

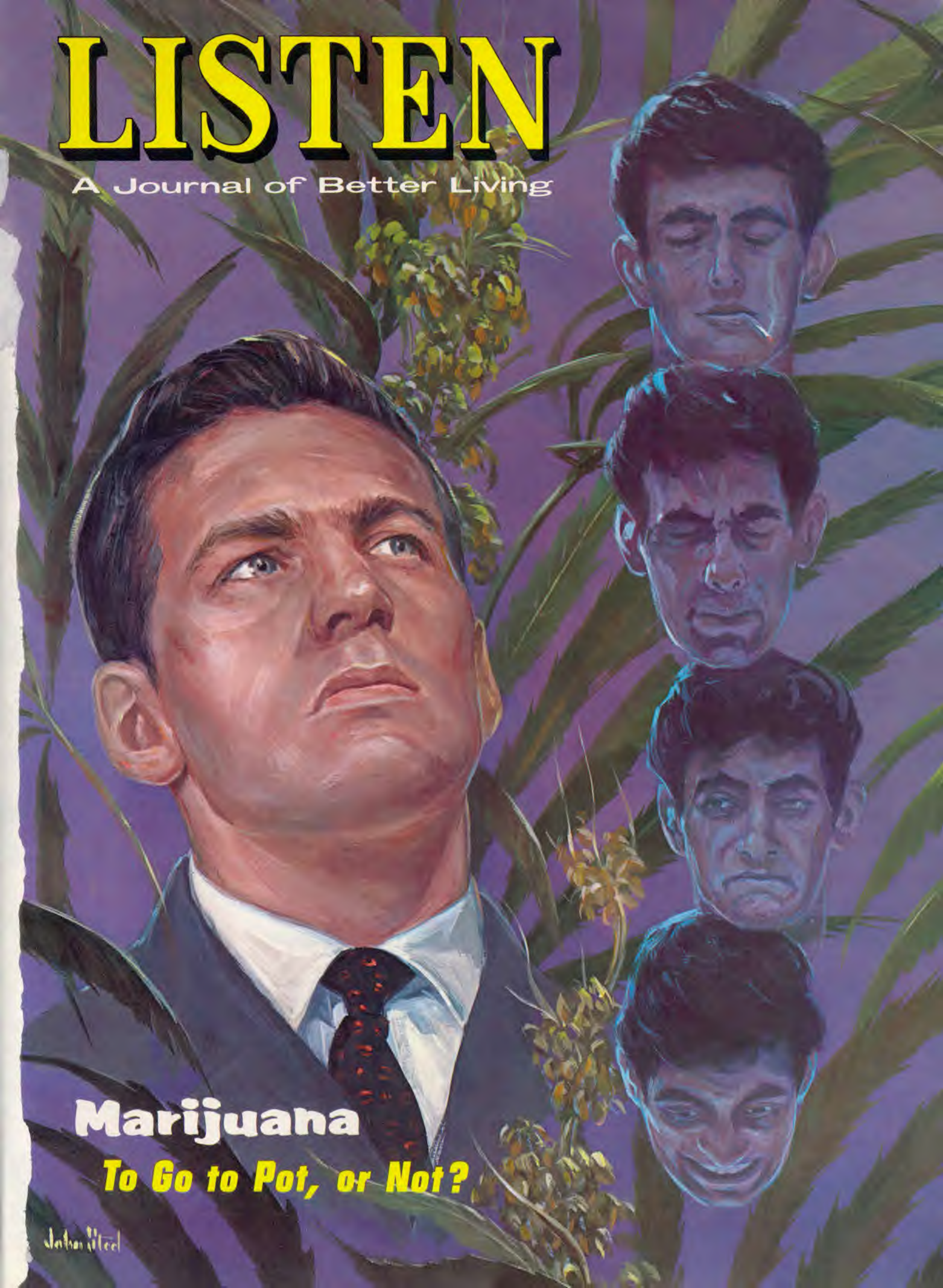
LISTEN

A Journal of Better Living

Marijuana

To Go to Pot, or Not?

John Steel



LISTEN

JOURNAL OF BETTER LIVING

Put On Your Clothes

Once upon a time some six centuries ago there lived a man by the name of Nasreddin Hodja whose feats were so remarkable that he became a legend in the Middle East. Hodja was, among other things, very curious about hashish. He had heard all the fourteenth-century talk about how much fun it was to use the drug and how it wouldn't hurt him.

So one day he bought a stash, smoked it, and wandered off to the Turkish bath to enjoy the effects in a swirl of steam. After a while, Hodja became a bit irritated. He experienced absolutely nothing. Convinced he had been cheated, he rushed out on the street, headed for the druggist's. Midway a friend stopped him and asked what was going on. "I thought smoking hashish would do something to me," Hodja replied, "but as you can see I'm still what I am. I'm going to get the real stuff from the apothecary. I have a feeling that he's cheated me."

The friend smiled and nodded his head, and then gave Hodja some advice. "Before you go all the way, Hodja, old friend," said the man, "go back to the bath and put on your clothes."

This story is told by Dr. E. R. Bloomquist in his very valuable book entitled *Marijuana*, published last year. It is a story to think about!

On the lips—and literally in the mouths—of many people today is the subject of marijuana. It is being talked about, it is being used, it is being defended on the one hand and denounced on the other.

Marijuana is not hard to get. It can be found growing wild in almost any country, and in some areas it is deliberately produced as a drug. In 1950 it was estimated that some 200 million persons used the drug, most of these in Asia and Africa.

Among backward tribes it is a means of obtaining a desired euphoria, a sense of well-being. Civilized people use it for no better reason. It helps attain, they say, a "high" feeling, a state of self-confidence, satisfaction, and relaxation. It alters the mood and gives the impression that the mind is expanded. In reality, however, all too often the mind is being stripped of its safeguards and protection.

It is easily understood that when people live in unenlightened areas they might become involved in crude methods of mind culture, in artificial ways of obtaining satisfaction and relaxation. However, in a more educated society, with training and sophistication, it is difficult to believe that better means could not be found to get the same results.

Marijuana is mostly used by a "young, emotionally immature, and unproductive group," according to careful studies carried out on the subject. This drug, over a period of time, tends to make the user more vulnerable to damage, both physical and mental, and less aware that he is being damaged.

When the question arises, To go to pot or not? the logical answer would seem to be to adopt the procedure that provides the best protection for body and soul. In other words, "Before you go all the way, Hodja, old friend, go back to the bath and put on your clothes."

Francis A. Soper

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Phantoms OF THE DUSK

Daniel Clay Parker

MY FIRST experience with marijuana was a waking nightmare, yet it had enough fascination to lure me back for a second, third, fourth, and fifth experiment. The disagreeable effects decreased, and the pleasant sensations increased with each trial; but the fifth and final experiment culminated in a would-be bank robbery that nearly ended my seven-year flight from justice.

I had been a beatnik of radical persuasion, living among others of my kind on and off for several years. I believe pot to be potentially harmful, even when taken in moderation, and it can have a tragic effect. I know it has a dangerous impact on the driving ability of most users.

I am in a Federal penitentiary—a three-time loser, serving time for phony checks passed during a seven-and-one-half-year crime spree. This began with a Federal parole violation in 1957 and ended with my capture by the FBI on September 13, 1965. So the number thirteen isn't

necessarily unlucky. I wasn't so much arrested as rescued from my own worst enemy—myself.

My criminal career may be laid on the doorstep of alcoholism. It has put me in the penitentiary three times, inflicted me on three innocent, long-suffering wives, and produced three virtually fatherless children, one of them born under an alias. What a way to start a life! But this story is about another villain—grass.

I was living in the beat community at Big Sur, California, when I first turned on with marijuana. I had heard that acid (LSD) was a cure for alcoholism and had determined to try it, but someone suggested that I start off on grass first, to see if it would produce a paranoid reaction. This evidently does happen occasionally,

and may indicate a similar, but much more dangerous result with LSD. My wife and I turned on together among a group of young people, most of them either students or dropouts.

**I missed so much of the
beauty of life out there chasing
after these phantoms.**

Phantoms OF THE DUSK

After about fifteen minutes I crawled up on the bed in the corner of the room and refused to say a word for about half an hour. I was terrified. I had all these weird impulses and thoughts running through my mind, and I knew that if I opened my mouth I wouldn't be able to stop myself from expressing them. I thought for a while that everybody was plotting against me. I became disoriented and wanted to go home, but I knew absolutely that I could not handle a car in that condition. After about an hour most of the effects lessened, and I got very hungry.

My wife, who was also trying pot for the first time, claimed that it had no effect whatever upon her. She appeared to me, however, to be very drunk and to be acting silly; but for all I know this may have been a product of my own befuddled condition. It was a frightening ordeal and enough to prevent me from trying LSD, which was the only beneficial result of all my experience with pot.

The second time I tried it among the same group. The unpleasant effects were only half as bad; the amount of pleasure was about the same; and my inability to drive remained constant. There was a middle-aged man with us this time who turned on for the first time. He claimed it had no effect upon him, but once again it seemed to me that he was a little high. We drove down to Hot Springs in his car along California's Route No. 1. Heavy fog, mountain cliffs, hairpin curves—the whole bit. I have to admit that he got us safely there and back, but I'd never go through it again. His driving was affected by what he had smoked; and more significantly, he had no idea that this had happened. He was overconfident like any drunk. During the next two weeks two of my pothead friends had automobile accidents while driving turned on.

The third time I tried grass with only my wife and one other couple. We had what was described as "gold leaf," real good quality grass. This time the only ill effects were disorientation and impairment of driving ability, which fortunately I recognized. Everything seemed silly and sort of groovy, and it seemed to bring us all closer together.

The fourth time should have given me an indication of what was happening to me. I had driven a young couple up to Berkeley. They had just had an argument and had separated in town, and the girl stayed with me. We met another head on the road who gave us a stick, which we promptly turned on with. He drove off, and we later learned that he'd had a minor accident.

We drove to San Francisco and then on down the freeway to the south for no reason, just grooving along high and happy. I vaguely realized that I shouldn't be driving. However, when we passed the airport the idea arose to

take a trip somewhere. So we got on a plane and ended up in Denver, Colorado, at midnight. She was supposed to be in San Francisco early the next morning to meet her new father-in-law who was coming from Chicago to present her and her husband with a wedding gift. They had been married only three weeks, and here she was running off with a near stranger to a distant city. She was, incidentally, a decent girl, a philosophy major at Berkeley, but we were both stoned out of our minds on pot. There were no unfaithful ideas on anyone's part. We walked the streets of Denver all night, came to our senses, and returned to San Francisco late the next afternoon.

My fifth and final experience with marijuana came when I had checked into an airport motel, driving a hot car and without enough money to pay for more than one night's lodging. I had a lid (matchbox) full of grass with me, and I turned on heavy that night by myself. I had spent the afternoon looking over places where I might be able to cash some checks the next day. For the first time in years I had let myself run completely out of expense money, *i.e.*, the few hundred dollars necessary to open up several bank accounts and to set up the area for a score. In addition to this I had worked this part of the country twice before and was rather paranoid about hitting it again. On top of this my rent was due down at Big Sur, the utilities were about to be turned off, the icebox was almost empty, and my wife and child and the two hungriest dogs in the world were waiting there for me to bring home the bacon, I mean literally.

So what do I do? I sat in that motel room for three days and nights smoking all the grass my lungs would hold. I was off in a dream world—I didn't care what was happening. I was not drinking because of "antabuse" in my system, so there is no question but that the villain was marijuana. On the fourth morning the manager got suspicious, checked out my car, and, discovering it was hot, called the FBI. He made the mistake of calling me on the room phone before they arrived, however, in the hopes, evidently, of collecting the motel bill. This made me suspicious, and I got away from there with no more than twenty seconds to spare.

I had been living this kind of nightmare existence for seven years. Never had I been violent, never arrested for armed robbery, never done anything careless like this. A man on the run, living by his wits, has to be cautious and conservative to survive. Now, however, I drove that freeway at over a hundred miles an hour, down the main drag once, keeping half an eye out for a nice little bank to rob. I came back up the main drag, parked at the first bank I had spotted, put my big, empty air pistol into my belt, and walked in the front door.

I had read of bank robberies yielding only one or two thousand dollars, and I thought I would be clever, so before I pulled my gun I asked the teller for five thousand dollars worth of traveler's checks. After she counted and

What is the long-range result?

"The evidence is strong for physiological, mental, and social deterioration associated with prolonged use of marijuana. Although the individual user may congratulate himself on the negligible effects from single uses, the accumulation of small effects may be serious. . . .

"Living through a harmful experience is not assurance that no damage was done. The recuperative capacities and health reserves of the body are remarkable, but I advise: 'Don't waste health on hallucination.' "

—Dr. Hardin B. Jones,
Professor, Medical Physics and Physiology,
University of California, Berkeley.

sorted out the checks she asked me for my money. This was the moment of truth. As I put my hand on the butt of the gun, my good senses, such as they were, returned, and I seemed to realize what I was about to do. I couldn't pull this gun on this little girl. Besides, I was sure to be identified within hours; they would see the car; the FBI knew I had it and were now aware that I was in town that very morning. And bank robbery sentences begin at fifteen years. With my record I was a cinch for at least twenty-five, perhaps fifty years.

So I pretended I had left my money in the car, and got out of that bank as poor as when I went in. I managed in the next few days to gather enough money in my usual manner to see my family through a few months and got out of this situation by pure luck.

But within two weeks I wound up in the UCLA neuropsychiatric institute in Los Angeles. I was seeing cops and FBI agents everywhere. I entered the hospital under an alias after jumping from the exit door of a jet airliner about to depart. I thought the passengers were all police—after me. I should have stayed at this hospital as long as they would have me, but I left after only three weeks. They put me on a closed circuit TV statewide hookup one day, and I got scared and left the next day.

I spent the next month aboard airliners going around and around the country to no purpose. I stopped in Chicago and saw a psychiatrist at the Illinois Psychiatric Institute. He took one good look at me and checked me into the funny ward. Here I found a friend from Berkeley. He was

in another world. The doctors told his wife he might never recover. He, like his wife and so many of our friends, was a dropout from Berkeley. I was a college dropout also, but I had dropped out some years before because of my drinking problem. Now here were all these kids doing the same stupid thing but with drugs.

To this day I am convinced that marijuana had a serious, lasting effect on my brain and emotions. I have never been the same since my first smoke, and I know others in similar condition. I know it makes you a danger on the road. It changes your values. The type of people who might go my route in life may be more attracted to marijuana and develop a need for it. Thus the kind of people you find yourself associating with once you are hooked is another negative factor to contend with.

Is smoking marijuana harmful to the average normal person who takes it in moderation? I believe it is. Besides, is smoking a cigarette harmful? Marijuana requires deep lung inhaling, the worst kind. Does it lead you into hard-drug addiction? Perhaps, and especially if they put you in prison where you come into contact with junkies, pushers, all kinds of addicts and future connections.

In all honesty, however, liquor is more harmful both individually and on a nationwide scale. For me pills (amphetamines and barbiturates) were more deadly than even liquor. I was hooked on pep pills and went through three and a half years of real addiction that made even the nightmare of alcoholism seem mild in comparison. Once, while high on dexamyls, codeine, seconal, and sherry wine, I drove through seven or eight red lights at over 100 mph. There was no one chasing me; I just felt invincible.

But if the only bad effect of marijuana was impairment of driving ability, that alone is sufficient argument against it. A car is a dangerous weapon in the hands of any kind of drunk. Every day some of us run down, kill, and maim your friends, your little children, perhaps yourselves. Marijuana is just another coal on the fire that already burns far too hot. We don't know exactly what it does to us permanently, but the little joy it affords just isn't worth the risk.

I know how hard it is to reach through to you other heads out there. Three and a half years ago I wouldn't have read an article like this, let alone be writing it. I was sure, so sure, that I knew it all. But stop and think. J. Edgar Hoover and all the rest of the establishment may be right. Our primary commitment in our personal struggle to survive is to the truth. After laying hold of that we can make moral judgments.

Finally, marijuana is not all that groovy that we should take such a chance for it. Nothing beats clean living. Prison life is a psychological nightmare. But I admit that I am happier and healthier in here since I stopped smoking and drinking and taking pills and drugs than I ever was in the free world. I missed so much of the beauty of life out there chasing after these phantoms of the dusk. ■



WHY NOT MARIJUANA?

IN 1937 CONGRESS felt that marijuana was dangerous enough to pass a law forbidding the use, possession, sale, or distribution of the drug, imposing a severe punishment on violators. In spite of repeated attempts by certain groups to alter or abolish this law, it still stands as evidence that Congress at least has not yet been convinced that the drug is completely harmless.

It is admitted that the penalties for using or trafficking in marijuana may be excessive, and the dangers of the drug may have been exaggerated; but it is also clear that advocates of the drug have been extreme in whitewashing marijuana as a harmless and desirable drug.

Somewhere in between lies the truth about this readily available, commonly used, yet strictly prohibited drug. Recently its use among college and high school students has increased alarmingly. If it is completely harmless, this increased usage need cause no concern. But if there is doubt, then let's point out why *not* marijuana!

Marijuana is with us whether we want it or not. And whether we like it or not, our children will be exposed to it. Nearly 8 million Americans have tried it at least once, and it is estimated that another 2.3 million use it more or less regularly. In spite of the fact that it is illegal and brings from two years to life (according to the state) as a prison sentence, one survey reports that in 1967, $3\frac{3}{8}$ marijuana cigarettes were smoked for every man, woman, and child living in the United States.

Some estimates place the number of servicemen in Vietnam smoking the stuff at from 50 to 75 percent. Scarcely a day goes by that marijuana doesn't make the newspaper in one way or another, and usually such reports tell of another raid on "pot smokers."

How serious, then, is the use of marijuana? Is it addicting? Will it cause insanity? Does it increase crime? Should it be legalized?

If the youth of today are going to be exposed to this

drug anyway, no real purpose is served in attempting to "scare" anyone into avoiding it. Such an approach only makes it more challenging. It becomes more of a "thrill" game. The answer lies in complete, accurate, unemotional education on the subject.

Marijuana is an easy-to-grow, easily recognizable plant, with long, narrow, jagged-edged leaflets growing like poorly spaced spokes on a wheel. The plant grows about five feet tall in this country and has a hollow, four-cornered stalk that may reach two inches in diameter.

Typically the plants grown in this country are relatively weak and have a poor taste. Plants from Mexico are about twice as strong, and those from the warm, moist climate of India may be as much as four or five times as potent in their content of the active resin, tetrahydrocannabinol. This is the sticky stuff, found mainly in the flowers and upper leaves which produces the "marijuana effect." About 95 percent of the marijuana consumed in the United States comes from Mexico.

Actually, this difference in potency of the various sources of marijuana accounts for much of the controversy over the drug and its harmful effects. Since the drug is illegal, its dosage is not and cannot conceivably be standardized. One cannot therefore be certain of the potency of the unlawful prize he has purchased.

Admittedly, smaller doses of the drug may have little if any effect upon the user; but according to a psychiatrist formerly with the United States Narcotic Hospital in Lexington, Kentucky, higher doses affect depth perception. And according to Dr. Donald B. Louria, head of the New York State Council on Drug Addiction, "The marijuana-using driver behind the wheel of a car is inordinately dangerous because he has a feeling of omnipotence, and yet at the same time he has distortions of time and space perception."

One can readily see how safe driving might be impaired by the use of marijuana. Of course, such relationships may be difficult to prove because, unlike alcohol, the exact content of marijuana in the bloodstream cannot be measured at a given time.

Why would anyone want to use marijuana anyway?

In our thrill-and-emancipation-seeking world marijuana has become a symbol of independence from the world and its problems. It has become, along with LSD and some other drugs, a drug of rebellion. It provides euphoria, hallucination, and escape from reality for those unable or unwilling to face up to life.

Does marijuana appeal to any particular type of person?

A study conducted at New York State's Bellevue Hospital by the New York University School of Medicine showed that, of eight patients admitted to the hospital because of marijuana abuse, six had symptoms of schizophrenia before they had started smoking marijuana. About 50 percent of all patients admitted because of pep pill, LSD, or marijuana abuse were considered to be schizophrenic before taking the drugs.

Although many have contended that marijuana causes insanity, it would appear that the drug appeals to those who already have a problem. Whether or not the drug tips the scale in favor of insanity in such predisposed individuals it is difficult to be sure.

It is true that marijuana produces a euphoric sense of well-being in the user. It also seems to heighten emotions; but in some users this progresses quickly to irritability, excitability, and even violence. Judgment frequently is impaired.

"It is virtually incontrovertible that for the unstable person marijuana can lead to neurosis, psychosis, and irrational or undesirable behavior," according to Dr. Donald B. Louria, head of the New York State Council on Drug Addiction.

While marijuana acts as a sedative-hallucinogen for most people, it does cause certain other individuals to become combatant and aggressive. Some of these have been reported to have become homicidal or suicidal.

Let's be honest. Marijuana is not addicting in the sense that heroin or opiates are addicting. There is no physical effect upon withdrawal of the drug, even after prolonged usage. There is no craving. Yet there is a type of emotional drug dependence that seems effectively to invite the user back again and again so that he continues to use the drug.

Whether it be 10 percent or 2 percent, there are many authorities who find that a "significant number" of American users do become chronic abusers with concomitant medical and interpersonal problems.

Does the use of marijuana lead to the use of other drugs?

It is true that the user does not feel the need to increase the dosage to satisfy his desire as occurs with heavy narcotics, but certainly his procurement of an illegal drug leads him frequently into the presence of other drugs. Perhaps by this association he is more likely to experiment with and possibly to be "hooked" by other drugs. Most users of marijuana have used other types of drugs also.

Does marijuana cause a person to commit crime?

Because of the ready availability of marijuana and the fact that it is not physically addicting, there would be no great urgency to obtain the drug. Possibly because of the very nature of those who choose to use marijuana this association has been implied.

However, the Bureau of Narcotics files are replete with crimes of violence perpetrated under the influence of marijuana.

Does the chronic use of marijuana cause permanent damage to the body?

Perhaps we need considerably more experience and research with long-term use of the drug in this country in order to give valid evidence on such effects.

However, it certainly behooves us to avoid taking any chances with our brains and minds and wait until this ques-





tion is definitely settled. In the meantime there is one thing of which we may be sure: There are no long-range benefits from using marijuana.

Dr. James C. Munch, a member of the Advisory Committee to the Federal Bureau of Narcotics, states unequivocally that "the serious results following exposure to marijuana, especially when smoked, appear to be due to progressive, irreversible damage to various parts of the brain."

Does marijuana have any use as a medicine?

In the testimony before Congress in connection with the passage of the Marijuana Tax Act of 1937, it was concluded that there was no medicinal use for cannabis or any of its preparations.

This general opinion is still shared by the medical profession. When one also considers the undependability of potency of the preparations, it is only logical that this drug has been discontinued from legitimate medical practice.

But isn't marijuana safer than alcohol?

Admittedly marijuana is not as widely used as alcohol, nor is it as habit-forming as alcohol, but it shares most of alcohol's disadvantages. It does produce a certain drug dependence. It does alter the mind, the judgment, the temperament, the inhibitions, and the ability to operate a car.

To legalize marijuana on the basis that it is less harmful than alcohol, the dangers of which are well known to everyone, is similar to taking a large firecracker away from a child and giving him a smaller one with the assurance: "This is less dangerous for you!" Why should it be given to the child in the first place if it is dangerous at all? And certainly marijuana hasn't been found to be harmless.

Is marijuana discriminated against?

Actually, although it is true that the penalty for using marijuana is very severe, there are 1,600 other drugs that come under the drug-abuse law, and which cannot be taken wantonly or without supervision. Failure to comply with the requirements of supervision in the dispensing of these drugs also consists in "breaking the law."

But why can't a person simply go by himself and use marijuana if he wants to? He wouldn't bother anybody else, would he?

In our complex society in which we drive automobiles and airplanes, and operate machinery of all kinds, other people are constantly dependent upon our competency for the safety of their lives. It is therefore necessary that we not use mind-altering drugs that might jeopardize their safety as well as our own.

How can marijuana best be controlled?

Admittedly, our laws are extremely severe. However, Congress has reviewed them repeatedly and has not seen fit to change them. Although the severe law has probably deterred many young people from using marijuana, our greatest hope lies in the education of everyone. Although the actual enforcement of the Marijuana Tax Act lies with the Federal Government, yet as former Commissioner of Food and Drugs, James L. Goddard, M.D., asserts: "We may provide the law enforcement, but you [referring to parent, teacher, church, and physician] must provide the educational climate to eliminate drug abuse."

Is there any benefit to continuing the law against marijuana?

We cannot legislate drugs out of existence, but there is no question but what the law discourages many from becoming "dependent" upon them.

Dr. Donald B. Louria states: "If we legalize marijuana of the American type, are we not taking the first steps to legitimize the widespread use of more potent hallucinogens with all their immense potential dangers? With legalization, inevitably there would develop in this country a substantial number of chronic, excessive users, thus encouraging the likelihood of chronic psychosis and criminality."

After careful appraisal of available information concerning marijuana and its components, the Council on Mental Health and the Committee on Alcoholism and Drug Dependence of the American Medical Association and the Committee on Problems of Drug Dependence of the National Research Council, National Academy of Sciences, reached the following conclusions:

1. Marijuana is a dangerous drug and as such is a public health concern.
2. Legalization of marijuana would create a serious abuse problem in the United States.
3. Penalties for violations of the marijuana laws are often harsh and unrealistic.
4. Additional research on marijuana should be encouraged.
5. Educational programs with respect to marijuana should be directed to all segments of the population.

Therefore, until we can be sure of the long-range effects from the use of marijuana, or until we can find some valid reasons for introducing this drug into our society on a wholesale and unrestricted basis, we would have to ask: Why marijuana at all?

Why play Russian roulette with your life, and particularly in this case when you don't even know how many bullets are in the revolver? ■

"Why Not Marijuana?"

To help answer questions about marijuana, Dr. Lindsay R. Curtis has written this booklet, expanding on the material in this *Listen* feature and answering many more queries on the subject. It is produced by the TANE Press, of Dallas, Texas, and can be obtained for 75 cents a copy from the publishers of *Listen* Narcotics Education, Inc., P.O. Box 4390, Washington, D.C. 20012.

THE EXPERTS SAY

Is pot an enigma to you?
It might help to answer the
question if you know what--

When asked by the University of California to list the cases of adverse drug reactions they had treated during the past eighteen months, the doctors in Los Angeles County said they had treated 2,389 patients who had taken LSD. In second place was marijuana, with 1,887 cases. "Another seldom-discussed aftermath of pot smoking is 'the spontaneous recurrence of the marijuana effect.' In other words, long after you quit smoking the stuff, you repeatedly get 'turned on.' Psychiatrist Martin Keeler of the University of North Carolina School of Medicine has recently seen four such cases."

—Reported by Sidney Katz, in the Toronto "Daily Star," October 11, 1968.

"A sufficient dose of marijuana is capable of producing all of the effects of hashish and even of LSD, which is conceded to be one of the most powerful drugs known to man. To resolve the dispute, it is enough to say that for certain individuals, and for all individuals, a large dose of marijuana's active ingredients causes temporary insanity. . . . The important question for society is no longer in what manner marijuana use causes crime, but rather how many crimes would not be committed but for the addition of this drug to the social environment."

—Henry L. Giordano, U.S. Commissioner of Narcotics.

"No one, of course, recommends the use of marijuana



nor does anyone deny that there are evil effects and consequences associated with using it. . . . It is also undeniable that marijuana intoxication may sometimes lead to automobile accidents and to irresponsible or criminal acts."

—Alfred R. Lindesmith, "The Addict and the Law," page 234.

"We're also beginning to see cases in which a marijuana high comes on again spontaneously, weeks after the person has had a high. It's the same thing that happens with LSD. We've also had some young people with acute psychoses brought on by marijuana."

—Dr. Herbert A. Raskin, Clinical Associate Professor of Psychiatry, Wayne State University.

"It has become popular with those who would legalize marijuana to claim that its use is no worse than the current use of alcohol. . . . Surely it is not valid to justify the adoption of a new vice by trying to show that it is no worse than a presently existing one. It is true that alcohol abuse also consti-

tutes a major social problem, but the social damage which would result from a permissive use of marijuana cannot, like some finely balanced equation, be canceled out by placing a measure of social damage resulting from alcohol opposite it. The result can only be additive."

—Attorney Donald Miller, "Narcotic Drug and Marijuana Controls," a paper presented at the National Association of Student Personnel Administrators' Drug Education Conference, Washington, D.C., November 7, 8, 1966.

"Cannabis (marijuana) has no known use in medical practice in most countries of the world, including the United States."

—Council on Mental Health and Committee on Alcoholism and Drug Dependence, "Dependence on Cannabis (Marijuana)," JAMA, 201:368-371 (Aug. 7, 1967).

"The prepared product of cannabis sativa plant, while having very little useful medical use, is capable of profoundly disturbing the brain cells and introducing acts of violence, even murder. . . . It is in fact a fairly vicious and dangerous thing of no value whatever to humanity and deserving of nothing but the contempt of civilized people."

—Statement by the Egyptian government (1960), quoted by E. R. Bloomquist, M.D., in "Marijuana," page 29.

ARE WE TUN

I THINK that it is critical to point out that in trying to understand scientifically the problem of drug abuse, one must look beyond the specific problems of such agents as LSD, marijuana, amphetamines, and barbiturates to some of the underlying causes of widespread drug use and abuse.

We live in a drug-oriented culture. From aspirin to sleeping pills, from tranquilizers to "the pill," Americans of all ages are ingesting drugs in greater variety and greater numbers than ever before. I think that if we are to get to the root of this problem of drug abuse, we must be prepared to investigate and identify the underlying problems which lead people to choose to distort or ward off reality with drugs.

One way of picturing the problem is to view drug abuse in the student population in the broader context of the nature and extent of "casualties" of the educational system. Through our interest in school and college mental health, suicide prevention, and alcoholism, we have become increasingly aware that a fair percentage of our brightest and most competent youth are not "succeeding" in their encounter with the higher educational systems.

Scientists who study human behavior

Probably there is no more knowledgeable authority on drugs today than Dr. Stanley F. Yolles, director of the National Institute of Mental Health.

As assistant United States surgeon general, he coordinates the nation's most comprehensive research program in drug use and effects.

Dr. Yolles defined the basic reasons for our drug-oriented culture when he testified before the Senate subcommittee on juvenile delinquency. The comments in this "Listen" article are taken from that testimony.

"Rebellion without

use the term "alienation" in describing the cross-generational disease epitomized by the youth-coined term "don't trust anyone over thirty." Alienation has been characterized as "rebellion without a cause, rejection without a program, a refusal of what is without a vision of what should be."

Lapses in communication between generations were noted by Greek philosophers over 2,000 years ago, and more recently were manifested in American society by the so-called "lost generation" of the 1920's and the "silent generation" of the 1950's.

However, the current problem of alienation in the United States is wider, deeper, and more diffuse than at any previous time in our history. It affects the rich and the poor, the college student and the school dropout, the urban and the rural youngster. The number of persons, both young and old, beset by alienation is far greater than that ever seen in any previous generation.

Because many alienated youngsters question the relevance of major values and institutions of the "establishment," they find themselves unable to learn from the various opportunities that presently are available to them. As Freedman and Brotman point out, "To ask one of the youngsters, as one of the authors did, 'Where's the action?' elicits a scornful answer, 'There's only action if you have a high.' The implication is clear: what is meaningful is the subjective state. If an undrugged state is defective and shortsighted, why not alter perception through drugs and create a new 'reality'? Some youngsters who feel helpless to accommodate to or change an unacceptable world, consciously choose to alter their own. . . . Their most frequent statement is that life is a 'drag.' It lacks meaning, for there is no engagement; the future is unknown but certainly horrible.

"Since you cannot alter the world or determine the direction in which it will

go, you must alter your state of consciousness and perception, that is, see the world and experience the world through a 'high.' Any alteration is acceptable, and thus, the barbiturate user can describe to you the joys of a 'drowsy high' and the amphetamine user will talk about the 'high' he gets on benzadrine—and likewise for the LSD, marijuana, and heroin abuser. All that is important is in one's subjective state. Perceptions and beliefs of the square world or the nondrug world are superficial, distorted, meaningless."

This rejection of many goals of the society, the unwillingness to model themselves on any stable adult leaders, and the inability to acquire the necessary attitudes and skills for responsible adult behavior, make urgent the development of new and innovative approaches to bridge the generation gap.

If this is not done, there are serious dangers that large proportions of current and future generations will reach adulthood embittered toward the larger society, unequipped to take on parental, vocational, and other citizen roles, and involved in some form of socially deviant behavior.

I would propose that if we are ever to solve the problem of drug abuse, it is critical for us to focus on and try to solve the root causes of alienation.

On Marijuana Use in Schools

Surveys of high school and college drug use indicate that approximately 20 percent of the college students questioned reported some experience with marijuana. It is estimated that about two million school and college students have had some experience with marijuana. Generally more men students reported involvement. Of those who report

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having used marijuana, 65 percent had used it less than ten times with "once or twice" the commonest response.

It is of great interest that fully 50 percent of those who have tried marijuana experienced no effects. This finding may be a function of at least four factors: (1) The agent may not have been potent; (2) frequently effects are seen only after repeated use; (3) the expectation of the user has a significant effect on what he experiences; (4) the social setting in which use takes place has an effect on the response.

Our evidence would indicate that in contrast to the decreasing use of LSD, use of marijuana has been increasing.

The United Nations estimates that in 1950 there were 200 million users of marijuana in the world, mainly in India and in North Africa. In the United States we are not quite sure of the exact extent of the problem. Estimates as high as twenty million have been made, but it is much more likely that in the neighborhood of four to five million persons have used it at least once.

On Effects of Marijuana

Little can be added to previous reports on the toxicity of marijuana. It is considered to be a mild hallucinogen, taken by the usual route of smoking, occasionally by ingestion. It may induce a mild euphoria and lead to heightened suggestibility and faulty perception, really an exaggerated notion of thinking more clearly, profoundly, and creatively. In addition, it is known to cause reddening of the membranes of the eyes, rapid heartbeat, muscular incoordination, unsteadiness, drowsiness, and distortion of time and space perception.

In acute intoxication, especially when ingested, it may also produce visual hallucinations, pronounced anxiety, paranoid reactions, and transient psychoses lasting four to six hours. It generally tends to lessen inhibitions and creates for the user a false reality based on his

wants, his motivations, or the situation. In this respect it is similar to LSD, but its effects are not as potent.

The muscular incoordination and the distortion of space and time perception commonly associated with marijuana use are potentially hazardous, since the drug adversely affects one's ability to drive an automobile or perform other skilled tasks.

We still do not know enough about the long-term effects of marijuana use. As in the case of tobacco, it is possible that there are serious consequences of chronic use which will only become apparent through careful, longtime studies.

One needs to be particularly concerned about the potential effect of a reality-distorting agent on the future psychological development of the adolescent users. We know that normal adolescence is a time of great psychological turmoil. Patterns of coping with reality developed during the teen-age period are significant in determining adult behavior. Persistent use of an agent which serves to ward off reality during this critical developmental period is likely to compromise seriously the future ability of the individual to make an adequate adjustment to a complex society.

While we have no data to indicate that marijuana can affect chromosomes, this possibility is being investigated.

On Prevention and Education

Prevention and education efforts in the area of hallucinogenic agents have a high priority for the National Institute of Mental Health.

I would like to point out that prevention and education efforts aimed at the student population demand extremely careful preparation and presentation.

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a refusal of what



Stanley F. Yolles, M.D.

Director, National Institute of Mental Health

Even high school students are extremely sophisticated about drugs. We are constantly impressed at speaking appearances before high school and college audiences about two aspects:

1. The extent of accurate knowledge mixed with misinformation about all drugs, not just LSD and marijuana, but barbiturates, amphetamines, et cetera.
2. The suspicion with which students approach information supplied by "official sources."

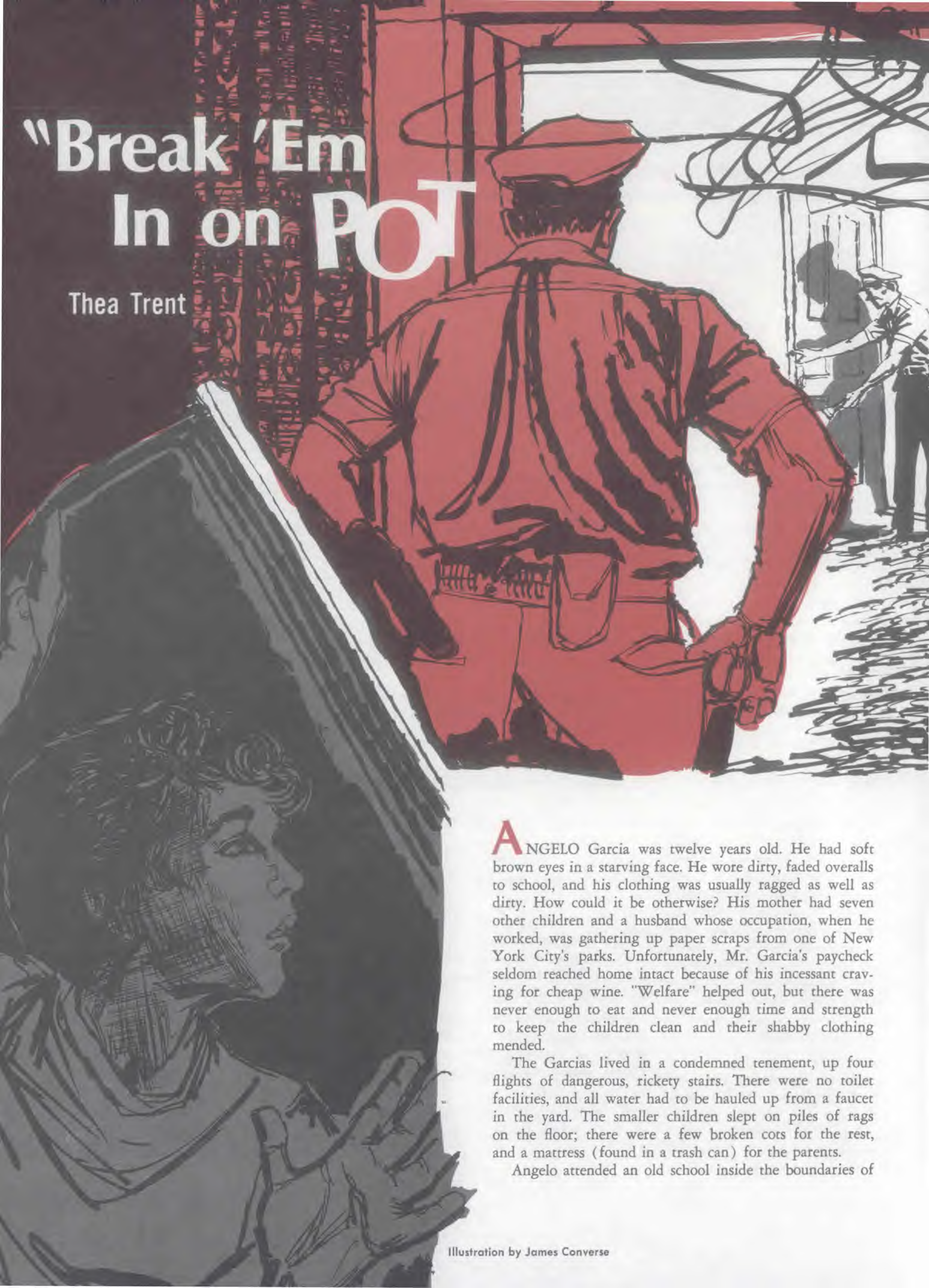
"Scare" techniques are not only ineffectual, but are even detrimental to conveying needed information about the hazards of drug abuse. With the present incidence of marijuana use, many students have either experienced or observed firsthand the effects of this drug. They know that psychoses or other grave consequences do not inevitably accompany the smoking of one marijuana cigarette.

It is clear that to be effective, a preventive educational effort must be carefully tailored to specific population groups and must be based on the best educational and scientific footing. The decrease in LSD use is, at least in part, I would suggest, a function of the degree to which users will respond to scientific evidence of potential danger. ■

of what should be."

"Break 'Em In on POT

Thea Trent



ANGELO Garcia was twelve years old. He had soft brown eyes in a starving face. He wore dirty, faded overalls to school, and his clothing was usually ragged as well as dirty. How could it be otherwise? His mother had seven other children and a husband whose occupation, when he worked, was gathering up paper scraps from one of New York City's parks. Unfortunately, Mr. Garcia's paycheck seldom reached home intact because of his incessant craving for cheap wine. "Welfare" helped out, but there was never enough to eat and never enough time and strength to keep the children clean and their shabby clothing mended.

The Garcias lived in a condemned tenement, up four flights of dangerous, rickety stairs. There were no toilet facilities, and all water had to be hauled up from a faucet in the yard. The smaller children slept on piles of rags on the floor; there were a few broken cots for the rest, and a mattress (found in a trash can) for the parents.

Angelo attended an old school inside the boundaries of

Harlem, so his clothing and lack of grooming did not make him at all conspicuous. Recently a new element had appeared: clean, neatly dressed children, carrying brightly painted new tin lunch boxes from which they unpacked sandwiches wrapped in waxed paper, often a boiled egg, and a shining red apple, an orange, or grapes—cookies too—and a folded paper napkin. Angelo's lunch was often a cold tortilla wrapped in a torn scrap of paper. When the welfare check came, there would be frioles on the tortilla, with a dab of fiery sauce. But far more often the tortilla was limp and ungarnished.

The boy kept much to himself and did not seem to have any close friends. He had never known another kind of life, but sometimes the rustle of new leaves in the spring or the song of birds stirred him almost with pain. Yet he had a temper that could blaze like sudden fire. He was surefooted and fast. He was a natural boxer, and even boys bigger did not seek a fight with him.

New pupils were coming to the old school. A large aircraft parts factory had been built on cheap land near Harlem. A "development" of tidy small homes sprang up near it, and the tidy pupils with the shining lunch boxes came from there. Several big hulks of boys came from these families, and they felt themselves far above the dirty ragamuffins. One of these lunged toward Angelo as he started out of the schoolyard one afternoon.

"Hi!" the giant said, looking down at the slight, pale boy. "I'm Pat Brady. Who are you?"

"Angelo Garcia."

"Do tell! With a name like that you must be either a spic or a wop!"

Angelo's soft eyes narrowed till they were almost slits. "Get out in the field and I'll show you what I am."

With a sneering laugh the bully followed Angelo to the bare field next to the school where there was no supervision after school hours. Pat doubled up his great fist and swung at Angelo, but the boy crushed under his opponent's guard with a powerful left hook to the jaw. This threw Pat off balance, and before he could recover Angelo flailed him with a series of jabs, almost flattening his nose. With blood streaming down his face, his jaw and nose throbbing, Pat had had enough and he stumbled away.

A long, black limousine had stopped when the fight began. The chauffeur didn't turn his head to watch, but the man in the back seat opened the door and followed the brief battle with keen interest.

"You really fixed him, kid! You've got what it takes. Shake." As the stranger took Angelo's small hand, the diamond on a heavy gold ring flashed. "My last name's 'Delaney,' but my friends call me 'Speed.'"

"Angelo Garcia," the boy said, looking up into the man's face. What a strange face it was! It was pale, but his eyes were black and hard. He smiled at the boy in a friendly way, but the smile flashed on for only a minute.

"Climb in, Angelo!" he said. "You entertained me with a keen fight, and at least I can treat you to ice cream."

"Oh, I couldn't get into your fine car, mister," Angelo said. "I'd track in dirt and dust," he added wistfully.

"Don't give it a thought. Joe, up front, can clean it up and be useful for once. And I'm not 'mister'—I'm 'Speed.'"

Joe said nothing, but his teeth were clenched angrily.

They drove to a drive-in, and Angelo had a concoction

*This actual experience shows the
degrading power of the drug traffic,
and the way its victims are started
on the road to ruin.*

of four kinds of ice cream, a banana, and whipped cream, topped with candied cherries. The man had a glass of orange juice, and his strange smile flicked on and off as he watched the boy's enjoyment.

"I drove past the school because I went there when I was a kid about your age. I couldn't believe my eyes when I saw the old barracks still standing! Just for old time's sake, as you might say, and because you put up such a fight, I'm going to give you a chance to make something of yourself. I own a chain of small grocery stores, and one of them is near here. If you can come over three times a week, right after school, and sweep out the store and the back room and deliver small parcels for me, I'll pay you five dollars a week. Also I'll have a bicycle for you. Any deliveries that are too far for a bike, I'll have you driven in a small car. How about it, man?"

"Great, Speed. Just great." The boy's face flushed with happiness, and his eyes sparkled. "I'll give Mom four dollars every week too."

"I'll clue you in on my real business soon, and by the time you're sixteen you can wear a ring with a rock in it as big as mine. Here's your first week's pay to make it legal." (Again the strange ghost of a smile.)

On the way home Speed asked the driver to stop at a boy's clothing store to get three pairs of levis and three T-shirts to fit Angelo. Meanwhile the boy bought a big package of fresh-ground hamburger, a box of candy for the kids, and an orange apiece.

This was Wednesday. Speed said he'd send a car for the boy right after school Friday afternoon. "It'll be another car too. If folks see that black 'Cad,' they'll think you're being kidnapped. You know how it is in the movies; the bad man always comes in a big black car." The boy laughed joyously.

When Mrs. Garcia saw the great mound of good meat on the table and the big box of chocolates, she threw her apron over her head, wailing, "What for you steal, Angelo? Now comes the police, and we get no more welfare and starve to death." All the children began to cry loudly; Mr. Garcia sprang up from his broken chair, waving his fists furiously.

"Wait! Wait!" Angelo laughed, falling into the dialect. "Is no stealing! Is fine job—sweeping out grocery store after school and delivering goods!"

His mother switched from despair to delight, rolling up her eyes and blessing her favorite saints. Then she slapped a huge, rusty skillet on the stove and began making big hamburgers. The children hushed their howling and crowded around the table, pulling at the box of candy and

"Break 'Em In on POT"

handling the gorgeous oranges. Instantly Mr. Garcia advanced, swishing his offspring

from the table. Then hooking his thumbs in the armholes of his shabby vest, he began to advise his son on a successful business life.

"Mind you look sharp, Angelo. No loafing and leaning on the counter when a customer comes in. Flash 'em a smile. Ask after their health. Keep neat and clean."

This might have gone on for half an hour, but the meal was ready. Each hamburger perched on a thick slab of bread which served as a plate, and each had a jolt of Spanish sauce on top! Afterward, Angelo slipped into the kitchen and put his arms around his mother. "Each week you get from my wages four dollars," he whispered.

The boy's trim levis and new T-shirt were instantly noticed at school the next morning, but news of yesterday's fight had spread. Angelo had become a hero, and even the great louts of boys who always lounged on the back seats tormenting the smaller ones sought him out and asked him to show them his now-famous "left hook" and the "fast jabs." He was willing enough, for he knew their strength could never compete with his flashing speed.

Picking up his bicycle at the hardware store, Angelo whizzed to the grocery store. Often Speed would be in the back room, scribbling addresses on slips of paper. Sometimes he'd open the big wall safe and take out a small wrapped parcel to be delivered. He never wrote the address; he just repeated it several times, and then Angelo had to say it.

"It's important medicine, boy," Speed would say. "Don't lose it, and don't talk about it to anyone you may meet. You hear me?" His eyes glittered as he spoke. "The man will give you a sealed envelope with the money in it. Bring it straight back here."

"Sure, Speed, sure." And the boy was off. One afternoon when he got to the store, the door to the back room was closed. He heard a strange voice snarling, "Break 'em in on pot, and you got 'em for life." Then there was laughter, and both men began to argue about money. Suddenly the door flew open, and Angelo saw Speed standing by the safe with a revolver in his hand. The other man was tall with a sick yellow face and dark hollows under his eyes. The bones of his frame seemed to show through the worn black suit. He hurried out, not even seeing the boy with the broom. Speed stood in the doorway watching the ugly figure scuttle off.

"Come in, boy," Speed said cheerfully. There was no sign of the revolver. But there was a strange sweet smell in the room. "Know what that smell is?"

Angelo shook his head.

Speed opened the safe and took out a small box. From the box he lifted a crude cigarette. "This is it, boy," he said. "Look at it. Hold it. It won't bite you. And that's more than you can say for most of the stuff folks are sniffing and swallowing. Pot is just the leaves of a harmless plant that grows wild in fields and yards. It's a lot better than a coke or even a cup of coffee. See—I'll light it. It's called a reefer, and all it does is to relax you a little. Watch now. First I'll draw in on a long slow breath, hold it just a little, then exhale slow and easy. Now you try."

Angelo took the clumsy reefer and drew his first breath from it. It was so simple at first—just a feeling of ease and lightness, a sparkle to everything. Speed knew that from this moment he owned the boy. And the boy knew the true nature of Speed's business. Angelo was a child of the slums, and almost daily he saw men high on drugs or cheap booze. His own nature was clean; he had no wish to take drugs. But, thanks to Speed, the drugs took him.

Speed drove Angelo home in a roadster, and he brought all kinds of treats for the children. After leaving the boy the junkie mused, "He's mine now. The time will come when he'll kill, if I give the word, for another fix."

Soon he gave Angelo a minute dose of heroin. There was the flash of blinding glory, the surge up to the sun—then the ebbing and the depression and the gnawing hunger for more. Marijuana had blazed the way for the heroin, and he would never be free.

On a certain afternoon Angelo picked up his bicycle at the hardware store. He noticed two men in gray suits eyeing him sharply, but they said nothing. He picked up a slim package at the store, and started out for the delivery address. But at the first crossroad a police car was parked, and with his drug-sharpened senses the boy knew he was in for it. Unhurriedly he made for the slums. In the streets he knew so well, he finally lost the police car. Now down one more block and he could cut out, but at that moment the police car appeared again.

There was only one chance. Along one side of the block a row of condemned tenements stood, waiting for the bulldozers to level them. Angelo knew one of them had a clothes chute. As if on a visit, he left his bicycle and hurried into this tenement. He rushed to the closet that hid the opening to the chute and crammed himself into a tin pipe. The police opened the rickety door but saw nothing. Now the voices were lower; the officers had gone. But they wouldn't give up so easily—somehow they must have learned about the heroin.

Daylight was fading. The roofs! He'd have to get to the roofs, and creep along them to the fire escape on the corner. But suddenly a floodlight hit him. It was no use.

"There he is—get him," a voice yelled. But another shouted, "Don't shoot. He's just a kid." Faster, faster Angelo went, jumping from roof to roof. Suddenly he saw the black limousine and he knew Speed was there.

"Speed! Speed!" he screamed. But at that moment his foot slipped and he crashed four stories down to the cement. Speed rushed over, seeming to help, but what he wanted was the small parcel of heroin. Then he leaped into the limousine, and the driver took off. But not until the police had seen one of the most notorious junkies in the city. There was a wild chase and the sound of shots. A cop toppled out of the police car. But the answering shot hit the driver of the limousine in the head. The driverless limousine lurched madly and then struck the elevated center strip of the highway and turned over.

The police radioed for help, and the limousine—what was left of it—was raised. Something crawled out, his face a writhing mask of agony, one leg crushed.

"The—kid—is—dead," the inhuman face snarled. And then he fell, face down in his own blood.

Yes, Speed, the kid is dead, but you killed him, long before he died. ■

Do Drugs Help Man Adapt to Space?



Much is being learned about the reaction of man to his space environment, but little is as yet known about his reaction to drugs and his need for them. American astronauts have avoided all drugs in space except the most elemental anti-motion sickness pills.

Russian scientists believe certain drugs can help man adapt to long space flights, while the U.S. view is that techniques can be developed to enable astronauts to adjust without the use of medication.

Soviet representatives at the United Nations Conference on Peaceful Uses of Outer Space, in Vienna, Austria, indicated that most Russian cosmonauts have used depressants for sleeping in orbit and stimulants to counteract fatigue.

Prof. Oleg G. Gazenko, space psychologist of the Soviet Academy of Sciences, said the "reasonable use of pharmacological medicines for the solution of problems in space flight is necessary."

A report by the Soviet Academy of Medical Sciences said drugs are helpful for "therapeutic purposes or to increase the resistance of the human organism to unfavorable effects." Drugs mentioned included narcotics for relaxation, stimulants, antiradiation medications, and cardiovascular preparations.

American medical experts want to avoid the use of drugs in orbit because of the unpredictable side effects they sometimes create—like reduced stress tolerance caused by relaxing drugs.

U.S. astronauts on space trips have carried only nonbromide anti-motion sickness pills. They were used only once, by the two Gemini 8 pilots, Neil A. Armstrong and Air Force Maj. David R. Scott, when a stuck thruster sent their spacecraft into a violent roll and caused an emergency landing.

The Russians in Vienna acknowledged that some drugs could cause peculiar side effects and said that extensive research is continuing in the field of space pharmacology.

Soviet academician V. V. Parin reported certain drugs might prove effective in protecting spacemen from radiation.

"Pharmacological methods are promising," he said. "Also there are physical means such as a protected place in the cabin where the cosmonauts could stay during a period of heavy cosmic rays."

He mentioned that a drug named cysteamine has proved effective in laboratory tests in chemical absorption of radiation particles.

Pain-killing Drugs Can Cause Serious Trouble

There's no doubt the common pain-killing drugs—including the commonest, aspirin—cause a serious form of kidney disease, says Dr. Priscilla Kincaid-Smith, an Australian specialist.

In charge of the medical renal unit of the University of Melbourne, Dr. Kincaid-Smith claims the kidney damage from pain-killers cannot be blamed on phenacetin, an analgesic ingredient.

Medical scientists some years ago blamed some types of kidney damage on phenacetin, and as a result it has been removed from many popular brands of tablets sold in the United States.

"When we gave pure phenacetin to laboratory animals, the typical kidney damage caused by pain-killers did not develop," Dr. Kincaid-Smith says, "but when they were given the pain-killing combination of drugs most popular in the English-speaking world, 70 percent of the animals developed the typical serious kidney lesions."

The most popular "combination of ingredients" Dr. Kincaid-Smith used includes aspirin, caffeine, and sometimes phenacetin and codeine.

Dr. Kincaid-Smith says amidopyrine is the pain-killer most popular in European countries and that this drug, too, causes the kidney damage. People with arthritis or other chronic and painful disorders are the ones who usually take large amounts of aspirin and the combination of ingredients, and they often develop the typical kidney disease.



Used sparingly, pain-killers can serve a good purpose; but unless watched closely, there is danger that increased dosage will cause serious damage to body organs.

Self-portrait Shows AA Successes

The first continent-wide sample taken by Alcoholics Anonymous shows that 41 percent of those who join the group stop drinking immediately and that nearly 23 percent more do so within a year.

Also, 18 percent more stopped drinking during the first two to five years of participation in Alcoholics Anonymous.

Of those who answered the questionnaire, 38 percent said they had been total abstainers for less than a year, a third more had not taken a drink in one to five years, and 13 percent had not done so for periods of up to a decade.

Published studies show that among 1,058 active AA participants followed up by personal interviews in New York in 1962, 57.6 percent had been abstinent one year or more and 3.2 percent fifteen years or more. Only half of the New York members sober five or more years, and one fourth of those newly sober, reported attending religious services regularly.

A study of AA discussion meetings shows less than one tenth of the questions raised are religious, and three fifths make no reference to drinking, intoxication, or abstinence.

In This NEWS

- ◆ If you must smoke, here are some good suggestions. See page 16.
- ◆ Three teen-agers are slumming in Phoenix. See page 17.
- ◆ If one way to stop drinking doesn't work for you, maybe another will. See page 18.

Watch Out! Are Your Cigarettes Drooping?

The death rate from lung cancer is influenced not only by the number of cigarettes smoked but also by the way they are smoked, say two British physicians, Dr. G. Z. Brett and Dr. B. Benjamin.

They say smokers who keep cigarettes in their mouths—termed “the drooping cigarette”—instead of removing them after each puff run higher chances of dying of lung cancer.

Their study found more than 72 percent of the smokers observed removed the cigarette after each puff, more than 14 percent did not, and 13 percent were categorized as “mixed.”

“The highest mortality risk is clearly among those who both smoked heavily and belonged to the drooping cigarette category,” they say.

“The gradient of death with amount smoked remained evident whatever the manner of smoking, but it was lower in men who remove their cigarette after each puff.”

“POT” Penalties

The New York Assembly passed a bill that would make the sale of marijuana to minors punishable by imprisonment.

The new legislation would have these effects:

Criminal possession of a dangerous drug would be punishable by imprisonment of one to twenty-five years. The present penalty is one to fifteen years.

Criminally selling to an adult would be punishable by imprisonment of one to twenty-five years. The present penalty for this offense is also one to fifteen years.

Criminally selling to a person less than twenty-one years old would be punishable by a prison term of fifteen years to life. The present penalty is one to twenty-five years.

Money for the Wise

About \$750,000 was left to ministerial students at the United Society of Friends of Women in Leesburg, Ohio, provided they did not smoke, use harmful drugs, alcohol, and other intoxicants.

The will was made out by John J. Sarrin of Tucson, Arizona, a former Latvian electrical engineer. He indicated that the money should be used to set up scholarship funds for Friends ministers and missionaries who “shall not paint their bodies in any manner” and also exclude alcohol, smoking, and harmful drugs from their lives. He also stipulated that the heirs be “moral and upright.”

Dial Help for Teen Addicts in California

A Palo Alto, California, woman's club is investigating the possibility of setting up a countywide Drug Abuse Switchboard Plan.

Geared to young drug users, the Switchboard Plan would work this way: A teen-ager on drugs could call a telephone number any time, twenty-four hours a day, seven days a week, and receive either counseling or referral to the new Drug Abuse Center in San Jose.

Mrs. Martin Charles, instigator of the plan, says, “Drugs seem to be the most active problem of the moment with young people. There must be somewhere a teen can turn between talking to a school friend and going to the police.”

Drug Traffic Epidemic

The traffic in pep pills and sedatives has reached epidemic proportions, warns the International Narcotics Control Board.

Announcing a proposed treaty to check the misuse of these drugs, Sir Harry Greenfield, chairman, says international legislation is urgently needed.

No developed industrial country is free from the growing habit, he says, and legislation to curtail the drugs is difficult to obtain because the major part of the drugs is used for benign purposes.



Smoke If You Must!

The Public Health Service, which is trying to get people to quit smoking cigarettes, has published a pamphlet of advice for those who can't or won't swear off the habit.

“If you must smoke,” the service says, try these steps to reduce the risk of lung cancer, emphysema, and heart disease:

—Choose a cigarette with less tar and nicotine.

—Don't smoke your cigarette all the way down.

—Take fewer draws on each cigarette.

—Reduce your inhaling.

—Smoke fewer cigarettes a day. “You may be surprised at how many cigarettes you smoke that you don't really want.”

However, the service warns, this will not make smoking “safe.”

In advising people to try taking fewer puffs on each cigarette, the pamphlet says that “with practice, some people find they can substantially cut their actual smoking time without really missing it.”

Beware of Cough Syrup!



Mrs. Ann R. says that often she, her husband, and some of their friends each drink half a bottle of Robitussin A-C, a cough syrup, at one sitting.

It's not that they are bothered by severe coughing problems. Instead, says Mrs. R., they have found that when mixed with beer, the cough syrup “relaxes you and makes you feel better.”

Alarmed medical men say that that's putting it mildly. Increasingly, they say, Robitussin A-C and some other medicines that can be obtained without a prescription in most areas are being used to induce a “high” that is similar to what hard drug users experience. Indeed, Robitussin A-C does contain codeine, an addictive opiate. According to the experts, abuse of some nonprescription medicines can be fatal.

Abuse of nonprescription medicines isn't confined to cough syrups. A product called Asthmador, made by R. Schiffmann & Co., has recently caused widespread concern. Asthmador is sold as a powder or as a medicinal cigarette ingredient to help asthma sufferers. But authorities say youngsters sometimes spoon the powder into soft drinks or beer or brew it into a type of tea.

The effects can be severe, although it's not known to be fatal. In recent months medical literature has reported numerous cases

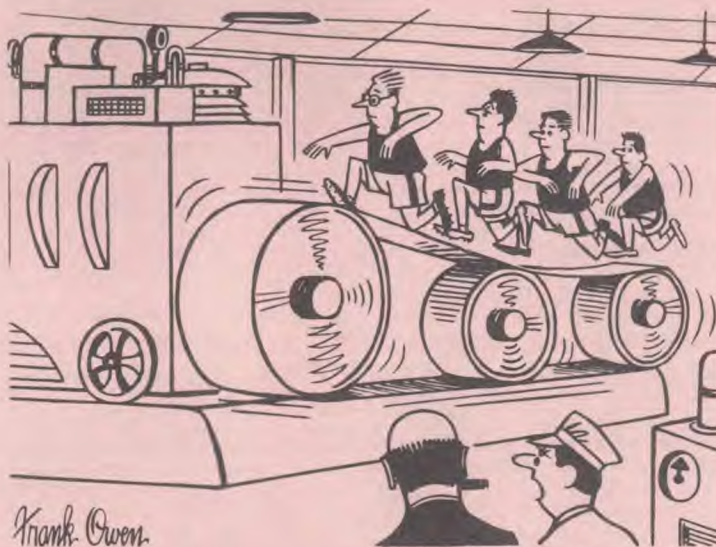
of poisoning from stramonium, an Asthmador ingredient.

But authorities say cough syrup is the medicine that is most commonly abused.

The misuse upsets the makers of nonprescription medicines. “It's very depressing for us,” says Dr. Fletcher B. Owen, Jr., medical director of Robins, which started selling Robitussin A-C in 1954. Upjohn Co. and Parke, Davis & Co. report they also have had trouble with the cough syrups they make that contain codeine, although abuse of their products hasn't been as widespread as with Robitussin A-C.

Efforts to control abuse of Robitussin A-C haven't come to much. Robins tried to add an agent that would make the user vomit if he drank too much, but Dr. Owen says the company could never get it to mix properly with the formula. Like Upjohn and Parke-Davis, Robins introduced a non-narcotic version of Robitussin in the hope that druggists could steer customers to the noncodeine product, but the formula containing codeine continues to be a hot seller.

In some states, efforts are under way to curb nonprescription sales of certain medicines. And the Federal Food and Drug Administration is making Asthmador and other stramonium-containing preparations obtainable only with a prescription.



"During their lunch hour they're training for the cross-country race at the company's annual outing!"

© Cartoons of the Month

Users Find That "SPEED" Does Indeed Kill

Hippies in Haight-Ashbury wore buttons last summer simply reading: "Evolve."

Now the Love Generation's mecca has evolved into a teen-age criminal slum of hate and horror. Among the reasons is a rapid growth in the use of drugs called "speed," the amphetamine family. LSD is out of fashion, and marijuana hard to get.

The so-called Flower Children, who have largely left the area, used to say "speed kills," but the slogan does not deter the new long-haired types now dominating the scene.

Almost all the twenty or so daily admissions to San Francisco General Hospital because of drugs are suffering acute psychotic episodes resulting from "speed." The total is 33 percent higher than in 1967.

But the number of addicts using it daily is estimated to have quadrupled in five months to as many as 5,000 in the San Francisco area.

Dr. Ernest Dernburg, chief psychiatrist at the volunteer Haight-Ashbury Medical Clinic, explains, "These kids certainly are not the same passive and withdrawn hippies of a year ago."

"Most of them are either delinquent characters or suffering from very serious mental disturbances."

Typically, they are hostile, suspicious and impulse ridden, physically aggressive and exploitive, he says.

The character structure of many youth of Haight Street, Dr. Dernburg explains, makes them particularly susceptible to "speed." They blame all problems on others and are chronically depressed.

The user, who takes the drug orally or by injection, may experience a flash of euphoria followed by a feeling of bodily well-being—not the sensual visions of LSD.

The price is days without sleep or food, serious malnutrition, acne, distorted judgment, horrible hallucinations, and psychotic breakdowns. Dr. Dernburg says.

The "speed freak" uses a variety of amphetamines. Originally, "speed" referred to methedrine only; but now it includes benzedrine, dexedrine, dexamile, desoxyn, and ritalin.

A black market version, methamphetamine hydrochloride, is being produced by amateur chemists in the San Francisco area.

LSD is Losing Popularity With College Set

Revelations that LSD may cause birth defects has triggered a sharp, nationwide decline in the use of the mind-bending drug, say Bureau of Narcotics officials.

The most noticeable lag in LSD use is among the collegiate set who previously considered an "experimental" trip into the garishly colored world of psychedelia the "in" thing to do.

But there is evidence that LSD is still popular among hard-core addicts who are hopelessly hooked on drugs.

LSD probably was falling into disfavor with the "experimenters" even before the news of the chromosome breaks, because the drug

frequently caused nightmarish "bad trips." Almost everyone who takes LSD long enough eventually experiences a psychotic episode, which frequently requires hospitalization.

WHAT WHERE WHY WHO WHO? HOW WHEN WHAT

◆ Americans now gulp thirty pounds of aspirin every minute around the clock—more than 21½ tons daily—to cure headaches and calm jittery nerves. (AP)

◆ A follow-up study of 168 young New York offenders who used marijuana has found that at least 40 percent later began using heroin. (New York Times)

◆ Teen-agers in the exclusive Palos Verdes Estates in Southern California are so well off financially that they give away marijuana and pills instead of selling them. Police estimate that 50 percent of the students in high school and intermediate school are drug experienced. Counselors put the figure at 75 percent. Both police and counselors estimate that of these figures about one third are habitual users. (UPI)

◆ A high school in Indianapolis, Indiana, is levying \$25 fines for students who smoke in school and \$10 for chewing gum. (AP)

◆ Lung cancer continues to be the major cause of cancer death in men and the No. 1 cancer killer in the United States. The American Cancer Society estimates 55,000 Americans died of lung cancer last year, averaging about 150 a day. (AP)

◆ The Hartford, Connecticut, Hospital has banned the sale of cigarettes on its premises because of the "mountain of evidence" linking their use with cancer and with heart and lung disease. Four other hospitals in the state have also banned sales of cigarettes. (UPI)

◆ "The majority of people arrested for drunken driving or involved in alcohol-related accidents have histories of problem drinking prior to the accident or violation," reports a study by Rutgers University. (UPI)

◆ The breathalyzer law in Britain is credited with saving 799 lives during the first five months of the new law. Also, 6,293 fewer persons—a drop of 15 percent—were seriously injured than a year previously. (UPI)

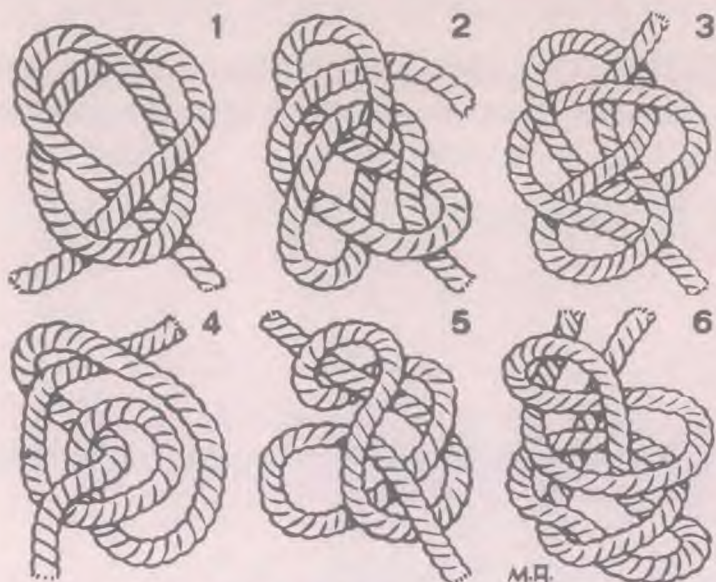
◆ "No Smoking" signs in a National Forest apply to people inside automobiles as well as outside, the American Automobile Association points out. Smoking in these parks is permitted only at developed picnic areas, campgrounds, and vista points. (UPI)



HELP FOR THE SLUMS — Three teen-agers in Phoenix, Arizona, are slumming—though not seeking excitement, thrills, or marijuana dens. Rather they are on an adventure of aiding the underprivileged who are living in the slum sections. Greg Smart points out a slum dwelling while Gary Payton (center) gets set to film it. Ted Beilman (front) looks over his notes about the place.

These lads' major weapon is the movie camera with which they are recording outdoor and indoor conditions of slums in the Phoenix area. They are making a half-hour, comprehensive movie documentary with dubbed-in sound, if possible. The boys want to show the finished product to civic clubs and groups to stir up the conscience of the community. They want to show that many areas of Phoenix are not as beautiful as depicted and that the city is in dire need of a housing code, twice turned down by the voters during elections. (STORY AND PHOTO BY HENRY F. UNGER).

ARE YOU PUZZLED?



A Knotty Problem: Pulling on the ends of these six pieces of rope would result in three knotting and three disentangling. Which?

Six Tobacco Companies Support Research

Six tobacco companies have pledged an additional \$8 million for the American Medical Association Education and Research Foundation's inquiry into the relationship between smoking and health.

The program began in June, 1964, shortly after the Surgeon General's Report on Smoking and Health was issued and the then Surgeon General, Dr. Luther L. Terry, called for further research. Financial support came from the nation's physicians and an initial \$10 million grant from the tobacco companies.

The new contributing companies are the American Tobacco Company, the Brown & Williamson Tobacco Corporation, Liggett & Myers, Inc., the Lorillard Corporation, Philip Morris, Inc., and the R. J. Reynolds Tobacco Company.

Dr. Gerald D. Dorman, vice-president of the AMA Education and Research Foundation, comments:

"For many years the American Medical Association has repeatedly warned that smoking may be a health hazard, and this opinion has been supported by numerous other scientific organizations.

"But major questions about the problem remain unanswered by anyone. What is the exact chain of events inside the body when to-

bacco smoke is inhaled? Which specific ills might be directly attributed to smoking? What are the elements in smoke which might create health hazards? Can these elements be minimized or eliminated?"

Rome May Have Been Lead Poisoned!

Ancient Rome may have fallen because the aristocrats spiked their wine with a germ-killing chemical and inadvertently got chronic lead poisoning which killed them off fast, a University of California chemist suggests.

Dr. James Sundmeier says, "To keep their wine from going sour, the wealthy Romans added lead oxide, an effective bactericide. Chemical analysis of the remains of Romans shows unusually high amounts of lead.

"This has given rise to the theory that the fall of the Roman Empire may be more closely related to the short life-span of Roman aristocrats as a result of lead poisoning."

Asserting that "heavy metal poisoning" has long been a hazard to man, the scientist says:

"Today, in the United States, we do not use lead oxide in wine, but we pour tons of lead into the atmosphere through automobile exhaust.

"The average concentration of lead in the bloodstream of Americans is 0.25 parts per million, approximately one third of the amount found in patients suffering from acute lead poisoning which could result in death."

Varying Results Come From Treatment for Alcoholism

LSD Treatment

LSD treatment of alcoholism is producing sharply contradictory results from a number of laboratories. At least two separate studies report dramatic success with LSD therapy; an equal number report no special benefits to justify the use of LSD over conventional treatment for alcoholism.

Both claims may be true.

Contrasting reports turned up at the annual meeting of American psychiatrists in Boston where Dr. Arnold M. Ludwig of the Mendota State Hospital in Madison, Wisconsin, stated he is "forced to conclude from study of 176 alcoholics that LSD is no more effective in rehabilitating alcoholics than traditional methods."

By the end of one year after treatment, 80 to 90 percent of the patients had fallen off the wagon, says Dr. Ludwig.

The three-year study, supported by the National Institute of Mental Health, employed several combinations of drug therapy — LSD plus hypnosis and psychotherapy, LSD plus psychotherapy, and LSD alone—in addition to conventional treatment in which alcoholics are asked to sit down and make an honest assessment of themselves. During their thirty-day stay in the hospital, all patients had an opportunity to enter group therapy.

Alcoholics do benefit from these various treatments, says Dr. Ludwig. A year later, they continue to show gains in behavior, personality, and drinking habits, despite the fact that most are off the wagon. But no one treatment was better than another, he says.

Maryland's Dr. Albert A. Kurland, a leading advocate of LSD therapy for alcoholics and director of the Maryland State Psychiatric Research Center, offers contrasting evidence on 122 patients currently under study at the Spring Grove State Hospital in Baltimore. Of forty-eight patients now past the year-and-a-half mark, eighteen are rehabilitated and show "good attainment and adjustment in all areas" including drinking, occupation, residence, and interpersonal relations.

Aversion Treatment

The Patton State Hospital (California) is experimenting with a shocking situation for patients being treated for alcoholism.

The scene looks, smells, and sounds exactly like a neighborhood bar. Two customers sit at the bar hunched over their drinks.

The casual observer may not notice it at first, but each of the two customers wears electrodes over several fingers of one hand.

Each time he takes a sip of his drink, he receives a painful but harmless electric shock. The shock continues with increasing power until he spits the liquor out into a bowl before him. Then the pain stops.

Sometimes called aversion conditioning or operant conditioning, the idea is to pair an unpleasant stimulus with the act to be averted — drinking in this case.

Hopefully, the properly motivated patient will eventually begin to associate drinking with unpleasantness, even when he does not receive the shock.

Patton is a pioneer in the California State Hospital system in the applications of operant conditioning to the treatment of mental patients.

Operant conditioning has been used to treat alcoholism before, but this plan at Patton incorporates several features which they hope will enhance its success.

First, some of the patients will return to the hospital for booster shocks once every two weeks for the first eight weeks and once a month for the next four months to reinforce the aversion.

There is also a plan to allow patients to drink as much as they like without shock the first session while a television tape records their speech and behavior. The idea is to play it back to the patient when he is sober so he can see the way he acts when drunk.

"They'll see they're not the clever, witty people they think they are while drunk," Dr. Roger Vogler, staff psychologist, says. "We think this, along with the electric shock and the booster treatments, will help to redirect their behavior."



AIMING FOR A SMASHDOWN — Blasting off from the space agency's Wallops Island, Virginia, base this Air Force Trailblazer II rocket carries a blackout-fighting payload aloft, ready to fire it down again through the atmosphere to help solve the problem of space blackouts for returning astronauts.

Solution:

Nos. 1, 5, and 6 will disentangle. Nos. 2, 3, and 4 will knot and



The Philodendron Plant

Mary Cheatham Napier

I DO NOT know her name nor her story, but every time I ride the bus to town I see her. Any time of day she is there. Sometimes she sits on a bench beside the cemetery wall. Sometimes she walks up and down beside the cemetery gate talking to herself. She is a pathetic figure, obviously mentally deranged.

Psychologists and psychiatrists tell us that mental illness is only a matter of degree, that each of us harbors traits, habits, and attitudes within us that if carried to extremes would produce all the symptoms of insanity. How many of us, like this poor woman, keep vigil beside our private cemeteries where are buried, and should be left in peace, our dead hopes, hates, grievances, resentments, jealousies, failures, and fears.

How much time and energy do we waste bemoaning things irretrievably gone, thinking of what might have been, crying over the spilled milk of our lives? If we spent the same time and energy looking forward instead of backward, how much happier and better our world would be.

A friend of mine without realizing it gave me one of the most valuable lessons I have ever had. This friend always had her apartment full of plants that looked healthy and green, while mine of

the same varieties were bedraggled and woebegone. I asked how she kept her flowers so healthy. She said the first secret of having beautiful plants was simple—always remove everything that was dead or diseased as soon as the defect occurred.

She walked over to one of my plants and pinched out a yellowed leaf here and there, one diseased, and several dead ones. Amazingly, my sad-looking philodendron appeared to have taken a new lease on life. The remaining leaves were all green and healthy. The friend went on to explain that each dead or diseased leaf left on the plant, besides detracting from its appearance, acts as a reservoir of disease and reinfection which eventually kills the whole plant.

Our lives are like that philodendron. How many dead and diseased leaves of our past do we cherish? Do we keep hate to breed hate, jealousy to make more jealousy, fears to produce more fears, and discouragement to bring more failure? If we could consciously pick these and other disease-breeding feelings one by one from our lives the way we pick dead leaves from our philodendron, how much healthier, happier, and more beautiful our lives would be!

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