4.

For use of this form, see AR 340-15; the proponent agency is The Adjutant General's Office

REFERENCE OR OFFICE SYMBOL	SUBJECT
MEDPS-CN	Senator Hughes' Request for Cost Information re "Operation Awareness" at Fort Bragg

TO	FROM	DATE	CMT 1
LTC William Holden DCSPER	Director, Professional Service	16 Sep 70 COLBaker/da/36260	

In response to a request for assistance as required from DCSPER concerning Senator Hughes' proposal to financially support "Operation Awareness" at Fort Bragg, The Surgeon General submits the following essential input:

(a) Provide background information on "Operation Awareness" to include statistics attesting to its success.

The program proposes a clemency, for purpose of necessary treatment and rehabilitation, in the case of military members addicted to narcotics. The soldier is hospitalized, intensive medical treatment is given to accomplish withdrawal from the drug dependency state. Following this the patient is started on a highly structural social and psychological rehabilitation, which employs the techniques of operant conditioning, with both positive and negative feedback actions by the staff assigned to the program. The goals of this phase of programming are to accomplish effective medical and social education on drug abuse and to return the patient to his family and community roles, by successful discharge from hospital to an aftercare program which will include scheduled and regular group meetings with other such patients.

Phone conversation with Dr. Crews, medical director of Operation Awareness, within the week reveals that there are presently only twelve patients apparently effectively committed to the program; that three of these are expected to graduate within the month; that some thirty former members of the program have "dropped out" short of graduation; and that there is a waiting list of twelve applicants who will be taken into the program as soon as facilities are available; and that the waiting list exists because of the shortage of facilities.

The above statistics could be interpreted to reflect unfavorably upon the program. However, Dr. Crews states realistically that Operation Awareness is a pilot program and should be regarded in this light. For instance, the large number of dropouts is felt by Dr. Crews to be primarily a reflection of the "wrinkles" in the earliest phases of the program. The program exists to deal with difficult and conflicted people, and it is therefore expected that in its initial stages there may be a higher percentage of failures. More important is the fact that Dr. Crews and his staff have been learning from these failures as well and have both modified and tightened up the program to such a degree that the dropout rate can be expected to decrease in the near future.

"Operation Awareness" is devoted primarily to the hard core drug abusers, as distinct from the more common experimenter or marijuana user.* This fact, in addition to the manifold difficulties inherent in the rehabilitation of hard core

* but see next page.

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drug abuse, makes the "cost/effectiveness" of "Operation Awareness" seem poor. Nonetheless, the same reflection pertains to other similarly directed civilian and federal programs, such as the program at Lexington, Kentucky.

In summary, it is therefore the opinion of The Surgeon General that Operation Awareness is a pilot program, and that its success cannot be scientifically concluded ~~ducted~~ without its continued existence for a substantial period of time in combination with a research design which will provide follow-up study of treated troops, as well as indices of changing drug abuse incidence at Fort Bragg.

(b) Establish an Army position regarding its acceptance and proliferation to other commands/agencies.

Operation Awareness is a locally developed program of somewhat experimental design, and is accepted as such. The proliferation of the program to other commands should not be accomplished until such time as sufficient studies and analyses indicate it to be the most successful model. This will require the continued existence of Operation Awareness for at least another year, as well as continuing support for other programs in other Army areas.

Operation Awareness was initiated as a clinical program, to fill a need with little attention to the research parameters. To accurately evaluate the success of the Operation, it ~~a~~my be necessary to redesign and even limit some of the program. Already, for instance, Operation Awareness has become a multifaceted community-oriented program, expanding from an initial format of acute treatment services to include "rap sessions" between patients and non-patients. Recently the establishment of a non-drug coffee house in the community was realized. Should the incidence of drug abuse decrease at Fort Bragg over the next year, it will be difficult, without an attempt at research controls of the program, to measure whether such a decrease is the result of the hospital treatment program itself, or the group sessions alone, or the content-oriented resocialization program of the coffee house, or a combination of these variables operating together, or even some other factor.

The decision as to how the Army can best proceed in the prevention and treatment of drug abuse should be based upon not only research of the Fort Bragg program but also extensive research of other programs. The Surgeon General is monitoring a number of programs in drug abuse prevention and treatment which are somewhat different from those incorporated into the Fort Bragg program and are similarly unproven. While these techniques in some ways are less traditional than those of Operation Awareness, their cost/effectiveness may be considerably better. A number of these programs are directly sponsored by the National Institutes of Mental Health and several are ongoing within the Army community. Even though Operation Awareness should prove to be successful in reducing drug abuse, The Surgeon General would have some reservations about expanding it to other posts without researching these

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other programs which might prove to be even more effective.

It is therefore proposed that a sizeable and comprehensive research effort is necessary by the Army for the purpose of evaluating the several models of drug abuse prevention and treatment programs. Many indices must be measured at a number of posts to include not only confidential survey rates of drug usage, drug abuse apprehensions and drug abuse convictions, but also AWOL rates, courtmartials, administrative separations, Article 15's, racial incidents, and mental illness incidence figures in general. The indices from the various posts may then be compared with each other and with the current non-Army programs.

Upon completion of this proposed project the Army would then, and only then, be in a position to wisely determine what the Army-wide program of drug abuse prevention and treatment should be.

(c) Provide a proposed statement of the official Army drug rehabilitation policy.

Such is provided in the forthcoming AR which has been developed with The Surgeon General's concurrence.

It is the opinion of The Surgeon General that any active duty drug abuser who genuinely desires to be rehabilitated should be afforded that opportunity at least once but not necessarily more often within the military system.

Army health professionals will determine whether an applicant's motivation for rehabilitation is constructive or not. From experience it has been learned that a large number of applicants for rehabilitation are not strongly motivated, but rather are attempting to manipulate the system to their advantage for reasons other than rehabilitation. Accepting uncommitted applicants hinders the rehabilitation of those who are motivated.

Rehabilitation must be defined in terms of locally available facilities, since the treatment as close as possible to family and duty post protects important values for such patients.

The first attempt at rehabilitation will not be successful for many. Mental health personnel may recommend another trial of rehabilitation. The deciding factor will be a constructive motivation. Those who fail and whose failure is determined to reflect poor motivation will not receive further offers of rehabilitation in the immediate future and will not be immune from subsequent prosecutions. If separation from the Service is indicated, it will ordinarily be through administrative channels since such individuals are usually mentally and legally responsible for their behavior, including their abuse of drugs.

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(d) Include the cost by appropriation of continuing "Operation Awareness" at Fort Bragg through the remainder of FY 71.

This is a matter for the determination of the Comptroller.

This office must point out that most of requirement for Operation Awareness, or for any other rehabilitation program, is not equipment but mental health personnel. In several ways, therefore, it would be far more appropriate to talk in terms of spaces rather than dollars.

Furthermore, for a number of cogent reasons, it is preferable that the persons who administer Operation Awareness, or other rehabilitation programs within the military be military rather than civilian personnel. This makes it all the more imperative in terms of aughorized spaces rather than pure dollars.

Since the requirement has not yet been generated, The Surgeon General's Office has not worked out in detail the "cost" of an adequate comprehensive research program, such as that proposed in Section (b). Such a program would require a minimum of fifteen junior MSC officers and twenty-five 916 MOS enlisted personnel. Translated into ultimate dollars, the Psychiatry Consultant's Office estimates the annual cost of the proposed program to be somewhere between $500,000 and $700,000 dollars, with a two to three year necessary duration.

(e) Establish a position as to whether we should accept Senator Hughes' proposal to support a supplemental bill for the additional money.

In the opinion of this office, the Army should accept Senator Hughes' support in this area but it is imperative that efforts be made to enlarge the scope of the Senator's concern from solely the Fort Bragg program to the research study and operational support of the number of relevant programs currently being carried out.

The rationale for enlarging the scope of the Senator's concern is substantial. While continuing the Fort Gragg program alone would be of benefit to the hard core users treated by the program, and to the whole Fort Bragg community through fallout advantages, it would not help the Army or the nation to determine the overall direction it should move against in the drug abuse problem. On the other hand, a research program measuring the various techniques at different posts, including Fort Bragg, and in a number of civilian communities, would provide the Army and the nation with useful answers to the question. Furthermore, the Army, by virtue of the fact that it does have separate but similar posts or communities under federal control, is a desirable place to conduct such research. It would be infinitely more difficult to conduct this research in different civilian communities because of vague and overlapping boundaries in health services. The results of the Army experiment could be easily generalized to the civilian community.

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MEDPS-CN 16 September 1970
SUBJECT: Senator Hughes' request for Cost Information on "Operation Awareness"

The rationale for accepting an additional Congressional appropriation for drug abuse research prevention and treatment is that such an additional appropriation is necessary. The Army is largely a single mission organization and is funded accordingly. Despite Congressional criticism, it is encouraging to note what has been accomplished by the Army in the field of programming against drug abuse, since only existing resources and personnel have been available for use to combat the problem. Accepting Senator Hughes' support is entirely appropriate. It would be unrealistic to expect the Army to attack problems affecting the larger community even more pervasively without being given the resources to perform that task.

FOR THE DIRECTOR, PROFESSIONAL SERVICE:

Irvin C. Plough

2 Incl
1. Ref. Slip #53546
2. Memo for Record
dtd 1 Sep 70

IRVIN C. PLOUGH
Colonel, MC
Deputy for Professional Service
Office of the Special Assistant to The
Surgeon General for Medical Corps Affairs

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5.

REPORT OF THE TASK GROUP CONVENED TO RECOMMEND APPROPRIATE REVISIONS TO DoD POLICY ON DRUG ABUSE

24 JULY 1970

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REPORT OF THE TASK GROUP CONVENED TO RECOMMEND APPROPRIATE REVISIONS TO DoD POLICY ON DRUG ABUSE

The Task Group appointed by Assistant Secretary of Defense (M&RA) Roger T. Kelley, to recommend appropriate revisions in DoD policy (see Tab 1) on drug abuse met on Tuesday, May 12, 1970, and began its deliberations. Subsequently, it formed into six subcommittees with each subcommittee headed by a member of the Task Group and supplemented by members of the DoD Drug Abuse Control Committee. (See Tab 2 for membership of Task Group. See Tab 3 for membership of subcommittees.)

The Task Group and its subcommittees investigated all aspects of drug abuse, consulting appropriate Governmental Agencies, individual experts, and non-governmental groups. Policy on drug abuse as now set forth in DoD Directive 1300.11 and in Service implementing directives was analyzed in detail.

The Task Group found in general that Defense Department policy as set forth in DoD Directive 1300.11 needed updating because of recent trends in research, changes in social attitudes, and changes in governmental administration policy.

It is recommended that DoD Directive 1300.11 be revised to reflect policy changes recommended in this report.

It is further recommended that the DoD Drug Abuse Control Committee, a continuing body, and the central point of contact for all aspects

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of drug abuse problems and information, continue to explore new aspects of Drug Abuse Policy and that when further changes of Defense Department policy are indicated, the Task Group be re-convened to study and consider such changes.

CONCLUSIONS

As a result of its investigations and deliberations, the Task Group concluded that:

1. There is a serious and growing problem of drug abuse in the United States.

2. This problem extends to the Armed Forces, DoD civilian employees, and to dependents of both.

3. Precise and comprehensive data as to the extent of the problem in the U. S. and in the Armed Forces does not exist, but sufficient data is available to permit the formulation of possible solutions to the problem.

4. There is no assured, complete solution to the problem.

5. The problems must be attacked within the Armed Services by mustering all possible forces and exerting strong efforts.

6. Every effort must be made to keep past or potential drug addicts, suppliers, or users as defined in this report from entering the Armed Services.

7. A carefully planned, universal educational effort must be

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expanded beyond past and present programs to cover all members of the Armed Forces including the Reserve Forces, DoD employees, and dependents at all periods of their lives and careers.

8. Where education fails and drug abuse occurs, the abusers must be dealt with quickly, firmly, and fairly, but with enlightened methods that assure that the best interests of the Government and the individual are served.

9. Where discipline fails, every reasonable effort subject to availability of resources must be made to rehabilitate those who might be of further use to the Armed Services. More serious cases should be considered for sufficient rehabilitation to permit them to re-enter society. A balance between the best interests of the government and the individual must be reached. Where rehabilitation within the Services' facilities is not possible, liaison with the Veterans Administration and State and local agencies must assure that those discharged as needing further treatment and rehabilitation are guided to those agencies.

10. The Discharge System now in effect in the Armed Forces represents a fair and proper method of categorizing service. Changes in it should not be made for the sole reason of allowing drug abusers to receive Veterans benefits. Changes in basic law should be sought to provide a solution to this problem.

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11. Research should continue in the Armed Forces and in all agencies of the Federal Government at a rapid pace in all areas of drug abuse and in manpower techniques to permit us to improve the screening, education, discipline, and rehabilitation of personnel and to allow faster, more positive detection and identification of narcotics and dangerous drugs.

The Task Group made a number of recommendations after reaching its conclusions. These recommendations are summarized immediately following.

A summary of the nature of the problem and a description of the six specific areas of interest explored in depth by the Task Group together with rationale and supporting data for recommendations made follows the summary of recommendations.

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SUMMARY OF RECOMMENDATIONS MADE BY THE TASK GROUP CONVENED TO RECOMMEND APPROPRIATE REVISIONS IN DoD POLICY ON DRUG ABUSE

It is recommended that:

1. DoD Directive 1300.11 be revised to reflect policy changes recommended in this report.

2. The DoD Drug Abuse Control Committee, a continuing body, and the central point of contact for all aspects of drug abuse and information, continue to explore new aspects of drug abuse policy and that when further changes of Department of Defense policy are indicated, the Task Group be reconvened to study such changes.

A. CATEGORIES OF DRUGS AND USERS

3. DoD policy directives should not attempt to list all Narcotics and Dangerous Drugs, but should refer to "those Narcotics and Dangerous Drugs as determined by the Attorney General of the United States."

4. Until definite results are available from National Institute of Mental Health studies on the nature of damage caused to human beings by marijuana use, for administrative purposes military persons be considered voluntarily incapacitated for duty for approximately 12 to 36 hours after the use of marijuana, unless otherwise determined by medical or other appropriate authorities that a different time frame should be used in a particular case.

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5. As a policy matter, in determining appropriate disciplinary actions, consideration should be given always to whether a military person experimenting with marijuana (see definitions following) was or was not incapacitated for duty, or was a drug user, addict, or supplier.

6. As a matter of policy, prior to imposition of disciplinary or administrative action, military persons using marijuana or other dangerous drugs, who fall within the category of "drug user" as defined hereafter, medical and psychiatric evaluation shall be made if possible.

7. Additional definitions should be adopted as standard within the Defense Department for Drug Abuse, Drug Experimenter, Drug User, and Drug Addict, Supplier, and Casual Supplier (see basic report).

8. Any military person having taken LSD should be scrutinized carefully, and special determination should be made as to what, if any, military duty he may be trusted to perform, with particular attention to any duty where the security of the nation or the safety of personnel or equipment is a prime factor.

B. SCREENING OF THOSE ENTERING MILITARY SERVICE

9. Research should be pursued vigorously to develop chemical, psychometric or other tests suitable for administering to those entering military service to indicate potential or past drug abusers.

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10. Careful consideration should be given to the possibility of decreasing the number of drug abusers taken into the Armed Services by quicker transition to an All-Volunteer Force.

11. It should be the policy of the Department of Defense that acceptance into military service be based on the "whole man" concept. Each registrant or applicant with a background of drug abuse should be carefully processed to determine the individual's physical and emotional capacity for useful military service. Enlistment and induction standards, including the granting of waivers thereto, should be established by each service.

12. Medical examiners at the Armed Forces Entrance and Examining Stations should, where an entrant has indicated on Form 89 drug or narcotic use, enter a written evaluation as to the individual's suitability for military service, considering the extent of the use of drugs, and should request the sponsoring recruiting service to review the individual's entire record and to make a recommendation as to whether psychiatric evaluation should be made.

C. EDUCATION AND INFORMATION

13. Basic instruction should be provided concerning the dangers of drug abuse during the initial period of training following entry into the Military Services.

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14. Continuing programs should be provided to augment basic instruction which will result in: (a) Attitudinal and behavioral improvements, (b) Character and moral development, and (c) The assumption of leadership responsibilities.

15. Refresher instruction should be presented at regular intervals.

16. All military personnel assigned overseas should be given additional instruction concerning the particular dangers of drug abuse in the areas to which they are to be assigned. Dependent personnel and DoD civilian personnel should be encouraged to take advantage of such instruction.

17. Reservists should receive periodic instruction, and knowledgeable, interested members of the reserve forces such as M. D.'s, educators, and sociologists should be used in developing military-civilian drug education programs.

18. All Medical Officers in the Armed Forces should have sufficient education in the area of drug abuse to enable them to perform diagnosis and treatment and to be able to provide medical advice to Commanding Officers, drug abusers, and Judge Advocates.

19. All Judge Advocates should be specifically informed and trained in the area of drug abuse.

20. All Chaplains should be sufficiently educated in the area of drug abuse to enable them to give moral advice and support to drug abusers, and to give advice to Military Commanders.

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D. DISCIPLINE AND DISCHARGE

21. Present policy with regard to disciplining drug abuse offenders should be continued.

22. A change to 38 US Code should be sought to permit treatment of drug abusers by the Veterans Administration discharged under less than honorable conditions.

23. At the discretion of the Service concerned, an amnesty program described hereafter should be given a trial. To encourage voluntary participation in this program, all members of the Armed Services should be informed that:

a. Medical assistance will be made available.

b. Action under the UCMJ may be suspended for the unauthorized use of drugs for a person who is sincere in seeking help to eliminate their drug dependence and voluntarily requests such assistance before being apprehended or detected.

c. If the degree or type of drug involvement precludes rehabilitation and restoration to full duty, a favorable type of administrative discharge will be considered.

d. In recognition of an individual's personal moral responsibility for his actions and their consequences, and in evidence of his sincerity, a grant of amnesty must stipulate the member's complete cooperation in his rehabilitation.

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Every member who voluntarily seeks help under the terms of this program should be given a psychiatric examination, if possible. In the event a psychiatrist is not available, a medical officer should make the evaluation and report required. The report of such evaluation should include the following:

a. Certification in the opinion of the psychiatrist (or medical officer) the individual is not suffering from a psychosis or other mental disorder of such magnitude as to require processing under medical procedures.

b. Any opinion that the person interviewed may be feigning drug abuse involvement to obtain early separation or to avoid disagreeable duty.

c. Remarks providing the insight and background information which usually is available from no other source.

d. Remarks concerning any readily observable or related abnormal physical condition.

e. If the individual is diagnosed as being afflicted with a psychoneurotic disorder or other psychiatric condition, opinion is desired as to:

(1) The extent to which his acts are subject to his voluntary control. Comment should be made as to whether he should continue in his job assignment.

(2) Necessity for any immediate physical restraint for the protection of himself or others.

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E. REHABILITATION

24. DoD Directive 1300.11 should be revised so as to encourage rehabilitation programs for at least the following categories of Service members:

a. Those drug abuse offenders who are categorized as drug experimenters as defined herein who can be aided and corrected locally.

b. Those drug abuse offenders who have not responded to preventive and correctional efforts within the unit but may be retained in the military service if exposed to a special program of rehabilitation. This category contains members whose records indicate that administrative discharge is a proper disposition. The following elements should be considered for inclusion in such a program subject to manpower and budgetary considerations:

(1) A specialized staff of behavioral and social scientists, medical personnel, educators, and military training instructors.

(2) A rehabilitation organization to which the offender may be assigned outside his assigned unit.

(3) A curriculum with emphasis on motivating and strengthening the personality, solving personal problems, and developing conforming attitudes and behavior in preparation for return to the military community.

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c. Those drug abuse offenders, sentenced by court-martial to confinement, who by necessity must be treated at a military correction facility.

25. Each Service should consider initiating a study and developing a plan to cover unit and formal programs for drug abuse rehabilitation with a system to capture statistical data concerning program effectiveness.

26. Persons who are convicted by civil courts for drug abuse and persons who are determined unfit for further military service because of drug abuse should be considered for administrative separation under the provisions of the appropriate Service directive/regulation. Medical and counselling services to the extent feasible should be provided prior to separation. Such individuals should be furnished information as to governmental and private facilities nearest his place of residence or stated destination.

27. Each Service should manage its own programs in order to permit consideration of certain unique characteristics related to their roles and missions, and should submit reports to the DoD Drug Abuse Control Committee so that it may evaluate trends and accomplishments in this area.

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NATURE OF THE PROBLEM

The Armed Forces drug problem stems from the country's drug problem. The exact scope and nature of the country's drug problem has been estimated by many investigative authorities, but statistics are still partial and unreliable. Conservatively, estimates can be made that 10 million Americans have tried marijuana, and that 25% of high school age children are marijuana experimenters. The size of the heroin problem is not known, but an indicator is the 1969 figure of 28,600 addicts in the City of New York (Bureau of Narcotics and Dangerous Drugs) and the estimate that the true figure may have been as high as 75,000. Statistics on use of other dangerous drugs are equally discouraging. In summary, drug abuse has grown radically in this country in the last few years, and particularly in the high school age group from where the majority of Armed Forces recruits and draftees are obtained.

Young people entering the Armed Services bring with them the habits, frustrations, and difficulties they have known in civilian life. To date there has been no reliable method of examining entrants to determine those who are actual or potential drug abusers. Until one is developed, the Armed Services will continue to receive many young people who have used drugs and many who are psychologically disposed to use them. For many so disposed tensions and frustrations encountered in the Armed Services may well bring on drug abuse for many in both of these categories.

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The extent of drug abuse in the Armed Services is not precisely known, although it is probably not more widespread than in the civilian population. Exact statistics are difficult to produce because of the nature of the offense of drug abuse. Members of the Armed Services are naturally reluctant to answer a drug abuse questionnaire under the eyes of supervisory personnel since an admission may constitute an offense under military law. Anonymous questionnaires, by their nature, may produce inaccurate responses inherent in such a system and, as in any survey, the results are consequently only approximations.

The abuse of marijuana in Southeast Asia is far greater than in the Armed Services as a whole but the abuse of hard narcotics and dangerous drugs is greater in CONUS and world-wide than in Vietnam. Drugs, particularly marijuana, are cheap and readily available in the Far East. Daily hardship, danger, boredom, and fatigue, aid in producing a climate in which drug abuse may flourish. Today, many young military leaders are technically qualified to perform their military duties but some may lack the maturity and experience necessary in counselling and leading young and inexperienced troops to forego indulgence in drug abuse.

A survey conducted by Roger A. Roffman, formerly Assistant Chief Social Work Service, Walter Reed General Hospital and Ely Sapol, Chief, Psychology Service, Valley Forge General Hospital, among 584 Army enlisted men in the two Southern Corps areas in

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Vietnam on an anonymous basis involving personnel who had completed their tour and were processing for return to the States indicates that the majority had never smoked marijuana. Among others of this group of 584, 31.7 per cent indicated that at some time in their life (either prior to entering or during service) they had smoked one or more marijuana cigarettes. Of this 31.7 per cent who had used marijuana, three-quarters of them had only experimented with the drug.

Another study was performed by the Americal Division Mental Health Hygiene Staff in July 1968. These researchers examined incidence and frequency of use among 46 soldiers referred to the Mental Hygiene Clinic, among 268 soldiers seen at a dispensary for medical problems, among a group of 234 soldiers arriving in Vietnam and among a group of 223 soldiers departing for CONUS after completing a tour of duty. Of the total sample of 771, 31.3 per cent had used marijuana at some time.

Other efforts have been made, but none have been extensive. The Defense Department compiles a summary of investigations of drug abuse cases which shows clearly an alarming increase of cases investigated in South Vietnam, in CONUS and world-wide. In any event, the incidence of drug abuse can be characterized as very serious. The nature of the problem however is not such that at this point military readiness is considered to be endangered. The real impact is the possibility of permanent damage to the minds and bodies of the thousands of young men

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who are using narcotics and dangerous drugs world-wide, and who are using strong, dangerous varieties of marijuana and hard narcotics which are available world-wide, and particularly in and near South Vietnam.

Other factors contribute to the nature of the problem. One obvious and over-simplified solution would be to prevent drugs and narcotics from reaching our servicemen. Such a solution is unfortunately not in sight, although extensive coordinated efforts are being made at the highest level of the Executive Branch. Particular efforts are being made to divert the Turkish poppy crop and to close the Mexican border to marijuana and other dangerous drug smuggling. For the foreseeable future we must continue to anticipate an atmosphere in which dangerous drugs including narcotics and marijuana are relatively easy to obtain.

In summary, the nature of the problem can be described as the necessity to eliminate drug abuse in a significant percentage of the Armed Forces in a national atmosphere in which drugs are illegal but readily available and not, unfortunately, universally condemned.

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A. CATEGORIES OF DRUGS AND USERS

The subject of Categories of Drugs and Users and the definitions of drugs and users as contained in DoD Directive 1300.11 and as used throughout government and the medical and legal professions was explored in depth.

The total list of substances which are considered narcotic, intoxicating, hallucination-producing, or otherwise dangerous and damaging to the human body or mind varies as additional experimental evidence is produced in the medical and scientific community. The Attorney General of the United States is charged by law with determining the composition of such a list.

Accordingly, it is recommended that DoD policy directives not attempt to list all Narcotics and Dangerous Drugs but refer to "those Narcotics and Dangerous Drugs as determined by the Attorney General of the United States."

One of the most important and significant substances on this list which has not yet been definitively researched is marijuana. The National Institute of Mental Health and other agencies are continuing exhaustive research in depth to seek further information on both the short term and the long range effects of marijuana use on the human body and mind, including the physiological, psychological, and genetic effects. To date

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research has indicated that the short term effects include an impairment of the full use of physical and mental facilities in varying degrees for periods from 12 to 36 hours to as long as 11 days and, by reason of experiments with animals, the long range effects may include either permanent or semi-permanent physiological and genetic damage. Although experiments now underway on humans are not yet complete, there is a scientific basis for believing, and it is recommended that Defense policy be predicated on, the proposition that the effects of marijuana use on humans are harmful. At Tab A is a partial compilation of some of the best current opinion on the nature of marijuana.

Accordingly, as a precautionary measure, it is recommended that in general for administrative purposes persons may be considered voluntarily incapacitated for duty up to 12 to 36 hours after the use of marijuana, unless otherwise determined by medical or other appropriate authorities that a different time frame should be used in a particular case.

It is further recommended that as a policy matter, in determining appropriate disciplinary actions, consideration always be given to whether a military person experimenting with marijuana (see definition of an experimenter following) was or was not incapacitated for duty, or was a drug user, addict, or supplier.

It is further recommended that as a matter of policy, prior to imposition of disciplinary or administrative action, persons using marijuana or other dangerous drugs who fall within the category of a

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"drug user," as defined hereafter, be required to undergo medical and psychiatric evaluation.

In considering the areas of education, discipline, discharge, and rehabilitation and in the formulation of policy directives and educational material relating thereto, it became evident that a standard set of definitions was required for use within the Department of Defense. The definitions of narcotics, marijuana, and dangerous drugs, as contained in DoD Directive 1300.11 were considered adequate and are recommended for retention. However, in addition, a revised definition of drug abuse and further definitions are suggested.

In this connection it is recommended that the following definitions be adopted as standard within the Defense Department:

> Drug Abuse. The illegal, wrongful or improper use of any narcotic substance, marijuana, or dangerous drug, or the illegal or wrongful possession, transfer, or sale of the same. When such drugs have been prescribed by competent medical personnel for medical purposes such use by the patient is not drug abuse.
>
> Drug Abuser. One who has illegally, wrongfully, or improperly used any narcotic substance, marijuana or dangerous drug, or who has illegally or wrongfully possessed, transferred, or sold the same.

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Drug Experimenter. One who has illegally, wrongfully, or improperly used any narcotic substance, marijuana or dangerous drug as defined herein not more than a few times for reasons of curiosity, peer pressure or other similar reason. The exact number of usages is not necessarily as important in determining the category of user as is the intent of the user, the circumstances of use, and the psychological makeup of the user. Final determination of the category should be made by the Commanding Officer, aided by medical, legal, and moral advice.

Drug User. One who has illegally, wrongfully, or improperly used any narcotic substance, marijuana or dangerous drug as defined herein several times for reasons of a deeper and more continuing nature than those which motivate the drug experimenter. Final determination of the category should be made by the Commanding Officer aided by medical, legal, and moral advice.

Drug Addict. One who exhibits a behavioral pattern of compulsive drug use, characterized by overwhelming involvement with the use of a drug, and the securing of its supply. As the term "drug addict" is used herein, one may or may not be physically dependent on the drug. Rather the term refers

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in a quantitative sense to the degree to which drug use pervades the total life activity of the user.

*Supplier. One who furnished illegally, wrongfully, or improperly any of the proscribed drugs defined herein to another person.

*Casual Supplier. One who furnished illegally, wrongfully, or improperly to another person a small amount of any of the proscribed drugs defined herein for the convenience of the user rather than for gain.

The use of LSD deserves special comment. Most people will suffer some permanent damage from LSD usage, with the degree of damage dependent on the individual's physical, mental, and genetic imperfections as well as the quantity and quality used and the frequency of use. Recurrence of hallucinogenic effects by users is widespread. In view of this LSD recurrence phenomenon, and the documented unpredictable conduct of an individual under the influence of LSD, it is recommended that any military person having taken LSD should be scrutinized carefully and special determination should be made as to what, if any, military duty he may be trusted to perform, with particular attention to any duty where the security of the nation or the safety of personnel or equipment is a prime factor.

The abuse of narcotic drugs, particularly heroin, also deserves special comment. To date the rehabilitation of military persons addicted

* Not Task Group choice, but recommended for adoption to assure conformity with other governmental agencies.

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to heroin has not been considered practicable. The recidivist rate nationally for heroin addicts is unfortunately high. An Army experimental program now under way at Fort Bragg (described in the section of this report on Rehabilitation) may result in a recommendation to change this policy and characterize such heroin users as amenable to consideration for treatment.

B. SCREENING OF THOSE ENTERING MILITARY SERVICE

The ideal answer to the problem of screening all those entering military services for potential drug abusers would be a simple, inexpensive chemical or written test which would indicate those who had been, or might become, drug abusers. Much research has been done on this subject. Urinalysis can detect heroin users up to 72 hours after use. Questionnaires and psychometric tests can contribute information and can indicate directions for further investigation. However, no easy solution is yet in sight. It is recommended that research on this subject be pursued vigorously.

Access to juvenile records of prospective recruits and draftees for the purpose of determining whether or not drug abuse offenses had occurred would be extremely helpful. However, State and local authorities have traditionally resisted the disclosure of such information, and little prospect is seen for reversal of this position. Local police records are useful and are utilized to the maximum extent.

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Review of existing screening procedures in all Services reveals that measures are presently being taken to screen out those individuals who are too deeply involved with drugs to be able or willing to render useful service if enlisted or inducted. Enlistment/induction standards in all Services are based on manpower requirements, with emphasis in application exercised through the granting of waivers that are granted according to the "whole man" concept.

Statistics by Service of individuals inducted or enlisted during the first three quarters of FY 70 are at Tab B.

Medical examinations conducted at Armed Forces Examining and Entrance Stations (AFEES), as presently operated, disqualify individuals for detected use of drugs. At Tab C is a statistical breakdown by month of FY 70 of these disqualifications and the rate per 1,000 of those disqualified to those inducted. Figures represent referrals to AFEES medical examiners by all Services. Approximately 90% of the rejections were for heroin addiction, and approximately 97% were for either heroin or LSD usage or a combination of the two.

As a means of assessing the quality of manpower available to the Military Services, a review was made of some of the estimates of the extent of drug usage in the civilian community. Following are samples of the review:

a. Yale University: Between 18% (1967) and 49% (1968) used marijuana at least once.

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b. Harvard University: Approximately 50% (plus) have used marijuana (1968).

c. San Mateo County, California, high schools:

32% have tried marijuana and 17.6% more than 10 times.

10% (plus) have tried LSD.

16.7% have tried amphetamines.

d. Gallup Poll (20 October 1969): An estimated 10 million Americans have tried marijuana; 12% of adults in their 20's have tried marijuana.

e. LIFE Magazine estimates that over 12 million Americans are presently using marijuana, mostly under 30 years of age.

f. TIME Magazine estimates that at least 90% of the 400,000 participants at the Woodstock Music Festival openly smoked marijuana.

g. University of Connecticut (March 1970): Approximately 85% used marijuana and half of these once or more a week. Approximately 20% of the marijuana users also used LSD, amphetamines, mescaline or other drugs.

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Estimates presented above indicate that drug experience among young people in the civilian community is widespread. Considering the present unpopularity of some forms of military service, public announcement of a policy that drug usage could automatically disqualify an individual from serving his military obligation might have the unexpected effect of encouraging drug abuse in the civilian community as a means of avoiding the draft. The Army, which is the Service most reliant on the draft for its manpower, is currently developing policy to raise entrance standards in an "All Volunteer" environment; drug usage is a major consideration in this study.

Under current manpower policy, PROJECT 100,000 requires taking in during FY 1971 approximately 50,000 persons who are in Mental Group IV or who are sub-standard but correctible physically (69,000 in FY 70, approximately 11% of annual enlisted accessions in FY 71). Use of the Draft brings in many poorly motivated persons of marginal mental capability. The relationship between use of PROJECT 100,000 and use of inductees

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versus use of volunteers was examined. Very little factual evidence is available. There is no evidence at present that Project 100,000 members are any more prone to drug abuse than any other group. There is some evidence that inductees may be more prone to drug abuse than volunteers. In the future this problem will ease as we begin the transition to an All-Volunteer Force. We will have to balance the alternative of lowering standards to increase recruiting against the alternative of maintaining or raising of standards to eliminate actual or potential drug abusers. Accordingly, it is recommended that careful consideration be given to the possible effect of decreasing the number of drug abusers taken into the Armed Services by speeding up transition to an All-Volunteer Force.

The granting of moral waivers for court convictions or adverse juvenile adjudications for drug offenses is a statistically large problem only in the Army. The Air Force has no record of moral waivers being granted for such offenses over the past two years. The Navy and Marine Corps have granted a limited number of such waivers. Army figures are reflected at Tab D. All Services express a desire to continue to have authority to approve and disapprove moral waivers within their own Service, and this procedure is recommended.

Based upon a consideration of all factors involved, it is considered that the best DoD policy for the screening of incoming personnel is a

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continuation of the flexible policy that allows each Service to determine its own standards. If the manpower requirements of all Services were uniform, then enlistment/induction standards should logically be uniform, all other considerations being equal. Although drug abuse is undoubtedly a serious problem in all elements of American society, as far as military entrance standards are concerned, drug usage must not be taken out of perspective, but should rather be considered in balance with all other considerations.

The following are recommended as expressions of DoD policy:

a. It should be the policy of the Department of Defense that acceptance into military service be based on the "whole man" concept. Each registrant or applicant with a background of drug abuse should be carefully processed to determine the individual's physical and emotional capacity for useful military service. Enlistment and induction standards, including the granting of waivers thereto, shall be established by each Service.

b. Medical examiners at the Armed Forces Entrance and Examining Stations should check each individual's Standard Form 89, Report of Medical History, for the response to Item 20 regarding drug or narcotic habits. For individuals who answer "Yes" to Item 20, the medical examiner should enter a written evaluation as to the individual's suitability for military service, considering the extent of the use of drugs,

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and should request the sponsoring recruiting service to review the individual's entire record and to make a recommendation as to whether psychiatric evaluation should be made.

C. EDUCATION AND INFORMATION

The Task Group examined instructional and informational aspects of all levels and areas of the DoD Drug Abuse Control Program.

The Military Departments have all recognized, and made efforts to control, the drug abuse problem. Each service has issued written directives to reinforce its aim of controlling drug abuse, in compliance with Department of Defense Directive 1300.11, dated February 2, 1968, which announced policies on drug abuse, and directed the establishment by each service of mandatory programs of education.

Army training on drug abuse has been decentralized in the past. A recent requirement from the Vice Chief of Staff, U. S. Army, directed that an Army-wide lesson plan on drug abuse education be prepared. The U. S. Army Military Police School, Fort Gordon, Georgia, prepared such a lesson plan in March 1969 and it was distributed to major Army commands world-wide as an instructional guide.

Within the Navy, commanders develop their own programs to counteract drug abuse by naval personnel. An entry must be made in every Navy service record that the individual member has attended a drug abuse program.

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In the Air Force, drug abuse instruction is given all personnel who enter the Air Force through Air Training Command, Air University and the U. S. Air Force Academy. A program of instruction is continued in the major commands through Commander's Call and other informational and instructional media.

The Marine Corps program is based on information developed by the Office of Information for the Armed Forces. Films, posters and hand-outs are distributed to command level. Commanders develop their own training and educational aids or procure such aids through civilian (local/state) sources. All of the Services have been active in assisting nearby civilian communities in the conduct of training and educational programs (high schools, PTAs, churches, and special educational groups seeking drug abuse orientation).

During May 1970 a Joint DoD/Department of Justice military drug investigation school was held in Wiesbaden, Germany. Seventy investigators attended as students, coming from various countries in Europe and North Africa. The group was largely made up of representatives of the Army, Navy, Air Force, and Marine Corps; however, the class also included four German investigators, two British and two Canadians. Three public seminars for non-investigative personnel were conducted. One session was devoted to junior high school students, one to high school

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students and one to airmen, noncommissioned officers, officers, supervisors and interested adults.

This experience has shown that (1) such programs are much needed and desired; (2) two weeks properly should be allowed for the school rather than attempting to compress the investigators' training into 4-1/2 days; and (3) we intend to formulate plans to give this type of training program in other areas of the world, including the United States. With Department of Justice support, plans are under way for a two-week training school and public seminars in the Far East (Japan) this November.

On June 8, 1970, ASD(M&RA) sent a memorandum to the Assistant Secretary of the Military Departments (M&RA) entitled: "Policy Guidelines on Drugs, Alcohol, and Tobacco Abuse Education for DoD Overseas Dependents Schools." The policy guidelines, which provide for the involvement of students, parents, teachers, and administrators in the development of a meaningful drug, alcohol, and tobacco abuse curriculum, were developed by the DoD Overseas Dependents Schools Curriculum Committee, composed of DoD and Overseas Dependents Schools representatives.

This program is now being implemented in all DoD Overseas Dependents Schools. On July 1, 1970, 350 informational kits covering all aspects of drug abuse were sent to the Overseas Dependents Schools by the Directorate for Dependents Education DASD(E), to assist the above program. The kits

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contained all available publications from federal and state agencies, as well as public and private educational institutions. Additional materials will be provided when they become available on a continuing basis.

In reviewing the above programs, the Task Group concluded that many were excellent, but that most required much additional effort, and that adequate resources should be made available to make possible the establishment of a basic and continuing DoD-wide drug instruction program.

A strong instructional program extending to all areas of the military community is absolutely necessary if progress in solving the problem of drug abuse is to be made.

The educational program must begin with the newly acquired enlisted personnel and officers. After initial basic education for each person, additional refresher education must be provided at regular intervals. As officers and enlisted men progress up the promotion ladder, they must be given additional education and training in administering drug abuse control programs. This education and training must extend up to the War College level, with an emphasis on leadership responsibilities.

All those going overseas should receive instruction and information concerning drug abuse in their prospective area of assignment.

Medical Officers, Judge Advocates, and Chaplains require specific training in their respective areas to enable them to treat, discipline, and counsel drug offenders and Military Commanders.

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Civilian employees of the Defense Department should take part in drug abuse programs.

Specifically, it is recommended that the following program be carried out:

Basic instruction should be provided concerning the dangers of drug abuse during the initial period of training following entry into the military service. The instruction should include but not be limited to the following:

a. The extent to which drug abuse has become prevalent in our society.

b. The physiological and psychological dangers inherent in the use of drugs.

c. The inconsistency between drug usage, military responsibilities, and national security.

d. The moral and legal implications of drug usage.

e. The disciplinary and administrative discharge actions that may result from drug abuse.

f. Illegal use of drugs.

g. Definition and classification of drugs.

h. Explanation of dependence on drugs, including physiological and mental (psychic) dependence.

i. Service policy concerning drug users seeking help and correct channels to follow.

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j. Reducing availability of drugs.

k. Building up social disapproval of drugs.

l. Removing "novelty" idea of drugs with thorough factual presentation of results of using drugs, legal hazards, etc.

m. Emphasizing values of the "ingroup" (servicemen) as opposed to the "outgroup" (drug users, the so-called "hip" drug subculture).

n. Legitimate ways of reducing tension and relieving depression.

o. Emphasizing responsibility of the individual in drug abuse, with instruction in mature action, reinforced by religion, ethics, future goals and aspirations, rewards, etc.

Continuing programs should be provided to augment basic instruction which will result in: (1) attitudinal and behavioral improvements, (2) character and moral development, and (3) the assumption of leadership responsibilities.

All personnel should have the opportunity to develop a positive self-concept, a respect for his physical being, and an insight into the importance of his health to his full self-realization. Every effort should be made to create an atmosphere of knowledge, confidence, and trust that will encourage personnel to seek help in overcoming problems.

All Schools, training programs, and Staff and War Colleges should devote as appropriate a part of their curricula to drug abuse control to enable noncommissioned and commissioned officers to administer drug abuse control programs.

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Refresher instruction should be presented at regular intervals. In addition, adequate reminders of the dangers of drug abuse would be provided military and civilian personnel through information channels in the forms of fact sheets, posters and pamphlets, as needed, utilizing the materials produced by OASD(M&RA), DoD Drug Abuse Control Committee, the Military Departments, government and civilian agencies.

All military personnel assigned overseas should be given additional instruction covering the particular dangers of drug abuse in the areas to which they are to be assigned. Dependent personnel and DoD civilian employees should be encouraged to take advantage of such instruction.

Reservists should receive periodic instruction, and knowledgeable, interested members of the reserve forces such as M. D.'s, educators, and sociologists, should be used in developing military-civilian drug education programs. Reservists, if carefully screened, can be of great assistance and assume liaison roles of responsibility between the military and civilian communities.

All Medical Officers in the Armed Forces must have sufficient education in the area of drug abuse to enable them to perform diagnoses and treatment and to be able to provide medical advice to Commanding Officers, drug abusers, and Judge Advocates.

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All Judge Advocates must be specifically informed and trained in the area of drug abuse.

All Chaplains must be sufficiently educated in the area of drug abuse to enable them to give moral advice and support to drug abusers and to give advice to Military Commanders.

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D. DISCIPLINE AND DISCHARGE

The Task Group examined in detail the Service programs for disciplining drug abusers, including use of discharges, and reviewed Service programs for the control of drug abuse in sensitive billets. The Task Group also considered the possibility of an "amnesty" program and a Veterans Administration proposal to change the present DoD discharge system so that fewer drug abusers would be discharged as undesirable and hence ineligible for VA rehabilitation.

Each drug abuse offense in the Army is handled on a case-by-case basis. Emphasis is placed on the disciplinary handling of drug abusers rather than on the use of administrative separation.

Army Regulation 635-212 includes drug abusers under the unfitness category for administrative separations. In a change to this regulation in January 1970, use and possession of marijuana were separated from other drug violations, and it was made mandatory to counsel and "rehabilitate" marijuana users or possessors prior to taking administrative separation action. The effect of this change is to give a soldier a second chance and an opportunity to obtain an honorable discharge if he is sufficiently motivated to accept the challenge. The counseling and rehabilitation for other drug abusers is optional for the commander in the field. Final approval authority for unfitness separations is vested in

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General Court-Martial authorities. Army policy in AR 635-212 directs that commanders will not take administrative separation action in lieu of disciplinary action under the UCMJ.

Detailed breakdown of disciplinary statistics during two reporting periods of 1969, reflect that the number of special and general court-martial referrals decreased during the latter half of 1969, while Article 15 cases increased. In assessment messages from major Army commanders in January 1970, it was reported that commanders consider more frequently that punishment of first time or occasional users and possessors is not an effective solution to drug control, and that the trend away from punishment for the experimental users of drugs will continue.

The manpower commitment in Vietnam represents the greatest leadership challenge in the Army, in controlling the spread of drug abuse as in all other aspects of command responsibility. The Army feels a special obligation towards the health and welfare of soldiers in Vietnam, and the current emphasis in that country is on rehabilitation, with soldiers being encouraged to seek help voluntarily in overcoming their use of drugs without fear of prosecution. This approach was only recently adopted in Vietnam as the most realistic treatment of the drug problem in that environment, and as the best way to ensure that the operational capability of combat units is uninterrupted. There is no evidence that drug usage has had an adverse impact on unit readiness.

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The Army is currently staffing a new regulation which will continue to provide latitude for field commanders to deal with specific drug problems in their own commands and geographical areas. It is believed that this flexibility is necessary, in that each commander has his own particular problems resulting from his mission and the environment in which he finds his troops. It may be in the best interests of one command, for example, to separate administratively drug offenders, while another command's interests would be served best by referring drug offenders for punitive action.

The Navy also handles drug abuse on a case-by-case basis. In the event a person fails to respond to the multiple training and education programs afforded him and deliberately becomes involved in drug abuse, he then becomes a disciplinary, administrative, and/or a reorientation problem. The course of correction depends on the degree of involvement, attitude, and service reputation.

The action taken is entirely dependent on the Commanding Officer and his evaluation of the seriousness of the offense. Based on the facts of the case, the Commanding Officer could refer the case for action under the UCMJ, initiate administrative discharge proceedings or take no action at all. If a member of the Navy is feigning drug abuse to avoid service, has introduced, sold, or was a multiple user of drugs aboard ship or while in a duty status, such member would normally be discharged under

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conditions other than honorable if in addition he had a poor record or had civil involvement. Other types of drug abusers who have no potential for continued service would normally be discharged under honorable conditions unless extenuating circumstances dictate otherwise. Less serious cases are probated where reorientation and continued service serve the best interest of all concerned. Other types of persons who are not involved in drug abuse to the extent as probationers, and who are amenable to help, are retained and warned. Cases of experimental users of marijuana, amphetamines or barbiturates may be disposed of at the command level with a letter report to the Chief of Naval Personnel.

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In the Air Force each person involved in an incident of drug abuse is individually evaluated and a determination made as to whether trial by courts-martial or other disciplinary action, or administrative separation, or other action, if any, is appropriate.

Persons convicted by courts-martial of offenses involving narcotics, marijuana, or dangerous drugs are considered for rehabilitation. In determining whether rehabilitation is appropriate, consideration is given to all of the circumstances involved. For example, some circumstances considered are:

1. The number and nature of the offenses and type of drug abuse involved.

2. The age and background of the accused.

3. His attitude and motivation for further military service.

4. The extent to which his drug abuse has affected performance of his military duties or the health, welfare, or safety of other persons, if at all.

5. Evaluation of his rehabilitation potential by other knowledgeable persons. When confinement is adjudged the accused may be considered for assignment to the 3320th Retraining Group after evaluation, as provided in AFM 125-2. That manual contains selection criteria suggested as guides, but which are not intended for rigid application.

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Persons who are convicted by civil courts for drug abuse and persons who are unfit or unsuitable for further military service because of drug abuse are considered for administrative separation under one or more of the following directives; AFRs 36-2, 36-3, and/or 36-12; AFMs 39-10 and/or 39-12. If administrative separation is not appropriate, these persons are counseled, as necessary, by the immediate commander, chaplain, judge advocates , and medical officer to insure that they are made fully aware of the potential serious consequences of the continued illegal or improper use of drugs.

The primary Air Force instrument for administrative discharge for cause of enlisted personnel is AFM 39-12. This manual includes provisions for rehabilitation when approved by the discharge authority. The individual must volunteer for the program which currently must run for a minimum of 12 months. Rehabilitation includes suspension of the discharge and ultimate cancellation if the rehabilitation is successful. Rehabilitation is usually accomplished within the offender's organization of assignment. Changes in procedure on rehabilitation are currently under consideration within the Air Staff. Changes being considered include:

1. Emphasis on guidance counseling to prevent the behavior and offenses leading to administrative discharge.

2. Organizing existing on-base resources (medical, legal and chaplain) to better deal with the problems of our personnel. These

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resources would be utilized both as a preventive device and as part of the rehabilitation process.

3. Establishment of a central rehabilitation facility for administrative offenders.

4. Modification of AFM 39-12 to make rehabilitation more attractive and useful to both offenders and commanders.

Each case of alleged drug abuse on the part of a member of the Marine Corps is investigated by representatives of the Naval Investigative Service or Criminal Investigations components regardless of the nature or gravity of the alleged involvement. At such time as investigation is completed, and provided the results substantiates involvement, the commanding officer of the abuser exercises his prerogative in determining whether action should be initiated with a view toward effectuating the administrative separation of the Marine concerned, or whether disciplinary action under the Uniform Code of Military Justice should be taken. A substantial percentage of drug abusers are disposed of through court-martial proceedings, particularly in the Vietnam area.

In the event a Marine is tried and convicted by court-martial for a drug abuse offense, and not awarded a punitive discharge, his commanding officer may recommend him for a discharge under honorable conditions. There have been occasions in rare instances where a commanding officer has recommended that such individuals receive undesirable discharges, which require Secretary of the Navy approval.

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Until 4 February 1970, all recommendations for administrative separations were forwarded to Headquarters Marine Corps for final disposition. Inasmuch as Headquarters Marine Corps reviews indicated that recommended actions were commensurate with the degree of Marines' drug abuse involvement and for purposes of expedition, Headquarters Marine Corps authorized all general court-martial authorities to dispose of their own drug abuse administrative discharge cases. A review of such cases is accomplished at Headquarters Marine Corps by a Staff Judge Advocate after the individual is ordered discharged.

The Task Group concluded that there were differences in the Service handling of drug abuse offenders, but that these differences were compatible with the differing roles and missions of the Services and the different environments in which their personnel exist. An Army enlisted man, for instance, has periods of duty interspersed with periods of mixing with the civilian community. A Navy enlisted man can be in the confines of a ship in a continuous duty status for weeks at a time. Drug abuse or possession in a ship would be far more serious an offense than use or possession in a barracks.

The Task Group recommends that present policy with regard to disciplining drug abuse offenders be continued.

With regard to discharges, the statutes which authorize medical treatment, compensation, pension, education, and other benefits provide that to be considered an eligible veteran, the individual's discharge or

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release from service must have been under conditions other than dishonorable. Both an "honorable" and a "general" discharge meet such statutory requirements. (See Tab E for summary of character of discharge determinations by Veterans Administration.)

The Task Group studied a proposal of the Veterans Administration that two categories of drug abuse offenses be established. The first, a drug abuser who primarily hurts himself by his actions, would be awarded a General Discharge for unsuitability. The second category, an abuser who would sell or give illicit drugs to another, would be given an undesirable discharge. The Task Group sympathizes with the intent of the proposal, which is to expand the number of abusers who would legally be veterans and therefore eligible for veterans benefits, including hospitalization and rehabilitation. The goal is commendable, but the price would be high to the Services, and there are other means of achieving the goal. Rather than lower the standards and criteria within the military for discharge, a better solution would be to amend existing law, to permit treatment of drug abusers discharged under less than honorable conditions.

It is therefore recommended that an amendment to 38 USC be sought to permit treatment of drug abusers discharged under less than honorable conditions.

The Task Group studied the idea of amnesty including an experimental program being conducted by Army Forces in Vietnam.

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An essential element for the elimination of drug involvement for an individual is his motivation to help himself. It is recognized that many men involved in drug abuse do not possess the personal resources to help themselves.

A drug abuser should be encouraged to seek help and guidance from his military command system without fear of action under UCMJ.

The following plan for an amnesty program suitably altered to meet the requirements of each Service is recommended for trial at the discretion of the Service concerned. To encourage voluntary participation in this program, all members of the Armed Services should be informed that:

a. Medical assistance will be made available.

b. Action under the UCMJ may be suspended for the unauthorized use of drugs for a person who is sincere in seeking help to eliminate his drug dependence and voluntarily comes forward before he is apprehended or detected as a drug abuser.

c. If the degree or type of drug involvement precludes rehabilitation and restoration to full duty, a favorable type of administrative discharge should be considered.

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d. In recognition of an individual's personal moral responsibility for his actions and their consequences, and in evidence of his sincerity, a grant of amnesty should stipulate the member's full cooperation in his own rehabilitation.

Every member who voluntarily seeks help under the terms of this program should be given a psychiatric examination, if possible. In the event a psychiatrist is not available, a medical officer should make the evaluation and report required. The report of such evaluation should include the following:

a. Certification that in the opinion of the psychiatrist (or medical officer) the individual is not suffering from a psychosis or other mental disorder of such magnitude as to require processing under medical procedures.

b. Any opinion that the person interviewed may be feigning drug abuse involvement to obtain early separation or to avoid disagreeable duty.

c. Remarks providing the insight and background information which usually is available from no other source.

d. Remarks concerning any readily observable or related abnormal physical condition.

e. If the individual is diagnosed as being afflicted with a psychoneurotic disorder or other psychiatric condition, opinion is desired as to:

(1) The extent to which his acts are subject to his voluntary control.

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(2) Necessity for any immediate phsycial restraint for the protection of himself or others.

(3) His competency to conduct normal transactions.

In making determinations towards disposition, Military Commanders/ Commanding Officers will take into consideration the following factors:

a. The number and nature of the offenses and type of drug abuse involved.

b. The age and background of the offender.

c. His attitude and motivation for further military service.

d. The extent to which drug abuse has affected performance of the offender's military duties or the health, welfare, or safety of other persons.

e. Rehabilitation potential.

Such a program can produce important and far-reaching results, but it is not without price. It can be held that once a member of the Armed Forces has voluntarily engaged in misconduct by using or possessing drugs he should not be immune from reprisal or be granted amnesty. Federal and local law and the UCMJ prescribe punishment for these illegal acts. To eliminate fear of reprisal might result in an open invitation to experiment with drugs, with treatment and rehabilitation guaranteed and without punishment. The Marine Corps does hold such a position. Nevertheless, the potential for good is so great in such a program that the Task Group, less the Marine Corps member, strongly recommends its trial.

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It will be noted that the adoption of this program will minimize the Veterans Administration discharge problem since all persons who are granted amnesty are assured of receiving consideration for a discharge under honorable conditions if separated for the unauthorized use of drugs. Any person who chooses not to avail himself of the amnesty/rehabilitation program and abuses drugs so as to merit an undesirable discharge or worse may be regarded as undeserving of Veterans Administration benefits.

The Task Group reviewed the control of drug abuse in sensitive billets. At Tab E is a summary of Service programs. It was concluded that this program is sound and adequate, and no changes are recommended.

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E. REHABILITATION

The Task Group examined the drug abuser rehabilitation programs of all the Services. The feasibility and desirability of combining Service rehabilitation facilities were examined and rejected. Resulting savings would be minimal, and the concept would be unsound from a psychological point of view.

At the present time there is no DoD directive specifically prescribing rehabilitation for drug abusers. Current Service instructions deal with rehabilitation in disciplinary cases. The Services have recognized the need for a forward look into rehabilitation procedures and are currently working toward more formal rehabilitation efforts. In this regard the Services have a concern for a positive program for rehabilitation of drug abuse offenders. Generally, social, budgetary, and manpower constraints have in the past had a dampening effect on those efforts. However, the broadened scope of the drug addiction problem and the increasing numbers of drug users have influenced the Services toward rehabilitation programs. The range of this enlightened new endeavor should encompass not only the hard narcotic and chronic abuser but also the curious experimenter who is generally an immature youth. The permissive atomosphere of our society has tended to downgrade any social stigma which was formerly attached to the use of drugs. It is quite probable that many of the drug users in the military became

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acquainted and first experimented with drugs while in the "civilian community."

The concept underlying rehabilitation for drug abusers must take into account both the possible punitive and administrative nature of the involvement. It is recognized that in some narcotic cases, rehabilitation will not be effected despite concerted efforts of the respective Services. The rehabilitation of drug abusers other than those truly addicted to drugs, an extremely small number, is a matter of strengthening and reorienting an individual whose personality and character traits are inadequate. Regardless of the use of drugs, many such individuals will be unsuitable or unfit for service because of their basic personality and character trait problems. The Services may need a formal rehabilitation program for the hard core narcotic addict prior to his discharge, either administrative or punitive. However, the low number of abusers with true addiction problems is so small, treatment programs require such prolonged absence from productive service, and long-term success rates with such individuals are so low that creation of a treatment and rehabilitation program within the Services is not feasible. After discharge drug addicts should be referred to the Veterans Administration or other appropriate agencies. The well established program conducted by the U. S. Public Health Service and expansion of Veterans Administration facilities should provide adequate treatment and rehabilitation for Service members separated because of true addiction. It is essential that these

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follow-up programs be established and become operational for those drug abusers who cannot be salvaged for military service and subsequently must be discharged.

To date, most proven heroin users have been considered not to be candidates for rehabilitation, and have usually been discharged. Heroin abusers therefore tend to conceal their abuse, and do not seek help. Recently the Army initiated a rehabilitation program for heroin users at Fort Bragg. Early reports show some success. Several heroin abusers, who would not ordinarily have been discovered, have come forward to seek help. This program should be followed carefully by the DoD Drug Abuse Control Committee. If results warrant, this program should be expanded.

There is an inherent expenditure of manpower and funding in any successful rehabilitation effort. Counselling and psychiatric and medical assistance, as well as Chaplain support, have been made available to drug abusers by the military services. In rendering medical assistance to members of the Armed Forces, medical personnel must comply with the provisions of paragraph 151c(2), Manual for Courts-Martial 1969, in that no privilege attaches to information developed or to statements made during the course of medical treatment. Changes in the existing Uniform Code of Military Justice would be required if medical personnel are to be provided status under "privileged communication". Chaplains are entitled to "priviliged communication" in rendering support and assisting drug abusers. (See preceding section on "discipline and discharge"for efforts in the amnesty area.)

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It is apparent that in many cases past statistics do not document adequately rehabilitation efforts, particularly at the unit level. It is obvious that much has been done by many local commanders to rehabilitate and salvage the "experimenter" or "casual user" for future productive military service. As a part of the rehabilitation procedures in several Services, individuals have been assigned to a new unit with the intent of placing them in a new environment which may be more conducive to helping them change their drug habits. Drug abusers who are sufficiently motivated to accept the challenge to give up their dependency on drugs should be afforded an opportunity to obtain an honorable discharge or returned to useful military service. The identification of individuals with a potential for further useful military service is a most critical aspect of any rehabilitation program.

Programs like "Salvation" and "Big Brother", which allow Army personnel who are using drugs and who desire help in abstaining to seek assistance from medical personnel or a criminal investigator without fear of incrimination or the initiation of a permanent record, should be expanded. In these programs the individual receives counselling and medical help and is assisted by a peer in his own unit who acts as his "Big Brother" providing moral support and comradeship.

Normally mere status as a drug dependent should not be used as a basis for criminal prosecution but rather for rehabilitation help and return

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or restoration to duty of individuals whose conduct or performance warrants this action. The rehabilitation concept should be based on the principle of conditional suspension of administrative discharges subject to the good behavior of the individual. Successful completion of an established probationary period of adequate duration should be required so that successful rehabilitation may be demonstrated. Experience indicates many drug abuse offenders are being treated at the local level without resort to court-martial, administrative board action, or nonjudicial punishment. The desirability of this approach is particularly noteworthy when we consider that the major part of military drug abuse offenders are in the experimenter or casual user class. Efforts towards rehabilitation should be aimed principally at the experimenter or casual user who, after careful diagnosis, is felt to be suitable for rehabilitation for subsequent useful service duty.

Because of the difference in operational mission, length of service commitments, environmental situations, and varieties of drugs experienced by the various Services, it is believed that the short-term "rehabilitation" of drug abusers is most effectively handled by each Service according to its own requirements and capabilities. "Rehabilitation" in the short-term sense should be equated to restoration to useful service rather than to a formal institutionalized medical program. Each Service should consider initiating a study and should develop an overall plan for drug abuse rehabilitation to include the recording of statistical data which can be used to evaluate the program's effectiveness.

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Long-term rehabilitative efforts, such as the programs at the NIMH Clinics at the Clinical Research Center at Lexington, Kentucky, and Fort Worth, Texas, or a methadone maintenance program, are not considered to be within the purview of military responsibility or the manpower or budget limitations of DoD. Such treatment, if deemed necessary and advisable for individual drug users, can be handled better by the Veterans Administration or other civilian treatment facilities since experience has demonstrated that there is no guarantee that such rehabilitation can restore individuals to full duty status.

Available statistics indicate 200 Air Force drug abuse offenders have been received by the 3320th Retraining Group, Lowry AFB, during the period February 1952 through December 1969. Measurements of social and personal characteristics and education and test results indicated that these drug offenders were average to above average when compared to their first term airman peers and to other retainees. Their success as an offender category has been above average when compared to a composite of all other offenders. Of those having completed the program by 31 December 1969, 77% were restored to duty. Of those returning to duty and measured, 95% were successful six months after their assignment and 86% were successful to the end of their enlistment.

The United States Army has since 1968 provided rehabilitation training for prisoners, including drug abuse offenders, at the Correctional Training Facility, Fort Riley, Kansas. The United States Navy (in BUPERS F-4) has also developed plans for similar rehabilitation training.

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As a result of their investigations in the area of rehabilitation the Task Group recommends that:

1. DoD Directive 1300.11 should be revised so as to encourage rehabilitation programs for at least the following categories of Service members:

a. Those members who are categorized as a drug experimenter as defined herein who can be aided and corrected at the unit level.

b. Those drug abuse offenders who have not responded to preventive and correctional efforts within the unit but may be retained in the military service if exposed to a special program of rehabilitation. This category contains members whose records indicate that administrative discharge is a proper disposition. The following elements should be considered for inclusion in such a program subject to budgetary and manpower considerations:

(1) A specialized staff of behavioral and social scientists, medical personnel, educators, and military training instructors.

(2) A rehabilitation organization to which the offender may be assigned on a permanent change of station basis.

(3) A curriculum with emphasis on motivating and strengthening the personality, solving personal problems, and developing conforming attitudes and behavior in preparation for return to the military community.

c. Those drug abuse offenders, sentenced by court-martial to confinement, who by necessity must be treated at a military correction facility.

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2. Each Service should consider initiating a study and developing a plan to cover unit and formal programs for drug abuse rehabilitation with a system to capture statistical data concerning program effectiveness.

3. Persons who are convicted by civil courts for drug abuse and persons who are determined unfit for further military service because of drug abuse should be considered for administrative separation under the provisions of the appropriate Service directive/regulation. Medical and counselling services to the extent feasible should be provided prior to separation. Such individuals should be furnished information as to governmental and private facilities nearest his place of residence.

4. Each Service should manage its own program in order to permit consideration of certain unique characteristics related to their roles and missions, and should submit reports to the DoD Drug Abuse Control Committee so that it may evaluate trends and accomplishments in this area.

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F. LIAISON WITH OTHER AGENCIES

The Task Group examined the relationships maintained between the Defense Department and other agencies and offices of the Federal Government for the purpose of controlling drug abuse.

The DoD Drug Abuse Control Committee, a permanent organization under the aegis of the Assistant Secretary of Defense (M&RA), maintains continuous liaison with the White House, the Department of Justice, the Department of the Treasury, the Department of Health, Education and Welfare, and the Post Office Department for the purpose of preventing and eliminating drug abuse in the Armed Services and for the additional purpose of providing information to other governmental agencies on Defense capabilities and advances in the area of controlling drug abuse.

Liaison is also maintained with the National Clearing House For Drug Abuse Information , the National Coordinating Council on Drug Abuse Education and Information, and the Office of Economic Opportunity.

Liaison with the Veterans Administration, and State and local rehabilitation authorities assures exchange of information on rehabilitation techniques and capabilities.

In summary, the Defense Department has ready access to all required information available in the Federal Government, State Governments, and private agencies. The Defense Department has in fact taken the lead in information, dissemination, education, and detection and has made this information available to other agencies of the Government, the Congress, and the public.

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EFFECTS OF MARIJUANA

COMPILATION BY THE DOD DRUG ABUSE CONTROL COMMITTEE

June 1970

Dr. Stanley F. Yolles, former Director, National Institute of Mental Health, in the hearings before the Senate Subcommittee to Investigate Juvenile Delinquency, March 4-6, 1968, stated (p. 4658):

"Little can be added to previous reports on the toxicity of marijuana. It is considered to be a mild hallucinogen, taken by the usual route of smoking, occasionally by ingestion. It may induce a mild euphoria and lead to heightened suggestibility and faulty perception, really an exaggerated notion of thinking more clearly, profoundly, and creatively. In addition, it is known to cause reddening of the membranes of the eyes, rapid heartbeat, muscular incoordination, unsteadiness, drowsiness, and distortion of time and space perception.

"In acute intoxication, especially when ingested, it may also produce visual hallucinations, pronounced anxiety, paranoid reactions, and transient psychoses lasting four to six hours. It generally tends to lessen inhibitions and creates for the user a false reality based on his wants, his motivations, or the situation. In this respect it is similar to LSD, but its effects are not as potent.

"The muscular incoordination and the distortion of space and time perception commonly associated with marijuana use are potentially hazardous, since the drug adversely affects one's ability to drive an automobile or perform other skilled tasks.

"We still do not know enough about the long-term effects of marijuana use. As in the case of tobacco, it is possible that there are serious consequences of chronic use which will only become apparent through careful, longtime studies."

A 1965 report on drug dependence for the World Health Organization, describes the nature of marijuana intoxication in the following terms:

"Among the more prominent subjective effects . . . are: hilarity . . . carelessness; loquacious euphoria . . . distortion of sensation and perception . . . impairment of judgment and memory; distortion of emotional responsiveness; irritability; and confusion.

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Other effects, which appear after repeated administration . . . include: lowering of the sensory threshold, especially for optical and acoustical stimuli . . . illusions and delusions that predispose to antisocial behavior; anxiety and aggressiveness as a possible result of various intellectual and sensory derangements; and sleep disturbances."

A 1968 report of the United Nations Commission on Narcotic Drugs recognizes that "canabis is known inter alia to distort perception of time and space, modify mood and impair judgment, which may result in unpredictable behavior, violence and adverse effects on health and that it may be associated with the abuse of other drugs such as LSD, stimulants and heroin."

Dr. Herbert A. Raskin, Clinical Associate Professor of Psychiatry, Wayne State University, has stated:

"We're also beginning to see cases in which a marijuana high comes on again spontaneously, weeks after the person has had a high. It's the same thing that happens with LSD. We've also had some young people with acute psychoses brought on by marijuana."

Drs. Martin H. Keeler, Clifford B. Reifler and Myron B. Liptzin, of the Department of Psychiatry, University of North Carolina School of Medicine report that experience with marijuana users at the University of North Carolina Medical Center suggest that spontaneous recurrence of drug effect may be relatively common and that this event may often be accompanied by a degree of anxiety sufficient to constitute a psychiatric emergency. American Journal Of Psychiatry 125:3, Sept. 1968, p. 386.

Dr. Donald R. Jasinski, National Institute of Mental Health Addiction Research Center, in his paper "The Pharmacology and Toxicology of Marihuana" recounts recent studies in NIMH laboratory with delta 9-THC isolated from cannabis which for the first time demonstrated in man activity of a neutral tetrahydrocannabinol of known structure. Dr. Jasinski refers to the catatonic syndrome of acute cannabis psychosis described by Secures and states that "one subject, after smoking a large dose of delta 9-THC had a marked response with a loss of insight, catatonia and muteness. He related later that he was detached from his body, saw himself shriveled down to a doll, and witnessed his own funeral."

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Drs. Harris Isbell, D. J. Jasinski, and C. W. Gorodetzky, National Institute of Mental Health Addiction Research Center and F. Korte, U. Claussen, M. Haage, H. Sieper, and F. von Spulak, Bonn, Germany, in Studies on Tetrahydrocannabinol state that while it has long been known that marihuana and hashish can cause psychotic reactions, the data in their experiments "definitely indicate that the psychotomimetic effects of delta 1-THC are dependent on dosage and that sufficiently high doses can cause psychotic reactions in almost any individual."

Dr. Edward R. Pinckney, former associate professor of medicine at Northwestern University, and former editor of the American Medical Association Journal, quoting Medical Letter on Drugs and Therapeutics summarizes marijuana's physical effects as follows:

"The drug sometimes causes postural hypotension (distrubance of normal blood pressure reflexes). Mydriasis (excessive dilating of pupils), conjunctival congestion (bloodshot eyes) and Photophilia (affinity for light) are frequent. Muscular incoordination, spasms, urinary frequency, dryness of mouth, nausea, vomiting and diarrhea sometimes occur. Increase in appetite is common, andhas been attributed to hypoglycemia (opposite of diabetes). Hypothermia (lowered temperatures) has been observed and some workers have noted a Raynaud-like syndrome (cold extremities and white fingertips). Large amounts of marijuana depress respiration, which is the first sign of impending death in animals given lethal doses."

The New York Times, Sunday, February 2, 1969, reports that:

"The most alarming data yet developed by investigators in this country on marijuana's possible harmful effects come from the laboratory of Dr. William F. Geber at the medical school of the University of Georgia in Augusta.

"Dr. Geber, an associate professor of pharmacology, has produced dead or malformed rabbit and hamster fetuses by injecting the pregnant animals with large doses of resin drawn from marijuana plants.

"The fetuses contained malformed brains, spines, limbs and livers and often suffered from edema, or excessive fluid, on the brain and spinal region. In addition, the fetuses were sometimes

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smaller than normal. Control animals given comparable injections of a sterile saline solution or of olive oil showed no such malformations in their litters.

"Dr. Geber said in an interview that the malformations appeared to be closely related to the dosages of marijuana.

"At peak dosages, for example, up to 69 per cent of rabbit fetuses were reabsorbed, 13 per cent of the remainder were found to be dead, up to 49 per cent of the survivors were runted and up to 33 per cent of the rest suffered malformations. Only a tiny fraction of the total litter of rabbit fetuses emerged unaffected at these high doses.

"At similar high doses, up to 4 per cent of the hamster fetuses were reabsorbed, up to 5 per cent of the rest were dead, up to 17 per cent of the survivors were runted and up to 9 per cent of the remainder were malformed.

"The results varied depending on dose levels and whether marijuana grown in New Jersey or in Mexico was used (marijuana grown in Mexico is generally stronger than domestic marijuana). At low doses, there were no malformations in either rabbit or hamster fetuses.

. . .

"'It may be that people are affected by a smidgeon, it may be that people are not affected at all.' he said. 'We just don't know. But there's enough there to give us a real scare.'

. . .

"Dr. Geber believes that mind-altering drugs like marijuana and LSD may be capable, through a complex chemical process in the body, of affecting the development of fetuses and the genetic characteristics of organisms exposed to such drugs. LSD already is suspected of causing genetic damage, and Dr. Geber now plans to embark on a study of the genetic effects of marijuana on animals."

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Dr. James C. Munch, a member of the Advisory Committee to the Federal Bureau of Narcotics, has stated unequivocally that "the serious results following exposure to marijuana, especially when smoked, appear to be due to progressive, irreversible damage to various parts of the brain."

Further, in his paper, The Toxicity of Cannabis Sativa, Dr. Munch states that: "Humans smoking Marihuana cigarettes, or ingesting leaves of Cannabis or extracts therefrom, have developed hallucinations, delirium, progressive brain damage, and death from cardiac failure."

Dr. Katherine Hess, former Narcotics Coordinator, New York City Health Department, indicates there is evidence that brain and lung damage may result from excessive use of marijuana.

The scientific explorations of the Greek investigator, Dr. Constandinos J. Miras of the University of Athens, have indicated a clear connection between marijuana-induced brain change and disarranged behavior. In his most recent studies, supported by the United States National Institute of Mental Health, this visiting professor at UCLA employed radioactive marijuana to track the course of the drug through the human body. Miras worked almost exclusively with chronic marijuana smokers, those who smoked at least two cigarettes of it daily for two years or more. His tests revealed abnormal brain wave readings, patterned to behavioral changes. In some cases, with long-time users, Miras noted chronic lethargy and loss of inhibitions for two years after their last usage, indicating, he felt, significant and lasting organic brain change.

In Hearings before the Senate Juvenile Delinquency Subcommittee, March 4-6, 1968, Dr. James L. Goddard stated (p. 4359), "I think any drug that we know as little about as marihuana or these other drugs that we have been talking about is inherently dangerous in that we do not know its long-term effects . . . Dr. Louria of New York State has commented on the number of hospitalizations following the usage of marihuana . . . there is much to be learned, and some of it may . . . prove to be as serious in nature as the problems we are now studying on LSD; namely, the potential danger to unborn children." According to Dr. Goddard, Dr. Marvin Legator, NIMH, is investigating marihuana from the standpoint of chromosomal breakage patterns (p. 4358).

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There is increasing evidence that marijuana use is a prelude to other psychedelic drugs such as LSD and mescaline, and further that it is a prelude to the amphetamines and barbiturates, particularly the intravenous amphetamines such as Methadrine. Dr. William H. McGlothlin, research psychologist Jolyon West, Department of Psychiatry, University of Oklahoma School of Medicine, working under a National Institute of Mental Health grant, report that present day marijuana use plays "a role in initiation to other potent drugs, particularly LSD. To the extent that marijuana contributes to a general disregard for the realistic consequences of behavior in young persons, its use increases the probability of the abuse of other more dangerous drugs." Drs. McGlothlin and West point out that "members of the hippie subculture frequently use methamephetamine and a host of other drugs. There is also some experimentation with heroin." American Journal of Psychiatry, 125:3, Sept. 1968, p. 373.

McGlothlin and West have also warned of the possibility of personality changes resulting from marijuana use, particularly in the development of the "amotivational" syndrome. Regular use of the drug they observe contributes to characteristic personality changes which includes "apathy, loss of effectiveness and diminished capacity or willingness to carry out complex long-term plans, endure frustration, concentrate for long periods, follow routines or successfully master new material. Verbal facility is often impaired, both in speaking and writing." In some individuals there is demonstrated "a strong tendency toward regressive, child-like magical thinking" with "less objective productivity." American Journal of Psychiatry, 125:3, Sept. 1968, p. 372.

The American Medical Association's Committee on Alcoholism and Drug Dependence states that "chronic marijuana users often are lethargic, neglect their personal appearance and occasionally may experience a deep sense of failure after believing they are capable of accomplishing great things."

The 1944 research of Drs. Eli Marcovitz and Henry J. Myers at the Army Air Force Regional Station Hospital, March Field, California, generally referred to as the "Air Force Study", describes the personality picture of the marijuana users studied. All had had difficulties which had brought them to the attention of military or medical authorities. As a group they invariably present

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an extremely complex picture in which their use of drugs is but one aspect. They appear to have no ability to master the everyday tasks of social living and are unable to reach any long term socially acceptable satisfactions. They have no roots in the social order and have consistently been on the fringe of society. They feel themselves alienated from the rest of the world and express this in various ways, usually by distrust of the world and everybody in it or with a strong feeling that everyone is their enemy.

Dr. Lincoln D. Clark, professor of psychiatry and director, behavioral sciences laboratory of the College of Medicine, University of Utah and Mr. Edwin N. Nakashima, research associate there, working under a National Institute of Mental Health grant point out that the best organized effort to study the behavioral effects of marijuana was the so-called "Mayor's Report" (Mayor's Committee on Marijuana). Clark and Nakashima assert that the most scientifically valuable portion of the Mayor's Report is the finding from a battery of psychophysical and intellectual tests given to subjects under the influence of various amounts of marijuana. "The drug was found to produce significant dose - related impairment of static equilibrium, hand steadiness, and complex (choice) reaction time. Using the Army Alpha, Pyle's Digit Symbol, Koh's Block Design, and several form of board tests, the investigators found decrements in over-all mental functioning and--more strikingly--in subtests involving memory, number concepts, and problem-solving ability. The higher the dose and the more complex the task, the greater the impairment." American Journal of Psychiatry, 125.3, Sept. 1968, p. 379.

Further, the "Mayor's Report" (La Guardia Report of 1944) found that in a number of test subjects,

"There were alterations in behavior giving rise to anti-social expression. This was shown by unconventional acts not permitted in public, anxiety reactions, opposition and antagonism, and eroticism. Effects such as these would be considered conducive to acts of violence." (The Mayor's Committee on Marijuana: The Marijuana Problem in the City of New York, p. 215)

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Dr. John A. Talbott of St. Luke's Hospital Center (New York) and Dr. James W. Teague of the UCLA Neuropsychiatric Institute (Los Angeles) have written of the clinical syndrome of acute marijuana psychosis as observed in 12 cases. Each case was characteristic of acute toxic psychosis with organic features and ten cases had paranoid features as well. In each case it was the individual's first exposure to marijuana and marked physical symptoms appeared soon after the subject began to smoke. Impaired cognitive functioning was also present in each instance and included impairment of orientation to either time or place; severe impairment of memory, most particularly of recent memory; impairment of intellectual functioning manifested by confusion, short attention span, difficulty concentrating, impaired thinking and impaired judgment. Symptoms were of a duration from 36 hours to eleven days. Journal of the American Medical Association, 210:2, Oct. 13, 1969, pp 299-302.

TAB A

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INDUCTIONS AND ENLISTMENTS - FY 70

Month (Total All Services)	Service	Inductees	Enlistees	Total
Jul 69 (63,168)	USA	22,995	14,383	37,378
	USN	1	10,265	10,266
	USMC	2	8,370	8,372
	USAF	0	7,152	7,152
Aug 69 (71,870)	USA	30,092	16,561	46,653
	USN	0	9,825	9,825
	USMC	0	7,643	7,643
	USAF	0	7,749	7,749
Sep 69 (69,469)	USA	27,890	18,618	46,508
	USN	0	8,043	8,043
	USMC	1,478	6,128	7,606
	USAF	0	7,312	7,312
Oct 60	USA	9,624	15,388	25,012
	USN	0	7,467	7,467
	USMC	1,540	6,277	7,817
	USAF	0	4,706	4,706
Nov 69 (40,644)	USA	8,559	12,138	20,697
	USN	0	7,978	7,978
	USMC	965	6,259	7,224
	USAF	0	4,745	4,745
Dec 69	USA	6,590	9,720	16,310
	USN	0	6,541	6,541
	USMC	1,289	5,598	6,887
	USAF	0	4,833	4,833
Jan 70 (45,513)	USA	9,267	14,246	23,513
	USN	0	9,826	9,826
	USMC	2,259	5,202	7,461
	USAF	0	4,713	4,713
Feb 70 (46,078)	USA	13,498	12,212	25,710
	USN	0	9,782	9,782
	USMC	592	5,307	5,899
	USAF	0	4,687	4,687
Mar 70 (40,853)	USA	13,361	11,369	24,730
	USN	0	7,323	7,323
	USMC	1	4,060	4,061
	USAF	0	4,739	4,739

TAB B

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FY 70 MONTH	INDUCTED OR ENLISTED	MEDICALLY DISQUALIFIED AT AFEES FOR DRUGS	DISQUALIFIED TO INDUCTED RATE PER 1,000
Jul 69	63,168	466	7.38
Aug 69	71,870	183	2.55
Sep 69	69,469	261	3.76
Oct 69	45,002	217	4.82
Nov 69	40,644	185	4.55
Dec 69	34,571	141	4.08
Jan 70	45,513	172	3.78
Feb 70	46,078	173	3.75
Mar 70	40,853	197	4.82
TOTAL	457,168	1,995	4.36

TAB C

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MORAL WAIVERS - FY 1970 - DRUGS

MONTH	PROCESSED			APPROVED		
	Inductees	Enlistees	Total	Inductees	Enlistees	Total
Jul 69	339	4	343	307	2	309
Aug 69	279	3	282	261	1	262
Sep 69	289	1	290	271	0	271
Oct 69	388	3	391	351	2	353
Nov 69	256	1	257	212	0	212
Dec 69	241	1	242	186	1	187
Jan 70	183	2	185	133	1	134
Feb 70	499	2	501	365	1	366
Mar 70	551	0	551	317	0	317
Apr 70	400	2	402	256	2	258
May 70	476	3	479	352	3	355
TOTAL	3901	22	3923	3011	13	3024

TAB D

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CHARACTER OF DISCHARGE DETERMINATIONS BY VETERANS ADMINISTRATION

A "veteran is defined in 38 USC 101(2) as a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Entitlement to medical (38 USC 610 and 612) and other benefits administered by the Veterans Administration requires that a person be a "veteran."

Where a person's discharge or release from service is not specifically honorable, general, or dishonorable, and there is not a statutory bar to benefits under 38 USC 3103, it is necessary for the Veterans Administration to make a character of discharge determination. This would occur in cases of "undesirable" or "bad conduct" discharges. The requirement that the discharge be under conditions other than dishonorable has been in existence since the Veteran's Regulations were issued under PL 346, 78 Congress enacted in 1944.

Title 38, Code of Federal Regulations, Section 3.12 published for effectuation of 38 USC 101(2) sets forth the criteria for determining whether a discharge is under conditions other than dishonorable. Under that Section a discharge or release is considered to have been issued under dishonorable conditions if it is based upon an offense involving moral turpitude or willful and persistent misconduct.

TAB E

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Moral turpitude, while it generally includes conviction of a felony, also implies something "malum in se" rather than "malum prohibitum." The phrase intends that the act be immoral in itself, whether or not it is punishable by law.

Willful misconduct involves a conscious wrong doing or the deliberate doing of something contrary to good order and proper conduct. Persistent and willful misconduct could involve a number of instances of conscious or deliberate wrongdoing. Consequently, the continued unlawful use of drugs or narcotics resulting in an undesirable discharge would require a finding by the VA that the discharge was for persistent and willful misconduct, and thus was issued under dishonorable conditions.

In these cases the military is dealing with men who have rendered themselves incapable or unfit for active duty by their own actions. In the case of an alcoholic, the military is willing to recognize the compulsion that governs the man's actions that cause him to be incapable of further service, and to grant him a general discharge. This permits VA to recognize him as a veteran for the purpose of all laws that the VA administers. In the case of the drug user, the military takes a position inconsistent with its view of alcoholism. The drug user is considered to have rendered himself unfit for further service, and is given an undesirable or bad conduct discharge. These characterize his service as other than honorable, and stigmatize his discharge as due to misconduct. Under these circum-

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stances VA has no alternative but to consider such misconduct to be both willful and persistent.

In view of the expressed concern that these men be made eligible for treatment by the VA, disposition might well be made of these cases similar to actions in the cases of alcoholics. If these men were found to be incapable of further service because of their involvement with drugs, and given general discharges, they would be "veterans" for the purpose of VA benefits, including medical rehabilitation.

TAB E

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CONTROL OF DRUG ABUSE IN SENSITIVE BILLETS

General criteria for access to classified information and assignment to various sensitive programs stems from the Department of Defense. Application of the criteria is fairly uniform for most programs, i.e., an overall common sense determination is required to be made based on all available information which includes both the favorable and unfavorable. In connection with access to classified information, no one may be granted access unless he has been properly cleared and no one may be granted a clearance unless the granting of such clearance is clearly consistent with the interests of national security. Unauthorized use of drugs is a matter that would require appropriate investigation and careful consideration before such a determination is made. The more sensitive the information, the more stringent are the criteria that must be applied.

The Navy would not normally declare a member ineligible for a conventional security clearance who was an experimental user of marijuana nor would the Navy assign such individual to a critical sensitive position unless there was overriding evidence of reliable performance and little likelihood that such incident would not be repeated. There are some instances wherein the member may be required to change his rating to one not requiring a security clearance. The pushers, peddlers, users of hard drugs, etc., are denied clearances and are normally discharged.

TAB F

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Each case is decided on its own merits at the departmental and command level, for example, in the Nuclear Personnel Reliability Program misuse of drugs or narcotics is a bar to training, unless there is overriding evidence of reliability in duty performance. In the Submarine Forces (nuclear) a member involved in experimental drug abuse is normally transferred even though retained. A drug abuser would not be recommended for duty in a White House Support Activity.

All Marines holding sensitive billets, including embassy and White House personnel must undergo a thorough background investigation and/or National Agency Check prior to or shortly after their assignment to any sensitive billet. Each case is decided on its individual merits. Experimental users, prior to enlistment, other than LSD or opiates, could be assigned to sensitive billets if they are otherwise qualified. Pre-service drug abusers are processed for fraudulent enlistment. Security clearances of in-service drug abusers who are in sensitive billets are immediately terminated and UCMJ or administrative discharge action is initiated. In order for a Marine to be considered for a sensitive billet, investigation and other action must show that he possesses integrity, loyalty, trust worthiness, good character and possesses good judgment and discretion.

The following procedures are used by the Army in controlling drug abuse in sensitive billets:

a. Assignment restrictions which include provisions to exclude drug abusers are established for each sensitive billet.

TAB F

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b. Individuals are assigned to such billets subject to the approval of their immediate commander in addition to preliminary records and file checks. This further acts to reinforce records and files checks by screening out personnel with recent histories of drug abuse which may not yet appear in current records.

c. A duplicate personnel records file is maintained at departmental level on each individual possessing a skill designation qualifying him for assignment to a sensitive billet. This file is routinely screened on a continuous basis to identify any disqualifying evidence which may accumulate.

d. The personal conduct and records of all personnel possessing skill designations for sensitive billets, even during interim periods when they are not in sensitive billets, are kept under continuous active command and staff monitorship as long as the individual retains that skill designation.

e. Final authority for determining disqualification for assignment to a sensitive billet, for any reason, is vested in the field commander.

The Air Force controls and prevents assignment of individuals with undesirable characteristics to sensitive billets in two primary ways:

a. The Human Reliability Program (AFM 35-99).

b. Security Clearance Procedures.

However, control of drug users under these programs is not a primary element, but only one of many characteristics deemed undesirable in

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those assigned to sensitive or highly responsible positions. Although no statistics are available, none of the authorities contacted believed that drug users were a particular or even significant problem under these programs.

A new version of AFM 35-99, which controls this program, will be published in September. It now contains a specific provision relating to drug abuse. This discussion will pertain to this new directive.

a. AFM 35-99 instructs commanders to weigh heavily any evidence of drug use when deciding whether individuals qualify for assignment to sensitive positions having to do with Nuclear, CBW weapons, Missile Early Warning Career Fields, Communications Career Fields, and Intelligence Career Fields. The program also provides for removing personnel already assigned to such positions.

b. Users of LSD are treated somewhat differently under AFM 35-99. If any information on the alleged use of LSD by an individual in a sensitive position comes to the attention of a commander, the commander must direct an immediate physical and psychiatric examination. Unless non-use is clearly proven the alleged user of LSD must be removed from his sensitive assignment.

c. There are no disciplinary or administrative discharge aspects in the Human Reliability Program. In most cases, individuals identified under this program would be transferred to another position or re-trained into another career field. Of course, if information of a criminal nature was revealed it could lead to other actions.

TAB F

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Probably the bulk of individuals prevented from being assigned to sensitive positions are identified through security clearance procedures. However, there are no statistics available to demonstrate this belief. Again, authorities contacted indicated that drug users were not a significant proportion of those identified as security risks.

a. Evidence of drug use is sought in all security background investigations. Such information is uncovered in interviews (questions are always asked about drug use) and through searches of various records (school, police, etc.).

b. Local security access can be denied if later information becomes available to indicate that an individual is not a good security risk. In extreme cases, individuals can be eliminated from the service on security grounds. However, the use of drugs of and by itself, is not a sufficient justification for elimination under this program (AFR 35-62). Drug use is identified in AFR 35-62 as having important implications to security (alcoholism is also mentioned), but the regulation states that existing administrative discharge and punitive judicial procedures are appropriate for these cases.

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ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

MANPOWER AND
RESERVE AFFAIRS

39

April 27, 1970

MEMORANDUM FOR Secretaries of the Military Departments
Chairman of the Joint Chiefs of Staff
Assistant Secretary of Defense (Health and Environment)
Acting General Counsel, Department of Defense
Deputy Assistant Secretary of Defense (M&RA)
Deputy Assistant Secretary of Defense (MPP)

SUBJECT: Preventing and Eliminating Drug Abuse in the Armed Forces

REFERENCE: (a) DoD Directive 1300.11 dated February 2, 1968

Reference (a) includes a statement of general policy on the subject of drug abuse within the Armed Forces, and assigns responsibility for implementing the overall drug control program.

Since February 1968, when this directive was issued, drug usage has increased at an alarming rate throughout our society and in the Armed Forces as well, despite the initiatives taken within DoD to control the problem.

There is clear need to accelerate the scope of training and education devoted to the prevention of drug abuse, and to reexamine the entire range of discipline, treatment and rehabilitation related to the problem. Programs to prevent and eliminate drug abuse must be encouraged by an updated DoD policy that is responsive to areas and questions not covered in reference (a), such as the following:

(1) Should a member of the Armed Forces, who has a drug problem be able to "turn himself in" for treatment and rehabilitation without fear of reprisal?

(2) Should the rules and prohibitions concerning the use and possession of drugs by members of the Armed Forces be uniformly applied among Services and for all areas, overseas and in the Continental U. S.?

TAB 1

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(3) What steps should be taken to update treatment and rehabilitation practices in the Services?

I have asked Vice Admiral W. P. Mack, USN, Deputy Assistant Secretary of Defense (M&RA) to serve as Chairman of a Task Group to recommend appropriate revisions in DoD policy on drug abuse. Each addressee is asked to assign a policy-oriented member to this Task Group. Its membership should also include a general/flag officer from each of the four military services.

Roger T. Kelley

Roger T. Kelley

TAB 1

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DoD TASK GROUP ON DRUG ABUSE POLICY
MEMBERSHIP

OSD

Vice Admiral W. P. Mack, USN, Chairman
Mr. Frank A. Bartimo, AGC(M&RA)
Colonel W. P. Tyson, USA, ODASD(MPP)
Captain F. J. Linehan, Jr., USN (OASD(H&E)

JCS

Colonel R. C. Storey, USA, OJCS

ARMY

Mr. Arthur W. Allen, OASA(M&RA)
MajGen F. M. Davis, Jr., USA

NAVY

Mr. Sidney Friedman, OASN(M&RA)
Rear Admiral D. H. Guinn, USN

MARINE CORPS

Lieutenant General L. B. Robertshaw, USMC

AIR FORCE

Mr. James P. Goode, AASAF(M&RA)
Major General L. F. Miller, USAF

TAB 2

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DoD TASK GROUP ON DRUG ABUSE POLICY
SUBCOMMITTEE MEMBERSHIP

A. Categories of Drugs and Users

Vice Admiral W. P. Mack, USN
Mr. Frank Bartimo, AGC(M&RA)
Colonel E. G. Hopson, USAF

B. Screening Those Entering

Major General F. M. Davis, Jr., USA
Colonel J. S. Holeman, USA
Lieutenant Colonel W. B. Holden, USA
Lieutenant Colonel W. D. Barry, USAF
Captain F. B. Greene, USNR
Major Riley, USMC

C. Education and Information

Mr. T. T. Drysdale, OASD(M&RA) (Education)
Mr. Warren Fairman, OASD(M&RA) (Education)
Mr. E. R. Berkowitz, OASD(M&RA) (IAF)
Lieutenant Colonel A. J. Kramer, USAF
Major T. Clemmons, USAF
Lieutenant Colonel Bob Hand, ASD(M&RA) (IAF)
Mr. Leo Brogan, Navy
Lieutenant Colonel Walter Reznicek, OJCS
Lieutenant Raymond Aholt, USCG
Mr. Jerome A. Vacek, USMC
Colonel Jack Tousley, USA
Lieutenant Ernest Lusky, USMC
Major Bob Black, USMC
Colonel Lane Carlson, USA
Lieutenant Colonel Jack Davis, USA

D. Discipline and Discharges

Rear Admiral D. H. Guinn, USN
Mr. Sidney Friedman, OASN(M&RA)
Captain G. H. Sult, USN
Colonel W. P. Tyson, USA

TAB 3

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D. Discipline and Discharges (Continued)

Lieutenant Colonel W. B. Holden, USA
Major R. A. Hunder, USAF
Mr. J. A. Vacek, USMC
Mr. R. Ruesch, NISHQ
Mr. L. J. Brogan, BUPERS

E. Rehabilitation

Mr. J. P. Goode, OASAF(M&RA)
Mr. J. M. Carroll, SAFMR
Major General L. F. Miller, USAF
Colonel C. S. Allen, USAF
Lieutenant Colonel W. B. Holden, USA
Mr. J. W. Grabein, BUPERS
Lieutenant Colonel D. L. Schlotterback, USAF
Lieutenant Colonel D. D. Zurawski, USAF

F. Liaison with VA and Other Agencies

Lieutenant General L. B. Robertshaw, USMC
Brigadier General R. B. Carney, Jr., USMC
Colonel R. A. McDade, USA
Lieutenant Colonel D. B. Heller, USAF
Commander T. F. Hairston, USN
Colonel W. P. Tyson, USA
Mr. J. A. Vacek, USMC

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punishable by any other article, provided these acts amount to conduct unbecoming an officer and a gentleman. Thus a commissioned officer who steals property violates both this article and Article 121.

Instances of violation of this article are knowingly making a false official statement; dishonorable failure to pay debts; opening and reading the letters of another without authority; using insulting or defamatory language to another officer in his presence or about him to other military persons; being grossly drunk and conspicuously disorderly in a public place; public association with notorious prostitutes; committing or attempting to commit a crime involving moral turpitude; and failing without a good cause to support his family.

Whenever the offense charged is the same as a specific offense set forth in the manual, the elements of proof are the same as those set forth in the paragraph which treats that specific offense, with the additional requirement that the act or omission constitutes conduct unbecoming an officer and gentleman.

Proof. (*a*) That the accused did or omitted to do the acts, as alleged; and (*b*) that, under the circumstances, these acts or omissions constituted conduct unbecoming an officer and gentleman.

213. ARTICLE 134—GENERAL ARTICLE

a. GENERAL

Discussion. Article 134 makes punishable all acts not specifically proscribed in any other article of the code when they amount to disorders or neglects to the prejudice of good order and discipline in the armed forces or to conduct of a nature to bring discredit upon the armed forces, or constitute noncapital crimes or offenses denounced by enactment of Congress or under authority of Congress. If conduct of this nature is specifically made punishable by another article, it should be charged as a violation of that article; and if it is not specifically made punishable by another article, it should be charged as a violation of Article 134. But see 212. The specification alleging a violation of Article 134 need not expressly allege that the conduct was a disorder or neglect, or that it was of a nature to bring discredit upon the armed forces, or that it constituted a crime or offense not capital. Under a specification alleging a violation of Article 134, a finding of guilty may properly be returned if the court-martial is convinced beyond a reasonable doubt that the acts of the accused constituted a disorder or neglect to the prejudice of good order and discipline in the armed forces, that his conduct was of a nature to bring discredit upon the armed forces, or that his conduct violated an applicable statute enacted by or under authority of Congress. The same conduct may constitute a disorder or neglect to the prejudice of good order and discipline in the armed forces and at the same time be of a nature to bring discredit upon the armed forces. Although evidence presented at the trial of an offense alleged under Article 134 may be insufficient to establish the commission of a crime or offense not capital, it may nevertheless be sufficient to establish a disorder or neglect to the prejudice of good order and discipline or service-discrediting conduct and thus support a conviction. See 213*d*.

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b. DISORDERS AND NEGLECTS TO THE PREJUDICE OF GOOD ORDER AND DISCIPLINE IN THE ARMED FORCES

Discussion. The disorders and neglects punishable under this clause of Article 134 include those acts or omissions to the prejudice of good order and discipline not specifically mentioned in other articles.

"To the prejudice of good order and discipline" refers only to acts directly prejudicial to good order and discipline and not to acts which are prejudicial only in a remote or indirect sense. Almost any irregular or improper act on the part of a member of the military service could be regarded as prejudicial in some indirect or remote sense; however, the article does not contemplate these distant effects. It is confined to cases in which the prejudice is reasonably direct and palpable.

Instances of prejudicial disorders and neglects in the case of an officer are rendering himself unfit for duty by excessive use of intoxicants or drugs; drunkenness; and allowing a member of his command to go on duty knowing him to be drunk.

Instances of prejudicial disorders and neglects in the case of enlisted persons are appearing in improper uniform; wrongfully abusive use of military vehicles; careless discharge of firearms; and impersonating an officer.

A *breach of a custom of the service* may result in a violation of this clause of Article 134. In its legal sense the word "custom" imports something more than a method of procedure or a mode of conduct or behavior which is merely of frequent or usual occurrence. Custom arises out of long established practices which by common consent have attained the force of law in the military or other community affected by them. There can be no such thing as a custom that is contrary to existing law or regulation. A custom which has not been adopted by existing statute or regulation ceases to exist when its observance has been long abandoned. Many customs of the service are now set forth in regulations of the various armed forces. Violations of these customs should be charged under Article 92 as violations of the regulations in which they appear.

It is a violation of this article wrongfully to possess or use marihuana or a habit forming narcotic drug. Possession or use of marihuana or a habit forming narcotic drug may be inferred to be wrongful unless the contrary appears. A person's possession or use of a drug is innocent when the drug has been duly prescribed for him by a physician and the prescription has not been obtained by fraud, when he possesses it in the performance of his duty, or when his possession or use of marihuana or a narcotic drug is without knowledge of the presence or the nature of the substance (see 154*a*(4)). If an issue is raised by the evidence as to whether possession or use by an accused charged with this offense was innocent on one of these grounds, a showing that it was not innocent on that ground becomes a requirement of proof.

c. CONDUCT OF A NATURE TO BRING DISCREDIT UPON THE ARMED FORCES

Discussion. "Discredit" as here used means "to injure the reputation of." This clause of Article 134 makes punishable conduct which has a tendency to bring the service into disrepute or which tends to lower it in public esteem. Any discreditable conduct not denounced by a specific article of the code is punishable under this clause. Acts in violation of local civil law may be punished if they are of a nature to bring discredit upon the armed forces. Included within the conduct which may be found to be within the proscription of this

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TABLE OF MAXIMUM PUNISHMENTS—Continued

Article	Offenses	Punishments				
		Dishonorable discharge, forfeiture of all pay and allowances	Bad-conduct discharge, forfeiture of all pay and allowances	Confinement at hard labor not to exceed—		Forfeiture of two-thirds pay per month not to exceed—
				Years	Months	Months
132	Frauds against the United States:					
	In connection with making or presenting a claim or obtaining the approval, allowance, or payment of a claim (Art. 132(1) and (2)).	Yes		5		
	By delivering an amount less than called for by a receipt or by making or delivering a receipt without knowledge of the facts (Art. 132(3) and (4))—					
	When the amount involved is $50 or less		Yes		6	
	When the amount involved is $100 or less and more than $50.		Yes	1		
	When the amount involved is more than $100.	Yes		5		
134	Abusing a public animal				3	3
	Adultery	Yes		1		
	Assault:					
	Indecent	Yes		5		
	With intent to commit voluntary manslaughter, robbery, sodomy, arson or burglary.	Yes		10		
	With intent to commit housebreaking	Yes		5		
	With intent to commit murder or rape	Yes		20		
	Bigamy	Yes		2		
	Bribe or graft, accepting, asking, receiving, offering, or promising.	Yes		3		
	Burning with intent to defraud	Yes		10		
	Check, worthless, making and uttering (by dishonorably failing to maintain sufficient funds).		Yes		6	
	Correctional custody:					
	Escape from	Yes		1		
	Breach of restraint during		Yes		6	
	Criminal libel	Yes		5		
134	Debt, dishonorably failing to pay		Yes		6	
	Disloyal statements undermining discipline and loyalty, uttering.	Yes		3		
	Disorderly:					
	In command, quarters, station, camp, or on board ship.				1	1
	Under such circumstances as to bring discredit upon the military service.				4	4
	Drinking liquor with a prisoner				3	3
	Drugs, habit forming, wrongful possession, sale, transfer, use or introduction into a military unit, base, station, post, ship or aircraft.	Yes		10		
	Drugs, marihuana, wrongful possession, sale, transfer, use or introduction into a military unit, base, station, post, ship or aircraft.	Yes		5		
	Drunk:					
	Aboard ship				3	3
	In command, quarters, station, or camp				1	1
	Prisoner found				3	3
	Under such circumstances as to bring discredit upon the military service.				3	3
	Incapacitating self to perform duties through prior indulgence in intoxicating liquor.				3	3
	Drunk and disorderly:					
	Aboard ship		Yes		6	
	In command, quarters, station, or camp				3	3
	Under such circumstances as to bring discredit upon the military service.				6	6

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(*c*) that at the time the warrant officer, noncommissioned officer, or petty officer was the superior of the accused; (*d*) that the accused at the time knew that the warrant officer, noncommissioned officer, or petty officer was his superior; and (*e*) that the warrant officer, noncommissioned officer, or petty officer was in the execution of his office at the time.

171. ARTICLE 92—FAILURE TO OBEY ORDER OR REGULATION

a. VIOLATION OR FAILURE TO OBEY A LAWFUL GENERAL ORDER OR REGULATION

Discussion. General orders or regulations are those orders or regulations generally applicable to an armed force which are properly published by the President or by the Secretary of Defense, of Transportation, or of a military department, and those orders or regulations generally applicable to the command of the officer issuing them throughout the command or a particular subdivision thereof which are issued by an officer having general court-martial jurisdiction, a general or flag officer in command, or a commander superior to one of these. A general order or regulation issued by a commander with authority under Article 92(1) retains its character as a general order or regulation when another officer takes command, until it expires by its own terms or is rescinded by separate action, and this is true even if it is issued by an officer who is a general or flag officer in command and command is taken by another officer who is not a general or flag officer. A general order or regulation is lawful unless it is contrary to the Constitution, the laws of the United States, or lawful superior orders or for some other reason is beyond the authority of the official issuing it. See 57*b* as to the manner of determining the legality of the order or regulation. Article 92(1) contains no requirement that any kind of knowledge be either alleged or proved in a prosecution thereunder for violating or failing to obey a general order or regulation.

Proof. (*a*) That there was a certain general order or regulation; (*b*) that the accused had a duty to obey it; and (*c*) that the accused violated or failed to obey the order or regulation.

b. FAILURE TO OBEY OTHER LAWFUL ORDER

Discussion. This section contemplates all other lawful orders which may be issued by a member of the armed forces, violations of which are not chargeable under Article 90, Article 91, or Article 92(1). It includes the violation of regulations which are not general regulations as discussed in 171*a*. In order to be guilty of this offense, a person must have had a duty to obey the order and must have had actual knowledge of the order. The accused's knowledge of the order may be proved directly, that is, by showing that the order was actually communicated to the accused, or it may be proved circumstantially, that is, by showing facts from which the members of the court may infer that the accused had knowledge of the order. Circumstantial evidence includes evidence that the order was generally known in the command, that it had been posted at such a time and place that the accused would be likely to have read it, and similar circumstances tending to prove the knowledge. See 138*b*. Failure to obey the lawful order of one not a superior is chargeable under this article, provided the accused had a duty to obey the order. Examples of orders which a person might have a duty to obey, even though issued by one not a superior, are lawful orders of a sentinel or of members of the armed forces police.

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TABLE OF MAXIMUM PUNISHMENTS—Continued

Article	Offenses	Punishments				
		Dishonorable discharge, forfeiture of all pay and allowances	Bad-conduct discharge, forfeiture of all pay and allowances	Confinement at hard labor not to exceed—		Forfeiture of two-thirds pay per month not to exceed—
				Years	Months	Months
90	Striking, drawing, or lifting up any weapon or offering any violence to his superior commissioned officer in the execution of his office.	Yes		10		
	Willfully disobeying a lawful order of his superior commissioned officer.	Yes		5		
91	Striking or otherwise assaulting, while in the execution of his office, a:					
	Warrant officer	Yes		5		
	Noncommissioned or petty officer	Yes		1		
	Willfully disobeying the lawful order of a:					
	Warrant officer	Yes		2		
	Noncommissioned or petty officer		Yes		6	
	Treating with contempt or being disrespectful in language or deportment, while in the execution of his office, a:					
	Warrant officer		Yes		6	
	Noncommissioned or petty officer				3	3
92	Violating or failing to obey any lawful general order or regulation.[5]	Yes		2		
	Knowingly failing to obey any other lawful order [5]		Yes		6	
	Being derelict in the performance of duties				3	3
93	Cruelty toward or oppression or maltreatment of any person subject to his orders.	Yes		1		
94	Mutiny, sedition, failing to report, etc. (See Art. 94.)					
95	Resisting apprehension		Yes	1		
	Breaking arrest		Yes		6	
	Escaping from custody or confinement	Yes		1		
96	Releasing, without proper authority, a prisoner duly committed to his charge.	Yes		2		
	Suffering a prisoner duly committed to his charge to escape:					
	Through design	Yes		2		
	Through neglect		Yes	1		
97	Unlawful detention of another	Yes		3		
98	Unnecessary delay in disposing of a case, or failing to enforce or comply with procedural rules.		Yes		6	
99	Misbehavior before the enemy. (See Art. 99.)					
100	Subordinate compelling surrender. (See Art. 100.)					
101	Improper use of countersign. (See Art. 101.)					
102	Knowingly forcing a safeguard. (See Art. 102.)					
103	Captured or abandoned property, failing to secure, give notice and turn over, selling, or otherwise wrongfully dealing in or disposing of:					
	Of a value of $50 or less		Yes		6	
	Of a value of $100 or less and more than $50		Yes	1		
	Of a value of more than $100	Yes		5		
	Looting or pillaging. (Any punishment other than death.)					
104	Aiding the enemy. (See Art. 104.)					
105	Misconduct as a prisoner. (Any punishment other than death.)					

[5] This punishment does not apply in the following cases:

(1) If in the absence of the order or regulation which was violated or not obeyed the accused would on the same facts be subject to conviction for another specific offense for which a lesser punishment is prescribed in this table.

(2) If the violation or failure to obey is a breach of restraint imposed as a result of an order.

In these instances, the maximum punishment is that specifically prescribed elsewhere in this table for the offense.

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Section I. GENERAL

1. **Purpose.** This regulation establishes policy and provides procedures and guidance for eliminating enlisted personnel who are found to be unfit or unsuitable for further military service.

2. **Scope.** This regulation applies equally to personnel enlisted, inducted, or ordered to active duty and to Reserve component personnel on active duty for training under the Reserve Enlistment Program of 1963.

3. **Policy.** *a.* Action will be taken to separate an individual for unfitness when it is clearly established that—

(1) Despite attempts to rehabilitate or develop him as a satisfactory soldier further effort is unlikely to succeed; or

(2) Rehabilitation is impracticable (as in cases of confirmed drug addiction) or he is not amenable to rehabilitation measures (as indicated by the medical and/or personal history record); or

(3) An unfitting medical condition (AR 40–501) is not the direct or substantial contributing cause of his unfitness (para 9*b*).

b. Action will be taken to separate an individual for unsuitability when it is clearly established that—

(1) It is unlikely that he will develop sufficiently to participate in further military training and/or become a satisfactory soldier, *and*

(2) He meets retention medical standards (AR 40–501) (para 9*a*).

c. Commanders will not take action under this regulation in lieu of disciplinary action solely to spare an individual who may have committed serious misconduct the harsher penalties which may be imposed under the Uniform Code of Military Justice.

4. **Types of separation.** *a.* An individual separated by reason of unfitness will be furnished an undesirable discharge certificate except that an honorable or general discharge certificate may be awarded if the individual being discharged has been awarded a personal decoration or if warranted by the particular circumstances in a given case.

b. An individual separated by reason of unsuitability will be furnished an honorable general discharge certificate as warranted his military record.

5. **Authority.** *a.* Approval of Headquarters Department of the Army is required before individuals who have completed 18 or more years active Federal service may be discharged.

b. Commanders exercising general court-martial jurisdiction are authorized to convene boards of officers for unfitness and unsuitability and to order separation, except that they may not order discharge of personnel referred to in *a* above.

c. Commanders exercising special court-martial jurisdiction are authorized to convene boards of officers for unsuitability and to order separation, except that they may not order discharge of personnel referred to in *a* above.

6. **Applicability.** An individual is subject to separation under the provisions of this regulation when one or more of the following conditions exist:

a. Unfitness.

(1) Frequent incidents of a discreditable nature with civil or military authorities.

(2) Sexual perversion including but not limited to—

(*a*) Lewd and lascivious acts.

(*b*) Indecent exposure.

(*c*) Indecent acts with, or assault upon a child.

(*d*) Other indecent acts or offenses.

(3) Drug addiction or the unauthorized use or possession of habit-forming drugs or marijuana.

(4) An established pattern for shiftless

(5) An established pattern showing dishonorable failure to pay just debts

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OGC, Army
Rm. 2 E 621

Changes in force: C 5, C 6, and C 7

CHANGE
No. 7

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, *28 November 1969*

PERSONNEL SEPARATIONS
DISCHARGE
UNFITNESS AND UNSUITABILITY
(For general provisions see AR 635–200)

Effective 15 January 1970

This change revises paragraph 6a(3) to categorize marijuana separately from other drugs to insure that adequate rehabilitative steps are taken in cases of unauthorized use or possession of marijuana. Paragraph 7c(1) has been revised to delete a commander's option to waiver counseling and rehabilitation to users or possessors of marijuana prior to taking separation action.

AR 635–212, 15 July 1966, is changed as follows:

Page 2. Paragraph 6*a*(3) is superseded as follows:

(3) Drug abuse, defined as—

(*a*) Drug addiction, habituation, or the unauthorized use, sale, possession, or transfer of any narcotics, hypnotics, sedatives, depressants, stimulants, hallucinogens, or other known harmful or habit-forming drugs and/or chemicals or the introduction of such drugs and/or chemicals onto any Army installation or other Government property under Army jurisdiction.

(*b*) The unauthorized sale or transfer of marijuana.

(*c*) The unauthorized use or possession of marijuana.

Page 4. Paragraph 7*c*(1) is superseded as follows:

(1) Counseling required in *a* above and rehabilitation required by *b* above may be waived by the convening authority when separation is being considered under the provisions of paragraph 6*a*(2) or (3)(*a*) and (*b*), or under the provisions of 6*b*(2), (5), or (6).

The proponent agency of this regulation is The Adjutant General's Office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications) to The Adjutant General, ATTN: AGPO–P, Department of the Army, Washington DC 20315.

By Order of the Secretary of the Army:

W. C. WESTMORELAND,
General, United States Army,
Chief of Staff.

Official:
KENNETH G. WICKHAM,
Major General, United States Army,
The Adjutant General.

Distribution:
Active Army, NG and *USAR:* To be distributed in accordance with DA Form 12–9 requirements for AR, Personnel Separations—A (qty rqr block No. 542).

TAGO 403A—November 390–469°—69 U.S. GOVERNMENT PRINTING OFFICE: 1969

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June 7, 1972

MEMORANDUM FOR: ALEX BUTTERFIELD

FROM: JOHN DEAN

SUBJECT: Foreign Travel

This is to inform you that the Bureau of Narcotics and Dangerous Drugs (BNDD) has asked me to deliver a graduation address at its Training School in Manila, Philippines, on Saturday, June 17, 1972. I understand the training program is being conducted for Philippines police officials and further understand that President Markos will participate in the ceremony.

I have accepted the invitation, subject to a need to cancel if something in my office should demand my attention. If I go, I will depart on June 14th and return on June 18th. I contemplate as direct flights as possible and stops in other countries will be merely to change planes.

BNDD has cleared this with the State Department and I have checked it with NSC and Krogh.

Please let me know if you need any additional information.

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THE WHITE HOUSE

WASHINGTON

June 7, 1972

MEMORANDUM FOR: ALEX BUTTERFIELD

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BNDD has cleared this with the State Department and I have checked it with NSC and Krogh.

Please let me know if you need any additional information.

Coordinated and approved X

~~Unable to approve at this time~~

A

Alexander P. Butterfield

June 14, 1972

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Form DJ-9a
(Rev. 6-22-66)

DEPARTMENT OF JUSTICE

ROUTING SLIP

TO: NAME	DIVISION	BUILDING	ROOM
1. Mr. John W. Dean III			
2.			
3.			
4.			

- ☐ SIGNATURE
- ☐ APPROVAL
- ☐ SEE ME
- ☐ RECOMMENDATION
- ☐ COMMENT
- ☐ NECESSARY ACTION
- ☐ NOTE AND RETURN
- ☐ CALL ME
- ☐ PER CONVERSATION
- ☐ AS REQUESTED
- ☐ NOTE AND FILE
- ☐ YOUR INFORMATION
- ☐ ANSWER OR ACKNOWLEDGE ON OR BEFORE _____
- ☐ PREPARE REPLY FOR THE SIGNATURE OF _____

REMARKS

For your information.

FROM: NAME	BUILDING & ROOM	EXT.	DATE
Perry A. Rivkind	BNDD	21801	6/7

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TELEGRAPHIC MESSAGE

NAME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION
BNDD	ACTION: PRIORITY INFO:	~~CONFIDENTIAL~~
ACCOUNTING CLASSIFICATION	DATE PREPARED 6/7/72	TYPE OF MESSAGE [X] SINGLE [ ] BOOK [ ] MULTIPLE-ADDRESS
FOR INFORMATION CALL		
NAME R. Sanchez	PHONE NUMBER 21801	

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED *(Use double spacing and all capital letters)*

TO: SAIC STERNAMAN, MANILA DISTRICT OFFICE

~~INFO.~~

WILL BE ARRIVING MANILA FRIDAY, JUNE 16, 12:15 P.M. PR 423, WITH JOHN W. DEAN III, COUNSEL TO THE PRESIDENT. MR. DEAN WILL BE GUEST SPEAKER AT CLOSING CEREMONY OF BNDD NATIONAL TRAINING INSTITUTE SCHOOL IN MANILA ON SATURDAY, JUNE 17.

ROBERT STUTMAN, CHIEF, FOREIGN TRAINING DIVISION, WILL COORDINATE ACTIVITIES SURROUNDING MR. DEAN'S ARRIVAL AND PARTICIPATION IN CLOSING CEREMONY.

PERRY A. RIVKIND
ASSISTANT DIRECTOR FOR TRAINING
NATIONAL TRAINING INSTITUTE

DECLASSIFIED
E.O. 12958, Sect. 3.6

By RRS NARA, Date 9-5-97

cc IH
DO

PAGE NO.	NO. OF PGS.	SECURITY CLASSIFICATION
1	1	~~CONFIDENTIAL~~

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(Rev. 6-22-66)

DEPARTMENT OF JUSTICE

ROUTING SLIP

TO: NAME	DIVISION	BUILDING	ROOM
1. Mr. John Dean			
2.			
3.			
4.			

- ☐ SIGNATURE
- ☐ APPROVAL
- ☐ SEE ME
- ☐ RECOMMENDATION
- ☐ COMMENT
- ☐ NECESSARY ACTION
- ☐ NOTE AND RETURN
- ☐ CALL ME
- ☐ PER CONVERSATION
- ☐ AS REQUESTED
- ☐ NOTE AND FILE
- ☐ YOUR INFORMATION
- ☐ ANSWER OR ACKNOWLEDGE ON OR BEFORE _____
- ☐ PREPARE REPLY FOR THE SIGNATURE OF _____

REMARKS

Attached for your information is a list of BNDD's foreign training schools scheduled for fiscal year 1973.

FROM: NAME	BUILDING & ROOM	EXT.	DATE
Perry A. Rivkind	BNDD	21801	5/30

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Revised 5-25-72

FOREIGN SCHOOLS FY 1973

1. BRIDGETOWN, BARBADOS

   a. Date: July 10 - 21, 1972

   b. Number of Students: 50

2. BALBOA, CANAL ZONE (Joint BNDD & U.S. Customs)

   a. Date: August 14 - 24, 1972

   b. Number of Students: 20 Canal Zone Customs Officers
   30 Canal Zone Police Officers

3. CRISTOBAL, CANAL ZONE

   a. Date: August 25 - September 7, 1972

   b. Number of Students: 20 Canal Zone Customs Officers
   30 Canal Zone Police Officers

4. BELGRADE, YUGOSLAVIA

   a. Date: September 11 - 22, 1972

   b. Number of Students: 60

5. CARACAS, VENEZUELA

   a. Date: October 2 - 13, 1972

   b. Number of Students: 50

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6. VIENNA, AUSTRIA

a. Date: October 16 - 27, 1972

b. Number of Students: 50

7. BELGRADE, YUGOSLAVIA

a. Date: November, 1972

8. MEXICO CITY, MEXICO

a. Date: November, 1972

9. CURACAO, Netherlands Antilles

a. Date: December, 1972

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