localities, the Federal Government will provide data and national goals. In this way control should remain at the local level, the best place to address local problems.

The business community must make drug problems part of their concern. We will encourage the establishment of employment and rehabilitation programs that are useful both to business and to the victims of drug abuse. By using the financial resources of business to educate Americans about drug problems, we can reduce the demand for drugs and thereby improve productivity.

We expect drug manufacturers, colleges, universities, and the general health care establishment to play a major role in prevention activities. By capitalizing on the tremendous potential of voluntary citizen effort, individual and organized groups, including the religious communities, we will tap the most important natural resource of this country, the citizen themselves.

The President indicated—on page 10—on March 6 that it was his belief that the answer to the drug problem comes through winning over the user to the point that we take the customers away from the drugs. The President emphasized that while we must not let up on enforcement, it is also more effective to take the customer away than it is if you try to take the drugs away from those who want to be customers.

By mobilizing the existing resources of the Federal Government, State, and local government, the business community, and the forces of voluntarism, we will help to spread the use of drug abuse by diminishing demand for, and reducing the supply of, drugs. We will encourage the Federal Government, State, and local government, the business community, and the forces of voluntarism to mobilize resources of the Federal Government, State, and local government, the business community, and the forces of voluntarism to mobilize resources.

Our drug effort will encompass five major areas, research, detoxification and treatment, prevention and education, international cooperation, drug law enforcement.

Now, Mr. Chairman, I'd like to go over the key points covered under each one of these.

In the area of research, we support the smooth transition of basic research findings for use by clinicians and the public. Of the highest priority for drug research should be the development of agonists and antagonists. We will encourage private enterprises, pharmaceutical firms, colleges, universities, and the scientific community to contribute to the development of new drug applications for the purpose of treating victims of drug abuse. We will encourage longitudinal and epidemiological research when drug issues are involved.

In the area of detoxification and treatment, this is an area where we consider the appropriate Federal role is that of providing information and guidance to help States in designing treatment responses to the problems of their local communities.

We will encourage States to continue detoxification and treatment programs that will reduce the length of time a person spends in treatment. We will encourage the business community to work with State agencies and private programs to undertake employment and rehabilitation programs to aid those who succumb to drug abuse.
In conclusion, we must make every effort to prevent the spread of drug abuse among our people, especially among young people, for they are the future of our country. As a very great American has said:

"A child is a person who is going to carry on what you have started. He is going to sit where you are sitting and when you are gone, he's going to attend to those things you think are important. You may adopt all the policies you please but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities and corporations. The fate of humanity is in his hands."

The author of that comment was Abraham Lincoln. What he said is as true today as it was then, perhaps with more urgency. I know that you will agree with me, Mr. Chairman, that we must make the fight against drug abuse of the highest priority in order to preserve the vitality of people and insure our Nation's future.

I would like to leave you with a remark by William Faulkner when he accepted the Nobel Prize for literature. At that time there was widespread concern about the survival of mankind. Faulkner said, "I decline to accept the end of mankind. I believe that man will not merely endure; he will prevail." Just as Faulkner would not give up on mankind, I refuse to give up on the possibility that we will have a society free of drugs. I believe that with proper guidance from people such as yourself, young people and all Americans will prevail in reducing drug use.

Thank you for giving me this opportunity.

Mr. ZEFERETTI. Dr. Turner, before I go to Dr. Mayer's testimony, did you get a copy of my opening remarks that I made? Dr. Turner. Yes, sir, I saw one just a minute ago.

Mr. ZEFERETTI. I'd like to give you an opportunity to read it because there are some questions that I posed that I think are essential. No. 2, to be quite frank with you, the philosophical kind of remarks that you made are all well intentioned and we all accept them and I also believe in motherhood and apple pie, but you're not answering the essential questions that I think really have to be answered by the administration.

You haven't talked at all about the needs of the various agencies that you yourself say have to be utilized to make things go. You talk about legislation, sir, but you haven't talked about the dollars it's going to cost to implement that legislation. You haven't talked about the resources needed by the agencies for treatment and prevention, for reaching that neighborhood parent group that desperately needs some advice and help. You talk, sir, about volunteerism and philosophically about getting rid of drugs, but you're not getting to the grassroots of the problems. I would hope, Dr. Turner—because you've been in this a long time and you've worked very hard and you've got an excellent record in fighting drugs and as one who is concerned, I would hope that you would take a few minutes, sir, and look at some of the questions I posed in my opening remarks. If you can answer them, fine. If you can't answer them, I would suggest, sir, that you go back and you have somebody respond who can answer them. Because I think, again, we're talking about opening up a dialog and offering some assistance in trying to take care of a problem, a very basic problem that we all recognize on both sides of the aisle. This is not a political forum. This is a forum to find out how and when we can work cooperatively toward taking care of a problem that has really permeated our country from one end to the other and, more importantly too, is affecting the entire world.
Mr. RANGEL. Mr. Chairman, if you would yield, I think he did respond, not only verbally, but he's written it. They intend to encourage rehabilitation and job training at the local level and that they hope they'll be able to work with the spiritual and the business leaders of America in order to overcome this. As a matter of fact, he cited the Commander in Chief. In communities such as mine, where we have 50- to 60-percent unemployment among black youth, we now have to persuade them, either spiritually or through a volunteer effort, that they don't need drugs.

The administration makes it abundantly clear that they're going to set national goals and provide information to assist State and local governments. So, this helps me. I'll take this information back to my district, to my police chief, to my mayor, to the rehabilitation centers, to the Archdiocese of New York, to NIDA, to the New York partnership headed by David Rockefeller, who has applications with Mr. Mose and Mr. Baker asking for assistance. And I will tell them that my chairman called a meeting and they should expect to receive the national goals and objectives or something.

So, they know what we wanted and I know what we got.

Mr. RAILBACK. Mr. Chairman?

Mr. ZEFERETTI. Yes, sir?

Mr. RAILBACK. Could I just make a suggestion? It appears that the statement is not directly responsive to the questions that you raised. I think they're good questions. Why don't we just ask the witnesses to answer the questions, and if they are not prepared to do it now then they can go back?

Mr. ZEFERETTI. That's what I'm offering him the time to take a few minutes and study them. We'll listen to Dr. Mayer and when we come back for the questioning I would hope that maybe he could answer some of them and, if not, maybe he could direct us to who can.

Mr. LIONARD. Can we see the questions, Mr. Zeferedi? I've never seen them.

Mr. ZEFERETTI. Oh, certainly.

Dr. Mayer, would you like to continue?

TESTIMONY OF WILLIAM MAYER, M.D., ADMINISTRATOR, ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. Mayer. Thank you, Mr. Chairman, Members of the committee. I am both pleased and honored to be here today and I welcome this opportunity to discuss the role of the Department of Health and Human Services in combating the problems of drug abuse facing this country. This Select Committee on Narcotics Abuse and Control has performed, in my judgment, an important function in alerting the Nation to the problem of drug abuse, to the need for an integrated approach to the prevention and treatment of this problem, and to the importance of coordinating Federal activities, which are multitudinous.

We appreciate your important contribution in this area and the Nation owes you a debt of gratitude.

The administration recognizes drug abuse as one of the Nation's major health and social problems. It is for this reason that there exists in the White House a special focal point for drug abuse matters headed by Dr. Turner, a man with whom we have nearly daily contact, and that's a departure from the past.

As you know, no other categorical health or social problem is represented at this level of Government. The Department of Health and Human Services also places a high priority on the matter of drug abuse, as can be seen in a number of ways. As many of you are aware, some time ago a question was asked of the Department regarding the feasibility of transferring the Alcohol, Drug Abuse, and Mental Health Institutes into the National Institutes of Health organization.

The Secretary has decided that because of the magnitude and the importance of these health problems and because of the very broad functions in connection with them on the part of the three ADAMHA institutes, that it is at least at this time preferable to maintain the Alcohol, Drug Abuse, and Mental Health Administration as presently constituted rather than transferring its functions to NIH with its almost exclusive emphasis on research.

Another indication of the Department's concern about drug abuse activities is the Assistant Secretary for Health's directive to NIDA, the National Institute on Drug Abuse, to develop an interdepartmental task force to coordinate the multiple departmental drug abuse activities. The general policy principles which shape this administration's and this department's approach to drug abuse and which will guide the workings of this departmental task force have been defined and summarized for us by Dr. Turner, and I won't repeat them at this point.

Drug abuse differs from most of the other problems that this Department deals with in several very significant respects. One is the rapidity in changes in drug abuse patterns in the last two decades. For example, there's been about a 3,000-percent increase in the use of marijuana by our young people in just 20 years.

Second, an illicit, highly profitable, very effective, criminal network exists worldwide as well as in this country, which is actively spreading and increasing drug-abuse problems. There is no other human disorder or danger to human health and life which is so vigorously marketed and so actively promoted.

The Federal strategy which was developed to deal with drug abuse, therefore, has two major components, supply reduction and demand reduction. Demand reduction, of course, refers to the efforts to decrease demand for the drugs by individuals and by groups. This Department, primarily focuses on demand reduction.

A major responsibility of the Department of Health and Human Services is the health of our citizens. We, therefore, place a very high priority on drug problems because they are problems which have been shown to cause such a high level of damage to the physical, behavioral, and economic health of the Nation. We're especially concerned over the rapidity of the increase in drug use by our young people over the past two decades.

We are concerned because, despite 3 years of a consecutive downward trend, not a dramatic, precipitous fall, but a downward trend, very definitely, of some pattern of drug use by our high school students, the tightening up of the use of drugs has not stopped the increase in their use. We know that the increase, as defined by urine analysis, is continuing, and that 40 percent of our male and female high school seniors are using marijuana at least once in the past year, as we have learned from the National Institute on Drug Abuse, and from the National Institute on Alcohol Abuse and Alcoholism.

A national study done by the American Medical Association indicates that the use of marijuana is used by more teenagers than the use of any other addictive drug, and a major increase in smoking of marihuana by young people has been noticed. It is obvious that this is a problem we must face and deal with. The National Institute on Drug Abuse has published a very optimistic report on the reduction of the drug usage by young people, in which they report that they believe that they will be able to work with the young people with whom we have contact to reduce the use of drugs by them.

The Committee on Narcotics Abuse and Control has performed an important function, and it's up to us, through the reorganization of the Federal services, to work on this problem in the future, and to reach the young people who are using drugs and to reduce their use of these drugs.
seniors throughout the country, our youngsters' drug use still appears to be the highest of any western country in the whole world. We are concerned because the most recent estimates of the annual national cost of drug abuse, all things considered, are very high, by some estimates at or above $100 billion every year.

I want to emphasize that the Department's view of drug abuse, as a priority issue, is consistent with this administration's block-grant mechanism and our budget proposals. The drug components of the ADM block-grant program actually represent the culmination of what has been a steady, evolutionary process. Ever since 1973, the National Institute on Drug Abuse has participated with the States in the development of a nationwide drug-abuse treatment network. As Federal funds for community-based treatment services increasingly were channeled through the States under the statewide services grant mechanism, the States have assumed management responsibilities and the Federal role has become one of technical support, oversight, and program evaluation.

In 1980, 40 percent of NIDA's community assistance funds were given directly to the States, to the single State agencies, and subcontracted out by them to local treatment programs. Thus, the States now, under the block grants, have formal, official responsibility for many of the functions which they are already carrying out and have been for some years. However, in addition, they have increased flexibility to target funds to specific areas, which was not formerly possible. They are able to move money back and forth among various block grants, and starting in fiscal 1983, between alcohol and drug abuse, depending on the need. And they are freed from multiple Federal requirements. Thus, each State is much better able to determine its own relative needs and to respond accordingly and appropriately.

Mr. Chairman, with regard to appropriation levels for drug abuse, we are mindful of the larger economic realities that face us today. The administration has proposed a national recovery plan to reverse the debilitating combination of sustained inflation and economic distress that continues to face the American economy, which it worsens if it will do more damage to drug abuse and alcohol treatment programs than the current reduction in the budget.

We need to balance overriding national priorities of economic recovery with the multiple health needs of our society, including those of drug abuse. We believe the administration's program succeeds in maintaining such a balance. Within the Department there are many programs that focus on these two areas. The National Institute on Drug Abuse plays a key role in fulfilling the broad goals of the Federal Government's drug-abuse-demand-reduction strategy. It is important that we maintain the momentum in the reduction in the use of drugs, abuse of drugs and then their health and social costs.

Toward that end, NIDA will continue to collect and analyze data on the nature and extent of drug abuse and monitor emerging trends in drug abuse. This is crucial for focusing attention where it is most badly needed. NIDA will continue to sponsor and conduct basic and applied research toward the goal of better understanding, preventing, and treating drug abuse, including studies of drug and related brain-body phenomena, the etiology and epidemiology of drug abuse, and prevention, treatment, and rehabilitation techniques.

NIDA will continue to disseminate public information and sponsor programs of active discouragement of drug misuse and abuse, following hard on the heels of a nationwide media campaign involving many, many voluntary community groups throughout the Nation, dealing first of all with the problems of alcohol as they involve our young people. Following within about 6 months, and with the support and help of a Member of the Congress, we will be launching a nationwide media campaign directly, explicitly, no holds barred, directed toward the use of pot and directed at the youngsters who have for so long been confused as to where the Government stands, where science stands, whether it's really dangerous or not. It's dangerous and our research is increasingly showing this and our national campaign will be designed to get out to marvelous groups like the Federation of Parents Groups for Drug-Free Youth, which have emerged, over 90 percent of them, because they're hungry for that material. These groups have organized within the local communities and are beginning to be effective without any question. That's the direction that we wish to follow.

NIDA also will develop and evaluate new treatment and prevention methodologies, partly using the very fine narcotics research center in Baltimore and drawing on the experiences of the more effective drug programs throughout the country and the extramural researchers who continue to provide information for us.

NIDA also will have a hand in ADAMHA, as a collection of three institutes, in administering the alcohol, drug abuse, and mental health block grants. We do not intend to administer those grants with a heavy hand. The idea of them is to give the States the options and the flexibility to do what they believe to be best.

We are convinced that the drug, alcohol, and mental health programs in this country have matured and developed to such an extent that they can hold their own in competition with other competitors for health moneys, that they can continue to stimulate private enterprise to participate in the undertakings because it's in the interest of private enterprise to do so and that they will fare well under this system.

Upon request, we will lend technical assistance to State or community agencies within the whole issue of drug abuse resources. In addition to NIDA's programs, within the Department there are multiple additional activities that are relevant to drug abuse research, treatment, rehabilitation, and prevention. It's why the Assistant Secretary for Health has directed NIDA to get the other eight agencies in HHS together with us to better coordinate, and more effectively carry out our mission.

In summary, Mr. Chairman and members of this committee, despite the apparent recent downward trend in many types of drug abuse among our high school seniors, drug abuse continues to be a major national health and social problem.
The Department views this area as a high priority and will continue to maintain a high level of commitment to combating drug abuse. Certain functions will remain at the national level as they must—like the collection of nationwide data and the dissemination of that data and the cross-fertilization of successful programs from different parts of the country.

Certain functions will continue to be delegated to State and local governments through the block-grant program. It's true that there will be some reduction in Federal financial resources targeted to this area because of overriding national concerns. I believe that the administration's program succeeds in balancing these larger national priorities with the multiple health needs of our society, emphatically including those of drug abuse.

Thank you. I've tried to address what I perceive to be your questions, Mr. Zeferetti.

Mr. ZEFERETTI. Thank you, Dr. Mayer and thank you for your very comprehensive testimony. Your entire statement will be included in the record.

[Prepared statement of Dr. William Mayer appears on p. 39.]

Mr. ZEFERETTI. We have some questions that we would like to ask.

Mr. Leonard and Dr. Pollin, would you like to add anything to what was already said?

Dr. POLLIN. Not at this point, Mr. Chairman.

Mr. ZEFERETTI. Dr. Turner, we're just going to ask some questions and give you an opportunity to go ahead and read that statement. It was my understanding, and if I'm incorrect, please tell me, but I was under the impression that my staff sent you yesterday the remarks that I was going to make and that those questions were part of the statement you have before you now.

Dr. TURNER. Mr. Chairman, this is my first appearance before your committee and I'm not exactly familiar with the protocol, and I will be happy to entertain these questions as you have them.

Mr. ZEFERETTI. Thank you. That would be very, very helpful. If you could start by going right up top.

Dr. TURNER. You want me to—Mr. Chairman, do you want me to answer the questions? Do you want me to read them?

Mr. ZEFERETTI. Again, it's a question of finding out just exactly—we talked a little bit about drug policy and the formulation of such, and we wanted to know just what was happening as far as coordination within the administration goes. Maybe you could answer that first. Who is in charge of the overall drug policy formulation?

Dr. TURNER. At the present time, Mr. Chairman, as a senior policy adviser in the White House for drug-abuse policy, I'm in charge of making certain that as we formulate our strategy in detail, that I get available information and resources from all agencies including available resources from the private sector in order that we may get the best possible advice, including advice from you and other committees to come up with a detailed strategy.

I have proposed today five areas as the broad areas upon which we think the strategy ought to be focused. Prevention of drug abuse among young people between the ages of 12 and 17 is of the highest priority.

Mr. ZEFERETTI. What consideration is being given to the appointment of a strategy council at the present time?

Dr. TURNER. Mr. Chairman, according to the drug abuse prevention, treatment, and rehabilitation amendments of 1976, title II, paragraph 2: "the President shall establish a system." That system is being evaluated, and as that system is established, the President will, in accordance with paragraph 202, designate in the appropriate way, the drug representative. Part of the evaluation is a critical examination of the strategy council. I found that the last full meeting of the strategy council was in May 1977. So, we need to see if we can get a better organization. And I will be calling upon you, Mr. Chairman, to give us some good, strong advice in that area.

Mr. ZEFERETTI. Will this new interagency task force on drug law enforcement, which is supposed to be established by the President—anyway, how will it be organized and could you tell us a little bit about the duties and responsibilities that it will have?

Dr. TURNER. Mr. Chairman, the President said in New Orleans that he will be establishing such a body. I have seen no formal announcement on this. We are considering whether or not that might be put under an existing Cabinet council in the Cabinet councils of the President's drug abuse policy, or to make it a Cabinet council on its own, or to establish a working group within a Cabinet council. Until such time as that decision is final, it will be extremely difficult to say what the duties and responsibilities will be. I can guess that it will be to look at all the issues by using the broad spectrum of Cabinet council government to bring the expertise in many areas, discuss that in detail with all parties and then formulate a policy through the existing Cabinet councils or some version of that.

Mr. ZEFERETTI. Will you be a member of that task force?

Dr. TURNER. I have been assured that I will have an active role in that, Mr. Chairman.

Mr. ZEFERETTI. Beyond that, you know that the various agencies, because of the severe budget cuts, have been pretty much reduced, and we are all very much interested in seeing how we can replace the losses that these various agencies have incurred.

Dr. TURNER. What role will you play in that and what is your role with OMB in order to reinstate those losses and, in fact, maybe provide those very agencies with some increases that are so necessary?

Dr. TURNER. Mr. Chairman, to be honest with you, I haven't had the time to study all of the budgets in detail. I've been in consultation with the budget people and we certainly will take into consideration the needs of each area as we go through budget evaluations.

I would have to say that the budget cuts that have been proposed are budget cuts that should not prevent any agency from carrying out its functions as long as the agency changes its priorities and operates within those priorities.

Organizations that I have been with have undergone budget cuts as high as 15 percent and we came out with a group that was able to function. And I think that we can still function with proper marshalling of our resources and resetting of priorities.
Mr. ZEFERETTI. Well, can I tell you, sir, that in just one area alone, and that's DEA, it got to a point that because of lack of resources, we couldn't put cars out on the street, we didn't have enough gasoline for those cars, we didn't have the kind of dollars necessary to bring witnesses in on certain cases in order to convict the drug traffickers. There's been a complete loss of morale because, again, those very agencies that had the responsibility and maintained the frontline of defense didn't have the tools to do their job. And whether it's a 6-percent cut or whether it's a 12-percent cut, the numbers really don't matter; it's the fact that the agency itself has not been given the priority in order to do its job.

You don't need to be a master mathematical genius to figure out that if you've got a reduction in resources and a cutback in personnel, you can't actually function. We had the Acting Administrator of DEA speak before us the other day in an informal briefing, and some of the things he talked about were a little bit shocking. He's been in law enforcement for many years and he found himself a little bit frustrated in the sense that he could shift personnel all he wants, but in those very areas where you have concerns, you need beefing up beyond just shifting bodies. You need the resources to make it happen.

My colleague, Mr. Shaw, comes from the State of Florida, and if you look at the number of DEA agents and the material they have down there to take care of that overall problem, I can tell you that there's a great need. And again, you don't need a crystal ball. All you have to do is look at the agency and look at how they are functioning.

And you know, this talk about, "Well, we're going to get 'poise comitatus' and the military will be able to augment civilian law enforcement," that's all well and good down the road. But there are things that are developing and that are happening right now, and at best poise comitatus might give us some assistance but we can't afford to negotiate the needs of that one agency that, again, has the primary responsibility.

If you go down the list and if you look at DEA and you look at Customs and you look at Coast Guard, and you look at State, and you look at Treasury, and you look at Treas, and you look at Coast Guard, you're talking about areas that hopefully somebody—and that's why I'm asking you, sir, if you will have that kind of clout, if I could use that word, to go in and say, "Hey, these are agencies that need priority and priority is the only way to address this problem," because these, again, are the agencies that have the frontline responsibility. That's what I'm asking you to do. And if you need help on legislation we are here to help you with that help. You talked about forfeiture, you talked about the kind of legislation that you think can help.

We're thinking that way too because we want to supply those agencies with the tools they need. But we still need that one ingredient, and that one ingredient is awareness that there's a problem that needs priority and the reaction to that problem. And that's what I'm asking.

Mr. SHAW. Would the gentleman yield on that?

Mr. ZEFERETTI. Sure.

Mr. SHAW. I would like to echo those sentiments. We have heard a lot about the "trickle down theory." That seems to be a great phrase these days, but I would like to take exception to the statement that has been made. You are hearing this from a Congress man who has supported the President's budget and I continue to support it. I think one of the most foolish decisions made in this budget was to cut back in the area of law enforcement or cut back in the area of drug prevention. This brings about so many other expenses to the Federal Government that it is a good investment—it's an investment in the youth of this country. I think it's a disastrous decision.

And I would like to also echo these sentiments with regard to the effect of the cutbacks within the DEA budget. I can point to actual automobiles right now that are parked in the basement of the Federal building in Fort Lauderdale, Fla., that are going to remain there because there is no gasoline to put into them.

I can also talk about a case which involves sending a DEA agent from New York to identify a prisoner for extradition. They did not have the funds, allegedly, to send this man down, and therefore, the court in Fort Lauderdale was forced to let this man take a walk.

We have an overloaded judicial system in Florida. It takes a civil case 6 years to get to trial, and the reason is because the courts are overloaded on the criminal side. Because of this overloading factor, the U.S. attorney is not taking cases that he should be prosecuting. There is a lack of jail space. This must be a Federal commitment and we have seen no movement toward this. We've heard good conversation; we've talked about new theories and "poise comitatus"—words that we can all rally around. But we have not seen a forward movement and these budget cuts are killing us in this particular area.

Dr. TURNER. Mr. Chairman, Congressmen Shaw—

Mr. SHAW. I guess there is a question there somewhere.

Dr. TURNER. There's a question. There's several questions, sir.

First of all, let me say that I still support the reduction the President has announced, and I think that if an agency head so chooses to cut at the very bone, then that agency head must be responsible for those cuts because—

Mr. ZEFERETTI. May I interrupt you, sir?

Dr. TURNER. Yes.

Mr. ZEFERETTI. If you've got a budget that's put together, voted on, and passed by a Congress, it is not the budget of the agency head. The budget request that is submitted to Congress may be for $12 million more. It's we, in Congress, that have the legislative responsibility through the appropriations process to make that budget. And if we cut it on this end by virtue of recommendations by the administration, then it's not that administrator. He's just taxed with the responsibility of taking that lump of dollars and making it work for him. If it means a reduction in manpower, let's just going to let personnel go.

Whether the administrator wants less or more, he has very little to say. He may recommend to his superiors or to OMB a amount of dollars to fulfill what he thinks is an obligation. Whether or not he gets it, sir, is something that is made above his level, I think.

Dr. TURNER. I spoke, Mr. Chairman, about the DEA agent from New York that Mr. Shaw mentioned. Mr. Mullen told me that was...
a foulup on the administrative level that should have never happened.

But there were a couple of other points that I wanted to address there. I spoke with the U.S. attorney from south Florida Monday night. We had a long discussion about that. I subsequently spoke with the Department of Justice and they have six new positions in their budget for south Florida for assistant U.S. attorneys. They have assigned two attorneys there to handle narcotics cases and they have one attorney on special assignment with the DEA now. Other things in south Florida: The Coast Guard has a much larger role there. Last year, Customs had 17 aircraft in south Florida. They now have 36 aircraft. The Drug Enforcement Administration went from three aircraft last year to seven aircraft this year.

I think that we are doing what we can for the short term. I think the solution of the problem is long term. I welcome the opportunity to sit down and see if we can come to grips with some of these problems because they are very serious problems. I agree with you, Mr. Chairman.

Mr. Rangel. Would the chairman yield?

Mr. ZEPFERTTI. Mr. Rangel?

Mr. Rangel. You know, you've hit the bottom line and for 10 months you and the committee have been trying to find some middle ground where a cooperative effort could be reached between the administration and this committee to try to work toward a common goal.

Now, throughout your testimony everyone felt, both Dr. Mayer and Dr. Turner, that you had to overemphasize that you support the cuts in the budget. Well, you wouldn't be here unless you supported the cuts. The real question is: Do you have anything to do with the cuts? No one came to you and asked about the cuts as it relates to your responsibility.

And what the chairman is reaching out for is, notwithstanding the fact that you've had no input in the past, it appears as though you are now looking into that and that any future cuts will not be the result of negotiations between that we will attempt to legislate or recommend and what you will be requesting, because I don't believe either one of you had anything to do with the formulation of the budget. OMB, made that decision. Mr. Chairman, in all honesty, I don't see their willingness to sit with us. For what purpose? To tell us how local and State officials can do more with less?

I mean, unless that door is at least left open—and in my opinion, they have sealed it—you can't have a meaningful discussion unless both parts of Government try to find out whether the costs and budgets are realistic.

Now, Mr. Shaw has said it. If you find out how much it costs to ignore a drug addict, it's a very, very expensive proposition. But I think it costs a lot less money if we put it into trying to prevent the addiction and stopping the flow.

Mr. Chairman, I hope you would press your inquiry because it means a whole lot to this member of the committee. Where does this committee go? Where does the House go? Is there an avenue for budgetary consideration as relates to controlling drug addiction and the flow? And if there's a, let them say that whatever happens with the budget is an OMB question and not an agency or departmental question.

Mr. ZEPFERTTI. Mr. Railsback?

Mr. RAILSBACK. Thank you, Mr. Chairman.

I guess I worry that after having been through this for three administrations, that we always seem to find ourselves in a position similar to where we are right now. Since the inception of this committee, we have been meeting with executive branch people and we've always been, in a benign way, chastising them for not getting their act together.

In fairness, I have to wonder if we've gotten our act together. In other words, we are the ones who legislate and I wonder if we are as concerned as we indicate we are about the external influence of
OMB. It is no different now than it was under the Carter or the Ford administration.

I guess our frustration is that we can meet with all of you who are obviously dedicated Federal officials trying to do your very best within limited resources. Yet, we get the feeling that there is a more general policy, worried more about economics, which our administration is very much worried about, and cutting spending. Maybe it is not within your province, or even responsibility, to try to do something about pinpointing those areas where we need more funding to combat drug abuse. It is a serious problem.

Now, Dr. Turner, I am aware of your general background, which is excellent. In other words, you, more than any of us, except maybe Charlie Rangel, have had more experience dealing with drug abuse, and I know that you are dedicated. I guess the message we are trying to convey is that we are frustrated. We worry that somebody else may be rather arbitrarily limiting the resources that you really need. That's what we're saying.

I would suggest to my colleagues that I think it is important that we convey to the general policymakers, our very real concerns about funding, and I think the problem is so big that you need to maintain funding levels and still go ahead with all of the new approaches that we're talking about. I'm aware of what you're saying, and like I say, I happen to agree that maybe the most important thing we can do to combat drugs is through an increased effort to secure voluntary cooperation from parents' groups and community organizations. That's most important. I agree with you about that, but I hear the administration is taking this very tough law enforcement stance. When we look at the budget there are a lot of cuts that we question.

I hope you do try to arrange a meeting. I think it's very important that we work with you. Just to put this in the proper perspective, we don't feel like the Lone Ranger coming here, because Dr. Pollin has been in front of me before. We raised the general policymakers to indicate our deep concern. I know some of us have already requested a meeting, which I think, is in the offing. But do you understand what I'm saying? I think it's important that if you are unable to disagree with the funding cuts, then let us have a chance with the general policymakers to indicate that we— even those of us who are opposed to the President—think there is a difference between programs that may be wasteful and may not be cost efficient and productive, and law enforcement, which can result in tremendous problems if we do not address it. I would just like to hear what you say about that. Can we have a meeting?

Dr. Turner. Congressman Railback, we will work toward that meeting and I look forward to having that meeting. But there's one point—I would like to bring you up to date on some very interesting things that I think will help us to reduce the budget in certain areas without adversely affecting it. And one of those is in the area—Dr. Pollin and Dr. Mayer may want to talk more about this—the area of treatment with the antagonists. We have drugs either available or on their way that will reduce the cost of treatment and take people out of treatment for the long term. The cost is prohibitive when you have to keep people in treatment. We want to get them out. And I know that there is an NDA currently being filed—or it will be filed shortly—that will allow the opiate addict to come in three times a week instead of daily, which will mean there will be more resources available and it will be cheaper.

Mr. Railback. Yes.

Dr. Turner. There is another product that is coming on the market or will have an NDA filed shortly. This is a direct antagonist. And this is where the research is beginning to pay off.

Now, I think if we can get our international programs to reduce the flow of drugs into the country, we can cut back in some of those other areas. I believe the "posse comitatus" will not mean an outlay of a large amount of money. I remember when we had a lot of money to devote to this problem. We still didn't seem to be able to lick the problem. Crime comes up to rise, drug abuse continued to rise. So, maybe it's time that we stop and look at new approaches. If something particular works, dump the money in there through the budgetary system.

Mr. Railback. I applaud what you've said about the new happenings and the new events. Where I am skeptical and where I think all of us are skeptical, is finding and cuts in funding. We want to see that drug abuse is a serious problem. And I believe the Congressmen Rangel has. a different approach is that we are policymakers to indicate our deep concern. I don't agree with you about that, but I hear the administration is taking this very tough law enforcement stance. When we look at the budget there are a lot of cuts that we question.

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requiring massive treatment dollars. We've said for many years that we can't measure treatment. We can't measure the effectiveness of treatment.

And I found a small town mayor, which I think, put into perspective what we can do on the local level. It will not work in all areas of the country, but in certain areas it will work. This would involve the PTA, as we've talked about. We've talked with the PTA and they are going to help us. We've talked with people in the media and they're going to help us. But this gets down to Celeste, Tex., 718 people, where Mr. Solon Milton, the mayor, said—and I'm quoting from him: 'We had a terrible media blitz, but a long-term program, percent effective in their efforts. They also educated our area, as a result, and that has helped considerably.'

So, I think if we can get this going as a long-term goal effort, not a 2 to 3 week media blitz, but a long-term program, we can reduce the overall progression in the criminal area as well as in the treatment area.

Mr. RAILSBACK. I just have one last statement. I hope when you are requested to provide budget estimates, necessary to carry out your responsibilities, that all of you have the courage to level with the OMB people and object if you really believe that reductions will hurt. I think that you have a lot of support from Congress, from Democrats, Republicans, and in the other body as well.

Dr. TURNER. Congressman Railsback, I will not hesitate to make strong suggestions regarding budgetary matters when I think the cut is too deep.

I accepted this job with the understanding that I would have a commitment from the people. I would have access. And, since I came on the job on July 9, slightly more than 4 months ago, we've gotten drugs into the President's speech on crime. I've had access and down the line, as Mr. Shaw can vouch for. I thought this was testimony critical enough to discuss with the President. We met with the President on Tuesday of this week and discussed this issue with him. I tell you, you have our attention. We know there is a problem and we intend to do what we can with the resources we have available to us.

Mr. Shaw has been to us with specific ideas and proposals and we're working on that. We're working on ways to implement "pose comitatus" that will be the least costly.

Mr. RAILSBACK. It's one thing to work with Mr. Shaw, which I applaud and congratulate you for, but I think it is significant to this committee, which is the committee of the Congress that has been assigned this responsibility, has requested a meeting and has not yet been afforded a meeting with the general policymakers.

Mr. TURNER. Congressman, I apologize for that. If a meeting with the whole committee was requested, it has not been brought to my attention. I have met with select members of this committee and I intend to work very closely with you. In fact, Chairman Zefertetti asked me to go to New York to meet with some people. Because of that request, Mr. Leonard and I will be going up on December 12 to talk with the people in New York. We will be talking with the people in all of the different regions because we think each region has a special problem. A particular strategy may have to be designed for that particular region instead of just one broad strategy for everybody.

Mr. RAILSBACK. I want to thank you for coming up. I think I have used my time.

Mr. ZEFERETTI. I just want to comment on that one point in relation to the objective of creating a coalition of effort between church and other community representatives and business and industry. For many years this committee has been advocating that very same thing, and I'm really delighted that you are responding by meeting with that one business group that is very, very active and wants to cooperate in some way.

But, understand, if you will, that we, for the longest time, have not talked about assistance in just one area, whether it be law enforcement, prevention, intervention, or treatment. We think solutions to drug abuse problems require a combination of efforts in all these areas that have to be addressed at each level, because each activity is essential in its own right and each one needs to be supported.

But when we talk about dollars and the level of priority and the tools needed for all of those agencies to function properly, that's what our concern is. We want to be a part of the formulation of drug strategy so that we're involved at the front end, rather than coming in at a different level or from behind.

That's basically where we're coming from.

Dr. TURNER. Mr. Chairman, I give you my word, you will not come in from behind; you will be right there on the front end. We will now have to get down to the nitty-gritty of getting specific items in a comprehensive strategy. That's the reason I did not come with any specific items. I think we must discuss those to see which are applicable and workable. Your input will definitely be there, I can assure you, sir.

Mr. ZEFERETTI. I would like to continue with some questions for Mr. Mayer, if we can.

Mr. COUGHLIN. Let me just say that I agree with the expressions of other members of the committee that some areas of law enforcement, I think, have to be treated almost like defense in terms of "pose comitatus" and will be right there on the front end. We will have to come up with the nitty-gritty of getting specific items in a comprehensive strategy. That's the reason I did not come with any specific items. I think we must discuss these to see which are applicable and workable. Your input will definitely be there, I can assure you, sir.

Mr. ZEFERETTI. I would like to continue with some questions for Mr. Coughlin, if I may.
ness and organizations such as the PTA to take part. ACTION and the other agencies of the Government will follow up the conference with prevention and education programs within the regions. I take a lot of pride in this. I saw the need in Mississippi and we helped the people in Mississippi to organize on a State level. We will encourage that private citizens underwrite the cost of developing a statewide comprehensive drug abuse and alcohol education program within each State. Mississippi kicked off their campaign on the 90th of September. We will encourage private enterprise to get involved in this.

Another State, Texas, has also done this. We also have just received a letter—I would like to share this with you, if I might—from the president of the American Medical Association Auxiliary, offering their services in a prevention program. She said:

All community health needs for action by local organization. As an example, I enclose material which outlines a project to prevent drug abuse, implementation in our community, nationwide as well as our national plan for action. We offer you our expertise for national planning committees, community manpower for positive action and commitment to your goal for returning to the private sector investment in the welfare of the Nation.

We think that these programs are the way to go in that area. I am speaking broadly. If you would like to get into more specifics, I would be happy to do so.

Mr. Gilman. Would the gentleman yield?

Mr. GILMAN. Let me yield to my colleague, Mr. Gilman.

Mr. GILMAN. I thank the gentleman for yielding. I have to run to another meeting and I did want to ask one question.

The substance of our hearing today is: Where is the national strategy? As you know, our committee has been given the responsibility of helping to develop a national strategy. For many months now, we've been urging the Department to come forward with, at least, a planning council that would help develop the strategy. So far, we haven't seen that and we would hope that that would develop as quickly as possible. I think it has to be more than PTA and mental health councils; it has to be done right here at the top with the top enforcement people, the top policy people, the top Cabinet people who will move together to work out a comprehensive plan. Now, as long as this committee has been in existence, and I guess that's 4 or 5 or 6 years, we have yet to see a good, working national strategy. That was the Strategy Council in the last administration, whose hands were tied and did very little, if anything.

I would hope that the new administration is going to try to ensure that kind of a strategy that's so sorely needed—a comprehensive program, rather than a knee jerk reaction to the immediate crisis. And I think we would all welcome hearing that that's in the works.

Dr. Turner. Congressman Gilman, that is in the works. As we discussed, there are several mechanisms in the Cabinet level to integrate drug abuse. No decision has been made yet as to whether the drug issues will be covered under an existing Cabinet council or if a new Cabinet council will be created.

We are looking at the ways in which the task force the President announced in New Orleans that he will form, or he said, 'I will be forming,' will fit in. We're going to make decisions very shortly on the proper way to bring this strategy through. And if we think that the strategy council, as you mentioned, is no longer a productive organization, we will come back to you and to other members of this committee and the Congress to ask for the proper legislation to set up a better mechanism. We want to establish a long-term comprehensive program across the board, where resources and information will be shared in those critical areas.

Mr. Gilman. Well, I hope that we will be seeing some results in that direction at an early date and we're all very much concerned about the financial cutbacks that are affecting materially the unfortunate people who are out there working on this problem.

Dr. Turner. I appreciate your comments, Congressman Gilman.

Mr. COUGHLIN. Let me ask just one followup question on the drug abuse education end. This is going to require some funds, undoubtedly, to even administer a program of encouraging private and State drug abuse education efforts. Do you intend to ask for funds in that area?

Dr. Turner. Congressman, there are many agencies of the Federal Government that can be brought to this effort. Previously, ACTION had not gotten involved. They think that they have funds available to underwrite a considerable amount of project costs. This would not strain the NIDA budget and budgets of other agencies. Referring back to the two States that I already mentioned, the total cost is being underwritten by industrialists within each State. ACTION is also funding a resource center to help small groups find each other and find the information they need about drugs.

And, of course, there is NIDA and the agencies within ADAMHA. We think we can do it with existing resources if we coordinate and integrate those resources. But if it's a hedgepodge, it will not work. I would be very pleased to meet with the Administration and discuss that issue with you. Let me yield to my colleague, Mr. Gilman.

Mr. COUGHLIN. Let me just ask you a followup question: How soon do you expect to be coming back with this program?

Dr. Turner. Congressman, I have always found that when I fix a date for myself, I find that it's sometimes difficult to meet that date. Let me say within the next 3 months we will be back to you with our program plan. Of course, we will be discussing it with you in detail.

Mr. COUGHLIN. Thank you, Mr. Chairman.

Mr. ZEPPERTHY. Thank you, Mr. Akaka?

Mr. AKAKA. Thank you very much, Mr. Chairman.

Dr. Turner. I'm glad that we have this opportunity to speak with you and to hear from you in your capacity as Senior Drug Policy Adviser in the Office of Police Programs, Office of Policy Development of the White House. You commented in your testimony on the need to involve various components in the community in drug programs. I am particularly interested in a statement you made about the use of Federal resources, possibly Federal personnel and equipment, that are assigned in areas of our country. As I recall, there have been times when regions in our country with drug problems have been denied the use of Federal equipment—military personnel and military equipment—to assist with interdiction and eradication. My ques-
tion is what is your policy at the present time? The idea that I got from listening to you was that this assistance will be made available to communities.

Dr. Turner. The resources that we have will be made available. We can marshal some of those resources and move them to different areas when they're needed. We think we can do it. We think also in this area there is an exciting development: the State Drug Enforcement Alliances. Twenty-two States now have come together to share their intelligence and other information, and to share their equipment. One of their State agents can cross the border and work with the people in other States. They're working very closely with the FBI and very closely with the DEA in integrating their programs.

I think with this type of cooperation and integration, we can, with existing resources do much more than we have done in the past. I think what we need is a very clear and unequivocal voice coming out of the White House.

Mr. Akaka. In particular, I want to mention the National Guard. In some cases, the State or the Governor has jurisdiction over the National Guard. There have been occasions though when National Guard assistance was denied, and I understand the reason was because of a Pentagon ruling that the personnel and equipment could not be used for such activities. I'm hoping your statement means that National Guard personnel and equipment will be available.

And what I'm pointing to particularly is that in Hawaii we have what we call "Green Harvest." We've had excellent cooperation from the Coast Guard, from the National Guard in Hawaii, and also from the Customs people as well as the State and counties. I would say our program out there has been successful, but the number of growers has increased so our problem has increased, too. But I'm hoping your policy will be made clear so that other places in our country may be able to use Government and defense resources.

Dr. Turner. Congressman, I mentioned that operation in my formal text. "Green Harvest" is a model for other States to follow. I think this is something that the State government can do on its own. But, I would have to say that probably until the people in the State are educated as to the exact scope of their problem, these activities may be slow in coming. So we want to educate the people within the State to become aware and make their voices heard to encourage such cooperative activities as you have talked about in Hawaii.

Mr. Akaka. Another question. One large problem area, especially for places like Hawaii, New York, and Florida, is the impact of incoming drugs from foreign countries. Drug smuggling from Southeast Asia has been a big problem for us, and my question is: What are your plans to expand international narcotics control through use of AID funds and expertise and through other means? Can you give me some information on that?

Dr. Turner. Congressman, I will have to refer you to the State Department for the details. We want very much to include narcotic considerations in future AID developmental programs. We want also, where appropriate and when appropriate, to include narcotic considerations in international agreements. This is an area where we think we can get more return on any dollar invested than perhaps any other area. It's much more feasible to destroy the crops illicitly produced at the site than it is to try to interdict.

Mr. Rangel. Would the gentleman yield?

Mr. Akaka. Certainly.

Mr. Rangel. Are you aware, Dr. Turner, that's testimony in front of the Foreign Affairs Committee that the $2 billion economic and military package to Pakistan did not include any negotiation as it relates to the curbing of opium in that country?

Dr. Turner. Congressman, I was not here then. I came on board on July 9. I will try not to let that happen again. I will have a voice in the future. I think many times the countries that we give aid to sort of take a chagrined look as if to say, "What are they expecting from us in return?" We certainly want to insert the narcotic issue in as forceful and as meaningful a way as possible.

Mr. Rangel. Well, Secretary Buckley was taking a position that Pakistan may refuse our aid and God forbid that that should happen.

Dr. Turner. I agree with you.

Mr. Akaka. Thank you very much, Mr. Chairman.

Mr. Zefertti. Thank you.

Dr. Mayer. It is my understanding that the Secretary of HHS does not participate in the interagency task force that the President is establishing. Has any request been made to have the Secretary participate? Your agency, with the overall responsibility that it has in the drug area, should play a role in whatever strategy might come out of that interagency task force. Has the Secretary made a request to be a member of the task force or has a reason been given as to why he was not made a member of the task force?

Dr. Mayer. I can't answer your question because I don't know the answer. Mr. Zefertti, but Dr. Pollin can, I believe.

Mr. Zefertti. Yes, please.

Dr. Pollin. It's my understanding, Mr. Zefertti, that the task force you refer to is one which is specifically focused on enforcement issues. There currently exists, as Dr. Turner has indicated, an expanded larger group which encompasses both demand reduction and supply reduction in terms of the oversight group. And Dr. Turner indicated there is further consideration being given to an overarching group, perhaps at the Cabinet council or subcouncil level which will encompass both demand reduction and supply reduction. But I think Dr. Turner can spell that out in greater detail.

Dr. Turner. Chairman, that's what I was referring to previously. The decision has not been made about exactly where that will fit. But under the Cabinet council system, any Cabinet member has the right to sit in on any Cabinet council. And I think that if we look at most of the Cabinet councils there are a few names that are mentioned as prominent members, but other Cabinet members sit in this way we get the benefit of all Cabinet members.

Mr. Zefertti. I have one other question for Dr. Mayer and then I will turn it over to one of the other members.

With the switch to block grants, we're concerned a little bit with NIDA's ability to gather data, how NIDA's capabilities will be af-
fected and how NIDA will share data if, in fact, NIDA will be able to share data with the States? Have you any insight as to the impact of the block grants on these functions?

Dr. Mayer. Again, I'll ask Dr. Pollin to explain in more detail.

But of the four existing important data systems, three will continue as is. The fourth will rely on voluntary participation which has been promised by a number of States.

Dr. Pollin. There are four major systems, Mr. Chairman. Three of them—the Drug Abuse Warning Network (DAWN), the National Household Survey, and the Nationwide High School Senior Survey—will continue with as much support as they have had in the past, and in some ways we hope will be improved systems, as Dr. Turner has indicated in the text of his full testimony.

The fourth is the Client Oriented Data Acquisition Process (CODAP) system, which in the past has been the system that has monitored the number of individuals in the federally supported treatment system. That will no longer be nationwide and mandatory. A majority of the States which I have consulted with in the bulk of the nation's systems which indicate that after a certain level of chronic heavy use there are irreversible effects in terms of learning ability and in terms of motivation.

Mr. Railsback. Does the system not provide that necessary component of the data, we are prepared to turn to a representative nationwide sample to obtain that kind of treatment information?

Mr. ZEFERETTI. Dr. Pollin. Very much actively functioning, and hopefully, aiming toward an improved system rather than a weakened one in terms of our ability to monitor nationwide and local trends.

Mr. ZEFERETTI. Mr. Railsback?

Mr. Railsback. Thank you, Mr. Chairman. I would like to ask either Dr. Mayer or Dr. Pollin a question that has to do with the concern of many parents, teachers, and clinicians. With regard to the consequences of chronic marijuana use, the phenomenon of "burn out" or amotivational behavior by the children who has not received, as far as I know, any meaningful research. What are your intentions about that?

Dr. Pollin. Under current research practices, it has not been feasible nor would it be ethical to start a longitudinal study where, in some investigative mode, we administered large quantities of marijuana chronically to young people.

Initially, efforts were made to obtain an answer to that question by undertaking foreign studies of foreign populations where chronic heavy use of marijuana by young people was part of that culture. Those studies turned out to be flawed and not relevant to patterns of use in this country.

Accordingly, in recent years, we have begun to ask chronic heavy users who participate in the two national surveys that I spoke of to report their own self-perceived consequences. And the important findings during the past 2 years, and particularly during this past year, is that we have now very firm data which indicate that heavy users in the high school senior population, for example, daily users, themselves report to a very significant degree, that they perceive in themselves and in their heavy-using colleagues, the individual components which, taken together, add up to the amotivational syndrome or "burn out."

This is particularly impressive to us given the fact that it has been found in many other studies that, predictably, heavy users of marijuana tend, on the whole, to deny the existence of negative effects upon themselves. Nonetheless, in this most recent high school senior survey, between 25 and 50 percent of daily users reported decreases in energy, in interest in school and other activities, problems in peer relationships, and decreases in achievement motivation. And so, I think we can now say with empirical data to support it, that, on the basis of very large-scale data sets, users themselves acknowledge that this exists.

Mr. Railsback. Where do you have someone who is able to give up marijuana, how long before they regain their motivation?

Dr. Pollin. I don't know if I have anything like a definitive answer for this.

Mr. Railsback. I guess what I'm asking is there any permanent effects?

Dr. Pollin. This is a key question and it's one of our top priority research questions. There are a number of animal studies which indicate that after a certain level of chronic heavy use there are irreversible effects in terms of learning ability and in terms of motivation.

Mr. Railsback. Is that by reason of brain damage or what?

Dr. Pollin. I assume that there must be some kind of change, either structurally or biochemically, but what the nature of that change is, as yet we don't have hard data.

Mr. Railsback. Wouldn't it be very, very important for us to know that?

Dr. Pollin. Yes, it is, Mr. Railsback, and again, that's a very high priority target in our continuing revised research plan. The other side of that coin, though, which I think is equally important to communicate, is the very widespread reports from many parents and parent groups of dramatically positive change in the behavior of their teenage children when they discontinue the pattern of chronic use. These reports leave one to feel that this is, for the most part, and certainly in substantial numbers of cases, if not in all cases, a reversible pattern, given early and vigorous efforts to counter it.

Mr. Railsback. Thank you.

Dr. Turner. Congressman Railsback, could I respond and support what Dr. Pollin has said?

Mr. Railsback. Yes. Mr. Turner. Let me read a part here that I think really puts it in perspective:

Regardless of what the animal data shows, the proof in the pudding is what happens to the kids. The use of drugs by American youngsters between 12 and 17 creates at least 16,000 drug-related visits to medical facilities each year. Of these 104,000 young people, 60,000 require treatment for problems related to marijuana or marijuana in combination with other drugs.

This data was first reported in 1979 and I think it tells us very emphatically that regardless of what the animal data shows, these are young people that are actually coming in for treatment.

Mr. Railsback. Yes, but I think—that's true, but I think it's very important for us to be able to say with a degree of authenticity based upon empirical evidence that we know now that chronic
marihuana use can have permanent damaging effects. I think it's very important that we continue what Dr. Pollin indicates that NIDA is trying to do. I would hope that there could be some kind of testing, even though I understand what you said about your use of young people by feeding them chronic doses of marihuana. I do think that if that is true, then I think that it would be very important for the American public and all of our young people.

Mr. ZEFERETTI. I think that's been one of our problems in attempting to increase public awareness of the harmfulness of marihuana. We have never been able to say, "This is what happens." And I think the uncertainty in the medical field itself as to exactly what happens really lends itself to defeating whatever effort we put forward, whether it's a public program that we're instituting to educate people or not, we still have not put that all together, and that would be quite helpful.

Mr. Akaka, do you have any questions?

Mr. AKAKA. Mr. Chairman, thank you very much. This has been on my mind and I guess I'll ask it now in line with the questions that we were just asked.

As a drug policy adviser to the President, can you tell me what may be the administration's policy on the legal use of marihuana in our country?

Dr. TURNER. Congressman, I think the statement I just read regarding the number of young people that have received treatment illustrates my point of view. When you talk about legality and illegality of a particular drug, it is important to remember that for our young people, in most States, alcohol is illegal, tobacco is illegal, and marihuana is illegal. Our position is very clear. We do not think the drug should be a legal commodity. The President has stated very clearly, his opposition to decriminalization; I support that. I think our position is very clear in that area.

Mr. AKAKA. In all communities, I'm sure there are those who are always pressing for legalizing marihuana, and it's true that unless we get information that we can disseminate to show clearly that marihuana is detrimental to human development, then we might have difficulty with this in years to come.

I just wanted to know what stand the administration may be looking at in the future.

Thank you very much.

Mr. RAILSBACK. Thank you.

Mr. ZEFERETTI. Thank you.

Mr. Shaw?

Mr. Shaw. Thank you, Mr. Chairman.

Dr. Mayer, pursuant to the Percy amendment, the previous Secretary of HHS indicated some possibility that paraquat could be harmful to the health of the user of marihuana that has been treated with such. This really flies in the face of just about every study that I have seen, and certainly the study that was made by this committee in the last Congress. These studies conclude that if it is harmful, it would take vast quantities. Thus, it's really not practical to consider it as being harmful to the users.

If you accept that fact, then I think you also have to accept the fact that the present administration, through the Secretary of HHS, could undo this by simply finding that this is not the case.

Therefore, spraying paraquat would not violate the Percy amendment. Even though we're trying as hard as we can in both Houses of this Congress to try to repeal the Percy amendment, I think that perhaps the HHS could take a step forward, then beat us to the punch by simply making the determination—that the use of this herbicide in foreign fields is not harmful to the health of marihuana users.

Has consideration been given to this?

Dr. Mayer. If it has, Congressman Shaw, I haven't been included in such deliberations.

Mr. ZEFERETTI. To my knowledge, Mr. Shaw, the Department has been actively reviewing the matter and has decided that it is strongly in favor of the principle of repeal of the Percy amendment. It is at the moment continuing to evaluate some of the details about the alternative repeal motions with regard to trying to find what would be the optimum level of continued monitoring, if any, of health consequences.

And I think at the moment it is simply a question of what tactically would be the most effective way to see to it that eradication could once again begin. The Department has up to now been hoping that this would be resolved in the legislative process.

Mr. Shaw. Well, we certainly hope so, too. However, I would suggest, and perhaps you could bring this message to the Secretary that he can move a lot faster than both Houses of this Congress can move. I think it also shows that time is somewhat of the essence because of the Colombian crop that is now being harvested, and from all indications we get, this is going to be a bumper year. The Department has up to now been hoping that this would be resolved in the legislative process.

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law enforcement agencies as to the future of posse comitatus with regard to the dollars that are involved. I have heard it said now on more than one occasion that the Department of Defense expects to be responsible for the use of the military in law enforcement agencies as to the future of posse comitatus with regard to the dollars that are involved. Well, quite obviously, the military gets involved in equipment. Well, quite obviously, the military gets involved in equipment. I would suggest that supplemental the Coast Guard with the naval resources—and I'm talking about naval personnel and naval ships, which is presently legal, with just a slight change in the regulations, would not require additional budgetary expenditures. I think that we are faced here with an opportunity to have our

Dr. Mayer, I would hope very, very strongly that you would come March, and I would hope that by that time we would have the program is not in place and we don't know exactly the
some input from you as to the areas of concern we have discussed that's possible, to meet with you at anytime to work toward a coop-

President, which is think we need a loud, clear voice from the President, which is going
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we've fallen short. Dr. Turner, I hear you say that you hate to give time deadlines so I can echo the senti-
ment of Defense, almost to the extent of absolute defiance. At times I get the idea of wondering who's in charge. When we do
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director in the Air Force," he said. "I think the military is going to have to provide a lot more in the way of training and support to the police that are involved in law enforcement operations."

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Mr. Chairman, I am not trying to downplay the problems of opiate use. Current estimates suggest that there are approximately 600,000 opiate addicts in America. What I am trying to do is put drug problems in perspective and share with you the overall scope of the problem.

Even through we continue to be deeply disturbed by the problems of opiate use, I believe that we must be equally concerned about the abuse of other drugs. The number of people affected dictates that we broaden our efforts. Our drug problems will never be solved by continuing to concentrate our efforts on any one drug or class of drugs.

For the past decade, much of our effort has been focused on the opiate problem. We are now sensing the effects of the widespread abuse of other drugs. These drugs, ones considered "soft" and less dangerous, are now creating acute and chronic problems for the well-being of our people.

Today's problems involve many drugs. In order to understand the problems, we must use all available data. The data systems that have been used tell us what our drug problems are were developed in the mid-70's. I believe that we should face the known methodological problems associated with the gathering and analysis of data and review the system now in use.

Although we are concerned about various problems with the national data systems, we must continue to use this data. They are all that we have at the moment. For example, while we appreciate the value of the survey of high school seniors, we often use this data do not present the total picture.

Twenty-five percent of students across the nation do not graduate from high school. School drop-outs are probably the highest drug-using group. Therefore, the high school seniors survey only reports drug use information about the students who have not stayed in school.

Mr. Chairman, I am certainly not here to propose a quick fix. Just as serious diseases sometimes develop slowly and faster over many years, the drug problem in America has not happened overnight. It has been growing in spite of the efforts of recent Administrations and the yeoman efforts of many Congressional committees. I believe that one reason for the growth is that we have tended to view the drug problem too narrowly. What we need is a broader and more balanced perspective so that our prevention and control efforts can take full advantage of the vast federal, state, local and voluntary resources that have been brought to bear.

This administration intends to mobilize four major components of society to capitalize on the existing mechanisms and resources that Americans have traditionally used to solve national problems. These are the federal government, state and local governments, the business community and the forces of volunteerism.

Our objectives for these four areas are:

1. To integrate and make use of all our resources in the effort to prevent and control drug abuse.

2. To provide national goals and information to assist state and local governments in making informed decisions about mobilizing their resources to address drug abuse prevention and control at the local level.

3. To encourage the use of the resources of the business community to convey the drug prevention and control message to young people to make their efforts consistent with our goals and with the voluntary efforts of our citizens.

4. To capitalize on the tremendous potential of voluntary citizen efforts to prevent and control drug abuse.

By broadening the availability of existing federal resources which previously have not been focused on drug problems, we will be able to capitalize on existing resources and will integrate drug issues into the functions of many federal agencies.

To assist states and local governments in making informed decisions about how they can best address drug problems in their localities, the federal government will provide data and national goals. In this way, control should remain at the local level—the best place to address local problems.

The business community must make drug problems part of their concerns. We must encourage the establishment of employment-based rehabilitation programs that are useful both to business and to the victims of drug abuse. We have a significant source of business to educate Americans about drug problems. We can reduce the demand for drugs and thereby improve productivity in industry, colleges and universities and the general health care establishment to play a major role in prevention.

By capitalizing on the tremendous potential of voluntary citizen efforts, of individual and community groups, and of private enterprises, we can tap the most important natural resource of this country—the citizens themselves.

Volunteers will only be interested in drug abuse prevention as a significant part of our program. I believe that many citizens, especially parents of school-aged children, will stand up and undertake such community programs only if they are convinced that efforts by publicly taking an unequivocal and united stand against drug use.

The President, in his message to Congress on October 6, that it was his belief that the answer to the drug problem comes through winning over the users to the point that we take the customers away from the drug pushers. I am encouraged that while we may not set up on enforcement, "... it is far more effective if you take the customers away than if you try to take the drugs away from those who want to be customers."

By mobilizing existing resources of the federal government, state and local governments, the business community and the forces of volunteerism, we will help to:

Reduce the spread of drug abuse by diminishing the demand for and reducing the supply of drugs; reduce the drugs on productivity caused by drugs and drug trafficking; improve the mental and physical health of our communities.

Support the role of the family as the primary socializing mechanism of society, and bolster the moral character of the individual and the nation.

Our drug effort will encompass five major areas: Research; detoxification and treatment; prevention and education; interagency cooperation; and drug law enforcement.
RESEARCH

We are here today as the Senior Drug Policy Adviser for the Administration. I am also calling upon my 15 years in the research field, with over 10 of those years as the director of large, multidisciplinary research programs. I know very well the great value in research. But, I am also aware of many of the problems.

We intend to reemphasize how research data is used, what we decide to research and how those decisions are made. We consider it extremely important that basic research findings be transferred in a timely and understandable way for use by health care professionals and the public. I strongly support the smooth transition of information from research for use in the field of education.

One of the highest priorities of drug research should be the development of antagonists. These are substances that will nullify, render unpleasant or otherwise change the expected action of a drug. They could be used to reduce the time a person spends in treatment and could lessen the drain of resources required for long-term maintenance treatment.

We will encourage the pharmaceutical manufacturing community, colleges and universitie of professional health care organizations, when appropriate, to undertake more drug research. In this connection, one pharmaceutical firm has already filed a New Drug Application (NDA) with the Food and Drug Administration to market a nonopioid antagonist for the purpose of treating addicts.

We will encourage longitudinal and epidemiological research to accurately gauge drug problems. Research, wisely undertaken and carefully planned, will buttress all of our efforts to prevent, treat and control drug problems.

IDENTIFICATION AND TREATMENT

Although the direct involvement of the federal government in funding and managing treatment facilities has diminished, that does not mean, however, that treatment services are of lesser concern to us. The block grant program for alcohol, drug abuse and mental health will allow States to decide what types of treatment modalities they will support, and will enable States to design appropriate treatment responses to the drug problems of their local communities.

I consulted the work of the drug treatment community. I believe that they have achieved sufficient stature to allow them to effectively deal with States and other funding sources for continuing expansion of their programs.

This administration considers the appropriate federal role in the support of treat­ment for drug abusers to be to provide information and guidance to enable the responsible State agencies to make fully informed decisions about the uses of their block grant funds.

For example, we do not believe that it is in the best interest of the patient or the community to substitute one drug for another unless an extended period of treatment has been observed. Therefore, we will encourage States to continue detoxification and treatment pro­grams that will reduce the length of time a person spends in treatment and will work toward the detoxification of patients from all drugs.

In keeping with our efforts to involve all sectors of society, we will encourage the integration of drug abuse services into the general health care system, especially the mental health system. We will urge the business community to work with State agencies and private facilities to undertake employment and rehabilitation programs that will enhance and complement all treatment efforts.

PREVENTION AND EDUCATION

Probably the greatest opportunity to reduce the demand for drugs and solve many of our drug problems lies in a comprehensive, long-term national drug abuse prevention campaign. Combined with a strong enforcement policy, a campaign that unequivocally states the dangers of drug abuse and alcohol use must be directed to our young people. It will also be of tremendous support to parents and school authorities in preventing the spread of drugs and reduce the magnitude of the drug problem.

It is necessary to recognize the need to consider long-term. An occasional shot for three or four weeks on television and radio is just not enough.

The basis for the most successful programs of organized and individual voluntary citizen efforts. People will carry the message to their children, brothers, sisters, neighbors and public officials.

We will call upon the National Parent/Teacher Association (PTA) and other sim­ilar organizations to place a high priority on drug abuse prevention in the schools. We expect the support and active involvement of the business community and labor.

Naturally, we will expect participation from all federal and state agencies with responsibility for drug abuse.

A strong and comprehensive prevention and education campaign will encourage the expansion of the parent group concept and will support the family as the primary socializing mechanism of society.

Our long-term approach in prevention and education will not only be a positive message for individual families and communities, but will also be reflected in schools, the workplace and our neighborhoods.

INTERNATIONAL COOPERATION

On September 28, President Reagan spoke about crime control before the Interna­tional Association of Chiefs of Police. The President said, "One of the single most important steps that can lead to a significant reduction in crime is an effective attack on drug traffic." He added that he would establish "a foreign policy that vig­orously seeks to interdict and eradicate the drugs, wherever cultivated, processed or transported. This includes the responsible use of herbicides."

Thus, our international drug policy will be the development and implementation of a long-range effort to eliminate drugs at their source and to interdict drugs in transit.

If we are to be successful, the Per­cy Amendment must be repealed. We must be able to allow foreign assistance money to be used in eradication programs. I should note that Representative Evans, other members of this committee and other mem­bers of the House have been strong supporters of this proposal.

We will also continue our support to producing and transiting countries in the form of technical training, advice and equipment.

We support the proposal in section 119 of the Foreign Assistance Act to include drug considerations in the Agency for International Development's (AID) develop­ment programs. It is of utmost importance that drug issues are integrated into international agreements where appropriate.

There are frequent misconceptions in the international community about our com­mitment to control drug traffic. Why should they make a strong effort to eradicate drugs produced in their countries if we do not make the same effort here to control domestic production of illegal drugs? We must control the spread of domestic cultivation and production of drugs.

Our international drug policy must include active participation at the highest levels of international drug control organizations such as the U.N. We strongly sup­port the country's major involvement in a new, multi-agency program, such as the United Nations' Fund for Drug Abuse Control (UNFDAC).

We will urge the worldwide drug control strategy objectives for all nations as forth by the U.N.

DRUG LAW ENFORCEMENT

I have saved this subject for the last part of my testimony, Mr. Chairman, because I believe that with appropriate choice in coordination and cooperation, we can substantially reduce the availability of drugs. I also consider enforcement initiatives to be an integral part of a comprehensive prevention program.

This administration has several enforcement initiatives. Some were set forth in President Reagan's September 28 speech on crime control. Some have been present­ed to the Senate Judiciary Subcommittee on October 25 by the Attorney General. Others are in the legislative process.

We are on record as favoring the use of appropriate military resources to assist in the interdiction of drug trafficking. We supports the clear and present necessity of "Posse Comitatus" to the Senate Judiciary Subcommittee on October 25 by the Attorney General. Others are in the legislative process.

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We are on record as favoring the use of appropriate military resources to assist in the interdiction of drug trafficking. We supports the clear and present necessity of "Posse Comitatus" to the Senate Judiciary Subcommittee on October 25 by the Attorney General. Others are in the legislative process.
We will seek to improve the quality of law enforcement in the United States through the expenditure of additional resources to train and equip our law enforcement officers. We will focus our efforts on those areas where the need is greatest. We will seek to strengthen the capacity of our local law enforcement agencies to combat drug trafficking and distribution.

In conclusion, we must make every effort to prevent the spread of drug abuse among our people—especially among young people for they are the future of our country. As a very great American has said, "A child is a person who is going to carry on what you have started. He is going to sit where you are sitting and when you are gone, attend to those things you think are important. You may adopt all of the policies you please, but how they are carried out depends on him. He will assume control of your cities, states and nation. He is going to move in and take over your church, schools, universities and corporations... the fate of humanity is in his hands." The author of that comment was Abraham Lincoln. What he said is as true today as it was then; perhaps with more urgency.

I know that you will agree with me, Mr. Chairman, that we must make the fight against drug abuse the highest priority in order to preserve the vitality of our people and secure our nation's future.

I would like to leave you with a remark made by William Faulkner when he accepted the Nobel Prize for Literature. At that time, there was widespread concern about the survival of mankind. Faulkner said, "I decline to accept the end of man. I believe that man will not merely endure: he will prevail.

Just as Faulkner would not give up on mankind, I refuse to give up on the possibility that we will have a society free of drug abuse. I believe that with proper guidance from people such as yourself, young people and all Americans will prevail in reducing drug use.

Thank you for giving me the opportunity to appear before you.
As States consolidate the responsibility for managing the delivery of drug abuse treatment and prevention services, the Federal role will be to provide national and international leadership by setting the highest standards of community responsibility or feasibility as set by the individual States. The National Institute on Drug Abuse plays a key role in fulfilling the broad goals of the Federal Government in the drug abuse demand reduction strategy. Its aim is to bring about a reduction in the use and abuse of drugs, and in concomitant health and social costs. Priority areas for NIDA during the next few years are described below.

**National Epidemiologic Data Collection and Analysis**

In order to play a national role in the area of drug abuse, the Department must be able to understand and answer questions concerning the extent of drug use; the characteristics of drug users; the consequences of drug use and abuse; population groups at highest risk of drug abuse; changing patterns and trends in drugs being abused; geographic distributions of drug problems; and resources available to prevent and treat drug abuse. Without such information, the Federal Government will not be in a position to evaluate containment efforts, will be hampered in responding to problems before they require emergency intervention, and will be less able to properly allocate resources in light of shrinking governmental budgets. States also will be limited in their ability to determine the extent to which drug problems in other parts of the Nation could spread into their States.

The need for a well conceived and managed intelligence effort is particularly critical in the drug abuse area. This is necessary in part due to the essentially uncontrollable and illegal manner in which much drug use and abuse occurs and the apparent willingness on the part of segments of the population to experiment with and misuse almost any drug. Once discovered, a new "lead" in drug abuse may be confined to a small area; all too often, these leads spread from one region of the country to another. Additionally, we have learned that drug use thought to be contained at an endemic level may suddenly experience a resurgence.

Therefore, one of the major factors that contribute to the continuation of drug abuse also hinder assessment of the problem. Nevertheless, reasonably accurate assessments of changing patterns and emerging trends can be made by analyzing data collected from a variety of sources.

Among the sources of data utilized by the Department, four are national in scope. These are: the Client Oriented Data Acquisition Process (CODAP), the Drug Abuse Warning Network (DAWN), the National Survey on Drug Abuse, and the High School Senior Survey. All of these sources are vital to the Department’s intelligence efforts; each contributes valuable information. For example, DAWN, which received $16.3 million during fiscal year 1982, is the only data source that can provide a picture of drug use over an entire population, and the only one that is able to track short-term changes in drug use.

Three of our four data systems will continue with full funding and one, CODAP, will continue on a voluntary system at reduced levels.

This network of surveys and reporting systems provides the framework of information used by HHS for the National Government's drug abuse problem. Other sources of data are also employed. For example, price and purity data obtained from the Drug Enforcement Administration (DEA) and the National Institute on Drug Abuse (NIDA) are also available. HHS, as a member of the Federal Interagency Council on Drug Abuse, is working with the DEA, the NIDA, and other Federal agencies to use such data to develop a national drug abuse information system.

The need for a well conceived and managed intelligence effort is particularly critical in the drug abuse area.
the neural mechanisms underlying mood states, such as euphoria, drug-seeking behavior, and the development of tolerance and dependence.

To continue to investigate the basic biological and behavioral processes affected by marijuana. Studies will focus on irreversible psychological effects of heavy use and the hormonal and reproductive consequences of marijuana use in adolescents. An emphasis will be placed on conducting longitudinal studies in order to determine the long-term health effects of heavy use by young people.

To study the efficacy and cost effectiveness of different drug abuse treatment approaches. Among these, the following are of particular interest:

Studying methods for using schools for identifying and providing effective services to aid drug abusing youth. The approaches examined would permit the early identification of youthful drug abusers and encourage their involvement in school rehabilitative strategies before becoming heavily involved in drug use.

Studying how existing community mental health center programs can be used to provide effective drug abuse services, with special emphasis on chronic marijuana users and persons who have become dependent on sedative-hypnotic agents.

Investigating family therapy approaches to drug abuse treatment. The programs proposed for investigation make use of comparatively short time frames and are comparatively inexpensive.

Continuing investigation of the strategies to assist the country in conducting outreach and for providing the most efficacious and cost effective treatment to those suffering from drug-related diseases.

To continue to examine the biological and behavioral factors which may predispose individuals to drug abuse. Underlying this approach is the hypothesis that various forms of co-occurring self-destructive behavior—commonly referred to as compulsive, behavioral, and biological mechanisms. An understanding of these mechanisms will enable us to design more effective treatment and prevention programs.

Research also will look at the role of parents and peers in the initiation, maintenance, and cessation of drug abuse.

**KNOWLEDGE DISSEMINATION**

The Department, through NIDA, is planning to implement a long-term public information program designed to influence attitudes toward drug abuse. It will attempt to desensitize drug abuse and reinforce nondrug-taking behavior. As part of the National Drug Abuse Information Program, several national organizations and agencies will be involved in expanding the dissemination of drug abuse information.

These organizations/agencies will serve as intermediaries between NIDA and regional and local organizations. In addition, NIDA will conduct its efforts to ensure that research findings are disseminated to the greatest extent possible. Findings derived from grants and contracts will be disseminated directly to practitioners, program administrators, and the scientific community through a variety of mechanisms.

**ASSISTANCE TO STATES AND LOCALITIES**

When requested, NIDA will continue to provide technical assistance to States, communities, private organizations, and other Federal agencies, within the limits of available resources. Such assistance will focus on clinical and administrative approaches, prevention and public information strategies, research issues, and data analysis/evaluation.

NIDA intends to conduct four regional workshops to train States and programs in the latest techniques for meeting the needs of treatment services and thereby maintain continuity of care. In addition, this training should provide programs with a means of assessing assistance from the private sector.

**PRIVATE INVOLVEMENT**

ADAMHA maintains an ongoing work group which has the following goals and objectives for stimulating further private involvement in the alcohol, drug abuse, and mental health areas:

To help improve perception of ADAM health problems among the public and private sector.

To enhance collaboration and information exchange among the ADAMHA Institute with regard to activities involving private industry, voluntary organizations, and other parts of the private sector.

To encourage various groups throughout the country—civic organizations, private philanthropy, etc.—to adopt projects to improve public understanding and acceptance within their structures and resources—especially to foster volunteerism.

To inform and educate the public and private sector concerning ADAMHA's role in research progress in these fields and to enhance research information dissemination to better assure understanding and consideration of ADAM health problems as illnesses needing prevention, treatment, rehabilitation, and research initiatives.

NIDA will continue to have a leadership role in knowledge development and technological transfer in drug abuse prevention, education, treatment, rehabilitation, and research efforts. The Institute is developing a strategy to enhance technology transfer efforts and to increase coordination with the private sector, e.g., business and industry, professional organizations and associations, private programs, and private philanthropy.

Along with ADAMHA, the eight other departmental agencies most involved in carrying out the Department's responsibilities in drug abuse treatment, rehabilitation, and prevention are: the Centers for Disease Control, the Food and Drug Administration, the Health Resources Administration, the Health Care Financing Administration, the Health Services Administration, the Office of Human Development Services, the Social Security Administration, and the National Institutes of Health. Examples of some of their activities include:

- Food and Drug Administration (FDA) is responsible for all drug regulations in the United States. Specifically, FDA administers the Federal Food, Drug, and Cosmetic Act and certain provisions of the Controlled Substances Act and the Psychotropic Substances Act of 1978. In collaboration with NIDA, FDA also develops information and policy on international scheduling of drugs. In this context, it responds to requests for drug abuse information from the World Health Organization and evaluates the effects of international control activities on domestic control measures.

- The FDA also reviews and monitors methadone treatment programs to assure compliance with standards of medical care for the treatment of narcotic addiction.

- The role of the Health Resources Administration is to identify health care resource problems and maintain or strengthen the distribution, supply, utilization, quality, and cost effectiveness of these resources to improve the national health care delivery system. The Health Resources Administration's mission is to provide health services, including mental health, substance abuse, and kidney disease care, to underserved, American Indians and Alaska Natives, and Federal beneficiaries such as American seamen, Federal employees, and prisoners.

- The Health Resources Administration provides operational direction and policy guidance for nationwide administration of the Medicare and Medicaid programs which together finance basic health benefits for elderly, disabled, and low-income beneficiaries, including those who are drug abusers. For example, in 1981, it hired and eight-site demonstration project to evaluate the effectiveness of extending Medicare and Medicaid coverage to alcoholism treatment in free-standing treatment centers and economical service arrangements to provide a uniform benefit package. The results of this demonstration may have implications for drug abuse coverage.

- The Administration on Aging, the Office of Human Development Services funds research training and special projects concerning misuse of drugs by the elderly and encourages the aging service network to support and conduct drug misuse prevention programs for the elderly.

- The Social Security Administration administers the Supplemental Security Income (SSI) program for disabled drug abusers among other eligible. It reviews applications from disabled drug abusers for eligibility for cash assistance under SSI and assures that all drug-abusing SSI recipients receive ongoing treatment and rehabilitation as required for continuing eligibility.
Our intradepartmental task force that I referred to earlier will assist us in coordinating these and other departmental drug abuse activities.

In summary, Mr. Chairman and members of the Committee, despite the apparent recent downward trend in drug use by our high school seniors, drug abuse continues to be a major national problem. The Department views this area as a high priority and will maintain a high level of commitment to combating drug abuse. Certain functions will remain at the national level, and others will continue to be delegated to States and local government through the block grant program.

It is true that there will be some reduction of Federal financing resources targeted to this area because of overriding national concerns. I believe that the Administration’s program succeeds in balancing these larger national priorities with the multiple health needs of our society, including those of drug abuse.

Thank you. I would be glad to answer any questions you may have at this time.

APPENDIX

APPENDIX A

LETTER FROM CHAIRMAN ZEFERETTI TO DR. CARLTON TURNER REQUESTING CLARIFICATION OF ISSUES RAISED AT THE HEARING WITH ADDITIONAL QUESTIONS


DEAR DR. TURNER: On behalf of the Select Committee, I want to thank you and Mr. Leonard for appearing before our Committee on November 19 to testify and answer questions on Federal drug strategy. As was evident from the statements made and questions posed by a number of Committee members, we are deeply concerned about the level of priority this Administration accorded to the serious problems of drug abuse and drug trafficking. We look forward to the opportunity to continue our discussions on issues of mutual concern in the months ahead.

Because we were not able to cover all the areas of interest to us in the time available, I am enclosing some additional questions. We would appreciate your responses in writing to these questions for inclusion in the record of our hearing.

Thank you for your cooperation.

Sincerely,

Leo C. Zefereatti, Chairman.

Enclosure.
APPENDIX B

LETTER OF RESPONSE TO CHAIRMAN ZEFERETTI FROM DR. CLARKTON TURNER

THE WHITE HOUSE
House of Representatives

Dear Mr. Zeferetti: Enclosed are my responses to the questions that you sent to me in your letter of December 22.

Sincerely,

CLARKTON E. TURNER, Ph. D.
Senior Policy Adviser for Drug Policy

RESPONSES TO QUESTIONS

**Question 1.** The Drug Abuse Prevention, Treatment and Rehabilitation Act requires the President to designate a single drug representative to direct the development of Federal drug abuse policies and programs. Have you been officially designated as the President's drug representative? If so, how? If not, how can I obtain the views of the President's drug representative with respect to policy questions and the status of Federal drug abuse efforts?

**Answer.** The President has not officially designated me as the drug representative with respect to Federal drug abuse efforts. All Federal drug abuse efforts are the result of my efforts as the Director of Policy Development at the Office of Drug Policy. The President has assigned to me the responsibility of directing drug strategy efforts and has delegated to me the necessary staff and authority to implement this strategy. As such, I have been designated as the drug representative with respect to policy questions and the status of Federal drug abuse efforts.

**Question 2.** How will the responsibilities and duties of the Senior Adviser to the Law Enforcement Agency be coordinated with the cabinet-level Task Force on Drug Abuse of the National Drug Abuse Policy Council?

**Answer.** The Senior Adviser to the Law Enforcement Agency will be responsible for coordinating the drug strategy efforts of the Department of Justice with the drug strategy efforts of other Federal agencies. This coordination will be accomplished through the establishment of a drug strategy council, which will be composed of representatives from each of the Federal agencies involved in drug strategy efforts. The drug strategy council will meet on a regular basis to discuss the progress of drug strategy efforts and to coordinate the activities of the various agencies involved.

**Question 3.** What role does your office play in establishing Administration budget policies with respect to drug abuse issues?

**Answer.** We consult with OMB and with other agencies at appropriate points in the budget process. Additionally, I participate in the final review process as a member of the Office of Policy Development. I anticipate that the Federal Strategy, as the primary policy document, will play a significant role in establishing agency priorities and, subsequently, in the development of agency budgets. My office will be directly involved in the implementation of the strategy.

**Question 4.** The Administration has indicated that it will augment DEA's capabilities by giving the FBI new responsibilities for drug trafficking. What steps are being taken to appoint a strategy council as required vehicle for establishing drug strategy, what alternatives to the strategy council are you considering?

**Answer.** We are in the process of establishing a system for the development and implementation of drug strategies. This system will be a combination of established drug strategy organizations and working groups.

**Question 5.** What steps are being taken to appoint a strategy council as required vehicle for establishing drug strategy, what alternatives to the strategy council are you considering?

**Answer.** We are in the process of establishing a system for the development and implementation of drug strategies. This system will be a combination of established drug strategy organizations and working groups.

**Question 6.** Why does the budget, as provided by the Administration, threaten to cripple the efforts of our drug prevention and control agencies? For example, the New York Times reported on November 3 that the 12 percent cut proposed for DEA would reduce the jail-time of 311 agents, reduction in overhead intelligence activities, cutbacks in travel and buy money, reductions in compliance efforts and a two-week furlough without pay for DEA employees.

**Answer.** The cuts requested by the Administration will affect all Federal drug agencies. We expect the actual arrangements on loan of equipment or information to be a matter of negotiation and agreement between the departments and agencies involved. The change will also allow the military to pay special attention to drug-related operations. It will also allow the military to pay special attention to drug-related operations.

**Question 7.** Given the cuts requested by the Administration, how will Federal civilian law enforcement agencies be able to satisfy the drug-related missions of the military? Will any other support to be a matter of negotiation and agreement between the departments and agencies involved?

**Answer.** The budget cuts requested by the Administration are in the early stages of preparing a 1982 drug strategy. The strategy as it is in the preliminary stages of preparing a 1982 drug strategy. The strategy as it is in the preliminary stages of preparing a 1982 drug strategy. The strategy as it is in the preliminary stages of preparing a 1982 drug strategy. The strategy as it is in the preliminary stages of preparing a 1982 drug strategy.

**Question 8.** The Administration has indicated that it will augment DEA's capabilities by giving the FBI new responsibilities for drug trafficking. What steps are being taken to appoint a strategy council as required vehicle for establishing drug strategy, what alternatives to the strategy council are you considering?

**Answer.** We consult with OMB and with other agencies at appropriate points in the budget process. Additionally, I participate in the final review process as a member of the Office of Policy Development. I anticipate that the Federal Strategy, as the primary policy document, will play a significant role in establishing agency priorities and, subsequently, in the development of agency budgets. My office will be directly involved in the implementation of the strategy.

**Question 9.** Why does the budget, as provided by the Administration, threaten to cripple the efforts of our drug prevention and control agencies? For example, the New York Times reported on November 3 that the 12 percent cut proposed for DEA would reduce the jail-time of 311 agents, reduction in overhead intelligence activities, cutbacks in travel and buy money, reductions in compliance efforts and a two-week furlough without pay for DEA employees.

**Answer.** The cuts requested by the Administration will affect all Federal drug agencies. We expect the actual arrangements on loan of equipment or information to be a matter of negotiation and agreement between the departments and agencies involved. The change will also allow the military to pay special attention to drug-related operations. It will also allow the military to pay special attention to drug-related operations.
We will be working with the Federal law enforcement agencies as the necessary agreements and support arrangements are developed.

Question 5. The Conference report on S. 815 (DOE Authorization Act 1985) states officials are not intended to limit the authority of the Navy and Marine Corps resources to aid drug enforcement. What plans does the Department of Justice have to utilize Navy and Marine Corps resources to aid drug enforcement and assist in the extradition efforts under the authority of 21 U.S.C. 878(b)? It is anticipated that the Department of Justice will continue to work with the Office of Management and Budget to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Answer. The Administration has discussed with the Department of State and other agencies the need for additional resources for this purpose and this need is being considered as part of the overall strategic plan.

Question 6. What does the Administration place on international narcotics control efforts? The Administration views international narcotics control efforts as a priority consideration in the negotiation of bilateral treaties.

Answer. The Administration has discussed with the Department of State and other agencies the need for additional resources for this purpose and this need is being considered as part of the overall strategic plan.

Question 7. What plans are being developed by the State Department programs and agencies to meet the proposed need identified in the Department of Justice's budget request? The Department of Justice has discussed with the Office of Management and Budget the need for additional resources for this purpose and this need is being considered as part of the overall strategic plan.

Answer. We are working with the Department of State and other agencies to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 8. Does the Administration view the narcotics control efforts within their overall national policy for a comprehensive drug strategy as a priority area? The Administration views narcotics control efforts within their overall national policy for a comprehensive drug strategy as a priority area.

Answer. As indicated in my testimony, stopping drugs as close to their source as possible is one of the major points of the Administration's drug control strategy.

Question 9. What actions can be taken in conjunction with the Office of Management and Budget to ensure that extradition procedures and mutual assistance on legal matters are part of the overall strategic plan? The Department of Justice has discussed with the Office of Management and Budget the need for additional resources for this purpose and this need is being considered as part of the overall strategic plan.

Answer. We are working with the Department of State and other agencies to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 10. How can the Administration support a major inter-agency Task Force on drug enforcement? The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Answer. The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 11. Do you feel the current allocation of approximately $37 million to the Department of State is adequate to carry out a global narcotics control program? We feel it is adequate but recognize that additional resources are needed to support the overall strategic plan.

Answer. As indicated in my testimony, stopping drugs as close to their source as possible is one of the major points of the Administration's drug control strategy.

Question 12. What is the Administration's plan to support a major inter-agency Task Force on drug enforcement? The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Answer. The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 13. What is the Administration's plan to ensure that extraditions and assistance on legal matters are part of the overall strategic plan? The Department of Justice has discussed with the Office of Management and Budget the need for additional resources for this purpose and this need is being considered as part of the overall strategic plan.

Answer. We are working with the Department of State and other agencies to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 14. What actions will be taken to ensure that extraditions and assistance on legal matters are part of the overall strategic plan? The Department of Justice has discussed with the Office of Management and Budget the need for additional resources for this purpose and this need is being considered as part of the overall strategic plan.

Answer. We are working with the Department of State and other agencies to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 15. Do you feel the current allocation of approximately $37 million to the Department of State is adequate to carry out a global narcotics control program? We feel it is adequate but recognize that additional resources are needed to support the overall strategic plan.

Answer. As indicated in my testimony, stopping drugs as close to their source as possible is one of the major points of the Administration's drug control strategy.

Question 16. What is the Administration's plan to support a major inter-agency Task Force on drug enforcement? The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Answer. The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 17. What are the Administration's plans for domestic marijuana eradication? Why is legislation needed for the Federal Government to engage in domestic marijuana eradication? Are current authorities sufficient? The Administration's plans for domestic marijuana eradication are to work with State and local authorities to eliminate cultivation of marijuana within their jurisdictions. We are not aware of any need for additional legislation in this area.

Answer. The new Federal Strategy will address domestic marijuana eradication and will focus on efforts by State and local authorities to eliminate cultivation of marijuana within their jurisdictions. We are not aware of any need for additional legislation in this area.

Question 18. The Secretary of HHS is not a member of the new inter-agency Task Force on drug Law Enforcement appointed by the President to coordinate U.S. narcotics control efforts here and abroad. Yet, recent studies clearly establish the link between stress crimes and heroin addiction and demonstrate the critical effect of treatment in reducing drug-related crimes. Further, health considerations are significant factors in undertaking bivariate eradication programs and in scheduling controlled drugs.

Answer. The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Question 19. Would you be a member of the Task Force? In there any other mechanism in existence or planned to assure that demand control issues are taken into account in the Administration's overall drug strategy? The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.

Answer. The Administration is working with the Department of Justice to ensure that extraditions and assistance on legal matters. Also, an agreement is underway to develop operations against maritime drug trafficking.
APPENDIX C

LETTER FROM CHAIRMAN ZEFERETTI TO DR. WILLIAM MAYER REQUESTING CLARIFICATION OF ISSUES RAISED AT THE HEARING WITH ADDITIONAL QUESTIONS

U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

DEAR MR. MAYER:

On behalf of the Select Committee, I want to thank you and Dr. Mayer for appearing before our Committee on November 19 to testify and answer questions posed by a number of Committee members. We are deeply concerned about the serious problems of drug abuse and drug trafficking. We look forward to the opportunity to continue our discussion in the months ahead. Because we were not able to cover all the areas of interest to us in the time available, I am enclosing some additional questions. We would appreciate your responding to these questions for inclusion in the record of our hearing.

Thank you for your cooperation.

Sincerely,

LIO C. ZEFERETTI, Chairman.

APPENDIX D

LETTER OF RESPONSE TO CHAIRMAN ZEFERETTI FROM DR. WILLIAM MAYER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Hon. Leo C. Zefterti,
Chairman, Select Committee on Narcotics Abuse and Control, House of Representa­tions, Washington, D.C.

Dear Mr. Chairman:

Thank you for your letter of November 24. I very much appreciate having an opportunity to testify at the Select Committee’s hearing on the Federal drug strategy and to respond to questions arising out of those hearings. I hope this information proves helpful to the Select Committee. If you have any further questions, please let me know.

Sincerely yours,

DR. WILLIAM MAYER, M.D., Administrator.

Enclosure.

Question 1. How will the Federal Government maintain a strong leadership role in reducing the demand for drugs now that its major responsibilities for providing services have been delegated to the States? What role will NIDA play in this effort?

Answer. While the States have, under the new block grant program, assumed major responsibility for providing drug abuse treatment and prevention services, the Federal Government will continue to play an important role in reducing the demand for drugs. More specifically, the Department of Health and Human Services intends to continue support for the development and demonstration of new techniques for drug treatment, rehabilitation, prevention and education.

Answer. The Department is deeply committed to the conduct of studies which can advance the state of our knowledge and craft in the delivery of treatment/rehabilitation and prevention services. We have every intention of building and in their health and social costs.

Question 2. Since the Department did not request any funds for the demonstration program authorized for NIDA in the Reconciliation Act, how does the Department intend to continue support for the development and demonstration of new techniques for drug treatment, rehabilitation, prevention and education?

Answer. The Department is deeply committed to the conduct of studies which can advance the state of our knowledge and craft in the delivery of treatment/rehabilitation services. We have every intention of building and in their health and social costs.

Question 3. How will the new ADM services block grant be administered by HHS?

Answer. For fiscal year 1982, the Department has delegated the task of adminis­tering the ADM Block Grant program to the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). During the first quarter, 51 ADM services block grants were awarded for a total of $105,975,000. Applications have been received from three other States for a beginning date of January 1, 1982, and three other States.
areas of five intensive natural history studies of carefully selected, representative users of each of the following drug classes: (a) opioid users, (c) cocaine users, (b) heroin users, (d) amphetamine users, etc., (c) PCP users, and (e) a major natural history study of typical drug abusers in Pennsylvania, in a study in preparation for publication of a major study in the region of drug abuse in a high-risk area in Chicago. (1)
erating to restrain efforts toward expansion of benefits as well as to eliminate any underutilized benefits.

The continuing NIDA/Blue Cross Project is designed to directly and empirically challenge many of these beliefs by demonstrating that substance abuse is a definable illness for which appropriate health insurance benefits can be designed. It is also attempting to demonstrate that provider status can be extended to community-based treatment programs as an alternative to in-hospital care and that nominal premiums can be established and utilization controlled.

Another formidable barrier to increased availability of third-party coverage of drug abuse services is limited client eligibility. The typical drug abuse client is an able-bodied, unemployed, unmarried, nondependent male between the ages of 18 and 30; this is the least likely of any groups in our society to have third-party coverage under either Medicaid (Title XIX) or private health insurance. Indeed, during 1980 sixty-two (62) percent of all clients in NIDA funded treatment programs had no health insurance.
END