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Congressional Receptivity to the Nixon Rationality on Drug Abuse Prevention

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CONGRESSIONAL RECEPTIVITY TO THE
NIXON RATIONALITY ON DRUG ABUSE
PREVENTION: A CASE STUDY OF THE
DRUG ABUSE OFFICE AND TREATMENT
ACT OF 1972.

A thesis submitted to the
Department of Political Science
in partial fulfillment of the
requirements for the degree of
Master of Arts

by

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December, 1976

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POLITICAL SCIENCE

CONGRESSIONAL RECEPTIVITY TO THE NIXON
RATIONALITY ON DRUG ABUSE PREVENTION:
A CASE STUDY OF THE DRUG ABUSE OFFICE
AND TREATMENT ACT OF 1972.

Director of Thesis: Robert S. Getz

In 1972 the Congress of the United States enacted the Drug Abuse Office and Treatment Act (D.A.O.T.A.). The passage of this bill marked the first time in the 20th Century that the federal government had produced major legislation that would deal with drug abuse as a disease instead of a crime. Likewise, the enactment and signing of D.A.O.T.A. meant that Richard Nixon would be the first American President to have an executive office which would be charged with the mission of supervising our national effort against drug abuse. These changes appeared on the surface to be momentous. However, one major question remained to be answered. Did the D.A.O.T.A. really have any substance?

The question of whether or not the D.A.O.T.A. could provide a meaningful answer to our nation's drug abuse problems became the starting point for this study. Considering the powerful office and aggressive program that President Nixon

had requested in his special message to Congress on drug abuse, the nature of the drug abuse problem in the U.S., and the bill which Congress finally enacted, there appeared to be quite a number of differences between what the President had asked for and what the House and the Senate enacted. Why the Congress did not respond affirmatively to President Nixon's request and why the Congress chose to assert its own conscience, raised a number of questions. President Nixon's aggressive initiative and the casual acceptance of the conference substitute put together by the House and Senate raised still other question marks.

This analysis is structured with the objective of examining each segment of the enactment of the D.A.O.T.A. from the announcement of the Nixon proposal to the conference that was finally held. At each juncture, an attempt is made to portray the intentions of President Nixon, the reaction of the House and Senate, the issues that were at stake and the compromises that were made. The evidence, which is evaluated consists of primarily U.S. Government documents. Secondary accounts of day to day happenings in the White House and Congress were obtained from the New York Times and the Wall Street Journal. Where doubts existed as to the motives of individual participants, an attempt was made to obtain additional information through correspondence.

The information, that unfolded, gave credence to the

hypothesis that the D.A.O.T.A. was doomed to failure because the Congress did not provide it with a clear mandate to turn the drug abuse problem around. The case of the D.A.O.T.A. produced the scenario of a low level conflict between the President and Congress over drug abuse. In this instance, the Congress stated that it considered the Department of Health, Education, and Welfare the proper place for the long term coordination of drug abuse prevention and not the Executive Office of the President. The enactment of the D.A.O.T.A. laid down the guidelines for federal drug abuse prevention activities in the 1970's. The case of the D.A.O.T.A. established a precedent upon which to gauge future presidential-congressional actions in the area of drug abuse prevention and suggested how Congress might react to any future attempts by a President to increase the power of his executive office and the Presidency.

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PREFACE

The passage of the Drug Abuse Office and Treatment Act of 1972 (D.A.O.T.A.) was cited as landmark legislation in the field of drug abuse prevention. Never before in the history of the United States had a comparable bill been enacted. Indeed, the actions of President Nixon in calling for an executive office to deal effectively with the problem of drug abuse as a disease represented a substantial turnaround on the part of an Administration which had until then treated drug abuse as criminal. The enactment and signing of the D.A.O.T.A. raised several questions; the most immediate being whether or not the D.A.O.T.A. had any substance. Considering the proposal that President Nixon had made for an aggressive office with extraordinary powers, the nature of the drug abuse problem in America, and the bill that Congress enacted, there were substantial differences between what the President asked for and what the Congress allowed. Why the Congress chose to amend the Nixon request and to substitute their own rationality became a central question for this study. Why President Nixon accepted the substitute bill offered to him by Congress raised other question marks.

As this study unfolded, credence was given to the hypothesis that the D.A.O.T.A. was doomed to failure because the Congress failed to provide a clear mandate to turn the drug abuse problem around. The Congress stated that the Department of Health, Education, and Welfare (H.E.W.) was the proper body to coordinate our nation's drug abuse prevention program for the long term and not the Executive Office of the President. A precedent for future

activity in the area of drug abuse prevention was established as well as a caution against future attempts to increase the power of the Presidency through strengthening the Executive Office of the President.

This study is structured to analyze each segment of the legislative history of the D.A.O.T.A. The first two chapters are designed to highlight the environment in which Mr. Nixon's proposal evolved and to illustrate the actions that were taken by the President. Chapters three and four detail the reaction of the House and the Senate; not only to the Nixon initiative, but also to each others actions. Chapter five portrays the conference that was held to resolve the differences between the Senate and the House passed bills and also summarizes the actions taken by President Nixon; both prior to and during the conference. Chapter six draws some final conclusions as well as making some suggestions with regard to the impact of the D.A.O.T.A.

The materials used for this research are primarily U.S. Government documents. Secondary accounts from the New York Times and Wall Street Journal were helpful in some areas. Where there was doubt as to the intent or purpose of an individual, who participated in the enactment, an effort was made to obtain clarification through correspondence.

The author would like to express his gratitude to the following individuals for their assistance during the preparation of this thesis. He would like to especially thank

Dr. Robert S. Getz, thesis advisor, for his endless patience and thoughtful criticisms. He would also mention the cooperation and correspondence from Mary Ellen Miller, Counsel, Subcommittee on Alcoholism and Narcotics; Senator Edmund S. Muskie, Democrat, Maine; Senator Hubert H. Humphrey, Democrat, Minnesota; Senator Charles Percy, Republican, Illinois; Representative Harley O. Staggers, Democrat, West Virginia; and Dr. Jerome H. Jaffe, Professor of Psychiatry, College of Physicians and Surgeons of Columbia University and former Director of Special Action Office for Drug Abuse Prevention.

The author would also like to thank his wife, Marcia, for her encouragement and support throughout this endeavor, and to welcome his new son Patrick into the world with the wish that he might someday read this thesis and remember his father for it.

Chapter I: INTRODUCTION

The knowledge of wide spread drug addiction among American servicemen stationed in South Vietnam and in other parts of the world created a great deal of concern among the American public. Reports of increased drug smuggling led to demands for congressional and presidential action. The transition of drug abuse from the big cities to the suburbs created a greater public awareness of the drug dilemma. The presence of addicted veterans, college students, and others, who had not traditionally been associated with the American drug culture, heightened the emotional reaction of the populace. In turn, the media recorded the shocking news of a drug epidemic and brought it into the living rooms of the silent majority.

On Capital Hill and the Oval Office the message was clear. With elections, but a year away the President and Congress had to decide upon a ~~proper~~ response. The kind of response that the Nation could or was willing to afford was questionable. The political implication of the drug abuse question was obvious. Unless the President and Congress acted to dampen the public's fear of drug abuse, drug abuse might become a highly volatile election issue.

The question of the most desirable form of response was not a difficult one for the Senate. It had previously passed legislation (S.3562) in 1970 which would have dealt with drug abuse prevention by creating a national institute on drug

abuse within the Department of Health, Education, and Welfare. The House of Representatives had not acted on the Senate bill in 1970 because of insufficient time. The President had not made a proposal similar to that of the Senate.

At the beginning of 1971 individual legislators began to introduce drug abuse prevention legislation of their own. These legislative proposals were received and sent to committee. This period of individual initiative extended from January thru June of 1971. By June of 1971 the President decided to move on the question of drug abuse prevention.

Chapter II: THE NIXON INITIATIVE.

On June 17, 1971, President Richard M. Nixon transmitted a special message to the Congress containing a proposal for the creation of a Special Action Office for Drug Abuse Prevention. On that same day, he also issued Executive Order 11599 providing for the immediate establishment of a Special Action Office for Drug Abuse Prevention and the appointment of a Director to organize the new office. The presidential message, the legislative proposal, and the executive order marked the initial phase of a new Nixon offensive on domestic drug abuse. These three documents serve as a vantage point from which an appraisal of executive comprehension of the realities of the drug abuse problem can be made and likewise serve as indicators of executive expectations in terms of preventing drug abuse and of organizational preferences for implementing reforms. Since several congressional proposals contemplating the prevention of drug abuse had been introduced prior to June of 1971, the Nixon documents have added significance as a reflection of White House cognition of congressional thinking with regard to drug abuse prevention legislation.

Why did President Nixon choose June of 1971 to proclaim his Omnibus Drug Control Program? One observer, writing at the time of the White House announcement, suggested that the high incidence of drug addiction among American servicemen stationed in South Vietnam was the primary reason for the President's action.¹ While the intensity of the Vietnam issue can not be discounted, there were

other potentially motivating factors. First, President Nixon was running for re-election and in another year he would be facing the American electorate. If the White House were to announce a major program dealing with the domestic drug issue, the President could demonstrate that he had acted decisively on a very visible issue. Failure to announce a new program would have meant that Nixon would have had to run on his previous record which had not provided a major drug rehabilitation program or for high level executive coordinations of existing programs.² Secondly, some Congressmen and Senators had introduced legislation calling for new initiatives and coordinations of on-going programs. These drug bills were introduced from January 1 through May 25, 1971. Confronted with the possibility of a congressional initiative the White House had to decide whether or not Mr. Nixon would take an aggressive stand on the drug abuse prevention matter. Another factor in bringing the Executive Branch to the conclusion that it was the time to act decisively, was the realization that after two years of working within the confines of a decentralized Federal drug abuse program the solution to the problem meant the reconstruction of contemporary executive policy thought and the elevation of drug abuse to a new plateau of importance within the White House.

Commenting on the Nixon announcement, a New York Times Editorial of June 17, 1971 offered the following appraisal:

Up until now the Administration has had no one person in charge of anti-addiction efforts. More than a year ago an inquiry by this newspaper disclosed that the task of coordination, vital to the ultimate success was being handled by an ad hoc committee. Its chairman was Bud Wilkinson, the former Oklahoma football coach,

who also performed other duties as a special assistant to the President. The new appointment betakes Administration recognition that someone with special expertise in the drug field is required for this responsibility.

However, the same New York Times Editorial went on to say that President Nixon had stated nearly a year ago that "he would give the drug problem the highest priority attention."³ The fact that Nixon had let a year pass prior to making public his program does not necessarily prove that the President had been lax in responding to the drug problem.

A final factor influencing the White House may have been the hearings held by Senator Harold E. Hughes' Subcommittee on Alcohol and Narcotics on May 5, 6, and 7 of 1971. Testimony taken by the Hughes' Subcommittee told of the scope of the drug abuse problem and the availability of treatment and rehabilitation resources. As a result of the Hughes' Hearings specific problems related to drug abuse prevention and rehabilitation were made a matter of public record as well as the degree of Administration response to the drug dilemma.⁴ President Nixon was confronted with a possible political debacle unless the White House acted in time.

Suffice it to say, the President's decision to send a special message to Congress on drug abuse was a rational decision calculated to compromise several real and potential problems. The decision to act was part of a planned response and time scheme.

Critical to the success of the Nixon message was the identification of the nature of the drug problem facing the country and of those agents contributing to the prolongation of the disease. The

manner in which the President described the problem would preface the reaction of Congress and the Nation and conversely the amount of Presidential energy that would have to be expended to achieve the desired result. President Nixon's categorization of the problem of drug abuse in America as a "national emergency" provided: (a) a rationale for aggressive executive actions, (b) a base upon which the President could call for immediate congressional action, (c) a challenge to the Congress to either enact the President's proposals or produce a program of their own.⁵

While labeling drug abuse as a national emergency was conducive to the development of a controlled interaction between the White House and Capital Hill, which might be beneficial to Mr. Nixon, a rationalization for the ineptitude of the current national drug abuse prevention situation was needed. President Nixon's indictment of the Federal bureaucracy responsible for drug abuse control and prevention as fragmented and counterproductive provided an answer. The President's message explained the situation in these words:

At present, there are nine Federal agencies involved in one fashion or another with the problem of drug addiction. There are anti-drug abuse efforts in Federal programs ranging from vocational rehabilitation to highway safety. In this manner our efforts have been fragmented through competing priorities, lack of communication, multiple authority, and limited and dispersed resources. The magnitude and severity of the present threat will no longer permit this piecemeal and bureaucratically dispersed effort at drug control.

In rounding out his interpretation of the drug problem. Mr. Nixon cited the relationship between drug addiction and crime.

He indicated that the absence of a meaningful program of rehabilitation was contributing to the crisis of the addict-criminal. Presidential recognition of the drug problem as a national emergency nurtured by bureaucratic fragmentation and the lack of an adequate rehabilitation program, defined drug abuse in a manner which would permit the White House to pressure Congress for greater control over the Federal Drug Program and for more funds. The correlation of drug abuse with crime gave the Administration an additional issue upon which to premise their appeal to Congress. However, the President did not statistically state the relationship between crime and drug abuse in his message. While the White House had decided to define the problem for Congress, executive thought rejected the idea of predetermining the degree of the problem.

Having earmarked this drug problem as one of national concern, the President had to offer a solution. Several concerns had to be satisfied by the resolution that the President would prepare. Among the factors that had to be reconciled were: (a) 'start up time, (b) cost, (c) existing programs, (d) availability of trained personnel, (e) congressional preferences, and (f) public demand. National acceptance of a new Presidential drug initiative could be gained through the presentation of a realistic program of reform moderating among the competing priorities of the American political arena.

In making his decision on the most appropriate answer, the President chose the banner of bureaucratic cooperation and realistic program coordination. Under the new policy there would be no

major reorganizations. A new executive mechanism would be developed to coordinate and evaluate those departments and agencies currently sharing the responsibility of preventing drug abuse. Although the President made it clear that bureaucratic cooperation would be the modus operandi, the Chief Executive stated that the proposed agent of executive coordination would not interfere with programs dealing with the prevention of drug trafficking and the enforcement of drug control laws. This stipulation was significant as the Administration held firm to its position that the Department of Justice would have sole authority for problems of drug traffic prevention. The decision to limit executive coordination to drug abuse prevention functions likewise determined which committees of Congress might have jurisdiction over the Nixon proposal.

Having adopted the position that drug abuse prevention programs could be coordinated most effectively from within the Oval Office the President had to determine the type of organizational structure, that would be appropriate, and the kind of individual who would run the new organization. These decisions might influence congressional receptivity. In asking Congress to support and appropriate funds for the Office, President Nixon tactfully suggested that the Legislative Branch provide a temporary structure which could stabilize and stimulate drug abuse prevention systems. He offered the Congress a proposal which would be politically positive in the months ahead and which could respond flexibly to problems within the system. In his message, the President spoke of the Office in this manner:

.....I propose the establishment of a central authority with overall responsibility for all major Federal drug abuse prevention, education, treatment, rehabilitation, training and research programs in all Federal Agencies....It would be located within the Executive Office of the President and would be headed by a Director accountable to the President. Because this is an emergency response to a national problem which we intend to bring under control, the Office would be established to operate only for a period of three years from its date of enactment, and the President would have the option to extend its life for an additional two years if desirable.

The proposal for a temporary structure did not place the Congress in the position of having to accept or reject a long range presidential program. The President's appointment of Dr. Jerome H. Jaffe was thoughtful too. Dr. Jaffe, a widely respected psychopharmacologist, was politically clean. As head of the Illinois drug abuse prevention program, he had gained high recognition. Although he lacked experience as a Federal Official, his astute grasp of the problems associated with drug abuse made him a candidate which Congress could support without fear of political repercussions. The President followed the same sensible approach in other matters as well.

The President's announcement that he would ask Congress for an additional 155 million for his drug control budget in 1972 was consistent with the caution that the President was exercising with his request for the new Office. Considering that the economy was burdened by both domestic and foreign demands, the Congress would probably have rejected any substantial budget request for drug abuse. However, the President's failure to ask for massive funding made him vulnerable to the charge that there was not a real national

emergency with regard to drug abuse. The additional 155 million dollars would bring the total budget for drug abuse prevention and control to 371 million which was less than a 100% increase. Evidently, the President's men felt that they would get more from Congress by asking for less.

While Mr. Nixon's special message addressed itself mainly to the lack of drug abuse prevention and rehabilitation programs, the President also spoke about drug law enforcement and international drug control. The White House took the position that it did not consider the drug abuse problem to be purely a domestic matter. Foreign drug production, illicit drug smuggling into the U.S., increased availability of drugs, and the rise in drug abuse were directly related according to Mr. Nixon.

The Special Action Office for Drug Abuse Prevention Act(Act) was composed of fourteen sections. The Act is presented by section in Table 1.

The basic reasons for the bill were that: (1) drug abuse had spread across the country, (2) drug abuse was contributing to crimes of violence, and (3) drug abuse was a burden on the public. The purpose of the Act would be to arrest the increased incidence of drug abuse in the Nation as soon as possible. The law would bring all drug abuse prevention and treatment within the Executive Office. The findings and purpose of the Nixon proposal were basically sound, but the Administration did not present detailed evidence indicative of the actual degree of drug abuse in America.

Following the presentation of preliminary evidence the Presidents' proposal established the Office, specified levels of

TABLE 1
SPECIAL ACTION OFFICE
FOR DRUG ABUSE PREVENTION ACT
BY SECTION.

Section

1. Citation
2. Findings
3. Purpose
4. Special Action Office For Drug Abuse Prevention
5. Concentration of Federal Effort
6. Authority of Director
7. Grants and Contracts for Drug Abuse Prevention and Treatment Programs
8. Personnel, Special Personnel; Experts and Consultants
9. Transitional Provisions
10. Transfer of Funds
11. Appropriations Authorized
12. Joint Funding
13. Voluntary Service
14. Effective and Termination Date

compensation for employees of the Office, stated the scope of the Office and delineated the authority of the Director of the Office. The establishment of the Office in the Executive Office meant that the new organ would be below departmental stature, and that the Director of the Office would not be of cabinet rank. The proposal made it clear that the scope of the Office would encompass all matters related to drug abuse prevention and treatment policies and programs with the exception of "law enforcement activities and legal proceedings." Existing statutes that would be under the purview of the Office were listed. Also provision was made for presidential designation of other programs to be included within the authority of the Office with the approval of Congress. The Director of the Office was entrusted with the general supervision of all drug abuse prevention functions including policy and budgetary responsibilities.

While the Office would have a lions share of responsibility for the Administrations thrust at drug abuse, it should be noted that the Food and Drug Administration, which has responsibility for regulating our domestic drug production, was not listed as falling within the scope of the Office. Along with the President's insistence, that the Office would have no drug traffic prevention functions, this omission would seem to have weakened the Office. However, the absence of drug traffic prevention functions and the lack of control over the F.D.A. did not mean that the Office would be restricted from constructively criticizing the F.D.A. and the Justice Department.

The Drug Abuse Office and Treatment Act was quite liberal with regard to grants and contracts. The bill authorized the Director of

the Office "to make grants to any public or non-profit private agency, organization, or institution...." The Director might encourage reciprocal funding agreements between the Office and the recipient of a grant or contract. Also Federal departments and agencies involved with drug abuse prevention could apply to the Office for aid provided that there were no legal restrictions forbidding such a application.

Recruitment of personnel to staff the new office was the next topic of discussion. The proposal stated, that personnel would be hired within the eyes of existing "civil service and classification laws." An additional provision was made that allowed the Director to recruit " without regard to the civil service and classification laws, select, appoint and employ not to exceed five officers and to fix their compensation..." In light of the original premise, that he, the Director, would abide by the regulations of the civil service, the request for personnel appointments without regard to civil service requirements was unusual. The Administration offered no justification as to why the five special personnel would be warranted.

The bill enabled Mr. Nixon to appoint an acting Director for the Office and to make the new executive body functional while awaiting enacting legislation from Congress. The provision served as a vehicle for the President, as it gave him the opportunity to appoint the person whom he desired to direct the Office, prior to the enactment of the Office.

Three principles were promulgated with regard to funding the Office. (1) The Director of the Office of Management and Budget

could transfer unspent appropriations for drug abuse prevention to the Office to be reapplied. (2) The President would be authorized to have such monies, as he would need, " without regard to fiscal year limitations." (3) In cases of multiple agency funding of a particular program the Director could specify one agency to act, as the agent for all those contributing funds, and could establish a proportionate non-Federal share requirement in accordance with the amount of money contributed by each agency. These three monetary principles would encourage and maintain an equilibrium amongst the various agents of government concerned with drug abuse prevention.

The last two sections of the President's proposal made provision for the acceptance of voluntary services by the Office and for the initiation and termination of the Office. Volunteers would be acceptable as long as they could contribute in a meaningful way to the success of the Office and to its mission of drug abuse prevention. The Act would be operational " thirty days after the Director or Acting Director takes office." The Act would terminate in three years time. The Act could be extended for two additional years by the President.

The Nixon legislative draft was a moderate proposal consistent with the tone and tenor of the White House message. Without deleting existing programs, the President could exert more power over the Federal drug abuse system than any of his predecessors. The Executive Order, issued simultaneously with the message and draft, marked the end of the Presidents initial thrust at drugs.

With the issue of Executive Order 11599, the Office became an entity. In offering a rationale for his action, President Nixon

stated that "...immediate action must be taken to place the leadership of our drug abuse effort under a single official who will coordinate existing Federal drug abuse programs and develop plans for increasing our future efforts." The executive order was broken into three sections which established the Office, specified the duties of the Director, and provided temporary funding. Sections 1 and 2 reaffirmed the intent of the President's drug abuse message and proposal. Section 3 provided for the funding of the Office from two sources: (a) "the Special Projects" section of the Executive Office Appropriation Act of 1971 and (b) the General Services Administration. Executive Order 11599 gave the Director of the Office a mandate to familiarize himself with all departments and programs dealing with drug abuse prevention, evaluate their effectiveness, and scrutinize their budgets. In order to identify and resolve obstacles to the rectification of drug abuse the Director was ordered to organize a national drug crisis center.

The Nixon initiative aspired to regain psychological and political ground lost to Congress during the early months of 1971, to bolster the image of the Administration as being responsive to the problem of drug abuse, and increase the power of the presidency. The utilization of fund transfers, waiver of fiscal year limitations on appropriations, appointments not subject to Civil Service circumspction, and presidential program designations, would further strengthen an already powerful presidency and expedite the actions of the Office. What remained to be seen was how the House and the Senate would react to the Nixon proposal and the tactics that the President intended to employ.

CHAPTER III: SENATE RESPONSE

Senator Charles Percy, the liberal Republican from Illinois, introduced the Drug Abuse Office and Treatment Act(S.2097) into the Senate on June 18, 1971.⁶ There were fifteen co-sponsors including Senator John McClellan, the Chairman of the Committee on Government Operations to whom the bill would be sent, and eleven other members of his Committee. This marked the beginning of five months of Senate hearings and debate.

The ability of Percy to attract a bipartisan group of co-sponsors including Senator McClellan meant that the Presidents plan to control drug abuse might receive immediate attention. Percy was also a voice who could appeal to liberal Republicans and Democrats and create greater Republican unity on drug abuse prevention.

The decision of the Senate Leadership to split jurisdiction over S.2097 proved to be significant. The delegation of jurisdiction over S.2097 to both the Committee on Government Operations(G.O.)and the Committee on Labor and Public Welfare was not an unprecedented happening in the Senate. But, this action raises the question of why the leaders of the Senate felt it necessary to share jurisdiction between the two committees.

Apparently the Senate Leadership deferred to the Committee on Labor and Public Welfare(L.P.W.)because of the prior involvement in drug abuse of that Committee's Subcommittee on Alcohol and Narcotics (S.A.N.).⁷ The S.A.N. had produced legislation dealing with drug abuse prevention. The G.O. Committee was included because of its

expertise in handling government reorganizations and inter-governmental relations. Two other factors, which may have influenced the division of S.2097 between G.O. and L.P.W., were: (a) S.1945, the bill which Senator Edmund Muskie of the G.O. Committee had introduced on May 25, 1971 and (b) S.3562, a bill which Senator Harold Hughes of L.P.W. had introduced in 1970 providing for a "National Institute for the Prevention and Treatment of Drug Abuse and Drug Dependence". The Hughes bill had cleared the Senate, but the House had not acted on the measure that year. The Muskie bill made a plea for the establishment of an Office of Drug Abuse Prevention in the White House.

Chairman McClellan of the G.O. assigned both the Subcommittee on Intergovernmental Relations(S.I.R.), chaired by Senator Muskie, and the Subcommittee on Executive Reorganization and Government Research(S.E.R.G.R.), chaired by Senator Abraham Ribicoff, to hold hearings on S.2097. The assignment of two subcommittees to study S.2097 presupposed the creation of a Joint Subcommittee(J.S.C.)and the sharing of the chairmanship by Senators Muskie and Ribicoff.

Factors, which possibly influenced the actions of the J.S.C. in dealing with S.2097 were: (a) the membership of the J.S.C.,(b) the presence of similar legislative proposals,(c) the variety of witnesses and(d) the issues developed during testimony. Data relating to the personnel of the J.S.C. are listed in Table 2. Alternative legislative proposals are presented by section in Table 3.

The witnesses who appeared before the Muskie-Ribicoff Subcommittee were representative of a heterogeneous group. In discussing the witnesses who were called, categorizations are made

TABLE 2

THE JOINT SUBCOMMITTEE

| <u>NAME</u> | <u>PARTY</u> | <u>STATE</u> |
|--------------------------|--------------|----------------|
| 1. Edmund Muskie | D | Maine |
| 2. Sam Ervin | D | North Carolina |
| 3. Lee Metcalf | D | Montana |
| 4. John McClellan | D | Arkansas |
| 5. Lawton Chiles | D | Florida |
| 6. Edward Gurney | R | Florida |
| 7. William Saxbe | R | Ohio |
| 8. William Roth | R | Delaware |
| 9. William Brock | R | Tennessee |
| 10. Abraham Ribicoff | D | Connecticut |
| 11. Fred Harris | D | Oklahoma |
| 12. James Allen | D | Alabama |
| 13. Hubert Humphrey | D | Minnesota |
| 14. Jacob Javits | R | New York |
| 15. Charles Percy | R | Illinois |
| 16. Charles McC. Matnias | R | Maryland |

TABLE 3

ALTERNATE LEGISLATIVE PROPOSALS
CONSIDERED BY THE J.S.C. BY SECTION

S.2097

Citation: "Special Action Office for Drug Abuse Prevention Act"

1. Findings
2. Purpose
3. Special Action Office for Drug Abuse Prevention
4. Concentration of Federal Effort
5. Authority of Director
6. Grants and Contracts for Drug Abuse Prevention and Treatment Programs
7. Personnel-Special Personnel-
Experts and Consultants
8. Transitional Provisions
9. Transfer of Funds
10. Appropriations Authorized
11. Joint Funding
12. Voluntary Service
13. Effective and Termination Dates

S.1945

Citation: "Intergovernmental Drug Abuse Control Coordination Act of 1971"

1. Declaration of Policy
2. Establishment of Office of Drug Abuse
3. Duties of Director
4. Administrative Provisions Relating To Director, Deputy Director, and Staff of the Office.

according to their positions and the level of their drug abuse prevention activities. Witnesses are labeled as: (1) local-state officials (2) U.S. Representatives (3) U.S. Senators (4) Administration Officials (5) drug abuse experts (6) interest group representatives and (7) former addicts. The writer recognizes that an individual witness might fall into more than one category. A list of the witnesses and subcommittee exhibits can be found in Appendix I.

The J.S.C. heard remarks from two U.S. Senators, one U.S. Representative, one Governor, one State Narcotics Director, one City Drug Director, three independent drug experts, five former addicts and eleven Nixon Administration officials. In total, the J.S.C. heard from twenty-five witnesses, or roughly about four per day. Testimony was scheduled to permit specific aspects of the drug abuse problem to be discussed by individuals with a compatible interest. Generally, the individuals who appeared on a particular day, shared a common experiential bond. For example, on July 9, the subject being discussed was drug abuse in the military and excepting the two former servicemen who came, all the witnesses were employed by the Veterans Administration.

In addition to the oral remarks, the Subcommittee received the prepared statements of five U.S. Senators, one U.S. Representative, one interest group, a State hospital official and three independent drug experts. Also, the Subcommittee sent letters to all states and major cities. At the time of the hearings, replies had been made by forty-eight states and nine

cities. The compilation of written statements served to add more perspective to the hearings to supplement a somewhat limited number of witnesses.

The opinions expressed by the witnesses who spoke to the J.S.C., were representative of a disparate group and varied with the speakers state in life and level of drug abuse consciousness. In perusing the participants' points of view, no attempt was made to correlate each individual with a particular issue as many witnesses addressed themselves to the same topics. An effort was made, however, to distinguish between participant testimony at each level of activity and to assess the potential impact of the issues generated by the hearings.

The feelings of local and state officials reflected the problems which were causing drug abuse to grow within their geographical units. Primary issues were related to such questions as: (a) local and state funding (b) manpower training (c) civilian based treatment for addicted veterans and (d) coordination amongst local, state and federal agencies. Secondary concerns were stated in questions about: (a) the role of the Department of Labor in the battle against drug abuse (b) the lack of foresight in the Nixon proposal (c) the issue of drug abuse as a service-connected disability and (d) the degree of congressional responsibility for creating and designating drug abuse prevention programs in federal agencies. The states and major cities had borne the burden of drug abuse in the past. However, the increased demands of the 1960s drug explosion along with the daily return of addicted veterans made for an unbearable situation. Thus the local and state representatives were

adamant in asking for more funds, a reduction in bureaucratic red tape, meaningful jobs for ex-addicts and additional facilities for addicted veterans. The desperation of some localities was depicted by Mr. Graham S. Finney, Commissioner of New York City's Addiction Services Agency, who told the J.S.C. "that the total amount of funds proposed by the President for the Nation could be absorbed in six months by New York City along with its estimated 100,000 heroin addicts."⁸

Senators and Congressmen addressed themselves more to the national aspects of the drug abuse problem and to potential effects of the Nixon proposal. One fault of the President's plan, which received attention, was the matter of which agency would be the agency of executive coordination. S.2097 did not spell out whether the Domestic Council, the Office of Management and Budget, or the Special Action Office would have final authority over drug abuse prevention. Another issue raised was the Hughes' drug bill, S.3562, which, as previously mentioned, had been killed by the House in 1970. S.2097 and S.1945 did not provide for a national institute to study drug abuse as did S.3562. Other matters of concern included: the supervision of Defense and Justice Department drug abuse prevention policies by the Office, the direct operation of departmental drug abuse programs by the Office, and the contribution of fragmented federal programming to inequities on the local level. Dishonorable discharges for drug abuse while serving on active duty, and the relevance of the British drug abuse control system to the American problem were also mentioned.

Three viewpoints which were of considerable interest were: (1) Senator Javits' statement on the concept of Federalism and its relationship to S.2097 (2) Senator Harris' view on the involvement of congressional committees in drug prevention and control, and (3) Representative Scheuer's stand regarding the need for a congressional initiative on drug abuse. Senator Harris said that "nine committees have been involved from time to time in different aspects of the problems."⁹ Senator Harris emphasized that the fragmentation currently characteristic of the federal drug abuse prevention program was directly attributable to the fact that too many committees had legislated drug abuse functions. Senator Javits discussed potential conflicts, which could come about when state governments attempted to interpret the new drug legislation being enacted by Congress. Mr. Javits felt that, if the state governments could not follow the mandates of federal law, that the federal government should disregard the individual states right to deal with drug abuse and enforce a national program.¹⁰ Representative Scheuer championed a congressional campaign against drug abuse and he told the J.S.C. that it was his opinion that they were gathered together "to discuss a congressional initiative to prod the administration into doing more and into doing it more intelligently."¹¹ The thoughts of Senators Javits and Harris, as well as those of Representative Scheuer illustrated three avenues down which any legislative proposal produced by the J.S.C. would have to turn. A successful bill would have to reconcile itself with state attitudes toward drug abuse and with the juris-

dictional rights of other committees who had been involved in the enactment of drug abuse prevention legislation.

Nixon Administration personnel, who testified before the Ribicoff-Muskie led joint subcommittee, were as one in their defense of S.2097. Secretary Richardson of H.E.W. defended the executive office concept as opposed to the idea for a new health agency. He also spoke in regard to the Comprehensive Drug Abuse Prevention and Control Act of 1970, the National Institute of Mental Health and their relationship to the Office. Other points made by the Administration attempted to reconcile the drug problem in Vietnam, the notion of drug abuse as a service-connected disability and the Office's role in the re-scheduling of controlled substances. One might note though, that the Comprehensive Drug Abuse Prevention and Control Act of 1970 had designated the National Institute of Mental Health to supervise drug abuse prevention and education in the United States. In opting for the creation of the Office, President Nixon admitted that N.I.M.H. had been unable to achieve success under the 1970 Act.

Drug abuse experts who spoke to the J.S.C.C. confined their comments to the prevention area. Expert testimony not only dealt with the notion of a new Department of Health, but also with budget cuts in federal drug abuse prevention programs. They discussed the relationship of a single director to the creation of biased drug policy and the ramifications of a crisis mentality within drug abuse prevention circles. The three year time limit proposed for the Office, was evaluated as to how it

would effect the Director. In retrospect the expert testimony provided a backdrop against which legislators could measure the remarks of the White House as well as others.

The Liberty Lobby was the only interest group which submitted a statement for the record. The Reverend Stanley Andrews spoke for the group. The major theme extolled by the Liberty Lobby was that drug abuse could be ended by the imposition of the death penalty for those who were caught trafficking in drugs.

Ex-addicts, who appeared before the J.S.C., proclaimed the problems of drug abuse. Their presence had great symbolic value. The personal accounting of their experiences under the influence of drugs gave the subcommittee another invaluable perspective.

The potential of the J.S.C. to exert an influence over S.2097 can be seen by evaluating and comparing the proposals before the committee, the witnesses who appeared, and the testimony brought forward.

The number of legislative proposals before the J.S.C. was only two. S.2097 and S.1945 were similar in their call for a White House office to coordinate drug abuse prevention programs. Debate among the proponents of each bill was not combative. S.2097 did not face a real challenge from an alternate legislative proposal during the hearings.

The format for and the quantity of witnesses appearing before the J.S.C. did not provide for the accumulation of numerous divergent opinions nor did it encourage productive and contro-

versial responses. On the average, the subcommittee heard from four witnesses per day and the witnesses came from similar backgrounds.

The testimony gathered by the subcommittee represented seven different categories. This information provided the members of the J.S.C. with a framework of reference from which they could evaluate individual preferences relative to any new program for drug abuse prevention. The testimony would have been more productive if the witnesses had been mixed better. Administration officials and drug experts should have testified together just as V.A. officials should have been present when local-state officials were speaking.

The hearings held by the J.S.C. marked the beginning of Senate consideration of S.2097. While the J.S.C. did not come to any definite conclusions as to the best program to combat drug abuse, the hearings did put the drug problem in focus. The J.S.C. made it clear that S.2097 was not going to pass the Senate without some changes.

With the conclusion of the Muskie-Ribicoff Subcommittee hearings on July 31, 1971, the Subcommittee on Alcohol and Narcotics (S.A.N.) began hearings on August 2, 1971. The S.A.N. was chaired by Senator Harold E. Hughes of Iowa who was a well known advocate of alcohol and drug abuse reform in the United States. Senator Hughes had introduced a bill entitled the "Federal Drug Abuse and Drug Dependence Prevention Treatment and Rehabilitation Act of 1971" (S.2217) with Senators Williams, Javits and Muskie as co-sponsors. Prior to Senator

Hughes' introduction of S.2217, he had been the author of S.3562 - 'The Federal Drug Abuse and Drug Dependence, Prevention, Treatment and Rehabilitation Act of 1970, which had incorporated an earlier Hughes' proposal to establish a National Institute for the Prevention and Treatment of Drug Abuse and Drug Dependence under Title I of the Comprehensive Drug Abuse Prevention and Control Act of 1970. The Hughes proposal for a National Institute was deleted in conference in 1970. Mr. Hughes succeeded later in 1970 in getting the Senate to pass S.3562, which contained his original proposal for a National Institute, but the House failed to act citing insufficient time. The proposal for a National Drug Institute became Title III of S.2217.

For purposes of scrutinizing the S.A.N. let us look at: (a) the membership of the S.A.N. (b) the legislative proposals brought before the subcommittee (c) the witnesses who spoke and (d) the content of the testimony.

The personnel of the S.A.N. are listed in Table 4. The legislative proposals that were considered by the S.A.N. are presented by section in Table 5.

In considering the witnesses who appeared before the S.A.N., the same categorizations will be used as were employed with the J.S.C. hearings. A list of witnesses and exhibits can be found in Appendix II. S.A.N. witnesses included eleven Nixon Administration officials, two U.S. Senators and five local-state officials. Among the local-state officials there was a city drug commissioner, a mayor, a state senator, a governor and a state drug official.

TABLE 4

THE SUBCOMMITTEE ON ALCOHOL AND NARCOTICS(S.A.N.)

| <u>NAME</u> | <u>PARTY</u> | <u>STATE</u> |
|-----------------------|--------------|---------------|
| 1. Harold Hughes | D | Iowa |
| 2. Jennings Randolph | D | West Virginia |
| 3. Harrison Williams | D | New Jersey |
| 4. Edward Kennedy | D | Massachusetts |
| 5. Walter Mondale | D | Minnesota |
| 6. Alan Cranston | D | California |
| 7. Robert Packwood | R | Oregon |
| 8. Jacob Javits | R | New York |
| 9. Peter Domminick | R | Colorado |
| 10. Richard Schweiker | R | Pennsylvania |

TABLE 5

ALTERNATE LEGISLATIVE PROPOSALS
 Considered by the S.A.N. by Section

| <u>S.2907 (Percy)</u> | <u>S.2146 (Humphrey)</u> | <u>S.2155 (Humphrey)</u> | <u>S.2217 (Hughes)</u> |
|--|--|---|--|
| <u>Citation:</u> "Special Action Office for Drug Abuse Prevention Act" | <u>Citation:</u> A Bill: "To require community mental health centers and hospitals and other medical facilities of the Public Health Service to provide needed treatment and rehabilitation programs for drug addicts and other persons with drug abuse and other drug dependence problems, and for other purposes." | <u>Citation:</u> "Drug Care and Control Authority Act" | <u>Citation:</u> "Federal Drug Abuse and Drug Dependence Prevention, Treatment and Rehabilitation Act of 1971" |
| 1. Findings | | 1. Findings and Declaration of Policy | 1. Findings and Declaration of Policy and Definitions |
| 2. Purpose | | 2. Drug Cure and Control Authority | |
| 3. Special Action Office for Drug Abuse Prevention | | 3. Compensation of Administrator and Deputy Administrator | 2. Office of Drug Abuse Prevention and Treatment |
| 4. Concentration of Federal Effort | | 4. Staff | 3. National Institute on Drug Abuse and Drug Dependence |
| 5. Authority of Director | 1. Proposed an amendment to Community Mental Health Centers Act (42 U.S.C.2688a) | 5. Duties and Functions of Administrator | 4. Development of State and Local Prevention and Treatment Programs |
| 6. Grants and Contracts for Drug Abuse Prevention and Treatment Programs | | 6. Advisory Council on Drug Abuse Control through Law Enforcement | 5. National Advisory Council on Drug Abuse and Drug Dependence |
| 7. Personnel-Special Personnel-Experts and Consultants | | 7. Advisory Council on Drug Abuse Control Through Drug Education Treatment and Rehabilitation | 6. Prevention and Treatment for Federal Employees |
| 8. Transitional Provisions | | | |
| 9. Transfer of Funds | | | |
| 10. Appropriations Authorized | | | |

TABLE 5-continued

ALTERNATE LEGISLATIVE PROPOSALS
Considered by the S.A.N. by Section

| <u>S.2907 (Percy)</u> | <u>S.2146 (Humphrey)</u> ; <u>S.2155 (Humphrey)</u> | <u>S.2217 (Hughes)</u> |
|-------------------------------------|---|--|
| 11. Joint Funding | | 7. Prevention and Treatment for Veterans |
| 12. Voluntary Service | | 8. Drug Abuse Prevention and Treatment Services In Correctional Institutions and on Probation and Parole |
| 13. Effective and Termination Dates | | 9. Saving Provision |

Statements received by the S.A.N. included the remarks of four local-state officials, eleven Administration people, one U.S. Senator and two interest groups. The Hughes Subcommittee also collected information in the form of scholarly articles, letters, government publications and responses to inquiries by the Committee.

The opinions of local and state representatives responding to the S.A.N. in many ways reflected the feelings of those individuals who spoke before the J.S.C. In one way, this coincidence was due to the fact that some of the same witnesses spoke before both committees. There was a tendency for local-state officials to address themselves to national interests. For instance, a suggestion was made that the British drug abuse control system should be investigated. Likewise, witnesses urged Congress to look at the lack of adequate funding in the Administration's proposal, the need for unilateral dealings between the Federal Government and the big cities, the inadequacy of the three year time limit proposal for the Office, and the control of Department of Defense drug abuse funds by the Office. Local-state officials touched upon the lack of state drug abuse plans and structures, the need for municipal drug coordinating agencies, the multimodal and the unimodal approaches to drug rehabilitation and the plight of the addicted veteran. Mayor Joseph Alioto of San Francisco added emphasis to the demand for funding when he told the S.A.N. that as much as one billion dollars would be needed for drug-treatment programs.¹²

Congressional concerns were national in scope. A sympathetic attitude was taken with regard to the employment problems of

ex-addicts. The relationship of the White House Drug Abuse Coordinating Committee to the new Office was explored. The durability of the drug abuse crisis was discussed in conjunction with the development of a plan of action. The nature of the drug problem became an issue as well as who would get credit for the new drug abuse bill.

Administration witnesses directed their remarks toward opposing the Hughes bill, S.2217 and promoting S .2097. Nixon officials attempted to show that S.2217 would be detrimental to the centralization and coordination of the drug effort by creating a diverse organizational set up. They argued that the proposed National Institute would mean a duplication of functions currently assigned to the National Institute of Mental Health. Administration officials mentioned that the Office would play a key role in any necessary departmental reorganizations. To encourage reform they championed the deletion of matching requirements for federal grants and more local group participation.

The S.A.N. did not receive many responses from interest groups. One major interest group that expressed an opinion to the subcommittee, was the National Council on Community Mental Health Centers. The Council addressed itself to the role that community mental health centers should play in the prevention of drug abuse. The Council went on record as being against extra functions for the centers unless adequate funding was provided.

The hearings held by Senator Hughes added on extra perspective to those of Senators Muskie and Ribicoff. In order to appreciate the significance of the subcommittee hearings, a few brief comments will be made.

The hearings of Senator Hughes considered more legislative proposals than those held by the J.S.C. In total, there were five different bills being evaluated by the S.A.N. as opposed to two for the J.S.C. S.2217 and S.1945 seemed to have been inspired by S.3562 which was authored by Senator Hughes. S.2097, S.2155 and S.2146 made more individual suggestions for the handling of the drug problem. Since Senator Humphrey did not look at his proposals as being the only ones that could get the job done, but rather as helpful suggestions which could contribute to the formulation of a good bill, the only real challenge to S.2097 came from S.2217. As previously mentioned, Senator Muskie supported the general intent of both S.2097 and S.2217.

The testimony taken during the hearings before the J.S.C. and the S.A.N. revealed a number of problems on the local, state and national levels. On the local-state level the major issues were funding, coordination and communication. On the national level, the basic issues were funding and the type of organization which would most effectively deal with drug abuse. The testimony focused attention on the question of whether the Nixon Administration should be given the ultimate task of stopping drug abuse through the Office or whether Congress should maintain the status quo and act cautiously dealing with problems on an individual basis. The hearings suggested that the Senate would not be able to accept S.2097 without modifications. The Senate could not let the President take full credit for the prevention of drug abuse when the Senate had tried to make adequate provisions prior to Mr. Nixon's message and espousal of S.2097.

Where the subcommittee hearings provided a pulpit from which an evaluation of S.2097 and similar bills could be made, the full committees would be responsible for reporting out the program which the Senate would digest and possibly pass. The full Committees of Government Operations and Labor and Public Welfare would now come forward. Full committee consideration meant the possibility of additional personnel exerting an influence and the publication of a committee report. In examining the full committees that dealt with S.2097, personnel who were not members of the S.A.N. or S.E.R.G.R., will be noted. The reports of the full committees will be considered as far as: (a) origins (b) conclusions with regard to the original bill S.2097 and the subcommittee hearings (c) full committee actions and decisions and (d) the clean bill which the Committees reported.

A list of the members of the Committee on Government Operations (G.O.) and the Committee on Labor and Public Welfare (L.P.W.), who were not on the rosters of the J.S.C. or S.A.N. is contained in Table 6.

The report of the Committee on Government Operations was delivered by Senator Abraham Ribicoff on November 17, 1971.¹³ Senator Abraham Ribicoff reported the first three titles of S.2097. Additional titles were to be added by Senator Harold Hughes and the L.P.W. Committee. One should note that the G.O. Committee was joined by the S.A.N. during the preparation of Mr. Ribicoff's report. Senator Ribicoff depicted the role of the S.A.N. during the discussions which preceded the full committee report, with these words:

TABLE 6

MEMBERS OF THE G.O. AND L.P.W. COMMITTEES
WHO WERE NOT MEMBERS OF THE J.S.C. OR S.A.N.

G.O.

| <u>NAME</u> | <u>PARTY</u> | <u>STATE</u> |
|------------------|--------------|--------------|
| 1. Henry Jackson | Democrat | Washington |
| 2. Karl Mundt | Republican | South Dakota |

L.P.W.

| | | |
|-----------------------|------------|--------------|
| 1. Claiborne Pell | Democrat | Rhode Island |
| 2. Gaylord Nelson | Democrat | Wisconsin |
| 3. Adlai Stevenson | Democrat | Illinois |
| 4. Thomas F. Eagleton | Democrat | Missouri |
| 5. Robert Taft | Republican | Ohio |
| 6. J. Glenn Beall | Republican | Maryland |
| 7. Robert T. Stafford | Republican | Vermont |

During the redrafting of this bill, discussions were held with Senator Harold Hughes' Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare. That Committee participated closely with the development of the legislation we are reporting here, just as this Committee participated in the development of the titles which Senator Hughes' Subcommittee intends to add. On the basis of our current understanding, we anticipate that Title IV will establish a drug abuse institute in the National Institute of Mental Health and Title V will establish a grant program to provide new funds for treatment and rehabilitation programs at the state and local level.¹⁴

Comparing the findings and declared policies of the President's proposal and the bill that was reported by the G.O. Committee, it became apparent that the G.O. Committee perceived the problem of preventing drug abuse in a much broader context. As presented by Senator Percy, the President's proposal was based upon four major conclusions: (a) Drug abuse was rapidly accelerating in the U.S.. It was infecting all parts of the country. (b) Violent crimes had increased with the abuse of drugs. (c) Drug abuse had placed an unnecessary social burden on all people. (d) The health of the nation was being jeopardized by the rampant abuse of drugs and the Federal Government had to correct the problem. The President emphasized that a new executive office for drug abuse prevention should be created to control the drug problem. The Ribicoff report incorporated the President's findings, and added some additional thoughts: (a) The extent of knowledge about drug abuse was not sufficient, and present cures were not the best. (b) Success against drug abuse

required the recognition of the inter-relationship of drug law enforcement and drug abuse prevention activities. (c) The lack of coordination between local and state authorities and then between the Federal Government and local-state authorities was seriously hampering the effectiveness of our nation's drug efforts. (d) A national strategy encompassing all aspects of the drug abuse problem was needed to bring about the coordination of drug abuse prevention in the United States. (e) The Office and its new director should not be given powers exceeding those traditionally possessed by an executive office or officer. These conclusions formed the basis upon which the G.O. Committee could decide upon their course of action with regard to S.2097.

The Committee on Government Operations chose to remove all the President's proposal excluding the enacting clause. The decisions that followed were, on the whole, oriented toward defining the rights of the Director of the Office and the role that the Director would play in bringing our drug abuse prevention program into perspective.

The G.O. Committee made it clear that the Director of the Office would have the right of consultation with regard to drug law enforcement policies. Conversely, drug law enforcement officials could have access to what the Director was contemplating. A more integrated and consistent drug policy could be insured by mandating that drug law enforcement and drug abuse prevention officials would consult with each other.

In order that the Director would have a meaningful place among Administration officials with whom he would be dealing, the G.O. Committee decided that the Director would be elevated

to the level of a cabinet officer. Although the Director would be, for all practical purposes, a member of the executive office, the Director would be paid on the same scale as a department head.

Definite limitations were placed upon the power to be exercised by the Director. The G.O. Committee decreed that the Director would have oversight over all legislation, policy, program planning and priorities with regard to drug education, training, treatment, rehabilitation and research programs. However, the Ribicoff report stated that the Directors "powers do not extend over international or diplomatic negotiations or law enforcement proceedings and activities including the investigation and prosecution of drug offenses, the impanelment of grand juries, programs or activities involving international narcotics control, or the detection and suppression of illicit drug supplies."¹⁵

The designation of the Director to act as the primary evaluator of all drug programs was yet another decision of the G.O. Committee. In this capacity the Director would maintain surveillance over all drug programs and would consult the President on existing problems. The Director would not directly evaluate existing law enforcement programs, but rather the effect that such programs had on his efforts in promoting drug abuse prevention.

Considering the question of whether the White House would exert any direct control over drug abuse program operation and funding, the Ribicoff report stated that the Director would not operate drug abuse programs from the White House. Also the

G.O. Committee report stated that the Director would be denied the authority to transfer funds and personnel from one program to another program. Such matters as the above had been traditionally controlled by Congress and the members of the G.O. Committee were not about to give them up.

With regard to the question of veterans with dishonorable discharges and drug problems, the Ribicoff report made an open challenge to traditional wisdom. The report made it clear that all veterans should be able to receive treatment for their drug abuse problems from the Veterans Administration (V.A.) and other federal programs regardless of their type of discharge. Addicted veterans who were ineligible for V.A. benefits on account of their dishonorable discharges, were placing an additional burden on states and localities. Granting drug addicted veterans the right to V.A. treatment would lessen the burden.

Concerning the classification of drugs and the role that the Director might play, the report of Senator Ribicoff reiterated the Committee's position that the Director be consulted "with respect to the classification and scheduling of drugs, domestically and internationally, and with respect to the investigational new drug (IND) or new drug authority (NDA) status of drugs which have a potential for abuse or which might be used therapeutically for treatment or rehabilitation purposes."¹⁶ Prior to this time, the Attorney General and the Secretary of H.E.W. had had exclusive control over drug classification.

In the area of appropriations, the G.O. Committee made provisions not only for the Office, but for a Special Fund.

The appropriations for the Office covered a period of four years and totaled 42 million dollars. The Special Fund would provide an additional forty million a year with the Office being permitted to utilize ten percent of the fund.¹⁷

The development of a long term coordinated Federal Strategy to deal with drug abuse comprised the final chapter of the Ribicoff report. The strategy request addressed the problem of coordination and made certain that the Director would develop a viable plan for attacking drug abuse and that the Director would be assisted by a strategy council appointed by the President. The strategy was to be developed within nine months and was to be reviewed each year.

Senator Harold Hughes presented the report of the L.P.W. Committee on November 24, 1971.¹⁸ The conclusions of the committee reflected not only the 1971 hearings, but also several hearings on drug abuse which the same Subcommittee had held beginning in 1969.

The first conclusion, which the Hughes report came to, was that the report of Senator Ribicoff was acceptable as well as Titles I, II and III. Secondly, the L.P.W. Committee concluded that the Department of H.E.W. would be the best structure under which a new drug abuse prevention program could be carried out. The Hughes report stated that "Titles IV-VIII of S.2097 will strengthen and improve the administrative structure within the Department of H.E.W. through which the Secretary is responsible for delivering a broad range of coordinated drug abuse prevention, treatment, and rehabilitation services." Another conclusion of the L.P.W. Committee was that traditional legal

structures had failed to control the abuse of drugs. The aim of Congress according to the report should be to encourage the treatment of drug abuse as a national health problem, a disease instead of a crime. In contrast to the conclusions, the actions and decisions of the L.P.W. Committee focused upon the implementation of a solid drug abuse prevention and treatment program.

A primary action was to provide for the creation of a National Institute on Drug Abuse which would be located within the National Institute of Mental Health of the Department of H.E.W. The National Institute would serve the country's drug abuse prevention needs on a continuing basis after initial work had been completed by the Office. Senator Hughes' rationale for an institute was that an institute would give the drug abuse problem the necessary visibility to attract public attention and the means to develop a successful drug abuse prevention program. A second decision was to require the Secretary of H.E.W. to submit a comprehensive plan for all drug abuse activities within ninety days of the enactment of S.2097 and a critique of planned and current drug abuse treatment methodologies. Still another decision was to request that the Secretary of H.E.W. would establish a National Information Center on Drug Abuse. Decisions affecting the Department of H.E.W. were followed by others geared to addressing various national aspects of the drug problem.

The realization that coordination was absent on the state level as well as on the federal plateau, led the L.P.W. Committee to call for the preparation of individual state plans

and to require each state to designate a single agency as the controller for drug abuse matters between the States and the Federal Government. The stipulation was made that federal funding would depend upon compliance with such legislative demands. Likewise the L.P.W. Committee was insistent that adequate funds would be available for the States. A total of 180 million was to be appropriated for over a period of five years. Consistent with the theme of perpetuating the prevention and treatment of drug abuse provision was made for funds to enable the Secretary of H.E.W. to assist worthy programs at all levels of drug abuse prevention activity. Funds would be available through 1976 and would increase from 65 million in 1972 to 450 million.¹⁹ If all funds were appropriated, the cost would be in excess of one billion. Other decisions of the L.P.W. Committee included: (1) a provision making it mandatory for all hospitals to admit drug abusers for emergency care (2) allowing Community Mental Health Centers to lease facilities for drug abuse treatment and rehabilitation (3) the establishment of a National Advisory Council on Drug Abuse to advise the Secretary of H.E.W. on matters relating to the performance of his duties and the welfare of the national drug abuse prevention program (4) a provision insuring the confidentiality of the records of patients participating in rehabilitation programs and (5) an amendment to the Economic Opportunity Act of 1964.

In summary the bill which went to the floor for full Senate consideration was a composite of the President's proposal and the recommendations of the Ribicoff and Hughes reports. When S.2097 finally arrived on the Senate floor, the bill could be

seen as a genuine effort at bipartisanship. Considering that S.2097 had the unanimous support of both committees, an additional degree of strength was added. The final results would be registered on the floor where S.2097 would be presented for the inspection, amendment and approval of the entire body of the Senate.

Floor action on S.2097 began in the Senate on December 2, 1971. This date marked almost six months from the time President Nixon had delivered his special message to Congress on drug abuse. In evaluating the floor proceedings of the Senate, the participants, the major floor issues, the amendments, and the vote on the bill will be noted.

Senators, who were members of the committees of original jurisdiction but did not speak out during floor debate, as well as those Senators who were not members of the committees of original jurisdiction, but did speak out during floor debate are depicted in Table 7.

Generally, the rhetoric of the Senators who gave their views, was laudatory in tone. Most of the Senators were in support of the drug bill as reported. However, some floor issues did develop and amendments were offered during the one day of debate.

The first major issue was raised by Senator McClellan's concern that the F.B.I. should be excluded from the provisions of Section 206(f)(1). Senator McClellan did not think that the F.B.I. should be required to retain drug-dependent personnel in their organization.²⁰ Senator McClellan's remarks indicated

TABLE 7

FLOOR DEBATE ON S.2097

PARTICIPANTS - SPEAKERS - NON-SPEAKERS

MEMBERS OF ORIGINAL COMMITTEES
WHO DID NOT SPEAKNON-MEMBERS OF ORIGINAL COMMITTEES
WHO SPOKE OUT

| <u>NAME</u> | <u>PARTY</u> | <u>STATE</u> | <u>NAME</u> | <u>PARTY</u> | <u>STATE</u> |
|---------------|--------------|--------------|--------------|--------------|--------------|
| 1. Ervin | Dem. | N. Carolina | 1. Sparkman | Dem | Alabama |
| 2. Metcalf | Dem. | Montana | 2. Tower | Rep. | Texas |
| 3. Saxbe | Rep. | Ohio | 3. Stevens | Rep. | Alaska |
| 4. Roth | Rep. | Delaware | 4. Byrd | Dem. | W. Virginia |
| 5. Harris | Dem. | Oklahoma | 5. Griffin | Rep. | Michigan |
| 6. Jackson | Dem. | Washington | 6. Mansfield | Dem. | Montana |
| 7. Mundt | Rep. | S. Dakota | 7. Tunney | Dem. | California |
| 8. Mondale | Dem. | Minnesota | 8. Scott | Rep. | Pennsylvania |
| 9. Schweiker | Rep. | Pennsylvania | 9. Boggs | Rep. | Delaware |
| 10. Nelson | Dem. | Wisconsin | 10. Bentson | Dem. | Texas |
| 11. Stevenson | Dem. | Illinois | 11. Hruska | Rep. | Nebraska |
| 12. Gurney | Rep. | Florida | 12. Church | Dem. | Idaho |
| 13. Allen | Dem. | Alabama | | | |

that he did not hold Section 206(f)(1) to be a permanent stumbling block.

"Mr. President, after S.2097 was reported to the Senate, it came to my attention that possibly there should be an exemption for the F.B.I. from the provisions of Section 206 (f)(1) for the bill. That section presents some problems for law enforcement agencies and I believe that some form of exemption should be made for agencies such as the F.B.I.. But rather than delay passage of the bill, and I had intended to offer amendments, I am willing to let this bill be passed in its present form and I am hopeful that appropriate language can and will be worked out on the House side. This matter can then be properly resolved in the subsequent conference on the bill."²¹

In another light, Senator Hruska raised a question concerning the jurisdiction of the Judiciary Committee. Senator Hruska was alarmed at Sections 202(c) and (d) of S.2097 which appeared to permit the Director of the Office to interfere with the classification of drugs. Mr. Hruska pointed out that the classification of drugs was covered under the Comprehensive Drug Abuse Prevention and Control Act of 1970 which had been produced by the Judiciary Committee.²² However, it was the feeling of Mr. Hruska that S.2097 was a needed piece of legislation and that the bill should pass. Mr. Hruska did not pursue the matter further.

Senator Pell brought up a third major issue when he questioned the effect of S.2097 on the Office of Education and the Drug Abuse Education Act of 1970. Senator Pell's primary concern was that the Director of the Office might exercise an

undue influence over the drug education program through Titles I and II of S.2097. Senator Harold Hughes replied to Senator Pell's inquiry by stating that the Office would not, as Senator Pell had stated previously, have "operational authority over the drug education program which has not in the past been legally exercised by the Office of Management and Budget."²³ Senator Pell did not press his argument further and seemed to be satisfied by Senator Hughes' assurances.

The next matter which came to the floor was an amendment proposed by Senator Tunney. It called for the creation of six regional research centers to study the problem of drug abuse prevention and treatment. The amendment of Senator Tunney brought responses from both Senator Hughes and Senator Javits. Senator Hughes made it known that he was aware of Senator Tunney's interest in making sure that adequate research facilities and funds were available in all areas of the country. Senator Hughes acknowledged that Senator Tunney had introduced a bill similar to, if not identical, to this amendment earlier in the year, and that the Tunney bill had been referred to his own Subcommittee on Alcohol and Narcotics.²⁴ Senator Hughes stated that his subcommittee had not been able to thoroughly review the matter, but that he would be more than willing to hold hearings on his proposal early next year.²⁵ Mr. Hughes made it clear to Senator Tunney that he would have to oppose the amendment as it now stood, but that if Tunney would withdraw his amendment, he would see that the Tunney proposal received attention at a later date. At this point, Senator Javits interjected that he would likewise make sure that the Tunney bill was not forgotten by the

S.A.N. if Tunney would reconsider his amendment and withdraw it. In the end, Senator Tunney reconsidered his position and went along with Senators Hughes and Javits.

After the Tunney Amendment, the tone of the floor debate returned, for the most part, to a repetitious deluge of praise for S.2097. Apparently any other fears were cushioned by the expectancy of an inevitable House-Senate conference where problems could be worked out. The realization that a conference would in all probability have the final say on S.2097, was coupled with and complemented by an air of expediency which seemed to permeate Senate consideration. The final result was that S.2097 traveled easily through floor debate and did not require individual Senators, who had reservations about particular sections of S.2097, to take public stands against the bill.

The Senate gave its nearly unanimous approval to S.2097 by a vote of 92-0 on December 2, 1971, the same day on which floor debate had been heard. Keeping in mind the legislative history of S.2097 to this point in time, and the Senate's prior experience with drug abuse prevention legislation; viz S.3562, the vote was consistent. Of the eight Senators, who did not vote, three Senators Saxbe, Dominick and Taft would have voted in the affirmative according to Senator Griffin.²⁶

The major ramifications of the Senate's passage of the compromise bill were clear. (1) The Committees on Government Operations and Labor and Public Welfare had succeeded in convincing the Senate to accept a bill, which incorporated the President's proposal, Senator Muskie's, Senator Hughes' and the essentials of a bill, which the Senate had passed the previous

year. (2) President Nixon could no longer expect to have the type of Special Action Office that he had wanted, nor could the President and the Director expect to have the degree of power over the drug abuse prevention program that they had previously sought. (3) The Senate had reaffirmed the domain of the Legislative Branch over fund ~~and personnel transfers as~~ well as program operation. (4) The Senate had recognized the right of the veteran to treatment at Federal Government facilities regardless of his or her discharge. (5) The Senate served notice on the House with regard to the type of legislation that the Senate would accept. (6) The Senate made it distinctly clear that the medical approach was to become the backbone of the American drug abuse prevention program.

The actions of the Senate can be used to form a framework of reference when considering the reaction of the House to the President's proposal and to S.2097. Would the House concur with what the Senate had done? What alternative proposals would the House offer? The House would play a real role in determining the appropriations for the Office. The President and the Senate were aware that the more conservative House would be less likely to fund a monolithic program. The House knew where the President stood and likewise what the Senate had done on December 2, 1971. Moreover, the House had been working on its own drug abuse prevention bill simultaneously with the Senate. Hearings had begun in the House on June 28, 1971, just ten days after the President's message had been delivered. Also the House had been informed by the Senate of the legislative actions that the Senate was contemplating. Unlike the Senate, the

House had not previously developed a drug abuse prevention proposal such as the Hughes' bill S.3562. June of 1971 was not only a point of departure for the President and the Senate, but also for the House of Representatives. The actions of the House would exert a great deal of influence on the outcome of the Office.

CHAPTER IV: THE HOUSE REACTION

On June 18, 1971, President Nixon's proposal for a Special Action Office for Drug Abuse Prevention was introduced into the House of Representatives by Representative Harley O. Staggers. The initiation of House action on the President's measure meant that the House would now decide not only the merits of S.3562, the Senate passed drug abuse prevention bill, which the House had declined to act on in 1970, but also many House sponsored proposals which had been introduced prior to the Staggers' Bill H.R.9264.

It was with both an awareness of past and present legislative activity on drug abuse legislation that the House leadership made its decision as to which committee would have jurisdiction over H.R.9264. The Nixon proposal was by nature a measure dealing with the nation's health and as such the bill came under the jurisdiction of Mr. Staggers' Committee on Interstate and Foreign Commerce (C.I.F.C.). However, the President's bill also had called for changes in government operations. Unlike the Senate, it had been the decision of the Speaker, to entrust the fate of H.R. 9264 to the Staggers' Committee alone.

While the Senate treated S.2097 with care lest jurisdictional prerogatives would become unbalanced, the House reacted to H.R. 9264 in a more traditional manner. The President's proposal was sent to the C.I.F.C. just as other proposals

purporting to deal with the drug abuse problem had been sent in the early part of 1971. The only difference was that the President had finally delivered a proposal. Now Chairman Staggers began to hold hearings on the many drug abuse prevention bills which had been introduced into the House prior to the Presidents. Staggers had the advantage of knowing the kind of proposal that the President would prefer to sign into law. Chairman Staggers designated the Subcommittee on Public Health and Environment (S.C.P.H.E.), under the able guidance of Paul G. Rogers, Democrat of Florida to hold hearings on H.R. 9264. The subcommittee began taking evidence on June 28, 1971 and conducted a total of twenty days of hearings. In order to achieve an appreciation of the effect that the S.C.P.H.E. might have had on the outcome of H.R.9264, a number of items should be examined.

Elements exerting a causal influence on the S.C.P.H.E.'s handling of H.R.9264 could have included: the membership of the S.C.P.H.E., the presence of similar legislative proposals, the variety of witnesses and the issues developed during testimony.

Information concerning the membership of the S.C.P.H.E. is presented in Table 8. A breakdown of the alternative legislative proposals which were brought before the subcommittee is contained in Table 9.

The witnesses who testified at the hearings held by the S.C.P.H.E. will be treated in the same manner as the witnesses who appeared before the Senate subcommittees. Witnesses will be placed within the following groups: (1) local and state govern-

TABLE 8

THE SUBCOMMITTEE ON PUBLIC HEALTH AND ENVIRONMENT

| <u>Name</u> | <u>Party</u> | <u>State</u> |
|-----------------------------|--------------|----------------|
| 1. Paul G. Rogers | Democrat | Florida |
| 2. David E. Satterfield III | Democrat | Virginia |
| 3. Peter N. Kyrus | Democrat | Maine |
| 4. Richardson Preyer | Democrat | North Carolina |
| 5. James W. Symington | Democrat | Missouri |
| 6. William R. Roy | Democrat | Kansas |
| 7. Ancher Nelsen | Republican | Minnesota |
| 8. Tim Lee Gater | Republican | Kentucky |
| 9. James F. Hastings | Republican | New York |
| 10. John G. Schmitz | Republican | California |

TABLE 9

ALTERNATIVE LEGISLATIVE PROPOSALS

Considered by the S.C.P.H.E. by Section

H.R. 9264

H.R. 9059

Citation: "Special Action Office for
Drug Abuse Prevention Act"

Section

2. Findings
3. Purpose
4. Special Action Office for Drug Abuse
Prevention
5. Concentration of Federal Effort†
6. Authority of Director
7. Grants and Contracts for Drug Abuse
Prevention and Treatment Programs
8. Personnel- Special Personnel- Experts
and Consultants
9. Transitional Provisions
10. Transfer of Funds
11. Appropriations Authorized
12. Joint Funding
13. Voluntary Service
14. Effective And Termination Date

"A Bill to require community mental health centers and hospitals and other medical facilities of the Public Health Service to provide needed treatment and rehabilitation programs for drug addicts and other persons with drug abuse and other drug dependence problems, and for other purposes."

Sections 1-2: Provided for the amendment of Community Mental Health Centers Act (42.U.S.C. 2688a) to reflect† the above.

Note: See U.S. Congress House Committee on Interstate and Foreign Commerce. Special Action Office for Drug Abuse Prevention Hearings before the Subcommittee on Public Health and Environment on H.R. 9264 and H.R. 9059, Parts I-IV, 92d Congress, 1st. sess., 28 June 1971, pp. 3-160 for texts of H.R. 9264, H.R. 9059, and all other identical and similar bills.

ment officials (2) Congressmen (3) Senators (4) Administration Officials (5) drug abuse experts and (6) ex-addicts. Again the use of such categorizations does not rule out the possibility that an individual might be functionally suitable for more than one category. A list of witnesses and exhibits can be found in Appendix III.

A total of 130 witnesses appeared before the S.C.P.H.E. during the twenty days of hearings. Of the one hundred thirty people testifying there were: forty-six Federal Officials, twenty-six private interest group representatives, twenty-two local and state officials, eighteen Members of Congress, eleven drug abuse experts, and seven ex-addicts. As a whole, the witnesses represented a total of thirty different organizations. In addition to the oral testimony received from the witnesses, the S.C.P.H.E. obtained written statements and materials from forty-two individuals and organizations. One should note that no United States Senator came to testify before the S.C.P.H.E. nor did any Senator submit written materials. Such a quantity of witnesses and materials served to provide a rather diverse number of perspectives on drug abuse.

In discussing the testimony recorded by the S.C.P.H.E., the same format will be used as during our discussion of Senate testimony. Testimony will be classified and presented as: (a) local-state opinions (b) congressional concerns (c) administrative viewpoints (d) expert opinions and (e) interest group opinions.

The viewpoints of local and state officials did not deviate from those expressed during Senate Subcommittee hearings and

shared a great degree of similarity as many of the same individuals testified before both legislative bodies. A primary concern of local and state officials was championed by Mayor Moon Landrieu of New Orleans who spoke on the need for a single federal agency to handle the drug abuse problem. Local and state authorities had been hindered in dealing with drugs by the diverse number of federal agencies through which they had to work. The issue of federally funded job-training programs for addicts was likewise brought to light by local and state witnesses. Many ex-addicts were relapsing due to the lack of gainful employment opportunities. Other central issues among local and state representatives included funding backlogs and inadequate appropriations. An enormous share of the cost of treating and rehabilitating drug abusers was being absorbed by local and state governments. Traditionally, the municipalities and states had accepted this burden, but now with drug abuse reaching crisis proportions domestically and with the daily return of Vietnam addicted veterans to many cities and states, city and state budgets could no longer carry the load. Mayor John V. Lindsay of New York City signaled attention to their plight with a call for a three year-three billion dollar program.²⁷ Local and state representatives were not so concerned with the particular bill which the House passed, but rather that effective action was taken to alleviate the drug dilemma.

Opinions of the Members of Congress, who participated during the hearings, were geared to the President's proposal and to the federal drug abuse program in general. Major congressional concerns with the President's program included such items as:

(1) veterans (2) the authority of Director of the Office (3) drug control (4) the relationship of the President to the Office and (5) Title I of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Members of Congress were alarmed by the degree of power that the President was asking for under the auspices of drug abuse prevention. Congressional witnesses were worried on the one hand that the Director of the Office would not have any control over drug law enforcement and on the other hand feared what the Director might do to the drug program of the Veterans Administration. Some Congressmen, such as Mr. Symington of Missouri, felt that Dr. Jaffe, the Nixon nominee, did not have enough experience in government. Title I of the Comprehensive Drug Abuse Prevention and Control Act of 1970 had designated the National Institute of Mental Health as the lead agency in matters relating to drug abuse prevention. Many Congressmen saw H.R.9264 as attempting to legislate a matter which had been previously handled. In sum, the pivotal point of congressional consciousness centered upon the creation of a new executive vehicle to tackle the drug abuse problem at a time when definitive action was mandated. Some Congressmen seemed to feel that the proposed Office would be little more than presidential window-dressing. The House knew that the mandate which the Congress had given the Nixon Administration in 1970 with the designation of the National Institute of Mental Health as the lead agency for drug abuse, had not been fulfilled.

The testimony of Administration Officials dealt mainly with the refutation of charges made against the Nixon proposal. Nixon men defended the President's position on such issues as:

(1) the separation of drug law enforcement functions from the Office (2) limited program operation from within the Office (3) the viability of the Office as an alternative to the Office of Management and Budget in reviewing drug abuse prevention proposals (4) the notion of a temporary corrective agency as opposed to a permanent agency for all drug abuse activities and (5) the rationale behind Mr. Nixon's request for funds for drug abuse prevention. Other issues, which were tackled by Administration Officials involved the principle of employing Community Mental Health Centers on drug abuse prevention activities, the question of mandatory treatment for drug addicts, and the utilization of current rehabilitation facilities. With regard to the military the practice of giving dishonorable discharges for drug abuse was debated as well as the extent of the military's responsibility for its addicted personnel. Some Administration Officials were of the opinion that the states could be more meticulous in their efforts to curb the spread of drug abuse.

Drug abuse experts, who testified, were unanimous in their support of increased federal funding for research. The experts felt that new avenues should be opened up to lend encouragement to addicts to enter treatment programs, to fund new rehabilitation centers and to widen program eligibility. Most drug abuse experts were one in urging continued research as the key to conquering drug abuse.

Opinions offered by interest group representatives focused upon topics such as; the duration of rehabilitation programs, job discrimination against ~~ex~~-addicts, the need for a federal

job placement center for ex-addicts, and the availability of treatment facilities. Great concern was registered over the high rate of recidivism amongst former drug abusers. A novel proposal for a jointly sponsored research and development corporation under the auspices of the drug industry and the Federal Government was made by C. Joseph Stetler of the Pharmaceutical Manufacturers Association. Other issues that were raised, included the lack of funding for Community Mental Health Centers, if they were to assume drug abuse prevention functions, the autonomy of the V.A. over its drug policy, and additional funding for the Federal Addiction Research Center. Noting the Nixon Administration's correlation of crime and addiction, the National Association of Counties called for a National Commission on Drug Abuse to study the causes of crimes associated with addiction.

The testimony taken by the S.C.P.H.E. served to educate subcommittee members about the scope of the legislation that would have to be enacted, if the drug problem were to be solved. The hearings illustrated the degree of differing opinion on how the question of drug abuse prevention should be handled.

Following the conclusion of the hearings of the S.C.P.H.E. on November 8, 1971, the C.I.F.C. assumed responsibility for H.R.9264 and the other bills which had been scrutinized by the Rogers Subcommittee. A report was not issued until January 26, 1972 when Chairman Harley O. Staggers reported a clean bill, H.R.12089, with a lengthy commentary attached. In order that the work of the C.I.F.C. can be evaluated, both the membership of the C.I.F.C. and the report of the full committee must be studied. Information relating to the composition and geo-

political distribution of the membership of the Staggers' Committee is presented in Table 10, with an emphasis on those members who were not members of the Rogers' Subcommittee. The report of the Staggers' Committee on H.R.12089 will then be discussed paying particular attention to the origins of the report, and the conclusions and decisions of the C.I.F.C..

The report of the Staggers' Committee appeared approximately 55 days following the Senate's passage of S.2097 on December 2, 1971. Members of the Staggers' Committee had an ample amount of time to reflect upon the Senate Bill S.2097 during the preparation of their report. Likewise, the Staggers' report was not completed until January 26, 1972 which meant that the C.I.F.C. had had 81 days to consider the findings of the Rogers' Subcommittee.

The Staggers' report came to several major conclusions with regard to the question of drug abuse prevention legislation in 1972. One conclusion was that there were insufficient resources for providing effective rehabilitation. The lack of rehabilitation opportunities had been well attested to by several local and state witnesses. A second conclusion recognized the need for the coordination of all drug abuse programs. The absence of program coordination had been a big complaint at all levels. In another light the Staggers' Committee concluded that drug abuse prevention and drug law enforcement programs should be coordinated on a cooperative basis. The report also reasoned that government and industry should work together to speed the development of better methods for treating addiction. The members of the C.I.F.C. were of the opinion that the Office should not have the authority over budgets, programming, and personnel that

TABLE 10

MEMBERS OF THE C.I.F.C.
WHO WERE NOT MEMBERS OF THE S.C.P.H.E.

| <u>Name</u> | <u>Party</u> | <u>State</u> |
|---------------------------|--------------|----------------|
| Harley O. Stagers (Ch.) | D | West Virginia |
| Torbert H. MacDonald | D | Massachusetts |
| John Jarman | D | Oklahoma |
| John D. Dingell | D | Michigan |
| Lionel VanDeerlin | D | California |
| J. J. Pickle | D | Texas |
| Fred B. Rooney | D | Pennsylvania |
| John M. Murphy | D | New York |
| Brock Adams | D | Washington |
| Ray Blanton | D | Tennessee |
| W. S. (Bill) Stuckey, Jr. | D | Georgia |
| Bob Eckhardt | D | Texas |
| Robert O. Tiernan | D | Rhode Island |
| Bertram L. Podell | D | New York |
| Henry Helstaski | D | New Jersey |
| Charles J. Carney | D | Ohio |
| Ralph H. Metcalfe | D | Illinois |
| Goodloe E. Byron | D | Maryland |
| William L. Springer | R | Illinois |
| Samuel L. Devine | R | Ohio |
| Hasting Keith | R | Massachusetts |
| James T. Broyhill | R | North Carolina |
| James Harvey | R | Michigan |
| Clarence J. Brown | R | Ohio |
| Dan Kuy Kendall | R | Tennessee |
| Joe Skubitz | R | Kansas |
| Fletcher Thompson | R | Georgia |
| James M. Collins | R | Texas |
| Louis Frey Jr. | R | Florida |
| John Ware | R | Pennsylvania |
| John Y. McCollister | R | Nebraska |
| Richard G. Shoup | R | Montana |

seemed to be implicit in the President's proposal. A final conclusion of the Stagers' report was that drug abuse was not only a domestic problem, but also a condition directly related to conditions abroad. The C.I.F.C. left no doubt that a primary area of future drug abuse efforts should be in the zone of foreign policy.

In order to provide the type of legislation that would be acceptable to all parties, the C.I.F.C. had to decide how the President's proposal should be amended and what provisions should be added. One of the first decisions of the Stagers' Committee was to define drug abuse prevention functions and drug abuse control functions. Since the Office would be dealing with drug abuse prevention functions across all agencies, it was necessary that the Office have a working definition of its drug abuse prevention duties. The Office would have found it difficult to supervise the drug abuse prevention functions of law enforcement agencies such as the B.N.D.D. or the Department of Justice without a definition of such functions. The C.I.F.C. also mandated that Congress have open access to the Office and its personnel. In another instance the Stagers' report determined the extent of the power of the Director of the Office by stating that the Director would be responsible for all drug abuse prevention functions as far as planning, policy development, and problem identification. Cautious about the Department of Defense and the Veterans Administration, the C.I.F.C. directed that the Office would oversee all drug abuse prevention policies and existing programs, but not day to day operations. In providing for the funding of the Office, the Stagers' Committee adopted

relatively the same formula as the Senate, but with more restraint. (See Table 11). To facilitate the changes that would be necessary to bring about an effective reorganization, the C.I.F.C. made the decision to provide a waiver for drug abuse prevention proposals that would require reorganization plans. In two decisions very similar to the Senate's, the C.I.F.C. called upon the Director of the Office to submit an annual report to the Congress and the President and likewise called upon the President to establish a National Advisory Council for Drug Abuse Prevention.

The net result of the Stagers' report was the production of a clean bill H.R. 12089. The clean bill consisted of three major titles, (a) Title I-Findings and Declaration of Policy, (b) Title II- Special Action Office for Drug Abuse Prevention, and (c) Title III- other Agencies. Compared to the bill which the Senate had passed in December, the clean bill contained fewer titles (3 to 8). While H.R. 12089 provided for the creation of a special action office, as did the Senate bill, it made no provision for the creation of a National Institute on Drug Abuse, the confidentiality of patient records, or a National Drug Abuse Strategy. Apparently the C.I.F.C. was not as sure about the future course of our national drug abuse program as the Senate. It is interesting to note that the House had agreed to a National Institute on Alcohol Abuse, which had been sponsored by Senator Hughes, but now did not want to encourage the creation of a National Institute on Drug Abuse.

TABLE 11

FUNDING RECOMMENDATIONS; C.I.F.C. REPORT

| <u>Allocated to</u> | <u>1972</u> | <u>1973</u> | <u>1974</u> |
|--|-------------|-------------|-------------|
| 1. Special Action Office | 5,000,000 | 10,000,000 | 10,000,000 |
| 2. Special Fund (10% limit for personal use of Office) | | 40,000,000 | 40,000,000 |
| 3. Research and Development | 20,000,000 | 10,000,000 | |
| 4. National Drug Abuse Training Center | 2,000,000 | 3,000,000 | 5,000,000 |
| 5. Special Authorization for Community Mental Health Centers | | 60,000,000 | 60,000,000 |
| 6. Planning Grants for Individual States Source: Staggers Report pp. 10-16 | 5,000,000 | 13,000,000 | 13,000,000 |

It wasn't until February 3, 1972 that H.R. 12089 was brought up for floor consideration. The initial handling of H.R. 12089 on the House floor was taken care of by Representatives Claude Pepper and Delbert Latta from the Committee on Rules. Mr. Pepper explained to the House that he was acting under the instructions of the Committee on Rules with regard to House Resolution 792 which dealt with H.R. 12089.

House Resolution 792 was significant for its provision that "after the passage of H.R.12089, the Committee on Interstate and Foreign Commerce shall be discharged from the further consideration of the bill, S.2097, and it shall then be in order in the House to move to strike out all after the enacting clause of the said Senate bill, and insert in lieu thereof the provisions contained in H.R. 12089 as passed by the House". Acceptance of House Resolution 792 by the House prior to the beginning of formal debate left no doubt that a conference would be necessitated.

Once the debate on H.R.12089 was begun, Representative Harley O. Staggers assumed the major responsibility for the floor management of the bill. Unlike the floor debate which took place in the Senate, House debate was less laudatory of the proposal on the floor and more critical of the actions and appropriations being contemplated.

Representative Staggers began debate by addressing himself to the difference between Senate and House recommended appropriations for drug abuse prevention. Mr. Staggers stated that he considered the Senate Bill S.2097 to be too costly as he said: "The bill which came out of the Senate authorized an appropriation of approximately \$1,800,000,000. The House bill which we are now considering,

authorizes \$411,000,000 over 3 years and is the one that will do the job.²⁸ Mr. Staggers pressed the point that the appropriations figure arrived at by the C.I.F.C. was an authorized figure and not a finality.

Representative Rogers of S.C.P.H.E. addressed an important factor when he pointed out that there had been a great deal of cooperation between his subcommittee and the Committee on Veterans Affairs. Mr. Rogers made it known that his subcommittee had "worked out the language of the bill in conjunction with the staff of other committees including the Veteran's Affairs Committee". Considering that the Chairman of the Committee on Veteran's Affairs, Mr. Olin Teague, was publically on record as being opposed to H.R.12089, the statement by Mr. Rogers was noteworthy.

Turning from the issue of the Office's control over Veteran's Affairs, Representative James Hastings pointed to the lack of a reliable national system of rehabilitation and the potential of the Office to bring about more rehabilitation. Mr. Hastings' inference that the Office would be a beginning, was representative of a theme that proponents of H.R.12089 were uttering throughout the floor debate. This was done to rationalize the smaller amount of appropriations for the Office and to alleviate the pressures of opponents who felt that the Office was being given too much power.

Another matter which troubled the House, was the question of who would have the final authority over drug abuse prevention matters. Representative Satterfield made mention of potential problems between the Office and the Office of Management and

Budget. However, Mr. Satterfield expressed the belief that the creation of the Office would serve to create a buffer zone against the O.M.B. which had been a congressional stumbling block at times.

Mr. James Scheuer of New York made a stinging criticism of the power which H.R.12089 gave to the Director of the Office. He was of the opinion that the bill failed to give the Director of the Office the broad authority needed to grapple with drug abuse. Mr. Scheuer said that:

The Director of S.A.O.D.A.P. cannot mount such a comprehensive attack because his authority does not have sufficient scope. While he has powers to set goals, policies, procedures, and budgets for drug prevention, treatment, and research, he can only consult and have liaison with those officials involved in law enforcement and international control. In extreme cases he can appeal to the President to reverse a decision by the Bureau of Narcotics and Dangerous Drugs or the Department of State when he disagrees with their practices or procedures. But this is hortatory language and is likely to have little or no effect on the operations of and conflicts between the Departments of State, Justice, Treasury, and Defense on the one hand, and S.A.O.D.A.P. on the other.

In contrast to Mr. Scheuer's concern over the scope of the Director of the Office's power, another New York Representative, Mr. Halpern, raised the issue of providing "direct operating grants to local agencies".

While recognizing that H.R.12089 did provide funds for state assistance for program planning and evaluation, Mr. Halpern warned that it might not be enough. Representative Halpern suggested that a conference might reconcile the above matter.

The question of the House giving the President the right to change existing statutes through the Office was raised by

Representative White. Specifically, Mr. White's inquiry related to the statement in H.R.12089 that "the Director can after examination write a letter or contact the President of the United States and indicate that he does not think that the money is being used properly and that the programs are not for the best benefit for the prevention of drug abuse and the President after studying these, can indeed make changes by directives". Mr. Staggers told Mr. White that was not the intent of H.R.12089 and that "we are not changing the law in the least bit and we are not giving the President anymore authority than he has now to change the law".

Congressional responsibility for the curbing of drug abuse in the military was made into an issue by Representative Monagan. Mr. Monagan pointed out that while H.R.12089 gave the Director of the Office "authority over Armed Forces drug rehabilitation and education programs", that "Congress must not abdicate its own authority and responsibility to designate what the military drug abuse effort should include". Mr. Monagan thought that Congress should provide separate legislation for the drug abuse problem in the military.

At the conclusion of general debate on H.R.12089, Mr. Staggers asked unanimous consent that H.R.12089 be considered as read and that the bill be open to amendments.

The first amendment was offered by Representative Staggers to "strike out line 5 and all that follows down through line 11 on page 20". The provision contained between these lines would have indirectly amended the Reorganization Act of 1949 by allowing that "any plan submitted pursuant to this section may take effort as if it were the only plan pending before Congress . . ."

This provision would have negated "section 905(b) of Title 5, United States Code and the pendency of other reorganization plans". Representative Holifield, the Chairman of the Committee on Government Operations, had brought the matter to the attention of Mr. Staggers. According to Mr. Holifield, the Staggers' Amendment, "would also serve to make clear that reorganization plans are within the jurisdiction of the Committee on Government Operations which historically has had that responsibility". The Staggers Amendment was unanimously agreed to by the House.

The other major amendment to H.R.12089 was submitted by Representative Olin Teague, the Chairman of the Committee on Veterans Affairs. Mr. Teague was opposed to the Director of the Office having any authority over the Veterans Administration's drug abuse prevention funds, functions, or activities as was proposed by Sections 213 and 222 of H.R.12089. Mr. Teague was of the opinion that such matters should be left to the Director of the Office of Management and Budget.³⁰ Mr. Staggers moved to oppose the Teague Amendment and argued very vehemently against it. Mr. Staggers said:

Mr. Chairman, the bill in the field of drug abuse prevention, is designed to enable the Federal Government to speak with one voice on that subject. If the amendment carries, it will have two voices and sometime in the future there will be three voices then four and we will be right back where we started. This problem is so serious that we need to stand together, all the people, the veterans, those who are in the field fighting today and those who are in the ghettos of America, and all others, wherever they may be. We must speak with one voice to say "we are going to eradicate drug abuse. We seek prevention, rehabilitation of users, and counseling". We must speak not only as a Congress, but as parents. All the people in the land must get together to speak with one voice in one cause, and I do not think we can do it as effectively if we split the program apart.³¹

After Mr. Staggers announced his opposition to the Teague Amendment, a minor floor fight ensued.

One of those speaking out against the Teague Amendment was Representative Paul Rogers. Mr. Rogers said:

Mr. Chairman, you might say that this is a jurisdictional fight between one committee and another. I did not think that it would get down to this, but obviously it has. Unfortunately it developed even though the Subcommittee on Public Health and Environment invited the chief counsel of the Committee on Veterans Affairs to come and sit with us and help to write the Bill, and the ranking majority member on our subcommittee happens to be the chairman of the Veterans Affairs Subcommittee on Hospitals. We added section 213 after meeting with the³² staff of the Veterans Administration Committee.

Mr. Rogers went on to say that Mr. Teague's notion of permitting O.M.B. to be the sole decision-maker, with regard to the drug abuse actions of the Veterans Administration was ill-founded as Congress was usually unable to get O.M.B. to testify about its decisions.³³ In contrast to the remarks of Mr. Rogers, Mr. Boland made arguments in support of Mr. Teague. Mr. Boland stated that:

What the gentleman from Texas (Mr. Teague) objects to and I think with very good reason, is that the head of the drug abuse program, which we have been debating, may have the power to deny funds to the Veterans Administration. I understand that the power under one section of this bill may forbid the use of funds for particular programs. If that is³⁴ so, then we ought not permit that kind of power.

A third viewpoint on the Teague Amendment was presented by Representative Pickle. Mr. Pickle said:

Mr. Chairman, the committee considering this legislation recognized we did have a problem in the new programs being offered. It was for that reason they held consultation with the Veterans Affairs Committee. We thought that this matter had been resolved and we have come to the floor in good faith, that an accord had been reached. It is very unfortunate that we find ourselves still

in controversy at this point. I do hope, however, this matter comes out, if this bill moves forward, if there is some way to resolve the question, we ought to do it because it is not a vote for or against veterans.³⁵

Mr. Pickle's remarks suggested that Mr. Teague did not keep his word with regard to H.R.12089.

At the conclusion of debate on the Teague Amendment, Mr. Teague requested a teller vote with clerks. The result of that vote was 174 yeas and 196 noes with 61 not voting.³⁶ After the defeat of the Teague Amendment, floor debate on H.R.12089 was minimal as those floor speakers, who had complaints, were willing to defer to the forthcoming conference.

The final vote on H.R.12089 was unanimous with 380 members of Congress voting their approval. Fifty-one Representatives did not vote on H.R.12089, but all of the 51 paired except for Mr. Udall, Mr. Alexander, and Mr. Flynt.³⁷ The vote of the House of Representatives demonstrated that most Members of Congress were definitely behind H.R.12089 as amended. Likewise, the passage of H.R.12089 had several implications for the President's original proposal, the Senate bill S.2097, and the future of the American drug abuse prevention program.

The primary implication of the House's unanimous passage of H.R.12089 was that a House-Senate conference would have to be called to reconcile the differences in H.R.12089 and S.2097. However, there were several other ramifications. (1) President Nixon now knew that the House would not give the Office the power that the President had wanted particularly in the areas of funding, personnel, and program operation. (2) As President Nixon was cognizant of both Houses of Congress intentions the

President had the options of; (a) lobbying for those provisions in each bill, which he favored, prior to and during the conference, (b) waiting until Congress completed action on the drug bill and signing it into law, or (c) vetoing the bill as passed.

In the final analysis, the fate of the Office would ultimately be decided at the conference table where the provisions of both bills would be bartered and a final compromise completed. The conference on H.R.12089 would be an important event in the legislative history of the Office.

CHAPTER V: CONFERENCE AND FINAL PASSAGE

Following the passage of H.R.12089 on February 3, 1972, a conference was held by the Senate and the House of Representatives to settle their differences on drug abuse prevention legislation. It was not until March 15, 1972 that Mr. Staggers from the Conference Committee filed a report. The events which transpired prior to and during the time period from February 3, 1972 to March 15, 1972 must be examined if one is to appreciate the atmosphere in which the conference occurred. In addition, the personnel of the Committee of Conference, the committee report, and the floor debate and final vote in each body, are studied to provide a clear portrayal of this segment of the legislative history of the Office.

The period preceding the report of the Committee of Conference was highlighted by a series of statements by President Nixon with regard to the Office and the drug problem. In January the President remarked during his annual budget message that "drug abuse prevention must be intensified to curb narcotics trafficking and to expand. Federal drug rehabilitation efforts coordinated by the White House Special Action Office."³⁸ A New York Times headline of January 29, 1972 gave further notice of President Nixon's intentions. It stated that the President wanted to create a new "Office for Drug Abuse Law Enforcement" in the Department of Justice. President Nixon was evidently striving to demonstrate that his Administration still looked upon the problem of drug abuse, as requiring a two-fold solution. In this instance, the

President had preempted Congress by calling for the creation of the Office. He knew that Congress had not come to a definitive position on the question of the role of the Office in the area of drug abuse law enforcement.

On February 3, 1972, the day that H.R.12089 was passed, President Nixon made a rather curious statement with regard to the proposed Office. The statement said that "the Special Action Office for Drug Abuse Prevention, which helped in the development of this new law enforcement program, has assured me that we will be able to meet an increased demand in the treatment field if the Congress passes its new legislation".³⁹ As Congress would soon be deciding the question of the Office, Mr. Nixon apparently decided to seize the opportunity to show the Legislative Branch that the Office was already making contributions to the national drug effort and that the Office could work effectively with the Department of Justice in the area of drug abuse law enforcement. Again on February 16, 1972, President Nixon attempted to promote the creation of the Office. The New York Times quoted the White House as stating that "drug abuse prevention efforts include a two-thirds spending increase from 1969 to 371 million this year, a special action office . . . and Veterans Administration drug treatment centers for drug addicted veterans."⁴⁰ The Nixon Team was steadfast in publicizing their record in drug abuse prevention at this time. On March 7, 1972, just eight days prior to the announcement of a report by the Committee of Conference, the White House was still making headlines. Speaking through Mr. Myles J. Ambrose, the Special Attorney General in charge of the newly created Office for Drug Abuse Law Enforcement, the President announced that "the primary aim was to drive addicts off the

streets and into treatment programs". Mr. Ambrose stated that "around the country therapeutic drug free programs are crowded . . . but expressed confidence that efforts by Dr. Jerome Jaffe would result in expansion of program capacities . . ." ⁴¹ Demonstrating that the Office of Drug Abuse Law Enforcement would help the Office aided the President as he tried to convince Congress of the necessity of having a strong drug abuse prevention program. Finally on March 15, 1972, the day that the report of the Committee of Conference was issued, the Wall Street Journal reported that Mr. Nixon would seek an additional 42.5 million for his "Narcotics War". The article noted that the money would be used to pay Turkey not to grow opium poppies. Also the writer made it clear that "it is the first time a separate authorization for such spending has been sought . . ." ⁴² As the report of the Committee of Conference was being completed, President Nixon maintained the appearance of a Chief Executive committed to the creation of the Office.

While President Nixon was mustering public support for his drug abuse prevention programs, the Committee of Conference was laboring on its report. The men who comprised the Committee, while not singularly important with regard to the final outcome of the bill, should be noted. It was through their group effort that the final product was brought into being. Information concerning the membership of the Committee of Conference is presented in Table 12.

On March 15, 1972, Mr. Staggers submitted the report of the Committee of Conference on the Drug Abuse Office and Treatment Act of 1972. The report had special significance as some members of

TABLE 12

COMMITTEE OF CONFERENCE

| <u>Name</u> | <u>Party</u> | <u>State</u> | <u>Body</u> |
|-------------------------------|--------------|----------------|-------------|
| 1. Harley O. Staggers | D | West Virginia | House |
| 2. Paul G. Rogers | D | Florida | |
| 3. David E. Satterfield | D | Virginia | |
| 4. Peter N. Kyros | D | Maine | |
| 5. Richardson Preyer | D | North Carolina | |
| 6. James W. Symington | D | Missouri | |
| 7. William R. Roy | D | Kansas | |
| 8. William L. Springer | R | Illinois | |
| 9. Ancher Nelsen | R | Minnesota | |
| 10. Tim Lee Carter | R | Kentucky | |
| 11. James F. Hastings | R | New York | |
| 12. John L. McClellan | D | Arkansas | Senate |
| 13. Abe Ribicoff | D | Connecticut | |
| 14. Lee Metcalf | D | Montana | |
| 15. Lawton Chiles | D | Florida | |
| 16. Charles Percy | R | Illinois | |
| 17. Jacob K. Javits | R | New York | |
| 18. Edward J. Gurney | R | Florida | |
| 19. Harold E. Hughes | D | Iowa | |
| 20. Jennings Randolph | D | West Virginia | |
| 21. Harrison A. Williams, Jr. | D | New Jersey | |
| 22. Edward M. Kennedy | D | Massachusetts | |
| 23. Walter F. Mondale | D | Minnesota | |
| 24. Alan Cranston | D | California | |
| 25. Bob Packwood | R | Oregon | |
| 26. Peter H. Dominick | R | Colorado | |
| 27. Richard H. Schweiker | R | Pennsylvania | |

the House and the Senate had laid aside specific objections to the legislation, that was reported, due to assurances that a subsequent conference would resolve their reservations. The conference report, that evolved, reflected the substitution process that is characteristic of conference activity. In order to appreciate the impact of each legislative body on the other, one should note the House and Senate provisions which were accepted by the Committee of Conference and the compromises which the conference managers made themselves.

The provisions of H.R.12089 which were accepted by the conference managers are presented in Table 13. Provisions of the Senate bill S.2097 which were agreeable to the conference managers are listed in Table 14. In total, there were 11 House provisions and 9 Senate provisions.

In addition to the House and Senate provisions, which were drafted into the conference report, there were other areas where the conference managers made direct compromises. One area in which significant compromises were made was appropriations. Compromises dealing with appropriations are detailed in Table 15.

Another area of compromise among the Committee of Conference concerned the personnel policies of federal employers. Prior to the conference, both the House and the Senate had demanded that the Civil Service establish policies to deal with employees of the Federal Government who had drug abuse problems. In order to preserve the principle of treating drug abuse as a medical problem and to insure a uniform policy, the Committee of Conference decided that drug abuse would be handled in the same manner as alcohol abuse under "Section 201 of the Alcohol and Alcohol Abuse Prevention

TABLE 13

HOUSE PROVISIONS

Accepted by the Committee of Conference
(H.R.12089)

1. The House provided for the definition of drug abuse prevention functions and drug traffic prevention functions and defined the relationship of such functions to Federal Programs.
2. The House provided for the continuous scrutiny of the Office by Congress.
3. The House provided for the creation of a National Advisory Council to advise the President directly on drug abuse.
4. The House mandated that the Director of the Office would improve upon the methods being used to measure the scope of drug abuse in the United States.
5. The House mandated that the Director of the Office would encourage research on chemical agents which would reverse the effects of drug addiction in the body.
6. The House provided that the Public Health Service would assume drug abuse treatment and rehabilitation functions at Public Health Service facilities and would provide treatment to all individuals.
7. The House mandated that state plans would include procedures for licensing programs which would provide drug abuse treatment and rehabilitation.
8. The House mandated that appropriation requests, which involved drug abuse prevention, be made on a "line item basis".
9. The House provided for additional funds for special projects.
10. The House provided for the establishment of a National Drug Abuse Training Center.
11. The House provided for liaison between governmental agencies.

TABLE 14

SENATE PROVISIONS

Accepted by the Committee of Conference (S.2097)

1. The Senate provided for a National Drug Abuse Strategy.
2. The Senate provided regulations on the classification of drugs.
3. The Senate mandated that the Secretary of Health, Education and Welfare make regular reports on the progress against drug abuse.
4. The Senate provided for grants and contracts within special programs for drug abuse prevention.
5. The Senate provided for the creation of a National Advisory Council on Drug Abuse to advise the Secretary of Health, Education and Welfare.
6. The Senate provided that the medical records of those being treated for drug addiction be kept confidential.
7. The Senate provided for a National Institute on Drug Abuse.
8. The Senate provided additional drug abuse responsibilities for the Secretary of Health, Education and Welfare.
9. The Senate provided for the scope of the Federal effort in the drug abuse prevention field.

TABLE 15

CONFERENCE COMPROMISES ON APPROPRIATIONS

1. House conferees had requested 295 million for pharmacological research, the National Drug Abuse Training Center, Community Mental Health Centers, and Special Projects. The Committee of Conference settled for 245 million.
2. The Committee of Conference reduced the request of House conferees for 120 million for Community Mental Health Centers to 60 million. However, the Committee of Conference added five million to the House request for ten million for the National Drug Abuse Training Center.
3. Senate conferees had requested one billion and seven hundred twenty-seven million for the Office's operating funds, a special fund for the Office, formula grants for the states, and grants and contracts for special programs. The Committee of Conference settled on 638 million. The Committee designated 38 million for the Director of the Office, 120 million for a special fund, 130 million for formula grants, and 350 million for grants and contracts for special programs. (It should be noted that the House had originally asked for 25 million for the Director, 80 million for a special fund, and 31 million for formula grants.)

Source:

U.S. Congress, House Committee of Conference Drug Abuse Office and Treatment Act of 1972, Conference Report, H.R. 92-920 to accompany S.2097, 92d, 2nd Sess., 1972.

and Treatment Act of 1970".

A third area of compromise among House and Senate conferees, related to reorganization proposals. The Senate bill had given the President unlimited reorganization authority with regard to drug abuse. In the House, a similar provision was made, but then deleted by a Staggers' Amendment in response to Representative Holifield. Mr. Holifield had suggested that the proposed new reorganization authority might pose an indirect amendment of the Reorganization Act of 1949. The Committee of Conference agreed to honor the Staggers Amendment.

The question of the proper relationship between the Department of Defense, the Veterans Administration, and the Office became the subject of yet another compromise. The Senate bill had called upon the Director of the Office to coordinate all drug abuse programs. However, some individuals were concerned that the Office might unduly interfere with established programs and operations of the Veterans Administration, and the Department of Defense. The Committee of Conference rectified this situation by stating that "the authority of the Director shall not be construed to limit the authority of the Secretary of Defense with respect to the operation of the Armed Forces or the authority of the Administrator of Veterans Affairs with respect to furnishing health care to veterans, except with respect to overall policies established by the Director relating to the conduct of drug abuse prevention functions".⁴³

In an attempt to appease those individuals who feared that the Office might employ the slogan of drug abuse prevention to interfere with established programs, the Committee of Conference made

the following resolution. The conference report stated that:

The conferees reaffirm the intention of this legislation that the Special Action Office concentrate its efforts on interagency coordination and policy development. It must not attempt to manage or intervene in the routine operation of programs conducted by the departments and agencies. Such action would be contrary to the express purpose of the bill and would waste the resources of the office.⁴⁴

The Committee of Conference did not want the authority given to the Office to be misconstrued.

The question of the role of Community Mental Health Centers in combating drug abuse was the center of another House-Senate compromise. The House Bill had been adamant that Community Mental Health Centers would provide drug abuse treatment and rehabilitation to individuals where a need was demonstrated. The Senate Bill had provided for the amendment of the Community Mental Health Centers Act to permit some services for drug abuses through grants to existing programs. In order to satisfy proponents of active participation by Community Mental Health Centers the conferees decided to amend the situation by absorbing both the House and the Senate provisions.

The matter of services for veterans with drug problems was the focal point of a lively discussion amongst the House and Senate conferees. The Senate Bill had stated quite clearly that all drug dependent veterans would be entitled to receive aid regardless of the type of discharge that they received from the military. The House Bill did not deal with the drug abuse problems of veterans holding dishonorable discharges. In the end, the Committee of Conference decided not to deal with the matter. However the conference reported that:

The removal of this section of the bill by the conferees is based upon their assumption that separate legislation will be promptly enacted dealing with the problem of treatment and rehabilitation for veterans, and is done because of jurisdictional objections raised by the Veterans Affairs Committee of the House . . .

The final three compromises arranged by the House and Senate conferees dealt with presidential assignments, the Senate amendment concerning the Action Program, and the time frame of the final legislation. First, the Senate had requested that the Director of the Office be permitted to perform other assignments which the President might give him. The House bill had authorized "the President to designate the Director to represent the United States in discussions and negotiations relating to drug abuse prevention, drug traffic prevention, or both". The Committee of Conference accepted the language of the House bill and thus strictly regulated Presidential usage of the Director of the Office. Second, both Houses concurred with the deletion of the Senate sponsored amendment to the Economic Opportunity Act of 1964. The amendment which related to the Action Program had been attached as a rider to the Senate Bill and did not deal directly with drug abuse prevention. Third, the House Bill would have lasted through 1972, 1973 and 1974. The Senate proposal authorized programs through fiscal 1976. The Committee of Conference authorized programs through fiscal 1974 with a provision that the Office could be extended for an additional two years.

Following the completion of the work of the Committee of Conference, the conference report was transmitted back to the House and Senate, for their approval. On March 16, 1972, the conference report was debated and approved in the House and on

March 17, 1972, the Senate voiced its unanimous approval. As the floor debate and voting on the report of the Committee of Conference constituted the final event in the legislative history of the Office, the commentary in each body and the vote should be examined.

Debate on the conference report in the House was brief and to the point. The majority of the remarks were made by Mr. Staggers, who pointed out the details of the compromises which the Committee of Conference had contrived. There were no major objections to the conference report. When the question was finally taken on the Office, the vote was unanimous for the acceptance of the conference report. The actual vote was 366 for the measure with 65 Representatives not voting.⁴⁵ Of the 65 Representatives, who did not vote, 62 made general pairs. Only one live pair was recorded and that took place between Mr. Madden and Mrs. Heckler. Also of the 65 Representatives not voting on the conference report, 49 had previously voted yea on H.R. 12089. In addition, 31 Representatives, who had voted against H.R. 12089, voted yea on the conference report.

The Senate debated the report of the Committee of Conference on March 17, 1972. Mr. Hughes from the Committee on Labor and Public Welfare described the compromise bill S. 2097 in detail. Again, there was no great opposition to the report of the Committee of Conference. Following a brief discussion, the Senate voted 63-0 to approve the actions that the Committee of Conference had taken.⁴⁶ Of the 37 Senators, who were absent when the vote was taken, 6 Senators made it known for the record that they would have voted yea if they had been present.

With the approval of the report of the Committee of Conference by the House and the Senate nearly nine months of congressional activity in the area of drug abuse prevention came to a conclusion. The Drug Abuse Office and Treatment Act was now sent to President Nixon for his signature which came shortly thereafter. In sum, the report of the Committee of Conference reflected an attempt by the House and the Senate to balance the provisions contained in H.R.12089 and S.2097. The major provisions of each bill were included in the compromise measure which evolved. The compromises that were made did not entail the deletion or addition of any major program and thus served to cement the acceptance of the conference substitute.

CHAPTER VI: CONCLUSION

Congress declined to provide the Drug Abuse Office with the kind of substance that would have given the Office meaningful power, for essentially two reasons. First, the House and the Senate did not accept the Nixon rationality that a new executive office with extraordinary powers and privileges was necessary to solve the national drug problem. Secondly, the House and the Senate came to the conclusion that the national drug problem would require a long term solution. Therefore, the Legislative Branch decided upon a cautious approach which would permit time for additional research and ultimately the establishment of a more permanent drug abuse prevention program. In this context, the Drug Abuse Office and Treatment Act was seen as providing the tools that would be necessary to arrest drug abuse for a while. The House and the Senate were against expending large sums of money and granting unusual emergency powers when the evidence before them was inconclusive. The Drug Abuse Office and Treatment Act was what the House and the Senate believed to be a turn down the right road.

In terms of presidential-congressional relations, this Act may provide some lessons for the future. The Congress demonstrated its dislike of enhancing the power of the Presidency in providing for a Drug Abuse Office of smaller stature. In each instance where President Nixon's power would have been increased, the Congress acted to nullify the possibility. On the other hand,

In providing for the Office, both Houses of Congress exuded a new self assurance in dealing with the President. Congress showed initiative in slicing through Nixonian rhetoric, reaffirming Congressional prerogatives regarding the Executive Branch, and acting decisively in face of a national dilemma of untold proportions. The Congress signaled that it would not recognize the Nixon Administration as the sole expert on drug abuse in America. In still another light, the House and the Senate made it known that they were opposed to the usurpation of responsibilities delegated by Congress to Departments by the Executive Office of the President. While not conclusive, congressional reaction to the Nixon proposal may be indicative of a new trend exemplified by an aggressive Congress dominating the Executive or at least a more balanced relationship between the President and the Legislative Branch than in previous years.

In sum, this study has provided an in depth analysis of a low key institutional conflict in the early 1970's. Ideally, it has contributed to a better understanding of the making of national drug abuse prevention legislation and executive-congressional aspirations with regard to such endeavors then, and perhaps for the future.

FOOTNOTES

¹Dana Adams Schmidt, "Addiction in Vietnam Spurs Nixon and Congress to Take Drastic New Steps", New York Times, 17 June 1971, p.1.

²U.S., Congress, Senate, "Highlights of Nixon Administration in the Drug Field", 92d. Cong., 1st. sess., 2 December 1971, Congressional Record. 117: 20210

³"Moving On Drugs Nationally", New York Times, 17 June 1971, p. 40

⁴U.S., Congress, Senate, Committee on Labor and Public Welfare, Drug Dependence-Extent of Problem and Treatment Modalities, Hearings before the Subcommittee on Alcoholism and Narcotics on the Nation's Drug Dependency Epidemic, 92d. Cong., 1st. sess., 5,6,7 May 1971, pp.1-270

⁵See Weekly Compilation of Presidential Documents, vol. 7, no. 24, 21 June 1971, Office of the Federal Register, National Archives and Records Service, General Services Administration, Washington, D.C., pp. 931-942 for the text of Mr. Nixon's message on drug abuse, the draft bill, and the executive order establishing the Office.

⁶U.S. Congress, Senate, Senator Percy speaking for the Special Action Office for Drug Abuse Prevention Act, 92d. Cong., 1st. sess., 18 June 1971, Congressional Record 116: 9395

⁷See Appendix IV for correspondence from Mary Ellen Miller; Counsel, Subcommittee on Alcoholism and Narcotics, with regard to Senator Hughes' views on why consideration of S.2097 was divided between the Committee on Government on Labor and Public Welfare.

⁸Felix Belair Jr. "Drug Aide Here. Terms Nixon Program Too Little", New York Times, 9 July 1971, p.10.

⁹U.S. Congress, Senate, Committee on Government Operations, Drug Abuse Prevention and Control, Hearings before the Subcommittee on Executive Reorganization and Government Research and the Subcommittee on Intergovernmental Relations on S.1945 and S.2097, 92nd Cong., 1st sess. 7 July 1971, p. 64

¹⁰Ibid., p. 302

¹¹Ibid., p. 297

¹²"Alioto Proposes Wide Drug Drive - Asks U.S. to Give 1 Billion for Treatment Program", New York Times, 3 August 1971, p. 23

¹³See U.S. Congress, Senate Committee on Government Operations, Drug Abuse Office and Treatment Act of 1971, S.Rept. 92-486 to accompany S.2097, 92d. Cong., 1st sess., 17 November 1971 for the text of Mr. Ribicoff's remarks

¹⁴Ibid., P. 12

¹⁵Ibid., P. 9

¹⁶Ibid., P. 16

¹⁷Ibid., P. 19

¹⁸See U.S. Congress, Senate, Committee on Labor and Public Welfare, Drug Abuse Office and Treatment Act of 1971, S.Rept. 92-509 to accompany S.2097, 92d. Cong. 1st sess., 24 November 1971 for the text of Mr. Hughes remarks

¹⁹Ibid., p. 19

²⁰U.S. Congress, Senate, Drug Abuse Office and Treatment Act of 1971, 92d Cong. 1st sess., 2 December 1971, Congressional Record 117:20206

²¹Ibid., 117: 20206

²²Ibid., 117: 20206

²³Ibid., 117: 20230

²⁴Ibid., 117: 20236

²⁵Ibid., 117: 20236

²⁶Ibid., 117: 20251

²⁷ U.S. Congress, House, Committee on Interstate and Foreign Commerce, Special Action Office for Drug Abuse Prevention, Hearings before the Subcommittee on Public Health and Environment on H.R. 9264 and H.R. 9059, Parts I-IV, 92d. Cong. 1st Sess. 23 July 1971, p. 806

²⁸ U.S. Congress, House, Special Action for Drug Abuse Prevention, 92d Cong., 2nd Sess., 3 February 1972, Congressional Record 118:680

²⁹ Ibid., 118: 688

³⁰ Ibid., 118: 703

³¹ Ibid., 118: 703

³² Ibid., 118: 705

³³ Ibid., 118: 706

³⁴ Ibid., 118: 706

³⁵ Ibid., 118: 707

³⁶ Ibid., 118: 709

³⁷ Ibid., 118: 711

³⁸ "Excerpts from President Nixon's Budget Message as Presented to Congress", New York Times, 25 January 1972, p. 17

³⁹ Weekly Compilation of Presidential Documents, vol. 8, no. 5, 3 February 1972, p.145

⁴⁰ "White House Defending Record . . .", New York Times, 16 February 1972, p. 22

⁴¹ James M. Markham, "U.S. Outlines Aim In Anti-drug Fight", New York Times, 7 March 1972, p. 43

⁴² "Nixon Seeks 42.5 Million for Narcotics War", Wall Street Journal, 15 March 1972, p. 27

⁴³ U.S. Congress, House, Drug Abuse Office and Treatment Act of 1972, H.R. Rept. 92-920, Conference Report to accompany S.2097, 92d. Cong., 2d. sess., 15 March 1972, p. 26

⁴⁴ Ibid., p. 27

APPENDIX I

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the J.S.C.

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Addicts Rehabilitation Center, New York City, Rev. James Allen, director.

American Legion:

Lynch, Robert E., deputy director, Veterans' Affairs and Rehabilitation Commission.

Wertz, Terrell M., assistant director, legislative division.

American Medical Association:

Palmer, Dr. Richard E., member, board of directors.

Peterson, Harry N., director, legislative department.

SeEVERS, Dr. Maurice H., member, committee on alcoholism and drug dependence.

Committee for Effective Drug Abuse Legislation, Neil L. Chayet, counsel.

Defense Department:

Carney, Brig. Gen. Robert B., Jr., Deputy Assistant Chief of Staff G-1, Headquarters, USMC.

Hayes, Brig. Gen. George J., Principal Deputy Assistant Secretary of Defense for Health and Environment.

Kester, John G., Deputy Assistant Secretary of the Army, Manpower and Reserve Affairs.

Rauch, Rear Adm. Charles F., Jr., Executive Director, Drug Abuse Advisory Council, Department of the Navy.

Roberts, Brig. Gen. John W., Deputy Director, Personnel Planning, DSC/Personnel Headquarters, USAF.

Taber, Lt. Gen. Robert C., Principal Deputy Assistant Secretary of Defense for Manpower and Reserve Affairs, Office of the Secretary.

Williams, Maj. Cecil W., USAF, legislative attorney, Office of Legislative Liaison.

Executive Office of the President:

Carlucci, Hon. Frank, Director, Office of Economic Opportunity.

Cooper, Dr. Leon, Director, Comprehensive Health Program, Office of Economic Opportunity.

Jaffe, Dr. Jerome H., Special Consultant to the President for Narcotics and Dangerous Drugs.

ORGANIZATIONS REPRESENTED AT THE HEARINGS--Continued

Executive Office of the President--Continued

Konopka, Arthur F., Acting General Counsel to the Special Consultant to the President for Narcotics and Dangerous Drugs.

Perito, Paul L., General Counsel and Assistant Director, Special Action Office for Drug Abuse Prevention, Office of Special Consultant to the President for Narcotics and Dangerous Drugs.

Smith, Dr. Carl, Acting Director, Office of Health Affairs, Office of Economic Opportunity.

Weber, Arnold R., Associate Director, Office of Management and Budget.

Health, Education, and Welfare Department:

Besteman, Karst J., Deputy Director, Division of Narcotic Addiction and Drug Abuse, National Institute of Mental Health, National Institutes of Health.

Brown, Dr. Bertram S., Director, National Institute of Mental Health.

Duncan, Dr. Tommy, Clinical Research Center, Fort Worth, Tex., U.S. Public Health Service.

Edwards, Dr. Charles C., Administrator, Food and Drug Administration.

Gardner, Dr. Elmer H., Division of Neuropharmacological Drugs, Food and Drug Administration.

Hutt, Peter, General Counsel, Food and Drug Administration.

Kurzman, Stephen, Assistant Secretary for Legislation.

Lacovara, Dr. Dominick, Director, Clinical Research Center, Fort Worth, Tex., U.S. Public Health Service.

Lawrence, James, Executive Officer, National Institute of Mental Health, National Institutes of Health, Public Health Service.

Richardson, Hon. Elliot L., Secretary.

Wilson, Dr. Vernon E., Administrator, Health Services and Mental Health Administration.

Zapp, Dr. John S., Deputy Assistant Secretary for Legislation (Health).

Justice Department:

Burrows, Carl, Assistant Commissioner for Investigation, Immigration and Naturalization Service.

Carlson, Norman A., Director, Bureau of Prisons.

Coppock, Donald R., Deputy Associate Commissioner for Domestic Control, Immigration and Naturalization Service.

Farkas, Gerald M., Executive Assistant to Director, Bureau of Prisons.

Garfield, Frederick, Assistant Director for Scientific Support, Bureau of Narcotics and Dangerous Drugs.

Greene, James F., Associate Commissioner for Operations, Immigration and Naturalization Service.

Heaney, Richard, Deputy Director, Bureau of Prisons.

Ingersoll, John E., Director, Bureau of Narcotics and Dangerous Drugs.

Levinson, Dr. Robert B., Mental Health Coordinator, Bureau of Prisons.

Maloney, Andrew J., Chief, Narcotics and Racketeering Unit, Southern District of New York.

Miller, Donald, Chief Counsel, Bureau of Narcotics and Dangerous Drugs.

Seymour, Whitney North, Jr., U.S. Attorney, Southern District of New York.

Kemper Insurance Group, Lewis F. Presnall, director of rehabilitation; and manager, Corporate Alcoholism and Other Behavioral Problems Department, National Loss Control Service Corp. (NATLSCO).

Louisiana Narcotics Rehabilitation Commission:

Alderette, Edward, executive director.

Scignar, Dr. Chester, chairman.

Swanson, Dr. William C., member.

Malcolm Bliss Community Mental Health Center:

Buis, Jon, NARA aftercare counselor.

Davis, Mike.

Missouri Division of Mental Health:

Knowles, Dr. Raymond R., program director, narcotic addiction treatment program, and chief, alcoholic and drug abuse program.

Muse, Alvin.

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ORGANIZATIONS REPRESENTED AT THE HEARINGS—Continued

- Narcotic addict rehabilitation agency program, Tulane University:
Clark, June, drug addiction research team.
Cohen, Dr. Gary, head.
Goldsmith, Bernard, systems analyst, drug abuse team.
Heath, Dr. Robert G., head, department of social psychiatry.
- Narcotic Service Council (NASCO)—St. Louis:
Harvey, William M., Ph. D., director of psychological services.
Mitchell, Don, director.
- National Council of Community Mental Health Centers:
Levin, Gilbert, Ph. D.
Morris, Jonas V., executive director.
- National Loss Control Service Corp. (NATLSCO), Lewis F. Presnall, manager, corporate alcoholism and other behavioral problems department; and director of rehabilitation, Kemper Insurance Group.
- New Orleans, La.:
Landrieu, Hon. Moon, mayor.
Thompson, Dr. Doris, director, city health department.
- New York City:
Finney, Graham S., commissioner, addiction services agency.
Lacey, Miss Diane, mayor's office.
Lindsay, Hon. John V., mayor.
- New York State Narcotic Addiction Control Commission:
Chambers, Dr. Carl.
Hesse, Ray.
Jones, Howard, chairman.
- Parents Foundation Against Drug Abuse:
Rembish, Mrs. Helen.
Tarantino, Mrs. Mary.
- Pharmaceutical Manufacturers Association:
Adams, Dr. John G., vice president for scientific and professional relations.
Brennan, Bruce J., vice president and general counsel.
Cavallito, Dr. Chester J., executive vice president, Ayerst Laboratories.
Gadsden, Henry W., chairman, board of directors.
Stetler, C. Joseph, president.
- Richmond Regional Planning District Commission, M. Miles Matthews, director, council on drug abuse control (CODAC).
- Rubicon, Inc., Richmond, Va., Edmund Menken, project director.
- Smith Kline & French Laboratories, Thomas M. Rauch, chairman of the board and president.
- State Department, Nelson Gross, Senior Adviser to the Secretary of State and Coordinator for International Narcotics Matters.
- Treasury Department, Eugene T. Rossides, Assistant Secretary (Enforcement, Tariff and Trade Affairs, and Operations).
- Veterans' Administration:
Bronaugh, A. T., Associate General Counsel.
Johnson, Donald E., Administrator of Veterans' Affairs.
Kaim, Dr. Samuel, Director, Alcohol and Drug Dependence Service.
Lee, Dr. Lyndon, Assistant Chief Medical Director for Professional Services.
Musser, Dr. Marc J., Chief Medical Director.
Peckarsky, J. C., Deputy Chief Benefits Director.
- Virginia Commonwealth University, Richmond, Va.:
Brandt, Dr. Warren W., president.
Bright, Dr. George M., director, Adolescent Medicine Medical College of Virginia.
Harrison, Willard I., M. Sc., director, department of pharmacy services, and project director, methadone treatment program, Medical College of Virginia.
Mathis, Dr. James, professor of psychiatry, Medical College of Virginia.
- Virginia Council on Narcotics and Drug Abuse Control, F. John Kelly, executive director.

APPENDIX IV

. Correspondence

HARRISON A. WILLIAMS, JR., N.J., CHAIRMAN
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ROBERT E. NAGLE, GENERAL COUNSEL

United States Senate

COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. 20510

January 7, 1975

Mr. John D. Adriance
113 Amity Street
Spencerport, New York
14559

Dear Mr. Adriance:

Senator Hughes did not have an opportunity to answer your letter before his Senate term expired last week. He has asked me to respond to your question concerning the reasons for dividing consideration of S.2097 between the Committee on Government Operations and the Committee on Labor and Public Welfare.

S.2097 was introduced by Senator Percy primarily for the purpose of providing a legislative foundation for the President's Special Action Office for Drug Abuse Prevention, which had been created early in 1971 by Executive Order of the President. It was referred to the Committee on Government Operations because that Committee has jurisdiction over bills which entail the creation or reorganization of agencies within the Executive Branch. However, the Government Operations Committee did not claim expertise in the area of drug abuse, while the Labor and Public Welfare Committee's Subcommittee on Alcoholism and Narcotics had already acquired much information on this subject and had worked on bills providing for prevention and treatment activities.

It seemed sensible for the two Committees to combine their skills and knowledge and design a bill that would provide for a more comprehensive approach than S.2097 as originally introduced would have done. Therefore, they agreed that when the Government Operations Committee completed its work on the bill, it would then be re-referred to the Labor and Public Welfare Committee. In its final form the first three titles of Public Law 92-255 were the work of the Government Operations Committee and the last two were added by the Labor and Public Welfare Committee. However, the staffs

Mr. John D. Adriance
January 7, 1975
Page 2

of the two Committees worked closely together throughout, with each side having an influence on the language of all titles, so that responsibility for the final version could not be clearly divided between the two Committees.

I hope this explanation answers your question adequately.

Very truly yours,

Mary Ellen Miller

Mary Ellen Miller
Counsel, Subcommittee on
Alcoholism and Narcotics

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CHIEF COUNSEL AND STAFF DIRECTOR

United States Senate

COMMITTEE ON
GOVERNMENT OPERATIONS
WASHINGTON, D.C. 20510

March 25, 1975

Mr. John D. Adriance
113 Amity Street
Spencerport, New York 14559

Dear Mr. Adriance:

Thank you for your recent letters requesting more information about the legislative history of the Drug Abuse Office and Treatment Act of 1972.

I will attempt to answer the questions you pose in your most recent letters.

First, the bill was referred to both Government Operations and Labor and Public Welfare since in its operation it would have established a program that falls directly within the purview of Labor and Public Welfare. It was referred to Government Operations because it both created a new executive agency and authorized a reorganization of the federal agencies dealing with drug abuse. It was referred to the Committee on Labor and Public Welfare because the program it authorized fell within the jurisdiction of that committee.

Second, the bill was referred to both the Reorganization Subcommittee and the Intergovernmental Relations Subcommittee because it involved the reorganization of executive branch agencies and the direct cooperation of State and local governments. Therefore, both these subcommittees had a direct interest in the development of the legislation.

Mr. John D. Adriance
March 25, 1975
Page Two

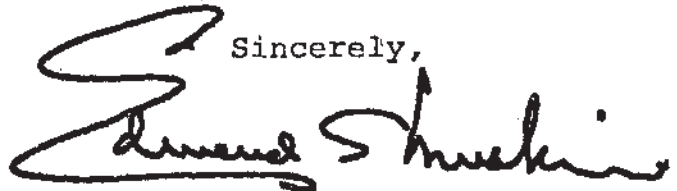
Third, as you will recall, I was the principal sponsor of S. 1945 as well as a cosponsor of S. 2097 and S. 2217. I cosponsored S. 2097, the Administration's bill, because although I thought it was not comprehensive enough, I believed strongly that we needed a central office to coordinate the anti-drug abuse effort. S. 2217, the Hughes-Muskie bill, was the most comprehensive of the three bills. It combined the idea for a coordinating office in both S. 1945 and S. 2217 with the comprehensive treatment provisions which had passed the Senate in the previous Congress. As you know, the bill that finally passed Congress was closer to S. 2217 than any of the others.

Fourth, S. 1945 was inspired by the need to have a single office to coordinate all of the anti-drug abuse programs in the federal government. The powers of the office that bill would have established were much greater than the powers of the Intergovernmental Coordinating Counsel on Drug Abuse and Drug Dependents which would have been established under Title IX of S. 3562 (the Hughes bill in the 91st Congress).

I trust that this information is helpful to you. If I may be of further assistance to you in this matter, please write again.

With best wishes,

Sincerely,

A handwritten signature in cursive script, reading "Edmund S. Muskie". The signature is written in dark ink and is positioned below the word "Sincerely,".

Edmund S. Muskie

4. HUMPHREY, MINN., CHAIRMAN
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4 R. STARK,
EXECUTIVE DIRECTOR

Congress of the United States

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March 13, 1975

Mr. John D. Adriance
113 Amity Street
Spencerport, New York 14559

Dear Mr. Adriance:

Thank you for your letter regarding the Drug Abuse Office and Treatment Act of 1972.

I very much regret that the press of Senate business does not permit the time to research the legislative situation in 1972 on this important matter in order to respond to your specific questions.

The bills which I introduced in June 1971, (S.2146 - to utilize community mental health centers and Public Health Service facilities for drug addiction treatment; and S.2155 - to coordinate Federal programs on drug abuse treatment, education, rehabilitation, and law enforcement, through establishing a Drug Care and Control Authority), reflected two basic concerns over appropriate Federal responses to the reportedly extensive problem of drug abuse at that time.

First, I felt the Federal response must be quickly implemented, using treatment and rehabilitation facilities already in place and readily accessible.

Second, I was concerned that the Federal response should be both coordinated and comprehensive -- recognizing that education, treatment, rehabilitation, and further research are at least of equal importance with effective enforcement to control drug abuse, and that uncoordinated enforcement efforts can be seriously counter-productive.

I am unable to provide guidance on the time frame of Congressional action. Legislation subsequently passed (S.2097, The Drug Abuse Office and Treatment Act) moved in the direction of establishing the comprehensive approach that I felt was required.

The basic legislation enacted -- The Drug Abuse Prevention and Control Act of 1970, and the Controlled Substances Act Extension of 1974 -- has placed a primary responsibility in the Drug Enforcement Administration (under a 1973 Executive reorganization) to control the accessibility of narcotics and dangerous drugs to traffickers and abusers throughout the United States. Effective and intelligent enforcement efforts are clearly necessary, but I continue to believe that a broad program, giving equal importance to education, research, treatment, and rehabilitation, needs to be given further emphasis.

Sincerely,

A handwritten signature in cursive script, appearing to read "Hubert H. Humphrey". The signature is written in dark ink and is positioned above the typed name.

Hubert H. Humphrey

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