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Withdrawer

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File Folder [CHRON FILE 1983-1986 (MISCELLANEOUS PAPERS)] (2)

FOIA

F06-0060/01

Box Number 1

POTTER

5

DOC NO	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
1	MEMO	CHARLES SCHUSTER TO C. TURNER AND DONALD IAN MACDONALD RE METHADONE (W/ADDED NOTES)	1	9/18/1986	open 11/2/09 KMW
THE ABOVE DOCUMENT IS PENDING REVIEW IN ACCORDANCE WITH E.O. 13233					

Freedom of Information Act - [5 U.S.C. 552(b)]

- B-1 National security classified information [(b)(1) of the FOIA]
- B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- B-3 Release would violate a Federal statute [(b)(3) of the FOIA]
- B-4 Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- B-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- B-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.



Memorandum

Date September 18, 1986

From Director, NIDA

Subject LAAM

To Dr. Carlton Turner
Dr. Ian Donald Macdonald

LAAM would be a very valuable alternative to methadone which, because of its duration of action, would allow patients to come to the clinic only three times a week. This would allow an increase in treatment capacity with currently existing facilities.

We must figure out a way to break this logjam at FDA. I am convinced that the additional studies required by FDA are not necessary, and my view is shared by every clinician who has ever used the drug.

Charles R. Schuster
Charles R. Schuster, Ph.D.

Attachment

- ① Called Chert @ 10:29 to I would support
part! action
- ② Talked about record to said DuPont's group
I will buy to on what was open to to.



Memorandum

Date September 4, 1986

From Chief, Treatment Research Branch, DCR

Subject LAAM

To Roy W. Pickens, Ph.D.
Director, DCR

Following our meeting with Drs. Schuster and Jaffe about LAAM, I telephoned Rosina Dixon, M.D., President of Dixon and Williams Pharmaceutical Co., Inc.. The Company in collaboration with the ARC is seeking FDA approval to market LAAM as an orphan drug for use in the maintenance treatment of heroin addiction. Based on this discussion, my review of the company's Small Business Innovation Phase I grant application pending IRG review and review of the minutes of a June 5, 1985 meeting between the Company and FDA, I am not optimistic that LAAM will be marketed for general use for at a minimum of several more years. Positive steps have been taken by the Company and significant progress has been made. However, considerable efforts and time are still necessary before submission of the NDA and FDA review and final approval. Then, writing the final package insert takes considerable time, usually measured in years not months. It is quite likely that additional clinical studies will need to be carried out to assure approval.

In large part due to new FDA statistical guidelines issued in August 1985 and to changes in FDA personnel and policy in the Neuropsychopharmacology Reviewing Branch, the requirements for the NDA that were agreed upon in the late 1970's between FDA and NIDA and its contractor for LAAM development have been changed. Thus, substantial reformatting and reanalysis of the preclinical and clinical data from the VA-SAODAP Phase II Study is necessary. This should be completed in a few months.

However, the FDA seems now to be unwilling to consider the methadone controlled, random-assignment portion of the Phase III study to be "pivotal" or "well-controlled" because it was open not double-blind. Therefore, the company has to identify a second "pivotal" study. They now have to resurrect a very old study conducted by Avram Goldstein and provide the individual case report forms never intended for this purpose from a clinic closed for sometime. It is unlikely that this study will satisfy the FDA. Therefore, additional tightly controlled and designed studies probably will be needed to demonstrate the efficacy of LAAM to substitute for heroin and methadone.

Page 2 - Roy W. Pickens, Ph.D.

One concern which arose during my discussion with Dr. Dixon is the Company's apparent decision to at first seek approval for use of LAAM only in patients crossed over from at least several weeks of methadone. The Company plans to seek approval for use of LAAM in street heroin addicts at a later date. I think this is an unwise decision from a treatment viewpoint. Furthermore, the "pivotal" VA study used LAAM in street heroin addicts.

In the preclinical area, the Company appears to have taken steps suggested by FDA to resolve the issue of toxicity in rodents. Dr. Dixon estimates resolution of this area by January 1987.

The Company has encountered considerable difficulty in finding a chemical company to manufacture LAAM for marketing. The Company has purchased a trade secret manufacturing process from Pennick Co. and is now beginning validation of the manufacturing procedures used in the 70's. Two companies have been identified with manufacturing facilities meeting current FDA and DEA requirements for production of a Schedule I and II agent under good manufacturing conditions. Initially, three small but production size demonstration batches of LAAM with all the supporting documentation to qualify a contract manufacturer and complete the chemistry section of the NDA are required for NDA submission. The Company has submitted a Small Business Grant Application requesting \$53,654 to perform this Chemical-Production project. The estimated completion date for this portion is June 1987 pending funding in March 1987. A Phase II Small Business Grant is proposed to complete NDA documentation and exploit any opportunities for cost reduction in manufacturing process identified in Phase I.

Jack Blaine, M.D.

Jack Blaine, M.D.



Congressional Research Service
The Library of Congress

Washington, D.C. 20540

POLICY ALERT

**NARCOTICS CONTROL AND THE USE OF U.S. MILITARY PERSONNEL:
OPERATIONS IN BOLIVIA AND ISSUES FOR CONGRESS**

Raphael Perl
Specialist in International Affairs
Foreign Affairs and National Defense Division
July 29, 1986

HV 5801 A

Narcotics Control and the Use of U.S. Military Personnel:
Operations in Bolivia and Issues for Congress

The Issue

On April 8, 1986, President Reagan reportedly signed a secret National Security Decision Directive that designates the international drug trade as a national security concern. The U.S. military's July 1986 support operations for anti-narcotics raids in Bolivia set a precedent for the possibility of expanded operations elsewhere, and raise a number of issues for Congress in connection with the implementation of this directive. These issues include: (1) the use of U.S. military personnel in counternarcotics operations; (2) implications for other U.S. foreign policy interests; and (3) the appropriate role for Congress.

Background

On July 14, 1986, six U.S. Army Black Hawk transport helicopters, with American pilots and approximately 160 support troops landed in Bolivia to help the Bolivian police conduct raids on cocaine processing facilities in the Beni province. The U.S. helicopters were used to ferry specially trained civilian Bolivian anti-drug strike force personnel to the site of these raids. The United States assisted in the operation at the request of the Bolivian Government.

Under the rules of engagement agreed upon with the Bolivian Government, American personnel are permitted to use weapons only if fired upon first.

While the use of U.S. forces in such a support capacity is not entirely new, the Bolivia operation represents a departure from past practices in several key ways. Since 1983, Air Force helicopters have been periodically used to transport Bahamian anti-drug personnel to narcotic strike sites. In addition, unconfirmed press reports, have stated that last February, U.S. Air Force helicopters ferried Colombian police to a strike staging site in Colombia.

Nevertheless, the Bolivian support operation appears to differ from previous ones because: (1) U.S. military forces are armed and carrying a full complement of weapons, including machine guns, for defensive purposes; (2) the number of troops involved is larger--160 as opposed to 12-15 in the Bahamian operation; and (3) the possibility of engagement is potentially higher since the targets are processing labs and not transshipment facilities as in the Bahamas. (Processing operations tend to require more personnel who may not have access to aircraft and the immediate means to escape.)

The Bolivian support operation is the first commitment of military personnel to a narcotics control mission on foreign soil since President Reagan reportedly signed a relevant secret national security decision directive on April 8, 1986. According to public sources, the directive provides that the international drug trade is a national security concern because of its ability to destabilize democratic institutions. Although a national security threat is not necessarily a military threat, the new directive provides the policy framework for an expanded role for U.S. military forces in supporting counter-narcotics efforts abroad and opens the door to the expansion of overseas operations to implement such a policy.

- Such a mission is a military mission since trafficking organizations pose a threat to the security of foreign governments worldwide. In some instances, analysts suggest the threat posed may be greater than that of Communist-backed insurrection--not to mention the disruptive effect of foreign-source drug use on our own society. These activities offer the further advantage of providing operational training to American forces.
- The presence of U.S. military personnel is needed if such operations are to be effective. Assistance in the form of equipment alone would raise the possibility of misuse or require extensive training. Moreover, corrupt foreign personnel may hinder the effective use of such equipment, while U.S. military presence adds stability and an aura of incorruptibility to such operations.

Critics of such use of U.S. troops argue:

- Drug interdiction is a law enforcement mission and not a military mission. If given the proper funding, equipment, and training, U.S. civilian law enforcement agencies--or perhaps a multinational regional anti-narcotics police force--could provide effective alternatives to military involvement.
- Using the military for drug interdiction detracts from military readiness in other areas.
- Use of the military in civilian law enforcement activities runs contrary to a longstanding tradition which goes back to colonial times against the use of troops in an active or direct role for civilian law enforcement purposes. This tradition is codified in the Posse Comitatus Act (18 U.S.C. Sec. 1835 et seq.) which permits only passive or indirect military assistance to civilian law enforcement authorities, but does not specifically authorize such a role on foreign territory. The 1981 Posse Comitatus Amendment (10 U.S.C. sec. 371 et seq.) does permit assistance by Department of Defense personnel to civilian law enforcement officials outside the United States in emergency circumstances. However, the Amendment does not specifically provide for such assistance to be rendered to foreign civilian law enforcement officials.
- Using the military sets a precedent for subsequent military use in other countries where the danger for U.S. personnel would be much higher. If U.S. forces were used in Colombia, for example, where M-19 guerrillas are reportedly linked to drug traffickers, the chance of military conflict and U.S. casualties would be much greater.
- Use of military may result in U.S. troops being placed in situations where their safety may be dependent on foreign

escalate when the troops used are of foreign origin. United States assistance may be portrayed as a U.S. invasion, U.S. intervention, or a resurgence of U.S. imperialism. Foreign leaders under pressure of the threat of possible U.S. aid reductions may reluctantly accept offers of U.S. military assistance and then be portrayed as subservient to Uncle Sam.

- In order to be effective, a commitment of military assistance cannot be an isolated, one-shot affair from which the United States withdraws--leaving the host nation without the resources and support to pursue operations it has undertaken. Unless coupled with long-term, effective crop eradication programs (costing tens of millions of dollars), military involvement in small scale operations of a non-regional, non-continuing character do little to combat drug trafficking. At best it temporarily disrupts traffickers who may move elsewhere. Consequently, such military operations may have a disruptive regional impact as traffickers flee one country and set up in a neighboring state.
- The possibility exists of associating U.S. troops with armed forces and law enforcement agencies involved in human rights abuses. (e.g., Colombian armed forces, for example, have recently come under attack from human rights monitoring groups.)
- Given the multinational character of the international drug trade and reported links with terrorists, trafficking organizations might seek to "retaliate" against U.S. military personnel and other American targets worldwide, should the military counternarcotics role expand sufficiently to pose a serious threat to traffickers.

ISSUE No. 3: Was the Administration remiss in not involving Congress more fully and effectively regarding the use of military units in the role of enforcing law in foreign countries?

Many in Congress think that the President had full powers to carry out the operations in Bolivia, while observers outside the Congress have suggested that the actions in Bolivia trigger operation of the War Powers Resolution (P.L. 93-148) and are contrary to a longstanding tradition against military involvement in civilian law enforcement activity codified in the Posse Comitatus Act. Aside from the legal arguments, such outside observers maintain that Congress may not have been effectively consulted in this instance because the ultimate success of operations may depend on congressional commitment of

Observers who believe the Administration acted responsibly in the involvement of Congress say:

- The War Powers Resolution does not apply in this situation because it applies only to military actions and not law enforcement activities such as support operations in Bolivia. Furthermore the danger of "imminent hostilities"--a requirement of the Act--is not present as U.S. forces reportedly have been instructed not to go near areas of imminent hostilities. Finally, troops assisting in Bolivia are not equipped for offensive combat in the traditional sense, but are merely serving as a taxi service in a temporary support capacity.
- Likewise, the Posse Comitatus Act does not apply here because the Act has generally been held to pertain only to direct military participation in law enforcement activity. The Bolivian operation is merely an indirect military support activity that does not involve the use of military force against civilians. Furthermore, the Act is a criminal statute and, like most U.S. criminal statutes, has never been held to apply outside the U.S.
- U.S. military support actions in Bolivia are fully authorized under existing law governing military cooperation with civilian law enforcement officials. The Posse Comitatus Amendment [10 U.S.C. sec. 374 (a)] provides that the Secretary of Defense, upon the request of the head of an agency with jurisdiction to enforce the Controlled Substances Act (21 U.S.C. 801 et seq.) or the Controlled Substances Import or Export Act, (21 U.S.C. 951 et seq.) may assign Department of Defense personnel to operate and maintain equipment made available to civilian law enforcement officials for law enforcement purposes. [Note: the provisions cited do not refer to foreign law enforcement officials.] In this instance statutory prerequisites for extraterritorial application have been complied with as both a representative of the Secretary of Defense (on June 16, 1986) and the Attorney General (on July 10, 1986) have signed a letter declaring that an emergency exists (posing a serious threat to U.S. interests), and that the scope of Bolivian drug trafficking poses a serious threat to U.S. interests. Consequently, military help to DEA in support of their mission in Bolivia is properly authorized.
- Congress was effectively notified in a timely manner of these operations. Operations were scheduled to begin July 18, 1986, and on July 14, 3-man briefing teams composed of personnel from the State Department, the Defense Department, and DEA briefed 15 key Members of Congress and appropriate staff on the impending operation. Committee Chairpersons and/or staff briefed included representatives of the Appropriations Committees, the Armed Services Committees, the

**Federal Drug Abuse
Funding Considerations**

10 AM
Monday

11:15 AM Monday
PSA Appel
for the to help
DAC

	(BA in \$ millions)		
	<u>FY87</u>	<u>FY88</u>	<u>FY87-88</u>
Drug Free Workplace.....	+163	+168	+ 331
Drug Free Schools.....	+ 97	+100	+ 197
Expand Drug Treatment....	+ 87	+ 96	+ 183
Expand International Cooperation.....	+139	+ 61	+ 200
Strengthen Law <u>1/</u> Enforcement.....	+284	?	+ 284
Expand Public Awareness..	--	--	--
Total....	+ <u>770</u>	+ <u>425</u>	+ <u>1,195</u>

1/ FY87 or FY88 levels to be determined.

File

7/29/86
↑
DAC

A

60/40

12.50 return
100
1.78/100

GOALS WORKSHEET -- DRAFT 7/29/86
Drug Abuse Policy Office

Leadership
Legislation

Est. Cost
FY87 \$163M
FY88 \$168M

GOAL #1: DRUG-FREE WORKPLACES

1a. Establish a drug-free Federal workplace. (OPM-agencies)

ALL YES

FEHB \$129M
Test \$24M
(Hi \$34M)
ea yr

30 day treatment

1b. Encourage states and local governments to develop drug-free workplaces.

ALL-
seek
opportunities

No

None

1c. Work with government contractors to ensure drug-free workplaces.

ALL
DOD lead

No

FY88 0
FY88 \$5M

1d. Encourage private sector companies to pursue drug-free workplaces.

ALL No

None

GOAL #2: DRUG-FREE SCHOOLS

FY87 \$97M
FY88 \$100M

2a. Seek to assure that all schools establish a policy of being drug free.

ALL
DOEd
lead

No

None

2b. Inform heads of all educational institutions about the Federal law on distributing drugs in or near schools.

AG,
DOEd

No

None

2c. Develop ways to communicate accurate and credible information on how to achieve a drug-free school.

DOEd

2c & 2d
Yes, Auth
LegFund-
ing

FY87 \$97M
FY88 \$100M
100%
trade-off
within DOEd

2d. Encourage that education on drug abuse to be taught as part of a health curriculum rather than as a special curriculum.

DOEd

	Leader- ship	Legis- lation	Est. Cost
<u>GOAL #3: EXPAND DRUG TREATMENT</u>			<u>FY87 \$87M</u> <u>FY88 \$96M</u>
3a. Encourage states to develop and implement programs that treat specific drug-related health problems.	HHS	?	FY87 \$18M FY88 \$36M
3b. Accelerate research in health-related areas, including drug testing.	HHS	No	FY87 \$3M FY88 \$3M
3c. Stimulate development of innovative prevention programs.	HHS	?	FY87 \$5.5M FY88 \$12M
3new. Community demo grants, integrated drug abuse programs.	HHS	?	FY87 \$60M FY88 \$45M
<u>GOAL #4: EXPAND INTERNATIONAL COOPERATION</u>			<u>FY87 \$139M</u> <u>FY88 \$61M</u>
4a. Recall for consultation U.S. Ambassadors in selected countries that produce illegal drugs or that have national drug problems, and support their anti-narcotic activities.	State	No	FY87 \$.1M Travel FY87 0 FY88 \$30M
4b. Continue to expand appropriate use of Defense resources to support drug interdiction and destruction of illegal refineries.	DOD	No	FY87 \$135M FY88 \$27M
4c. Intensify efforts with other nations against production, drug trafficking and money laundering.	?	?	FY87 \$4M FY88 \$4M

	Leader- ship	Legis- lation	Est. Cost
<u>GOAL #5: STRENGTHEN LAW ENFORCEMENT</u>	-----	-----	<u>FY? \$284M</u>
5a. Expand sharing of knowledge and prestige of law enforcement personnel with those involved in drug prevention programs, particularly with young people.	DOJ, Treas.	No	+\$3M DOJ +\$.15 Treas.
5b. Provide prompt and strong punishment by the entire criminal justice system for drug dealers operating close to users.	DOJ	No	FY?\$278M See OMB paper.
5c. Direct Law Enforcement Coordinating Committees and U.S. Attorneys to prosecute violators of statutes against selling illegal drugs in or near school property.	DOJ	No	No un- budgeted cost
5d. Expedite development of a comprehensive Southwest border initiative to stop illegal drug entry into the U.S.	DOJ	No	Incl. in NDEPB ltr to Hill See OMB paper.
<u>GOAL #6: EXPAND PUBLIC AWARENESS AND PREVENTION</u>			<u>NONE</u>
6a. Ask all citizens to join in Mrs. Reagan's drug abuse awareness and prevention campaign.	Maximum	No	None.
6b. Redouble efforts in all media forms, to stop illegal drugs and to make their use unacceptable in our society.	Maximum	No	None
6c. Disseminate accurate and credible information about the health dangers of drug abuse.	All	No	In budget

OPM Proposals DAPO/7/28/86

	Leader- ship	Legis- lation	Est. Cost
OPM #1 - Make current illegal drug use an absolute disqualifier for entry and basis for termination.	OPM	YES	Testing \$24-\$34M Sensitive Psns
OPM #2 - Revise SF-85 & SF-86 Security forms to include drug use questions.	OPM	No	No
OPM #3 - Issue OPM guidance on drug screening.	OPM	No	No
OPM #4 - Mandate termination for second instance of illegal drug use.	OPM	No	No
OPM #5 - Proclaim opportunity for rehabilitation of current employees who are using drugs.	OPM, Agencies	No	No, EAP
OPM #6 - Discussions on upgrading medical coverage in FEHB.	OPM, OMB	No	Possible \$129M
OPM #7 - Upgrade EAP and emphasize availability.	OPM, OMB	No	No
OPM #8 - Major PR on no drug use in Federal employment.	ALL	No	No
OPM #9 - Regulations for requiring referral for counselling before reconsideration of applicant.	OPM	No	No
OPM #10 - Collect gvmt productivity data, evaluate EAPs.	OPM	No	No
OPM #11 - Issue regulations on quality control standards in testing.	OPM, NIDA	No	No

This information has been collected by OMB working with agency personnel where possible. It is intended as a discussion document and as such, presents alternatives that an eventual omnibus proposal could include.

GOAL NO. 1: DRUG-FREE WORKPLACES

This goal would be to protect the public and the workforce, and to increase productivity by ensuring that workers in sensitive occupations are clear-minded and free of the effects of illegal drugs. Four major actions would be proposed:

o Establish a drug-free Federal workplace.

Current Efforts

Current government-wide policy requires agencies to provide short-term counseling, and treatment referral services.

Alternative

Horner recommendations attached. No cost data available from OPM.

FED EMPLOYEE HEALTH BENEFITS - MA
\$129M

o Encourage states and local governments to develop drug-free workplaces.

Current Efforts

Minimal

Alternative

WH IGA campaign.
DOL promotional campaign.

TESTING
SENSITIVE PSNS
\$24M - 34M

o Work with government contractors to ensure drug-free workplaces.

Current Efforts

There are no government-wide efforts to work with federal contractors in this regard.

Alternative

The President/Administration could:

(1) Direct, through Executive Order, Presidential memoranda, or OFPP Policy Letter, that agencies encourage their contractors to use their "best efforts" to educate their employees in matters of drug abuse, and to screen, detect and treat those employees requiring such treatment.

FY 87 Amendment: 0 (can be accomplished with existing resources)

FY 88 Request: 0

(2) Direct, through Executive Order, Presidential memoranda, or OFPP Policy Letter, that the Federal Acquisition Regulation be amended to require that contractors, as a condition of doing business with the federal government, certify that they have instituted a comprehensive, viable program for ensuring a drug-free environment in their facilities.

FY 87 Amendment: 0 (can be accomplished with existing resources. Contractor costs of establishing these programs would, however, be passed back to the government in the form of higher contract prices.)

FY 88 Request: 0

(3) Using the Affirmative Action Program as a model seek legislation to (a) require that contractors (at least those whose products have life threatening or national security characteristics) establish comprehensive drug detection, prevention, educational and treatment programs, and (b) establish a program in an

3

appropriate federal agency with sufficient personnel and funding resources to review and approve contractor drug programs, and once approved, to monitor contractor adherence to those programs.

FY 87 Amendment: 0

FY 88 Request: \$5 M (To fund start-up costs in the appropriate federal agency for implementing the approval and surveillance aspects of the program.)

- o Encourage private sector companies to pursue drug-free workplaces.

Current Efforts

Minimal

Alternative

(1) Emphasize employer/union responsibility for prevention of drug-abuse in the workplace in speeches of Secretary Brock and other DOL officials.

(2) Develop letter from Secretary Brock to be sent out to governments, company and union officials using various interest group mailing lists.

(3) Have DOL's Bureau of Labor-Management Relations and Cooperative programs develop state/regional conferences on cooperative worker-management drug control programs, involving public and private employer and employee representatives. Working in conjunction with HHS, provide technical assistance on testing and treatment.

These activities would be accomplished within existing resources.

GOAL NO. 2: DRUG-FREE SCHOOLS

This goal would be to have every educational institution drug-free, from grade schools through universities. Four major steps would be explored.

- o Seek to assure that all schools establish a policy of being drug free.

Current Efforts

Speeches by Secretary Bennett calling on college presidents to notify students and parents that schools will be drug free this fall.

Alternative

Booklets distributed by Secretary Bennett to postsecondary, secondary, and elementary school officials encouraging schools to declare goal of becoming drug free.

1987 Amendment:

0 (can be accomplished within existing resources)

1988 Request: 0

- o Inform heads of all educational institutions about the Federal law on distributing drugs in or near schools.

Current Efforts

Rely on existing information networks to make local officials aware of law.

Alternative

Joint letter from Attorney General and Education Secretary to heads of public and private school systems informing them of federal law and penalties regarding distributing drugs on or within 1,000 feet of private or public elementary or secondary schools.

Promotional campaign with brochures and publicity as part of new ED program as discussed below.

1987 Amendment: 0
(can be accomplished within existing resources)
1988 Request: 0

o Develop ways to communicate accurate and credible information on how to achieve a drug-free school.

o Encourage drug abuse problems to be taught as part of a health curriculum.

Current Efforts

Through its Alcohol and Drug Abuse Education Program ED supports five regional centers that provide intensive training to teams of school personnel (700 per year) on how to train local personnel in combatting drugs in schools. Over 600 schools are affected each year. Over 33,800 individuals have been trained over the last 12 years.

ED will also be publishing a booklet on drug-free schools in the near future.

1986 Actual: \$3 million
1987 Budget: \$3 million

Alternative

Propose legislation for a new \$100M ED program, program: 20 percent to be reserved for national level activities, to include ED's ongoing activities and new efforts such as development and diffusion of model programs and distribution of pamphlets. Remainder allocated to states and localities for drug abuse prevention activities, including development and purchase of new health textbooks dealing with drug abuse.

1987 Amendment: \$97 million
1988 Request: \$100 million

GOAL NO. 3: EXPAND DRUG TREATMENT

The health dangers posed by drug use are more evident than at any time in recent history, and we need to make appropriate treatment available to those experiencing health damage and addiction. Community-based efforts in three major areas would be considered.

Over the last ten years, a wide variety of approaches to the treatment and prevention of illicit drug use have been implemented across the nation. While many of these programs have been successful in reducing drug abuse in their "target" populations, they have rarely had a significant, lasting impact on overall drug use in a community as a whole. It has become increasingly clear that only integrated, community-wide attack on illicit drug use including prevention, intervention, and treatment activities combining the resources of private, public and voluntary organizations in the community can be effective. Using this approach will create a climate of intolerance to drug use, which alone can bring about a lasting reduction in illicit drug abuse.

o Encourage states to develop and implement programs that treat specific drug-related health problems.

Current Efforts

States are not permitted to use Alcohol, Drug Abuse, and Mental Health Block Grant funds for in-patient treatment of drug abusers. Out-patient treatment is permitted, but no data are available, given the nature of the block grant reporting guidelines.

Alternative

Establish an Office for Technical Assistance for Drug Abuse Prevention (TADAP) within the Office of the HHS Secretary. Upon Request of States, TADAP would provide model referral/treatment criteria.

Within the context of a consolidated grant for a SWAT-team like approach to address high drug abuse areas, include a sub-program to assist states in improving or developing treatment referral programs.

While ADAMHA has the facilities to develop a model treatment research center, no intramural research on the treatment of cocaine or heroin dependence is currently being conducted. Extramurally, most treatment research is concentrated on the evaluation of established narcotic treatment techniques, with relatively little research being conducted on the treatment of cocaine or the treatment of narcotic users in conjunction with AIDS risks reduction.

1986 Actual: \$6.6 million
1987 Request: \$8.4 million

The National Institute on Drug Abuse (NIDA) conducts research into new and innovative drug abuse treatment techniques.

1986 Actual: \$8 million
1987 Budget: \$9 million

o Accelerate research in health-related areas, including drug testing.

Current Efforts

Expansion of the ARC inpatient treatment research program to conduct research on opiate and cocaine detoxification. Further expansion of extramural research to cocaine and alternatives, to methadone maintenance in the treatment of opiate users. (approximately 20 grants)

1987 Amendment: \$14 million
1988 Budget: \$23.4 million

Expand research into new and innovative drug abuse treatment techniques, including greater emphasis on less-expensive, outpatient modalities. Increase the number of patients in research protocols.

1987 Amendment: \$4 million
1988 Request: \$13 million

Alternative

Conduct pilot studies in 50 laboratories to develop standardized procedures for monitoring

ADAMHA is currently supporting analytical methods developments for the detection of illicit drugs and their metabolites in body fluids. Current efforts are focused on the analysis of blood and urine samples.

1986 Actual: \$0.9 million
1987 Request: \$1 million

o Stimulate development of innovative prevention programs.

Current Efforts

ADAMHA sponsors research to determine the efficacy of family-based prevention programming targeted at secondary school populations, programs organized at the work site, and other community level interventions. Prevention research also involves the evaluation of early intervention efforts targeted to pre-adolescent populations located in the school and in community agencies.

1986 Actual: \$2.4 million

quality control for drug urine testing. Develop a plan to either encourage non-federal organizations to administer the certification process or to establish user fees if certification is conducted by a federal agency.

1987 Amendment: \$1 million
1988 Budget: Privatize or user fee

Expand all current efforts to develop sensitive and reliable assays for illicit drugs and their metabolites. Initiate research to investigate and develop alternative assay techniques, such as assays of saliva, which are more likely to be acceptable by society.

1987 Amendment: \$2 million
1988 Budget: \$3.1 million

Alternative

NIDA will organize a comprehensive program of evaluation of prevention interventions emphasizing the school, the family and the work sites as points of contact, and the pre-adolescent, adolescent, and young adult as the focus of concern. The efforts will involve the evaluation both of efforts to prevent the initiation of drug use and early intervention strategies designed to identify and serve the incipient drug user and his or her family.

1987 Amendment: \$4 million

1987 Request: \$2.5 million

ADAMHA is currently supporting five programs looking at early indicators of mental health problems as well as a limited number of investigations of the influences of the family on illicit drug use and possible genetic bases for illicit drug use.

1986 Actual: \$3.1 million
1987 Request: \$3.3 million

o Support integrated, community-wide demonstration grants to assist communities mobilize their efforts to fight illicit drug use and to determine the efficacy of integrated, community-wide programs.

Current Efforts

Integrated, community-wide illicit drug use prevention, intervention, treatment programs have never been attempted.

1988 Budget: \$6.8 million

Supplement currently funded NIMH grantees to support research on how parents, teachers, and the community can combine to avert the development of drug alcohol problems in high risk children. Expand current extramural research on biological and behavioral bases of illicit drug use with special emphasis on investigations of why some individuals appear "invulnerable" to illicit drug use.

1987 Amendment: \$1.5 million
1988 Budget: \$5 million

Alternative

Support 30 community-wide demonstrations.

1987 Amendment: \$60 million
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GOAL NO. 4: EXPAND INTERNATIONAL COOPERATION

The goal would be to obtain cooperation from every country with which the United States must work in drug enforcement and treatment programs.

The Department of State's International Narcotics Matters Bureau is responsible for the international narcotics control program. The major elements of this program are country programs for crop eradication, drug interdiction, training of foreign personnel for narcotics enforcement, and drug prevention and education. The INM Bureau also contributes to international organizations devoted to suppressing the production, trafficking and abuse of narcotics in major narcotics-producing countries. Over half of the funds provided for the international narcotics program in 1986 (\$60.1 million) were devoted to eradication programs, INM's highest priority. Colombia, Mexico, Burma, and Peru have the largest eradication programs.

Under this program several actions could be taken:

o Recall for consultation U.S. Ambassadors in selected countries that produce illegal drugs or that have national drug problems, and support their anti-narcotics activities.

Inasmuch as INM's program focuses on major narcotics-producing countries, this action would require major increases in the programs activities.

Current Efforts (\$ in millions)

Alternative (\$ in millions)

Eradication	37.4	56.1
Interdiction	11.4	17.1
Education & Training	11.3	17.0
Total	60.1	90.2

o Continue to expand appropriate use of Defense resources to support drug interdiction and destruction of illegal refineries.

Current Efforts (\$ in millions)

33

Alternative (\$ in millions)

FY 87: 292 **

FY 88: 61 **

- o Intensify efforts with other nations to stop drug trafficking and money laundering.

Efforts under this heading could be directed to smaller producing countries and/or non-producing countries.

Current Efforts (\$ in millions)

8.5

Alternative (\$ in millions)

12.75 (+ 4.25)

** Includes \$157 Million identified in June 18, 1986 Policy Board letter to Congress for FY 87 and \$34 Million for FY 88.

GOAL NO. 5: STRENGTHEN LAW ENFORCEMENT

Strong and visible drug enforcement is needed to cause disruptions in drug trafficking and in trafficking routes. Law enforcement is also needed to create an environment in which health-related programs can advance. Building on the existing drug enforcement effort, the following actions would be emphasized:

- o Expand sharing of knowledge and prestige of law enforcement personnel with those involved in drug prevention programs, particularly with young people.

Current Efforts

FBI and DEA coaches Program \$1 M

No drug prevention training program currently provided for state/local officers at FLETC.

Alternative

+\$3M

Begin Treasury Department (FLETC) training program for street officers +\$150K.

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Current Efforts

Federal efforts are aimed primarily at high-level distributors.

30% of Federal prisoners are drug offenders, few are low level traffickers. Housing them costs \$155 M.

Alternative

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Increase drug offenders population by 50% (consisting of low level traffickers) requires +\$39 M for housing, +\$120 M for construction.

Purchase DEA investigation equipment \$7M.

Purchase \$7M more equipment.**

Justice grants aimed at drug problems \$16M.

Direct all Justice grant money in 1987 budget to drugs +\$3M.

Encourage states to use unobligated grant funds for drug programs +\$116M.

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o Direct Law Enforcement Coordinating Committees and U.S. Attorneys to prosecute violators of statutes against selling illegal drugs in or near school property.

Current Efforts

Legal Divisions and U.S. Attorney efforts directed at drug prosecutions \$96M

U.S. Marshall support provided for increased prisoner movement and security \$37M

Alternative

+\$6M to double the efforts of attorneys for OCDE task forces and narcotics prosecutions**

+\$3M for additional prisoner movements and security*

o Expedite development of a comprehensive Southwest border initiative to stop illegal drug entry into the U.S.

Current Efforts

Existing DEA intelligence center \$10M

Intelligence Community programs \$12M

Alternative

Install a new All-Source Intelligence Center +\$15M **

Intelligence Community programs +\$12M **

*** Items included in President's 1987 Budget.**

**** Items included in June 18, 1986 Policy Board letter to Congress.**

DEA foreign program 320 positions and
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+40 more DEA foreign agents + \$4M **

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Advanced FBI computer program for inter-
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Customs Service high altitude
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(not yet in use).

+5 high altitude balloons along SW border
+\$19M/yr. **

Customs Service currently uses FAA and
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\$3M/yr.

Enhanced Customs Service C31 Center along SW
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Customs Service currently uses 4
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Replace with 4 newer longrange surveillance
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GOAL NO. 6: EXPAND PUBLIC AWARENESS AND PREVENTION

Continued leadership by the President and Mrs. Reagan is vitally needed to achieve more gains in the fight against illegal drugs. Attitudes have changed, awareness has increased, and many people are ready to join in the fight. The President's ongoing efforts would be supported through the following actions.

- o Ask all citizens to join in Mrs. Reagan's drug abuse awareness and prevention campaign.

Current Efforts

ADAMHA supports communities' efforts to form "Just Say No" antidrug abuse clubs to increase parental and school professionals' awareness about the signs of drug abuse, and available treatment/intervention approaches.

- o Redouble efforts in all media forms, to stop illegal drugs and to make their use unacceptable in our society.

Current Efforts

Working closely with the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), the American Association of Advertising Agencies ('4As') is about to embark on a \$500 million media campaign against drug abuse. In addition, ADAMHA has an on-going effort to develop media materials, such as the "Just Say No" campaign, and has just begun a new cocaine campaign --
COCAINE: THE BIG LIE.

Alternnative

Continue within existing resources

Alternative

Continue within existing resources

- o Disseminate accurate and credible information about the health dangers of drug abuse.

Current Efforts

The Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) has an on-going program of information preparation and dissemination. In 1985, the National Clearinghouse for Drug Abuse information answered over 83,000 requests for information and distributed over 3 million publications relating to the "Just Say No" campaign.

1986 Actual: \$5 million
1987 Request: \$5 million

Alternnative

Continue within existing resources

This information has been collected by OMB working with agency personnel where possible. It is intended as a discussion document and as such, presents alternatives that an eventual omnibus proposal could include.

GOAL NO. 1: DRUG-FREE WORKPLACES

This goal would be to protect the public and the workforce, and to increase productivity by ensuring that workers in sensitive occupations are clear-minded and free of the effects of illegal drugs. Four major actions would be proposed:

o **Establish a drug-free Federal workplace.**

Current Efforts

Current government-wide policy requires agencies to provide short-term counseling, and treatment referral services.

Alternative

Horner recommendations attached. No cost data available from OPM.

o **Encourage states and local governments to develop drug-free workplaces.**

Current Efforts

Minimal

Alternative

WH IGA campaign.
DOL promotional campaign.

o **Work with government contractors to ensure drug-free workplaces.**

Current Efforts

There are no government-wide efforts to work with federal contractors in this regard.

Alternative

The President/Administration could:

(1) Direct, through Executive Order, Presidential memoranda, or OFPP Policy Letter, that agencies encourage their contractors to use their "best efforts" to educate their employees in matters of drug abuse, and to screen, detect and treat those employees requiring such treatment.

FY 87 Amendment: 0 (can be accomplished with existing resources)
FY 88 Request: 0

(2) Direct, through Executive Order, Presidential memoranda, or OFPP Policy Letter, that the Federal Acquisition Regulation be amended to require that contractors, as a condition of doing business with the federal government, certify that they have instituted a comprehensive, viable program for ensuring a drug-free environment in their facilities.

FY 87 Amendment: 0 (can be accomplished with existing resources. Contractor costs of establishing these programs would, however, be passed back to the government in the form of higher contract prices.)
FY 88 Request: 0

(3) Using the Affirmative Action Program as a model, seek legislation to (a) require that contractors (at least those whose products have life threatening or national security characteristics) establish comprehensive drug detection, prevention, educational and treatment programs, and (b) establish a program in an

appropriate federal agency with sufficient personnel and funding resources to review and approve contractor drug programs, and once approved, to monitor contractor adherence to those programs.

FY 87 Amendment: 0

FY 88 Request: \$5 M (To fund start-up costs in the appropriate federal agency for implementing the approval and surveillance aspects of the program.)

o Encourage private sector companies to pursue drug-free workplaces.

Current Efforts

Minimal

Alternative

(1) Emphasize employer/union responsibility for prevention of drug-abuse in the workplace in speeches of Secretary Brock and other DOL officials.

(2) Develop letter from Secretary Brock to be sent out to governments, company and union officials using various interest group mailing lists.

(3) Have DOL's Bureau of Labor-Management Relations and Cooperative programs develop state/regional conferences on cooperative worker-management drug control programs, involving public and private employer and employee representatives. Working in conjunction with HHS, provide technical assistance on testing and treatment.

4

These activities would be accomplished
within existing resources.

GOAL NO. 2: DRUG-FREE SCHOOLS

This goal would be to have every educational institution drug-free, from grade schools through universities. Four major steps would be explored.

- o Seek to assure that all schools establish a policy of being drug free.

Current Efforts

Speeches by Secretary Bennett calling on college presidents to notify students and parents that schools will be drug free this fall.

Alternative

Booklets distributed by Secretary Bennett to postsecondary, secondary, and elementary school officials encouraging schools to declare goal of becoming drug free.

1987 Amendment:

0 (can be accomplished within existing resources)

1988 Request: 0

- o Inform heads of all educational institutions about the Federal law on distributing drugs in or near schools.

Current Efforts

Rely on existing information networks to make local officials aware of law.

Alternative

Joint letter from Attorney General and Education Secretary to heads of public and private school systems informing them of federal law and penalties regarding distributing drugs on or within 1,000 feet of private or public elementary or secondary schools.

Promotional campaign with brochures and publicity as part of new ED program as discussed below.

1987 Amendment: 0
(can be accomplished within existing resources)
1988 Request: 0

- o Develop ways to communicate accurate and credible information on how to achieve a drug-free school.
- o Encourage drug abuse problems to be taught as part of a health curriculum.

Current Efforts

Through its Alcohol and Drug Abuse Education Program ED supports five regional centers that provide intensive training to teams of school personnel (700 per year) on how to train local personnel in combatting drugs in schools. Over 600 schools are affected each year. Over 33,800 individuals have been trained over the last 12 years.

ED will also be publishing a booklet on drug-free schools in the near future.

1986 Actual: \$3 million
1987 Budget: \$3 million

Alternative

Propose legislation for a new \$100M ED program, program: 20 percent to be reserved for national level activities, to include ED's ongoing activities and new efforts such as development and diffusion of model programs and distribution of pamphlets. Remainder allocated to states and localities for drug abuse prevention activities, including development and purchase of new health textbooks dealing with drug abuse.

1987 Amendment: \$97 million
1988 Request: \$100 million

GOAL NO. 3: EXPAND DRUG TREATMENT

The health dangers posed by drug use are more evident than at any time in recent history, and we need to make appropriate treatment available to those experiencing health damage and addiction. Community-based efforts in three major areas would be considered.

Over the last ten years, a wide variety of approaches to the treatment and prevention of illicit drug use have been implemented across the nation. While many of these programs have been successful in reducing drug abuse in their "target" populations, they have rarely had a significant, lasting impact on overall drug use in a community as a whole. It has become increasingly clear that only integrated, community-wide attack on illicit drug use including prevention, intervention, and treatment activities combining the resources of private, public and voluntary organizations in the community can be effective. Using this approach will create a climate of intolerance to drug use, which alone can bring about a lasting reduction in illicit drug abuse.

o Encourage states to develop and implement programs that treat specific drug-related health problems.

Current Efforts

States are not permitted to use Alcohol, Drug Abuse, and Mental Health Block Grant funds for in-patient treatment of drug abusers. Out-patient treatment is permitted, but no data are available, given the nature of the block grant reporting guidelines.

Alternative

Establish an Office for Technical Assistance for Drug Abuse Prevention (TADAP) within the Office of the HHS Secretary. Upon Request of States, TADAP would provide model referral/treatment criteria.

Within the context of a consolidated grant for a SWAT-team like approach to address high drug abuse areas, include a sub-program to assist states in improving or developing treatment referral programs.

While ADAMHA has the facilities to develop a model treatment research center, no intramural research on the treatment of cocaine or heroin dependence is currently being conducted. Extramurally, most treatment research is concentrated on the evaluation of established narcotic treatment techniques, with relatively little research being conducted on the treatment of cocaine or the treatment of narcotic users in conjunction with AIDS risks reduction.

1986 Actual: \$6.6 million
1987 Request: \$8.4 million

The National Institute on Drug Abuse (NIDA) conducts research into new and innovative drug abuse treatment techniques.

1986 Actual: \$8 million
1987 Budget: \$9 million

o Accelerate research in health-related areas, including drug testing.

Current Efforts

Expansion of the ARC inpatient treatment research program to conduct research on opiate and cocaine detoxification. Further expansion of extramural research to cocaine and alternatives, to methadone maintenance in the treatment of opiate users. (approximately 20 grants)

1987 Amendment: \$14 million
1988 Budget: \$23.4 million

Expand research into new and innovative drug abuse treatment techniques, including greater emphasis on less-expensive, outpatient modalities. Increase the number of patients in research protocols.

1987 Amendment: \$4 million
1988 Request: \$13 million

Alternative

Conduct pilot studies in 50 laboratories to develop standardized procedures for monitoring

quality control for drug urine testing. Develop a plan to either encourage non-federal organizations to administer the certification process or to establish user fees if certification is conducted by a federal agency.

1987 Amendment: \$1 million

1988 Budget: Privatize or user fee

ADAMHA is currently supporting analytical methods developments for the detection of illicit drugs and their metabolites in body fluids. Current efforts are focused on the analysis of blood and urine samples.

Expand all current efforts to develop sensitive and reliable assays for illicit drugs and their metabolites. Initiate research to investigate and develop alternative assay techniques, such as assays of saliva, which are more likely to be acceptable by society.

1986 Actual: \$0.9 million

1987 Request: \$1 million

1987 Amendment: \$2 million

1988 Budget: \$3.1 million

o Stimulate development of innovative prevention programs.

Current Efforts

ADAMHA sponsors research to determine the efficacy of family-based prevention programming targeted at secondary school populations, programs organized at the work site, and other community level interventions. Prevention research also involves the evaluation of early intervention efforts targeted to pre-adolescent populations located in the school and in community agencies.

1986 Actual: \$2.4 million

Alternative

NIDA will organize a comprehensive program of evaluation of prevention interventions emphasizing the school, the family and the work sites as points of contact, and the pre-adolescent, adolescent, and young adult as the focus of concern. The efforts will involve the evaluation both of efforts to prevent the initiation of drug use and early intervention strategies designed to identify and serve the incipient drug user and his or her family.

1987 Amendment: \$4 million

1987 Request: \$2.5 million

ADAMHA is currently supporting five programs looking at early indicators of mental health problems as well as a limited number of investigations of the influences of the family on illicit drug use and possible genetic bases for illicit drug use.

1986 Actual: \$3.1 million

1987 Request: \$3.3 million

o Support integrated, community-wide demonstration grants to assist communities mobilize their efforts to fight illicit drug use and to determine the efficacy of integrated, community-wide programs.

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Alternative (\$ in millions)

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Alternative (\$ in millions)

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Alternative

Continue within existing resources

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Alternative

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1980
Request: 73
1987