

# LISTEN

A Journal of Better Living



Pills - Shadow in Your Future?



# LISTEN

Journal of Better Living

## Now Johnny Gets Pills

"New drama will play on the education stage as drugs are introduced experimentally to improve in the learner such qualities as personality, concentration, and memory."

None other than "Today's Education," official journal of the National Education Association, reports this new dimension of our drug age. And it predicts, "Biochemical and psychological mediation of learning is likely to increase."

And it is increasing. For example, already between 5 and 10 percent of the first- to sixth-graders in Omaha, Nebraska, are on "speed," or pep pills. This means between 3,000 and 6,000 children are receiving the drugs. A similar program is under way in Montgomery County in Maryland, just outside the nation's capital, involving several hundred children.

"The dope pushers in this instance," observes commentator Nicholas von Hoffman, "are pediatricians and education specialists who prescribe what they chillingly call 'behavior modification' drugs for children whom they find difficult to deal with in the classroom."

"Don't protest this development," he goes on. "It's too late. The awesome combination of organized medicine and organized education had decided that it's not phonetics, or the wink and blink system, or any of that which will get Johnny to read, it's dope that'll do it."

The idea is that elementary school children are receiving amphetamines as part of a health department program to treat overly active children who have trouble coping with school discipline. The drugs are used on pupils in grade schools to ameliorate unruly behavior and improve school performance.

Dr. Esther Robinson, a pediatrician with Montgomery County's health department, describes "hyperactive" children as suffering from a "minimal brain dysfunction," which tends to make their work unsatisfactory and to be the cause of their becoming disciplinary problems. Some 3,500, or 5 percent of the county's 70,000 elementary children, suffer from this malady, she says.

On adults, the amphetamines prescribed for these children act as stimulants, but in hyperactive pupils the effect is the opposite. "The drugs have a calming effect," says Dr. Robinson. It is "sort of a maturing effect." And the health department program of giving such drugs, she admits, is scheduled for expansion.

There is no agreement among authorities as to what "hyperactivity" actually is. The claim is that a child suffers from "marginal brain damage," but such a claim is only conjectured, because it shows on no specific tests and is demonstrated by no clear symptoms.

The claim is made also that youngsters do not become addicted to "speed." Perhaps not, but who really knows? And how can the long-range effect be predicted, especially in this chemical age in which children are growing up into a society which constantly pushes drugs of many sorts at them? What is the future prospect for them when they have become accustomed at such an early age to carrying pills with them to school.

In dealing with amphetamines we are not dealing with some light, innocuous thing. Even the Food and Drug Administration has now taken legal steps to limit sharply the uses of pep pills to only three medical uses, two of them rare. One of the two "rare" uses that the FDA notes is for hyperactivity in some children. One can imagine an extreme case now and then needing special medical attention, but does this mean hundreds and thousands in one city or county?

One can hardly imagine the giving of pills of this kind to young children on a continuing basis to control their mental activity or enhance their education! Surely there are healthy, safe ways to keep Johnny from wiggling too much, or to challenge his active mind with vital and practical studies in school.



Executive Director **Ernest H. J. Steed**  
Editor **Francis A. Soper**

Assistant Editor **Twyla Schlotthauer**  
Editorial Secretary **Elizabeth Varga**  
Office Editor **T. R. Torkelson**  
Art Director **Howard Larkin**  
Layout Artist **Dale Rusch**  
Circulation Manager **A. R. Mazat**  
Sales and Promotion **L. R. Hixson, Milo Sawvel**

### In This Issue

2	<b>Now Johnny Gets Pills</b>	Editorial
3	<b>Modern Trojan Horse</b>	Lindsay R. Curtis, M.D.
5	<b>Respectable Drugs—Why They Become Dangerous</b>	
6	<b>Drugs</b>	Interview with Donald K. Fletcher
10	<b>Is Headache Your Bag?</b>	Irwin Ross, Ph.D.
12	<b>TEENS—LIFE CAN BE BEAUTIFUL</b>	
	<b>I Was a Speed Freak</b>	Elva Anson
	<b>If Life Is Lukewarm</b>	Shirley M. Dever
	<b>"I Just Can't See It"</b>	Arthur J. Pettig
	<b>Youth Asks—The Doctor Answers</b>	R. W. Spalding, M.D.
16	<b>"Best by Far on Every Count"</b>	William A. Fagal
18	<b>Prayer (Poem)</b>	Enola Chamberlin
19	<b>COLOR SPECIAL</b>	Listen's "Newspaper in Miniature"
23	<b>For the Want of a Nail</b>	Donald M. Magor

### In the Next Issue

- This seventeen-year-old grew up with few privileges, but was selected as 1970 Boy of the Year. He is literally "One in a Million."
- What does occasional drinking have to do with alcoholism? H. H. Hill writes on "Social Drinking—Then What?"
- We are talking a lot about the drug problem today, but are we doing much about that "Wolf at the Back Door"?

### Photo and Illustration Credits

Cover by John Steel; pages 3, 6, 12, and 23, Dale Rusch; pages 19, 20, and 22, United Press International; page 21, Herbert Bennett; Authenticated News International.

### Editorial Office

6840 Eastern Ave., N.W., Washington, D.C. 20012

### Publication Office

Pacific Press Publishing Association, 1350 Villa Street, Mountain View, California 94040

### Subscription

Yearly subscription, United States, its possessions, and Canada, \$4.00; single copy, 35 cents; newsstand price, 50 cents. To countries taking extra postage, \$4.25; single copy, 35 cents.

### Change of Address

Send change of address to LISTEN, 1350 Villa Street, Mountain View, California 94040. Zip code must be included. Allow thirty days for change to become effective. Give both the old and the new address.

LISTEN, monthly journal of better living (twelve issues a year), provides a vigorous, positive educational approach to the problems arising out of the use of tobacco, alcohol, and narcotics. It is utilized nationally by Narcotics Education, Inc., also by many organizations in the field of rehabilitation. Second-class mail privileges authorized at Mountain View, California. Form 3579 requested. Printed in the United States of America.





# Modern Trojan Horse

Respectable drugs may  
become our greatest menace!

Lindsay R. Curtis, M.D.

ROY WAS twenty-one. His companion, Woodrow, was only eighteen. Before their spree they had one thing in common—they were both pillheads, addicts to goofballs (barbiturates) and pep pills (amphetamines). But like so many addicts, they were seeking an ever greater thrill.

Taking the pills in increasing amounts over a period of three months, these two youths began to "fly." To quote one of them: "Man, when you're on them you feel like you're about the baddest person walking and you'd do anything. There's no crime that you can't do. You don't care what happens. You feel like you can fly."

Roy and Woodrow began to fly all right. In their drug-induced mania, they beat one man unmercifully before robbing him of a mere eight dollars. The same night they beat a bartender over the head, stole his cash register along with the cash, and then proceeded to buy a pistol.

Their next victim they shot when he resisted their attempt to steal his car, and this marked only the beginning of a three-week binge of crime that included almost continuous burglaries and beatings. Sadistically they mauled and murdered a man by bashing his head with a huge board.

And while they stuffed a handkerchief in his mouth to make sure he was dead, they were constantly popping goofballs and pep pills into their mouths.

Pretty terrible drugs, aren't they? They ought to be completely outlawed, shouldn't they? What most people don't realize is that these are the same respectable and valuable drugs that we as doctors prescribe many times every day for legitimate reasons.

These are the sleeping pills that enable patients who have undergone surgery to obtain needed rest. They are the same medicine that relieves the fitful anxiety of the emotionally disturbed, as well as of those who have suffered injury. Without barbiturates many of our injured servicemen would suffer needlessly.

Without amphetamines victims of narcolepsy could not function on their jobs. As an aid to lifesaving weight reduction, amphetamines are invaluable, but they must be carefully controlled and supervised.

Unfortunately, these same respectable barbiturates and amphetamines have become the most abused drugs in the entire spectrum of medicines used today.



According to United States Food and Drug Administration estimates, about ten billion barbiturate and amphetamine pills are produced each year by pharmaceutical manufacturers. About half of these are bootlegged through illegal channels.

It is small wonder then that these pills, which are so useful in the practice of medicine, should find their way into the hands of those who take them indiscriminately and without medical supervision. The Senate Subcommittee to Investigate Juvenile Delinquency estimates that as many as three million Americans take these pills without medical control.

Of this number, there are thought to be about 100,000 "pillheads," or persons addicted to the drugs. Although heavy narcotics such as morphine, opium, and heroin remain a problem, "pill addiction" with the softer drugs has far outdistanced all others.

Over 3,000 people die in the United States each year of barbiturate poisoning. Some 600 die in New York alone from this cause.

Barbiturates are valuable medical drugs. In such conditions as high blood pressure, heart disease, anxiety states, and overactive thyroid conditions, barbiturates become an important part of treatment. By means of a barbiturate-like drug, most patients with epilepsy are able to live healthy, useful convulsion-free lives.

Yet barbiturates (and their related compounds) are classified along with amphetamines as "dangerous drugs," even more so than narcotics. Some of the reasons for this are as follows:

1. The constant hazard of overdose, either intentional or accidental.
2. The danger of toxic reaction to the drug, even in those who have been taking the drug for some time. This may also occur with a relatively small dose.
3. When combined with alcohol, barbiturates form a potent and sometimes unpredictable poison. They potentiate (add to the action of) each other in sometimes lethal proportions. People who have been under a strain all day, take a drink or two to relax themselves at bedtime, then take sleeping pills to make sure they will sleep. Dorothy Kilgallen became a victim of this "drive yourself to fatigue, then take alcohol and sleeping pills to relax you" compulsion. Although only small amounts of alcohol and drug were found in her body, the combination was sufficient to cause her death.
4. *Withdrawal* of barbiturates in one who has abused the drug may be much more dangerous than with narcotics. When a great tolerance for the drug has been developed over a considerable length of time, sudden withdrawal of the large dose may produce convulsions and even death.
5. Perhaps less important, yet significant, is the fact that a barbiturate abuser who consumes alcohol may be mistaken for an ordinary "drunk." As such he can be thrown into the local "drunk tank" in jail where his symptoms of barbiturate withdrawal may not be recognized. "Sobering up" in this case may even produce death!

Now let's talk more specifically about stimulants. When we speak of stimulants, we could mean any of several drugs, but ordinarily we are speaking of amphetamines. Colloquially these are called "bennies," short for Benzedrine. Also they are known as "pep pills" and by several other terms.

Although there are many different brands and formulas, all amphetamines have essentially the same or similar properties. When prescribed and controlled by doctors, amphetamines are important and useful. For instance, they may be used to treat:

1. Obesity (overweight)
2. Narcolepsy (overwhelming and abnormal desire for sleep)
3. Depression (feeling down in the dumps)
4. Parkinsonism (the "shakes" due to a disease of the nervous system)
5. A host of other troublesome diseases.

Because of the stimulant effect, amphetamines make tired people feel "alert" and depressed people feel "alive." Herein lies the danger. Before a person realizes it, he is substituting pills for rest, or appetite depressants for self-control. Soon the tired horse refuses to respond to the whip, and the unschooled appetite overrules the artificial restraint. By this time the individual is "hooked" on a drug as relentless in many respects as some narcotics. The following represents a common but tragic situation:

Peggy is pert, pretty, perceptive, and twenty-seven. Her three children had required her to exert more energy than she could muster. Because she was frequently too tired to go bowling with her husband and their friends, because she was "bear" in the mornings and unable to face the day's work, she sought help from her physician.

In good faith he gave her some amphetamines to "help her get back on her feet." The prescription was refilled twice upon persistent pleading with her doctor.

When her doctor refused to give her more of the amphetamines, she went to another doctor, rehearsed the same drama, and obtained more amphetamines. This procedure was repeated with two other doctors. By now she was not only hooked, but able to obtain another prescription of amphetamines from the first doctor because, as she told him untruthfully, "It has been such a long time since I had any."

When last seen, Peggy was still visiting new doctors and developing other devious means to obtain pep pills. At the present time she is more tired than ever, has lost weight until she is only "a few bones covered with nerves," and thinks she will "blow my top."

Peggy didn't start out to become a pillhead, nor did her doctor ever suspect that she might. But how much better it might have been if, instead of taking stimulants, she had reorganized her schedule to obtain more rest. Or if she had received more help from people near her, perhaps she would not have become drug-dependent.

Aside from the fact that a person becomes a slave to a pill, what are the dangers of amphetamine addiction?

Perhaps the most serious is the change in behavior (or sometimes even a complete change in personality). At first the amphetamine abuser becomes excited, talkative, restless, and shaky.

From this state he may become hostile, angry with everyone, aggressive and overbearing, and even combative, picking fights with friend and foe alike. Of the heavy abusers, a few may develop panic, convulsions, coma, shock, and eventually death. While "hopped up" with amphetamines, with or without barbiturates, certain abusers commit hideous and heinous crimes, including murder.

Can amphetamines produce a type of insanity? Yes!



# Pills-

WHAT  
DO THEY  
MEAN  
TO YOU?



# What are drugs?

**Drugs** are chemicals, which in the body produce changes. These changes are presumably favorable, but often may be undesirable, possibly poisonous, even fatal at times.

**Drugs** produce changes in physical functions of the body and in mental feelings. Drugs normally are foreign substances in the body.



**Remember**, you are always different in some way after you have taken a drug.

Drugs are usually divided into 3 major classes, according to their effect on the user.

## STIMULANTS



INCREASE  
ACTIVITY

## DEPRESSANTS



DECREASE  
ACTIVITY

## HALLUCINOGENS



DISTORT  
REALITY



**Remember**, when you take a drug, it has a control over you. It affects your body and nervous system. You are—to a greater or lesser degree—in subjection to it.



## Medical drugs are carefully manufactured to make sure they are genuine and pure.

**Drugs** are made primarily for medical uses.

Physicians prescribe them to help treat disease, to relieve tension or pain, to correct unfavorable body conditions, or to supply deficient substances in the body.

**Drugs** are abused when taken merely for pleasure, or to escape from reality, or to change mental moods deliberately.

Remember, abuse of any drug may unbalance an otherwise normal body or mind. Its abuse can cause illness, and possibly death eventually.

For medical needs, drugs should be obtained only through legitimate channels, by prescription when so ordered by a physician, and used according to directions. The best doctors today are prescribing fewer drugs.

1  
Counterfeits may look like the genuine . . .



2  
but they can be identified by expert microscopic examination . . .



3  
by careful screening using the substances known to produce color changes when mixed with certain drugs . . .



4  
by visual comparison with known samples . . .



5  
by measurement with a micrometer . . .



6  
and by X-ray tests which show crystalline structure and produce a characteristic pattern on film.





Photos:

Top: Amphetamine capsules  
Middle: Amphetamine tablets  
Bottom: Amphetamine tablets



Trade names:

Benzedrine, Dexadrine, Dexoxyn, Dexamyl.

Chemical names:

Dextroamphetamine, Methamphetamine.

Nicknames:

Bennies, speed, lid poppers, pep pills, wake-ups, hearts, dexies, eye openers, copilots.

Medical uses:

Relieve mild depression.  
Reduce appetite, control weight.  
Relieve fatigue.

## Dangers

Abuse by persons who want to stay awake longer than normally.

This drug can induce a false feeling of "all's well" when in fact the person is completely fatigued. It short-circuits feelings of exhaustion, requiring the body to use up its reserves. Finally, there may be sudden and total collapse.



## Amphetamines ("ups")

speed up the  
action of your  
central  
nervous system.



### How taken:

Orally or by injection.

### Results of abuse:

Restlessness, involuntary  
trembling, enlarged pupils,  
dry mouth, higher blood  
pressure, sweating, aggres-  
sive behavior, inability to  
sleep, headaches.

### Mind effects:

Hallucinations, delusions,  
alertness followed by de-  
pression.

### Potential:

Can cause psychological de-  
pendence, and develop  
tolerance.

User needs larger doses for  
desired effect.

Organic damage suspected,  
but not proved.

### Photos:

Top: Amphetamine tablets  
Upper middle: Amphetamine-  
barbiturate combinations  
Lower middle: Dosage forms of  
methamphetamine  
Bottom: Phenmetrazine tablets





# Depressants



Pentobarbital capsules



Secobarbital capsules



Amobarbital capsules



Amobarbital with secobarbital

#### Trade names:

Nembutal, Seconal, Amytal.

#### Chemical names:

Phenobarbital, amobarbital, pentobarbital, secobarbital.

#### Nicknames:

Barbs, blues, yellow jackets, goof balls, peanuts, red devils.

#### Medical uses:

Sedative.

Relieve high blood pressure.

Treat epilepsy, insomnia, hyperthyroidism.

## Dangers

Persons taking large amounts lose control of body functions, become restless, hostile, quarrelsome. Overdoses can cause death. Reality is distorted—user can easily take overdose, not realizing what he is doing or the drugs' effect on him.



Barbiturates ("downs")  
relax and slow down  
the action of your  
central nervous system.



Phenobarbital tablets



Miscellaneous barbiturate tablets



Other depressant drugs

**How taken:**

Orally or by injection.

**Results of abuse:**

Slurred speech, staggering, drowsiness, slowed heart rate.

Overdose: Unconsciousness, respiratory failure, and death.

**Mind effects:**

Lessened ability to think, work, and concentrate. Weakened emotional control. Slower responses and reactions. Depressed action of nerves. Confusion.

**Potential:**

Can cause organic damage, physical dependence, psychological dependence, and can develop tolerance. User needs larger doses for desired effect.







Your nervous system is composed of two main parts—the central nervous system, which is divided into the brain and the spinal cord; and the peripheral nerves.

As you have already learned in this brochure, drugs used most frequently for the nervous system are the stimulants (such as the amphetamines) and the depressants (sedatives, such as the barbiturates). These are the drugs most frequently abused by the most people.

Stimulant users claim that these drugs increase their mental and physical abilities and capacities, but—

**Remember**, that stimulants actually draw on the body's reserve energies. If this drain continues, these energies will become exhausted. In other words, stimulants deceive the user who depends on them.

Depressant users claim that barbiturates make the world more livable, reduce tensions, and cut problems down to size, but—

**Remember**, that depressants cut you down in size, slow your reactions, dull your mind. In other words, depressants tend to deceive the user who depends on them.

For normal people, drugs in themselves don't eliminate problems, sharpen their outlook on life, or improve their ability to face reality.

**Why not live life naturally?**



# Respectable Drugs - Why They Become Dangerous

Why, if pills are so commonly prescribed by physicians, are these so-called "respectable" drugs so dangerous? Why have they, in fact, been labeled the "dangerous drugs," even more dangerous than heavy narcotics?

1. **AVAILABILITY.** They are easily obtainable. Whereas it may cost a heavy narcotic addict \$50 a day to satisfy his habit, amphetamines and barbiturates are easily obtainable for a few cents a capsule or tablet by running from doctor to doctor, or, at most, a dollar a pill on the illegal market. Such easy availability encourages overuse and addiction.

2. **MEDICAL USE.** They are widely prescribed by doctors for the treatment of such common complaints as:

- a. Fatigue
- b. Overweight
- c. Sleeplessness
- d. Nervousness

These four enigmas represent perhaps the four most prevalent problems of our modern culture and society. A would-be abuser need only feign a few symptoms to obtain the drugs from some doctors.

3. **ADDICTION.** In addition to the intentional abusers there are many "innocent" abusers. People who would be filled with horror at the mere mention of opium often take stimulants and depressants freely without realizing that they can become habit-forming.

4. **CHRONIC POISONING WITH BARBITURATES.** Nor is addiction the greatest danger with these drugs. Chronic poisoning, too often unintentional, is insidious. And what too many people do not realize is that barbiturates—yes, common ordinary sleeping pills—may be cumulative in effect. As the hold-over amount of the drug from daily indulgence builds up, it gradually reaches toxic levels. The accumulated barbiturate then becomes an actual poison to the body.

If a patient persists in taking her sleeping pills night after night, she at first notices that her judgment becomes impaired and her memory and power of concentration are dulled. She becomes irritable and difficult to get along with. Next she notices difficulty in focusing her eyes. Her speech becomes slurred and her reflexes slowed. Such a person becomes inefficient in her job, but more important, she becomes a traffic hazard on the road and is particularly accident-prone.

Now consider a more tragic case:

5. **ACUTE POISONING FROM OVERDOSAGE OF BARBITURATES.** Mrs. Brown's husband was a salesman. On the frequent evenings and nights he was away from home, Mrs.

Brown became nervous and had difficulty sleeping. It was only natural then that her family physician should allow her a prescription of three dozen sleeping pills.

"These pills are to be taken only if you cannot sleep, and never more than two under any circumstances," he had cautioned. Several mornings later the same physician received a frantic call from the emergency room of the local hospital stating that Mrs. Brown had been brought into the hospital by ambulance in a comatose condition.

As the doctor's car sped through the several streets on the way to the hospital, he recalled the sleeping pills he had prescribed. "But surely a woman such as Mrs. Brown would never attempt suicide!" he thought. During the many years he had known her she had on several occasions demonstrated her emotional stability and her commonsense approach to life's problems.

Artificial respiration, oxygen, intubation, and intravenous fluids containing massive amounts of stimulants finally brought Mrs. Brown back from the narrow edge of death.

Only then did careful questioning of Mrs. Brown's daughter reveal the fact that her mother had seemed unusually tired the previous evening. She had commented to her daughter that she might need an "extra" sleeping pill.

When Mrs. Brown became impatient for the sleeping pills (two) to work, she took "one or two extra." From this point on we can only try to guess what may have happened.

On careful questioning, Mrs. Brown denied the slightest recollection of what had happened, but she definitely did not want to take her life! After taking four or five of the sleeping pills, Mrs. Brown was no longer competent enough to know what she was doing or what she was taking. She simply continued to consume the little red capsules until they were all gone. By some investigators, this has been termed "automatism."

Admittedly many Marilyn Monroes, Margaret Sullivans, and Inger Stevenses have taken the pills with suicide in mind. Barbiturates are a commonly used suicide tool.

But how many Mrs. Browns are there who have died each year, not because they wanted to, but because they were careless! Probably they should not have relied upon sleeping pills in the first place. Perhaps the doctor should prescribe only half a dozen pills at a time. But the fact remains that in some individuals, even one sleeping pill so dulls their judgment that they may not be aware of what they do subsequently.

Because of erratic behavior and inability to get along with others, he constantly finds himself in trouble at home and on the job. Many traffic accidents have been attributed to amphetamines, and unfortunately these drugs are obtainable (illegally) at too many taverns and cafés where truckers make regular stops.

Many students seek "pep pills" to keep them awake while taking exams or to keep them awake in class. Regardless of the reason for taking them, remember that amphetamines represent a real threat in the sense of addiction.

Even doctors can be too lenient, and prescribe the drugs too freely to individuals who are likely to become dependent upon them. But one sensible safeguard against dependency upon either goofballs or pep pills is to take them only on a doctor's prescription—and then only if necessary!

It is altogether too easy for these drugs to become a Trojan horse in your life. ■

The abuser may think he is being followed or that he hears voices. Dr. Philip H. Connell in a 1958 monograph, "Amphetamine Psychosis," presented an analysis of forty-two cases demonstrating that "a paranoid psychosis [insanity], indistinguishable from paranoid schizophrenia . . . could be produced by the amphetamines."—Connell, P. H.: Amphetamine Psychosis, Maudsley Monograph No. 5. London: Oxford University Press, 1958, pages 53, 79-115.

Although amphetamines are not classified with narcotics as far as the physical craving is concerned, withdrawal of the drug from some abusers produces an acute depression, too often associated with tragic suicidal attempts.

As with so many habit-forming drugs, the abuser finds an ever-increasing need for the drug. When the drug is not immediately available, he may substitute heavy narcotics in its place. If he becomes really desperate, he rationalizes himself into committing a crime to obtain the drug.



# Drugs-

What They Are and What to Do About Them

"Listen" interviews Donald K. Fletcher, Manager, Distribution Protection, Smith, Kline, and French Laboratories, Philadelphia



*Mr. Fletcher, to begin this interview, I would like to know, what is a drug?*

Drugs are classified in many ways—by legal terminology and by medical terminology. We think of them primarily as substances that are used to alleviate an illness or a condition that needs correction. We would have to, in the broad definition, also include substances that are not technically medical substances, such as alcohol and nicotine. They're both drugs.

*You would say, then, that the major purpose of drugs is medicinal?*

Yes, therapeutic uses of one type or another.

*What would you say, then, is drug abuse?*

Drug abuse too has many definitions, but primarily we believe that the abuse of a drug is using it in any manner that is not legal or in a way not prescribed by a doctor or by the directions on the medication itself.



*Why would you say drug abuse is prevalent today?*

Well, there are a number of reasons. We've got to accept the fact that it's not new with us. There may be more recognition of it, and I would accept the fact there's certainly more of it occurring now than in the past.

I don't think we can say in one statement what the causes are. There are numerous reasons why young people abuse drugs. They feel a great degree of alienation. There's a great deal of peer influence that pushes young people into it. It's an "in" thing to do. Also, it's a sign of rebellion; and many young people are looking for kicks—this is one way they obtain kicks.

*How prevalent is drug abuse on a general basis?*

I don't think anybody really knows. Numerous questionnaires and surveys have been taken, and you hear people quote all types of figures and statistics, from 5 percent to 75 percent of the people. I certainly don't believe it's anywhere near 75 percent. I think there's much more smoke than there is fire. Many people answering questionnaires, for instance in schools, will tell you they're abusing drugs when they're not actually doing it.

*Would you say that this is primarily a problem of youth?*

I would say that our attention is being directed to it as primarily a youthful experience. As adults, one of our problems in discussing the drug problem is the fact that we fail to give recognition to the types of drug abuse that are occurring in the adult population. I think this is to the young people a further indication of hypocrisy in the adult population. I'm talking particularly about the alcohol abuse problem with adults in this country.

*Do you feel that this is a matter which contributes to the communication gap between the generations?*

It does when adults discussing this problem fail to recognize the problems that their own peer groups have with alcohol. It also adds validity to the claims of young people who try to prove the safety of marijuana by citing alcohol. You find that they use alcohol statistics to prove the safety of marijuana.

*I believe, Mr. Fletcher, that you have been a law enforcement man for a number of years. How would you compare the law enforcement factor to the necessity for proper education?*

Well, there's no doubt that there are a number of factors in the control of drug abuse. These involve prevention, which is education; law enforcement; and rehabilitation. I really feel that we have spent the past century devoting our attention primarily to the enforcement aspect of the drug abuse problem. I don't think that we have given proper recognition or attention to the preventive aspect. We're just now beginning to see materials developed and money expended to give information to young people so that they can make more intelligent decisions concerning drugs.

*Does education develop curiosity in the minds of the young people and lead to further experimentation with drugs?*

That might have been true fifteen years ago. However, I don't believe there's anything an adult or a young person can say these days that young people have not been exposed to before. I don't believe that education can stimulate curiosity about drugs among the young because most young people know a great deal more about this problem than most adults who are trying to talk about it.

*Where do you think the kids get their knowledge?*

The same place they get their knowledge about alcohol and sex and many other problems and situations of life. They get it on the street, from other children.

*Does this add an element of urgency to education, not only for the kids, but for adults?*

I certainly think it does. Young people receiving this information on the street, and not receiving any balance from adults or professionals, have only one side of the story. To counteract this our educators, our schools, our parents, must be prepared to balance some of this information and discuss it on a rational, nonemotional basis with young people.

*At what age do you think this process of education should begin?*

I think it might be good to clarify "education." Education is not the drug abuse "circus" in which a lot of experts and ex-addicts are brought into schools once a year and spend a lot of time talking about drug abuse. Drug abuse today is a fact of life to which young people are exposed at an early age, and I think education ought to start in elementary school.

I don't mean that we start talking to first graders about the hallucinogens, or shooting heroin. But I think there are topics that can be covered in the early grades that make a lot of sense, that will help develop a child's attitude toward drugs. Right now we do a little of it, we talk about small children getting into the medicine cabinet or taking drugs from other people. I think there are certain higher levels of information that can be filtered throughout the entire course of studies in our schools. We don't need a special course, but we can talk about drugs in health class, in chemistry class, in biology, in government, in psychology. There are many places we can talk about drugs without making a big show of it.

*Would this necessitate the inclusion of a curriculum of this type in teacher training schools?*

We're now putting on special courses for teachers who are already teaching in the system. Yet at the same time, new teachers are entering the system each year who are not prepared to handle this situation. We're going to be handling it on a sporadic, emergency basis until we begin to teach special courses at the teacher college level.

*What elements do you feel have contributed to making our society a drug-oriented one?*

Well, there are many, many things. For many people who have used drugs, including alcohol, there is the factor of escape. People desire not to have to tolerate the pressures or problems that cause them pain.

For young people, however, I'm not convinced that the escape factor is the total picture. They use drugs so they can be part of the gang, so somebody won't think that they're "chicken" or "sissy." They're just pressured into it by their friends.

*What are considered as "softer" drugs, and why are they so-called?*

The "soft" drug terminology arose after we had termed narcotic drugs the "hard" drugs. Soft drugs are generally separate from the narcotics, and they include the stimulants and depressants, primarily amphetamines and barbiturates. Some people would add the hallucinogens to this group.



*We hear the word "tranquilizer" used often. What actually is the tranquilizer group of drugs?*

Tranquilizers are one of the newer groups of drugs. Their action is primarily what their name denotes. In the area of drug abuse, however, we have to separate tranquilizers into two groups—major and minor. Tranquilizers generally associated with the abuse problem are the minor tranquilizers. The major tranquilizers are those used in major types of mental illness. Minor tranquilizers are used for such things as tension, minor neurosis, and nervousness.

*Is the major use of these "softer" drugs the medicinal one?*

If we're talking about the amphetamines and the barbiturates, these are drugs used by physicians daily for a wide variety of conditions in medicine.

*Are these drugs quite attractive to young people?*

I don't know if there is anything more attractive about them than about other drugs. The fact of the matter is that these drugs are available on the illicit market, along with marijuana and the hallucinogens. Young people have been able to obtain them from sources outside medicine.

*Are both amphetamines and barbiturates legally available only on prescription?*

That's true.

*Then young people usually get them through illicit channels?*

I think the prime source from which they obtain them is by illicit channels.

*What would you say are the drugs most frequently abused?*

Well, there's no doubt that among young people marijuana is the most frequently abused drug in this country today. In fact, this would probably be true worldwide—marijuana is the most frequently abused drug. We have many other drugs that are used and abused at the same time—the many, many hallucinogens, the amphetamines, the barbiturates, and, of course, the narcotics.

*Do you feel that young people often use drugs of this type for escape purposes?*

I'm not ready to say that it's for escape purposes in the classical sense of the alcohol or narcotic addict. I think that young people often use them more for kicks and more for the reason that the rest of the people in their group are using them—in other words, in conformity.

*Do you feel that the peer pressure might lead later to their use for escape?*

If a person feels that drugs offer him something special that allows him to forget about his troubles—and he has the kind of troubles he needs to escape—it's quite possible that he will experiment with a variety of drugs till he finds one that offers this type of escape.

*How much do you feel is involved in the element of rebellion of young people against the so-called "establishment"?*

I think the factor of rebellion is a part of the overall contemporary social climate. The rebellion factor is possibly the result of the lack of communication that adults have with young people. We talk about a generation gap, but I prefer to call it a communication gap. The fact of the matter is that adults as a general rule have little chance

to communicate in meaningful ways with young people, even their own children. This creates a climate in which young people do not accept many of our traditional values. They think that we are a generation apart, with different goals and aims. I know that if you sit down and compare what young people believe and what the adult population believes, you'd really find that we're quite close together.

*Would you have any tangible suggestions, Mr. Fletcher, as to how we could communicate with the kids?*

Well, I think one of the things I might suggest is that adults not be quite so sensitive to the criticism that young people have of the establishment. Those of us in the establishment are in a constant process of criticizing it and making changes ourselves. I don't think anybody feels that our society is perfect. Young people have a tendency to think that there are quick and simple answers to some of these problems that adults have been working on for generations and generations. We shouldn't feel that we have all the answers and that they have none of them.

*Judging from your comments right here, will you say that there always has been a generation gap and that it is a normal thing?*

There's always been a generation gap of some kind or another. I don't think that in past generations the conflict has been quite so vocal. The fact is that the present generation is variable and very critical of what the older generation is doing. I don't believe that the vast majority of young people have any idea of tearing down the structure. I think, however, that many of them are criticizing the way the adult population is maintaining it.

*Has drug abuse become a symbolism of youth revolt today?*

There's no doubt in my mind that the abuse of drugs by young people is just a symptom of the total contemporary social situation. I think drugs are part of it. I think campus disturbances are part of it. I think the change in sexual attitudes is a part of it.

*How do you think we should attack this problem?*

I think there are a number of ways to combat the problem. Certainly no single approach is going to be successful. Enforcement has a very positive role, and we certainly have to make rehabilitative efforts. But I think our greatest hope is through prevention by education.





We can do so much more to prevent young people from experimenting with drugs—using drugs illicitly—once we have convinced the adult population, parents, teachers, and others, that they have a role in solving this problem.

*You would say then that this is a matter of home education as well as education in the school?*

We cannot wait until our children reach school to develop proper attitudes. Many attitudes are already formed by this time, and parents have to recognize this. Educators may be better able to handle the more technical aspects of drug education, but parents are obligated to discuss the situation with their children, at least in general terms.

*Do you have specific suggestions to parents as to how best to get through to children?*

Most modern parents know that you make few rational points with a child when you "lose your cool." So the important thing is a rational, unemotional approach. Sit down and talk with the child about it. Maybe you don't know anything about abuse, and maybe that's a perfect opening. Maybe you say, "Look, Johnny, I don't know anything about marijuana; maybe I should. Why don't you and I try to find out where we can get some information on this so we can talk about it some more?" That's maintaining the bridge, that's maintaining communication. You don't have to be an expert to get into a discussion. Both of you starting off together would be a good place to begin.

*What guidelines would you suggest for safety in securing drugs for regular proper use?*

The guidelines are quite clear, for youths and adults. A drug should be taken only on prescription from a physician and the prescription should be filled at a pharmacy by a registered pharmacist. There's really only one guideline. That's to maintain the chain of legal distribution and to see that drugs are taken only according to the prescription.

*Would you have any further comment about these dangers?*

Any drug found in the illicit market has broken the chain of legal distribution. No one really knows what it contains. Many times these drugs are made by clandestine laboratories and may not even contain the substances boasted. Most of the time the person selling it doesn't know what the substance is or where it came from. He is merely another link in the chain of the unknown. It's quite common to find that the drugs available on the illicit market are contaminated. They've been diluted with a wide variety of substances, or they may not even contain the substance that they're supposed to contain. I can't think of anything that's closer to Russian roulette than taking a drug from the illicit market.

*Wouldn't this be a valid point of emphasis in talking with youth about the dangers of drug abuse?*

I certainly think so. And I believe that it's a point many young people recognize. The unreliability of the illicit market is fairly accepted. Anybody who has had contact with it has been burned on more than one occasion.

*Could you outline additional factors that enter into the potential dangers of illicit drugs?*

Drugs manufactured by legitimate manufacturers go through a careful processing and distribution system. There are step-by-step precautions to ensure purity and integrity of the product. Compare that with drugs found in the illicit market. A drug that is purchased on the streets is purchased without a name on it, without directions, with-

out knowing the manufacturer. The person selling it probably bought it in bulk. He doesn't know what it is, either. The end result is that nobody knows what the product is, who made it, where it has been, or under what conditions it has been maintained since its manufacture.

*Do you have some positive ideas for young people for better ways of life than developing dependencies on drugs?*

Young people can do many more things without drugs than with them. While youngsters get involved with drugs because they're looking for something, I've never talked to one who, after he stopped using drugs, told me that he had found what he was looking for while on them. Young people today have a great deal of sensitivity to some of the problems of our society, and I think that if they would work toward the goals they set, they would contribute to a better society and not feel the need to abuse drugs.

By that I mean that young people are talking and working for many goals in our society, such as equality and peace. They should continue to do this. On the other hand, if our adult society has not helped our youth find meaningful and constructive methods of working toward these goals, then, as adults, we should look at our own behavior.

*What about the natural element of curiosity on the part of young people in this matter of drug abuse?*

Curiosity, of course, plays a part in the problem today, primarily because young people have such a one-sided view of the situation. Most of their information is street information. There is natural curiosity in any person. I think that he balances his curiosity against the amount of good, solid information he has available on the subject. The total life experience evaluates and modifies curiosity.

To illustrate, a person may be curious about what would happen if he jumped off a cliff, but he fell from a chair when he was a very young child and knows firsthand that falling is dangerous. Curiosity is tempered by information—but our young people don't have all the information to temper their curiosity about drugs.

*Would this suggest, then, the added importance of the right type of education?*

I think that's true. We sometimes hear young people tell us: "Look; how can you talk about drugs if you haven't used them?" Life doesn't require a person to experience personally every situation in order to make evaluations. If this were true, our population would be very small indeed. There are a great number of things we learn are dangerous from our cultural heritage. We don't experiment with them.

*Do you feel that we're making progress in this general direction at the present time?*

In the last two or three years we've started to see a great deal of improvement. For half a century we've tried to devote all our attention to enforcement and punitive measures. There's a place for these. However, I believe that once we see that we're dealing with a people problem—not only a drug problem—we can make better strides.

*Could you look into the future?*

There are already some encouraging signs. A number of the first wave of users, the young people who went into drugs "trying to find something they were looking for," perhaps going the "whole route," are now out of the drug scene. And they in turn are trying to reach other youth. They'll tell the things they've found that offer the rewards or benefits that they thought drugs would offer. ■





Most persons think of a pill when a headache strikes, but can you cope with such aches without pills?

irwin ross, ph.d.

Are you intelligent, ambitious, conscientious, superior, interesting?

Do you, by very nature, perhaps without consciously realizing it, set goals that are too much for your physical capacity?

Have you gone for physical checkups, only to be told, "I can't find a thing wrong with you"?

Did you say resignedly, "I was afraid you were going to tell me that, doctor; but I'm not imagining these terrible pains"?

If the answers are Yes, chances are you belong to that sorely afflicted group of 15 million walking invalids known as *cephalalgics*. That is, you suffer chronically from blinding headaches.

Medically, a headache is ascribed to some 200 possible causes. It may presage a stroke or brain tumor, though not nearly so often as the victims imagine. It may stem from sinus trouble or eyestrain. Often migraine is associated

with heredity (or, as some researchers suggest, to similar reaction patterns in a family), and usually singles out the young and middle-aged. On the other hand, histaminic cephalalgia, which apparently is triggered by an oversupply of the chemical histamine, prostrates older folks.

At various headache clinics through the country, thousands of cephalalgics have been successfully treated with drugs, neck-stretching exercises, and even intravenous injections in emergency cases. However, while such treatments relieve the immediate attack, they can't entirely forestall future ones. And, as any chronic headache sufferer will tell you, one of the most miserable aspects of his affliction is that he never knows when he will be prostrated next.

Hence, researchers have been working out a system of *preventive* therapy.

In essence, the approach is this: If you have been a longtime sufferer, you have made it a *habit* to get headaches regularly. That is, you have unconsciously trained your



muscles and tissues to react in a headache pattern. At first, they were not thus conditioned, but as you began getting headaches more frequently, they reacted more quickly as practice made them perfect.

Since you were the cause for unconsciously developing this bad habit, the ultimate prescription is neither drugs nor other specialized medical treatment. It is *you*.

Let's go through a condensed version of treatment. First off, there is a thorough physical, including X rays, blood and urine analysis, and metabolism tests to determine whether anything in the body is contributing to the headache. In all cases cephalalgia is a symptom rather than a disease.

Next, the examining physician will ask bluntly: "How much do you want to get well? Do you really want to, or are you just here because your husband (or wife) has become tired of your headache?"

This approach is necessary to discourage any optimistic patients who think they're merely going to get a pain-killing pill and then get out. But their head is not their problem. It is merely the weathervane of the whole body, and any abiding treatment must embrace the whole body.

Let me explain: The victim's muscles and tissues have learned too well how to overreact to certain situations. In some people, this reaction might take the form of stomach ulcer, or stroke, or heart attack. Others get a headache!

Physically, you see, each of us has a store of energy for his daily use, and if we live in balance we will end the day with a little or a significant amount of this energy still intact. Imagine there is a bag in your body holding 100 pounds of energy.

If you are aged twenty-five, normally healthy, have no serious problems, and sleep well, you will awake with a bagful of energy. During the day everything you do, willfully or involuntarily, will take some of that energy from you. Plain existence will deplete the bag by one half, leaving fifty pounds for presumably more important matters.

But many of us use it up without realizing it by hurrying, wasting energy, letting ourselves become upset, tense, and nervous. Mostly, we waste this energy thoughtlessly. At evening, with five or ten pounds of energy still in the "bag," we go out. At bedtime, more tired than we realize, we have used up 110 pounds of energy, and gone into debt to ourselves.

Like all borrowing, this pyramiding mounts dizzily. At best, the person who has borrowed thus against next day's energy would wake up with only ninety pounds in the "bag" after a good night's sleep. But, because he was overtired in the first place, he doesn't sleep well. He wakes up with less than ninety pounds—and again spends 100 pounds during the day.

Each pound of energy lost becomes a pound of tension, or let's say a pound of ashes in the bag. In a month, the bag is overfilled with ashes, not energy, and whatever you plan to do the next day is already too much.

Many headache sufferers live chronically in energy "debt" to themselves, with perhaps 1,000 pounds of "ashes" overflowing from the "bag." At the very best, by minimal living which requires fifty pounds of energy per day, they would require a month to "repay" themselves. But they go on getting deeper into debt, getting less replenishment from their night's sleep as they age.

Thus, chronic fatigue and chronic tension become chronic headache. As the practitioners of the preventive therapy make their patients visualize it, the bag of energy is hooked by a wire to the trigger of a gun which points at their heads.

Overload the bag with tension and it pulls the trigger, starting the headache. Worse, after it has been fired 1,000 times, the gun becomes "trigger happy." Less and less weight of tension is needed to set it off. Normally, for example, at the age of forty, about seventy-five pounds are needed to fire it, but if you have had chronic headaches for fifteen years, it will go off at less.

Hence, with each new patient, the headache preventive therapist seeks to do two things. First, with the patient's help, he lowers the weight of tension being carried. Second, with medication, he "stiffens" the trigger so that it will take more tension and go off, not at fifty pounds pressure, but at 100 or more.

For example, medicine can tighten up blood vessels which have become congested with blood and thus over-stretched; limber the muscles around the head and neck which are tight, stiff, and sore; soothe nerves which are irritated. Heat, massage, and neck-stretching exercises also serve to stiffen the trigger. These three parts of the body—blood vessels, muscles, and nerves—are the *only* things that can hurt in a headache. Hence, if the pressure on them is relieved, the headache will stop.

Tranquilizing drugs can help many sufferers, but they often have uncomfortable and dangerous side effects. So far as they help the patient to break his reflex habit, drugs are an invaluable "crutch." Take a pill, relax for a day, replenish the bag of energy, and all will be well. But they cannot be used on the theory that the victim now has 100 brand-new pounds of energy at his disposal. *The ultimate cure is in his own hands.*

Here is how *you* can start on preventive therapy for yourself:

1. Sit down tonight and write in detail exactly what you are going to do tomorrow. Then realize that even Hercules couldn't do it all. To attempt it, you would *have* to end up the day overloaded and frustrated. It is a perfect experiment in how to bring on a headache.

2. Make out another list of what you did do today. What could have been eliminated? How much did you *want* to do, and how much were you *talked* into doing?

3. In the light of the two previous lists, again itemize what you plan to do tomorrow, comfortably and without strain. And then cut *that* list by half.

When you do what you can do that is important, you begin to "live in balance," and your headaches will diminish in frequency and perhaps go away entirely.

Simple as this headache therapy may sound, there's always the risk of a relapse if you slip back into your old bad habits. So, when you face an energy-consuming crisis, better ask yourself these three questions:

1. Do I really want to be well?
2. Can I accomplish this project in a manner that will save energy?
3. Can I afford it at all—the strain, the emotion, the energy involved?

Right there is the answer to tomorrow's continued good health—or one splitting headache. ■



Teens - Life Can Be Beautiful!



I Wa



# a Speed Freak

John Salmon, as told to Elva Anson

This story is based on an interview with twenty-one-year-old John Salmon, who is now working as a counselor for the Aquarian effort in Sacramento, California.

At first drugs were a lot of fun. Speed gave me a tremendous feeling of exhilaration—I felt I was “with it.” I didn’t know then that speed kills. It really does! I have seen my friends die—it’s scary.

I knew about most of the risks, but the only ones who told me about it were the adults and people who read it in books. I was always rather strongheaded, and I wouldn’t listen. I heard so many people tell about the danger of drugs. I thought they were wrong. They said acid does all these things to your head—that it’s bad for everyone. They said it freaks you out—the first time you take it—and you’re going to be in the hospital or in the mental institution. Well, I’d taken acid many times, and it never seemed a problem for me. I just laughed at the people who warned against drugs, because I knew twice as much as they did. I could ask them questions they couldn’t even answer. I didn’t believe anything they said. I wish an ex-addict had talked to me. It would have scared me to death.

I started with marijuana in high school. Marijuana is not the big problem. It’s the environment in which you find marijuana. If you’re in that environment, you can go from one friendship to another and soon you’re in the biggest dope scene you ever saw.

After high school I went to college in Alaska. Then I quit after one semester and came to California to get a job. I had a lot of confidence in myself. I could outsell the best salesmen in the retail clothing business, and I had \$1,000 a month coming in to prove it. I met a foxy chick, and we were married in the fall. The following winter I began using LSD and mescaline, and when spring came I was using speed. I quit my job, lost my wife and child, and eventually lost all confidence in and respect for myself. The only confidence I knew was the needle and a drug called speed.

Speed became my world, because that is how it is. I had always done the best at whatever I did, so I was going to be the best at being a speed freak. I didn’t have to pay for it, because I was dealing. As a dealer, I was always very busy, because I knew a lot of people.

Very often dealers are cold-blooded. They cheat and burn people. They sell something that isn’t pure. It’s lousy acid or speed cut with powdered sugar and poisons, or heroin cut with other stuff and poisons. I was one of the very few honest dealers! Often I was dealing with chemists themselves, right with the man who makes drugs. They’re pretty burned-out people who can do only one thing and that is make dope. They’d just as soon shoot you as look at you. It’s pretty scary.

“Ripped off” means to have everything stolen from you. I’d been ripped off at knife point, so I started carrying a knife. Then a gun! I do not believe in violence, but I found myself carrying a loaded .32 in my car and a huge bowie knife in the back of my belt. I’ve had to use that knife many times just to get away from people. I didn’t like it at all! It was an ugly scene!

I saw myself deteriorate inside and out. By the end of three months, I had lost seventy-five pounds from taking speed. I was a completely different person. A lot of my friends died. Many of them are in institutions; many are in jail.

When I began to realize what speed really is, and that I was a superparanoid speed freak, I knew that wasn’t where I wanted to be. Speed was the hard way. I didn’t think I wanted anything to do with life anymore. It was a long-range term of suicide—a self-destruction kick. I tried to quit, but I found that I couldn’t. I would quit for a few days, and then I would be back poking holes in my arm all over again.

My parents are great! We had always had a good relationship. When I got into dope, I drifted away because I made it that way. I couldn’t look them in the eye because I knew what it would do to them if they found what was happening. There wasn’t anything they could do when I didn’t want help.

Finally my parents found out. They were concerned and wanted to help. They decided to give me money until I could get straightened out. I couldn’t get a job, because I had been arrested in New Jersey for possession. My parents knew that the only way I could make money now was to deal. I could make two or three hundred dollars a day sometimes, so it was tempting to fall back on dealing. With my parents’ financial help, I tried to quit. I quit speed for two weeks, but I was taking other drugs and I went right back into it again.

I guess I was lucky when I finally got arrested. There were ten of us. They found all kinds of drugs and things from my dealing life.

My father told me about the Aquarian effort, a new approach to drug abuse, which has the support of the people in my city, Sacramento, California. The people there helped me to see how unproductive my life had become. I had done nothing during the past year. I knew that if I ever were arrested again, I would be sent to prison. I knew this was my last chance—I had to quit!

I began working at the Aquarian House with total commitment. Day by day things started getting better. At first it was really hard, but I knew I had to do it. I had never gone longer than two days without dope of some kind. Now I felt like a new person; I’d never been happier.

When you come back from being a walking zombie, a dead-like person, you appreciate a lot of things. Living is one of them. I don’t ever want to go back. I don’t even go near the people who have it. I wouldn’t blow this chance for anything. I know if I ever used it again, even once, I’d be right back where I started. It’s easy to stay away now, and I want to do my best to help others get out and see the world open up to them.

Dope is so far from reality. Once you come out of it, you can really see the unreal life you’ve been living. It’s something you don’t want anyone else to have to go through. ■



# If Life Is Lukewarm—

Shirley M. Dever

Some people find life ecstatic, exciting, or exhilarating. Others relate to life in a cool, calculated, or collected manner. Yet, for multitudes of human beings, life is merely lukewarm.

Cal is a typical conformist. He works in an office. His co-workers do the same kind of work he does, dress like him, and act like him. They ride the subway with him to the suburbs where they live in look-alike houses in massive crackerjack subdivisions. They mix in the same social circles, often belong to the same clubs, and may attend the same church. Their wives and kids tend to act alike, dress alike, and, in general, share in this lukewarm kind of living.

Once in a while there are rumors of someone's changing wives or jobs. A gurgle of excitement runs through the community. But soon life settles down to normal again. Life is neutral and nonchalant. Life is a rut.

Look around you. What kind of person sparkles in the space age? Isn't he the one who in some way is a bit different, the person who isn't afraid to be original?

*Originality* is an interesting word. Its very definition can add spark to a dull existence. Originality implies "freshness of aspect or design, independence or newness of style or character, the power of independent thought or perception." It takes courage to be original in this day and age, yet this is one of the best ways in the world to live a dynamic life.

Chuck is an escapist. He spends his off hours living vicariously by keeping himself glued to the television screen. Through TV he can relive his football years (or baseball or basketball years), his dating days, the thrills of falling in love, and early marriage. If a certain program fails to turn him on, he can pick up a magazine or newspaper and escape into its pages. Rather than traveling, he can enjoy an armchair travelogue in a popular national magazine or view one of the many travel-adventure series on TV. Instead of participating in a game of golf, he can watch the pros perform on television. Soon he is a chronic spectator. So hooked by the habit is he that he no longer even wants to get in on the action.

In one of the Peanuts cartoons, Lucy endeavors to give Linus some psychiatric help. "Living is living! Living is what counts!" she staunchly proclaims. "People come to me and ask me how to live. I tell them that to live is to live! Living is what makes living!"

Linus leaves only to run into Violet, who asks: "Is the doctor in?"

Linus turns his back on her and mumbles, "No, I think she's way out!"

And so the blanket-loving Linus persists in running away from his problems—and he has a lot of company.

Why is life a lukewarm experience for so many people? Here are a few possible explanations:

*Fear of involvement.* Taking a stand, voicing an opinion, expressing an emotion, all mean getting involved. This is simply something the lukewarm cannot face up to.

*Fear of facing oneself.* If one is to run hot or cold, he must take the time to know himself. He must rid himself of those phony caricatures he displays to his friends and associates. For some, the task is too fearsome to tackle.

*Fear of facing others.* The shy, the timid, and the unsure fall into this category. Being lukewarm serves as a shield of armor.

*Fear of failure.* Active, aggressive, ambitious people succeed—and sometimes fail. Failure is too great a risk for a lukewarm human being. Apathy sets in when he realizes that although he won't be successful, he also won't blunder.

Seemingly, if life is lukewarm, it is at the same time neutral and negative. It is lived in shades of gray, breathed shallowly, and partaken of sparingly. It isn't marching; it's marking time. Rather than challenging, life becomes a checkmate.

Is there an antidote for apathy? There are a number. One can become absorbed in a cause outside of and greater than himself. A person can treat it like any other bad habit—determine to break the habit. He can learn to be enthusiastic, a trait which is more often learned and practiced than inherited. He can, with God's help, develop a new attitude, acquire a new outlook on life.

Life can be full and dynamic and meaningful. ■





Smoking and Blindness

## "I Just Can't See It"

Arthur J. Fettig



Recently a friend of mine said to me, "Art, I just don't believe that smoking cigarettes really hurts you." Then he lit up a cigarette, took a deep puff, and started coughing.

I asked, "What are you doing?"

He replied, "I'm enjoying a cigarette, that's what."

I said, "You're coughing. Don't you realize it? You're coughing like you do every morning about this time."

He looked amazed. "I am! Never noticed it before."

Scientists and researchers study the effects of cigarettes, and they learn that smoking can damage lungs, the heart, and almost every part of the body; but the research I do doesn't cost me a cent. I look at the people around me and come up with the fact that smoking causes blindness. Smokers can't see what is happening around them and to them.

In a supermarket line recently, the woman ahead of me laid a pound of baloney, a loaf of bread, a carton of cigarettes, and two packs of cigars on the counter. The bill came to over \$6, and she looked at me and said, "Isn't the price of food just horrible these days!" She couldn't see that most of her bill was for a bad habit, not for food.

Later that day at a meeting we had to open the windows to compensate for the blindness of one businessman. He was producing clouds of smoke from his foul-smelling pipe. He was blind to the fact that he was contaminating everybody's air, not just his own. I would like to have placed a plastic bag over his head so he might keep all that "pleasure" to himself.

At a PTA meeting I overheard a mother of four children tell her friend, "I certainly hope that my children don't start smoking." During the course of a one-hour meeting, that woman lit up five times. She doesn't see that she is saying one thing and teaching the opposite by her example. Each time she lights up in the presence of her children she's saying, "Don't do what I do; do what I say."

When I was leaving for a vacation abroad last year, a close friend said to me, "I don't know how you can afford those trips, Art." I asked him what he spent on smoking and he admitted it was more than a dollar a day. "That's how," I explained. "I save that smoking money and see the world with it."

At lunch recently a friend told me that somehow food didn't have any appeal to him. During our lunch he smoked four cigarettes. "You've messed up your taste buds with too much tobacco," I told him. "After I quit smoking for a few months, my taste buds came alive and I discovered how really great my food tastes." He shook his head. "Naw, it must be something else. Couldn't be that."

In the newspaper last week I read about a man who burned to death in bed. He was smoking and went to sleep. He was blind to the fact that smoking in bed is like playing Russian roulette with no blanks. Burning to death in bed is the quick way to let cigarettes get you. Burning up your lungs takes longer, but it's as deadly.

Ask any smoker, "Why don't you quit?" Chances are he'll tell you, "I just can't see it." Open your eyes wide and you'll see that life is great and exciting if you get involved in it. There isn't any reason to put a cloud of smoke around it. I want my life fresh and uncontaminated.

Take a clear look at the facts, and you'll agree that smoking is for people who can't see!

## Youth Asks — The Doctor Answers

R. W. Spalding, M.D.

### What is the active ingredient in marijuana?

In the summer of 1966 the active ingredient, tetrahydrocannabinol, was first synthesized so that it is now available in standardized form for research purposes. In the next few years many of the questions regarding its effect on the body and the nervous system will have a more accurate scientific answer than at the present time.

Marijuana is not a narcotic drug. It is not thought to be habituating. It does have the ability to cause hallucinations, but its effect cannot be predicted. What is sold on the illicit market is usually adulterated and the strength cannot be ascertained.

### What type of drug is found in coffee?

Caffeine, a stimulant, is the active ingredient in coffee. It is also the active drug found in the cola drinks as well as in tea.

### If you go into a hospital for a drug problem, should you be arrested?

No, you should not be arrested.

First, that which you tell to a doctor is in strict confidence. It will be revealed to no officer of the law nor to your own parents without your consent. Only when you have done a criminal act against another person is the physician or other hospital attendant required by law to report it to the city or county prosecuting attorney or other officer of the law.

### Are all "crutches" bad for you?

When we think of a crutch, we usually think of some mechanical device to assist an injured person to continue an activity which he could not do following his injury until he has recovered from that injury.

When we speak of a drug, such as alcohol or one of the tranquilizers, as being a "crutch," we suggest that this drug is being used temporarily. But alcohol and those "drugs" which are most often used as crutches, are really not used on a temporary basis, but are abused. Alcohol in small amounts removes the inhibitions, the little fears, and so is thought by the drinker to give him courage. Thus he thinks that one or two drinks makes it possible for him to accomplish that which he would fear to do otherwise.

And he thinks he is using alcohol as a "crutch," to overcome fear. Actually he is developing a habit which may not be temporary, but which may easily become stronger than he, the drinker, will be.

Thus alcohol, tobacco, and addictive drugs can never be considered as "crutches." Only when the course of a disease or injury is directed by one trained in the use of the "crutch" is it safe for anyone to use a drug as a "crutch." "Crutches" are good when used to assist in recovery. They are bad, they are dangerous, when their use is directed by the user, for support or for purposes of financial gain.

Teens - Life Can Be Beautiful!



---

There have been many suggested solutions to the drug problem. William A. Fagal, director of the international telecast "Faith for Today," offers what he believes to be—

## "Best by Far on Every Count"

---

It was just a poster about drugs—in psychedelic colors: "Will they turn you on—or will they turn on you?" But it set me thinking.

A breezy young salesman whose work necessitated frequent airplane travel had a strong fear of flying. His physician recommended taking a tranquilizer tablet shortly before flight time. The pill worked so well that before long the ambitious fellow began trying other mood-changing drugs to meet other needs.

Amphetamines helped stimulate him for business appointments and helped him overcome hangovers resulting from drinking bouts with customers. A fast-acting barbiturate "that puts me out in a couple of minutes" helped him sleep after frantic business sessions. Now, there are days when he admits taking up to half a dozen mood-changing pills. "I never have to feel tired or depressed anymore," he states. "I don't know how I ever got along without pills."

But an increasing number of physicians and social scientists do not share this enthusiasm for such drugs, seeing in them, because of their easy availability and widespread use, a greater health hazard than hallucinogenic drugs such as LSD, or even "hard" narcotics like heroin.

Why are teen-agers being attracted to drugs? Says district court psychologist James A. Vander Weele of Denver, "Teen-agers who take drugs usually have severe emotional problems that have reached the crippling stage. Their greatest need is to solve the problems."

This specialist tells of one girl hooked on drugs who pleaded, "This is the first time I found friends who love me. Please don't take them away." Psychologist Vander Weele explains, "This girl had never really had friends until she became part of a group. The only thing other group members required of her in exchange for their friendship was that she use drugs with them. She didn't care about drugs; but she did care about the friends, so she participated."

The psychologist has found that many teen-agers on drugs are "unsuccessful children who are desperately lonely. They haven't found acceptance anywhere. They haven't succeeded academically, athletically, socially. . . . They find their places only by joining others who have similar problems."

Songs by immensely popular rock 'n' roll or acid rock groups like the Rolling Stones urge the use of drugs upon their listeners. The Stones' "Monkey Man" sings: "I'm the monkey man, all my friends are junkies." On the same album they sing, "Come and see me when you need some coke [cocaine] and sympathy."

But finding understanding and friendship at the cost of

taking drugs is paying an unnecessary and exorbitant price. For, as the poster suggests, the drugs eventually will "turn on you."

And the age level of drug users is constantly decreasing. Says John E. Ingersoll, Director of the United States Bureau of Narcotics and Dangerous Drugs, "Four or five years ago, college seniors were virtually the only students involved with marijuana. In two or three years, smoking 'pot' had moved down to the freshman level. In another two years it had become a problem in high schools, and now it is getting into the junior high schools," even the grade schools.

Someone has said that "having even one addict in a school and not doing something about it is like ignoring one smallpox carrier." The experience of the community of Wakefield, Massachusetts, a suburban middle-class area which suddenly in 1967 had its narcotics record marred by more than a dozen arrests of children, proves the point. Children as young as seven have been found using drugs in Wakefield, sometimes having been "turned on" initially by older brothers and sisters. A "hot line" has been set up to receive telephone calls and grant assistance to those going through severe drug ordeals. Once a sobbing, heart-broken mother wanted to know how to approach her son, who, she had just discovered, was peddling marijuana. In another case a teen-age runaway had to be tracked to the cemetery where she was hiding, terrified to confide her drug problem to her parents.







Recently a Government task force "conservatively" estimated that at least five million Americans have used marijuana at least once in their life. But Dr. Stanley Yolles, when director of the National Institute of Mental Health, put the figure at at least twelve million and perhaps even twenty million. Dr. Yolles estimated that 25 percent to 40 percent of all students have at least tried marijuana, but he admits that on many college campuses, particularly on the east and west coasts and near large cities, the figure is 50 percent. At the 1969 Woodstock Music Festival, which attracted 400,000 young people, it was reported that 90 percent openly smoked marijuana.

Drugs are known to be dangerous, but how dangerous?

In New York City during the first five years of the sixties approximately 300 people, an average of 60 per year, died from drug-related causes. But in 1969 alone more than 900 people died of such causes. Of these, 224 were teen-agers—and twenty-four were under the age of fifteen! And most heroin users began with innocent-appearing drugs such as methamphetamine, known also as "speed."

"Will they turn you on—or will they turn on you?"

In a recent article on the problem of drugs, *Time* magazine states that the goal probably should not be to eliminate drugs entirely, which might be impossible, but to control them and diminish their allure by offering the only valid alternative—"a life of challenge and fulfillment. . . . That, as kids who have reached a mature understanding of drugs already know, can also be a turn on, and a better one."

I could not agree more. The problem of drugs may not yield to direct attack, but surely drugs can be displaced in the lives of young people who find something better for the solution of the very real problems which they face every day.

Is there anything in the world which can help young people with emotional problems, who feel alienated? Is there anything which can help them cope with their day-by-day difficulties? Is there any society other than the drug-induced one in which they can find acceptance and feel a part of the group? I believe there is.

You see, all of us need acceptance—need to feel part of a group which we can admire, a group which welcomes and appreciates us. And all of us need help in coping with difficulties which form an unwelcome part of life as we know it.

Drugs might promise all that, but they cannot offer permanent lifetime solutions to nagging problems. The tragic death of the daughter of Art Linkletter makes this fact crystal clear. Just days from turning twenty-one, she seemingly had everything for which to live, yet for no apparent reason she leaped to her death.



Her grief-stricken father courageously revealed that for some time she had experimented with LSD. Just before taking her life, she telephoned her brother, Robert, and told him that she had been having "flashbacks" from taking LSD months before, and feared losing her mind.

Since the story of Diane's death has been publicized, the Linkletters have received no less than 50,000 letters from worried parents concerned about their own children. Dedicating his immense energies to warning other young people about the dangers of drugs, Mr. Linkletter hopes to save many from a fate similar to Diane's.

My mother still likes to tell how before I was two years of age I could sing acceptably when placed on a public platform. My first such rendition (of which, mercifully, I



remember nothing) was the old hymn, "I've found a Friend; oh, such a Friend! He loved me ere I knew Him; He drew me with the cords of love, and thus He bound me to Him."

In all honesty I will have to admit that while my musical interpretation may have pleased some people (perhaps mainly my mother), I was not singing from the heart a song of experience. I was merely mouthing words which I had been taught, singing them to a tune drilled into my mind. I may have known the hymn, but I did not really know the "Friend." But the years have changed that. Now I know both.

And my friendship is so real that "I tell Him all that pleases me, I tell Him what annoys." I feel no need to keep anything from Him, for the years have taught me that He is on my side; He is "for me"—always.

Many long years ago Christ's disciples heard Him exclaim, "Lo, I am with you alway, even unto the end of the world." The lives of daring which they lived afterward proved beyond doubt that they believed Him. Experience served to strengthen their confidence in Him.

With all my heart I believe Jesus Christ is not *an* answer, but *the* answer to the problems of modern living.

Contrary to some drug takers' claims of delights beyond description, most people use drugs to relieve their anxieties. They have found that they hurt less on drugs. A heroin addict told a reporter, "You don't even know what I'm talking about; you feel OK all the time. Me, it costs me \$100 a day just to stop hurting so much." But Jesus Christ can remove life's hurts and do it permanently.

Daniel Negris of Worcester, Massachusetts, started on marijuana when he was only fifteen and working with dance bands in his Brooklyn neighborhood. Given the drug by a fellow musician, he became more and more dependent during the next four years.

At nineteen he got what he considered "my big break"—a job with Coleman Hawkins, considered one of the world's great saxophonists. In the next few years he worked with numerous other respected and successful bands until he was "part of the swinging jazz scene which had always been my goal."

But during this period something else was happening. He was developing an increasing dependence on the confidence he felt he received from marijuana. He started smoking between performances, before showing up for work, after hours. Then he tried heroin.

At twenty-three the jobs stopped coming, and to all appearances his career was finished. Drugs had made him un dependable so that he arrived for work late and "high." In Salisbury, Maryland, one night, he picked up the Bible his mother always packed in his suitcase and did something he had not done in years—he began to flip through its pages. At Matthew 11:28 he stopped and read: "Come unto Me, all ye that labor and are heavy-laden, and I will give you rest."

Those words made so deep an impression that try as he would he could not forget them. In his little hotel room the great conviction settled upon him that he must do something about straightening out his life. Washing his supply of narcotics down the drain, he earnestly prayed for forgiveness and renewal. He has never touched narcotics since that night. His victory was total.

Today he is a clergyman who has launched a personal crusade of doing for teen-agers what he wishes someone had done for him. He tells young people that they can experience a "happening" of deep, genuine joy by giving their lives to Jesus Christ. He states, "I tell them that drugs are a retreat from life. They put you on the road to an oblivion of false confidence and confused values. If you want your existence to have any meaning, reach out in your own way to the Lord. He loves you. He is, at this very moment, here in our midst to show us the way."

Recently the medical society of the County of New York issued a policy statement giving fifteen specific recommendations aimed at bringing the non-narcotic drug problem under control. One of them states: "Surely one of the most important factors in creating anxiety and insecurity is the continual erosion of the family unit in this country. If the underlying emotional causes of non-opiate drug abuse are to be effectively attacked, then the intrinsic strength of the family must be substantially increased."

Commenting on this statement, *American* magazine states, "It is gratifying when what Christianity has always taught on moral and religious grounds turns out to be the best by far on every count."

What Christianity teaches and has always taught is indeed "best by far on every count." If for no other reason than this, I would surely want to be a Christian.

I do not need to take drugs. I have something better. ■

## Prayer

**Enola Chamberlin**

You gave me hands;  
Now give me work for them to do—  
Not just the routine work,  
The casual labor,  
The chores of day by day.  
These are necessary,  
But they,  
Just in the nature of things,  
Come by themselves.  
I shall do them as they come.

But, Lord, give me something more—  
Give me a thing which means,  
Whatever it may mean to others,  
A sacrifice from me.  
Give me a thing which makes me  
Grow in every way,  
Greater, bigger than myself,  
So that I may  
More explicitly  
Be doing Your work on earth.





When you combine an uncomplicated life style with a simple, natural diet, there's a much greater chance that you will have no craving for alcohol.

## Your Eats Affect Your Drinks

A diet that is high in carbohydrates and low in vitamins, minerals, and protein may create a predilection for drinking alcohol—at least in rats, according to investigators from the Loma Linda University School of Public Health.

U. D. Register, chairman of the Department of Nutrition, and his associates have reported that in animal studies the chemical imbalance created by such a diet seems to lead to a craving for ethanol. The combined effects of the poor diet and alcohol also led to decreased levels of alcohol dehydrogenase in rats' livers.

The Loma Linda investigators worked with 96 rats that had the choice of drinking either water or a 10 percent ethanol solution in water. After a five-week adjustment period on the high carbohydrate diet, the investigators took 30 rats that had become "moderate drinkers" and subjected them to a further 16-week study.

The 30 rats were divided into three groups. One group remained on the high carbohydrate diet; another group received the same diet with vitamin and mineral supplements, and the third group ate a balanced human diet.

The rats on the high carbohydrate diet consumed an average of 19.5 ml of ethanol per week, the equivalent of more than one quart of 100 proof whiskey a day for an adult man. Rats that ate the diet with vitamin and mineral supplements drank an average of 16.8 ml of ethanol per week, and the rats on the balanced diet consumed an average of 7.0 ml per week.

One fifth of the rats did not develop any taste for alcohol during the adjustment period, but the investigators found that adding sugar

to the ethanol solution turned these rats into the heaviest drinkers of all. When half of these rats were placed on a balanced diet, they at once started consuming much less alcohol.

Dr. Register and his colleagues think the large amounts of alcohol damage the animals' livers and the rats then have to use up nutrients to metabolize the alcohol they have consumed. This "probably leads to an unfocused feeling of discomfort, and the desire for more alcohol may be an attempt to overcome or anesthetize this feeling of discomfort."

## How to Get Cancer

Persons who have smoked 20 years or 200,000 cigarettes are almost certain to die of lung cancer or other tobacco-related diseases, says Dr. John W. Turner, a leading cancer specialist.

Dr. Turner says the longer a person smokes, the greater the deterioration of certain cells in the body, and these cells finally reach a point beyond reclamation.

"If you look for a figure when you begin to move from Marlboro country to cemetery country, it's about 20 years or 200,000 cigarettes," he says.

Dr. Turner, a radiologist, studied the relationship between cancer and tobacco use for 20 years at Wesson Memorial Hospital in Springfield, Massachusetts.

Dr. Turner says that in 1970 300,000 persons will die with diseases related to cigarette smoking.

"Why don't the young radicals protest against that?" he asks. "They think they're a generation away from it. Maybe, but it's really just around the corner."

## Does TV Make Drug Addicts?

Does TV advertising for pep pills make it harder for parents who are trying to keep their children out of the drug addict ranks?

Some of the people who have written to telecasters to complain about advertising for some stimulants think so.

Is the impact of \$289,000,000 spent annually on TV for medicines implanting the idea that there should be a chemical solution, not only for pain, but for boredom and anxiety? There are those who wonder if this,

too, might not be something to worry about.

Mayor John Lindsay of New York suggested that children, from the age of two, have been conditioned by what they see on the TV screen to expect "to wake up, slow down, be happy, relieve tension with pills."

In New York TV networks censors met with National Association of Broadcasters code authority officials to talk about the possibility of new and/or revised copy clearance guidelines for the drugs that (1) perk people up, (2) calm them down, or (3) put them to sleep. The consensus seems to be that these, especially the first two, are the public relations troublemakers for TV.

Among the suggestions raised in the preliminary give-and-take: In the case of stimulants, we should strip away the mystery and glamour by being more precise about what's in them—the basic ingredient is caffeine—and by showing them being used in "responsible situations," not when the self-medicator is overly fatigued.

Tension fighting claims should be handled with caution, whether made by the traditional headache pain medicines or the newer tranquilizing-type drugs, one man said, adding: "These medicines can relieve the headache you got from the income tax hassle, but they can't relieve the tension that brought on the headache."

## Men Quit, Women Smoke

While many men are quitting smoking, increasing numbers of women are taking it up, according to a study just released by the U.S. Public Health Service.

The study shows that the proportion of United States males over 18 who smoke decreased from 56.9 percent in 1955 to 50.7 percent in 1966. During the same period women who smoke increased from 28.4 percent of the female population to 32.9 percent.

The research also indicates that women start smoking earlier in life than they used to. Of the regular female smokers, 29.9 percent started by the age of eighteen.

## In This NEWS

◆ Does parents' drinking affect their children's drug use? See page 20.

◆ They're finding cancer now in the zoo. See page 21.

◆ Drugs are a problem in the military. See page 22.

## Smoke? Yes, You Do!

Only 30 minutes in a "smoking environment" can significantly increase heart rate, blood pressure, and the amount of carbon monoxide in the blood.

That's the conclusion of a Texas A&M University study on a group of 103 children.

1. Cigarette smoke which is allowed to accumulate in a poorly ventilated enclosure significantly increases the nonsmoking elementary school-age children's heart rate, the systolic and diastolic blood pressure, and the amount of carbon monoxide in the blood.

2. The smoking environment's effect upon the nonsmoker in the environment is similar to the cigarette smoke's effect upon the smoker, but on a reduced scale.

3. Nonsmoking elementary school-age children from nonsmoking homes react in much the same manner to a 30-minute exposure to a cigarette-smoking environment as do nonsmoking children of the same age from smoking homes.

4. Both sexes seem to be affected in the same manner by 30 minutes in a cigarette-smoke environment.

## Drugs Not for Flying

Alcoholic or drug-induced impairment of pilot judgment figured in 11 light-plane crashes in which 23 persons died, according to a survey by the National Transportation Safety Board.

The immediate causes of the crashes, according to the report, included failure to obtain and maintain flying speed after takeoff, uncontrolled descent, and visual flying into adverse weather by pilots unrated to fly by instruments.

But in all the cited cases, according to the report, the pilots' blood contained sufficient alcohol to cause befuddlement, and in one case was found to contain barbiturates as well.

In one of the fatal crashes the drugs stazolodin and librium were found in the aircraft and alcohol was in the pilot's veins, the report said.



## How about home drinking?

# Parents and Drugs

Parental habits—drinking habits, in particular—have been found to "significantly affect drug use" among high school students, according to a survey made by the students themselves.

Parents were found to be far more deeply implicated in the problem of drug use than the present attitude admits and to be "a major part" of the drug problem rather than "spectators."



Habits of youth in drug use are significantly affected by parental attitudes, especially if drinking is done in the home.

Students at Long Island, New York, high school conducted a five-month survey on the use of drugs in their schools.

The survey was special for several reasons. It was conceived, de-

signed, and administered by students themselves; teachers and other adults had nothing directly to do with it.

The thing that surprised the students most was that only 42 percent of the students have tried marijuana. Everyone was saying it would be at least 70 percent, if not 90 percent.

A major influence on whether a student might be a drug user, the survey said, was parental habits. Not that parental habits necessarily cause drug use, the survey said, but they certainly "significantly affect drug use."

Certain questions in the survey were designed to determine how frequently the parents used alcohol, smoked cigarettes, took drugs such as sleeping or pep pills, and argued in front of their children.

"Parents' habits which showed the greatest effect were drinking habits," the survey concluded, "specifically how many drinks the parents have when they drink and how often they get drunk."

In the instance of mothers and alcohol, the survey continued, "those who said that their mothers had ever been drunk had a significantly greater tendency to be drug users than those whose mothers had never been drunk."

## My Last Thought--Suicide!

Twenty-year-old Andy Anderson was found burned to death in his gasoline-soaked car, a day after he had dropped out of the University of Florida. A coroner's jury ruled his death a suicide after reading a note found in Anderson's apartment. The note, which was made public, recounts the student's agonizing battle with drugs:

The kid flames out.  
I can't seem to fight my battles.  
My mind is no longer my friend.  
It won't leave me alone.  
Please try to understand and forgive,  
Momma and Poppa,  
Why I have done what I have done. I made a terrible mistake with the drug and everyone I have been involved with must pay in hurt and disappointment.

This Christmas I had a very bad experience with a drug called mescaline. I have smoked a little pot before—as have many my age—but I tried mescaline only once.

Since then I have not been in control of my mind. I have killed myself because I can no longer run my own affairs, and I can only cause trouble and worry to those who love and care for me.

I have tried to straighten myself out, but things are only getting worse.

Please forgive me, parents, for quitting after you raised me, but I cannot live with myself any longer. What I am trying to say is that my downfall is entirely my own and no one else should ruin his life because I have ruined mine.

The drug experience has filled me with fear and doubts of myself. I cannot go on. Please try to remember my good points and excuse this final act of desperation.

Mother and Father, save your [lives] by getting involved with something, perhaps helping young people, you are both teachers, from making this same mistake I did.

You were good parents and I love you both, don't let my downfall be yours—you have nothing to be ashamed of. I made the mistake—not you.

To those of my friends who might also think about learning about themselves with mind expanding drugs—don't.

Learn about yourself as you live your life—don't try to know everything at once by swallowing a pill. It could blow out all the circuits as it did with me.

I have thought about suicide several times in the past month. I have ruled it out at the last moment knowing how you, my family, would be affected. But I could be nothing but a burden because I can no longer run my life.

There is nothing but misery for all of us should I allow myself to deteriorate further.

I am too weak to fight—to proud to live forever on sympathy of others. Love, Andy.

P.S. A last thought. Don't try to hide my suicide. You can't hide from the world because of this. You did your best, but your son made a fatal [sic] mistake.—"National Observer."

## Alcoholism Is Worst

Alcohol and marijuana are addictive drugs like heroin and are more likely to drive their users to crimes of violence than heroin or other opiates, according to D. S. Bell, a leading Australian psychiatrist.

He maintains that the choice of alcohol in Western countries as the "socially accepted drug" has had the effect "that alcoholism is regarded as something apart from addiction to other drugs."

But in such countries, he says, alcohol and barbiturate addiction is a bigger problem than narcotic addiction.

"More serious crimes of violence are characteristic of drugs such as alcohol and marijuana, which can produce a potentially dangerous intoxicated state," says Bell.

Bell says addiction includes not only the physical dependence that opiates, barbiturates, and alcohol build up in some people, but also a psychological crutch that binds others to cocaine, amphetamines, and marijuana.

## Cigarettes Fading Out

Liggett & Myers is the first of the cigarette manufacturers to become a truly diversified consumer products company. Nearly 60 percent of 1970 operating profits will be derived from products other than tobacco, the most important being J & B Rare Scotch whiskey and Alpo dog foods.

The company also markets other liquor and pet food items, as well as breakfast cereals, popcorn, and watch bands.

Cigarette consumption in the United States seems likely to decline gradually in the future (consumption was down 3 percent in 1969), although the effect on profits will probably be cushioned by periodic price increases as in the past. Liggett & Myers over the years has lost market share in the industry, and in view of the less favorable industry outlook, its cigarette sales and earnings might be expected to decline even faster in the future.



Recent data from three independent studies show evidence of a "strong positive association" between cigarette smoking and sugar intake. Heavy cigarette smoking was also shown to be positively associated with an increase in the number of hot drinks, mainly coffee and tea, consumed daily, reports "The Lancet," a leading British medical journal.

In the magazine, Drs. A. E. Bennett, Richard Doll, and R. W. Howell report that their three studies "afford some further evidence that it is cigarette smoking and not sugar consumption which is implicated in the (cause) and manifestation of (heart disease)."

In the past five years, the British researchers say, several studies have attempted to test the hypothesis that sugar consumption is an important factor in the development of heart disease. But the results "have either failed to confirm the hypothesis or have suggested that the relationship was, at the most, weak."

The findings of Drs. Bennett, Doll, and Howell lend credence to the possibility that it was cigarette smoking and not sugar intake that could have accounted for the relationship with heart disease in previous studies.

"We have shown, using data from three independent inquiries of different groups with different methods of data collection, a consistent positive association between smoking habits and sugar consumption," the researchers say.

They admit that while the results of any one of the three inquiries, if considered alone, could be challenged, "when taken together they provide evidence of considerable weight."



Looking for all the world like a science fiction nightmare is a scaled model of a new submersible planned for use by the Canadian Armed Forces in marine operations. The submersible is 25 feet long, 10 feet wide, and nine feet high. It is air transportable, carries a crew of two, and contains a lockout compartment to permit divers to leave and reenter while submerged. The underwater vehicle can be used for search and recovery of lost equipment, inspection of cables, submarine rescue operations, and underwater research.





"Daddy, what are you going to be when you grow up?"

## It Pays to Know

South Dakota's Highway Patrol has launched a major program throughout the state to inform the driving public of the dangers caused by "high" drivers and to help inform residents about South Dakota's drug problem. Col. Delton Shultz, superintendent of the South Dakota Highway Patrol, says that the use of drugs is directly related to highway accidents and safety, but it is impossible to know to what extent.

"We know," he said recently, "that some accidents are caused by a driver using some form of drug or narcotic. How many, though, we don't know, since no test has been devised to determine usage of all drugs or in some cases to what extent the driver is drugged. In those instances we rely on physical evidence."

Superintendent Shultz says that a three-man team of highway patrolmen will handle the program. "The team isn't going to give a big sermon on the moral issue of drug use. However, that could be a ben-

eficial side effect. They are going out to talk about drug use and the driver.

"We want to get to the younger people and explain both sides of the drug problem to them and let them make their own choice. The men will talk about the laws controlling drugs and the possible results of using drugs and driving, and then let the person make his own decisions," Shultz adds.

Under South Dakota law, the driver using drugs is covered by the same laws as the vehicle operator who has been drinking. If he is under the influence of drugs, that driver can get the same penalty as the drunk driver.

Colonel Schultz says that another benefit of the program will be to get the patrolman better informed. "If a drug is being moved, it's almost certainly going by auto. If that's the case, our men are probably the first to come into contact with it and we want them to know all they can about drugs and the problems they cause."



South Dakota Attorney General Gordon Mydland (left) looks over a display that the South Dakota Highway Patrol uses to explain the problems of drugs and narcotics and how they relate to the driver. Highway Patrolmen (from left) are: Lt. John Anderson, Rapid City; Dennis Dean, Brookings; and Sgt. Duane Larson, Vermillion.

## D.C. Education School Program

The Montgomery County (Washington, D.C., suburbs) school board has approved a drug abuse education program that will become part of the curriculums in all grades, kindergarten through 12.

In grades kindergarten through three, the course's emphasis will be on nutrition, noting the dangers of medications normally found in the home, as well as common childhood misuse of such things as coffee, tea, and soft drinks.

Smoking cigarettes, sniffing glue, and using alcohol and narcotics will be discussed in grades four through six, while in junior high schools there will be "a review of the sociological effects of drugs, emphasizing contemporary issues." Senior high students will find the antidrug curriculum integrated into such subjects as home economics, English, and sociology.

## NIMH Drug Trailer

The National Institute of Mental Health has brought the truth about drug abuse out in the open.

At the opening of National Drug Abuse Prevention week, NIMH dedicated a trailer in Washington, D.C., which was used for the distribution of educational materials on drug abuse.

"The drug abuse problem extends to all ages," said Dr. Roger Egeberg, assistant secretary of health and science affairs of the Department of Health, Education, and Welfare. "Certainly it is alarming that 13- and 14-year-old children are smoking marijuana, but we are also concerned about adults on sleeping pills and stimulants, and old people who can't remember if they've taken their medicine and take more to make sure."

Common sense in an uncommon degree is what the world calls wisdom.

Samuel Taylor Coleridge

## Cancer Strikes the Zoo

Air pollutants have been suspected of causing a number of pathologies in man, including cancer. There is now evidence that indicates air pollution may be a factor in increased lung cancer rates in animals in the Philadelphia Zoological Garden.

Dr. Robert L. Snyder, director of the zoo's Penrose Research Laboratory, says that lung cancer rates have increased significantly among zoo animals that stay out of doors during all of their lifetime. The increased rate is particularly pronounced among waterfowl, but was also detected in lions, otters, skunks and other animals.

Dr. Snyder speculates that particulate pollutants fall to the bottom of ponds where waterfowl feed. He says particular carcinogens are specific for particular tissues and that a carcinogen for lung cancer could be introduced orally.

## WHAT WHERE WHY WHO WHEN HOW WHAT

◆ Russia claims to have more oldsters than any nation on earth. Among them, according to the 1959 census, are over 20,000 centenarians. The oldest is reported to be a 165-year-old man, an active member of the local party cell and a patriarch of a family of 233 members.

◆ In New York City last year, 900 persons—including 224 teen-agers—died as a result of shooting heroin. Local authorities estimate there are 100,000 addicts in the city, about 25,000 of whom are teen-agers. (Chicago "Sun-Times")

◆ When heavy smokers give up tobacco, their sleep patterns change markedly and in almost every case for the better, reports the American Cancer Society.

◆ The three R's of American schooling are not about to be replaced by three C's—cigarettes, cocaine, and cocktails. Purdue University's nationwide poll of high school pupils shows that youngsters are essentially cautious in their outlook on drugs, alcohol, and tobacco. ("Indiana Teacher")

◆ By the time the average American student graduates from high school he has spent 5,000 more hours in front of TV or movie screens than he has in a classroom. ("Education Digest")

◆ Coffee plus the stimulus of community life are factors which affect blood pressure and contribute significantly to coronary disease. Stimulus is the key factor, and coffee increases the intensity of reactions, including excitability. ("Medical News")

◆ Physical-fitness experts estimate that in the United States more than 25 percent of the adult population now gets some regular form of exercise. Calisthenics alone accounts for a large percentage. An estimated 24 million women work out every morning with TV's two best-known gymnasts Jack LaLanne and Glen Swengros.

◆ Japanese tax officials are worried because people are drinking less and liquor revenues are down. The Japan "Times" speculates that people are spending more time motoring and in "substitute leisure activities, such as bowling." (AP)

◆ Canadians, who smoked an average of 3,450 cigarettes per adult last year, have proved to be the second heaviest smokers in the world. Americans, with an average of 4,320 per adult, were first; and the Japanese, with 3,141, were third.

◆ Most British teen-agers do not want marijuana legalized, reports a Gallup poll for the London "Daily Mirror." (AP)



# ARE YOU PUZZLED?

## Animal Puzzle

Annie Laurie Von Tungeln

Change one letter of each word defined in the left column and you will have the name of a member of the animal kingdom:

- |                            |       |                          |       |
|----------------------------|-------|--------------------------|-------|
| 1. A drinking vessel       | ----  | 10. Heavy mist           | ----  |
| 2. Not so good             | ----- | 11. Difficult            | ----- |
| 3. Large                   | ----  | 12. Labor                | ----- |
| 4. A game                  | ----- | 13. A tool to make holes | ----  |
| 5. A vegetable             | ----- | 14. A route              | ----- |
| 6. A container             | ----  | 15. At this time         | ----  |
| 7. Crippled                | ----- | 16. An outer garment     | ----- |
| 8. A visible sign          | ----- | 17. Not lean             | ----- |
| 9. Outside layer of a tree | ----- | 18. A residence          | ----- |

**Loaded question: "Hey, Dad," said the boy to his father, "how come soda pop will spoil my dinner, but martinis give you an appetite?"**

## Menace in the Military

The heavy use of super-strong Vietnamese marijuana among soldiers there is responsible for an excess of killings in the war and a high rate of mental illness among veterans, according to Dr. Myron Feld, a former Veterans Administration psychiatrist.

Dr. Feld also indicates that many soldiers go into battle in a drug-induced fog that endangers their lives and the lives of their comrades as well as keeping them from seeing killing as a reality.

Dr. Feld based his controversial report on studies of 2,041 Vietnam veterans during the past two and a half years.

He says that three fourths of the U.S. combat troops in Vietnam use drugs, mostly marijuana that is twice as powerful as the kind available in this country.

"Our troops find it necessary to enter combat under the influence of drugs and, further, to continue their use on return to the United States," he says.

Dr. Feld suggests that the massacre of Vietnamese civilians at the village of Mylai may have been caused by the overuse of drugs by American soldiers. This backs the view of Sen. Thomas J. Dodd, who held a series of hearings in March to try to prove just that.

Dr. Feld says he knows his paper is controversial and he "fully expects to hear loud screams of indignation."

He says the heavy use of drugs by soldiers—LSD and amphetamines as well as marijuana—is causing a high rate of mental breakdown among Vietnam veterans.

## Numbers Game for the Drunk

A numbers game to keep drunk drivers off the road by rendering their auto ignition systems inoperative is being developed by a division of General Motors Corporation.

Still in its experimental stage, the device allows a driver three chances to pass a five-second test. If he fails, his car's ignition system becomes inoperative for an extended period, a GM spokesman reports.

The device displays a series of random numbers, usually five, before the driver for three seconds. After the numbers flash off, the driver must duplicate the sequence of numbers on a series of buttons within two seconds. He gets three chances, and if he fails three times, the car won't run.

"The whole concept is, when a person has a number of drinks his reaction time is lengthened. He can't do things as quickly as before," the GM spokesman says.

He says GM is trying experimental concepts to identify drunk drivers or persons under the influence of drugs, or who are distraught or upset and may have lost their ability to reason.

What about a nervous husband who wants to drive his wife to the hospital to have a baby? The GM spokesman says there is a simple way to override the system and start the car, but both the front and back signals keep flashing. That way, he says, authorities could be warned either to assist or stop the driver.

## Finally, No Air Cig Ads!

With a few parting barbs about the evil done by advertising, Senators gave final approval to legislation that will ban cigarette advertising from radio and television beginning January 2, 1971.

In addition to taking cigarette commercials off the air, the bill preempts the Federal Trade Commission from adopting a trade regulation rule requiring health warnings in print advertising before July 1, 1971. After that date, if the FTC decides such a rule is necessary, it must give Congress six months' warning before it is put into effect.

The cigarette bill will also require cigarette packages to carry the warning: "The Surgeon General has determined that cigarette smoking is dangerous to your health."

Senator Warren G. Magnuson, chairman of the Senate commerce committee, called the conference bill the "last—and by all odds the most satisfying—chapter in the saga of Congressional efforts to face up to the hazards of cigarette smoking. It has taken a long time, but we are now about to do what we had to do."

Senator Frank Moss, commenting on the bill, charged that "for more years than any of us like to remember" cigarette smoking has been presented as "glamorous, normal, pleasurable."

During that time, thousands have "died prematurely from lung cancer, emphysema, heart disease, or stroke because they were mesmer-

ized by the ads and did not hear or did not heed the warning of the medical community," he said.

"Thanks to this bill, Marlboro Country will fade into television history," he added.

## "Dope Doesn't Do It"

Radio stations around the country could do well to take a tip from New York's WABC, which doesn't shout sermons about dope at kids but lets them call in and relate their own experiences.

Conversations are taped and parts of them are played on the air—without names being given—so young listeners (and they are young, as WABC is rock all the way) can get the "dope doesn't do it" word.

## Cancer Starts Early

Persons who smoke develop changes in their lungs before they get cancer, reports Dr. Oscar Auerbach, a pathologist at the Veterans Administration Hospital, East Orange, New Jersey.

The fewest cell changes have been found among nonsmokers in the lining of the trachea, the tube leading to the lungs, and the bronchi, the air passages of the lungs, he reports.

Cellular changes have been found on an increasing scale from light to moderate to heavy smokers, he says.

In 15 percent of smokers who had quit, Auerbach found in the bronchial linings a type of cell which "was shrinking and contracting."

This has been considered to indicate that these changes are reversible and might be eliminated if the smoker stops "before the point of no return," he says.

That point is when the malignant cells have broken through the lung and begun invading the organs, he says.

## Smoke Action Asked

The World Health Organization has called for a worldwide campaign against cigarette smoking, including restrictions and advertising.

The organization has endorsed a proposal for an anticigarette action program under which doctors and other health workers would be asked to set an example by not smoking cigarettes themselves.

Participants in World Health Assembly meetings have been asked to refrain from smoking of any kind. The group has also recommended a special campaign to persuade young people not to smoke.

## Space Is High-priced, But Liquor Is Higher

Astronaut Richard Gordon says the space program costs the American taxpayer less than he spends every year on liquor.

Gordon, who was on the Apollo 12 flight to the moon, says the program "is a very costly thing." But when the total amount is reduced to the least common denominator, he says, it "costs everybody in the United States \$17 a year. Liquor costs an average of \$24 per capita," Gordon says.



Equipped with his space suit and helmet, as well as a television camera, Apollo 13 astronaut James Lovell goes to scoop up sand in simulation of planned moon landing.

## ANSWERS

- cup—cup; worse—horse; big—pig; golf—wolf; mark—mare; bark—lark; fog—lamp; mark—mare; bark—lark; fog—dog or hog; hard—hare; work—worm; owl; road—road; now—cow or sow; coat—goat; fat—rat; bat, or cat; house—mouse.



Donald M. Magor

Even from something small you can learn that any habit can be conquered.

## For the Want of a Nail

Newspapers and magazines bulge with descriptions of common undesirable habits and offer a variety of methods for their cure or control.

Does one overeat? There are weight-watcher groups and diet outlines by the score to help eliminate one's excess blubber.

Does one imbibe freely to dull the cares of the day, or to whip up the old horse for extra drive? If so, advice is available to point out basic risks you run of getting a diseased liver or open ulcers.

If one smokes cigarettes, one hears the news media discuss the odds on lung cancer and other fatal maladies that may result.

All these habits lead to major problems that pose a dangerous challenge to health. Faced with grim alternatives demanding an unequivocal decision, most of us respond with stiffened resolution, simply because life is at stake. We must do something positive that turns us back on the road to safety.

Quitting a major habit takes decision, willpower, and perseverance. But a person can often learn how to deal with big habits that may involve health, and perhaps life itself, by dealing with habits that are thought of as small and incidental. I know, because that's what happened to me.

Of all the small habits that are difficult to conquer, one of the most annoying is biting one's fingernails. "For the want of a nail" no kingdom is lost, as in the case of the old legend, but, in a real sense, in one's failure to conquer this small habit one's pride suffers erosion. This loss cannot be fully appreciated by those free of the habit.

Since it poses no threat to national health, not much is printed about the fingernail habit. There may be a few short squibs here and there telling of some preparation to paint on the nails that tastes so bad one is supposed to stop. The confirmed nail biter, however, becomes accustomed to those obnoxious tastes, and so they deter him only momentarily.



Nail biting is one of those habits that cannot be concealed, and if one is observant he will find the number suffering under its spell to be surprisingly large.

After smoking a pack of cigarettes a day for many years, I stopped abruptly and found that it bothered me for only about three days. That was thirty-five years ago, and I have felt better ever since. Similarly, I concluded that alcohol was likely to lead to permanent damage, and I have taken care of that habit. These habits I quit all at once, since to continue would involve things which can be described as "lead-on."

But biting fingernails is something else again, since one does it unconsciously and continuously and winds up with unsightly fingers that repel even his staunchest friends. However, to stop the habit completely isn't a cinch. I know.

After many fruitless attempts to quit, I spawned an idea that worked, at least for me. My resolution from that fateful day forward was that I would bite only nine fingers; never the tenth one. Thus I could indulge in nine tenths of my habit, hardly missing the one tenth given up. Carrying out that resolve, I grew a full fingernail on the little finger of my right hand—a terrific event. I gazed upon it proudly, not so much for its intrinsic value, but because my little plan was beginning to circumvent a long-standing habit I sincerely wished to conquer.

From that day forward I placed two fingers on the "off limits" reservation and bit only the remaining eight. So on with 7-6-5, until in about six months I had the first full set of fingernails I had ever possessed.

Then one day, after an especially trying series of office conferences, all ten nails were gone right down to the quick. I did not realize I had resumed the practice under pressure. Well, back again to the plan of 9-8-7 and so on, until the full set of ten was restored. My second attempt was not marred by relapse. Today I never bite a nail.

It can be done. Any habit that needs to be eliminated can be conquered by decision and determination. ■



# Give

# Caring means sharing



LIFE AND HEALTH  
Washington, D.C. 20012

I enclose herewith \$..... Please send LIFE AND HEALTH to:

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ 1 yr. 2 yrs.  
 \$6.00 \$11.75  
 New     Renewal     Gift       

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ 1 yr. 2 yrs.  
 \$6.00 \$11.75  
 New     Renewal     Gift       

Sign your name as you wish  
it to appear on gift cards.  
Names for additional subscriptions may be listed on a separate sheet  
and enclosed with this coupon. Prices slightly higher in Canada.



PERIODICAL  
DEPARTMENT