

INTRODUCTORY CHAPTER ON DRUGS - 2

went on and on until finally I said: "OK lady, if that is what you want me to say I'll say it: "LSD causes deformed children." "Well you don't say it with much conviction." "Because it is not true. And what you also don't know is that while you've been entrapping and haranguing me, the entire youth audience has silently skipped out the back door and will now never hear the real reasons why they shouldn't drop acid."

If adult America is schizophrenic about anything, it is drugs. America doesn't know what it believes or what it wants taught. I had to give up drug prevention and cede the field to police and ex-addicts because I couldn't find two adults who could agree on what they wanted taught.

"Tell them not to do narcotics". But pot is not narcotic. "It certainly is--the police say so and the law says so". The police and the law are in error.

"Well tell them not to do drugs that make you violent and angry and aggressive like pot". But pot has just the opposite effect. It makes you peaceful and relaxed. "But the Narcotics Officer told us the opposite". He was wrong. The LaGuardia study laid that fallacy to rest years and years ago.

"Well tell them not to do drugs that lead to harder drugs". Pot leads to nothing. "But every ex-addict says it leads to heroin." They are wrong, or else, God help us! 40 million Americans are going to experiment with pot and no nation could tolerate 40 million heroin addicts.

"Well the experimenter may not go on to addiction but the prolonged user does." On the contrary only about 5% of chronic users, i.e. daily users, will go on to heroin addiction. In addition every heroin addict I know started not on pot but on beer. "But there is no connection." Well show me the documented connection between pot and heroin. Because something comes first in no way establishes that it causes what comes afterward. Addicts also started on Coca Cola, Zwieback and mother's milk. "We know of nothing in the nature of marijuana that predisposes to heroin abuse. It is estimated that less than 5% of chronic users of marijuana will progress to experiment with heroin". Public Health Service Publication #2083

"Well tell them all drugs are bad". OK if you promise not to give them two aspirins when they come home with a headache or cough syrup when they have a sore throat." "But those aren't dangerous." "No? More people die from aspirin than from heroin."

"Well tell them not to do drugs without prescriptions especially addictive ones." Will you give up your ups and downs, your speed and barbiturates?" "We don't use them." "O yes you do, but you call them diet pills and tranquilizers and the kids take them from your medicine cabinets and call them ups and downs, but they are the same thing."

"Well tell them not to take drugs with after effects." "Like your booze, you mean?"

"Well Art Linkletter says... The national authority on LSD because he had a daughter who jumped out of a window. Who is to say she was doing LSD when that occurred? Did this girl have a history of suicidal tendencies before she touched LSD?"

"Tell them never to put a needle in their arms because they will become an addict." Most people who shoot heroin once or twice do not become addicted. "Well don't tell them that or they will be tempted to try it. Tell them it will make them addicts and thus discourage them."

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In other words, lie to them? I'm not going to do that. Get yourself a scare tactic cop or ex-addict. But I warn you...all the scare programs being mounted will not dissuade drug abusers. They will only come to the conclusion that if you lie about one drug to them, you are lying about all drugs and will no longer listen to anyone over 30.

The truth is that America is a drug using community and a distinction has to be made between use and abuse. Right now adults can't put their finger on that distinction because any way they slice it, they want to be left free to continue to do drugs themselves, yet somehow prevent younger people from doing them. The only person who is logical and with whom I cannot argue is the Prohibitionist. If you want to outlaw all drugs, including booze, tranquilizers, aspirin, cough syrup, etc. then at least you are being logical. I don't happen to be a Prohibitionist and neither are most Americans. But at least it is consistent.

Listen to the confusion among authorities: "According to a recent publication on the federal level, for example, there is no single agency to deal with the mushrooming narcotics problem. There is not even a unity of purpose as to how to handle it. Marijuana (easily the number one problem among teenager offenders) and heroin are regulated by the Treasury Dept.'s Federal Narcotic Bureau, which favors a hard stand against both users and sellers. LSD, barbiturates and amphetamines come under the jurisdiction of the Dept. of HEW's Food and Drug Administration, which reportedly favors a softer line, such as removing legal penalties for possession of marijuana when it is for personal use only. "Because the school establishment is viewed by many young people as alien to their needs when drugs are discussed" states Dr. Lewis, "credibility is one sticky problem that arises in the preparation of a program. Many students actually know more than their teachers about drugs and damaging confrontations can occur. My first plea, therefore, is that students have a part in the planning of any drug education program. Because credibility is crucial, student involvement is essential. Sun, Lowell, Mass. Dec. 29, 1969, by Ann Leney.

There are medical experts who believe that it takes three things to make an addict: (1) a psychologically maladjusted individual; (2) an available drug, and (3) a mechanism for bringing the two together, primarily a user friend or associate. A sudden withdrawal from the drug can cause violent sickness, yet the rate of cure for hard-core addicts in Mass. is approximately 2%." New Bedford Standard-Times, Dec. 8, 1969.

Some times I'm asked which drug is worse? The quick answer is heroin. But even though speed and acid aren't addictive, I can't say they are preferable. Heroin doesn't mess up your head like acid. Speed is highly destructive. Barbiturate withdrawal results often in death, heroin seldom. Downers and alcohol are lethal. Some doctors I know would prefer a heroin addicted patient to a barb-addicted one. Which is worse - a wino or a rummy? Heroin, in proper dosage and no hot shots doesn't kill, witness the English experiment. But certainly we can answer that pot, if it goes anywhere, belongs not in the category with acid, speed, cocaine, barbiturates and heroin but with caffeine, nicotine, birth control pills and booze. Some will conclude that I've said "it is OK, it's good to smoke pot, that it is no different than coffee or cigarettes." The careful reader will judge otherwise. In fact, I think (no one knows yet) that pot is less injurious to health than cigarettes. Drugs for some kids is an escape from a world which is macabre, unreasonable and vicious. They see an adult world full of immorality, hypocrisy and injustice and they cannot abide this reality. The obvious long-term solution then is for us adults to make reality palatable, not to intimidate and harangue kids for lacking the guts to live in it.

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One fallacy I would like to clobber is the plaintive conclusion of almost every drug education program I've reviewed: "If we only help one kid it is worth it." It sounds beautiful but it is a cop-out. Helping one kid when there is an epidemic on is fine provided you don't use it as an excuse to avoid the harder work of coming up with a program to help the many.

I'm not going to go into the categories, effects, descriptions, etc. which you have had ad nauseum in drug courses. This approach serves little purpose except for the professional and in fact can do damage to kids.

Also a disclaimer. My thing is not drugs but alienation. If I am at all knowledgeable about drugs, it is because all street kids use them and I could hardly avoid making observations. Professionally, all of my efforts, experience and training have been concentrated on prediction and prevention rather than rehabilitation. Alienation, not drugs, was my thing. I had to become knowledgeable about drugs, as I said, because all my kids were using them and I had to be concerned about the failure of society to provide rehab. programs because I was left ministering to the addict. So I don't pretend to know how to cure drug addiction, nor do I know anyone who does except in small numbers with enormous budgets. "State Mental Health Dept. officials painted a grim picture of an almost total failure to salvage youngsters in the Commonwealth from drug addiction. While some 3000 boys and girls between the ages of 14 and 20 are being treated in State facilities, they told a seminar group at the Sheraton Boston Hotel, only 5% appear to be breaking the drug habit. Herald Traveler, Boston, Oct. 23, 1970.

I would not dare to instruct the ex-addicts about how to treat addicts. But I do dare to take issue with them when they come up with simplistic methods for abolishing drug abuse: "don't do any drugs!" I can tell you how to cut drug abuse in half in this country! End racism, the war, starvation (yes, in good old prosperous U.S.A.), hatred of the poor, official deprivation of civil liberties and all the other factors alienating youth. It has always been our conviction that the major motive in drug abuse (not use) is the feeling of powerlessness in the face of massive, institutionalized injustice, immorality or hypocrisy. That's alienation. All the scare programs can't make a dent in that motive.

President Nixon said on Dec. 6, 1969, "I have learned a lot in these presentations. I must say that when it first started, I thought the answer to the drug problem was more penalties. I thought the answer was simply to enforce the law and that would stop people from the use of drugs, but it is not that. When you are talking about 13 and 14 year olds, the answer is not more penalties. The answer is information; the answer is understanding. It is very important to be quite precise and distinguish between marijuana, LSD and heroin so that we can all know what the effect of each is and so that we will be able to make a case against each if the case is to be made against each on the facts as they are rather than from the facts as we thought they were before we received the knowledge that we are going to receive in this briefing today." Right on Mr. Nixon.

"Remember Lord, there was one city over which you stood and wept
Do you weep over this city?
With its hunger, its greed, its cruelty, its foolishness and
heartbreak.

Lord, I believe you do."

So did I. Why?

Roger Bush

Boston had a unique responsibility as well as opportunity. Let others tell you why.

"Boston is a special repository of the drug problem for the broader community--not only Greater Boston but all New England and, to some extent, the whole northeast--mainly by reason of the large numbers of young people

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in temporary residence here. It has been estimated that Greater Boston has a college-age population of 200,000. In Brighton and Allston alone, of a total population of 60,000, 20,000 are students. In addition, the city has been visited by increasing numbers of the alienated young, the "hippie" and non-student groups, who have discovered that Boston is "where the action is."

"While we believe that there are, conservatively, 4000 persons in Boston seriously involved with heroin, there are not in the City of Boston more than 22 full-time beds available...for the withdrawal of addicts, and the number in the entire Commonwealth effectively available for Boston addicts is not significantly larger. The much touted Federal rehabilitative program under the Narcotic Addict Rehabilitation Act of 1966 contributes next to nothing to the solution of our local problem. The procedure for gaining entry to the program is so dilatory that regularly it takes sixty to ninety days to have an addict admitted, by which time he has in many instances returned to the street. Furthermore, the standards set within the Federal program are so high that, according to the experience of every local agency that has utilized it, the vast majority of addicts are promptly sent back after the thirty days preliminary evaluation labeled "unsuitable for rehabilitation."

"From the viewpoint of public safety, heroin presents by far the most serious problem of any illegal drug currently in use, owing to the fact that the heroin addict will in almost every case live a life of sporadic criminality. Even a very modest habit can cost \$40 a day and habits of \$100 a day and more are not uncommon. Most addicts in Boston do in fact sustain their habits at least in part by petty theft, usually of such nonviolent kinds as shoplifting, breaking into cars, pickpocketing and occasionally car theft and burglary.* In view of the fact that in order to sustain a \$100 habit, an addict must "fence" \$500 of stolen goods daily, it is easy to accept the estimate of a Boston police official that probably 40% of the small-time thievery in downtown Boston is attributable to the heroin addict."
Martin & Hallgring, Drug Abuse in Boston, 1969.

"More people have died from drug abuse in the U. S. this year than have died in Vietnam, Rev. Daniel Egan, S.A. told a luncheon of Allston-Brighton community leaders. He cautioned the group about the possible emergence of a Boston drug crisis on the scale of New York City. He urged parents to build their children's egos - addicts generally suffer from very low self esteem - at the same time telling them that life is not easy. Strengthen your children, he told the group."

Citizen Item, Allston-Brighton, Jan. 22, 1970

The unique problem which Boston faces in dealing with the drug problem because it is and will remain a center for the young most be emphasized, and we believe that such emphasis will strike responsive chords. Dealing with the drug problem in the most effective way possible is too vital to the maintenance of our society for us to adopt a "live within our means" attitude."
Martin & Hallgring, Drug abuse in Boston 1969
(Underlined P. R. S.)

I incurred the displeasure of my teacher friends when I said Boston Schools have no drug education worthy of that title.

*This was our estimate: 4,000 addicts x \$50 x 5 is \$1,000,000 daily.
A fence gives you 1/5th of the value of merchandise.

I incurred the displeasure of my teacher friends when I said Boston Schools have no drug education worthy of that title.

"Today in the public schools of Boston we have no drug education. Health teachers in the 7th and 10th grades do have handbooks concerning drugs provided by the school department but what use is made of these handbooks is totally up to the individual teacher, and there is no direction given to the teacher and no evaluation made of the teacher's efforts. Other city school systems, alarmed by the rise in the use of drugs among the young, have added drug education programs to their curriculum without really having charted any goals. Only in recent weeks has the State Department of Education indicated any appreciable interest in the problem."
Martin & Hallgring, Drug Abuse in Boston 1969.

"The Rev. Paul Sinn, pastor of First Congregational Church in Whitman and chairman of the drug study committee, reported findings on the national, state and local level reached after several months of research and dialogue. "The report said Massachusetts is the seventh highest state in the nation in its extent of drug problems and Boston has currently the fastest growing "drug scene" in the country for a major city. Speaking about local trends, he said, they do not indicate a decrease of drug experimentation and dependency." He also told his audience that Massachusetts is one of the largest LSD centers in the country and also said that in the use of narcotics that Boston's exceeded only by Los Angeles. He said that it even outstrips New York." Herald Traveler March 24, 1970

Referring to the City of Boston's own "Operation Turnoff" Mayor White told the Senate subcommittee "outside of New York, Boston has the fastest growing and most critical drug problem of any large city." Boston Globe March 24, 1970.

"Heroin use has spread so rapidly into middle class areas that District Attorney George Burke who stated last November "there is not much of a hard drug problem in Norfolk County", now calls this "the Heroin Age in the suburbs." Herald Traveler, March 24, 1970

"Boston Mayor Kevin H. White on March 23, 1970, denounced President Nixon's "simplistic puritanical and punitive response" to the nation's problem of drug abuse. The Nixon administration bill to curb drug abuse, White told a Senate Subcommittee, "falls back in fear and in frustration on those institutions that have become accustomed to dealing with these problems - our police, our courts and our prisons." Boston Globe 3/24/70

"Professor Robert W. Hallgring said the use of drugs in Boston has increased "at least 10 times" since 1965 and has now spread to every area except South Boston and Charlestown. We are hanging on the edge of a catastrophe if there is any further neglect of this problem, he said.

"The rate of known drug use in Boston is rising at a higher ratio than any other city in America." Andrew F. Blake, Boston Globe

"Boston is now the second largest city in the U. S. with the use of heroin", said Sgt. Paul O'Brien at a drug seminar at the Mansfield High School. Up 45% over last year. He added that 80% of the urban crime is attributed to the need of money for drugs." Allan Johnson, June 16, 1970

"Brighton District Court, 34th in population size among the 72 district courts of the Commonwealth, presently ranks first in the number of drug cases, said Richard Callahan, head of the Federal Bureau of Drug Abuse control in Boston.

REPUTABLE DRUG FIRMS

How many ads. have you read recently telling how reputable are the drug firms of America, how they yearn to make you healthy, what integrity and upright, medically correct practices they follow? How ethical is their posture! Why then, O Shanley, must you attack even them?

I can be brief on this. I need only cite two facts and any thinking man can draw a simple conclusion: They are murderers. ("You see how wild he gets, how excessive is his language? How unbecoming a priest")

"To get to the base of the problem, one only need ask a couple of very simple questions. (1) why do we produce thirteen billion amphetamine tablets a year in the United States of America when for prescribed legitimate medical use we need approximately two hundred thousand tablets a year?" Habit. (Drug Abuse Digest) Vol. 1, No. 1, Atwater, Minn. Sept. 1970

Translated, dear friends, that means that over 99% goes into illicit, illegal, illegitimate outlets which eventually sell them to kids, and if speed kills, that spells murder.

"Over one half of the eight billion amphetamine pills manufactured legally in the U.S. last year wound up on the hands of blackmarketeers," Attorney General Robert H. Quinn declared on October 21, 1970. The Attorney General charged the distribution of amphetamines is incredibly lax and new methods must be developed to guarantee that only those who truly need amphetamines get them.

"It is a shocking situation when you consider the total amount of pills manufactured annually represent an average of 40 tablets for every man, woman and child in the Country," Quinn exclaimed.

"The reasons usually given for the wide abuse of amphetamines is that prescriptions may be forged or the drugs themselves stolen," Quinn stated. "But the primary reason the blackmarket thrives is because of the inadequate monitoring job done by both regulator agencies and manufacturers." Enterprise, Leominster, Mass. Oct. 22, 1970

"In spite of this clear evidence of drug abuse, the House in Sept. 1970 rejected any controls on amphetamine production. The Food and Drug Administration, which has the responsibility to police drug manufacturers, has proved equally disinterested. They acknowledge that more amphetamines are produced annually than accepted medical practices can use, but so far have shown little enthusiasm for turning off the flow. The main reason given for this cautious approach is that amphetamines are the doctors' favorite prescription for the housewife who is either depressed or wants a quick weight loss.

"No controls can be devised which will dry up the methamphetamine (Speed to young users) output of clandestine labs. But the removal of a large part of the eight billion pills a year from the now-legal market will lessen the opportunities for experiments which progressively lead to addiction. If Congress won't act, perhaps individual states should..." Dr. David Smith, Director of a medical center in San Francisco's Haight-Ashbury section. Boston Globe 11/13/70

"The American Pharmaceutical industry annually manufactures enough amphetamines to provide a month's supply to every man, woman and child in the country. Eight, perhaps ten, billion pills are lawfully produced, packaged, retailed and consumed each year. Precise figures are unavailable. We must be content with estimates because until 1970, no law required an exact accounting of total amphetamine production." James M. Graham, Transaction magazine, Jan. 1972

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"Despite their differences, all amphetamine users, whether on the street or in the kitchen, share one important thing in common—the initial source of supply. For both, it is largely the American pharmaceutical industry. That industry has skillfully managed to convert a chemical, with meager medical justification and considerable potential for harm, into multihundred-million-dollar profits in less than 40 years. High profits, reaped from such vulnerable products, require extensive, sustained political efforts for their continued existence. The lawmakers who have declared that possession of marijuana is a serious crime have simultaneously defended and protected the profits of the amphetamine pill-makers. The Comprehensive Drug Abuse Prevention and Control Act of 1970 in its final form constitutes a victory for that alliance over compelling, contrary evidence on the issue of amphetamines. The victory could not have been secured without the firm support of the Nixon Administration. The end result is a national policy which declares an all-out war on drugs which are not a source of corporate income. Meanwhile, under the protection of the law, billions of amphetamines are overproduced without medical justification."

James M. Graham, Trans Action Magazine Jan. 1972.

So much for the "ups". What about the "downs"?

Did you know that barbituates were more of a horror to me on the streets than heroin? Kill more people. Are more addictive. In combination with alcohol can be lethal. While heroin used accurately and properly is seldom lethal, withdrawal from barbs is infinitely more dangerous than from heroin. Well let us examine the record of the outstanding drug firms on this. (These bastards even have the nerve to run soupy "don't-do-drug" ads.) The AMA says we need about half of the several billion doses manufactured per year for all the legitimate medical prescriptions (so the adults can do drugs legally). Yet the drug firms manufacture twice that which means that half of what they make goes into illegitimate outlets and is sold to my little friends on the street and makes them die. And that spells murder.

One of the biggest pushers in Boston told me his boss had only to go to Mexico, have stationary made up and send his orders to American drug houses and that is how he got his supplies. Never once did any firm check on his credentials.

Now don't tell me that the Federal Government is serious in its concern about drug abuse. They have filled you with horror stories about Pot and heroin but how much have you heard about the ups and downs? Precious little, unless things have changed since I was on the street. If it were serious, it would long ago have regulated these murdering, money grubbing Pharisees. But you see drug firms can't sell heroin or pot. They can, lucratively, sell ups and downs.

That was what I was saying to groups a few years back. Inevitably there was a druggist or a medical man or his wife in the audience with foreseeable consequences. I came on as strong as I could because speaking softly was getting nowhere. I can now report that speaking strongly achieved nothing either. They still ply their wares, unregulated, unsupervised, unhindered. Isn't it terrible what kids are doing with drugs? Well kids can't make drugs. Adults do. But kids go to jail for selling them. Drug firms go to the bank and can even pass "go" without going to jail.

DOCTORS

I have ambivalent feelings about the medical profession. In the early days of drugs there was many a night when I'd have to drive with one hand while clutching the frightened body of a kid flipping out, racing past hospital after hospital, and the offices of dozens of doctors to get to the one who was willing to treat a kid for overdose. No one wanted hippies cluttering up the waiting room and driving away patients.

And anyway, few doctors were equipped in those days to deal with the problem; nor did they want to become knowledgeable. They were in the same bag of moral medicine, using medicine to enforce morality, as many teachers give moral marks.

"One of the main reasons why youths with narcotics problems are out on the street until they are arrested for drug-related criminal activities is a fear of general hospitals and doctors. In a survey taken by the State Commission on Drugs of 14,000 Massachusetts doctors, fewer than 20% would even look at an addict. "Most of the doctors surveyed admit that they can't effectively treat the drug-dependent person", Rep. Backman said. "The doctors lack the knowledge, the time and the spirit of interest." He added that many general hospitals also refuse to treat addicts and that at least two have specific by-laws prohibiting treatment of drug addiction." Larry Novick, Boston Herald Traveler, Nov. 2, 1969

At one college, the Chief of Staff of the excellent student health clinic refused to treat kids for drug related problems. I went clear across the country to reason with him. He told me that to treat them is to make it easy for them. If they know they can't get help, then maybe they would think twice. I asked him if he remembered his Hippocratic oath. He couldn't see what that had to do with it. He said that to do drugs is illegal, so to treat the effects of doing drugs is to encourage illegality.

"Supposing a girl came to your clinic, said she was a prostitute on campus and had VD. Would you treat her knowing that her activity is illegal, that you would be encouraging illegality, that you would be making it easy for her, that if she knew she couldn't get help, she might think twice?" He thought twice and opened his clinic to drug cases and is doing a fine job.

Several times a week, during these frenetic years I took the trouble, (and that is what it was) to talk to groups in suburbia. I considered, important as it was to be with these kids when they arrived in Boston, it was also important to attempt to alter the environment in suburbia, that was chewing them up and spewing them into the cities. There were several reactions to my message.

"You make me feel so hopeless". Fine, you should be pleased with my talk. For I have done away with the generation gap, the common denominator of alienated kids is precisely the feeling of powerlessness. Now you need not stand against them but go stand beside them and perhaps together, if there is still time you can change the insanity of this country.

"Who do you think you are." Remember, gentle reader, I had to take a poke at many sacred cows. Everyone it seemed was angry at me - ex-addicts, drug educators, draft boards, Bishops, NIMH, reform school authorities, parents, cops, teachers, politicians, clergy, lawyers, doctors, medical examiners. I disagreed with them all. It is pretty hard to take to be the whipping boy of so many establishments. But as we shall see every one of these groups later admitted to the charges I laid at their doors.

"Tell us what to do". My thing is prediction and prevention. I can tell you what is coming and how to prevent it. But once here I cannot tell you nor should you expect it of me how to rehabilitate.

"Give us some positive suggestions," one half inebriated doctor demanded one night. "Everything you have said is negative." Despite the fact that I had just finished explaining our "boast" that we know how and have known for years how to cut drug abuse in half in this country-- that seems to me like a fairly large order of positive suggestion.

Dr. John Knowles, the former brilliant Administrator of Mass. General who was later to be thrown to the wolves by the AMA was among the few who saw that it was as important for a doctor to be concerned about the environment producing illness as to treat the illness before him. When he proclaimed that a third of America's doctors were making a killing he was effectively barred from practicing medicine by the sanctions an infuriated medical profession threw around him.

As late as the summer of 1970, it could be said: "Drug addiction is becoming the number one medical problem in this country, but most doctors haven't awakened to the fact yet." The speaker - Dr. John H. Knowles, a lonely, courageous and subsequently excommunicated voice. *Worc. Gazette, 6/5/70*

I was very angry, and said so, at the many doctors indiscriminately prescribing addictive drugs to patients. Many a housewife would call me after reading about my work and ask me to recommend a pusher because her doctor had finally cut her off from amphetamines now that she was addicted. Physicians should have been sensitized much sooner than they were since it is an ill-disguised fact that drug abuse among medical men themselves is a concern they have long had to deal with.

At the most recent American Medical Association meeting, President Nixon assured the association that "the best way to end drug abuse is to prevent it, and America's doctors are indispensable front-line soldiers in this all-important battle."

"The statement seems like an ironic footnote to the new and important book by medical sociologist Henry Lennard and associates, including the distinguished Leon J. Epstein of the Langley-Porter Neuropsychiatric Institute in San Francisco. For the book they have written shows the opposite to be true. Far from preventing the spread of drug abuse, the nation's doctors occupy a key role in a roundelay of mystification about drug misuse that has made narcotics a minor problem compared to licit drugs, such as stimulants, tranquilizers and anti-depressants. Doctors promote the spread of drug-taking in society. In 1969, as the authors point out, there were 202 million prescriptions for psychoactive drugs prescribed to a population of about 200 million. Of these, 80 million were new prescriptions, and these figures do not include prescriptions written in hospitals and clinics, presumably for people most in need of these drugs.

Dr. Dana Farnsworth, Director of the Harvard University Health Service in Sept. 1970 reported that "one of every six street people in Harvard Sq. is addicted to heroin. There are now more than 10,000 heroin addicts in Boston, the vast majority under 22 and white. At least 50% of the medical school students in the Boston area are occasional drug users, and a steadily increasing number are becoming addicted to drugs. He urged that doctors take a hard look at the problems of granting a degree in medicine to a person addicted to drugs. Dr. Farnsworth said he personally is opposed to the current practice, but cautioned that "it raises explosive political issues" in the university's hierarchy when it is proposed that selected

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students be denied a degree on this basis. Boston Globe, Sept. 26, 1970.
by Carl M. Cobb - Hyannis, Mass:

But above all I was frustrated with the medical examiner's method of estimating the number of addicts in a city. Lacking a medical background it was easy for my adversaries to silence me on this point and to convince the public that the addiction pool was much lower than I was suggesting. It wasn't until 1971 that any medical authority began to publicly contest the methods used.

The New Math of Addiction - Time magazine, Sept. 13, 1971.

"How do authorities arrive at heroin addiction figures? They count known habitual users, of course, such as those who are arrested and those who sign up for treatment programs. But such figures account for only a fraction of the addict population. To arrive at an overall estimate, officials in many cities project from the number of overdose deaths, one commonly used criterion being 200 addicts for each fatality. A new study in Washington, D.C., indicates that because some overdose deaths have gone undetected, the number of active users may be even higher than previously estimated.

"Dr. Robert DuPont of Washington's Narcotic Treatment Administration reports this new math of addiction in a New England Journal of Medicine article. Like most major U.S. cities, Washington is experiencing an alarming heroin epidemic. The number of narcotic arrests in the city rose by 462% between 1967 and 1970; drug-related crimes, such as robbery, theft and prostitution, also increased dramatically. In 1967 a total of 21 Washingtonians were known to have succumbed to heroin overdoses, and using the ratio of 200 addicts per overdose, officials estimated the city's addict population then at 4,200. The figure for last year by that measure should have been 10,400.

"But even this depressing statistic was optimistic, DuPont believes, because officials now have evidence that many overdose deaths were undetected. In July 1970 the District of Columbia coroner began including a complete drug-screening test in all autopsies performed on persons between the ages of ten and 40. Once the new procedure was instituted, the number of deaths attributed to drugs soared, and during the last six months of 1970, the coroner identified 42 of these deaths as resulting from overdose. This pushed the yearly overdose rate to 84 and sent the addict census climbing to 16,800.

"DuPont's report may have broad implications for authorities in other U.S. cities. Officials in New York City, who base their figures heavily on police, hospital and treatment-program records rather than on the kind of screening now performed in the capital, estimate that there are 150,000 heroin addicts in the nation's largest city. Washington's experience suggests that the New York figure may be far too low."

I was more than a little upset at the complicity of doctors with the politicians in regard to methadone which gripe you have already been privy to in my talk on Methadone.

"State law requires that a doctor or hospital which treats a person who is a suspected addict must report it to the Division of Food and Drugs of the Department of Public Health. The division has received 690 reports this year, the majority from persons who have voluntarily committed themselves to a hospital or the drug treatment center at Bridgewater.

"These reports are readily available to police, William Carney of

the food and drug division said, and for this reason, addicts are hesitant to go to a doctor for treatment. "The addict is immediately afraid of police harrassment if he is registered as an addict." Backman said. He said that his commission would push strongly for repeal of the statute requiring doctors to report drug addiction. He said that the commission would also seek legislation to nullify all by-laws of general hospitals which prohibit admission of alcoholics or drug dependent persons. "

Larry Novick, Sunday, Boston Herald, Nov. 2, 1969

On the other hand it was the doctors and lawyers who were finally the first-groups in the country to begin to understand what was happening and to respond. Perhaps it was because they were the first to have to see these kids in their extremities and have to deal with them as persons rather than faceless caricatures. Dozens of doctors in Boston and countless nurses wrote to me and offered their services freely. Clinics began to blossom across the country and the resultant rapport opened the contact again between freaks and the establishment. Doctors even began to adopt long hair and sideburns much to the chagrin of their superiors and the straight people who came in contact with them. Doctors began to do battle with the ex-addicts who were leading the communities around by the nose, without anyone courageous enough to challenge their preposterous dogmas. Medical men were in the front lines of demonstrations and took their lumps along with the rest of us. Dr. Spock emerged to lay his career on the line.

Then there were charismatics like Dr. Joseph Brenner who founded the Cambridgeport Free Clinic.. Listen to the calm humanity of this man:

A Free Clinic for Medical Care by Joseph Brenner, M. D.
This work has been an invaluable opportunity to learn something about the nature of the street persons' revolt against a society that is contradictory and, at times, needlessly cruel, and also to learn about the particular ills and conflicts of adolescence. One consequence has been that the members of our staff have taken back new knowledge and ideas to their own hospitals and medical groups, and this, we like to believe, has been partially responsible for the slow improvement in attitudes of hospitals in the Greater Boston area toward this group of young people.

Following a clumsy back-street abortion in Boston, a girl of 19, estranged from her family and living the hippie life, appeared to be very ill, but refused adamantly to see a doctor. She had developed a high fever with severe abdominal pain. Friends had taken her to a municipal hospital late one night. The nurse who took the history was openly hostile and made it quite clear to the girl that she disapproved of her dress, her friends, her mores-whatever she perceived them to be and her illness. She was told quite bluntly that she deserved everything she got, living the way she did, sleeping around, getting pregnant, having an illegal abortion, and so on.

One of the physicians on duty, who saw her very briefly conveyed more or less the same message, and told her that she would have to wait around a while before he would examine her because there were more deserving patients to be seen than she. The dose of morality that