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FOR RELEASE: OCT. 7, 1971, THURSDAY

National Drug Abuse Prevention Week

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This week has been designated National Drug Abuse Prevention Week, and while no cause for celebration, we can be somewhat encouraged by the progress being made in government and among private groups to combat this agonizing problem of drug abuse. It seems to me that now is an appropriate time to assess the evolving national strategy and the efforts of some of the drug abuse programs in effect.

In June, President Nixon introduced a comprehensive national plan to deal with drug abuse among Americans, and although it is just four months later, some of his proposals are beginning to take hold. The President's plan included the proposal to create a Special Action Office for Drug Abuse Prevention, which was to be responsible for all non-law enforcement aspects of federal drug abuse prevention. Since the Presidential Message, a bill which I cosponsored S2097, has been offered to provide for this office in the Executive Branch. Although the bill is presently awaiting action by the Senate Committee on Government Operations, the office is now operating under Executive Order.

GI Drug Abuse Programs

Special Action Office Director Jerome H. Jaffee has been working particularly closely with the Department of Defense and the Veterans Administration since his appointment in June. As a result, a drug detection program for all servicemen departing Vietnam was instituted in June, and expanded in July. The Secretary of Defense has recognized the responsibility of the Defense Department for identifying drug dependent personnel, and for assisting them in their rehabilitation

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efforts; but because of the mission of the Department, considers it no advisable to assume long-term rehabilitation responsibility. That responsibility must be carried out by VA and civilian drug programs.

Detection Program in South Vietnam

Part of my trip to Southeast Asia during the summer Congressional recess included a review of the American drug detection facilities in South Vietnam. After a thorough briefing and inspection of the facilities, I found the personnel conducting the program competent, and the laboratories adequate. I was, however, disappointed when I learned of the relatively small percentage of drug dependent servicemen who were taking advantage of them.

During this time, I spoke with a number of American servicemen, some of them Kansans, undergoing treatment. These young men had recognized their drug addiction and were well on their way to coping with the job of rehabilitation. Unfortunately, many of their comrades had not yet been able to recognize the dangerous urgency of their own drug problem.

VA Treatment Center in Topeka

The VA Hospital in Topeka is a part of the total national drug treatment system being coordinated by the Special Action Office. This week the Topeka VA facility began full operation of its special drug treatment center which includes a 16-bed in-patient facility. Dr. Mark B. Ardis, director of the center, explained to me that a specially trained staff of 25 in the fields of medicine, psychology and sociology will devote full-time to the drug patients. In addition, the center employs a chaplain part-time and a full-time drug counselor, who is an ex-addict, and according to Dr. Ardis, "able to speak the language of the patients." Designed to receive both active duty servicemen and Kansas area veterans, I feel certain the center's staff and facilities will contribute significantly in the area of drug rehabilitation. It is now my hope and concern that the center will be well used and that many Kansans and service men will benefit.

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Need for Continuity

The Special Action Office is now implementing a national drug treatment system, and it is its job to see that the various programs mesh and that there is no overlap or duplication. In the area of GI drug abuse programs, there is a potential problem in linking the Defense Department's drug detection and initial detoxification programs with the equally important rehabilitation programs of civilian and VA drug rehabilitation. Although all servicemen identified as addicts are now sent for treatment for the remaining part of their active duty, for a number of reasons, some are not electing to take the continuing treatment upon discharge.

GI Drug Abuse Legislation

To alleviate this problem, Senate Bill 2139 has been introduced in the Senate and referred to the Committee on Armed Services. It would provide the Department of Defense with authority to retain drug dependent servicemen on active duty for a period up to 30 days beyond their scheduled date of separation so that they could receive treatment. Some, of course, could not be completely rehabilitated in that time, but it is thought that there would be a better chance they would continue treatment as veterans if they had already undergone some extensive care. I am supporting this bill because it aims to achieve a higher percentage of rehabilitated servicemen.

While I deplore the availability of drugs overseas for our men in the armed forces, and deeply regret the number of men using them, the problem at present definitely exists. In view of these circumstances, I feel that our government must provide the facilities needed, and be given the authority to care for our servicemen and veterans.