

**The original documents are located in Box 41, folder “1976/03/19 S2017 Amendments to the Drug Abuse Office and Treatment Act of 1972 (2)” of the White House Records Office: Legislation Case Files at the Gerald R. Ford Presidential Library.**

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STATEMENT BY THE PRESIDENT

I am today signing into law S. 2017, amending the Drug Abuse Office and Treatment Act of 1972.

This legislation addresses one of the most serious problems our nation faces -- drug abuse. Drug abuse disrupts lives, causes victims and their families to suffer anguish and is a major contributor to our growing crime rate. The passage of S. 2017, by voice vote, in both Houses of the Congress gives emphasis to our national commitment to give priority to dealing with this important problem.

A critical aspect of the legislation is that it extends appropriation authorizations for Federally funded drug abuse prevention and treatment programs which, for the past eight months, have been funded under a continuing resolution. My approval of this bill will permit the appropriation of needed additional funds.

I thoroughly agree with the position of the Congress on the importance of a well coordinated Federal drug abuse program. I have consistently held, however, that such coordination can best be carried out by existing departments and agencies, without an additional agency for that purpose. I also agree that both the Congress and the President need to be kept informed about the problems and progress of this program. The best places to get such information and to seek accountability for progress are the departments and agencies which have direct responsibility and program authority. I intend to use the appropriate department and agency heads for such reporting.

Over the past several months, I have voiced strong opposition to the re-establishment of a special office for drug abuse in the White House. I believe that such an office would be duplicative and unnecessary and that it

would detract from strong Cabinet management of the Federal drug abuse program. Therefore, while I am signing this bill because of the need for Federal funds for drug abuse prevention and treatment, I do not intend to seek appropriations for the new Office of Drug Abuse Policy created by the bill.

*Gerald R. Ford*

Margaret Earle  
Rm 157  
200 copies

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FOR IMMEDIATE RELEASE

Office of the White House Press Secretary

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THE WHITE HOUSE

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# # # # #

THE WHITE HOUSE

WASHINGTON

March 17, 1976

MEMORANDUM FOR: JIM CANNON  
FROM: MAX FRIEDERSDORF *m.f.*  
SUBJECT: S. 2017 - Office of Drug Abuse

All leaders - Rhodes, Michel, Anderson, Carter, Scott and Griffin - recommend the President sign this bill.

cc: Jack Marsh  
Dick Cheney  
Jim Lynn

TO THE SENATE OF THE UNITED STATES:

I return herewith, without my approval, S. 2017, a bill "to amend the Drug Abuse Office and Treatment Act of 1972 and for other purposes."

S. 2017 would authorize appropriations that are essential to continue important drug abuse prevention and treatment programs of the National Institute on Drug Abuse in the Department of Health, Education, and Welfare.

I am disapproving S. 2017, however, because it would create an unneeded, duplicative Federal agency in the Executive Office of the President. Since I became President, I have been striving to reduce the size of the White House Office and the Executive Office of the President and, in the process, to strengthen the sense of responsibility and accountability of the Executive Departments and agencies. This bill would have us move in the opposite direction, creating an agency where none is needed, providing for a function that is already being performed. It would require that we hire more highly paid personnel, including a director of the new agency at a salary of \$42,000 and a deputy director at \$39,900, accompanied by supporting staff and authorized to spend \$5 million of the taxpayers' money over the next three years.

There should be no doubt of my position on the need to prevent illegal trafficking in dangerous drugs and to provide treatment and rehabilitation of the victims of drug abuse. My Budget for fiscal year 1977 includes a total of \$778 million for a multifaceted attack on this serious national problem. Moreover, in December 1975, I approved the recommendations of the Domestic Council Drug Abuse Task Force for improving the coordination of Federal policies and programs in the drug abuse field. Those recommendations make unnecessary the creation of a specialized agency in the



Executive Office of the President to replace the Special Action Office for Drug Abuse Prevention, which terminated June 30, 1975.

In accordance with those recommendations, I intend shortly to:

- create a new Cabinet Committee on Drug Abuse Prevention to be chaired by the Secretary of Health, Education, and Welfare;
- designate the Assistant to the President for Domestic Affairs as Chairman of the Strategy Council on Drug Abuse and expand Council membership to include the Assistant to the President for National Security Affairs and the Secretary of the Treasury; and
- expand the Council's responsibilities to provide coordination between treatment and enforcement programs.

Moreover, the Drug Enforcement Administration of the Department of Justice will continue as the lead agency for law enforcement and regulatory programs, and a small Executive Office staff located in the Office of Management and Budget will continue to provide assistance to the White House staff and the Strategy Council.

I cannot support the creation of a new agency that would require an additional \$5 million of taxpayers' funds over the next three years merely to do what is being accomplished under existing arrangements.

I urge the Congress to act promptly to enact the necessary authorizations of appropriations to continue the existing programs for drug abuse prevention and treatment conducted by the National Institute on Drug Abuse.

THE WHITE HOUSE,

STATEMENT BY THE PRESIDENT

I am today signing into law S. 2017, amending the Drug Abuse Office and Treatment Act of 1972.

This legislation addresses one of the most serious problems our nation faces -- drug abuse. Drug abuse disrupts lives, causes victims and their families to suffer anguish and is a major contributor to our growing crime rate. The passage of S. 2107, by voice vote, in both Houses of the Congress gives emphasis to our national commitment to give priority to this important program.

A critical aspect of the legislation is that it extends appropriation authorizations for Federally funded drug abuse prevention and treatment programs which, for the past eight months, have been funded under a continuing resolution. My approval of this bill will permit the appropriation of needed additional funds for the prevention and treatment of drug abuse.

*A*

*B*

*C*

*D*



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- expand the Council's responsibilities to provide coordination between treatment and enforcement programs.

Moreover, the Drug Enforcement Administration of the Department of Justice will continue as the lead agency for law enforcement and regulatory programs, and a small Executive Office staff located in the Office of Management and Budget will continue to provide assistance to the White House staff and the Strategy Council.

I cannot support the creation of a new agency that would require an additional \$5 million of taxpayers' funds over the next three years merely to do what is being accomplished under existing arrangements.

I urge the Congress to act promptly to enact the necessary authorizations of appropriations to continue the existing programs for drug abuse prevention and treatment conducted by the National Institute on Drug Abuse.

THE WHITE HOUSE

March , 1976

S. 2107

STATEMENT -- APPROVAL

I am today signing into law S. 2017, amending the Drug Abuse Office and Treatment Act of 1972.

This legislation addresses one of the most serious problems our nation faces -- drug abuse. Drug abuse disrupts lives, causes victims and their families to suffer anguish and is a major contributor to our growing crime rate. The passage of S. 2107, by voice vote, in both Houses of the Congress gives emphasis to our national commitment to give priority to this important program.

A critical aspect of the legislation is that it extends appropriation authorizations for Federally funded drug abuse prevention and treatment programs which, for the past eight months, have been funded under a continuing resolution. My approval of this bill will permit the appropriation of needed additional funds for the prevention and treatment of drug abuse.

FOR IMMEDIATE RELEASE

Office of the White House Press Secretary

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THE WHITE HOUSE

STATEMENT BY THE PRESIDENT

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# # # #

DRUG ABUSE OFFICE AND TREATMENT ACT  
AMENDMENTS OF 1976

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FEBRUARY 19, 1976.—Ordered to be printed

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Mr. HATHAWAY, from the committee of conference,  
submitted the following

CONFERENCE REPORT

[To accompany S. 2017]

The committee of conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (S. 2017) to amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes, having met, after full and free conference, have been unable to agree.

W. D. HATHAWAY,  
HARRISON A. WILLIAMS, JR.,  
JENNINGS RANDOLPH,  
EDWARD M. KENNEDY,  
W. F. MONDALE,  
ALAN CRANSTON,  
GAYLORD NELSON,  
ABE RIBICOFF,  
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*Managers on the Part of the Senate.*  
HARLEY O. STAGGERS,  
PAUL G. ROGERS,  
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RICHARDSON PREYER,  
J. W. SYMINGTON,  
TIM LEE CARTER,  
JAMES T. BROYHILL,  
*Managers on the Part of the House.*



## JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

The managers on the part of the House and Senate at the conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (S. 2017) to amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes, report that the conferees have been unable to agree.

The Senate bill and the House amendment contained an extension (with changes) of the Special Action Office for Drug Abuse Prevention established by title II of the Drug Abuse Office and Treatment Act of 1972. Under the Senate bill the Special Action Office for Drug Abuse Prevention was extended through December 31, 1975, and under the House amendment the Office was extended through June 30, 1976. The managers on the part of the House and the Senate have determined that the Office should be extended through fiscal year 1978, but such an extension is beyond the authority of the managers. Additionally, in accordance with section 104 of such Act, such Office and title were repealed effective June 30, 1975. Thus, to now extend that Office requires the reenactment of such title II—an action which is beyond the authority of the managers on the part of the House and the Senate.

The Senate bill and the House amendment also contain amendments to other titles of the Drug Abuse Office and Treatment Act of 1972. However, since such amendments were combined with the extension of the Office into a single amendment of the House and consequently may not be separated from the extension of the Office, the managers report the House amendment in technical disagreement. The managers on the part of the Senate will offer a motion to agree to the House amendment with an amendment which will provide for the following:

### OFFICE OF DRUG ABUSE POLICY

The Senate bill authorized the continuation of the Special Action Office for Drug Abuse Policy until January 1, 1976, and authorizes the appropriation of such sums as may be necessary for the continuation of its functions.

The House amendment redesignated the Special Action Office the Office of Drug Abuse Policy, reduced the personnel of that Office, provided specific authorizations of \$3 million for the administration of that Office, provided that the Director of that Office shall hold no office in any other department or agency of the United States, and provided for the termination of that Office and the transfer of its functions to the National Institute on Drug Abuse after June 30, 1976.

The Senate amendment will authorize a scaled-down Office of Drug Abuse Policy in the Office of the President, headed by a Director appointed with the advice and consent of the Senate. The Director will

be authorized to make recommendations to the President with respect to policies for, objectives of, and establishment of priorities for Federal drug abuse functions and make recommendations for the coordination of the performance of such functions by Federal departments and agencies. Funding for the Office is authorized at a rate of \$2 million per year.

#### ESTABLISHMENT OF A SPECIAL FUND

The House amendment established a special fund for the use of the Director of the Office of Drug Abuse Policy for the purpose of providing additional incentives to Federal departments and agencies and other public entities (after review by health systems agencies) for the development and demonstration of more effective drug abuse prevention functions, with an authorization of \$7 million for the fiscal year ending June 30, 1976.

The Senate bill extended until January 1, 1976, the special fund previously authorized under section 223 of the Drug Abuse Office and Treatment Act of 1972, with substantially similar purposes, and authorized such sums as may be necessary for its continuation.

Under the Senate amendment no additional special fund will be provided for the new Office.

#### TECHNICAL ASSISTANCE

The House amendment gave the Director of the Office of Drug Abuse Policy the responsibility to coordinate or assure coordination of Federal drug abuse prevention functions with such functions of State and local government. The House amendment transferred to NIDA the responsibility to provide technical assistance to State and local agencies.

The Senate bill authorized the continuation until January 1, 1976 of section 229 of the Drug Abuse Office and Treatment Act of 1972, which gives responsibility for both functions to the Special Action Office.

The Senate amendment will contain the House provision regarding transfer of State and local technical assistance programs to NIDA, with an amendment incorporating into that provision the language in Sec. 14(a)(1) of the House amendment concerning coordination between Federal, State and local governments.

#### RESEARCH AND DEVELOPMENT

The Senate bill transferred from the Special Action Office to the National Institute on Drug Abuse responsibility for the encouragement of certain research and development and adds "less addictive" replacements for opium and its derivatives to the list of priority areas for research.

The House amendment adopted the same policy with technical language differences, and also provided a specific authorization of \$7 million per year through fiscal year 1978 for this section.

The Senate amendment will contain the House amendment with a technical amendment.

#### NATIONAL ADVISORY COUNCIL

The House amendment repealed the National Advisory Council on Drug Abuse and merged its functions with the National Advisory Council for Drug Abuse Prevention, expanding the membership of the latter to include at least two former drug addicts or abusers.

The Senate bill made no change in the law, except to extend the life of the National Advisory Council for Drug Abuse Prevention until January 1, 1976.

The Senate amendment is the same as the Senate bill.

#### DISCRIMINATION IN ADMISSIONS AND TREATMENT

The Senate bill bars hospitals receiving Federal funds from discriminating in admissions and treatment against persons who are dependent on or abusers of drugs.

The House amendment adopts the same policy, but conforms the language to the comparable section of the Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, including a directive to the Administrator of Veterans Affairs to prescribe such regulations for veterans health care facilities.

The Senate amendment is the same as the House amendment.

#### METHODOLOGY

The Senate bill required the Secretary of Health, Education, and Welfare to establish a methodology to assess and determine the incidence and prevalence of drug abuse in determining the need for more effective conduct of drug abuse prevention functions under the formula for State allotments. The Senate bill also permitted the Secretary to authorize a State to use a portion of its allotment to conduct a study of such a methodology.

The House amendment required the Secretary to propose and promulgate rules setting forth the formula to be used.

The Senate amendment combines both provisions.

#### NEEDS SURVEY

The Senate bill made a technical change in the requirement that States survey their drug abuse prevention needs and plan for the development and distribution of facilities.

The House amendment contained and the Senate amendment contains no comparable provision.

#### SUB-STATE PLANNING

The Senate bill required that States establish a system of sub-State planning to provide information regarding existing and projected needs and resources.

The House amendment contained and the Senate amendment contains no comparable provisions.

*Conference Agreement:* The Senate recedes, in light of the compromise under the health systems agencies provisions.

## PERFORMANCE STANDARDS

The Senate bill required States to provide reasonable assurances that projects or programs have proposed performance standards or research protocols to measure their own effectiveness.

The House amendment contained no comparable provision.

The Senate amendment will require States to provide reasonable assurances that treatment or rehabilitation projects or programs supported by funds made available under this section have provided to the State agency a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation programs or projects.

## HSA REVIEW

The House amendment required that each application for a grant under sections 409 and 410 be subject to review by health systems agencies established pursuant to section 1513(e) of the Public Health Service Act.

The Senate bill contained no comparable provision.

The Senate amendment will amend the Public Health Service Act by inserting in section 1513(e) (1) (A) (i) of that Act a direct reference to sections 409 and 410 of the Drug Abuse Office and Treatment Act. In addition, sections 1512(b) (3) (C) (ii) and 1531(3) (A) will be amended to add a reference to "substance abuse treatment facilities" in the parentheses modifying "health care institutions" in both places. It is intended that health systems agencies take into account the non-medical aspects of substance abuse treatment programs including, but not limited to, the use of non-medical treatment models, the need to coordinate with agencies of law enforcement and education as well as of health, and the need to consider new or experimental approaches.

## STATE PLANS

The House amendment required each State plan to pertain to the 12-month period beginning October 1 of each calendar year, to be submitted by the preceding July 15, and to be reviewed by the Secretary not later than September 15 or 60 days after receipt by the Secretary, whichever is later.

The Senate bill contained no comparable provision.

The Senate amendment will contain the House amendment.

## SPECIFICATION OF SUPPLEMENTAL FUNDS

The House amendment required each State plan to specify sources of funds which will be used to supplement funds received under this section for drug abuse prevention functions.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## CERTIFICATION, CREDENTIALING, AND TRAINING

The House amendments required States to provide methods for the certification, credentialing, and training of professional and para-professionals.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## ALLOCATION OF FUNDS

The House amendment required States to establish procedures for the allocation of all funds received for drug abuse prevention function, non-Federal as well as Federal.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## INCLUSION OF ALCOHOLISM AND MENTAL HEALTH

The House amendment permits States plans submitted after January 1, 1976, to include provisions relating to alcoholism or mental health.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## PRIMARY PREVENTION

The Senate bill required the Secretary to accord high priority to primary prevention in implementing his special project grant authority.

The House amendment adopted the same policy, and in addition defined a primary prevention program as a program designed to discourage persons from beginning drug abuse.

Under the Senate amendment a primary prevention program includes programs designed to discourage persons from beginning drug abuse.

## STANDARDS FOR EFFECTIVENESS

The Senate bill required and the Senate amendment will require each applicant for a treatment or rehabilitation grant under the special projects authority to propose performance standards or research protocols to measure their own effectiveness.

The House amendment contained no comparable provision.

## ALLOCATION OF FUNDS

The House amendment required State agencies reviewing applications for special project grants and contracts to take into account the allocation of funds under the State formula grant section of this act.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## STATISTICAL RECORDS

The House amendment required that any system of records maintained by NIDA containing information about patients (other than patients directly receiving clinical services from the Institute) be maintained and used solely as statistical records.

The Senate bill contained and the Senate amendment will contain no comparable provision.

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DRUG ABUSE OFFICE AND TREATMENT ACT  
AMENDMENTS OF 1976

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The Senate amendment will authorize a scaled-down Office of Drug Abuse Policy in the Office of the President, headed by a Director appointed with the advice and consent of the Senate. The Director will

be authorized to make recommendations to the President with respect to policies for, objectives of, and establishment of priorities for Federal drug abuse functions and make recommendations for the coordination of the performance of such functions by Federal departments and agencies. Funding for the Office is authorized at a rate of \$2 million per year.

#### ESTABLISHMENT OF A SPECIAL FUND

The House amendment established a special fund for the use of the Director of the Office of Drug Abuse Policy for the purpose of providing additional incentives to Federal departments and agencies and other public entities (after review by health systems agencies) for the development and demonstration of more effective drug abuse prevention functions, with an authorization of \$7 million for the fiscal year ending June 30, 1976.

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The Senate amendment is the same as the House amendment.

#### METHODOLOGY

The Senate bill required the Secretary of Health, Education, and Welfare to establish a methodology to assess and determine the incidence and prevalence of drug abuse in determining the need for more effective conduct of drug abuse prevention functions under the formula for State allotments. The Senate bill also permitted the Secretary to authorize a State to use a portion of its allotment to conduct a study of such a methodology.

The House amendment required the Secretary to propose and promulgate rules setting forth the formula to be used.

The Senate amendment combines both provisions.

#### NEEDS SURVEY

The Senate bill made a technical change in the requirement that States survey their drug abuse prevention needs and plan for the development and distribution of facilities.

The House amendment contained and the Senate amendment contains no comparable provision.

#### SUB-STATE PLANNING

The Senate bill required that States establish a system of sub-State planning to provide information regarding existing and projected needs and resources.

The House amendment contained and the Senate amendment contains no comparable provisions.

*Conference Agreement:* The Senate recedes, in light of the compromise under the health systems agencies provisions.

## PERFORMANCE STANDARDS

The Senate bill required States to provide reasonable assurances that projects or programs have proposed performance standards or research protocols to measure their own effectiveness.

The House amendment contained no comparable provision.

The Senate amendment will require States to provide reasonable assurances that treatment or rehabilitation projects or programs supported by funds made available under this section have provided to the State agency a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation programs or projects.

## HSA REVIEW

The House amendment required that each application for a grant under sections 409 and 410 be subject to review by health systems agencies established pursuant to section 1513(e) of the Public Health Service Act.

The Senate bill contained no comparable provision.

The Senate amendment will amend the Public Health Service Act by inserting in section 1513(e)(1)(A)(i) of that Act a direct reference to sections 409 and 410 of the Drug Abuse Office and Treatment Act. In addition, sections 1512(b)(3)(C)(ii) and 1531(3)(A) will be amended to add a reference to "substance abuse treatment facilities" in the parentheses modifying "health care institutions" in both places. It is intended that health systems agencies take into account the non-medical aspects of substance abuse treatment programs including, but not limited to, the use of non-medical treatment models, the need to coordinate with agencies of law enforcement and education as well as of health, and the need to consider new or experimental approaches.

## STATE PLANS

The House amendment required each State plan to pertain to the 12-month period beginning October 1 of each calendar year, to be submitted by the preceding July 15, and to be reviewed by the Secretary not later than September 15 or 60 days after receipt by the Secretary, whichever is later.

The Senate bill contained no comparable provision.

The Senate amendment will contain the House amendment.

## SPECIFICATION OF SUPPLEMENTAL FUNDS

The House amendment required each State plan to specify sources of funds which will be used to supplement funds received under this section for drug abuse prevention functions.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## CERTIFICATION, CREDENTIALING, AND TRAINING

The House amendments required States to provide methods for the certification, credentialing, and training of professional and para-professionals.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## ALLOCATION OF FUNDS

The House amendment required States to establish procedures for the allocation of all funds received for drug abuse prevention function, non-Federal as well as Federal.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## INCLUSION OF ALCOHOLISM AND MENTAL HEALTH

The House amendment permits States plans submitted after January 1, 1976, to include provisions relating to alcoholism or mental health.

The Senate bill contained and the Senate amendment will contain no comparable provision.

## PRIMARY PREVENTION

The Senate bill required the Secretary to accord high priority to primary prevention in implementing his special project grant authority.

The House amendment adopted the same policy, and in addition defined a primary prevention program as a program designed to discourage persons from beginning drug abuse.

Under the Senate amendment a primary prevention program includes programs designed to discourage persons from beginning drug abuse.

## STANDARDS FOR EFFECTIVENESS

The Senate bill required and the Senate amendment will require each applicant for a treatment or rehabilitation grant under the special projects authority to propose performance standards or research protocols to measure their own effectiveness.

The House amendment contained no comparable provision.

## ALLOCATION OF FUNDS

The House amendment required State agencies reviewing applications for special project grants and contracts to take into account the allocation of funds under the State formula grant section of this act.

The Senate bill contained and the Senate amendment will contain no comparable provision.



## STATISTICAL RECORDS

The House amendment required that any system of records maintained by NIDA containing information about patients (other than patients directly receiving clinical services from the Institute) be maintained and used solely as statistical records.

The Senate bill contained and the Senate amendment will contain no comparable provision.

HARLEY O. STAGGERS,  
PAUL G. ROGERS,  
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RICHARDSON PREYER,  
J. W. SYMINGTON,  
TIM LEE CARTER,  
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J. GLENN BEALL,  
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*Managers on the Part of the Senate.*

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## DRUG ABUSE OFFICE AND TREATMENT ACT AMENDMENTS OF 1975

JUNE 20 (legislative day, JUNE 6), 1975.—Ordered to be printed

Mr. HATHAWAY, from the Committee on Labor and Public Welfare,  
submitted the following

### REPORT

[To accompany S. 1608]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 1608) to amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

#### SUMMARY

This bill provides continuity to the Federal effort to combat drug abuse. It redesignates the Special Action Office for Drug Abuse Prevention as the Office of Drug Abuse Prevention Policy, redefines its role as strictly that of coordination and policy direction, and provides for its continued existence. The programmatic role of the National Institute on Drug Abuse is confirmed and clarified, and appropriations are authorized for its continued operation.

Under existing law, on June 30th of this year the policymaking and coordinative functions of the Special Action Office for Drug Abuse Prevention would be completely abolished along with the office itself, with no provision for their assumption by any other agency of government. Moreover, authority for appropriations to the National Institute on Drug Abuse lapses on the same date.

#### BACKGROUND

On March 21st, 1972, the Congress passed the Drug Abuse Office and Treatment Act of 1972, Public Law 92-255. The purpose of this act was specifically stated at Section 102 of the law:

\* \* \* to focus the comprehensive resources of the Federal Government and bring them to bear on drug abuse with the immediate objective of significantly reducing the incidence

of drug abuse in the United States within the shortest possible period of time, and to develop a comprehensive, coordinated long-term Federal strategy to combat drug abuse.

Because many of the provisions of this act expire on June 30th, 1975, it is now necessary to weigh the effects of PL 92-255 and to make provision for the future management of the Federal effort in the drug prevention area. The present bill, S. 1608, attempts to carry out this purpose.

At the time of the passage of the original act in 1972, it was deemed necessary to mandate the creation of two separate structural entities in the drug abuse prevention field. One of these was the National Institute on Drug Abuse (NIDA) to be established effective December 31st, 1974. This organization was intended to "administer the authorities of the Secretary of Health, Education, and Welfare . . . with respect to drug abuse prevention functions" (Section 501). Since drug abuse prevention by definition (Section 103) includes education, training, treatment, rehabilitation and research, the National Institute on Drug Abuse was clearly similar to the many other institutes already established in other categorical disease areas. NIDA was conceptualized originally as a high level organization, of major stature because of the magnitude of the problem; its Administrator was to report directly to the Secretary of HEW and the Institute, in the words of the Senate Committee on Labor and Public Welfare Report of November 17, 1971, would "have a stature commensurate with the magnitude of the health problem with which the new entity will deal" (p. 8).

However, in order to accomplish the overall purpose of the act it was felt essential to establish still another entity. It was recognized at the time that, however necessary an Institute structure might be to carry on the programmatic aspects of the struggle against drug abuse, the policy and coordinating functions could not be maximally effective operating from such a base. The magnitude of the policy and coordinating problems was graphically portrayed in the President's message to Congress of June 17th, 1971, which requested the implementation of such a structure:

At present, there are nine Federal agencies involved in one fashion or another with the problem of drug addiction. There are anti-drug abuse efforts in Federal programs ranging from vocational rehabilitation to highway safety. In this manner our efforts have been fragmented through competing priorities, lack of communication, multiple authority, and limited and dispersed resources. The magnitude and severity of the present threat will no longer permit this piecemeal and bureaucratically-dispersed effort as drug control.

Hence there was established, in addition to the National Institute on Drug Abuse, a unique organization called the Special Action Office on Drug Abuse Prevention. Under the law its Director was appointed by the President with the advice and consent of the Senate, and was directly responsible to the President for the exercise of his functions. These were very broadly defined in the act:

The Director shall provide overall planning and policy and establish objectives and priorities for all Federal drug abuse prevention functions

(Section 221a). The House Committee Report of January 26th, 1972 referred to this "mandate" as "the key provision of the entire bill." In Section 222, the Director was specifically authorized:

- (1) to review and as he deems necessary to modify insofar as they pertain to Federal drug abuse prevention functions,
  - (A) implementation plans for any Federal program, and
  - (B) the budget requests of any Federal department or agency \* \* \*.

Clearly it was the intent of Congress to establish a high-level office of unusual authority in order to deal with a peculiarly vexing problem, one which extended far beyond the parameters and issues generally associated with a categorical disease entity. One of the more unusual aspects of drug abuse was the issue of its legal status. Unlike most illnesses, the abuse of drugs is a crime. Because of this there has been much unfortunate confusion and antagonism between enforcement personnel and treatment personnel over which approach should have priority. This was clearly recognized in the language of the report of the Government Operations Committee of the Senate of November 17th, 1971:

It is no secret that proponents of the two approaches have viewed each other with suspicion and distrust when they have not been actively contending with one another. This circumstance is to be found in much of the literature on drug abuse and was an undercurrent during the hearings . . . this Nation will not increase its pace toward a workable solution to the drug problem until it does develop a strategy which successfully integrates the several approaches into a harmonious package, none of whose parts frustrate the achievement by other parts of their common goals. (p. 6)

While there is abundant evidence, therefore, that Congress perceived a need for a special executive level office beyond the usual institute, it is also clear that at the time it appeared likely that this was a temporary need. Section 104 of the act provides for the termination of the Special Action Office. No similar provision was made for the National Institute on Drug Abuse, which was envisioned as having "a permanent status" (Report of the Committee on Labor and Public Welfare, November 24, 1971, p. 8). Thus the Special Action Office was conceptualized as an essential factor in initiating the Federal effort against drug abuse, while the Institute was seen as the vehicle for sustaining it. The language in the purpose clause of Public Law 92-255 which speaks of "immediate objectives" being achieved "within the shortest possible period of time" is consistent with this interpretation. Once the effort had been successfully mounted, there would be a lessened need for a high-level office, which could then be terminated and its functions assumed by the Institute. This seems to have been the thinking at the time of enactment of the original legislation.

That there should have been a reasonable expectation of success in this undertaking, given both the legal mandate of Public Law 92-255 and emphatic Presidential support, is hardly surprising. In terms of the current legislation, however, the issue is whether these expectations have been adequately realized, and whether the projected phasing out of a high level office with the assumption of its functions by another agency continues to be as viable an alternative right now as it appeared

likely to be the case three years ago. In some respects the record of the Federal effort in the last three years has been admirable. There has been a marked expansion of the national treatment capacity, from 16,000 slots to a maximum of 128,000 slots (the current treatment level is approximately 95,000 slots). The TASC program (Treatment Alternatives to Street Crime) has provided an important interface with the criminal justice system. The Drug Abuse Warning Network (DAWN) now provides crucial early information about the rapidly shifting trends of abuse in this volatile field. With recognition of the importance of vocational rehabilitation in the treatment process, innovative supported work programs have been begun. Detailed regulations protecting the confidentiality of clients in treatment have been developed. A uniform client data system provides much-needed information on the shape and scope of the problem. New initiatives to prevent populations at risk from becoming active abusers have been developed. Governmental departments other than HEW which have large drug abuse programs have been provided expert assistance and guidance. A large cadre of skilled and dedicated individuals has been attracted to the field, formerly very much a step-child of other medical and social service efforts, and important extra-governmental clinical research centers have been developed. Early efforts have been made toward the establishment of a comprehensive treatment system which would replace earlier reliance upon single, entrepreneurial program efforts.

Given these very real accomplishments, and given the fact that by late 1973 there was a decline in such indicators as overdose deaths and treatment program occupancy rates in major metropolitan areas, it is not surprising that glowing claims of ultimate success were made by high Federal officials. At a White House Conference on Treatment Alternatives to Street Crime in September, 1973, only eighteen months after the establishment of the Special Action Office, President Nixon proclaimed that "We have turned the corner on drug addiction in the United States." This statement was echoed by Dr. Robert L. DuPont, successor to Dr. Jaffe: "The number of people becoming addicted has dropped."

Had these statements proven to be accurate in the long term, the original legislative plan for dealing with drug abuse at the Federal level by phasing out the Special Action Office would have been sound. But, unfortunately, this has not been the case. As will be further developed below, there is current evidence that whatever improvement in the problem occurred in 1973 was temporary and that the present problem is at least as great as at the time the original act was passed.

An additional development which occurred in mid-1974 made the assumption of these coordinative and policy functions by the National Institute on Drug Abuse increasingly problematic. Under Public Law 93-282, (May 14th, 1974) a new structure was created in the Department of Health, Education and Welfare (HEW), the Alcoholism, Drug Abuse and Mental Health Administration (ADAMHA). This new entity included the National Institute of Mental Health (NIMH), NIDA, and NIAAA as its component parts. Whatever the reasons for this change in the status of NIDA may have been, their effect was to make the organization one which was considerably lower in the HEW bureaucratic hierarchy than had been the case at the time the legislation was passed and enacted into law. In effect, NIDA was relegated from the second to the fourth echelon. The ability of an

organization at this level to coordinate and to make policy for other parts of the governmental structure must be seriously questioned.

#### NEED FOR THE LEGISLATION

Notwithstanding the real accomplishments of the Federal drug abuse prevention effort to date, the question before Congress at the present time is whether those conditions which originally prompted the dual approach embodied in PL 92-255 have altered along the expected lines; and whether the termination of the Special Action Office and the assumption of its functions by the National Institute on Drug Abuse is still feasible.

To begin with, as has been noted, the optimism generated in late 1973 as to the extent of the problem and the efficacy of the Federal response has not been borne out by subsequent developments. While there were indeed some indications of an improvement in the overall picture of drug abuse in 1973, in retrospect this seems to have been partly due to one of the many natural fluctuations which occur over time, and partly due to some temporarily favorable circumstances including the suspension of opium production by the government of Turkey as well as to the increased governmental attention to the problem. With advances in knowledge about the epidemiology of heroin abuse, the manner in which it spreads among populations of susceptible individuals, there is now a very real question as to whether data from large metropolitan centers, upon which the September 1973 optimism was based, accurately reflect the situation in the nation as a whole. It rather appears that heroin addiction, like many other social problems and innovations, may *begin* in major urban areas but tends to spread from there to smaller and geographically more remote communities. This "ripple effect" is now facing the smaller towns and cities of the United States with a severe problem in the management of drug abuse.

In addition, there has been a marked change in the supply situation with respect to heroin. So-called "brown" heroin from Mexico, virtually unknown until the last year except in border locations, is now available widely throughout the United States. There also continues to be a significant traffic in heroin from Southeast Asia. Finally, it appears that the government of Turkey will resume opium production. The Committee has received information that "white" heroin of a high grade has recently become available again on the streets. Presumably this represents the release of stockpiles which were developed at the time Turkish production was temporarily halted. These supplies are being released, in all likelihood, in anticipation of the resumption of former levels of supply. With an increase in the heroin supply an increase in use is virtually certain to follow.

Nor can contemporary trends in substance abuse be understood solely in terms of heroin. The rise of so-called polydrug abuse has been a phenomenon of recent times. Many persons are abusing drugs other than heroin, and are abusing many different kinds of drugs concurrently. For this reason and because of demographic and other differences between these abusers and the older heroin addicts, novel approaches to treatment and rehabilitation must be employed. It should be pointed out as well that many of the drugs used by the polydrug user are in several respects more hazardous even than heroin, particu-

larly in the dosage ranges and unusual combinations which are being employed.

Hence the country faces a drug abuse problem in 1975 which is more serious and more complicated in many respects than that which it faced in 1972. All available indicators suggest this, as did the testimony presented to the Subcommittee on Alcoholism and Narcotics in preparation for this bill. Programs are full to overflowing, with long waiting lists. Serum hepatitis is on the increase. Drug-related deaths are mounting. Admissions to hospital emergency rooms everywhere are escalating. Domestic seizures of heroin were greater in the last *six* months of 1974 than in the previous *twelve* months. If the public reaction to this renewed cycle of difficulty has been less strident than in the past, it probably reflects a greater familiarity with the problem and a recognition that no amount of frenzied effort is likely to end it once and for all.

In this regard it is instructive to look at the total amount of Federal expenditures for drug prevention activities since 1969 (Figure 1). In the period 1969-71 there was a slow growth in expenditures, but beginning with the implementation of SAODAP in 1972 there was a marked increase in the overall effort. This peaked in 1974 and then, as a result of the delays in the budgetary process, the impact of the 1973 optimism, and the expected demise of SAODAP, it began to decline. In view of what has been said above concerning the increasingly serious nature of the drug problem, such a decline is difficult to understand in realistic terms. It would also appear that the existence of a high-level office in the executive branch is to some extent correlated with the fiscal emphasis provided to drug abuse prevention efforts.

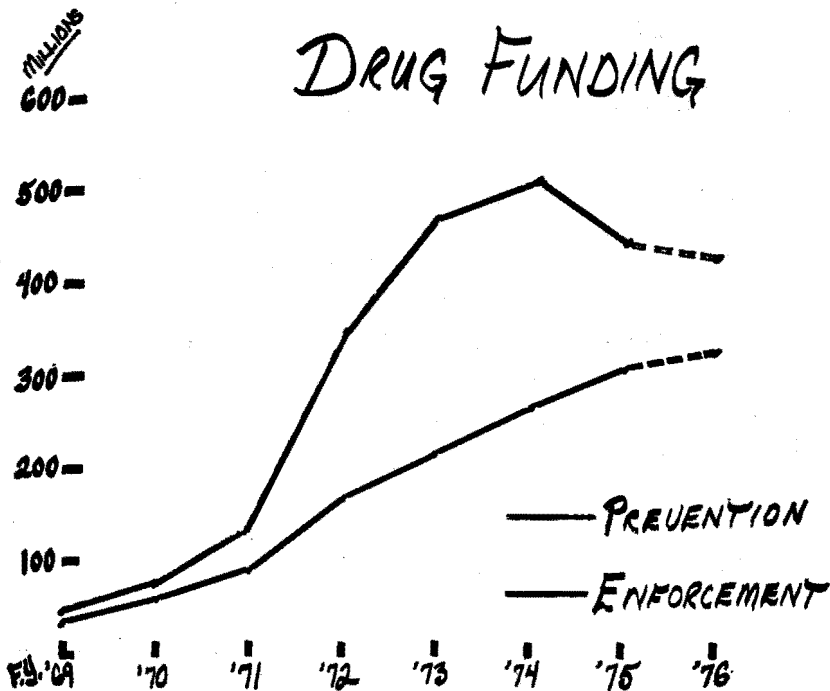
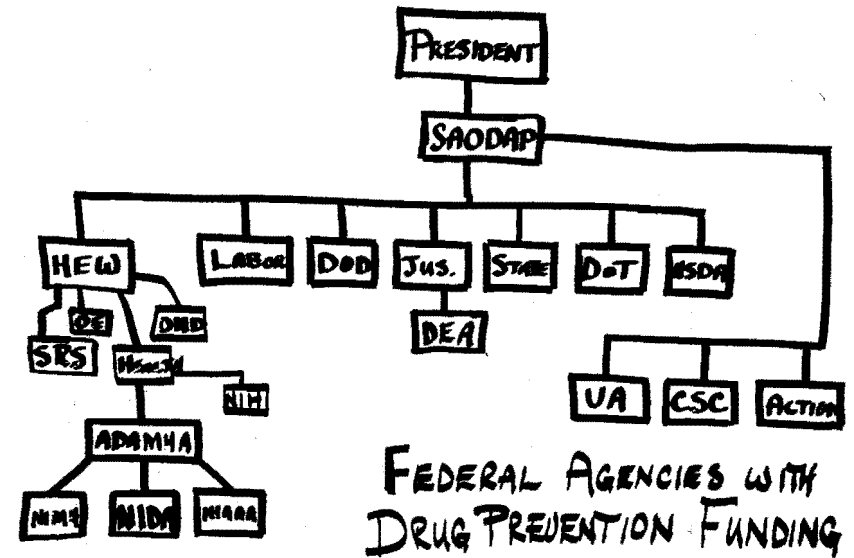


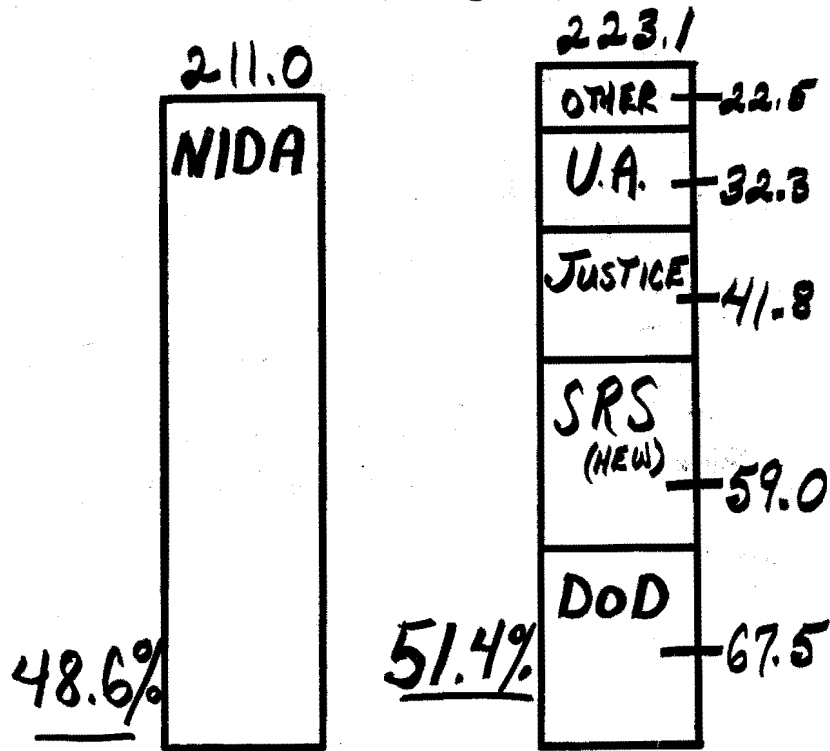
Figure 1 also illustrates what has happened in recent years in terms of another of the major concerns operative in the original legislation, the balance between law enforcement and prevention activities. While Federal funds for prevention have increased, there has also been an increase in funds for enforcement. To be sure, enforcement is a legitimate and important part of the overall effort. But Figure 1 indicates that unless some active direction is taken at a high level it is probable that in the very near future funding for drug law enforcement will again overbalance funding for drug abuse prevention. Thus the deep concern originally expressed by the Government Operations Committee regarding this balance is still entirely merited.



A possible reason why this might be the case, and an indication of the continuing problems in coordination which exist at the Federal level, may be gathered from Figure 2. This shows those agencies which have significant drug abuse prevention functions in their current structural relationships. It can be seen that the Drug Enforcement Agency, which reports directly to the Attorney General, is in a far more favorable position than is the National Institute on Drug Abuse for obtaining priorities for its programs. It can also be seen that inter-agency coordination is unlikely to be effective under the direction of an entity with NIDA's relatively low placement. Consider the difficulties NIDA would experience in coordinating those agencies which are outside of the HEW hierarchy, and particularly such independent organizations as the Veterans' Administration. The chart confirms the originally perceived need for an agency at the level of SAODAP to perform effective coordination. There are now fourteen Federal agencies with active drug abuse prevention functions and programs. Figure 3 illustrates the fiscal correlative of this fact: more than 51% of all of the Federal funds expended on drug abuse prevention are under the control of agencies other than NIDA. Thus, for NIDA to co-

ordinate and lead the Federal drug abuse prevention effort, both from a structural and from a fiscal perspective, would be difficult at best and, more likely, actually impossible.

# FEDERAL PREVENTION FUNDING FY-'75



Because the magnitude of the problem and the need for a response to it is as great or greater now than it was in 1972, and because the need for coordination of the Federal effort in the drug abuse prevention field (particularly with respect to the balance between enforcement and prevention efforts) also remains as great or greater than the committee was led to the conclusion that the logic which dictated the original design incorporating two separate offices still holds. What has been accomplished to date stands as testimony to the original thinking. The fact that in the short space of three years the accumu-

lated problems of more than a century have not been definitively dealt with casts no discredit upon anyone. It is merely a reflection of the serious difficulty of coming to grips with a major social ill. The termination provisions have exercised their valuable function of insuring that any ongoing Federal effort be subjected to periodic scrutiny and Congressional control. This having taken place, the Committee now feels it is time to refine and also underline the basic Federal commitment to deal effectively with this problem.

There are yet other reasons which affirm the necessity of the continuance of a special executive office concerned with drug abuse prevention. As has been noted, a major feature of the last three years has been the recruitment into the field of highly trained and creative individuals.

In a very real sense the field has achieved respectability as an arena of serious endeavor, rather than as a haven for a few dedicated zealots. Much of this has been the direct result of strong Federal support embodied in the executive branch office. There is a clear danger that elimination of that office would have enormous symbolic significance to this field. There is no way in which this move, coupled with recent proposals to cut funds can appear to be anything but a drastic retrenchment in Federal priorities. Defections of personnel are likely to result in this event, with the ultimate consequence that this essential manpower base would be severely undermined. Testimony gathered at the Subcommittee hearings emphasized again and again the necessity for this sort of Federal presence in the area and the difficulties which an organization with the structural properties of NIDA would have in providing it. Nothing will quite answer to this need other than a highly placed, mobile and responsive organization like the new Office of Drug Abuse Prevention Policy proposed in the bill.

Should the Special Action Office or its equivalent be permitted to lapse, it is difficult to see what its effective replacement might be. The Committee feels that the important functions this organization would perform must be handled by an entity that is clearly identifiable, accessible, and accountable for its stewardship. No clearcut alternative which meets these criteria has been put forward, and without this bill there is a danger that these functions of policy formulation and coordination in the drug abuse prevention field will fail to be exercised in any effective manner. The risk that this would slow the progress of the present Federal effort and possibly vitiate what has been accomplished to date, is one which the Committee is unwilling to take.

This bill, therefore, proposes that a modified version of the existing office, to be termed the Office of Drug Abuse Prevention Policy (ODAPP), be authorized to carry on the policymaking and coordination functions of the existing Special Action Office. All programmatic functions can be (and have been) assumed by the National Institute on Drug Abuse. As has been the case in the past, the authorization will extend only for a limited period of time, after which these same questions will be raised and reviewed again. In the interim, however, the country can be assured of a continuing effort in the drug abuse prevention area at the highest level.

## HEARINGS

Hearings on the continuation of the Special Action Office and on the current status of drug abuse in the United States were held in Washington, D.C. on March 24th and March 25th, 1975. Testimony was taken from a wide spectrum of individuals involved in drug abuse prevention activities throughout the Nation, including responsible Federal officials representing both enforcement and treatment; state and local governmental officials concerned with the problem; workers in the field; program directors; prevention and training experts; and the President of the Drug Abuse Council.

Representatives of the Administration expressed their opposition to the extension of an executive-level office relating to drug abuse prevention. They were confident that the coordinating and policy-formulating functions of SAODAP could be assumed by the Office of Management and Budget, while its programmatic responsibilities had already been taken over by the National Institute on Drug Abuse. Dr. Bryant of the Drug Abuse Council expressed neutrality on this issue. All other testimony strongly supported the continuance of the Special Action Office in some form and stressed the continuing necessity of a strong Federal effort in this area. Finally, there was unanimous agreement among the witnesses that, rather than having "turned the corner" on drug abuse, the country now faced a problem of greater magnitude and gravity than had been the case at the time of the passage of the original legislation in 1972.

## ESTIMATED COST OF LEGISLATION

Pursuant to section 252 of the Legislative Reorganization Act of 1970, the following are estimates of the costs to be incurred in carrying out this bill:

On an annual basis, the bill provides for \$3 million in administrative costs and \$7 million for a special fund for the Office of Drug Abuse Prevention Policy; and, for the National Institute on Drug Abuse, \$45 million for formula grants to states under Section 409 and \$160 million for special grants and projects under Section 410. This represents a total of \$215 million annually, or \$645 million for the three year period authorized by the bill.

## COMMITTEE VIEWS

The Committee has amended both the Congressional Findings section of the act and the Declaration of National Policy in order to avoid any possible construction of the original language which might imply that narcotic addiction and drug abuse could be viewed as limited problems which would respond to a short-term effort. Rather, the Committee recognizes that the nation has had a significant problem in the narcotic addiction and drug abuse area for more than a century, and that a continuing effort coordinated at the highest levels of government will be required over a prolonged period of time in order to ameliorate the problem in any significant manner. The Committee does not in any way intend to deprecate what has already been done, which

it views with general approval; but it does wish to stress that a great deal more needs to be done to assure an effective response.

In amending the Definitions section of the act, and specifically in amending the definition of "drug abuse prevention function," the Committee wishes to stress that activities of a primary and secondary prevention nature (activities directed at non-users of drugs who are nevertheless at risk with respect to use, and marginal users of drugs who are at risk with respect to more regular use) are considered to fall within the scope of this definition and, in a larger sense, are considered as legitimate activities within the scope of this act. In general, the Committee wishes to lay increasing stress upon the importance of prevention activities in the usual sense of that word. While it recognizes an obligation to provide treatment, it also recognizes the enormous savings and superior final results which might be realized with the development of increasingly effective techniques of primary and secondary prevention.

At the same time the Committee wishes to express its support for the continuation of alcoholism and drug abuse prevention activities and programs as conducted by the Office of Education pursuant to Public Law 93-422.

In amending the Termination section of the act, the Committee has provided for the continuity of Federal effort in the drug abuse prevention area by assuring the continuation of the critical coordinating and policy-making functions formerly exercised by the Special Action Office for Drug Abuse Prevention. These functions will be vested in a new Office of Drug Abuse Prevention Policy, for reasons largely outlined in the "Needs" section above. However, the Committee also feels that alternative methods for providing this sort of continuity ought seriously to be considered, and therefore has provided that the Executive branch may submit a reorganization plan providing that the same functions be exercised under other auspices. Upon the acceptance of this plan by the Congress (or, more specifically, the failure of either House to reject such a plan), the alternative would be implemented and the Office provided for in this act would be superceded. By amending the bill in this manner, the Committee hopes to provide for the most flexible possible approach to dealing with this problem and respond to the concerns expressed by the Administration about "locking-in" for a period of years an organizational form, while at the same time not losing a vital thread of continuity with past Federal efforts. Conforming changes in existing law are provided for, and in addition it is specified that, whenever the act is finally passed, it shall be deemed to have been enacted on the date prior to the expiration date of the former legislation, thus insuring continuity of effort.

In providing for the functioning of the new Office of Drug Abuse Prevention Policy, the Committee feels that the importance of the office is such, including functions significantly different from the drug abuse prevention functions of other Federal agencies (such as the National Institute on Drug Abuse), that it is essential that its executive officer hold office in no other department or agency. The only exception to this has to do with his representation of the United States government in international negotiations. Other aspects of the legislation limit the number of employees of the new office, a reflection of the fact that, with

the passage of programmatic functions of the office to the National Institute on Drug Abuse, a large staff is no longer required. Provision is made for adequate operating expenses for the Office and for a Special Fund, the purpose of which is to provide fiscal incentives for various activities in the drug abuse prevention area by other Federal departments, and also by other public entities, to emphasize the importance which the Committee places upon state and local efforts.

In modifying the language of the original act regarding the encouragement of certain research and development, the Committee has made it clear that the authority for this research is vested in the Director of the National Institute on Drug Abuse. It has also broadened and expanded the research mandate in the pharmacological area, covering antitussive and other drugs as well as analgesics. In a similar manner, additional provisions specify that responsibility for technical advice and assistance is transferred to the Director of the National Institute. This is in keeping with the assumption of all of the former programmatic functions of the Special Action Office by the National Institute, something which the Committee feels must be explicitly stated in the law.

Two advisory councils were provided for in the original legislation, one under Title II and one under Title V. The Committee has determined that these councils may effectively be merged into a single council, which is also expanded in membership to include representation of Federal, state and local officials involved in drug abuse prevention and drug traffic prevention activities. In keeping with the continuing necessity which it sees for coordination at the highest Federal level, the legislation also requires that the Council be provided adequate opportunity to review and comment upon any proposed regulations affecting drug abuse prevention or drug traffic prevention functions, prior to their publication.

The language of the emergency medical provision of the act has been modified to bring it into conformity with analogous provisions of the basic alcoholism treatment legislation. The general purpose of this modification is to assure equitable medical treatment for persons suffering from narcotic addiction and drug abuse. The Committee wishes to make it clear, however, that it does not intend the section to be construed as a requirement that detoxification services must be provided by all hospitals.

In making provision for authorization of funds for the National Institute on Drug Abuse for the next three years, the Committee has retained the authorization levels contained in the original legislation, with respect to Section 409 funds. It has done so out of recognition that appropriations levels have not to date matched the authorization levels, and that if this were to be done, adequate fiscal provision would have been made to provide for the consolidation of existing programs and an adequate level of new initiatives. However, the Committee wishes to stress that the provision of these funds *must* be based on demonstrated need, as provided in the original legislation, and is adamant that this requirement be met. The Committee was distressed to learn that the "need" provision in existing law to implement the State drug abuse formula grants has been totally disregarded. The Committee reiterates that in Senate Report 92-509, it was specifically stated that:

The Committee considers that each of these factors should be weighed equally and that the last factor—the need for the various programs—is different from the first—population. While it recognizes that population may be the best measure of the need factor at the present time, it feels that over a period of time data received from the states under administrative guidelines established by the Secretary should yield a better and workable method for measuring the need factor in the formula.

To this end language has been inserted which mandates the Secretary to promulgate regulations establishing a methodology to determine the incidence and prevalence of drug abuse as a measure of such need. In determining the need for more effective conduct of the drug abuse prevention functions, the Committee believes it reasonable that the Secretary should consider as evidence of such need, the scope and funding support provided by or through the single state agency within the respective states. It is understood that a uniform methodology with this be provided for use in all states. In this regard, the Committee believes that the Secretary should have wide latitude in devising the specific methodology and should consult widely with the field, particularly with Single State Agencies, during this process.

Because of the increased complexity of the drug abuse problem in the United States, and in line with an increasing emphasis on the prevention of drug abuse in non-using and marginally-using populations, the Committee has increased the minimum base allocation under the formula grants from \$100,000 per state to \$200,000 per state. However, because of its insistence upon need as a criterion, the Committee has made this change contingent upon the promulgation of the above-mentioned regulations on the methodology of need determination.

Out of a concern that all political subdivisions of a given state be assured that they may make adequate input into the planning process, the Committee has mandated the creation in each instance of a system of substate planning which will assure equitable representation of need and allocation of resources throughout the state. The Committee feels very strongly that the exclusion of various elements from the planning process, whether large or small, is indefensible. The hearing record suggested that this does in fact occur, and it is the intent of the Committee that it should cease.

In addition, the Committee is concerned about a general lack of effort in documenting the efficacy of drug abuse treatment and rehabilitation efforts. It does not feel that these efforts can automatically be assumed to be effective, especially in the absence of any supporting empirical data. As a beginning approach to this general problem, the Committee has elected to require individual programs to specify to the single state agency or NIDA the manner in which they intend to assess the efficacy of their program. The Committee does not intend that funds be made available without any criteria being set forth, which seek to measure efficacy. Such standards, to measure treatment or rehabilitation effectiveness, should include pertinent epidemiologic factors to ensure broad considerations of such variables as typology of patients, length and type of addiction; previous criminal history,



educational and employment history and due consideration of these factors post treatment.

With respect to authorizations under Section 410, Special Grants and Contracts, an amount is authorized (\$160,000,000) which is equivalent to the current annual authorization level. It is emphasized that the use of these funds for primary prevention programs, that is, programs dealing with non-users and minimal users who are at risk for higher levels of use, is intended under the provisions of this section as well as programs dealing with non-opiate abuse. This is in keeping with the Committee's appreciation of the importance of such efforts. Finally, it is emphasized that the provision of plans for the measurement of efficacy of programs funded under this section of the act is also required.

#### COMMITTEE VOTES

The Committee acted on all amendments and on the bill as a whole by unanimous voice vote.

#### AGENCY VIEWS

EXECUTIVE OFFICE OF THE PRESIDENT,  
OFFICE OF MANAGEMENT AND BUDGET,  
*Washington, D.C., June 3, 1975.*

HON. HARRISON A. WILLIAMS, JR.,  
*Chairman, Committee on Labor and Public Welfare, U.S. Senate,  
Dirksen Senate Office Building, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in response to your request for the views of the Office of Management and Budget on S. 1608, a bill "To amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes."

The 1976 Budget proposed the termination of the Special Action Office for Drug Abuse Prevention in June 1975 as provided for by Congress in P.L. 92-255, the "Drug Abuse Office and Treatment Act of 1972."

For the reasons stated in the report of the Department of Health, Education, and Welfare, the Office of Management and Budget strongly opposes S. 1608, enactment of which would not be consistent with the program of the Administration.

Sincerely,

JAMES M. FREY,  
*Assistant Director for Legislative Reference.*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
*Washington, D.C., May 20, 1975.*

HON. HARRISON A. WILLIAMS,  
*Chairman, Committee on Labor and Public Welfare, U.S. Senate,  
Washington, D.C.*

DEAR MR. CHAIRMAN: This is in response to your request of May 6, 1975, for a report on S. 1608, a bill "To amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes."

The bill would rename the Special Action Office for Drug Abuse Prevention as the Office of Drug Abuse Prevention Policy, extend its life for three years, through fiscal year 1978, and restrict its functions to planning, policy development, and coordination. Direct program functions would not be continued. Certain amendments to the Drug Abuse Office and Treatment Act of 1972, the organic legislation which statutorily established the Special Action Office, would be made to bring it into accord with the new focus on policy development. The authority for a Special Fund "to provide additional incentives to Federal departments and agencies to develop more effective drug abuse prevention functions and to give the Director the flexibility to encourage, and respond quickly and effectively to, the development of promising programs and approaches," would be (1) modified to eliminate the retention of up to ten percent of the sums appropriated for the Special Fund by the Special Action Office and (2) to permit such sums to be distributed to State and local as well as Federal departments and agencies. The separate authority for direct funding of pharmacological research and development would be repealed.

The bill would also extend this Department's drug formula and project grant authorities for three years, at the fiscal year 1975 authorization levels of \$205 million—almost \$60 million in excess of the appropriated amount. Minor changes are made in these authorities to emphasize that (1) the State plan required for receipt of formula grant funds be prepared in accordance with need and (2) the Secretary should accord primary prevention a high priority and, to the extent project grant funds are used to fund treatment services, utilize such funds to support treatment for nonopiate as well as opiate drug abuse.

This bill would also broaden the statutory prohibition against discrimination by general hospitals in admission or treatment of drug abusers "who are suffering from emergency medical conditions . . . solely because of their drug abuse or drug dependence," by striking the word "emergency".

Finally, the separate National Advisory Council on Drug Abuse, established by section 502 of the 1972 Act, would be abolished and merged with the National Advisory Council for Drug Abuse Prevention. The resultant unitary Council would, in addition to making recommendations to the Director of the Office of Drug Abuse Prevention Policy, have, as an added duty, advising, consulting, and making recommendations to the Secretary. The qualifications for Council members would be modified by adopting the requirements of section 502.

On March 24, Deputy Assistant Secretary for Health, Dr. Henry E. Simmons, appeared before your Subcommittee to discuss the Department's drug abuse prevention efforts and the Administration's proposal for the continuation of drug program activities in the aftermath of the legislative termination of the Special Action Office for Drug Abuse Prevention. A copy of that testimony is enclosed. The testimony indicates our belief that the intent of the Drug Abuse Office and Treatment Act—to create a special agency to provide the coordinative mechanisms of Federal drug abuse prevention activities during a limited period of special need—has been met and that the Special Action

Office for Drug Abuse Prevention should terminate on June 30, 1975. The National Institute on Drug Abuse (NIDA), established within the Department's Alcohol, Drug Abuse, and Mental Health Administration, has developed into an organization of sufficient strength and capability to assure the continuation of the program activities fostered and developed by the Special Action Office. The transition to NIDA should continue under the original timetable.

The Administration bill, the Health Services Amendments of 1975, introduced on March 17 as S. 1203, would, like S. 1608, extend the program of drug formula grants for three years, but at the 1975 level of funding rather than at the 1975 level of authorizations. The bill would also consolidate under the authority of section 314(e) of the Public Health Service Act, and extend through FY 1978, several project grant structures, specifically including the drug project grants. We believe that this proposal will enable the Department to continue these important programs of assistance while enabling us to simplify the administration of disparate project activities and to have the needed flexibility to marshal resources for the areas of greatest need.

The President has asked the Domestic Council to undertake a comprehensive review of the whole spectrum of Federal drug abuse efforts, including drug treatment and rehabilitation, law enforcement, and international control activities. One of the major tasks of the Domestic Council review will be to determine the appropriate level and structure of any necessary executive office coordination of the three principal aspects of the drug abuse program: treatment and rehabilitation, law enforcement, and international control.

In conclusion, we believe that it is unwise to proceed with a bill which would continue the Special Action Office. We therefore recommend that S. 1608 not be favorably considered.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report and that enactment of this bill would not be consistent with the Administration's objectives.

Sincerely,

CASPAR W. WEINBERGER, *Secretary.*

Enclosure.

U.S. DEPARTMENT OF JUSTICE,  
DRUG ENFORCEMENT ADMINISTRATION,  
Washington, D.C., May 12, 1975.

HON. WILLIAM D. HATHAWAY,  
*Chairman, Subcommittee on Alcoholism and Narcotics, U.S. Senate,*  
*Washington, D.C.*

DEAR MR. CHAIRMAN: In reply to your letter of May 2, 1975, requesting the comments of this Administration on drug abuse bill, S. 1608, the Drug Enforcement Administration has reviewed the text of that bill, together with the section-by-section analysis and the comments of Senators Javits, Williams, Schweiker, and Hathaway.

It is DEA's opinion, that the initial period of organization and coordination among Federal agencies responsible for drug abuse prevention is at an end. The Special Action Office on Drug Abuse Prevention, which was created to provide needed assistance during that period, is to be commended for performing so well. However, DEA sees no reason why the functions currently lodged in that office

should not be transferred to the National Institute on Drug Abuse in the Department of Health, Education, and Welfare. This transfer of functions, as provided for by the Drug Abuse Office and Treatment Act of 1972, insures to DEA's satisfaction the continuity of the Federal effort on drug abuse prevention.

Accordingly, DEA sees no reason to support proposed bill, S. 1608.  
Sincerely,

JOHN R. BARTELS, Jr., *Administrator.*

APRIL 25, 1975.

#### SECTION-BY-SECTION ANALYSIS

##### *First section. Amendment of Congressional findings to show need for continuing effort*

The first section of the bill adds a new paragraph (10) to the Congressional findings set forth in section 101 of Public Law 92-255 (hereinafter referred to as the "Act"). This paragraph states that on the basis of the past three years' experience, which has seen some reductions in the growth and extent of drug abuse, but also some increases, it is clear that it must be dealt with on a continuing basis, "rather than as a crisis which can be attached and forgotten."

##### *Section 2. Declaration of national policy made consistent with long-range effort*

The declaration of national policy in section 102 of the Act is amended to define the objective of national policy with respect to drug abuse as including a reduction not only of its incidence, but also of its social and personal costs. To emphasize the necessity for continuing effort, the adjective "immediate", modifying the "objective" of national policy, has been stricken. Finally, the purpose of assuring the implementation, as well as the development, of Federal strategy to combat drug abuse, is made explicit.

##### *Section 3. Amendment of definition of drug abuse prevention function*

This section amends section 103 of the Act to make it clear that primary prevention, that is, preventive efforts directed to nonusers and marginal users, is a concept embraced within the meaning of the term "drug abuse prevention function."

##### *Section 3. Amendment of termination provision*

Subsection (a) of this section amends section 104 of the Act. As it now stands, section 104 totally abolishes the Special Action Office as of June 30, and although certain of its programmatic functions are transferred to the National Institute on Drug Abuse, there is no provision in the Act or elsewhere for any agency to assume its coordinating and policymaking role. The amendment of section 104 would assure the continuity of that role under the aegis of the Office of Drug Abuse Prevention Policy until such time as a formal Reorganization Plan became effective. The submission of such a plan would be exempted from the cut-off date (now April 1, 1973) provided in section 905(b) of the Reorganization Act (5 U.S.C. chapter 9). The plan itself would be exempted from the prohibition in section 905(a)(3) against the continuation of functions beyond the time provided by statute for their

termination. Periodic Congressional review would be assured by the necessity to renew the authorizations for appropriations (see section 11 below). Section 3(b) of the bill makes conforming amendments to title III of the Act (relating to the National Strategy on Drug Abuse) to reflect the amendment of section 104.

Section 303 of Public Law 93-282 conferred substantive rulemaking authority on the Director with respect to confidentiality of drug abuse patient records, and provided for the transfer of that authority to the Secretary of Health, Education, and Welfare on the termination of the Office. Section 3(c) of the bill repeals the provision for transfer, since this would be covered under the Reorganization Plan.

Section 4(d) of the Bill makes clear the Congressional intention that if it is enacted at all, then even if it is enacted on or after the date (June 30, 1975) provided in Title I of the Drug Abuse Office and Treatment Act of 1972 for the repeal of Title II of that Act, such repeal is not to be effective.

*Section 5. Redesignation of the Office as the Office of Drug Abuse Prevention Policy*

This section redesignates the Special Action Office for Drug Abuse Prevention as the Office of Drug Abuse Prevention Policy, and provides for the continuity of its existence under the new name.

*Section 6. Prohibition on dual office holding by Director*

Section 5 amends section 202 of the Act to prohibit the Director from holding office "in any other department or agency of the United States, . . . except on such occasions as may be appropriate in connection with such duties as may be assigned to him pursuant to section 232." The exception pertains to designation of the Director to represent the United States in international negotiations relating to drug abuse and drug traffic prevention. When so designated, the exception would permit the Director to hold an office in the State Department for the duration of his assignment.

*Section 7. Authorized number of Assistant Directors reduced from six to two*

Section 7(a) of the bill reduces from six to two the number of Assistant Directors provided for in section 204 of the Act. Section 7(b) makes a corresponding technical amendment to section 5316(131) of title 5 of the United States Code, which provides for the compensation of the Assistant Directors.

*Section 8. Authorized number of supergrade positions reduced from ten to four*

Section 2(b) of the Act authorized the Office to fill up to ten positions in grades GS-16, 17, and 18, if both the positions and the incumbents were approved by the Civil Service Commission as meeting the standards for those grades, without requiring the Civil Service Commission to take such positions away from other agencies. Section 8 of the bill reduces the number of such positions to four.

*Section 9. Authorized number of permanent expert/consultant positions reduced from fifteen to six*

Section 9 of the bill amends section 207 of the Act to reduce from fifteen to six the number of employees who may be retained indefinitely in an expert or consultant capacity.

*Section 10. Technical amendment repealing executed provision for compensation of initial acting Director and Deputy Director*

Section 10 of the bill repeals section 211 of the Act, which has been fully executed and is now obsolete. It permitted the President to authorize the persons acting as Director and Deputy Director at the time of the original enactment of the Act, if already employed in the executive branch of the Government, to be paid the full statutory compensation attached to those offices.

*Section 11. Annual appropriations of \$3,000,000 authorized for administrative expenses, and \$7,000,000 for the Special Fund*

Section 11(a) of the bill repeals section 214(b) of the Act, which authorized the appropriation of so-called two-year money, that is, funds which, if not obligated in the year for which appropriated, would remain available in the following fiscal year.

Section 11(b) of the bill amends paragraph (2) of section 214 of the Act to authorize appropriations of \$7,000,000 for the fiscal year 1976, \$1,750,000 for the July-September quarter of the calendar year 1976 (an authorization occasioned by the shift to a fiscal year ending September 30), and \$7,000,000 for each of the fiscal years 1977 and 1978. These authorizations are for the Special Fund provided for in section 233 of the Act, which is discussed below in connection with section 12 of the bill. They compare with authorizations of \$40,000,000 for each of the fiscal years 1973, 1974, and 1975.

Section 11(c) of the bill amends section 214 of the Act by adding a new paragraph (4) to authorize appropriations of \$3,000,000 for the fiscal year 1976, \$750,000 for the July-September quarter of the calendar year 1976, and \$3,000,000 for each of the fiscal years 1977 and 1978. These authorizations are for all of the functions of the Director except transfers of funds under section 223, and compare with authorizations of \$5,000,000, \$10,000,000, \$11,000,000, and \$12,000,000 for the fiscal years 1972, 1973, 1974, and 1975 respectively.

*Section 12. Special Fund use restricted to sums transferred to other agencies*

Section 223(a) of the Act set up a Special Fund "to provide additional incentives to Federal departments and agencies to develop more effective drug abuse prevention functions and to give the Director the flexibility to encourage, and respond quickly and effectively to, the development of promising programs and approaches." Section 223(b) requires such funds to be used "only for the purpose of (1) developing and demonstrating promising new concepts or methods in respect of drug abuse prevention functions; or (2) supplementing or expanding existing drug abuse prevention functions which the Director finds to be exceptionally effective or for which he finds there exists exceptional need." Under section 223(b) and 223(c), not more than 10 percent of the Special Fund could be expended by the Director, the balance being required to be transferred to other Federal departments and agencies.

Section 12 of the bill eliminates altogether the authority for direct programmatic expenditure, even on a demonstration basis. To emphasize the importance of State and local effort, the phrase "and other public entities" is added after "Federal departments and agencies" in section 223(a). Finally, the phrase "and respond quickly and effectively to," is deleted from section 223(a) as surplusage, not by way of suggesting that the Director should be limited to slow, ineffective responses.

*Section 13. Transfer of authority for direct funding of certain pharmacological research and development*

Section 224 of the Act required the Director to encourage and promote expanded research on nonaddictive synthetic analgesics, non-addictive opiate blocking agents, and detoxification agents for easing heroin withdrawal. Section 13 of the bill transfers this requirement to the Director of the National Institute on Drug Abuse, and expands it to cover less-addictive as well as nonaddictive synthetic substitutes, and to cover antitussives and other drugs as well as analgesics.

*Section 14. Vesting of Director with function of liaison with drug traffic prevention*

Section 228 of the Act is anomalous in that it vests a significant function, that of maintaining communication and liaison with respect to drug traffic prevention functions, in an Assistant Director. Section 14 of the bill amends that section to vest this function in the Director.

*Section 15. Transfer of programmatic technical assistance functions to NIDA*

Section 229 of the Act vests in the Director the responsibility and authority to coordinate Federal drug abuse prevention functions with those of State and local governments, and authorizes him to provide for uniform criteria, procedures, and forms of grant and contract applications. Section 229 also authorizes the Director to provide a variety of technical assistance to State and local governments. Section 15 of the bill transfers the latter authority to NIDA by amending sections 229, and 501, and 502 of the Act, leaving the Director with general policy authority, including authority to prescribe Federal funding criteria.

*Section 16. Merger of the Advisory Councils provided for in title II and title V of the Act*

Chapter 3 of title II of the Act provides for a National Advisory Council for Drug Abuse Prevention. Its membership presently consists of the Secretary of Health, Education and Welfare, the Secretary of Defense, and the Administrator of Veterans' Affairs, or their respective designees, plus twelve members appointed by the President. Title V of the Act provides for a National Advisory Council on Drug Abuse with ex-officio representation from the same three Federal agencies, plus twelve members appointed by the Secretary of Health, Education, and Welfare.

Section 16(a) of the Bill redesignates the present Title II council as the National Advisory Council on Drug Abuse. Sections 16(b) and 16(c) expand the Council to include Federal and State officials responsible for drug traffic functions.

Section 16 of the Bill also merges the present Title V Advisory Council into the revised Title II Council by adopting the qualifications for appointive members provided for in title V, and assigning to the title II Council the duty of advising appropriate Federal officials concerning matters relating to the activities and functions of such officials in the field of drug abuse.

The requirement in existing law that four members of the Council be officials of State or local governments is changed to apply to not less than two members, and a new requirement is added that at least

two members be former drug addicts or drug abusers. Existing law provides no limit on the term of members of either Council; section 16 of the bill adds a new section 252(c) to the Act to provide for three-year staggered terms, with a maximum of two consecutive terms. Technical and conforming amendments are made to reflect the merger of the title V Council into the title II Council.

Section 16(d) of the bill requires that prior to publication of any proposed regulation affecting drug abuse prevention functions or drug traffic prevention functions, the Council be provided adequate opportunity to review and comment on such proposed regulations.

*Section 17. Established of June 1 as date for submission of Federal Strategy on Drug Abuse*

Section 305 of the Act presently requires promulgation of the national strategy on drug abuse at least once a year, but does not specify a particular date. Section 17 of the bill requires that this be done by June 1 to ensure that the strategy will be available to guide policy formulation in the ensuing year. It is expected by the Committee that the annual report be responsive to the goals set forth in the strategy.

*Section 18. Prohibition on discrimination against drug abusers in hospital admissions*

Section 407 of the Act prohibits Federally aided hospitals from refusing admission or treatment to drug abusers suffering from emergency medical conditions, solely because of their drug abuse or drug dependence. Section 17 of the bill amends this section by deleting "emergency" and "refused" and by inserting in lieu thereof "discriminated against in," thus bringing it into line with the corresponding provision relating to alcohol abusers as set forth in the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 (42 U.S.C. 4581).

This provision, in the Committee's view, does not dictate the admission of patients to hospitals. It provides that drug abusers not be discriminated against in admission or treatment policies of the general hospitals. It is not intended to give drug abusers preferred position in such policies nor does it prohibit agreements among hospitals for the division of responsibility for treatment.

*Section 19. Authorization of appropriations for formula grants*

Section 19(a) of the bill amends section 409(a) of the Act by continuing the authorization for appropriations the next three years at its current rate of \$45,000,000.

Section 19(b) of the bill amends section 409(c) of the Act to require the Secretary of Health, Education, and Welfare to establish within 180 days after enactment of the bill a methodology to access and determine the incidence and prevalence of drug abuse to be applied in determining the State's need under section 409(c) (1). With the authorization of the Secretary, a State would be permitted to use a portion of its allotment to employ such methodology.

Section 19(c) of the bill would increase from \$100,000 to \$200,000 the figure used to determine the minimum formula grant to any State (currently \$66,666, which the bill would increase to \$133,333 if there is no change in the ratio of actual to authorized appropriations).

*Section 20. Requirement that State plans provide for development distribution of resources in accordance with need*

Section 409(e) (5) of the Act requires that the State plan include a plan for the development and distribution of health facilities to provide services for drug abuse and drug dependence, and section 20(a) of the bill amends this provision to require that such plan be in accordance with need. Such a requirement is arguably implicit in existing law, but making it explicit may serve to underline the Congressional intention that the States no less than the Federal government should give weight to need in the distribution of resources.

Section 20(b) of the bill adds two new paragraphs to section 409(e) of the Act, requiring a system of substate planning, and requiring performance standards or research protocols to be incorporated in projects or programs supported by funds supplied under section 409.

*Section 21. Establishment of responsibility of the National Institute on Drug Abuse to review and approve State plans*

Some question presently exists as to the proper State plan approval mechanism. Section 21 of the bill makes clear the responsibility of the National Institute on Drug Abuse in this process.

*Section 22. Authorization of appropriations for special project grants and contracts*

Section 22 of the bill amends section 410(b) of the Act by continuing the authorization for appropriations for the next three years at its current annual rate of \$160,000,000.

*Section 23. Primary prevention to be accorded high priority; funds to be made available for treatment of nonopiate as well as opiate abuse; performance standards required*

Section 23 amends section 410(c) of the Act to require that primary prevention be accorded a high priority in the distribution of funds appropriated for special project grants and contracts. The amendment also prohibits the Secretary from limiting treatment funds to treatment for opiate abuse. As in the case of projects supported with formula grant funds under section 409 of the Act as proposed to be amended by section 20(b) of the bill, applicants for section 410 funds would be required to provide proposed performance standards or research protocols to measure program effectiveness.

CHANGES IN EXISTING LAW

In compliance with subsection (4) of Rule XXIX of the Standing Rules of the Senate, changes in existing law made by the bill as repeated are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law which no change is proposed is shown in roman) :

DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972

**Sec. 1. Short title.**

This Act may be cited as the "Drug Abuse Office and Treatment Act of 1972".

TITLE I—FINDINGS AND DECLARATION OF POLICY;  
DEFINITIONS; TERMINATION

Sec.

- 101. Congressional findings.
- 102. Declaration of national policy.
- 103. Definitions.
- 104. Termination.

**Sec. 101. Congressional findings.**

The Congress makes the following findings:

(1) Drug abuse is rapidly increasing in the United States and now afflicts urban, suburban, and rural areas of the Nation.

(2) Drug abuse seriously impairs individual, as well as societal, health and well-being.

(3) Drug abuse, especially heroin addiction, substantially contributes to crime.

(4) The adverse impact of drug abuse inflicts increasing pain and hardship on individuals, families, and communities and undermines our institutions.

(5) Too little is known about drug abuse, especially the causes, and ways to treat and prevent drug abuse.

(6) The success of Federal drug abuse programs and activities requires a recognition that education, treatment, rehabilitation, research, training, and law enforcement efforts are interrelated.

(7) The effectiveness of efforts by State and local governments and by the Federal Government to control and treat drug abuse in the United States has been hampered by a lack of coordination among the States, between States and localities, among the Federal Government, States and localities, and throughout the Federal establishment.

(8) Control of drug abuse requires the development of a comprehensive, coordinated long-term Federal strategy that encompasses both effective law enforcement against illegal drug traffic and effective health programs to rehabilitate victims of drug abuse.

(9) The increasing rate of drug abuse constitutes a serious and continuing threat to national health and welfare, requiring an immediate and effective response on the part of the Federal Government.

(10) *Although the three-year period subsequent to the original enactment of this Act saw a significant reduction in the rate of increase of drug abuse, and during certain periods of time and, in certain areas of the country, an apparent reduction in its incidence, the increase and spread of heroin consumption in 1974, as well as continuing problems with other drugs, make it clear that Governmental policy must be predicated on a recognition that drug abuse must be dealt with on a continuing basis, rather than as a crisis which can be attacked and forgotten.*

**Sec. 102. Declaration of national policy.**

The Congress declares that it is the policy of the United States and the purpose of this Act to focus the comprehensive resources of the Federal Government and bring them to bear on drug abuse with the

[immediate objective of significantly reducing the incidence of drug abuse in the United States within the shortest possible period of time, and to develop] *objective of significantly reducing the incidence, as well as the social and personal costs, of drug abuse in the United States, and to develop and assure the implementation of a comprehensive, coordinated long-term Federal strategy to combat drug abuse.*

### Sec. 103. Definitions.

(a) The definitions set forth in this section apply for the purposes of this Act.

(b) The term "drug abuse prevention function" means any program or activity relating to drug abuse [education, training.] *education or training (including preventive efforts directed to nonusers and marginal users)*, treatment, rehabilitation, or research, and includes any such function even when performed by an organization whose primary mission is in the field of drug traffic prevention functions, or is unrelated to drugs. The term does not include any function defined in subsection (c) as a "drug traffic prevention function".

(c) The term "drug traffic prevention function" means

(1) the conduct of formal or informal diplomatic or international negotiations at any level, whether with foreign governments, other foreign governmental or nongovernmental persons or organizations of any kind, or any international organization of any kind, relating to traffic (whether licit or illicit) in drugs subject to abuse, or any measures to control or curb such traffic; or

(2) any of the following law enforcement activities or proceedings:

- (A) the investigation and prosecution of drug offenses;
- (B) the impanelment of grand juries;
- (C) programs or activities involving international narcotics control; and
- (D) the detection and suppression of illicit drug supplies.

### Sec. 104. Termination.

[Effective June 30, 1975.] *Upon the effective date of a reorganization plan submitted in accordance with the provisions of chapter 9 of title 5, United States Code, other than the provisions of sections 905(a)(3) and 905(b) thereof which shall not apply to such plan, providing for the continued exercise of the functions of the Director provided for in this Act as in effect on the date of submission of such reorganization plan, the Office, each of the positions in the Office of Director, Deputy Director, and Assistant Director, and the National Advisory Council for Drug Abuse Prevention established by section 251 of this Act are abolished and title II is repealed.*

## TITLE II—[SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION] OFFICE OF DRUG ABUSE PREVENTION POLICY

	Section
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## CHAPTER 1.—GENERAL PROVISIONS

Sec.

201. Establishment of Office.

202. Appointment of Director.

203. Appointment of Deputy Director.

204. Appointment of Assistant Directors.

205. Delegation.

206. Officers and employees.

207. Employment of experts and consultants.

208. Acceptance of uncompensated services.

209. Notice relating to the control of dangerous drugs.

210. Grants and contracts.

[211. Acting Director and Deputy Director.]

212. Compensation of Director, Deputy Director, and Assistant Directors.

213. Statutory requirements unaffected.

214. Appropriations authorized.

### Sec. 201. Establishment of Office.

There is established in the Executive Office of the President an office to be known as the [Special Action Office for Drug Abuse Prevention] *Office of Drug Abuse Prevention Policy* (hereinafter in this Act referred to as the "Office"). The establishment of the Office in the Executive Office of the President shall not be construed as affecting access by the Congress, or committees of either House, (1) to information, documents, and studies in the possession of, or conducted by, the Office, or (2) to personnel of the Office.

### Sec. 202. Appointment of Director.

There shall be at the head of the Office a Director who shall be appointed by the President, by and with the advice and consent of the Senate. *The Director shall not hold office in any other department or agency of the United States, whether on an acting basis or otherwise, except on such occasions as may be appropriate in connection with the performance of such duties as may be assigned to him pursuant to section 232.*

### Sec. 203. Appointment of Deputy Director.

There shall be in the Office a Deputy Director who shall be appointed by the President, by and with the advice and consent of the Senate. The Deputy Director shall perform such functions as the Director may assign or delegate, and shall act as Director during the absence or disability of the Director or in the event of a vacancy in the office of Director.

### Sec. 204. Appointment of Assistant Directors.

There shall be in the Office not to exceed [six] *two* Assistant Directors appointed by the Director.

### Sec. 205. Delegation.

Unless specifically prohibited by law, the Director may, without being relieved of his responsibility, perform any of his functions or duties or exercise any of his powers through, or with the aid of, such persons in, or organizations of, the Office as he may designate.

### Sec. 206. Officers and employees.

(a) The Director may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to perform

the functions vested in him. At the discretion of the Director, any officer or employee of the Office may be allowed and paid travel expenses, including per diem in lieu of subsistence, in the same manner as is authorized by section 5703 of title 5, United States Code, for individuals employed intermittently.

(b) In addition to the number of positions which may be placed in grades GS-16, 17, and 18 under section 5108 of title 5, United States Code, and without prejudice to the placement of other positions in the Office in such grades under any authority other than this subsection, not to exceed **[ten]** *four* positions in the Office may be placed in grades GS-16, 17, and 18, but in accordance with the procedures prescribed under such section 5108. **[The authority for such additional positions shall terminate on the date specified in section 104 of this Act.]**

#### **Sec. 207. Employment of experts and consultants.**

The Director may procure services as authorized by section 3109 of title 5, United States Code, and may pay a rate for such services not in excess of the rate in effect for grade GS-18 of the General Schedule. The Director may employ individuals under this section without regard to any limitation, applicable to services procured under such section 3109, on the number of days or the period of such services, except that, at any one time, not more than **[fifteen]** *six* individuals may be employed under this section without regard to such limitation.

#### **Sec. 208. Acceptance of uncompensated services.**

The Director is authorized to accept and employ in furtherance of the purpose of this Act or any Federal drug abuse prevention function, voluntary and uncompensated services notwithstanding the provisions of section 3679 (b) of the Revised Statutes (31 U.S.C. 665(b)).

#### **Sec. 209. Notice relating to the control of dangerous drugs.**

Whenever the Attorney General determines that there is evidence that

(1) a drug or other substance, which is not a controlled substance (as defined in section 101(6) of the Controlled Substances Act), has a potential for abuse, or

(2) a controlled substance should be transferred or removed from a schedule under section 202 of such Act,

he shall, prior to initiating any proceeding under section 201(a) of such Act, give the Director timely notice of such determination. Information forwarded to the Attorney General pursuant to section 201(f) of such Act shall also be forwarded by the Secretary of Health, Education, and Welfare to the Director.

#### **Sec. 210. Grants and contracts.**

(a) In carrying out any of his functions under this title, the Director is authorized to make grants to any public or nonprofit private agency, organization, or institution, and to enter into contracts with any agency, organization, or institution, or with any individual.

(b) To the extent he deems it appropriate, the Director may require the recipient of a grant or contract under this section to contribute money, facilities, or services for carrying out the program and activity for which such grant or contract was made.

(c) Payments pursuant to a grant or contract under this section may be made (after necessary adjustment, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursements, and in such installments and on such conditions as the Director may determine.

(d) Any Federal department or agency may enter into grant or contractual arrangements with the Director and, pursuant to such a grant or contractual arrangement, may exercise any authority to use any personnel or facilities which would otherwise be available to such department or agency for the performance by it of its authorized functions.

#### **[Sec. 211. Acting Director and Deputy Director.**

The President may authorize any person who immediately prior to the date of enactment of this Act held a position in the executive branch of the Government to act as the Director or Deputy Director until the position in question is for the first time filled pursuant to the provisions of this title or by recess appointment, as the case may be, and the President may authorize any such person to receive the compensation attached to the office in respect of which he serves. Such compensation, if authorized, shall be in lieu of but not in addition to other compensation from the United States to which such person may be entitled.]

#### **Sec. 212. Compensation of Director, Deputy Director, and Assistant Directors.**

(a) Section 5313 of title 5, United States Code, is amended by adding at the end thereof the following:

“(21) Director of the Special Action Office for Drug Abuse Prevention.”

(b) Section 5315 of title 5, United States Code, is amended by adding at the end thereof the following:

“(95) Deputy Director of the Special Action Office for Drug Abuse Prevention.”

(c) Section 5316 of title 5, United States Code, is amended by adding at the end thereof the following:

“(131) Assistant Directors, Special Action Office for Drug Abuse Prevention (6).”

#### **Sec. 213. Statutory requirements unaffected.**

Except as authorized in section 225, nothing in this Act authorizes or permits the Director or any other Federal officer to waive or disregard any limitation or requirement, including standards, criteria, or cost-sharing formulas, prescribed by law with respect to any Federal program or activity. Except with respect to the conduct of drug abuse prevention functions, nothing in this Act shall be construed to limit the authority of the Secretary of Defense with respect to the operation of the Armed Forces or the authority of the Administrator of Veterans' Affairs with respect to furnishing health care to veterans.

#### **Sec. 214. Appropriations authorized.**

**[(a)(1)]** (1) For the purposes of carrying out the provisions of this title, except for the provisions of sections 223 and 224, there are authorized to be appropriated \$5,000,000 for the fiscal year ending

June 30, 1972; \$10,000,000 for the fiscal year ending June 30, 1973; \$11,000,000 for the fiscal year ending June 30, 1974; and \$12,000,000 for the fiscal year ending June 30, 1975.

(2) For the purpose of carrying out the provisions of section 223, there is authorized to be appropriated \$40,000,000 for each of the fiscal years ending June 30, 1973, June 30, 1974, and June 30, [1975.] 1975; and \$7,000,000 for the fiscal year ending June 30, 1976; \$1,750,000 for the period July 1, 1976, through September 30, 1976; and \$7,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978.

(3) For the purpose of making grants and contracts under section 224, there are authorized to be appropriated \$20,000,000 for the fiscal year ending June 30, 1973, \$25,000,000 for the fiscal year ending June 30, 1974, and \$30,000,000 for the fiscal year ending June 30, 1975.

[(b) Sums appropriated under subsection (a) of this section shall remain available for obligation or expenditure in the fiscal year for which appropriated and in the fiscal year next following.]

(4) For the purposes of carrying out the functions of the Director, other than transfers of funds under section 223, there are authorized to be appropriated \$3,000,000 for the fiscal year ending June 30, 1976; \$750,000 for the period July 1, 1976, through September 30, 1976; and \$3,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978.

## CHAPTER 2.—FUNCTIONS OF THE DIRECTOR

Sec.

221. Concentration of Federal effort.

222. Funding authority.

223. Special Fund.

[224. Encouragement of certain research and development.]

225. Single non-Federal share requirement.

226. Recommendations regarding drug traffic prevention functions.

227. Resolution of certain conflicts.

228. Liaison with respect to drug traffic prevention.

[229. Technical assistance to State and local agencies.] 229. Coordination with State and local agencies.

230. Management oversight review.

231. Federal drug council authorized.

232. International negotiations.

233. Annual report.

### Sec. 221. Concentration of Federal effort.

(a) The Director shall provide overall planning and policy and establish objectives and priorities for all Federal drug abuse prevention functions. In carrying out his functions under this subsection, the Director shall consult, from time to time, with the National Advisory Council for Drug Abuse Prevention.

(b) For the purpose of assuring the effectuation of the planning and policy and the achievement of the objectives and priorities provided or established pursuant to subsection (a), the Director shall

(1) review the regulations, guidelines, requirements, criteria, and procedures of operating agencies in terms of their consistency with the policies, priorities, and objectives he provides or establishes, and assist such agencies in making such additions thereto or changes therein as may be appropriate;

(2) recommend changes in organization, management, and personnel, which he deems advisable to implement the policies, priorities, and objectives he provides or establishes;

(3) review related Federal legislation in the areas of health, education, and welfare providing for medical treatment or assistance, vocational training, or other rehabilitative services and, consistent with the purposes of this Act, assure that the respective administering agencies construe drug abuse as a health problem;

(4) conduct or provide for the conduct of evaluations and studies of the performance and results achieved by Federal drug abuse prevention functions, and of the prospective performance and results that might be achieved by alternative programs and activities supplementary to or in lieu of those currently being administered;

(5) require departments and agencies engaged in Federal drug abuse prevention functions to submit such information and reports with respect thereto as the Director determines to be necessary to carry out the purposes of this Act, and such departments and agencies shall submit to the Director such information and reports as the Director may reasonably require;

(6) except as provided in the second sentence of section 213,

(A) coordinate the performance of drug abuse prevention functions by Federal departments and agencies; and

(B) coordinate the performance of such functions by Federal departments and agencies with the performance by Federal departments and agencies of other functions which the Director determines may have an important bearing on the success of the entire Federal effort against drug abuse; and

(7) develop improved methods for determining the extent of drug addiction and abuse in the United States.

### Sec. 222. Funding authority.

In implementation of his authority under section 221, and to carry out the purposes of this Act, the Director is authorized

(1) to review and as he deems necessary modify insofar as they pertain to Federal drug abuse prevention functions,

(A) implementation plans for any Federal program, and

(B) the budget requests of any Federal department or agency; and

(2) to the extent not inconsistent with the applicable appropriation Acts, to make funds available from appropriations to Federal departments and agencies to conduct drug abuse prevention functions.

### Sec. 223. Special Fund.

(a) There is established a Special Fund (hereinafter in this section referred to as the "fund") in order to provide additional incentives to Federal departments and agencies and other public entities to develop more effective drug abuse prevention functions and to give the Director the flexibility to [encourage, and respond quickly and effectively to.] encourage the development of promising programs and approaches.



(b) [Except as provided in subsection (c) of this section, sums] *Sums* appropriated to the fund may be utilized only after their transfer, upon the order of the Director and at his discretion, to any Federal department or agency (other than the Office) and only for the purpose of

- (1) developing or demonstrating promising new concepts or methods in respect of drug abuse prevention functions; or
- (2) supplementing or expanding existing drug abuse prevention functions which the Director finds to be exceptionally effective or for which he finds there exists exceptional need.

[(c) Not more than 10 per centum of such sums as are appropriated to the fund may be expended by the Director through the Office to develop and demonstrate promising new concepts or methods in respect of drug abuse prevention functions.]

**Sec. 224. Encouragement of certain research and development.**

[In carrying out his functions under section 221, the Director shall encourage and promote (by grants, contracts, or otherwise) expanded research programs to create, develop, and test—

- [(1) nonaddictive synthetic analgesics to replace opium and its derivatives in medical use;
- [(2) long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction; and
- [(3) detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction.

In carrying out this section the Director is authorized to establish, or provide for the establishment of, clinical research facilities.]

**Sec. 225. Single non-Federal share requirement.**

Where funds are made available by more than one Federal agency to be used by an agency, organization, or individual to carry out a drug abuse prevention function, a single non-Federal share requirement may be established according to the proportion of funds advanced by each Federal agency, and the Director may order any such agency to waive any technical grant or contract requirement established in regulations which is inconsistent with the similar requirement of the other Federal agency or which the other Federal agency does not impose.

**Sec. 226. Recommendations regarding drug traffic prevention functions.**

The Director may make recommendations to the President in connection with any Federal drug traffic prevention function, and shall consult with and be consulted by all responsible Federal departments and agencies regarding the policies, priorities, and objectives of such functions.

**Sec. 227. Resolution of certain conflicts.**

If the Director determines in writing that the manner in which any Federal department or agency is conducting any drug abuse prevention function or drug traffic prevention function substantially impairs the effective conduct of any other such function, he shall submit in writing his findings and determinations to the President, who may direct the Federal department or agency in question to conduct the

function thereafter under such policy guidelines as the President may specify to eliminate the impairment.

**Sec. 228. Liaison with respect to drug traffic prevention.**

[One of the Assistant Directors of the Office] *The Director* shall maintain communication and liaison with respect to all drug traffic prevention functions of the the Federal Government.

**[Sec. 229. Technical assistance to State and local agencies.**

[(a) The Director shall

[(1) coordinate or assure coordination of Federal drug abuse prevention functions with such functions of State and local governments; and

[(2) provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.

[(b) In carrying out his functions under this section, the Director may

[(1) provide technical assistance—including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of public officials or other persons assigned to work with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;

[(2) convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate, to promote the purposes of this Act, and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences;

[(3) draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities; and

[(4) promote the promulgation of uniform criteria, procedures, and forms of grant or contract applications for drug abuse control and treatment proposals submitted by State and local governments and private organizations, institutions, and individuals.

[(c) In implementation of his authority under subsection (b) (1), the Director may

[(1) take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during any one fiscal year for more than an aggregate of ninety days without the express approval of the head of the Federal department or agency with respect to which he was so employed prior to such assignment;

[(2) assign any person employed by the Office to serve as a member of any such task force or to coordinate management of such task forces; and

[(3) enter into contracts or other agreements with any person or organization to serve on or work with such task forces.]

**Sec. 229. Coordination with State and local agencies.**

(a) *The Director shall coordinate or assure coordination of Federal drug abuse prevention functions with such functions of State and local governments.*

(b) *In carrying out his functions under this section, the Director may provide for uniform criteria, procedures, and forms of grant or contract applications for drug abuse control and treatment proposals submitted by State and local governments and private organizations, institutions, and individuals.*

**Sec. 230. Management oversight review.**

The Director may, for a period not to exceed thirty days in any one calendar year, provide for the exercise or performance of a management oversight review with respect to the conduct of any Federal drug abuse prevention function. Such review may be conducted by an officer of any Federal department or agency other than the department or agency conducting such function. The officer shall submit a written report to the Director concerning his findings.

**Sec. 231. Federal drug council authorized.**

To promote the purposes of this Act, the Director may convene, at his discretion, a council of officials representative of Federal departments and agencies, including intelligence agencies, responsible for Federal drug abuse prevention functions or Federal drug traffic prevention functions.

**Sec. 232. International negotiations.**

The President may designate the Director to represent the Government of the United States in discussions and negotiations relating to drug abuse prevention, drug traffic prevention, or both.

**Sec. 233. Annual report.**

The Director shall submit to the President and the Congress, prior to March 1 of each year which begins after the enactment of this title, a written report on the activities of the Office. The report shall specify the objectives, activities, and accomplishments of the Office, and shall contain an accounting of funds expended pursuant to this title.

CHAPTER 3.—ADVISORY COUNCIL

Sec.

251. Establishment of Council.

252. Membership of the Council.

253. Chairman; meetings.

254. Compensation and expenses.

255. Functions of the Council.

**Sec. 251. Establishment of Council.**

There is established a [National Advisory Council for Drug Abuse Prevention] *National Advising Council on Drug Abuse* (hereinafter in this chapter referred to as the "Council") which shall consist of [fifteen] *twenty-one* members.

**Sec. 252. Membership of the Council.**

(a) The Secretary of Health, Education, and Welfare, the Secretary of Defense, the Attorney General, the Secretary of State, the Secretary of the Treasury, and the Administrator of Veterans' Affairs or their respective designees, shall be members of the Council ex officio.

(b) The remaining members of the Council shall be appointed by the President and shall serve at his pleasure. [Appointments shall be made from persons who by virtue of their education, training, or experience are qualified to carry out the functions of members of the Council. Of the members so appointed, four shall be officials of State or local governments or governmental agencies who are actively engaged in drug abuse prevention functions.] *The appointive members of the Council shall represent a broad range of interests, disciplines, and expertise in the drug area and shall be selected from outstanding professionals, paraprofessionals, and others in the fields of medicine, law enforcement, education, science, the social sciences and other related disciplines, who have been active in the areas of drug abuse prevention, treatment, law enforcement, rehabilitation, training, or research. Of the members so appointed, at least one shall be an official of State government who is actively engaged in drug abuse prevention functions, at least one shall be an official of local government who is actively engaged in drug abuse prevention functions, and at least two shall be State or local law enforcement officials who are actively engaged in drug traffic prevention functions, and at least two shall be former drug addicts or drug abusers.*

(c) *Each member of the Council shall be appointed for a term expiring on June 30 of one of the first three calendar years following the year in which he is appointed, subject to the limitation that not more than five members may have terms scheduled to expire within any one year. A member of the Council who has completed more than five consecutive years of service shall not be eligible for reappointment for a period of two years following his most recent period of five or more consecutive years of service. Any member of the Council may continue to serve as such after the expiration of the term for which he was appointed unless and until his successor has been appointed and has qualified.*

(d) *Each department, agency, and instrumentality of the United States shall, prior to publication of any proposed regulations affecting drug abuse prevention functions or drug traffic prevention functions, provide the Council adequate opportunity to review and comment on such proposed regulation.*

**Sec. 253. Chairman; meetings.**

The President shall designate the Chairman of the Council. The Council shall meet at the call of the Chairman, but not less often than four times a year.

**Sec. 254. Compensation and expenses.**

Members of the Council (other than members who are full-time officers or employees of the United States) shall, while serving on business of the Council, be entitled to receive a per diem allowance at rates not to exceed the daily equivalent of the rate authorized for grade GS-18 of the General Schedule. Each member of the Council, while so serving away from his home or regular place of business, may be allowed actual travel expenses and per diem in lieu of subsistence as authorized by section 5703 of title 5 of the United States Code for persons in the Government service employed intermittently.

**Sec. 255. Functions of the Council.**

(a) The Council shall, from time to time, make recommendations to the Director with respect to overall planning and policy and the objectives and priorities for all Federal drug abuse prevention functions.

(b) The Council may make recommendations to the Director with respect to the conduct of, or need for, any drug abuse prevention functions which are or in its judgment should be conducted by or with the support of the Federal Government.

(c) *The Council shall advise, consult with, and make recommendations to the appropriate Federal officials—*

(1) *concerning matters relating to the activities and functions of such officials in the field of drug abuse, including, but not limited to, the development of new programs and priorities, the efficient administration of programs, and the supplying of needed scientific and statistical data and program information to professionals, paraprofessionals, and the general public; and*

(2) *concerning policies and priorities respecting grants and contracts in the field of drug abuse.*

**TITLE III—NATIONAL DRUG ABUSE STRATEGY**

Sec.

301. Development of strategy required.

302. Strategy Council.

303. Content of strategy.

304. Preparation of strategy.

305. Review and revision.

**Sec. 301. Development of strategy required.**

Immediately upon the enactment of this title, the President shall direct the development of a comprehensive, coordinated long-term Federal strategy (hereinafter in this title referred to as the "strategy") for all drug abuse prevention functions and all drug traffic prevention functions conducted, sponsored, or supported by any department or agency of the Federal Government. The strategy shall be initially promulgated by the President no later than nine months after the enactment of this title.

**Sec. 302. Strategy Council.**

To develop the strategy, the President shall establish a Strategy Council whose membership shall include the Director of the [Special Action Office for Drug Abuse Prevention] *Office of Drug Abuse Prevention Policy*, [until the date specified in section 104 of this Act.] the Attorney General, the Secretaries of Health, Education, and Welfare, State, and Defense, the Administrator of Veterans' Affairs, and other officials as the President may deem appropriate. [Until the date specified in section 104 of this Act, the Director shall provide such services as are required to assure that the strategy is prepared, and thereafter such services shall be provided by such officer or agency of the United States as the President may designate.] *The Director shall provide such services as are required to assure that the strategy is prepared.* The strategy shall be subject to review and written comment by those Federal officials participating in its preparation.

**Sec. 303. Content of strategy.**

The strategy shall contain

(1) an analysis of the nature, character, and extent of the drug abuse problem in the United States, including examination of the interrelationships between various approaches to solving the drug abuse problem and their potential for interacting both positively and negatively with one another;

(2) a comprehensive Federal plan, with respect to both drug abuse prevention functions and drug traffic prevention functions, which shall specify the objectives of the Federal strategy and how all available resources, funds, programs, services, and facilities authorized under relevant Federal law should be used; and

(3) an analysis and evaluation of the major programs conducted, expenditures made, results achieved, plans developed, and problems encountered in the operation and coordination of the various Federal drug abuse prevention functions and drug traffic prevention functions.

**Sec. 304. Preparation of strategy.**

To facilitate the preparation of the strategy, the Council shall

(1) engage in the planning necessary to achieve the objectives of a comprehensive, coordinated long-term Federal strategy, including examination of the overall Federal investment to combat drug abuse;

(2) at the request of any member, require departments and agencies engaged in Federal drug abuse prevention functions and drug traffic prevention functions to submit such information and reports and to conduct such studies and surveys as are necessary to carry out the purposes of this title, and the departments and agencies shall submit to the Council and to the requesting member the information, reports, studies, and surveys so required;

(3) evaluate the performance and results achieved by Federal drug abuse prevention functions and drug traffic prevention functions and the prospective performance and results that might be achieved by programs and activities in addition to or in lieu of those currently being administered.

**Sec. 305. Review and revision.**

The strategy shall be reviewed, revised as necessary, and promulgated as revised [from time to time as the President deems appropriate, but not less often than once a year.] *prior to June 1 of each year.*

**TITLE IV—OTHER FEDERAL PROGRAMS**

Sec.

401. Community mental health centers.

402. Public Health Service facilities.

403. State plan requirements.

404. Drug abuse prevention function appropriations.

405. Special reports by the Secretary of Health, Education, and Welfare.

406. Additional drug abuse prevention functions of the Secretary of Health, Education, and Welfare.

407. Admission of drug abusers to hospitals for [emergency] treatment.

408. Confidentiality of patient records.

409. Formula grants.

410. Special project grants and contracts.

411. Records and audit.  
 412. National Drug Abuse Training Center.  
 413. Drug abuse among Federal civilian employees.

**Sec. 401. Community mental health centers.**

(a) Section 221 of the Community Mental Health Centers Act (42 U.S.C. 2688a) is amended by adding at the end thereof the following new subsection:

“(c) If an application for a grant under this part for a community mental health center is made for any fiscal year beginning after June 30, 1972, and—

“(1) the Secretary determines that it is feasible for such center to provide a treatment and rehabilitation program for drug addicts other persons with drug abuse and other drug dependence problems residing in the area served by the center and that the need for such a program in that area is of such a magnitude as to warrant the provision of such a program by the center, such application may not be approved unless it contains or is supported by assurances satisfactory to the Secretary that the center will provide such program in such fiscal year; or

“(2) the Secretary determines that it is feasible for the center to assist the Federal Government in treatment and rehabilitation programs for drug addicts and other persons with drug abuse and other drug dependence problems who are in the area served by the center, such application may not be approved unless it contains or is supported by assurances satisfactory to the Secretary that the center will enter into agreements with departments or agencies of the Government under which agreements the center may be used (to the maximum extent practicable) in treatment and rehabilitation programs (if any) provided by such departments or agencies.

For the purpose of making grants under this part to assist community mental health centers to meet the requirements of this subsection there are authorized to be appropriated \$60,000,000 for the fiscal year ending June 30, 1973, \$60,000,000 for the fiscal year ending June 30, 1974, and \$60,000,000 for the fiscal year ending June 30, 1975.”

(b) Section 251 of the Community Mental Health Centers Act (42 U.S.C. 2688k) is amended—

(1) by inserting in subsection (a) “or leasing” after “construction”;

(2) by inserting in subsection (a) “facilities for emergency medical services, intermediate care services, or outpatient services, or” immediately before “posthospitalization treatment facilities”;

(3) by inserting in subsection (a) “or leased” after “constructed”, and

(4) by inserting in subsection (b) “or leasing” after “construction” the first time it appears.

(c) Section 256(e) of the Community Mental Health Centers Act (42 U.S.C. 2688n-1) is amended (1) by striking out “and \$35,000,000” and inserting in lieu thereof “\$60,000,000”, and (2) by striking out the period at the end and inserting in lieu thereof “; and \$75,000,000 for the fiscal year ending June 30, 1974.”.

**Sec. 402. Public Health Service facilities.**

(a) Section 341(a) of the Public Health Service Act (42 U.S.C. 257(a)) (relating to care and treatment of narcotic addicts and other

drug users) is amended by adding at the end thereof the following new sentence: “In carrying out this subsection, the Secretary shall establish in each hospital and other appropriate medical facility of the Service a treatment and rehabilitation program for drug addicts and other persons with drug abuse and drug dependence problems who are in the area served by such hospital or other facility; except that the requirement of this sentence shall not apply in the case of any such hospital or other facility with respect to which the Secretary determines that there is not sufficient need for such a program in such hospital or other facility.”

(b) Section 341 of that Act is amended by adding at the end thereof the following new subsection:

“(c) The Secretary may enter into agreements with the Administrator of Veterans' Affairs, the Secretary of Defense, and the head of any other department or agency of the Government under which agreements hospitals and other appropriate medical facilities of the Service may be used in treatment and rehabilitation programs provided by such department or agency for drug addicts and other persons with drug abuse and other drug dependence problems who are in areas served by such hospitals or other facilities.”

**Sec. 403. State plan requirements.**

(a) Section 314(d) (2) (K) of the Public Health Service Act (42 U.S.C. 246(d) (2) (K)) is amended by inserting after “problem” the following: “, and include provisions for (i) licensing or accreditation of facilities in which treatment and rehabilitation programs are conducted for persons with drug abuse and other drug dependence problems, and (ii) expansion of State mental health programs in the field of drug abuse and drug dependence and of other prevention and treatment programs in such field”.

(b) Section 204 of the Community Mental Health Centers Act (42 U.S.C. 2684) is amended by adding at the end thereof the following new subsection:

“(c) After June 30, 1973, the Secretary may not approve any State plan unless it provides for treatment and prevention programs in the field of drug abuse and drug dependence, commensurate with the extent of the problem, and it includes the provisions required by section 314(d) (2) (K) of the Public Health Service Act for State plans submitted under section 314(d) of such Act.”

**Sec. 404. Drug abuse prevention function appropriations.**

Any request for appropriations by a department or agency of the Government submitted after the date of enactment of this Act shall specify (1) on a line item basis, that part of the appropriation which the department or agency is requesting to carry out its drug abuse prevention functions, and (2) the authorization of the appropriations requested to carry out each of its drug abuse prevention functions.

**Sec. 405. Special reports by the Secretary of Health, Education, and Welfare.**

(a) The Secretary of Health, Education, and Welfare (hereinafter in this title referred to as the “Secretary”) shall develop and submit to the Congress and the Director within ninety days after the date of enactment of this Act, a written plan for the administration and coordination of all drug abuse prevention functions within the Depart-

ment of Health, Education, and Welfare. Such report shall list each program conducted and each service provided in carrying out such functions, describe how such programs and services are to be coordinated, and describe the steps taken or to be taken to insure that such programs and services will be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines. The plan shall be consistent with the policies, priorities, and objectives established by the Director under section 221 of this Act.

(b) The Secretary shall submit to the Director, for inclusion in the annual report required by section 233 of this Act, a report describing model and experimental methods and programs for the treatment and rehabilitation of drug abusers, and describing the advantages of each such method and program and an evaluation of the success or failure of each such method or program. The Secretary's report shall contain recommendations for the development of new and improved methods and programs for the treatment and rehabilitation of drug abusers, for community implementation of such methods and programs, and for such legislation and administrative action as he deems appropriate.

**Sec. 406. Additional drug abuse prevention functions of the Secretary of Health, Education, and Welfare.**

(a) The Secretary shall

(1) operate an information center for the collection, preparation, and dissemination of all information relating to drug abuse prevention functions, including information concerning State and local drug abuse treatment plans, and the availability of treatment resources, training and educational programs, statistics, research, and other pertinent data and information;

(2) investigate and publish information concerning uniform methodology and technology for determining the extent and kind of drug use by individuals and effects which individuals are likely to experience from such use;

(3) gather and publish statistics pertaining to drug abuse and promulgate regulations specifying uniform statistics to be furnished, records to be maintained, and reports to be submitted, on a voluntary basis by public and private entities and individuals respecting drug abuse; and

(4) review, and publish an evaluation of, the adequacy and appropriateness of any provision relating to drug abuse prevention functions contained in the comprehensive State health, welfare, or rehabilitation plans submitted to the Federal Government pursuant to Federal law, including, but not limited to, those submitted pursuant to section 5(a) of the Vocational Rehabilitation Act, sections 314(d)(2)(K) and 604(a) of the Public Health Service Act, section 1902(a) of title XIX of the Social Security Act, and section 204(a) of part A of the Community Mental Health Centers Act.

(b) After December 31, 1974, the Secretary shall carry out his functions under subsection (a) through the National Institute on Drug Abuse.

**Sec. 407. Admission of drug abusers to hospitals for [emergency] treatment.**

(a) Drug abusers who are suffering from [emergency] medical conditions shall not be [refused] *discriminated against* in admission or treatment, solely because of their drug abuse or drug dependence, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b) The Secretary is authorized to make regulations for the enforcement of the policy of subsection (a). Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary is authorized to suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension or revocation of Federal support for such hospital.

**Sec. 408. Confidentiality of patient records.**

(a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e), be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b) (1) The content of any record referred to in subsection (a) may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g).

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause

therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b) (2) (C) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

(f) Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

(g) The Director of the [Special Action Office for Drug Abuse Prevention,] *Office of Drug Abuse Prevention Policy*, after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b) (2) (C), as in the judgment of the Director are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

#### Sec. 409. Formula grants.

(a) There are authorized to be appropriated \$15,000,000 for the fiscal year ending June 30, 1972, \$30,000,000 for the fiscal year ending June 30, 1973, \$40,000,000 for the fiscal year ending June 30, 1974, [and \$45,000,000 for the fiscal year ending June 30, 1975,] \$45,000,000 for each of the fiscal years ending June 30, 1975, and June 30, 1976, \$11,250,000 for the period July 1, 1976, through September 30, 1976, and \$45,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978, for grants to States in accordance with this section. For the purpose of this section; the term "State" includes the District of Columbia, the Virgin Islands, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Trust Territory of the Pacific Islands, in addition to the fifty States.

(b) Grants to States may be made under this section

(1) for the preparation of plans which are intended to meet the requirements of subsection (e) of this section;

(2) for the expenses (other than State administrative expenses) of (A) carrying out projects under and otherwise implementing plans approved by the Secretary pursuant to subsection (f) of this section, and (B) evaluating the results of such plans as actually implemented; and

(3) for the State administrative expenses of carrying out plans approved by the Secretary pursuant to subsection (f) of this section, except that no grant under this paragraph to any State for any year may exceed \$50,000 or 10 per centum of the total allotment of that State for that year, whichever is less.

(c) (1) For each fiscal year the Secretary shall, in accordance with regulations, allot the sums appropriated pursuant to subsection (a) for such year among the States on the basis of the relative population, financial need, and the need for more effective conduct of drug abuse prevention functions, except that no such allotment to any State (other than the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands), shall be less than \$100,000 or, after the effective date of any regulation issued pursuant to paragraph (3) of the subsection \$200,000, multiplied by a fraction whose numerator is the amount actually appropriated for the purposes of this section for the fiscal year for which the allotment is made, and whose denominator is the amount authorized to be appropriated by subsection (a) for that year.

(2) Any amount allotted under paragraph (1) of this subsection to a State (other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands) and remaining unobligated at the end of such year shall remain available to such State, for the purposes for which made, for the next fiscal year (and for such year only), and any such amount shall be in addition to the amounts allotted to such State for such purpose for such next fiscal year; except that any such amount, remaining unobligated at the end of the sixth month following the end of such year for which it was allotted, which the Secretary determines will remain unobligated by the close of such next fiscal year, may be reallocated by the Secretary to be available for the purposes for which made until the close of such next fiscal year, to other States which have need therefor, on such basis as the Secretary deems equitable and consistent with the purposes of this section, and any amount so reallocated to a State shall be in addition to the amounts allotted and available to the States for the same period. Any amount allotted under paragraph (1) of this subsection to the Virgin Islands, American Samoa, Guam, or the Trust Territory of the Pacific Islands for a fiscal year and remaining unobligated at the end of such year shall remain available to it, for the purposes for which made, for the next two fiscal years (and for such years only), and any such amount shall be in addition to the amounts allotted to it for such purpose for each of such next two fiscal years; except that any such amount, remaining unobligated at the end of the first of such next two years, which the Secretary determines will remain unobligated at the close of the second of such next two years, may be reallocated by the Secretary, to be available for the purposes for which made until the close of the second of such next two years, to any other of such four States which have need therefor, on such basis as the Secretary deems equi-

table and consistent with the purposes of this section, and any amount so reallocated to a State shall be in addition to the amounts allotted and available to the State for the same period.

(3) *In determining, for the purposes of paragraph (1), the extent of need for more effective conduct of drug abuse prevention functions, the Secretary shall (within one hundred and eighty days after the date of enactment of this paragraph) by regulation establish a methodology to assess and determine the incidence and prevalence of drug abuse to be applied in determining such need.*

(4) *The Secretary may authorize a State to use a portion of its allotment under this subsection to carry out a study to determine the incidence and prevalence of drug abuse in such State in accordance with the methodology established under paragraph (3).*

(d) No grant may be made under subsection (b) (1) of this section unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contains such information, including assurances satisfactory to the Secretary that the grant will be used by the State for the preparation of a State plan which will meet the requirements of subsection (e), as the Secretary shall by regulation prescribe.

(e) Any State desiring to receive a grant under subsection (b) (2) or (b) (3) of this section shall submit to the Secretary a State plan for planning, establishing, conducting, and coordinating projects for the development of more effective drug abuse prevention functions in the State and for evaluating the conduct of such functions in the State. Each State plan shall

(1) designate or establish a single State agency as the sole agency for the preparation and administration of the plan, or for supervising the preparation and administration of the plan;

(2) contain satisfactory evidence that the State agency designated or established in accordance with paragraph (1) will have authority to prepare and administer, or supervise the preparation and administration of, such plan in conformity with this subsection;

(3) provide for the designation of a State advisory council which shall include representatives of nongovernmental organizations or groups, and of public agencies concerned with the prevention and treatment of drug abuse and drug dependence, from different geographical areas of the State, and which shall consult with the State agency in carrying out the plan;

(4) describe the drug abuse prevention functions to be carried out under the plan with assistance under this section;

(5) set forth, in accordance with criteria established by the Secretary, a detailed survey of the local and State needs for the prevention and treatment of drug abuse and drug dependence, including a survey of the health facilities needed to provide services for drug abuse and drug dependence, and a plan for the development and distribution of such facilities and programs throughout the [State]; *State in accordance with such needs;*

(6) provide for coordination of existing and planned treatment and rehabilitation programs and activities, particularly in urban centers;

(7) provide a scheme and methods of administration which will supplement, broaden, and complement State health plans developed under section 314(d) (2) of the Public Health Service Act;

(8) provide such methods of administration of the State plan, including methods relating to the establishment and maintenance of personnel standards on a merit basis (except that the Secretary shall exercise no authority with respect to the selection, tenure of office, or compensation of any individual employed in accordance with such methods), as are found by the Secretary to be necessary for the proper and efficient operation of the plan;

(9) provide that the State agency will make such reports, in such form and containing such information as the Secretary may from time to time reasonably require, and will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports;

(10) provide that the State agency will from time to time, but not less often than annually, review its State plan and submit to the Secretary an analysis and evaluation of the effectiveness of the prevention and treatment programs and activities carried out under the plan, and any modifications in the plan which it considers necessary;

(11) provide reasonable assurance that Federal funds made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs described in this section, and will in no event supplant such State, local, and other non-Federal funds: [and]

(12) *in carrying out the provisions of subsection (e) (5) each State shall establish a system of substate planning for the purpose of providing the State with information regarding existing and projected substate needs and resources for drug abuse treatment and rehabilitation facilities, and a plan for the development and distribution of such facilities and programs throughout the planning area. The State must provide written assurance that (1) a mechanism for substate planning has been established and demonstrate how substate information will be utilized in the State planning process; and (2) the State agency will provide a mechanism for obtaining information from elected officials of units of general purpose government, that is, cities and counties, as well as individuals who are providing either treatment per se, or who are engaged in the provision of ancillary services to drug programs or their clients. This information shall be used by the State to determine the methods for dealing with drug abuse in such an area and designing programs for the actual delivery of services in this area;*

(13) *provide reasonable assurance that treatment or rehabilitation projects or programs supported by funds made available under this section have provided to the single State agency a proposed performance standard or standards or research protocol to measure the effectiveness of such treatment or rehabilitation programs or projects; and*

[12] (14) contain such additional information and assurance as the Secretary may find necessary to carry out the provisions of this section.

(f) The [Secretary] *Secretary, acting through the National Institute on Drug Abuse*, shall approve any State plan and any modification thereof which complies with the provisions of subsection (e) of this section.

(g) From the allotment of a State, the Secretary shall make grants to that State in accordance with this section. Payments under such grants may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

#### Sec. 410. Special project grants and contracts.

(a) The Secretary shall

(1) make grants to public and private nonprofit agencies, organizations, or institutions and enter into contracts with public and private agencies, organizations, institutions, and individuals to provide training seminars, educational programs, and technical assistance for the development of drug abuse prevention, treatment, and rehabilitation programs for employees in the private and public sectors;

(2) make grants to public and private nonprofit agencies, organizations, or institutions and enter into contracts with public and private agencies, organizations, and institutions, to provide directly or through contractual arrangements for vocational rehabilitation counseling, education, and services for the benefit of persons in treatment programs and to encourage efforts by the private and public sectors of the economy to recruit, train, and employ participants in treatment programs;

(3) make grants to public and private nonprofit agencies, organizations, or institutions and enter into contracts with public and private agencies, organizations, institutions, and individuals to establish, conduct, and evaluate drug abuse prevention, treatment, and rehabilitation programs within State and local criminal justice systems;

(4) make grants to or contracts with groups composed of individuals representing a broad cross-section of medical, scientific, or social disciplines for the purpose of determining the causes of drug abuse in a particular area, prescribing methods for dealing with drug abuse in such an area, or conducting programs for dealing with drug abuse in such an area;

(5) make research grants to public and private nonprofit agencies, organizations, and institutions and enter into contracts with public and private agencies, organizations, and institutions, and individuals for improved drug maintenance techniques or programs; and

(6) make grants to public and private nonprofit agencies, organizations, and institutions and enter into contracts with public and private agencies, organizations, institutions, and individuals to establish, conduct, and evaluate drug abuse prevention and treatment programs.

(b) There are authorized to be appropriate \$25,000,000 for the fiscal

year ending June 30, 1972; \$65,000,000 for the fiscal year ending June 30, 1973; \$100,000,000 for the fiscal year ending June 30, 1974; [and \$160,000,000 for the fiscal year ending June 30, 1975.] \$160,000,000 for each of the fiscal years ending June 30, 1975 and June 30, 1976; and \$160,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978, to carry out this section.

(c) (1) In carrying out this section, the Secretary shall require coordination of all applications for programs in a State and shall not give precedence to public agencies over private agencies, institutions, and organizations, or to State agencies over local agencies.

(2) Each applicant within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency (if any) designated or established under section 409. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to the State comprehensive plan for treatment and prevention of drug abuse under section 409. The State shall furnish the applicant a copy of any such evaluation. A State if it so desires may, in writing, waive its rights under this paragraph.

(3) Approval of any application for a grant or contract under this section by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria that

(A) provide that the activities and services for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

(B) provide for such methods of administration as are necessary for the proper and efficient operation of such programs or projects;

(C) provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant; and

(D) provide for reasonable assurance that Federal funds made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs described in this section, and will in no event supplant such State, local, and other non-Federal funds.

(4) *In the implementation of his authority under this section, the Secretary shall accord primary prevention a high priority. To the extent that appropriations authorized under this section are used to fund treatment services, the Secretary shall not limit such funding to treatment for opiate abuse, but shall also provide support for treatment for nonopiate drug abuse including polydrug abuse.*

(5) *Each applicant within a State, upon filing its application with the Secretary for a grant or contract to provide treatment or rehabilitation services shall provide a proposed performance standard or standards, or research protocol, to measure the effectiveness of such treatment or rehabilitation program or project.*



(d) Payment under grants or contracts under this section may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

**Sec. 411. Records and audit.**

(a) Each recipient of assistance under section 409 or 410 pursuant to grants or contracts entered into under other than competitive bidding procedures shall keep such records as the Secretary shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such grant or contract, the total cost of the project or undertaking in connection with which such grant or contract is given or used, and the amount of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit.

(b) The Secretary and Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of such recipients that are pertinent to such grants or contracts.

**Sec. 412. National Drug Abuse Training Center.**

(a) The Director shall establish a National Drug Abuse Training Center (hereinafter in this section referred to as the "Center") to develop, conduct, and support a full range of training programs relating to drug abuse prevention functions. The Director shall consult with the National Advisory Council for Drug Abuse Prevention regarding the general policies of the Center. The Director may supervise the operation of the Center initially, but shall transfer the supervision of the operation of the Center to the National Institute on Drug Abuse not later than December 31, 1974.

(b) The Center shall conduct or arrange for training programs, seminars, meetings, conferences, and other related activities, including the furnishing of training and educational materials for use by others.

(c) The services and facilities of the Center shall, in accordance with regulations prescribed by the Director, be available to (1) Federal, State, and local government officials, and their respective staffs, (2) medical and paramedical personnel, and educators, and (3) other persons, including drug dependent persons, requiring training or education in drug abuse prevention.

(d) (1) For the purpose of carrying out this section, there are authorized to be appropriated \$1,000,000 for the fiscal year ending June 30, 1972, \$3,000,000 for the fiscal year ending June 30, 1973, \$5,000,000 for the fiscal year ending June 30, 1974, and \$6,000,000 for the fiscal year ending June 30, 1975.

(2) Sums appropriated under this subsection shall remain available for obligation or expenditure in the fiscal year for which appropriated and in the fiscal year next following.

**Sec. 413. Drug abuse among Federal civilian employees.**

(a) The Civil Service Commission shall be responsible for developing and maintaining, in cooperation with the Director and with other Federal agencies and departments, appropriate prevention, treatment, and rehabilitation programs and services for drug abuse among Federal civilian employees. Such policies and services shall make optimal use of existing governmental facilities, services, and skills.

(b) The Director shall foster similar drug abuse prevention, treatment, and rehabilitation programs and services in State and local governments and in private industry.

(c) (1) No person may be denied or deprived of Federal civilian employment or a Federal professional or other license or right solely on the ground of prior drug abuse.

(2) This subsection shall not apply to employment (A) in the Central Intelligence Agency, the Federal Bureau of Investigation, the National Security Agency, or any other department or agency of the Federal Government designated for purposes of national security by the President, or (B) in any position in any department or agency of the Federal Government, not referred to in clause (A), which position is determined pursuant to regulations prescribed by the head of such department or agency to be a sensitive position.

(d) This section shall not be construed to prohibit the dismissal from employment of a Federal civilian employee who cannot properly function in his employment.

**TITLE V—NATIONAL INSTITUTE ON DRUG [ABUSE;  
NATIONAL ADVISORY COUNCIL ON DRUG] ABUSE**

Sec.

501. Establishment of Institute.

502. Establishment of National Advisory Council on Drug Abuse.

502. *Technical assistance to State and local agencies.*

503. *Encouragement of certain research and development.*

**Sec. 501. Establishment of Institute.**

(a) Effective December 31, 1974, there is established, in the National Institute of Mental Health, a National Institute on Drug Abuse (hereinafter in this [section] title referred to as the "Institute") to administer the programs and authorities of the Secretary of Health, Education, and Welfare (hereinafter in this [section] title referred to as the "Secretary") with respect to drug abuse prevention functions. The Secretary, acting through the Institute, shall, in carrying out the purposes of section 301 of the Public Health Service Act with respect to drug abuse, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of drug abuse and for the rehabilitation of drug abusers.

(b) The Institute shall be under the direction of a Director (hereinafter in this title referred to as the "Director") who shall be appointed by the Secretary.

(c) The programs of the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

**[Sec. 502. Establishment of National Advisory Council on Drug Abuse.**

[(a) Section 217 of the Public Health Service Act is amended by adding at the end thereof the following new subsection:

["(e) (1) The National Advisory Council on Drug Abuse shall consist of the Secretary, who shall be Chairman, the chief medical officer of the Veterans' Administration or his representative, and a medical officer designated by the Secretary of Defense, who shall be ex officio

members. In addition, the Council shall be composed of twelve members appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. The appointed members of the Council shall represent a broad range of interests, disciplines, and expertise in the drug area and shall be selected from outstanding professionals and paraprofessionals in the fields of medicine, education, science, the social sciences, and other related disciplines, who have been active in the areas of drug abuse prevention, treatment, rehabilitation, training, or research.

["(2) The Council shall advise, consult with, and make recommendations to the Secretary

["(A) concerning matters relating to the activities and functions of the Secretary in the field of drug abuse, including, but not limited to, the development of new programs and priorities, the efficient administration of programs, and the supplying of needed scientific and statistical data and program information to professionals, paraprofessionals, and the general public; and

["(B) concerning policies and priorities respecting grants and contracts in the field of drug abuse."]

[(b) Section 266 of the Community Mental Health Centers Act is amended.

[(1) by striking out in the first sentence "part C" and inserting in lieu thereof "parts C and D",

[(2) by striking out in the second sentence "established by such section", and

[(3) by adding at the end the following new sentence: "Grants under part D of this title for such costs will undergo such review as is provided by section 217(e) of the Public Health Service Act."]

#### Sec. 502. Technical assistance to State and local agencies.

(a) The Director shall—

(1) coordinate or assure coordination of the functions of the Institute with corresponding functions of State and local governments; and

(2) provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.

(b) In carrying out his functions under this section—the Director may—

(1) provide technical assistance, including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of public officials or other persons assigned to worked with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;

(2) convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate, to promote the purposes of this Act, and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences; and

(3) draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities.

(c) In implementation of his authority under subsection (b) (1), the Director may—

(1) take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during any one fiscal year for more than an aggregate of ninety days without the express approval of the head of the Federal department or agency with respect to which he was so employed prior to such assignment;

(2) assign any person employed by the Institute to serve as a member of any such task force or to coordinate management of such task forces; and

(3) enter into contracts or other agreements with any person or organization to serve on or work with such task forces.

#### 503. Encouragement of certain research and development.

In carrying out his functions under this title, the Director shall encourage and provide (by grants, contracts, or otherwise) expanded research programs to create, develop, and test—

(1) nonaddictive or less-addictive synthetic analgesics, antitussives and other drugs to replace opium and its derivatives in medical use;

(2) long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction; and

(3) detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction.

In carrying out this section the Director is authorized to establish, or provide for the establishment of, clinical research facilities.

#### OTHER LAWS AFFECTED BY THIS ACT

##### COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT

\* \* \* \* \*

SEC. 303. (a) \* \* \*

(b)—Repealed.

(c)—Repealed.

(d) Any regulation under or with respect to section 408 of the Drug Abuse Office and Treatment Act of 1972 (21 U.S.C. 1175) issued by the Director of the [Special Action Office for Drug Abuse Prevention] Office of Drug Abuse Prevention Policy, [prior to the date specified in section 104 of that Act (21 U.S.C. 1104),] whether before or after the enactment of this Act, shall remain in effect until revoked or amended by the [Director or the Secretary of Health, Education, and Welfare, as the case may be.] Director.

\* \* \* \* \*

JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT OF 1974

\* \* \* \* \*

COORDINATING COUNCIL ON JUVENILE JUSTICE AND DELINQUENCY PREVENTION

SEC. 206. (a) (1) There is hereby established, as an independent organization in the executive branch of the Federal Government a Coordinating Council on Juvenile Justice and Delinquency Prevention (hereinafter referred to as the "Council") composed of the Attorney General, the Secretary of Health, Education, and Welfare, the Secretary of Labor, the Director of the [Special Action Office for Drug Abuse Prevention,] *Office of Drug Abuse Prevention Policy*, the Secretary of Housing and Urban Development, or their respective designees, the Assistant Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Deputy Assistant Administrator of the Institute for Juvenile Justice and Delinquency Prevention, and representatives of such other agencies as the President shall designate.

(2) Any individual designated under this section shall be selected from individuals who exercise significant decisionmaking authority in the Federal agency involved.

\* \* \* \* \*

PUBLIC HEALTH SERVICE ACT

\* \* \* \* \*

SEC. 217(e) (42 U.S.C. 218(e))—Repealed.

\* \* \* \* \*

COMMUNITY MENTAL HEALTH CENTERS ACT

\* \* \* \* \*

SEC. 266. Grants made under this title (other than parts C and D thereof) for the cost of construction and for the cost of compensation of professional and technical personnel may be made only upon recommendation of the National Advisory Mental Health Council established by section 217(a) of the Public Health Service Act. Grants

under part C of this title for such costs may be made only upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism. Grants under part D of this title for such costs will undergo such review as is provided by [section 217(e) of the Public Health Service Act.] *section 255(e) of the Drug Abuse Office and Treatment Act of 1972.*

\* \* \* \* \*

OMNIBUS CRIME CONTROL AND SAFE STREETS ACT

\* \* \* \* \*

Sec. 3750c. **Basic criteria for applicants and grantees; guidelines.**

The Administration shall, after consultation with the Federal Bureau of Prisons, by regulations prescribe basic criteria for applicants and grantees under this subchapter.

In addition, the Administration shall issue guidelines for drug treatment programs in State and local prisons and for those to which persons on parole are assigned. The Administrator shall coordinate or assure coordination of the development of such guidelines with the [Special Action Office For Drug Abuse Prevention.] *Office of Drug Abuse Prevention Policy*. (As amended Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 210.)

\* \* \* \* \*

AMENDMENTS TO TITLE 5, U.S. CODE

\* \* \* \* \*

Sec. 5313. **Positions at level II.**

\* \* \* \* \*

(21) Director of the [Special Action Office for Drug Abuse Prevention.] *Office of Drug Abuse Prevention Policy*.

\* \* \* \* \*

Sec. 5316. **Positions at level V.**

\* \* \* \* \*

(131) Assistant Directors, [Special Action Office for Drug Abuse Prevention (6).] *Office of Drug Abuse Prevention Policy (2)*.

94TH CONGRESS }  
*1st Session*

HOUSE OF REPRESENTATIVES

{ REPORT  
No. 94-375

DRUG ABUSE OFFICE AND TREATMENT  
ACT AMENDMENTS OF 1975

---

REPORT

BY THE

COMMITTEE ON INTERSTATE AND  
FOREIGN COMMERCE

Together With

MINORITY VIEWS

[To accompany H.R. 8150]



JULY 18, 1975.—Committed to the Committee of the Whole House  
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(II)

Union Calendar No. 194

94TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT  
1st Session } } No. 94-375

DRUG ABUSE OFFICE AND TREATMENT ACT AMENDMENTS OF 1975

JULY 18, 1975.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. STAGGERS, from the Committee on Interstate and Foreign Commerce, submitted the following

REPORT

including

MINORITY VIEWS

[To accompany H.R. 8150]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H.R. 8150) to amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes, having considered the same reports favorable thereon with an amendment and recommends that the bill do pass. The amendment strikes out all after the enacting clause and inserts in lieu thereof a substitute text which appears in italic type in the reported bill.

SUMMARY OF LEGISLATION

The proposed legislation provides continuity to the Federal effort to combat drug abuse. It redesignates the Special Action Office for Drug Abuse Prevention as the Office of Drug Abuse Policy, redefines its role as strictly one of coordination and policy direction, and provides for its existence through July 1, 1976, at which time its functions would be transferred to the National Institute on Drug Abuse of the Department of Health, Education, and Welfare. The programmatic role of the Special Action Office is transferred to the the National Institute on Drug Abuse.

(1)

The modifications in existing law proposed by H.R. 8150:

(1) change the termination date of the Special Action Office for Drug Abuse Prevention (SAODAP) to June 30, 1976;

(2) change the name of SAODAP to the Office of Drug Abuse Policy (ODAP);

(3) reduce the number of Assistant Directors, supergrade positions, and experts and consultants authorized for the new agency;

(4) authorize \$3 million for the operation of ODAP for fiscal year 1976:

(5) amend the existing authority for the "special fund" available to the Director of ODAP and authorize \$7 million for fiscal year 1976 for the fund;

(6) transfer from SAODAP to the National Institute on Drug Abuse (NIDA) the authority to award grants and contracts for pharmacological research in order to develop drugs to replace opium derivatives in medical use, blocking drugs for treatment of heroin addicts, and detoxifying agents, and authorize \$7 million for fiscal year 1976, \$1.75 million for the period from July 1, 1976 to September 30, 1976, \$7 million for fiscal year 1977, and \$7 million for fiscal year 1978 for such purposes;

(7) transfer from SAODAP to NIDA the authority to provide technical assistance to State and local agencies with respect to drug abuse prevention;

(8) merge the National Advisory Council for Drug Abuse Prevention and the National Advisory Council on Drug Abuse into one council which is to assume the functions of both councils;

(9) amend the existing provision with respect to admission of drug abusers to hospitals to conform to similar provisions with respect to admission of alcoholics and alcohol abusers enacted last year;

(10) make minor revisions in the existing authority for formula grants to states for drug abuse prevention programs and authorize \$45 million for fiscal year 1976, \$11.25 million for the period from July 1, 1976 to September 30, 1976, \$45 million for fiscal year 1977, and \$45 million for fiscal year 1978 for such purposes;

(11) make minor revisions in the existing authority for special project grants and contracts and authorize \$160 million for fiscal year 1976, \$40 million for the period from July 1, 1976 to September 30, 1976, \$160 million for fiscal year 1977, and \$160 million for fiscal year 1978 for such purposes;

(12) require that any records maintained by NIDA containing information about patients be used solely for statistical purposes; and

(13) allow existing authority for grants to community mental health centers for treatment programs for drug abusers to expire.

#### BACKGROUND

The legislative authority for existing programs under the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255) expired on June 30, 1975. On June 3, 1975, most members of the Subcommittee on Health and the Environment introduced H.R. 7547, legislation to

revise and extend the provisions of the 1972 Act. Hearings were conducted on H.R. 7547 and all similar or identical measures on June 10 and 11, 1975.

H.R. 7547 was subsequently considered in open mark-up by the Subcommittee on Health and the Environment, amended, reported, and reintroduced as a clean bill, H.R. 8150, on June 23, 1975. H.R. 8150 was subsequently considered and ordered reported, with an amendment, by voice vote of the Committee on Interstate and Foreign Commerce on June 25, 1975.

#### COST OF LEGISLATION

As reported by the committee, the bill provides support for the Office of Drug Abuse Policy for fiscal year 1976 at levels reduced from the fiscal year 1975 authorization levels for the Special Action Office for Drug Abuse Prevention, and a three year extension, with modifications, for fiscal year 1976, the period between July 1, 1976 and September 30, 1976, and fiscal years 1977 and 1978, of authorizations for formula grants to the States, project grants and contracts, and research and development grants and contracts for pharmacological research. Appropriation authorizations are shown in the following table. Such authorizations may be compared with the fiscal year 1975 authorization level of \$347 million, and fiscal year 1975 appropriation level of \$176.8 million.

#### NEW OBLIGATIONAL AUTHORITY FOR FISCAL YEARS 1976-78 UNDER H.R. 8150

(In millions of dollars)

	Fiscal year—				Total
	1976	July-Sept. 1976	1977	1978	
Office of Drug Abuse Policy (ODAP):					
Operations.....	3	(1)	(1)	(1)	3
Special fund.....	7	(1)	(1)	(1)	7
Formula grants to States.....	45	11.25	45	45	146.25
Project grants and contracts.....	160	40	160	160	520
Research and development grants and contracts.....	7	1.75	7	7	22.75
Total.....	222	53	212	212	699

<sup>1</sup> H.R. 8150 provides for the termination of ODAP on June 30, 1976, and the transfer of its authority to the National Institute on Drug Abuse.

#### HISTORY OF LEGISLATION

On March 21, 1972, the Congress enacted the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), the purpose of which was "to focus the comprehensive resources of the Federal Government and bring them to bear on drug abuse with the immediate objective of significantly reducing the incidence of drug abuse in the United States within the shortest possible period of time, and to develop a comprehensive, coordinated long-term Federal strategy to combat drug abuse."

At the time of enactment of the 1972 Act, drug abuse was widely perceived as having reached epidemic proportions, afflicting between 200,000 to 300,000 individuals across all social, economic and geographic boundaries. Federally funded community treatment facilities

had the capability of providing services for only 16,000 addicts. The cost to society, beyond the immeasurable human costs in terms of death, family breakups and personality destruction, was estimated at \$10 billion annually. Fifty percent of the inmates in city jails were addicts; New York City was spending \$50 million annually on prison, court and police costs for criminal addicts. Federal efforts ranged from the enforcement activities of the Bureau of Narcotics and Dangerous Drugs of the Department of Justice and the Bureau of Customs and Internal Revenue Service of the Treasury Department to the efforts by the Defense Department and the Veterans' Administration to cope with the growing prevalence of drug abuse within the military, particularly among U.S. servicemen returning from Southeast Asia.

The 1972 Act represented a recognition by the Congress and the Executive Branch that an immediate comprehensive, coordinated prevention effort at the Federal level was essential if the nation were to meet and overcome the drug abuse epidemic. It mandated the creation of an office within the Executive Office of the President, the Special Action Office for Drug Abuse Prevention (SAODAP), to provide overall planning and policy and establish objectives and priorities for all Federal drug abuse prevention functions. The Director of SAODAP, assisted by a Presidentially-appointed "National Advisory Council for Drug Abuse Prevention", was authorized to (1) review and modify the implementation plans and budget requests of the several Federal departments and agencies involved in drug abuse prevention activities; (2) provide additional incentives for the development of more effective drug abuse prevention functions and programs to such departments and agencies by transfers of sums from a "Special Fund" authorized for SAODAP; (3) encourage research and development programs to create, develop and test nonaddictive drugs to replace opium derivatives in medical use, blocking drugs for treatment of heroin addicts, and detoxification agents to ease the physical effects of heroin withdrawal; (4) make recommendations in connection with and establish liaison with respect to all drug traffic prevention functions of the Federal government; and (5) assure the coordination of Federal drug abuse prevention functions with those of State and local governments.

The 1972 Act further provided for the development of a comprehensive coordinated long-term Federal strategy for all drug abuse prevention and drug traffic activities of the Federal government to be promulgated within nine months of enactment and reviewed and, if necessary, revised at least annually. The initial strategy, which was to contain an analysis of the nature, character, and extent of the drug abuse problem in the United States, a comprehensive Federal plan specifying the objectives of the strategy and how all available resources would be used, and an analysis and evaluation of the major programs of the various Federal drug abuse and drug traffic prevention functions, was to be developed by a council whose membership included the Director of SAODAP, the Attorney General, the Secretaries of Health, Education, and Welfare, State, and Defense, and the Administrator of Veterans' Affairs.

The Secretary of Health, Education, and Welfare was given increased authority under the 1972 Act to assist its drug abuse treatment and prevention functions. The legislation authorized formula

grants to the States on the basis of relative population, financial need, and the need for more effective conduct of drug abuse prevention functions to assist the States in implementing drug abuse prevention programs. It also authorized the Secretary to award project grants and contracts for drug abuse prevention purposes, and to provide supplemental assistance to community mental health centers for the provision of treatment and rehabilitation services for drug abusers and drug users with dependency problems. To provide a focus within HEW for drug abuse prevention functions, the legislation established, effective December 31, 1974, the National Institute on Drug Abuse to administer the programs and authorities of the Secretary with respect to drug abuse prevention.

Finally, in the belief that the drug abuse "epidemic", which seemingly developed so quickly, could be turned around just as quickly by a comprehensive, coordinated Federal effort, the 1972 Act provided for the termination of the Special Action Office on June 30, 1975. Thus, the goal of SAODAP, to provide a focus for, coordination of and oversight of Federal drug abuse prevention functions, and, in essence, effectively combat and conquer drug abuse, was felt to be one that could be accomplished rapidly, much like the Marshall Plan rebuilt European cities after World War II or the space effort of the 1960s put a man on the moon.

#### ACCOMPLISHMENTS OF THE 1972 ACT

The three year period between enactment of the Drug Abuse Office and Treatment Act of 1972 and the Committee's consideration of proposals to extend the legislation has seen an ebb and flow in national drug abuse prevention effectiveness. Although it could not have been known at the time of enactment of the 1972 Act, heroin use temporarily peaked in 1971, followed by a significant drop in the apparent number of users, based on number of overdose deaths, hepatitis cases, and perceived new addicts.

Administration witnesses during oversight hearings conducted by the Subcommittee on Public Health and Environment in October of 1973 credited the decline in the addict population to increased law enforcement efforts at all levels both in the United States and abroad, an agreement with the Turkish government to stop production of opium, and the effectiveness of Federally-sponsored treatment and prevention programs which had expanded from less than twenty programs prior to enactment of the 1972 Act to more than 400 programs by mid-1973. In fact, one witness stated that many cities had more treatment slots than individuals seeking such treatment and estimated that in the less than two years since enactment of the 1972 Act, the number of addicts had dropped by as much as fifty percent. While such data were couched in uncertainties and often were based on unreliable statistics, the general tenor of Federal testimony both in terms of drug abuse prevention and drug traffic prevention was that the perceived drug abuse epidemic had waned, in large part because of the priority assigned by the Federal government to combat it.

Unfortunately, the optimism of late 1973 as to the extent of the problem and the efficacy of the Federal response has not been borne

out by subsequent developments. While there were indeed some indications of an improvement in the overall picture of drug abuse in 1973, in retrospect this was partly a result of a temporary, inexplicable fluctuation in the number of perceived users, and partly due to some temporarily favorable circumstances including the suspension of opium production by the government of Turkey as well as to the increased governmental attention to the problem. With advances in knowledge about the epidemiology of heroin abuse, the manner in which it spreads among populations of susceptible individuals, there is now a very real question as to whether data from large metropolitan centers, upon which the October 1970 optimism was based, accurately reflected the situation in the nation as a whole. It rather appears that heroin addiction, like many other social problems and innovations, may *begin* in major urban areas but tends to spread from there to smaller and geographically more remote communities. This "ripple effect" is now facing the smaller towns and cities of the United States with a severe problem in the management of drug abuse.

In addition, there has been a marked change in the supply situation with respect to heroin. So-called brown heroin from Mexico, virtually unknown until the last year except in border locations, is now available widely throughout the United States. There also continues to be a significant traffic in heroin from Southeast Asia. Finally, it appears that the government of Turkey will resume opium production. The Committee has received information that "white" heroin of a high grade has recently become available again on the streets. Presumably this represents the release of stockpiles which were developed at the time Turkish production was temporarily halted. These supplies are being released, in all likelihood, in anticipation of the resumption of former levels of supply. With an increase in the heroin supply an increase in use is virtually certain to follow.

Nor can contemporary trends in substance abuse be understood solely in terms of heroin. The rise of so-called polydrug abuse has been a phenomenon of recent times. Many persons are abusing drugs other than heroin, and are abusing many different kinds of drugs concurrently. For this reason and because of demographic and other differences between these abusers and the older heroin addicts, novel approaches to treatment and rehabilitation must be employed. It should be pointed out as well that many of the drugs used by the polydrug user are in several respects more hazardous than heroin, particularly in the dosage ranges and unusual combinations which are being employed.

Hence the country faces a drug abuse problem in 1975 which is more serious and more complicated in many respects than that which it faced in 1972. Programs are full to overflowing, with long waiting lists. While the number of treatment slots has increased sixfold since 1972 and now provide treatment services to approximately 130,000 individuals, recent estimates of the untreated addict population at 300,000, would indicate that the addict population, in treatment and out, is larger today than before enactment of the 1972 Act. Serum hepatitis, one of the most reliable indicators of heroin use fluctuation, is on the increase. Drug-related deaths are mounting. Admissions to hospital emergency rooms everywhere are escalating. Domestic seizures of heroin were greater in the last six months of

1974 than in the previous twelve months. If the public reaction to this renewed cycle of difficulty has been less strident than in the past, it probably reflects a greater familiarity with the problem and a recognition that no amount of frenzied effort is likely to end it once and for all.

The committee is obviously disappointed that the drug abuse epidemic has failed to respond to the concerted Federal effort to control and eliminate it as a force in our society; however, the committee is encouraged by the effort of the Special Action Office for Drug Abuse Prevention and the State and local governments to mount effective campaigns to combat drug abuse.

In the 4 years of its existence, the Special Action Office has implemented Presidential and Congressional mandates to develop Federal drug abuse prevention programs in treatment and rehabilitation, research, individuality of clients and clients rights to confidentiality, and assistance to newly discovered drug addicts and abusers both home and overseas.

With respect to treatment and rehabilitation functions, the Office has developed innovative pilot projects to reach out to previously untreated drug abusers, to treat abusers of combinations of drugs, and to extend treatment and rehabilitation services to rural areas, where drug abuse is a growing problem. The 95,000 treatment slots are now virtually full due to reprogramming of funds to the areas with the most pressing needs. The safeguards on methadone maintenance programs, developed by SAODAP in conjunction with the Food and Drug Administration and the Drug Enforcement Administration, are now fully implemented and have greatly reduced problems of diversion of methadone from legitimate use.

Under its authorities under the 1972 Act, the Office has created three clinical research centers in major universities to help accomplish the immense drug abuse research task. New treatment agents such as longer-acting methadone (LAAM) and a narcotic antagonist (naltrexone) have been developed to the point of clinical testing. Longer range research into the fundamental causes of drug abuse and the most effective ways to prevent it are underway as well as a number of projects to investigate the serious phenomena of polydrug abuse and extensive marihuana use. A plan has been developed to coordinate the various Federal agencies concerned with drug abuse—agencies whose interests range from the Department of Transportation's concern with traffic safety to the Labor Department's involvement in drug use at work.

The committee is particularly pleased with the efforts of the Office to insure the individuality of drug abusers under treatment and their fundamental right to fair, non-discriminatory treatment. Landmark regulations to protect the confidentiality of clients were subsequently improved and expanded to cover alcohol treatment and rehabilitation programs. These regulations help assure individuals that in seeking treatment their privacy, future employment prospects and reputations will be protected. SAODAP has also been active in reducing discriminatory employment policies in the U.S. Postal Service, the U.S. Civil Service, and has sought to improve employment opportunities for former drug abusers in non-Federal jobs by providing expert witnesses and otherwise supporting legal efforts to obtain equal opportunity for employment.



In carrying out its function of providing coordination to the Federal drug abuse prevention effort, SAODAP has closely collaborated with the Department of Defense in the development of a worldwide drug abuse control program. Efforts that began at the height of the heroin epidemic in Southeast Asia in 1971 and 1972 have been continued to produce a comprehensive drug abuse prevention program. Overseas programs for the dependents of American government employees were developed by the Office in concert with the Departments of Defense and State. These programs in Bangkok, Thailand, Frankfurt, Germany, Singapore, and Kuala Lumpur, Malaysia serve as models for additional efforts that are planned by other Federal departments.

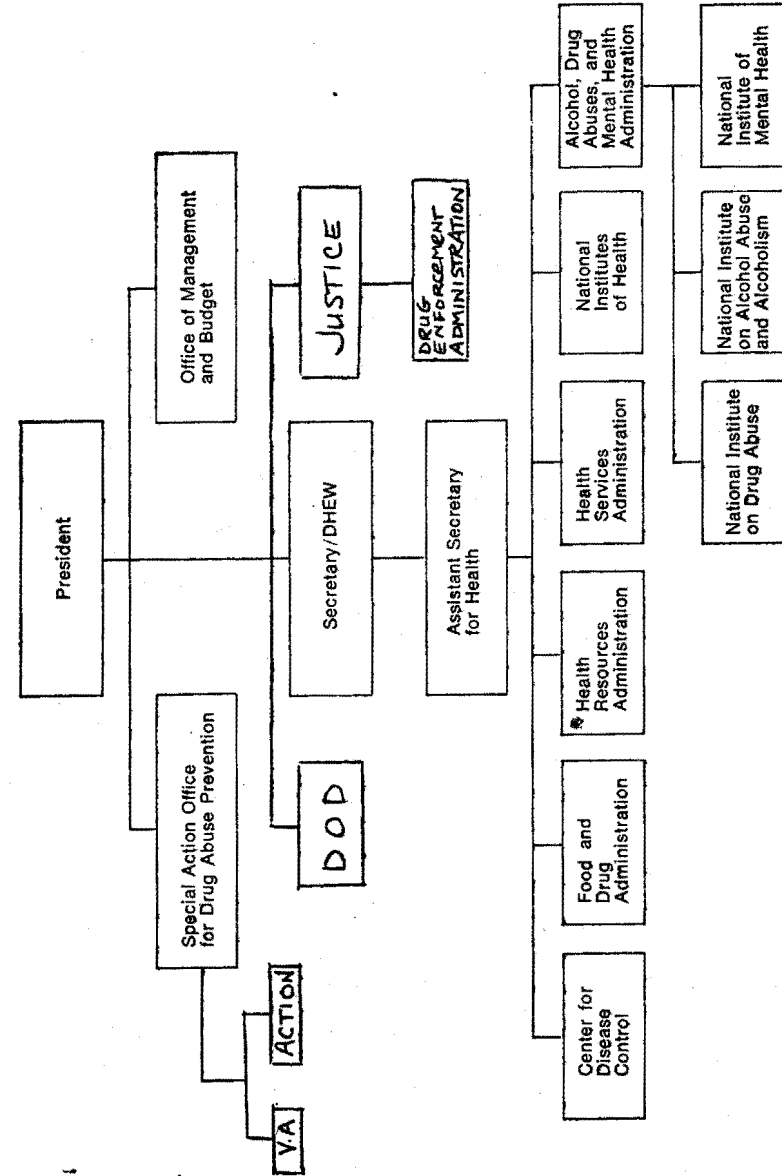
A number of cooperative programs to provide treatment and rehabilitative opportunities for drug dependent arrestees are another significant accomplishment of the Office. Providing model programs and/or financial support to Federal criminal justice agencies, such as the Bureau of Prisons and the U.S. Parole Board, and to State and local criminal justice authorities, through such programs as Treatment Alternatives to Street Crimes (TASC), SAODAP has brought many of those heavily involved in the cycle of drug abuse-crime-drug abuse into treatment that does lower recidivism and the cost to society of drug related crime.

The committee is also encouraged by the efforts of State and local governmental entities to implement effective drug abuse prevention policies. An examination of State plans submitted pursuant to the requirements of the 1972 Act indicates that the States, in recognition of the ineffectiveness of a single scheme of treatment, rehabilitation, and prevention efforts to effect an elimination of drug abuse and its ramifications, have developed 34 distinct program modalities in primary and secondary prevention alone. The States have developed promising new approaches for treatment and prevention; are operating training programs for both professionals and paraprofessionals in new techniques of treatment and rehabilitation; and have devised many new methodologies for identifying vulnerable populations and developing effective and acceptable alternatives to drug abuse.

COMMITTEE PROPOSAL

Because the magnitude of the problem of drug abuse and the need for a response to it is as great or greater now than it was in 1972, the committee has concluded that the continuation of an office within the Executive Office of the President to coordinate Federal drug abuse prevention functions is essential. The committee remains unconvinced that the National Institute on Drug Abuse within the Department of Health, Education, and Welfare, which administers less than half of the Federal budget for drug abuse prevention, can play an effective role in Federal drug abuse policy at an interDepartmental level, particularly with respect to maintaining a proper balance between prevention and enforcement activities. As indicated by the following chart, the Drug Enforcement Administration which reports directly to the Attorney General and has primary enforcement responsibilities at the Federal level, is in a far more favorable position than is NIDA for obtaining priorities for its programs. It can also be seen that interagency coordination is unlikely to be effective under the direction of an entity with NIDA's relatively low placement.

Chart 1



## CHART 1

The committee feels that the important functions of policymaking and coordination of the Special Action Office must be handled by an entity that is clearly identifiable, accessible, and accountable for its stewardship. No clearcut alternative which meets these criteria has been put forward, and the committee is unwilling to allow these functions to be transferred to the National Institute on Drug Abuse at the present time given the continuing crisis nature of this nation's drug abuse problems.

This measure, therefore, proposes that a modified version of the existing office, to be termed the Office of Drug Abuse Policy (ODAP), be authorized to carry on the policymaking and coordination functions of the existing Special Action Office for an additional fiscal year. All programmatic functions would be transferred to the National Institute on Drug Abuse. It is the committee's understanding that the Domestic Council, within the Executive Office of the President, intends to consider the necessity of and possible alternatives to continuing the functions of SAODAP within the Executive Office. After the Domestic Council has concluded its review and made its recommendations, the committee will consider those recommendations and reevaluate the necessity for retaining such a high level office. In the interim, however, the country can be assured of a continuing effort in the drug abuse prevention area at the highest level. By amending the 1972 Act in this manner, the committee hopes to provide for the most flexible possible approach to dealing with drug abuse prevention while, at the same time responding to the concerns expressed by the Administration with respect to the advisability of mandating a specific organizational structure for a period of several years.

The committee feels that the importance of the new Office of Drug Abuse policy is such that it should have a Director who can devote complete time to the functions of the Office. Thus, it has provided that ODAP's executive officer hold office in no other Federal department or agency. The new provision would permit his designation as a State Department representative in international negotiations relating to drug abuse functions. The legislation would limit the number of employees of the new office, a reflection of the fact that, with the transfer of programmatic functions to the National Institute on Drug Abuse, a large staff is no longer necessary. The proposal would also revise the existing authority for the so-called "special fund" of the Director of the Office to allow the award of grants to public entities as well as Federal departments and agencies, and to eliminate the authority of the Director to make direct expenditures from the fund.

The legislation transfers the authority to conduct research on drugs to replace opium in medical use and drugs used in treatment of narcotic addiction to the Director of the National Institute on Drug Abuse. It has also broadened and expanded the research mandate in the pharmacological area to include antitussive and other drugs as well as analgesics and to include less addictive substitutes for such products. Additional provisions specify that responsibility for technical advice and assistance to State and local governments is transferred to the Director. This is in keeping with the assumption of all of the former programmatic functions of the Special Action Office by the National Institute on Drug Abuse.

Two advisory councils were provided for in the original legislation, one to assist the Director of SAODAP and the other to advise the Secretary of HEW. The committee has determined that these councils may effectively be merged into a single council, which would include representatives of Federal, state and local governments involved in drug abuse prevention and drug traffic prevention activities and at least two former drug addicts or abusers. In keeping with the continuing necessity for coordination at the highest Federal level, the legislation also requires that the Council be provided adequate opportunity to review and comment upon any proposed regulations affecting drug abuse prevention or drug traffic prevention functions, prior to their publication.

The provision of the Act respecting hospital admission policies has been modified to bring it into conformity with comparable provisions of the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act Amendments of 1974 (P.L. 93-282). The general purpose of this modification is to assure equitable medical treatment for persons suffering from drug addiction and drug abuse. The committee wishes to make it clear, however, that it does not intend the section to be construed as a requirement that detoxification services must be provided by all hospitals.

The committee is impressed with the recently revised regulations which assure confidentiality of patient records and is confident that they prohibit disclosure of patient names and records by any Federal agency involved in drug abuse prevention functions. For this reason, the proposed legislation provides the Director of NIDA with the authority to exempt records kept on individuals from certain provisions of the recently enacted Privacy Act of 1974 (P.L. 93-579) relating to retrieval of records; Federal records on drug abusers in treatment programs are kept solely for statistical purposes and do not even include the names of such individuals. The committee has also mandated that, for the purpose of this Act, such records shall continue to be maintained for statistical purposes only.

The proposed legislation retains the existing authorization levels contained in the original legislation for formula grants to States for drug abuse programs. The committee wishes to stress that the existing law requires that the provision of these funds be based on demonstrated need, and was distressed to learn that the regulations implementing this requirement have not been promulgated. The committee insists that appropriate regulations be developed and promulgated in the near future.

The proposed legislation authorizes appropriations of \$160 million per year for special project grants and contracts for drug abuse treatment and prevention programs, an amount equal to the current annual authorization level. Amendments to the special project section make it clear that the use of these funds for primary prevention programs, that is, programs dealing with nonusers, with minimal users who are at risk for higher levels of use and with abusers of nonopiate substances, is intended under the provisions of this section. This is in keeping with the committee's appreciation of the importance of such efforts.

Finally, the committee has mandated that formula grants to the States under section 409, project grants and contracts under section 410, and grants and contracts awarded to public entities under the

special fund be subject to the review and approval mechanisms of section 1513 of the National Health Planning and Health Resources Development Act of 1974 (P.L. 93-641) prior to their award. By requiring this connection, the committee is reaffirming its commitment to the concept that the provision of all health-related services supported in whole or in part with Federal funds be subjected to the review and approval of state and regional entities which are charged with the responsibility for overseeing the advisability and necessity of expending Federal monies in the provision of such services. The committee does recognize, however, that drug abuse prevention programs encompass a much broader spectrum of services, many of which would be outside the purview of the typical health systems agency, and would assume that those agencies representing areas where drug abuse is a substantial problem would include a representative knowledgeable in the area of drug abuse prevention on its governing body. In any event, such agencies should consult with such individuals in the course of their review of any grant and contract application under this Act.

#### AGENCY REPORTS

Agency reports have not been requested nor received on H.R. 8150 or a similar predecessor, H.R. 7547, because representatives of the Department of Health, Education, and Welfare, and the Executive Office of the President presented testimony at hearings conducted on H.R. 7547 by the Subcommittee on Health and the Environment. The Department of Health, Education, and Welfare has, however, transmitted a legislative proposal to the Congress which includes provision for the extension of drug abuse prevention programs. The Department's letter of transmittal for that proposal is reproduced below.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
*February 26, 1975.*

HON. CARL ALBERT,  
*Speaker of the House of Representatives,*  
*Washington, D.C.*

DEAR MR. SPEAKER: Enclosed for the consideration of the Congress is a draft bill, "To amend the Public Health Service Act, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, the Drug Abuse Office and Treatment Act of 1972, the Social Security Act, to revise and extend programs of health services, and for other purposes." The bill would be cited as the "Health Services Amendments of 1975".

Title I of the enclosed bill would consolidate separate project grant structures containing separate appropriations authorizations and extend them through 1978. The activities are those designed (1) to assist in the prevention and treatment of alcoholism (parts C and E of the Community Mental Health Centers Act), and drug abuse (section 410 of the Drug Abuse Office and Treatment Act of 1972); (2) to provide health services for domestic agricultural migrants (section 310 of the Public Health Service Act); (3) to render services, disseminate information, and promote research in the field of family planning (title X of the Public Health Service Act); and (4) to develop

and support selected health services programs (section 314(e) of the Public Health Service Act).

This consolidation is intended to enable us to simplify the administration of these activities—and thus to make available more funds for project activities instead of administrative expenses—and to give us needed flexibility to marshal resources for areas of greatest need.

To underscore our intention to continue the activities to be consolidated, the draft bill would specify these areas expressly. In addition, it would make explicit our authority to award grants under the consolidated provision for the operation of health centers and related facilities, including those formerly assisted under programs of the Office of Economic Opportunity which have now been transferred to the Department.

The consolidated provision would also authorize the use of project grants for amortization of principal, and payment of interest, on loans for facilities or to centers in existence prior to calendar year 1975 for the construction or acquisition of facilities used for program purposes, and for the payment of costs of minor remodeling.

Title I of the draft bill would establish a single advisory committee, the "National Advisory Council on Health Services", to advise on the administration of health services programs and to perform the functions now performed by the National Advisory Mental Health Council, and the National Council on Alcohol Abuse and Alcoholism. The new Council would also replace the National Migrant Health Advisory Committee and the Secretary's Advisory Committee on Population Affairs, both of which the Secretary created administratively.

The title would also repeal a requirement enacted by the Health Services Research and Evaluation and Health Statistics Act of 1974, over the Department's objections at the time, to require that not less than twenty-five percent of the annual appropriation for health service research, evaluation, and demonstration activities under section 304 or 305 of the Public Health Service Act be for activities directly undertaken by the Secretary. The repeal is necessary in order to avoid significant increases in Federal employment.

Title II of the draft bill would extend for fiscal years 1977 and 1978 the program of formula grants under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, and for fiscal years 1976, 1977, and 1978 the program of formula grants under the Drug Abuse Office and Treatment Act of 1972.

Title III of the draft bill contains amendments to titles V and XIX of the Social Security Act. Section 301 would eliminate Federal matching for the provision of nonemergency dental services to adults under the Medicaid program. We believe these expenditures to be of a lower priority than other rapidly escalating medical costs reimbursed from Federal funds. Federal matching for children's preventive dental care, the most important phase of preventive dental care, would be continued for Medicaid eligible children under twenty-one.

Section 302 would lower the floor on the rate of Federal participation in State Medicaid programs from fifty percent to forty percent. The average Federal share would then be about fifty-one percent. The current formula, guaranteeing at least fifty percent matching, weighs

the Federal participation disproportionately in favor of the richer States. Only the thirteen highest income States would be affected by this change. The distribution of the remaining Federal funds would be more closely related to the States' relative revenue producing capability as reflected by their average per capita income.

Section 303 would reduce the rate of Federal financial participation in State expenditures under the maternal and child health and crippled children's services program from fifty percent to forty percent. It would also repeal the supplemental allotments currently authorized for some States under that program. Increased State financial participation in activities funded through the maternal and child health and crippled children's services appropriation will promote a careful review of the need for the funding of these programs through narrow categorical programs in the light of the availability of Medicaid financing for the same services. Federal and State funding for the Medicaid program will amount to over \$14 billion in 1976.

We recommend prompt and favorable consideration of this bill.

We are advised by the Office of Management and Budget that enactment of this proposed legislation would be in accord with the program of the President.

Sincerely,

CASPAR W. WEINBERGER,  
*Secretary.*

Enclosure.

#### INFLATION IMPACT STATEMENT

The Committee is unaware of any inflationary impact on the economy that would result from passage of the proposed legislation. The proposed authorization for fiscal year 1976 of \$222 million represents only .06% of the total estimated Federal outlays for fiscal year 1976; furthermore, the fiscal year 1977 and 1978 authorization levels in this proposal total \$212 million for each fiscal year, a further reduction from the authorization level for fiscal year 1975 of \$347 million.

The programs supported by the provisions of this bill are of critical importance to the health, welfare, and safety of all Americans. The cost to society of drug abuse, beyond the immeasurable costs to the individual addict, has been estimated at more than \$10 billion annually in law enforcement activity expenditures, property loss, and personal injury costs. The authorization levels in H.R. 8150 represent only 2% of the total annual costs of drug abuse to this nation, and in the Committee's view, offer a significant opportunity to lower those costs by addressing themselves to the prevention and treatment of drug abuse.

#### PROGRAM OVERSIGHT

The Committee's principal oversight activities with respect to this program have been conducted by the Subcommittee on Health and the Environment in connection with its consideration of the legislative authority for this program. Legislative hearings on the program were conducted on June 10 and 11, 1975, and its findings are discussed in the report under Accomplishments of the 1972 Act and Committee Proposal as the proposed legislation is designed to respond to the Subcommittee's findings. The Subcommittee on Health and the Environment has conducted oversight hearings on drug abuse and addiction programs in October of 1973 and October of 1974.

The Committee has not received oversight reports from either its own recently organized Subcommittee on Investigations and Oversight or the Committee on Government Operations.

#### SECTION-BY-SECTION ANALYSIS

H.R. 8150 makes substantive revisions to the Drug Abuse Office and Treatment Act of 1972, and other statutes. References to "the Act" are to the Drug Abuse Office and Treatment Act of 1972.

##### *First Section. Declaration of national policy made consistent with long-range effort*

The declaration of national policy in section 102 of the Act is amended to define the objective of national policy with respect to drug abuse as including a reduction not only of its incidence, but also in its social and personal costs. To emphasize the necessity for continuing effort, the adjective "immediate" modifying the "objective" of national policy, has been stricken. Finally, the purpose of assuring the implementation, as well as the development, of Federal strategy to combat drug abuse, is made explicit.

##### *Section 2. Amendment of definition of drug abuse prevention function*

This section amends section 103 of the Act to make it clear that preventive efforts directed to individuals who are not users of drugs or who are marginal users of drugs is a concept embraced within the meaning of the term "drug abuse prevention function".

##### *Section 3. Repeal of termination provision*

Subsection (a) of this section replaces section 104 of the Act with a provision requiring that the Office of Drug Abuse Policy (which replaces the Special Action Office for Drug Abuse Prevention under other provisions of the bill) terminate on June 30, 1976. As it now stands, section 104 totally abolishes the Special Action Office as of June 30, 1975, and there is no provision in the Act or elsewhere for any agency to assume its coordinating and policymaking role. The amendments to section 104, together with other amendments discussed below, would assure the continuity of that role under the aegis of the Office of Drug Abuse Policy, while transferring the programmatic functions of the Special Action Office to the National Institute on Drug Abuse. Congressional review of the continued need for the new office would be assured by the requirement that the Office terminate on June 30, 1976.

Subsection (b) provides that the amendments made by section 104 shall become effective June 29, 1975.

##### *Section 4. Redesignation of the Special Action Office as the Office of Drug Abuse Policy*

Subsection (a) of this section amends appropriate sections of the Act to redesignate the Special Action Office for Drug Abuse Prevention as the Office of Drug Abuse Policy. It also amends provisions of other laws which refer to the Special Action Office to reflect the redesignation. It also amends appropriate provisions of other laws, effective June 30, 1976, to reflect the transfer of functions from the Office of Drug Abuse Policy to the National Institute on Drug Abuse on that date.

Subsection (b) provides that the redesignation does not affect the regulations, grants, contracts, personnel, property, or unexpended balances of appropriations of the agency so redesignated.

Subsection (c) amends the heading of title II of the Act to reflect the redesignation.

*Section 5. Prohibition on holding of dual Office by Director*

Section 5 amends section 202 of the Act to prohibit the Director of the Office of Drug Abuse Policy from holding office in any other department or agency of the United States, except on such occasions as may be appropriate in connection with such duties as may be assigned to him pursuant to section 232. The exception pertains to designation of the Director to represent the United States in international negotiations relating to drug abuse and drug traffic prevention. When so designated, the exception would permit the Director to hold an office in the State Department for the duration of his assignment. This section is made effective on the sixtieth day following the date of enactment of the bill.

*Section 6. Authorized number of Assistant Directors reduced from six to two*

Section 6(a) of the bill reduces from six to two the number of Assistant Directors provided for in section 204 of the Act. Section 6(b) makes a corresponding technical amendment to section 5316 (131) of title 5 of the United States Code, which provides for the compensation of the Assistant Directors.

*Section 7. Authorized number of supergrade positions reduced from ten to four*

Section 206(b) of the Act authorized the Special Action Office to fill up to ten positions in grades GS-16, 17, and 18, if both the positions and the incumbents were approved by the Civil Service Commission as meeting the standards for those grades, without requiring the Civil Service Commission to take such positions away from other agencies. Section 7 of the bill reduces the number of such positions to four.

*Section 8. Authorized number of permanent expert/consultant positions reduced from fifteen to six*

Section 8 of the bill amends section 207 of the Act to reduce from fifteen to six the number of employees who may be retained indefinitely in an expert or consultant capacity.

*Section 9. Technical amendment repealing executed provision for compensation of initial acting Director and Deputy Director*

Section 9 of the bill repeals section 211 of the Act, which has been fully executed and is now obsolete. It permitted the President to authorize the persons acting as Director and Deputy Director at the time of the original enactment of the Act, if already employed in the executive branch of the Government, to be paid the full statutory compensation attached to those offices.

*Section 10. Appropriations authorized for administrative expenses and for the special fund*

Section 10 authorizes appropriations of \$3,000,000 for fiscal year 1976 for carrying out the functions of the Director of the Office of Drug Abuse Policy, other than his functions under the special fund

(described under Section 11), and \$7,000,000 for fiscal year 1976 for carrying out his responsibilities with respect to the special fund.

*Section 11. Amendments to existing provisions with respect to the special fund*

Section 223 of the Act established a special fund to provide additional incentives to Federal departments and agencies to develop more effective drug abuse prevention functions and to give the Director the flexibility to encourage, and respond quickly and effectively to, the development of promising programs and approaches. Such funds were to be used for the purpose of (1) developing and demonstrating promising new concepts or methods in respect of drug abuse prevention functions, or (2) supplementing or expanding existing drug abuse prevention functions which the Director found to be exceptionally effective or for which he found exceptional need. Not more than 10 percent of the special fund could be expended directly by the Director, the balance being required to be transferred to other Federal departments and agencies.

Section 11 revises the authority for the special fund by (1) authorizing its use for the purpose of making grants to public entities to assist them in developing more effective drug abuse prevention functions, (2) requiring that applications for grants to public entities be subject to review by health systems agencies under the authority of section 1513 of the Public Health Service Act and (3) eliminating the authority of the Director to make direct expenditures from the fund.

*Section 12. Transfer of authority for direct funding of certain pharmacological research and development*

Section 224 of the Act requires the Director of the Special Action Office to encourage and promote expanded research on nonaddictive synthetic analgesics, nonaddictive opiate blocking agents, and detoxification agents for easing heroin withdrawal. This authority is repealed by section 12(a) of the bill. Similar authority is afforded the Director of the National Institute on Drug Abuse through addition of new section 503 to the Act by section 12(c) of the bill. The only substantive difference between the new authority afforded NIDA and the existing authority of SAODAP is that the new provision adds to the existing authority to conduct research programs on synthetic analgesics which are nonaddictive to replace opium or its derivatives the authority to (1) conduct research on drugs which are less addictive than opium or its derivatives for such purpose, and (2) conduct research on antitussives and other drugs for such purposes.

Appropriations of \$7,000,000 for the fiscal year ending June 30, 1976; \$1,750,000 for the period July 1, 1976 through September 30, 1976; \$7,000,000 for the fiscal year ending September 30, 1977; and \$7,000,000 for the fiscal year ending September 30, 1978 are authorized for the purposes of carrying out section 502 of the Act.

*Section 13. Vesting of Director with function of liaison with drug traffic prevention*

Section 228 of the Act vests the function of maintaining communication and liaison with respect to drug traffic prevention functions in an Assistant Director of the Special Action Office. Section 13 of the bill amends that section to vest this function in the Director of the new Office of Drug Abuse Policy.

*Section 14. Transfer of programmatic technical assistance functions to the National Institute on Drug Abuse*

Section 229 of the Act vested in the Director of the Special Action Office the responsibility and authority to (1) coordinate Federal drug abuse prevention functions with those of State and local governments (including the use of task forces) and (2) provide for a central clearing-house for Federal, State and local governments, public and private agencies and individuals. In carrying out those functions, the Director was authorized to (1) provide technical assistance to States and localities, (2) convene conferences to promote the purposes of the Act, (3) draft and make available model legislation, and (4) promote the promulgation of uniform criteria, procedures and forms of grant and contract applications for proposals submitted by States, localities and private organizations, institutions and individuals. Section 229 of the Act further provided that, in implementing his authority with respect to the use of task forces, the Director of the Special Action Office could request assignment of any Federal official engaged in drug abuse or traffic prevention function, assign any employee of the Special Action Office or enter into arrangements with any person to serve on such task forces.

Section 14 transfers all of the authority under existing section 229 to the Director of the National Institute on Drug Abuse except the authority to coordinate Federal drug abuse prevention functions with those of State and local governments and the responsibility to promote the promulgation of uniform criteria, procedures and forms of grant and contract applications for proposals. This authority and responsibility is retained by the redesignated office.

*Section 15. Merger of Advisory Councils*

Chapter 3 of title II of the Act provides for a National Advisory Council for Drug Abuse Prevention. Its membership consists of the Secretary of Health, Education, and Welfare, the Secretary of Defense, and the Administrator of Veterans' Affairs, or their respective designees, plus twelve members appointed by the President. Title V of the Act provides for a National Advisory Council on Drug Abuse with ex-officio representation from the same three Federal agencies, plus twelve members appointed by the Secretary of Health, Education, and Welfare.

Section 15 of the bill merges the latter Council into the former by adopting the qualifications for appointive members provided for in title V, and assigning to the title II Council the duty of advising the Secretary of Health, Education, and Welfare as well as the Director of the Office of Drug Abuse Policy. The requirement in title V that four members of the Council be officials of State or local governments is revised to require that at least two be officials of State governments and at least two be officials of local governments, and a new requirement is added that at least two members be former drug addicts or drug abusers. Existing law provides no limit on the term of members of either Council; section 15 adds a new section 252(c) to the Act to provide for three-year staggered terms, with a maximum of two consecutive terms. Technical and conforming amendments are made to reflect the merger of the title V Council into the title II Council.

*Section 16. Revision of requirements for submission of National Drug Abuse strategy*

Section 305 of the Act requires promulgation of the long-term Federal drug abuse strategy from time to time as the President deems appropriate. Section 16 of the bill sets a date certain (June 1 of each year) by which such strategy must be promulgated.

*Section 17. Prohibition on discrimination against drug abusers in hospital admissions*

Section 407 of the Act prohibits Federally-aided hospitals from refusing admission or treatment to drug abusers suffering from emergency medical conditions, solely because of their drug abuse or drug dependence. Section 17 of the bill conforms this provision with the corresponding provision relating to alcohol abusers established by the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974.

The principal changes to section 407 are (1) deletion of the word "emergency," thus making the provision applicable to drug abusers suffering from any medical condition; (2) replacement of the requirement that drug abusers shall not be refused admission solely because of their drug abuse or drug dependence with a new requirement that such persons not be discriminated against in admission or treatment; and (3) addition of authority for the Administrator of Veterans' Affairs to prescribe separate regulations for the implementation of regulations prescribed by the Secretary of HEW for the enforcement of section 407.

*Section 18. Authorization of appropriations for formula grants*

Section 18 of the bill amends section 409(a) of the Act (which authorizes appropriations for formula grants to states for the development of drug abuse prevention functions) by authorizing appropriations of \$45,000,000 for the fiscal year ending June 30, 1976; \$11,250,000 for the period July 1, 1976 through September 30, 1976; \$45,000,000 for the fiscal year ending September 30, 1977; \$45,000,000 for the fiscal year ending September 30, 1978 for the purposes of carrying out section 409.

*Section 19. Revisions to State plan requirements*

Section 409(e)(5) of the Act requires that State plans be submitted prior to receipt of formula grants. These plans are to govern the planning and coordination of projects for the development of drug abuse prevention functions within States and the conduct of such functions.

Section 19 makes the following revision in the State plan requirement: beginning in fiscal year 1977, it requires the Secretary of HEW on or before June 15 of each year to publish a notice of proposed rule-making setting forth the formula used in making allotments to States under section 409 of the Act, and publish final regulations setting forth the allotment formula by the following January 1 of each year.

*Section 20. Revisions to State plan requirements*

Section 20(a) of the bill amends Section 409(e) of the Act to make the following revisions with respect to State plans effective January

1, 1976: (1) a requirement that State plans must be submitted not later than July 15 of each year, (2) a requirement that such plans pertain to the twelve month period beginning on October 1 of the calendar year in which they are required to be submitted, (3) a requirement that the plans describe not only the drug abuse prevention functions to be carried out with assistance under section 409 (as is required by existing law) but also the functions carried out with assistance from non-Federal and other Federal sources, (4) a requirement making it clear that the portions of the State plans which set forth plans for distribution and development of health facilities needed for drug abuse and dependence services are to be in accordance with the local and State needs for the prevention and treatment of drug abuse and drug dependence set forth in the plans, (5) a new requirement that State plans include methods relating to the certification, credentialing and training for drug abuse prevention function professionals and paraprofessionals, and (6) a new requirement that the State plans establish procedures for the allocation of Federal and other funds received by States for drug abuse prevention functions and the making of grants and contracts by States from such funds.

Section 20(b) of the bill amends section 409(f) of the Act to (1) authorize State plans submitted under section 409(e) of the Act to contain provisions relating to alcoholism and mental health and (2) require the Secretary of HEW, through the National Institute on Drug Abuse, to establish procedures by which NIDA shall review each State plan and under which the review will be completed not later than September 15 of the year in which it is submitted, or not later than sixty days after the plan is submitted, whichever is later. These new provisions are to take effect on January 1, 1976.

Section 20(c) of the bill requires that all applications for grants under section 409 be subject to review by health systems agencies under the authority of section 1513 of the Public Health Service Act.

*Section 21. Primary prevention to be accorded high priority; funds to be made available for treatment of nonopiate as well as opiate abuse*

Section 21 of the bill amends section 410(c) of the Act to require that primary prevention programs be accorded a high priority in the distribution of funds appropriated for special project grants and contracts. "Primary prevention programs" are defined as programs designed to discourage persons from beginning drug abuse. The amendment also prohibits the Secretary from limiting treatment funds to treatment for opiate abuse.

*Section 22. Authorization of appropriations for special project grants and contracts*

Section 22 of the bill amends section 410(b) of the Act to authorize appropriations of \$160,000,000 for the fiscal year ending June 30, 1976; \$40,000,000 for the period July 1, 1976 through September 30, 1976; \$160,000,000 for the fiscal year ending September 30, 1977; and \$160,000,000 for the fiscal year ending September 30, 1978 for the award of special project grants and contracts.

*Section 23. Criteria for review of applications for special project grants and contracts*

Section 23 of the bill requires that in making its review of applications for grants and contracts for special project grants, a State agency

shall take into account the procedures established under 409(e)(12) of the Act for the allocation of funds received for drug abuse prevention functions in the fiscal year in which the grant applied for would be made.

*Section 24. Review of applications for grants and contracts by health systems agencies*

Section 24 of the bill requires that all applications for grants and contracts under the special project grant section be subject to review by health systems agencies under the authority of section 1513 of the Public Health Service Act.

*Section 25. Limitation on use of patient records maintained by the National Institute on Drug Abuse*

Section 25 of the bill requires that any system of records maintained by the National Institute on Drug Abuse containing information about patients (other than patients directly receiving clinical services from the Institute) be maintained and used solely as statistical records

*Section 26. Provisions with respect to the transfer of functions from the Office of Drug Abuse Policy to the National Institute on Drug Abuse*

Section 26 of the bill provides that, effective June 29, 1976, the functions, powers and duties of the Director of the Office of Drug Abuse Policy under chapters 1, 2, and 3 of title II of the Act (relating to general provisions, functions of the Director and the advisory council) and under section 413 of the Act (relating to drug abuse among Federal civilian employees) are transferred to the Director of the National Institute on Drug Abuse. It further provides for transfer of positions, personnel, assets, liabilities, contracts, property records and unexpended balances of funds. It provides that all orders, determinations, rules, regulations and contracts made effective by the Office of Drug Abuse Policy, and in effect on June 28, 1976, continue in effect until altered by the Director of the National Institute on Drug Abuse, a court or by operation of law. It provides that the transfer shall not affect suits commenced prior to June 29, 1976 and that suits to which the Director of the Office of Drug Abuse Policy is a party may be continued by or against the Director of the National Institute on Drug Abuse. Finally, it provides that reference in any Federal law other than the Act to the Director of the Office of Drug Abuse Policy with respect to any function, power or duty transferred from the Director of the Office of Drug Abuse Policy to the Director of the National Institute on Drug Abuse and exercised after June 29, 1976 shall be deemed to be a reference to the Director of the National Institute on Drug Abuse.

## MINORITY VIEWS

When Congress enacted the "Drug Abuse Office and Treatment Act of 1972," a key provision of which established in the Executive Office of the President an office known as the Special Action Office for Drug Abuse Prevention, it was recognized that drug abuse was rapidly increasing in the United States, contributed substantially to impairment of individual and societal well-being and to crime in this country, and that the effectiveness of efforts of local, state and federal governments to control and treat drug abuse in the United States had been hampered by a lack of coordination among the states, between states and localities, and throughout the federal establishment.

The Special Action Office was designed for rapid action to coordinate efforts to combat drug abuse conceived by the Congress and the President as an appropriate response to our identified emergency need. It was intended that the life of the agency expire in June 1975, to avoid continued, duplicating, and competing functions with long-term strategies for effective law enforcement against illegal drug traffic and effective health programs to rehabilitate victims of drug abuse. Abundant testimony emphasized the short-term, sharply-focused goals of this office, and in fact, the office from its inception has prepared for its expiration at this time.

The President strongly recommends that the Special Action Office for Drug Prevention be allowed to expire as was originally contemplated. A Task Force within the Domestic Council is now studying the whole field of drug abuse prevention, and it is only reasonable that the report and the recommendations expected this fall be considered before further legislation applicable to Executive Office functions with regard to this problem is enacted. Dr. Robert DuPont, Director of the President's Special Action Office for Drug Abuse Prevention and Director of the National Institute on Drug Abuse, recently testified in support of the President's decision and recommended against the redesignation and extension of the Office as proposed in H.R. 8150. He also expressed the belief that the National Institute on Drug Abuse could continue essential program activities in drug abuse prevention and treatment.

The present bill, H.R. 8150, proposes extension of the Special Action Office for one year, under the new name of Office of Drug Abuse Policy. While I oppose this feature, I am not opposed to other features of this bill, and I have a great concern about drug abuse in this country. I support transfer of the authority to award grants and project grants and contracts to N.I.D.A. I cannot support, however, the continuation of the Special Office which will cost \$10 million in the next fiscal year. Our previous legislation intended that this office respond to an urgent need in a short-term manner. The Director of this Office and the President have urged that the responsibilities of this office be assumed by the National Institute on Drug Abuse, and that this office expire as scheduled. We have been presented evidence that drug abuse, particularly heroin, is on the rise. Through N.I.D.A., we have the capacity to respond to treatment needs. I urge that we turn our attention to problems within the Drug Enforcement Agency and commit our resources to an overhaul of that effort. I urge that we take the earliest possible opportunity to examine drug enforcement in this country.

TIM LEE CARTER.

## CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of Rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

## DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972

### TITLE I—FINDINGS AND DECLARATION OF POLICY; DEFINITIONS; TERMINATION

\* \* \* \* \*

#### § 102. Declaration of national policy.

The Congress declares that it is the policy of the United States and the purpose of this Act to focus the comprehensive resources of the Federal Government and bring them to bear on drug abuse with the [immediate] objective of significantly reducing the incidence [of drug abuse in the United States within the shortest possible period of time, and to develop], *as well as the social and personal costs, of drug abuse in the United States, and to develop and assure the implementation of a comprehensive, coordinated long-term Federal strategy to combat drug abuse.*

#### § 103. Definitions.

(a) The definitions set forth in this section apply for the purposes of this Act.

(b) The term "drug abuse prevention function" means any program or activity relating to drug abuse [education, training,] *education or training (including preventive efforts directed to individuals who are not users of drugs and to individuals who are marginal users of drugs), treatment, rehabilitation, or research, and includes any such function even when performed by an organization whose primary mission is in the field of drug traffic prevention functions, or is unrelated to drugs. The term does not include any function defined in subsection (c) as a "drug traffic prevention function".*

(c) The term "drug traffic prevention function" means

(1) the conduct of formal or informal diplomatic or international negotiations at any level, whether with foreign governments, other foreign governmental or nongovernmental persons or organizations of any kind, or any international organization of any kind, relating to traffic (whether licit or illicit) in drugs subject to abuse, or any measures to control or curb such traffic; or

(2) any of the following law enforcement activities or proceedings:

(A) the investigation and prosecution of drug offenses;

(B) the impanelment of grand juries;



- (C) programs or activities involving international narcotics control; and
- (D) the detection and suppression of illicit drug supplies.

**§ 104. Termination.**

Effective June 30, 1975, the Office, each of the positions in the Office of Director, Deputy Director, and Assistant Director, and the National Advisory Council for Drug Abuse Prevention established by section 251 of this Act are abolished and title II is repealed.]

**§ 104. Termination.**

Effective June 30, 1976, the Office and each of the positions in the Office of Director, Deputy Director, and Assistant Director are abolished.

**[TITLE II—SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION]**

*TITLE II—OFFICE OF DRUG ABUSE POLICY*

Chapter	Section
1. GENERAL PROVISIONS.....	201
2. FUNCTIONS OF THE DIRECTOR.....	221
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**CHAPTER 1.—GENERAL PROVISIONS**

- Sec.
- 201. Establishment of Office.
- 202. Appointment of Director.
- 203. Appointment of Deputy Director.
- 204. Appointment of Assistant Directors.
- 205. Delegation.
- 206. Officers and employees.
- 207. Employment of experts and consultants.
- 208. Acceptance of uncompensated services.
- 209. Notice relating to the control of dangerous drugs.
- 210. Grants and contracts.
- 211. Acting Director and Deputy Director.]
- 212. Compensation of Director, Deputy Director, and Assistant Directors.
- 213. Statutory requirements unaffected.
- 214. Appropriations authorized.

\* \* \* \* \*

**§ 201. Establishment of Office.**

There is established in the Executive Office of the President an office to be known as the [Special Action Office for Drug Abuse Prevention] *Office of Drug Abuse Policy* (hereinafter in this Act referred to as the "Office"). The establishment of the Office in the Executive Office of the President shall not be construed as affecting access by the Congress, or committees of either House, (1) to information, documents, and studies in the possession of, or conducted by, the Office, or (2) to personnel of the Office.

**§ 202. Appointment of Director.**

There shall be at the head of the Office a Director who shall be appointed by the President, by and with the advice and consent of the

Senate. *The Director shall not hold office in any other department or agency of the United States, whether on an acting basis or otherwise, except on such occasions as may be appropriate in connection with the performance of such duties as may be assigned to him pursuant to section 232.*

\* \* \* \* \*

**§ 204. Appointment of Assistant Directors.**

There shall be in the Office not to exceed [six] *two* Assistant Directors appointed by the Director.

\* \* \* \* \*

**§ 206. Officers and employees.**

(a) The Director may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to perform the functions vested in him. At the discretion of the Director, any officer or employee of the Office may be allowed and paid travel expenses, including per diem in lieu of subsistence, in the same manner as is authorized by section 5703 of title 5, United States Code, for individuals employed intermittently.

(b) In addition to the number of positions which may be placed in grades GS-16, 17, and 18 under section 5108 of title 5, United States Code, and without prejudice to the placement of other positions in the Office in such grades under any authority other than this subsection, not to exceed [ten] *four* positions in the Office may be placed in grades GS-16, 17, and 18, but in accordance with the procedures prescribed under such section 5108. [The authority for such additional positions shall terminate on the date specified in section 104 of this Act.]

**§ 207. Employment of experts and consultants.**

The Director may procure services as authorized by section 3109 of title 5, United States Code, and may pay a rate for such services not in excess of the rate in effect for grade GS-18 of the General Schedule. The Director may employ individuals under this section without regard to any limitation, applicable to services procured under such section 3109, on the number of days or the period of such services, except that, at any one time, not more than [fifteen] *six* individuals may be employed under this section without regard to such limitation.

\* \* \* \* \*

**§ 211. Acting Director and Deputy Director.**

[The President may authorize any person who immediately prior to the date of enactment of this Act held a position in the executive branch of the Government to act as the Director or Deputy Director until the position in question is for the first time filled pursuant to the provisions of this title or by recess appointment, as the case may be, and the President may authorize any such person to receive the compensation attached to the office in respect of which he serves. Such compensation, if authorized, shall be in lieu of but not in addition to other compensation from the United States to which such person may be entitled.]

\* \* \* \* \*

**§ 214. Appropriations authorized.**

[(a) (1) For the purposes of carrying out the provisions of this title, except for the provisions of sections 223 and 224, there are authorized to be appropriated \$5,000,000 for the fiscal year ending June 30, 1972; \$10,000,000 for the fiscal year ending June 30, 1973; \$11,000,000 for the fiscal year ending June 30, 1974; and \$12,000,000 for the fiscal year ending June 30, 1975.

[(2) For the purpose of carrying out the provisions of section 223, there is authorized to be appropriated \$40,000,000 for each of the fiscal years ending June 30, 1973, June 30, 1974, and June 30, 1975.

[(3) For the purpose of making grants and contracts under section 224, there are authorized to be appropriated \$20,000,000 for the fiscal year ending June 30, 1973, \$25,000,000 for the fiscal year ending June 30, 1974, and \$30,000,000 for the fiscal year ending June 30, 1975.

[(b) Sums appropriated under subsection (a) of this section shall remain available for obligation or expenditure in the fiscal year for which appropriated and in the fiscal year next following.]

**§ 214. Appropriations authorized.**

(a) For the purpose of carrying out the functions of the Director, other than the Directors' functions under section 223, there are authorized to be appropriated \$3,000,000 for the fiscal year ending June 30, 1976.

(b) For the purpose of carrying out the provisions of section 223, there are authorized to be appropriated \$7,000,000 for the fiscal year ending June 30, 1976.

**CHAPTER 2.—FUNCTIONS OF THE DIRECTOR**

Sec.

221. Concentration of Federal effort.

222. Funding authority.

223. Special Fund.

224. Encouragement of certain research and development. ]

225. Single non-Federal share requirement.

226. Recommendations regarding drug traffic prevention functions.

227. Resolution of certain conflicts.

228. Liaison with respect to drug traffic prevention.

229. [Technical assistance to] Coordination with State and local agencies.

230. Management oversight review.

231. Federal drug council authorized.

232. International negotiations.

233. Annual report.

\* \* \* \* \*

**§ 223. Special Fund.**

[(a) There is established a Special Fund (hereinafter in this section referred to as the "fund") in order to provide additional incentives to Federal departments and agencies to develop more effective drug abuse prevention functions and to give the Director the flexibility to encourage, and respond quickly and effectively to, the development of promising programs and approaches.

[(b) Except as provided in subsection (c) of this section, sums appropriated to the fund may be utilized only after their transfer, upon the order of the Director and at his discretion, to any Federal department or agency (other than the Office) and only for the purpose of

[(1) developing or demonstrating promising new concepts or methods in respect of drug abuse prevention functions; or

[(2) supplementing or expanding existing drug abuse prevention functions which the Director finds to be exceptionally effective or for which he finds there exists exceptional need.

[(c) Not more than 10 per centum of such sums as are appropriated to the fund may be expended by the Director through the Office to develop and demonstrate promising new concepts or methods in respect of drug abuse prevention functions.]

**§ 223. Special fund.**

(a) There is established a special fund (hereinafter in this section referred to as the "fund" in order to—

(1) provide additional incentives to Federal departments and agencies to develop more effective drug abuse prevention functions,

(2) enable the Director to make grants to public entities to assist them in developing more effective drug abuse prevention functions, and

(3) give the Director the flexibility to encourage the development of promising programs and approaches.

(b) Sums transferred to a Federal department or agency (other than the Office (and sums provided under grants made under this section to other public entities may be used only for the purpose of—

(1) developing or demonstrating promising new concepts or methods in respect of drug abuse prevention functions; or

(2) supplementing or expanding existing drug abuse prevention functions which the Director finds to be exceptionally effective or for which he finds there exists exceptional needs.

(c) (1) Sums appropriated to the fund may be made available to Federal departments and agencies (other than the Office) upon a transfer ordered by the Director at his discretion.

(2) Grants may be made by the Director under this section to public entities (other than Federal departments and agencies) upon such terms and conditions as the Director shall by regulation describe. Any application for a grant under this section for the provision of treatment services within a State shall be subject to the same review and approval or disapproval as is provided under section 1513 (e) of the Public Health Service Act for proposed uses of Federal funds appropriated under that Act.

**§ 224. Encouragement of certain research and development.**

[In carrying out his functions under section 221, the Director shall encourage and promote (by grants, contracts, or otherwise) expanded research programs to create, develop, and test

[(1) nonaddictive synthetic analgesics to replace opium and its derivatives in medical use;

[(2) long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction; and

[(3) detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction.

[In carrying out this section the Director is authorized to establish, or provide for the establishment of, clinical research facilities.]

\* \* \* \* \*

**§ 228. Liaison with respect to drug traffic prevention.**

[One of the Assistant Directors of the Office] The Director shall maintain communication and liaison with respect to all drug traffic prevention functions of the Federal Government.

**§ 229. Technical assistance to State and local agencies.**

(a) The Director shall

(1) coordinate or assure coordination of Federal drug abuse prevention functions with such functions of State and local governments; and

(2) provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.

(b) In carrying out his functions under this section, the Director may

(1) provide technical assistance—including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of public officials or other persons assigned to work with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;

(2) convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate, to promote the purposes of this Act, and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences;

(3) draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities; and

(4) promote the promulgation of uniform criteria, procedures, and forms of grant or contract applications for drug abuse control and treatment proposals submitted by State and local governments and private organizations, institutions, and individuals.

(c) In implementation of his authority under subsection (b)(1), the Director may

(1) take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during any one fiscal year for more than an aggregate of ninety days without the express approval of the head of the Federal department or agency with respect to which he was so employed prior to such assignment;

(2) assign any person employed by the Office to serve as a member of any such task force or to coordinate management of such task forces; and

(3) enter into contracts or other agreements with any person or organization to serve on or work with such task forces.]

**§ 229. Coordination with State and local agencies.**

(a) The Director shall coordinate or assure coordination of Federal drug abuse prevention functions with such functions of State and local governments.

(b) In carrying out his functions under this section, the Director may provide for uniform forms for, procedures for the submission of, and crite-

ria for the consideration of, applications of State and local governments and individuals for grants and contracts for drug abuse control and treatment proposals.

CHAPTER 3.—ADVISORY COUNCIL

**§ 252. Membership of the Council.**

(a) The Secretary of Health, Education, and Welfare, the Secretary of Defense, and the Administrator of Veterans' Affairs, or their respective designees, shall be members of the Council ex officio.

(b) The remaining members of the Council shall be appointed by the President and shall serve at his pleasure. Appointments shall be made from persons who by virtue of their education, training, or experience are qualified to carry out the functions of members of the Council. Of the members so appointed, four shall be officials of State or local governments or governmental agencies who are actively engaged in drug abuse prevention functions.]

(b) The remaining members of the Council shall be appointed by the President. The appointive members of the Council shall represent a broad range of interests, disciplines, and expertise in the drug area and shall be selected from outstanding professionals, paraprofessionals, and others in the fields of medicine, education, science, the social sciences and other related disciplines, who have been active in the areas of drug abuse prevention, treatment, rehabilitation, training, or research. Of the members so appointed—

(1) at least two shall be officials of State governments who are actively engaged in drug abuse prevention functions,

(2) at least two shall be officials of local governments who are actively engaged in drug abuse prevention functions, and

(3) at least two shall be former drug addicts or drug abusers.

(c) Each appointive member of the Council shall be appointed for a term expiring on June 30 of one of the first three calendar years following the year in which he is appointed, as designated by the President at the time of appointment, subject to the limitation that not more than four members may have terms scheduled to expire within any one year. The term of any member appointed pursuant to subsection (b)(1) or (b)(2) of this section shall expire in accordance with the preceding sentence or at such time as the member ceases to be a State or local governmental official actively engaged in drug abuse prevention functions, whichever is earlier. A member of the Council who has completed more than five consecutive years of service shall not be eligible for reappointment for a period of two years following the member's most recent period of five or more consecutive years of service. Any member of the Council may continue to serve as such after the expiration of the member's term unless and until his successor has been appointed and has qualified.

**§ 255. Functions of the Council.**

(a) The Council shall, from time to time, make recommendations to the Director with respect to overall planning and policy and the

objectives and priorities for all Federal drug abuse prevention functions.

(b) The Council may make recommendations to the Director with respect to the conduct of, or need for, any drug abuse prevention functions which are or in its judgment should be conducted by or with the support of the Federal Government.

(c) *The Council shall advise, consult with, and make recommendations to, the Secretary of Health, Education and Welfare—*

(1) *concerning matters relating to the activities and functions of the Secretary in the field of drug abuse, including, but not limited to, the development of new programs and priorities, the efficient administration of programs, and the supplying of needed scientific and statistical data and program information to professionals, para-professionals, and the general public; and*

(2) *concerning policies and priorities respecting grants and contracts in the field of drug abuse.*

#### CHAPTER 4.—TRANSFER

Sec.

261. *Transfer to National Institute on Drug Abuse.*

#### § 261. *Transfer to National Institute on Drug Abuse.*

(a) *Effective June 29, 1976, the functions, powers, and duties of the Director under chapters 1, 2, and 3 of this title and under section 413 of title IV are transferred to the Director of the National Institute on Drug Abuse.*

(b) *So much of the positions, personnel, assets, liabilities, contracts, property, records, and unexpended balances of authorizations, allocations, and other funds, which the Director of the Office of Management and Budget determines (1) were employed, held, used, or available or to be made available in connection with the functions, powers, and duties transferred by subsection (a), or (2) arose from such functions, powers, and duties, shall be transferred to the Director of the National Institute on Drug Abuse.*

(c) *All orders, determinations, rules, regulations, and contracts—*

(1) *which have been issued, made, or allowed to become effective by the Director of the Office of Drug Abuse Policy in the exercise of duties, powers, or functions which are transferred under subsection (a) or by any court of competent jurisdiction, and*

(2) *which are in effect on June 28, 1976.*

*shall continue in effect according to their terms until modified, terminated, superseded, set aside, or repealed by the Director of the National Institute on Drug Abuse (in the exercise of any function, power, or duty transferred to him by subsection (a)), by any court of competent jurisdiction, or by operation of law.*

(d)(1) *Except as provided in paragraph (2), the provisions of this section shall not affect suits commenced prior to June 29, 1976, and relating to a function, power, or duty transferred by subsection (a) and in all such suits proceedings shall be had, appeals taken, and judgments rendered, in the same manner and effect as if this section had not been enacted.*

(2) *If before June 29, 1976, the Director of the Office of Drug Abuse Policy or any officer of the Office in his official capacity, is a party to a suit which relates to a function, power, or duty transferred by subsection*

(a), *then such suit may be continued by or against the Director of the National Institute on Drug Abuse to the extent that such suit relates to such a function, power, or duty. The appropriate court shall at any time, on its own motion or that of any party, enter an order which will give effect to the provisions of this paragraph.*

(e) *With respect to any function, power, or duty transferred by subsection (a) and exercised after June 29, 1976, reference in any other Federal law to the Director of the Office of Drug Abuse Policy in connection with a function, power, or duty transferred by subsection (a) shall be deemed to mean the Director of the National Institute on Drug Abuse.*

#### TITLE III—NATIONAL DRUG ABUSE STRATEGY

\* \* \* \* \*

#### § 302. **Strategy Council.**

To develop the strategy, the President shall establish a Strategy Council whose membership shall include the Director of the [Special Action Office for Drug Abuse Prevention] *Office of Drug Abuse Policy* until the date specified in section 104 of this Act, the Attorney General, the Secretaries of Health, Education, and Welfare, State, and Defense, the Administrator of Veterans' Affairs, and other officials as the President may deem appropriate. Until the date specified in section 104 of this Act, the Director shall provide such services as are required to assure that the strategy is prepared, and thereafter such services shall be provided by such officer or agency of the United States as the President may designate. The strategy shall be subject to review and written comment by those Federal officials participating in its preparation.

\* \* \* \* \*

#### § 305. **Review and revision.**

The strategy shall be reviewed, revised as necessary, and promulgated as revised [from time to time as the President deems appropriate, but not less often than once a year] *prior to June 1 of each year.*

#### TITLE IV—OTHER FEDERAL PROGRAMS

Sec.

401. Community mental health centers.
402. Public Health Service facilities.
403. State plan requirements.
404. Drug abuse prevention function appropriations.
405. Special reports by the Secretary of Health, Education, and Welfare.
406. Additional drug abuse prevention functions of the Secretary of Health, Education, and Welfare.
407. Admission of drug abusers to [hospitals for emergency treatment] *private and public hospitals.*
408. Confidentiality of patient records.
409. Formula grants.
410. Special project grants and contracts.
411. Records and audit.
412. National Drug Abuse Training Center.
413. Drug abuse among Federal civilian employees.

\* \* \* \* \*

**§ 407. Admission of drug abusers to [hospitals for emergency treatment] private and public hospitals.**

(a) Drug abusers who are suffering from [emergency] medical conditions shall not be [refused] *discriminated against* in admission or treatment, solely because of their drug abuse or drug dependence, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

(b)(1) The Secretary is authorized to make regulations for the enforcement of the policy of subsection (a) *with respect to the admission and treatment of drug abusers in hospitals which receive support of any kind from any program administered by the Secretary.* Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital *subject to such regulations* has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary [is authorized to] *may* suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension or revocation of *such other* Federal support for such hospital.

(2) *The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) of this subsection to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from drug abuse or drug dependence. In prescribing and implementing regulations pursuant to this paragraph, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.*

**§ 408. Confidentiality of patient records**

(a)\*\*\*

(g) The Director of the [Special Action Office for Drug Abuse Prevention] *Office of Drug Abuse Policy*, after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Director and necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

**§ 409. Formula grants.**

(a) There are authorized to be appropriated \$15,000,000 for the fiscal year ending June 30, 1972, \$30,000,000 for the fiscal year ending June 30, 1973, \$40,000,000 for the fiscal year ending June 30, 1974, [and \$45,000,000 for the fiscal year ending June 30, 1975] *\$45,000,000 for each of the fiscal years ending June 30, 1975, and June 30, 1976, \$11,250,000 for the period July 1, 1976, through September 30, 1976, and \$45,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978,* for grants to States in accordance with this section. For the purpose of this section, the term "State" includes the District of Columbia, the Virgin Islands, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Trust Territory of the Pacific Islands, in addition to the fifty States.

(b) Grants to States may be made under this section

(1) for the preparation of plans which are intended to meet the requirements of subsection (e) of this section;

(2) for the expenses (other than State administrative expenses) of (A) carrying out projects under and otherwise implementing plans approved by the Secretary pursuant to subsection (f) of this section, and (B) evaluating the results of such plans as actually implemented; and

(3) for the State administrative expenses of carrying out plans approved by the Secretary pursuant to subsection (f) of this section, except that no grant under this paragraph to any State for any year may exceed \$50,000 or 10 per centum of the total allotment of that State for that year, whichever is less.

(c) (1) (A) For each fiscal year the Secretary shall, in accordance with regulations, allot the sums appropriated pursuant to subsection (a) for such year among the States on the basis of the relative population, financial need, and the need for more effective conduct of drug abuse prevention functions, except that no such allotment to any State (other than the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands), shall be less than \$100,000 multiplied by a fraction whose numerator is the amount actually appropriated for the purposes of this section for the fiscal year for which the allotment is made, and whose denominator is the amount authorized to be appropriated by subsection (a) for that year.

(B) *Not later than June 15 of each year, the Secretary, after consultation with the Director of the National Institute on Drug Abuse, shall publish a notice of proposed rulemaking setting forth a formula to be used in making allotments pursuant to subparagraph (A) of this paragraph. Such notice of published rulemaking shall be in accordance with section 553 of title 5, United States Code, except that a sixty-day period shall be allowed for public comment.*

(C) *Not later than the first day of each fiscal year, the Secretary shall publish final regulations setting forth the allotment formula to be used pursuant to subparagraph (A) of this paragraph in making allotments during such fiscal year.*

(2) Any amount allotted under paragraph (1) of this subsection to a State (other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands) and remaining unobligated

at the end of such year shall remain available to such State, for the purposes for which made, for the next fiscal year (and for such year only), and any such amount shall be in addition to the amounts allotted to such State for such purpose for such next fiscal year; except that any such amount, remaining unobligated at the end of the sixth month following the end of such year for which it was allotted, which the Secretary determines will remain unobligated by the close of such next fiscal year, may be reallocated by the Secretary to be available for the purposes for which made until the close of such next fiscal year, to other States which have need therefor, on such basis as the Secretary deems equitable and consistent with the purposes of this section, and any amount so reallocated to a State shall be in addition to the amounts allotted and available to the States for the same period. Any amount allotted under paragraph (1) of this subsection to the Virgin Islands, American Samoa, Guam, or the Trust Territory of the Pacific Islands for a fiscal year and remaining unobligated at the end of such year shall remain available to it, for the purposes for which made, for the next two fiscal years (and for such years only), and any such amount shall be in addition to the amounts allotted to it for such purpose for each of such next two fiscal years; except that any such amount, remaining unobligated at the end of the first of such next two years, which the Secretary determines will remain unobligated at the close of the second of such next two years, may be reallocated by the Secretary, to be available for the purposes for which made until the close of the second of such next two years, to any other of such four States which have need therefor, on such basis as the Secretary deems equitable and consistent with the purposes of this section, and any amount so reallocated to a State shall be in addition to the amounts allotted and available to the State for the same period.

\* \* \* \* \*

(e) Any State desiring to receive a grant under subsection (b)(2) or (b)(3) of this section shall submit to the Secretary, *not later than July 15 of each calendar year*, a State plan for planning, establishing, conducting, and coordinating projects for the development of more effective drug abuse prevention functions in the State and for evaluating the conduct of such functions in the State. Each State plan shall *pertain to the twelve-month period commencing October 1 of the calendar year in which it is required to be submitted, and shall*

(1) designate or establish a single State agency as the sole agency for the preparation and administration of the plan, or for supervising the preparation and administration of the plan;

(2) contain satisfactory evidence that the State agency designated or established in accordance with paragraph (1) will have authority to prepare and administer, or supervise the preparation and administration of, such plan in conformity with this subsection;

(3) provide for the designation of a State advisory council which shall include representatives of nongovernmental organizations or groups, and of public agencies concerned with the prevention and treatment of drug abuse and drug dependence, from different geographical areas of the State, and which shall consult with the State agency in carrying out the plan;

(4) describe the drug abuse prevention functions to be carried out under the plan [with assistance under this section]; *specifying the extent to which such functions are to be carried out with assistance under this section, and the extent to which they are to be carried out with assistance from other sources, non-Federal as well as Federal;*

(5) set forth, in accordance with criteria established by the Secretary, a detailed survey of the local and State needs for the prevention and treatment of drug abuse and drug dependence, including a survey of the health facilities needed to provide services for drug abuse and drug dependence, and a plan for the development and distribution of such facilities and programs throughout the State *in accordance with such needs;*

(6) provide for coordination of existing and planned treatment and rehabilitation programs and activities, particularly in urban centers;

(7) provide a scheme and methods of administration which will supplement, broaden, and complement State health plans developed under section 314(d)(2) of the Public Health Service Act;

(8) provide such methods of administration of the State plan, including methods relating to the establishment and maintenance of personnel standards on a merit basis *and the certification, credentialing, and training, as appropriate, for drug abuse prevention program professionals and para-professionals* (except that the Secretary shall exercise no authority with respect to the selection, tenure of office, or compensation of any individual employed in accordance with such methods), as are found by the Secretary to be necessary for the proper and efficient operation of the plan;

(9) provide that the State agency will make such reports, in such form and containing such information as the Secretary may from time to time reasonably require, and will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports;

(10) provide that the State agency will from time to time, but not less often than annually, review its State plan and submit to the Secretary an analysis and evaluation of the effectiveness of the prevention and treatment programs and activities carried out under the plan, and any modifications in the plan which it considers necessary;

(11) provide reasonable assurance that Federal funds made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs described in this section, and will in no event supplant such State, local, and other non-Federal funds; [and]

(12) *establish procedures for—*

(A) *the allocation of Federal and other funds received by the State for drug abuse prevention functions, and*

(B) *the making of grants and contracts by the State from funds referred to in subparagraph (A); and*

[12](13) contain such additional information and assurance as the Secretary may find necessary to carry out the provisions of this section.

(f) The Secretary shall approve any State plan and any modification thereof which complies with the provisions of subsection (e) of this section. *A State plan submitted under subsection (e) may also contain provisions relating to alcoholism or mental health. The Secretary, acting through the National Institute on Drug Abuse, shall establish procedures by which the National Institute on Drug Abuse shall review each State plan submitted pursuant to subsection (e) and under which it shall complete its review of each such plan not later than September 15 of the calendar year in which the plan is submitted, or not later than sixty days after the plan is received by the National Institute on Drug Abuse, whichever is later.*

(g) From the allotment of a State, the Secretary shall make grants to that State in accordance with this section. Payments under such grants may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

(h) *Any application for a grant under this section shall be subject to the same review and approval or disapproval as is provided under section 1513(e) of the Public Health Service Act for proposed uses of Federal funds appropriated under that Act.*

#### § 410. Special project grants and contracts.

(a) The Secretary shall

(1) make grants to public and private nonprofit agencies, organizations, or institutions and enter into contracts with public and private agencies, organizations, institutions, and individuals to provide training seminars, educational programs, and technical assistance for the development of drug abuse prevention, treatment, and rehabilitation programs for employees in the private and public sectors;

(2) make grants to public and private nonprofit agencies, organizations, or institutions and enter into contracts with public and private agencies, organizations, and institutions, to provide directly or through contractual arrangements for vocational rehabilitation counseling, education, and services for the benefit of persons in treatment programs and to encourage efforts by the private and public sectors of the economy to recruit, train, and employ participants in treatment programs;

(3) make grants to public and private nonprofit agencies, organizations, or institutions and enter into contracts with public and private agencies, organizations, institutions, and individuals to establish, conduct, and evaluate drug abuse prevention, treatment, and rehabilitation programs within State and local criminal justice systems;

(4) make grants to or contracts with groups composed of individuals representing a broad cross-section of medical, scientific, or social disciplines for the purpose of determining the causes of drug abuse in a particular area, prescribing methods for dealing with drug abuse in such an area, or conducting programs for dealing with drug abuse in such an area;

(5) make research grants to public and private nonprofit agencies, organizations, and institutions and enter into contracts with public and private agencies, organizations, and institutions, and individuals for improved drug maintenance techniques or programs; and

(6) make grants to public and private nonprofit agencies, organizations, and institutions and enter into contracts with public and private agencies, organizations, institutions, and individuals to establish, conduct, and evaluate drug abuse prevention and treatment programs.

*In the implementation of his authority under this section, the Secretary shall accord a high priority to applications for grants or contracts for primary prevention programs. For purposes of the preceding sentence, a primary prevention program is a program designed to discourage persons from beginning drug abuse. To the extent that appropriations authorized under this section are used to fund treatment services, the Secretary shall not limit such funding to treatment for opiate abuse, but shall also provide support for treatment for nonopiate drug abuse including polydrug abuse.*

(b) There are authorized to be appropriated \$25,000,000 for the fiscal year ending June 30, 1972; \$65,000,000 for the fiscal year ending June 30, 1973; \$100,000,000 for the fiscal year ending June 30, 1974; [and \$160,000,000 for the fiscal year ending June 30, 1975] \$160,000,000 for each of the fiscal years ending June 30, 1975 and June 30, 1976; \$40,000,000 for the period July 1, 1976, through September 30, 1976; and \$160,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978, to carry out this section.

(c)(1) In carrying out this section, the Secretary shall require coordination of all applications for programs in a State and shall not give precedence to public agencies over private agencies, institutions, and organizations, or to State agencies over local agencies.

(2) Each applicant within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency (if any) designated or established under section 409. *"In making its review of any such application (whether initial or renewal) the State agency shall take into account the allocation prescribed under section 409(e)(12) for funds received by the State for drug abuse prevention functions in the fiscal year in which the grant applied for would be made."* Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to the State comprehensive plan for treatment and prevention of drug abuse under section 409. The State shall furnish the applicant a copy of any such evaluation. A State if it so desires may, in writing, waive its rights under this paragraph.

(4) *Any application for a grant or contract under this section for the provision of treatment services within a State shall be subject to the same review and approval or disapproval as is provided under section 1513(e) of the Public Health Service Act for proposed uses of Federal funds appropriated under that Act.*

TITLE V—NATIONAL INSTITUTE ON DRUG ABUSE [;]  
NATIONAL ADVISORY COUNCIL ON DRUG ABUSE]

Sec.

501. Establishment of Institute.

[502. Establishment of National Advisory Council on Drug Abuse]

502. *Technical assistance to State and local agencies.*

503. *Encouragement of certain research and development.*

504. *Statistical records.*

§ 501. **Establishment of Institute.**

(a) There is established the National Institute on Drug Abuse (hereinafter in this [section] *title* referred to as the "Institute") to administer the programs and authorities of the Secretary of Health, Education, and Welfare (hereinafter in this [section] *title* referred to as the "Secretary") with respect to drug abuse prevention functions. The Secretary, acting through the Institute, shall, in carrying out the purposes of sections 301, 302, and 303 of the Public Health Service Act with respect to drug abuse, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of drug abuse and for the rehabilitation of drug abusers. The Secretary shall carry out through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(b)(1) The Institute shall be under the direction of a Director (hereinafter in this *title* referred to as the "Director") who shall be appointed by the Secretary.

(2) The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs and authorities to be carried out through the Institute.

(c) The programs of the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

[§502. Establishment of National Advisory Council on Drug Abuse.

(a) Section 217 of the Public Health Service Act is amended by adding at the end thereof the following new subsection:

["(e) (1) The National Advisory Council on Drug Abuse shall consist of the Secretary, who shall be Chairman, the chief medical officer of the Veterans' Administration or his representative, and a medical officer designated by the Secretary of Defense, who shall be ex officio members. In addition, the Council shall be composed of twelve members appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. The appointed members of the Council shall represent a broad range of interests, disciplines, and expertise in the drug area and shall be selected from outstanding professionals and paraprofessionals in the fields of medicine, education, science, the social sciences, and other related disciplines, who have been active in the areas of drug abuse prevention, treatment, rehabilitation, training, or research.

["(2) The Council shall advise, consult with, and make recommendations to, the Secretary

["(A) concerning matters relating to the activities and functions of the Secretary in the field of drug abuse, including, but not limited to, the development of new programs and priorities, the efficient administration of programs, and the supplying of needed scientific and statistical data and program information to professionals, paraprofessionals, and the general public; and

["(B) concerning policies and priorities respecting grants and contracts in the field of drug abuse."]

(b) Section 266 of the Community Mental Health Centers Act is amended

[(1) by striking out in the first sentence "part C" and inserting in lieu thereof "parts C and D",

[(2) by striking out in the second sentence "established by such section", and

[(3) by adding at the end the following new sentence: "Grants under part D of this title for such costs will undergo such review as is provided by section 217(e) of the Public Health Service Act."]

§ 502. **Technical assistance to State and local agencies.**

(a) *The Director shall*

(1) *coordinate or assure coordination of the functions of the Institute with corresponding functions of State and local governments, and*

(2) *provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.*

(b) *In carrying out his functions under this section, the Director may*

(1) *provide technical assistance—including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of public officials or other persons assigned to work with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;*

(2) *convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate, to promote the purposes of this Act, and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences; and*

(3) *draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities.*

(c) *In implementation of his authority under subsection (b)(1), the Director may—*

(1) *take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during any one fiscal year for more than an aggregate of ninety days without the express approval of the head*



of the Federal department or agency with respect to which he was so employed prior to such assignment;

(2) assign any person employed by the Institute to serve as a member of any such task force or to coordinate management of such task forces; and

(3) enter into contracts or other agreements with any person or or organization to serve on or work with such task forces.

**§ 503. Encouragement of certain research and development.**

(a) In carrying out his functions under this title, the Director shall encourage and promote (by grants, contracts, or otherwise) expanded research programs to create, develop, and test—

(1) synthetic analgesics, antitussives, and other drugs which are—

(A) nonaddictive, or

(B) less addictive than opium or its derivatives, to replace opium and its derivatives in medical use;

(2) long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction; and

(3) detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction.

In carrying out this section the Director is authorized to establish, or provide for the establishment of, clinical research facilities.

(b) For purposes of carrying out subsection (a) of this section there are authorized to be appropriated \$7,000,000 for the fiscal year ending June 30, 1976, \$1,750,000 for the period July 1, 1976, through September 30, 1976, \$7,000,000 for the fiscal year ending September 30, 1977, and \$7,000,000 for the fiscal year ending September 30, 1978.

**§ 504. Statistical records.**

(a) For the purposes of this section—

(1) the term "patient" shall have the same meaning as used in, and defined under regulations issued pursuant to, section 408 of this Act;

(2) the terms "maintain" and "system of records", shall have the meanings defined in section 552(a) of title 5, United States Code; and

(3) the term "statistical records", shall have the same meaning as used in section 552a(k)(4) of title 5, United States Code.

(b) Any system of records maintained by the Institute containing information about patients (other than patients directly receiving clinical services from the Institute) shall be maintained and used solely as statistical records.

\* \* \* \* \*

TITLE 5—UNITED STATES CODE

\* \* \* \* \*

CHAPTER 53—PAY RATES AND SYSTEMS

\* \* \* \* \*

SUBCHAPTER II—EXECUTIVE SCHEDULE PAY RATES

\* \* \* \* \*

**§ 5313. Positions at level II.**

Level II of the Executive Schedule applies to the following positions, for which the annual rate of basic pay is \$42,500:

\* \* \* \* \*

(21) Director of the [Special Action Office for Drug Abuse Prevention] Office of Drug Abuse Policy.

\* \* \* \* \*

**§ 5316. Positions at level V.**

Level V of the Executive Schedule applies to the following positions, for which the annual rate of basic pay is \$36,000:

\* \* \* \* \*

(131) Assistant Directors, [Special Action Office for Drug Abuse Prevention] Office of Drug Abuse Policy [(6)] (2).

\* \* \* \* \*

PUBLIC LAW 93-282

\* \* \* \* \*

TITLE III—TECHNICAL AND CONFORMING AMENDMENTS

SEC. 303. (a)

(b)(1) Effective on the date specified in section 104 of the Drug Abuse Office and Treatment Act of 1972 (21 U.S.C. 1104), the first sentence of section 408(g) of that Act (21 U.S.C. 1175) is amended by striking "Director of the [Special Action Office for Drug Abuse Prevention] Office of Drug Abuse Policy" and inserting in lieu thereof "Secretary of Health, Education, and Welfare", and the second sentence of such section is amended by striking "Director" and inserting "Secretary" in lieu thereof.

\* \* \* \* \*

(d) Any regulation under or with respect to section 408 of the Drug Abuse Office and Treatment Act of 1972 (21 U.S.C. 1175) issued by the Director of the [Special Action Office for Drug Abuse Prevention] Office of Drug Abuse Policy prior to the date specified in section 104 of that Act (21 U.S.C. 1104), whether before or after the enactment of this Act, shall remain in effect until revoked or amended by the Director or the Secretary of Health, Education, and Welfare, as the case may be.

\* \* \* \* \*

OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF  
1968

TITLE I—LAW ENFORCEMENT ASSISTANCE

\* \* \* \* \*

PART E—GRANTS FOR CORRECTIONAL INSTITUTIONS AND FACILITIES

\* \* \* \* \*

SEC. 454. The Administration shall, after consultation with the Federal Bureau of Prisons, by regulation prescribe basic criteria for applicants and grantees under this part.

In addition, the Administration shall issue guidelines for drug treatment programs in State and local prisons and for those to which persons on parole are assigned. The Administrator shall coordinate or assure coordination of the development of such guidelines with the [Special Action Office For Drug Abuse Prevention] *Office of Drug Abuse Policy*.

\* \* \* \* \*

JUVENILE JUSTICE AND DELINQUENCY PREVENTION  
ACT OF 1974

\* \* \* \* \*

TITLE II—JUVENILE JUSTICE AND DELINQUENCY  
PREVENTION

PART A—JUVENILE JUSTICE AND DELINQUENCY PREVENTION OFFICE

\* \* \* \* \*

COORDINATING COUNCIL ON JUVENILE JUSTICE AND DELINQUENCY  
PREVENTION

SEC. 206. (a)(1) There is hereby established, as an independent organization in the executive branch of the Federal Government a Coordinating Council on Juvenile Justice and Delinquency Prevention (hereinafter referred to as the "Council") composed of the Attorney General, the Secretary of Health, Education, and Welfare, the Secretary of Labor, the Director of the [Special Action Office for Drug Abuse Prevention] *Office of Drug Abuse Policy*, the Secretary of Housing and Urban Development, or their respective designees, the Assistant Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Deputy Assistant Administrator of the Institute for Juvenile Justice and Delinquency Prevention, and representatives of such other agencies as the President shall designate.

\* \* \* \* \*

PUBLIC HEALTH SERVICE ACT

\* \* \* \* \*

TITLE II—ADMINISTRATION

\* \* \* \* \*

SEC. 217. (a) \* \* \*

\* \* \* \* \*

[(e)(1) The National Advisory Council on Drug Abuse shall consist of the Secretary, who shall be Chairman, the chief medical officer of the Veterans' Administration or his representative, and a medical officer designated by the Secretary of Defense, who shall be ex officio members. In addition, the Council shall be composed of twelve members appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. The appointed members of the Council shall represent a broad range of interests, disciplines, and expertise in the drug area and shall be selected from outstanding professionals and paraprofessionals in the fields of medicine, education, science, the social sciences, and other related disciplines, who have been active in the areas of drug abuse prevention, treatment, rehabilitation, training, or research.

[(2) The Council shall advise, consult with, and make recommendations to, the Secretary

[(A) concerning matters relating to the activities and functions of the Secretary in the field of drug abuse, including, but not limited to, the development of new programs and priorities, the efficient administration of programs, and the supplying of needed scientific and statistical data and program information to professionals, paraprofessionals, and the general public; and

[(B) concerning policies and priorities respecting grants and contracts in the field of drug abuse.]

\* \* \* \* \*

COMMUNITY MENTAL HEALTH CENTERS ACT

\* \* \* \* \*

PART E—GENERAL PROVISIONS

\* \* \* \* \*

APPROVAL BY NATIONAL ADVISORY MENTAL HEALTH COUNCIL

SEC. 266. Grants made under this title (other than parts C and D thereof) for the cost of construction and for the cost of compensation of professional and technical personnel may be made only upon recommendation of the National Advisory Mental Health Council established by section 217(a) of the Public Health Service Act. Grants under part C of this title for such costs may be made only upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism. Grants under part D of this title for such costs will undergo such review as is provided by section [217(e) of the Public Health Service Act] 255(c) of the *Drug Abuse Office and Treatment Act of 1972*.

\* \* \* \* \*

Effective June 30, 1976, the Provisions of Law Set Out Below Are Further Amended as Shown

DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972

§ 408. Confidentiality of patient records.

(a) \* \* \*

(g) The Director of the [Office of Drug Abuse Policy,] *National Institute on Drug Abuse*, after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C), as in the judgment of the Director are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968

TITLE I—LAW ENFORCEMENT ASSISTANCE

PART E—GRANTS FOR CORRECTIONAL INSTITUTIONS AND FACILITIES

SEC. 454. The Administration shall, after consultation with the Federal Bureau of Prisons, by regulation prescribe basic criteria for applicants and grantees under this part.

In addition, the Administration shall issue guidelines for drug treatment programs in State and local prisons and for those to which persons on parole are assigned. The Administrator shall coordinate or assure coordination of the development of such guidelines with the [Office of Drug Abuse Policy.] *National Institute on Drug Abuse*.

JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT OF 1974

TITLE II—JUVENILE JUSTICE AND DELINQUENCY PREVENTION

PART A—JUVENILE JUSTICE AND DELINQUENCY PREVENTION OFFICE

COORDINATING COUNCIL ON JUVENILE JUSTICE AND DELINQUENCY PREVENTION

SEC. 206. (a)(1) There is hereby established, as an independent organization in the executive branch of the Federal Government a Coordinating Council on Juvenile Justice and Delinquency Prevention (hereinafter referred to as the "Council") composed of the Attorney General, the Secretary of Health, Education, and Welfare, the Secretary of Labor, the Director of the [Office of Drug Abuse Policy,] *National Institute on Drug Abuse*, the Secretary of Housing and Urban Development, or their respective designees, the Assistant Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Deputy Assistant Administrator of the Institute for Juvenile Justice and Delinquency Prevention, and representatives of such other agencies as the President shall designate.



P.L. 94-232  
3/19/76

# Ninety-fourth Congress of the United States of America

## AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday, the nineteenth day of January, one thousand nine hundred and seventy-six*

### An Act

To amend the Drug Abuse Office and Treatment Act of 1972, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That section 101 (21 U.S.C. 1101) of the Drug Abuse Office and Treatment Act of 1972 (hereinafter in this Act referred to as the "Act") is amended by adding at the end thereof the following new paragraph:

"(10) Although the Congress observed a significant apparent reduction in the rate of increase of drug abuse during the three-year period subsequent to the date of enactment of this Act, and in certain areas of the country apparent temporary reductions in its incidence, the increase and spread of heroin consumption since 1974, and the continuing abuse of other dangerous drugs, clearly indicate the need for effective, ongoing, and highly visible Federal leadership in the formation and execution of a comprehensive, coordinated drug abuse policy."

SEC. 2. Section 102 of the Act (21 U.S.C. 1102) is amended by striking "immediate objective of significantly reducing the incidence of drug abuse in the United States within the shortest possible period of time, and to develop" and inserting in lieu thereof "objective of significantly reducing the incidence, as well as the social and personal costs, of drug abuse in the United States, and to develop and assure the implementation of".

SEC. 3. Section 103(b) of the Act (21 U.S.C. 1103(b)) is amended by changing "education, training," to read "education or training (including preventive efforts directed to individuals who are not users of drugs and to individuals who are marginal users of drugs)."

SEC. 4. (a) Section 103 of the Act is amended by adding at the end thereof the following new subsection:

"(d) The term 'drug abuse function' means any function described in subsection (b) or (c) of this section, or both."

(b) The Act is amended by inserting after title I the following new title:

#### "TITLE II—OFFICE OF DRUG ABUSE POLICY

"CHAPTER	Sec.
"1. GENERAL PROVISIONS.....	201
"2. FUNCTIONS OF THE DIRECTOR.....	221

#### "Chapter 1.—GENERAL PROVISIONS

- "Sec.
- "201. Establishment of Office.
- "202. Appointment of Director.
- "203. Appointment of Deputy Director.
- "204. Delegation.
- "205. Officers and employees.
- "206. Employment of experts and consultants.
- "207. Acceptance of uncompensated services.
- "208. Notice relating to the control of dangerous drugs.
- "209. Compensation of Director and Deputy Director.
- "210. Statutory authority unaffected.
- "211. Appropriations authorized.

**“§ 201. Establishment of Office**

“There is established in the Executive Office of the President an office to be known as the Office of Drug Abuse Policy (hereinafter in this Act referred to as the ‘Office’). The establishment of the Office in the Executive Office of the President shall not be construed as affecting access by the Congress, or committees of either House, (1) to information, documents, and studies in the possession of, or conducted by, the Office or (2) to personnel of the Office.

**“§ 202. Appointment of Director**

“The Office shall be headed by a Director who shall be appointed by the President, by and with the advice and consent of the Senate. The Director shall not hold office in any other department or agency of the United States, whether on an acting basis or otherwise, except on such occasions as may be appropriate in connection with the performance of such duties as may be assigned to him pursuant to section 222.

*See  
Pg. 4 except the  
President may etc.*

**“§ 203. Appointment of Deputy Director**

“There shall be in the Office a Deputy Director who shall be appointed by the President, by and with the advice and consent of the Senate. The Deputy Director shall perform such functions as the Director may assign or delegate, and shall act as Director during the absence or disability of the Director or in the event of a vacancy in the office of Director.

*Acting Director*

**“§ 204. Delegation**

“Unless specifically prohibited by law, the Director may, without being relieved of his responsibility, perform any of his functions or duties or exercise any of his powers through, or with the aid of, such persons in, or organizations of, the Office as he may designate.

**“§ 205. Officers and employees**

“(a) The Director may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to perform the functions vested in him. At the discretion of the Director, any officer or employee of the Office may be allowed and paid travel expenses, including per diem in lieu of subsistence, in the same manner as is authorized by section 5703 of title 5, United States Code, for individuals employed intermittently.

“(b) In addition to the number of positions which may be placed in grades GS-16, GS-17, and GS-18 under section 5108 of title 5, United States Code, and without prejudice to the placement of other positions in the Office in such grades under any authority other than this subsection, not to exceed four positions in the Office may be placed in grades GS-16, GS-17, and GS-18, but in accordance with the standards and procedures prescribed by chapter 51 of such title.

**“§ 206. Employment of experts and consultants**

“The Director may procure services as authorized by section 3109 of title 5, United States Code, and may pay a rate for such services not in excess of the rate in effect for grade GS-18 of the General Schedule. The Director may employ individuals under this section without regard to any limitation, applicable to services procured under such section 3109, on the number of days or the period of such services, except that, at any one time, not more than six individuals may be employed under this section without regard to such limitation.

**“§ 207. Acceptance of uncompensated services**

“The Director is authorized to accept and employ in furtherance of the purpose of this Act voluntary and uncompensated services notwithstanding the provisions of section 3679(b) of the Revised Statutes (31 U.S.C. 665(b)).

**“§ 208. Notice relating to the control of dangerous drugs**

“Whenever the Attorney General determines that there is evidence that—

“(1) a drug or other substance, which is not a controlled substance (as defined in section 102(6) of the Controlled Substances Act), has a potential for abuse, or

“(2) a controlled substance should be transferred or removed from a schedule under section 202 of such Act,

he shall, prior to initiating any proceeding under section 201(a) of such Act, give the Director timely notice of such determination. Information forwarded to the Attorney General pursuant to section 201(f) of such Act shall also be forwarded by the Secretary of Health, Education, and Welfare to the Director.

**“§ 209. Compensation of Director and Deputy Director**

“(a) Section 5314 of title 5, United States Code, is amended by adding at the end thereof the following new paragraph:

“(64) Director of the Office of Drug Abuse Policy. *Level III*

“(b) Paragraph (95) of section 5315 of such title is amended to read as follows:

“(95) Deputy Director of the Office of Drug Abuse Policy. *Level III*

**“§ 210. Statutory authority unaffected**

“Nothing in this title shall be construed to limit the authority of the Secretary of Defense with respect to the operation of the Armed Forces or the authority of the Administrator of Veterans' Affairs with respect to the furnishing of health care and related services to veterans.

**“§ 211. Appropriations authorized**

“For purposes of carrying out this title, there is authorized to be appropriated \$700,000 for the fiscal year ending June 30, 1976, \$500,000 for the period July 1, 1976, through September 30, 1976, \$2,000,000 for the fiscal year ending September 30, 1977, and \$2,000,000 for the fiscal year ending September 30, 1978.

**“Chapter 2.—FUNCTIONS OF THE DIRECTOR**

“Sec.

“221. Concentration of Federal effort.

“222. International negotiations.

“223. Annual report.

**“§ 221. Concentration of Federal effort**

“(a) The Director shall make recommendations to the President with respect to policies for, objectives of, and establishment of priorities for, Federal drug abuse functions and shall coordinate the performance of such functions by Federal departments and agencies. Recommendations under this subsection shall include recommendations for changes in the organization, management, and personnel of Federal departments and agencies performing drug abuse functions to implement the policies, priorities, and objectives recommended under this subsection.

“(b) To carry out subsection (a), the Director shall—

“(1) review the regulations, guidelines, requirements, criteria, and procedures of Federal departments and agencies applicable to the performance of drug abuse functions;

“(2) conduct, or provide for, evaluations of (A) the performance of drug abuse functions by Federal departments and agencies, and (B) the results achieved by such departments and agencies in the performance of such functions; and

“(3) seek to assure that Federal departments and agencies, in the performance of drug abuse functions, construe drug abuse as a health problem.

“(c) Federal departments and agencies engaged in drug abuse functions shall submit to the Director such information and reports with respect to such functions as he may reasonably require to carry out the purposes of this title.

**“§ 222. International negotiations**

“The President may designate the Director to represent the Government of the United States in discussions and negotiations relating to drug abuse functions.

**“§ 223. Annual report**

“The Director shall submit to the President and the Congress, prior to March 1 of each year which begins after the enactment of this title, a written report on the activities of the Office. The report shall specify the objectives, activities, and accomplishments of the Office, and shall contain an accounting of funds expended under this title.”

(c) (1) Section 104 of the Act is repealed. *re-subtitle var. as comm?*

(2) Section 302 of the Act is amended by striking out “Special Action Office of Drug Abuse Prevention until the date specified in section 104 of this Act” and inserting in lieu thereof “Office of Drug Abuse Policy”.

(3) Section 302 of the Act is amended by striking out “and” before “other officials”, and by striking out the period after “appropriate” and inserting in lieu thereof “and no fewer than three members from outside the Federal Government.”

(4) Section 304 of the Act is amended by adding at the end thereof the following: *no*

“(4) from time to time make recommendations to, and coordinate with, the Director of the Office of Drug Abuse Policy with respect to the performance of his functions under this Act.”

(5) The following provisions of law are each amended by striking out “Special Action Office for Drug Abuse Prevention” and inserting in lieu thereof “Office of Drug Abuse Policy”:

(A) Sections 302 and 408(g) of the Act (21 U.S.C. 1162 and 1175(g)).

(B) Subsections (b)(1) and (d) of section 303 of Public Law 93-282 (21 U.S.C. 1175 note).

(C) Section 454 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750c).

(D) Section 206(a) of the Juvenile Justice and Delinquency Prevention Act of 1974 (42 U.S.C. 5616(a)(1)).

(6) Sections 5316(131) and 5313(21) of title 5, United States Code, are repealed.

SEC. 5. Section 305 of the Act (21 U.S.C. 1165) is amended by striking out “from time to time as the President deems appropriate, but not less often than once a year” and inserting in lieu thereof “prior to June 1 of each year”.

SEC. 6. (a) Section 407 of the Act (21 U.S.C. 1174) is amended to read as follows:

*Strategy Council Card noted*

*no*

**“§ 407. Admission of drug abusers to private and public hospitals**

“(a) Drug abusers who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their drug abuse or drug dependence, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.

“(b) (1) The Secretary is authorized to make regulations for the enforcement of the policy of subsection (a) with respect to the admission and treatment of drug abusers in hospitals which receive support of any kind from any program administered by the Secretary. Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital.

“(2) The Administrator of Veterans' Affairs, through the Chief Medical Director, shall, to the maximum feasible extent consistent with their responsibilities under title 38, United States Code, prescribe regulations making applicable the regulations prescribed by the Secretary under paragraph (1) of this subsection to the provision of hospital care, nursing home care, domiciliary care, and medical services under such title 38 to veterans suffering from drug abuse or drug dependence. In prescribing and implementing regulations pursuant to this paragraph, the Administrator shall, from time to time, consult with the Secretary in order to achieve the maximum possible coordination of the regulations, and the implementation thereof, which they each prescribe.”

(b) The Administrator of Veterans' Affairs shall submit to the appropriate committees of the House of Representatives and the Senate a full report (1) on the regulations (including guidelines, policies, and procedures thereunder) he has prescribed pursuant to section 407 (b) (2) of the Act, (2) explaining the bases for any inconsistency between such regulations and regulations of the Secretary under section 407 (b) (1) of the Act, (3) on the extent, substance, and results of his consultations with the Secretary respecting the prescribing and implementation of the Administrator's regulations, and (4) containing such recommendations for legislation and administrative actions as he determines are necessary and desirable. The Administrator shall submit such report not later than sixty days after the effective date of the regulations prescribed by the Secretary under such section 407 (b) (1) and shall timely publish such report in the Federal Register.

(c) The item relating to section 407 in the table of sections of title IV of the Act is amended by striking out “hospitals for emergency treatment” and inserting in lieu thereof “private and public hospitals”.

SEC. 7. The first sentence of section 409 (a) of the Act (21 U.S.C. 1176 (a)) is amended by changing “and \$45,000,000 for the fiscal year ending June 30, 1975”, to read “\$45,000,000 for each of the fiscal years ending June 30, 1975, and June 30, 1976, \$11,250,000 for the period



July 1, 1976, through September 30, 1976, and \$45,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978".

SEC. 8. (a) Section 409(c) (1) of the Act is amended by—

(1) inserting "(A)" immediately after "(c) (1)";

(2) adding before the period at the end of subparagraph (A) the following: "except that in the case of a State (other than the Virgin Islands, Guam, American Samoa, and the Trust Territories of the Pacific Islands) which can demonstrate a need (determined in accordance with the methodology established under subparagraph (B) (iii)) for an allotment for a fiscal year in an amount not less than \$150,000, the allotment for such State for such fiscal year may not be less than \$150,000 multiplied by such fraction"; and

(3) inserting at the end thereof the following new subparagraph:

"(B) (i) Not later than June 15 of each year, the Secretary, after consultation with the Director of the National Institute on Drug Abuse, shall publish a notice of proposed rulemaking setting forth a formula to be used in making allotments pursuant to subparagraph (A) of this paragraph. Such notice of published rulemaking shall be in accordance with section 553 of title 5, United States Code, except that a sixty-day period shall be allowed for public comment.

"(ii) Not later than the first day of each fiscal year, the Secretary shall publish final regulations setting forth the allotment formula to be used pursuant to subparagraph (A) of this paragraph in making allotments during such fiscal year.

"(iii) In determining, for the purposes of paragraph (1), the extent of need for more effective conduct of drug abuse prevention functions, the Secretary shall (within one hundred and eighty days after the date of enactment of this paragraph) by regulation establish a methodology to assess and determine the incidence and prevalence of drug abuse to be applied in determining such need."

(b) The amendments made by subsection (a) of this section shall be effective with respect to fiscal years beginning on and after October 1, 1976.

SEC. 9. (a) (1) Section 409(e) of the Act (21 U.S.C. 1176(e)) is amended—

(A) by inserting in the first sentence thereof "not later than July 15 of each calendar year," immediately after "Secretary";

(B) by inserting in the second sentence thereof "shall pertain to the twelve-month period commencing October 1 of the calendar year in which it is required to be submitted, and" immediately after "Each State plan";

(C) by inserting "in accordance with such needs" immediately before the semicolon at the end of paragraph (5) thereof;

(D) by striking "and" at the end of paragraph (11) thereof;

(E) by redesignating paragraph (12) thereof as paragraph (13); and

(F) by inserting immediately after paragraph (11) thereof the following new paragraph:

"(12) provide reasonable assurances that treatment or rehabilitation projects or programs supported by funds made available under this section have provided to the State agency a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation programs or projects; and".

(2) The amendments made by paragraph (1) shall take effect January 1, 1976.

(b) (1) Section 409(f) of the Act is amended by adding at the end the following: "A State plan submitted under subsection (e) may also contain provisions relating to alcoholism or mental health. The Secretary, acting through the National Institute on Drug Abuse, shall establish procedures by which the National Institute on Drug Abuse shall review each State plan submitted pursuant to subsection (e) and under which it shall complete its review of each such plan not later than September 15 of the calendar year in which the plan is submitted, or not later than sixty days after the plan is received by the National Institute on Drug Abuse, whichever is later."

(2) The amendment made by paragraph (1) shall take effect January 1, 1976.

SEC. 10. (a) Section 410(a) of the Act (21 U.S.C. 1177(a)) is amended by adding at the end thereof the following: "In the implementation of his authority under this section, the Secretary shall accord a high priority to applications for grants or contracts for primary prevention programs. For purposes of the preceding sentence, primary prevention programs include programs designed to discourage persons from beginning drug abuse. To the extent that appropriations authorized under this section are used to fund treatment services, the Secretary shall not limit such funding to treatment for opiate abuse, but shall also provide support for treatment for non-opiate drug abuse including polydrug abuse."

(b) Section 410(c) of the Act (21 U.S.C. 1177(c)) is amended by adding at the end thereof the following new paragraph:

"(4) Each applicant within a State, upon filing its application with the Secretary for a grant or contract to provide treatment or rehabilitation services shall provide a proposed performance standard or standards, to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation program or project."

SEC. 11. Section 410(b) of the Act (21 U.S.C. 1177(b)) is amended by changing "and \$160,000,000 for the fiscal year ending June 30, 1975," to read "\$160,000,000 for each of the fiscal years ending June 30, 1975 and June 30, 1976; \$40,000,000 for the period July 1, 1976, through September 30, 1976; and \$160,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978,".

SEC. 12. (a) (1) The first sentence of section 501(a) of the Act is amended by changing "section" to read "title" both places it appears therein.

(2) Section 501(b) of the Act (21 U.S.C. 1191(b)) is amended by inserting "(hereinafter in this title referred to as the 'Director')" immediately after "Director".

(b) (1) Section 502 of the Act is amended to read as follows:

**"§ 502. Technical assistance to State and local agencies**

"(a) The Director shall—

"(1) coordinate or assure coordination of Federal drug abuse prevention functions with corresponding functions of State and local governments; and

"(2) provide for a central clearinghouse for Federal, State, and local governments, public and private agencies, and individuals seeking drug abuse information and assistance from the Federal Government.

"(b) In carrying out his functions under this section, the Director may—

"(1) provide technical assistance—including advice and consultation relating to local programs, technical and professional assistance, and, where deemed necessary, use of task forces of

public officials or other persons assigned to work with State and local governments—to analyze and identify State and local drug abuse problems and assist in the development of plans and programs to meet the problems so identified;

“(2) convene conferences of State, local, and Federal officials, and such other persons as the Director shall designate, to promote the purposes of this Act, and the Director is authorized to pay reasonable expenses of individuals incurred in connection with their participation in such conferences; and

“(3) draft and make available to State and local governments model legislation with respect to State and local drug abuse programs and activities, and provide for uniform forms for, procedures for the submission of, and criteria for the consideration of applications of State and local governments and individuals for grants and contracts for drug abuse control and treatment programs.

“(c) In implementation of his authority under subsection (b) (1), the Director may—

“(1) take such action as may be necessary to request the assignment, with or without reimbursement, of any individual employed by any Federal department or agency and engaged in any Federal drug abuse prevention function or drug traffic prevention function to serve as a member of any such task force; except that no such person shall be so assigned during any one fiscal year for more than an aggregate of ninety days without the express approval of the head of the Federal department or agency with respect to which he was so employed prior to such assignment;

“(2) assign any person employed by the Institute to serve as a member of any such task force or to coordinate management of such task forces; and

“(3) enter into contracts or other agreements with any person or organization to serve on or work with such task forces.”

(2) The item relating to such section 502 in the table of sections of title V of the Act is amended to read as follows:

“502. Technical assistance to State and local agencies.”

SEC. 13. (a) Title V of the Act is amended by adding at the end thereof the following new section:

**“§ 503. Encouragement of certain research and development**

“(a) The Director shall encourage and promote (by grants, contracts, or otherwise) expanded research programs to create, develop, and test—

“(1) synthetic analgesics, antitussives, and other drugs which are—

“(A) nonaddictive, or

“(B) less addictive than opium or its derivatives, to replace opium and its derivatives in medical use;

“(2) long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction; and

“(3) detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction.

In carrying out this section the Director is authorized to establish, or provide for the establishment of, clinical research facilities.

“(b) For purposes of carrying out subsection (a) of this section there are authorized to be appropriated \$7,000,000 for the fiscal year ending June 30, 1976, \$1,750,000 for the period July 1, 1976, through

September 30, 1976, \$7,000,000 for the fiscal year ending September 30, 1977, and \$7,000,000 for the fiscal year ending September 30, 1978.”

(b) The table of sections at the beginning of title V of the Act is amended by adding at the end thereof the following new item:

“503. Encouragement of certain research and development.”

SEC. 14. (a) Section 1513(e)(1)(A)(i) of the Public Health Service Act is amended by inserting “sections 409 and 410 of the Drug Abuse Office and Treatment Act,” after “Community Mental Health Centers Act”.

(b) Section 1512(b)(3)(C)(ii) of the Public Health Service Act is amended by inserting “, substance abuse treatment facilities” after “long-term care facilities”.

(c) Section 1531(3)(A) of the Public Health Service Act is amended by inserting “, substance abuse treatment facilities” after “long-term care facilities”.

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*

March 20, 1976

Office of the White House Press Secretary

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THE WHITE HOUSE

## STATEMENT BY THE PRESIDENT

I have signed into law S. 2017, amending the Drug Abuse Office and Treatment Act of 1972.

This legislation addresses one of the most serious problems our nation faces -- drug abuse. Drug abuse disrupts lives, causes victims and their families to suffer anguish and is a major contributor to our growing crime rate. The passage of S. 2017, by voice vote, in both Houses of the Congress gives emphasis to our national commitment to give priority to dealing with this important problem.

A critical aspect of the legislation is that it extends appropriation authorizations for Federally funded drug abuse prevention and treatment programs which, for the past eight months, have been funded under a continuing resolution. My approval of this bill will permit the appropriation of needed additional funds.

I thoroughly agree with the position of the Congress on the importance of a well coordinated Federal drug abuse program. I have consistently held, however, that such coordination can best be carried out by existing departments and agencies, without an additional agency for that purpose. I also agree that both the Congress and the President need to be kept informed about the problems and progress of this program. The best places to get such information and to seek accountability for progress are the departments and agencies which have direct responsibility and program authority. I intend to use the appropriate department and agency heads for such reporting.

Over the past several months, I have voiced strong opposition to the re-establishment of a special office for drug abuse in the White House. I believe that such an office would be duplicative and unnecessary and that it would detract from strong Cabinet management of the Federal drug abuse program. Therefore, while I am signing this bill because of the need for Federal funds for drug abuse prevention and treatment, I do not intend to seek appropriations for the new Office of Drug Abuse Policy created by the bill.

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