

Drug Abuse Control: Policy Turns toward Rehabilitation

Heroin addiction is the most difficult to control and the most socially destructive form of addiction in America today. Heroin is a fact of life and a cause of death among an increasing number of citizens in America, and it is heroin addiction that must command priority in the struggle against drugs.—President Nixon in his drug message to Congress on 17 June.

The rising casualty rate from heroin addiction among American troops in Vietnam appears to have been a major factor in persuading President Nixon to call drug abuse a "national emergency" and to ask Congress to put an additional \$155 million into programs to control it.

A key proposal is for creation of a special office in the White House to make policy and coordinate operations on drug-abuse prevention, treatment, rehabilitation, research, and training. Whatever the impact on intransigent hard-core addicts, the Administration's initiatives mark a major policy change. The traditional federal emphasis on narcotics law enforcement is being balanced by stress on rehabilitation and research.

Although labeled the "Omnibus Drug Control Message," it was clear from the President's words and from comments of Administration officials that the "epidemic" of heroin addiction, particularly among troops in Vietnam, was a principal catalyst for the new program.

Of the \$155 million being requested from Congress, some \$105 million would be earmarked specifically for treatment and rehabilitation. An immediate \$14-million increase in the Veterans Administration budget is being sought to increase to 32 the number of specialized drug treatment and rehabilitation centers operated by the VA (see box) and provide care for an additional 6000 veteran-addicts annually.

The extent of the drug problem in the military has been a matter of mounting concern and debate in Washington, and this spring official estimates of the number of servicemen involved—one Pentagon estimate is that 26,000 to 39,000 GI's use hard drugs—have come under criticism in Con-

gress as being unrealistically low. Reportedly, a sharp debate within the Administration went on for some time over the probable political impact of public discussion of the dimensions of the problem and also over formulation of an effective program to counter drug abuse.

In a different frame of reference, however, the President's message is the culmination of about a year of effort by the White House domestic affairs staff, and it represents an important evolution in Administration policy. As a presidential candidate, Nixon gave drug-abuse control a fairly high priority as a campaign issue but treated it primarily as a "law and order" problem. Six months after he took office he asked Congress to implement a ten-point program which he termed "initial countermoves" against narcotics addiction and drug abuse (*Science*, 25 July 1969). He advocated a consolidation and revision of existing law on narcotic and dangerous drugs, later enacted as the Comprehensive Drug Abuse Prevention and Control Act, and an expansion of manpower in the agencies administering narcotics and drug laws. But the main emphasis of the Nixon initiatives was on enforcement, and advocates of rehabilitation and research found little to cheer about. The new White House message, which is said to have been shaped finally by John D. Erlichman, assistant to the President for domestic affairs, and his deputy Egil Krogh, is therefore being greeted as a welcome if overdue sign of change.

Administration hopes for effective action are obviously centered on the proposed Special Action Office for Drug Abuse Prevention in the White House. As the Administration's draft legislation puts it, "all Federal drug abuse prevention, treatment, rehabilitation,

training, education, and research activities will be placed under the direction and policy-setting" of the new office. Its jurisdiction specifically excludes law enforcement and legal proceedings. The office would be established for 3 years with the possibility of a 2-year extension.

Nixon's nominee as the first director of the special office is Jerome H. Jaffe, director of the drug abuse program of the Department of Mental Health of the State of Illinois and an associate professor in the department of psychiatry at the University of Chicago. He did his residency in psychiatry at the Public Health Service narcotics hospital in Lexington, Kentucky, and for the past 7 years has been involved in the development of treatment programs for heroin addicts. The 37-year-old Jaffe has been a research grantee of the National Institute of Mental Health and seems to have a solid reputation in the research community and also among those involved in action programs. His experience in administering a major program and in dealing with the legislature in Illinois is expected to be useful in Washington.

Immediate federal attention will certainly be focused on the armed forces. The President has ordered that all servicemen in Southeast Asia be given urinalysis tests before returning to the United States. If drug traces are discovered, the individual is to be given detoxification treatment in Vietnam and returned to the United States for further treatment.

At the President's behest the Pentagon is now seeking authority to delay discharge of servicemen for up to 30 days. Officials concede that this would not allow time for adequate treatment, but authority is being sought for the director of the new special office to "direct" addict patients to private or VA hospitals for further treatment.

Administration concern about heroin use is reflected in a section of the message that proposes the most vigorous initiatives to date for control of the international heroin traffic. Heroin (diacetylmorphine, $C_{21}H_{23}NO_5$) is an opiate, and Nixon took the step of proposing as an international goal the termination of the growing of opium poppies. Efforts to control the international traffic in opiates have been indifferently successful for a variety of political, economic, and sociological reasons. In the opium-producing countries in Southeast Asia such as Laos, Thailand, and Burma, central govern-

ment control of large areas is nonexistent and government officials are said to profit from the narcotics traffic. The chief source of opiates in the illegal market in the United States is Turkey and other Middle Eastern countries, and the main route for processing and distribution is through France and other European countries.

Nixon has proposed amendments to the United Nations' Single Convention

on Narcotics which would require signatories to provide more information on poppy cultivation and opium production and would generally tighten control provisions. The convention has been a relatively ineffectual instrument, but the United States is now proposing that in extreme cases an embargo on export or import of drugs be imposed on a country that fails to meet the obligations of the convention.

Nixon also is asking the Senate to ratify the international Covenant on Psychotropic Drugs, which covers dangerous synthetic drugs. Positions are to some extent reversed here, since American drug manufacturers are the source of a large part of the supply of amphetamines and barbituates diverted into illegal international channels. Much more would be expected of the United States in the way of licensing and in-

VA Given Task of Developing Programs for GI Addicts

In his drug control message President Nixon assigned a major role for treatment and rehabilitation of GI addicts to the Veterans Administration (VA). Fourteen new drug treatment centers are scheduled to be opened by the VA this month in addition to the five already in operation. The total number of centers is expected to reach 32* by October.

The VA has the image of a big and slow-moving bureaucracy, and in the past year or so the VA has had to contend with criticism about the quality of patient care and maintenance of facilities at some hospitals. The VA, however, does have experience operating treatment and social rehabilitation programs for alcoholics and psychiatric patients and since 1969 has been receiving drug-addicted patients on a regular basis.

Policy makers at the VA appear to be approaching the admittedly difficult problem of rehabilitation of hard narcotics addicts in an experimental spirit and reportedly are giving directors of individual drug centers considerable latitude in developing programs and recruiting staffs.

The first VA drug treatment center was established last October at the Washington, D.C., VA hospital and, because it is the original program and in the nation's capital, the center is looked on as something of a pilot project.

Director of the Washington program is a 32-year-old psychiatrist, Norman

R. Tamarkin, who joined the VA a year ago and has been director of the Washington drug center since January. He did his residency in psychiatry at the Illinois State Psychiatric Institute and was assigned to the National Institute of Mental Health for a tour as a junior Public Health Service officer.

A key question facing the VA centers, of course, is whether GI addicts differ basically from addicts living in the drug culture in the United States. Tamarkin says that at the moment opinion is divided. He says he hopes that the majority of addicted GI's will be different from street addicts. Returning GI's generally have had a habit for a shorter period. They usually started using narcotics when "lonely, fearful, and bored" during service overseas. And "they may have psychological strengths which other addicts lack," says Tamarkin. But it is too early to tell, Tamarkin emphasizes.

The Washington VA center operates both inpatient and outpatient programs. New patients are detoxified and given a complete medical work-up. Daily group therapy, vocational counseling, coaching for job interviews, and a range of recreational activities are the mainstays of the program. A strong effort is made to create an atmosphere that will encourage the patients to identify the hospital as a place where he can get support and help. And Tamarkin says the staff is constantly looking for new methods of treatment and is interested, for example, in the possibilities of Yoga. The outpatient program functions 5 days a week, with evening hours for patients whose work schedule prevents daytime visits. The center plans to open two storefront branches to perform both intake and treatment functions.

The Washington center is now oper-

ating with 10 inpatient beds, and there are plans for 20 beds eventually. About 40 patients in all are in the program now. Tamarkin says that the typical VA program will probably operate with about 15 beds.

Tamarkin by no means minimizes the difficulties of rehabilitating hardcore addicts. The patients are demanding and hard to deal with. Heroin addicts, even those who enter treatment voluntarily, are at best ambivalent about the use of heroin, says Tamarkin. And his definition of rehabilitation is carefully qualified. The center's goal is to have a patient "living a kind of life, adopting a life style in which he has some pride, and through which he will make some contribution to society. A life not centered on obtaining and using drugs." A main problem in rehabilitation programs is the addict's low self-esteem.

Tamarkin has a research background and sees the VA effort as potentially a main research program on drug abuse. He sees the VA as an ideal ground for research because of the large number of patients and facilities and the opportunities for maintaining good records and for keeping track of patients who transfer from one facility to another. Many VA hospitals are affiliated with medical schools. Tamarkin views research as an integral part of rehabilitation programs. The new breed of professionals involved with treatment of addicts tends to be politically active and socially conscious, and, like many of his colleagues, Tamarkin feels that research should bear not only on such things as the mechanisms of tolerance and addiction in the individual but should also seek an understanding of what it is about modern society that is making addiction an appallingly familiar phenomenon.—J.W.

* In addition to the five VA treatment centers now in operation in Washington, D.C.; New York City; Houston, Tex.; Battle Creek, Mich.; and Sepulveda, Calif., the 14 new VA treatment centers scheduled to be formally opened this month are located in Baltimore, Md.; Boston, Mass.; Buffalo, N.Y.; Syracuse, N.Y.; Salem, Va.; Miami, Fla.; Oklahoma City, Okla.; Minneapolis, Minn.; Brecksville, Ohio; Chicago, Ill.; Pittsburgh, Pa.; Iowa City, Iowa; Palo Alto, Calif.; and Salt Lake City, Utah.

spection and control of manufacturing, distribution, and trade in synthetic drugs.

To bring the day closer when an end to growing of the opium poppy could be realistically contemplated, the President is asking for funds for research on synthetic substitutes for opium derivatives (such as morphine and codeine) with legitimate medical uses. He is also requesting money to assist training of foreign narcotics enforcement officers.

Although the Administration program has won a generally favorable reception, there has been some negative reaction, notably from Senator Harold E. Hughes (D-Iowa). Hughes, chairman

of the Senate Subcommittee on Alcoholism and Narcotics, lauded Nixon for the scope of his proposals but noted some "critical omissions." Hughes chided the Administration for not funding existing programs adequately and expressed special misgivings about the possibility that programs to control alcohol abuse would suffer from the emphasis on the narcotics control program.

It was Hughes again who last week raised the question of whether VA drug programs might be undermined by a threat to confidentiality of information provided by patients. Federal law requires that the VA provide information on criminal activities acknowledged by

patients in the course of treatment if enforcement agencies request it. VA officials testified that enforcement officials indicated they would not press for such information, but this hardly seems to resolve the problem.

Much of the detail of the President's proposals remains to be filled in, and the working out of relationships between the new White House office and the operating agencies in the narcotics and drug-abuse field is likely to require more than an easy summer campaign. But, at least and at last, government policy acknowledges at the highest level the other half of the problem.

—JOHN WALSH

Britain: Successor to "Mintech" Loses Jurisdiction over Research

London—Within a year after its unexpected electoral victory, Prime Minister Edward Heath's Conservative government has quietly dismantled the biggest research empire ever built up in Britain. As part of its policy of "disengagement" from activities it believes are best left to private enterprise, the Conservatives have dispersed much of the power of the Ministry of Technology, which was one of Labour's proudest creations.

Heath has said that Britain needs "less government, not more," echoing Sir Winston Churchill's 1951 promise to set the people free. What is more, the Prime Minister really seems to mean it—a fact that has quickly given his government a distinctive style, a break from the consensus politics of the Tory governments of the late 1950's and early 1960's.

When the new ministers applied this philosophy to the Ministry of Technology, most of the old policies were turned on their heads. The result is a department very different from the one the Conservatives inherited.

The purpose of the old Ministry of Technology was to attempt to do for British industry what massive space and defense spending seemed to have done in the United States—but to do it in a much more direct and deliberate way. Much of the success of the American

electronics, computer, and aviation industries was, it seemed, due to the indirect effects of the bounties of the Pentagon and NASA. Britain, with less to spend, would have to tackle the problem more directly, by putting money straight into selected firms rather than waiting for it to filter down as an indirect result of defense and space spending. The policy might not have worked, but at least the rationale was clear.

By the end of the Labour administration, "Mintech" (a name coined by the Minister Anthony Wedgwood Benn) had emerged as a powerful force, though many people were still confused about where it was heading. It controlled most of Britain's research establishments, including many with a defense function. It was responsible for sponsoring a wide range of different industries, from shipbuilding to aviation. It was the main procurement agency for the Ministry of Defence. By the direct injection of finance and the control of government purchasing policy, it had kept the British computer industry above water, and it was responsible for a controversial reorganization of the nuclear industry.

The Conservatives could hardly dismantle all this at once, though they did immediately promise to dispose of the Industrial Reorganisation Corporation,

the major channel through which government money had been fed into industry, chiefly to encourage mergers. One of the first things the Tories did, in fact, was to make Mintech even bigger, by merging it with the Board of Trade and changing its name to the Department of Trade and Industry. After an interregnum under Geoffrey Rippon (who then left to negotiate with the Eurocrats in Brussels), the massive department fell into the hands of a man who had been a member of Parliament for less than 4 months and had made only one 15-minute speech—John Davies.

Davies thus became, at a stroke, one of the most important members of Heath's Cabinet. His personality remains something of an enigma. His background is business: first in Shell Mex and British Petroleum, where he rose to be vice-chairman and managing director, and then as director-general of the Confederation of British Industry, spokesman for the employers. He can be a pugnacious speaker. Once he described Labour budget proposals as "damaging, retrograde and incompetent," but his own political convictions—beyond a single-minded devotion to private enterprise—remain unknown.

In British politics, the personality of a minister and the extent to which he can impose himself on the House of Commons are crucial. Power springs from an ability to dominate proceedings, to shrug aside interruptions from the Opposition, or to use them to sharpen your own case. Davies shot to prominence before he had time to find his parliamentary feet, and his performance so far has ranged from bad to downright awful. In his first major speech, he allowed interrupters to destroy his