

EXECUTIVE OFFICE OF THE PRESIDENT
PRESIDENT'S ADVISORY COUNCIL ON EXECUTIVE ORGANIZATION
WASHINGTON, D. C. 20506

June 26, 1970

Administratively Confidential--
When with Attachments

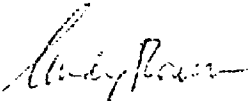
MEMORANDUM FOR

JOHN EHRLICHMAN

Attached is the Council's Memorandum for the President on the Federal Organization to Control Drug Abuse, which was approved by the full Council on June 24th.

The men responsible for its preparation were:
Mr. Timothy Hanlon, Mr. John Cohrsen, and Dr. Carl Lieberman.

If you believe the recommendations contained in the memorandum may be approved by the President, a good deal of implementing work should be done. I suggest we link up OMB staff, one of your people as coordinator, and a member of our staff for this purpose, and I will arrange it if you agree.


Andrew M. Rouse
Actg. Executive Director

Attachment (3 cys)

Copy to:
Bud Krogh

EXECUTIVE OFFICE OF THE PRESIDENT
PRESIDENT'S ADVISORY COUNCIL ON EXECUTIVE ORGANIZATION
WASHINGTON, D. C. 20504

June 25, 1970

MEMORANDUM FOR

THE PRESIDENT

SUBJECT: Federal Organization to Control Drug Abuse

This memorandum deals with the organization of Federal programs designed to reduce the supply of and the demand for abusable drugs. After examining both types of programs, the Council has concluded that those aimed at minimizing the supply of abusable drugs are sufficiently different from those aimed at minimizing demand to allow their separate analysis and treatment for organizational purposes.

SUPPLY:

The "enforcement" programs designed to reduce the supply of abusable drugs are organized along functional lines in several agencies, with the Bureau of Narcotics and Dangerous Drugs in the Department of Justice the lead agency. Although this organizational structure poses a number of important and difficult questions, it does permit the gathering of the information necessary for policy formulation and the operation of substantial ongoing enforcement programs. We have formed no ultimate conclusions about the adequacy of this organization of enforcement programs, but we suggest that this area should be the subject of further study by the Office of Management

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and Budget with particular reference to such matters as the long-range implications of co-locating investigative and prosecutory functions in the Department of Justice.

DEMAND:

Most experts consider reduction in the demand for abusable drugs to be of major importance in controlling drug abuse. In its activities designed to reduce demand, we have found the efforts of the Federal Government to be fragmented, poorly organized, inadequately coordinated and in urgent need of improved management. Accordingly, we recommend that key "non-enforcement" programs of treatment, education, and research be consolidated in a new Drug Abuse Treatment, Education and Research Administration within the Public Health Service, reporting, as do other PHS administrations, directly to the Assistant Secretary for Health and Scientific Affairs in the Department of Health, Education and Welfare.

Your July 14, 1969 message to the Congress on Combating Drug Abuse directed the Secretary of HEW "to provide every assistance to those pioneering in the field [of treatment], and to sponsor and conduct research on the Federal level." Your March 11, 1970 message announced expanded Federal anti-drug abuse efforts and pledged, "there is no priority higher in this Administration than to see that children--and the public--learn the right facts about drugs in the right way and for the right purpose through education." We believe that a new drug abuse treatment, education and research organization is necessary to accomplish these objectives.

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In reaching this recommendation, we have explored, but regard as less desirable, several other organizational alternatives:

- Creating a new independent agency to conduct all enforcement and non-enforcement programs.
- Unifying all enforcement and non-enforcement programs within the Bureau of Narcotics and Dangerous Drugs of the Justice Department.
- Assigning all non-enforcement programs to an existing agency, either HEW's National Institute of Mental Health or the Office of Economic Opportunity.
- Adding a Special Assistant for Drug Abuse to the Secretary of HEW, to serve as an expeditor and a focal point for inquiries and direction.

The details of our recommendations will follow brief examination of (1) the drug abuse menace; (2) the inadequacy of the present non-enforcement organization to cope with it; and (3) the specific rationale for the Drug Abuse Treatment, Education and Research Administration (DATERA).

1. The Drug Abuse Menace:

Modern technology has made possible the production of virtually unlimited supplies of drugs. The mass media encourage the use of drugs for multiple and minor medical complaints. A pervasive societal attitude endorses the search for escape and pleasure without a concomitant regard for personal health and safety. The present drug abuse menace is the result.

"Drug abuse" is any use of drugs which deviates from established legal and medical norms. Most experts expect the damage of drug abuse to the health of abusers and to the fabric of society to rise

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dramatically in the years ahead. Unfortunately, the contagion inherent in the epidemic spread of drug abuse has not been amenable to the classical medical management of quarantine, treatment, and vaccination.

One drug, heroin, already is the single greatest cause of death for all people between the ages of 15 and 35 in New York City. Across the country, there have been increasingly frequent accounts of heroin use by pre-teenage children. Heroin is perhaps the most profitable contraband commodity, with one ounce costing almost eight times as much as an ounce of gold.

Relatively conservative estimates indicate that one person in 25 has tried marihuana at least once. To support this demand, it is estimated that two tons of marihuana enter the United States from Mexico each day.

Three lettered hallucinogens, STP, LSD, DET, DMT, and other potent hallucinogens; mescaline, hashish, and psilocybin are available in many communities and college campuses. Transient and, in some cases, permanent damage to the body has been reported in medical journals.

Production of tons of amphetamines, barbiturates, and tranquillizers and diversion of half of them into the black market have been reported by the Food and Drug Administration and BNDD.

Although the social cost of the drug abuse problem cannot be precisely measured, arrest data can be valuable indicators. Narcotics and dangerous drugs violations account for over half of

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the crimes reported in the FBI's uniform crime index. In 1969, there were over 56,000 arrests for marihuana violations in California alone.

Many of today's medical advances are based on the development of new and better drugs. Some of these drugs have been indiscriminately prescribed, and the health benefits of non-prescription drugs are widely advertised.

Means must be found for balancing our health needs and aspirations against man's penchant for chemically-induced escape.

2. Inadequacy of Present Organization:

Effective law enforcement alone is incapable of reducing the prevalence of drug abuse as long as the demand for drugs persists, but the Government is neither structured nor oriented to sustain a concerted attack on the practices which encourage a demand for abusable drugs.

Attempts at reducing drug demand have been part of programs directed against crime, poverty, or mental illness, and the orientation of these efforts has been influenced accordingly. With limited exceptions, these attempts have focused on controlling the demand for drugs within specific groups or geographic areas and have not dealt with total national demand. For example, only persons with poverty-level incomes are eligible for OEO's treatment and education programs, and only residents of particular areas within inner cities are eligible for Model Cities-supported treatment programs. Middle class communities concerned with non-opiate drug abuse problems can find little Federal assistance.

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The dispersion among several agencies of programs aimed at controlling drug demand has had other harmful consequences. It has been difficult to place responsibility for success or failure. The comparative data on similar programs in different agencies are insufficient to permit rational budget allocation decisions. State and local agencies are frequently confused about which Federal agency to approach for assistance. Drug abuse treatment, education, and research programs have been subordinated to primary agency missions in terms of dollars, top quality personnel, and management direction. And such resources as have been made available to drug abuse control efforts have not been used as efficiently as they could have been if centrally directed. For example, BNDD and NIMH have supported duplicative research projects while other desirable work has gone undone.

It is most understandable, in these circumstances, that an attempt to plan and direct all non-enforcement efforts has been initiated by the White House staff. With sound organization, however, detailed program involvement by the White House staff should not be necessary.

3. Rationale for the Drug Abuse Treatment, Education and Research Administration (DATERA):

In evaluating the feasible options in this area, it was clear that budget and policy trade-offs between enforcement and non-enforcement activities should ideally be made at some level below the President's

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office. This principle standing alone would dictate a large agency combining these two functions.

On the other hand, the Council believes that creating yet another new agency reporting to the President should be avoided, where possible. Further, there is a wide disparity between the orientation and skills of law enforcement officers and those characteristics of researchers, educators, and health professionals. Taken together, these factors overcome, in our minds, the presumption which favors the co-location of all activities devoted to a single purpose.

The principle does apply, however, in bringing together, as we recommend, all of those activities which have in common both a single purpose and similarity in professional orientation and values. In short, we have gone as far as we believe it feasible to go in encompassing both the principles of organizing around purpose and those which argue for the association of programs administered by people with similar skills and interests and affecting the same segment of our population.

A single agency combining treatment, education, and research functions would be able to make effective use of resources now available. It would also be a vehicle for expanded programs if all types of drug abuse, as well as alcoholism, continue to increase. Such an Administration would also serve as an effective complement to the Bureau of Narcotics and Dangerous Drugs in developing balanced national programs combining both enforcement and non-enforcement elements.

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These goals could not be achieved by concentrating all non-enforcement responsibilities in NIMH or OEO, the two existing agencies which have the largest programs. NIMH is a national and international center for mental health research and training, with only a limited interest in the delivery of health services and public education. OEO's programs, directed only to poverty areas, are designed to be short-lived, pilot projects. Substantial enlargement of either agency's drug abuse responsibilities would be a diversion from its principal mission.

Federal efforts for controlling drug demand must rely on state and local programs of preventive education and treatment. DATERA will simplify and stimulate cooperation with state and local governments by reducing the confusion about obtaining grant funds and technical assistance for developing their own treatment and education programs.

THE COUNCIL'S RECOMMENDATIONS

As the nucleus of the new administration, the Council recommends consolidating the principal Federal drug abuse programs for treatment, education, and research. DATERA's role and functions would be to:

- 1) Develop for recommendation to the President policies to promote the reduction of demand for abusable drugs and form strategies for carrying out those policies.
- 2) Assist states and local governments through grants and technical assistance to develop their own programs for reducing drug abuse.

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- 3) Provide necessary services to Federal beneficiaries.
- 4) Develop and disseminate effective educational materials and techniques.
- 5) Evaluate the effectiveness and impact of education and treatment techniques.
- 6) Support and conduct research on the basic psychological and physiological mechanisms responsible for drug abuse; provide laboratory evidence of the abuse potential of drugs (without duplicating work which is the responsibility of FDA); advise FDA and ENDD on the licensing of qualified non-Federal researchers; and store and distribute quantities of abusable drugs to licensed researchers.

We believe that the proposed consolidation of functions will permit DATERA to give non-enforcement drug abuse control measures the attention they deserve. Some issues, both of policy and operation, will undoubtedly arise between DATERA and ENDD. Disputes which resist resolution by the Secretary of HEW and the Attorney General may be resolved by the Domestic Council or the Office of Management and Budget as appropriate.

We recommend the following specific transfers to DATERA:

- 1) The Division of Narcotic Addiction and Drug Abuse of NIMH.
- 2) The National Clearinghouse for Drug Abuse Information of NIMH.
- 3) The personnel and functions of the Office of Communications of NIMH involved in Drug Abuse Information.
- 4) The functions of the Joint FDA-PHS Psychotomimetics Advisory Committee.
- 5) Personnel and functions of the Office of Education of HEW involved in drug abuse education and training.
- 6) Personnel and functions of the Drug Sciences Division of ENDD involved in non-enforcement drug abuse education and research.

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- 7) Personnel and functions of the Bureau of Prisons involved in providing aftercare services to Narcotic Addict Rehabilitation Act parolee beneficiaries.
- 8) Personnel and functions of the Office of Economic Opportunity involved in drug abuse treatment and education programs.

A more detailed description of the functions to be transferred is attached (Tab A).

Some programs relating to drug abuse could be seriously impaired by extracting them from their present contexts. The treatment and education programs of the VA and DOD should remain intact. However, any technical training and expertise requested by these agencies will be available from DATARA. Large-scale assistance programs such as Medicaid will not be disturbed, although DATARA will provide ad hoc technical expertise. Pending forthcoming recommendations by this Council with regard to the organization of grant programs, existing block grant programs, including those of the Law Enforcement Assistance Administration and Model Cities, will continue unaffected in the drug abuse area.

The transfer of BNDD's non-enforcement education and research functions bears special mention. We have concluded both that these activities unnecessarily dilute BNDD's enforcement efforts and that the activities can be carried out with greater efficiency and credibility by a non-enforcement agency. These activities are entirely separable and their deletion will not dilute the efficiency of BNDD's enforcement efforts.

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The Controlled Dangerous Substances Act of 1969 (S.3246) proposes to continue the existing authority of the Attorney General to add or delete substances with a potential for abuse from control schedules with the advice of the Secretary of Health, Education and Welfare. While we recognize that this reflects the current procedure and that it appears to operate satisfactorily, we recommend that the procedure be strengthened by requiring the concurrence of the Secretary of HEW. The Council believes that decisions to add or delete such substances require the balanced concurrence of enforcement and non-enforcement opinion and that DATERA will provide an effective organization for developing the non-enforcement opinion.

Creation of DATERA will obviate the need for the White House level Ad Hoc Committee on Drug Abuse, since the principal functions now sought to be coordinated by that committee will be consolidated in the new agency.


In conclusion, we believe that the establishment of a new Drug Abuse Treatment, Education and Research Administration, to complement the existing Bureau of Narcotics and Dangerous Drugs, will provide you with a strong, balanced approach for combatting drug abuse.


Respectfully,

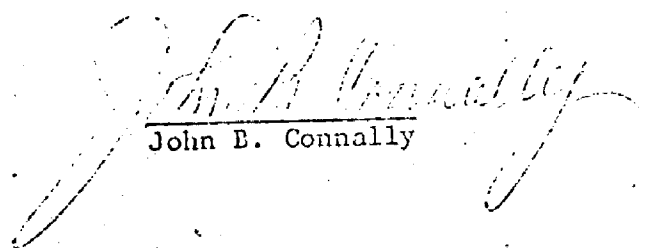
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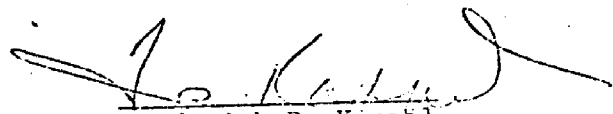
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TAB A

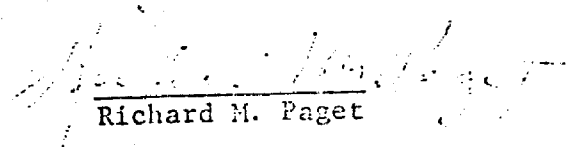
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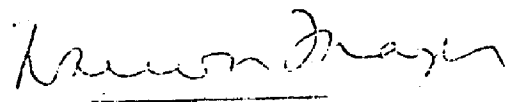

Roy L. Ash, Chairman


George P. Baker


John B. Connally


Frederick R. Kappel


Richard M. Paget


Walter N. Thayer

TAB A

Organizations and Functions Transferred1. Division of Narcotic Addiction and Drug Abuse, NIMH

This Division administers NIMH activities relating to drug abuse. It provides direct patient care for narcotic addicts committed under provisions of the Narcotic Addict Rehabilitation Act of 1966 through hospitals located at Lexington, Ky. and Fort Worth, Texas, and through aftercare services in various communities. It awards grants for staffing community facilities for narcotic addicts under amendments to the Community Mental Health Center Act.

Research studies are conducted both within Division Laboratory facilities in Lexington and through grant and contract awards. Limited education and training programs have been initiated.

The Division employs 240 professionals and 757 non-professionals; the bulk of these employees (184 professionals and 683 non-professionals) are the staff of the Lexington and Fort Worth installations. The FY 70 budget is approximately \$32 million.

2. Office of Communication, NIMH

This office develops and disseminates mental health information. It has two constituent elements which are involved with drug abuse, one of which is Number 3, below. Also the Director's office has developed and disseminated drug abuse information; for this task there is a staff of five professionals and one non-professional.

3. National Clearinghouse for Drug Abuse Information, NIMH

This newly established unit in the Office of Communication has the goal of becoming a single source for all drug abuse information. It has one professional and seven non-professional employees and a budget for FY 70 of approximately \$750,000.

4. The FDA-PHS Psychotomimetics Advisory Committee, FDA-NIMH

This committee jointly staffed by FDA and NIMH approves research protocols on select hallucinogenic drugs and recommends necessary approval by the Commissioner of FDA; secondly, it distributes those controlled drugs of which the Federal Government (NIMH) has the only legal supply.

5. Bureau of Educational Personnel Development, Office of Education

This Bureau administers the drug education programs in the Office of Education in addition to its other teacher training programs. It is now initiating a national drug abuse training program for school teachers. The staff involved with drug abuse consists of six professionals and two non-professionals. The budget for FY 70 is \$3.5 million.

6. The Office of Science and Drug Abuse Prevention, ONDD

This office has two sections involved with non-enforcement activities. The Drug Abuse Prevention Division conducts and evaluates varied drug abuse prevention programs. It has a staff of eight professionals and seven non-professionals. Total non-enforcement

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activities have an approximate budget of \$1.5 million for FY 70. The Drug Science Division, which in the past has conducted research on the etiology and prevention of drug abuse is currently undergoing changes which will restrict it to enforcement related research. Accordingly, the actual number of its 11 professionals and 3 clerical staff who would be transferred is uncertain.

7. NARA Unit, Bureau of Prisons

This unit provides aftercare services to narcotic addict parolees in their home communities. For this task, there is a staff of three professionals and two secretaries and a FY 70 budget of approximately \$1 million.

8. Addiction, Alcoholism and Mental Health Services Division,
Office of Health Affairs, OEO

This Division administers drug treatment and education programs. The staff for drug abuse consists of two professionals and two non-professionals; its FY 70 budget is approximately \$4 million.

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