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FACTFINDING MISSION TO COLOMBIA
AND PUERTO RICO

A REPORT

OF THE

SELECT COMMITTEE ON NARCOTICS
ABUSE AND CONTROL
NINETY-SIXTH CONGRESS

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FOREWORD ACQUISITIONS

The following is a report on the Select Committee on Narcotics Abuse and Control's special mission to Puerto Rico and Colombia from April 13 through April 21, 1979. The delegation consisted of three members of the Select Committee and three other Members of Congress.

Members of the Select Committee on Narcotics who participated in the mission were Chairman Lester L. Wolff of New York, and Representatives E (Kika) de la Garza of Texas and Tennyson Guyer of Ohio. In addition, members of the delegation included Representatives Charles C. Diggs, Jr., of Michigan (Committee on Foreign Affairs), John J. LaFalce of New York (Committee on Banking and Currency), and John T. Myers of Indiana (Committee on Appropriations).

Also accompanying the committee were representatives of several agencies of the executive branch. Ms. Mazie Pope represented the White House Drug Policy Office; Mr. Edwin Corr, Deputy Assistant Secretary of State, represented the Office of International Narcotics Matters; the Drug Enforcement Administration (DEA) was represented by Mr. Gus Fassler; the U.S. Customs Service was represented by Mr. William Byrd and the U.S. Coast Guard was represented by Comdr. Thomas McGrath.

In Puerto Rico and Colombia the Members of Congress and staff met formally and informally with a wide range of officials including the President of Colombia and the Governor of Puerto Rico. We want to thank every individual who took time to exchange views and experiences on narcotics trafficking and control. It is only through increased international cooperation that we will be able to make progress in the continuing struggle against the abuse of narcotics.

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INTRODUCTION

The Select Committee on Narcotics Abuse and Control was established in late 1976 and charged with the responsibility to conduct a comprehensive and continuing oversight of the narcotics situation in the United States. In exercising its mandate, the select committee has held hearings in the United States and abroad in an effort to gather the information necessary to inform the Congress of the effect of illegal traffic in narcotics and the widespread problem of drug abuse on matters of domestic and international policy.

In early 1977, the Select Committee visited Colombia and at that time became aware of three major influences on that country's narcotics problem. First, we were informed of the widespread influence which narcotic growing and trafficking plays in Colombian society and the difficulty that society encounters in dealing with this onerous practice. Second, we received further strong reinforcement of our opinion that the United States, acting unilaterally, cannot hope to interrupt or stop international narcotics trafficking. Third, we gained insight into methods by which the United States could cooperate with Colombia and other countries on a bilateral basis to implement a strong and effective antinarcotics campaign which would work to the advantage of both nations.

The current mission gave us additional insight into all three of these problems as well as an opportunity to influence those in authority to further cooperate with us in our fight against narcotics trafficking. Discussions with Colombian officials in Bogota and a later onsite inspection of the narcotics production and transshipment situation in the Guajira Peninsula brought home the adverse impact that production and trafficking of illicit drugs are having on the people and economy of Colombia. Cocaine trafficking and production flourishes in the Amazon basin to the south of Bogota while marihuana production and transshipment flourishes in the remote northern provinces. We gained substantial information about the Government of Colombia's attempts to deal with its internal problems related to drug trafficking, as well as the magnitude of the illegal profits made by the traffickers. We also witnessed an effective interdiction campaign and learned of the genuine commitment of the Government of Colombia in attempting to solve this overall problem.

Trafficking procedures and routes have become much more sophisticated and better defined since the committee's visit in 1977. We discussed new law enforcement alternatives being implemented in Colombia, Puerto Rico, and along the southeastern border of the United States, and gained firsthand insight into the requirements of the Colombian Government necessary to maintain a high level of anti-narcotic activity. We came away with a better understanding of the role that the United States could play to assist the Colombians in a mutual effort.

A word of special thanks should be given to our Ambassador, the Honorable Diego Asencio, and his staff. In the face of severe time limitations imposed by the delegation's schedule, Ambassador Asencio maximized the constructive use of our time and personally escorted the delegation to each meeting. We sincerely hope that his infectious enthusiasm and dedication plus his indepth knowledge of this problem will energize the entire United States and Colombian antinarcotics program.

I. COLOMBIA DRUG PRODUCTION AND TRAFFICKING

Colombia is a democracy with a population of approximately 30 million people. Sixty-seven percent of Colombians live in cities, the reverse of the situation of 20 years ago. Production and processing of various illicit drugs have become significant influences both in the urban centers and in the outlying rural districts. In fact, we were told that over 40 thousand families are now supported by income generated from the marihuana industry alone. It has been estimated that the total illegal income to the citizens of Colombia from illicit drug trafficking exceeds, manifold, the national income from the growing and exportation of coffee. While the nation does not suffer from an overwhelming domestic drug abuse problem, the corrupting effects of the illicit drug industry on the economy and politics of Colombia cannot be denied.

The Colombian Government was relatively unprepared by the dramatic upsurge in narcotics production and trafficking which the country has experienced in the past 5 years. The magnitude of the overall problems are not yet fully realized. Colombian response and strategy is therefore continually being developed to meet the problems as they escalate.

Law enforcement responsibility in Colombia is shared by five agencies: The Attorney General's Antinarcotic Unit, the military forces, the National Police, the Department of Administrative Security (DAS), and Customs. Of these, the Attorney General's Unit and the military forces are the most active, with the Attorney General's Unit concentrating on cocaine trafficking and the military forces concentrating on reducing the production and interdiction of marihuana.

The Attorney General's Antinarcotic Unit was created in January 1978. Until December 1978, only 55 of the 116 allocated positions were filled, but recent recruiting and training efforts have brought the Unit up to full strength. The increasing effectiveness of this Unit is encouraging. In calendar year 1978, total cocaine seizures by all enforcement agencies in Colombia totalled 650 pounds. That same amount was reached during the first 3 months of 1979, with most of the seizures being made by the Attorney General's Unit.

Perhaps the most dramatic antidrug effort engaged in by the Colombian Government has been the two-peninsula campaign which has been directed by the Ministry of Defense. This campaign, which was launched in November 1978, is intended to place intense pressure on marihuana traffickers in the remote Guajira Peninsula. It was designed to complement a similar effort along the Florida Peninsula by U.S. enforcement agencies (hence, the two-peninsula campaign). According to the Minister of Defense, General Camacho Leyva, with whom the committee met on April 16, the campaign has been highly successful. The military has seized between 1,500 and 2,000 tons of marihuana, 41 aircraft, 62 ships, and has arrested almost 700 Colombian citizens and 150 persons of other nationalities. They have also

seized 174 vehicles. According to the Minister of Defense, the seized marihuana had a value of \$1.9 billion. There is no question that Colombian traffickers have felt and responded to the pressure of the interdiction campaign. In recent months, seizures have been reduced as traffickers lay back awaiting more favorable conditions. A similar reduction in seizures has been detected in the United States.

According to General Narvaez, the campaign director in Bogota, the cost of the campaign has been high, with Colombia expending over \$10 million to date. The military commitment consists of three infantry battalions, one cavalry group, one artillery group, two military vessels, and nine military aircraft. It has been coordinated between elements of the Army, Navy, and Air Force. The total military commitment has involved 6,500 Army personnel, over 26,000 miles of patrolling by the Navy, and over 1,500 flight hours by the Air Force.

In light of the early successes and potential continued success of the interdiction campaign, the Colombian Government has requested an additional \$6 million from the U.S. Government to extend the campaign for the next 6 months. They claim that the cost of conducting the campaign has increased because traffickers are now operating primarily at night and are using enhanced sophisticated communications equipment. The additional American funds would be used to provide radar coverage of the remote areas involved and to supply additional communications equipment, fuel and logistic support to the operative forces. (The total American contribution is currently being negotiated.)

It is obvious that the campaign should be continued. United States and Colombian intelligence indicates that the price of marihuana "on the beach" has tripled in the past 6 months; however, because of the huge amounts of marihuana which slip through the dragnet and the amounts already in the supply line to the United States, there has not yet been a resulting decrease of availability in this country. The campaign is, however, a dramatic manifestation of the desire of the Colombian Government to respond positively to the trafficking situation.¹

CURRENT U.S. AID TO COLOMBIA

In 1979 the Department of State will invest over \$1.3 million in direct assistance to current narcotic control programs in Colombia. These funds will support fuel vehicle and aviation equipment expenditures, and will be channeled through the Office of the Attorney General.

While there is no evidence to indicate misapplication of these funds, the Embassy is severely limited in its capacity to monitor our investment. The maintenance and equipment purchased by the Colombians is located in remote areas where U.S. personnel are rarely present on a regular basis. In addition, there is a reluctance to indicate to the Colombians that they are not trusted or that they are incapable of properly expending the money. Because of the limited

¹ On Mar. 29, 1979, the House of Representatives passed H.R. 3173, the International Security Assistance Act of 1979 and on May 22, 1979, it passed the Senate. This act provides "of the amount authorized for the fiscal year 1980 by paragraph (1), \$16 million shall be available only for the Republic of Colombia for the interdiction of drug traffic. Such funds may be used only (A) for helicopters, patrol vessels, fixed radar equipment, transport vehicles, and fuel, which will be used exclusively for interdicting drug traffic, and (B) for training personnel with respect to the interdiction of drug traffic."

amount of support which is currently being provided the issue is not pressing. It is obvious that at least the great majority of the funds are being properly used, because the campaign which they are designated to support is so visible.

There will be cause for greater concern, however, if the \$16 million currently being considered (presently authorized but not yet appropriated) is indeed made available to the Colombian campaign. Some increased ability to monitor end use of the funds will be required in order to properly evaluate its impact and to justify further grants. Whether through increased onsite inspection or through a reliable reporting system which can be verified by Embassy personnel is a decision which should properly be left up to the Department of State. However, the need for such monitoring is real and must be implemented.

Members and staff of the committee and Ambassador Asencio, accompanied by Colombian military and civilian officials, were flown by three helicopters to a remote military outpost. We met with the young soldiers and their commander and were impressed by their dedication despite the desolate and barren surroundings. We then overflew the many clandestine airstrips in the flat coastal plain areas and over part of the marihuana growing areas. Some of the terrain was extremely mountainous with deep and treacherous valleys making traveling by land extremely difficult. The coastal areas were arid, desertlike and equally forbidding.

During its brief inspection of the Guajira Peninsula the committee noted over 50 clandestine airstrips in the desert. Some of these airstrips appeared to be over 5,000 feet in length and would undoubtedly accommodate large cargo transport aircraft. We were told that they are surfaced with extremely hard adobe, and that the United States had recently donated to Colombia two mining drills which, if permitted by local authorities, will be used to penetrate the surface for the purpose of planting explosives, thus creating large craters in the landing strip and precluding their further use by clandestine traffickers. DEA estimates that there may be as many as 200 clandestine airstrips in the Guajira alone, with perhaps as many as 1,000 or more throughout the interior of the country.

The committee was told of a recent seizure of an aircraft made by Colombian officials. The aircraft had landed on one of the clandestine strips and had loaded so much marihuana aboard that it was impossible to take off because of the inadequate length of the strip. The aircraft taxied to a nearby road and began its takeoff roll but upon reaching the top of a small hill in the road the aircraft struck a jeep traveling in the opposite direction, and crashed.

We saw the wreckage of other aircraft at various sites in the Guajira. Most of the wrecked aircraft are cannibalized for parts and metal by locals. Many aircraft which crash are subsequently burned and buried to avoid detection. Although the Colombians seize approximately 10 aircraft per month, most appear to elude enforcement teams to complete their return to the United States with their illicit cargo. Large-scale traffickers appear to prefer aging propeller-driven cargo aircraft such as the DC-3, DC-4, and DC-6. An indictment returned

in Miami on May 1, 1979, however, revealed that at least one trafficking group had planned to hijack a commercial 727 airliner for this purpose. That same indictment alleges that a Colombian army colonel accepted a bribe of \$300,000 to procure the release of two downed American pilots.

Corruption at various low and intermediate levels continues to plague Colombian authorities. The Drug Enforcement Administration has estimated that drug trafficking proceeds entering the Colombian economy range from \$700 million to \$1 billion annually. The impact of this amount of money in a country where the per capita income is approximately \$674 (as of November 1977) is obvious. It does not appear that corruption reaches the highest levels, but the Colombian bureaucracy is clearly susceptible to corruptive influences at the lower levels.

The committee was honored to meet with President Julio Cesar Turbay Ayala on April 16, in a meeting which was scheduled for 1 hour but which lasted twice that long. During the direct and frank discussions President Turbay stated that when he took office in August 1978, he was determined to restore law and order to Colombia and undertake a vigorous campaign to suppress the narcotics trade. In this conference the President exhibited a working knowledge of the Colombian antinarcotic effort and gave clear evidence of his personal commitment to proceed vigorously in this regard. In his exchanges with Chairman Wolff, President Turbay detailed the damage narcotics trafficking was doing to the fabric of Colombian society through corruption, general disregard for the law, and the ensuing inflation caused by the great influx of money received from illegal narcotics trafficking. The President discussed with the delegation the longstanding problems of the Guajira region caused by a lack of economic development and general neglect which he attributed to previous administrations. He emphasized that the Guajira campaign would have been undertaken with or without the assistance of the American Government because it was a necessary first step in establishing both the presence and credibility of the Colombian Government in that remote region. He emphasized that although he was aware of American criticism of Colombian drug trafficking, the campaign was not devised to placate any foreign government but is intended to consolidate and strengthen his own nation.

President Turbay indicated a reluctance to engage in an immediate spraying eradication campaign because of the international controversy surrounding the Paraquat issue and because of other, as yet undefined, environmental issues. He did, however, confirm his commitment to continue support of the two-peninsula campaign, but commented on the large expense being borne by the Colombian people to support it.

President Turbay was receptive to the idea of increased American technical and financial assistance in promoting the campaign. He indicated a ready willingness to enter into discussions in this regard with Ambassador Asencio, whom he complimented broadly for his own expertise and past accomplishments in this area. The President reacted favorably to a suggestion made by Chairman Wolff that international funds for social and economic programs in the Guajira should be explored for their availability.

President Turbay referred to recent articles in the American media which described Colombia as a nation busily engaged in producing illicit drugs for the rest of the world. He characterized this description of Colombia as being unfair because in large measure the Colombian drug activity, he said, "was encouraged and financed by Americans." He expressed a thought which we would hear often in subsequent interviews with other officials of the Colombian Government; that were it not for the advanced appetites of many Americans to consume illicit drugs, Colombians would not have such incentive to produce.

At the end of the conversation, the President reiterated his commitment to the effort against drug trafficking and asked for increased U.S. assistance for the Colombian Government.

Following the meeting with President Turbay, the committee met with Minister of Justice Escobar Sierra. The Minister detailed Colombia's plans for legal reform and expressed hope that a new penal code would be approved by late July. The delegation was particularly interested in discussing existing inconsistencies and conflicts between provisions of Colombian laws which may impede prosecution of international traffickers. Specifically, the question of prosecuting Colombian seamen, who are apprehended on mother ships by law enforcement officials of the United States and returned to Colombia, was raised. In most cases, the seamen are not prosecuted in Colombia and, in fact, are often reapprehended by American authorities in a subsequent drug run shortly following their deportation to Colombia.

The minister again raised the question of "responsibility of the American Government in accepting its proper role in the international struggle against narcotics traffickers." He stated that in this case the law which had been broken comes under the jurisdiction of the United States, and that it was the responsibility of the United States to incarcerate the criminals. Implied in his comment was the common Colombian position that the United States was pointing a finger at Colombia and insisting that responsibility for control of international trafficking and American drug abuse rests with other countries.

On April 16th, the delegation met with Foreign Minister Uribe Vargas. The Minister outlined several international efforts with other countries into which Colombia had recently entered, specifically mentioning agreements with Venezuela, Peru, and Ecuador. He also described mixed commissions which have been established with Colombia's neighbors to control smuggling of all contraband along their common borders. The Minister expressed his concern for the southern border of his nation with Peru, where most of the cocaine smuggling is centered. While the delegation did not have time to personally visit the area, it was described by the Minister and our Embassy personnel as being dense Amazonian jungle with little effective presence of military or civilian police. Towns such as Pasto and Leticia were characterized as cocaine processing centers, and law enforcement problems there range from lack of roads and communication facilities to frequent violence and lack of regard for government authority.

From discussions which took place in many of the meetings it was apparent that there is a serious misunderstanding in Latin America of the recent debate in the United States concerning the decriminalization of marihuana. We repeatedly heard that because the individual

States were liberalizing their antimarihuana statutes, the United States should not criticize those nations in which marihuana was produced.

Chairman Wolff carefully explained that the decriminalization movement should not be confused with legalization; that many States were considering reduction of penalties for simple possession of small amounts of marihuana for personal use, but that civil penalties were being retained. He confirmed that the United States, and Colombia subscribe to the United Nations Single Convention on Narcotics which clearly precludes legalization of marihuana and other illicit drugs by either nation.

Chairman Wolff stated that there was no significant national movement toward Federal legalization, and that he did not foresee such action in the near future. He stressed the unanswered questions concerning the potential health hazards associated with long-term marihuana abuse, the effect of consciousness-altering drugs on our young people, and his personal opposition to all forms of drug abuse.

On Tuesday, April 17, the delegation met with Attorney General Gonzalez Charry; the President of the Colombian Senate, Dr. Guillermo Plazas Alcid; and the President of the House of Representatives, Dr. Jorge Mario Eastman. In addition to commenting on the previous points, each of these individuals was asked to comment on the extradition treaty currently being negotiated between the United States and Colombia. Two significant problems currently impede execution of this treaty. First, the laws of Colombia are based upon the Napoleonic code which prohibits the taking of testimony from a person involved in a crime under a grant of immunity. Colombian law requires that any individual identified as participating in a criminal activity must be prosecuted if he is identified. For this reason many Colombian nationals apprehended in the United States refuse to provide testimony for a Colombian trial which would lead to the conviction of a person. For someone to return to Colombia to testify he must also accept the fact that he too will be subject to prosecution.

A second problem is that Colombian law does not recognize the crime of conspiracy except in matters involving treason. Conventional extradition treaties require that the person to be extradited must be guilty of an activity which is a crime in his home country. This makes it extremely difficult to obtain extradition of persons necessary to support conspiracy prosecutions in the United States. We were reassured by Ambassador Asencio that these problems were being negotiated and that a draft extradition treaty is expected within the next few months.

The delegation also had an opportunity to meet with representatives of ANIF (National Association of Financial Institutions) which is a respected policy study group in Bogota supported by the financial community.

ANIF had recently released a report which supported legalization of marihuana growing and trafficking in their country. Discussion revealed that they felt their proposal was justified on two major grounds.

First, production of marihuana has become a way of life for many disadvantaged peasants and is already the source of immense income to the country, albeit illegal. Second, they maintain that policies

discouraging marihuana use in the United States are being eroded by decriminalization statutes which have been passed by 10 States, and that with regard to repressing the use of marihuana, we were essentially in a "prohibition era" situation. In their discussion, however, they failed to address other relevant issues. Colombia is a signatory to the U.N. Single Convention on Narcotics which clearly prohibits any country from legalizing (as opposed to decriminalizing) the growing, production, or use of marihuana. They also declined to discuss the potential harmful health effects of marihuana abuse which is indicated by a body of evidence brought forth through certain recent research efforts. Members of the committee explained to the ANIF representatives, as they had done to various Colombian officials, that two of the major reasons for wishing to discourage, rather than encourage, marihuana use was that it clearly affected the ability of young students to concentrate in the classroom and clearly impaired a person's ability to operate an automobile on public highways. In addition, they emphasized that there is a growing realization in the United States that there is no clear medical evaluation of the true health hazards associated with long-term marihuana abuse.

It was made clear that the motivation behind the ANIF legalization proposal was twofold: The Government of Colombia is losing tremendous revenues because of its inability to tax the marihuana industry. Furthermore, because there is a substantial marihuana industry in place providing support to many families, it should simply be recognized and legitimized. While the committee recognizes that the ANIF representatives are well intentioned, it does not appear that all relevant issues were addressed in their report, which takes a tone of advocacy rather than one of unbiased objectivity.

SUPPLY FINDINGS AND CONCLUSIONS

1. Production of marihuana and cocaine in Colombia has become an important source of income to many thousands of poor farmers who have no other substantial income base.

2. Colombia now accounts for approximately 70 percent of the marihuana consumed in the United States. This is related to the decrease in popularity of Mexican marihuana caused by the Paraquat controversy.

3. Proceeds from drug sales represent a staggering \$700 million to \$1 billion annually to Colombia. Cocaine alone may account for \$400 million of this amount. The drug-fueled inflation has been placed at 25 percent.

4. Consultations with high officials of the Government of Colombia, including President Turbay, indicate that there is clear commitment on their part to move effectively against narcotics traffickers. These officials exhibited comprehensive knowledge of the details of the campaign and pledged continued support.

5. The Colombian production question is closely linked with the high levels of American drug consumption in the minds of Colombian officials.

6. Marihuana is grown for export primarily in the remote Guajira Peninsula, and the Colombian government has resorted to military

operations there in an attempt to interdict shipments of the drug. This campaign has experienced considerable success.

7. It is in the interest of both the United States and Colombia to continue the interdiction campaign, since traffickers have been forced to cease operations in some cases, and alter routes in others. Seizures of marihuana by the military have reached nearly 2,000 tons, valued at almost \$2 billion.

8. The Government of Colombia will require financial assistance from the United States to continue their interdiction campaign at a high level of activity. Discussions in this regard are currently being conducted.

9. Colombia is also a source of illicit methaqualone (also known as Quaaludes, Sopor, and Mandrax) which is smuggled into the United States.

10. The committee found no evidence of corruption at the highest levels of Government in Colombia, but found candid acknowledgement of persistent corruption problems at lower levels, particularly in remote areas of the country where traffickers wield significant power deriving from their immense profits.

11. The most effective method of dealing with the production of marihuana and cocaine is through eradication, not interdiction, but an acceptable method of eradication has not been determined. The Colombians are reluctant to engage in herbicidal eradication because of unanswered environmental and policy questions.

12. The ability of the U.S. Embassy to monitor the implementation of current narcotic control grants is limited and inadequate.

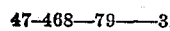
SUPPLY RECOMMENDATIONS

1. Support should be given to further financial aid to Colombia for continuation of its successful Guajira interdiction campaign.

2. Support should also be given to development of an effective eradication program in Colombia, since the total volume of drugs produced far exceeds that which can effectively be destroyed through interdiction alone. This program should include rural development support.

3. The U.S. Ambassador should develop a reliable monitoring system to assure optimal use of American grants for narcotics control.

4. Every effort should be made by the DEA to assure the prompt sharing of appropriate narcotics trafficking information with the Colombian Government.



II. SCOPE OF DRUG ABUSE PROBLEMS IN PUERTO RICO—SUPPLY REDUCTION

Puerto Rico sits in the Caribbean Sea to the north and east of the Guajira Peninsula and to the south and west of the Florida Peninsula. Enjoying status of a Commonwealth of the United States, Puerto Rico is very inviting to drug traffickers for two reasons. Its population is centered on the northeastern portion of the island and the relatively isolated south coast is an easy target for a trafficker's boat or airplane. A number of private and clandestine landing strips are also in this area. In addition, once a trafficker has delivered a shipment of marijuana or cocaine to Puerto Rico he can proceed without further significant hindrance from law enforcement to the U.S. mainland because there is no added U.S. Customs clearance of aircraft or vessels departing Puerto Rico for any U.S. seaport or airport.

There are four agencies of the U.S. Government represented in Puerto Rico which have direct impact on the narcotic trafficking situation. They are DEA, Customs, the Coast Guard, and the office of the U.S. attorney. In addition, the Puerto Rico Police Department is responsible for enforcing local antinarcotic statutes. Each of these agencies has a particular problem in conducting their operations in Puerto Rico.

The Select Committee on Narcotics Abuse and Control conducted investigations which culminated in hearings held in Hato Rey, Puerto Rico, on April 19 and 20, 1979. These hearings focused on the response by law enforcement agencies and their efforts to suppress the trafficking of drugs through the island. It should be noted that the flow of heroin into Puerto Rico showed a reverse pattern in that heroin was being brought in from the mainland. The witnesses at these hearings including: Ronald Seibert, Special Agent-in-Charge, and Jose Lozano, Group Supervisor, Drug Enforcement Administration; Robert Hazelton, District Director, U.S. Customs Service; Rear Adm. Robert W. Durfey, Commander, 7th Coast Guard District, U.S. Coast Guard; Captain Nelson Segarra, Narcotics Division, Puerto Rico Police Department; Julio Morales-Sanchez, U.S. Attorney, Puerto Rico; and Wilson M. Loubriel, Executive Director, Airport and Port Authority, Puerto Rico.

DRUG ENFORCEMENT ADMINISTRATION (DEA)

The Drug Enforcement Administration was represented by Ronald Seibert, DEA Special Agent-in-Charge, who testified:

The DEA San Juan office consists of 14 special agents. We are going to receive two more sometime this summer or by early fall.

In addition to covering Puerto Rico and the U.S. Virgin Islands, we also cover Haiti, the Dominican Republic, the British Virgin Islands, St. Martin, Antigua, Guadeloupe, Dominica, and Martinique.

He went on to say:

The heroin we receive here is of the Mexican variety, and during the past 2 years there has been a noticeable decrease in the availability and purity of the heroin. The Mexican heroin comes here primarily from Chicago and New York via the domestic airlines * * *.

There is, in fact, a reverse flow of heroin from the mainland of the United States onto the island of Puerto Rico. Major heroin traffickers

often reside in Puerto Rico but direct a business empire which reaches into the midwest of the United States. Because they are relatively isolated from the actual flow of narcotics, DEA finds it very difficult to make cases against these individuals. Although DEA recently established an airport group consisting of three agents working in combination with three Puerto Rico Police Department (PRPD) drug agents, this group is not very effective in dealing with domestic (i.e., New York-San Juan) flights. Since Customs has no jurisdiction over domestic flights, much of their time is occupied in responding to Customs' seizures, which are made on passengers arriving from international flights. Without the visual inspection of each piece of arriving passenger baggage which is normally provided through Customs' routine examinations, DEA is severely hampered. It was also revealed at the hearing that DEA does not have drug detector dogs which would be of assistance in examining suspect luggage. Although DEA is able to borrow a dog from Customs on occasion, this is usually done in cases where DEA has already established probable cause to search the luggage in question. The delay involved in getting the dog to the airport probably inhibits frequent use of this investigative technique.

CUSTOMS SERVICE

The mission of the U.S. Customs Service in Puerto Rico is particularly important because, according to San Juan District Director Robert Hazelton:

Puerto Rico is part of the Customs territory of the United States, and once a person enters, if they get something in here, they're free. They have no other customs check going back [to the mainland of the United States].

According to Mr. Hazelton, about 1¼ million passengers per year clear through customs in Puerto Rico, both at the airport and the various seaports. During the peak of the tourist season there can be as many as eight cruise ships in port on a Saturday—all discharging passengers through the customs facility. This necessitates the employment of a large number of temporary employees and causes diversion of customs inspectors and clerical personnel from the airport. At the cruise ship port in San Juan there are two adequate piers but with eight cruise ships in port at one time, half of them have to go to inadequate facilities where the lack of floor space and security become a large problem.

In the area of physical equipment, the Customs Service is severely hampered. Though responsible for interdiction of smuggler aircraft which may be arriving from Colombia or other Caribbean nations, Customs has not a single airplane stationed in Puerto Rico. There is a Customs Service air-support branch in Miami, and occasionally an aircraft can be dispatched to assist in specific Puerto Rican operations, however this committee discovered in June 1978, that there are times when the Miami air support branch itself is severely hampered in terms of available aircraft. In fact, during our inspection of the air operation in Miami none of their aircraft was airworthy. In addition, Customs has only 4 small patrol craft to surveil the entire coastline and harbor activity of the Island. In smaller ports, such as Mayaguez or Ponce, Customs maintains what amounts to a token presence consisting of one or two patrol officers or inspectors.

According to Mr. Hazelton:

We haven't made a heroin case here since about 1975, however, as DEA Special Agent-in-Charge Ronald Seibert had indicated, we got word yesterday that there is a possibility of brown heroin coming in from Venezuela, but we haven't made any seizures as yet.

There are large amounts of cocaine coming in. Since August, we have made a 40-pound seizure at the airport and a 96-pound off a cruise ship. We were lucky to get the 96. Both of these were females, both elderly females. One was 48 and one was 63. So profiles are changing all the time.

Although representatives of both Customs and DEA told the committee that there is a very satisfactory exchange of intelligence between the Federal agencies in Puerto Rico, Mr. Hazelton attributed various Customs successes primarily to experience and luck as opposed to prior intelligence. Effective exchange of intelligence between Federal agencies is an area that the Select Committee has consistently found in need of enhancement.

Previous experience has also shown that if the Customs Service is to act as a truly efficient enforcement agency rather than as an expeditor of persons in international travel, it must be given the manpower and resources to fulfill its mission. For example, the committee was informed of a Customs operation called "Snow White," described as an intensified cargo inspection operation concentrating on examination of bills of lading and other documentation accompanying cargo. Customs concentrates its diminishing available manpower on shipments which show obvious flaws. This could be described as a much more intelligent use of Customs manpower or it could be described as a last ditch effort to make insufficient manpower at least have some effect. It is not yet possible to comment on the success or failure of this specific program, but the concept is one which is being used more and more by the Customs Service.

COAST GUARD

The U.S. Coast Guard is the primary maritime law enforcement agency of the United States. Although having to share its time between other non-law-enforcement responsibilities such as rescue and safety, the Coast Guard has begun to compile an impressive record of seizures from mother ships carrying large quantities of marihuana.

In calendar year 1978, the Coast Guard seized a total of 101 vessels and 2,798,000 pounds of marihuana. They made 592 arrests for narcotics trafficking. According to Rear Adm. Robert W. Durfey, commander, 7th Coast Guard District:

There appears to be a definite increase in smuggling through the Yucatan Channel, Mona passage, and other smaller passages in the Leeward and Windward Islands.

This smuggling trend, which represents a shift away from the immediate area of Puerto Rico, is probably in response to previous Coast Guard enforcement activity and reflects the pressure being put on traffickers by the Colombian Government in the area of the Guajira Peninsula.

Admiral Durfey feels that there may be more large vessels (ships in excess of 100 feet) involved than previously estimated. These

vessels are more seaworthy than smaller boats and are able to cruise further into the open sea along the longer routes. According to Admiral Durfey:

This shift in routes has presented the Coast Guard with a much tougher enforcement problem. We do not have enough patrol vessels to cover all of these areas at the same time. We find ourselves in a position where we need additional intelligence information to make our patrols more productive.

The Coast Guard, having no foreign intelligence role, is dependent upon DEA for intelligence leading to the seizure of smuggling vessels. Additionally, the U.S. Navy is authorized to report sightings of suspicious vessels to the Coast Guard, although the Navy does not engage in actual boardings or make seizures of illicit drugs. Admiral Durfey stated:

I do not hesitate in stating that cooperation between agencies is better and more productive now than in the past and it is improving daily.

It was Capt. William King, commander of the Greater Antilles section of the Coast Guard, who first convened a meeting of all U.S. narcotics enforcement agencies in the Puerto Rico area. That meeting took place approximately 1 year ago and since that time the agencies have had meetings on a once-a-month basis, usually at the headquarters of the Coast Guard in San Juan. Captain King is to be commended for his initiative and it is hoped that the exchanges of information which take place at these meetings will enable all the agencies concerned to better focus their limited enforcement resources.

The U.S. Coast Guard has the following vessels stationed in or near Puerto Rico: Two 82-foot patrol boats, two 40-foot utility boats, two 32-foot utility boats, and one 30-foot utility boat.

In the event a larger vessel (such as a 378-foot cutter), is needed for patrol duty in the Caribbean, it must be dispatched from a mainland port, sometimes as far away as Maine. Admiral Durfey maintains that this is not necessarily wasted time. In fact he stated that the Coast Guard has made a number of seizures while steaming to and from their patrol area because they attempt to follow the regular routes of maritime traffickers. He also stated that it would not be economically feasible to station one of the larger Coast Guard vessels in Puerto Rico because the necessary maintenance facilities and stockpile of spare parts would be very expensive to maintain there. When asked to explain what the Coast Guard would need in the area to be more effective, Admiral Durfey stressed that additional people at shore stations and some additional smaller boats (patrol boats of the 80- to 90-foot category) would be far more useful than a large cutter.

U.S. ATTORNEY

On Friday, April 20, 1979, the committee received testimony from Mr. Julio Morales-Sanchez, the U.S. attorney in Puerto Rico. When asked whether some of the traditional narcotics trafficking organized crime elements were present in Puerto Rico, Mr. Morales-Sanchez replied:

If we define organized crime as any continuing enterprise with a result of any criminal violation, which is the effort of three or more persons on a concerted basis, I would say that organized crime exists in Puerto Rico, and no doubt it is intimately related with the narcotics atmosphere in the Island.

But I would be very careful not to imply in any way that this type of organized crime would be an extension of the classical organized crime itself by definition or reputation that the phrase may have in the continental United States.

This statement was consistent with earlier statements made by the DEA witnesses. Organized crime in Puerto Rico apparently consists of Puerto Rican and Cuban organizations.

Chairman Wolff asked:

In order to fully appreciate the circumstances that exist here, I would like to ask this on the question of organized crime: Organized crime has to wash their money some way. Is there any indication that this is happening here? Does organized crime investment in this area, so to speak, provide a base of operations for them?

Mr. Morales-Sanchez replied:

I would like to say that if a more vigorous and in-depth investigation and analysis be made of some industries around here, we would come to some very surprising results. At this moment, I would have to tell the committee that I don't have any hard facts to sustain an answer of yes. But I would not like to say a definite no, because I have my serious doubts.

Narcotics prosecutions are handled by a special attorney on Mr. Morales-Sanchez' staff. When asked by the chairman whether one attorney was sufficient to handle the narcotics caseload, Mr. Morales-Sanchez replied:

It is not adequate. And I think I share the perception of the DEA office here, which in some instances have called to my attention the problem. They have expressed their concern in writing. I have conveyed those aspirations to the pertinent offices of the Department of Justice, and to the best of ability they are aware that our efforts here will be hindered by the fact that the more agility that the DEA office develops, the less we will be able to service them with only one person.

Mr. Morales-Sanchez has requested one additional attorney for the narcotics unit. His request appears to be reasonable because the one man presently handling this is frequently overtaxed with the responsibilities of taking depositions in foreign countries, preparing motions and other legal documents, and conducting trials.

In discussing the results which his office has obtained Mr. Morales-Sanchez stated:

In the 24 months past we have indicted close to 75 people. We have obtained convictions of close to 65 people. The average case has been a type 1 violator.² The quantities involved have been very substantial, although I would have to call to the attention of the committee that heroin has not been the main thrust—at least the main product of our efforts. It has been marihuana and cocaine.

He went on to state:

It is of particular interest to see the ages of the persons who have been convicted in this type of operation. Usually people over 70 years of age. Why I don't know. But as you read the statistical reports that is very, very outstanding.

One possible explanation would certainly be that if the U.S. attorney is concentrating on the high-level traffickers and the financiers behind narcotics operations, these persons are normally very experienced criminals whose career in crime is being culminated by the large-scale trafficking operations which they direct. This committee has repeatedly stressed the necessity going after the top level financiers and organized criminals. Obviously the U.S. attorney in Puerto Rico is doing that.

² See appendix B for DEA classification table for violators.

PUERTO RICO POLICE DEPARTMENT (PRPD)

In addition to exercising oversight over traditional Federal enforcement agencies, the committee has been concerned with the relationship between those agencies and local enforcement groups. For this reason testimony was taken from Capt. Nelson Segarra, narcotics division, PRPD. The problems of the PRPD reflect those which we have seen in other major metropolitan police departments.

The PRPD narcotics unit has lost 72 agent positions in the past 10 years to retirement and reassignment. Their net agent strength has decreased from 180 agents to 108. In addition, they suffer from a lack of proper communications equipment and vehicles.

For example, when Congressman de la Garza asked Captain Segarra how many vehicles were presently in his inventory, Captain Segarra replied:

When I took over the drug division in the metropolitan area I had 83 vehicles. I went down. Right now I have 35 vehicles. Of those 35, I would say 80 percent of those are in bad shape. They are 4 or 5 years old.

Only eight vehicles are of the current model year.

Mr. de la Garza also asked: "In the investigation of local cases, do you run across foreigners, non-U.S. nationals?"

Captain Segarra replied:

Many of them. We usually run into many Cubans. They are resident in Puerto Rico. They have been resident since 1960, some of them, after Fidel Castro took over Cuba. Many of them moved to the island. That is one of the reasons narcotics traffic raised. There was hardly any cocaine in Puerto Rico back then, but since those gentlemen moved to the island cocaine traffic went up.

SUPPLY SUMMARY

There was a consensus among the witnesses that the supply of available heroin in Puerto Rico has been reduced over the past several years. The purity of the available heroin is very low, rarely exceeding 3 percent. This tends to substantiate the earlier statements that Puerto Rican heroin comes primarily from New York City and Chicago where purity levels are also at about that level.

Puerto Rico presents a problem which the committee has encountered throughout the United States. There is a question as to whether it is possible to carry out U.S. enforcement policies with respect to narcotic drugs at the level of personnel and equipment commitment which exists today.

Law enforcement is an adjunct to treatment, rehabilitation, and prevention in the total substance abuse reduction effort. It will be impossible to substantially reduce substance abuse in the United States if either enforcement or treatment and rehabilitation is short changed.

No enforcement agency in testimony before this committee has ever claimed an interdiction rate for drugs in excess of 10 percent of the estimated total traffic. The fact that traffickers respond to enforcement pressure by adopting more sophisticated smuggling techniques and utilizing altered smuggling routes requires careful examination of the Federal commitment which is needed to maintain the enforcement side of the total Federal strategy against drug abuse.

SUPPLY FINDINGS AND CONCLUSIONS

1. Puerto Rico has a serious internal substance-abuse problem, with heroin, marihuana and various pharmaceutical drugs being of particular concern.

2. The availability of heroin has decreased in the past 5 years, and the purity of street heroin has decreased significantly in that time period. The supply of marihuana is plentiful and it is widely abused.

3. Puerto Rico is a primary transshipment point for cocaine destined for the U.S. mainland, smuggled either by ship or airplane from Colombia and other South- and Central-American nations.

4. Since Puerto Rico is a commonwealth of the United States; traffic from there destined for the mainland is considered domestic traffic, and is not subject to inspection by U.S. Customs. This provides a free "gateway" to traffickers who are able to smuggle illicit drugs onto the island.

5. There is no present significant trafficking of heroin through Puerto Rico to the mainland; rather, heroin enters Puerto Rico via domestic flights from such cities as New York and Chicago. This "reverse flow" is also immune from Customs inspection and is the primary responsibility of the Drug Enforcement Administration. Customs has not made a significant seizure of heroin there since 1975.

6. The U.S. Coast Guard has seized numerous mother ships carrying marihuana in the area of Puerto Rico in the past several years, but the numbers of such seizures has decreased in the past 6 months as traffickers sail farther out to sea to avoid them.

7. Both the Coast Guard and the Customs Service have too few boats in the area to adequately enforce antismuggling statutes. The Customs Service has no aircraft in Puerto Rico to fly antismuggling patrols.

8. Both the Coast Guard and Customs Service have inadequate personnel to maintain effective levels of enforcement pressure against smugglers.

9. Intelligence sharing between enforcement agencies is improving; but is far from perfect. Customs, which relies heavily on DEA for information, attributes most of its seizures to "luck and intuition" as opposed to prior information.

10. The Puerto Rico Police Department (PRPD) cooperates well with the Federal enforcement agencies but, as is the case with many mainland police departments, is "resource poor" in its narcotics division, having its force reduced by 172 positions in the past 10 years.

11. Diversion of prescriptions for psychoactive substances issued by the Veterans Administration in Puerto Rico appears to contribute significantly to the supply of such substances on the street. The substances are often mailed to the intended recipient, and controls over the ultimate user are almost impossible.

12. The Governor of Puerto Rico and his staff are highly supportive of supply reduction efforts, but responsibility necessarily falls to the Federal Government because of the international nature of the crimes involved and the assets available to fight trafficking.

13. The office of the U.S. attorney in Puerto Rico has assigned one assistant to prosecute narcotics cases but he is seriously in need of additional help. When it is necessary for the prosecutor to be absent

for purposes of taking depositions or conducting other investigations, there is no in-house capacity to proceed with pending cases.

14. Cooperation between the Coast Guard and the U.S. Navy is satisfactory. The Navy reports suspicious vessels sighted while on routine patrol, and this information has been of material assistance to the Coast Guard.

SUPPLY RECOMMENDATIONS

1. Puerto Rico is a very vulnerable entry point for narcotics. Both Customs and the Coast Guard should increase present commitments of personnel and materiel there.

2. Since traffickers are using more remote sea routes to circumvent Puerto Rico enforcement efforts, DEA should significantly increase its development of trafficking intelligence and insure that such information is promptly shared with the Coast Guard and Customs.

3. The Department of Justice should assign an additional assistant U.S. attorney to Puerto Rico to enhance present prosecutive capacity there.

III. SCOPE OF DRUG ABUSE PROBLEMS IN PUERTO RICO—DEMAND REDUCTION

INTRODUCTION

In order to fully explore the scope of the drug abuse problem in Puerto Rico, the Select Committee on Narcotics Abuse and Control conducted its first of two hearings, in the area of demand reduction, on April 20, 1979, in Hato Rey, Puerto Rico. Demand reduction relates to the treatment, rehabilitation and prevention of drug abuse. This hearing concentrated on the efforts of both the Federal and Commonwealth governments to reduce the demand for drugs. The committee sought to determine the drug use patterns of the resident population and the effectiveness of the treatment, rehabilitation, and prevention programs.

Witnesses at this first hearing included: Dr. Jorge Perez Cruet, Chief of Psychiatry, Veterans Administration; Mrs. Gloria M. Bernier, representing the Department of Labor; Mrs. Sila Nazario de Ferrer, Secretary, Department of Addiction Control Services; and Dr. Jenaro Collazo-Collazo, Secretary, Department of Social Services.

The second hearing, also held in Hato Rey, Puerto Rico, on April 21, 1979, principally addressed the creation of alternatives to drug abuse treatment and prevention. The committee heard from representatives of the private sector and from the mayors of two large metropolitan cities, San Juan and Mayaguez. Representatives of the private treatment and prevention centers gave an extensive overview of their programs. The mayors discussed the intensity of the drug abuse problem within their municipalities and what is being done and could be done to alleviate this problem.

Witnesses at the second hearing were: The Honorable Hernan Padilla, Mayor of San Juan; The Honorable Benjamin Cole, Mayor of Mayaguez; Dr. Efren Ramirez, National Coordinator of Hogar CREA; Mr. Juan Jose Garcia, President of Hogar CREA; and Sister M. Isolina Ferre, Director of the Center for Orientation and Services.

SUMMARY OF COMMITTEE'S INQUIRIES

A. FEDERAL AND COMMONWEALTH FUNDED DRUG PROGRAMS

1. Prevention

Drug prevention programs in Puerto Rico represent the "greatest challenge." These programs are primarily administered through the Department of Addiction Services, under the direction of an Assistant Secretary. The Commonwealth program has an annual budget of \$1,166,717, of which \$61,375 is federally funded.

There is in Puerto Rico, as elsewhere in the United States, a need for effective education and prevention programs relative to drug abuse. The total number of people, estimated to be drug dependent, is as high as 117,000. We received a variety of statistics about the drug abusing population in Puerto Rico. The Veterans Administration hospital gave the committee a figure of 117,400 male addicts, 60,000 of whom were called heroin addicts and the remaining 57,400 called polydrug abusers who were, for the most part, abusing Valium. The Department of Addiction Services stated that there were 52,960 addicts in Puerto Rico. While 60 percent were said to be addicted to heroin, 80.7 percent were also addicted to psychoactive drugs. The primary drug problem in Puerto Rico is properly called polydrug abuse, which includes the mixing of depressive drugs such as tranquilizers, barbiturates, or opiates with alcohol. The diversion of licit drugs, which are then used in conjunction with methadone and other drugs, has contributed significantly to the problem in Puerto Rico. Heroin continues to be the opiate most used, with marihuana accounting for 18.5 percent of the cases of drug dependency. The marihuana being used in Puerto Rico is reportedly of a very high THC concentration. An additional 40 percent of the drug dependency problems arise from prescription drugs, primarily Valium. Chairman Wolff commented: "We are operating in a polydrug society today. We don't have people that are on Darvon alone. We don't have people who are on Valium alone. They are traded back and forth."

The Veterans Administration hospital estimated that there are 205,450 male Puerto Ricans who are problem drinkers. They estimated that there were as many as 400,000 persons in Puerto Rico in need of mental health services. In a population of 3,100,000 it is clear that the drug and polydrug problems in Puerto Rico are critical. When we couple these observations with our understanding of the influence that parental drug-using behavior has on children, it becomes obvious that prevention is the "greatest challenge" in Puerto Rico.

Young children, those who are the most vulnerable, must be the primary focus for prevention. These efforts in the Puerto Rico programs are designed "to reach the Puerto Rican mother, whose habits and life style affect intrauterine life and health; the child; the pre-adolescent and the adolescent; the family; and the community as such," said Mrs. Sila Nazario of the Department of Addiction Services. There is a special need to intervene early, prior to the involvement of the criminal justice system. Seventy-five percent of young people who are in confinement or under the control of the criminal justice system are described as being drug addicted. Perhaps more effective prevention would have addressed and resolved the problems which led to criminality and drug abuse.

The Secretary of the Department of Social Services, Dr. Collazo-Collazo, testified that his department is responsible for minors in the criminal justice system but does not focus on prevention because of limited resources. Once a young person is involved in an offense, the minor can then be referred to one of six addiction units at two industrial schools and four juvenile homes. The Department of Social Services has been attempting to work out a cooperative agreement with the Department of Addiction Services to provide protective services for minors. This has been difficult to accomplish since reports of child abuse and neglect, which might be exchanged between agencies, are restrained by confidentiality requirements. It is obvious that effective prevention programs, as well as effective treatment and rehabilitation programs, require integrated efforts. There is much more that can be done in this area, including, on the recommendation of the Department of Social Services, the involvement of the Departments of Health, Education, and Housing. The newly created Commission for the Strengthening of Family Life should serve to coordinate this needed agency cooperation. The lack of prevention programs for minors who eventually end up within the criminal justice system is lamentable and should be corrected.

The Department of Addiction Services reported to the committee that their prevention programs had been stalled by evaluation requirements. Prevention was understood to require general intervention in the problems of living, involving social and emotional health. However, Mrs. Sila Nazario, Secretary of the Department of Addiction Services of Puerto Rico, testified that this approach "posed some difficulties in the evaluation of our efforts and did not contribute to the identification of intervention with specific groups. In other words, the type of prevention performed was not definable as drug abuse prevention, but as a kind of generalized prevention for different kinds of problems."

In an attempt to become more drug specific, and to ensure the reduction of drug abuse problems as such, the Department focused on individual prevention modalities: school programs, youth and community development, community orientation and education, prevention of vandalism in schools, and "sound living camps." Our committee feels that effective prevention efforts need not be drug specific, but rather should deal with the root causes of problems before they become problems. This kind of comprehensive prevention must be "holistic" and involve housing, unemployment, schools, families, and community groups.

The problem with much of the prevention effort, as well as with most of the treatment and rehabilitation efforts, has been that the delivery of services frequently does not reach the communities of greatest need. The Department of Addiction Services representative stated that: "Areas with the greatest concentration of high risk populations are not necessarily receiving the attention they deserve and this reduced the effectiveness of our effort." The Department claimed that the responsibility for prevention in communities of greatest need lay with the mayors and the municipalities. This statement was disputed in the testimony of the Mayors of San Juan and Mayaguez, who reported that they had very little input in the shaping of the overall plan, and very little authority over the expenditure

of funds. So while prevention is greatly needed, we find that there is no prevention in the communities of greatest need; that the young people most affected by drug-related problems are not provided supportive services prior to their involvement with the criminal justice system; and that the mayors, even though they are responsible for their communities, have little influence over the design of those programs budgeted to deliver these services. Clearly, this unfortunate situation must not continue.

In the schools there is a program designed to intervene on behalf of the 12,000 students who drop out of school each year and the 3,000 minors who become delinquent each year. There have been 5,734 parents and 1,166 teachers participating in educational activities designed to intervene with these troubled youth. Additionally, there have been cultural and recreational activities designed to develop alternatives to drug environments, educational services available to discuss the problems of drug use, and mass media spots involving 8 TV programs and 24 radio programs. There are also 20 youth camps which attempt to deal with the problems of vandalism, truancy, disruptive behavior, low academic progress, high dropout rates, and drug use by "fortifying their self-esteem." The Secretary of Addiction Services testified that she felt that drug problems were related to "the lack of concern within the family environment, and the poor state of intrafamily relations in general," which she considered to be "directly responsible for youth disorientation and disregard for their civic responsibilities."

Secretary of Labor Mr. Carlos S. Quiros in his testimony stated, "The alienation produced by the inability to compete in a society of almost uncontrolled consumption; the frustration of being on the periphery of the revolution of rising expectation; the numbing effects of wasted, unstructured and unproductive time; the sense of being no one and of going nowhere: All of these are experiences well known to many Puerto Rican youth who have limited education and no marketable skills in a society whose job opportunities are seriously limited. Who could deny that the fantasy world of the drug culture might offer an attractive option or alternative to these young people apparently faced by what may seem to them an unsolvable enigma?" Secretary Quiros observed that the lack of educational and vocational training opportunities has made many young people unemployable in a limited job market. Unemployment statistics for Puerto Rico are officially 18.1 percent and unofficially between 40 and 50 percent. Seventy percent of all those entering drug treatment programs are unemployed. Secretary Quiros further stated, "It seems reasonable to at least infer that the socioeconomic condition of unemployment is a contributing factor to making the unemployed, and particularly the young, a most vulnerable and high risk group in relation to substance abuse as well as other social ills." Young people between the ages of 16 and 24 who are neither studying nor working is 36 percent of all young people. This means that 192,000 young people are essentially on the street. Concerning those communities of greatest need and most intense poverty like La Perla, Llorens Torres, Martin Pena, Barrio Tokio, Barrio Venezuela, and La Playa in Ponce the Secretary of Labor said, "We are very limited on specialized programs for those areas." The Secretary for Addiction Services supported this statement,

and went on to say: "family members were characterized by an economic and social dependency on public welfare agencies; aggravated by the inertia of these persons to aspire to and develop a productive life."

2. Treatment

Veterans Administration hospital complex in Puerto Rico

In Puerto Rico there are 165,000 veterans, of whom 45,000 are Vietnam veterans. The 165,000 figure represents only 5.3 percent of the population, in contrast to the national average of 13.7 percent. The difference is probably due to the number of veterans living on the mainland. Six thousand six hundred of these veterans are estimated to be drug dependent, while 11,550 are termed problem drinkers. Of the \$220.4 million in veterans' benefits going to Puerto Rico each year, \$52.5 million is for hospitalization services and \$29.8 million is for nonservice connected disability.

The committee had a difficult time in its attempt to obtain reliable figures from the Veterans Administration hospital in Puerto Rico. For example, the Veterans Administration in Washington, D.C. informed the committee that 80 percent of those in Commonwealth methadone treatment programs are veterans. The Veterans Hospital in Puerto Rico has no methadone programs of its own, relying instead on prescription drugs and the "drug free" approach. The representative of the Veterans Administration hospital in Puerto Rico testified to the committee that only 192 veterans were enrolled in the Commonwealth methadone programs with a total enrollment of 2,566. The actual figure for total enrollment in the Commonwealth methadone programs is 1,239 for 1978 and a total of 840 currently enrolled. Aside from the confusion over accurate figures, the concern of the committee is that if the VA hospital does not know who is in the methadone program they will be unable to monitor the use of prescription drugs. The VA hospital has a policy of mailing prescriptions. This situation will be referred to further in this report.

The primary problem relative to methadone is that the committee has been told by a reliable source that the Veterans Administration hospital in Puerto Rico is the single largest source for the diversion of illicit drugs used in conjunction with methadone. Not only is it the concern of the committee that the mailing of drugs without careful monitoring is irresponsible and could contribute to methadone related overdose deaths, but, as Chairman Wolff indicated, these "correspondence school" patients who are receiving prescriptions every 30 days may be supplying drugs on the street. This irresponsible mailing of prescriptions was viewed by the committee as a shocking revelation.

The Veterans Administration hospital in Puerto Rico has the highest per capita patient intake per year for any hospital in the VA system. Presently there are 6,000 active patients in the outpatient mental health clinic, of whom 10 to 20 percent are alleged to be abusing scheduled drugs, and an additional 30 to 40 percent estimated to be polydrug abusers (drugs other than heroin). Additionally, 20 to 30 percent of these outpatients have alcohol related problems. The Veterans Administration has a drug dependency treatment program involving 613 patients, 80 percent of them abusing narcotics (65

percent of whom were Vietnam veterans). Fifty percent of these people had been abusing heroin while 40 percent entered the program with Valium as their primary drug of abuse.

Our committee was primarily concerned about the liberal prescribing practices in the VA, where millions of prescriptions are mailed each year—a total of 13 million doses administered annually—with as many as 3 drugs prescribed at one time, including Valium and Librium. The DEA reported to the committee staff that these drugs are frequently sold on the street.

Ms. Raquel Sierra, group supervisor of enforcement, Drug Enforcement Administration, in testimony before the committee stated:

"I think, based on the liaison which I carry on or our office carries on with the Drug and Narcotics Control Division of the Department of Addiction Services of Puerto Rico—and this is the agency which is in charge or they carry on and monitor what we call the nonpractitioner level or the practitioner level of registrants in Puerto Rico, that is, pharmacies, doctors, teaching institutions, et cetera. The information we've gotten from them is that when they go out and conduct their investigations they find there is perhaps not a very high degree of diversion but there is diversion of controlled substances or dangerous drugs. And this diversion they have been able to trace back to falsified prescriptions, which are either gotten through stolen prescription pads or from legitimate practitioners who have sold the prescriptions to, say, students, or other persons who go to legitimate means and get the drugs and sell them on to nonqualified persons."

Ms. Sierra also stated:

"I cannot recall any case where a registrant's license has been revoked because they have been selling to nonultimate users or someone who has come in with a falsified prescription to sell on to other persons."

The Veterans Administration hospital felt that their prescribing practices were not irresponsible and claimed their drugs would create addiction (described as involving serious withdrawal side effects) in only 77 clients. They did concede that a "pill habit" could be developed involving psychological dependence. Those in the drug treatment program who were admitted with Valium as their primary drug of abuse were described as being "primarily psychologically dependent clients." The addict population of Puerto Rico has been described in testimony by the Chief of Psychiatry at the VA hospital as being "60 percent hard addicts and 40 percent Valium and other drug addicts." It was the concern of our committee that the prescribing practices within the Veterans Administration hospital were creating problems which they in turn were trying to solve.

Another drug issue for the Veterans Administration hospital, which quite possibly is a significant source of the polydrug problem, is the use of contract, fee-based psychiatrists and psychiatric hospitals. This system has resulted in a variety of embarrassments for the Veterans Administration. In a GAO report of March 31, 1978, for example, one contract psychiatrist was reported to have charged the VA hospital for 33 50-minute sessions in one day, a total of 27½ hours. Our committee investigators were told by the veterans on the drug ward that the general response from the VA psychiatrists was to give a pill and dismiss the "client," although there was one highly regarded woman psychiatrist who gave more attention and fewer pills. The "too busy to

care" attitude of psychiatrists may account for the liberal prescriptions of Darvon, Valium, Librium, and Thorazine. We were told by the Veterans Administration at headquarters that they have made an attempt to monitor these contract psychiatric hospitals and doctors; however, it is a difficult system to monitor partly because of the demand for services. We are told that in Puerto Rico, the number one problem is mental health in contrast to the mainland where mental illness is described as a lesser problem. The VA told us that there were 18,000 neuropsychiatric veterans. Of the 555 beds in the contract hospital facilities 500 of these are used for psychiatric patients, of whom approximately 11 percent are said to be drug or polydrug users. Chairman Wolff observed that the caseload for psychiatry was higher than any of the VA hospitals he has seen.

The VA hospital has its own residency drug treatment ward with 30 patients. The normal length of stay is 24 days, which can be extended indefinitely. It was the opinion of the hospital that their present residency program could deal with the problem of addiction within the 24-day period. This treatment was described by Dr. Perez Cruet, Chief of Psychiatry, in his testimony as being "free of drugs," however licit drugs were used. The modality consists of "crisis intervention, intensive group psychotherapy, psychopharmacotherapy, and continuing in a drug abuse program." No patient has been refused permission to extend his residency treatment; patients have remained in the VA for up to one year, and in the contract hospital for up to ten years. When asked how the VA could distinguish between the signs of psychosis and a drug related problem we were told that in the future there would be a series of laboratory testing, but at the present time unless the patient submits to a urine analysis there is no way to answer this question. Dr. Cruet testified to nine cases of "marihuana psychosis" which he had observed in the VA. He further stated, "The majority of patients that we have, with schizophrenia and drug abuse—this is an individual who is psychotic. It is sometimes very hard to identify the addicts. Some of them might be abusing marihuana, for example. Some of them might be abusing cocaine." The committee was concerned that prescriptions for licit drugs might be given for "psychological problems" which may in fact be drug or polydrug problems.

DEA personnel in Puerto Rico told committee investigators that the VA maintained that their prescribing practices intended "to make zombies of these guys so they would not cause any trouble."

The VA hospital recognizes no such thing as a drug disability, since VA regulations are not allowed to compensate for a willful abuse of drugs. Mr. Barry Bell, Director of the VA facility in Puerto Rico stated, "Most of our patients are compensated for having a neuropsychiatric disorder."

This also may help to account for the apparent high dosages of tranquilizers: 346,000 doses of 200 milligram Thorazine, 134,810 doses of 10 milligram Librium, 426,000 doses of 25 milligram Librium, 2,700 doses of 100 milligram Librium, all in 1978.

Our committee was also concerned that the VA regulations work to reward sickness rather than health. Mr. Bell testified that "If he gets well and does well in society, he gets his pension cut or rather his compensation. If he does not get well, he continues to get the monetary benefits which the VA pays." As 50 percent disability payment is approximately \$240 per month; with a drug or mental disability, the

veteran is given a 100 percent service-connected disability which can raise his monthly payment to \$800 a month for psychiatric type disabilities and for nonpsychiatric disabilities it can go as high as \$2,000 a month.

In the economy of Puerto Rico where the unofficial unemployment is as high as 50 percent there may be a temptation for the veteran to take undue advantage of this kind of a system. It was reported to committee investigators that many patients came to the VA after World War II with false and fabricated symptoms which, over the years, became a reality in their lives.

An additional problem for the therapeutic process in the VA hospital is that there are no controls on the patients in the hospital. They are free to come and go as they wish. It was reported to committee investigators that there is a great deal of drug trafficking, both in licit and illicit drugs, emanating from and around the VA hospital. It was also reported to our committee that VA patients were frequently seen handing things through the fence to the patients in the neighboring State psychiatric hospital, things which were described as "surely not being love notes."

The Veterans Administration hospital also has a drug outpatient clinic currently involving 99 drug dependent "clients." Perez Cruet, M.D., Chief of Psychiatry, testified that the criteria for admission requires that the veteran enter voluntarily in order to deal with problems such as "risk of frequent hospitalizations, involvement in anti-social activities, marriage breakdowns, prolonged family malfunctioning, and other personal and social maladies to diminish the negative impact or overcome these problematic areas."

The goals of the program are to eliminate "the nonprescribed use of drugs" and to develop work skills in a supportive and humanistic environment. While the goals are noble, our committee investigators were concerned about the adequacy of the program. The rooms were small, the surroundings were minimally furnished, and the one large room available for program use was piled high with spare desks which were being stored there. The orientation room contained one social worker and four intake workers all without privacy. The committee was particularly concerned about the adequacy of training given to the five technicians who do the majority of the treatment work in the outpatient facility. These technicians have been taken from the general hospital staff and given only a 10-day training course. The psychiatrist-director of the program said that there was "ongoing inservice training with daily case discussions," a form of on-the-job training.

In the outpatient mental clinic, we were advised that they are projecting to accommodate 9,000 patients of whom 60 percent, about 5,000, are said to be abusing drugs or polydrugs. The committee was concerned that the drug problem would be inadequately handled with this kind of 10-day training course. The Veterans Administration hospital apparently made no use of other available training facilities, either locally or on the mainland. The Veterans Administration also reported that approximately 160 veterans were in the private drug free treatment program Hogar CREA. The committee recommended that the Veterans Administration become involved with other programs.

The committee continues to be concerned about the prescription practices at the Veterans Administration, particularly the mailing of multiple prescriptions, and what appears to be a pattern of over-medication.

We are very sympathetic with the position in which the Veterans Administration hospital of Puerto Rico finds itself. Clearly there are many people throughout the island who cannot come regularly to San Juan to receive their medication. There needs to be, as there is throughout the Veterans Administration system, a way to mail drugs to those who are confined at home. Our committee continues to feel, however, that the practice of mailing prescriptions must be carefully monitored. The VA has said that without patient profiles, effective monitoring is impossible, and without a computer to make up these patient prescription profiles it would require 100 persons to monitor prescription drugs. We strongly urge the adoption of whatever means are necessary to limit, monitor, and regulate the mailing and the dispensing of prescription drugs, particularly for those drugs which can be harmful if misused.

Treatment services in Puerto Rico

The Department of Addiction Services in Puerto Rico is the "Single-State" (Commonwealth) agency for the administration of drug and alcohol programs in Puerto Rico. The Department of Addiction Services employs 1,500 persons, with approximately 3,000 in their treatment programs. These programs reportedly consist of a methadone program in which 1,239 (this figure conflicts with other data provided the committee) "clients" are enrolled, a drug free program in which 2,063 are enrolled, and a children's program in which 538 are enrolled. There is also a detoxification program in which 415 "clients" are said to have been detoxified. Additionally 4,000 "clients" are said to be in a program for juveniles in the criminal justice system and 6,362 "clients" in alcoholism programs.

Our committee investigators made an inspection of a number of facilities, including methadone and drug free facilities. While the facilities appeared quite orderly and clean, our committee was concerned about the sterile and almost prison-like atmosphere in these facilities. Our committee was also concerned about the staff-to-client ratio; 43 employees for 33 "clients" in Ponce, 19 employees for 20 outpatients in Mayaguez, 104 employees for the Cedas Center in San Juan, a central clearinghouse facility. The Secretary for Addiction Services, Mrs. Sila Nazario de Ferrer, in testimony explained that treatment is expensive. "It all depends upon what you want out of a professional, scientific, reliable system of treatment."

The committee was also troubled by a 1976 report, which was not publicly released, reporting that in a 2-year period the Department of Addiction Services had spent \$30 million to rehabilitate slightly more than 200 addicts. Secretary de Ferrer said that in the past year they had been able to rehabilitate 426.

It is the opinion of NIDA that much of the process within Addiction Services is hampered by the absence of an Under Secretary. Additionally, the Assistant Secretary's position for criminal justice is filled by a part-time consultant, Dr. Gomez. The Treatment Alternatives to Street Crime (TASC), director in Ponce has been, until very recently, directed by an attorney who maintained a full-time practice outside of his TASC job. These may be reasons for the combination of inefficiency and fiscal irresponsibility reported to our committee.

The total cost of the Department of Addiction Services programs are approximately \$20 million, one-half being State funds and approximately one-half Federal funds. Of this amount \$2,615,000 is CETA

money administered through the Department of Addiction Services and monitored by the Department of Labor. The NIDA contribution is \$3 million plus. LEAA also contributes approximately \$4.6 million per year to Puerto Rico, some of which is administered through the criminal justice division of Addiction Services. This is all the money available for treatment facilities that are frequently unable to obtain bare essentials.

While the Department of Addiction Services is the agency with primary responsibility for drug related problems, other agencies are also involved: HUD and the local department of housing operate 10 drug treatment programs; community service grants support a number of programs; and HEW participates through programs and social rehabilitation and vocational rehabilitation. One of the concerns of our committee, which was echoed by the mayors of San Juan and Mayaguez, is the lack of effective coordination between those agencies with responsibility for delivering treatment and rehabilitation. Our committee was told, off the record, by the Department of Addiction Services, that they had repeatedly tried to get the Department of Social Services to cooperate with them and the results had been minimal.

The drug problem and its effect on the prison population in Puerto Rico should be of particular concern. Puerto Rico's prisons are characterized by overcrowding. Drug violations are the number one offense among inmates serving time. More than 50 percent of the inmate population is characterized as drug addicted. Seventy-five percent of the young offenders in confinement have drug addiction problems, as we mentioned earlier. Additionally, 62.4 percent of the "clients" in the drug treatment programs of Puerto Rico are under a mandatory program. It should be noted here, too, that the definition of "addict" in Puerto Rico is anyone who uses an illegal substance, even once. The treatment programs in the prisons are drug free programs, many of which are reportedly run under contract by the private treatment program Hogar CREA. It is to be hoped that the TASC (Treatment Alternatives to Street Crime) programs will relieve some of the pressure from the prison system.

Rehabilitation is described as having been achieved when the addict is not using opiates, is either employed or in school and is having a satisfactory relationship with the family. In the methadone program of the "1,054" in treatment during 1977-78, 203 completed treatment and in 1978-79, 307 completed treatment. Of those in treatment approximately 40 percent were characterized as "returnees" from the mainland, described as the "revolving door situation." The "rate of success in rehabilitation of drug dependent persons was characterized by the Department of Addiction Services as being at least double that of any other program. This statement has been disputed by the private programs, who feel that the Government program is not cost efficient. Our committee does not yet have reliable data with which to assess the evaluations of the Government program. The Department of Addiction Services is in the process of completing an overall report to determine the number of addicts in Puerto Rico so that they can better evaluate the effectiveness of past programs. The same report appears to be repeated with each administration.

Our committee was also concerned that the Department of Addiction Services treatment programs appeared to lack a rehabilitation component capable of training their "clients" to assume productive roles after their treatment. The rehabilitation tasks were primarily in arts and crafts, not in those skills which would enable someone to eventually support themselves. Unfortunately the former drug user is also discriminated against in the hiring process. For example, in the Job Corps programs admission is limited to those likely to succeed; drug users are considered less likely to succeed in the program than others. This kind of discrimination contributes to the pattern of failure so familiar to the drug dependent person. Unless the drug dependent person receives a high quality of educational and training assistance that person will never be able to assume the responsibility of independent life. The money spent for drug treatment will have been wasted, since the individual will return to the community no better able to cope than before.

It appeared to our committee that a great deal of money is being spent employing a large number of people and only a minimum of services is being delivered. While the methadone approach appears to be very popular it is not the opinion of this committee that methadone should be other than a transition to more effective treatment.

B. MUNICIPAL GOVERNMENT ACTIVITIES IN DRUG ABUSE TREATMENT AND PREVENTION

(1) A unique situation exists in Puerto Rico whereby there is a high degree of governmental centralization. Local governments, referred to as municipalities, are much more limited in their responsibilities than similar jurisdictions elsewhere. In Puerto Rico, many government activities and public services, which in other areas of the United States are performed by county and local governments, are performed by the Commonwealth government, under the direction of the Office of the Governor of Puerto Rico. Included among the activities are all those relating to controlling drug and narcotic addiction and incidence. The Department of Addiction Control Services is the lead government agency responsible for not only developing policy in the drug area, but also for establishing and implementing programs designed to treat, prevent, and rehabilitate drug and narcotic addiction.

Hon. Hernan Padilla, M.D., mayor of San Juan, the capital and largest city in Puerto Rico, whose administration plays only a limited role in providing services particular to drug and narcotic abuse, in his testimony before the committee indicated that San Juan's role is restricted to reviewing Commonwealth plans and programs which are submitted to various Federal Government agencies, and to commenting upon them as they affect the municipality. Mayor Padilla stressed that San Juan does not develop or administer, to any great extent, programs specifically geared toward the treatment, rehabilitation, and prevention of narcotic and drug addiction.

Although the city government of San Juan does not have a direct function in establishing drug programs, it does play an active and important role in indirectly contributing to the solution of this disturbing social problem. As Mayor Padilla stated:

"The occurrence and incidence of drug and narcotic abuse does not happen in a vacuum with our society. * * * The environment in which a person lives greatly increases or decreases the chance he/she will turn to illegal drugs and narcotics."

The mayor strongly believes that a major cause of drug abuse is certain "environmental" factors within society. These "environmental" factors include: high unemployment; poor housing conditions; substandard educational, recreational, and cultural facilities; and inadequate health and medical facilities. Mayor Padilla indicated it is very likely that individuals will turn to drug addiction when they are plagued by widespread poverty and a standard of living below the norm.

The mayor emphasized that the existence of a serious drug problem in San Juan did not mean the Commonwealth and local governments were failing to provide essential services to the people. On the contrary both have made significant progress in solving these important social problems. As a means of dealing with the factors related to the causes of drug abuse, the municipality of San Juan has become involved in this area to a certain extent. The specific programs were outlined by the mayor and they include:

(a) Youth development centers operated under the direction of the San Juan Department of Human Resources. The centers are located in various communities throughout metropolitan San Juan, and provide a variety of services to about 5,000 youths between the ages of 14 and 24 years. The centers administer remedial courses, cultural activities, recreation, sports events, art courses, guidance, counseling, and evaluation of youth interests and aptitudes. These activities are designed to diminish common social problems among youth, and to eliminate and break down some of the barriers and obstacles which impede or prevent the development of the full potential of their youth.

(b) The Comprehensive Employment and Training Program, sponsored by the municipality, which provides employment and job training for about 4,000 residents of the San Juan area. The program has very definitely contributed to improving the employment and underemployment problems. The total CETA allocation is over \$33 million.

(c) The Housing Assistance program and Community Development Block Grant program administered by the city of San Juan. Both programs are designed to improve two important aspects of life—providing adequate housing for the citizens, and community development through projects which deliver essential services in many areas. The current CDBG allocation is \$22 million.

(d) The Martin Pena Canal Development Project, a major economic undertaking, geared to revitalize and rehabilitate an entire section of San Juan. The project will furnish improvements in housing and commercial development, park, and recreational facilities, transportation and other community related activities and services.

(e) The Headstart program, under the leadership of the municipality of San Juan, provides services for 3,550 pre-school children.

(f) The Municipal Technological College, offering an opportunity for low and moderate income persons to develop important technical skills necessary for future employment in the private sector. About 800 students are enrolled in the college.

(g) A 400-bed municipal hospital, including several health clinics, is operated by San Juan. The facilities are designed to provide adequate health and medical care to persons of all ages and income levels.

The mayor pointed out that all of the above-mentioned programs are planned to improve the social and economic climate of San Juan by offering essential services to the population. This accomplishes not only improvement of the standard of living, but, indirectly, attacks the causes related to drug addiction.

Mayor Padilla indicated that continued support of the Congress and the Federal Government is needed in order to insure that these programs continue to deliver the necessary services to the people. He further stated that no amount of money would help these crucial problems unless a mechanism existed for a responsible and efficient implementation and administration of these programs. He believes such a mechanism exists in Puerto Rico, particularly in San Juan.

The mayor commented that at present there is little coordination among Federal agencies and the municipality, due to a lack of specific programs which can be taken advantage of by San Juan. Mayor Padilla would like San Juan to have a more active role in drug treatment, rehabilitation, and prevention, working jointly with the Commonwealth, with direct Federal support and assistance.

(2) Mayor Benjamin Cole, of Mayaguez, shared with Mayor Padilla many of the same opinions about the drug abuse problem. Mayor Cole believes that one condition which moves low income people to drug abuse may be the high unemployment. He believes people begin to feel so desperate that they try to find, in drug trafficking, a way of living. Mayor Cole also stated that the drug abuse problems are contributing to an increase in fear and uncertainty in the people, primarily due to the increase in crime.

As stated at the hearing, the municipality of Mayaguez does not receive Federal or Commonwealth funds for drug abuse treatment and prevention. Mayor Cole was very concerned about this fact and indicated there is no local government participation in policy planning for drug abuse. He reiterated that the municipality cannot become involved in the drug problem because there are no resources available, no economic assistance from any source.

The mayor felt the needs of Mayaguez were not being addressed, primarily due to the clash of different political parties. The Commonwealth government is run by the New Progressive Party, whereas the Mayaguez government is run by the Popular Democratic Party. Each political party has its own philosophy and beliefs as to the future status of Puerto Rico. Chairman Lester L. Wolff stressed that a solution to this political problem must be sought, because the drug problem is far above the normal elements of the political scene. Chairman Wolff suggested that perhaps the committee, and Congress itself, could act as a catalyst in trying to bring the parties together, in order to direct attention to the problem itself.

Mayor Cole agreed that there is no coordination among Federal agencies, Commonwealth departments, and the local government, to deliver services and tackle the drug abuse problem. All the Federal monies appropriated for this purpose are expended only by the Commonwealth departments.

Mayor Cole recommended that whenever Federal legislation is enacted to provide Federal funds for programs designed to treat and prevent drug abuse, it should specify that a considerable portion be assigned to those municipalities that can run effective programs to reduce or control this major problem.

C. TREATMENT AND PREVENTION IN THE PRIVATE SECTOR

(1) The committee heard testimony from Sister Isolina Ferre, the Director of the Center for Orientation and Services, a private prevention program located in "Playa de Ponce", the port area of Ponce. This unique program, of the Dispensario San Antonio, Inc., is directed by the Missionary Servants of the Most Blessed Trinity. The operations of the center began in 1968. As Sister Isolina described the center, it is grounded on a basis of community action, and proposes the integral development of the men and women of the area by means of a multitude of programs. These programs include: alternatives to formal education; cultural enrichment; human services; sports; the advocate program; and education and community action. These programs are providing a variety of services to a marginal community, diverting the youth from juvenile delinquency, and restoring the community in the Playa de Ponce area.

Sister Isolina used four words which she said best describe the work of the center: authenticity, multiplicity, flexibility, and reliability.

(a) Authenticity because the center is deeply involved with the community. They do not isolate themselves from those they serve and due to this the community sees the project as being something of themselves and therefore returns the involvement with their own participation. Over the years, the center has been able to establish a high level of confidence between themselves and the community. The community accepts the fact that the project and its programs are authentic.

(b) Multiplicity because the center receives funding from multiple sources, both public and private. Therefore, the center is not dependent on any one group or agency. If one of the sources "dried up" it would not be a major catastrophe. This also helps the center provide a multiplicity of services which develops the people and the community to their utmost potential.

(c) Flexibility because the center is not as constrained bureaucratically as a government agency would be in the same circumstances.

(d) Reliability because the center has proven itself to be reliable in various sectors. A great confidence has been built in those who assist in the center's activities, and further confidence has come from seeing the results and achievements of the center's efforts. All the programs have been established in such a way that there has never been any question as to the use of the funds that have been contributed.

The center has developed 39 programs designed to respond to the problems which exist in this area. Most have a direct or indirect relationship to the multi-faceted problem of drug abuse. Currently, the center has direct services for over 1,200 persons monthly, of which 900 are youth. Indirectly the center and its related programs touch over 2,000 people.

Sister Isolina discussed some of the programs which have been established, among them, the most unique is the advocate program.

The Law Enforcement Assistance Administration gave the center a grant, some years ago, which was used for advocates working in the barrios with youth. Instead of professional people, they decided to take advocates for the people from the community. These youths were prepared and began to be the link between the community, the institutions, the agencies, and the center. This program has been so successful that the advocates represent the community in the juvenile court, and the rate of delinquency has been reduced about 8 percent in 10 years.

Sister Isolina described another program which offers an alternative to formal education. It is an innovative way of motivating the young people to learn. Use of photography, ceramics, silk-screening, beauty culture, and boat-making is bringing back to the children the idea of education in a different way. They are learning from the variety of life itself. There is also a vocational unit which utilizes karate, baseball, basketball, etc., so that the children may be developed integrally.

The center was concerned about the increase in the amount of delinquency and drug use among young girls. In answer to this problem the center established a range of educational alternatives oriented toward the development of young women.

A comprehensive family health center has also been created. Sister Isolina said that the unique factor is that the first money was received from the OEO and HEW, but the important factor is that it is not run by the government but by the community of La Playa. The needs are constantly brought to the attention of the administration, and all the health services are being given according to the needs.

A new adolescent program was created for youth between the ages of 12 and 17. Sister Isolina said there is a tendency to prematurely leave the pre-adolescent stage of life to try to live the life of an adult woman. This can severely handicap the normal development by excluding the adolescent stage. This may result in an orientation toward a delinquent or addictive lifestyle. The center is therefore working with the young adolescent to prevent this from occurring.

Since the advent of the Center for Orientation and Services, the situation with regard to delinquency and drug abuse is beginning to be controlled, and to a certain extent stabilized. Sister Isolina feels that as long as high unemployment exists in the Playa de Ponce these problems will continue. Reduced unemployment will certainly reduce crime, delinquency, and drug abuse.

(2) The committee then heard testimony from Mr. Juan Jose Garcia and Dr. Efren Ramirez. Both men described the private program, Hogar CREA. Mr. Garcia spoke first, in Spanish, with Dr. Ramirez translating.

Mr. Garcia gave a brief historical background of how they have been attempting to deal with the drug problem in Puerto Rico since 1958. He also discussed the philosophy and methodology of Hogar CREA, which he founded and now directs.

In 1958 there was a change in the law that governed the handling of addiction offenses in Puerto Rico. Prior to this, these offenses were Federal and the individual was sent to the United States for treatment. The law was changed in 1958, with the jurisdiction coming back to the Commonwealth.

During this period Mr. Garcia was an addict, serving time in the state penitentiary. The Commonwealth Government, in 1961, began

to deal with the problem of addiction, under the direction of Dr. Ramirez. Mr. Garcia became one of those who received services within the prison. By 1966, Mr. Garcia had completed the treatment program and together with a group of fellow graduates met and implemented the system, which Dr. Ramirez had used, but based it in the community. The program began with no funds, but with the support and help of the local residents in the area. The immediate result of this effort was the realization that by involving the community in the development of the program, a two-way psychological phenomenon was created: (1) the assumption of responsibility on the part of the community for the problem that existed in the area; and (2) the desire of the addict to respond to that situation by accepting treatment and wanting change.

Hogar CREA has been in operation for 10 years and during this time has produced 61 therapeutic communities throughout the island. The total resident population is approximately 3,000 persons. Over the past 10 years 15,000 addicts have been engaged and treated in Hogar CREA. There are also six therapeutic communities in the Dominican Republic and other Latin American countries. CREA has treatment programs in seven of the 16 penal institutions on the island, and an effective follow-up program, in which about 1,000 rehabilitated addicts participate. In addition, CREA has an extension program, with a central escuela CREA, a combination of a therapeutic community and a school for adolescents who are borderline between acting-out and addiction. There are also therapeutic communities for women and for adolescents.

Mr. Garcia believes that addiction is a symptom of a very profound and complex social disease, and that involvement of the community in dealing with the social disease is essential for effectiveness. He further stated that if the government continues to deal with the drug abuse problem as it presently does, it will be a continuing waste of time and money. Mr. Garcia calculates that if the government provided all the services which CREA does, it would cost \$30 million a year. The estimates available to Mr. Garcia indicate the cost per day for the treatment of an addict in the government program is about \$25 per addict. The cost to keep an addict in jail in the Commonwealth is \$15 a day. The cost of giving an addict residential rehabilitation services in CREA is \$4.98.

Mr. Garcia recommended that the government get rid of its "father complex," and begin to demand that the community assume responsibility for its part in the drug abuse problem. Without this the community will not respond in the manner and to the extent that it should. Also, if the government continues to be a provider, pouring more funds, more services, and more facilities, without requesting an equal partnership, then these funds will not only be wasted, but will contribute to the problem itself.

Hogar CREA is at the heart of the treatment and reeducation process for those addicts who enter voluntarily. It is a drug free environment, a place where the addict learns that the only one responsible for his/her life or death is himself/herself. The addict enters into the different phases of reeducation, and must assume a series of duties in the home. This is a method used so the addict may acquire individual and collective responsibilities. Therapy is the principal

occupation of Hogar CREA. The TC operates 7 days a week, 24 hours a day.

The CREA homes and facilities are rebuilt and rehabilitated completely by the ex-addicts. CREA is also directed and operated on all levels by ex-addicts who have been products of the program. This way the individuals have more dedication and understanding of those addicts they are working with.

Hogar CREA offers the following services:

- (1) Contact and orientation of addicts;
- (2) Organization of the community;
- (3) Detoxification (drug free);
- (4) Evaluation of patient functioning;
- (5) Meals;
- (6) Recreation;
- (7) Occupational therapy;
- (8) Orientation of the patient's family;
- (9) Referrals to job and career training opportunities;
- (10) Referrals to government services; and
- (11) Physical examinations.

Dr. Ramirez indicated that in his 18 years of experience with the drug abuse problem he has learned some basic facts about addiction and its management in the context of the Hispanic cultural tradition. From the beginning Dr. Ramirez was impressed with how dependent, physically, emotionally, and financially, drug addicts were. Addicts were extremely adept at manipulating family, friends, and society into maintaining and even prolonging this dependency. Dr. Ramirez defines the symptom of addiction as the embodiment of a severe physiological, psychological, and social dependency. Therefore, the primary goal of Dr. Ramirez' clinical system is: the step-by-step overcoming of dependency in all its forms; and the simultaneous step-by-step development of the capacity for self-sufficiency in the individuals involved in the therapeutic community.

Dr. Ramirez stated that the drug dependent individual leads a "provisional lifestyle". The addict suffers from a persistent attachment to the childish fantasy that someone, somehow, is going to provide for his/her needs. The addict claims entitlement to this lifestyle because the conditions prevailing in the family, neighborhood, and society are the causative factors. Dr. Ramirez commented that for the active addict operating in the street community, this projection serves as the rationale for their predatory behavior, their excuse for stealing, for exploiting and for manipulating. He advised the committee that if effective treatment systems are going to be designed and developed, it is indispensable for all those involved to recognize this pervasive characteristic of the drug abuser. It is mandatory, he concluded, that treatment systems be geared to a lifestyle based on the value of self-sufficiency. Unless this trait is developed to the limit of the individual's capacity, Dr. Ramirez stated that no cure can be claimed in good conscience. The program that advocates self-sufficiency in its clients must also strive for self-sufficiency and this is what Hogar CREA is doing.

Both Mr. Garcia and Dr. Ramirez consider Hogar CREA to be an example of an effective and comprehensive treatment and prevention program, one that can be used as a model for the mainland and other countries as well.

DEMAND FINDINGS

1. The Veterans Administration hospital drug treatment program in Puerto Rico has a total of 613 clients in their program, including both in-patients and out-patients. The in-patients program is able to accommodate 30 patients. This program consists of a 24-day treatment program, which can be extended by permission of the psychiatrist in charge.

2. Sixty percent of the "clients" in the in-patient drug treatment program have been admitted with narcotics as their primary drug of abuse. Forty percent of those admitted to the in-patient treatment program have been admitted with Valium as a primary drug of abuse.

3. Sixty-five percent of those admitted to the drug treatment program, for drug or polydrug abuse, at the Veterans Administration hospital in Puerto Rico are Vietnam veterans. This is an extraordinary percentage figure, since only 27.3 percent of the veterans in Puerto Rico are Vietnam veterans. Additionally, 20 percent or 9,000 of the 45,000 Vietnam veterans in Puerto Rico are receiving mental health services. These figures do not include the figure for alcohol abuse.

4. The out-patient drug facility at the drug treatment program of the Veterans Administration hospital in Puerto Rico has 99 "clients." These "clients" receive 5-10 hours of treatment per week. These sessions include "rap sessions," counseling, and arts and crafts. The work of the treatment program is carried out by 10 rehabilitation technicians who have been selected from the general hospital staff and trained in a 10-day training program. This training program was conducted by the Veterans Administration hospital staff. The committee found this "in-house" training program to be wholly inadequate.

5. The Veterans Administration hospital in Puerto Rico reported to the committee that there were 117,400 male drug and polydrug "addicts" on the island of Puerto Rico. This figure includes 60,000 heroin addicts, and 57,400 polydrug addicts consisting of both veterans and nonveterans.

6. The Veterans Administration hospital of Puerto Rico also reported to the committee that there were 205,450 male "problem drinkers" or alcoholics in Puerto Rico including both veterans and nonveterans. A recent (1978) survey conducted by the Puerto Rico Department of Addiction Services estimated that there are 112,816 persons in Puerto Rico with alcohol related problems, of which 87,733 are male and 25,083 are female.

7. The Veterans Administration hospital in Puerto Rico reported that their pharmacy distributed 12,726,140 drug doses of psychoactive drugs in 1978. More than 59,000 prescriptions or 2 million dosage units were mailed in 1978. The total number of patients receiving prescriptions is 20,000; 18,000 receive prescriptions in the mail.

8. Forty percent of all drugs mailed were for neuropsychiatric patients. Seventy percent of the drugs mailed were for prescriptions written by fee-basis psychiatrists and 30 percent were for prescriptions written by the Veterans Administration Hospital Medical Center in Puerto Rico.

9. A report by the General Accounting Office issued in March of 1978 indicated a major problem with the use of fee-basis psychiatrists and psychiatric hospitals. The use of these external contracts is

impossible to monitor without a computer, according to the Veterans Administration hospital in Puerto Rico. A computer system would also diminish the problems of duplication and falsification of prescriptions. One psychiatrist in the GAO report billed the Veterans Administration hospital for over \$9,000 in one month, including 33 50-minute sessions which amounts to a total of 27½ hours in 1 day. Although this situation reportedly has been corrected, the committee continues to be concerned about a system so difficult to monitor.

10. The veterans who were involved in the in-patient drug treatment program at the Veterans Administration hospital in Puerto Rico told investigators from the committee that, with only one exception, the psychiatrists at the VA were more interested in prescribing pills than in giving any genuine assistance. It was also reported to the committee by an investigative agency that this "pill-pushing" mentality at the VA was contributing significantly to the diversion of legitimate prescription drugs into illegitimate trafficking on the street. The pattern in overprescribing is well illustrated by the mailing of as many as three prescriptions per month to a "client"—three tranquilizers in many cases. These drugs are reportedly frequently not used by the "client" but sold. Drugs like Percodan, selling wholesale for \$6.71 for 100 tablets and \$69.33 for 1,000 tablets. Ritalin, selling for \$10.23 for 100 twenty milligram tablets and \$40.49 for 1,000 ten milligram tablets, Talwin, selling for \$10.80 for 100 tablets, and Valium, selling for \$28.36 for 500 tablets, can bring very high prices on the street.

11. The Veterans Administration hospital in Puerto Rico, after having prescribed 1,939,488 doses of either 65 milligram or 100 milligram Darvon, told the committee that there was a significant problem with Darvon.

12. The Veterans Administration hospital in Puerto Rico felt there was no problem with Valium. They claimed that the 3,089,440 doses of Valium given in 1978 was capable of causing only 77 cases of physical dependency in which the patient would manifest withdrawal symptoms. The fact that 40 percent of those admitted to the Veterans Administration Drug Treatment Program were admitted with Valium as their primary drug of abuse was explained by telling the committee that these problems were caused by "psychological dependency." The committee felt the difference between physical and psychological dependency was unclear. The VA in Puerto Rico seems to be contributing to drug problems and then treating the problem they created.

13. The Veterans Administration hospital in Puerto Rico says mental health problems are the number one problem in Puerto Rico. 400,000 of the 3.2 million people in Puerto Rico are said to be in need of "immediate psychiatric intervention." These problems are attributed by the Department of Social Services to the clash between rising expectations and immediate realities of poverty and unemployment.

14. The Veterans Administration hospital in Puerto Rico has no methadone program. The Veterans Administration in Washington, D.C. reported that 80 percent of those in private and government run methadone programs in Puerto Rico were veterans. The VA in Puerto Rico has denied this figure. The committee felt that if the

VA in Puerto Rico was unaware of veterans in methadone programs they would not be able to monitor their prescriptions properly.

15. The Veterans Administration hospital in Puerto Rico has the highest per capita intake per year for any hospital within the Veterans Administration hospital system.

16. Of the 550 beds used by the Veterans Administration hospital in Puerto Rico under the special category of "Contract Hospital" 500 of those beds are used for psychiatric care.

17. Hogar CREA, a private residency drug-free treatment facility, is currently providing treatment and rehabilitation for 160 veterans at no cost to the Veterans Administration hospital.

18. The Veterans Administration hospital in Puerto Rico reports that it is very difficult to identify the drug problems from the problems of the psychotic. The only test for drugs currently in use by the VA is a voluntary urine analysis. The committee was concerned that the inability to distinguish between drug problems and problems of the psychotic will result in misprescribing.

19. The 20,000 "clients" receiving prescriptions through the Veterans Administration hospital in Puerto Rico are quite likely being overprescribed. In 1978 the VA issued 346,000 doses of 200 milligram Thorazine, 134,810 doses of 10 milligram Librium, 426,000 doses of 25 milligram Librium, in addition to the figures already mentioned for Valium, Darvon, and Ritalin.

20. A veteran with a 50-percent service connected disability receives approximately \$240 per month. If this same veteran enters the Veterans Administration hospital with a psychiatric disability he can receive up to \$800 per month, and if he enters the VA hospital with a drug-related or nonpsychiatric disability he can receive up to \$1,000 per month. In a recent article in U.S. Medicine presented as evidence before the committee it is reported that the Veterans Administration policy in effect rewards "sickness" and punishes health. The "Catch-22" system within the VA pension program needs to be reevaluated.

21. The Veterans Administration hospital in Puerto Rico told the committee they were unable to monitor prescribing practices without patient profiles and without a computer. The VA told us it would take 100 persons to monitor patient profiles. The committee was unable to adequately evaluate the legitimate need for a computer.

22. The Department of Addiction Services, the Commonwealth agency responsible for all drug and alcohol issues, is in the process of determining the number of addicts in Puerto Rico through another study. It has been reported to the committee that such studies are done every 2 years. The current estimate by the Department of Addiction Services is that there are 52,960 drug addicts in Puerto Rico, 60 percent of whom are on heroin.

23. The Department of Addiction Services reported that 80.7 percent of the addicts in Puerto Rico were also polydrug abusers, using opiates, barbiturates, and/or tranquilizers.

24. The Department of Addiction Services told the committee that prevention is the greatest challenge for the Department in Puerto Rico. However, only 10 percent of the Commonwealth's share of the Addiction Services budget, and 5.3 percent of the Federal share of the Addiction Services budget is allocated to prevention. It appears from the budget allocation that the Department of Addiction Services does not take their "greatest challenge" very seriously.

25. The Department of Addiction Services allocates 30 percent of the Commonwealth's share of its budget to administration.

26. The Department of Addiction Services treated 1,239 "clients" in their methadone programs during 1978, and a total of 3,023 "clients" in all treatment modalities for 1978.

27. The Department of Addiction Services told the committee that 75 percent of all young adult offenders in prison are drug addicts.

28. The Department of Addiction Services told the committee that of those in treatment 62.4 percent were there under direct court pressure. The committee questions whether treatment can be effective when not voluntarily sought by the "client."

29. The Department of Addiction Services told the committee that 50 percent of the total prison population is drug addicted. To date 6,374 inmates have received some form of drug treatment. Of this total 493 inmates have been transferred to so-called community based programs, with another 292 released on parole.

30. The total budget for the Department of Addiction Services was \$19,915,456 in 1978. Approximately 50 percent of the total budget is from Federal sources.

31. It was reported to the committee that 70 percent of the people of Puerto Rico live below the poverty level. It was also reported that 70 percent of the people of Puerto Rico receive food stamps. The Department of Addiction Services reported to the committee that 69 percent of those in the drug treatment programs were unemployed. The Department described these persons as being "dependent on public welfare agencies."

32. It appeared from the testimony received by the committee that collaborative efforts between the Departments of Labor, Social Services, Education, Health, Housing, Addiction Services, and the various private programs were irregular at best. An effective drug program combining prevention, treatment, and rehabilitation will require far more collaboration and exchange between these frequently fragmented approaches to a serious problem.

33. Of all youth in Puerto Rico between the ages of 16 and 24, 36 percent, or 192,000, are out of school and out of work, in other words they are on the street.

34. The committee was told in testimony that there was a high correlation between unemployment and the recurrence of problems among young people, including drug abuse problems.

35. The Department of Labor reported that they funded through CETA \$2,615,388 to the Department of Addiction Services in 1978. These funds were reportedly used to fund 243 individuals in 10 drug treatment programs. The responsibility for monitoring the use of the money lies with the Department of Labor.

36. It appeared to the committee as though those communities with the greatest need, areas like La Perla, Llorens Torres, Martin Pena, Barrio Tokio, Barrio Venezuela, and La Playa in Ponce, are receiving the least amount of service. The delivery of services to these poor communities was reportedly the responsibility of the mayors. The mayors reported that they receive very few funds from the Department of Addiction Services and additionally the mayors reported that they have no input in the decisions shaping the Commonwealth plan for drug abuse.

37. The Department of Addiction Services reported that 40 percent of those in the drug treatment programs are returnees from the "mainland" of the United States. These addicts reportedly become addicted in the United States, come to Puerto Rico to be treated, and then return to the mainland, a situation called the "revolving door."

38. In 1976 an independent study was conducted, which was never published, which concluded that \$30 million had been spent by the Department of Addiction Services during a 2-year period to rehabilitate approximately 200 addicts. The present Department claims to have improved their success rate, claiming to have rehabilitated 426 addicts in 1978.

39. The staff to "client" ratio in the programs of the Department of Addiction Services appears to the committee to be very wasteful of needed resources. The figures of 43 staff for 33 "clients" in Ponce, 19 staff for 20 "clients" in Mayaguez, 104 staff for the central intake center in San Juan appear to be excessive.

40. The absence of an Under Secretary in the Department of Addiction Services for the past 2 years has reportedly inhibited the effectiveness of the Department. It was reported to the committee that the Secretary must spend a great deal of her time talking with those who are seeking employment and she has very little time to see that there is an effective flow of information throughout the divisions of the Department.

41. The use of a part-time consultant in the place of an Assistant Secretary for the Division of Criminal Justice appears to inhibit the effectiveness in that division of the Department of Addiction Services.

42. The Department of Addiction Services in Puerto Rico is required to submit vouchers on a regular bi-monthly basis to the National Institute on Drug Abuse. The Department has not only not submitted any vouchers for the past 2 years, they further claim they are not responsible for submitting vouchers. The committee recognized a breakdown of responsibility between NIDA and the Department of Addiction Services in Puerto Rico, and more specifically the committee recognizes a failure by NIDA to properly monitor funds. The committee has been told that Puerto Rico is being treated by NIDA and other agencies as though Puerto Rico was a State, while Puerto Rico is actually not a State at all but a Commonwealth and requires a different kind of relationship.

43. The Department of Addiction Services employs 1,500 people to serve 3,000 persons in drug treatment and 6,362 in alcohol treatment.

44. The Department of Addiction Services has the responsibility to coordinate all drug treatment programs; however, the Department of Housing in Puerto Rico runs 10 drug treatment programs and does not appear to be responsible to the Department of Addiction Services at all.

45. The evaluation of the programs run by the Department of Addiction Services is done through a research institute within the Department of Addiction Services. The committee seriously doubts the ability of such an entity to adequately evaluate itself.

46. The Department of Social Services reported to the committee that approximately 60 percent of the young people in their institutions for minors were addicted to either drugs or alcohol.

47. The facilities of the Department of Addiction Services appeared to committee investigators to be grim and prison-like, even frequently lacking basic essentials like light bulbs. The atmosphere is especially regrettable when the program budgets are considered, since private programs with far less money are able to provide residency facilities that have a home-like and comfortable atmosphere.

48. There exists in Puerto Rico, a high degree of centralization. The municipalities, which are the local governments, are more limited in their responsibilities than similar jurisdictions elsewhere.

49. Many government activities and public services, which in other areas of the United States are performed by county and local governments, are performed by the Commonwealth government, under the direction of the Office of the Governor of Puerto Rico.

50. The municipality's role in the control of drug and narcotic addiction is limited to reviewing and commenting on Commonwealth plans and programs, which are submitted to various Federal agencies.

51. There is little coordination among Federal agencies and the municipalities with regard to drug abuse program planning and implementation.

52. The municipality of Mayaguez does not receive Federal or Commonwealth funds for drug abuse treatment and therefore is unable to become involved in drug programing.

53. In Mayaguez, it was learned, there is no local government participation in policy planning for drug abuse.

54. The following environmental factors were viewed as the contributors to the drug abuse problem in Puerto Rico: high unemployment; poor housing conditions; substandard educational, recreational, and cultural facilities; and inadequate health and medical facilities.

55. Eight out of ten addicts are unemployed.

56. There is no cause and effect relationship which exists between addiction and unemployment. Individuals are not unemployed merely because they are drug addicts and they are not drug addicts merely because they are unemployed.

57. The drug abuse problem is contributing to increased fear and uncertainty among the people of Puerto Rico, primarily due to the increase in crime.

58. Those municipalities belonging to the opposite political party by which the Commonwealth government is run believe their needs are not being addressed, primarily due to the clash of political parties.

59. A prevention program in Ponce, the Center for Orientation and Services, has positively impacted on juvenile delinquency and drug abuse. The center has been able to not only control the situation but stabilize it as well.

60. Those programs in Puerto Rico which are the most successful, are so because they receive full support and help from the members of the community where they are based. Involvement of the community is essential for effectiveness.

61. By involving the community in the development of drug programs, two factors are achieved:

(a) The assumption of responsibility on the part of the community for the drug problem that was existing in the area;

(b) The desire of the addict to respond to this situation by accepting treatment and desiring change.

62. Hogar CREA, the largest therapeutic drug-free community in the Western Hemisphere, has produced 61 centers in Puerto Rico, with a total resident population of 3,000 persons. There are also 6 treatment centers in the Dominican Republic.

63. Hogar CREA has treated and served 15,000 addicts in the last 10 years.

64. The committee received testimony which indicated that:

(a) The cost per day for the treatment of an addict in the government-run programs is \$25;

(b) The cost to keep an addict in jail in the Commonwealth is \$15 a day;

(c) The cost of giving an addict residential rehabilitation services by Hogar CREA is \$4.98 a day.

65. The basic philosophy of the Hogar CREA program is the belief that addiction is a shared problem, and the addict must participate totally in his/her rehabilitation. The addict must make positive efforts and shoulder the responsibility of his/her drug problem.

DEMAND RECOMMENDATIONS

1. Since drug and alcohol problems are so pronounced among veterans, especially Vietnam era veterans, 65 percent of whom have drug and alcohol problems, the Select Committee recommends a thorough overhaul of the present drug treatment program. The drug treatment program requires competently trained staff to insure effective drug free rehabilitation and skill development.

2. The Select Committee recommends that the House Veterans' Affairs Committee and the GAO conduct a thorough investigation of the prescribing practices and the mailing of prescriptions within the Veterans Administration hospital in Puerto Rico.

3. The Select Committee also recommends to the House Veterans' Affairs Committee that legislation be drafted to insure against manipulation of the VA pension system by false claims of drug or mental health problems.

4. The Select Committee recommends that the VA monitor all prescriptions to "clients" and the doctors prescribing those drugs.

5. The Select Committee thinks it vital to carefully monitor "clients" of the Commonwealth methadone programs and regulate whatever other prescriptions such persons may be receiving.

6. The Select Committee recommends that the National Institute of Mental Health reassess the needs of their patients to insure proper treatment.

7. Since the Department of Addiction Services budget for prevention does not reflect the Department's claimed commitment to this program the Select Committee recommends that prevention allocations be increased.

8. Since one-third of the Commonwealth budget is spent on administration staff, the Select Committee recommends that the budget for administration staff be reevaluated and thus insure there will be funds available to areas of greatest need.

9. Since community based private treatment programs are able to draw on local resources and develop local support, the Select Committee recommends increased support for those programs located in local communities.

10. The Select Committee recommends that since the majority of those with drug problems are unemployed, prevention efforts should focus on developing alternative environments in the most impoverished communities to insure adequate schools, vocational training, health care, and recreational facilities.

11. Since the Department of Addiction Services testified that the mayors were responsible for services in the poorest communities, and since the mayors testified that they had almost no influence with the Commonwealth plan for the delivery of services, the Select Committee recommends that a percentage of the budget be set aside for the mayors to administer for prevention in the poorest communities.

12. The Select Committee recommends that effective prevention, treatment, and rehabilitation can be more effective with a greater degree of cooperation between Social Services, Department of Labor, Housing, Education, Health, and Addiction Services.

13. Monitoring and evaluation of Addiction Services programs should be more thorough and should not be carried out by Addiction Services.

14. The Select Committee recommends that prevention and treatment funding be determined on the basis of independent evaluation of program effectiveness, with fair consideration for private programs as well as Commonwealth programs.

15. The Select Committee finds an absence of youth advocates and intermediary support programs between youthful offenders and the criminal justice system and recommends to the Social Services Department that they begin a prevention program to intervene with youth, especially those with drug and alcohol problems, before they are placed in an institution within the Criminal Justice system.

16. The Select Committee recommends that the Department of Addiction Services support initiative and self-determination in the treatment facilities to improve the atmosphere and foster basic skill development.

17. The effects of "dependency on public welfare agencies" should be carefully evaluated by the GAO.

18. There should exist adequate coordination between Federal, Commonwealth, and local agencies who are involved in the development of policy and programs relating to drug and narcotics control. All agencies should have input into the policy and programing of drug abuse treatment, rehabilitation, and prevention.

19. The municipalities need to have a more active role in the area of drug treatment, prevention, and rehabilitation, in cooperation with the Commonwealth government, and with direct Federal support and assistance.

20. Funds which are used for drug addiction could be channeled or funded the same way that Housing and Urban Development and the Labor Department have done with direct grants. This would channel funds directly to the municipal government.

21. Whenever legislation is enacted to provide funds for drug programs, it should specify that some portion be assigned to those municipalities that are capable of running effective programs to reduce or control the drug abuse problem.

22. Since unemployment in Puerto Rico is contributing to the incidence of drug abuse, more funds should be allocated to create job opportunities for the population.

23. The Department of Agriculture must institute stricter requirements for their food stamp program, so as to insure they are used for buying only food items.

24. A solution to the political problem in Puerto Rico must be sought, in order that the drug problem be properly addressed and dealt with.

25. The government cannot and should not continue to merely provide more and more funds unless it demands an equal partnership between the community and the programs themselves.

26. Hogar CREA should be evaluated in depth, taking into consideration guidelines such as cost, the extent and the quality of the community involvement, and the degree of self-sufficiency. If the results are positive Hogar CREA could be a model program for the rest of the country.

APPENDIX A

LEGALIZE MARIHUANA, FINANCIER SUGGESTS TO UNITED STATES, COLOMBIANS— BOGOTA, COLOMBIA

A leading Colombian financier noted last week that Americans spend twice as much to buy marihuana as Colombia does to repress the weed and said both countries should consider legalizing pot.

Ernesto Samper, president of the National Association of Financial Institutions, submitted the proposal at a symposium of American and Colombian experts to discuss legalizing the drug, which is illegally grown in vast quantities in Colombia for the U.S. black market.

U.S. Ambassador Diego Asencio, speaking to the group, defended American drug enforcement policies and said legalization of marihuana in the United States is decades away.

Samper, 29, said the Colombian Government spends \$146 million annually to repress marihuana traffic, while American consumers spend \$360 million a year to buy the drug.

Colombia could have collected nearly the same amount in taxes that it spent in trying to wipe out marihuana if the drug were legalized, Samper said. "What is the sense of repressing, with a high social cost as we have been doing until now, a market that is permanently stimulated by a greater tolerance and a spread of demand?" Samper asked. "Should our repression pay for their tolerance?"

Samper also complained that Colombia is acquiring an international reputation as a corruptor of innocent Americans while the reverse is more accurate.

There are 10,000 marihuana producers in Colombia and 150,000 persons who depend on marihuana for their livelihood, he said.

"This is where the Colombia-United States interconnection starts, because the powerful chains of traffickers in the United States continue to be the commercial and financial brains of this operation of which they take 80 percent of the profits, leaving us with 20 percent of the pie and 100 percent of the bad image."

Samper is considered one of Colombia's brightest thinkers and his leadership of the powerful financial association has carried it into controversial areas.

Asencio delivered a virtual rebuttal to Samper's speech, saying it was pointless to blame one country or another for the drug traffic.

"Drugs are a problem of international dimension," Asencio said.

He said the United States has provided more than \$5 million in aid to Colombian drug enforcement in the past two fiscal years and the Carter administration is requesting more than \$4 million for that purpose in 1980.

"The United States is supporting, and will continue to support Colombia in its fight against drugs," Asencio said.

Asencio said U.S. opinion is shifting against, rather than toward, marihuana legalization, and predicted legalization would not take place "within the next few decades."

APPENDIX B

DOMESTIC DRUG VIOLATOR CLASSIFICATION STANDARDS AND CRITERIA

CLASSIFICATION STANDARDS

Class 1.—Two class 1 criteria are required. One criterion must be quantitative (criterion (a)) and one must be qualitative (criteria (b), (c), (d), (e), or (f)).

Class 2.—Two class 2 criteria or one criterion each in class 1 and class 2 are required. One criterion must be quantitative and one must be qualitative (i.e., either criteria (a) and (h), or criterion (g) and one criterion from (b), (c), (d), (e), or (f)).

Class 3.—One class 3 criterion is required (criterion (i)). Violators meeting quantitative criteria for class 1 or class 2 (criteria (a) and (g)) will be designated class 3 in the absence of an appropriate qualitative criterion.

Class 4.—All others.

QUANTITATIVE CRITERIA

Sale, seizure, or other evidence sufficiently corroborated to show that the individual has been manufacturing, smuggling into the United States, or distributing within the United States, one of the following minimum quantities of drugs within a 1-month time frame:

Number to be entered in item 40 of DEA-202	Drug involved	Criterion (a) (class 1)	Criterion (g) (class 2)	Criterion (i) (class 3)
1	Heroin (100 percent pure or equivalent)	2 kilos	500 grams	125 grams.
2	Cocaine (100 percent pure or equivalent)	4 kilos	1 kilo	250 grams.
3	Morphine base	2 kilos	500 grams	125 grams.
4	Opium	20 kilos	5 kilos	1 kilo.
5	Amphetamines or barbiturates (schedule II)	200,000 d.u.	50,000 d.u.	10,000 d.u. ¹
6	All other dangerous drugs (schedule I, II, or III)	400,000 d.u.	100,000 d.u.	25,000 d.u. ¹
7	Marijuana	2,000 kilos	1,000 kilos	500 kilos.
8	Hashish	100 kilos	50 kilos	25 kilos.
9	Hashish oil	2 liters	1 liter	$\frac{1}{2}$ liter.

¹ Schedule restrictions do not apply to criterion (i).

QUALITATIVE CRITERIA

Class 1

Criterion (b): Laboratory operator.

Criterion (c): Head of criminal organization.

Criterion (d): Financier.

Criterion (e): Registrant.

Criterion (f): Documented source of supply for another class 1 violator under the same drug class.

Class 2

Criterion (h): Head of structured illicit drug distribution organization.

FOREIGN DRUG VIOLATOR CLASSIFICATION STANDARDS AND CRITERIA

CLASSIFICATION STANDARDS

Class 1.—Two class 1 criteria are required. One criterion must be quantitative (criterion (a)) and one must be qualitative (criteria (b), (c), (d), or (e)).

Class 2.—Two class 2 criteria or one criterion each in class 1 and class 2 are required. One criterion must be quantitative and one must be qualitative (i.e., either criteria (a) and (g) or criterion (f) and one criterion from (b), (c), (d), or (e)).

Class 3.—One class 3 criterion is required (criterion (h)). Violators meeting quantitative criteria for class 1 or class 2 (criteria (a) and (f)) will be designated class 3 in the absence of an appropriate qualitative criterion).

Class 4.—All others.

QUANTITATIVE CRITERIA

Sale, seizure, or other evidence sufficiently corroborated to show that the individual has been manufacturing or smuggling into the U.S. one of the following minimum quantities of drugs within a 1-month time frame:

Number to be entered in item 40 of DEA-202	Drug involved	Criterion (a) (class 1)	Criterion (f) (class 2)	Criterion (h) (class 3)
1.....	Heroin (100 percent pure or equivalent).....	10 kilos.....	5 kilos.....	1 kilo.
2.....	Cocaine (100 percent pure or equivalent).....	20 kilos.....	10 kilos.....	2 kilos.
3.....	Morphine base.....	10 kilos.....	5 kilos.....	1 kilo.
4.....	Opium.....	500 kilos.....	250 kilos.....	125 kilos.
5.....	Amphetamines or barbiturates (Schedule II).....	200,000 d.u.....	50,000 d.u.....	10,000 d.u. [†]
6.....	All other dangerous drugs (Schedule I, II, or III).....	400,000 d.u.....	100,000 d.u.....	25,000 d.u. [†]
7.....	Marihuana.....	4,000 kilos.....	2,000 kilos.....	1,000 kilos.
8.....	Hashish.....	200 kilos.....	100 kilos.....	50 kilos.
9.....	Hashish oil.....	4 liters.....	2 liters.....	1 liter.

[†] Schedule restrictions do not apply to criterion (h).

QUALITATIVE CRITERIA

Class 1

Criterion (b): Laboratory operator.

Criterion (c): Head of criminal organization.

Criterion (d): Financier.

Criterion (e): Documented source of supply for another class 1 violator under the same drug class.

Class 2

Criterion (g): Head of structured illicit drug distribution organization.



END