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Crack Shatters the Cocaine Myth

SUMMARY: Cocaine is addictive. Earlier reports to the contrary have been disproved; anecdotal and scientific evidence abounds that the drug ruins lives. Now the problem is compounded by the growing popularity of crack, a relatively inexpensive, smokable form of the drug. But why is cocaine so addictive? The theories boil down to this: Cocaine short-circuits the brain's natural reward mechanisms.

For many years, cocaine was not thought to be very addictive. According to a 1982 article in *Scientific American* magazine, it was about as habit-forming as peanuts or potato chips.

"Dependence on intranasal cocaine," wrote Craig Van Dyke and Robert S. Byck, "manifests itself in a pattern of continued use while supplies are available and in simple abstinence when they are lacking."

Van Dyke and Byck did warn that smoking or injecting cocaine, unlike snorting it, "can lead to almost continual consumption and drug-seeking behavior, destructive to personal competence and productivity." But they did not see this as a serious risk; the drug's high price, they wrote, would "limit the damage people might otherwise inflict on themselves."

That was before crack started sweeping the country. Crack is free base cocaine, the form that is smoked; but unlike previous free base cocaine, which required elaborate preparation, crack comes in inexpensive, ready-to-smoke pellets. A dose of crack, enough to give a rush of euphoria that users generally describe as more pleasurable than sex, costs around \$10. Regular cocaine is often sold by the gram, which costs at least \$75. It is crack's affordability that has expanded the high school markets.

Scientists believe that crack's power lies in its speed of action. "Snorting takes 15 to 20 minutes [for the effect to peak] as opposed to five seconds for free-basing," says Charles R. Schuster, director of the National Institute on Drug Abuse. "The more rapid the change in state, the more dependence production will take place. [Animal studies show] if you slow down the rate at which the drug is administered, . . . it becomes progressively less rewarding to the animal. . . . With an IV drip, even though you maintain continuous blood levels, the person no longer feels euphoric."

In experiments in which rats could dose themselves by pressing a lever that injected cocaine directly into their veins (which takes effect almost as quickly as crack), the rats would take cocaine to the exclusion of all other activity until they died. "Three times as many rats die of cocaine as heroin," says Roy Wise, a Concordia College scientist, referring to his experiments.

"I think what this says is pretty straight-

forward," he says. "From strictly a pharmacological point of view, if price were not a factor, it would be very clear that cocaine is a much more inherently dangerous drug than heroin. . . . People are not killing themselves with cocaine yet because price is a factor. But with crack, it's getting into the price range where people can afford to kill themselves."

The virulence of crack and other free base cocaine has led to a reevaluation of cocaine's addictive properties — no one now would compare cocaine with peanuts.

The classical definition of addiction includes the development of tolerance to the drug, so the user must take ever-increasing doses to get the same high; withdrawal symptoms upon abstinence; and physical problems such as delirium tremens that occur because the body has developed a physical need for the drug. As scientists delve into cocaine's neurochemistry, research suggests a physiological basis for the craving that follows a cocaine binge.

As part of an effort to map brain function, in the early '50s scientists planted electrodes inside the brains of animals and turned on the power to see how they would react. In certain parts of the brain the effect

was so pleasurable that animals taught to press levers operating the power source would stimulate themselves to the exclusion of all other activity.

The pleasure circuits, as these regions are known, are located in evolutionarily older parts of the brain, notably the limbic system, which is associated with emotions and instincts and may have evolved to reward eating, mating and other behaviors necessary for propagating the species.

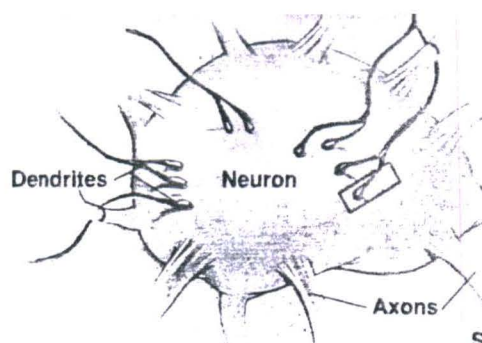
Electric stimulation of the pleasure centers and drugs such as cocaine short-circuit the reward system. In a series of in-depth case studies of mostly intravenous cocaine users, two researchers "concluded that low levels of usage were associated with use of cocaine to . . . make the real world seem like an imaginary paradise, and to help the user compensate for inability or unwillingness to accept responsibilities," writes Dr. Ronald Siegel of the University of California at Los Angeles Medical School.

The circuits of the brain are made up of hundreds of billions of neurons, long tree-like cells that "talk" to each other across gaps called synapses. Signals travel down the length of the neurons electrically, but to communicate across the liquid-filled synapses, one neuron must fire tiny chemicals called neurotransmitters at the other.

Many drugs act upon the brain by interfering with this chemical communication. Cocaine is thought to prevent the transmitting neurons from retrieving the reusable neurotransmitters. Stuck in the synapse,



Rosecan: One of many scientists on the trail of cocaine's addictive qualities.



HOW COCAINE WORKS

Cocaine interferes with operations at the synaptic junction (box)—the tiny gap between neurons in the brain—where a thousand or more signals pass each second.

the neurotransmitters cause the receiving neurons to keep firing electrical signals to the pleasure centers.

But on cocaine, and especially on crack, the sensations of pleasure do not last. Crack lets a user down almost as quickly as it picks one up, within a half-hour of the initial rush. The temptation for another dose at today's prices can be overwhelming.

Crack users may binge for days, says Dr. Frank H. Gawin, assistant professor of psychiatry at Yale University School of Medicine. Eventually, he says, they will be overcome by desire for sleep and "very often wake up feeling much better with some resolve [to renounce crack]. . . . Over several hours or days the craving returns. They will often get into a binge again."

One of the leading explanations for the craving is the dopamine depletion theory. Dopamine is the name of a neurotransmitter that mediates communication between neurons of what is thought to be a major pleasure circuit. According to this theory, cocaine prevents the sending neurons from retrieving dopamine, and the synapses become flooded with the euphoria-inducing chemical. The dopamine is then lost from the synapse, preventing neural signals from reaching the pleasure center. At the same time, the receiving neurons are thought to become supersensitive to dopamine in a vain effort to compensate for its deficit.

The theory is especially alluring because chronic cocaine users suffer from anhedonia, the inability to enjoy. Anhedonia can persist for weeks after cocaine use has stopped, says Dr. Sidney Cohen, a Los Angeles physician and drug abuse expert.

Dr. Charles Dackis developed the dopamine depletion theory last year while at Fair Oaks Psychiatric Hospital in Summit, N.J. Dackis noticed that cocaine addicts had high levels of a hormone called prolactin, which stimulates lactation in women. In fact, levels were so high that "we had some men come in with actual breast formation," says Dackis. It had been known since the early '60s that dopamine regulates prolactin, so Dackis began to suspect that addicts were low in dopamine.

In an effort to treat addicts, Dackis and his colleagues experimented with a drug called bromocriptine, which is thought to act on dopamine receptor sites.

"We have treated over 60 patients with bromocriptine," he says, "and we recently finished a study with 13 of those patients. We had the cocaine addicts handle paraphernalia . . . that would get their craving level superhigh. We gave them either bro-

To pass the synaptic gap, an electrical impulse from the presynaptic dendrite triggers the release of its neurotransmitters (1).

These chemical substances bind to receptors on the postsynaptic surface of another neuron (2).

They restimulate the electrical impulse which passes down the second neuron (3).

In order to terminate this action, the presynaptic dendrite retrieves neurotransmitters from the synaptic gap using specialized "pumps" (4).

Cocaine blocks these pumps, so that neurotransmitters remain in the synapse longer, initially enhancing stimulation; but chronic use theoretically leads to depletion of these valuable chemicals (5).

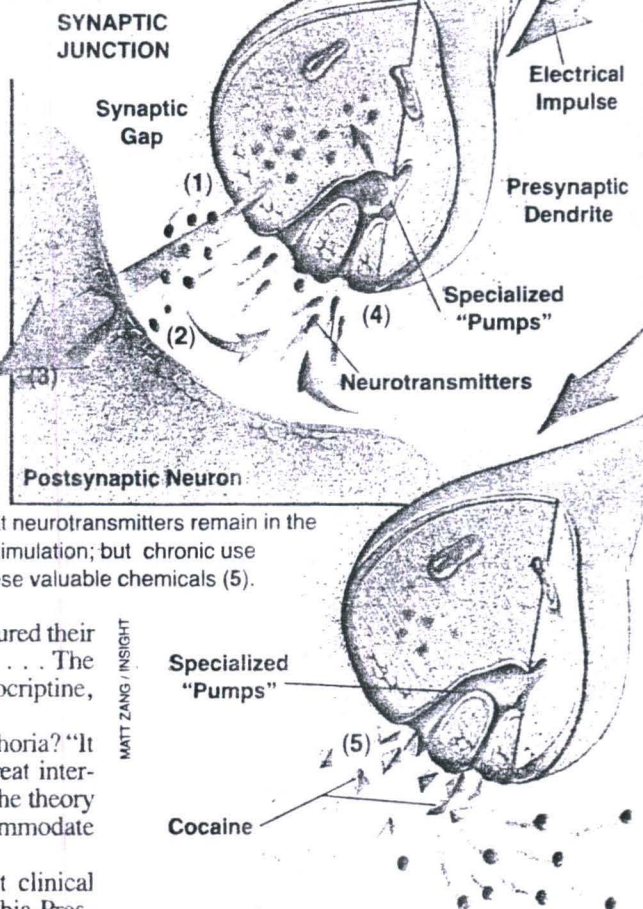
mocriptine or a placebo and measured their craving over the next three hours. . . . The cravings were reduced by bromocriptine, but not by placebo."

Does bromocriptine cause euphoria? "It doesn't, and that's a matter of great interest," says Dackis, who adds that the theory will have to be expanded to accommodate this and other anomalies.

Dr. Jeffrey Rosecan, assistant clinical professor of psychiatry at Columbia-Presbyterian Medical Center in New York City, has been taking a different approach to treating addicts, one that suggests another possible chemistry of euphoria. Several years ago, Rosecan began treating depressive patients who were also cocaine addicts with the antidepressant imipramine. "They told us they weren't getting high on cocaine and they had lost their taste for it," he says. "We've [since] used it on about 250 patients with about a 75 percent success rate."

"In preliminary trials, imipramine seems to both block the cocaine euphoria and reduce the craving," Rosecan says, adding that it does so without affecting the dopamine system. Instead, it acts on neural circuits that contain two transmitters, norepinephrine and serotonin. "We think that the imipramine reversed the receptor supersensitivity produced by the cocaine," he says. Rosecan supplements treatments with vitamins that rebuild the neurotransmitters.

Rosecan's treatment suggests that the euphoria may involve the serotonin and norepinephrine systems as well as the dopamine system. But other researchers disagree. "The problem with serotonin [is that] people have done intravenous infusions [of the neurotransmitter] without producing euphoria," says Gawin.



By repeatedly inhibiting the action of these pumps, cocaine prevents the retrieval and further utilization of neurotransmitter substances by the brain.

He says that direct electric stimulation of the dopamine region of the brain has produced euphoria, suggesting that this region is the pleasure center. However, he adds, no drug that acts on one single neurotransmitter system has produced euphoria. Cocaine itself affects several neurotransmitter systems besides the dopamine system, and conversely, infusions of dopamine fail to produce euphoria.

Says Gawin: "You are trying to explain an area that is underresearched. There are five or six good theories. . . . Getting the nth degree of knowledge . . . is going to take time and experimentation."

In the face of all this uncertainty, one conclusion stands out. Says Rosecan: "Now that crack is becoming the newest angle on this problem, it's becoming increasingly clear that this is a physiological addiction which is unique, and which follows different rules from alcohol and heroin addiction and which may be more devastating than either one."

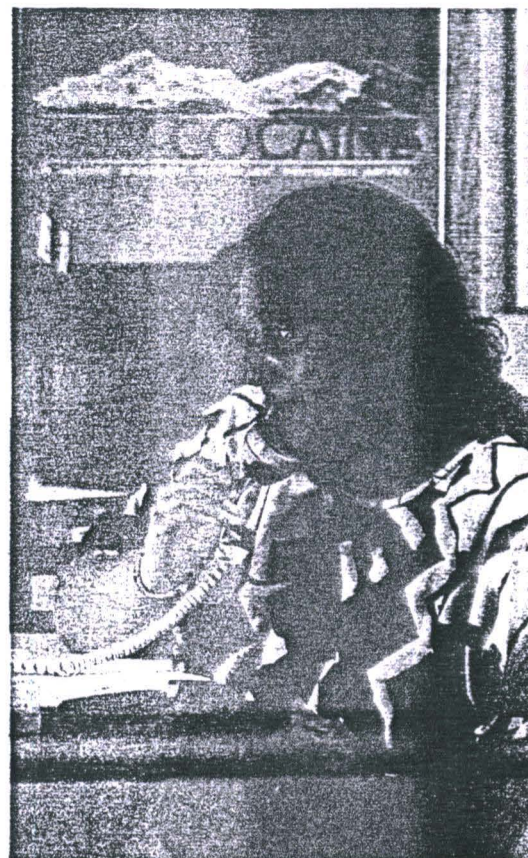
— David Holzman

Hot Line Taking 1,200 Calls a Day



Mark Gold, founder of the cocaine hot line, and supervisor Ronnie Lonoff (right)

SUMMARY: For cocaine addicts who need help, or for those who know someone who needs help, a national hot line is available round the clock to answer questions and give advice. Based at a hospital in Summit, N.J., the hot line answers calls from people of all ages, regions and income levels. Most of the calls, a hot line supervisor says, concern the use of the popular, easily smoked form called crack.



800-COCAINE. Can I help you?" It could be any hour of the day in the cramped, gray, windowless office at Fair Oaks Hospital in Summit, N.J., that houses the National Cocaine Hotline. A minimum of four persons man the hot line 24 hours a day, seven days a week, answering an average of 1,200 calls a day.

Someone named Steve is on the line. "I could tell you how [crack] affects the brain," Ronnie Lonoff, operating supervisor of the hot line, tells him. "But let me explain something to you. You still need to get yourself into some kind of program that's going to help you." She refers him to a local chapter of Cocaine Anonymous and tells him to "go to a meeting today."

Steve, she explains later, has been a free base cocaine addict for four years. At the time of this call, he had been doing crack continuously for four days and was "very paranoid."

"He doesn't want to go into a program right now, but he wants to know what cocaine can do."

Before October, no one on the hot line had heard of crack, the bargain-priced, ready-to-smoke brown and beige rocks of free base cocaine whose use is rapidly spreading throughout the country.

Already, tales abound of users squandering fortunes for crack and losing jobs, mates, houses and self-esteem. In a national survey of upper-income users of cocaine (including crack) who called the National Cocaine Hotline, more than 70 percent said they preferred cocaine to food, sex, family, friends or recreational activities. Twenty-six percent ran out of money in their quest for the drug.

"Crack magnifies all the cocaine-related problems we've seen to date," says Dr. Arnold M. Washton, director of research for 800-COCAINE.

"With snorted cocaine, it takes from months to years to go from recreational use to full-blown addiction," says Dr. Jeffrey Rosecan, assistant clinical professor of psychiatry at Columbia-Presbyterian Medical Center. "With crack, we see this process happening over a few days."

Crack has even spawned the modern equivalent of opium dens. Typically run from small apartments, these "crack houses" sell the drug and provide space and water pipes with which to smoke it. But the dealers don't like customers to linger. "We've gone into some places, and they will have signs in there that say, 'When you smoke, do it quick, because time is

money,'" says Capt. Robert Lamont, with the narcotics division of the Metro-Dade County, Fla., Organized Crime Bureau. Customers are sometimes lined up outside waiting to use the premises, he adds.

Since tremendous quantities of drugs and money change hands, the houses have armed guards — sometimes teenagers — on duty.

Law enforcement officials believe that crack has caused an upsurge in crime, much of this due to the need to steal frequently to support an addiction. Lamont says he has seen fights and even homicides at the crack houses in the Miami area. He says Dade County's crime staffs have been increased to handle the added load.

Dr. Mark Gold of Fair Oaks Hospital, whose work included treating cocaine addicts, founded the hot line as a research project in May 1983. "We had a sense that [the cocaine problem] was growing larger than people realized," says Lisa Benson, spokesman for the hot line. The problem was even larger than Gold imagined.

"[The hot line] was announced on the 'Today' show May 6, and I believe that first day we got 1,000 calls," the spokesman says.

No figures are available from either the

"With snorted cocaine, it takes from months to years to go from recreational use to addiction. With crack, we see this happening over a few days."

federal Drug Enforcement Administration or the National Institute on Drug Abuse on how many U.S. citizens have tried crack. But since those first people called about crack in October, the hot line has kept tabs on the drug's progress through surveys of callers. May's survey revealed that one-third of the callers, some 400 a day, were calling about crack. Now, says Ronnie Lonoff, "The majority are crack-related."

At first, the calls came mostly from New York City, where the police department has established a special task force to deal with crack. The majority of the calls are from 15 major cities, but people contact the hot line from all over the country, including rural areas.

Callers are of both sexes and all ages and income levels. "Parents call about their children using crack. Children call about their parents using crack," says the hot line supervisor. Roughly half the callers are concerned about loved ones or friends rather than themselves.

Eighty-one percent of the crack callers from the May survey said they had occasionally snorted cocaine powder before changing to crack and felt their addiction escalated rapidly upon switching. Fifty-four percent said they had "fallen in love" with crack the first time they used it.

The survey found a variety of medical complications among crack users, including brain seizures (7 percent), chest congestion (64 percent), chronic cough (40 percent) and black phlegm (32 percent). Callers also showed signs of psychiatric side effects: depression, irritability, extreme paranoia, lack of sex drive, memory loss and suicide attempts.

Heavy crack users are prone to violence. Heavy use induces a state of psychosis that experts say is virtually indistinguishable from schizophrenia. "A woman had called, and while she was on the phone trying to get herself some help, her husband was using crack. He was beating her as she was talking. She was screaming," says Lonoff. "Parents will call and say, 'My kid just came into the house. He's breaking windows, throwing furniture around.'"

One-quarter of crack users said they free-base on the job. Some call to find out how long they need to stay clean to pass the urine test. "Smoking crack delivers such a high dose of cocaine to the brain that it can cause almost immediate disruption of brain function and ability to perform on the job," says Washton. "This raises serious concerns about on-the-job accidents resulting from crack use."

The youngest caller anyone remembers

was an 11-year-old whose friends were on drugs. "He said, 'I want to be friends with them. But I don't want to use drugs, and I guess I probably shouldn't be friends with them, but I don't know how not to be friends with them,'" the hot line supervisor recalls. "And he called back the next week to say thank you, that I had really helped him."

That boy's call was an unusual experience for the hot line because he was trying to avoid using drugs. Surveys show that adolescent callers typically "are using whatever they can get their hands on, the drug of choice being cocaine, pot or alcohol," she says.

The young are especially hard-hit by crack, because — at \$10 a dose — it is affordable. "Over 50 percent of all cocaine admissions to drug abuse programs at Stony Lodge Hospital in Westchester are for addiction to crack," Washton told the New York Senate in May. "Most of these admissions are high school students and young adults with no history of previous addiction before crack."

The hot line has a staff of 40, many of whom are mental health associates (nursing staff) in the substance abuse unit of the hospital. Many are recovering addicts themselves. Occasionally, doctors man the lines, but the hot line supervisor says callers prefer to talk to people who know their plight firsthand.

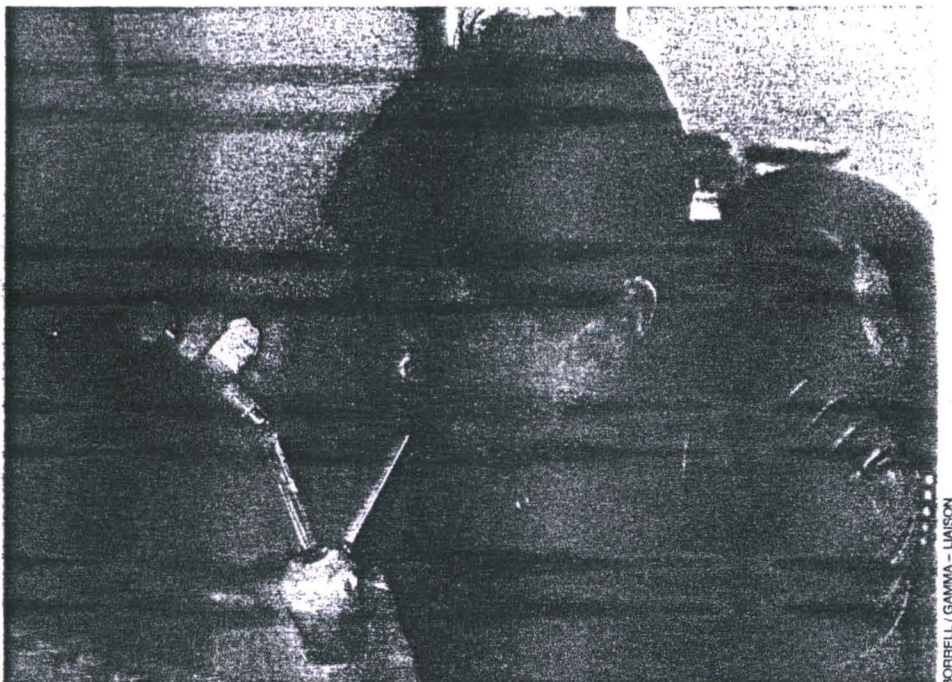
Certain kinds of cases frustrate the staffers. A pregnant runaway, 13 or 14, once called the hot line for help with her cocaine habit. "For the next couple of days, everyone wanted to know, had she called back," says Lisa Benson.

Ronnie Lonoff says what bothers her the most is "the parents calling that want the cut-and-dried answer that's going to make it all better. . . . There's not an answer like that for addiction, and they don't understand that. . . . I want to give them an answer, and I don't have it."

Frustrating also are the calls that are heartrending but possible pranks. "There was a woman who had sold her baby for \$5,000 for money to buy cocaine," she says. "And someone was in the background saying, 'Don't tell them that. This line could be tapped. They could get you,'" says Benson. "The woman was pretty distraught. It sounded as though it may have been legitimate."

What is still more frustrating to the staff than individual calls is a sense that the problem of crack is out of hand, that users seem undeterred by the well-publicized dangers of the drug. "The media has done such a good job covering how insidious [crack] is and how addictive it is," she says. "Somehow, [everyone in the country] has been touched by it in a negative way, and yet we still get this overwhelming volume of calls."

— David Holzman



Use of crack with a water pipe is demonstrated. The drug is highly addictive.

COORDINATION OF DRUG ABUSE PREVENTION

The Administration uses a flexible coordination mechanism for the national drug abuse prevention effort. The objective is to provide leadership, encourage involvement and facilitate activities by private industry, public organizations and citizen volunteers -- the direct involvement of these private sector elements is essential to the success of the national effort. A major part of the National program is Mrs. Reagan's leadership and awareness campaign.

The widespread National prevention activities, consisting primarily of volunteer and citizen action, requires a small Federal budget and, unlike drug law enforcement and its large budget, does not need -- and in fact could be hampered by -- a cumbersome focal point for management of "Federal" efforts. Instead the Federal programs are best managed by the Cabinet Departments and agencies with line authority over the activities.

On June 24, 1982, President Reagan signed Executive Order 12368, formally designating the Director of the Drug Abuse Policy Office in the White House Office of Policy Development as his adviser on drug abuse policy matters, responsible for White House oversight and coordination of all drug abuse matters, including prevention.

Dr. Carlton E. Turner, Deputy Assistant to the President and Director of the Drug Abuse Policy Office, is the coordinator for overall drug abuse prevention policy and activities. In this regard, Dr. Turner actively works with the Office of the First Lady, the private sector, parents groups, Congress, health and research officials, government agencies, and others to ensure that the various activities are coordinated and to provide policy oversight.

The Oversight Working Group (OSWG) provides a formal coordination mechanism for the principal Federal government agencies involved in the overall anti-drug effort. The group was established by Dr. Turner in 1981 and, since then, has met on a monthly basis to discuss anticipated policy and management issues and identify how the members can assist each other. Members include:

- Administrator, Alcohol, Drug Abuse & Mental Health Admin.
- Administrator, Drug Enforcement Administration
- Assistant Secretary of State for Int'l Narcotics Matters
- Commandant, U.S. Coast Guard
- Commissioner, Food and Drug Administration
- Commissioner, U.S. Customs Service
- Deputy Assistant Secretary of Defense (Health Affairs)
- Deputy Assistant Attorney General
- Director, Bureau of Alcohol, Tobacco and Firearms
- Director, DOD Task Force on Drug Enforcement
- Director, Federal Bureau of Investigation
- Director, National Institute on Alcohol Abuse & Alcoholism
- Director, National Institute on Drug Abuse

In addition, interagency coordination groups have been established to address specific drug abuse prevention issues on an as-needed basis.

- Dr. Turner chaired a Working Group on Drug Abuse Health Issues under the former Cabinet Council on Human Resources. The Working Group set up a Task Force on Education and Prevention in 1983 to develop a coordinated implementation plan for the prevention aspects of the Administration Strategy. An implementation report was published by the working group in December 1983. The prevention chapter of the plan was developed by the task force with members from:
 - ACTION (chair)
 - Department of Defense Health Affairs
 - Department of Education
 - Drug Enforcement Administration
 - Food and Drug Administration
 - National Institute on Alcohol Abuse and Alcoholism
 - National Institute on Drug Abuse
 - National Institute of Mental Health
 - National Highway Traffic Safety Administration
 - Occupational Safety and Health Administration
 - Office of Juvenile Justice and Delinquency Prevention
 - Office of International Narcotics Matters
 - United States Information Agency.
 - Veterans Administration
- In 1985, the Domestic Policy Council replaced the Cabinet Council on Human Resources as the Cabinet-level body which is responsible for all domestic health issues, including drug abuse. Specific prevention issues will continue to be handled through a working group of the Domestic Policy Council.

As background information: On June 25, 1986, Dr. Turner will chair a meeting on drug abuse prevention to discuss the status of the prevention program, including agency activities, and to provide up-to-date materials and plan future directions. Officials from 20 Federal agencies will be represented, including the OSWG members, ACTION, Department of Education, National Institute of Mental Health, Office of Personnel Management, U.S. Agency for International Development, and the Department of Justice Office of Liaison Services.

- May 19, 1986

THE WHITE HOUSE
WASHINGTON

July 14, 1986

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

FROM: CARLTON E. TURNER

SUBJECT: Drug Abuse Policy Opportunities

Issue -- To determine the next major steps in the President's campaign to achieve a drug-free Nation.

Background -- The situation in 1981 was not promising. During the previous two decades, the use of illegal drugs in the United States spread into every segment of our society. The public lacked accurate information about the hazards of some of the most widely used drugs, and government efforts to combat the use of illicit drugs lacked credibility. National programs were directed at a single drug -- heroin -- and on one strategy -- supply reduction. The moral confusion surrounding drug abuse weakened our resolve to stop illegal drugs coming from overseas. The U.S. became a major drug producing country. Drug trafficking and organized crime became the Nation's number one crime problem; and use of illegal drugs expanded, especially among our young people. There was a feeling of inevitability regarding illegal drugs and uncertainty over what was the right thing to do.

The President's Strategy: Early in his Administration, President Reagan launched a major campaign against drug abuse. The objectives were to improve drug law enforcement, strengthen international cooperation, expand drug abuse health functions as a private sector activity, reduce drug abuse in the military, and create a nationwide drug abuse awareness effort to strengthen public attitudes against drugs and get everyone involved. His strategy was published to provide a blueprint for action.

National Leadership: President and Mrs. Reagan have led the Nation and the world in setting the right direction and encouraging both government and the private sector to join in stopping drug abuse. The Vice President is coordinating the complex functions of interdicting drugs at our borders. The Attorney General has taken charge of coordinating the overall drug law enforcement policy and activities.

The Federal Role: The Federal role is to provide national leadership, working as a catalyst in encouraging private sector and local efforts, and to pursue those drug abuse functions which lie beyond the jurisdictions and capabilities of the individual states. Federal drug programs have been reoriented to meet specific regional needs. Initiatives emphasize coordination and cooperation among officials at all levels of government and use of government resources as a catalyst for grassroots action.

Extras
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The Umbrella of Effective Enforcement: The strong law enforcement effort, including vigorous action against drug production and processing laboratories in source countries, has increased public awareness of the drug abuse problem. Eradication programs and military support have been added to the fight. The Federal budget for drug law enforcement has expanded from \$700 million to \$1.8 billion annually.

The Growth of Private Sector Efforts: Due largely to Mrs. Reagan's leadership and dedication to the youth of America and the world, private sector drug abuse awareness and prevention programs have increased significantly over the past five years. The number of parent groups has grown from 1,000 to 9,000. School-age children have formed over 10,000 "Just Say No" clubs around the country. The advertising industry, television networks, high school coaches, the medical profession, the entertainment industry, law enforcement officers and many others have joined in the national effort. Examples include over 4 million drug awareness comic books which have been distributed to elementary students, sponsored by IBM, The Keebler Company, and the National Federation of Parents. McNeil Pharmaceutical's Pharmacists Against Drug Abuse program is now firmly established across the country.

Discussion - The President's program has been successful in dealing with the drug problem. Compared to 1981, drug use is down in almost all categories. Notable is the success of the U.S. military in reducing use of illegal drugs by over 65 percent through strict policies and testing to identify users. Across the Nation, the private sector is taking a strong stand.

Public attitudes are clearly against use of illegal drugs and drug awareness is at an all-time high. Today, drug use is front page news. Corporations are recognizing the tremendous cost of drugs in the workplace; parents and students are recognizing how illegal drugs in the schools erodes the quality of education. The consequences of drug use are becoming more severe as users turn to more potent drugs and more dangerous forms of abuse. There is increasing concern about the threat that drug abuse poses to public safety and national security. And a new understanding is evident: Drug abuse is not a private matter -- using illegal drugs is irresponsible behavior -- and the costs are paid by society.

There is broad public support for taking strong action to hold users responsible and to stop the use of drugs. Aggressive corporate and school measures to end drug abuse, including use of law enforcement, expulsions and firings, have met with strong support from workers, students and the community. According to a USA Today poll, 77 percent of the Nation's adults would not object to being tested in the workplace for drugs.

We have reached a new plateau with a new set of opportunities. We should pursue the limits of possibility in eliminating drug abuse. The time is right to create a national environment of intolerance for use of illegal drugs.

Issues For Consideration

The President's National Strategy continues to be a sound blueprint for the comprehensive drug abuse program. Several opportunities exist to move toward the goal of a Nation free of illegal drugs in the 1990's. The issues involve communication, education, health, the workplace, and drug law enforcement support.

A. COMMUNICATION

The teamwork of the President and Mrs. Reagan, working together, have brought significant gains in the fight against illegal drugs. Attitudes have changed, awareness has increased and many people are ready to join in the fight. Recent deaths from cocaine use have focused attention on the issue. Yet there appears to be widespread lack of knowledge regarding the government efforts underway. A major Presidential address to the Nation could focus the issue, declaring that the national campaign against drug abuse has entered a new phase. The timing of such a speech is a factor, recognizing that some early discussions have leaked to the press.

OPTION #1 -- Recommend a Presidential address at the earliest possible time; late July or early August, follow-up with implementing action by the Cabinet.

Pros

- Move while public interest and media attention is at a peak. Likely to be most effective.
- Avoids potential criticism of politicizing the drug effort by action near the November elections.

Cons

- Possible suggestions of opportunism, reacting to recent deaths of athletes.

OPTION #2 -- Recommend a Presidential address in September or October, after a number of Federal actions have been taken to strengthen the drug effort and follow up with continuing action by the Cabinet.

Pros

- Allows time for specific actions which can be reported in the speech.

- More closely aligned with the beginning of the school year, timely for students in high schools and colleges.
- Cons
- Current high level of interest may dissipate because of the delay.
 - Potential for criticism of being political by being closer to election.

B. EDUCATION

The major initiative is to establish a national objective for every educational institution, through college level, to be drug-free. To prevent drug abuse before it starts, drugs must be addressed in early school years and drug abuse prevention must continue throughout the entire school career. Teachers, school administrators, parents and individual students can share the commitment to a drug-free school. School organizations - sports, academic, drama, student government, etc. - and effective student leadership can make the difference. Schools and colleges must make the drug-free policy known and then not tolerate violations of the policy.

- ISSUE # 1 -- Develop effective ways to promulgate accurate and credible information on how to achieve a drug-free school. The Secretary of Education is preparing an excellent booklet for national distribution which will respond to this issue.
- ISSUE #2 -- Make it mandatory that all schools have a policy of being drug-free and direct the Secretary of Education to explore ways to withhold Federal funding from any educational institution which does not have such a policy.
- ISSUE #3 -- Instruct the Attorney General and the Secretary of Education to inform the heads of all educational institutions, public and private, of the Federal law regarding distributing drugs in or on, or within 1,000 feet of a public or private elementary or secondary schools. In summary, this law provides for penalties up to twice the normal term and second offenders are punishable by a minimum of three years imprisonment or more than life imprisonment and at least three times any special parole term.
- ISSUE #4 -- Explore ways to require that drug abuse be taught as part of the health curriculum instead of as a separate subject and seek funding to be made available to schools specifically to purchase new health text books which make this change.

C. HEALTH

Health interests are at a peak. The dangers of drugs are more widely evident than at any time in recent history. Many people are expressing amazement regarding the long-known effects of cocaine on the heart and respiratory systems which can lead to death. Yet even more awareness is needed. There was massive public concern over allegations of negligible amounts of herbicide on marijuana, yet the same level of concern is not evident over the deadly, yet common, application of PCP to marijuana. Additionally, much remains to be done to make appropriate treatment available to those experiencing health damage and addiction. The high correlation between intravenous (IV) drug use and AIDS requires prompt action.

ISSUE #1 -- Develop ways to provide funding assistance to states which implement programs to support specific drug-related health problems-

- Develop mandatory treatment for intravenous (IV) drug users.
- Identify drug users and force them into appropriate treatment.

ISSUE #2 -- Accelerate research in critical areas-

- Drug testing techniques and approaches.
- Highest priority to comprehensive cocaine/coca/coca paste research program. (health, herbicides, detection, etc.)

ISSUE #3 -- Develop means for limited Federal assistance to selected prevention initiatives and provide seed money for promising initiatives.

- ACTION, NIDA or other approaches?

D. SAFETY/PRODUCTIVITY

A relatively few drug users are causing our families and our society to pay a high price for their irresponsibility. Attitude surveys show wide support for identifying users of illegal drugs and for stopping the users and the sellers of illegal drugs. A vocal minority still chooses to argue for drugs as a victimless crime and to point to the Federal government for a solution. In the interests of the American people and their future, leaders must take action.

A drug-free workplace is the right of every worker. Public safety considerations require prompt action to identify, remove and treat individuals who are in jobs where their drug abuse endangers the public safety. Employers must establish a clear policy, ensure that the policy is understood and applied, and include specific rules, procedures for identifying violators and uncompromising discipline consistent with the public trust. As the nation's largest single employer, the Federal government should serve as a model for dealing constructively with drug and alcohol abuse in the workplace. The Military Services have led the way in identifying drug users and moving toward a drug-free force. Several Federal agencies have begun or are planning similar programs.

- ISSUE #1 -- Institute a testing program for pre-employment screening of all applicants for Federal jobs, with a policy that a confirmed positive test for illicit drug use disqualifies the applicant and another application may not be made for one year.
- ISSUE #2 -- Require a comprehensive testing program for all Federal employees in national security positions, safety-related positions, law enforcement officers, and support personnel, drug abuse organizations, and any positions designated as sensitive by regulation or by the agency head.
- ISSUE #3 -- Establish a national goal of a 70% reduction in drug users within three years; ask the private sector to help in meeting the goal.
- ISSUE #4 -- Request the Secretary of Defense to explore ways to require Defense contractors to have a policy of a drug-free workplace.
- ISSUE #5 -- Even though overall drug use in the military has been reduced by 67 percent, 8.9 percent still use. Request the Secretary of Defense to intensify efforts to achieve drug-free military service.

E. DRUG LAW ENFORCEMENT SUPPORT

Strong and visible drug law enforcement is critical to maintaining an atmosphere in which major health programs can effectively separate the user from the drug. The success of drug law enforcement has caused significant changes in the nature of drug trafficking and in trafficking routes. Drug enforcement agencies are responding to the changes. It must be made evident to all that the drug law enforcement is flexible and relentless and will pursue the drug traffickers wherever they move.

As the emphasis turns to the user, it is important that the initiative be viewed as health-oriented with a strict, but caring approach. Law enforcement can make a special contribution to drug abuse prevention and education programs in two ways: by sharing their knowledge and prestige in a caring way, particularly with young people; and by vigorously pursuing the sellers and distributors. The entire criminal justice system must provide prompt and strong punishment to drug dealers.

ISSUE #1 -- Instruct all Law Enforcement Coordinating Committees to request every U.S. Attorney to seek and prosecute violators of 21 U.S.C. 845A (selling illegal drugs on or near school property) to emphasize seriousness of stopping drug pushers. Require special reporting on these cases.

ISSUE #2 -- Expedite the development of a comprehensive Southwest border initiative to enhance ongoing operations, making appropriate use of military support and technology. Include planning to insure flexibility in the use of all law enforcement resources and, if needed, a reorganization of the operating management structure and responsibilities.

PROPOSED DRUG ABUSE EVENTS

Major National Events

- RR nationally-televised address in East Room.

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

- RR Signing Ceremony - possible Executive Orders

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

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

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

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

Specialty Events

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

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

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

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

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

Purpose: To focus on ability of community to rid schools of drugs and the relationship of a drug-free school with the quality of education.
- RR/NR meeting with Congressional leaders. Event would be a "listening" session among conservative and liberal drug program spokesmen in Congress.

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

Call to Action

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

Purpose: To build a consensus among labor and management for eliminating drug abuse in the workplace.
Possible Labor Day speech.
- RR call on media and private sector to seek every opportunity to assist Mrs. Reagan in publicizing the negative aspects of drug abuse and the positive aspects of saying no to drugs.

Purpose: To expand national prevention/education program and ensure that accurate information is presented in a credible way to all citizens.
- RR/NR Message to School Principals to coincide with Department of Education program kick-off and release of "Schools Without Drugs."

Purpose: To give high priority and visibility to leadership role of school principals in eliminating drug abuse in the schools.
- RR/NR Message to teachers to coincide with release of IBM-sponsored comic books.

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

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

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

Enforcement

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

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

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

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

Press Events

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

- Weekly briefing of regional press.
- Establish media action committee.

Legislative Events

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

Government Events

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

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

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

International Events

- RR/NR discussion with other leaders.
- NR host briefing of the wives of foreign ambassadors assigned in Washington.

- Recall of U.S. Ambassadors for White House Briefing on drug abuse.
- Cabinet/Senior Staff briefing of Foreign Press.

Cabinet/Senior Staff Events

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

Ongoing Events

- White House briefings for select business leaders, consumer groups, labor organizations, educational associations, etc.
- Fact sheets/speech inserts for surrogates. Mailings of supportive editorials and other advocacy materials.

SCHEDULE OF POSSIBLE DRUG ABUSE EVENT OPPORTUNITIES

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

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

Perennials

National Chamber of Commerce
National Press Club

CLOSE HOLD

THE WHITE HOUSE

WASHINGTON

July 9, 1986

MEMORANDUM FOR THE CHIEF OF STAFF

FROM: JOHN A. SVAHN *JAS*

We have developed the attached outline for a six-point high visibility Drug Initiative for the President.

After three Planning Group meetings on this subject there is now a general consensus that this is a good issue for the President to address; the timing is right. This six-point program is comprehensive and the next logical step in our fight against drug abuse.

We all agree that the President should begin the effort with a major speech outlining the problem; our past accomplishments and our new thrust. The Planning Group feels that this should be done as soon as possible, even as early as July 21. Bill Henkel suggested an East Room event with Congressional leaders, appropriate celebrities, professional sports figures, some CEO's committed to the issue, etc. This has not been done before and we all liked the idea.

A major caveat: Peter Wallison has indicated that there may be significant legal questions involved in some specific elements of this campaign. They will each need to be addressed before specific action steps can be spelled out. i.e., it's one thing to call for a drug-free workplace and another to say you want to test federal employees. We are working with Peter on an expedited basis to resolve the issues.

We have also developed and reviewed with the Planning Group a list of possible events to be done over the next two months in support of the initiative. These are attached. If you approve the program (subject to resolving the legal issues with Peter) we will work to fit the appropriate events into the President's schedule.

_____ Approve, subject to Counsel's comments
_____ Let's discuss
_____ Disapprove

The President's Address to the Nation

East Room

Theme

Proud of Americans. Angry at those who are harming nation-
illegal drugs can destroy our national security, public safety,
neighborhoods, families and individuals. It is not a victimless
crime. We need action and commitment from government at all
levels and from private citizens -- business and labor, students
and teachers, parents and volunteers.

Outline

A. Accomplishments over past five years

- o Military
- o Awareness
- o High School use

B. Current Problems

Source - Producers - Bankers - Dealers - Users

C. New Initiatives

1. DRUG-FREE WORKPLACE

Clean up Federal workplace, start by screening all new employees and testing those in national security, safety, and law enforcement positions. Establish mechanism to give priority to government contractors with active policy of drug-free workplace. Ask private sector to pursue drug-free workplace.

2. DRUG-FREE SCHOOLS

Secretary of Education will determine what methods have been effective to rid schools of drugs and will communicate these to other school administrators. Will withhold Federal dollars from those not working toward drug-free school.

3. DRUG TREATMENT

Will make treatment mandatory for intravenous (IV) drug users, the main conduit for AIDS to general population. Will ask Congress for budget to meet treatment needs. Also, will issue E.O. outlining role of HHS Secretary for coordination and expeditious action concerning drug abuse health policy matters.

4. INTERNATIONAL

Will recall U.S. Ambassadors to drug producing countries for briefing and consultation regarding needs. Ask Secretary of Defense to make appropriate resources available for better interdiction and for destruction of illegal refineries.

5. LAW ENFORCEMENT

Direct Attorney General to intensify efforts in cooperation with Mexico and other nations to stop drugs and money laundering and to prepare any needed legislation to support effort. Ask VP to intensify efforts on SW border to stop cocaine and other drugs.

6. PUBLIC AWARENESS AND PREVENTION

Ask all to join in Mrs. Reagan's drug abuse awareness and prevention campaign. Redouble efforts in all media to stop illegal drugs, make unacceptable to use illegal drugs in our society. Misinformation surrounding cocaine, truth.

GOAL: 70% REDUCTION IN DRUG USE WITHIN THREE YEARS.

200

**EXECUTIVE OFFICE OF THE PRESIDENT
COUNCIL OF ECONOMIC ADVISERS**

Date: July 22, 1986

To: Ralph Bledsoe

From: Arlene Holen

Attached are our comments on the Drug Abuse policy paper. Becky Norton Dunlop has a copy.

THE WHITE HOUSE
WASHINGTON

DOMESTIC POLICY COUNCIL

Tuesday, July 15, 1986

2:00 p.m.

Roosevelt Room

AGENDA

1. Drug Abuse Policy -- Carlton Turner
Deputy Assistant to the President
for Drug Abuse Policy
Office of Policy Development

THE WHITE HOUSE

WASHINGTON

July 14, 1986

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

FROM: CARLTON E. TURNER

SUBJECT: Drug Abuse Policy Opportunities

Issue -- To determine the next major steps in the President's campaign to achieve a drug-free Nation. *(Strong rhetoric. Suggests high-cost effort, low prospect of success.)*

by? Background -- The situation in 1981 was not promising. During the previous two decades, the use of illegal drugs in the United States spread into every segment of our society. The public lacked accurate information about the hazards of some of the most widely used drugs, and government efforts to combat the use of illicit drugs lacked credibility. National programs were directed at a single drug -- heroin -- and on one strategy -- supply reduction. The ~~more~~ confusion surrounding drug abuse weakened our resolve to stop illegal drugs coming from overseas. The U.S. became a major drug producing country. Drug trafficking ~~and~~ organized crime became the Nation's number one crime problem; and use of illegal drugs expanded, especially among our young people. There was a feeling of inevitability regarding illegal drugs and uncertainty over what was the right thing to do.

The President's Strategy: Early in his Administration, President Reagan launched a major campaign against drug abuse. The objectives were to improve drug law enforcement, strengthen international cooperation, expand drug abuse health functions as a private sector activity, reduce drug abuse in the military, and create a nationwide drug abuse awareness effort to strengthen public attitudes against drugs, ~~and get everyone involved.~~ His strategy was published to provide a blueprint for action.

National Leadership: President and Mrs. Reagan have led the Nation and the world in setting the right direction and encouraging both government and the private sector to join in stopping drug abuse. The Vice President is coordinating the complex functions of interdicting drugs at our borders. The Attorney General has taken charge of coordinating the overall drug law enforcement policy and activities.

Information and technical assistance
The Federal Role: The Federal role is to provide national leadership, working as a catalyst in encouraging private sector and local efforts, and to pursue those drug abuse functions which lie beyond the jurisdictions and capabilities of the individual states. Federal drug programs have been ~~oriented~~ oriented to meet specific regional needs. Initiatives emphasize coordination and cooperation among officials at all levels of government, ~~and use of government resources as a catalyst for grassroots action.~~ *[repeats]*

The Umbrella of Effective Enforcement: The strong law enforcement effort, including vigorous action against drug production and processing laboratories in source countries, has increased public awareness of the drug abuse problem. Eradication programs and military support have been added to the fight. The Federal budget for drug law enforcement has expanded from \$700 million to \$1.8 billion annually. *(This is Federal cost alone; excludes military + State + local; half of total Fed'l law enforcement spending.)* *reduced the supply of drugs and*

The Growth of Private Sector Efforts: Due largely to Mrs. Reagan's leadership and dedication to the youth of America and the world, private sector drug abuse awareness and prevention programs have increased significantly over the past five years. The number of parent groups has grown from 1,000 to 9,000. School-age children have formed over 10,000 "Just Say No" clubs around the country. The advertising industry, television networks, high school coaches, the medical profession, the entertainment industry, law enforcement officers and many others have joined in the national effort. Examples include over 4 million drug awareness comic books which have been distributed to elementary students, sponsored by IBM, The Keebler Company, and the National Federation of Parents. McNeil Pharmaceutical's Pharmacists Against Drug Abuse program is now firmly established across the country. *[Much exaggerated. Contradicted by data in National Narcotics Intelligence Estimate, scholars, and press accounts.]*

Discussion - The President's program has been successful in dealing with the drug problem. *[Compared to 1981, drug use is down in almost all categories.]* *[Drug prices have fallen and availability has increased.]* Notable is the success of the U.S. military in reducing use of illegal drugs by over 65 percent through strict policies and testing to identify users. Across the Nation, the private sector is taking a strong stand.

Public attitudes are clearly against use of illegal drugs and drug awareness is at an all-time high. Today, drug use is front page news. Corporations are recognizing the tremendous cost of drugs in the workplace; parents and students are recognizing how illegal drugs in the schools erodes the quality of education. The consequences of drug use are becoming more severe as users turn to more potent drugs and more dangerous forms of abuse. There is increasing concern about the threat that drug abuse poses to public safety and national security. And a new understanding is evident: Drug abuse is not a private matter -- using illegal drugs is irresponsible behavior -- and the costs are paid by society.

There is broad public support for taking strong action to hold users responsible and to stop the use of drugs. Aggressive corporate and school measures to end drug abuse, including use of law enforcement, expulsions and firings, have met with strong support from workers, students and the community. According to a USA Today poll, 77 percent of the Nation's adults would not object to being tested in the workplace for drugs.

[have also encountered some strong opposition]

We have reached a new plateau with a new set of opportunities. We should pursue the limits of possibility in eliminating drug abuse. The time is right to create a national environment of intolerance for use of illegal drugs.

Issues For Consideration

The President's National Strategy continues to be a sound blueprint for the comprehensive drug abuse program. Several opportunities exist to move toward the goal of a Nation free of illegal drugs in the 1990's. The issues involve communication, education, health, the workplace, and drug law enforcement support.

A. COMMUNICATION

The teamwork of the President and Mrs. Reagan, working together, have brought significant gains in the fight against illegal drugs. Attitudes have changed, awareness has increased and many people are ready to join in the fight. Recent deaths from cocaine use have focused attention on the issue. Yet there appears to be widespread lack of knowledge regarding the government efforts underway. A major Presidential address to the Nation could focus the issue, declaring that the national campaign against drug abuse has entered a new phase. The timing of such a speech is a factor, recognizing that some early discussions have leaked to the press.

OPTION #1 -- Recommend a Presidential address at the earliest possible time; late July or early August, follow-up with implementing action by the Cabinet.

Pros

- Move while public interest and media attention is at a peak. Likely to be most effective.
- Avoids potential criticism of politicizing the drug effort by action near the November elections.

Cons

- Possible suggestions of opportunism, reacting to recent deaths of athletes.

[May be premature. Initiatives may not be sufficiently reviewed.]
 OPTION #2 -- Recommend a Presidential address in September or October, after a number of Federal actions have been taken to strengthen the drug effort and follow up with continuing action by the Cabinet.

Pros

- Allows time for specific actions which can be reported in the speech.

Note: "Issue" format is odd. Options are preferable.

4

- More closely aligned with the beginning of the school year, timely for students in high schools and colleges.
- Cons
- Current high level of interest may dissipate because of the delay.
 - Potential for criticism of being political by being closer to election.

[Option #3 - No major address. Status quo option necessary]

B. EDUCATION

[again, very strong rhetoric - ignoring costs, diversity, achievability]

The major initiative is to establish a national objective for every educational institution, through college level, to be drug-free. To prevent drug abuse before it starts, drugs must be addressed in early school years and drug abuse prevention must continue throughout the entire school career. Teachers, school administrators, parents and individual students can share the commitment to a drug-free school. School organizations - sports, academic, drama, student government, etc. - and effective student leadership can make the difference. Schools and colleges must make the drug-free policy known and then not tolerate violations of the policy. [Not all schools will be able or willing to implement strong enforcement.]

ISSUE #1 -- Develop effective ways to promulgate accurate and credible information on how to achieve a drug-free school. The Secretary of Education is preparing an excellent booklet for national distribution which will respond to this issue.

[good]

ISSUE #2 -- Make it mandatory that all schools have a policy of being drug-free and direct the Secretary of Education to explore ways to withhold Federal funding from any educational institution which does not have such a policy.

[draconian, ignores costs]

ISSUE #3 -- Instruct the Attorney General and the Secretary of Education to inform the heads of all educational institutions, public and private, of the Federal law regarding distributing drugs in or on, or within 1,000 feet of a public or private elementary or secondary schools. In summary, this law provides for penalties up to twice the normal term and second offenders are punishable by a minimum of three years imprisonment or more than life imprisonment and at least three times any special parole term.

[good. This is the law; it should be known.]

ISSUE #4 -- Explore ways to require that drug abuse be taught as part of the health curriculum instead of as a separate subject and seek funding to be made available to schools specifically to purchase new health text books which make this change.

[Questionable & costly, may detract from major educational goals.]

C. HEALTH

Health interests are at a peak. The dangers of drugs are more widely evident than at any time in recent history. Many people are expressing amazement regarding the long-known effects of cocaine on the heart and respiratory systems which can lead to death. Yet even more awareness is needed. There was massive public concern over allegations of negligible amounts of herbicide on marijuana, yet the same level of concern is not evident over the deadly, yet common, application of PCP to marijuana. Additionally, much remains to be done to make appropriate treatment available to those experiencing health damage and addiction. The high correlation between intravenous (IV) drug use and AIDS requires prompt action. [playing on fear of AIDS may be poorly received]

ISSUE #1 --

[potentially very costly]

Develop ways to provide funding assistance to states which implement programs to support specific drug-related health problems-

- Develop mandatory treatment for intravenous (IV) drug users. [Impossible and expensive]
- Identify drug users and force them into appropriate treatment. [Impossible and expensive]

ISSUE #2 --

Accelerate research in critical areas-

[Pay off not clear. Is current research level not adequate?]

- Drug testing techniques and approaches.
- Highest priority to comprehensive cocaine/coca/coca paste research program. (health, herbicides, detection, etc.)

ISSUE #3 --

[reasonable]

Develop means for limited Federal assistance to selected prevention initiatives and provide seed money for promising initiatives.

- ACTION, NIDA or other approaches?

[meaning the Federal enforcement effort? Not clear]

D. SAFETY/PRODUCTIVITY

A relatively few drug users are causing our families and our society to pay a high price for their irresponsibility. Attitude surveys show wide support for identifying users of illegal drugs and for stopping the users and the sellers of illegal drugs. A vocal minority still chooses to argue for drugs as a victimless crime and to point to the Federal government for a solution. In the interests of the American people and their future, leaders must take action.

[Paragraph doesn't fit topic]

[stated as though this were a constitutional right.]

6

[Extreme statements, more down]

[at taxpayer's expense?]
A drug-free workplace is the right of every worker. Public safety considerations require prompt action to identify, remove and treat individuals who are in jobs where their drug abuse endangers the public safety. Employers must establish a clear policy, ensure that the policy is understood and applied, and include specific rules, procedures for identifying violators and uncompromising discipline consistent with the public trust. As the nation's largest single employer, the Federal government should serve as a model for dealing constructively with drug and alcohol abuse in the workplace. The Military Services have led the way in identifying drug users and moving toward a drug-free force. Several Federal agencies have begun or are planning similar programs. [how much?]

where?
how?
time?

[By what authority?]

ISSUE #1 -- Institute a testing program for pre-employment screening of all applicants for Federal jobs, with a policy that a confirmed positive test for illicit drug use disqualifies the applicant and another application may not be made for one year. [no appeal or retest?]

[Probably not cost-effective. Even regular users can refrain before test.]

ISSUE #2 -- Require a comprehensive testing program for all Federal employees in national security positions, safety-related positions, law enforcement officers and support personnel, drug abuse organizations, and any positions designated as sensitive by regulation or by the agency head.

[Leave some room for managerial discretion.]

ISSUE #3 -- Establish a national goal of a 70% reduction in drug users within three years; ask the private sector to help in meeting the goal. [Doomed to fail]

ISSUE #4 -- Request the Secretary of Defense to explore ways to require Defense contractors to have a policy of a drug-free workplace. [Costly, bureaucratic, better to use market]

ISSUE #5 -- Even though overall drug use in the military has been reduced by 67 percent, 8.9 percent still use. Request the Secretary of Defense to intensify efforts to achieve drug-free military service. [Cost?]

E. DRUG LAW ENFORCEMENT SUPPORT

Not clear what this section adds besides exhortation. No initiatives are spelled out.

Strong and visible drug law enforcement is critical to maintaining an atmosphere in which major health programs can effectively separate the user from the drug. The success of drug law enforcement has caused significant changes in the nature of drug trafficking and in trafficking routes. Drug enforcement agencies are responding to the changes. It must be made evident to all that the drug law enforcement is flexible and relentless and will pursue the drug traffickers wherever they move.

[not clear what is meant]

As the emphasis turns to the user, it is important that the initiative be viewed as health-oriented with a strict but caring approach. Law enforcement can make a special contribution to drug abuse prevention and education programs in two ways: by sharing ~~their~~ knowledge and prestige in a caring way, [?] particularly with young people; and by vigorously pursuing the sellers and distributors. The entire criminal justice system must provide prompt and strong punishment to drug dealers.

ISSUE #1 -- Instruct all Law Enforcement Coordinating Committees to request every U.S. Attorney to seek and prosecute violators of 21 U.S.C. 845A (selling illegal drugs on or near school property) to emphasize seriousness of stopping drug pushers. Require special reporting on these cases.

[this is the law]

ISSUE #2 -- Expedite the development of a comprehensive Southwest border initiative to enhance ongoing operations, making appropriate use of military support and technology. Include planning to insure flexibility in the use of all law enforcement resources and, if needed, a reorganization of the operating management structure and responsibilities.

[this has been done]