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THE WHITE HOUSE

PRESS CONFERENCE

OF

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TO THE PRESIDENT FOR NARCOTICS AND DANGEROUS DRUGS

(OMNIBUS DRUG CONTROL LEGISLATIVE MESSAGE)

The Briefing Room

AT 11:22 A.M. EDT

MR. EHRLICHMAN: Good morning. By way of introduction to this material, you may be interested in knowing that this announcement this morning is the culmination of a project that began about a year ago.

An intergovernmental working group, a staff working group, was formed just about this time last year and has been working along with a non-governmental advisory group which was chaired by Dr. Jaffe. They have been working on the side of the narcotics problem which does not involve law enforcement.

As you know, the initial effort was to reorganize the law enforcement effort and to provide adequate funding so that it could go forward. That was accomplished in the first year.

This second effort was to take a look at all of the non-law enforcement aspects of the narcotics problem and to move on them. So the recommendations of this working group have been based not only on the knowledge of these particular people brought together, but also on the on-the-spot inspections around the world, both in production in countries like France, where the laboratory processes go on, but also in Vietnam and Germany and other places where American Nationals are encountering this difficulty.

The briefing this morning will be conducted by Egil Krogh, from the Domestic Council staff, Deputy Assistant to the President for Domestic Affairs, who has had staff responsibility in the White House for this particular undertaking, and Dr. Jaffe, who is the appointee as director of this special action office.

Because this has been an interdepartmental effort in the Government from the very beginning, there are representatives of the Defense Department here, and of the Office of Management and Budget, which has had an integral part in the reorganization of this effort within the Government.

So I will turn you over to Bud Krogh at this point and then he can proceed from there.

MR. KROGH: Thank you, John.

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I think we will go through some charts which I hope will clarify the scope of the President's proposal. The first chart will be to create a Special Action Office on Drug Abuse Prevention. As the President indicated, this office will be located in the Executive Office of the President.

The next chart will show the responsibilities of the director of this new office. He will be accountable to the President for selecting priorities, managing, allocating budgets, and evaluating the five substantive functions noted in the bottom right-hand corner of that chart.

The word I would like to stress is "accountable." Today we have had approximately nine Federal agencies and offices in treatment, rehabilitation, education and training, and research. It has been a practical impossibility to set a national strategy, and we feel that by creating this type of office, with one man accountable for that job, we will be able to set one policy in motion, with results.

The next chart indicates the way this office will function. It will be working with the existing Federal agencies, as well as State and local agencies and private organizations through formal working agreements. An analogy of this is in the Sky Marshals program of the Department of Transportation.

You will remember that last year this program was set up, and they set up formal working arrangements with the FBI, U. S. Marshals and the Federal Aviation Administration. This has worked very well and has led to a reduction of the incidents of skyjacking over the past year.

The next chart gives the basic structure of the new organization, Planning and Evaluation, Reports and Statistical Indicators, the top line on the right. I would like to stress the word "evaluation" in that.

We have tried many things, many experimental programs, but we have not had a systematic, consistent way to evaluate what type of programs work for drug treatment and rehabilitation, and what types do not. Part of this office's responsibility will be to regularly evaluate the ongoing programs of the Federal Government, as well as to study programs which are underway around the country.

The bottom line indicates the substantive functions which the new office will have in prevention and education programs, treatment and rehabilitation programs, and research and program development. This office will not have operational line responsibility for those functions. They will continue to be operated through the existing departments and agencies.

However, the responsibility of the director will be to set the strategy, formulate the policy, allocate the budgets, and evaluate those programs to make sure that they are responsive to the problem.

The next chart leads to Part II of this set of new initiatives, indicating the new money which will be requested for these initiatives.



I should say that that figure of \$154.2 million is already obsolete because of a pay raise that went into effect last week, so it is over \$155 million in new money. That is broken down in a number of areas. That \$155 million will include treatment, education, prevention and training, research and health indicators, law enforcement, community planning, and expenses for the new Special Action Office of Drug Abuse Prevention.

In law enforcement, that will include money for the Bureau of Narcotics and Dangerous Drugs, the Bureau of Customs, and the Internal Revenue Service.

The next chart gives a general breakdown of how these new appropriations will be spent: \$194 million for treatment and rehabilitation. I would like to stress the "education and training" component at the top of that chart.

This new initiative calls for \$10 million in additional appropriations for a greatly expanded program. Last year we began this in the Office of Education with a \$3.5 million appropriation to train over 75,000 teachers across the country in drug curricula so that they could convey accurate information about the risks involved in drug abuse.

On the bottom line, I would like to stress the \$34.6 million for additional research. I would like to ask Dr. Jaffe to describe some of the research programs which may be undertaken.

DR. JAFFE: Obviously, there is no area of research that looks promising that we don't think we can fund and try to make some headway in those areas where we don't think we have any handles on the problem.

Among the things we will look at, particularly in the area of narcotics addiction, is further effort on the development of antagonists. We will look further into drugs that may be somewhat like methadone but have fewer of its disadvantages.

We will look into new and better ways to detect drug use, and I think that in the areas of treatment you might say that a lot of what we do in rehabilitation could be considered research in that we will never be satisfied with what we have. We will continually evaluate, asking always, "Can it be improved?"

Right now there are a wide variety of research programs going on. We will not simply concentrate on narcotics; we will also move into areas of amphetamine use; further research on marijuana is anticipated.

I think I will stop, because the subject of research almost presupposes that one knows the breakthroughs that will come tomorrow. It is virtually impossible to program what looks promising. One has to be prepared to fund those things that look like they have promise.

MR. KROGH: The next chart deals with drug addiction in the military around the world. The problem, as we perceived it, was to develop systems for the identification and treatment of military personnel throughout the world who use drugs.



The President directed the Secretary of Defense to begin immediately identification of drug-addicted servicemen in Vietnam; secondly, institution of a detoxification program for servicemen before they return to the United States; and thirdly, to expand treatment programs inside the military; and fourth, to develop a worldwide program of identification and treatment.

The next chart indicates the flow of this process and how it will work.

I would also now like to turn this over to Dr. Jaffe, who has been very helpful and instrumental in developing the military program.

DR. JAFFE: This is a general flow chart describing the approach to the problem of servicemen abroad who are almost ready to return. This step is a diagnostic process. At present, it is largely based on testing of urine. Those servicemen found to be positive would then be provided with seven days of detoxification in the country. At this point, they should be physically free of drug use, and they should have no withdrawal enroute.

On return to the United States, they will have an additional three weeks of treatment. At that point, there are three possibilities.

Those servicemen ready for release who are desirous of further treatment can be referred to civilian treatment agencies. These may be VA or they may be privately operated, or if they have more service time, they may be returned to duty.

There are those who, at this point, may be deemed ready and may consider themselves in need of no further treatment. They will be discharged to civilian life.

Obviously, those servicemen abroad who are found negative for drugs will be discharged directly to civilian life.

Q Is this going to be a mandatory thing?

MR. KROGH: Helen, we will take questions after we finish with the presentation. Then we can come back to the charts.

The next chart sketches the international initiatives which the President mentioned earlier. We met on Monday with the Ambassador from France, not India as the chart indicates, Luxembourg, Mexico, the United Nations, Thailand and Turkey, to improve cooperation in regulating opium production.

Secondly, Ambassador Bunker from Thailand returned. He will be conducting a meeting tomorrow in Bangkok for U.S. Ambassadors from all Southeast Asian countries on how they can improve cooperation to get at the source of heroin in Southeast Asia.

The goal is a proposal to end growing of poppies and opium production all around the world.

Four, we are requesting \$2 million from Congress for developing detection to be used in ports of entry and other places to detect heroin when it is being smuggled into this country.



Five, we are requesting \$1 million to help train narcotics agents in other countries. Part of our program with France over the past year and a half has been to provide training to French law enforcement officials, both in this country and in France.

This has been very effective. We have sent teams from the Bureau of Narcotics and Dangerous Drugs to France where they have conducted symposiums in Paris. We have felt this has greatly increased the capability of the French law enforcement officials to detect the laboratories which are operating in France.

The next chart indicates that we will be requesting authority to provide funds for aid to Communist countries in helping them to detect the traffic of narcotics that may be flowing through those countries.

Next will be the submission to Congress for ratification of the Convention on Psychotropic Substances which was signed by the United States on February 21st in Vienna, this year.

Eighth, we have pledged \$2 million to the United Nations effort against the world drug problem. This has been primarily an educational program. \$1 million is in the fund right now, and another \$1 million will be forthcoming in the next two months.

Finally, we will be urging support for the Single Convention on Narcotics which will increase the capability of the International Narcotics Control Board to inspect on-site the growing of opium and poppies through the world.

That is the basic nature of these four areas in these new initiatives on drug abuse.

Do you have any questions?

Q If heroin is the critical drug, the most important one here, and if the supply, as the President said, is the element which has to be taken care of, what are we now saying to the Turkish Government that we have not said before that brings us some hope that the supply of Turkey, the principal producer of poppies, will take some action?

The second part of that question is: What has happened to the \$3 million which we did give them for this purpose, and do we intend to give any more for it?

MR. KROGH: Taking your second question first, the \$3 million was used for the purchase of equipment to develop a better law enforcement capability inside Turkey, which has been increased, and from the evidence which we have received, it has proven to be very effective.

We are considering new measures. At this point we have not decided explicitly what should be offered. We have stressed from the beginning, with all the countries we have dealt with, that we are seeking to work together on a cooperative basis. We feel that we have received very good cooperation from the Turkish Government, French Government, and Mexican Government.



You will remember we began in 1969 with Operation Cooperation with the Mexican Government, which had a major impact on stemming the flow of dangerous drugs and heroin into this country, and the work with the French Government in the last two years led to the signing of a Protocol between France and the United States. In March of this year, the Attorney General signed it with Minister Marcelloin, the Interior Minister of France, and that has led to much greater cooperation between the United States and France.

So we have stressed cooperation with all of those countries, and we are hopeful that it will lead to further cooperation.

Q Can I ask a general question, and I may need some follow-up about the whole area of marijuana. The President in this message talks about the credibility problem. Obviously there are a great many young people in this country who don't believe that marijuana is dangerous, and yet the President and others keep claiming it is.

You have a credibility gap there that I don't see that you are moving on.

Secondly, you have the problem of so many of your men in the enforcement agencies running around chasing kids who are just using joints that they can't get at the real hard drugs. How are you going to handle this whole area of marijuana?

MR. KROGH: Taking the last point first, in the enforcement agencies at the Federal level, the Bureau of Narcotics and Dangerous Drugs spends approximately 93 percent of its agent time on the hard drugs, detecting systems and trafficking for heroin, dangerous drugs and the rest. That has been perceived as the primary law enforcement problem in the United States.

Q Are you talking about the Federal Government only?

MR. KROGH: Yes, sir.

Q Because local government does not spend 93 percent of its time.

MR. KROGH: That is also the local government's responsibility as well. As you know, we had submitted to the Congress, in July of 1969, the Control of Dangerous Substances Act, which was passed in October of last year. Along with that, there was a model State law which set up drugs by category, with penalties thereto.

Now 18 States have passed that model drug law, which we feel has been very effective. That does set up very severe penalties for traffickers, suppliers, those people who profit from the traffic in narcotics. It did reduce the penalties for those who were first-time possessors.

That law has been adopted in 18 States with some modification, and we are hopeful that other States will pass it as well.



Q I am not quite sure that you have answered my question, but let's go back to Question A. What are you going to do about the credibility problem?

MR. KROGH: The evidence at this point does not suggest to us that there should be any change at all in policy with respect to whether or not marijuana should be legalized. It has been our position from the outset that it is dangerous.

We have had some reports of research that has been done by the Marijuana Commission that this is so. That is the position that we are taking, and we will continue to take it.

Q Some of the testimony on the Hill recently has complained that one of the problems the GI in Vietnam faces is that the military law treats the addict as having committed a crime. Is that valid, and what, if anything, are you doing about it?

MR. KROGH: Under this proposal that will go along with the message is proposed legislation which will enable anyone who comes into this detoxification treatment program as a drug dependent person, he will not be punished for that act. He will not receive an undesirable or dishonorable or bad conduct discharge for that.

Q Does he now?

MR. KROGH: At present, it varies within the service. We feel that with this new law that we will be able to treat everyone who has been identified as a heroin addict and he will not be punished for that addiction, coming in and saying, "I am an addict and I need help," or if we pick him up in the urinalysis, he goes into the program and is detoxified and treated and is not penalized for that.

Q Does that apply to heroin only?

MR. KROGH: That will apply to all drugs to which he may be drug dependent.

Q Will every serviceman in Vietnam go through this test?

MR. KROGH: The way this will be structured in the first phase will be that everyone returning to the United States will be going through the diagnostic process at this point. Then we expect to reach back into time so that, rather than just those who are about to return, we will be reaching those who have 30, 45 and 60 days left in-country.

We are hoping to move around the country taking those tests wherever we can, but at one time or another we expect to get everyone who has or will be returning to the United States, yes.

Q What about Helen Thomas' question as to the voluntary nature of that? Will this be mandatory?

MR. KROGH: It will be mandatory, the diagnostic process.



Q Can you put it into effect right now, or does Congress have to approve it?

DR. JAFFE: The diagnostic tests?

Q The whole thing.

MR. KROGH: The diagnostic tests are underway as of Saturday of this week in Cam Ranh Bay and in Long Binh. That is the first phase, for those returning right away. We will need additional legislative authority for the additional treatment for those about to be discharged.

We felt that with the first seven days of detoxification, you have physically detoxified him, but he will need additional treatment when he comes back to this country, and we hope to be able to provide it to him. That will require legislative authority, to be able to extend his term.

Q Will that be mandatory?

MR. KROGH: That three weeks of additional treatment will be mandatory.

Q Is three weeks long enough to realistically treat and rehabilitate a drug dependent soldier? Secondly, is the President going to support the bill that Congressman Rogers proposed, that we give \$300 million to community health centers to aid in drug programs?

MR. KROGH: I will let Dr. Jaffe answer that.

Q Is this a cold turkey treatment?

DR. JAFFE: Treatment will be appropriate to the situation. Remember, we are only diagnosing people who have drugs in the urine. It does not tell us how severely dependent they are. Those severely dependent people who require medical treatment, such as brief methadone withdrawal, will have it. It will not necessarily be cold turkey.

Point 2: Is 30 days enough? It is not three weeks. It is seven days and three weeks. The answer is, going back to this issue of are they all severely dependent, we have a mixture here. Some people who may only have been experimenting may come into this thing. We are talking about the minimum amount that servicemen will get before they are given the option of returning to civilian life.

As you see, at the end of those three weeks there are three options. They can return to civilian life if they feel that they have had enough. We cannot superimpose more treatment than is necessary to give the man an option.

After 30 days he has an option of whether he wants to return to use or try to change his life style.

The other options are: He can be returned to duty if he has more time, or they may elect to undergo further civilian treatment, and we intend to have that civilian treatment available, either in private medical agencies or the VA, and that serviceman will have sufficient priority that he will not have to wait for treatment.



Q Mr. Krogh, in the President's message, he talks of requesting legislation to permit the military services to retain for treatment any individual due for discharge. Can you take this a step further? Is there going to be some kind of legislation proposed, and if so, what will the rationale be of keeping a man beyond his service time for an indefinite period until he is considered cured in a VA hospital or other facility?

MR. KROGH: The way this will work, the legislation that is being proposed will enable the military to keep him in the service for up to 30 days, after which time you might reach a point of diminishing returns where, if a person is kept in treatment against his will, it could well make it difficult for other people undergoing treatment in the same facility.

We feel that for 30 days we can physically detoxify him and provide him with treatment which the VA, in five clinics around the country, presently provides in terms of psychotherapy, job counseling, trying to disassociate his present circumstances in the United States from Vietnam, where heroin was readily available.

But the law is written to put a maximum limit of 30 days on that mandatory treatment. However, he can be referred, after that period of time, to a civilian treatment program very much like the Narcotics Treatment Administration program in the District of Columbia, or the Illinois program which Dr. Jaffe headed, or he can go into a VA facility or he can stay in the military and use their treatment facilities. So he has three options.

Q Those are his options, and not mandatory?

MR. KROGH: That is correct.

Q You said five centers. Is there any plan to increase the number of centers?

MR. KROGH: Yes, sir. On the chart on new money, \$14.1 million will be additional for the Veterans Administration to increase their capability immediately. As you know, they started five clinics in December of last year. We are hopeful that this will be expanded to 30 within the immediate future so they will be able to meet the influx of those returning.

Q Dr. Jaffe, you were speaking a minute ago of research and looking toward new antagonists. Tell us, in your mind, what is going to be the benchmarks or progress or lack of progress that you are going to be looking for, and some kind of time frame, if you can include that.

DR. JAFFE: I suppose if one had to have an overall goal, it is to say that within some reasonable period of time no drug user should be able to say that he did not have treatment available to him. Treatment ought to be available to all people who want it, when they want it.

How long it will take to make that treatment optimal by looking at what kinds of treatment are needed is very hard to say.

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I think it would be easy to say how we would measure the efficacy of treatment, and I think we would all agree that we would like to see the chronic, compulsive heroin user become a law-abiding, productive, and non-drug using, independent member of the community. That is the ideal.

Q That is certainly your target, but what is the first thing you are looking for that will tell you whether or not you are on the right track or whether this is moving?

DR. JAFFE: In the immediate crisis, I suppose we are going to look first to how quickly we can expand available treatments so that people can avail themselves of that which we already know has some efficacy.

At the same time, we will move forward trying to look for breakthroughs, but nobody promises those.

MR. KROGH: I would like to expand on that.

The Narcotics Treatment Administration program in the District of Columbia was patterned in part after Dr. Jaffe's program in Illinois. In February of last year we found approximately 150 addicts were in treatment, government programs providing treatment.

We had also received evidence that at any given time, approximately 45 percent of the population of the District of Columbia Jail did have heroin in their system. So we found there was a cause and effect relationship fairly clear between heroin addiction and the need to commit crimes to support that habit.

So we felt we needed to greatly expand the capability of the District of Columbia to treat those with the problem. In one year they expanded from that 150.

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I think there are over 3,200 now in a multi-modality type program. They get all sorts of counseling, job counseling, group encounter sessions, psychotherapy, legal services, methadone is dispensed to those who want it, abstinence is available to those who want it. We wanted to provide a comprehensive method of treating these people to see if we could get some success.

After a year we found that those in high dosage methadone, for example, had a marked decline in criminal recidivism. They were able to hold jobs, stay with their families. They were not drug-free, but they were functional human beings, holding jobs and obeying the law. That was the goal that we reached for. There has been a correlative decrease of 5.2 percent in absolute decline in crime in the District of Columbia. I cannot piece out exactly what is attributable to narcotics treatment or police work, lights, a new court, but we feel all taken together have led to that result and we would like to expand that type of treatment across the country.

Q Dr. Jaffe, would you comment on the severity of the heroine and other hard drug problem outside the city centers, in other words, in the suburbs and smaller towns around the country?

DR. JAFFE: I think unquestionably the incidence has increased. Heroine use in the suburbs three to four years ago was unknown. It is now there. There is no point in denying it. Unfortunately, we do not have the national data bank which would give us some idea of how rapidly it is increasing. That is one of the goals of this agency, to provide those health indicators that we have about other medical problems so we can look at the rate of change and also gauge our effectiveness in reducing that rate of change.

As far as the pattern that will emerge from the young adolescents in the suburbs using heroin, I can't say. At this point, some may still be experimenters and some may go the route of the more well-known urban heroine users.

Q Do you have a theory about why there is such a widespread growth in the use of drugs?

DR. JAFFE: I think there are many factors and I'm not sure I would do us a service to try to go through all of them.

Q Do you have a philosophical idea?

DR. JAFFE: I am much more of an empiricist than philosopher. Availability is very often all you need. I think everything else, then, adds to the propensity of people to experiment and become dependent.

Q Mr. Krogh, you are focusing on the G.I. in Vietnam. After he becomes an addict, then you do something about him. I see little or nothing here in the way of efforts to prevent him from becoming an addict. There are still 300,000-some there.



MR. KROGH: I don't have a chart for that, but I would like to say that in addition to this is a greatly expanded educational program in South Vietnam. An example of this is that for some time military personnel felt that they could snort or smoke heroine without becoming addicted to it. This is a myth. They can become just as addicted by snorting or smoking this substance which is 95 percent pure, a good share of it, as they can by injecting the 5 to 6 percent heroine available in the United States. We have expanded those educational programs. There will be more of them in South Vietnam.

In addition, there are at present ten rehabilitation programs at work in South Vietnam for those who are not just about to depart, but those who need treatment at an earlier time in their stay in South Vietnam. This is a comprehensive program that will stress treatment and education and rehabilitation and as we get to the end of their term of service, they will be detected through the diagnostic program, detoxified and treated.

But it does go all the way back through the time they are in Vietnam or Germany or any place else around the world.

Q What the President said is that South Vietnam has a special responsibility in this. I don't see where you spell out anything that the Government of South Vietnam is going to be expected to do to shut this off.

MR. KROGH: The Government of South Vietnam has been very responsive and very helpful over the last two to three months in improving their customs procedures at various ports of entry, Ton San Nhut and other ports. They are increasing their effort throughout the country in both the national police level and at the customs level. We feel they are doing a very fine job on that. It is being done and done well.

Q Can you explain how you are going to treat people who are both addicts and dealers. Many people who are addicts, in order to support their habit, also sell drugs. Are you going to treat these people as criminals or patients? On Page 6 of this document, it says a seller can receive 15 years for a first offence involving hard narcotics and 30 years for selling to a minor and up to life if the transaction is part of a continuing criminal enterprise. Are you going to treat such people as criminals or patients?

DR. JAFFE: I think "such people" is a vague term.

Q Those people who, to support their habit, also sell drugs.

DR. JAFFE: I think that will have to be adjudicated in each individual case. For somebody who is primarily an addict who has been unable to get treatment and turned to this, or somebody who is primarily a seller who incidentally uses drugs, and there are both kinds, I think if we tried to make a blanket rule to cover both we would either treat too many primary sellers, just because they incidentally use drugs or if we went the other way we would prosecute too many users because occasionally they sold drugs. This is not a simple solution and we are not trying to make simplistic responses to it.



I think the flexibility is there to move in either direction depending on what kind of history they develop on a particular individual.

Q Will your office develop policy guidelines?

DR. JAFFE: That is primarily a law enforcement policy. I am sure that as we learn more about these patterns we will have an opportunity to discuss this with the Department of Justice.

Q Who is going to make the decisions about whether to turn these patients over?

DR. JAFFE: Which patients -- Vietnam?

Q You say you are starting a program Saturday of urine analysis and you have not received the authority yet.

DR. JAFFE: We are able to detoxify people without additional authority. People will be detoxified for seven days. We are talking about keeping them an additional three weeks over their expected discharge time to give them whatever additional input they need so they can have an option as civilians as to whether or not they are going to return to drug use or return to the mainstream of society.

Q To what degree will the urine test be effective? I understand that if a guy stays clean for one or two days before he can beat the urine test.

DR. JAFFE: You can pick up these things for at least three days, if you decide to make a test that sensitive. On the other hand, as soon as you do that you pick up the occasional experimenter as well. A man who can at his own option decline the use of drugs for at least three days, perhaps, is not the person you are looking for. We expect to extend the testing back into time very shortly so if you mean a man who can avoid using drugs for 30 to 40 days because he escapes detection in random urine samples will not be included as a drug user, you are right. Any man who can avoid that for 40 days, perhaps, is not the kind of man we ought to put through this screen.

Q I wonder if you agree with the President, Dr. Jaffe, on the danger of marijuana, specifically that it leads to the use of hard drugs.

DR. JAFFE: I think the President has made his position clear on that.

Q What is your position?

DR. JAFFE: Well, I have discussed this with the President. I think that the issues are always not what the dangers are, but are the dangers such that we can safely legalize this substance at this time, and on that particular issue I have no disagreement with the President.

Q Do you believe that marijuana use does lead to the use of hard drugs?



DR. JAFFE: It is a very, very complicated question. I think that in one sense, and in a limited sense, you have to say that any time somebody steps over the bounds of using a drug which is not currently totally approved by society, he has broken a boundary, he has in fact put himself outside the conventional limits and to the extent that one begins to experiment beyond the conventional limits, one is more susceptible to experiment with other non-conventional and non-socially approved, illegal substances. To that extent, I think one has to accept the idea that moving across the boundary does in fact increase the use of other drugs.

Q Is popularity an indication of social acceptance? In other words, marijuana is widely used, admittedly, in high schools and colleges. Is this an indication of social acceptance, do you think?

DR. JAFFE: It becomes an indication of use. I think it is a tautological question.

Q It certainly is.

DR. JAFFE: You are really saying, is use in fact an indication of use, and I guess if you can express it that way the only logical answer is yes. But you have fundamentally put forth a tautology which can only command one answer. It does not address itself to the issue of what we do about the popularity and what should be the appropriate response.

Q Can you tell us what you would expect from the Communist countries? You have had a tough time with your allies.

MR. KROGH: Yes, this is to make it possible for us to support them with trafficking, suppression, expertise, technical help. The Commissioner of the Bureau of Customs has recently visited some Eastern European countries to discuss with them new procedures for improving their systems at ports of entry to those countries.

This amendment would enable us to provide that support to countries anywhere in the world, Rumania, Bulgaria -- I don't have the other countries right now.

MR. WEBER: There are other countries with whom we do not have diplomatic relations that presently are proscribed under the existing aid legislation. This amendment would deal with them as well as the bloc countries.

Q What kind of reaction have you had?

MR. KROGH: We have not had a reaction just yet.

THE PRESS: Thank you.

END

(AT 12:15 P.M. EDT)