

094046

B-164031(2)

ENCLOSURE E



Drug Abuse Control Program Activities In Europe B-164031(2)

Department of Defense

*BY THE COMPTROLLER GENERAL
OF THE UNITED STATES*

~~71195~~⁸⁰ 094046

AUG 11, 1972

Encl of 711190

C o n t e n t s

CHAPTER		<u>Page</u>
1	INTRODUCTION	1
	Nature and scope of the problem	1
2	LAW ENFORCEMENT AND DRUG SUPPRESSION	4
	USAFE	4
	USAREUR	5
	3d Infantry Division (VII Corps)	7
3	EDUCATIONAL PROGRAMS	10
	USAFE	10
	Bitburg Air Base	12
	Ramstein Air Base	13
	USAREUR	13
	3d Infantry Division (VII Corps)	16
	Theatrical skits	17
	Other educational efforts	18
	Effectiveness of the division's educational program	18
	V Corps	19
	3d Armored Division (V Corps)	20
	8th Infantry Division (V Corps)	21
4	IDENTIFICATION OF DRUG USERS	23
	USAFE	23
	USAREUR	25
5	LIMITED PRIVILEGE COMMUNICATION, AMNESTY, AND EXEMPTION PROGRAMS	27
	USAFE	27
	Bitburg Air Base	28
	Ramstein Air Base	30
	USAREUR	31
	3d Infantry Division (VII Corps)	33
	V Corps	35
6	EFFORTS IN DRUG CONTROL IN THE UNITED STATES DEPENDENTS SCHOOL, EUROPEAN AREA	37
	Drug education in schools	37

CHAPTER		<u>Page</u>
	Other efforts to combat the drug problem	38
	Straight Ahead	38
	USDESEA/Adelphi University Teacher Training Workshop	39
	Dope Stop	39

APPENDIX

I	Activities visited in the European Theater during GAO study, July through November 1971	41
II	Principal officials of the Department of Defense and the military departments responsible for activities discussed in this report	42

ABBREVIATIONS

CID	Criminal Investigations Division
GAO	General Accounting Office
LPCP	Limited Privilege Communication Program
LSD	lysergic acid diethylamide
OSI	Office of Special Investigations
PTA	parent-teachers' association
UCMJ	Uniform Code of Military Justice
USAFE	Headquarters, United States Air Force, Europe
USAREUR	Headquarters, United States Army, Europe
USDESEA	United States Dependents School, European Area

1-5

CHAPTER 1

INTRODUCTION

That portion of the study of drug abuse control activities affecting the military personnel discussed in this enclosure to the General Accounting Office report¹ was made at the headquarters and subordinate activities of U.S. Air Force, Europe (USAFE), and U.S. Army, Europe (USAREUR), and at the Headquarters, U.S. Dependents School, European Area (See app I.) The information was obtained by visiting military activities having major involvement in drug control programs and by interviewing program management personnel and service members participating in the programs. Additional information was obtained from departmental records.

NATURE AND SCOPE OF THE PROBLEM

During 1971 there were about 225,000 Army and Air Force personnel in Europe. When we completed our fieldwork in November 1971, the true extent of the drug problem among these personnel had not been determined. However, several months earlier, the Army's Deputy Chief of Staff for Personnel (Europe) stated that:

"*** drug abuse *** has reached very serious proportions and can be described as a crisis *** and *** if things continue as they are the possibilities of lowering our combat readiness are apparent "

Although all types of illegal drugs were available in Europe, the drug reported most frequently used was hashish. Its source was nearby--in certain Mediterranean and Middle Eastern countries--and, at the locations we visited, hashish was readily available at a price sufficiently low to encourage widespread use. An Air Force official told us that hashish was so common that he believed that there were no longer any big pushers, instead, everyone seemed to be able

¹"Drug Abuse Control Activities Affecting Military Personnel-- Department of Defense." (B-164031(2), July 1972.)

to obtain hashish from his friends, and even from the kid next door.

Because the true extent of the drug problem among American personnel in Europe was unknown, several independent studies into this subject had been made in the Army. For example, a study completed early in 1971 by an Army doctor showed that the self-reported incidence of illegal drug use--i.e., on at least one occasion--among 3,553 soldiers in nine military communities was 46 percent. Over 95 percent of the users reported using hashish. Of those reporting drug use, 16 percent used drugs more than three times a week and about 4 percent used hard drugs--LSD (lysergic acid diethylamide), a hallucinogenic drug; amphetamines, barbiturates, and injectables--over three times a week.

A survey made later that year by the doctor showed that there had been no significant change in the percentage (46 percent) of individuals using drugs at least once. However, the percentage of the group using hard drugs had increased during 6 months from 4 to 8 percent, and in this group the percentage of soldiers using opiates more than three times a week rose from about 1 to 1.7 percent.

In another survey, a total of 1,270 military personnel, including 51 females from a WAC detachment, was sampled. In addition, questionnaires were collected from 557 American high school students--249 males and 308 females. The survey showed that

1. MALE/MILITARY--Almost 60 percent of the 18-to-20-year-olds reported some drug use. The percentage of use declined progressively with age, reaching almost zero percent by 30 years of age.
2. MALE/HIGH SCHOOL--The percentage of reported use was about 30 percent among 15-year-olds, increasing to approximately 67 percent for the 18-year-olds.
3. FEMALE/MILITARY--About 40 percent of the 18-year-olds reported using drugs, diminishing to about 12 percent by age 23 and zero percent by age 28.

- 4 FEMALE/HIGH SCHOOL--Use was about 30 percent among 15-year-olds and peaked at slightly less than 50 percent for 17-year-olds

We found no evidence that the Air Force had made studies to determine the extent of drug use among its personnel and their dependents or in the local community. However, a document prepared by a physician at Ramstein Air Base stated that:

"We can only guess at the number of cannabis users [persons who use hashish and/or marijuana] but no estimate that we have ever made [based on apprehension rates, interviews] has ever set the level among enlisted men under 25 and high school dependents at less than 30 percent."

An Air Force committee, appointed in July 1969, concluded that there were no reliable figures available on the extent of illegal drug use, although an increase was indicated. The committee's review of past command policies and actions revealed that relatively little had been done on the drug abuse problem and that command actions had been inadequate. It found that there was little consistency and, in fact, vast differences in emphasis given the drug problem at each installation. The findings led to designating the Staff Judge Advocate as the office having primary responsibility for the drug program in USAFE and to establishing a Drug Abuse Control Committee.

During our review surveys of various aspects of the drug problem were initiated separately by the Department of Defense.

CHAPTER 2

LAW ENFORCEMENT AND DRUG SUPPRESSION

Activities in law enforcement and drug suppression took a number of forms. They ranged from using dogs to detect marihuana to clandestine operations in coordination with civil authorities to apprehend international drug traffickers.

USAFE

The Office of Special Investigations (OSI) is the primary law enforcement activity for USAFE. Officials at OSI District 70 Headquarters, whose area of responsibility comprises the USAFE district made up of Germany, The Netherlands, and West Berlin, stated that, during the past year, approximately 40 agents spent 25 percent of their time investigating drug abuse cases. The number of drug investigations in the district increased from 33 during calendar year 1966 to 236 during the period January through June 1971. USAFE-wide, there were 414 investigations completed during the period January through June 1971 compared with 380 during the same period in 1970. The frequency rate of narcotics violation investigations in USAFE was about double the rate for the Air Force as a whole.

USAFE had 11 marihuana detection dogs that were used to check 10 percent of the aircraft arriving from the Mediterranean area. There were plans to train and maintain a force of 25 dogs for use at major bases and to inspect arriving military aircraft, especially from the Middle East.

The following information covers courts-martial, Uniform Code of Military Justice (UCMJ) article 15s,¹ and administrative discharges that were solely related to drug abuse cases.

¹ Article 15s are nonjudicial punishments authorized under UCMJ.

Calendar year	Types of courts-martial			UCMJ article 15	Administrative discharges approved
	General	Special	Summary		
1969	5	4	1	51	13
1970	4	14	-	120	25
1971 (through June 30)	2	5	-	70	11

We were told that, when an administrative discharge was recommended and approved, the individual was offered probation for 1 year. If the man accepted probation and had no difficulty during the year, the administrative action would be forgotten and he could complete his normal tour of service. But, if he got into trouble using drugs during the year, his unit could request that he be discharged.

USAFE did not maintain records on a commandwide basis for administrative discharges. Of the 11 administrative discharges approved between January 1 and June 30, 1971 (the time of our review), nine individuals were offered probation and rehabilitation and eight accepted. Information was not available on the types of discharges the remaining three were given. Of the eight individuals who accepted probation and rehabilitation, three were later given undesirable discharges. However, under criteria existing when we made our review, these three individuals could have asked for honorable discharges if their offenses were solely for drug use.

At Bitburg Air Base the local OSI had investigated 101 individuals for use or possession of drugs during the previous 12 months. After calendar year 1970 began, there had been 16 UCMJ article 15s. The sentences usually consisted of a reduction in grade and a fine of about \$50. There were special court-martial actions against five individuals, and three of the individuals were brought to trial and were convicted.

USAREUR

The USAREUR Military Police contribution to the command's antidrug program was twofold--enforcement and prevention. The enforcement effort was divided into overt and covert operations. The overt operation was carried out by

62 Military Police criminal investigators who devoted full time to identifying USAREUR members involved in the illicit use of drugs and to identifying local drug sources. The covert operation was accomplished by four special investigators and a number of paid informants. Their mission was to aid civil authorities in identifying international drug traffickers who supplied illicit drugs to major troop complexes. Both operations required close coordination with civil police officials.

A briefing document prepared by Headquarters, USAREUR, contained the following statements:

"Our European counterparts are involved in aggressive enforcement and prevention programs similar to ours. The problems of widespread drug abuse in Europe is relatively new and we are actively aiding our counterparts (Swiss, German, Italian, and British) in teaching their enforcement personnel to combat this ever-growing menace."

We were informed that German police authorities had established a special police squad that worked with the Criminal Investigations Division (CID) agents to combat drug trafficking.

During calendar year 1970 (1) 3,097 members of the USAREUR military community were identified as drug abusers, (2) 201 USAREUR members and 38 former members were identified as being involved in the illicit sale and distribution of drugs, (3) 189 German and third-country nationals were identified as being involved in international smuggling and/or sale of drugs, and (4) more than 2 metric tons of cannabis products (hashish and marijuana), opiates, and other dangerous drugs valued in excess of \$25 million on the illicit consumers' market were seized.

The USAREUR Office of the Judge Advocate provided the following statistics on the disposition of drug abuse offenders under UCMJ for the period October 1, 1969, through June 30, 1971.

<u>Number of persons</u>	<u>Disposition</u>		
	<u>Courts-martial</u>		
	<u>Summary</u>	<u>Special</u>	<u>General</u>
Tried	153	368	50
Convicted	123	284	42
Acquitted	30	84	8

In addition, 1,219 servicemen were given nonjudicial punishment under article 15 of UCMJ.

3d Infantry Division (VII Corps)

Soldiers apprehended for suspected use, possession, or trafficking in drugs were investigated by CID on the basis of advice received from the military police. The CID field office had five criminal investigators to followup on military police complaints. Approximately 20 to 25 percent of their caseload was spent on drug-related investigations

Military law enforcement personnel coordinated their efforts with local police. A longstanding but diminishing problem was the frequent turnover of Provost Marshal personnel who worked with local authorities.

During calendar years 1969, 1970, and 1971 (as of August 25, 1971), most CID investigations were for possession of marihuana and/or hashish. Offenders ranged between the ages of 18 and 31 years, but the largest concentration of offenders was between the ages of 20 and 23 years. Also the investigations indicated that use of opiates was increasing.

From July 1, 1970, to July 1, 1971, 13 soldiers were court-martialed for the single offense of drug abuse. Of the 13 tried, eight were convicted. During the same period, there were 17 multioffense cases, involving more than one offense, of which at least one was for drug use and/or possession. These 17 trials brought 12 convictions. The Judge Advocate informed us that, except for one special court-martial, all the cases involved cannabis derivatives. All court-martial convictions for solely drug-related cases were for possession of drugs.

The sentences imposed for those convicted of solely drug offenses varied but generally included reduction in rank. Five of the eight convictions included forfeiture of pay ranging from \$40 to \$250. Only one of the offenders was confined to hard labor with a bad conduct discharge, and he was convicted for possessing 3-1/2 kilos of hashish.

Discussions with various Army personnel revealed that there was general agreement that law enforcement had not been an effective deterrent against using or possessing drugs. Most of the people we spoke with thought that law enforcement had been a detriment to the Army because of the legal technicalities referred to as probable cause--i.e., having reasonable suspicion or belief that you would find a specific prohibited item in a search location. They pointed out that the majority of the enlisted personnel using drugs were aware of the problems involved in making a proper search and seizure. Therefore, should they get caught using drugs and be offered an article 15, they would generally refuse the article 15 and ask for a special court-martial, expecting the judge to throw the case out because the commander or noncommissioned officer did not have a probable cause to substantiate the use of drugs before entry was made.

Unit commanders, the Judge Advocate, and personnel officials believed that all personnel observing someone possessing or using drugs were reporting their observations to the police. According to the Judge Advocate, evidence would have to be tested by CID to verify that the individual had actually used a drug before the unit commander attempted to give him an article 15. The Judge Advocate said that, if there was insufficient evidence to support a special court-martial, then the commanders might as well forget about the incident because a drug user would refuse the article 15 and request a special court-martial.

The rationale for favoring nonjudicial punishment, as opposed to criminal prosecution, seemed to be that an individual should not be branded for life just because he had smoked hashish or had experimented with another drug. The Judge Advocate thought that, since many company commanders were not much older than the individuals who smoked hashish and since they believed that smoking hashish was not a

serious offense, they normally gave article 15s for a first offense. Officials said that, in handing out punishment to individuals caught trafficking, they would initiate criminal prosecution because these individuals were the ones the Army had to stop if drug problems were to be curbed.

CHAPTER 3

EDUCATIONAL PROGRAMS

There was a proliferation of official and unofficial drug education sources for the military community in Europe. Information about drugs was presented to military personnel through such media as lectures, posters, newspapers, movies, television, radio, and theatrical programs. Many elements of the military community were involved in drug education programs, including commanders, chaplains, medical doctors, psychiatrists, social workers, and law enforcement officials.

The importance of education in combating the drug problem was pointed out in a USAFE study conducted in 1970. The report on the study stated that

"It is clear that for any program to be effective, it must have as its objective the prevention of illegal use of drugs by means of education "

Also an Army doctor involved in the drug program said that young users were amazingly ignorant of the dangers of drug use. He remarked that although good educational programs may not stop the flow of drugs, they could eliminate the problems--e g , overdose and "bad trips"--created by this ignorance.

USAFE

At USAFE one official devoted all his time to the command drug program. This individual was the recorder for the USAFE Drug Abuse Control Committee which was established in December 1970 and which was responsible in the areas of (1) command policy, (2) exchange of information, and (3) command programs. (Each base was required to have a similar committee or team that would present a program on the physical, moral, legal, and administrative consequences of drug abuse)

No surveys or analyses had been made of the characteristics, knowledge, or attitudes of the military personnel for whom drug abuse instruction was intended. We obtained the following general information at USAFE regarding some of its educational efforts

1. Eight military people attended the Adelphi University Seminar conducted at USAFE for dependent school teachers. (See p 39.) After the seminar, USAFE conducted a 2-day program focusing on how to communicate with youth. The program was attended by approximately 45 Air Force, 22 Army, seven Navy, and four high school representatives. All military participants were engaged in a drug abuse control program at their respective installations.
2. All commanders down through squadron level were being briefed on race relations and drug abuse. Emphasis was placed on improving communications and establishing credibility with young enlisted personnel.
3. Other educational efforts included (a) new arrivals and their wives received a drug briefing during their first 2 weeks in USAFE, (b) four officials attended the drug abuse course at Yale and others were scheduled to attend, (c) USAFE inserts in base newspapers covered drug abuse and amnesty programs and television and radio announcements had also been used, (d) all installations had been provided with a list of publications available for use in local drug programs, and (e) many OSI agents, who frequently gave drug lectures before military and dependent groups, had attended the 2-week course on narcotics and dangerous drugs sponsored by the Bureau of Narcotics and Dangerous Drugs.

In discussions at the USAFE Surgeon's Office, we learned that no formal educational literature had been distributed to subordinate installations through the Surgeon's Office. Efforts had been made to create an atmosphere that would encourage the bases, through their own initiative and within the framework of general guidance, to develop a program compatible with their specific needs. USAFE officials had little knowledge of program activities at subordinate installations.

During our review USAFE asked the bases to describe, by message, their existing drug abuse control programs. The bases' responses indicated a number of education presentation techniques, the most common of which were lectures given at

commander's call ¹ At many installations, other methods of education, such as use of peer groups or ex-drug users in educational programs, appeared to be in the formative stages. One base reported that the drug abuse program had been directed toward educating commanders and supervisors, as well as Drug Abuse Control Committee members and dependent school personnel, because it was found that young airmen and students knew more about drugs and drug use than did commanders, supervisors, and teachers.

Bitburg Air Base

At Bitburg Air Base the Staff Judge Advocate's Office had responsibility for the drug program, and the Judge Advocate served as chairman of the Drug Abuse Control Committee which was responsible for coordinating and monitoring the base's drug program.

At the time of our visit, information on drugs had been presented at commander's call, parent-teachers' association (PTA) meetings, and in the public schools. Further the base newspaper had frequently carried articles on drug abuse. A telephone-counseling service was also available but had not been used. The Drug Abuse Control Team had lectured several student groups since it was believed that drug abuse was greater among students. (See pp. 37 and 38)

The Staff Judge Advocate had briefed key officials on the Limited Privilege Communication Program (LPCP), the Air Force's program for assisting drug users who voluntarily asked for help in coping with their problem. (This program is discussed on pp 27 to 31) Commanders were instructed to inform their personnel about LPCP. Questionnaires completed, at our request, by 362 airmen showed that personnel were not fully knowledgeable about the program. Of the 362 airmen,

¹Commander's call is a regularly scheduled meeting conducted by a unit commander to present information to personnel under his command.

87 (24 percent) indicated that they were not aware of LPCP. A higher percentage were unaware that certain aspects of the program could be used against them. For example, 150 airmen (41 percent) did not know that information given under LPCP could be used later to support an administrative discharge. Airmen also indicated confusion about how LPCP worked when cross-training into another job speciality was necessary. Further the questionnaires showed that airmen preferred that drug education be presented by a doctor or an ex-drug user.

Ramstein Air Base

At Ramstein Air Base, a physician was designated as the Drug Abuse Control Officer and a Drug Abuse Control Committee was established.

Educational programs were being presented by medical, legal, and law enforcement personnel at commander's calls, to PTA groups, and to other groups. Programs had been presented also on television, and articles had been published in the base newspaper. The Drug Abuse Control Officer stated that, when he first started his drug education lectures, emphasis had been placed on the pharmacology of drugs but later he began using an attitudinal approach to gain the acceptance of the audience. He normally lectured for about 20 minutes and then allowed about 40 minutes for a question-and-answer period.

There had been no evaluation to measure the effectiveness of the educational program. The Drug Abuse Control Officer described the present program as, at best, a "holding action." He said that with command support, in terms of time and personnel, the base could have a more effective program during the months ahead. Further he believed that education was the only effective means of combating drug abuse, because law enforcement was not an effective deterrent.

USAREUR

In September 1970 USAREUR's Office of the Deputy Chief of Staff, Personnel, was designated as the office having primary responsibility for drug abuse. USAREUR established a Drug Abuse Council to coordinate all command activities concerned with prevention and control of drug abuse among military, civilian, and dependent members.

In July 1971, a Drug Abuse Control Office was established and two officers were assigned full time to drug abuse activities. Effective October 1971 the office was reorganized into a Discipline and Drug Prevention Division consisting of 16 staff members, including a doctor and three enlisted personnel who headed up the Drug Information and Education Team. The objectives of the team were to (1) assist commanders at all levels in identifying the nature and extent of drug abuse and in developing programs to combat their problems, (2) develop and conduct educational programs on drug abuse at all command levels, (3) develop, collect, and furnish statistical data on drug abuse, (4) formulate and make recommendations concerning drug education and rehabilitation programs, and (5) advise the Chief, Discipline and Drug Prevention Division, of the effectiveness of current drug policies and programs

Before the Discipline and Drug Prevention Division was established, USAREUR had little in the way of developed and coordinated education programs on drug abuse. Most of the programs had been initiated independently by various divisions and corps, and all commanders had been required to present information on drug abuse to their troops. Information on drug abuse was available through unit newspapers, Army in Europe magazine, and command information publications. Other efforts to disseminate drug abuse information had been made through Armed Forces Network Radio.

Military-training films also had been used to reach mass audiences. There had been some controversy, however, about the credibility of drug education films, because questions had been raised concerning whether they were factual. For example, review of nearly 100 films by the National Coordinating Council on Drug Abuse Education and Information, Inc., revealed that all films contained inaccuracies and weaknesses. This organization also stated that, when films were used carelessly, they did more damage than good.

In its later approach to drug education, USAREUR published a Commanders Notebook on Drug Abuse which was designed to help commanders establish a prevention and control program. Also USAREUR adopted the contemporary approach to publishing drug education and information pamphlets. Three different pamphlets, or flyers, were published for dissemination to

commanders and noncommissioned officers and/or lower grade enlisted personnel They were

1. The Mind Expander--a periodic publication to inform physicians, chaplains, and counselors about what was happening in drug abuse throughout USAREUR
2. Everything You Ever Wanted to Know About Fighting Drug Abuse--But Were Afraid to Ask--a series of flyers designed to assist the commander and leader in controlling drug abuse
3. The Cosmic Flash--a periodic flyer for lower enlisted personnel who were using drugs or individuals who were casual users or experimenters. The style was contemporary and factual and used language of the drug subculture

Other recent innovations at USAREUR were the establishment of Project Help and a Doctor's Workshop On October 15, 1971, 55 peer counselors from existing and planned drug treatment centers met to exchange ideas and techniques and to discuss their individual programs At the conclusion of the workshop, the conferees decided that they could more effectively influence the command by forming a unified front in the form of an association (Project Help) One of the immediate effects of Project Help was assuming the publication of contemporary publications about the drug problem All publications were to be distributed through drug centers, service clubs, and health clinics

On October 19, 1971, 35 physicians met in a Doctor's Workshop to discuss professional techniques Among other things, the group recommended that (1) drug education concerning the medical and psychiatric effects of drugs should be physician oriented and (2) workshops for physicians and chaplains should be conducted because they are needed to educate professionals on the contemporary drug scene.

3d Infantry Division (VII Corps)

The Drug Abuse Officer, who was a physician, was responsible for providing drug education to the division's military personnel. The questionnaire surveys he conducted indicated that a drug user--the object of drug education programs--could be characterized as an individual who

- was between 18 to 22 years of age and a noncareer-oriented enlistee,
- was unmarried and lived in the barracks,
- was on his first overseas tour of duty and his rank was E-4 or below,
- used drugs before joining the military service, and
- infrequently participated in athletics or religious activities

A more regular or habitual user tended also to be unable to cope with fear of being rejected by peers. Surveys of various units indicated that individuals who generally required hospitalization for drug abuse were those who lacked drug education and those who were assigned to isolated units without a doctor. The first-time drug experimenters or casual users, having little knowledge about the harmful effects of taking multiple drugs or the dosage needed to produce the expected "high," had been the individuals most frequently admitted to the hospital.

The Drug Abuse Officer expressed the opinion that most drug users were amazingly ignorant of the long-term dangers of drug use and the adverse effects of many drugs abused by European-based soldiers. For example, soldiers had contracted mercury poisoning when pushers mixed mercury with hashish to increase its weight, and epileptic fits were not unusual when taking an overdose of Rosimon-Neu, a weight-reducing pill. Experienced drug users were knowledgeable about the immediate effects one could experience with more common drugs, such as LSD and hashish.

Information at the Division suggested to us that the majority of the soldiers using drugs had no desire to quit, because they believed that smoking hashish was no worse than drinking booze, smoking hashish was not physically addicting, and using drugs met with peer acceptance and provided an escape from the poor living and social conditions that existed in Germany.

Educational efforts in the division varied during the past 2 years. For example, early in 1970, drug lectures were given by a team consisting of a chaplain, an ex-drug addict, a law enforcement official, and a physician. These lectures were supplemented by films, tapes, and newspaper articles. After assessing the value of the various educational media used, we found that most personnel wanted to receive education from a doctor or an ex-drug addict and that drug literature, press coverage, and movies had little, if any, influence on drug users. According to the Drug Abuse Officer, movies were unpopular because they often were out of date, contained nonfactual information, utilized scare tactics and did not apply to the contemporary drug scene in Germany.

Theatrical skits

Late in 1970, the division developed a drug education program consisting of a series of theatrical skits to demonstrate how soldiers became involved with the drugs most frequently used in Germany. The skits were supplemented for contemporary slides and short talks on the dangers of drugs and the physical and emotional problems encountered with their use. The dangers of alcohol abuse also were stressed, because alcohol was one of the most frequently abused drugs in the military establishment. Further the Drug Abuse Officer provided the audience with statistics on the extent of drug use within the division and described cases where soldiers had been hospitalized as a result of using drugs.

Prior to starting the program, each attendee was asked to take the "Drug I.Q. Test" to determine his knowledge about the types of drugs most frequently abused, the drugs which caused the most hospitalizations, the effects of various drugs, and the penalties for possession of hashish. Personnel also received a copy of a contemporary-styled weekly

newspaper containing information on the harmful effects of drugs used by soldiers and information on the drugs that recently had caused hospitalizations. The program had been filmed for wider distribution.

At the conclusion of the program, questionnaires were handed out to the audience. The questionnaires were used to compile statistics on the extent, type, and frequency of drug use. Information was also obtained on those things that influenced a user to refrain from, or stop, taking drugs. The Drug Control Officer could use this information to evaluate the effectiveness of the educational media.

Other educational efforts

All incoming personnel attended a drug education class before departing for subordinate units. The class was designed to inform newly arrived personnel about the types and dangers of drugs used in Germany.

Officers and noncommissioned officers attended lectures designed to give them a better appreciation of the drug problem and to provide them with information on what they could do to assist the division in managing its drug problem. The lectures were presented on a request basis.

Effectiveness of the division's educational program

Information on the presentations made to military and civilian groups showed that about 70 or more lectures and/or lecture-skits-slide presentations were given in the past 2 years. Presentations were given to groups of about 150 to 200 people in the lower grades, and lectures were given to noncommissioned and commissioned officers in groups of about 30 to 40 people. The Drug Abuse Officer's presentations (including those given to airmen in England, military units in Italy, wives' clubs, and military dependent schools) had reached about 12,000 or more people.

The division's self-analysis of its educational program indicated that the use of hashish was minimally affected but that 24 to 39 percent of the soldiers using harder drugs reported that they had stopped or had decreased their

consumption Although the division was unable to conclusively prove that the drug lectures had reduced the number of hospitalizations, the number decreased from an average of eight a month to less than three a month, after a 3-month educational program, which began in February 1971.

An analysis of comments made by enlisted men from about 15 units that had received the educational lecture-skit-slide presentations showed that 80 to 90 percent made favorable comments about the program. A number of individuals indicated that they would quit or reduce their usage now that they were aware of the dangers. In commenting on the educational program, former drug users at the division's street clinic--called the Attic--said that the Drug Abuse Officer "told it like it is." One individual suggested that the program could be improved if the presentation was followed by a "rap" session between the enlisted men and the ex-addicts in the program. Another expressed the opinion that more education should be directed toward the noncommissioned officers.

Field-grade officers and company commanders told us that the educational program was well thought of by their peers, as evidenced by the demand for the road show to visit their units. The consensus was that the program was factual, informative, and well received by the troops. Some indicated that the road show had helped in reducing drug abuse in their command. Some noncommissioned officers said that they had not attended the road show, but those that had, had expressed the same feelings as the officers. The only suggestions for improvement were that more emphasis could be placed on alcoholism and on educating officers and noncommissioned officers.

V Corps

In July 1971 the Corps established a Drug Control Office. Previously, drug prevention and control programs for the nine subordinate commands having a troop strength of about 50,000 men were decentralized.

Some of the activities initiated by V Corps after July were

- 1 The establishment of 18 Drug Information Centers at 14 geographic locations. The centers were operated in local dispensaries and were staffed to provide a 24-hour information service for those desiring help.
- 2 The initiation of a 90-day training program at the 97th General Hospital in Frankfurt. The program was designed to train enlisted men to serve as drug advisors to unit commanders.
- 3 The Corps Area Drug Advisory Council (Frankfurt) was in a formative stage in September 1971. Its purpose was to coordinate drug abuse efforts among the military community, local German officials, military and civilian law enforcement officials, and others.

Another innovation of V Corps was a training road show that began in 1970. The road show was a 90-minute theatrical production that told about drug abuse in terms understandable to the soldiers. According to officials, over 20,000 individuals had viewed this production by July 1971.

On September 9, 1971, V Corps held a Drug Control Conference to learn what each of its subordinate commands had accomplished in controlling, identifying, and preventing drug abuse.

3d Armored Division (V Corps)

At the Drug Control Conference, the division surgeon, who was also Special Assistant for Drug Abuse Control, said that the division's biggest problem was the lack of knowledge about what constitutes a good, adequate, or effective antidrug abuse program. Further the program had been hampered by the lack of means, funds, space, and appropriately trained people to establish "Now Houses," halfway houses, or contemporary-type newspapers. The division surgeon indicated that brigade commanders did not put high-priority emphasis on drug abuse programs.

The division surgeon informed us that he could not find any interested and willing people to establish an educational program like the 3d Infantry Division's program or to start a rap house similar to the division's "New House "

Doctors' evaluations of the effectiveness of drug education programs varied among brigades. The doctor in one brigade said that, since the commanders and doctors determine when and what type of education will be given, some companies received better drug education than others. A doctor in another brigade indicated, however, that the feedback on educational lectures he and a social worker gave had been favorable.

8th Infantry Division (V Corps)

In discussions with division personnel involved in the drug education program, we learned that the division's Drug Abuse Treatment and Prevention Program had been in operation for over 2 years. Because division troops were dispersed in nine locations in an area equivalent in size to Rhode Island, it had been difficult to manage the drug problem. Some of the difficulties were (1) the unwillingness of non-commissioned officers to find out about drugs and to learn how they could participate in alleviating the problem, (2) the lack of understanding and interest by officers and commanders, (3) the failure of the German communities to recognize the drug problem, and (4) the availability of drugs in the area served by the division. Several techniques used in the division's educational program were

1. All incoming replacements had been briefed about drugs common to the division.
2. The division psychiatrist or social work officer periodically had presented to each battalion a lecture on the drug problem.
3. The psychiatrist and social work officer had conducted a seminar for company commanders. The seminar covered drugs, communication problems, techniques of leadership, and drug abuse prevention programs in effect within the units.

giving of the specimen Under these conditions it was possible that the specimen delivered could be from an individual other than the one who was to be tested While we were at Bitburg, the base received instructions from USAFE to visually observe urine sample collections

Air Force officials believed that the urinalysis program had not achieved the desired results The commander of the testing laboratory stated that he did not believe it possible to adequately police an announced urine specimen collection program He believed that the objective could best be achieved by unannounced, random-sampling procedures The Air Force Hospital Commander at Wiesbaden stated that, in his opinion, the cost and effort of the present program was not justified on the basis of the end results In evaluating the effects of the program, an Air Force doctor at another location said

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

On November 4, 1971, after the above statement was made, an article in Stars and Stripes stated

"USAFE does not have a hard drug problem "

"That is the assessment of Gen David C Jones, USAFE Commander in Chief, who recently told a team of STARS

AND STRIPES reporters that some 5,000 urinalyses have been administered to USAFE personnel since the Pentagon ordered the program last summer to detect heroin users, and we've not had one positive yet "

Air Force officials informed us that, effective January 1, 1972, a random-sampling technique would be used and the birth-month testing will be discontinued. Details, however, had not been worked out on the number of personnel to be tested each month.

USAREUR

An official of the U S Army Medical Command (Europe) informed us that, before establishing the urinalysis-testing program, no special method had been used on a routine basis to detect drug abuse among military personnel. Commandwide urinalysis testing began on September 1, 1971. All active duty personnel were to be tested under one or more of the following conditions:

- Fifteen days before the date returning to the United States and/or being discharged from the service.
- Fifteen days before departing on ordinary leave to the United States
- Within 10 working days after requesting an extension of foreign service tour of duty
- Effective November 1, 1971, 60 days before returning to the United States and/or being discharged from the service

Procedures for collecting urine provided for specimens to be taken at local dispensaries/health clinics under close surveillance to insure that the identity of the donor was established and that the donor actually provided the specimen. Our observations indicated that these procedures had been implemented.

Army officials informed us that 8,793 urine specimens were collected between September 1 and October 21, 1971.

Tests performed at Army facilities identified drug users in 106, or about 12 percent, of these specimens. On November 1, 1971, a German laboratory began performing the analyses of urine specimens for the Army.

We visited the 3d Infantry Division before the urinalysis program began. The Drug Abuse Officer stated that the best means of identifying a unit experiencing serious drug abuse problems was by monitoring hospital admissions. Hospital admissions not only identified the units the individuals were assigned to but also provided information on the types of drug used. Once a unit was pinpointed, the Drug Abuse Officer visited the unit and presented his education program. When this technique was used, hard-drug use in problem units dropped.

CHAPTER 5

LIMITED PRIVILEGE COMMUNICATION, AMNESTY, AND EXEMPTION PROGRAMS

Each of the military services developed a program to assist drug users who voluntarily asked for help in coping with their problems. These programs are discussed below.

USAFE

The Air Force program for assisting drug users seeking help was known as the Limited Privilege Communication Program. Air Force regulations stated that medical assistance would be available to all military personnel and their dependents who wanted help for drug problems. An Air Force member who voluntarily presented himself for such assistance would be granted certain considerations.

Broadly stated, information volunteered by the individual would not be used against him in actions under UCMJ or to support an administrative discharge under less than honorable conditions. However, a number of administrative actions could be exercised, such as removal from flying status or human reliability assignments, denial of security access, or administrative discharge under honorable conditions. Restrictions on flying status and human reliability assignments would remain in effect for at least 1 year. Procedures required that these restrictions be made clear to all members seeking help before eliciting information on their drug use. Further, when a volunteer asked for assistance, he previously must not have been detected, apprehended, or under investigation for drug abuse.

When LPCP began in USAFE in March 1971, all the bases were directed to publicize it, and most bases used a number of communication channels for this purpose. However, questionnaires we distributed at Bitburg Air Base showed that, at least at that installation, many personnel were not fully knowledgeable about LPCP. (See p. 12.)

There was little information at Headquarters, USAFE, on the type of treatment or rehabilitation provided to the

67 individuals who had volunteered for the program as of August 31, 1971. Officials at the USAFE surgeon general's office stated that the manner of treatment (outpatient, hospitalization, referral, etc.) depended upon the individual doctor.

Several pertinent comments were included in messages from various bases. A message from one base stated that Air Force directives on reclassification and training needed to be modified or relaxed for the drug rehabilitation program. The message pointed out that local bases were instructed to achieve rehabilitation but that existing directives were often restrictive when it was necessary to cross-train an individual as a rehabilitative effort because drug usage had disqualified him for his present job. The message pointed out also that it was difficult to achieve rehabilitation when assignment and manpower limitations frustrated attempts to place the ex-drug user in a job which would aid in his rehabilitation.

A message from another base pointed out that (1) interest was quickly lost when it was discovered that LPCP was not an easy way out of the Air Force, (2) LPCP was considered ineffective, (3) LPCP seemed attractive only to first-termers looking for a way out of the Air Force, and (4) the career man had too much to lose by volunteering for the program.

Bitburg Air Base

At Bitburg Air Base an individual who volunteered for LPCP had to sign a form acknowledging that he understood the program and wanted to become a participant. The commander decided, among other things, whether the individual's right of access to security areas or classified documents should be retained and whether the individual could continue to work in his job specialty.

Sixteen people had joined LPCP at Bitburg after it began, and three had received honorable discharges. Of the nine that were under the Human Reliability Program, five were removed temporarily, three were removed permanently, and one remained in the program.

Three participants were attending weekly group-therapy sessions monitored by the hospital psychiatrist. Because of an oversight, the 10 remaining program participants were not notified of the weekly meetings. The psychiatrist explained to the therapy group that he could not consider everything discussed in the meeting as confidential.

Medical personnel had not diagnosed anyone as being recovered. In fact, most of the participants had only one or two 15-minute consultations with the psychiatrist. The psychiatrist believed that more specific guidance should be provided to indicate when a person should be considered to have recovered.

For the most part, the LPCP participants had been assigned menial duties. Seven participants were security policemen. Under Air Force Regulation 30-19, individuals with a history of LSD use could not bear arms and the commander of the Security Police Squadron would not allow drug abusers to bear arms in any capacity as a security guard. Although cross-training was possible when an individual was permanently disqualified in his job specialty, we found that personnel officials had been uncertain about what constituted inability to perform. For example, does disqualification from carrying a weapon mean an individual cannot perform guard duty at posts where a weapon is unnecessary? At the conclusion of our review, officials stated that LPCP participants would be reevaluated regarding eligibility for cross-training.

There are other factors that could detract from the effectiveness of LPCP. First, the Air Force identified drug users and incorporated this information in its Personnel Data System for assignment and research purposes and planned to retain the data in the system for a minimum of 1 year. Second, at Bitburg, the security police established a file containing security data on individuals involved with drugs. The file was to be maintained until a favorable medical determination had been made or the individual had been separated from the service. Medical officials stated that they would be reluctant to give a favorable medical determination when an individual had admitted using LSD. Third, at the discretion of unit commanders, individuals could be identified on what was known as a Control Roster--a punitive,

close monitoring device--which resulted in a person being ineligible for promotion.

Airmen and officers commented that, because of the lack of any real rehabilitation program and the administrative actions taken against participants, LPCP had little to offer the drug abuser.

Ramstein Air Base

An individual entered LPCP at Ramstein in essentially the same manner as at Bitburg. Eleven individuals had joined LPCP after it began. Of these participants, six had been discharged under honorable conditions, and similar discharges were pending for three others. (These nine individuals were not interested in rehabilitation but wanted to be discharged. The psychiatrist certified to character and behavior disorders.) One individual, who had completed his term of enlistment, was discharged. The LPCP participant had resumed his previous duties, and his access to security materials had been restored.

Documents we reviewed described the dilemma of a drug user. If he needed help and signed up for LPCP, he was being singled out as an abuser, was likely to lose his job, and was more likely to be arrested for future use. One doctor said he was reluctant to advertise LPCP because of the self-limiting, restrictive, and punitive results it generated. He was reluctant also to start a group-therapy session because of the small number of individuals requesting rehabilitation. Further he believed that group therapy was not beneficial unless an individual could remain in his duty section doing meaningful work.

Treatment or therapy for LPCP participants consisted of an evaluation by the Drug Abuse Control Officer (a physician) plus referral, as appropriate, to the psychiatric clinic for further assessment and treatment. Except for detoxification, treatment was usually on an outpatient basis. If the individual wanted a discharge from the service, the psychiatrist would usually assist him if the character and behavior disorder problem that often accompanies drug problems was present.

A Youth Guidance Council had been effective in dealing with young dependents involved with drugs. A young user and his parents would be interviewed both individually and together, and an interested third party would then be assigned to work with the user and to assist him in coping with his problem.

Consideration was being given to designating a mental health counselor in each military unit. These individuals would be specially trained young college graduates who hopefully could relate to service members having problems.

USAREUR

USAREUR officially established an amnesty program in December 1970. A signature was required on entry into the program by the commanding officer, by the amnesty volunteer, or by both. Since the signature requirement acted as a deterrent to those seeking amnesty, USAREUR, in August 1971, switched to an informal verbal agreement between the commanding officer and the amnesty volunteer. Also, in September 1971, the term "exemption" was officially substituted for the term "amnesty." A document we obtained describes the program as follows

"Under this program, an individual who desires help may turn himself in to his commanding officer, chaplain, surgeon, or other designated personnel. The individual is granted amnesty for personal drug abuse providing he is not the subject of an active investigation concerning his drug abuse. While a member of the amnesty program, the individual receives extensive counseling by his commanding officer, chaplain and surgeon, as well as medical treatment and hospitalization, if required. The individual remains in the program as long as he fully cooperates with those designated to help him and as long as further treatment or counseling are indicated."

The program did not preclude a commanding officer from taking administrative action, such as suspension of access

to classified material or change in duty assignments. Information provided by an individual accepted into the program could not be used for nonjudicial punishment or in a trial by court-martial even if the exemption was subsequently withdrawn because of unsatisfactory participation or progress in the program. However, an individual could be administratively discharged, but not under less than honorable conditions, for violating the provisions of the program or lack of motivation and progress in drug rehabilitation.

USAREUR received additional guidance from the Department of the Army in an October 16, 1971, message that stated

"Genuine effort to rehabilitate the soldier is required. Experience has shown that it is especially difficult in the early stages of rehabilitation for a drug-dependent individual to abstain totally from drug use. The soldier with a positive attitude who is performing effectively should not be considered a rehabilitation failure solely on the basis of positive urine. This is not to suggest that individuals should be afforded repeated opportunities to undergo extensive inpatient treatment. Care should be taken to avoid deterring potential volunteers through misunderstanding and unnecessarily restrictive policies and contracts."

Units were notified of the exemption program by a number of means, including commander's call, unit newspapers, the Stars and Stripes, and radio. According to USAREUR officials, there were approximately 600 participants in the program during its first 8 months of existence.

The USAREUR Medical Command supported the program by providing hospital and outpatient treatment and other services. It provided decentralized services through military health clinics, Division Mental Hygiene Consultation Services, and 14 medical service areas, each having a hospital. Psychiatric facilities were organized to provide inpatient and outpatient care which included treatment of toxic states due to drug and alcohol abuse and outpatient care and counseling through individual and group methods. Hospital and division Mental Hygiene Consultation Services implemented

mental hygiene (preventive psychiatry) principles, consulted with community leaders, evaluated referrals, and determined whether hospitalization or outpatient rehabilitative programs were appropriate. Psychiatric consultation programs were also provided to military confinement facilities in Germany. Efforts were directed toward rehabilitation through individual and group psychotherapeutic methods.

During our study there were seven operational "street clinics" within USAREUR where drug abusers could discuss their problems and receive information and treatment from professionals. Each treatment center had different operating methods, depending on need, personalities, and resources. There were plans to open additional street clinics.

On November 1, 1971, the first resident halfway house in the command was opened in a concentrated troop area. Subject to the views of a psychiatrist, a drug-dependent individual lived and worked in the facility. He then returned to his regular duties but continued to live in the facility. He finally moved out of the facility and continued to receive any needed psychiatric care as an outpatient. Two additional halfway houses were planned for highly concentrated troop areas in Germany.

Chaplains were also active in the rehabilitation effort. They were encouraged to establish local groups of Drug Abusers Anonymous, fashioned after the concept of Alcoholics Anonymous. A series of 3-day workshops were also planned for chaplains to assist in dealing with the anti-authoritarian attitudes of today's young adult, the impact of drugs and alcohol within the command, and race relations.

3d Infantry Division (VII Corps)

The division enacted the first amnesty program in USAREUR in July 1970. Under policy existing during our review, unit commanders had only to verbally inform an individual that he was granted amnesty. Normally the commanders granted amnesty on a recommendation from a surgeon or chaplain. Individuals under investigation or those caught with drugs were not permitted entry into the program. An individual could receive counseling and treatment even though he did not want to enter the program or if he was

dropped from the program because he failed to respond to treatment. Participants could receive counseling and remain in the program indefinitely, as long as they did not violate the provisions of the program, e.g., using or selling drugs. A unit commander, doctor, chaplain, or participant could decide when an individual needed no further treatment. From its inception, over 100 individuals had entered the program, six had completed the program, and only two had been dropped because of violation.

The division's amnesty program was advertised many ways, including through the enlisted men's advisory council, the division's newspaper, and the division's radio program. Nevertheless, there had been some misunderstanding about the amnesty program. For example, some soldiers did not understand that the program neither excused illegal possession of drugs while a participant nor provided a therapeutic program.

Drug users also were afraid of "getting busted" after making it known that they were users, and they did not put much credibility in the "privileged communication" provision. The most common reasons given for avoiding the amnesty program were the lack of desire to quit drugs and the fact that a rehabilitation program was not offered. The division found that most men wanted only to find out how deeply they could become involved with drugs without endangering their health.

Although the amnesty program did not provide a therapeutic program, a participant could receive counseling each week at the field hospital's psychiatric unit. Although the two street clinics (Now House and Attic) were not affiliated with the drug amnesty program, a drug user could receive private counseling and/or group therapy there and still be afforded the same privileged communication offered under the amnesty program.

The Now House offered the services of a physician, a psychiatrist, ex-addicts, a chaplain, and a volunteer trained in psychiatry. Individuals receiving rehabilitation at the Now House generally went there three times a week at first, then twice a week, and later once a week.

The Attic did not use the same approach as was used by the Now House in dealing with people having drug problems.

According to the Drug Abuse Officer, the Attic provided a lot of help for a few drug abusers, viz., hard-core addicts, whereas, the Now House provided a lesser degree of rehabilitation for more abusers. The Attic was open around the clock and offered help for individuals on a "bad trip" or going through withdrawal from opium or alcohol. The rehabilitation program at the Attic was two pronged; i.e., a person generally would attend the group rap session conducted once a week by a mental hygiene specialist and then, if he was still interested in rehabilitation, he would attend the twice weekly group-therapy sessions. If necessary, he could also receive private counseling from an ex-addict, a doctor, or a chaplain.

Another form of rehabilitation available in the division was the Jesus movement at the division's coffee house. The coffee house was started by an Army chaplain interested in helping drug abusers. Although the coffee house did not offer medical treatment or counseling like the two street clinics did, the attendees participated in sensitivity, musical, and spiritual sessions.

According to the division surgeon, the Attic and Now House had not been operating long enough to determine whether their therapeutic or rehabilitative assistance had any long-term effect on the participants. However, he attributed the reduction in hospital admissions from one area partly to the opening of the Now House, since that area had a high rate of hospital admissions in the division before the Now House opened. He said a recent survey showed that the same location had the lowest percentage of drug abuse in the division.

V Corps

Officials at Headquarters, V Corps, informed us that the amnesty program had not been successful because of the credibility gap that existed. For example, the participants expected a rehabilitation program but found that it did not exist after they had joined. As of September 8, 1971, there were only 94 amnesty volunteers within V Corps. We were told that about the only people volunteering for the amnesty program in the 8th Infantry Division (a V Corps component) had been those who had been one step ahead of the law or those who had been ignorant of the provisions of the program.

Counseling and treatment were available at six mental hygiene clinics. These clinics were staffed by trained enlisted social-work technicians and were supported by weekly consultant visits by a psychiatrist and social-work officer. An individual wishing help in quitting drugs could receive individual counseling, hospitalization, medication, and group psychotherapy, as necessary. Battalion surgeons were not asked to participate in either the educational or the rehabilitation program, because of the shortage of doctors and their general lack of interest in becoming involved with drug abuse programs.

CHAPTER 6

EFFORTS IN DRUG CONTROL IN THE

UNITED STATES DEPENDENTS SCHOOL, EUROPEAN AREA

The United States Dependents School, European Area (USDESEA) encompasses Europe, Turkey, and Ethiopia. It has 209 schools; about 9,600 teachers; and at August 30, 1971, about 114,800 students.

Statistics on drug use among USDESEA students were not available. However, the principal of a USDESEA high school categorized drug use among USDESEA high school students as (1) 70 to 99 percent had used drugs at least once, (2) 50 percent had used drugs more than once, and (3) 15 to 30 percent had used drugs frequently.

DRUG EDUCATION IN SCHOOLS

The general provisions of USDESEA's drug education policy stated that

"This school system will play a leadership role in drug education, but is unable to assume responsibility for a total drug program. This responsibility must be shared by all levels of the school and military structures as well as all elements of each local community. The basic thrust of the USDESEA drug education program is to provide the best learning opportunities possible within its resources and to promote community involvement in providing the help necessary for young people with drug-related problems."

A school official informed us that, from about 1969, drug education had been emphasized in the schools. This education usually was presented once a year for 2 weeks, depending on the grade level.

The contents of the drug abuse curriculum varied. For example, in the first grade, instruction included recognizing signs used on poisonous medicines and describing

"helping drugs," such as immunizations and tuberculosis screening. In junior high, guest speakers visited the school and the students participated in group discussions and individual research on the drug problem. At the high school level, emphasis was placed on communicating with the students and presenting material in such a manner that students would feel free to discuss drug abuse topics without fear of punishment or reprisal. The USDESEA teacher's guidelines pointed out that, if the instructions were to be accepted by students, teachers had to avoid preaching and using scare tactics and that all material should be presented honestly.

To assist teachers in presenting drug education, teacher's guidelines on drug abuse identified audiovisual aids, reference materials, and possible topics for discussion. Also USDESEA periodically published a newsletter to teachers describing new educational material that was available.

OTHER EFFORTS TO COMBAT THE DRUG PROBLEM

Other steps taken to combat drug abuse within USDESEA are discussed below.

Straight Ahead

Straight Ahead was a rehabilitation project for student drug users who wanted to stop using drugs. The project was begun by a high school teacher who recognized that a number of his students were involved with drugs and needed help. The project was not officially sanctioned or supported by USDESEA or the military community.

This was a group-therapy program. The group met weekly under the direction of the social science instructor. After Straight Ahead started: (1) 50 to 70 students had attended at least one meeting, (2) about 39 students had attended at least four consecutive meetings, and (3) 35 of these 39 students were considered to be off drugs.

We were told that qualified high school graduates who had participated in the program were in the area and could help establish other centers and play an active role in helping other students kick the habit. Funds were not available, however, to hire students for this purpose.

USDESEA/Adelphi University
Teacher Training Workshop

During the period June 21 to July 17, 1971, USDESEA educators, high school students, and military personnel attended a drug education workshop conducted in Germany by Adelphi University (New York). The workshop was held to train school personnel how to teach drug education and to assist in organizing school and community education programs.

Dope Stop

Dope Stop was a preventive drug education program started in February 1971 at one high school. Five students were selected to attend a drug education workshop in Phoenix, Ariz., to learn about drug prevention concepts. Upon return to Germany, the five students each selected two classmates and taught them these concepts. The idea was to build a nucleus of teenage counselors and to train others in the various school districts through the multiplier system.

The objective of Dope Stop was to present drug education classes at the fifth- and sixth-grade levels. A USDESEA official said that this age level was most receptive to drug education and had not yet developed smoking habits. Also teenage Dope Stop members were better able to establish credibility with younger students.

ACTIVITIES VISITED IN THE EUROPEAN
THEATER DURING GAO STUDY
JULY THROUGH NOVEMBER 1971

<u>Activity</u>	<u>Location</u>
HEADQUARTERS, U.S. DEPENDENTS SCHOOL, EUROPEAN AREA	Karlsruhe, Germany
AIR FORCE•	
Headquarters, United States Air Force, Europe	Wiesbaden, Germany
Bitburg Air Base	Bitburg, Germany
Ramstein Air Base	Ramstein, Germany
USAF Hospital	Wiesbaden, Germany
ARMY•	
Headquarters, United States Army, Europe	Heidelberg, Germany
3d Infantry Division (VII Corps)	Wuerzburg, Germany
U.S. Army Medical Command	Heidelberg, Germany
V Corps Headquarters	Frankfurt, Germany
8th Infantry Division (V Corps)	Bad Kreuznach, Germany
3d Armored Division and Sub- ordinate Brigades (V Corps)	Frankfurt, Germany
97 General Army Hospital	Frankfurt, Germany

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

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

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

DEPARTMENT OF THE ARMY (continued)

OFFICE OF DEPUTY CHIEF OF STAFF,
PERSONNEL (DIRECTOR OF DISCIPLINE AND DRUG POLICIES)

Brig. Gen. Robert G. Gard, Jr.	May	1971	Present
--------------------------------	-----	------	---------

DEPARTMENT OF THE NAVY

SECRETARY OF THE NAVY

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

SURGEON GENERAL OF THE NAVY

Vice Adm. George M. Davis	Feb.	1969	Present
---------------------------	------	------	---------

OFFICE OF THE CHIEF OF NAVAL
OPERATIONS (HUMAN RELATIONS
PROJECT MANAGER)

Rear Adm. C. F. Rauch, Jr.	Apr.	1971	Present
----------------------------	------	------	---------

MARINE CORPS, U.S. HEADQUARTERS
DEPUTY ASSISTANT CHIEF OF STAFF
G-1

Brig. Gen. R. B. Carney	May	1970	Present
-------------------------	-----	------	---------

DEPARTMENT OF THE AIR FORCE

SECRETARY OF THE AIR FORCE

Robert C. Seamans, Jr.	Jan.	1969	Present
------------------------	------	------	---------

SURGEON GENERAL

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

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

DEPARTMENT OF THE AIR FORCE (continued)

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

Maj. Gen. J. W. Roberts

Jan. 1971 Present

^aThis position was formerly entitled "Deputy Assistant Secretary of Defense (Health and Medical)" under the Assistant Secretary of Defense (Manpower and Reserve Affairs). The change was effective in June 1970. Dr. Rousselot occupied the position under both titles.

Copies of this report are available from the
U S General Accounting Office Room 6417
441 G Street NW Washington D C 20548

Copies are provided without charge to Mem
bers of Congress congressional committee
staff members Government officials members
of the press college libraries faculty mem
bers and students The price to the general
public is \$1 00 a copy Orders should be ac
companied by cash or check