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B-164031(2)



# REPORT TO THE CONGRESS

## Drug Abuse Control Activities Affecting Military Personnel B 164031(2)

Department of Defense

BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES

~~711190~~

094042

AUG 11, 1972



COMPTROLLER GENERAL OF THE UNITED STATES  
WASHINGTON D C 20548

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C To the President of the Senate and the  
Speaker of the House of Representatives

1 This is our report on drug abuse control activities  
affecting military personnel in the Department of Defense 5

Our review was made pursuant to the Budget and Ac-  
counting Act, 1921 (31 U S C 53), and the Accounting and  
Auditing Act of 1950 (31 U S C 67)

Copies of this report are being sent to the Director,  
Office of Management and Budget, the Secretary of Defense,  
the Secretaries of the Army, Navy, and Air Force, and the  
Chairman, Commission on Marihuana and Drug Abuse

A handwritten signature in cursive script that reads "Thomas P. Staats".

Comptroller General  
of the United States

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#### ABBREVIATIONS

CID	Criminal Investigation Division
CONUS	continental United States
DEROS	date eligible for return from overseas
DOD	Department of Defense
GAO	General Accounting Office
LPCP	Limited Privileged Communication Program
LSD	lysergic acid diethylamide
NIS	Naval Investigative Service
OSI	Office of Special Investigation
SPN	Separation Program Number
VA	Veterans Administration

D I G E S T

WHY THE REVIEW WAS MADE

- ✓ The General Accounting Office (GAO) has compiled information for the Congress on what the Department of Defense (DOD) has done to control and reduce drug abuse by military personnel. GAO visited overseas installations during the period July through November 1971 and military bases in the United States through February 1972.

FINDINGS AND CONCLUSIONS

Law enforcement and drug suppression

DOD has actively cooperated with other Federal agencies having primary responsibility for enforcing laws against illegal trafficking and use of drugs, as well as with local government agencies similarly involved, both in the United States and abroad (See p 12 )

Intensification of enforcement activities may have contributed significantly to the replacement of marijuana--which is bulky, easily detectible by smell, and not physically addictive--by more dangerous drugs such as heroin. Given legal sanctions against marijuana, possession or use by military personnel cannot be condoned. There can be little alternative to mounting aggressive drug suppression and law enforcement activities, but doing so may create a more serious problem (See p 14 )

On the other hand, unannounced urinalysis tests at randomly selected military units would be a more significant deterrent to drug users (See p 14 )

Education and training

Drug education programs in the military services were in various stages of development. These programs included drug abuse councils, lecture teams, workshops, formal and informal briefings, as well as prominent displays and distribution of printed material to individuals.

In addition, there were articles on drug abuse published in unit newspapers and in the Stars and Stripes (the most widely read service newspaper overseas) and frequent references to drug abuse in overseas areas on the Armed Forces radio and television stations (See p 16 )

In discussions with key personnel, GAO noted

- Formal classes and briefings to lower enlisted ranks have more disadvantages than advantages. Their overall effect as a deterrent to illicit drug use appears to be limited. (See p 16 )
- There were not enough experts to mount an adequate education program. Such personnel cannot be trained on short notice. However, priority attention has been given to training these personnel. (See p 15 )
- Few, if any, additional funds had been made available overseas to support educational programs. Available money was being used by local commanders for this purpose. (See p 18 )
- Information sources considered most effective by the troops included former addicts, physicians, and chaplains. (See p 16 )

Personnel contacted by GAO in visits to military installations believed that educational activities would act as an effective weapon to combat drug abuse. They also conceded that no means existed at that time to measure the effectiveness of the various techniques being tried. (See p 16 )

Without a good definition of the nature and extent of the drug abuse problem and without any valid means of measuring the benefits accruing from the wide variety of education activities being conducted, the Department of Defense has no assurance that the drug educational programs are effective. (See p 18 )

#### Identifying drug abusers

Many military personnel voluntarily identified themselves as drug users when they asked for the assistance offered them through the exemption programs (see p 26) operated by each of the military services. Additional personnel were being identified, involuntarily, by law enforcement activities and by the urinalysis-testing program started in mid-1971. (See p 20 )

Urinalysis testing has been a highly successful technique in identifying users of heroin, barbiturates, and amphetamines. However, because of technological limitations of tests being used, the incidence rates being reported are not an accurate indicator of the overall extent of drug use. (See p 22 )

As the urinalysis-testing program is expanded and is administered without prior notice to units selected on a statistically valid random basis, the results will more closely indicate the use of hard narcotics. (See p 24 )

#### Exemption programs having credibility problems

Implementation of DOD programs offering assistance to servicemen who volunteer for treatment of their drug problems was relatively complex and confusing to personnel at most levels. Frequent changes made by the services

to cope with inadequacies in the programs contributed to this confusion, engendered considerable distrust, and adversely affected the program's credibility (See pp 26 and 27 )

Many servicemen felt that the exemption program was more punitive than they believed it should be or had believed it would be. Although not subject to judicial prosecution under the Uniform Code of Military Justice (i.e., "exemption"), the abuser did view as punitive certain administrative actions frequently taken (See p 30 )

The consensus of conferees attending a drug abuse conference was that sincere concern necessary to help the drug abuser was lacking in the Army. A view frequently expressed to GAO by officers in all services was that large numbers of enlisted personnel were subverting the objectives of the exemption program by attempting to use it as a vehicle for obtaining early termination of their military service obligations (See p 30 )

If the servicemen's distrust of DOD's exemption program and the services' distrust of the drug abuser can be eliminated, greater acceptance and success of the exemption program can be achieved (See p 31 )

#### Detoxifying, treating, and rehabilitating drug abusers

There were indications that DOD has experienced greater success in medical detoxification and treatment of drug abusers than in rehabilitation. Rehabilitation programs had very limited success, if the number of servicemen returned to normal duty is used as a criterion (See p 32 )

The nature and quality of rehabilitation available to servicemen varied considerably among the services, within a service, and even between different units located on a single installation. In addition, many servicemen who might have benefited from rehabilitation programs either had left the service before such programs were established or chose not to volunteer because their terms of service were expiring (See p 32 )

Problems being experienced in rehabilitation are attributed to a lack of

- desire by some drug users to remain in the service for rehabilitation,
- medical and psychiatric personnel,
- trained rehabilitation personnel, and
- adequate facilities (See p 38 )

#### Disposition of drug abusers

Large numbers of military personnel were administratively discharged during calendar year 1971. Although relatively few received undesirable discharges (which would make them ineligible for Veterans Administration (VA) medical treatment), their Report of Transfer or Discharge (DD Form 214), given at the time of separation, bore a code meaning that drug abuse was the reason for separation. This identification entered on an individual's DD Form 214

is a matter of concern to agency officials and congressional committees because it may have long-term, stigmatizing effects on such individuals, even after they have been fully rehabilitated after leaving the service (See pp 39 and 40 )

The recent increase of drug abusers being separated from the services had a large and immediate impact on VA which treated over 5,000 veterans during the last half of calendar year 1971. However, many personnel leaving the military service have chosen not to accept VA assistance and others are not eligible because of their undesirable discharges (See p 41 )

#### Drug problems and Overseas Dependents Schools

The Overseas Dependents School System has long been aware of a drug problem among school-age dependents. Several educational programs have been developed and introduced to prevent its spread (See p 45 )

Drug education programs in the Overseas Dependents Schools were well coordinated with the local military commanders. However, unlike the service member himself, the dependents were not under the jurisdiction of the military commander unless they required treatment at a military hospital or dispensary (See p 45 )

#### RECOMMENDATIONS OR SUGGESTIONS

GAO is recommending that DOD develop a system to provide a basis for evaluating its education, treatment, and rehabilitation activities relating to the drug abuse control program

#### AGENCY ACTIONS AND UNRESOLVED ISSUES

GAO discussed drug abuse problems with commanders and their staffs at all local installations visited. At subsequent meetings in Washington, D C , with each of the military services and the Office of the Secretary of Defense, GAO summarized the substance of its observations and preliminary views and obtained oral comments from drug abuse control program principals of those organizations

GAO was favorably impressed by the receptiveness, at all levels, to its views on areas which might warrant immediate or special DOD concern. Service representatives were very knowledgeable in the matters raised for discussion and generally in agreement with GAO observations and recommendations

#### MATTERS FOR CONSIDERATION BY THE CONGRESS

Five separate enclosures to this report have been prepared--four deal with overseas geographic locations visited and one with continental United States



bases visited by GAO They are available to interested members and committees

GAO believes that the substantive information included in this report will be useful to the Congress in its deliberations on the drug abuse program

## CHAPTER 1

### INTRODUCTION

Drug abuse has been identified by the Congress and the President as one of the most serious problems facing both the civilian and military segments of American society. In the past 2 years, congressional committees have held a number of public hearings devoted to considering this problem. In those hearings particular concern was expressed about the nature and extent of programs and efforts made by Federal agencies to contain the spreading drug problem.

The President's drug counteroffensive program was announced on June 17, 1971, with the issuance of Executive Order 11599. That order established a Special Action Office for Drug Abuse Prevention within the Executive Office of the President, to mount a coordinated national attack on the drug problem which had assumed the dimensions of a national emergency. The Director of the Special Action Office, who was designated by the President, concentrated on the "demand" side of the drug equation--the use and user of drugs--and was not directly concerned with the problems of reducing drug supply or with the law enforcement aspects of drug abuse control.

The Secretary of Defense, in a June 17, 1971, communication, directed the Secretaries of the military departments to give urgent, priority attention to developing plans designed to meet the problem of heroin use among members of the Armed Forces in Vietnam. The services' plans were expected to insure immediately, for service members in Vietnam, and as soon as possible thereafter for those in other Southeast Asia areas and later, worldwide, that.

1. Narcotic users and addicts would be identified.
2. Those identified would undergo a 5- to 7-day detoxification treatment prior to their return to the United States.
3. Those whose terms of service were expiring, but who needed and desired treatment, would be provided the the opportunity for a minimum of 30 days of treatment

in military facilities in the United States when Veterans Administration (VA) or civilian programs were not available.

4. Those with time remaining in service would insofar as possible be treated in military programs in the United States and would be afforded the opportunity for rehabilitation.

Shortly thereafter, in a July 7, 1971, memorandum, the Department of Defense (DOD) announced a program to encourage military members to submit themselves voluntarily for treatment and rehabilitation. The program policy announcement stated that evidence developed by urinalyses administered to identify drug users would not be used in any disciplinary action under the Uniform Code of Military Justice or as a basis for supporting, in whole or in part, an administrative discharge under other than honorable conditions. Similarly, a military member would not be subject to disciplinary action under the Uniform Code of Military Justice or to administrative action leading to a discharge under other than honorable conditions for drug use solely because he volunteered for treatment under the Drug Identification and Treatment Program of DOD.

This policy, however, did not exempt military members from disciplinary or other legal consequences resulting from violations of other applicable laws and regulations, including those laws and regulations relating to the sale of drugs or the possession of significant quantities of drugs for sale to others, if the disciplinary action was supported by evidence not attributed to a urinalysis administered for identifying drug abusers and not attributable solely to their volunteering for treatment under the Drug Identification and Treatment Program of DOD.

On August 13, 1971, the Secretary of Defense announced that administrative discharges given prior to July 7, 1971, to servicemen under other than honorable conditions, if issued solely on the basis of personal use of drugs or possession of drugs for personal use, would be reviewed for possible recharacterization to a discharge under honorable conditions if the serviceman requested such a review. On August 16, 1971, the Assistant Secretary of Defense (Manpower

and Reserve Affairs) advised the military services that both the mandatory urine-testing program and the several service programs of voluntary identification would be designated the "DOD Identification and Treatment Program " He further stated that when military drug users required long-term treatment in military facilities, the military services would try to transfer members so identified to VA facilities for treatment

Title V of Public Law 92-129, enacted on September 28, 1971, provided, in part, that the Secretary of Defense prescribe and implement procedures to utilize all practical available methods to identify, treat, and rehabilitate members of the Armed Forces who are drug dependent or alcohol dependent

The DOD Drug Identification and Treatment Program, by September 1971, was generally referred to as the exemption program by the Army, Navy, and Marines when describing their respective implementations of that program. The Army, which had initially used the term "Amnesty Program" in describing the type and degree of assistance it previously had been offering those who voluntarily sought help, adopted the term "Exemption Program." It considered that term preferable to "Amnesty," which connoted total forgiveness, a position or course of action the Army felt it could not conform to. The Air Force has consistently used the term "Limited Privileged Communication Program" (LPCP) to describe its program. (See ch 5 )

Financial planning data and budget estimates prepared in DOD as of December 5, 1971, showed the following information applicable to funding the Drug Abuse Prevention and Control Program.

<u>Appropriation</u>	<u>Fiscal year</u>	
	<u>1972</u>	<u>1973</u>
	(000 omitted)	
Operation and maintenance	\$42,039	\$51,295
Military personnel	16,561	29,692
Research and development	4,454	8,561
Military construction	3,569	480
Procurement	<u>773</u>	<u>525</u>
Total	<u>\$67,396</u>	<u>\$90,553</u>

The above data did not include amounts for the DOD Alcohol Rehabilitation and Education Programs, which were estimated to be \$3.3 million and \$6.4 million, for fiscal years 1972 and 1973 respectively. In each year, almost one-half of the funds provided were for use in the Army's programs.

The General Accounting Office (GAO) recognized the high level of concern by the Government and the American people and examined initial work by DOD and each of the military services to develop viable programs for controlling and then reducing the drug abuse problems of military personnel serving both in the United States and at overseas locations. We examined available program literature and pertinent official records and reports, visited a limited number of military installations, and interviewed personnel in the DOD drug abuse control program and identified drug abusers and other servicemen.

This report deals primarily with how, and with what success, DOD has addressed the problems of

- Enforcing the laws against possession, use, and sale of illegal drugs by military personnel.
- Educating military personnel about the harmful effects of drug abuse.
- Identifying those military personnel who are drug abusers, whether casual or addicted.
- Developing and making credible an exemption program designed to assist those military personnel voluntarily seeking help with their drug problems.
- Detoxifying, treating, and rehabilitating military personnel who, voluntarily or involuntarily, are identified as drug abusers.
- Controlling the spreading use of drugs by students enrolled in the Overseas Dependents Schools.

A list of the principal organizations and locations we visited during this review is shown as appendix I of this

report. Separate enclosures supporting this report have been prepared--four deal with overseas geographic locations visited, and one deals with the continental United States (CONUS) bases visited.

## CHAPTER 2

### LAW ENFORCEMENT AND DRUG SUPPRESSION

DOD law enforcement organizations have actively cooperated with other Federal agencies having primary responsibility for enforcing laws against illegal trafficking and use of drugs, as well as with local government agencies similarly involved, both in the United States and abroad.

Differences in cultural values and lack of sincere commitment to law enforcement and drug suppression by local authorities at some overseas locations have been and continue to be a problem. More recently, the spreading drug involvement of local populaces has stimulated a number of those local authorities to cooperate more aggressively with the American military and civilian authorities.

The Army's Criminal Investigation Division (CID), the Air Force's Office of Special Investigations (OSI), the Naval Investigative Service (NIS), and the Marine Corps' Criminal Investigation Division (CID) are generally responsible for DOD criminal investigation activities. Law enforcement and physical security, together with some investigative functions, are the responsibility of the Army's Provost Marshal General, the Air Force's Directorate of Security Police, and counterpart organizations at command and installation levels of the Navy and Marines.

Criminal investigation and military police units have intensified their efforts and are devoting a significant amount of time to suppressing drug trafficking and to apprehending military personnel possessing or using drugs.

Investigations, apprehensions, confiscations, and authorized disciplinary action against military personnel charged with drug violations have risen sharply in recent years. The military services have expanded their searches of aircraft and naval vessels arriving at overseas points of entry, have cooperated in clandestine operations to apprehend those involved in illegal trafficking, and particularly in overseas locations, have introduced the use of marihuana dog teams in gate searches and in surprise inspections of quarters onshore and aboard ships.

In Vietnam, the Philippines, Okinawa, and Europe, the criminal investigative organizations of each service have exercised the primary responsibility for developing a coordinated capability to eliminate local drug supply sources. We saw the major drug suppression activities of physical security organizations, such as military police units, being performed incident to their normal duties of general law enforcement activities and criminal investigations.

General law enforcement activities included providing installation security, policing installations and populated areas to insure that military personnel were complying with applicable laws and regulations, and operating detention facilities. In addition, drug suppression teams were being established in many organizations to work both undercover or in the open, either unilaterally within U S installations or in combined operations with the local authorities in Vietnam, the Philippines, Okinawa, and Germany. The military criminal investigative organizations guided the drug suppression teams and provided funds and personnel, if required.

The Joint Customs Group was established in Vietnam-- with its headquarters at Long Binh and with detachments in Da Nang, Cam Ranh Bay, and Saigon--comprising members from each military service and the U.S Bureau of Customs. By September 1971 it had 166 assigned personnel and another 44 men attached for duty. The stated mission of the group was.

- To establish a centrally controlled customs organization with overall responsibility for customs operations in Vietnam.
- To stabilize, refine, and improve customs procedures in Vietnam.
- To place personnel trained in law enforcement in a position to counteract the flow of marihuana, and other drugs and contraband to the United States or other locations.
- To conduct customs inspections of mail, unaccompanied or accompanied baggage, and household goods at various aerial ports and units in Vietnam.



By mid-1971, the United States had trained 60 Okinawans in customs inspections procedures, but at the time our field-work was begun there, we were told that Okinawan customs inspectors were not actively looking for drugs during their inspections. This attitude was expected to change when Okinawa reverted to Japan in 1972, the Japanese are reported to be more aggressive in seeking out and prosecuting people carrying unlawful drugs.

Many individuals told us that law enforcement efforts had not been too effective in curtailing the illegal use of drugs by military personnel. Moreover, the intensification of enforcement activities may have contributed significantly to the replacement of marihuana, which is bulky, easily detectible by smell, and not physically addictive, by more dangerous addictive drugs, such as heroin, and thereby may have contributed to a new, more serious problem. Given legal sanctions against marihuana, its possession or use by military personnel cannot be condoned, and, officially, there can be little alternative to mounting aggressive drug suppression and law enforcement activities.

Many consider the increased use of unannounced urinalysis tests administered to selected units, on the other hand, to deter use more effectively particularly for those individuals who are not yet drug dependent.

At several locations we were told that drug abuse law enforcement efforts were being concentrated on investigations of drug traffickers and pushers. In doing this, the services were using informants and making controlled purchases; and a number of installations had set up and given considerable publicity to variations of Turn In Pushers programs.

The drug abuse educational programs of the services also supported law enforcement and drug suppression activities. A primary goal of that education was prevention--by alerting service members to the dangers and the serious consequences of becoming drug involved.

## CHAPTER 3

### EDUCATION AND TRAINING TO COUNTERACT DRUG ABUSE

Definitive data to show the nature and extent of drug abuse by military personnel during their terms of service, either in overseas theaters or in the United States, were available only to a limited degree. The Human Resources Research Organization, a private research and development organization, made a comprehensive study to develop such basic data and a profile of the military drug abuser. That contract report originally was to be completed by December 1971. The report was submitted to the Secretary of Defense in March 1972.<sup>1</sup> Other, more limited studies, tests, and surveys had been made by a few commands, installations, and units as precludes to developing educational programs for those groups and individuals most in need of such assistance.

In the absence of reliable basic data on the incidence, prevalence, and causes of drug abuse, as well as profile of the military abuser, at the outset, it was difficult to develop an effective educational program. There were not enough experts to mount an adequate education program. Such personnel could not be trained on short notice.

#### EDUCATION

Guidance issued through DOD channels encouraged innovativeness and the maximum use of initiative at all levels of command in developing educational programs. At sites we visited, the drug educational programs were in various stages of development. The programs at commands, installations, and units generally included drug abuse councils, lecture teams, workshops, informal briefings, "rap" centers, and scheduled lectures (possibly the method used most frequently), as well as prominent displays and distribution of printed materials to individuals.

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<sup>1</sup>Our courtesy copy of that report was made available on May 12, 1972. There was not sufficient time prior to issuance of the GAO report to permit inclusion of its evaluation.

In addition, articles on drug abuse were published in the Stars and Stripes, the most widely read service newspaper overseas, in unit newspapers; and in a number of magazines of the public information type regularly published in DOD to disseminate information to troops. For example, in the February 1972 issue of Soldiers magazine, which is widely distributed throughout the Army, the first five articles dealt with various phases of the drug problem. The Armed Forces radio and television stations overseas included programs and spot announcements on drugs and drug abuse during the regular programming day.

The educational programs being developed in DOD are aimed not only at the young, short-term military serviceman but also at officers and noncommissioned officers, whether non-careerists or careerists. This appears essential to attain the needed behavioral and attitude changes in interpersonal relationships which have been identified by some as a factor contributing to drug abuse

The troops with whom we talked informally considered former drug addicts, physicians, and chaplains to be the best informed and most effective sources from whom accurate and credible information could be obtained. This view was also shared by drug abuse control education personnel. Personnel whom we contacted in the field believed that education program activities would act as an effective weapon to counteract drug abuse, however, they also conceded that no criteria existed at that time to measure the relative or absolute effectiveness of the various approaches and techniques being tried

In a recent talk before a group of Federal Government administrators, Dr. Jerome H. Jaffee, the Director of the President's Special Action Office for Drug Abuse Prevention, indicated some personal reservations about the effectiveness of education as a means of preventing drug experimentation or use. He stated that effective drug education programs must go beyond simply transmitting information about the legal and medical dangers of abuse. It must actually stimulate attitude and behavioral change on the part of those who are abusing drugs, those who are susceptible to abuse in the future, and those who must deal with present, future, or former abusers.

On the basis of an analysis of almost 100 drug abuse surveys conducted since the mid-1960's, an Army Engineering Strategic Studies Group has concluded that the problem with formal drug abuse education is that it is based on the assumption that decisions to use drugs are rational, whereas actual decisions are casual and irrational. The report of the group's analysis went on to say that

"Many teachers still assume that if a student knows that drugs may hurt him or put him in jail, he will not abuse them. This may work in a few cases but most educators agree that it does not go far enough. Some are beginning to introduce programs in their schools aimed at changing values and lifestyles as well as providing drug facts."

A similar conclusion was made by Dr. David Deitch, Associate Director of the Office of Education's National Training Center in Drug Abuse Education, when he told participants at an Army drug abuse conference in September 1971

"Present models of merely providing pharmacological information regarding the dangers of drugs, generally have proved ineffective both in the military and the school systems throughout the United States."

At the same Army conference, the Director of the National Training Center, Dr. Helen Nowlis, pointed out many reasons why some educational efforts might be not only ineffective but also counterproductive. She said that essentially the education programs ignored or violated most of what the behavioral and social scientists and pharmacologists knew, as they plunged ahead with more of what had been done in the past: more reliance on information; more use of media directed to unknown and undifferentiated audiences, more information on drugs which did not take into account basic pharmacological principles or the actual experience of those who had tried drugs, and more ignoring of age, social differences, and level of exposure to risk.

The education efforts, although admittedly extensive and intensive, have not been without problems. In Europe, their problems have included

--Some officers and commanders were not interested.

--Educational films contained inaccuracies and weaknesses and were not relevant to the contemporary drug scene in Germany.

--Many personnel were not fully informed of programs available to help them with their drug problems

Although extensive drug education orientation and classes had been provided in Vietnam, there were indications that some military personnel had not received such instruction. About 37 percent of the personnel our staff contacted in Army and Air Force units responded to our questionnaire that they had not received drug-related education classes or briefings while in Vietnam. On the other hand, several participants in a drug abuse briefing we attended on Okinawa indicated they had heard the lecture a number of times. Despite the widespread use of formal lecture-type classes and briefings to personnel in the lower enlisted ranks, their overall effect as a deterrent to illicit drug use appears limited, according to key education program personnel. Also we noted inconsistent implementation at CONUS installations visited. Servicemen in some areas not only deprecated the usefulness of the education programs but also indicated that repetition and overexposure diluted any value these programs may have had. Conversely, some officers and enlisted personnel at a large Army installation told us that they had received very little drug abuse education.

During the summer and fall of 1971, we were told that few funds had been made available overseas to support the local drug abuse control education, instead, available resources were being used by local commanders for this purpose

Without a good definition of the nature and extent of the drug abuse problem and without any valid means of measuring the benefits accruing from the wide variety of education activities being conducted, DOD has no assurance that the drug educational programs are effective.

## TRAINING

The military services have given urgent, priority attention to developing the information and personnel resources needed to support their education, treatment, and rehabilitation efforts in the drug abuse control program

For example, the Air Force has developed a three-pronged approach. This involves inservice training at a 4-week drug education and counseling course at Lackland Air Force Base, Tex., participating in the National Training Centers operated by civilian universities under grants from the National Institute of Mental Health and establishing two multi-discipline-traveling teams who conduct training seminars in Air Force installations, worldwide.

Recognizing the critical shortage of personnel qualified to conduct credible education programs, the Army organized an alcohol and drug abuse education course, with a combined military-civilian faculty, to train educational teams for each major and selected subordinate command. These teams will, in turn, function as instructor cadres in their commands and thereby broaden the impact of this effort.

The Navy has a 5-week program for training selected petty officers in all aspects of drug abuse control, and these trained personnel will be involved in an audiovisual programmed drug education presentation that had previously been used in the submarine force. Officers and enlisted personnel are being trained as counselors to staff those 40 local counseling and rehabilitation centers expected to be in operation before the end of calendar year 1973.

Officer and staff noncommissioned officer drug awareness training is underway in the Marine Corps to focus attention of high and middle management personnel on the drug abuse problem. Plans for the future include sending 500 marines through one of the college courses accredited by the National Institute of Mental Health and then involving these trained personnel in local education and rehabilitation programs. Additional marines are to be trained in the Navy Drug Specialist School at the U S Naval Training Center, San Diego, Calif.

1 2 3 4 5 6 7 8 9 10 11 12

CHAPTER 4

IDENTIFICATION OF DRUG ABUSERS

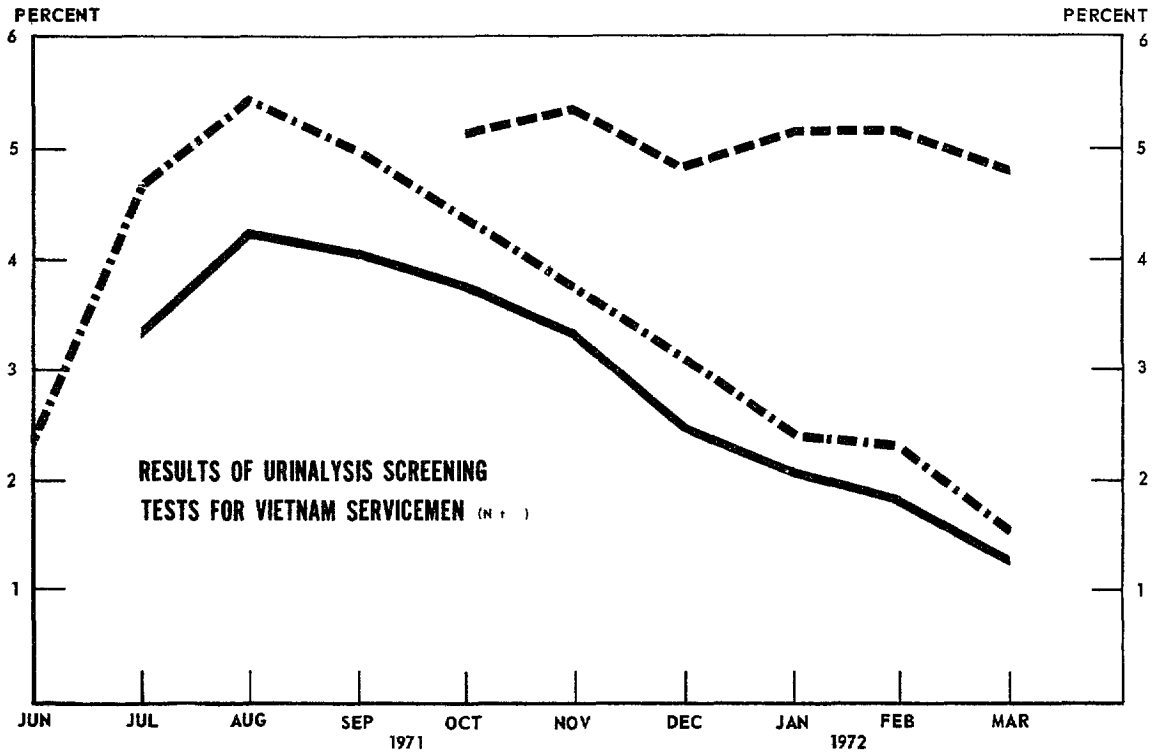
Many military personnel have voluntarily identified themselves as drug users when they asked for the assistance offered them through the exemption programs operated by each military service. Additional numbers have been and are being identified, involuntarily, by law enforcement activities and by the urinalysis-testing programs started in mid-1971.

The consensus of unit commanders we interviewed in Vietnam was that urinalysis testing was the most positive aspect of the drug abuse program. It provided commanders with an objective means of identifying drug abusers and served as a basis for (1) providing those individuals with medical aid or (2) administratively eliminating those who were continuing disciplinary problems. The extent to which drug abusers were identified in Vietnam during the indicated portions of calendar year 1971 follows.

<u>Method</u>	<u>Period</u>	<u>Number identified (note a)</u>
Voluntary.		
Exemption programs	Jan. 1 to Dec. 31, 1971	16,101
Involuntary:		
Urinalysis testing	June 18 to Oct. 31, 1971	7,005
Law enforcement	Jan. 1 to Oct. 31, 1971	9,006

<sup>a</sup>Individuals may be counted more than once due to multiple participation in exemption or identification by more than one method.

Data prepared by the Department of Defense, at the request of the Subcommittee on Drug Abuse in the Armed Forces, Senate Armed Services Committee, showed the following concerning the results of urinalysis screening for servicemen leaving Vietnam.



——— CONFIRMED POSITIVE FOR SERVICEMEN LEAVING VIETNAM  
 (INCLUDES PART OF THE MONTH OF JUNE)  
 - - - - CONFIRMED POSITIVE FOR ARMY PERSONNEL LEAVING VIETNAM  
 - . - . CONFIRMED POSITIVE FOR ARMY PERSONNEL IN UNANNOUNCED SCREENING TESTS  
 ◻ PREPARED FROM INFORMATION ORIGINALLY OBTAINED FROM DEPARTMENT OF DEFENSE SOURCES  
 BY THE SUBCOMMITTEE ON DRUG ABUSE SENATE ARMED SERVICES COMMITTEE



For the most part, the urinalysis-testing programs appear to have been highly successful in identifying drug abusers. There are, however, a number of reasons why the outturn results of these tests may not be accurate indicators of the prevalence of drug abuse among military personnel. Foremost is the acknowledged technological limitation of the laboratory tests now in use. Although those tests are capable of detecting the presence of opiates (principally heroin), barbiturates, and amphetamines in the human system, they cannot do this for marihuana, hashish, or hallucinogens, such as LSD (lysergic acid diethylamide).

In turn, the reliability of one segment of the laboratory-testing program has been brought into further question. Those tests being performed by the three commercial laboratories in the United States with which the Army has contracts failed to correctly identify with the required level of accuracy of quality control samples furnished to them during the period November 22, 1971, through January 3, 1972. These laboratories are being used in the United States to test servicemen in rehabilitation programs and to screen personnel entering the Army, those being discharged from service, and those overseas. The contract required that the laboratories correctly identify 98 percent of the quality control samples submitted. The laboratories' actual performance during that period ranges from about 65 percent to 50 percent.

Army personnel were working cooperatively with personnel of these contract laboratories to improve their testing procedures so as to satisfy the quality control standards, which recently have been reestablished at a 90-percent accuracy level by contract modification. We have been advised, informally, that the level of performance of private laboratories has increased sharply in recent months, as a result of this close coordination. The laboratory tests used do not detect hashish, a drug derived from marihuana, reported to be most commonly used by American service personnel in Europe.

If regular users of those hard narcotics normally identified by the laboratory tests of urine specimens abstain from their use for 3 to 5 days, those individuals cannot be identified as drug users (positives) by the

urinalysis-screening program now being administered. The extent to which this information is known to service personnel and used to successfully pass through the urinalysis screening is not readily determinable. In some places in Vietnam, our staff was told that, for the occasional users or experimenters, it would be a relatively simple matter to abstain for that period, given the incentive that positive test reports would result in delays for those scheduled to return to the United States.

The DOD program for urinalysis screening of all servicemen departing Vietnam, to test for heroin, was initiated on June 18, 1971, and shortly thereafter expanded to include testing for other drugs, such as barbiturates and amphetamines. By mid-February 1972 about 221,000 men had been tested in Vietnam.

"Event" testing was done concerning certain predictable changes in an individual's status, such as departure or return from leave, transfer from one country to another, completion of prescribed overseas tour of duty in preparation to return to the United States. The latter test is commonly referred to as the DEROS (date eligible for return from overseas) test and is given shortly before the serviceman's scheduled departure date.

Tests which could be anticipated or predicted might be acceptable as indicators of the extent of dependence, but would have limited value in reducing experimentation. For this reason DOD instituted a program of unannounced testing, particularly at the unit level, designed:

- To detect and treat those on drugs to reduce the contagion occurring when drug users were in close contact with others.
- To provide opportunity for treatment so that the drug user could have a longer period of rehabilitation before discharge than is possible under the DEROS screening program.
- To provide a wide index of both experimentation and dependence.

In our visits to installations in Europe, Okinawa, the Philippines, and the United States, shortly after the urinalysis-testing program started, we noted some instances where controls on event or scheduled testing were not adequate to insure that the sample presented was actually that of the man being tested. Many servicemen at one CONUS installation were not reporting to the medical clinic for testing. These instances were called to the attention of local personnel, and steps were taken to change and tighten those controls. The controls we observed in Vietnam, where large numbers of personnel were being tested, appeared to be particularly well conceived and carefully adhered to.

The belief has been expressed by some individuals that an announced urine specimen collection program could not be adequately policed. An Air Force doctor at one European location said:

"Our experience with this program as presently constituted extends over a period of two months and has been uniformly unfavorable. \*\*\* Everyone consulted about this program (including drug users, physicians, laboratory technicians) conclude logically that there is very little chance of discovering a bonafide drug user by giving him ample advance warning so that he can discontinue his use 72 hours prior to collection. If the avowed purpose of the program is to amass impressive statistics on the very low incidence of drug abuse in USAFE [U.S. Air Force, Europe] then it should succeed admirably. As indicated above, however, we do not feel that these statistics represent an accurate estimate of the problem. What is more important, the chromatography procedure does not test at all for the two illegal drugs most commonly used in this command--mainly cannabis and LSD."

As the urinalysis-testing program is expanded and administered with increasing frequency without prior notice to units that are selected on a statistically acceptable random-sampling basis, the outturn results of the program can be expected to more closely correlate with the rate of use by servicemen of and dependence on those hard narcotics for which the tests detect.

Continuing changes in the composition and deployment of American military forces conceivably could have as much impact on future reports of urinalysis outturn results as any combination of education, law enforcement, or rehabilitation programs. As the troop levels continue to decline in Vietnam, the remaining forces there primarily will be careerists. In comparison to the younger noncareerists, drug use among careerists admittedly has been very minimal. Thus it can be expected that the percentage of confirmed positive urinalysis cases--today's prevalence indicator of use of certain drugs--will continue to decline in the future in Vietnam.

Currently, however, many American military troops are stationed in Europe, and rotational assignments overseas of military personnel are bringing to that theater troops previously stationed either in the United States or in the Pacific areas. Some of these undoubtedly will have experimented with, or possibly even become dependent on, drugs but may not have been identified by the screening processes used by the military services.

If drug abusers who remain unidentified represent a source of contagion to others, as has been stated in testimony before congressional committees, then drug abuse among military personnel in Europe could be expected to spread as a result of the arrival of troops who are drug involved. The use of hashish has the drawback of its easily detectable odor.

There is the possibility of a recurrence of what happened earlier in Vietnam where troops gave as one reason for switching from marihuana to heroin the explanation that it was less subject to detection. This pattern has occurred before; it could occur again.

## CHAPTER 5

### AMNESTY, LIMITED PRIVILEGED COMMUNICATION,

#### AND EXEMPTION PROGRAMS

Amnesty programs of the military services have varied somewhat, but their general purposes were to provide an atmosphere in which the drug-abusing servicemen could feel free to come forth and obtain medical and psychological help to overcome the problem, without fear of punitive action under the Uniform Code of Military Justice

Experimentation with amnesty approaches in the Army began in March 1969, when a program was established by the 4th Infantry Division in Vietnam. Other unofficial programs were established on a command level. Subsequently, pertinent DOD directives and departmental regulations were changed to standardize unofficial amnesty programs and to encourage all services to establish such programs for their members.

It is generally accepted that the original choice of the program name, "Amnesty," was an unwise one, because it suggested to service personnel total forgiveness for everything, a course of treatment and disposition that the services could not provide. The troops' response to the initial amnesty program was minimal, at the outset, in both Vietnam and Europe. The reasons generally given were that

1. Unit commanders failed to convey the concept of amnesty to the troops and to express their support of the program.
2. Participants were subjected to harassment on return to their units, and the unit commanders and top non-commissioned officers seemed disposed to permit such treatment.
3. Unit commanders were reluctant to devote the considerable amount of time required to provide the supportive help needed by the drug abuser.

- 4 The troops felt that there were no incentives or rewards to join and no true guarantees of amnesty
5. There were pressures, including threats or actual bodily harm by hard drug users and pushers, against those who wished to seek the help offered.
6. There was a widely held feeling among drug abusers, especially users of marihuana and hashish, that there was no wrong--physical, moral, or otherwise--in such use.

As a result the original amnesty program had little success in motivating the target group to volunteer for treatment; for those who did volunteer, the treatment available was not adequate to solve the drug problems of most abusers, beyond offering medical detoxification and very limited followup supportive assistance

After a relatively brief consideration of the possibility of using the term "immunity" to describe its program (discarded because of the legal complications identified by DOD attorneys), the Army later adopted the term "Exemption" as proposed by DOD in its formal program announcement.

The Air Force's exemption program, which began in March 1971, was identified then and still is called the Limited Privileged Communication Program. Until July 1971, neither the Navy nor the Marines Corps had officially established exemption programs. However, under directions of SECNAV Instruction 6710.2, dated July 9, 1971, the Navy program was established; by implementing instructions, the Marine Corps announced its program on July 19, 1971.

These programs hereinafter all will be referred to by the term "Exemption."

The exemption programs of each service were to enable a drug abuser or possessor to obtain needed medical and other rehabilitative help without fear of disciplinary action under the Uniform Code of Military Justice or of separation from the service with an other than honorable discharge. By any name--amnesty, immunity, limited privileged communication, exemption--there was general agreement that the

concepts and operating guidelines had been complex, unclear, and therefore confusing to military personnel at many levels. Frequent changes had been made by the services to cope with recognized inadequacies in stated program policies and operational instructions. This had engendered considerable distrust and unquestionably had adversely affected the programs' credibility.

At two Army installations visited in CONUS, we found that drug exemption programs had been implemented early in 1971. The publicity given to the program appeared to be adequate at one installation, but at the other very little notice had been given to the program after its initial announcement. The lack of emphasis at the latter site was due in large part to the fact that until issuance of the Army plan in September 1971, the implementing instructions and guidelines were furnished piecemeal in various headquarters and command messages. Much of this information was not disseminated to the lower echelons. As a result, many unit commanders were not aware of the options available to them in dealing with drug abusers and a large proportion of Army members under their command were not familiar with the objectives of the exemption program. This problem was discussed by our staff with appropriate installation officials, and in October 1971, new "fact sheets" were issued explaining the drug exemption and urinalysis-screening programs and providing guidelines for related administrative/disciplinary actions.

Many problems associated with the exemption program were identified and discussed by participants in an Army Worldwide Alcohol and Drug Abuse Conference held in Washington, D C , late in September 1971. On several occasions during the conference, participants were divided into separate groups to promote discussions of lectures they had attended and of local problems. The following condensation of the discussions on defining exemption was included in the conference summary report published by the Army.

--(Exemption is) "Protection from punitive action for drug use, but not for trafficking or sales. It is not 'amnesty' (which connotes total exoneration). Exemption is a carefully chosen term. It implies not being prosecuted as one normally

would be, as opposed to total forgiveness. Exemption is automatic if a man turns himself in for treatment. Exemptions are not 'granted'-- they are given.

--For most soldiers the legalities of exemption have yet to be fully clarified. Even medical para-professionals and doctors who work with addicts are very unsure of the terms of the exemption policy. Some details of the policy are muddy even to commanding officers. For example, what does one do in a situation where the CID approaches you with the information that a man is under investigation? Do you tell the man and give him an opportunity to turn himself in, or do you keep quiet and allow the CID to pursue its course? These kinds of situations require further guidelines.

--Distrust is probably a better word for the soldier's response to the policy than confusion. When a soldier turns himself in and thereby lets it be known that he is on drugs, this is sometimes a source of provocation for the NCOs to harass him, call him by deprecatory names like 'head' and 'junkie', assign him to menial detail, and generally make life miserable for him. Blacks are particularly leery of the program in view of present attitudes. Another source of distrust for many of the men is the unassailable fact that the exemption program is run by the Army."

A number of issues that remained unresolved at the end of the conference were described in another part of the report. Here is what was said about exemption:

"It is relatively simple to define the principle of exemption in legal terms. It is, however, extremely difficult to specify operation criteria. Much of the exemption program rests upon judgmental decisions in individual cases. Before the exemption program can succeed in encouraging drug abusers to seek help, operating details must be clear



to the troops in the field. They must believe that the program's benefits are greater and its liabilities less than continued drug abuse. There was confusion at the conference among those responsible for implementing the exemption policy over details such as how many times it can be given, who decides, etc. It is not surprising that misunderstanding and confusion is widespread among troops."

The consensus of those attending the conference was that unit commanders and noncommissioned officers were not really concerned. This made more understandable to our staff the views expressed to them by officers in all services that large numbers of enlisted personnel were subverting the objectives of the exemption program by attempting to use it for early termination of their military service obligations.

As one explanation of why this problem arose, it is common knowledge that the use of LSD or the claimed hallucinogens cannot be proved or disproved by medical tests. The stated policy of both the Navy and Marine Corps until recently was to discharge immediately those personnel who claimed to have used LSD and to have had periodic flashbacks. They are now requiring men claiming LSD flashbacks to be evaluated psychiatrically at drug-counseling and rehabilitation clinics throughout the world.

Determining the validity of asserted LSD use was a problem cited to us by those responsible for processing and granting exemption in two Marine divisions located on the same CONUS base. In one division, the admission of LSD use was almost certain to result in an administrative discharge. Division statistics showed that 615, or about 90 percent, of the 681 granted exemption in this organization were recommended for administrative discharge during the period July to December 1971. The other division viewed claimed LSD use with suspicion, and administrative discharge was not automatic; as a consequence, only 51, or about 21 percent, of 256 of the exemptees were discharged during the same period.

Many servicemen felt that the exemption program was more punitive than they believed it should be or had believed

it would be. Although not subject to judicial prosecution under the Uniform Code of Military Justice, the abuser viewed as punitive certain administrative actions frequently taken. These actions included

- removal from sensitive positions and from participation in human reliability programs and the loss of extra specialty pay frequently involved;
- limitations on access to classified materials;
- loss of regular pay and credit for service time for certain periods of medical treatment received,<sup>1</sup> and
- identification as an abuser in DOD official records, as well as on the DD Form 214 issued him on discharge. (See ch. 7.)

The degree of personal commitment of a unit's commander and ranking noncommissioned officers to an exemption program's objectives significantly influences the chances of that program's success. Differences in such commitments were acknowledged to and observed personally by our staff both overseas and in the United States and were identified as one explanation for the varying degrees of severity we noted in the administrative actions taken against drug-involved servicemen.

If the servicemen's distrust of DOD's exemption program and the services' distrust of the drug abuser can be eliminated, greater acceptance and success of the exemption program can be achieved.

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<sup>1</sup>An Assistant Secretary of Defense (Health and Environment) memorandum dated May 9, 1972, stated that military personnel assigned to a drug or an alcohol or a rehabilitation facility are absent because of administrative policies and forfeiture of pay does not apply.

## CHAPTER 6

### REHABILITATION OPPORTUNITIES AVAILABLE

#### TO MILITARY DRUG ABUSERS

Although it will be some time yet before comprehensive assessments can be made of the military rehabilitation programs, there have been indications that DOD was experiencing greater success in medical detoxification and treatment of drug abusers than in rehabilitation. Programs for rehabilitation had very limited success, if the number of service members returned to normal duty is used as a criterion. The nature and quality of rehabilitation opportunities available to service members varied considerably among the services, within a service, and even between major units located on a single military installation. In addition, many servicemen who might have benefited from rehabilitation programs either had left the service before such programs were established or chose not to volunteer for the help being offered because their terms of service were expiring.

#### POLICY TOWARD DRUG ABUSE

The official policy of DOD regarding the drug abuser changed radically after the President's June 17, 1971, announcement of a national drug abuse counteroffensive. That policy prior to the President's announcement had been almost exclusively law enforcement oriented. The President's announcement called for establishing rehabilitation as a new priority. Moreover the President informally emphasized to DOD officials that the military must not discharge addicted servicemen into already crime-ridden American streets without treatment and efforts at rehabilitation. Guidance provided to the services by the Secretary of Defense in response to the President's announcement did not contemplate the long-term rehabilitation of members whose potential for continued useful service within a reasonable time was doubtful. The policy of DOD was to begin the rehabilitation process for all who were identified as drug dependent by rehabilitating those with a reasonable potential for continued service and encouraging those whose service time had expired or who required prolonged treatment to enter VA or civilian rehabilitation programs when they were separated from military service.

## REHABILITATION PLANS

The rehabilitation plans developed in the headquarters of the military services during the summer of 1971 had a number of points in common as well as one major difference in approach. The tasks necessary to effect rehabilitation were common. Each service recognized that the identified drug abuser had to be detoxified, if necessary; then a decision would be required as to the seriousness of his involvement, on the basis of that decision, an assignment to an appropriate treatment or rehabilitation center. In the final analysis, rehabilitation itself could not rely on some arbitrary or prescribed period spent at a center, but rather on commander and unit-level support after completing the initial formal program for treatment or rehabilitation.

The one major difference in approach was the degree of centralization of the rehabilitation efforts for those personnel who were found to have a more serious dependency on drugs. The Army's plan chose to rely on a decentralized model for rehabilitation, whereas the other services developed plans on a centralized model.

Regardless of the agreement or differences in the rehabilitation plans and approaches, the problems experienced in delivering drug abuse rehabilitation have been common to all the services.

## ARMY DRUG ABUSE REHABILITATION PROGRAM

The Army has faced the most serious drug problem in terms of absolute numbers and the drug of abuse. Nowhere else in the world has heroin been so cheap and so readily available to so many American servicemen as in Vietnam. For about \$5 a vial, 94- to 97-percent-pure heroin has been available in Vietnam since about mid-1970. The same quantity of heroin, diluted to about 5-percent purity, costs about \$20 in the United States. Urinalysis statistics showed that worldwide the Army had 93 percent of the identified drug abusers. In Vietnam, where the percentages were even more disproportionate, 4,762 out of 4,881 DEROS positives identified through October 1971 were samples taken from Army personnel.

To detoxify and rehabilitate those drug abusers identified in Vietnam, the Army established in that country 12 rehabilitation centers, two drug treatment centers, and a drug abuser holding center. Thirty-four Army hospitals in CONUS were authorized to accept for treatment and rehabilitation those personnel from Vietnam who had reached DEROS and were detoxified, as well as personnel from installations which the hospitals normally serviced.

The length and quality of the rehabilitation services provided by the centers varied considerably at the locations we visited in Vietnam. For example, at four of the five rehabilitation centers the program was aimed at detoxification of exemption volunteers and lasted 3 to 7 days whereas the fifth center's program lasted 14 days. Individuals involuntarily identified through urinalysis or law enforcement activities admitted to one treatment center were required to remain at least 72 hours, there was no minimum period at the other. After an individual with time remaining in Vietnam had been detoxified at a treatment or rehabilitation center, he was returned to his unit for further rehabilitation.

Unit-level rehabilitation in four major commands we visited in Vietnam also varied considerably. Battalion-level drug awareness teams had been formed in two commands and had sponsored such activities as coffeehouses and half-way houses, rap sessions, and classes and had made periodic visits to detoxified users to reassure and to help them. Rehabilitation programs at the other two commands visited did not include awareness teams. Aid for former drug users was generally limited to counseling by the unit commander or first sergeant at the time a man returned from a detoxification facility. Some followup counseling also was available, but on an infrequent, informal basis or at times when a man was causing trouble or failing to adequately perform his job.

Those personnel who had reached DEROS and had been detoxified were air evacuated to one of the 34 CONUS hospitals. During the flights they were given a mild sedative, were in hospital pajamas and robes, and were under medical supervision. During one period, from June 21 through September 14, 1971, they were also strapped in litters. The time required to move an individual from Vietnam to the stateside destination varied from 3 to 7 days, depending on the hospital's

location, space availability, and the flight pattern of the medical evacuation aircraft

During the period July 1 to November 19, 1971, 131 soldiers returned from Vietnam to one CONUS hospital that we visited. Of that number, only nine elected to participate in the local installation's formal rehabilitation program, six remained in the hospital, 54 were given administrative discharges, two were sent to a VA hospital, and 60 refused rehabilitation. For the last 60 individuals, information was not readily available. At the time of our review, the conservative goal of completion of 60 days of residence in a halfway house--where the soldier spent the day performing his normal duty and returned at night to the house for counseling and sleeping and for various types of therapy--was used as the criterion of recovery from drug abuse under that installation's formal rehabilitation program. At the completion of our review at that installation in November 1971, only one individual had completed 60 days of residence in the program and 26 were involved with the program for 21 or fewer days. Participation in the installation's rehabilitation program was voluntary and most of the Vietnam returnees chose not to participate either because they felt they had no problems with drugs or because they felt their abuse was a transient, situational activity which would not recur after they left Vietnam.

In Europe, where the primary drug of abuse has been hashish, two of the Army divisions we visited each approached delivery of rehabilitation differently. In one division street clinics and a coffeehouse had been established either as a result of troop initiative or command directives. Such centers were strongly endorsed to our staff both by program personnel and those who were receiving help at the centers. In the other division, the rehabilitation was being offered through existing mental health clinics. Battalion surgeons in this second division had not been asked to participate in the rehabilitation program because of the shortage of doctors and their general lack of interest.

#### REHABILITATION PROGRAMS IN OTHER SERVICES

The centralized treatment facilities established by the Navy at Miramar, Calif., and Jacksonville, Fla., and by the

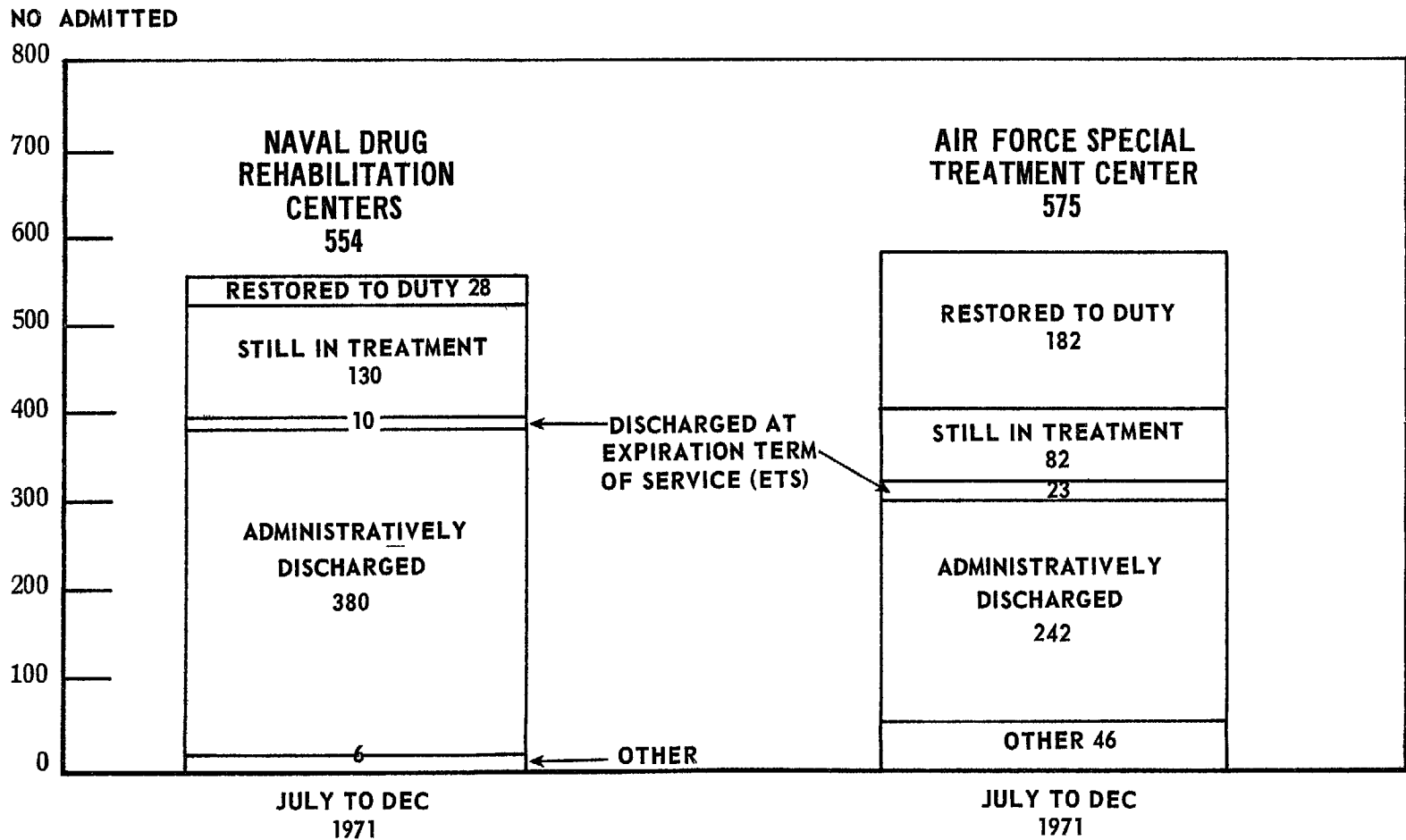
Air Force in San Antonio, Tex , were originally intended to service individuals determined to be drug dependent. Those determined to be experimenters or to have a casual involvement with drugs were to receive counseling and treatment at a local installation Marine personnel were to be treated in Navy facilities, if their involvement so warranted it

About 60 percent of those airmen who had entered the Air Force's Special Treatment Center in San Antonio were medically classified as drug dependent, about 2 percent were addicts and the rest were experimenters. Officials at the Naval Drug Rehabilitation Center, Jacksonville, stated that many Navy and Marine Corps commands were sending personnel to the Center for whom the extensive rehabilitation being offered was not designed or intended, either because they were experimenters or because all they wanted was to get out of the military.

The Navy's rehabilitation program at Jacksonville and the Air Force's program in San Antonio were generally similar For the first week or two at these centers, the individual was tested, diagnosed, counseled, and treated as a hospital patient At the end of this time, he was given the opportunity to volunteer for the formal rehabilitation program which lasted 4 to 8 additional weeks Those not volunteering were discharged from the service About 35 percent of those given the opportunity at the Air Force's Special Treatment Center volunteered for rehabilitation and eventually returned to duty At the Naval Drug Rehabilitation Center about 65 percent of the incoming patients volunteered for rehabilitation but only seven of the 41 patients who completed the program were retained in the service A graphic presentation of the disposition of personnel entering the Navy and Air Force treatment centers during the second half of calendar year 1971 follows

The Naval Drug Rehabilitation Center, Jacksonville, designed educational, vocational, recreational, and therapeutic activities for those in the rehabilitation program. The educational activities lasted about 3-1/2 hours a day and included courses in psychology, drug awareness, mathematics, basic electronics, Afro-American history, biology, and first aid Vocational and recreational activities lasted

DISPOSITION OF PERSONNEL ENTERING  
NAVY AND AIR FORCE DRUG TREATMENT  
CENTERS DURING 1971 *(note a)*



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<sup>a</sup> Prepared from information originally obtained from DOD sources by the Subcommittee on Drug Abuse Senate Services Committee



about 3 hours and included auto mechanics, woodworking, ceramics, leatherwork, wrestling, football, golf, and horseback riding. The therapeutic rehabilitation was provided to residents in a 2-hour group meeting 5 days a week, plus individual interviews with psychiatrists, career counselors, and chaplains.

The rehabilitation program at the Air Force's Special Treatment Center was similar to that at the Navy Drug Rehabilitation Center, Jacksonville.

Local rehabilitation for Air Force, Navy, and Marine personnel was limited at many of the installations we visited. Medical and psychiatric personnel resources were scarce, furthermore, command elements were inadequately prepared to provide necessary counseling. However, each of the services had developed plans and was initiating programs to strengthen local rehabilitation by the time our review was completed.

#### PROBLEMS EXPERIENCED IN REHABILITATION

Problems identified to us by program managers and participants which significantly impacted on DOD's rehabilitation efforts were attributed to:

1. Lack of desire by some drug users to remain in the service for rehabilitation.
2. Unwillingness of drug abusers--especially those returning from Vietnam--to admit they have problems.
3. Lack of medical and psychiatric personnel, trained counselors, and other rehabilitative personnel.
4. Inadequate command preparation to effectively support local programs and rehabilitated drug abusers.
5. Lack of adequate facilities.

## CHAPTER 7

### SEPARATION OF DRUG ABUSERS

#### BY ADMINISTRATIVE DISCHARGES

Three types of administrative discharges are potentially available to identified drug abusers. They are honorable, general (under honorable conditions), and undesirable (under conditions other than honorable). The type of administrative discharge given is recorded on the Report of Transfer or Discharge (DD Form 214), along with a Separation Program Number (SPN)<sup>1</sup> indicating the reason for discharge. Individuals administratively discharged and receiving either honorable or general discharges are eligible for benefits administered by VA, the military departments, and other Federal agencies, however, those receiving undesirable discharges are ineligible for certain of these benefits, one of which is VA medical treatment.

#### DD FORM 214 AND SPN-384

In the case of an enlisted service member administratively discharged for drug abuse, SPN-384, denoting unfitness--drug addiction, is entered on the DD Form 214.

Strong differences of opinion were voiced to our staff on the appropriateness of entering the SPN-384 identifier on the DD Form 214. Those defending continuing the practice stated, in essence, that:

- 1 There is a need to differentiate between those who received an administrative discharge for drug abuse and those who received one for any number of other reasons.
- 2 Potential employers (including reenlistment recruiters) have a right to know why a man was discharged.

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<sup>1</sup>SPN is used by the Army, Navy, and Marines, Separation Designator Number (SDN) is used by the Air Force.

in arriving at their decision of whether to offer employment

3. Society as a whole should be on notice about those individuals who were drug users in the military.
4. It is a very simple and convenient procedure for officially advising VA on the nature and extent of the individual's entitlements.

The first three of these arguments also were held to be desirable motivators or incentives to service members to conduct themselves in a manner which would not result in entry of an unwanted SPN on their DD Form 214

Those who advocated that the practice be discontinued stated that the presence of SPN-384 on the DD Form 214 would have a long-term (even lifetime), stigmatizing effect on individuals and that social attitudes and views of prospective employers might be adversely influenced, even after a former drug user had been fully rehabilitated.

In a recent memorandum the Secretary of Defense directed a review of the procedures and practices relating to administrative discharges. He expressed concern over the practices that make possible public disclosure of some of the underlying reasons for administrative discharges and inconsistency with DOD policy directives on invasion of privacy. Possibly the invasion of privacy would be unjust and unfair to some discharged personnel.

#### ADMINISTRATIVE DISCHARGES FOR DRUG ABUSE

Administrative discharges for drug abuse rose from about 5,000 in calendar year 1970 to almost 9,000 in calendar year 1971. The following chart shows the number of individuals in each service discharged for drug abuse in calendar year 1970 and calendar year 1971 whose DD Form 214s bear the indicator, SPN-384, unfitness--drug addiction.

In July 1971 DOD initiated an exemption policy guaranteeing that both those who voluntarily seek assistance for their drug problems or who are identified through urinalysis testing would not be discharged under less than honorable

conditions if drug abuse only was involved. During calendar year 1971, 56 percent of the Army's SPN-384 drug abuse discharges given were undesirable. In contrast, all but a small percent of the Navy's administrative discharges for drug abuse in calendar year 1971 were under honorable conditions (i.e., honorable and general). The following two charts compare the numbers and categories of Army and Navy administrative discharges given for drug involvement during the first 6 months and the second 6 months of calendar year 1971.

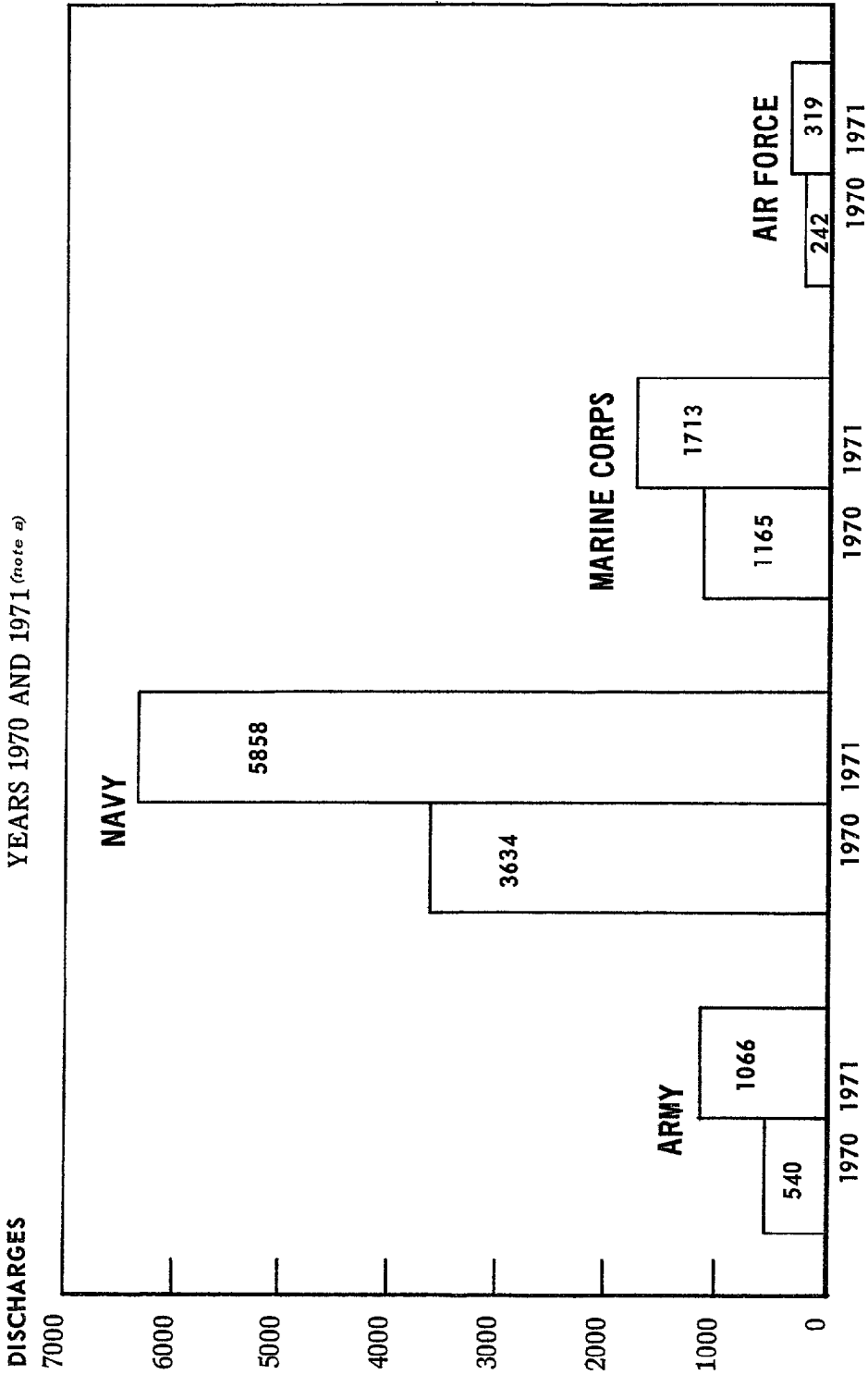
In commenting on these charts during recent testimony before the Senate Armed Services Subcommittee on Drug Abuse in the Military, the Army witness noted that, notwithstanding the evidence of an overall increase in the number of administrative discharges solely for drug abuse, it was equally noteworthy that the percentage of those administrative discharges given under conditions not less than honorable was 70 percent in the second half of the year, for the first 6 months of the year it had been only 23 percent.

#### VA REHABILITATION SUPPORT TO DRUG ABUSERS

The increased number of drug abusers leaving the military services has represented a significant workload to VA. In direct recognition of this problem, VA opened five drug centers by January 1971 and had expanded this to 32 drug centers by October 1971. Each of these centers was to be able to handle about 200 patients a year and thereby provide a capacity for treating an estimated 6,000 veterans with drug problems annually. The influx into VA hospitals exceeded expectations, and, during the last half of calendar year 1971, the drug centers had already treated over 5,000 veterans.

VA officials at the two hospitals we visited told us that they had tried unsuccessfully to rehabilitate active duty military personnel because these individuals were usually referred to VA involuntarily. One official stated that a patient must want treatment to be successful and that it was a waste of time and money to send active duty personnel to the VA's program if they did not want to come.

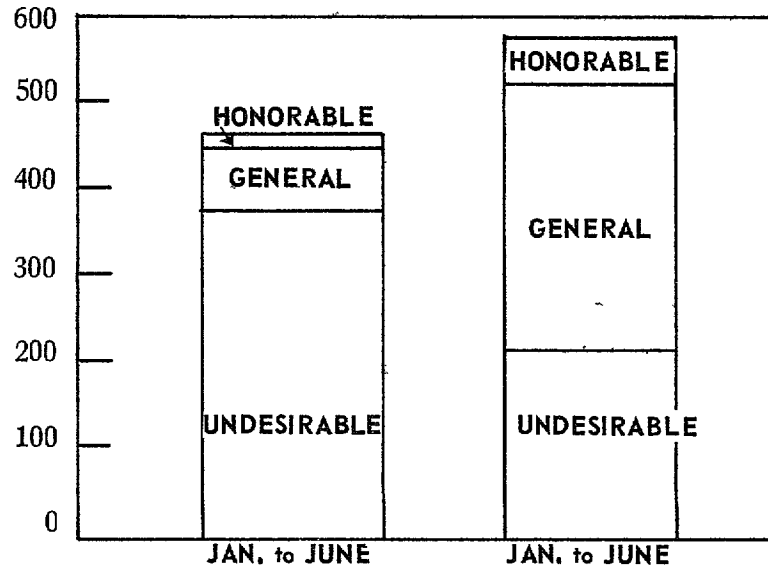
ADMINISTRATIVE DISCHARGES RELATED  
SOLELY TO DRUG ABUSE FOR CALENDAR  
YEARS 1970 AND 1971 (note a)



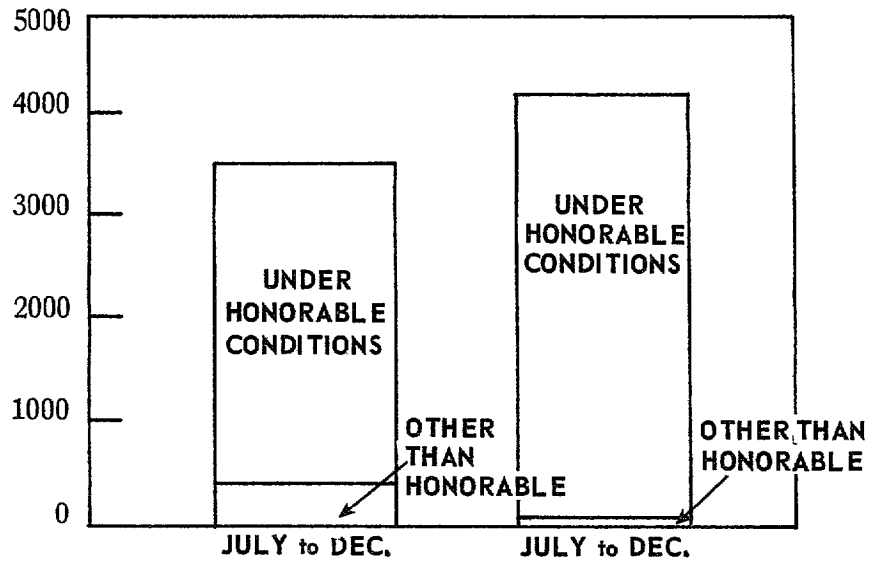
<sup>a</sup> Prepared from information originally obtained from DOD sources by the Subcommittee on Drug Abuse  
Senate Armed Services Committee

COMPARISON OF ARMY ADMINISTRATIVE DISCHARGES SOLELY FOR DRUG ABUSE DURING FIRST AND SECOND HALF OF 1971 *(note a)*

DISCHARGES



COMPARISON OF NAVY ADMINISTRATIVE DISCHARGES FOR DRUG INVOLVEMENT DURING FIRST AND SECOND HALF OF 1971 *(note a)*



<sup>a</sup> Prepared from information originally obtained from DOD sources by the Subcommittee on Drug Abuse, Senate Armed Services Committee

Although many individuals are now being treated for drug problems in military and VA facilities, there were thousands of military personnel discharged in earlier years for drug abuse who were not accorded similar opportunities for treatment and rehabilitation.

Many who were discharged in earlier years and who might have benefited from the new military drug treatment and rehabilitation programs had left the service before programs were established, some would be ineligible for VA assistance because they were discharged under less than honorable conditions, unless actions had been taken later to obtain re-characterizations of earlier discharges, or as previously stated, others had chosen not to volunteer for help being offered because their terms of service were expiring.

## CHAPTER 8

### DRUG PROBLEMS IN OVERSEAS DEPENDENTS SCHOOL SYSTEM

The Overseas Dependents School System has been aware of a drug problem among school-age dependents for some time. Several educational programs have been developed and introduced to deter the students from abusing drugs and to prevent the spread of drug use. These educational programs have been well coordinated with the local military commanders. However, unlike the servicemen themselves, dependents were not under the disciplinary jurisdiction of the military commander unless they required medical treatment at a military hospital or dispensary. No overall statistical data were available on the prevalence of drug abuse among students in the Overseas Dependents Schools in those overseas locations visited by our staff.

A school official in Germany informed us that drug education had been receiving special attention from about 1969 and that education had been given students for a 2-week period, once a year. The curriculum content varied with the students' grade levels. For example, in the first grade, instruction included recognizing signs used on poisonous medicines and describing "helping drugs." In junior high, guest speakers visited the school and the students participated in group discussions and individual research on the drug program. In senior high, emphasis was placed on communicating with the students and presenting material in such a manner that students would feel free to discuss drug abuse topics without fear of punishment or reprisal. The teachers' guidelines pointed out that, if drug abuse instruction were to be accepted by students, teachers had to avoid preaching and using scare tactics and that all material had to be presented honestly.

Under project Dope Stop, now called the Teen Involvement Program, a preventive drug education program started at one CONUS and two overseas high schools in March 1971. Previously a number of students were selected to attend a drug education workshop in Phoenix, Ariz. On returning to their schools in Germany and the Philippines, they provided the nucleus of teenage counselors who trained others of their peer group in various school districts in Europe.



and Pacific areas To date, 25 dependent high schools have teen counseling programs wherein teen counselors present accurate information to elementary students on a regularly scheduled basis in an attempt to help them make positive decisions regarding drug use prior to being approached by others with a different motive.

Another such effort was a training workshop conducted by Adelphi University (New York) personnel in Germany during June and July 1971, under the sponsorship of the Overseas Dependents School System in Europe, to train teachers, high school students, and military personnel to teach drug education and to assist in organizing school and community education programs

Other efforts to combat the drug problem in the European schools included establishing project Straight Ahead. This was a group therapy program for rehabilitating student drug abusers who wanted to stop using drugs, patterned after the Alcoholics Anonymous concepts The project was begun by a high school teacher who recognized that a number of his students were involved with drugs and needed help. Project Straight Ahead was not officially sanctioned or supported either from school funds or by the military community at the time of our visit in October 1971. The lack of funds was cited to us as an impediment toward expanding the program to reach increased numbers of students.

Programs for providing instruction and counseling to students enrolled in the Overseas Dependents Schools in the Philippines were the (1) School Health Education Study, an overall health education program, (2) the Teen Involvement Program, which used volunteer high school students to counsel middle grade students about narcotics, and (3) the Suffolk County Organization for the Promotion of Education, SCOPE, which developed audiovisual material on drug abuse.

Dependents schools in the Philippines were providing no medical treatment to student drug abusers other than that which could be given by a school nurse when a student was found to be under the influence of drugs. Schools did notify parents when students were found to be using drugs; if the student required medical attention at a dispensary or hospital, the schools also were required to notify law enforcement authorities

The Commander, Clark Air Base, Philippines, had established an amnesty program, called One Chance to Get Straight, under which dependents were detoxified, counseled, released from the hospital, and given an opportunity to obtain followup treatment at the school guidance clinic.

## LOCATIONS OF ORGANIZATIONS GAO VISITED

VIETNAMDuring period July through November 1971

<u>Organization</u>	<u>Location</u>
Military Assistance Command, Vietnam (MACV)	Saigon
Army	
United States Army, Vietnam (USARV)	Long Binh
Saigon Support Command	Long Binh
18th Military Police Brigade	Long Binh
1st Signal Brigade	Long Binh
1st Aviation Brigade	Long Binh
101st Airborne Division	Camp Eagle
90th Replacement Battalion	Long Binh
22d Replacement Battalion	Cam Ranh Bay
185th Maintenance Battalion	Long Binh
Drug Treatment Center	Long Binh
Drug Treatment Center	Cam Ranh Bay
Drug Abuse Holding Center	Long Binh
Air Force:	
7th Air Force	Saigon
Tan Son Nhut Air Base	Saigon
Bien Hoa Air Base	Bien Hoa
Cam Ranh Bay Air Base	Cam Ranh Bay
Detoxification Facility	Cam Ranh Bay

APPENDIX I

PHILIPPINES

During period August through November 1971

<u>Organization</u>	<u>Location</u>
Air Force.	
13th Air Force, Headquarters	Clark Air Base
6200 Air Base Wing	Clark Air Base
Office of Special Investigation	Clark Air Base
6200 Security Police Squadron	Clark Air Base
Clark Air Force Hospital	Clark Air Base
405th Fighter Wing	Clark Air Base
605th Tactical Control Squadron	Clark Air Base
463d Tactical Airlift Wing	Clark Air Base
Overseas Dependent Schools	Clark Air Base
Navy:	
Naval Station	Subic Bay
Naval Supply Depot	Subic Bay
Ship Repair Facility	Subic Bay
Naval Magazine	Subic Bay
Naval Air Station	Cubi Point
Medical Dispensary	Subic Bay
Medical Dispensary	Cubi Point

OKINAWA

During period July through October 1971

<u>Organization</u>	<u>Location</u>
Air Force	
313th Air Division	Kadena Air Base
6135th Air Base Group	Naha Air Base
Army.	
Directorate for Personnel and Administration	Fort Buckner
Marines	
3d Marine Division	Camp Courtney
Marine Corps Base	Camp Butler

EUROPEDuring period July through November 1971

<u>Organization</u>	<u>Location</u>
Headquarters, U.S Dependents School, European Area	Karlsruhe, Germany
Air Force.	
Headquarters, United States Air Force, Europe	Wiesbaden, Germany
Bitburg Air Base	Bitburg, Germany
Ramstein Air Base	Ramstein, Germany
USAF Hospital,	Wiesbaden, Germany
Army	
Headquarters, United States Army, Europe	Heidelberg, Germany
3d Infantry Division (VII Corps)	Wuerzberg, Germany
U.S Army Medical Command	Heidelberg, Germany
V Corps Headquarters	Frankfurt, Germany
8th Infantry Division (V Corps)	Bad Kreuznach, Germany
3d Armored Division and Subordinate Brigades (V Corps)	Frankfurt, Germany
97th General Army Hospital	Frankfurt, Germany

APPENDIX I

CONTINENTAL UNITED STATES

During period July 1971 through February 1972

ARMY

Fort Benning, Georgia  
Fort Huachuca, Arizona

NAVY

Naval Air Station, Miramar, California  
Naval Base, Charleston, South Carolina  
Navy Drug Rehabilitation Center, Miramar, California  
Navy Drug Rehabilitation Center, Jacksonville, Florida

AIR FORCE

Myrtle Beach Air Force Base, South Carolina  
USAF Special Treatment Center, Lackland Air Force Base,  
Texas

MARINE CORPS:

Marine Corps Base, Camp Pendleton, California

VETERANS ADMINISTRATION

Veterans Administration Brentwood Hospital, Los Angeles,  
California  
Veterans Administration Hospital, Atlanta, Georgia

PRINCIPAL OFFICIALS OF  
THE DEPARTMENT OF DEFENSE AND MILITARY  
DEPARTMENTS RESPONSIBLE FOR ACTIVITIES  
DISCUSSED IN THIS REPORT

	Tenure of office	
	From	To
<u>DEPARTMENT OF DEFENSE</u>		
SECRETARY OF DEFENSE· Melvin R. Laird	Jan. 1969	Present
ASSISTANT SECRETARY OF DEFENSE (MANPOWER AND RESERVE AFFAIRS)· Roger T. Kelley	Feb. 1969	Present
ASSISTANT SECRETARY OF DEFENSE (HEALTH AND ENVIRONMENT) (note a) Dr. Richard S. Wilbur Dr. Louis H. Rousselot	Aug. 1971 Jan. 1968	Present July 1971
DEPUTY ASSISTANT SECRETARY (DRUG AND ALCOHOL ABUSE)· Brig. Gen. John K. Singlaub	Sept. 1971	Present
<u>DEPARTMENT OF THE ARMY</u>		
SECRETARY OF THE ARMY· Robert F. Froehlke Stanley R. Resor	July 1971 July 1965	Present June 1971
THE SURGEON GENERAL. Lt. Gen. H. B. Jennings, Jr.	Oct. 1969	Present
OFFICE OF DEPUTY CHIEF OF STAFF, PERSONNEL (DIRECTOR OF DISCI- PLINE AND DRUG POLICIES) Brig. Gen. Robert G. Gard, Jr.	May 1971	Present

APPENDIX II

<u>Tenure of office</u>	
<u>From</u>	<u>To</u>

DEPARTMENT OF THE NAVY

SECRETARY OF THE NAVY:

John W. Warner	May 1972	Present
John H. Chafee	Jan. 1969	May 1972

SURGEON GENERAL OF THE NAVY

Vice Adm. George M. Davis	Feb. 1969	Present
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OFFICE OF THE CHIEF OF NAVAL  
OPERATIONS (HUMAN RELATIONS  
PROJECT MANAGER):

Rear Adm. C. F. Rauch, Jr.	Apr. 1971	Present
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MARINE CORPS, U.S. HEADQUARTERS  
DEPUTY ASSISTANT CHIEF OF  
STAFF G-1:

Brig. Gen. R. B. Carney	May 1970	Present
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DEPARTMENT OF THE AIR FORCE

SECRETARY OF THE AIR FORCE:

Robert C. Seamans, Jr.	Jan. 1969	Present
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SURGEON GENERAL:

Lt. Gen. Alonzo A. Towner	May 1970	Present
Lt. Gen. K. E. Pletcher	Dec. 1967	Apr. 1970

OFFICE OF DEPUTY CHIEF OF STAFF,  
PERSONNEL (DIRECTOR OF PERSON-  
NEL PLANS):

Maj. Gen. J. W. Roberts	Jan. 1971	Present
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<sup>a</sup>This position was formerly entitled "Deputy Assistant Secretary of Defense (Health and Medical)" under the Assistant Secretary of Defense (Manpower and Reserve Affairs). The change was effective in June 1970. Dr. Rousselot occupied the position under both titles.



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