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ENCLOSURE A

Military Drug Abuse Control Program Activities In Continental United States

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ABBREVIATIONS

DOD	Department of Defense
LPCP	Limited Privileged Communication Program
LSD	lysergic acid diethylamide
NIS	Naval Investigative Service
NDRC	Navy Drug Rehabilitation Center
SDN	separation designation number
STC	Special Treatment Center
UCMJ	Uniform Code of Military Justice
VA	Veterans Administration

CHAPTER 1

INTRODUCTION

That portion of the study of drug abuse control program activities affecting military personnel discussed in this enclosure to the General Accounting Office report[1] was performed at selected Army, Navy, Air Force, and Marine Corps installations in the continental United States (See app I) The information in this enclosure was obtained by interviewing program management personnel and service members who were participating in the various programs Additional information was obtained from departmental records

BACKGROUND

Estimates of the number of regular heroin users in the civilian population of this country vary from about 300,000 to 700,000 In addition, about 1 5 million Americans between the ages of 12 and 18 have used heroin at least once, according to a nationwide survey made for the Commission on Marihuana and Drug Abuse The survey also found that

--Almost 2 million youths, or 8 percent of those of high school age, had tried hallucinogenics such as LSD (lysergic acid diethylamide), mescaline, or peyote.

--2.6 million Americans, or 5 percent of those under age 18 and 1 percent of those over age 18, had tried cocaine.

--3.7 million Americans had tried methamphetamines, and 5.8 million had tried other prescription stimulants.

--2.6 million Americans had used prescription tranquilizers for pleasure, and about the same number had

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

used (1) nonprescription tension relievers and (2) pain killers, such as codeine and morphine

The survey found that drug abuse was uniformly about four times greater on a percentage basis among those who were 18 years old and under than among those who were over 18 years old

In another survey prepared for the Commission, it was reported that 24 million Americans--14 percent of those 18 years old and under and 15 percent of the adults--had tried marihuana and that about 9.3 million Americans had used hashish.

The report of a research project by the Human Resources Research Organization to study the extent of drug use in the military and to identify demographic correlates of drug abuse was submitted to the Secretary of Defense in March 1972 [1]

The military services have established comprehensive programs, employing a variety of approaches and techniques, to prevent and control drug abuse within their ranks The extent and nature of these prevention and control activities are described in the chapters that follow

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[1] A courtesy copy of that report was made available to the General Accounting Office on May 12, 1972 There was not sufficient time prior to issuance of the General Accounting Office report to permit inclusion of an evaluation of that report

CHAPTER 2

LAW ENFORCEMENT AND DRUG SUPPRESSION

The possession, use, or transfer of narcotics, marihuana, or dangerous drugs are prohibited by regulations of the military services Offenders are liable to punishment under penalties imposed by the Uniform Code of Military Justice (UCMJ) and can be separated with an administrative discharge. Initiation of punitive or administrative action is a command responsibility with investigative assistance provided by designated military law enforcement and investigative agencies

At two Army installations included in our review, the base Provost Marshal and Criminal Investigation Division organizations had primary responsibilities for investigating drug abuse cases. At an Air Force base the Office of Special Investigation conducted all drug investigations. The Naval Investigative Service (NIS) was charged with investigating activities related to the traffic and use of dangerous drugs at Navy bases Through calendar year 1970 NIS also investigated drug abuse cases at the Marine Corps installation we visited, but beginning in January 1971, the base Provost Marshal assumed primary responsibility for these cases.

Although the extent of enforcement efforts varied among the services, most investigative officials stated that they emphasized the identification and elimination of drug traffickers or sources of supply. In practice, however, the majority of on-post investigations involved possession of drugs rather than their sale. This is allegedly due, in large part, to the simplicity of developing such cases and to the limited funds available for purchasing drugs

At the Navy, Marine Corps, and one of the Army installations we visited, investigative efforts included the use of marihuana detection dogs. At the Marine Corps base, participants in the drug exemption program were interviewed by Provost Marshal officials in the hope of obtaining voluntary disclosure of sources of supply. (As explained in chapter 5, the military services established programs which exempted drug users from punitive actions under UCMJ if they

voluntarily came forward to seek help with their problems.) In contrast, the Provost Marshal at one Army installation had directed his representatives to avoid communication with such persons, to preclude undermining the credibility of the drug exemption program.

In some cases commands refrained from engaging in intensive barracks inspections for drug supplies because of strict search-and-seizure laws. Some commands were cautioned by legal officers concerning the conduct of searches. Naval activities were directed by the Secretary of the Navy to refer investigations of drug cases to NIS

At all installations military investigation officials stated that their efforts were coordinated with civilian enforcement activities. These activities included municipal police departments, county sheriffs, Federal and State bureaus of narcotics, and the U S Bureau of Customs Liaison was accomplished through information exchange and frequent contact with these officials.

Our review indicated that law enforcement and investigative efforts relating to drug offenses had generally been intensified in recent years at some of the installations we visited. However, NIS officials at one installation stated that their drug abuse caseload had declined since inception of the Navy drug exemption program, because of the restrictions on investigating individuals who had been granted exemption.

Information available at the installations we visited indicated that nonjudicial punishment and administrative separations were employed more frequently than was prosecution of drug offenders under UCMJ This was particularly true with regard to drug users as opposed to drug traffickers and suppliers. Several Navy officials noted this trend in the Navy and attributed it to (1) the high costs of courts-martial, (2) the excessive time required for courts-martial, and (3) the large number of drug offenses occurring. Other factors mentioned included the obtaining of evidence to corroborate self-admitted abuse, search-and-seizure restrictions which hampered the collection of evidence, and the transfers of military witnesses prior to trial dates.

Through administrative separation, an individual may receive an honorable, general (under honorable conditions), or undesirable discharge. We found that the trend in recent years, particularly after implementation of the drug exemption programs, had been toward more extensive separations of drug abusers under honorable conditions rather than as being undesirable For example, in the 1-1/2 years preceding announcement of the exemption program, one Marine Corps division separated 90 drug abusers, of whom only 13, or about 14 percent, received discharges under honorable conditions During the first 4 months following implementation of the program, 279 of 283 drug abusers administratively separated by the division, or about 99 percent, received discharges under honorable conditions.

Many of the military personnel we interviewed indicated that they thought that law enforcement efforts had not been particularly effective in curbing drug abuse among military personnel. Some felt that drug education was more effective than law enforcement in the control of drug abuse One NIS official stated that, given additional resources, he could combat drug abuse more effectively, but he acknowledged the limitations of law enforcement and the need for other programs, particularly education programs.

CHAPTER 3

DRUG EDUCATION PROGRAMS

All the military activities we visited had intensified their efforts to educate military personnel about dangerous drugs and the effects of their abuse Although much information had been widely disseminated, we were unable to evaluate whether these programs had effectively mitigated the problem

The manner in which the drug abuse education programs were organized and administered varied at the installations included in our review. At a Navy air station on the west coast, the program was decentralized to each of the 23 squadrons home-based at the installation, even though essential education material was made available by the station.

A comparable situation existed at a major eastern Navy base where the base's drug abuse education officer coordinated the education programs, basewide. Each of the major command activities on base, however, was responsible for developing and conducting its own program. Implementation was similar at a large western Marine Corps base where drug education activities were conducted independently by the two major commands within the installation.

Responsibility for conducting drug education programs was centralized at the Army and Air Force installations we visited. At one of the Army installations, however, some commands were supplementing the installation's program with informal drug education presentations of their own There appeared to be a need for more central coordination of the drug education efforts at this installation to preclude duplication and to insure uniformity of the educational material and credibility of the program During our review the installation established a Drug Abuse Control Office which may provide the overall guidance and direction needed for its drug education activities

The military services recognize that an explanation of the source, nature, and properties of drugs is not

sufficient in itself, and most of the drug education programs noted in our review also included information on communications and human relations aspects The classes for young enlisted personnel often included group discussions focusing on why people take drugs and what can be done by the individual to help himself Classes for noncommissioned and commissioned officers emphasized motivations of drug users and the responsibilities of leaders and supervisors to curtail drug abuse

The comments of military personnel interviewed at five of the installations varied The majority of the lower grade enlisted servicemen we interviewed questioned the credibility or effectiveness of the education programs Many stated that the programs employed scare tactics, were biased, or presented unrealistic and false information A common complaint was that the information presented was repetitive Some officers and enlisted personnel at a large Army installation told us, however, that they had received very little drug abuse education At an Air Force base most of the junior enlisted men we interviewed said that they had not, or could not, remember having seen the base drug education presentation

CHAPTER 4

IDENTIFICATION OF DRUG USERS

Our inquiries at an Armed Forces Entrance and Examination Station indicated that special testing procedures had not been established to screen out drug addicts and abusers prior to their entry into the service. The only means by which such individuals might be identified would be if they admitted to drug use in their medical history statements or if they had symptoms which would be disclosed in the regular preinduction physical examination

Military drug abusers have been identified traditionally through law enforcement efforts and more recently through drug exemption programs. (See p 11 .) Aside from these methods, urinalysis-testing programs have been the primary means used by the military departments to identify drug abusers within their ranks

On June 18, 1971, the Secretary of Defense directed the military departments to identify service members who were using or were dependent on narcotics and who were scheduled for departure from Vietnam. The test employed, urinalysis, is normally capable of detecting amphetamines, barbiturates, and opiates within prescribed time limits of their use, but it will not detect the presence of hallucinogens, such as marihuana, hashish, or LSD Subsequent to the initial identification efforts in Vietnam, the use of urinalysis was expanded to some military installations in the United States, as discussed below

At the Army installations, urinalysis tests were required for all personnel prior to their separation, permanent change of station, or departure on temporary duty in excess of 30 days and for those undergoing detoxification or rehabilitation. All other personnel were tested on a random, spot-check basis.

At a Navy Training Center and a Marine Corps Recruit Depot we visited, all recruits entering the services were tested Urinalysis tests were also used at the Navy and Air Force drug rehabilitation facilities we visited. At the other Navy, Marine Corps, and Air Force installations

we visited, however, the use of urinalysis was virtually nonexistent because of a lack of sufficient laboratory facilities For Navy and Marine Corps activities, laboratory analyses of urine samples had been conducted in-house at naval hospitals, whereas the Army had contracted with civilian laboratories for these services A testing program had not been instituted at the Air Force base we visited.

At most of the installations included in our study, officials indicated that urinalysis results required careful scrutiny For example, at one Army installation, 3,891 tests had been administered with 105 positive test results Only 16 of these 105 positive tests could be confirmed as cases of drug abuse, the remaining 89 were classified as false positives The misleading test results were generally related to the detection of drugs prescribed by physicians or to causes other than the abuse of drugs At the Navy Training Center, 10,790 tests had been administered with 34 positive results, of which only three were confirmed as drug abuse. At the Marine Corps Recruit Depot, 8,316 tests had been given resulting in 23 positive reactions Only eight of these were confirmed as cases of drug abuse

The urinalysis program at a large Army post may have been compromised by the failure of large numbers of personnel to report to the medical clinic for testing. During August 1971, for instance, only 1,056 of 2,190 members (48 percent) who had been notified to report for urinalysis actually reported A command memorandum designed to correct the situation was subsequently issued, after we brought the matter to the attention of responsible officials The memorandum advised all military personnel that an order to undergo urinalysis testing was legal and binding and that failure to comply was subject to action under UCMJ

Notwithstanding these problems, biochemical testing of urine is still considered to be the acceptable screening method. On January 11, 1972, the Department of Defense (DOD) instructed the military services to implement a systematic urinalysis-testing program for all personnel on extended active duty This program not only would enable early identification of drug abusers but also would provide a degree of deterrence to experimental and casual users

In accordance with the directive, all military personnel on extended active duty were to be tested

--annually on a random basis,
--upon initial entry to active duty,
--upon return from Vietnam or Thailand, and
--upon first reenlistment

Military personnel classified as high risks, including drug rehabilitants undergoing treatment, staff members supporting rehabilitation efforts, and rehabilitants returned to duty, were to be tested at more frequent rates.

The worldwide program was to be in full operation by July 1, 1972.

CHAPTER 5

DRUG EXEMPTION PROGRAMS

DOD Directive 1300 11, dated October 23, 1970, authorizes the military departments, on a trial basis, to establish amnesty programs for drug users who voluntarily seek help Such members will receive medical assistance and be exempted from punitive actions for drug use under UCMJ and, if rehabilitation and restoration to full duty is not indicated, will be considered for discharge under honorable conditions

At the installations we visited, we found that the Army and the Air Force had established such amnesty programs early in 1971 Servicewide Navy and Marine Corps drug exemption programs were not announced until July 1971 At one of the Navy installations, we noted that the base commander, on his own initiative, had informally provided amnesty to drug users seeking help at the installation's newly established Drug Abuse Prevention Center in January 1971

The various drug amnesty programs were generally well publicized Some problems were revealed in implementation, and it appeared that the programs may not have completely fulfilled the stated objectives of encouraging drug addicts and abusers to seek help voluntarily

ARMY EXEMPTION PROGRAM

Army guidelines for rehabilitation of drug users stated that an individual seeking rehabilitation who voluntarily presented himself to his commanding officer, a chaplain, a medical officer, or any other designated personnel, would be granted amnesty and would not be punished merely for admitting to the use of drugs Specific details of the Army's amnesty program were later summarized in the Department of the Army Alcohol and Drug Abuse Prevention and Control Plan, dated September 3, 1971 In the plan the term "amnesty" was replaced by the term "exemption," which was defined as protection for the individual from punitive action under UCMJ or from administrative discharge for drug abuse under

other than honorable conditions solely because of his volunteering for treatment.

Military personnel are not exempted from punitive or administrative actions for such related offenses as the sale, or possession for sale, of drugs to others, or for instances of drug abuse that the military personnel do not voluntarily disclose prior to their apprehension or official warning that they are under suspicion of such offenses Further, exemption does not prevent commanders from suspending or revoking access to classified information, security clearances, or hazardous-duty orders; reclassifying or withdrawing military occupational specialities; or taking other administrative actions, including investigation of criminal activity not directly related to the voluntarily disclosed instances of drug abuse

At the two Army installations we visited, we found that drug exemption programs had been implemented early in 1971 The publicity given to the program appeared to be adequate at one installation, but at the other very little publicity had been given to the program after its initial announcement The lack of emphasis at the latter installation was due, in large part, to the fact that, until issuance of the Army plan in September 1971, the implementing instructions and guidelines were furnished piecemeal in various headquarters and command messages Much of this information was not disseminated to lower echelons As a result, many unit commanders were not aware of the options available to them in dealing with drug abusers, nor were the troops under their command adequately advised of the objectives of the exemption program We discussed this problem with appropriate installation officials, and in October 1971 the installations issued new Command Information Fact Sheets explaining the drug exemption and urinalysis-screening programs and providing guidelines for related administrative and/or disciplinary actions

Implementing instructions were not specific as to how exemption would be granted At both installations it appeared that exemption was automatically granted to those who voluntarily identified themselves and sought assistance or rehabilitation, to others who were admitted to the hospital for treatment of drug abuse, and to those who were

identified through urinalysis tests No formal exemption contracts or documents were executed, and no entries were made in individual service records An official at one installation explained that exemption was essentially an oral agreement between the parties concerned and that the success or credibility of the program depended largely on the good faith with which it was implemented He said he was not aware of any instances where unit commanders had violated such agreements by prosecuting individuals for exempted drug offenses

One installation reported that for the 3 months ended September 30, 1971, there were 174 enlisted men who had entered the rehabilitation-amnesty program It was reported that, of these 174 enlisted men, 92 had been returned to duty, 34 had separated from the service, 11 had dropped out of the program, and five had been apprehended for subsequent drug violations The remainder were apparently still in the program A comparable basewide report was not available at the second installation Since formal exemption documents and records were not used or maintained, we were unable to verify reported data or to independently compile reliable statistics as to the total number of personnel granted exemption, the administrative actions taken, and the status or disposition of the cases

AIR FORCE LIMITED PRIVILEGED COMMUNICATION PROGRAM

The Air Force base included in our study implemented its Limited Privileged Communication Program (LPCP) in March 1971. The major provisions of LPCP, as set forth in Air Force Regulation 30-19 dated July 30, 1971, are basically similar to those of the Army's exemption program. The regulation provides that an Air Force member seeking help with a drug problem be granted limited privileged-communication rights if he voluntarily presents himself for such assistance to his immediate unit commander, Air Force medical personnel, or Social Action Office personnel. The regulation provides also that information volunteered by the member in seeking such assistance not be used against him in actions under UCMJ or to support an administrative discharge, solely for drug use (or possession incident thereto), under less than honorable conditions if he volunteers the information before initiation of such actions

In September 1971 the Air Force, acknowledging expressed concern over lack of published guidelines regarding the impact of drug abuse on the personnel security program, issued interim guidance for making security access determinations. Basically the guidance provided that personnel who were determined to be drug addicts or drug users (as defined in Air Force Regulation 30-19) not be granted access to classified information or allowed unescorted entry to restricted areas. If such rights had been granted, they were to be withdrawn until it was determined that the individual was rehabilitated and would be retained in the service. Personnel considered to be drug experimenters normally would not be affected unless they had a verified history of LSD experimentation.

Through January 1972 a total of nine men had participated in the LPCP program at the base we visited. Of this number, one was transferred to another base and one was discharged for reasons other than drug abuse. Records available showed that local access to classified information had not been withdrawn for two of four LPCP participants who had security clearances

Air Force policy and guidance regarding utilization of personnel provide generally that a drug abuser, if it is medically determined that he can be locally rehabilitated, continue to be used in his primary duty assignment or in other specialties in which he is trained, unless specifically precluded under other existing directives. For example, drug abusers assigned to flying or human reliability programs must be temporarily suspended or disqualified for a minimum of 1 year.

We found that only one of the LPCP participants had been in a human reliability program and that he had been temporarily disqualified for the program and had been selected for retraining.

NAVY EXEMPTION PROGRAM

Most of the policies set forth in DOD Directive 1300.11 were implemented by the Navy in Secretary of the Navy Instruction 6710 1B, dated March 2, 1971 Action on the authorized amnesty program for drug users, however, was not taken until July 9, 1971, when directive 6710.2 established the Navy drug exemption program.

The principal purpose of the Navy plan is to enable a drug user or possessor to obtain medical or rehabilitative help without fear of disciplinary action under UCMJ or of separation with a discharge under other than honorable conditions. The program provides for the designation of exemption representatives as liaison points between members applying for exemption and the command. Chaplains, medical officers, legal officers, and personnel whose primary responsibilities are the detection and investigation of criminal offenses are not eligible to act as exemption representatives.

It is incumbent upon the exemption representative to fully explain the scope and limitations of the program before a voluntary disclosure. Members who qualify for exemption include not only those who voluntarily disclose their drug abuse but also those who apply within 24 hours of being informed that they have been identified as drug abusers either by third parties or through an approved testing program, such as urinalysis The assignment status and security clearance of a member, if modified at the time he is granted exemption, can be restored at the discretion of the command if the member is rehabilitated.

At two large Navy installations--one on the east coast and one on the west coast--we found that drug exemption programs had been implemented and were being administered generally in accordance with the above guidelines Overall statistics showing participation in the programs and the dispositions of all cases on a stationwide basis were not readily available.

Data obtained from selected operating units we visited indicated that treatment and disposition of identified drug users varied, depending on the types of duties involved and

other factors. Drug abusers in a submarine flotilla (whether exempted or not) were not normally retained in the submarine service because of the critical nature of their work which often involved nuclear power and weapons. Navy officials in the flotilla told us that about 50 percent of identified drug abusers in the unit had been discharged and that the other 50 percent had been retained in other branches of the Navy.

At a naval air station, statistics available for four fighter squadrons and station personnel showed that 18 men had been granted exemption, of whom two had been administratively discharged, 12 were receiving treatment or rehabilitation, one was serving nonjudicial punishment for a nonexempted offense, and three were awaiting disposition instructions

Some medical officers advised us that the major needs for improving the exemption program were (1) more psychiatrists and doctors to ease the workload and to provide for a more thorough evaluation of drug users and their rehabilitation needs, (2) development of testing procedures or some means of verifying the past drug use claimed by those seeking exemption, and (3) more rehabilitation facilities.

Some of those designated as exemption representatives considered themselves unqualified for the task. Some were senior noncommissioned and career officers whom younger enlisted personnel might be hesitant to approach on so critical a subject as disclosing illegal drug use and seeking exemption.

Also the grant of exemption is entered in the individual's service record and is not treated as strictly privileged information. We were told that, for a career man, seeking exemption would be the end of the line. Some individuals felt that grants of exemption would be treated more confidentially and that, if entries were necessary, they would be more appropriately noted in medical records.

Disclosures relating to nonexempt offenses (e.g., sale of drugs and theft) may be used for disciplinary actions. In addition, a man may be required to testify in the prosecution of cases against other individuals identified through his disclosures.

MARINE CORPS EXEMPTION PROGRAM

The Marine Corps followed the Navy's lead by establishing an exemption program for drug abusers Details of the Marine Corps program, which was announced July 19, 1971, were basically the same as those of the Navy drug exemption program.

At the Marine Corps base included in our study, we found that each of two major commands had implemented drug exemption programs pursuant to the Marine Corps announcement. Although there was informal contact and some limited coordination between the two commands (the base command and a tenant Fleet Marine Force division), each operated its own program.

Determining the truth of asserted drug use was a problem frequently cited by those responsible for processing and granting exemptions in both organizations. This determination had particular impact because the Commandant of the Marine Corps instructions directed that LSD users be discharged, in view of the possibility of permanent mental damage and recurrence of hallucinogenic effects which might result from using LSD In the tenant division the admission of LSD use was almost certain to result in administrative discharge Division statistics showed that 615, or about 90 percent, of the 681 granted exemption in this organization had been recommended for administrative discharge. The base organization viewed claimed LSD use with suspicion and administrative discharge was not automatic--only 51 of 256, or about 20 percent, of the exemptees had been discharged.

As was the case at the Navy activities we visited, many of those seeking exemption allegedly were interested only in getting out of the service early with an acceptable discharge, rather than in obtaining rehabilitation and treatment for a drug problem. This view of the exemption program was particularly evident among the personnel we interviewed in the tenant division, which discharged nearly all of its exemptees

Provisions of the Marine Corps drug exemption program, like those of the Navy program, allow commanding officers to modify, if necessary, security clearances, duty

assignments, etc , of individuals granted exemption. Statistics provided to us by the tenant division showed that, where applicable, such modifications usually--but not always--had been made

Marine Corps officers and enlisted personnel interviewed mentioned many of the same factors cited by Navy personnel as detracting from the effectiveness of the exemption program. (See p. 17.) Also the base organization followed a practice which might prevent some individuals from coming forward to seek exemption and assistance with a drug problem--those granted exemption were routinely interviewed by representatives of the Provost Marshal to determine the nature and scope of their drug involvement.

TYPES OF DISCHARGES AWARDED

Provisions of the various amnesty or exemption programs generally protected participants from separation from the services under less than honorable conditions. However, each of the services had a special code which, in most instances, was cited on the DD form 214 separation papers to indicate that the specific reason for the administrative discharge was drug abuse.

At two Army installations separation program number 384 was cited on the DD-214 to indicate that the specific reason for discharge was unfitness because of drug addiction or habitual use.

At an Air Force base, none of the exemption program participants had been separated, but a cognizant official told us that the DD-214 for Air Force drug abusers would cite separation designation number (SDN) 384. At the Air Force Special Treatment Center, however, the Commander advised us that drug abusers were discharged for unsuitability because of character and behavioral disorders or apathy; these reasons were indicated on the DD-214 by SDNs 264, 265, or 46A.

Most of the Navy and Marine Corps personnel separated from the Navy's drug rehabilitation centers were discharged for reason of unfitness because of drug abuse; this specific reason was indicated on the DD-214s by "code 384."

OBSERVATIONS

The Navy and Marine Corps drug exemption programs we observed were more formal and structured than were the Army or Air Force programs For example, the Navy and Marine Corps programs required formal exemption contracts and related documents which were not required under the Army and Air Force procedures. At one Army installation, however, there were plans to start using formal exemption documents.

Those granted exemption in the Navy and Marine Corps units were more likely to receive administrative discharges than those volunteering under the Army and Air Force programs There was significant variance even within an individual service, however, as evidenced by the disproportionate number of exemptees discharged by two Marine Corps organizations operating independently within one installation

Many of those seeking exemption were considered to be interested only in getting out of the service early, under honorable conditions, rather than in being rehabilitated This seemed to be particularly evident in the Navy and Marine Corps programs. Determining the truth of asserted drug use, particularly that of LSD, was a problem frequently mentioned by those implementing the exemption programs This determination was particularly important in evaluating the degree of drug dependency and the rehabilitation needs of drug users.

Administrative procedures detracted from the credibility of the various programs. For example, the Navy and Marine Corps organizations required an entry in a man's personnel record when he was granted exemption for drug use Although protected from punitive actions under UCMJ, there was no protection against administrative actions which could, in some cases, be viewed as punitive in nature--e g , reassignment to less desirable duty, loss of security clearance, loss of flight status, and loss of proficiency pay Even though administrative discharge under honorable conditions was assured, special codings used by each of the services on the DD-214 discharge papers would indicate to knowledgeable potential employers that the man had been separated from the military service because of drug involvement

CHAPTER 6

REHABILITATION OF DRUG USERS

The rehabilitation programs available to military drug abusers vary considerably, depending on the branch of service, the extent of addiction or drug dependency, and other variables. Navy, Marine Corps, and Air Force drug abusers who are not addicted to or dependent on drugs are expected to be treated in local rehabilitation-oriented programs established at their home stations. Drug abusers who require treatment beyond the capability of these local programs may be sent to special centers established for this purpose.

Navy Drug Rehabilitation Centers (NDRCs) are located at naval air stations at Miramar, Calif., and Jacksonville, Fla. Drug-involved Marine Corps personnel may be sent to the Navy's rehabilitation centers. The Air Force equivalent of NDRC is the Special Treatment Center (STC) at Lackland Air Force Base, Texas.

The Army has no centralized drug rehabilitation centers. Each major command in the Army is responsible for developing its own drug rehabilitation program, and for the most part, this responsibility has been implemented on a decentralized basis by establishing programs at more than 30 Army installations.

In addition to the foregoing programs, military drug abusers may be referred to Veterans Administration (VA) facilities for treatment, either before or after separation from the service.

At the six military installations included in our review, we found the local drug rehabilitation programs to be varied and, in some cases, limited to occasional counseling. Generally no additional funds or manpower were provided to establish and operate these programs. The scope of their activities was limited by the availability of existing resources and by the personal commitments of local commanding officers and ranking noncommissioned officers to program objectives.

ARMY PROGRAMS

Drug rehabilitation programs in the Army have been established on a decentralized basis at the installation level. Formal programs had been established at the two Army installations included in our review. At one of the installations, additional rehabilitation programs sponsored by a chaplain of a student battalion and a commander of an infantry brigade were also available to drug abusers.

The Department of the Army's Alcohol and Drug Abuse Prevention and Control Plan includes these stated objectives.

--To detoxify and to provide necessary treatment and counseling to identified drug users

--To rehabilitate alcohol- and drug-dependent personnel through short-term Army rehabilitation programs or through referral to VA or other civilian treatment agencies for long-term rehabilitative treatment

Policy and procedural guidelines included in the plan generally provide that drug-dependent personnel be transferred to a designated Army medical facility for a brief period of treatment and completion of detoxification, if necessary. Drug abusers identified overseas are normally detoxified prior to medical evacuation back to the United States. When released from medical control, those personnel remaining on active duty enter into a program of rehabilitation at their assigned duty stations Army personnel due for discharge in the near future may be transferred to VA treatment facilities while still on active duty or they may be advised which VA hospitals have drug treatment programs that they may use after they are separated from active duty.

The Army installations we visited had medical facilities on post where drug-dependent personnel could be treated and detoxified There were also programs providing rehabilitaton activities to drug users on an outpatient basis or as inpatients in halfway house-type facilities. Department of the Army guidelines suggest that the halfway house and/or the drop-in "rap" center be primary rehabilitation activities. Among the reasons cited for favoring this approach was that one of the causes of an individual's alcohol or drug

dependency was his sense of isolation from his community It is felt that rehabilitation is unlikely to occur in an isolated special environment, such as a prison or a hospital, and that, conversely, rehabilitation efforts are likely to be most successful when conducted within the individual's normal community.

The rehabilitation programs at one installation afforded soldiers with a drinking or drug abuse problem the opportunity to live away from their units or families and to attempt to learn, while sober and free from drugs, new ways of dealing with their problem situations. Military duties continued to be performed as usual during the day. Residents of the halfway house participated in rehabilitation activities during their leisure time, including evenings, weekends, and holidays.

The rehabilitation activities at the halfway house consisted of interaction groups, a chaplain's discussion group, films, tapes, records, rap sessions, and the exercise of responsibility through resident government. The program also included occupational therapy, various crafts, sports, and visits to local recreational sites and sporting events. The program staff and patients were subject to biweekly urinalysis screening to try to maintain the drug-free environment.

Participation in the drug rehabilitation program was voluntary. However, members of the rehabilitation staff made regular visits to the base hospital to interview drug abuse patients and to advise them about the program. Records available indicated that only a small percentage of the drug abusers admitted to the hospital elected to participate in the rehabilitation program. This was particularly evident with drug users identified as Vietnam returnees. Of 131 such individuals admitted by the hospital, only nine had volunteered to participate in the halfway house rehabilitation program Of the remaining 122 individuals, six remained in the hospital, 54 had been administratively discharged, two had been transferred to VA hospitals, and 60 had refused rehabilitation. (Information was not readily available as to the ultimate disposition of these 60 individuals)

At the second Army installation we visited, drug rehabilitation and education activities were functions of the

Post Drug and Alcohol Center which was established about May 1971 Personnel involved in the drug rehabilitation efforts included seven military personnel and six civilians. Three of the military personnel and five of the civilians had primary duties in drug rehabilitation; however, there was some rotation of duties between drug education and drug rehabilitation functions.

A person's participation in the drug rehabilitation program could result from (1) his voluntarily seeking assistance and rehabilitation under the exemption program, (2) his identification as a drug user through urinalysis testing, (3) action of law enforcement agencies, or (4) his identification as a drug user when admitted to the hospital for drug overdose or in a state of withdrawal

Personnel entering the program were interviewed by a specialist from the center who determined the nature and extent of rehabilitation required Program officials told us that no firm maximum restoration period had been established but that they tried to provide a minimum of 30 days of rehabilitation to all participants.

The halfway house opened at the center in December 1971 with nine inpatients Plans initially called for developing a capacity to house 28 inpatients. At its peak of operation, however, the halfway house had only 14 inpatients; as of January 1972 only three remained. The command was considering plans to discontinue operation of the halfway house until requirements increased sufficiently to justify its reopening

A cognizant program official told us that rehabilitation efforts were directed primarily toward treatment of heroin users who were the majority of the program participants. He further stated that evaluation and referral of patients to appropriate types of treatment and therapy was a continuing part of the rehabilitation process.

The basic forms of treatment offered to inpatients and outpatients were individual counseling and group-therapy sessions Although the therapy prescribed varied according to individual needs, the chief of the center told us that the goal was to have all program participants involved in at

least 5 hours of rehabilitation each week--preferably 1 hour of individual counseling and two 2-hour group-therapy sessions Goals of the therapy efforts were to equip the individual with basic skills in human interaction and decision-making Such efforts also included educational and vocational therapy In educational programs an individual could complete his high school education or college-level courses Vocational programs centered around Project Transition which helped individuals prepare for jobs or trades to enter after separation from the service

AIR FORCE PROGRAMS

The Air Force plan for drug rehabilitation, announced June 17, 1971, consists of a sequence of five basic phases through which drug abusers may be processed

Phase I Identification
Phase II Detoxification
Phase III Psychiatric Evaluation
Phase IV Behavioral Reorientation
Phase V Base Social Action

Air Force STC

The Air Force STC, which began operations at Lackland Air Force Base in July 1971, is responsible for phases III and IV The Commander, STC, told us, at the time of our review, that phases I and II had been accomplished primarily in Southeast Asia and that phase V was the base follow-on program being established throughout the Air Force.

The physical facilities of STC include a structure with a 150-bed capacity that houses the phase III activity and four converted barracks buildings that are used for phase IV operations One of the buildings is occupied by the STC administrative offices and the other three are student facilities, each having 28 two-man rooms. The authorized staffing level for the STC, based on a student load of 208, totaled 249, including 48 officers, 173 enlisted men, and 28 civilians At the time of our visit in January 1972, the STC Commander advised us that the actual staffing and student load were about 250 and 70, respectively

All drug abusers arriving at STC enter phase III where they undergo 8 to 15 days of medical and psychiatric evaluation and counseling During this period they are treated as medical patients and are allowed to leave the ward only under escort The patient has basically two options available to him--to volunteer for phase IV or to be separated from the service He is encouraged to enter the phase IV rehabilitation program.

STC statistics showed that, through December 31, 1971, 550 patients had completed phase III Of this number,

about 55 percent had volunteered for rehabilitation (phase IV), 35 percent had refused rehabilitation and had been administratively discharged, and 10 percent had been discharged because they had insufficient service time remaining for phase IV and chose not to extend their service. The STC Commander told us that the type of discharge a man received was based on his entire military record, including his performance at STC He said that about 40 percent received honorable discharges and that those who were participants in LPCP could not receive less than a general discharge, under honorable conditions. Many of the men we interviewed in phase IV said that they had volunteered for phase IV to avoid the stigma of an administrative discharge for unfitness or unsuitability

STC officials told us that the rehabilitation efforts at STC were not designed to cure the 2 percent considered to be hard-core addicts. The psychiatrist in charge of phase IV told us that his experience in civilian rehabilitation programs was that addicts required long-term, intensive help which the Air Force did not have the resources to provide. The STC Commander said that the thrust of the phase IV behavioral reorientation effort was directed toward the 98 percent of Air Force drug abusers having relatively short-term, mild histories of drug abuse. He advised us that the program was structured to cover a 5-week period and was designed to provide the drug abuser with constructive alternatives to drugs.

In entering phase IV, the patient became a "student" and was required to attend a series of classes, therapy sessions, and programed events. All students participated in basically the same type of program. The curriculum was described as a multifaceted approach, designed to help the student help himself, with five major areas of concentration: military life, personal development, academics, group and individual therapy, and recreation

The STC Commander stated that over 80 percent of the phase IV students had completed the program and were being returned to duty Under the Air Force drug rehabilitation plan, a member is required to participate in the phase V, base Social Action program, for 1 year at his next duty assignment. The STC Commander said that it was too early to

make a firm assessment of the ultimate success of the program He said that the feedback received on those who had been returned to duty indicated some successes and some failures.

Some of the students we talked to in their fifth week of phase IV expressed dissatisfaction with the new duty assignments for which they were scheduled The Personnel Officer advised us that regulations prevented reassigning STC graduates to certain jobs He added that the graduates could be retrained for new jobs, provided that they did not require completion of any Air Force schools The graduates must be able to acquire the new skills through on-the-job training

Local activities

At an Air Force base hospital, officials told us that they had not encountered any drug addicts or abusers requiring transfer to STC for treatment and that the local rehabilitation program was very limited There were no psychiatrists or social workers assigned to the Air Force base, and individuals requiring such services had to be referred to other installations The local rehabilitation consisted basically of counseling, provided on a voluntary basis, by the director of the local county medical center, Air Force medical personnel, and Social Action Office personnel

NAVY PROGRAMS

NDRCs

NDRC at the naval air station at Miramar began operations July 1, 1971. Initially established to receive Navy and Marine Corps heroin addicts identified in Southeast Asia, NDRC's scope of operations was expanded to treat personnel from other duty stations who were physiologically addicted or psychologically dependent on various types of drugs. In October 1971 a second NDRC was established at the naval air station at Jacksonville. Its planned functions were basically the same as those of the Miramar facility.

Drug abusers were identified and sent to NDRCs primarily through (1) detection in urinalysis-testing programs, (2) identification in the Navy or Marine Corps drug exemption programs, and (3) referral (whether covered by exemption or not) from medical facilities. Most of the patients in NDRCs at the time of our review had entered under the drug exemption programs. Patients were detoxified, if necessary, at naval hospitals in the United States or in South Vietnam prior to transfer to NDRCs.

On arrival at NDRCs, drug abusers spent up to 2 weeks in screening processes. During this period they were acquainted with the rehabilitation programs offered; counseled, and evaluated by psychiatrists, psychologists, and other trained staff members to determine their suitability for, and willingness to cooperate in, rehabilitation programs. From this point forward, disposition and treatment of patients at the two NDRCs differed somewhat, as described below.

At Miramar those individuals who were overtly hostile, on unauthorized absence more than just a few times, or generally unresponsive during screening activities were usually recommended for administrative discharge. Those remaining were assigned to one of five therapy groups, primarily on the basis of their expressed interests or preferences and of the nature and severity of their drug problem. The nature and extent of individual or group counseling, therapy, educational or vocational work projects, and other rehabilitative activities varied, depending on the makeup of each group.

Heavy drug abusers and heroin addicts were encouraged to volunteer for treatment in the family group which was conducted by ex-heroin addicts under stringent rules and restrictions. The program was divided into four phases of increasing responsibility, privileges, and participation. Therapy included the use of sensitivity techniques and playing the family game (a version of the Synanon game), among other things.

At the other extreme was the Self-Help Group which was headed up by a line officer and which functioned very much like a typical military unit. Individuals assigned to the Self-Help Group were usually those who had no job skills and/or who became involved in drugs primarily because of situational crises. Other therapy units at NDRC included the Community and Project Groups for those who had some experience in group-work projects and the SALT Company for individuals having religious backgrounds and interests.

On completion of screening at NDRC, Jacksonville, patients had the option of participating in the formal rehabilitation program or being assigned to the Support Services Group. The program director estimated that 64 percent of those screened chose to enter the rehabilitation program.

In the Support Services Group, about 2-1/2 hours a day were allotted to counseling and recreational activities. Most of the day was spent in work parties that refurbished NDRC buildings and grounds. If a man avoided disciplinary troubles and stayed off drugs for 30 days, an administrative board, considering the man's preference, recommended that he be either returned to duty or separated from the service. The program director estimated that about 95 percent of the residents wanted to be separated from the service. Those who chose to enter the rehabilitation program at NDRC, Jacksonville, participated in a variety of educational, vocational, recreational, and therapeutic activities.

Navy instructions provided that, after no more than 60 days of rehabilitation at NDRCs, administrative boards evaluate the patient's progress and recommend that he be either returned to duty or discharged. There were provisions for extending treatment beyond 60 days with approval by the Bureau of Naval Personnel. NDRC officials indicated that

there were no specific criteria for evaluating the success of the rehabilitation efforts other than having patients complete the programs and return to military duties.

The following tabulation shows that relatively few patients at NDRCs were returned to active duty. Most were discharged from the service.

	NDRC, Miramar 3-16-72	NDRC, Jacksonville 2-9-72
Total patients admitted		
Navy	611	82
Marine Corps	196	35
Coast Guard	3	-
Total	810	117
Disposition of patients admitted		
Patients discharged from service		
Navy	448	30
Marine Corps	(a)	4
	448	34
Returned to duty		
Navy	33	6
Marine Corps	-	1
Returned to Marine Corps for disposition	163[a]	-
Returned to Coast Guard for disposition	3	-
Transferred to naval hospital for disposition	7	-
Deserters dropped from roles	2	-
Total dispositions	656	41
Patients still attached	154	76
Total	810	117

[a]Information as to the ultimate disposition of all of these patients was not readily available A headquarters official stated, however, that only two of the first 100 Marines processed through Miramar had been returned to duty, the rest had been discharged

Some of the problems brought out in discussions with staff and patients at the two NDRCs are noted below.

1. Location of the NDRCs at active air stations resulted in some friction and incidents between patients and

other personnel on base. Patients complained of being harassed in the messhalls, Navy Exchange, and other base activities. Other base personnel expressed opinions that having the concentration of drug users on base attracted more pushers and illegal drugs and exposed all personnel to increased drug hazards. There was also a tendency to attribute petty thefts and similar crimes on base to NDRC residents.

2. Officials at NDRC, Jacksonville, said that some Navy and Marine Corps commands were sending the wrong types of drug abusers to their facilities; i.e., drug experimenters who do not need extensive rehabilitation or, conversely, drug addicts who required more treatment than could be provided at NDRC.

3. Several patients complained of delays up to 3 months after being granted exemption before being transferred to NDRC, Jacksonville.

4. Patients at the Miramar and Jacksonville NDRCs also reported lost baggage and delays in receiving personal belongings and pay when first transferred to the NDRCs.

5. Many of the drug abusers sent to NDRCs were primarily interested in getting out of the service and did not cooperate fully in rehabilitation efforts. Many of the patients openly admitted as much.

6. Staff members and residents at NDRC, Jacksonville, said that many staff members were either dissatisfied with or unqualified for their assignments and that there was a shortage of qualified psychiatrists, psychologists, and counselors at NDRC.

Local activities

At a large naval base, we found that local drug rehabilitation programs were conducted by the various commands located there, rather than on a centralized basis. The base hospital provided local rehabilitation to inpatient drug abusers in the form of rap sessions, recreational projects, self-study, and individual counseling. In a submarine flotilla, a chaplain administered a program of individual counseling and weekly group discussions for drug abusers.

At a naval air station, a drop-in contact center, which provided centralized drug abuse educational, personal assistance, and counseling services on base, had also been designated to fulfill the need for local drug rehabilitation functions. Drug abusers considered to be free from drug dependency and to be capable of working within the naval community were assigned to the contact center on either a full-time or a part-time basis to participate in counseling therapy and other rehabilitation-oriented activities. At the time of our review, the contact center had been in operation for a month but only five men had been assigned for counseling.

MARINE CORPS PROGRAMS

As noted in the preceding section, Marine Corps personnel who were addicted to, or seriously dependent on, drugs were sent to Navy Drug Rehabilitation Centers. In a few instances drug abusers were also sent to VA facilities for treatment prior to discharge.

Local activities

At the Marine Corps installation we visited, neither the base organization nor the tenant Fleet Marine Force division included in our review had formal, structured local rehabilitation programs for drug abusers. Rehabilitation was limited basically to individual counseling and to guidance by the designated exemption representatives--staff NCOs, medical officers, chaplains, etc.--usually at the request of the exemptee himself. Both organizations had established, and were placing heavy emphasis on, drug abuse education and human relations training programs for existing staff and command personnel to better enable them to provide needed counseling and guidance to drug abusers.

PAY AND ENTITLEMENTS DURING TREATMENT

The DOD Military Pay and Allowances Entitlement Manual provides that an individual is not entitled to his basic, special, or incentive pay when he is absent from duty for more then 24 consecutive hours as a result of his intemperate use of habit-forming drugs.

Department of the Army instructions provide that the time an individual spends as a hospital inpatient during the detoxification phase of treatment for drug abuse be classified as "not in line of duty due to own misconduct." During that period of time he loses all pay (basic, special, and incentive) but he is entitled to allowances. In our reviews at two Army installations, we found this policy to be inconsistently applied. Some individuals lost pay for the periods of time they were hospitalized for detoxification but, in apparently similar circumstances, other individuals received full pay. We brought these matters to the attention of local commanders who promised to look into them and to take corrective actions.

Air Force instructions state that (1) in most cases, the period of hospitalization during detoxification for drug abuse will be classified as not in line of duty, (2) during the period of time the individual is unable to perform his duties, he will not be entitled to pay but will be entitled to allowances, and (3) hospitalization for evaluation before entering a rehabilitation program for which the member has volunteered (e.g., LPCP) will not be considered incident to drug abuse per se and will not require a line-of-duty determination. In our inquiries at one Air Force installation, we found no instances where individuals in LPCP had lost pay or allowances for periods of detoxification.

Department of the Navy policy generally provides that inability to perform duties as a direct result of intemperate use of drugs is misconduct but that "time spent in evaluating habituation without specific inability to perform duty shall not be charged as time lost due to misconduct." In our limited tests and inquiries at two Navy and one Marine Corps installations, we found no instances where individuals had lost pay and allowances while being detoxified or while participating in rehabilitation programs.

TREATMENT BY VA

The military activities included in our study transferred relatively few drug abusers to VA facilities for treatment and rehabilitation prior to their separation from the service. Army units transferred 12 men and Marine Corps units transferred nine. A Marine Corps official told us, however, that the corps was no longer sending drug abusers to VA hospitals because of the high costs of VA treatment and the additional spaces that were available at Navy treatment centers.

Military personnel separated from the service, in addition to personnel transferred while still on active duty, were usually briefed prior to separation on the various veterans benefits available to them, including VA drug rehabilitation programs.

We made inquiries at VA hospitals located in Los Angeles, Calif., and Atlanta, Ga., to determine the nature and extent of the drug treatment and rehabilitation services

provided. Basically these services are available to active duty military personnel transferred directly to the hospitals and to former servicemen who were discharged under honorable conditions. Veterans who received less than honorable discharges for their drug problems can ask for a change in the character of their discharge and can become eligible for admission to the VA drug treatment program.

The VA programs provided both inpatient and outpatient care. The inpatient programs were primarily concerned with providing the necessary medical treatment and detoxification of the patient. The outpatient treatment consisted primarily of methadone maintenance programs but counseling and group-therapy sessions were also available. Inpatients and outpatients in the methadone maintenance programs were subject to urinalysis testing at least twice weekly.

The status and disposition of participants in VA drug treatment programs reviewed in Los Angeles and Atlanta are summarized below.

	Los Angeles	Atlanta
Number of patients treated through dates of our reviews	601	104
Status or disposition		
Still active		
Inpatients	9	13
Outpatients	272[a]	18[b]
	281	31
Completed programs	187	61
Left or were dropped before completion of program	132	12
Transferred to another VA hospital	1	-
Total	601	104

[a]Includes 144 outpatients in the methadone maintenance program.

[b]All outpatients were on the methadone maintenance program.

VA officials at the two hospitals told us that efforts to rehabilitate active duty military personnel had been generally unsuccessful because these personnel were usually sent to VA involuntarily. One official stated that, for treatment to be successful, the patient must want it and that it was a waste of time and money to send active duty personnel to the program if they did not want to go.

Most of the participants under treatment were veterans rather than active duty personnel. At the Los Angeles hospital, eight of the nine inpatients and 210 of the 272 outpatients were veterans. Of these 218 veterans, only 29 of the outpatients were classified as Vietnam veterans. At the Atlanta hospital, 11 of the 13 inpatients and all 18 outpatients were veterans. Of these 29 veterans, at least 23 were Vietnam veterans.

An official at the Los Angeles hospital told us that two veterans with other than honorable discharges had applied for admission to the drug program. He said that their cases had been referred to their respective services to determine whether they could be admitted to the program. Their cases were pending at the time of our inquiry. We were told that no veterans in this category had been received at the Atlanta hospital.

OBSERVATIONS

The maximum period of treatment was normally about 60 days at NDRCs and STC. A maximum treatment period had not been established at the decentralized Army rehabilitation activities we visited. Military officials involved in these efforts generally acknowledged the limitations of the programs in rehabilitating seriously addicted drug users. They pointed out that only a small percentage of the patients under treatment in the military programs were hard-core drug addicts, such as those found in most civilian drug rehabilitation programs.

Many of those sent to NDRCs and STC were poorly motivated and did not cooperate in rehabilitation efforts. Many Army drug abusers also refused to participate in drug rehabilitation programs. Such individuals were usually discharged from the service without completing a rehabilitation program.

Relatively few Navy and Marine Corps personnel treated at NDRCs were returned to duty. According to the STC Commander, about 80 percent of the Air Force drug abusers entering the rehabilitation phase completed the program and returned to duty.

Military personnel receive their regular pay while undergoing drug rehabilitation, but Army and Air Force personnel may forfeit pay while they are being detoxified.

Most of those participating in the drug treatment program at the two VA hospitals we visited were veterans rather then active duty military personnel. Most of the participants at the Los Angeles hospital were not recent Vietnam veterans. The opposite was true at the Atlanta hospital

INSTALLATIONS AND ACTIVITIES VISITED IN

CONTINENTAL UNITED STATES

During period July 1971 through February 1972

ARMY
- Fort Benning, Georgia
- Fort Huachuca, Arizona

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

AIR FORCE.
- Myrtle Beach Air Force Base, South Carolina
- Special Treatment Center, Lackland Air Force Base, Texas

MARINE CORPS.
- Marine Corps Base, Camp Pendleton, California

VETERANS ADMINISTRATION
- Veterans Administration Brentwood Hospital, Los Angeles, California
- Veterans Administration Hospital, Atlanta, Georgia

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

	Tenure of office	
	From	To
DEPARTMENT OF DEFENSE		
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
DEPARTMENT OF THE ARMY		
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

	Tenure of office	
	From	To
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	
	From	To
DEPARTMENT OF THE AIR FORCE (continued)		
OFFICE OF DEPUTY CHIEF OF STAFF, PERSONNEL (DIRECTOR OF PERSONNEL PLANS)		
Maj. Gen. J. W. Roberts	Jan. 1971	Present

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

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