DRUG ABUSE IN THE ARMY

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BY

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This essay discusses the growth of drug abuse in the Army, actions that have been taken to control the problem, and planned or proposed actions to prevent and control it. In addition to sources indicated, information was gathered by researching the files and through discussions with action officers and supervisory personnel of the Drug Abuse Control Division in the Office of the Deputy Chief of Staff for Personnel, Headquarters, Department of the Army. Developments in urinalysis testing, treatment, rehabilitation, education, and law enforcement are included. The discussion includes significant problems in the implementation of the Army plan and some future plans.

DRUG ABUSE IN THE ARMY

On 17 June 1971, President Nixon labeled drug abuse "America's public enemy number one." He directed that the following four-point program be implemented immediately by the Secretary of Defense to combat drug addiction in the military services: identification of drug-addicted servicemen in Vietnam, institution of a detoxification program for servicemen before they return to the United States, expansion of treatment programs in the United States, and development of a world-wide program of identification and treatment. As an additional measure, the President requested that the Congress pass legislation permitting the Armed Forces to keep drug dependent personnel on active duty for a limited period after their normal discharge date when necessary to insure completion of treatment.[1]

By memorandum dated 17 June 1971, the same day as the President's announcement, the Secretary of Defense provided to the Secretaries of the Military Departments and the Chairman of the Joint Chiefs of Staff detailed policy on identification, treatment, and rehabilitation of members of the Armed Forces discovered to be drug abusers. The first paragraph of the memorandum reads:

> The President has directed that the critical national problem of drug abuse in the country and in the Armed Forces be given urgent and immediate attention. I am fully aware of the programs in the services related to drug abuse, but more needs to be done as a matter of

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[1] "Drug Addiction In The Military," Department of Defense Information Guidance Series Number 8B-2, June 1971, p. 1.

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> urgent priority. As part of the national program addressing this matter the Secretaries of the Military Departments will immediately put into operation plans designed to meet the problem of heroin use among members of the Armed Forces in Vietnam. Such plans will insure that: within seven days identification is commenced of those service members departing Vietnam who are using or are dependent on narcotics, service members so identified shall undergo a five to seven day detoxification treatment prior to their return to the United States, service members whose terms of service are expiring who need and desire treatment will be provided the opportunity for a minimum of 30 days of treatment in military facilities in the United States when Veterans Administration or civilian programs are not available, and service members with time remaining in service will, insofar as possible, be treated in military programs in the United States and afforded the opportunity for rehabilitation. When extensive treatment is indicated they will be phased into Veterans Administration programs as such become available.[2]

The President's announcement and the Defense Secretary's memorandum triggered a rapid chain of events throughout all Army commands. These events will be discussed after delineation of significant actions taken by the Army to prevent and control drug abuse prior to the President's 17 June 1971 announcement. Included in the discussion will be specific actions taken by Headquarters, Department of the Army and United States Army, Vietnam, since that command has faced the most serious drug abuse problem. Lastly, some problem areas and future plans in the Army's world-wide program will be presented.

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[2]Melvin Laird, US Department of Defense, Memorandum for the Secretaries of the Military Departments and the Chairman, Joint Chiefs of Staff, 17 June 1971.

BACKGROUND

Drug abuse is an old problem in the United States. Narcotics use in this country during the nineteenth and early twentieth centuries was primarily an adult problem. A substantial number of soldiers developed an addiction to morphine during the Civil War when the hypodermic needle was first used extensively. Wide national distribution and substantial national use of patent medicines with a narcotic base resulted in addiction among many American adults, both male and female, in the cities, small towns and rural areas of the United States.[3]

During World War I when the United States had an Army of approximately 4,500,000 men, a total of 3,000 men (~~1~~ one man per 1,500 men in the Army) were rejected for narcotics addiction. One of every 10,000 selective service registrants was rejected because of drug addiction during World War II.[4]

From near the end of World War II to sometime in the late 1960's, narcotic addiction was considered primarily a ghetto problem. Similarly, marijuana use in the 1920's and 1930's is believed to have been confined to lower socio-economic groups and young adults. The widespread use of psychedelic drugs other than marijuana is a more recent problem which began in the 1960's and spread rapidly among both high school and college students in the 1960's.[5]

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[3]Harry Hogan, America's Drug Problem - Draft Prepared According to the Instructions of the Honorable John Byrnes (30 September 1971), pp. 12-13.

[4]"Drug Trade," Encyclopedia Americana, 1959, Vol. 9, p. 344.

[5]Hogan, pp. 12-13.

Now, people in greater numbers and from all segments of American society are abusing drugs. The increasing use of heroin contributes significantly to the seriousness of the problem. Reported crime rates have been rising throughout the country at an alarming pace in recent years. Many addicts are forced to steal and rob to support their habits. The national drug abuse problem has been referred to as a "drug crisis" in contemporary America because more people of all classes, especially young people, have turned to drugs for pleasure in recent years.[6]

An often asked question is: Why do people use drugs? Some reasons that have been advanced are: youthful reaction against the culture of the adult world, i.e., "the Establishment," peer pressure, boredom, curiousity, indifference, and a way of growing up. Some believe that the advertising media, especially television, tends to persuade the public that reaching for a pill, tablet or capsule is a means of solving all ills. In addition, some theorize that soldiers in Vietnam have used heroin because of their frustration with the war, disagreement with American presence there, easy accessability to low cost heroin, and desire to counteract the anxiety of what lies ahead. Heroin is more difficult to detect than marijuana; as efforts to suppress the use of marijuana increased, more soldiers began using heroin.[7]

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[6]Ibid., pp. 12-14.
[7]Ibid., pp. 16-17.

Drug abuse has generated controversy in all segments of society as is evidenced below:

> The complexity of the drug problem is rivaled only by the emotion and controversy it generates. Public officials and legislators have been under great pressure to produce solutions. They have also been under pressure to make changes in the substance of regulatory law. Some people think controls over certain drugs should be relaxed. Others think they should be strengthened.
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> Drug abuse is a classic example of a special kind of problem perennially faced by governments. How far should any society go in trying to protect its members from things perceived as dangerous?[8]

SOME SIGNIFICANT ACTIONS PRIOR TO 17 JUNE 1971

Until 1970 the Army placed primary emphasis on prevention through education and law enforcement to combat the drug abuse problem. Highlights of the more significant actions follow.

1966

The Military Police School added a course to its curriculum for officers, warrant officers, and enlisted men on the investigation of drug offenses during 1966.[9]

1967

In November 1967, the Secretary of Defense established a task force to study drug abuse in the Armed Forces. The task force was later renamed the Department of Defense Drug Abuse Control

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[8]Ibid., pp. 17-18.

[9]US Department of the Army, Fact Sheet: Chronological Development of Drug Abuse Prevention and Control Programs at Department of the Army and in Vietnam (31 May 1971), p. 1.

Committee. Army representatives to the task force came from the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs) and the Office of the Provost Marshal General.[10]

1968

By January 1968, in response to an awareness of marijuana use by personnel in Vietnam, special marijuana/narcotics investigation teams were established. In addition to performing their normal investigative functions, these teams instructed commanders and troops on identification and detection of marijuana. A Criminal Investigation Laboratory, which opened in Vietnam on 31 January 1968, included a capability to identify marijuana by analysis of suspected substances and to provide expert witnesses at courts-martial. In early 1968 Army units in Vietnam conducted orientations concerning drug abuse for assigned personnel and new replacements. These talks stressed the moral, social, and legal implications of drug abuse. Selected Army Criminal Investigators and Supervisors began attending the State and Local Law Enforcement Narcotics and Dangerous Drugs Course presented by the Bureau of Narcotics and Dangerous Drugs in April 1968.

A Department of the Army Letter dated 9 April 1968 stated that the Army policy is to prevent and eliminate drug abuse. It directed commanders to include the dangers of drug abuse, on a regular basis, in existing orientation and supplemental information programs; to

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[10]Ibid., p. 1.

emphasize the importance of prompt reporting of known or suspected drug abuse to the military police; to develop procedures to prevent illicit trafficking and shipping of narcotics, marijuana, and other dangerous drugs; to consider the use of their off-limits authority in areas of potential threat; and to stress close cooperation with appropriate civil law enforcement agencies.[11]

1969

A pilot program was initiated to explore the feasibility of using Army trained marijuana detector dogs. Headquarters, United States Army, Vietnam, and major units of that command established marijuana and drug suppression committees to pinpoint drug abuse problems and to recommend solutions. The 4th Infantry Division began the first amnesty and rehabilitation program for drug abusers in March 1969. A policy was established by the Army in Vietnam for Inspectors General to review unit drug abuse suppression programs as an item of special interest. A Department of the Army letter dated 1 July 1969 expanded upon the 9 April 1968 letter. Commanders were directed to arrange for dissemination of informational material and to devise orientation and refresher training, particularily in oversea areas.

The Army Chief of Chaplains initiated annual drug abuse training workshops entitled "Ministry to the Drug Abuser," which helps develop contemporary pastoral skills and techniques for ministering

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[11] Ibid., pp. 1-7.

to drug abusers and their families. Army Chaplains in Vietnam distributed supplemental character guidance material on the use of marijuana and instituted a policy of sharing lessons learned in ministering to drug abusers during monthly training conferences at division, separate brigade, and support commands. The United States Army, Vietnam, officially encouraged commanders to institute an amnesty and rehabilitation program for drug abusers and published a letter in October 1969 giving added command emphasis to the marijuana and drug suppression program.

In November 1969 the Army Chief of Staff directed the Deputy Chief of Staff for Personnel to conduct an in-depth analysis of the drug abuse problem and to search for new approaches to it.[12]

1970

Intensified emphasis was placed on prevention through education and law enforcement, and on improvement of "halfway house" type rehabilitation programs in Vietnam. To help counter a marked increase in heroin use by Army personnel, United States Army, Vietnam, requested and received Department of the Army approval for an additional $100,000 in Provost Marshal Investigative funds, published a "Squad Leaders Handbook on Drugs," established a Joint American and Vietnamese Narcotics Investigation Detachment, and activated a Joint Customs Unit.

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[12]Ibid., pp. 2-7.

The required staff assessment of the drug abuse problem was forwarded to the Army Chief of Staff in February 1970. Following the assessment it was recommended that an Army regulation be developed and published to provide policy guidance, an amnesty program be considered for adoption, and Department of Defense drug abuse information be given wider dissemination.

Beginning in April 1970, the Army was represented in the Department of Defense Task Group on Drug Abuse Policy by Mr. Arthur W. Allen, Assistant Secretary of the Army (Manpower and Reserve Affairs), Major General Franklin M. Davis, Jr., Director of Military Personnel Policies in the Office of the Deputy Chief of Staff for Personnel, and seven officers from the Army staff.

Army Regulation 600-32, Drug Abuse Prevention and Control, was published on 23 September 1970. This regulation followed the general guidelines and recommendations of the Department of Defense Task Group on Drug Abuse Policy. The regulation announced Department of the Army policy on drug abuse prevention and control. In addition to the traditional approach to the problem through preventive education and law enforcement, the regulation provided for amnesty and limited rehabilitation. Amnesty was later renamed exemption, i.e., exemption from prosecution in simple cases of possession or use of drugs provided the soldier turns himself in and requests assistance prior to his possession or use coming to the attention of the command through other means. The regulation also required that all personnel be given training in drug abuse which, as a minimum, would include an initial orientation, annual

refresher training and a special briefing prior to departing for and shortly after arrival overseas.

A 1 December 1970 Department of the Army letter, subject: Alcohol and Drug Dependency Intervention Counsels (ADDIC), encouraged major Army commanders to establish ADDIC's and made specific recommendations to maximize their effectiveness. The primary objective of the ADDIC is to involve the total Army community in the drug problem and to improve communications on the subject at higher levels of command. Recommended participants in the ADDIC are chaplains, preventive medicine officers, judge advocates, law enforcement personnel, behavioral science specialists, and general staff representatives. The letter also encouraged commanders to send members of their ADDIC to one of the Department of Health, Education, and Welfare sponsored training programs at Yale University, University of Oklahoma, o· California State University at Hayward.[13]

1971

During 1971 the United States Army, Vietnam, continued intensification of emphasis on prevention through education and law enforcement and improvement of "halfway house" type rehabilitation programs. Headquarters, Department of the Army, published Change 1 to Army Regulation 600-32 on 14 January 1971. This change requires that, when confinement is adjudged, prisoners be given a

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[13]Ibid., pp. 2-8.

medical and psychiatric evaluation before a determination is made concerning the place of confinement and/or treatment. The United States Army, Vietnam, published Supplement 1 to Army Regulation 600-32 in April 1971. This supplement is much more detailed than the Army Regulation in several areas.

The Surgeon General submitted a Program Change Request in Feburary 1971 to fund and authorize manpower for drug abuse treatment and education teams at Army hospitals. A detoxification ward was established in mid-February 1971 at Madigan Army Hospital in Washington State to provide drug detoxification for personnel returning from Vietnam who voluntarily sought medical assistance in ending their drug abuse problem.

The Surgeon General and Chief of Personnel Operations identified and stabilized medical personnel with special knowledge and skill in drug abuse and alcohol rehabilitation during March 1971. In order to obtain more complete data on the magnitude of the drug abuse problem and the corrective action being taken in the field, a quarterly "Drug Abuse Data Report" was required by a 16 March 1971 Department of the Army letter.

A 15 April 1971 Department of the Army message directed commanders having responsibility for processing personnel for separation to advise those with a drug problem to seek medical treatment or assistance. The message also provided information on location of Veterans Administration Drug Dependency Treatment Units.

The Department of the Army directed by message on 27 April 1971 that individuals be considered for separation under honorable

conditions if separated under Army Regulation 635-212 because of drug abuse in instances when they have been enrolled in and have fully cooperated in drug amnesty programs. The message indicated that an honorable discharge should be awarded when the overall character of service aside from drug usage warrants it, and when the degree or type of drug involvement precludes rehabilitation and restoration to full duty.

The urgency of the national drug abuse problem and the impact on the Armed Services became more evident during 1970 and early 1971. A Directorate of Discipline and Drug Policies was organized in the Office of the Deputy Chief of Staff for Personnel on 27 May 1971. This Directorate, headed by Brigadier General Robert G. Gard, Jr., includes a Drug Abuse Control Division. The reorganization resulted in a significant increase in the number of personnel at Headquarters, Department of the Army, who devote full time to the drug abuse problem. Intensive planning for identification and disposition of heroin users in Vietnam began immediately following reorganization. Further, a new look was taken at all aspects of the drug abuse problem and of the Army's program of prevention and control.[14]

SOME SIGNIFICANT ACTIONS SUBSEQUENT TO 17 JUNE 1971

Work on a Department of the Army Drug Abuse Prevention and Control Plan began immediately following the President's

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[14]Ibid., pp. 4-9.

announcement of 17 June 1971. The plan, released on 3 September 1971, provided for acceleration of all ongoing programs and for expansion of identification, treatment, and rehabilitation.

On 18 June 1971, the day after the President's announcement and the directive from the Secretary of Defense, urinalysis screening for heroin use began in Vietnam. Initially only those personnel scheduled for return from overseas (DEROS) were tested. Subsequently, all commands instituted this involuntary screening, which was expanded to test for amphetamines and barbiturates in addition to heroin. The screening was also expanded in oversea areas to include the testing of other categories of personnel, i.e., personnel requesting extension of overseas tour; personnel taking special leave, leave to the Continental United States (CONUS), or going for rest and recuperation (R and R); personnel in rehabilitation programs; and unannounced unit testing. Categories of personnel tested in commands located in CONUS include personnel entering the Army at reception stations, personnel on orders for oversea areas, personnel being discharged from the Army, personnel in rehabilitation programs, and unannounced unit testing.

Three different tests are used in the urinalysis screening process. The first, the Free Radical Assay Technique (FRAT), is extremely sensitive, tests only for heroin and is known to produce false positives if codine or possibly other substances are in the urine sample. The second, a Thin Layer Chromatography (TLC), is less sensitive than the FRAT machine but detects amphetamines and barbiturates as well as opiates. Urine specimens that produce

positive results in either the FRAT or TLC test undergo a confirmatory test using a Gas Liquid Chromatography (GLC) process. These tests will normally identify the drug user for about three days after his last usage. The tests, as used in conjunction with clinical analysis, have proven to be reliable.

DEROS personnel who are identified as drug users in the United States Army Pacific Command are detoxified and aeromedically evacuated to CONUS hospitals.

A Program Change Request was approved by the Army Program Guidance Review Committee on 11 August 1971. The Committee programmed $28.2 million and funded at $19.7 million for the drug program. The Committee also programmed 193 officers, 296 enlisted men and 2716 civilians for the program. Required adjustments will be made during a scheduled midyear review.[15]

The Army Discharge Review Board reviews, upon application of former soldiers, administrative discharges issued under other than honorable conditions solely as a result of personal use of drugs or the possession of drugs for personal use. These reviews, to determine if a correction is appropriate, are made in compliance with a 13 August 1971 Secretary of Defense Memorandum to the Secretaries of the Military Departments and the Chairman, Joint Chiefs of Staff.

The Department of the Army Alcohol and Drug Abuse Prevention

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[15]Robert G. Gard, Jr., Brigadier General, "Department of the Army Drug Abuse Program," Lecture (Fort Lesley J. McNair: 27 September 1971), pp. 1-14.

and Control Plan was published on 3 September 1971 and distributed to Army staff agencies and major commands. It establishes policies concerning court-martial and discharge of soldiers who volunteer for treatment under the exemption program or who are identified as drug users through involuntary urinalysis screening. Generally, the policy is that soldiers will not be punished under the Uniform Code of Military Justice or be discharged under less than honorable conditions solely because of their individual use of drugs prior to volunteering for treatment or immediately prior to identification through urinalysis screening.

The plan requires that personnel identified as problem drinkers or drug users, be given detoxification and ~~5~~ five to ~~7~~ seven days of inpatient treatment. During this period a concentrated effort is to be made to determine which soldiers are truly drug-dependent and require rehabilitation.

Thirty-four Army hospitals in CONUS accept soldiers found to be dependent on alcohol or drugs. These hospitals provide detoxification and short-term inpatient care. Rehabilitation efforts are continued as follow-up outpatient care by assigning soldiers to a military unit and having them participate in appropriate transitional treatment at a "halfway house" or "rap center" facility. These facilities are operating in most commands and are being established in others. Personnel dependent on alcohol or drugs who are being separated from the Army are normally transferred to a Veterans Administration (VA) hospital to begin treatment prior to discharge. These soldiers are allowed to decline

transfer to a VA hospital only in instances where a strong preference is expressed for a civilian treatment program. Soldiers found to be dependent on alcohol or drugs and who do not respond to rehabilitative efforts in a reasonable period as determined on a case-by-case basis, usually 60 days, are administratively separated from the Army.

The Army plan places major emphasis on prevention through education and law enforcement. Educational efforts offer a tremendous challenge and could, in the long run, provide a significant pay-off if a balanced and properly structured program is achieved. In addition to the traditional law enforcement functions, close coordination is maintained with other federal agencies to help stem the flow of the international narcotic and drug traffic.[16]

An Army World-Wide Drug Abuse Conference, conducted at the National War College during the period 27-29 September 1971, provided an excellent forum for discussion. Doctor Jerome Jaffe, who heads the White House Special Action Office on Drug Abuse, was the keynote speaker.

The Army began sending four-man teams from major Army commands to an intensive educational program at Yale University's Drug Dependence Institute in New Haven, Connecticut, on 5 December 1971. A directory of VA and civilian alcohol and drug abuse

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[16]US Department of the Army. Headquarters, Department of the Army Alcohol and Drug Abuse Prevention and Control Plan (3 September 1971), pp. 1 - (L-1).

facilities in CONUS was published and distributed in December 1971.

SOME PROBLEM AREAS

"People normally resist change, particularly when it is imposed upon them."[17] Obviously there has been some resistance to the changing policy on how to handle the soldier who abuses drugs. There has been a drastic change in the Army from handling drug abuse as a disciplinary matter to the current approach of treatment and rehabilitation. Resistance to the policy change has not been intentional or deliberate in most instances. Instead, there has often been a lack of initiative in adopting new policies as a result of a lack of complete understanding. Considerable progress has been made in recent months but confusion still exists in some areas.

There has been considerable confusion in the field concerning the exemption program. This confusion detracts from the credibility of the drug program as does the fact that many people associated with administering the program are opposed to the "loss of pay" and "bad time" provisions of existing statutes. Legislation has been introduced to change "loss of pay" and "bad time" statutory requirements.

Maximum penalties under the Uniform Code of Military Justice need to be updated to conform to federal statutes. The penalty

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[17]Leonard R. Sayles and George Strauss, Personnel - The Human Problems of Management (1967), p. 6.

for marijuana use should be less than the penalty for use of heroin. Adjustment in the maximum penalties is currently being considered by the inter-service Standing Committee to Keep the Manual for Courts-Martial Updated.

There is too much emphasis on drug abuse statistics. Senator Harold Hughes made this point during his remarks to the Army Material Command Alcohol and Drug Abuse Workshop at Edgewood Arsenal, Maryland, on 18 October 1971 when he said:

> One of my concerns about the entire drug scene is the over-emphasis on statistics. Sometimes I think we like to use statistics as a tranquilizer. So far as I am concerned whether the percentage of heroin users is 5 percent, 10 percent, or 20 percent, it is one hell of a staggering problem. And I, for one, have not seen any hard evidence that it is leveling off. Even if this were true, the existing problem is so vast that we cannot allow ourselves to be lulled into slowing down.[18]

An effort is in progress by the Department of Defense to standardize reporting requirements for all the services. It appears, however, that this will tend to increase, rather than decrease, the overall statistical reporting requirements in the Army.

One troublesome problem is that there are no known sure cures for the drug problem. Civilian authorities disagree with each other on solutions. In most instances, since there is seldom an ideal solution, Army policy makers must choose options which are least disadvantageous.

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[18]"Army Makes Dramatic Headway In Alcohol and Drug Fight." The Voice (First US Army), 19 November 1971, p. 6.

SOME POSSIBLE FUTURE CHANGES

Based on urinalysis screening experience to date, there are very few officers or senior noncommissioned officers who are drug abusers. This being the case, and in view of costs involved in testing and of the special trust placed in these categories of personnel, it is possible that they will be exempted from urinalysis screening at some future date.

Unit testing is likely to increase in the future. Consideration is being given to a random sampling technique to identify units whose personnel are to be tested. If and when unit testing does increase, present testing policy for some fixed events, e.g., DEROS, could be expected to be reduced.

Department of the Army Drug Abuse Assistance Teams, formed by use of Department of the Army Staff Officers, visited several Army installations in 1971. Visits by these teams will increase in early 1972 with the establishment of an organization for this specific purpose.

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BIBLIOGRAPHY

1. Addington, Lloyd. "A Profile of Drug Abuse In The United States." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 27 September 1971.

2. Armed Forces Information Service, Department of Defense. Drug Abuse: Games Without Winners. Washington: US Government Printing Office, 1968.

3. "Army Makes Dramatic Headway In Alcohol and Drug Fight." The Voice (First US Army), 19 November 1971, p. 6.

4. Deitch, David. "Comments on Prevention Through Education." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 28 September 1971.

5. Doyle, Brian (Maj/MD). "Detoxification and Initial Treatment." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 28 September 1971.

6. Doyle, Brian (Maj/MD). Moderator, et al., "Law Enforcement and Exemption." Panel Discussion. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 28 September 1971.

7. Drug Addiction In The Military,". Department of Defense Information Guidance Series, June - August 1971, Numbers 8B-1 - 8B-7.

8. "Drug Trade." Encyclopedia Americana, Vol. 9, 1959.

9. Engineer Strategic Studies Group, Office of the Chief of Engineers, Department of the Army. Definition of Terms: Usage Concepts and Drugs of Abuse. Washington, September 1971.

10. Engineer Strategic Studies Group, Office of the Chief of Engineers, Department of the Army. Drugs Most Often Abused. Washington, September 1971.

11. Fletcher, Donald. Drug Abuse - A Manual for Law Enforcement Officers. 4th Ed. Philadelphia: Smith, Kline, and French Laboratories, 1968.

12. Gard, Robert G., Jr., (BG). "Department of the Army Drug Abuse Program." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 27 September 1971.

13. Hogan, Harry. America's Drug Problem - Draft Prepared According to the Instructions of the Honorable John Byrnes. Washington: The Library of Congress (Congressional Research Service), 30 September 1971.

14. Holloway, Harry (Col/MD). "Profile of The Military Drug Addict." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 29 September 1971.

15. Hughes, Harold (Senator). Remarks By Senator Hughes. Army World-wide Drug Abuse Conference Banquet, Fort McNair: National War College, 28 September 1971.

16. Jaffe, Jerome (MD). "A National Drug Abuse Control Program." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 27 September 1971.

17. Jennings, Hal (LTG/MD)." Comments on Treatment and Rehabilitation." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 29 September 1971.

18. Kelly, Roger T. Statement of the Assistant Secretary of Defense (Manpower and Reserve Affairs) before the Hughes Subcommittee on Alcoholism and Narcotics. Washington: US Department of Defense, 9 June 1971.

19. Laird, Melvin. US Department of Defense. Memorandum for the Secretaries of the Military Departments and Chairman, Joint Chiefs of Staff, 17 June 1971.

20. National Clearing House For Drug Abuse Information. A Federal Source Book: Answers To The Most Frequently Answered Questions About Drugs. Washington: US Government Printing Office, March 1971.

21. Nowlis, Helen (Dr). "Prevention of Drug Abuse Through Education." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 28 September 1971.

22. Peck, Scott (Maj/MD), Moderator, et al., "Rehabilitation." Panel Discussion. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 29 September 1971.

23. Sayles, Leonard R., and Strauss, George. Personnel - The Human Problems of Management. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1967.

24. Taylor, Richard (BG/MD). "Army Medical Laboratory Capabilities For Identification of Drug Users." Lecture. Army World-wide Conference, Fort McNair: National War College, 27 September 1971.

25. US Bureau of Narcotics and Dangerous Drugs. Drug Abuse Prevention: A Community Program Guide. Washington: US Government Printing Office, 1970.

26. US Bureau of Narcotics and Dangerous Drugs. Drugs of Abuse. Washington: US Government Printing Office, 1970.

27. US Bureau of Narcotics and Dangerous Drugs. Narcotic and Controlled Drug Security. Washington: US Government Printing Office, 1969.

28. US Department of the Army. Fact Sheet: Chronological Development of Drug Abuse Prevention and Control Programs at Department of the Army and in Vietnam. Washington, 31 May 1971.

29. US Department of the Army. Headquarters, Department of the Army, Alcohol and Drug Abuse Prevention and Control Plan. Washington, 3 September 1971.

30. US Department of Health, Education, and Welfare. Alcohol: Some Questions and Answers. Washington: US Government Printing Office, Undated.

31. Westmoreland, W. C. (General). "Closing Remarks." Army World-wide Drug Abuse Conference, Fort McNair: National War College, 29 September 1971.

32. Winter, Phillip, (LTC/MD). "Evaluation." Lecture. Army World-wide Drug Abuse Conference, Fort McNair: National War College, 29 September 1971.