

Apprenticeship

IN 1965, OTTO KERNER, the governor of Illinois, set up a Narcotic Advisory Council to study the state's growing heroin problem. A constant but tolerable condition since the end of World War II, heroin use in Illinois had begun increasing in the early 1960s, and by mid-decade the state was facing the possibility of a full-blown epidemic. The problem was especially acute on Chicago's South Side, a bleak, sprawling district of deprivation and despair. Thousands of residents—mostly black men in their twenties and thirties—had become addicted to heroin, and, like narcotics users everywhere, they were robbing and stealing to support their habit. The city had responded with tough police action, and an estimated 25 percent of all inmates in the state's prisons were drug addicts.

As for drug treatment, it was virtually unavailable. The one public facility offering any type of service was a twelve-bed detox ward at Bridewell, the Chicago House of Correction. Otherwise, the nearest treatment unit was more than three hundred miles away, at the federal narcotics hospital in Lexington, Kentucky. More prison than hospital, the narcotics "farm," as it was called, treated both drug offenders sent by the courts (who lived in locked cells) and addicts voluntarily seeking help. East of the Mississippi River, the narcotics farm was virtually the only institution offering any form of treatment. (A similar facility in Fort Worth, Texas, served all addicts west of the Mississippi.) After receiving counseling, exercise, and vocational training, the addicts would be sent back home. With little follow-up care, however, more than 90 percent of them eventually relapsed.

From this, some public-health officials had concluded that it would be far better to treat addicts in their home communities than in some distant facility. Yet the moral stigma attached to addiction made this impossible. Ever since

passage of the Harrison Narcotics Act in 1914—the legal foundation of drug prohibition in the United States—Americans had come to view addicts as dangerous deviants who had to be isolated from society. Drug policy was the preserve of the Federal Bureau of Narcotics and its despotic commissioner, Harry Anslinger. A barrel-chested, bald-headed propagandist, Anslinger was the moving force behind the “Reefer Madness” scares of the 1930s and 1940s, which cast marijuana users as psychotic killers. In 1951, Anslinger’s agitation helped persuade Congress to adopt the Boggs Act, which mandated a minimum sentence of two years for first-time narcotics possession. Five years later, Congress made the sale of heroin to minors punishable by death—a stark indication of the depth of public intolerance on the issue.

After the election of John Kennedy, however, the national mood began to change. With the new administration urging greater compassion for the mentally impaired, drug addiction came to be seen as less a criminal condition than a psychological one. In 1962, the Supreme Court ruled that drug addiction was a disease, not a crime. That same year, Harry Anslinger retired from the Federal Bureau of Narcotics, and the seat of decision-making on the issue shifted to the National Institute of Mental Health (NIMH), a division of the Department of Health, Education, and Welfare (HEW). In 1963, a presidential advisory commission on drug abuse issued a report recommending that the federal government reduce the penalties for narcotics offenses and increase funding for drug treatment. On the eve of the fiftieth anniversary of the Harrison Act, then, the era of hostility toward drug addicts was drawing to a close, and local officials across the country were considering what should come next.

In Illinois, the Narcotic Advisory Council held its first meeting on December 21, 1965. Made up of leading judges, doctors, clergymen, legislators, and police officials, the council gathered data on the extent of Illinois’s drug problem and on how other states were coping with their own. As they proceeded, however, the council members recognized the need for an experienced adviser. For names, they turned to Dr. Daniel X. Freedman, the chairman of the psychiatry department at the University of Chicago. Recently arrived from Yale, where he had made a name for himself studying the effects of LSD on college students, Freedman knew virtually everyone in the small but growing fraternity of drug-treatment specialists. And, when asked by the advisory council to recommend someone, he did not hesitate. No one in the field struck him as more knowledgeable or insightful than Dr. Jerome H. Jaffe, a psychiatrist on the staff of the Albert Einstein College of Medicine, a division of Yeshiva University, in the Bronx, New York.

THIRTY-TWO YEARS OLD, Jerry Jaffe was a specialist in psychopharmacology, the study of the effects of drugs on the central nervous system. Five feet eight and slightly built, with thinning hair, gold-rimmed glasses, and a wardrobe of

white shirts and Sta-Prest pants, Jaffe had the pallor of someone who spent too much time in the lab, which he did. To test the effects of psychotropic substances, he was administering barbiturates and other drugs to a stable of cats, rats, and mice and monitoring their responses. Outside the lab, Jaffe was no less rigorous. Relentlessly logical and analytical, he was reluctant to accept any assertion unsupported by evidence, and he would jump on even the most commonplace assumptions, probing for weaknesses and inconsistencies. He did not except his own statements, appending Talmud-like qualifiers and caveats as he went along. For some, the experience was maddening. Even friends exposed to his mordant wit and blunt candor, found Jaffe prickly. No one, however, could deny his honesty, his sense of fair play, and, especially, his incisive intellect.

A modest man, Jaffe lived near campus on the ground floor of a two-story house with his wife, Faith, an alumna of Bryn Mawr, and their two young daughters. Jaffe’s salary, at \$6,000 a year, was modest, too, and to supplement it he made house calls in the South Bronx for the HIP health maintenance organization.

His upbringing was no less humble. Jaffe was born in 1933 into a lower-middle-class household in the Germantown section of Philadelphia. His father, a Jewish immigrant from Lithuania, ran a grocery store on the ground floor of the family house. After graduating from high school, Jaffe entered Temple University. Finishing first in his class, he remained at Temple for medical school, paying his way in part by working nights as a bass player in a wedding band. In his final year of medical school, Jaffe read Abraham Wikler’s *The Relation of Psychiatry to Pharmacology*, a pioneering work that described how new drugs like Thorazine were being used to treat mental patients. The great pharmacological revolution was on, and Jaffe decided to join it. After graduating from Temple, in 1958, Jaffe, along with his new bride, Faith, moved to Staten Island to begin a year-long internship at a U.S. Public Health Service hospital. As it was coming to an end, Jaffe, facing the physicians’ draft, decided to apply for a position at the facility where Abraham Wikler worked, the Addiction Research Center at the federal narcotics hospital in Lexington.

Jaffe was accepted at the hospital, but to his regret he was assigned not to its research center but to its clinical division. It was not a total loss, however, for Lexington had a diverse array of drug users, ranging from street hustlers to jazz musicians, and Jaffe, in counseling them, got a firsthand look at the nature of addiction. In his second year, he was assigned to Lexington’s detox unit, where newly arrived addicts were withdrawn from heroin with a synthetic narcotic that had been developed by German scientists during World War II. Methadone, as it was called, helped alleviate the discomfort addicts felt as they were weaned from heroin, and Jaffe, counseling them, became fascinated with phenomena like tolerance, withdrawal, and dependence.

Arriving at Einstein in 1961, Jaffe explored these concepts in his animal

experiments. Before long, however, he was dealing with human subjects as well, for addicts he had met in Lexington were seeking him out at his office in the Bronx. As elsewhere, treatment was largely unavailable in New York, and Jaffe did his best to counsel them. From his time at Lexington, however, he knew that psychotherapy alone was rarely effective in curtailing addiction. Seeking a pharmacological agent that might help, Jaffe obtained supplies of a semisynthetic opioid called oxymorphone, which he gave to his patients to inject. (When the Federal Bureau of Narcotics learned of his activities, it sent an agent to protest, but, when Jaffe patiently explained that only a few patients were involved, it left him alone.)

Then, in early 1965, he learned of a fascinating experiment taking place at Rockefeller University, the august research institute on Manhattan's Upper East Side. There, Dr. Vincent Dole, a specialist in metabolic diseases, had teamed with a young psychiatrist named Marie Nyswander to explore new ways of controlling narcotic addiction. Nyswander ran a storefront psychiatric practice in a run-down tenement on 103rd Street in Spanish Harlem, with many heroin addicts among her clients. Several of them agreed to come to Rockefeller to participate in an experiment Dole was conducting. Hoping to find a level at which addicts could be stabilized, Dole was having them injected with heroin. No matter how much they received, however, the addicts would eventually grow tolerant, and Dole would have to keep increasing the doses to keep them from getting sick. Dole then switched to morphine, an opium-derived analgesic, but the same pattern developed, with patients needing a new hit every hour or two. Seeking to withdraw them, Dole used the standard agent, methadone. Because the addicts were so doped up, however, he had to use more than twice the normal amount. After they received several such doses, Dole found to his amazement that the patients were behaving in a more or less normal fashion, with no signs of withdrawal. Experimenting further, he found that methadone, administered in one large dose of 50 to 150 milligrams a day, enabled the addicts to go about their business, free of their hunger for drugs.

Convinced that addiction was a more or less permanent condition, Dole held that addicts had to be maintained on methadone indefinitely, hence the name of the new technique—methadone maintenance. To test its effectiveness, he and Nyswander gained access to a fifty-bed ward at a hospital that would eventually become part of the Beth Israel Medical Center. During a six-week stay there, volunteers were stabilized on methadone, then assigned to an outpatient clinic to receive daily doses of the drug, together with counseling and other rehabilitative services.

Dole began giving some lectures in which he described his findings, and Jaffe, attending them, was impressed. As he knew, methadone was no panacea. Not only was it highly addictive, but people maintained on it often continued to drink and use other drugs. Nonetheless, the discovery that the same agent

used to withdraw patients at Lexington could be used to stabilize heroin addicts represented a real breakthrough. Unfortunately, the Dole-Nyswander experiment was proceeding very slowly, and in the meantime addicts were begging Jaffe for help. From his own clinical work, Jaffe did not think it necessary to confine people to a hospital while they were being stabilized. Deciding to conduct his own experiment, he wrote prescriptions for methadone for his patients and sent them to a pharmacy around the corner to be filled. Back at his office, Jaffe would counsel his patients and monitor their progress through regular urine tests. Most, he found, did well even without being hospitalized. (Eventually, the Dole-Nyswander program would move in this direction, offering methadone strictly on an outpatient basis.)

Methadone was not the only new therapy being developed in this period. On Staten Island, two dozen male addicts on probation were living full-time on the grounds of a former convent. Daytop Village, as the program was called, was modeled on Synanon, a live-in community of alcoholics and drug addicts founded in Santa Monica, California, by a recovering alcoholic named Charles Dederich. Like Synanon, Daytop blended the confessional techniques of Alcoholics Anonymous with the confrontational practices of encounter groups, all served up in a boot-camp-like setting. Most of the counselors were recovering addicts, which, it was thought, made them uniquely qualified to help break other addicts of their habits. Good behavior was rewarded with privileges; transgressors were subject to penalties like head shaving and sign wearing. The idea was to break down an addict's personality and rebuild it along more healthful lines. To many psychiatrists, these "therapeutic communities" (TCs) seemed excessively punitive, but Jaffe, knowing how resistant addicts could be to ordinary counseling, felt they had great potential.

By the mid-1960s, then, New York was giving rise to two new techniques for treating drug addicts—methadone maintenance and therapeutic communities. And, from their humble origins at Rockefeller University and on Staten Island, the two therapies would rapidly expand. As they did, however, they became intensely competitive with each other. Therapeutic communities, seeing total abstinence as the only acceptable course, scorned methadone as a "crutch" that was highly addictive in its own right. Methadone advocates, in turn, viewed TCs as little more than penal colonies in which addicts were treated like ex-cons. The factionalism that would become a hallmark of the New York treatment world had begun.

Watching all this unfold, Jaffe was appalled. The two movements seemed almost messianic in nature, with each proclaiming itself the one true way. In reality, both approaches seemed promising. Nor did therapeutic communities and methadone maintenance seem the last word in drug therapy. With his pharmacological background, Jaffe had become interested in a group of drugs, called narcotics antagonists, that blocked the desire for heroin without being addictive themselves. Eager to test them, he obtained supplies of one such

substance, cyclazocine, and found some volunteers willing to take it. "The eagerness with which heroin addicts sought such treatment contradicted the belief that they were unmotivated to stop using drugs," Jaffe would later write of the experiment. "It was obvious then that it would be useful to compare treatment with antagonists to treatment with methadone. I had gotten hooked on what works for whom."

It was around this time that Jaffe got his first big break. At Einstein, Jaffe gave the school's basic course on drug addiction. Among those sitting in on it was Dr. Alfred Gilman, the head of Einstein's pharmacology department. Along with Dr. Louis Goodman, Gilman was the author of *The Pharmacological Basis of Therapeutics*, a standard text at medical schools across the country. Originally published in 1940, Goodman and Gilman, as it was known, was due for a revision, and, given the burgeoning literature in the field, the authors decided to include outside contributors for the first time. Impressed with Jaffe's lectures, Gilman asked if he would be interested in contributing chapters on drug addiction and narcotics analgesics. Jaffe, who just a few years before had used Goodman and Gilman at Temple, was flattered and, despite his heavy workload, accepted. When the new volume appeared, in 1965, Jaffe's presence in it marked him as someone to watch in the fledgling field of addiction medicine.

Despite his newfound stature, Jaffe was not completely content at Einstein, for, despite his pleas, its psychiatry department would not provide him the space he needed to conduct clinical tests of a long-lasting maintenance drug called LAAM. And so, in December 1965, when Daniel Freedman approached him about joining the psychiatry department at the University of Chicago, Jaffe was immediately interested. He was further intrigued when Freedman raised the possibility of his serving as an adviser to the Illinois Narcotic Advisory Council—a position that would allow him to test his ideas in the real world. And so, after getting the go-ahead from Faith, who had already had to move three times in the previous eight years, Jaffe accepted Freedman's offer, and in late 1966 he and his family took up residence on the shores of Lake Michigan.

WITH ITS SPACIOUS quadrangles and ivy-covered neo-Gothic buildings, the University of Chicago seemed like a slice of Oxford plopped down amid the decaying flatlands of the city's South Side. The Hyde Park location, while no aid to recruitment, had fostered a strong tradition of service to the local community, and the university's association with the Illinois Narcotic Advisory Council would reflect that. Even as he was setting up his lab at the medical school's Billings Hospital, Jaffe was encouraged to take whatever time he needed to advise the council. Meeting with its members, he shared some of the insights into addiction that he had gained while in New York. Contrary to popular belief, he said, many addicts do want help. To be effective, however, that help had to be responsive to their needs. Addicts were a diverse lot, and

so any treatment system had to offer a variety of therapies, expanding those that worked and eliminating those that didn't.

Eventually, the council decided to set up a program along the lines Jaffe had recommended, on one condition—that he agree to run it. With the university's permission, he did. The council's final report, issued in May 1967, closely reflected Jaffe's views. Noting that the state had "done almost nothing other than fill its prisons with addicts," the document asserted that "it is time, long past time, that treatment be an equal partner in the State's response to addiction." It went on:

There is no such thing as a typical addict . . . any program which attempts to deal with narcotic addicts as a homogeneous group reachable by a particular program is self-defeating. A variety of fore-care and after-care programs tailored to the needs of the particular addicts and potential addicts they are designed to treat is the key to a successful state program.

Deciding to proceed slowly, the advisory council recommended setting up a pilot program under the aegis of the Illinois Department of Mental Health. To fund it, the state legislature agreed to allocate \$1 million, with the University of Chicago picking up part of Jaffe's salary.

It was a unique opportunity: Jaffe was going to get the chance to build a treatment system from scratch, without all the distracting rivalries of the New York scene. Approaching the task as he would a lab experiment, he planned to set up a variety of programs and assign clients randomly to each, then measure the results. In the summer of 1967, he began working full-time on the project, investigating sites and recruiting staff.

In the meantime, word of the success New York was having with methadone had reached Chicago, and Jaffe was constantly being asked for some by the addicts he was counseling. He kept resisting, until January 1, 1968, when one of his patients, a jazz clarinetist suffering from Hodgkin's disease, was refused help at Billings Hospital after the staff discovered he had a heroin habit. Exasperated, Jaffe grabbed a prescription pad in his office. "Today, we start," he declared, then wrote a script for methadone—the first in the state. His staff—worried that he had begun before all the necessary protocols were in place—accused him of jeopardizing the whole project. Jaffe, however, explained that his responsibilities as a doctor took precedence, and in subsequent weeks he would prescribe methadone for a dozen more patients. The Illinois Drug Abuse Program had begun.

Finally, in February 1968, IDAP opened its first formal unit—a methadone clinic located on the ground floor of a three-story building on the western edge of campus. Each of the center's seventy-five clients received liquid methadone mixed with an orange drink, which they consumed on the premises. Each

was expected to attend weekly therapy sessions and give three urines a week. Although the opening was not publicly announced, word quickly spread on the street, and within weeks several hundred people had applied for admission. "The problem in Chicago was said to be modest, but when we opened, people came out of the woodwork," Jaffe recalled. Immediately, the search was on for another methadone site.

Meanwhile, IDAP was preparing to open its second unit—a detox ward at Billings. Few such units existed in the country, and all sorts of details had to be worked out, sifting among them. The fear of addicts was so strong that hospital workers worried about having them on the grounds; to reassure them, the ward was situated above the hospital's emergency entrance, where security guards were always on duty. The facility would be run by a psychiatrist and a team of nurses, with a parallel group of ex-addicts to oversee the therapy. Patients were expected to stay about two weeks, and a dozen beds were set aside to serve them. Finally, in April, the unit opened, and addicts in Chicago no longer had to be arrested to be detoxed.

All the while, Jaffe was laying the groundwork for Chicago's first therapeutic community. Hoping to find a large house at an affordable price, he canvassed his own neighborhood of Jackson Park Highlands. Located about a mile and a half south of campus, this once-thriving neighborhood had fallen on hard times, and faculty members willing to put up with its high crime rate could live well above their means. The Jaffes lived in an old Tudor mansion with a living room two-and-a-half stories high, nearby were the economist Arthur Laffer, Ramsey Lewis, and Chicago Bears running back Gale Sayers. A few blocks from his own house, Jaffe found a grand six-bedroom mansion that had once belonged to Bo Diddley but was now a vacant eyesore. Because IDAP lacked the funds to buy the house outright, Jaffe signed for it himself, offering his own house as security. Gateway House, as it was called, was modeled on Daytop, with a similarly strict regimen and a required stay of eighteen months. Its forty beds were quickly filled.

By the summer of 1968, then, IDAP had a therapeutic community, a methadone clinic, and a detox unit followed by outpatient aftercare. In line with Jaffe's original plan, addicts were randomly assigned to one of the three programs with the aim of finding which worked best. The addicts themselves kept frustrating the plan, however, for each had his own strong preferences. Quickly adapting, Jaffe scrapped his planned experiment and allowed clients to select their own form of therapy (subject to a counselor's approval). Instead of trying to find the one program that worked best, IDAP would maintain an array of programs to serve clients' various needs. A "multimodality" system, Jaffe called it, and few operations like it existed anywhere else in the country.

With demand continuing to mount, IDAP in the fall of 1968 opened a second methadone clinic, on the second floor of a small bank building at East 79th Street and Stony Island Avenue, in a high-crime, gang-infested section of

the South Side. It, too, quickly filled, and again IDAP was hunting for another site. By the end of the year, the program had seven units serving 500 people, and any remaining pretense that it was a pilot vanished. From the city's South Side, the program would expand to the more affluent North Side, and from there to Rockford, Peoria, and East St. Louis.

Along the way, there were inevitable growing pains. The person hired to run Gateway turned out to be a manipulative autocrat with a taste for young girls, and Jaffe had to work behind the scenes to ease him out. Some local black militants objected to having the white-run university operate drug programs in the inner city. Generally, though, the community was supportive, in part because Jaffe had gotten the state to change its civil service laws to make it possible for recovering addicts to work for IDAP, and many had gotten jobs with it. One, a former steelworker and Korean War sergeant named Matthew Wright, became not only a clinical director but also a close friend of Jaffe's, and the two men were a common sight on the South Side as they traveled together to inspect sites and meet with community groups.

Throughout, Jaffe continued to innovate. With hundreds of people on IDAP's waiting list, he set up a pretreatment unit at the 79th Street clinic to provide clients with methadone and limited therapeutic services while they waited for an opening—a way of keeping them from hanging out on the street. For clients who got arrested, became violent, or otherwise had to drop out of a program, he created a reentry unit to provide them skeletal services until they were ready to return. "The main point was to be open and to learn from what you were doing in the field," Jaffe said. "Things are not cast in stone. You have to decide which pieces are good, and which aren't."

One piece that clearly was not good was the detox unit at Billings. Therapeutically, the hospital was performing poorly, with the patients feuding with the staff, and the staff itself divided between ex-addicts and professionals. And the cost—\$100 a day per bed—was exorbitant. Unless a patient had special medical problems, Jaffe believed, he could be detoxed just as effectively, and far more cheaply, in a nonhospital setting. As he prepared to close the unit, Jaffe took over a vacant building on the grounds of the Tinley Park Mental Health Center. Located twenty-five miles southwest of downtown Chicago, it had been emptied as part of the movement to deinstitutionalize the mentally ill. From now on, addicts seeking detox would be transported to the center—anchored by a bright, cheery three-story building—and withdrawn over a two-week period, at a cost of just \$12 a day.

Experimenting further, Jaffe brought in a team headed by a former Daytop official to create a more flexible type of therapeutic community at Tinley Park. The maximum stay was reduced from eighteen to six months, with the actual length adjusted to each individual's needs. And, while clients still had to earn privileges and could have them revoked for misbehaving, confrontation and ridicule were kept to a minimum. In an even more radical change, Tinley

Park took in not only people committed to abstinence but also methadone clients needing more structure than was available in IDAP's outpatient programs. Eventually, Tinley Park came to serve as a crisis center for clients elsewhere in the system who needed a temporary refuge while trying to stabilize their lives; some stayed for weeks, others for months.

By 1970, the Illinois Drug Abuse Program had fifteen facilities serving more than nine hundred people. And, as new needs arose, Jaffe kept improvising. For clients for whom Tinley Park was too structured, he created Safari House, a short-term residential center located atop a Salvation Army thrift shop; outpatients undergoing a crisis could come here to crash and get emergency help. On the Near North Side, a hippie district full of acid trippers and pill poppers, IDAP took over an abandoned tire factory and converted it into a drop-in center for young people. PELASH TYRE—BLOWN-OUT MINDS RETREADED, a sign outside declared in psychedelic letters. With so many IDAP clients struggling with problems apart from their addictions, Jaffe set up a special treatment unit that had a psychiatrist to deal with mental problems, a doctor to treat medical problems, and a pregnancy section to help deliver babies.

With the program needing more office space, Daniel Freedman arranged for Jaffe and his staff to move into the Museum of Science and Industry, a majestic Greek temple-like edifice in Jackson Park, between the university and the lake. To help manage IDAP's client base, Jaffe installed a computer system that allowed him at the push of a button to determine an individual's case history. It also allowed him to compile data on the progress of his clients. And many of them seemed to be doing well. The number of clients with jobs increased by about 70 percent over the course of treatment, with most going to work in steel mills or as butchers or cabdrivers. And, according to clients' self-reports, arrest rates for those in the program dropped by about 40 percent.

To make it easier for addicts to apply for admission, Jaffe set up a central intake unit west of the downtown Loop. Here, each new client would fill out a medical history, be examined by a physician, and speak with a counselor. The patient would be informed of the various treatment options available and asked to indicate a preference. If a slot was available, he would be referred immediately; if not, he'd be put on the waiting list. If a client did not thrive in one program, he could be transferred to another. Overall, central intake allowed counselors to keep track of an addict's progress and make sure he didn't fall through the cracks.

Equally pioneering was IDAP's work on the epidemiology of drug use—i.e., how heroin addiction spreads. Under the direction of a young psychiatrist named Patrick Hughes, IDAP sent out field teams into South Side coping zones to interview addicts and gather information about their habits. To establish their credibility, the teams employed recovering addicts, and, to ensure cooperation, offered subjects immediate access to treatment. From the data

collected, Hughes was able to track miniepidemics as they struck individual neighborhoods. In some communities, the spread of heroin use resembled outbreaks of infectious disease, with a steep rise in incidence in a very short period. Once he was able to identify such outbreaks, Hughes moved to contain them, converting his research units into outreach teams whose mission was to recruit addicts who might spread the epidemic and place them in programs.

The response was overwhelming. "The community outreach teams showed us that people who don't seek treatment spontaneously may do so if they are asked, and that they do well if they are made to feel welcome," Jaffe observed. Eager to target other neighborhoods, Hughes asked Jaffe to allocate more slots to his outreach teams. With nearly 1,000 people already waiting for treatment, however, Jaffe was reluctant to take slots away from addicts seeking help on their own. Frustrated, Hughes frequently clashed with Jaffe at IDAP staff meetings.

He was not the only one. "Our meetings were so heated," recalled Dr. Edward Senay, a University of Chicago psychiatrist who was one of Jaffe's top aides. "Sometimes I was more afraid in those meetings than on the street." As in New York, sharp divisions arose between devotees of methadone maintenance and adherents of therapeutic communities. There were also racial tensions—most of IDAP's top administrators were white, and most of its clients black—and clashes in lifestyles. As an ambitious social program, IDAP attracted many young activists, and their Aquarian Age ways often clashed with the more staid manners of the physicians and psychiatrists who ran the program.

The problems were exacerbated by Jaffe's woeful management style. Brusque and demanding, he was forever pushing for results, and those who failed to deliver would often feel his scorn. Even those who did well would often not know it, for Jaffe tended to be grudging with praise. In addition, Jaffe disliked confrontation, and so, rather than intervene in conflicts at an early stage, he would allow them to fester. At one point, things got so bad that he had to call in a psychologist to lead the staff in group sessions. In the end, Jaffe managed to keep the lid on by constantly reminding the staff that they were there to serve the needs of clients, rather than the other way around. "Jerry always said that if anything went wrong, it was our fault, not the client's," said Claude Rhodes, an early client of the program who eventually went on to become a clinical director. "It's like the saying 'The customer's always right.' Jerry believed that the client was always right."

And, despite the chaos, most IDAP staff members relished the chance to work with Jaffe. "He was an absolutely brilliant, hardworking guy," Patrick Hughes recalled. "And often he expected everybody else to be as brilliant and hardworking as he was. So he got impatient with us. But those were exciting times. Jaffe's mind was not encumbered by the usual structures. As with the rats in his lab, he'd see the program in experimental terms. He'd say, 'Let's buy

that building, set up a clinic, structure it this way, and if it doesn't work, we'll change it, and if it still doesn't work, we'll close it."

As word of IDAP's success spread, Jaffe began receiving a stream of visitors, among them government officials, professors, doctors, and foreign dignitaries. One day in June 1970, he got a call from the White House. A domestic policy adviser named Jeffrey Donfeld had heard about IDAP and wanted to see it. Twenty-seven years old, Donfeld was tall, blond, and cocky. Jaffe escorted him to various IDAP installations and showed him the computer system he had set up to keep track of clients. Donfeld took copious notes and, at the end of the day, thanked his host and left for Washington. Jaffe, who was due to give a paper at an upcoming health conference in Geneva, returned to his work. Donfeld's visit, however, was to have profound consequences, both for Jaffe and for the nation's drug policy.

8

To the White House

IF THERE WAS one word to describe Jeff Donfeld, it was contrarian. At a time when his entire generation was tuning in, turning on, and dropping out, Donfeld liked to boast that he had never been intoxicated, even on alcohol. He was raised in an affluent Jewish household in Los Angeles not unlike Dustin Hoffman's in *The Graduate*, but he was not the sort to laugh at the idea of going into plastics. A brash conservative who despised long hair and psychedelic music, Donfeld attended UCLA, where he became president of the student body, then went to Berkeley law, where he opposed the Free Speech Movement. In the summer of 1967, while many of his peers were getting stoned at rock concerts, Donfeld was interning at Richard Nixon's law firm, impressing Nixon with pointed questions about Vietnam. Donfeld also began dating Nixon's daughter Tricia. That did not hurt his chances when, after Nixon was elected president in 1968, he applied for a job at the White House. Hired to serve on the domestic policy staff, Donfeld chose drugs as his portfolio—a ready vehicle for attacking the counterculture he so loathed.

Such an attitude was close to the president's own. A product of the An-slinger era, Richard Nixon felt a reflexive disgust for illegal drugs and the people who used them. Marijuana, hashish, and LSD were, in his view, turning a generation of Americans into long-haired, love-beaded, guru-worshipping peaceniks. During the 1968 campaign, Nixon, in a speech in Anaheim, California, had called narcotics the "modern curse of the youth." "Just like the plagues and epidemics of former years," he said, drugs "are decimating a generation of Americans." If elected, Nixon promised, he would triple the number of customs agents and work with friendly nations "to move against the source of those drugs."

After the election, Nixon entrusted the drug issue to Bud Wilkinson, the

former University of Oklahoma football coach. While completely unschooled in the field, Wilkinson was a gridiron legend and symbol of bedrock American values—just the sort to publicize the evils of drugs. In the White House, Wilkinson would launch a variety of PR initiatives, such as meeting with media executives, speaking to community groups, and training youth coordinators. Jeff Donfeld, one of his assistants, specialized in organizing high-profile events in Washington. TV producers were brought to the White House and encouraged to work antidrug messages into their programs. Disc jockeys were urged not to play music with prodrug lyrics. And, in the grandest event of all, the nation's governors were convened in the State Department's auditorium to hear presentations about the menace of drugs, including an emotional address by Art Linkletter describing his daughter's suicide in the wake of an LSD trip.

Gradually, however, Donfeld's contrarian nature began to surface. For all the zest he brought to these events, he could not help recognizing them for what they were—elaborate dog-and-pony shows. And, however much they might help deter kids from using pot, they seemed useless in dealing with more serious problems, like heroin use in the ghetto. With his hard-line views, Donfeld felt little sympathy for addicts, but, as he began reading in the field, he found himself getting caught up in the exciting developments in the treatment world. By the fall of 1969, about 2,000 heroin addicts were receiving methadone in New York, and researchers studying them were finding marked reductions in heroin use, unemployment, and criminal activity.

This last point in particular caught Donfeld's eye. If it was true that heroin addicts committed many robberies and burglaries, as was widely believed, then methadone's seeming ability to reduce recidivism endowed it with great political potential. The risks were high, too, of course. Methadone was so addictive that many users found it harder to kick than heroin. And, while normally dispensed in clinics, the drug could be easily diverted onto the street, giving rise to a black market. The idea that the federal government itself might fund methadone programs seemed far-fetched, especially for a Republican administration extolling God, country, and football.

At the time, the government's efforts in the treatment area were very modest. In 1969, the federal drug budget came to just \$81 million. About \$43 million of that sum went for treatment, most of it for a dozen or so programs overseen by the National Institute of Mental Health. The remaining funds went for enforcement—mainly to the Customs Bureau, which patrolled the nation's borders, and the Bureau of Narcotics and Dangerous Drugs (BNDD), which targeted trafficking organizations. Acting on his campaign promise, President Nixon nearly doubled the size of Customs and increased the number of BNDD offices abroad from twenty-five to forty-six.

Nixon was particularly intent on stopping heroin at its source. At the time, most of the heroin entering the United States originated in the poppy fields of Turkey's western Anatolia plains. Opium paste extracted from poppy flowers

was sold to middlemen, who had it processed into morphine base in the Middle East, which was then shipped to southern France. There, in makeshift labs located in and around Marseilles, chemists employed by the Corsican mafia processed the morphine base into high-grade heroin. The powder was then smuggled into the United States, with New York the most common destination.

This was the famous French Connection, and Nixon was determined to break it. "I feel very strongly that we have to tackle the heroin problem regardless of the foreign policy consequences," he wrote to Henry Kissinger and several other top aides in a September 22, 1969, memo. "I understand that the major problem is with Turkey and to a lesser extent with France and with Italy. In any event, I want the group included in this memorandum to give me a recommendation as to what we can do." Plugging the heroin pipeline thus became a top priority for the White House.

In this climate, Jeff Donfeld remained virtually alone in his interest in drug treatment. That would soon change, however, as the White House became increasingly preoccupied with crime. During the presidential campaign, Nixon had frequently raised the issue, pointing out how, during eight years of Democratic rule, the nation's crime rate had doubled. After the election, Nixon named as his attorney general John Mitchell, whose steely demeanor contrasted with the bleeding hearts who had run the Department of Justice under Lyndon Johnson. At an early meeting of Justice officials and White House aides, Nixon had stressed his desire to bring down the nation's crime rate. Justice officials, however, noted that, in the federal system, law enforcement was mainly the preserve of state and local government, leaving little for the administration to do.

Except in the District of Columbia. Home rule had yet to come to Washington, and both the mayor and city council served at the president's behest, giving him great leverage. In addition, the federal government had abundant enforcement resources in the District. During the campaign, Nixon himself had singled out Washington, where the crime rate had risen even faster than in the nation as a whole. "D.C. should not stand for disorder and crime," Nixon had declared. "Washington should be a model of stability and law and justice in America—and that is what we must pledge ourselves to in a new administration."

In case the White House needed any convincing, the city was hit by a crime wave just as Nixon was taking office; in one incident, a presidential secretary had her purse snatched just outside the White House grounds. On January 31, 1969, Nixon announced a package of emergency measures, including a drastic reorganization of the city's courts, the appointment of new judges and prosecutors, and the hiring of 1,000 new cops. The president also welcomed the appointment of an aggressive new police chief, Jerry Wilson, who, on frequent visits to the White House, joined Nixon in thrashing out ways to improve the local force. The crime rate continued to soar, however, and every

month, when the latest numbers came out, Nixon would call up his adviser John Ehrlichman to complain.

To the outside world, the balding, impulsive Ehrlichman seemed indistinguishable from H. R. Haldeman, the dour, unswervingly loyal chief of staff. In private, however, Ehrlichman was wry, personable, and pragmatic. After serving briefly as White House counsel, Ehrlichman became Nixon's domestic policy adviser, and he assembled about him a band of like-minded aides. And, faced with the crime problem in the District, he turned to the most trusted of them, Egil Krogh, Jr.

Thirty years old, Krogh was the White House's Mr. Fix-it, the man called on to solve its most intractable problems. "Bud," as he was known, would arrive every morning at seven-fifteen at his office in the ornate, French Empire-style Old Executive Office Building (OEOB) next to the White House, and he would rarely leave before eight or nine at night. Ruggedly handsome, with a square jaw, dark eyes, and a receding hairline, Krogh had ten aides of his own, and he needed every one, so broad were his responsibilities. They included corrections, legal services, transportation, the Justice Department, and "internal security," which consisted mainly of keeping order during the large antiwar demonstrations that periodically rocked the capital. (When Nixon made his famous predawn visit to the Lincoln Memorial in May 1970 to talk with antiwar protesters, Krogh was by his side.) Paralleling his grueling work pace, Krogh jogged five miles a day, a lone figure in a gray sweatshirt circling the Ellipse behind the White House.

For all his drive, though, Krogh projected a sense of decency and earnestness that was rare in the Nixon White House. He got it from his father, A self-made Norwegian immigrant, Egil Krogh, Sr., rose to become a vice president at the Marshall Field department store in Chicago before moving the family to Seattle. When Bud was fourteen, his father, a heavy drinker and smoker who was interested in Christian Science, said he would forgo alcohol and tobacco if his son promised to do the same; Bud did so with a handshake, and in later years he would never waver. In Seattle, the Krogh family became friendly with a local zoning lawyer and fellow Christian Scientist named John Ehrlichman, and young Bud grew close to him. After graduating from Principia College in Illinois, Krogh spent three-and-a-half years in the Navy, then enrolled in the University of Washington Law School. After getting his degree in the summer of 1968, he went to work for Ehrlichman's law firm. After Nixon was elected, Ehrlichman asked Krogh to come to work for him in Washington. Just months out of law school, Krogh was on his way to the White House.

Like many Nixon aides, Krogh was young and inexperienced, but he had an aptitude for grasping the nub of a problem, then finding the right people to solve it. The objective was to get results, not pursue an agenda. When, for instance, the United States was hit by a rash of airplane hijackings, Krogh was given the job of stopping them. While some politicians favored calling out the

military, Krogh put together a more measured series of steps, including the installation of metal detectors in airports, and the problem was soon brought under control.

In addition to all his other responsibilities, Krogh served as the White House's liaison to the District of Columbia. And so, when John Ehrlichman was ordered by Nixon to bring down the city's crime rate, it was natural for him to look to his young aide. Krogh knew nothing about crime, but he characteristically embarked on a crash course. "I rode around town in squad cars to see with my own eyes the kinds of things we could support the police with," he recalled. Working closely with Jerry Wilson, he helped step up recruiting efforts for the department, procured a helicopter for its use, and had sodium-vapor lights installed on the city's streets.

The more Krogh looked into the District's crime problem, however, the more he realized he would have to tackle its drug problem. Like most other large cities, D.C. was being overrun by heroin addicts. Under orders from Wilson, the police were making more drug arrests, but Krogh worried that such actions, by driving up the price of heroin, would cause addicts to commit even more crimes. And so he began investigating what might be done about them.

To that point, Krogh's involvement with the drug issue had been limited to the international side. With the White House seeking to break the French Connection, Krogh had been placed in charge of the effort. In late 1969, he had gone to Paris to see what the French were doing about the Marseilles heroin labs. Not much, he was told by the U.S. ambassador, Arthur Watson. The French, Watson said, regarded drugs as an American problem and so felt little need to act. Meeting with French officials, Krogh stressed that relations between the two nations would suffer if stronger measures were not taken. Even more troubling to Krogh were the internecine battles taking place between Customs and BNDD. In France, as in the rest of the world, the two agencies were so busy fighting one another that they had little energy left for the traffickers, and Krogh, back in Washington, had to work endlessly to patch up their differences. All the while, he was consulting with U.S. officials in Ankara, exploring ways of convincing the Turks to curtail local opium production.

Now, in addition to fighting the drug trade abroad, Krogh was having to confront it at home, too. Gradually nudging aside Bud Wilkinson (who eventually left the White House in frustration), Krogh began asking Jeff Donfeld about his research, and the young lawyer eagerly shared his findings on methadone and its seemingly miraculous ability to reduce drug-related crime.

Krogh also sought out a local treatment expert named Robert DuPont. Few people in the District knew more about heroin addicts than the tall, gangly, sandy-haired psychiatrist. A graduate of the Harvard Medical School, DuPont had come to Washington in 1966 to work at the National Institutes of

Health, then had gone on to counsel inmates at the D.C. Department of Corrections. From his sessions with those inmates, DuPont became convinced of the close connection between drugs and crime, and, seeking corroboration, he hired a team of researchers to interview inmates. Of the two hundred interviewed, fully 45 percent were found to be heroin users—strong evidence of the drug-crime link. Interested in how other cities were dealing with their heroin problems, DuPont went to Chicago to meet with Jerome Jaffe and see his multimodality system in action. Back in D.C., he convinced Mayor Walter Washington to let him set up a pilot version of that system, and in the fall of 1969 methadone for the first time became available in the nation's capital.

In early 1970, DuPont met with Krogh at his grand, high-ceilinged office at the OEOB. A man of missionary-like exuberance, DuPont (no relation to the Delaware family) gushingly described the success he was having with methadone, especially in reducing crime. When Krogh asked if he would like to expand his program, DuPont immediately said yes, and Krogh quickly found the necessary funds. On February 19, 1970, the Narcotics Treatment Administration (NTA) opened its doors. Like the Illinois Drug Abuse Program, it offered not only methadone but a variety of treatments. And, like IDAP, it was immediately swamped with applicants. With the White House's backing, the NTA soon had more than 2,000 slots.

Krogh closely monitored the results. "The District of Columbia became a laboratory in my mind," he recalled, "a place where we could put more funding into treatment and see what happened." If crime went down in the District, then a case might be made for expanding treatment nationally. "The administration's emphasis had been so overwhelmingly on the law-enforcement side," Krogh said, "that I concluded that if we could get a substantial portion of the addict population into some kind of treatment program, where they would have a chance to function and not be driven to commit street crimes, that would be a very important contribution to the law-enforcement side." For the first time, a U.S. official was thinking of the drug problem in terms of both supply and demand.

To get a sense of what a national treatment system might look like, Krogh sent Jeff Donfeld on a tour of programs. On June 9 and 10, Donfeld visited a half-dozen facilities in New York, including Daytop Village, Phoenix House, and a methadone clinic. From there, he went to Chicago—a trip he had long anticipated. "I had been traveling around the country," he recalled, "talking with program directors and experts in the field, and all roads seemed to lead to Jerry Jaffe as the brightest, most respected guy in the field." Jaffe spent the better part of a day showing Donfeld his handwork.

Brimming with impressions, Donfeld summarized them in a tart sixteen-page memo to Krogh. Noting at the outset that "drug rehabilitation is a virgin, yet fertile area for social and political gain," Donfeld was nonetheless dismissive of most of the programs he'd seen. "With one exception," he wrote,

"personnel of each program had something disparaging to say of another program, ostensibly because they are all competing for the same dollar but probably because each is a very parochial zealot believing that his program is the true panacea."

The one exception was IDAP. "Jaffe was the most impressive man I met on the trip because he was not a dogmatist, he thinks in broad management terms, is politically sensitive and recognizes that modalities must be meticulously evaluated in order to empirically determine success," Donfeld observed. He wrote enthusiastically of IDAP's numerous innovations, including Tinley Park ("it is not the intense, moralistic, rigid approach of Daytop"), the use of computers to collect data, and the reliance on epidemiological data to locate new treatment sites. Donfeld also praised Jaffe's personal style, noting that he "maintained a low profile from day one. He always made sure he could deliver more than he promised."

As for IDAP's core feature—the multimodality approach—Donfeld was more cynical. "Different strokes for different folks," he flippantly called it. Narrowly focused on the need to reduce crime, Donfeld was interested in just one modality. "Methadone," he wrote, "is a benign addiction for it allows the addict to function normally, be employed, pay taxes and stay out of jail. The choice is between methadone addiction and death for some addicts, imprisonment for many more and a crime infected society."

Donfeld's memo was reinforced by the reports Krogh was getting from Bob DuPont. In one four-month period, only 2.6 percent of those enrolled in his program had been arrested, compared with 26 percent of those who had tried to become abstinent and 50 percent of those who had dropped out. Summing up these results in a memo to Ehrlichman, Krogh wrote that DuPont's progress "gives us some assurance" that the idea "to go forward with development of a nation-wide addict treatment policy is correct."

Krogh's enthusiasm for methadone was certainly ironic. As a student of Christian Science who abstained from alcohol and tobacco, he could have been expected to shun a highly addictive substance like methadone. From a pragmatic standpoint, however, the narcotic seemed to offer a way out of the administration's crime predicament, and, with the 1972 election looming, Krogh stepped up his campaign to win White House approval for a national treatment system with methadone at its core.

To do that, he had to win over John Ehrlichman. A practicing Christian Scientist, Ehrlichman felt far more constrained by his beliefs than Krogh. Because of them, he recalled, "I kind of recused myself from health issues." In the case of methadone, he added, "I felt incompetent to make a judgment on physiological questions of that kind."

As a step toward winning Ehrlichman over, Krogh convinced him to set up a task force to study the feasibility of a national treatment program. The group would consist of representatives from eight federal agencies and be

chaired by Dr. Bertram Brown, the director of the National Institute of Mental Health. A thirty-nine-year-old Brooklyn-born psychiatrist, Brown was a natural to head such a group. NIMH was the government's lead agency in providing drug treatment, and Brown—a one-time aide to President Kennedy—was well regarded in the largely liberal mental-health field.

Krogh was dubious, however. For NIMH had shown little interest in the plight of drug addicts. The hundreds of community mental health centers it ran across the country seemed more interested in helping middle-class neurotics than inner-city junkies. Moreover, NIMH, with its psychiatric orientation, could be expected to shun a pharmacological agent like methadone.

In light of this, Krogh persuaded Ehrlichman to set up a parallel panel of experts from outside the government. And, to head it, he wanted Jerome Jaffe. Donfeld was sent to recruit him, and the two met in New York in late October. The White House, Donfeld told Jaffe, wanted him to assemble a group of experts to suggest what the government should be doing in the area of drug treatment. The report could not exceed one hundred pages, had to be completed in four weeks, and had to be kept strictly confidential.

As a registered Democrat, Jaffe felt in a quandary. "I was far more conservative than the average psychiatrist, but not enough to think that I should be a Republican, God forbid," he recalled. But, presented with an opportunity to affect national drug policy, he felt obligated to accept Donfeld's offer. Concerned that four weeks was not enough time to produce a quality report, however, he coaxed an additional two weeks out of Donfeld, and the deal was done.

Back in Chicago, Jaffe began calling around to some of his colleagues to ask them to join the project. It was a tough sell. Opposition to the war in Vietnam was at its peak, and few people in the public-health field wanted to be associated with Richard Nixon. Appealing to their sense of history, however, Jaffe managed to put together a stellar eleven-person team, including Dr. Jonathan Cole, the superintendent of Boston State Hospital, and Edward Brecher, a noted science writer who was in the process of completing his landmark book *Licit and Illicit Drugs*. Over the next month, the group would gather on three weekends to discuss what should go into the report. When it was time to write it, Jaffe tethered himself to the dining room table in his house, and, with editing and typing help from Faith, rushed to complete it. Finishing two days before Christmas, he sent off the 134-page manuscript to Donfeld by special courier.

Meanwhile, the government task force was completing its own report. Ignoring the White House's request for a broad interagency study, Bert Brown—a canny, stiff-necked man—had assigned a handful of NIMH aides to draft it, and the finished product faithfully reflected the NIMH view of the world. Praising traditional psychotherapy, the report said that creating systems "for delivering psychiatric care to drug abusers should have high priority" in any

national treatment program. As Krogh had feared, the report expressed strong doubts about methadone, chiding public officials for their "pell-mell rush to get thousands of addicts on the drug without due consideration of the possible long-term consequences." Full of hip sixties-style sociologizing, the 119-page report called the extent of the drug problem in America "relatively small" and said the response to it "should probably be titrated to the need rather than the outcry." Accordingly, the report stated, any growth in spending should be "moderate" and any programs undertaken "experimental" in nature.

The Jaffe report, by contrast, termed heroin addiction a serious national problem that required bold government action. Questioning the effectiveness of psychiatry, the document stated that "for half a century, attempts have been made to treat narcotics addiction (as well as alcoholism) through various forms of psychotherapy, and even therapists themselves are almost unanimously agreed that the addictive states are peculiarly resistive to this approach." Methadone, it went on, showed far more promise. While duly noting the drug's drawbacks, the report asserted that studies of it had "uniformly indicated that significant numbers of hard-core heroin users can be changed to law-abiding, job-holding, non-heroin using citizens." The report called for spending \$15 million over two years to create 15,000 new methadone slots, as well as for setting up IDAP-type systems in cities without existing programs.

After the many exhausting weeks of work, Jaffe eagerly awaited the White House's response. It came on January 6, 1971, in the form of a two-paragraph note from Richard Nixon thanking him for his "diligent leadership" in preparing the report. Other than that, Jaffe heard little, and, concluding that his handiwork had been consigned to some storage bin, he turned his attention back to his work in Chicago.

Bud Krogh was in fact distracted in this period. On the morning of December 21, 1970, Elvis Presley had suddenly appeared at the northwest gate of the White House with a handwritten note requesting a meeting with the president to offer his help in fighting drugs. Since this was Krogh's area, he was asked to handle the matter. Having grown up listening to Elvis, Krogh was thrilled at the possibility of meeting him, and, calling the president's office, he quickly arranged a meeting between the two men for twelve-thirty that afternoon. Presley showed up wearing tight dark-velvet pants, a matching cape, a flouncy white shirt open to below the chest, and a gold medallion hanging from his neck. Krogh ushered him into the Oval Office, then stood to one side and took notes as Presley showed Nixon photos of his wife and daughter, denounced the Beatles for being "anti-American," and described how he had been studying "Communist brainwashing" and the "drug culture." Then, getting at what seemed the real purpose of his visit, he asked the president if he could help him get a badge from the narcotics bureau to add to his collection. "Bud, can we get him a badge?" Nixon asked his young aide. Krogh said he thought he could, and, escorting the singer back to his office, procured for him

the coveted credential. To Krogh's disappointment, Elvis never did follow up on his offer to help the administration fight drugs.

In terms of dazzle, the Jaffe report could not quite compare, but when Krogh finally got around to it, he found it exciting in its own right. A "seminal document," he would later call it. The report took on added significance when the FBI released its crime stats for 1970. While the nation's crime rate had increased by 11 percent, Washington's had fallen by 5.2 percent—the first decline in the capital in years. In interviews, Chief Jerry Wilson and other city officials cited a host of factors, among them the increased size of the police force, the use of more aggressive tactics—and the growing availability of drug treatment. By the end of 1970, the Narcotics Treatment Administration was treating more than 2,500 people, and, as the FBI figures showed, most of the reduction in crime occurred after the NTA had become fully operational.

The results from Krogh's D.C. lab removed any remaining doubts he had about the need for a national treatment system. Hoping to prod the White House, he asked Donfeld to draft an options paper for the president's top domestic advisers. Sitting down with both the Jaffe and Brown reports, Donfeld extracted the key recommendations of each and summarized them side by side, accompanied by pithy commentaries of his own. On methadone, he noted that, while many important philosophical and political issues remained to be worked out, "in 1972, citizens will be looking at crime statistics across the nation in order to see whether expectations raised in 1968 have been met. The federal government has only one economical and effective technique for reducing crime in the streets—methadone maintenance."

Interestingly, John Mitchell, the attorney general, was open to the idea of expanding methadone. Elliott Richardson, the secretary of health, education, and welfare, was not. A large-scale methadone program, he wrote in reply to Donfeld's memo, "may court potential disaster. We would be forced into a posture of pushing this program without the support of a generally accepted consensus of scientific knowledge and in the face of the judgments of our professional advisers." Richardson expressed support for a \$60 million increase in funding for treatment and prevention, with a small portion earmarked for a scientific evaluation of methadone's effectiveness.

The \$60 million figure struck Krogh as reasonable, but, unless a generous share of it went for methadone, he believed, the desired payoff in crime reduction would not occur. To resolve the issue, Krogh arranged for a show-down on April 28, 1971, in John Ehrlichman's office. Attending were John Mitchell, Elliott Richardson, Bert Brown, Krogh, and Donfeld. It pitted the young but self-confident Donfeld against the regal Richardson and the bulldog Brown. "It was exhilarating, being up against those renowned people," Donfeld recalled. "They were advocating the psychotherapy-TC modality. I was advocating this substitute addiction that I felt would help address what was perceived to be a major problem in the United States. And Ehrlichman listened."

By the end of the meeting, all had agreed that the administration should be doing more on drug treatment, but the methadone issue remained unresolved, and Ehrlichman, engrossed in other issues, put off a final decision.

THERE MATTERS would probably have rested had it not been for the actions of two members of the House Foreign Affairs Committee—Robert Steele, a Republican from Connecticut, and Morgan Murphy, a Democrat from Illinois. In April 1971, the two congressmen went to South Vietnam to investigate reports of growing heroin addiction among U.S. troops there. According to the press, Vietnam had been flooded with cheap, 95-percent-pure heroin from the Golden Triangle region of Laos, Thailand, and Burma. "Drugs," *Time* stated, "are rapidly becoming as great a threat to American forces as the enemy."

On April 29, Steele, back from his trip, visited the White House to brief Bud Krogh and General Alexander Haig, deputy director of the National Security Council. Based on his interviews, the congressman said, he believed that 10 to 15 percent of all GIs in Vietnam were addicted to heroin, with as many as 25 percent in some units. And it was not just the war effort that was at stake. With the United States withdrawing 1,000 troops a day from Vietnam, many addicts were already on their way home, bringing with them their craving for drugs and experience with guns.

Krogh was not surprised by Steele's figures. He had visited Vietnam the year before and seen how widely drugs were used there. After a long period of having denied the problem, the Pentagon was now cracking down on it, stepping up interdiction efforts and importing dope-sniffing dogs. Soldiers caught using drugs were subject to arrest and court-martial. The main effect, however, had been to clog the military justice system without doing much to reduce consumption.

Clearly, something had to be done, and for advice Krogh turned to the man who seemed most knowledgeable about drugs. After months of hearing nothing from the White House, Jerome Jaffe in early May 1971 was summoned to Washington to discuss the GI drug problem. Jaffe had been nowhere near Vietnam, but, hearing Krogh's description, he made some inferences based on his own experiences in Chicago. While Steele and others were talking about tens of thousands of *addicts* in Vietnam, Jaffe assumed that the heroin-using population there was more diverse, including also new users as well as people in the process of becoming dependent. The key was to find a way to prevent the dabblers from becoming addicts, and to break the addicts of their habits. From Krogh's remarks, it seemed clear that the military's harsh approach was not working. The pace of military justice was too slow, and the penalties too remote. "It seemed self-evident that a small but certain consequence would change behavior more than a catastrophic but highly unlikely one," Jaffe observed. "And what might such a consequence be? You can't get on the plane." GIs were so desperate to leave Vietnam, Jaffe reasoned, that the idea of

delaying their departure by even a few days could provide a powerful deterrent.

Earlier in the year, Jaffe, attending a conference in Toronto, had learned of a new process, called FRAT (Free Radical Assay Technique), that allowed for assembly-line-like urine testing, and he had ordered one of the machines for use in Chicago. If such a device was used in Vietnam, Jaffe said, soldiers could be tested as they prepared to board the plane to return home. Those who tested positive would be subject not to imprisonment or court-martial but to a mandatory stay in Vietnam of two weeks or so to be detoxed. As word of the testing spread, Jaffe said, many of those not yet addicted would probably stop on their own so as not to delay their departure. If the White House wanted, Jaffe said, he would be happy to sign over use of his machine.

Listening to his proposal, Krogh could see some immediate problems. For one thing, it would require the Pentagon to reduce the penalties for drug use—something it was loath to do. Civil libertarians, meanwhile, would surely object to the procedure on privacy grounds. But the idea had one undeniable merit—it might actually work. Sending Jaffe back to Chicago to await further word, Krogh sent a seven-page memo to Ehrlichman urging him to proceed on the drug issue. Referring to the "Vietnam and DoD Powderkeg," Krogh wrote that "addicted veterans must get treatment but Defense and the V.A. cannot agree on who has responsibility for these people. As a consequence, over-burdened treatment programs in the U.S. are sinking with additional veteran junkies." He added:

The President, on many occasions, has declared that solutions to problems of drug abuse have no higher priority in his Administration. But the reality is that much more needs to be done to bring about substantively effective programs in rehabilitation, prevention and research. Law enforcement and diplomatic overtures to other countries

—Turkey, France, and Mexico—have been effective, but more here needs to be done. Bluntly, Mitchell has taken his job a lot more seriously than Richardson and Bertram Brown have taken theirs.

Krogh went on to urge creation of a new agency within HEW to be headed by Jaffe, "the undisputed leader in America in narcotic addict treatment programs."

Ehrlichman continued to stall. But the Vietnam issue would not go away. G.I. HEROIN ADDICTION EPIDEMIC IN VIETNAM, the *New York Times* declared on its front page on May 16. Shortly thereafter, Congressman Steele scheduled a press conference to release his report on Vietnam. The White House's nervousness was apparent in a memo to Krogh from White House aide Donald Rumsfeld:

I called Congressman Steele Monday before his Tuesday press conference with the thought that it might moderate anything he might say against the Administration. He was friendly and indicated that he would be interested in cooperating with the Administration on any legislative initiatives, if he agrees with them, obviously. One specific thing he mentioned was the possibility of some legislation to deal with returning veterans who are drug addicts.

Steele's report was blunt. If drug use continued to spread among the troops in Vietnam, it stated, "the only solution" would be "to withdraw American servicemen from Southeast Asia."

With the drug problem threatening to undermine the administration's Vietnam policy, Ehrlichman finally decided to act. On May 26, he and Krogh asked H. R. Haldeman for a meeting with the president, and two days later they were brought in to brief him on the drug proposal. Krogh was well aware of what he was up against. While Nixon had spoken only sporadically about the drug issue, his comments were invariably fierce. Heroin traffickers, he believed, deserved the heaviest possible penalties, including death. Marijuana, meanwhile, stood for everything that was wrong with the country. For Nixon, "marijuana was part of a larger tapestry," John Ehrlichman recalled. "The people who were demonstrating against what he was doing in Vietnam, the wearing of long hair, and the smoking of dope were all part of a picture. These were people he had no use for."

Yet, as with China and the environment, Nixon's ideological convictions on drugs were tempered by a strong dose of pragmatism. While helping to build up the Bureau of Narcotics and Dangerous Drugs, for instance, Nixon had few illusions about its effectiveness. Krogh recalled a White House meeting at which John Ingersoll, the bureau's director, briefed the president on its achievements: "Ingersoll told Nixon that seizures of heroin were up, arrests were up, more investigations were under way. He just laid out a whole list of operational indices of success. The president then said, 'Let me ask you this, are we taking one step forward and two steps back? Is there any less narcotics coming into the United States? Are we solving the problem?' And there was just silence."

Such silences left Nixon open to a new approach. And, at the May 28 meeting, Krogh briefed him on the heroin situation and the threat it posed to the administration, both in Vietnam and urban America. Already overwhelmed with junkies, the nation's treatment facilities faced the prospect of dealing with thousands of returning vets, he said. Krogh went on to describe his meetings with Jerome Jaffe and his imaginative scheme for dealing with the GI drug problem. Krogh also mentioned his idea of creating a new federal agency to set up treatment programs nationwide, an initiative that, he said, might help reduce crime.

Listening intently, Nixon immediately saw the appeal of Krogh's proposal. By setting up a new agency to deal with the drug problem as a whole, he could divert some of the attention being paid to the situation in Vietnam. In the process, he could be seen as acting dramatically to confront a serious social problem threatening the nation's young. Ehrlichman's shorthand notes of the meeting captured the president's thinking:

Handle so we get Jaffe for Narc generally.

not vets or the war—...

Use by younger people

Then, subsidiary, hit vets . . .

Highest level—

II [Ehrlichman's symbol for the president] setting up new org—not just vets . . .

\$120 MM

Get it out of NIMH

This last notation showed that even Nixon was aware of the NIMH situation. The president wanted a dynamic new agency, headed by the outsider Jaffe. And, in agreeing to set up such an agency, Nixon was implicitly approving a government role in dispensing methadone.

Without telling him what was afoot, Krogh called Jaffe back to Washington on May 30 for further consultation on Vietnam. As expected, the Defense Department was balking at the drug-testing scheme. A briefing had been scheduled at the Pentagon, and Donfeld and Jaffe—already an hour late—hurried over. Expecting to meet with a few researchers, Jaffe instead found himself in a room full of generals and admirals irritated at having been kept waiting. Introduced as a consultant to the president, Jaffe described his idea for reducing drug use through urine testing. The generals sourly responded that, given the complex logistics of bringing the troops home, ordering them to provide urine specimens was out of the question. "I cannot believe," Jaffe bluntly replied, "that the mightiest army on earth can't get its troops to piss in a bottle." Perhaps something could be in place by September, the generals said. Losing patience, Jaffe snapped, "Gentlemen, the White House wants something done about the problem a little sooner than that, and I feel certain that I can find a few civilians who will be willing to aid me in getting this effort under way. If you will help me make transportation arrangements and will bring me a phone I will make a few calls." Taken aback, the officers took a brief recess, then reluctantly pledged their cooperation.

Krogh, who had dealt with the military on countless occasions, was startled when told of Jaffe's performance. Only someone unschooled in the ways of Washington could have acted so nervously in the face of so much brass. The meeting reinforced Krogh's notion that a nonbureaucrat like Jaffe should head

the new treatment agency he had in mind, and that he should be able to invoke the authority of the president.

Jaffe was told none of this, however, and a week later he was called back to Washington. Only after arriving was he told that he was to see the president. "If I'd known I was going to meet him, I would have dressed better," Jaffe recalled with a laugh. "I was wearing a shleppy wash-and-wear suit and a psychedelic tie that one of my daughters had given me. And I would have gotten a haircut. I had sideburns almost down to my jaw." Arriving at the Oval Office with Krogh and Donfeld, he found waiting for him Ehrlichman, Haldeman, and, of course, the president. Awestruck at being in the White House, Jaffe collected himself enough to describe his plan for dealing with drug use in Vietnam. Nixon was more interested in the domestic aspects of the problem. According to Donfeld's notes of the meeting, Nixon raised the subject of methadone, asking if it "was worse than heroin." Jaffe described the success he was having with the substance in Illinois, with a 40 percent reduction in crime observed among those using it. For a national program, Jaffe went on, the goal should be "to make treatment available to all heroin addicts so that no one had to commit a crime to support a habit because they cannot get treatment."

Giving vent to his dour opinion of the bureaucracy, Nixon stressed the need to bring in people "from outside of the government to help run the program" and to inject "a sense of urgency." "The President," Donfeld wrote, "said that no one's feelings should be spared and that he wants this agency to have terrific clout. The President wants the Department of Health, Education and Welfare to be shaken up, he wants budgets cut and government hacks fired. . . ."

As the session was drawing to a close, Jaffe casually mentioned some research being done on an insect that ate poppy plants. Perking up, Nixon got on the phone to Secretary of Agriculture Clifford Hardin and asked him about a drug-eating insect he had heard of that was bred in such a way as to ensure its own destruction. Hardin had no idea what he was talking about. Putting the phone down, Nixon noted that the insect "died after intercourse," which led one member of the group to crack that it should be called the "screw-worm." And on that surreal note the meeting broke up.

Still in the dark, Jaffe returned to Chicago. Meanwhile, Krogh was putting the finishing touches on the new treatment office. He was also stepping up the campaign against the French Connection. As a result of his prodding, the French government had agreed to add dozens of agents to its antinarcotics squad, and they were pursuing the Corsican traffickers with new vigor. In Turkey, a new government had been installed by the military earlier in the year, and, fearful of losing U.S. military aid, it seemed receptive to the idea of curtailing local poppy cultivation. To increase the pressure, Krogh arranged for the U.S. ambassadors to Turkey, France, and other heroin-producing nations

to come to Washington and meet with the president. At the meeting, Nixon stressed his determination to secure the "Turks' cooperation and said that, to get it, he was willing to pay them up to \$50 million in compensation.

On June 17, Krogh called Jaffe back to Washington. Showing up at his office, Jaffe was immediately led into the Cabinet Room in the White House, where Nixon was meeting with a bipartisan group of congressmen. While Jaffe watched, Nixon announced that he was mounting a major new offensive against drug use and, to lead it, was creating a new Special Action Office for Drug Abuse Prevention, with Jaffe in charge. As Jaffe later recalled, the statement "left me too shocked to say to the president that no one had asked me."

At the end of the two-hour session, Nixon escorted Jaffe to the press room in the West Wing of the White House, where he announced that he was declaring drug abuse "public enemy number one in the United States." "In order to fight and defeat this enemy," he stated, "it is necessary to wage a new, all-out offensive." To underwrite the effort, Nixon went on, he was requesting \$155 million in new funds, of which \$105 million would go for treating and rehabilitating addicts. Nixon added

I very much hesitate always to bring some new responsibility into the White House, because there are so many here, and I believe in delegating those responsibilities to the departments. But I consider this problem so urgent—I also found that it was scattered so much throughout the government, with so much conflict, without coordination—that it had to be brought into the White House. Consequently, I have brought Dr. Jaffe into the White House, directly reporting to me.

And so, for the first time in U.S. history, a president had declared war on drugs. And Richard Nixon, the apostle of law and order, was going to make treatment his principal weapon. As his general, he was enlisting a young Jewish Democratic psychiatrist with no experience in national politics. And so, at the age of thirty-seven, Jerome Jaffe was going to get a chance to apply to the nation as a whole the lessons he had learned during his long apprenticeship in Lexington, New York, and Chicago.

To house the new Special Action Office for Drug Abuse Prevention (SAODAP), Bud Krogh had obtained one of the colonial townhouses that lined Jackson Place, on the west side of Lafayette Square, just across from the White House. Elegant brick structures with electrified gas lamps out front, the Jackson Place townhouses were reserved for high-priority projects, and the White House's decision to locate the new drug office in one of them showed the importance it was attaching to the new drug offensive. As Jaffe recalled, "This was the first time in fifty years that people had said, 'Let's really try to make a commitment to reducing demand, rather than suppressing supply.' I believed that an opportunity like this would come once in a lifetime."

He had little time to savor the moment, however. According to a June 1971 Gallup poll, Americans considered drugs the nation's third-most-serious problem, behind Vietnam and the economy. In New York City, nearly a hundred people were dying of drug-related causes every month, while in Detroit seven people were gunned down in a gangland-style war the same week SAODAP was created. And now thousands of heroin addicts from Vietnam were on their way home. "Each returned planeload of G.I.s adds to the drug malaise at home," *Time* declared.

From the start, Jaffe was clear about his priorities. In terms of sheer numbers, marijuana was the most widely used illegal drug in the country, and public officials from the president on down were loudly denouncing it. Jaffe was not among them. From his clinical work, he knew that most people who used marijuana did not become dependent on it, nor did they suffer serious health problems. Heroin, by contrast, was highly addictive, generated much crime, and caused frequent overdoses. No one knew how many heroin addicts there were in the country—estimates ranged from 250,000 to 600,000—but

9

The Great Experiment

Jaffe believed they constituted the heart of the nation's drug problem, and that treatment was the best way to deal with them. At the time, virtually every large city had long waiting lists, and getting rid of them became Jaffe's top goal.

The obstacles he faced were tremendous. With so few people in the government experienced in drug treatment, he would have to build SAODAP (pronounced SAY-oh-dap) from scratch. Even as work crews were carting in furniture and secretaries were appearing out of the woodwork, Jaffe was calling around to friends and colleagues, trying to persuade them to come to work for Richard Nixon. That task was made all the more difficult by the rumors swirling around the mental-health field. "It is plain that the shots will be called, not by Dr. Jaffe, but by Nixon and Atty. Gen. John Mitchell," one newsletter stated, adding that some observers "are accusing Jaffe of selling his scientific credentials to the highest bidder."

Within the government itself, meanwhile, responsibility for the drug issue was divided among fourteen different agencies. In the past, each was accustomed to setting its own agenda; now all were expected to take orders from an unknown physician heading an untested office. And, legally, that office didn't even exist yet. On June 17, the White House had sent an authorization bill to Congress, and both houses—controlled by Democrats with their own ideas about drug policy—were spoiling for a fight.

All of these concerns, however, were overshadowed by Vietnam. SAODAP had been created largely because of the GI drug crisis, and if Jaffe failed to resolve it, nothing else would matter. While in Chicago, he had arranged for the FRAT urinalysis machines to be flown in cargo planes to Vietnam and installed at the military bases at Long Binh and Cam Ranh Bay, the two main points for soldiers departing the country, or "DEROSing" ("date of expected return from overseas"). At midnight on June 17, the military announced that all returning servicemen would be tested for drugs immediately prior to their departure for the United States. Those who tested positive were to be kept in-country for seven days to detox; once free of drugs, they were to be transported to the United States and referred to a VA or DoD treatment center. To facilitate the program, Secretary of Defense Melvin Laird issued a memo stating that anyone testing positive for drugs would not be subject to disciplinary action under the Uniform Code of Military Justice. With a stroke of the pen, the Nixon Administration had effectively decriminalized drug use within the military.

With many questions remaining in the program, however, the White House wanted Jaffe to take a firsthand look. And so, on July 6—his thirty-eighth birthday—he left for Vietnam. He was accompanied by a handful of aides, including Jeff Donfeld and Dr. Beny Primm, the director of a methadone program in Brooklyn. In Saigon, the group was to be met by Bud Krogh, who had left Washington two weeks earlier on an around-the-world tour of narcotics-producing nations.

Krogh's trip went well. In Paris, he found French officials in a newly receptive mood, owing to reports in the French press about the growing heroin problem at home, and he was taken to see heroin labs that had been seized in southern France. In Turkey, Krogh, working with Ambassador Arthur Hadley, helped put the finishing touches on a deal in which the Turks agreed to ban all poppy production beginning in the summer of 1972, in return for \$35 million in U.S. aid. After stopping in Lebanon and India for briefings with the U.S. ambassadors there, Krogh went on to Thailand and Burma, where, working with CIA agents, he organized a clandestine campaign to attack opium caravans as they descended from the highlands of the Golden Triangle.

Arriving in Vietnam, the ever-energetic Krogh set off on a one-man fact-finding tour. From the DMZ in the north to Bac Lieu province in the south, he hoppedscotch the country in a Huey helicopter, interviewing officers and enlisted men about the prevalence of drug use among the troops. Heroin, he recalled, "was not a problem—it was a condition. It was not everywhere, but it was sufficiently available so that to think that the military was going to stop it by interdiction was crazy."

When Jaffe and his party arrived, Krogh went to the airport to greet them. Jaffe, who had gotten sick on the plane ride over and would battle a fever throughout his four-day stay, nonetheless managed to attend scheduled briefings with Ambassador Ellsworth Bunker and General Creighton Abrams and to visit the two DEROSSing sites. They were real eye-openers. Soldiers preparing to leave for the United States were being led into cramped tents and told to pee into a bottle. The bottles were then transported in giant wooden trays to the FRAT machine, a long metal contraption that resembled a desk with control panels. Within thirty seconds of receiving a specimen, the machine would spit out a reading as to whether the provider had used opiates within the previous seventy-two hours. Those testing positive were escorted to the detox area, a barbed-wire enclosure in which they were forced to go cold turkey in 110-degree heat. In all his years in the drug field, Jaffe had never seen anything quite so primitive. He was further troubled by reports that soldiers were paying supervisors hundreds of dollars for clean urines. The FRATs themselves seemed to be producing numerous false positives. Obviously, many kinks remained to be worked out.

As the delegation prepared to leave, however, it got some good news. Of the 22,000 servicemen tested to that point, about 4.5 percent had been confirmed positive for opiates, a rate well below the 10 to 15 percent cited by Steele and Murphy. On their return journey, Jaffe, Krogh, and Primm on July 17 stopped by the western White House in San Clemente to brief the president. Joined by John Ehrlichman, the group sat around a white patio table in the estate's sunlit garden. Uncharacteristically upbeat, Jaffe told Nixon that the progress in Vietnam had been "remarkable" and that a key factor was the president's "very clear message that no punitive action is going to be taken

against men who seek treatment for a drug problem or who accept treatment after we've detected it on the basis of these tests." Visibly pleased, Nixon said that it was "quite clear" that "the problem's been blown up far greater than it actually is."

After the briefing was over, Ehrlichman asked Krogh back to his office for a private chat. The previous month, the *New York Times* had published excerpts from the Pentagon Papers, and Nixon and Kissinger—still furious—wanted to know more about Daniel Ellsberg, the man responsible for leaking them. Krogh, Ehrlichman said, seemed just the person for the job. Handing him a file on the case, Ehrlichman recommended that he read Nixon's book *Six Crises*, especially the chapter on Alger Hiss. Krogh, ever loyal, duly accepted the assignment.

On the car ride from San Clemente to the airport in San Diego, Jaffe recalled, Krogh "seemed very serious. He said, 'I have a very important assignment.'" Jaffe gave the matter little thought, however, for, back in Washington, he had a thousand details to attend to in connection with Operation Golden Flow, as the military had nicknamed the Vietnam program. Among other things, he wanted to institute better safeguards against cheating and to upgrade the detox centers. Contacting his colleague Matt Wright in Chicago, Jaffe arranged for him to assemble a team of IDAP graduates and fly to Vietnam to train detox counselors. At home, meanwhile, Jaffe was pushing the VA to create a network of facilities to treat returning addicts. At every point, however, he was meeting resistance, and to overcome it he would seek Krogh's support.

Krogh was leading a strangely bifurcated life that summer. On the one hand, he was energetically carrying out the assignment he had been given in San Clemente. Summoning Krogh to the White House, Nixon fumed that the administration was drowning in leaks, and that he wanted Krogh to plug them. In response, Krogh commandeered Room 16 in the Old Executive Office Building and set up a special investigations unit. To help run it, he brought over a gum-ho aide from the Treasury Department named G. Gordon Liddy. Krogh had worked with Liddy on both narcotics and gun-control matters, and while many found him overly zealous, Krogh admired his verve and self-confidence. Joining Liddy were a former CIA agent named E. Howard Hunt and a Kissinger aide named David Young.

The Plumbers Unit was born. Coming under its influence, the normally straight-arrow Krogh found himself contemplating all sorts of extralegal schemes, including one to obtain the psychiatric files of Daniel Ellsberg. In August, Krogh would give Liddy and Hunt permission to break into the Beverly Hills office of Ellsberg's psychiatrist, Dr. Lewis Fielding. The job was carried out by Cuban operatives over the Labor Day weekend. They found nothing on Ellsberg, but they did leave behind a huge mess. Trying to make the operation look like the work of a drug addict, the Cubans littered the floor

with pills they had found in the office. Shown photos of the scene, Krogh was horrified by the damage and immediately ruled out any more such jobs.

While engrossed in these clandestine matters, Krogh was also tending to Jaffe's pleas for help with the drug offensive. "I was the logjam breaker of last resort," Krogh said. "If Jaffe and his guys couldn't get something done, they would call me up, and my job would be to go to the Cabinet secretary and say, 'This is something the president would probably want.' If that didn't work, I'd go to the president himself and say, 'Here's what we want to do.' And he gave us support almost every time."

By September 1971, Operation Golden Flow was more or less in place, and there was little more Jaffe could do about it other than await the results of the monthly urine screens. Finally, he was able to devote himself to establishing his office. Despite SAODAP's status as an arm of the White House, Jaffe was free to hire whomever he wanted. "I didn't ask people's political affiliation," he observed. "I was concerned only about competence." His deputy director, a former prosecutor named Paul Perito, had helped out on the Kennedy campaign in 1960 and served as chief counsel to Representative Claude Pepper's Select Committee on Crime. Profane and pugilistic, the bantam-sized Perito had risen from Boston's North End to attend Harvard Law School on a scholarship, an accomplishment he was not shy in sharing with others. "On the day I was confirmed," he recalled, "Haldeman came by the office and said, 'You represent the smallest minority group at the White House—an Italian Catholic Democrat who went to Harvard and worked for JFK.'" At SAODAP, Perito noted, "the inner circle was made up of mostly Italian and Jewish Democrats."

The one exception was Jeff Donfeld, who was Jewish but not, of course, Democratic. Krogh assigned him to SAODAP both to work as a liaison with the military and to keep an eye on the office. "Commissar," he was called, after his insistence on knowing the political consequences of every SAODAP act. Still, as a cofounder of the office, Donfeld had a vested interest in making it work. "The White House wanted Donfeld to be its eyes and ears," Perito said, "but we converted him, and he became a good soldier."

Even with his newly enlarged staff, however, Jaffe found himself hamstrung, for the legislation to authorize his office remained stalled in Congress. In the Senate, such prominent Democrats as Edmund Muskie and Harold Hughes were pushing the White House to turn SAODAP into a "superoffice" with control over not only treatment and prevention but also law enforcement. The White House resisted. "We regarded treatment and enforcement as separate missions," Krogh recalled. "On the treatment side, we wanted doctors and lawyers who were really dedicated to helping people who were ill. Law-enforcement people had a different mind-set. If the two groups were working together in the same place, they wouldn't be able to function well."

In the House, meanwhile, Paul Rogers of Florida was pressing the White House to make the National Institute of Mental Health the lead agency for

the drug offensive. Given NIMH's preoccupation with middle-class whites, Jaffe was opposed. "We wanted to make sure the new money would go for inner-city addicts," he said. The issue would not go away, however, due to the tireless efforts of Bert Brown. Smarting over losing control of the drug issue, Brown was rallying his friends in the psychiatric community against the new office. Among them were some of Jaffe's closest colleagues. For example, Jonathan Cole of Boston State Hospital, who had sat on Jaffe's White House task force, asserted in a statement to Congress that "consolidation of everything within a single director in a potentially restrictive and totalitarian manner does concern me since it might reduce experimentation and lead to everyone following a party line which may or may not be a productive one."

Daniel X. Freedman was even more outspoken. Freedman, of course, had been instrumental in getting Jaffe involved in drug policy in the first place. But, jealous of his protégé's rapid rise, he had begun spreading vicious rumors about him, claiming that he had sold out to the Nixon Administration and left a mess behind in Illinois. Feeding his ire was a curious incident that occurred at a meeting with Krogh in the Old Executive Office Building. Frustrated over the continued resistance to the SAODAP bill, Krogh heatedly remarked, "Anyone who opposes us, we'll destroy. As a matter of fact, anyone who doesn't support us, we'll destroy." Jaffe, who was present, thought that Krogh was referring to people inside the administration, but Freedman took the remark as a personal threat, and he promptly leaked it to the press, helping to polarize the debate further.

On October 22, 1971, Jaffe—feeling his once-in-a-lifetime opportunity slipping away—vented his exasperation in a three-page memo to Krogh. NIMH, he complained, "has taken advantage of our precarious position" by withholding information and intimidating SAODAP consultants. "In addition," Jaffe wrote, "rumors of lobbying of Congress by NIMH (not in support of the bill) are rampant. It is impossible to tell how much of this is normal resistance and how much, if any, is deliberate undercutting of the President."

Luckily for Jaffe, the head of NIMH's Division of Narcotic Addiction and Drug Abuse was an old friend, Karst Besteman. A stolid fireplug of a man with a large bald head and a deliberate speaking manner, Besteman had spent seven years working at the Lexington narcotics farm, two of them overlapping with Jaffe's time there. He now began paying quiet visits to Jaffe's office to discuss ways of getting treatment dollars into the field quickly. Under standard procedure, the government was supposed to send out requests for proposals and wait for the responses to trickle in, then deliberately review them. To expedite the process, Jaffe and Besteman decided to send representatives into the field to solicit proposals, then subject them to quick review. Besteman recalled spending a day in Detroit briefing officials about what they should be doing in the field. "We had the money, but there was a lot of resistance to going into the drug area," he observed. "People would say, 'You want me to take these

people in? They're crooks!'" Eventually, though, Besteman found some willing applicants, and, before long, money was heading to the dope-plagued city.

As long as his office remained in limbo, however, there was a limit to what Jaffe could do. And the White House was growing impatient. In December 1971, Donfeld sent Jaffe a memo stating that "while many of SAODAP activities to date will be of significant long term benefit for the federal effort . . . we are doing little to impact immediately either on the problems at the local level or on the political process. In order to achieve both ends—practical and political impact by November 1972—I suggest targetting significant resources on a number of cities in order to achieve short term results, specifically a demonstrable reduction in crime such as has occurred in Washington, D.C., and Atlanta, Georgia." Appending a list of thirty-one target cities, Donfeld asserted that "programs must be serving clients by June 1972 prior to the summer crime peak."

For Jaffe, it was a time of deep frustration. On the one hand, he was becoming a minor celebrity in Washington. At his office, he was receiving a constant flow of congressmen, foreign officials, and reporters eager to hear about the great Nixon drug offensive. Indulging the White House's interest in enlisting famous names in the antidrug cause, he met with Sammy Davis, Jr., James Brown, and Art Linkletter. On January 20, 1972, the night of the State of the Union address, the Jaffes were invited to a dinner at the White House and seated next to the Nixons.

Whenever possible, however, Jaffe avoided such events. "I always tried to get other people to go," he said. "The task was to make a change." PERLE MESTA HE'S NOT, declared the headline of a magazine profile about him. Arriving at night at the roomy house he and Faith rented in the Virginia suburbs, Jaffe would plant himself at the dining-room table and labor away on briefing papers, congressional testimony, and speeches. With the SAODAP bill still bottled up in Congress, however, he felt as if he were moving in place.

Then, suddenly, the logjam broke. For months, the rate of positive urines in Vietnam had been steadily declining, and in February 1972 it dipped under 2 percent. PROGRESS SEEN IN DRIVE TO CURB GI DRUG USE IN VIETNAM, the *Washington Post* declared. "By far the most important innovation appears to have been the urine test which made it vastly more difficult to take heroin without getting caught," correspondent Peter Osnos wrote.

With the GI drug problem coming under control, the opposition in Congress quickly evaporated, and in mid-March 1972 Congress voted unanimously to pass the authorization bill. Under it, SAODAP was to remain in existence for three years, at which time its duties were to be taken over by a new National Institute on Drug Abuse to be housed within HEW. With the new funding in the legislation, federal spending on treatment and prevention in 1973 would come to \$120 million—more than eight times the amount when Nixon took office. In all, demand-side programs were absorbing two-thirds of

the federal drug budget, compared to one-third for the supply side—the reverse of what might have been expected from the hawkish Nixon. As Domfield noted, "It took a law-and-order president to go up against the law-and-order establishment and say, 'Let's give this a try.'"

AT LONG LAST, Jaffe would have the resources and authority he needed to tackle the nation's drug problem. His staff, which over the preceding months had inched up to 65, would quickly expand to 140, most of them housed in the New Executive Office Building, located behind the Jackson Place townhouses. With the election fast approaching, he had less than eight months to achieve his goal of getting rid of the nation's waiting lists. As a first step, he needed to know how many people were actually on those lists, and so in early spring he sent out 100 government inspectors to visit programs across the country. Within weeks, the results were in. The numbers ranged from 5 in Poughkeepsie, New York, and 25 in Atlanta to 1,064 in San Francisco-Oakland, 4,168 in Los Angeles, and a whopping 16,713 in New York City. Overall, an estimated 30,000 addicts were waiting for treatment, in most cases methadone.

Seeking a quick solution, Jaffe again began plotting with Karst Besteman. They ultimately came up with a scheme so sensible and straightforward that no one had ever thought of it before: They would buy up the lists. Using a formula worked out by SAODAP, the government would pay programs a set amount for each person treated. "We had a vision—X number of slots had to be created by the end of the year," Besteman recalled. "And we worked our families off to bring it about."

The biggest push came in the cities with the greatest need—New York, for example. In response to the city's pressing heroin problem, Mayor John Lindsay had set up an Addiction Services Agency to provide treatment to addicts. By the spring of 1972, the agency—funded by both the city and the state—was operating thirty-seven methadone clinics serving more than 5,500 people. Thousands more were being helped by the Beth Israel Medical Center, now the largest private provider of methadone in the country. Despite this expansion, hundreds of people were applying for methadone every week, and the wait for a slot in some parts of the city exceeded six months. To address the situation, Jaffe made repeated trips to the city, meeting with the mayor and public-health officials, and before long millions of dollars in federal treatment funds were headed New York's way.

In his drive to expand capacity, Jaffe gained the Nixon Administration some strange bedfellows. One day, for instance, two SAODAP representatives showed up at the Haight-Ashbury Free Medical Clinic in San Francisco. The clinic had been set up in 1967 to minister to the Haight's hippies; by 1971, the flower children had given way to heroin addicts and speed freaks, many with serious medical problems. For support, the clinic had relied on rock benefits organized by Fillmore impresario Bill Graham, but after the bloodshed at the

Rolling Stones' Altamont concert, this was no longer feasible. "We were struggling to keep going," recalled Dr. David Smith, the clinic's director. "And suddenly these government officials appeared," offering support.

The staff was suspicious. "We saw ourselves as a civil rights movement for addicts; the government was putting people in jail," said Smith, a down-to-earth, square-jawed man with an air of earnestness accentuated by his thick-lens glasses. But Smith had met Jaffe on a visit to Chicago and could vouch for his credentials, and so the clinic decided to submit an application. Soon it was receiving hundreds of thousands of dollars in federal aid.

The money did not flow without conditions. If a program had a low retention rate, SAODAP would send in a team to investigate. "We didn't mess around," Karst Besteman recalled. "We'd say, 'We're coming in on Tuesday—have your staff ready.' The program would then be given ninety days to take corrective action." If it didn't, SAODAP would send in auditors from an accounting firm. If the program still didn't respond, SAODAP would oust its director and install a new one. The process was "highly authoritarian," Besteman acknowledged, but it did guarantee a minimum level of care.

Jaffe became so engrossed in his work that he sometimes went whole days without seeing his kids. Jim Gregg, SAODAP's associate director for management, said he would sometimes get calls from Jaffe at five o'clock on a Sunday morning. "He had no sense of time," Gregg observed. "If something crossed his mind, he'd feel at liberty to call at any time of the night or day." Gregg compared working at SAODAP to his experience at NASA in the mid-1960s, when it was seeking to put a man on the moon. "There was a real sense of purpose and mission," he said.

As he carried out that mission, however, Jaffe came under increasing attack. Methadone was the main flashpoint. As the number of methadone clinics increased, the black market in the drug flourished. In some cities, more people were overdosing on methadone than on heroin. THE "CURE" THAT CAN BE A KILLER, declared a headline in the *New York Times*. "Every time someone sold a dose of methadone illegally, it was a front-page headline," Jaffe observed. "We felt under siege all the time." "The methadone king," he was called.

The label was unfair, for methadone was not the only type of program the Special Action Office was funding. In line with Jaffe's multimodality philosophy, in fact, the office created twice as many slots in drug-free programs as in maintenance ones. And, while the diversion of methadone was undeniably a problem, it paled when compared to the many addicts whose lives it helped stabilize. Diversion itself became less of a problem after the government, under Jaffe's direction, issued regulations to control distribution. Still, Jaffe would continue to be pummeled by editorialists, political activists, and some black leaders.

The attacks from within the government, however, were far sharper. Even after the SAODAP authorization bill passed, the office continued to be

harassed by NIMH, with Bert Brown as ever in the lead. NIMH personnel were routinely withholding data from SAODAP, delaying the awarding of contracts, letting projects drag on endlessly. Unless such obstacles were removed, Jaffe felt, the whole drug initiative would be imperiled. The White House agreed. Ever since Brown had hijacked the interagency task force, it had regarded him with suspicion, and, with Jaffe complaining about him nonstop, it was agreed that Brown should go.

During a tennis match at the White House, John Ehrlichman informed Elliot Richardson of the plan to oust Brown. Richardson asked to talk with Jaffe first. On May 12, 1972, Jaffe met Richardson for lunch at his dining room at HEW. Everything was in place for Brown's head to roll. Yet, at the critical moment, Jaffe backed down. Perito was outraged. "I told Jerry that, as a small Italian kid, I always had to get the first punch in," he recalled. "He said Bert Brown was a good guy. I said, 'Fuck him.' Brown was kicking the shit out of the White House and should have been fired. But Jerry didn't take his gun out of his holster."

The incident was not an isolated one. As in Chicago, Jaffe shrank from making tough personnel decisions. And he was so focused on his mission that he often behaved insensitively, even abrasively, toward those around him. If he had an urgent project, he would sometimes assign it to two or three different people without telling them—a recipe for strife. In Chicago, staff tensions had remained manageable; in Washington, they were amplified by the high-pressure atmosphere of the White House. Struggling to keep up with the crushing demands on his time, Jaffe began neglecting basic administrative duties. "This would be a very good day for you to catch up on the tremendous backlog of paper on your desk" went a typical comment on his daily schedule.

By the summer of 1972, things in the office had gotten so bad that the White House commissioned a management audit from Peat Marwick. Its findings, presented to Jaffe in memo form, were unsparing. "The staff," it stated, "sees apparent contradictions in decisions, reversals of policies, duplication of assignments, and so forth, which they believe result in the development of many projects without direction, confusion as to priorities, and a lack of responsiveness by the staff." Observing that SAODAP's image "is often a negative one," the memo noted that "professional staff openly speak of Special Action Office problems and personalities to third parties. Our internal problems are well known by our few friends and many detractors around town."

Interestingly, the memo attributed many of SAODAP's problems to its lack of political savvy:

While there is a general understanding that we are responsive to the White House, Congress and OMB, most of the staff believes that they are "apolitical" and above politics. This has created problems in our relations with Congress, OMB and with the rest of the Federal

bureaucracy. It is folly to believe that the President would establish an office to handle purely technical problems of drug abuse prevention. . . . While we need not be "political" in our actions, neither should we delude ourselves that the agency is above political considerations.

This went to the heart of SAODAP's dilemma. On the one hand, Jaffe had been selected to run the drug office on the basis of his expertise on drugs. And, drawing on it, he had already managed to defuse the Vietnam drug crisis and was working to do the same with the national heroin epidemic. Yet the political needs of the Nixon Administration kept intruding—especially as the reelection campaign got under way.

An early instance came in January 1972, when the White House set up an Office of Drug Abuse Law Enforcement (ODALE) to create joint federal-local strike forces to fight the street-level drug trade in cities across the country. Given the dispersed nature of that trade, it was unclear how much such an office could accomplish. In an election year, though, that did not much matter. "The street pusher program is good politics and has widespread acceptance wherever it's talked about," John Ehrlichman wrote to Nixon on February 8, 1972.

ODALE's director, Myles Ambrose, an ebullient Republican who had previously served as commissioner of customs, was full of brash schemes for snagging drug dealers, and Nixon sent him around the country to tout the administration's get-tough policy. And, as his stature at the White House rose, Jaffe's fell. "Myles became the point man for the administration," Jaffe recalled. "He was more partisan, more Republican, more in tune with the constituency that Nixon needed to appeal to for the election. I was fairly neutral politically, and too professional to be of much use in a campaign." By the time of the convention, in August, Jaffe observed, "I got the feeling that we'd had our bite of the apple."

Despite it all, Jaffe was making steady progress in the campaign against the waiting lists. By late 1972, the number of clients in federally funded programs had increased to 60,000—three times the level of October 1971. And the effects were evident in clinics around the country. "All indicators are that waiting time is decreasing substantially," stated a SAODAP internal memo. In New York City, it added, the average wait "has dropped from six months to two to four weeks."

Meanwhile, Egil Krogh's campaign against the world narcotics trade was taking hold. In a single week in July 1972, French agents destroyed three heroin labs, one of them reportedly large enough to supply a fifth of all the addicts in the United States for a year. In three separate raids, the governments of Argentina, Brazil, and Venezuela confiscated 285 pounds of U.S.-bound heroin, while Thai agents seized eleven tons of opium along the Burmese

border. And, after some tough diplomacy, Washington persuaded the government of Paraguay to extradite Auguste Ricard, a major Corsican trafficker who had taken refuge there.

Suddenly, the French Connection was in disarray. And the impact was soon apparent on the street. "Our concentrated effort to curtail the heroin traffic in the United States is having dramatic results," the BNDD stated in an October 24, 1972, report. "These results have been emphasized by the existence of a heroin shortage in the Eastern half of the United States. This shortage, which has been developing over the past several months, is most apparent in those cities which have historically been supplied by European sources."

The combination of reduced heroin supplies and increased treatment capacity was beginning to have a tangible effect. TURNAROUND ON DRUGS? the *New York Times* asked in a September 5 editorial. "It is clear that a dozen years of dizzy upward spiral in drug-related deaths here has mercifully slowed," it stated. In another encouraging sign, fewer arrestees were being picked up with drugs in their system. Most remarkably, the city's crime rate dropped by 21.1 percent in the first five months of 1972, compared to a 10.6 percent increase in the same period the previous year. "I, for one, feel we're really gaining on the whole heroin problem in New York City," Gordon Chase, the city's health administrator, was quoted as saying.

Washington, D.C., was reporting similar progress. As 1972 unfolded, the number of people dying from heroin-related overdoses was declining steadily; in September the city recorded not a single heroin overdose death (although three people died from methadone). And the city's crime rate plunged 30 percent in the first quarter of the year.

The District was not alone. Seventy-two of the nation's largest cities, including Chicago, Detroit, Los Angeles, and San Francisco, experienced a drop in crime. For the nation as a whole, crime rose just 1 percent in the first half of the year—the smallest rate of increase since the FBI began issuing quarterly reports in 1960. And, while the precise reasons for the drop were difficult to pinpoint, officials in both Washington and New York cited the increase in treatment availability as a key factor. The heroin drought in these and other large cities probably played a part as well, though in many of them crime began to fall well before the shortages in supplies appeared.

From a political standpoint, the matter was even more clear-cut. "Was the drop in crime a result of the tremendous increases we had made in the drug program?" Egl Krogh would later ask. "The answer is, Heck, yes, it was a slam-dunk great success."

And the White House moved quickly to capitalize. Although the nation's crime rate had jumped nearly 30 percent during Nixon's first three years in office, the 1 percent rise in the first half of 1972 allowed the president to claim that he had delivered on his promise to reduce crime. And he did just that in

a national radio address delivered three weeks before the election. Having brought the "frightening trend of crime and anarchy to a standstill," Nixon declared, his administration was winning "the battle against the criminal forces in America." In the District of Columbia, he proudly observed, crime had declined by 50 percent since the start of his term. And, through bureaucratic shake-ups and energetic diplomacy, he stated, his administration had stemmed the "raging heroin epidemic" of the last decade.

The strategy that Bud Krogh and Jeff Donfeld had devised to bring the crime rate down had worked more brilliantly than they had ever dreamed. And the key to that strategy had been the priority given to expanding treatment capacity. "We increased the funding for everything," Krogh observed, "but the major increase was on the demand side."

WATCHING THE ELECTION RETURNS, Jaffe felt a small measure of satisfaction. While the outcome had never been in doubt—Nixon defeated George McGovern by 18 million votes—Jaffe had personally helped to contain two potential problems, the GI drug epidemic and the increase in street crime. And, within days, he got his reward: a demand that he submit a letter of resignation.

Jaffe was not being singled out. All presidential appointees were required to submit such letters—part of Richard Nixon's plan to avoid complacency in his second term. In a meeting with White House staff shortly after the election, a strangely downbeat Nixon observed that most second terms ended up as failures—an "exhausted volcano" was his term—but his was going to be different. No longer having to worry about getting reelected, Nixon was now free to pursue his true beliefs. Adding to his dark mood was the nagging problem of Watergate. Prior to the election, the White House had managed to keep the scandal under wraps, with few news organizations pursuing it aside from the *Washington Post*. Now, however, every reporter in Washington was on the story, and Nixon wanted to shed those in his administration whose sympathies might be suspect.

Jaffe did not fall into that category, and so his letter of resignation was not accepted. Like many other White House officials, however, he found the whole experience highly deflating. He was further distressed by developments at the Old Executive Office Building. Convinced that his domestic policy staff had become too large and operational, Nixon wanted to transfer some power back to the Cabinet departments. In each, though, he wanted loyalists on whom he could rely. And he wanted Bud Krogh, who had been working to bring a new subway to Washington, to become undersecretary of transportation. It was a heady promotion for the young aide, but, as a result, SAODAP was going to lose its chief protector. From now on, the drug office would come under the mantle of two young aides—Walter Minnick and Geoffrey Shepard—who, while bright and energetic, had neither Krogh's influence nor his emotional attachment to the program.

In mid-December 1972, Jaffe, seeking a break from all this, decided to

attend the annual meeting of the American College of Neuropsychopharmacology. It was taking place at the Caribe Hotel in San Juan, Puerto Rico, and three hundred mental-health professionals gathered there to discuss treatment and drink piña coladas. Given SAODAP's exertions on behalf of drug addicts, Jaffe could have expected a rousing reception, but the fact that he had carried out those efforts on behalf of the odious Richard Nixon remained a sore point with many ACNP members. The keynote speaker, Matthew Dumont, the director of drug rehabilitation programs in Massachusetts and a well-known critic of methadone, denounced the administration for its "scapegoating of minority groups" and "conceptual blurring between persecution and treatment." "By and large," Dumont thundered, "we have adopted the values of cops, the sensibilities of liberals, and the technologies of physicians. The result has been a mishmash of interventions which are nothing less than behavioral trade-offs, social controls masquerading as therapies."

Dumont's remarks were greeted with loud applause. Jaffe, who had little taste for public combat, remained silent. But Dr. Roger Meyer, a Harvard psychiatrist and SAODAP consultant, rose to denounce Dumont's speech. A form of "fascism from the left," he called it, rooted in a dangerous "self-hatred" that was undermining respect for medical professionalism. Meyer's remarks, however, got lost in the overall din of criticism of SAODAP, which, Jaffe later observed, marked the "high point" of the "mau-mauing" directed at the office.

IN THE END, however, the main threat to Jaffe's work came not from the left but from the right. And the alarm went off not in Washington but in Albany, New York. There, on January 3, 1973, New York Governor Nelson Rockefeller delivered his annual State of the State address. It was Rockefeller's fifteenth such speech, and the legislators gathered for it expected nothing out of the ordinary. They were thus stunned when he let loose a fierce attack on New York's drug problem. "The crime, the muggings, the robberies, the murders associated with addiction continue to spread a reign of terror," Rockefeller declared.

Whole neighborhoods have been as effectively destroyed by addicts as by an invading army. We face the risk of undermining our will as a people—and the ultimate destruction of our society as a whole. This has to stop. This . . . is . . . going . . . to . . . stop.

Noting that "all the laws we now have on the books won't work to deter the pusher of drugs," Rockefeller proposed a draconian set of new ones. Anyone convicted of selling heroin, methadone, LSD, amphetamines, and hashish—no matter how small the quantity—was to receive a mandatory sentence of life imprisonment. And, to "close all avenues" of escape, Rockefeller said, the new laws would forbid all plea bargaining and chances of parole. "These are drastic

measures," Rockefeller acknowledged, but, he added, "I am thoroughly convinced, after trying everything else, that nothing less will do."

Rockefeller's proposals were indeed tough. Sending a seller of heroin away for life was harsher than the penalty for murder, which at least allowed for the possibility of parole. And the criticism was furious. The *New York Times* editorialized that the governor's "simplistic, lock-em-up-for-life-for-everyone proposal" was a "gross disservice that made adoption of a responsible program less likely than ever." An analysis conducted by Mayor Lindsay's office warned that if Rockefeller's proposals became law, the state's prison population—then about 13,000—would exceed 80,000 within ten years.

What made the speech all the more surprising was that it came from a man who had long supported drug treatment. The rapid expansion of methadone programs in New York City would have been impossible without Rockefeller's generous backing. What's more, that investment seemed to be paying off. Politically, though, the governor's proposals were more understandable. Rockefeller was contemplating a run for president in 1976, and, having been thwarted by the Republican right on three previous bids, he hoped to make a preemptive strike by attacking drug dealers.

Reading Rockefeller's remarks, Jaffe felt a sense of dread. Since the early 1960s, the nation had been moving steadily away from mandatory drug sentences. In 1970, Congress had passed a law eliminating all such penalties at the federal level, and most states had followed suit. One of the key lessons of the whole Vietnam episode, Jaffe believed, was the value of replacing severe, remote penalties with shorter but more certain ones backed by treatment. Now, Rockefeller was talking about sending away dealers for *life*. And not just major traffickers, but also street-level addict-sellers. "For them, what you want is to create just enough pressure to change what they do," Jaffe observed. "There are ways to do that other than providing longer and longer sentences. Sending a low-level dealer away for years and tying up a scarce resource like a jail cell, then turning the person loose—it just didn't make sense."

Jaffe got a chance to put his objections to Rockefeller in person. The governor—expecting that the new penalties would push many addicts to seek help—had approached the White House about obtaining more treatment funds. To discuss the matter, Jaffe in early February 1973 went to see Rockefeller at his plush townhouse-office in midtown Manhattan. After assuring the governor that SAODAP would provide the desired funds, Jaffe expressed his reservations about the governor's plan. "I tried to be diplomatic," he recalled. "I pointed out that, under his proposals, someone would be better off murdering a policeman than getting sentenced for selling drugs."

Rockefeller listened politely but was unmoved. According to a White House summary of the meeting, the governor wanted "to make his law enforcement effort a model for the nation. He emphasized that the possibility of serving a life sentence would have a considerable deterrent effect on young

people's involvement with drug pushing or use." Under the heading "Recommendations," the memo stated: "Determine from John Ehrlichman and Ken Cole [a White House adviser] what steps they are willing to take to make Governor Rockefeller's approach a national model."

The White House needed little encouragement. Polls taken in New York showed two-thirds of the public supporting Rockefeller's stance. Determined not to be outflanked, Nixon asked Ehrlichman to prepare a new package of drug penalties for a major speech on crime and drugs that he was scheduled to give in mid-March. Though less severe than Rockefeller's measures, the proposed package called for a sharp escalation in federal penalties, with anyone convicted of selling up to four ounces of heroin subject to a mandatory minimum sentence of five years.

Until now, Jaffe had managed to accommodate himself to Nixon's hard-line views. But imposing lengthy sentences on low-level drug felons violated his most basic principles, and he set out his reservations in a March 9 memo to Ehrlichman. "While such a bill's appearance of toughness may generate an emotionally based favorable reaction initially," he wrote in his professorial manner, "that reaction is not likely to persist in the face of analyses which show the bill to be counterproductive even in strictly law enforcement terms." Jaffe went on to propose a "much more responsive and responsible option"—a "public announcement timed to coincide roughly with the first anniversary of the statutory creation of the Special Action Office detailing the very real progress which has been made both in curtailing narcotic supplies and in providing treatment."

Eventually, some minor changes were made in the proposal, and Jaffe—swallowing his reservations—acquiesced. And, on March 14, Nixon sent his proposed Heroin Trafficking Act to Congress. Two weeks later, he announced his intention to create a new superagency to fight drug traffickers. "The cold-blooded underworld networks that funnel narcotics from suppliers all over the world into the veins of American drug victims are no respecters of the bureaucratic dividing lines that now complicate our anti-drug efforts," Nixon stated. ". . . I therefore propose creation of a single, comprehensive Federal agency within the Department of Justice to lead the war against the illicit drug traffic." Barring congressional action, the Drug Enforcement Administration would come into being in sixty days.

On the same day the DEA was unveiled, the *Los Angeles Times* ran a front-page story on Jaffe's memo to John Ehrlichman. **NIXON ANTIDRUG BILL CRITICIZED BY AIDE**, read the headline atop the article. The White House was furious. In a memo to Ehrlichman's office, Geoffrey Shepard wrote,

This will teach Jaffe not to write to JDE [Ehrlichman]!! I am sure that his is the office which leaked it since I still have the original. . . . Jaffe is very worried (rightfully) since it seems to show his disagree-

ment with our bill. Actually, he was satisfied with it when it finally went and supports it. He wants JDE to know he is very upset about the leak and told the reporter it was only preliminary commentary on a draft. I told him to write me, but never John, in the future.

Jaffe wrote a letter offering to resign, but it was refused. A few days later, however, the White House informed him that it was revoking his White House mess pass.

As it happened, the same day the *Times* story appeared, the FBI released its crime figures for 1972. They were stunning. Of the 154 U.S. cities with a population of 100,000 or more, 94 reported decreases. The crime rate fell 4.1 percent in Chicago, 4.5 percent in Philadelphia, 8.8 percent in Boston, 15.8 percent in Detroit, 18 percent in New York, and 19 percent in San Francisco. For the nation as a whole, the crime rate in 1972 fell 3 percent—the first decline in seventeen years.

There were other encouraging numbers. In the first two months of 1973, the number of narcotics-related deaths in New York City, Cook County (Chicago), Washington, D.C., and San Francisco County declined 48 percent compared with the same period in 1972. And, according to the new Drug Abuse Warning Network (DAWN), the number of drug-related visits to hospital emergency rooms fell by 4 percent. In New York, meanwhile, the number of drug-related hepatitis cases plunged from 386 in the first quarter of 1971 to 318 in the same period in 1972 and just 89 in 1973.

By far the most dramatic changes were taking place in Washington, D.C.—Egil Krogh's laboratory. In the first quarter of 1973, the city recorded just one heroin overdose—down from a peak of twenty-five in the same period in 1971. (Six people died from methadone overdoses.) And Washington's crime rate dropped a remarkable 26.9 percent in 1972—the largest decline of any major city in the country. No doubt the expansion of the D.C. police department had played a part in this; by this point, the force had some 5,100 officers, 2,000 more than four years earlier. Interestingly, though, the number of heroin arrests in D.C. actually declined in this period, from 3,144 in 1971 to 2,108 in 1972. Testifying in Congress about the drop in crime in the capital, Chief Jerry Wilson said that his department

has long recognized and repeatedly stated that in order to bring the problem of drug abuse under control in the District of Columbia, a sound program of treatment had to be present as an alternative for the drug addict. . . . I have no question that much of the reduction in crime that has been achieved in this city is a result of the narcotic treatment program, as well as the court reorganization and increased police and other efforts that have been made under President Nixon's program.

In New York, as in Washington, the drop in crime was occurring despite a sharp falloff in the number of drug arrests, from 52,479 in 1970 to 16,403 in 1973 (the result of a decision by the police to deemphasize street-level arrests). It was also occurring without any of the harsh sentences mandated by the Rockefeller Laws, which did not take effect until May 1973. More generally, the decline in overdose deaths and hospital visits was occurring without any rise in incarceration rates. From 1971 to 1972, in fact, the number of federal and state inmates *actually fell*, from 198,061 to 196,183. Clearly, the expansion in drug treatment had played a key part in the progress being made.

FOR EGIL KROGH, these numbers should have been a source of deep satisfaction. He was unable to mull them, however, because of the spreading tentacles of Watergate. A congressional investigation led by Senator Sam Ervin was turning up illegalities almost daily, and the White House's effort to cover up its misdeeds was quickly unraveling. In early April 1973, White House counsel John Dean, fearing that he was being set up for a fall, began cooperating with federal prosecutors. Among his revelations was the part the White House had played in the break-in into Dr. Lewis Fielding's offices. The White House's involvement first became public on April 26, at the espionage trial of Daniel Ellsberg, then under way in Los Angeles. Suddenly, Krogh's role in the incident was front-page news, and two weeks later he was forced to resign. (Both Haldeman and Ehrlichman had stepped down in late April.) It was a sudden, wrenching end to a career that had been so full of promise, and Krogh, who would eventually plead guilty to violating Fielding's civil rights, and who would serve four months in federal prison, would spend the rest of his life regretting that monumental lapse of judgment in the summer of 1971.

Needless to say, with all this going on, the White House staff had little time to talk about drug policy; all they cared about was staying out of jail. Jaffe was so wrapped up in his work, however, that he took his lack of access as a personal affront. His sense of isolation deepened when Paul Perito resigned in April, taking with him the last rampart against total anarchy. Jaffe's desk became lost under the mounting paperwork, and the sniping within SAODAP was turning lethal. Feeling harassed and unappreciated, Jaffe barricaded himself in his office, burying himself in his work.

Sensing that his days in Washington were numbered, he rushed to put in place the remaining elements of his national treatment system. By the spring of 1973, so many slots had been created that some cities had excess capacity, and Jaffe, seeking to take advantage, was setting up mechanisms to coax more addicts off the street. Building on Pat Hughes's work in Chicago, Jaffe was urging cities to create outreach teams to scour coping zones. To make it easier for addicts to gain access to programs, Jaffe was issuing contracts to cities to set up IDAP-like central intake units. And, to help get more drug offenders into treatment, he was expanding SAODAP's Treatment Alternatives to Street

Crime program (TASC), a forerunner of the drug courts that were to become so popular two decades later.

When he agreed to become SAODAP's director, Jaffe had taken a two-year leave of absence from the University of Chicago. It was now coming to an end. In addition to wanting to return to his research, Jaffe hoped to spend more time with his kids, who'd become virtual strangers. The Special Action Office itself was due to be downsized, and Jaffe did not want to wield the ax. Mentally and physically, he was near collapse. "I had made enough enemies, enough compromises," he observed. "Working at a place with someone like Haldeman at the top was pretty stressful. They were very, very tough people. You felt you couldn't make any mistakes. From day one, there was not a day on the job that I enjoyed."

And so, on May 29, 1973, Jaffe sent Richard Nixon a letter of resignation. In it, he recounted what he felt were SAODAP's accomplishments—the expansion of national treatment capacity, the curtailing of the Vietnam heroin epidemic, the drop in overdose deaths, the decrease in crime. "In its first two years," Jaffe noted, "the Special Action Office has moved the country a little closer to your goal of reducing the high cost of drug abuse to the people of America."

Five days later, he got a note back from Richard Nixon. Expressing "deep appreciation and admiration" for Jaffe's "outstanding service" and "forceful and imaginative leadership," the President accepted his resignation. And so on June 17, 1973—the second anniversary of SAODAP's birth—Jerome Jaffe stepped down as the nation's drug czar.

