Military's testing results show the war on drugs can be won

by Nicholas F. Benton

"Call it off!" shrieked the Washington Post in a self-revealing Aug. 8 editorial demanding that President Ronald Reagan rescind his latest orders for escalating the war on drugs with measures that include widespread use of both mandatory and voluntary testing. Particularly threatening to the Post, and a lot of other mouthpieces like it, was the announcement that Reagan himself and 79 other members of the White House senior staff were voluntarily submitting to drug tests to set an example for the rest of the country.

Aside from the fact that the *Post* and other major media fear they would be hard pressed to find anyone on their dole qualified to get past government security checks if such tests were prerequisites, the *Post's* transparent argument that such testing "won't work" has already been proven fraudulent by impressive results in the military since 1980.

With the aid of mandatory testing, overall drug abuse in the military has declined by a dramatic 67% since 1980. In 1980, 27% of those in the military used an illegal drug within a 30-day period of the date they were questioned. By 1985, that percentage had dropped to 8.9%. The surveys were done by use of anonymous questionnaires and have corresponded almost exactly to trends revealed by the testing itself, indi-

cating a high degree of accuracy. Secretary of Defense Caspar Weinberger presented the 1985 survey results to President Reagan at the White House Aug. 5.

Assistant Secretary of Defense for Health Affairs William Mayer, at a recent Pentagon press briefing, said that the anti-drug effort in the military "would have been infinitely less effective without the testing." He said that "command attention" to the problem and rehabilitation programs have also been vital to its success.

Mayer said that the military program "does function as a prototype for at least some portion of the federal workforce." Both he and a senior administration official, who briefed the press at the White House immediately after Reagan's first announcement of his new anti-drug offensive on Aug. 4, said that mandatory testing would be expanded within the federal workforce beyond the "sensitive employment areas" where it currently exists, such as law enforcement and aviation.

However, the biggest emphasis will still be on voluntary testing programs, where "peer pressure" will be the major component in effectiveness. To make this work, the senior administration official said, "The emphasis has to be on rehabilitation rather than punishment." This is the case even

PIGURE 1

Drug use for enlisted personnel within a previous 30-day period, 1985

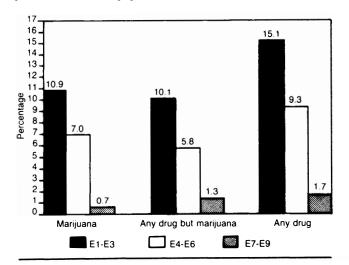
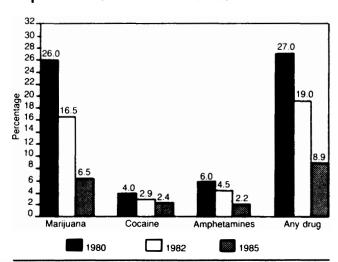
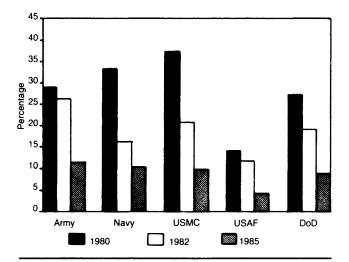


FIGURE 2
Trends in drug use past 30 days, total
Department of Defense 1980-85



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FIGURE 3
Service trends in any drug use, past 30 days, 1982-85



where testing is mandatory, such as in the military, he said. There, for example, the percentage of individuals effectively treated is very encouraging. In one year, he said, only 15,900 persons had to be discharged from the military for drug abuse, while another 60,000 were effectively treated and kept in.

Only in the case of commissioned and non-commissioned officers does evidence of drug abuse lead to automatic dismissal, Mayer said. This is because officers are "required to meet requirements of trust and responsibility" that are not matched by the duties of young recruits, who are offered "reality-based rehabilitation and counseling."

Mayer said the main problem in drug rehabilitation is the lack of an effective treatment regimen for the "chronic" abuser. He said that while chronic alcoholism can now be effectively treated, even though at great expense and effort, there is no effective medical treatment for the chronic drug abuser. In the case of cocaine, studies at Texas A&M University suggest that regular use causes a "speeding up of the aging

process of the brain by causing irreparable damage to crucial nerve cells," bringing on symptoms similar to Parkinson's Disease. This obviously demonstrates the problems in rehabilitation. Dr. Michael Trulson of Texas A&M said, "Our research suggests that cocaine destroys 60% of the cells related to motor skills, and that leads to an earlier onset of a condition like Parkinson's [a progressive disease creating difficulty in speaking, writing, and moving]."

It is for these kinds of reasons that only the "first-time" or relatively infrequent users can be successfully rehabilitated at this time, Dr. Mayer said.

Dr. Carlton Turner, head of the White House drug abuse policy team, said that there are an estimated 1.5 to 2 million "chronic" cocaine abusers in the United States today, and that the figure is expected to rise dramatically with the appearance of the potent, highly addictive, and inexpensive form of cocaine known as "crack." The rate of hospital emergency room incidents and deaths related to cocaine, he said, has tripled in the last three years, indicative of the rising trend in "chronic" abuse.

On the other hand, progress in the rehabilitation of the chronic marijuana abuser has occurred. Turner reported on the effectiveness of a government program which targeted the chronic abuser of marijuana among the nation's high-school seniors. As a result of the effort, the rate has declined from 1-in-11 high-school seniors who used marijuana daily in 1981 to 1-in-21 in 1985. But the worst threat to the high schools is the new "crack" crisis. So potent is "crack" that one use can induce addiction and permanent brain damage.

Thus, President Reagan's pledge that his new offensive is going to target drug eradication in the schools comes not a moment too soon. White House spokesman Larry Speakes confirmed on Aug. 11, that Secretary Bennett's Education Department is making preparations now to launch a major offensive "when the children start back to school this fall."

Despite the cries of the *Washington Post* and everyone else who wants to keep the drug trade flourishing, concerted efforts do produce results. If fought vigorously on all levels, the war on drugs can, and must, be won.

TABLE 1
Frequency of marijuana/hashish use during the past 30 days

Service										
Days of Use	Army		Navy		Marine Corps		Air Force		Total DoD	
	90.8	(1.1)	93.0	(1.0)	92.3	(3.2)	97.5	(8.0)	93.5	(0.6
1-3	4.8	(0.7)	3.8	(0.9)	4.0	(1.2)	1.3	(0.2)	3.4	(0.4)
4-10	1.4	(0.2)	1.5	(0.6)	0.9	(0.4)	0.9	(0.6)	1.2	(0.2)
11-30	3.0	(0.5)	1.7	(0.6)	2.7	(2.0)	0.4	(0.1)	1.9	(0.3)

Note: Tabled values are percentages and represent prevalence estimates with standard errors in parentheses.

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