Heroin in Vietnam:

How the Federal Government Perceived and Addressed Heroin Use Among US Troops Fighting the Vietnam War

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Introduction

On May 16, 1971, the *New York Times* published a "screaming front-page expose" with a headline that warned of a "GI Heroin Addiction Epidemic in Vietnam."[1] This article, among others of the same vein, alerted the American public to the widespread use of heroin among their troops fighting the highly contested Vietnam War. Such media sensationalism of the issue only amplified concerns about the ethicality of the war and the integrity of American defense, and the country's public and policy makers alike were alarmed at the prospect of weapon-wielding soldiers using a highly sedative drug. The idea of a "GI heroin addiction epidemic" also sowed fear that upon return to America, addicted soldiers would exacerbate the burgeoning heroin epidemic across the country's inner cities. This anxiety generated even more pressure on the government to enact effective drug treatment and policy, and led to President Richard Nixon's declaration of a "war on drugs," which has yet to see a resolution to this day.

This thesis will illuminate how the federal government perceived the Vietnam heroin issue, what forces influenced this perception, and how this perception shaped the government's political response. In June of 1971, Nixon created the Special Action Office for Drug Abuse Prevention (SAODAP) in order to spearhead both the domestic and foreign drug problems during his presidency, and as director, he elected Dr. Jerome Jaffe, a renowned psychiatrist based in Chicago who had extensive experience in organizing the city's first drug treatment program. To inform policy decisions and official opinions about the military heroin issue, the federal government relied heavily on psychiatric theories, studies and professionals, as exhibited by the leadership of Jaffe. However, the government's response to the military drug issue in both Vietnam and the States ironically did not emphasize psychiatric care for addicts.

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[1] Jeremy Kuzmarov, *The Myth of the Addicted Army: Vietnam and the Modern War on Drugs*, (University Of Massachusetts Press, 2009), 44.

This thesis argues that the psychiatric theory of addiction as a "contagion" was the primary lens through which the government framed its perspective. The contagion model purported addiction to be socially contagious between drug users and the people they interact with. SAODAP's efforts to combat heroin use among troops in Vietnam were centered on the identification and quarantine of military heroin users, as opposed to concentrating on their lasting rehabilitation. This approach employs the contagion model by focusing on containing the spread of addiction, while also failing to thoroughly address the underlying indices of military heroin use.

The federal response to the military issue noticeably differed from its response to the drug issue in America, which distinguished military addicts, especially active and returning servicemen, as a different "type" of addict, with a temporary exception to the harsh scrutiny and social stigma faced by civilian addicts. This exhibits the "typification" of addiction that originated in early psychiatry, which separated addicts into categories, with varying degrees of stigma, based on the addict's identity and/or drug habits. Because troops so closely represented American defense, this thesis suggests that the differentiation of military addicts was a political tactic aimed at preserving the national image.

Jeremy Kuzmarov's 2009 monograph, *The Myth of the Addicted Army,* argues that both the media and policy-makers sensationalized the scope of GI drug addiction in Vietnam in order to distract from the US's problematic presence in Vietnam. This thesis explores the influence of media sensationalism in drawing both public and government attention to the issue, and shows how the resulting anxiety framed the issue as an urgent political matter, which catalyzed a hasty federal response. It also incorporates Kuzmarov's "scapegoating" framework by revealing the influence which political motivations had on the federal response to the Vietnam issue. In

treating military heroin addiction as a simple social contagion that could be contained, the federal response purported to insulate the States from the affliction, thus preventing military addiction from exacerbating the domestic drug issue. By focusing on the containment of military addiction, the federal government deprioritized efforts to thoroughly treat addicted Vietnam veterans in the States, which was not only an insufficient response, but also constructed the image that the military drug issue was confined to Vietnam.

Another key source which informed my argument is journalist Michael Massing's *The Fix*, published in 1998. In masterfully piecing together information gathered through extensive interviewing of "past and present officials" in the field of drug treatment, Massing argues that drug policy during the Nixon administration, especially under the direction of Dr. Jerome Jaffe, was the most effective that the nation has seen.[2] While I rely heavily on Massing's information about Jaffe, SAODAP, and the drug programs which the government instituted on base in Vietnam, I argue through my analysis of the federal response to the Vietnam heroin issue that drug policy under Jaffe and Nixon purported to be effective, but was instead insufficient in addressing the root causes of the issue.

This thesis begins by recounting the origins of heroin use in the US, which stemmed from initially unregulated and frequent prescription of opium to middle class Americans. The relatively widespread use of opiates in the beginning of the 20th century initiated conversations about addiction and its causes, and the psychiatric field then introduced the idea of addiction as a pathology and a contagion. Once the media started to publicize and sensationalize news of heroin use among US troops in Vietnam at the start of the 1970s, the Nixon administration felt pressure to respond promptly in order to stifle public anxiety. The government's hasty response through SAODAP was framed by the psychiatric ideology of contagion, and the response to military

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[2] Michael Massing, *The Fix*, (University of California Press, 1999), 277.

addicts varied noticeably from the response to civilian addicts, effectively separating the two from each other. Upon the return of addicted soldiers to America, SAODAP ceased its efforts, and the issue was redirected to the agency for veteran benefits. Not only did this agency have limited resources, making its drug treatment programs problematic and often inadequate, but SAODAP's uninvolvement demonstrates a reduction of efforts to assist addicted servicemen, thus signaling that the government response was never truly concerned with the genuine well-being of soldiers, but instead about the political ramifications of the issue.

In order to complete this project, I conducted archival research at both the Richard Nixon Presidential Library in Yorba Linda, California and the Library of Congress in Washington, D.C. In Yorba Linda, I reviewed presidential files pertaining to SAODAP and the Veterans Administration, such as internal memos and press releases, while in Washington, I looked through the personal and professional papers of Jerome Jaffe, who served as the first director of SAODAP throughout the height of public panic about the Vietnam heroin issue. These papers, dating from 1971 to 1973, included congressional testimony, psychiatric studies, official statistical reports and newspaper articles. I conducted rhetorical analysis of the documents I reviewed, looking specifically for employment of "contagion" ideology, while paying close attention to how language might illuminate federal perspectives of the military heroin issue.

By revealing underlying motivations and perspectives behind the federal response to the Vietnam heroin issue, my research challenges the sincerity of American drug policy and raises questions about the uniformity of its enforcement across varying communities and identities. The phenomenon of military heroin use in Vietnam is especially important for contextualizing the climate of American drug politics today, as it played a key role in mobilizing the War on Drugs,

which has fundamentally shaped the national approach to drug control since the initiative's inception under Nixon.

I. Demographics and Disease: Ideological and Political Background

In order to understand how policy makers thought about heroin use among soldiers in Vietnam, it is crucial to first understand initial theories about addiction, and the development and climate of American drug policy prior to widespread concern with the GI drug issue. Early psychiatry based its understanding of addiction on the belief that drug users could be separated into types, with certain addicts seen as "pathological." The sociological field of criminology played a key role in the promulgation of the "contagion" model of addiction, which held that addiction was a socially contagious affliction and should be handled as such. These two key ideas not only framed the federal response to GI heroin use in and after Vietnam, but also contributed significantly to the stigmatization and stereotyping of addiction, which exacerbated public anxiety about the Vietnam heroin issue in the early 70s.

A. Early History of Heroin and Drug Addiction in the US

Heroin is an opiate, which refers to a class of pain-relieving and sedative drugs that derive from opium, a psychoactive ingredient found in poppy plants.[3] Throughout the nineteenth century in America, raw opium was a "staple medicinal product" in middle-class homes and could be easily accessed at the grocery store or by mail order.[4] Heroin itself was synthesized and became available by 1898, and was even purported to be safer than other opiates because its effective dose, used for ailments like tuberculosis, was far smaller than an over-dose of the drug.[5] Once pharmacists established a professional presence by the late part of the century, opium and

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[3] "Heroin Fast Facts," National Drug Intelligence Center, Mar. 2003, www.justice.gov/archive/ndic/pubs3/3843/index.htm.
[4] Marcus Aurin, "Chasing the Dragon: The Cultural Metamorphosis of Opium in the United States, 1825-1935," *Medical Anthropology Quarterly* 14, no. 3 (2000): 417. http://www.jstor.org/stable/649506.
[5] Aurin, "Chasing the Dragon," 419.

its derivatives were widely prescribed for a variety of reasons, often to housewives seeking remedies for menstrual cramps or social anxieties.[6] In his research on the "cultural metamorphosis of opium," historian Marcus Aurin observes that it was thought to be "perfectly normal" for one to consume opium daily, and that until the turn of the century, "addiction was not considered a condition that warranted medical attention."[7]

In 1909, the first federal law restricting non-medical use of a substance was passed with the Smoking Opium Exclusion Act, which outlawed both the importation and use of opium for smoking.[8] This forced opium addicts accustomed to smoking to turn to alternative forms of the drug, which sparked an increased use of heroin, due both to the drug's intravenous administration and cheap cost.[9] Smoking opium, rather than ingesting or injecting it, was at the time correlated with purely recreational, and not medical use, which was associated with lower income communities, and therefore more heavily scorned than forms of opium, like tinctures, that were frequently prescribed to middle-class patients.[10] The distinction between "types" of heroin users, especially in reference to medical opiate use versus recreational use, remained prevalent in psychiatric theorization of addiction throughout the 20th century. This categorization typically revolved around the socioeconomic status of the addict, with higher class addicts being viewed with sympathy while lower class addicts were widely scrutinized. As made clear by psychiatrist Dr. Lawrence Kolb's thinking discussed in the following subsection, this differentiation, or "typification," of addiction also carried moral and psychological connotations about the addict, which increased stigma among lower income addicts, while excusing wealthier addicts on behalf of the means by which they obtained their opium.

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[6] Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classical Era of Narcotic Control*, (Johns Hopkins University Press, 2006), 1.
[7] Aurin, "Chasing the Dragon," 419.
[8] Aurin, "Chasing the Dragon," 425.
[9] Aurin, "Chasing the Dragon," 425.
[10] Aurin, "Chasing the Dragon," 417.

According to Aurin, smoking opium was also "primarily an act [thought of as] exclusive to Chinese immigrants" at the time.[11] The 1909 Opium Act was passed in the aftermath of the 1882 Chinese Exclusion Act, while anti-Chinese sentiments remained fresh, so the prohibition of specifically smoking opium was seemingly predicated on these existing prejudices. This is evident in the function of the 1909 Act, as it only restricted opium in its form most used by working-class immigrants, while opium in forms popular among middle-class natives remained accessible, even throughout further regulation in 1914. The xenophobic belief that Asiatic countries in particular posed a heightened threat to Americans by influencing the use of opium and its derivatives was characteristic throughout the Vietnam War era. Government officials purported that Vietnamese natives were responsible for the spread of heroin use among American troops, which was especially explicit in a landmark Congressional report discussed further in the following section.

The Harrison Narcotics Act in 1914 expanded the limitations of the 1909 Act to all forms of opium, including heroin, by outlawing the use and possession of opium without the explicit prescription of a licensed medical professional.[12] This law effectively categorized all non-medical opiate addicts and users as distinctly criminal, ushering in a newly intensified stigma about addiction, despite its increasing prevalence in working class communities across the US.[13] This new concentration of addiction in the working class can in part be attributed to the rise in popularity of heroin as a cheap alternative to smoking opium after the passage of the 1909 Act. While poor and recreational opiate addicts were effectively criminalized by the 1914 Act, the law still ensured that patients being prescribed opium, who were mostly of middle class

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[11] Aurin, "Chasing the Dragon," 425.
[12] Acker, *Creating the American Junkie,* 33.
[13] Acker, *Creating the American Junkie,* 17.

backgrounds, could still obtain the drug, revealing acute demographic disparities in early drug policy and perceptions of addicts.

The demographic disparity in enforcement of the 1909 Act establishes a central theme evident across secondary literature on American drug policy: perceptions of addicts and addiction, and subsequent government treatment of the drug issue, typically varied based on addict identities and demographics. This theme is evident in the present research on military heroin use in Vietnam, especially in Sections 3 and 4, as government policy treated military addicts far less punitively than it did their civilian counterparts, who were the target of widespread Department of Justice drug control objectives, from which military addicts were more or less spared. Even though a majority of soldiers fighting the Vietnam War were economically disadvantaged themselves, by being aligned with the national defense, which represented America both internationally and domestically, military addicts were somewhat protected, at least during the time of their service and for a short period after discharge, from the harsher legal and social scrutiny faced by civilian addicts. Given the intense global criticism of American involvement in Vietnam, there were also intense political motivations to maintain a positive image of American defense and government treatment of American troops, which was likely what afforded military addicts with relative protection from criminal treatment and discipline, as will be explored in later sections.

B. “Classical Era” Psychiatric Opinions

Upon the criminalization and stigmatization of non-medical opiate use in the wake of the Harrison Act, efforts to understand and treat addiction rose exponentially within psychiatric and pharmacological fields. In *Creating the American Junkie*, Caroline Jean Acker explores how the image of addiction in America was constructed during the “classical era” of narcotics control,

starting with prohibition in the 1920s. Acker argues that early medical theorization about addiction became the basis of official perceptions on drug use across public, professional, political and legislative spheres.[14]

Acker attributes the leading psychiatric theory on addiction throughout the classical era to psychiatrist and Public Health Service researcher Dr. Lawrence Kolb, who pioneered the "psychopathic" image of the addict in the 1920s.[15] Kolb argued that psychological inferiorities and abnormalities defined an addict beyond simply their drug habit, which likely fueled the increasing social stigmas about addiction that followed the Anti-Opium Acts of 1909 and 1914. Kolb also distinguished "types" of addicts, making sure to differentiate what he deemed "innocent" addicts, or those who became addicted through medication during illness, from "vicious" addicts, or those who he thought to possess particular psychological deviances.[16] This mostly categorized working class recreational drug users as pathological, while middle class Americans could easily obtain opium legally as medication, which constructed the sense that their addiction was not their own fault, and therefore innocent. Addicts were also differentiated by their forms of drug usage, as displayed by the scrutiny of smoking opium prominent in the working class, in comparison to the acceptance of opium tinctures used by the middle class, which reinforced the classism of addiction typification. Since military drug use was often correlated to the toll of service in Vietnam, military addicts likely fit into the "innocent" category, which afforded them with more sympathy and lenience from the government and the public alike. Despite many Vietnam servicemen being working class men themselves, the inherent connection of American defense with the national image would incentivize the categorization of servicemen as "innocent" addicts, so as to preserve the perceived integrity of

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[14] Acker, *Creating the American Junkie,* 213.
[15] Acker, *Creating the American Junkie,* 125.
[16] Acker, *Creating the American Junkie,* 142.

the military and nation alike. However, once separated from service and having returned to civilian life, military addicts started to fall back into the "pathological" category faced by most working class civilian addicts.

The use of language with positive and negative moral connotations in professional definitions of addicts reveals how early medical theorization could be used to support the criminalization of drug use among certain addicts and not others, whether medical professionals intended this outcome or not. In fact, Acker argues Kolb's theory "was a key part of the policy-making structures that constructed the addict as criminal," even though he himself did not "endorse a punitive approach towards addicts."[17] This juxtaposition highlights the need to approach "expert" opinions that informed policy decisions through a critical lens, as such opinions are subject to the cultural biases of their time. Psychiatric research not only framed how the government perceived the Vietnam veteran heroin issue at first, but also became a key part of their response to it, so it is especially important to be aware of how psychiatric opinions and findings influenced the foundations of US drug policy, as well as the issues this influence might pose.

Acker also illuminates how psychiatric screenings during World War I contributed to the theorization of addiction, which in turn reveals how the US government began to perceive addiction in relation to their troops. She notes that it was imperative for psychiatrists to solidify their image of addiction, because "identifying addicts and removing them from service was considered important for the national interest."[18] The federal approach to heroin use among Vietnam servicemen especially emphasizes the identification of military addicts, which is even prioritized over lasting rehabilitation efforts, as evidenced in Section 3. The concerted effort

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[17] Acker, *Creating the American Junkie,* 153, 144.
[18] Acker, *Creating the American Junkie*, 136.

during World War I to eradicate addicts from service in order to ensure all enlisted soldiers were physically and mentally fit also parallels public anxiety during the Vietnam War that the integrity and efficiency of American defense was compromised by addiction among troops.

The growing need to understand addiction in the classical era of narcotics control, as demonstrated by these World War I psychiatric screenings, not only increased demand for medical expertise and opinion, but also opened up a plethora of jobs for medical professionals, including in government agencies like the Public Health Service, which effectively pushed psychiatry and policy one step closer to each other. In fact, according to Acker, non-medical scholars studying addiction observed that "dominant medical opinion [in the classical era] was aligned with federal enforcement policy," which discouraged critics of federal enforcement from accepting medical explanations of addiction.[19] In her book on welfare and imprisonment in America, Julily Kohler-Hausmann articulates that both policy makers and medical researchers "approached illicit drug use as an aberrant behavior that was a threat to public order, [and] saw addiction as an individual pathology, located in a person's biology or personality."[20] For medical researchers studying addiction, addicts were seen as prime "clinical material," or case studies, and the study of addiction "created opportunities for disciplinary growth" in both pharmacology and psychiatry, which raises questions on the intentions of their findings and treatment suggestions.[21] Given the advantages that addiction research and treatment may have posed for medical fields during their professional development, as well as the apparent mutual influence that research and policy had on each other in this period, it is imperative to scrutinize the origins and influence of psychiatric research on addiction when considering the Vietnam heroin issue.

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[19] Acker, *Creating the American Junkie*, 203.
[20] Julily Kohler-Hausmann, *Getting Tough: Welfare and Imprisonment in 1970s America*. (Princeton University Press, 2019), 39.
[21] Acker, *Creating the American Junkie*, 17, 212.

Acker repeatedly makes note of addict demographics throughout her work, observing that during the "classical era," addiction became specifically correlated to working-class communities, and perceptions of addiction remained largely consistent until this demographic trend was disrupted by the popularization of drugs among suburban youths in the 60s.[22] This expansion of the addict population "to include large numbers of middle-class youth increased the pressure to develop a less stigmatizing account of how people became addicted," which echoes the trend that middle and upper class addicts were often met with sympathy, while lower class addicts were routinely pathologized and criminalized.[23] The lasting legacy of early psychiatric theories, as well as the impact of demographics on perceptions of addiction is evident throughout the trajectory of American drug policy, including amidst the GI heroin crisis, and is therefore important to understand.

C. Criminology and the "Contagion" Model

While medical and psychiatric research was primarily responsible for addiction theories in the first half of the twentieth century, a new field of sociological academia rose to prominence with a goal of understanding the origins, causes and patterns of crime. This study is now known as criminology, and its roots can be traced to Chicago, as many leading criminologists studied at and published their research with the University of Chicago.[24] This "Chicago School" of criminological thought emphasized ecological and social explanations for criminal behavior, including drug use, which seemed to oppose the idiosyncratic theories of addiction prevalent in contemporary psychiatry. However, similar to early psychiatric ideology, certain criminological theories contributed to the stigmatization of addiction in the mid-twentieth century by associating drug use with criminal delinquency and constructing it as a contagious, subcultural behavior that

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[22] Acker, *Creating the American Junkie,* 213.
[23] Acker, *Creating the American Junkie,* 18.
[24] Tim Newburn, *Criminology*, 3rd ed., (Routledge, 2017), 200.

spread out of inner-city working class communities and infected predominately white, upper and middle-class suburban neighborhoods. This socially infectious image of drug use, often referred to as the "contagion" or "disease" model of addiction, became the ideological foundation of the federal government's approach to controlling heroin use among Vietnam servicemen, as "policy makers came to value sociological data as policy input" by the 1970s.[25]

Sociologist Bingham Dai's 1937 doctoral study at the University of Chicago marked the "first attempt [in academia] to understand addictive drug use as a social behavior."[26] In his research on opiate addicts, Dai challenged contemporary psychiatric beliefs that addiction was pathological by arguing that recreational drug use was instead "culturally transmitted," or spread throughout certain communities in which drug use had become a social norm or a means of social connection.[27] Despite presenting an alternate theory to the problematic psychiatric opinions of the classical era, by suggesting that drug habits could be learned and shared, Dai's findings reinforced beliefs that addicts were infectious and addiction was contagious.

The idea that "vices" like drug use could be "culturally transmitted" was more widely popularized by Chicago-based criminologists Clifford Shaw and Henry McKay in their 1942 research titled *Juvenile Delinquency and Urban Areas*. After assessing Chicago juvenile court records, Shaw and McKay argued that "values, including delinquent values, are transmitted from generation to generation," which solidifies certain neighborhoods, especially low-income ones, as "delinquent areas, despite the turnover of people in the area."[28] Shaw and McKay further attested that areas with high rates of delinquency "were characterized by a high percentage of 'foreign-born' or African-American heads of household," as well as low socioeconomic status.[29]

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[25] Acker, *Creating the American Junkie*, 11.
[26] Acker, *Creating the American Junkie*, 195.
[27] Acker, *Creating the American Junkie*, 198.
[28] Newburn, *Criminology*, 204.
[29] Newburn, *Criminology*, 204.

Shaw and McKay's theories, which perpetuated racist and classist stereotypes about addiction, provided an academic justification to blame economically disadvantaged people of color and immigrants for the spread of drug use to the suburban American youth in the 60s. Furthermore, in suggesting that "delinquent values" like drug use were not only contagious, but also inescapable, Shaw and McKay's theories exacerbated fears in the 70s that Vietnam veterans would bring addiction back with them upon their return to the US, worsening the so-called "epidemic" in inner cities and spreading it beyond, into the suburbs.

In 1969, R. D'Alarcon published his study, "The Spread of Heroin Abuse in a Community," which was widely referenced across American media, psychiatry and policy, despite its focus on a small town in England called Crawley. This study directly correlated criminological theories of cultural transmission to the spread of heroin addiction by tracing the social networks of addicts in Crawley and charting the "infection" of addiction from one person to the next. In his findings, D'Alarcon says he "regarded drug abuse as a contagious illness," which was fundamental in establishing the contagion model.[30] D'Alarcon also "applied the methods used in the epidemiology of infectious diseases," essentially catalyzing the widespread incorporation of epidemiology, or the study of disease distributions patterns, to addiction research, which worked to frame addiction as a contagious disease.[31] D'Alarcon's study was integral to the development of the contagion model, which in turn became central in framing the federal response to military heroin use in Vietnam.

II. The Military Drug Issue Gains National Attention

A. The Discussion Starts

[30] De Alarcon, "The Spread of Heroin," 161.
[31] R. de. Alarcon, "The Spread of Heroin Abuse in a Community," *Community Health* 1, no. 3 (1969): 161. http://www.jstor.org/stable/45159159.

Military drug use was not known to the public, or considered an issue by the government, until more than 10 years into the Vietnam War. That is, until the first day of 1968, when *The Washingtonian* published an article by John Steinbeck IV, son of acclaimed American author John Steinbeck, in which the former chronicled his service in Vietnam. The headline of the article read, "The Importance of Being Stoned in Vietnam," sending shock waves through the country, as Steinbeck wrote about the widespread and chronic use of marijuana among American troops in Vietnam. He explained the drug use as a method of "release from war," and he even referenced his own marijuana use while there, claiming that it eases boredom.[32] In his account, he presented a menacing "picture of the American fighting machine [as] composed mostly of a group of youngsters enjoying the not-so-secret rites of cannabis," which created an impression on the American public that "the US Army had been broken down by drugs."[33] Steinbeck later admitted that he "overdramatized the nature of drug abuse in Vietnam for political purposes," hoping to illuminate the contradiction of cracking down on civilian drug use while the country's "respected and lauded soldiers" widely used drugs during service.[34] While Steinbeck's article brought the military drug issue to light, initial conversations about the phenomenon mostly pertained to marijuana, and didn't mention GI heroin use, which left out a major part of the picture in Vietnam.

Despite initiating public anxiety about military drug use, Steinbeck's article seemed to have little success in inciting government action, as the government failed to acknowledge drug abuse in the military prior to 1970. The Veterans' Administration's (VA) hospitalization records from 1969 and 1970 reveal that this federal agency for veteran care and benefits was not

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[32] John Steinbeck IV, "The Importance of Being Stoned in Vietnam," *The Washingtonian*, Jan 1, 1968, https://washingtonian.com/1968/01/01/the-importance-of-being-stoned-in-vietnam/.
[33] Kuzmarov, *The Myth of the Addicted Army,"* 55.
[34] Kuzmarov, *The Myth of the Addicted Army*, 5.

concerned with treating drug addiction among veterans and returning soldiers until the middle of 1970. It instead prioritized matters such as dental care and the development of new, non-flammable pajamas for resident patients.[35] Newly inaugurated President Richard Nixon also did not give the military aspect of the drug issue much attention in 1969, as evidenced by a special message he sent to Congress on July 14th, asking for budgetary and legislative support on "the control of narcotics and dangerous drugs." While the message worked to establish zero tolerance for drugs early in his presidential career, it made no mention of Vietnam and only briefly included a statistic about 40,000 heroin addicts in New York City, while repeatedly referring to the threat of marijuana.[36] This illuminates which military-related and drug-related issues the government was prioritizing in 1969, while the correlation between the two seems to have been left out or ignored at the time.

By 1970, the government could no longer avoid discussions on military drug abuse, as news articles were more frequently reporting and sensationalizing the phenomenon, with one CBS news segment even sharing a video of "U.S. troops in the Vietnamese countryside smoking marijuana out of the barrel of a rifle."[37] In March, a VA report on "specialized medical services," listed "drug abuse treatment" as "desirable to start," in the same month that the Senate Judiciary Committee held the first congressional hearing on "the use of narcotics and dangerous drugs in the armed forces, especially in Vietnam."[38] This was soon followed by a second Judiciary

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[35] Veterans Administration, *Statement*, July 11, 1969, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EX VA Hospitalization/Rehabilitation (1969-70), Box 8.; Donald Johnson, *Memorandum from Donald Johnson to John Ehrlichman, Feb 18, 1970*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EX VA 4 Hospitalization/Rehabilitation (1969-70), Box 8.

[36] Gerhard Peters and John T. Woolley, "Special Message to the Congress on Control of Narcotics and Dangerous Drugs," The American Presidency Project, Accessed January 31, 2026. https://www.presidency.ucsb.edu/node/239611.

[37] "Military Drug Abuse," In *CQ Almanac 1970*, 26th ed., 06-539-06-542, Congressional Quarterly, 1971. http://library.cqpress.com/cqalmanac/cqal70-1293981.

[38] Veterans Administration, Dept. of Medicine and Surgery, *The Future of the VA Medical Program 1970-1990; Report to The Administrator of Veterans Affairs*, March, 1970, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EX VA 4 Hospitalization/Rehabilitation (1969-70), Box 8.; "Military Drug Use," http://library.cqpress.com/cqalmanac/cqal72-1249087.

Committee hearing on the issue in August, and in November, both the House Armed Services Committee and the Senate Labor and Public Welfare Special Subcommittee on Alcoholism and Narcotics held their own separate hearings on military drug use. In all of these hearings, however, the "drug" in question was marijuana, and heroin was still left out of the picture. Furthermore, no tangible action resulted from these hearings, as they mostly pertained to "attitudes" and forms of usage among troops, rather than the formation of policy intended to address the issue.[39]

B. "The World Heroin Problem"

In 1971, Democratic representative Morgan Murphy of Illinois and Republican representative Robert Steele of Connecticut conducted an independent "special study mission" in which they traversed the globe for twenty days, accompanied by Department of Defense personnel. In their travels, they met with foreign narcotics control officials in order to "gather information pertaining to the illegal international traffic in heroin."[40] Upon their return, they compiled a report of the mission, titled the "World Heroin Problem," which they presented to the House Committee on Foreign Affairs on May 27, 1971. The report dedicated an extensive section on "heroin addiction in the military services in South Vietnam," in which the authors asserted that between 10 and 15 percent "of all US troops [then] stationed in South Vietnam" were "addicted to heroin in one form or the other."[41] They even estimated that addiction plagued up to 25 percent of soldiers among certain units of the armed forces, however they failed to specify which units.[42] They also claimed that the "ready availability" and cheap cost of heroin in

[39] "Military Drug Use," http://library.cqpress.com/cqalmanac/cqal72-1249087.
[40] Morgan Murphy and Robert Steele, *World Heroin Problem: Report of Special Study Mission Composed of Morgan F. Murphy, Illinois, Chairman, Robert H. Steele, Connecticut, Pursuant to H. Res. 109, Authorizing the Committee on Foreign Affairs to Conduct Thorough Studies and Investigations of All Matters Coming within the Jurisdiction of the Committee,* H.R. 92nd Cong. 1st Session, May 27, 1971, Washington, D.C. Government Printing Office.
[41] Murphy and Steele, *World Heroin Problem*, 18.
[42] Murphy and Steele, *World Heroin Problem*, 18.

Vietnam contributed to what they deemed, without concrete evidence, an "epidemic use of heroin" by American soldiers.[43]

The report directly attributed most of the accessibility and trade of heroin to Southeast Asian officials and agencies, however it also mentions, albeit briefly, American complicity in heroin traffic. The report wrote that US planes were utilized in traffic, but that "there is no evidence that any official of a U.S. agency has ever been involved in the smuggling of heroin into South Vietnam."[44] This is contradicted a few pages later in the report by a claim that US military personnel, both active and "deserters," formed their own trafficking systems, which points to discrepancies throughout the report.[45] By mostly associating the availability and supply of heroin with Vietnamese natives, the report effectively avoided the suggestion that an underlying social issue could be at the root of military heroin use, and that it was instead propelled by the drug's availability at the hands of the Vietnamese. The idea that Southeast Asian authorities were primarily responsible, whether directly or indirectly, for addiction among US troops stationed in the region was one of the many ways in which American policy makers like Murphy and Steele framed the GI drug issue. Historian Jeremy Kuzmarov argues in his book *The Myth of the Addicted Army* that this implication, along with focusing media attention on sensationalized statistics and stories of GI drug use, was a means by which the federal government could scapegoat American complicity in the war and frame the Vietnamese as a threat to American defense.[46]

The report's "inflated rhetoric and misinformation" about heroin use among US soldiers in Vietnam sparked a "potent political controversy to which the media devoted sustained

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[43] Murphy and Steele, *World Heroin Problem*, 18.
[44] Murphy and Steele, *World Heroin Problem*, 21.
[45] Murphy and Steele, *World Heroin Problem*, 19, 21.
[46] Kuzmarov, *The Myth of the Addicted Army*.

attention."[47] In the same week that the report was presented to Senate, the *New York Times* publicized its findings in an article that featured Steele, who had become the frontman of the report. At the time, Steele was also preparing to discuss his findings at a press conference, which would serve as official, rather than editorial, publicization, thereby extending the audience that the report could reach while also legitimizing the claims in the report. The newspaper article echoed Steele's claim that the US must immediately withdraw troops in order to "save the country from a debilitating drug epidemic."[48] By insinuating that military addiction would contribute to the domestic drug issue, this sentiment demonstrates how soldiers who used heroin were being thought of among policy officials as "walking time bombs" of a detrimental contagion, as quoted from the *New York Times* exposé on the "GI Heroin Addiction Epidemic in Vietnam," published on May 16, less than two weeks before the "World Heroin Problem" report.[49]

By suggesting the US withdraw its troops, the report and its publicization contradicted American combat interests in Vietnam, at the disapproval of many White House officials, who also disliked the implications about American complicity in Southeast Asian heroin traffic. Jeff Donfeld, an assistant to the Presidential Domestic Counselor, called Steele a "liar," while Donald Rumsfield, Nixon's Special Counselor, pleaded with Steele that he might "moderate his tone" before saying anything "against the Administration."[50] White House disapproval of Murphy and Steele's report suggests tension between different branches of the federal government regarding official narratives of the heroin problem in Vietnam, as the White House clearly aimed to circumvent any notion of American complicity in military heroin use.

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[47] Kuzmarov, *The Myth of the Addicted Army*, 52.
[48] Kuzmarov, *The Myth of the Addicted Army*, 52.
[49] Kuzmarov, *The Myth of the Addicted Army*, 44.
[50] Kuzmarov, *The Myth of the Addicted Army*, 53; Massing, *The Fix*, 109.

Beyond the release of the "World Heroin Problem" report, the summer of 1971 proved to be fundamental in sensationalizing and expanding awareness of the heroin issue in Vietnam, while also playing into both the contagion model and typification of addicts and addiction. On May 24, a US commanding officer was quoted in a *Newsweek* article as saying that heroin use in Vietnam had created "a whole new class of American addicts," suggesting that military addicts were distinct from addicts in inner-city America.[51] *Newsweek* published another article on July 5, warning of "the spread of addiction from the back alleys of [Vietnam] to Middle-American towns and neighborhoods," displaying the fear that military addicts would exacerbate the domestic drug issue, especially among wealthier demographics.[52] The article wrote that heroin was once a "loser's drug," found mostly among "the blacks and long-haired minorities," but that it now affected "nice Jewish boys… as well as Mormon kids, Japanese-Americans and all other exemplars of hard-working middle-class ideals."[53] This mirrored an introductory statement of the "World Heroin Problem," that said five years prior to the report, the "heroin problem was restricted to the ghetto areas of [America's] major cities," but that it had since spread "to the suburbs and [was being] found among the children of the wealthy and well-to-do as well as among the poor."[54] In centering the urgency of the military heroin issue on its implications for middle class communities, these statements reinforce the idea that different "types" of addicts are deserving of more sympathy and attention, which demonstrates the key concerns of the public regarding military heroin use in Vietnam once it became widely publicized.

Initial reports of drug use in Vietnam, both journalistic and governmental, clearly lacked concrete statistical and medical basis for their claims, which were mostly derived from personal

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[51] Kuzmarov, *The Myth of the Addicted Army*, 44.
[52] Kuzmarov, *The Myth of the Addicted Army*, 44.
[53] Kuzmarov, *The Myth of the Addicted Army*, 44.
[54] Murphy and Steele, *World Heroin Problem*, 3.

testimony and observation, and thereby sensationalized the extent and urgency of the issue. Steinbeck's admission about the political motivations of his article shows how certain headlining stories on the topic were tailored to generate public concern and political action, while the "World Heroin Problem" report's statistical sensationalism reflects how unreliable the mass media was at the time with regard to information about GI drug abuse. Sensational media coverage of heroin use in Vietnam became even more routine after the release of the "World Heroin Problem," with many stories relaying the unreliable information derived from the report, even though Steele redacted his estimate of 10-15% two months after the report's release, in favor of a more accurate estimate based on concrete urinalysis results that around 4% of American troops returning from Vietnam were positive for opiates.[55] Despite its inaccuracies, the "World Heroin Problem" report panicked the American public, which resulted in pressure on the federal government to respond to the Vietnam issue immediately and effectively.

C. The Vietnam War and Explanations for GI Drug Use

Despite never having been congressionally declared, the Vietnam War remains one of America's longest wars, spanning two decades from 1955 to 1975. It also remains one of America's most controversial wars, as the conflict generated an intense peace and antiwar movement due to its inherent brutality and unsanctioned action.[56] Even soldiers themselves objected to the war, as evidenced by the 1967 creation of a coalition called the "Vietnam Veterans Against the War," that served to "voice the growing opposition [to the war] among returning servicemen," according to the organization's mission statement.[57] Some soldiers "questioned the appropriateness of the Army's being in Vietnam at all," while also endorsing

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[55] Kuzmarov, *The Myth of the Addicted Army*, 51.
[56] Kuzmarov, *The Myth of the Addicted Army,* 64.
[57] Vietnam Veterans Against the War, "Vietnam Veterans against the War: VVAW: Where We Came From, Who We Are," https://www.vvaw.org/about/.

escalation so that they might finish their tours quicker and return home safely.[58] This inconsistency reveals how burdened soldiers were by their service in Vietnam, as returning back home took precedence over their opposition to the war. Despite internal opposition, many soldiers were confined to service through the draft or by socioeconomic disadvantages that left them little other choices for secure livelihood. Soldiers' antiwar sentiments were even correlated to drug use among troops, which was sometimes seen as an "act of defiance," or soldiers' rebellious contribution to the peace movement from overseas, according to Kuzmarov.[59]

Other prominent explanations for the Vietnam heroin issue included drug use as an effort at "coping with [the] hostile environment" of war, and drug use as a cure for boredom, both of which were mentioned by Steinbeck in his Washingtonian article.[60] Doctor Larry H. Ingraham published his study "'The Nam' and 'The World'" in 1974 at the Walter Reed Army Institute of Research, which is the largest biomedical research facility run by the Department of Defense.[61] In his study, Ingraham interviewed 78 opiate-positive Vietnam returnees throughout the latter half of 1971, aiming to evaluate the validity of "common assumptions" about the nature of heroin use in Vietnam.[62] One of these assumptions was that "heroin use resulted from boredom," which was proved true, as interview respondents "frequently cited 'boredom' as the reason for their drug use."[63] Another assumption was that "heroin use resulted from combat stress," and one interviewee admitted he used it to "blot [the] traumatic experience [of war] from his memory."[64] While Ingraham claims heroin use to cope with stress was an "exception rather than the rule,"

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[58] L.H. Ingraham, "'The Nam' and 'The World'. Heroin used by U.S. Army enlisted men serving in Vietnam," *Psychiatry* 37, no. 2 (1974): 123. https://doi:10.1080/00332747.1974.11023794.
[59] Kuzmarov, *The Myth of the Addicted Army*, 5.
[60] Kuzmarov, *The Myth of the Addicted Army*, 69.
[61] "WRAIR: Walter Reed Army Institute of Research - BIO International Convention | BIO," Bio.org, 2026. https://www.bio.org/events/bio-international-convention/exhibitor-directory/00888838.
[62] Ingraham, "'The Nam' and 'The World,'" 114.
[63] Ingraham, "'The Nam' and 'The World,'" 114, 121.
[64] Ingraham, "'The Nam' and 'The World,'" 114.

psychiatrist Norman Zinberg wrote that "American troops were easily attracted to any activity, including drug use, that blotted out the outside world," which suggests that boredom and combat stress simultaneously led to drug use, rather than solely one or the other.[65] The explanations of military drug use as byproducts of the experience of war helped to construct their addiction as relatively "innocent" in comparison to civilian addicts, whose addiction was blamed on their own personal shortcomings.

In his study, Ingraham also realized that there was a social aspect to military heroin use, and that heroin users, who referred to themselves and each other as "heads," created their own society in Vietnam. There was evidently a camaraderie among heads, who would share drugs together, as one respondent stated that "heads have to stick together."[66] Regardless of the camaraderie, the "typification" of addiction seems to have occurred within the "head society" itself. Soldiers who injected heroin were distinguished by their peers who sniffed or smoked it instead. These injectors, deemed "needle-freaks" by fellow soldiers, were "equated with the 'street junkie' and 'dope fiend' stereotypes" that sniffers and smokers did not claim.[67]

The multitude of explanations for military heroin use did not work to expel public anxiety about the issue. Many feared that soldiers who used heroin would bring their addiction back to the States when they returned, which would exacerbate the domestic drug issue.[68] The public also critiqued the lack of rigidity and organization in the military that GI heroin use posed, which was especially alarming given the disapproval of the war efforts in general. These anxieties became so inflamed, especially in the aftermath of the "World Heroin Problem" report, that the federal government could no longer wait to take action.

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65 Ingraham, "'The Nam' and 'The World,'" 121; Kuzmarov, *The Myth of the Addicted Army*, 69.
66 Ingraham, "'The Nam' and 'The World,'" 125.
67 Ingraham, "'The Nam' and 'The World'," 117.
68 Kuzmarov, *The Myth of the Addicted Army*, 71.

D. The Executive Branch Assumes Authority

Even though it issued four reports "aimed for maximal exposure" on military drug and alcohol abuse in 1971, including the "World Heroin Problem," Congress did "little aimed directly at easing the military's problem," according to a 1972 *Congressional Quarterly Almanac* article on military drug treatment.[69] This same article claims that these congressional reports revealed "one of every ten men in the armed forces depended on either drugs or alcohol to get through the day," which exhibits the authority afforded to Steele's inaccurate estimate on rates of addiction in the military.[70] Congress did instruct the Secretary of Defense to initiate addiction identification and treatment programs and report back within 60 days, under a brief section of Public Law 92.129.[71] However, this lackluster provision only passed on September 28th, which was months after President Nixon ordered this procedure himself when he seized the opportunity to establish executive direction over the issue in the aftermath of the Murphy-Steele report.

On June 17th, 1971, President Nixon addressed the nation with a highly publicized speech in which he declared drug abuse to be America's "public enemy number one."[72] While his speech did little more than instigate public reaction and parade his intolerance to drugs and crime, President Nixon also issued a special message to Congress on the same day, which acknowledged heroin use in Vietnam, illuminated executive efforts to address it, and directly requested assistance from Congress.[73] The President also expressed his ambition to "wage an

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[69] Kuzmarov, *The Myth of the Addicted Army*, 55; "Military Drug Use," http://library.cqpress.com/cqalmanac/cqal72-1249087.
[70] "Military Drug Use," http://library.cqpress.com/cqalmanac/cqal72-1249087.
[71] *An Act to Amend the Military Selective Service Act of 1967, and for other purposes*, Pub. L. No. 92-129, 85 Stat. 348. (September 28, 1971).
[72] Gerhard Peters and John T. Woolley, "Remarks About an Intensified Program for Drug Abuse Prevention and Control," (speech, The White House, Washington, D.C., June 17, 1971), The American Presidency Project, Accessed January 31, 2026, https://www.presidency.ucsb.edu/node/240238.
[73] Gerhard Peters and John T. Woolley, "Special Message to the Congress on Drug Abuse Prevention and Control," (special message, The White House, Washington, D.C., June 17, 1971), The American Presidency Project, Accessed January 31, 2026, https://www.presidency.ucsb.edu/node/240245.

effective war on heroin addiction."[74] Nixon declared that, as per his command, the Department of Defense would immediately roll out drug testing procedures in Vietnam and provide drug treatment for any returning soldier who desired it, showing how Congress's instructions for the DOD in September were redundant.

To oversee and direct the DOD procedures, Nixon announced the conception of a Special Action Office for Drug Abuse Prevention (SAODAP) located within the Executive Office of the President. The office would not "directly operate or fund programs," but instead, it would "develop long-term… policies and strategies [for drug control, and] work with [federal] agencies in turning these policies into programs."[75] The breadth of SAODAP's authority over the drug issue entailed that the office collaborated with and oversaw the efforts of the fourteen other government agencies addressing the drug abuse issue in 1971, which ranged from the Department of Justice to the Department of Agriculture.[76] By placing SAODAP in charge of recommending and approving all national drug policies, Nixon ensured executive control of the drug issue, which may have been influenced in part by the competition against the National Institute for Mental Health (NIMH) for congressional recognition as the leading authority in drug abuse prevention.

SAODAP's focus was to spearhead a national strategy on drug abuse prevention, while also prioritizing the military heroin issue in Vietnam. SAODAP's split priority between the drug issues in Vietnam and at home meant both projects were afforded less direct focus than if the office was specialized in one regard or the other. Personal notes on a meeting with the President written by John Ehrlichman, his Assistant for Domestic Affairs, reveal that tasking SAODAP

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[74] Peters and Woolley, "Special Message to Congress on Drug Abuse Prevention and Control."
[75] Jerome Jaffe, *Drug Abuse: A National Overview*, March, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series,* folder 8, Box 51.
[76] Massing, *The Fix*, 114.

with the drug problem as a whole, rather than solely focusing on the military, was deliberately intended to "divert some of the attention being paid to the situation in Vietnam."[77] This tactic of redirecting public pressure hints at the influence which political incentives held in the federal response to the military heroin issue.

The orchestration of press attention to the establishment of SAODAP further demonstrates political motivations to quell anxiety about the drug issue. In one White House correspondence, lobbyist and legislative assistant Bill Timmons wrote to Nixon's Special Assistant David Parker, requesting "lots of publicity" at the SAODAP signing ceremony.[78] Nixon's Special Counsel, Dick Moore, also wrote to Parker, expressing support for the publicized signing ceremony, reasoning that "people need to be reminded of the President's personal initiative and involvement in the drug area."[79] Instructions for the signing ceremony include a specification that "there will be full press coverage of [the] event."[80]

In a letter of gratitude to Nixon, co-author of the "World Heroin Problem" report Morgan Murphy considered SAODAP to be a sufficient response to the report's request for the President to "exercise his leadership and influence in the war on international drug traffic," which hints at the role of the report in catalyzing government action.[81] On July 17th, exactly a month after Nixon's special message to Congress, the President passed Executive Order #11599, which formally delineated SAODAP's organizational structure, including its leadership by a

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[77] Massing, *The Fix*, 110.
[78] Bill Timmons, *Memorandum from Bill Timmons to David Parker, Feb 28, 1971*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder Exec FG 6-19, Box 1.
[79] Dick Moore, *Memorandum from Dick Moore to David Parker, March 6, 1972*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder Exec FG 6-19, Box 1.
[80] Stephen Bull, *Memorandum from Stephen Bull to President Nixon, March 21, 1972*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder Exec FG 6-19, Box 1.
[81] Morgan Murphy, *From Morgan Murphy to President Nixon*, *March 8, 1972*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EXEC FG 6-19, Box 1.

presidentially appointed Director.[82] While SAODAP began its response to the military heroin issue on the same night which Nixon announced its conception in his special message, the office was only ratified by Congress under the Drug Abuse Office and Treatment Act of 1972 on March 21, 1972. This act specified that SAODAP was a temporary office, to be terminated on June 30, 1975.[83]

The decision to take executive control over the military heroin issue resulted from Congress' continued inefficiency and tardiness in addressing the problem. In an October 1972 press release, Vice President Spiro Agnew questioned the "dedication of Congress, … and the Senate in particular" in supporting Nixon's "all-out effort against public enemy number one," especially criticizing their delay in the official legislation for SAODAP.[84] Since Congress would take almost a year to concretize SAODAP and start allocating funds, Nixon funded the project until then with money from his own "emergency" budget, demonstrating the acute executive and presidential concern with the military heroin habit and American drug abuse as a whole by 1971.[85]

III. The Federal Approach in Vietnam: A SAODAP Case Study (1971-1973)

A. Jerome Jaffe: His Importance and His Opinion

As SAODAP's first director, Nixon appointed psychiatrist Jerome Jaffe, who specialized in psychopharmacology, and received national and presidential attention as the founding leader of the Illinois Drug Abuse Program (IDAP) from 1967 to 1971.[86] IDAP was the first state-funded

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[82] Gerhard Peters and John T. Woolley, "Executive Order 11599 of June 17, 1971, Establishing a Special Action Office for Drug Abuse Prevention," The American Presidency Project, Accessed January 31, 2026. https://www.presidency.ucsb.edu/node/307132.

[83] *Drug Abuse Office and Treatment Act of 1972*, Pub. L. No. 92–255, 86 Stat. 65 (1972), 67.

[84] Spiro Agnew, *Press Release*, Washington, DC: U.S. Government Printing Office, Oct 19, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 11, Box 30.

[85] Richard Nixon, *From President Nixon to Jerome Jaffe, Dec 7, 1971*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EXEC FG 6-19 SAODAP (2 of 5), Box 1.

[86] Massing, *The Fix*, 86, 91.

treatment program in Chicago, and was renowned for its success in a multimodality approach to drug treatment through its simultaneous administration of "therapeutic communities" and "methadone maintenance." While therapeutic communities focused on psychotherapy and typically endorsed abstinence, methadone maintenance consisted of a prolonged, often indefinite course of methadone, an analgesic synthetic opioid intended to relieve addiction withdrawal symptoms.[87] These two approaches were the dominant forms of drug treatment in the early 1970s, but often seen as opposite, rather than interchangeable or combined methods, and IDAP's use of both made the program noteworthy. Jaffe was particularly invested in the development and distribution of methadone, and his tireless work in this regard earned him the title of "methadone king" in the mass media.[88]

As a registered Democrat, who proclaimed himself to be "fairly neutral politically," Jaffe balanced Nixon's "hard-line [Republican] views."[89] Nonetheless, the President "stressed the need to bring in people 'from outside of the government to help run the [SAODAP] program,'" and he recognized Jaffe as a thoroughly educated and capable leader given the doctor's experience and success with IDAP.[90] During Jaffe's service as SAODAP's director from 1971 to 1973, his influence and authority on the Vietnam military heroin issue was widely recognized, as he was quoted in hundreds of newspaper articles, testified repeatedly before Congress on the issue, and was invited to speak at countless psychiatric and drug abuse conventions across the nation.[91]

Massing characterizes Jaffe as a major proponent of prioritizing efforts to curb the demand for drugs over focusing on their supply. This essentially entailed that attention to addicts

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[87] Massing, *The Fix*, 88-9.
[88] Massing, *The Fix*, 121.
[89] Massing, *The Fix*, 104, 123, 128.
[90] Massing, *The Fix*, 111.
[91] From Richard Nixon Presidential Library and Museum, *Papers of Jerome H. Jaffe 1971-1973*, folder News Clippings (June-Dec 1971), Box 5.; From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 3, Box 20.

and their addiction "at all times… had to take precedence over" government efforts to control the traffic of drugs.[92] According to an official summary of the Drug Abuse Office and Treatment Act, this was a key aspect of SAODAP, as the office "distinguishe[d] drug abuse prevention functions from drug traffic prevention functions," leaving the latter to judicial agencies like the Office of Drug Abuse Law Enforcement.[93] Massing describes Jaffe's demand-oriented approach as a "public health model" of drug control, however the government evidently treated the Vietnam heroin issue as a primarily domestic and foreign affairs issue, given the investment of committees and officials in those departments, rather than the exclusive concentration of the situation in the Public Health Service or other health-related agencies.[94] In fact, President Nixon and other executive officials expressed concern about involvement in the drug issue by the NIMH, located in the Department of Health. When pushing the SAODAP legislation through Congress, the NIMH was competing to be the "lead agency for the drug offensive," which concerned Jaffe in particular considering the institute "had shown little interest in the plight of drug addicts."[95] John Erlichman's notes on his meeting with the President point to this rivalry, as they end in the shorthand phrase: "Get [the drug problem] out of NIMH."[96] This apprehension to concentrate the drug issue in a public health agency not only contradicts Jaffe's supposed commitment to the public health model of drug control, but it also suggests that executive leadership of the drug issue was politically motivated, likely to reinforce the Nixon administration's investment in drug control, and to downplay the idea of heroin addiction as a contagious threat to American public health.

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92 Massing, *The Fix*, 133.
93 *Summary of Public Law 92-255*, undated, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 11, Box 43.; Massing, *The Fix*, 128.
94 Massing, *The Fix*, 133.
95 Massing, *The Fix*, 104.
96 Massing, *The Fix*, 110.

In his perspective on the military heroin issue, Jaffe specifically referred to the "contagion" model, and was directly inspired by R. D'Alarcon's 1969 epidemiological study on the spread of heroin addiction in Crawley, as he references its findings and methodology in a 1972 public speech and kept a copy of the study in his personal "reference manual."[97] Also in 1972, Jaffe wrote to a fellow psychiatrist and claimed that viewing "drug addiction as a contagious disease spread from one user to another" was "essentially the concept that was utilized in Vietnam."[98] This admission in particular confirms the relevance of the contagion hypothesis in framing the federal response to military heroin use in Vietnam.

B. "The Vietnam User Returns:" SAODAP and Federal Funded Drug Research

As a part of its commitment to addressing the drug problem, SAODAP designated an entire branch of the office to funding, facilitating and reviewing research on drug abuse prevention. This research was published in an annual compilation of SAODAP-associated studies called the Special Action Office Monograph. Key studies funded by SAODAP were often jointly funded with other government agencies, most notably the VA and the Department of Defense (DOD). According to a SAODAP report on the statistics of "federal supported drug research," out of all 413 studies across 7 different agencies during the fiscal year of 1972, the VA was responsible for 53 studies, or 12.8%, and the DOD was responsible for 37, or 8.9%.[99] This reveals a notable contribution to drug research from agencies exclusively concerned with the military and veterans. The marked involvement of SAODAP and government agencies like the VA and the DOD in drug research shows how the government sourced information that

[97] Jerome Jaffe, *The Role of Federal Government in Responding to Problems of Drug Abuse*, Speech at the Meeting of B;Nai B'rith Educators, April 30, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 11, Box 43.
[98] Jerome Jaffe, *From Jerome Jaffe to Arnold Hutschnecker, April 14, 1972*, From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973*, folder Personal Correspondence (Apr 6-Aug 14, 1972), (2 of 3), Box 1.
[99] Special Action Office for Drug Abuse Prevention, *All Agencies, Number of Studies*, undated, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 10, Box 46.

ultimately framed its understanding of the military drug issue in Vietnam. The federal supported research itself was especially interested in "psychological factors" of drug abuse, along with "epidemiological" studies, which refers to the study of patterns and distributions in diseases.[100] Simply by framing studies as epidemiological, such research inherently reinforced the idea that drug use and addiction were contagious diseases that should be studied, and treated, as such.

SAODAP's most memorable research contribution to the military drug issue was its sponsorship of Doctor Lee Robins' landmark study, *The Vietnam User Returns.*[101] The study was co-funded by the VA and the DOD, and was such an extensive project that Robins was instructed to submit an "interim report" to SAODAP months before the completion of the final study, so the office could supervise her progress.[102] Robins was a "highly esteemed psychiatric researcher," who received her doctorate from Harvard University and specialized in psychiatric epidemiology, so her endorsement by SAODAP reinforces the office's particular interest in addiction epidemiology.[103]

Between May and September 1972, Robins and her team interviewed 965 Vietnam returnees, 495 of whom had tested positive for drugs.[104] In compiling and analyzing their responses, Robins aimed to paint a "portrait of the Vietnam soldier," as well as "drug use in [and after] Vietnam."[105] In her findings, Robins exhibited the categorization and pathologization of addicts prevalent in classical era psychiatry. Robins paid specific attention to what she called "rather powerful… predictors of drug use in Vietnam," which demonstrates a desire to elucidate

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[100] SAODAP, *All Agencies, Number of Studies.*
[101] Lee Robins, "The Vietnam Drug User Returns: Final Report," *Special Action Office Monograph* series A, no. 2 (May 1974).
[102] Lee Robins, "A Follow-Up of Vietnam Drug Users," Special Action Office for Drug Abuse Prevention, January 1973, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 11, Box 36.
[103] Theodore J. Cicero and Linda Cottler, "Lee N Robins," *Neuropsychopharmacology* vol. 35,13 (2010): 2649. doi:10.1038/npp.2010.65.
[104] Robins, "Vietnam Drug User Returns," vii.
[105] Robins, "Vietnam Drug User Returns," 19, 29.

what "types" of soldiers were most likely to use drugs in Vietnam.[106] Typifying individuals deemed more likely to use drugs was presumably conducive to the identification and quarantine of addicts that was central to SAODAP's response in Vietnam. Among the "predictors" were "pre-Vietnam narcotic use," "pre-Vietnam arrests," "truan[cy]" or "deviant behavior," which demonstrates pointed concern about a correlation between crime or "delinquency" and drug use.[107] Robins even included "Black or not Black" as indicators of drug use in Vietnam, despite claiming that "race… did not add significantly to the predictive set" of data, which reveals the potential biases present in this study.[108] Robins also reinforced the contagion model in her study by extensively focusing on post-Vietnam narcotic use and veteran rehabilitation potential, which may have been an attempt at understanding, and ultimately mitigating, the perceived spread of addiction upon the return of Vietnam veterans to America. Even the study's title, "The Vietnam User Returns," is not only centered on veterans' return, but frames it somewhat dauntingly, evoking a looming sense of threat rather than the supposed neutrality of a psychiatric study.

While Robins referred to heroin use in particular, her drug positive sample encapsulated positives for drug use of any sort. The relative lack of research dedicated solely to heroin and heroin use is also reflected in the SAODAP statistical report referenced above, as only 46 out of 413 studies from fiscal year 1972 focused on heroin alone.[109] Most studies were concerned with marijuana or "all drugs," the latter of which included Robins' study. Just a year before in 1971, the National Clearinghouse for Drug Abuse Information published a bibliography for "selected references on drugs and the military," which consisted of only 16 sources.[110] These two statistics

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[106] Robins, "Vietnam Drug User Returns," 37-39.
[107] Robins, "Vietnam Drug User Returns," 39, 41; Robins, "A Follow-Up," 38-39.
[108] Robins, "Vietnam Drug User Returns," 39, 41.
[109] SAODAP, *All Agencies, Number of Studies.*
[110] National Clearinghouse for Drug Abuse Information, *Selected References on Drugs and the Military*, NCDAI Report Series 2, No. 1, Aug 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series,* folder 17, Box 48.

indicate a disparity in the amount of research regarding both heroin and military drug use as a whole, which suggests that government understanding of military heroin use in Vietnam was based on few studies that were likely over-relied upon due to the scarcity of similar research.

With the establishment of a research branch, SAODAP clearly had the resources available to bolster the underresearched topic and present alternative perspectives to Robins' highly tailored findings about the "predictors" of military use and rehabilitation. The office instead seemed to have funded select research that supported its approach in Vietnam, which aimed to identify and detoxify individual addicts, effectively constructing the phenomenon as a contagion stemming from maladjusted or pathological soldiers, rather than a collective symptom of an underlying social issue, the unjust war itself, or the two in tandem.

C. SAODAP Policies for Controlling Heroin Use in Active and Returning Soldiers

The structure of SAODAP's hasty response in Vietnam was centered on mitigating the spread of addiction among troops and back at home in America, and it is made evident by their response that the government aimed to rehabilitate the army as a body, rather than each soldier individually, even though it targeted heroin use individually. This likely worked to restore the reputation of an efficient American defense, which had a particular political interest amidst the controversial war. The manner in which the military drug problem was treated varied starkly from federal treatment of the domestic drug issue, most notably with regard to legal consequences, which inherently constructs or "typifies" military addicts as different from civilians.

a. *Urinalysis*

The first federal response to the heroin issue in Vietnam was the implementation of urine testing upon departure for all soldiers returning to the States. This response was immediate,

taking effect on June 17, 1971, the same night on which Nixon announced the conception of SAODAP to Congress.[111] While still working for IDAP in Chicago, Dr. Jaffe had arranged for 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."[112] These machines were based on a new technology called the Free Radical Assay Technique (FRAT), which "allowed for assembly-line-like urine testing."[113] Jaffe had only just learned about these machines at a conference in Toronto earlier that year. In order to evaluate this newly-conceived and newly-implemented technique, Jaffe traveled to Vietnam on July 6, 1971.[114] Here, he witnessed the array of urine-filled bottles alongside dejected servicemen crowded into a small tent. According to Massing, "Jaffe had never seen something quite so primitive… in all his years in the drug field," which illuminates the conditions to which exhausted and ready-to-leave Vietnam veterans were subjected in the name of drug control.[115] He also learned that testing was proving to be inaccurate, as the machines were "producing numerous false positives."[116] Furthermore, he received reports of soldiers bribing supervisors with "hundreds of dollars for clean urines."[117] The testing hiccups are understandable and even somewhat expected given such new technology, however they jeopardized the reliability of the urinalysis program and its test results. Despite this, Jaffe configured a brand new percentage of soldiers positive for opiates, at about 4.5 percent, which allowed him to return home and soothe public anxiety by disproving Robert Steele's "World Heroin Problem" estimation of 10 to 15 percent. Public skepticism in the dramatic reduction of opiate-positive military statistics is evidenced by an article in the St. Louis

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[111] Massing, *The Fix*, 114.
[112] Massing, *The Fix*, 114.
[113] Massing, *The Fix*, 108.
[114] Massing, *The Fix*, 114.
[115] Massing, *The Fix*, 115.
[116] Massing, *The Fix*, 115.
[117] Massing, *The Fix*, 115.

Missouri *Post Dispatch*, which challenged Jaffe's number by referring to a survey of GI's from March 1971 in which 16.2% of responding servicemen admit to having used heroin.[118] This suggests that about 10% of servicemen who used heroin in Vietnam went undetected by the urinalysis machines, reiterating the acute pitfalls of the program intended to assess the rate of all GI heroin use, both habitual and occasional.

Jaffe addressed the issues with the program when he testified before the Senate Subcommittee on Drug Abuse in the Military on February 29, 1972. While he didn't explicitly propose solutions, he did highlight the implementation of "unannounced random testing" in order to target both "dependence and experimentation."[119] Jaffe believed that since soldiers knew they would be tested upon departure, those who were not dependent would simply cease usage with enough time to test negative for opiates, which usually took a couple of weeks. This addition was intended to produce more accurate estimates on the extent of heroin addiction in Vietnam, and by purportedly stopping casual users during service rather than at departure, this development aimed to "reduce the contagion that seem[ed] inevitable" among the troops, as Jaffe put it.[120]

The federal response to the Vietnam heroin issue was centered around the urinalysis program, which it dubbed "Operation Golden Flow."[121] This situates the priority of the government as identification of military heroin users, rather than their genuine rehabilitation. Jaffe even admitted in his February 1972 congressional testimony that "it was not considered

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[118] *St. Louis MO Post Dispatch*, "GI Tests Said to Miss Many Heroin Users," August 22, 1971, From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973*, folder News Clippings (June-Dec 1971) (1 of 2), Box 5.
[119] *The Effectiveness of Programs to Identify, Treat and Rehabilitate Members of the Armed Forces Who Abuse Drugs*, *Before the Subcom. on Drug Abuse in the Military,* 92nd Cong., 2nd session, p 9, (Feb 29, 1972), (statement of Jerome Jaffe, Director of SAODAP), From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 3, Box 20.
[120] *The Effectiveness of Programs to Identify, Treat and Rehabilitate Members of the Armed Forces Who Abuse Drugs*, Jerome Jaffe, p 9.
[121] Kuzmarov, *The Myth of the Addicted Army*, 109.

advisable to engage in long-term rehabilitation of members of the armed forces whose potential for continued useful service within a reasonable time was doubtful."[122] The priority to ensure logistical efficiency of the army by only rehabilitating soldiers deemed "useful," while others were simply separated and "detoxified," shows how the federal response to the military heroin situation may have = been influenced by motivations to safeguard both the reputation of the Army as well as the divisive combat initiative in Vietnam.

b. *Detoxification and Delayed Departure*

In conjunction with urinalysis, SAODAP organized a "detoxification" program, in which soldiers who tested positive for opiates had their departure delayed so they could receive drug treatment on base in Vietnam. According to Jeremy Kuzmarov, this treatment consisted of a five to seven day course of methadone, likely intended to curb opiate withdrawal symptoms, however official records of the on-base approach to the heroin issue did not emphasize the use of methadone in Vietnam, and it was evidently not a major aspect of the overall military drug treatment protocol, either in Vietnam or in the States, which suggests that Jaffe and his office failed to incorporate their vital experience and innovations in drug treatment into the federal response to military heroin use.[123]

Initially, detox in Vietnam lasted one week, after which soldiers were recommended to seek treatment at Veterans Administration hospitals.[124] Upon realizing how few opiate-positive servicemen voluntarily sought VA drug treatment once returned to the States, Jaffe announced to the House Subcommittee on Veterans' Health and Hospitals on September 15, 1971 that referral to VA drug treatment programs would be made mandatory as a part of the detoxification

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[122] *The Effectiveness of Programs to Identify, Treat and Rehabilitate Members of the Armed Forces Who Abuse Drugs*, Jerome Jaffe, p 9.
[123] Kuzmarov, *The Myth of the Addicted Army*, 109.
[124] Massing, *The Fix*, 114.

program.[125] However, direct management of treatment in the VA's very limited facilities proved difficult, and SAODAP also sought to insulate the States from as much of the Vietnam heroin issue as possible. Therefore, the detoxification period in Vietnam gradually extended to 30 days, which did not necessarily increase potential for rehabilitation, and only prolonged soldiers' anxiety to return home to the States. Furthermore, the military drug treatment centers in Vietnam lacked "expertly trained people," according to another doctor who visited Vietnam and provided testimony for an October 1971 article in the *New York Times*.[126] The under-resourced, makeshift drug treatment afforded to soldiers still on base reiterates the hastiness with which the government responded to the military drug issue, which inevitably sacrificed lasting rehabilitation in favor of a "quick fix" that swept the issue under the rug and out of the American public's eyesight.

Jaffe recognized how "desperate to leave Vietnam" the GIs were, so he figured that delaying departure was the most "powerful deterrent" to heroin use.[127] By preying on the exhaustion and desperation of soldiers, delayed departure and forced detoxification essentially coerced soldiers into compliance with the SAODAP treatment regime. This "coercion" was intentional, according to another (undated) *New York Times* article, in which Jaffe "predict[ed] that 'coercion' into treatment [would] be discussed thoroughly."[128] The article's title, "Addiction by Contagion: Researchers Fear Early Release by Military Will Multiply Users of Drugs," further illuminates the motivation behind the Vietnam detoxification and delayed departure, as it

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[125] *Testimony before the Subcommittee on Health and Hospitals of the Committee on Veterans' Affairs*, 92nd Cong., 1st session, p 9, (September 14, 1971), (statement of Jerome Jaffe, Director of SAODAP), From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 3, Box 20.
[126] Dana Adams Schmidt, "Experts Hail Army's Program for Drug Addicts in Vietnam," *The New York Times*, Oct 2, 1971, From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973,* folder News Clippings (June-Dec 1971) (1 of 2), Box 5.
[127] Massing, *The Fix*, 107-8.
[128] Richard Severo, "Addiction by Contagion: Researchers Fear Early Release by Military Will Multiple Users of Drugs," *The New York Times*, undated, From Library of Congress, *Jerome Jaffe Collection, SAODAP series,* folder 5, Box 37.

sought to contain the "contagious disease" of addiction to a foreign country in which it did not threaten to exacerbate the domestic drug issue. Centering the federal response upon the quarantine of opiate-positive soldiers and the return of "drug-free" soldiers back to America aimed to simply stop the issue, rather than address the roots of GI heroin use.

c. *Amnesty*

Coercing cooperation with urinalysis, delayed departure and on-base detoxification was only made possible by promising that soldiers who tested positive for opiates would be afforded "exemption" or "amnesty" from legal consequence on the sole basis of a positive test result. This legal exemption was also rolled out the same night of the urinalysis and detoxification programs, as per a memo from the Secretary of Defense Melvin Laird.[129] Despite the amnesty program, a summary on the "Army World-Wide Drugs and Alcohol Conference" compiled by the US Army stated that "if one refuse[d] to undergo urinalysis, it [was] equivalent to refusing an order from a superior and [was] punishable as such."[130] This suggests that loopholes around exemption also existed in order to coerce cooperation from a variety of angles, ensuring a wider reach of the federal response in Vietnam.

According to a psychiatric study on the amnesty program by John F. Greden and Donald W. Morgan, the heaviest drug users in the Army were especially "skeptical… of using treatment facilities and amnesty programs," as they felt that being officially "labelled" as a drug user would subject them to "subsequent harassment and undesirable duty assignments."[131] This apprehension is corroborated by the US Army's conference summary, which claimed that soldiers "distrust" the policy because admitting to drug use was "sometimes a source of

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129 Massing, *The Fix*, 114.
130 United States Army, *US Army Summary Report on the Army World-Wide Alcohol and Drug Conference*, undated, From Library of Congress, *Jerome Jaffe Collection, SAODAP series,* folder 22, Box 49.
131 John F. Greden and Donald W. Morgan, "Amnesty's Impact Upon Drug Use: A Pre/Post Study," *American J. Psychiatry* 129:4, p 369, Oct, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series,* folder 11, Box 48.

provocation for [army superiors] to harass [them], call [them] by deprecatory names like 'head' and 'junkie,' assign [them] to menial detail, and generally make life miserable for [them]."[132] The amnesty program seemed to have had an opposite effect than it intended in regard to encouraging soldiers to comply with the military treatment regime. Beyond soldiers' suspicion of exemption, the program was also clearly rushed in implementation, as "some details of the policy [were] muddy even to commanding officers," according to the Army summary.[133] In addition to these shortcomings, the program seemed to be counter-effective in terms of reducing drug use rates, as Greden and Morgan found that "when two similar samples were compared after eight months of amnesty, reported drug use had increased."[134] This increase may have been motivated by the amnesty program itself, as it reduced the risk of heroin use for active-duty soldiers. This increase also demonstrates how the program directly failed to meet its goal of "persuad[ing] people against future drug use," according to Greden and Morgan.[135]

The "exemption" program in particular demonstrates how the government approached military drug use separately from civilian drug use, as the Department of Justice was heavily focused on disciplinary measures for civilian drug users at the same time that military addicts were specifically excused from legal consequences. The legal lenience afforded to military drug users may have been permitted because their addiction could be seen as a byproduct of the strain of their service, rather than the individual pathology that working-class drug use connotated, both historically and contemporaneously. Each element of the federal response to the military drug issue proved to be either problematic or ineffective, according to Robins' study, which found that "effors to show a beneficial effect of army treatment… on chances… of [heroin] use

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[132] US Army, *US Army Summary Report on the Army World-Wide Alcohol and Drug Conference*, 14.
[133] US Army, *US Army Summary Report on the Army World-Wide Alcohol and Drug Conference*, 14.
[134] Greden and Morgan, "Amnesty's Impact Upon Drug Use: A Pre/Post Study," 394.
[135] Greden and Morgan, "Amnesty's Impact Upon Drug Use: A Pre/Post Study," 394.

after Vietnam were negative."[136] The federal response in Vietnam also shows how the government constructed the image of military heroin use in Vietnam as an epidemic that could be easily stamped out, rather than an indication of an acute and lasting social issue, stemming from the atrocities and disapproval of the war, which necessitated fundamental political restructuring.

IV. Upon Return from Vietnam: Life as a Veteran

The treatment in America of returning Vietnam veterans with heroin issues further exhibits a lack of concern for the lasting well-being of servicemen, as they were not only provided subpar care, but were also more easily stigmatized by their incorporation back into the civilian addict sphere. Executive and SAODAP efforts to provide and follow up on drug treatment also deescalated, which worked to construct the image that the issue was contained to a certain time period in Vietnam, and posed no threat to the American public.

A. "Inadequacy" in Veterans Administration Hospitals

Primarily responsible for the care of veterans during the Vietnam crisis was the Veterans Administration (VA), a federal agency independent from the Cabinet.[137] This independence likely contributed to the agency's long time struggle for congressional funding, which directly impacted the quality of care at VA hospitals. In a speech on June 16, 1972, California Senator Alan Cranston, who served as Chair of the Senate Committee on Veterans' Affairs, publicly criticized the VA's drug treatment programs, deeming them "inadequate."[138] Donald E. Johnson, director of the VA from 1969 to 1974, responded days later in a press release on June 19, blaming any inadequacy on a lack of funding and legislation from Congress, especially within

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[136] Robins, "Vietnam Drug User Returns," x.

[137] "July 21, 1930: Veterans Administration Created - VA History," *U.S. Department of Veterans Affairs*, November 12, 2021. https://department.va.gov/history/featured-stories/va-created/.

[138] Donald P. Baker, "VA Replied to Hill Drug Care Critics," *The Washington Post*, June 20, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 8, Box 30.

Cranston's Senate Committee.[139] The scarcity of VA resources was more pronounced during the Vietnam War, considering the office had to address military addiction in addition to the sheer magnitude of returning veterans, which was estimated at a rate of around 800,000 per year.[140] Veterans themselves were concerned about the lack of funding and resources, likely because of the implications it had on the availability and quality of medical care afforded to veterans by the VA. This sentiment was expressed by the nation's largest organization of veterans, the Veterans of Foreign Wars, in a May 1973 letter to President Nixon, which admonished the budget cuts to veteran hospitalization efforts that year.[141] Both this letter and Donald Johnson's press release reiterate Congress's insufficient assistance with the Vietnam heroin crisis, as also experienced by SAODAP with the delay of the Drug Abuse Office and Treatment Act of 1972. However, Johnson's statement in particular confirms the shortcomings of the VA in veteran drug treatment, which came at the expense of patients themselves.

Beyond a lack of funding, the VA's failure to recognize heroin addiction as a service-related disability greatly impeded the ability of veterans to seek and receive VA drug treatment when they returned to America. Space in the VA's inpatient drug treatment programs was extremely limited due to the lack of funding, and therefore, priority was afforded to immediately returning veterans with referrals from the DOD, or to veterans with injuries or disabilities formally recognized as service-related. This essentially left veterans who did not have referrals, or whose referrals had expired, without access to VA drug treatment. According to the interview responses about VA policy in Robins' study, veterans themselves believed that

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[139] Donald E. Johnson, *Press Release*, Washington, DC: U.S. Government Printing Office, June 19, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 8, Box 30.
[140] Olin E. Teague, *Statement*, May 10, 1971, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EX VA 4 Hospitalization/Rehabilitation (1/1/71-13/31/72), Box 8.
[141] Veterans of Foreign Wars, *From Veterans of Foreign Wars to President Nixon, May 24, 1973*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder GEN VA Hospitalization/Rehabilitation (1/1/71-12/31/72), Box 9.

"Vietnam veterans being treated for drug problems by the VA should be considered to have line of duty disability."[142] This contradicted the perspective of the VA itself, which wrote to Congress that there was no need for proposed legislation that would specifically delineate drug dependence as a service disability, as the agency had already been treating drug dependence under existing "statutory authority for such action."[143] There was hesitation to classify drug dependence as a service-related disability as it could be construed as the government assuming responsibility for military addiction, thus suggesting government complicity in the Vietnam heroin phenomenon. The philosophical disagreement about military addiction between veterans and the government agency intended to care for them also alludes to the skepticism with which returning Vietnam veterans regarded the VA.

Robins found that only 4% of the opiate-positive sample in her interim study had voluntarily sought treatment from the VA prior to SAODAP's mandated referrals.[144] This demonstrates the "reluctance" of veterans, as Senator Cranston called it, to seek out treatment from the VA. Cranston owed this reluctance to veterans' "little confidence in the VA's ability to help them."[145] In fact, Robins' study also found that most of the psychiatric treatment veterans received after discharge was from private doctors, which indicates veterans' skepticism in the quality of VA care. This skepticism may have in part been influenced by veterans' fear of mistreatment at VA facilities. Starting in 1970, letters and petitions from veterans and their concerned family members flooded President Nixon's mailbox, alleging patient mistreatment and abuse at the hands of the VA. In a handwritten letter, the distressed fiancee of a Vietnam serviceman implored the President to "alleviate some of the pain and misery in [VA]

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[142] Robins, "The Vietnam User Returns," xi.
[143] Administrator of Veterans Affairs, *Letter from VA Office of the Administrator of Veterans Affairs to Alan Cranston, March 24, 1972*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EX VA 4 Hospitalization/Rehabilitation (1/1/71-13/31/72), Box 8.
[144] Robins,"A Follow-Up of Vietnam Drug Users," p 30.
[145] Donald P. Baker, "VA Replied to Hill Drug Care Critics."

hospitals."[146] Patients at the Dayton, Ohio VA Center raised alarm with their autographed account of deplorable treatment conditions, writing that they were "considered by the VA as fourth class citizens and… treated as such."[147] They complained that "the staff at this center is much too busy with their own problems to bother with helping those… that need attention," and specifically cited that the operations of the medical, food and housekeeping departments were so poor that they constituted a "disgrace" to the veterans being treated there. They even equated their mistreatment at the VA Center to "criminal neglect." In a May 1971 congressional statement, Representative Olin Teague, Chairman of the House Veterans Affairs Committee, said that he was "convinced most Americans would believe that former servicemen are entitled to special consideration for medical treatment."[148] This thinking supports the idea that military addicts were somehow separate from, or better than, civilian addicts, however it is evident by the treatment provided at certain VA centers that not all veterans were receiving the care they were widely thought to be "entitled" to.

SAODAP's mandatory treatment referrals to VA hospitals were intended to complete SAODAP's detoxification initiative. In front of the Senate Committee on Veterans' Affairs in September 1971, Jaffe stated that these referrals allowed his office to set up "a situation that encourage[d] and foster[ed] continuing or extended treatment once a man [was] separated from the armed services."[149] However, the referral stays typically only lasted a short three weeks, which was by no means "extended treatment," and was not entirely conducive to long-term

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[146] Martha Opuda, *From Miss Martha Opuda to President Nixon*, *April 2, 1970,* From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder GEN VA 4 Hospitalization/Rehabilitation (1/1/71-12/31/72), Box 8.
[147] *From Patients at the Dayton Ohio VA Center to President Nixon*, *September 30, 1972*, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder GEN VA 4 Hospitalization/Rehabilitation (1/1/71-12/31/72), Box 9.
[148] Teague, *Statement*.
[149] *The Washington Post,* "GI Drug Treatment is Made Mandatory," Sept 15, 1971, From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973,* folder News Clippings (June-Dec 1971) (1 of 2), Box 1.

rehabilitation efforts. Furthermore, the inability of veterans without referrals to receive VA drug treatment due to the lack of disability categorization for addiction effectively negated the referrals' ambition to prolong veterans' involvement in VA drug programs.

B. Methadone

Both Jaffe and Nixon were especially invested in the development and distribution of methadone as a drug treatment method. In fact, the White House founded the Narcotics Treatment Administration (NTA) in February 1970, which funded and operated the expansion of methadone treatment in Washington, D.C.[150] While the NTA offered multi-modality treatments, 90% of its patients were on methadone maintenance.[151] The NTA's claims of having treated two thirds of D.C.'s 18,000 addicts and having reduced the city's overdose rate from 70 people a year to only four, made the program a hallmark of the Nixon administration's approach to drug control.[152] SAODAP also invested in methadone, as it funded testing of the drug, with one testing site even located at a US Army biomedical laboratory near Washington, D.C.[153] Despite the government's endorsement and facilitation of methadone maintenance as part of the national strategy for drug control, as well as their apparent understanding of the drug's efficacy in treating addiction, methadone was not prominent in the government's response to military heroin addiction, either in Vietnam or in the States. At certain treatment centers, the drug was even entirely rejected as an option for military addicts, which raises questions about the uniformity of the federal approach to drug control across varying demographics of addicts.

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[150] Massing, *The Fix*, 102.
[151] Rebecca Sheir, "Meet the Man Who Tackled D.C.'s First Heroin Epidemic," WAMU, November 21, 2014. https://wamu.org/story/14/11/21/meet_the_man_who_tackled_dcs_first_heroin_epidemic/.
[152] Ryan Reft, "Heroin and Chocolate City: Black Community Responses to Drug Addiction in the Nation's Capital, 1967-1973," The Metropole, May 16, 2024. https://themetropole.blog/2024/01/24/heroin-and-chocolate-city-black-community-responses-to-drug-addiction-in-the-nations-capital-1967-1973/.; Sheir, "Meet the Man."
[153] Dana Adams Schmidt, Untitled, *The New York Times*, April 3, 1972, From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder News Clippings (Jan 1972-1973) (2 of 2), Box 5.

The integration of methadone in VA drug treatment programs was especially controversial and also varied by center, considering the implications it posed about the extent and longevity of veterans' heroin afflictions. For Vietnam veterans in particular, there was a clear distinction between the limited use of methadone during withdrawal and the prolonged use of methadone as a maintenance treatment, as maintenance could be seen as "admitting [the VA] [could not] get them clean," according to John Renick, the head psychiatrist at the VA drug clinic in Menlo Park, California.[154] Inability to "clean-up" Vietnam veterans would in turn jeopardize the reputation of the government's efficiency in addressing sensitive political issues like military heroin addiction, which was particularly undesirable amidst the fraught political environment surrounding the Vietnam War. A chronic drug issue in servicemen could also denote their idiosyncratic weakness or pathology, according to classical era psychiatric theory, which was undesirable for the reputation of national defense, especially during such a controversial war. Furthermore, methadone users faced stigmatization for their treatment modalities, even among those leading the efforts to popularize it. When told that the US Post Office, among other government agencies, refused to hire methadone patients, "methadone king" Jaffe found this to be "realistic," as he was not sure "whether it [was] a good idea for [methadone patients] to be handling checks and other valuables that are… transmitted through the mails."[155] The federal government likely wanted to shield veterans from suspicions about methadone patients' morality, as it could exacerbate fears about the efficiency and character of the armed forces.

To avoid these negative associations, many VA clinics also avoided methadone maintenance, like at Renick's clinic, where methadone maintenance for Vietnam veterans was

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[154] John Peterson, "Junkie Comes Marching Home," *The National Observer*, June 7, 1971, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 5, Box 37.
[155] Jerome Jaffe, *From Jerome Jaffe to Edward Brecher, August 20, 1971*, From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973*, folder Personal Correspondence (July 21, 1971- Mar 30, 1972) (1 of 3), Box 1.

not an option. Instead, the Menlo Park VA clinic only used methadone for the first five days of treatment, in order to ease withdrawal symptoms.[156] On the other hand, some VA clinics leaned heavily on methadone maintenance for their treatment programs, as it required less resources than intensive, inpatient psychiatry and therapy. For example, a VA drug center in Brentwood, California abandoned its abstinence drug treatment programs in favor of methadone maintenance, because the former faced funding and manpower restrictions.[157] The individual discretion of each VA center regarding methadone maintenance for Vietnam veterans displays an inconsistency in government policies about and approaches to the military heroin issue once it reached US soil. This lack of uniformity further suggests that the federal government's supposed concern for the plight of military addicts diminished once they left Vietnam, as national attention to their condition dwindled given their separation from the contested war. The geographical variety in domestic drug treatment for veterans also threatened to subject certain patients to treatment styles that did not suit their needs, simply based on the location of their referral. The federal response in America not only clearly differed from the response in Vietnam, but also showed that any response at all, even if not the right response, was sufficient enough to claim the issue was being addressed.

C. Dishonorable Discharges

Part of Jaffe's initiative later in his time at SAODAP was to ensure that opiate-positive Vietnam servicemen did not receive any less than an honorable discharge as a result of their test results or compliance with drug treatment.[158] This did not prohibit opiate-positive servicemen from receiving general or dishonorable discharges for their behavior or other circumstances,

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[156] John Peterson, "Junkie Comes Marching Home."
[157] John K. Singlaub, *Memorandum from John K. Singlaub to John Ehrlichman, May 22, 1971,* From Richard Nixon Presidential Library, *White House Central Files, Subject Files,* folder EX VA 4 Hospitalization/Rehabilitation (1/1/71-12/31/72), Box 8.
[158] *The Effectiveness of Programs to Identify, Treat and Rehabilitate Members of the Armed Forces Who Abuse Drugs*, Jerome Jaffe, p 13.

however it forbade the DOD from doling out dishonorable discharges on the sole basis of opiate use. While a bill to legislate this was proposed to Congress in June 1971, it never passed, and Congress avoided the incorporation of this standard into legislation.[159] Nonetheless, SAODAP and the DOD worked together to implement it on their own by the start of 1972, as they had their urinalysis and detoxification programs before the office itself was officially legislated.[160]

Prior to SAODAP's honorable discharge initiative, many soldiers received dishonorable discharges for drug abuse, especially during the so-called "height" of the military heroin issue in the first half of 1971.[161] According to statistics from the DOD, from January to August of 1971, 1,557 servicemen received dishonorable discharges for drug use, while only 31 received honorable discharges, and 532 received general discharges.[162] This reveals a clear trend in dishonorable discharges for drug abuse in the absence of explicit instruction otherwise. Before the military drug problem broke through to national attention, servicemen were discharged more covertly for drug abuse, under the vague reasoning of "characterological inefficiencies," which employed classical era pathology theories of addiction by constructing drug use as an individual deficiency in character.[163] In 1969, 12,796 servicemen received this discharge distinction. Other than honorable (OTH) discharges were not only shameful for servicemen, but had consequences for their employment, and more pressingly, their eligibility to be treated by the VA.[164] At the time, the VA generally did not treat veterans with dishonorable discharges, however there was

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[159] Mrs. Smith and Mr. Stennis, *Bill. S.2139*, Washington, D.C.: U.S. Government Printing Office, June 24, 1971, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 3, Box 20.
[160] *The Effectiveness of Programs to Identify, Treat and Rehabilitate Members of the Armed Forces Who Abuse Drugs*, Jerome Jaffe, p 12.
[161] *The Washington Star*, "Addicted Veterans in Bind," July 31, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 8, Box 30.
[162] Department of Defense, *Information Given to Senator Hughes, Tab A, Administrative Discharges for Drug Abuse*. Report. Dec 7, 1971. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 2. Box 37.
[163] Andrew Domenic Ray, "'Situation is Out of Control:' Drug Use, Violence, Resistance, and Politics During the Vietnam War," (Graduate Thesis, West Virginia University, 2025), 72, https://researchrepository.wvu.edu/etd/13050.
[164] Ray, "Situation is Out of Control," 72.

likely an exception for those directly referred by the DOD. Without an up-to-date referral, veterans who were dishonorably discharged for drug use before the SAODAP initiative could not access VA drug treatment, especially without an injury recognized as service-related. Jaffe requested that Congress allow the VA to provide drug treatment regardless of discharge status, but this was only a proposal that did not come to fruition, which limited access to drug treatment for a large number of Vietnam veterans who struggled with addiction.[165]

The government eventually addressed these discharge disparities, but only five years after the end of the war and nine years after the military heroin issue came to light. A 1980 article by the Vietnam Veterans Against the War (VVAW) writes about the U.S. District Court ruling to reverse dishonorable discharges on the basis of drug use.[166] The ruling instructed the DOD to locate the estimated 10,000 affected veterans and mail them updated papers that reflected an honorable discharge. In order to account for discrepancies in the mailing process, the Army was told to issue a press release, in hopes of reaching those veterans who moved away from their listed addresses, or otherwise could not be tracked down. The method of recalling discharges was evidently flawed, as there was no way to ensure the reconciliation of every affected veteran. Furthermore, the VVAW article astutely notes that veterans with earlier discharges had already been seriously disadvantaged by their dishonorable status and had "mostly learned to live with it."[167] According to the article, the discharge review efforts felt lackluster, as there was "no way the change in policy [could] change [affected veterans'] lives and the years they [had] survived with the bad discharges."[168] The discharge papers and permanent records of Vietnam servicemen discharged for drug use were also stamped with the code SPN384, which was dubbed as the

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[165] *Testimony before the Subcommittee on Health and Hospitals of the Committee on Veterans' Affairs*, Jerome Jaffe.
[166] Vietnam Veterans Against the War, "For a Decent Life Without War: The Challenge of 1980," *The Veteran* 10, no. 1, March 1980, 2, https://www.vvaw.org/veteran/article/?id=2509.
[167] VVAW, "For a Decent Life Without War," 72.
[168] VVAW, "For a Decent Life Without War," 72.

"drug abuse code" by the press.[169] This code directly stigmatized opiate positive veterans and made it difficult to secure employment and generally settle back into, or even survive, civilian life. Democratic Senator Harold Hughes, who was active in spreading awareness about alcohol addiction, denounced the code while also criticizing the inaccuracy of SAODAP urinalysis testing, drawing the attention of press outlets like the *Baltimore Morning Sun*.[170] This led the Secretary of Defense to reconsider use of the discharge code, however there seems to have been no reparation for those who had been previously disadvantaged by the code.[171] As evidenced by discharge review and the "drug abuse code," the government failed to correct discharge disparities in a timely fashion, to the great disdain and disadvantage of veterans affected by this oversight. By eventually addressing these long-standing issues, regardless of the delay or effectiveness of the attempt to repair, the government could dispel public anxiety and finally wipe its hands of the dreaded Vietnam War.

Conclusion

On June 17, 1973, the second anniversary of SAODAP's conception and two years before the office's scheduled termination, Jerome Jaffe resigned from SAODAP.[172] This early resignation can likely be attributed to the burnout which Jaffe faced by being assigned the massive undertaking of leading the federal approach to both the foreign and domestic drug issues at the time. After Jaffe's departure, the direction of SAODAP was transferred to Robert DuPont, a psychiatrist who had previously led the NTA in Washington D.C.[173] According to Massing, the "sense of crisis surrounding the drug problem had faded" by 1973, so DuPont's task as director

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[169] Dana Adams Schmidt, "Pentagon Using Drug-Abuse Code," *The New York Times*, March 1, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 4, Box 20.
[170] Richard O'Mara, "Inaccurate Testing Dooms Army's Drug Abuse Fight, Hughes Tells Senate," *The Baltimore Morning Sun*, Oct, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 11, Box 30.
[171] *The Washington Post*, "US Reviews Labelling Vet Drug Users," March 3, 1972, From Library of Congress, *Jerome Jaffe Collection, SAODAP series*, folder 5, Box 37.
[172] Massing, *The Fix*, 131.
[173] Massing, *The Fix*, 134.

was to prepare the office for its termination and transition into the National Institute for Drug Abuse (NIDA).[174] As an institute, NIDA was primarily concerned with the development of drug research, rather than the formulation of policy, signifying an end to the SAODAP-era of ostensibly demand-oriented drug policy. Without Jaffe's influence, federal enforcement measures and traffic control were amplified and treatment efforts were even further deprioritized, as demonstrated by the establishment of the Drug Enforcement Administration (DEA) on July 1, 1973. A new era of American drug control had thus begun, and it was directly informed by the government's experience navigating the Vietnam heroin crisis.

The federal government primarily applied the contagion model to military heroin use by constructing the phenomenon as a disease that rapidly spread through social networks among troops. Because of this ideology, the response in Vietnam was centered on identifying and subsequently detoxifying soldiers found to be using heroin, in an effort to mitigate the spread of their "contagious" addiction. While identification worked to reduce rates of use and detoxification effectively returned soldiers to America without heroin in their blood or urine, this system neglected efforts conducive to long-term rehabilitation, which sacrificed the well-being of veterans in favor of reducing public anxiety and deflecting pressure on the government.

Despite having available the necessary resources and experience to incorporate psychotherapy and methadone maintenance into treatment for military addicts, the federal government failed to do so, even though these prongs were major elements of the approach to civilian addiction. This inconsistency highlights the differentiation of military addicts from civilian addicts, which reinforces the "typification" of addiction prevalent in classical era psychiatry. Rather than delegating separate offices for issues that were effectively treated and viewed as separate from each other, the federal government paradoxically tasked the same office,

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[174] Massing, *The Fix*, 134.

SAODAP, with addressing both sides of the drug issue, and the office decided to approach each differently. Furthermore, the office essentially ceased its involvement in treating military heroin addiction once soldiers had returned to America, which left the under-funded and under-resourced Veterans' Administration with the insurmountable task of handling the rapid influx of veterans, both addicted and not.

The government's effort to quickly "stop" military heroin use in Vietnam, rather than address its underlying causes and social implications, seems to have accomplished its goal of sweeping the issue under the rug and out of public consciousness, as the phenomenon is often left out of discussions about the origins of the War on Drugs, despite it being a fundamental catalyst. This points to the political motivation of the federal government to detract from its unsanctioned combat in Vietnam, as well as from the drug issue more broadly. In order to preserve the national image, the federal government's response to military heroin use in the Vietnam era neglected the very men sent to represent the country abroad.

Works Cited

Primary Sources:

Alarcon, R. de. "The Spread of Heroin Abuse in a Community." *Community Health* 1, no. 3 (1969): 155–61. http://www.jstor.org/stable/45159159.

An Act to Amend the Military Selective Service Act of 1967, and for other purposes. Pub. L. 92-129, 92nd Cong., 1st sess. (September 28, 1971).

Congressional Quarterly. "Military Drug Treatment." *CQ Almanac 1972*, 28th ed., 03-725-03-728. 1973. http://library.cqpress.com/cqalmanac/cqal72-1249087.

Ingraham, L.H. "'The Nam' and 'The World'. Heroin used by U.S. Army enlisted men serving in Vietnam." *Psychiatry* 37, no. 2 (1974): 114-28. https://doi:10.1080/00332747.1974.11023794.

Murphy, Morgan and Robert Steele. *World Heroin Problem: Report of Special Study Mission Composed of Morgan F. Murphy, Illinois, Chairman, Robert H. Steele, Connecticut, Pursuant to H. Res. 109, Authorizing the Committee on Foreign Affairs to Conduct Thorough Studies and Investigations of All Matters Coming within the Jurisdiction of the Committee.* H.R. 92nd Cong. 1st Session. May 27, 1971. Washington, D.C. Government Printing Office.

Robins, Lee. “The Vietnam Drug User Returns: Final Report.” *Special Action Office Monograph* series A, no. 2 (May 1974).

Steinbeck IV, John. “The Importance of Being Stoned in Vietnam.” *The Washingtonian*. Jan 1, 1968. https://washingtonian.com/1968/01/01/the-importance-of-being-stoned-in-vietnam/.

Vietnam Veterans Against the War. “For a Decent Life Without War: The Challenge of 1980.” *The Veteran* 10, no. 1. March 1980. https://www.vvaw.org/veteran/article/?id=2509.

Library of Congress. Washington, D.C.; Jerome Jaffe Collection, SAODAP series:

Adams Schmidt, Dana. “Pentagon Using Drug-Abuse Code.” *The New York Times*. March 1, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 4. Box 20.

Agnew, Spiro. *Press Release*. Washington, DC: U.S. Government Printing Office. Oct 19, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 11. Box 30.

Baker, Donald P. "VA Replied to Hill Drug Care Critics." *The Washington Post*. June 20, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 8. Box 30.

Department of Defense, *Information Given to Senator Hughes, Tab A, Administrative Discharges for Drug Abuse*. Report. Dec 7, 1971. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 2. Box 37.

Greden, John F. and Donald W. Morgan. "Amnesty's Impact Upon Drug Use: A Pre/Post Study." *American J. Psychiatry* 129:4. Oct, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series.* folder 11. Box 48.

Jaffe, Jerome. *Drug Abuse: A National Overview*. March, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series.* folder 8. Box 51.

Jaffe, Jerome. *The Role of Federal Government in Responding to Problems of Drug Abuse*. Speech at the Meeting of B;Nai B'rith Educators. April 30, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 11. Box 43.

Johnson, Donald E. *Press Release*. Washington, DC: U.S. Government Printing Office. June 19, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 8. Box 30.

Mrs. Smith and Mr. Stennis. Bill. S.2139. June 24, 1971. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 3. Box 20.

National Clearinghouse for Drug Abuse Information. *Selected References on Drugs and the Military*. NCDAI Report Series 2, No. 1. Aug 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series.* folder 17. Box 48.

O'Mara, Richard. "Inaccurate Testing Dooms Army's Drug Abuse Fight, Hughes Tells Senate." *The Baltimore Morning Sun*. Oct, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 11. Box 30.

Peterson, John. "Junkie Comes Marching Home." *The National Observer*. June 7, 1971. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 5. Box 37.

Robins, Lee. "A Follow-Up of Vietnam Drug Users." Special Action Office for Drug Abuse Prevention. January, 1973. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 11. Box 36.

Severo, Richard. "Addiction by Contagion: Researchers Fear Early Release by Military Will Multiple Users of Drugs." *The New York Times*. Undated. From Library of Congress, *Jerome Jaffe Collection, SAODAP series.* folder 5. Box 37.

Special Action Office for Drug Abuse Prevention. *All Agencies, Number of Studies*. Undated. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 10. Box 46.

Summary of Public Law 92-255. Undated. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 11. Box 43.

Testimony before the Subcommittee on Health and Hospitals of the Committee on Veterans' Affairs, 92nd Cong., 1st session. (September 14, 1971). (statement of Jerome Jaffe, Director of SAODAP). From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 3. Box 20.

The Effectiveness of Programs to Identify, Treat and Rehabilitate Members of the Armed Forces Who Abuse Drugs, *Before the Subcom. on Drug Abuse in the Military.* 92nd Cong., 2nd session. (Feb 29, 1972). (statement of Jerome Jaffe, Director of SAODAP). From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 3. Box 20.

The Washington Post. "US Reviews Labelling Vet Drug Users." March 3, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 5. Box 37.

The Washington Star. "Addicted Veterans in Bind." July 31, 1972. From Library of Congress, *Jerome Jaffe Collection, SAODAP series*. folder 8. Box 30.

United States Army. *US Army Summary Report on the Army World-Wide Alcohol and Drug Conference*. Undated. From Library of Congress, *Jerome Jaffe Collection, SAODAP series.* folder 22. Box 49.

Richard Nixon Presidential Library; Yorba Linda, CA:

Adams Schmidt, Dana. "Experts Hail Army's Program for Drug Addicts in Vietnam." *The New York Times*. Oct 2, 1971. From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973.* folder News Clippings (June-Dec 1971) (1 of 2). Box 5.

Adams Schmidt, Dana. Untitled. *The New York Times*. April 3, 1972. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder News Clippings (Jan 1972-1973) (2 of 2). Box 5.

Administrator of Veterans Affairs. *Letter from VA Office of the Administrator of Veterans Affairs to Alan Cranston, March 24, 1972*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EX VA 4 Hospitalization/Rehabilitation (1/1/71-13/31/72). Box 8.

Bull, Stephen. *Memorandum from Stephen Bull to President Nixon, March 21, 1972*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder Exec FG 6-19. Box 1.

From Patients at the Dayton Ohio VA Center to President Nixon, *September 30, 1972*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder GEN VA 4 Hospitalization/Rehabilitation (1/1/71-12/31/72). Box 9.

Jaffe, Jerome. *From Jerome Jaffe to Arnold Hutschnecker, April 14, 1972*. From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973*. folder Personal Correspondence (Apr 6-Aug 14, 1972), (2 of 3). Box 1.

Jaffe, Jerome. *From Jerome Jaffe to Edward Brecher, August 20, 1971*. From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973*. folder Personal Correspondence (July 21, 1971- Mar 30, 1972) (1 of 3). Box 1.

Johnson, Donald. *Memorandum from Donald Johnson to John Ehrlichman, Feb 18, 1970*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EX VA 4 Hospitalization/Rehabilitation (1969-70). Box 8.

Moore, Dick. *Memorandum from Dick Moore to David Parker, March 6, 1972*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder Exec FG 6-19. Box 1.

Murphy, Morgan. *From Morgan Murphy to President Nixon*, *March 8, 1972*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EXEC FG 6-19. Box 1.

Nixon, Richard. *From President Nixon to Jerome Jaffe, Dec 7, 1971*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EXEC FG 6-19 SAODAP (2 of 5). Box 1.

Opuda, Martha. *From Miss Martha Opuda to President Nixon*, *April 2, 1970.* From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder GEN VA 4 Hospitalization/Rehabilitation (1/1/71-12/31/72). Box 8.

Singlaub, John K. *Memorandum from John K. Singlaub to John Ehrlichman, May 22, 1971.* From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EX VA 4 Hospitalization/Rehabilitation (1/1/71-12/31/72). Box 8.

St. Louis MO Post Dispatch. "GI Tests Said to Miss Many Heroin Users." August 22, 1971. From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973*. folder News Clippings (June-Dec 1971) (1 of 2). Box 5.

Teague, Olin E. *Statement*. May 10, 1971. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EX VA 4 Hospitalization/Rehabilitation (1/1/71-13/31/72). Box 8.

Timmons, Bill. *Memorandum from Bill Timmons to David Parker, Feb 28, 1971*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder Exec FG 6-19. Box 1.

The Washington Post. "GI Drug Treatment is Made Mandatory." Sept 15, 1971. From Richard Nixon Presidential Library, *Papers of Jerome H. Jaffe 1971-1973.* folder News Clippings (June-Dec 1971) (1 of 2). Box 1.

Veterans Administration, Dept. of Medicine and Surgery. *The Future of the VA Medical Program 1970-1990; Report to The Administrator of Veterans Affairs*. March, 1970. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EX VA 4 Hospitalization/Rehabilitation (1969-70). Box 8.

Veterans Administration. *Statement*. July 11, 1969. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder EX VA Hospitalization/Rehabilitation (1969-70). Box 8.

Veterans of Foreign Wars. *From Veterans of Foreign Wars to President Nixon, May 24, 1973*. From Richard Nixon Presidential Library, *White House Central Files, Subject Files.* folder GEN VA Hospitalization/Rehabilitation (1/1/71-12/31/72). Box 9.

Secondary Sources:

Acker, Caroline Jean. *Creating the American Junkie: Addiction Research in the Classical Era of Narcotic Control*. Johns Hopkins University Press, 2006.

Aurin, Marcus. "Chasing the Dragon: The Cultural Metamorphosis of Opium in the United States, 1825-1935." *Medical Anthropology Quarterly* 14, no. 3 (2000): 414–41. http://www.jstor.org/stable/649506.

Peters, Gerhard and John T. Woolley. "Executive Order 11599 of June 17, 1971, Establishing a Special Action Office for Drug Abuse Prevention." The American Presidency Project, Accessed January 31, 2026. https://www.presidency.ucsb.edu/node/307132.

Peters, Gerhard and John T. Woolley. "Remarks About an Intensified Program for Drug Abuse Prevention and Control." The American Presidency Project, Accessed January 31, 2026. https://www.presidency.ucsb.edu/node/240238.

Peters, Gerhard and John T. Woolley. "Special Message to the Congress on Control of Narcotics and Dangerous Drugs." The American Presidency Project, Accessed January 31, 2026. https://www.presidency.ucsb.edu/node/239611.

Peters, Gerhard and John T. Woolley. "Special Message to the Congress on Drug Abuse Prevention and Control." The American Presidency Project, Accessed January 31, 2026. https://www.presidency.ucsb.edu/node/240245.

Kohler-Hausmann, Julily. *Getting Tough: Welfare and Imprisonment in 1970s America*. Princeton University Press, 2019.

Kuzmarov, Jeremy. *The Myth of the Addicted Army: Vietnam and the Modern War on Drugs*. University Of Massachusetts Press, 2009.

Massing, Michael. *The Fix*. University of California Press, 2000.

National Drug Intelligence Center. "Heroin Fast Facts." 2003. www.justice.gov/archive/ndic/pubs3/3843/index.htm.

Newburn, Tim. *Criminology*. 3rd ed. Routledge, 2017.

Ray, Andrew Domenic. "'Situation Is Out of Control:' Drug Use, Violence, Resistance, and Politics During the Vietnam War" Graduate Thesis, West Virginia University, 2025. https://researchrepository.wvu.edu/etd/13050.

Reft, Ryan. "Heroin and Chocolate City: Black Community Responses to Drug Addiction in the Nation's Capital, 1967-1973." The Metropole, May 16, 2024.

https://themetropole.blog/2024/01/24/heroin-and-chocolate-city-black-community-responses-to-drug-addiction-in-the-nations-capital-1967-1973/.

Sheir, Rebecca. "Meet the Man Who Tackled D.C.'s First Heroin Epidemic." WAMU, November 21, 2014. https://wamu.org/story/14/11/21/meet_the_man_who_tackled_dcs_first_heroin_epidemic/.

U.S. Department of Veterans Affairs. "July 21, 1930: Veterans Administration Created - VA History." Accessed March 10, 2026. https://department.va.gov/history/featured-stories/va-created/.

Vietnam Veterans Against the War. "Vietnam Veterans against the War: VVAW: Where We Came From, Who We Are." Accessed Feb 20, 2026. https://www.vvaw.org/about/.

"WRAIR: Walter Reed Army Institute of Research - BIO International Convention | BIO." Accessed March 10, 2026. https://www.bio.org/events/bio-international-convention/exhibitor-directory/00888838.