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ALCOHOLISM AND NARCOTICS



HEARINGS

BEFORE THE

SPECIAL SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE

UNITED STATES SENATE

NINETY-FIRST CONGRESS

SECOND SESSION

ON

INQUIRY INTO THE PROBLEM OF ALCOHOLISM AND NARCOTICS

FEBRUARY 14, 1970
DES MOINES, IOWA

PART 5

Printed for the use of the Committee on Labor and Public Welfare

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ALCOHOLISM AND NARCOTICS

SATURDAY, FEBRUARY 14, 1970

U.S. SENATE,
SPECIAL SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
Des Moines, Iowa.

The subcommittee met at 9 a.m., pursuant to notice, in room 200, City Council Chambers, City Hall, Des Moines, Iowa, Senator Harold E. Hughes (chairman of the subcommittee) presiding.

Present: Senator Hughes.

Also present: Senator Miller.

Staff present: Wade Clarke, counsel to the subcommittee; and Jay Cutler, minority counsel to the subcommittee.

Senator HUGHES. The hearing of the Special Subcommittee on Alcoholism and Narcotics will come to order.

It is good to be home in our native State and to conduct another of our Senate subcommittee hearings on drug abuse and narcotics addiction in the United States.

The Special Subcommittee on Alcoholism and Narcotics, of which I am chairman, comes under the Senate Labor and Public Welfare Committee which has responsibilities over matters of health, education, and welfare. It is the first subcommittee in this particular field and as yet, there is no counterpart in the House of Representatives.

The other members of the subcommittee are Senators Yarborough, of Texas; Randolph, of West Virginia; Williams of New Jersey; Kennedy, of Massachusetts; Mondale, of Minnesota; Javits, of New York; Dominick, of Colorado; Saxbe, of Ohio; and Schweiker, of Pennsylvania.

There is no special significance in our conducting hearings in Des Moines beyond it being a representative city of the U.S. Midwest and the intent of the subcommittee is to accumulate information about the drug problem in all parts of the country. We have conducted hearings in Washington, Los Angeles, Denver, and New York City, and additional hearings are being planned for Chicago, Miami, and elsewhere.

If anything is certain from our investigations thus far, it is that the drug problem is pervasive throughout the United States. It is more acute in some regions than others but you can be sure that it is a major problem in all 50 States.

It has become apparent by now to public officials and thoughtful citizens throughout the land that the drug problem, U.S.A., is one of our most compelling national priorities.

Our purpose in these hearings is to find out about the nature and magnitude of the problem as it varies from region to region and to inform ourselves about facilities that are available in various localities for coping with the problem.

As you may know, an administration bill dealing with law enforcement aspects of the drug problem was recently passed by the Senate. It is now in the House of Representatives.

In the near future I shall be introducing legislation in the Senate dealing with the treatment, rehabilitation, education, and prevention aspects.

The single matter of greatest concern with regard to drugs is the widespread and growing use of drugs by youth and by children.

In Los Angeles one of our witnesses was a 15-year-old boy who had been abusing a variety of drugs since he was 11 years old. This is more common than is generally known.

To worried parents and concerned public officials, I would say that the greatest single need is for open-mindedness and understanding. There is no single, uncomplicated solution to the problem. Strict laws and enforcement are necessary, but excessively harsh punishment has not proven a deterrent, judging from the evidence we have heard.

In dealing with drug abuse by youth, it is essential to try to realize how subtle, sensitive, and diversified the problem is. Angry, arbitrary reactions by parents usually compound the problem. I would plea for patience, open-mindedness, and faith in the indestructibility of the value of each human being.

On behalf of the subcommittee I want to thank the local and State officials, doctors, and other citizens who have cooperated with us so well in arranging these hearings.

I particularly want to extend my appreciation to Senator Miller, the senior Senator from Iowa, who is giving his time today, not being a member of this subcommittee, but because of his own particular interest in these problems in the country and particularly here in our own State of Iowa.

Senator Miller.

Senator MILLER. Thank you, Senator Hughes.

As you say, I am not a member of the Labor and Public Welfare Committee of the Senate, but I am naturally deeply interested, as all of us are in the Senate, in other major problems of the country and especially those that touch on our own State.

The problems of drug prevention, treatment, rehabilitation, and enforcement do not fall within the jurisdiction of my committees, which are Agriculture, Finance, and the Problems of the Aging. But, nevertheless, I am just as interested in seeing to it that problems in this area, which our President has stated are among the most serious in the Nation, are adequately treated, especially on the Federal level, where we have our jurisdiction over legislation.

It has been my observation that the problem of narcotics, as far as the general public is concerned, generally is associated with the larger cities: Chicago, New York, Miami, and other cities where this subcommittee has already held hearings. But I also know that these problems extend to the smaller communities and, indeed to the rural areas. And I think it is commendable that this subcommittee has selected a smaller city right here in our own State of Iowa for one of these hearings.

Of course, problems in other parts of the country are of interest to us here in Iowa. We are a nation of people who are directly or indirectly related and we may seem far removed, if we read an article about a narcotics problem in New York City, or in Florida or in Cali-

fornia, but that problem comes home to roost in Iowa indirectly sooner or later.

Prevention, treatment, and rehabilitation are probably even more important than the enforcement aspects in this area of drug problems.

If you have adequate prevention, you don't have the problem of treatment, you don't have the problem of rehabilitation, and you don't have the problem of enforcement. But, unfortunately, all of these aspects of the problem must be touched on and must be touched on quickly and effectively.

As Senator Hughes has said, the Senate has recently passed a bill directly related to enforcement. In addition to that, Federal legislation is needed in the area of prevention, treatment, and rehabilitation. We have some laws on the books and have some programs dealing with these aspects of drugs, but they are not adequate. And that is what these subcommittee hearings are all about, to enable the subcommittee to obtain the evidence necessary to provide the Senate and the House of Representatives with the information needed for us to legislate wisely in this field.

Again, I commend the subcommittee for holding this hearing in Iowa and I look forward to working with Senator Hughes and his colleagues in the legislation that will develop from these hearings.

Senator HUGHES. Thank you very much, Jack.

I just want to introduce to you Jay Cutler, who is the staff representative of Senator Javits, of New York, and who has been working with us on all of the investigations we have done around the country.

Mr. Cutler is representing the ranking Republican member of this subcommittee. Now we will turn to Mayor Urban for his comments and remarks.

STATEMENT OF THOMAS N. URBAN, MAYOR, CITY OF DES MOINES

Mayor URBAN. Thank you, Senator. Senator Miller and Senator Hughes.

We are certainly pleased that you decided to come to Des Moines and to have your hearings here. I think attendance today—and I think if we would have had a larger room, we would have had more people inside, there are people in the hall—attests to the fact that it is a great concern to us here in Des Moines.

I might say that we have been doing some things in Des Moines in the past year in terms of organization in an attempt to get at the problem of drug abuse.

As you know, we have the mayor's task force on health, headed by Bill Wimmer, and the subcommittee on drug abuse, headed by Dr. Levine. Dr. Levine will be here this afternoon. He is now working in the State government.

We have raised funds from the city and the school boards in the Greater Des Moines area to finance a project which will attempt to bring together all of the groups in the Greater Des Moines area who are concerned with drug abuse.

This includes not only the formal groups, but the ad hoc groups who operate close to the problem. We are concerned and we sincerely hope that your hearings here will help us recognize the problem across the city in the Greater Des Moines area and we look forward to the testimony to be presented today.

Thank you.

Senator HUGHES. Thank you very much, mayor.

I would like to suggest if any of you younger people would like to sit on the floor in the aisle and then if anyone needs to get through, fine. I realize you are jammed in here. But feel free to come in and sit down. It wouldn't bother me to sit on the floor. It might not bother some of you.

In the meantime, the Chair will call the Reverend L. Robert Keck, president of the Des Moines Public School Board; Norman E. White, director of physical education, health and safety education, Des Moines public schools, and ask you to come to the witness chairs here in front.

You may proceed as you wish.

STATEMENT OF REV. L. ROBERT KECK, PRESIDENT, DES MOINES PUBLIC SCHOOL BOARD; AND NORMAN E. WHITE, PH. D., DIRECTOR OF PHYSICAL EDUCATION, HEALTH AND SAFETY EDUCATION, DES MOINES PUBLIC SCHOOLS

Reverend KECK. Senator Hughes, Senator Miller, there are many here today who have been much closer to the particular problem which you are hearing today than I and I won't take much time from their testimony by making my remarks lengthy.

I would merely say that the Des Moines Public Schools District and, certainly, I personally feel that this is an issue that ought to be a major one on our agenda and that anything that diminishes human life ought to be on the agenda of the educational system and our desire to respond appropriately, and to the extent we are able, to this problem as we find the ways in which we can respond.

So far, our response has been manifested particularly in two ways: One, we have had a committee of teachers and administrators studying the eduactional materials that are available for use in public school systems, and secondly, the board of education has manifested that desire in the commitment of $15,000 to the cooperative effort which Mayor Urban referred to a few moments ago.

I was hopeful that Dr. White could be here and perhaps later on you would be able to hear from him, because he has been more centrally involved and the one most knowledgeable as to the educational materials which we have been studying and which we can use.

I would state just personally that I feel a frustration over the extent of the knowledge that we have about the extent of use and abuse of drugs in our city. There have been a lot of claims. There have been a lot of disclaiming. I would hope we can somehow, perhaps through your help, get a knowledge of the exact extent of the use and abuse so that the public school systems in a way appropriate to its use can respond to this human need.

Senator HUGHES. One of the problems that we have, Reverend Keck, is that many school administrators and officials in the country don't want to admit they have a problem in their schools even though they know they do.

For some reason they seem to believe that this casts a bad public reflection on them personally and, as a result of that, they are really

blocking the capabilities that the system has in correcting and in teaching in many of these areas.

I would like to ask you a few questions. No. 1, have you examined the curriculum of the public school system, and if so, are you carrying in that curriculum anything in the way of narcotics and drug education?

Reverend KECK. The effort to examine that is the committee to which I referred a moment ago and to which Dr. White could respond far more effectively than I. I think your identification of sort of defensive mind is accurate and one which I would hope we could overcome.

I think there is a feeling on the Des Moines Board of Education generally to try to deal with this problem and not to be blocked by a sort of defensive protective attitude.

Unfortunately, as you have stated, I think there is the tendency to feel that when claims are made as to the extent of drug use in the schools, that this is somehow an affront to the teachers, administrators, and school boards. I would hope that rather than that defensive position we could take a sort of cooperative posture in dealing together with the extent of the problem.

Senator HUGHES. How many schools are under your jurisdiction?

Reverend KECK. We have 80 schools in Des Moines.

Senator HUGHES. Have any of the administrators called to your special attention the problems of drug abuse or narcotics addiction in the school system?

Reverend KECK. On some individual basis, they have.

Senator HUGHES. Pointing to individual students?

Reverend KECK. Yes, sir.

Senator HUGHES. But not that there are any narcotics or drug sales in the school system?

Reverend KECK. No, sir.

Senator HUGHES. That includes marijuana?

Reverend KECK. There has not been any, if I understand your question, official response to any sort of study and research to determine exactly the extent of that usage.

Senator HUGHES. I am just inquiring if the administrators have called to your attention, as president of the board, any general problem in the Des Moines public school system?

Reverend KECK. Only on an individual basis of their knowledge of some individual students involved, but not on a broad or statistically based manner.

Senator HUGHES. Do you have any outside knowledge other than that brought to you by your administrators of any broad general problem that may exist in the Des Moines public school system?

Reverend KECK. Yes, I think from many of the folks from whom we were going to be hearing today, that I know personally, I am able to gain the knowledge that there certainly is an extent of this problem among children and youth in the city of Des Moines, which naturally is reflected then in the school system.

Senator HUGHES. You are not at this point able to tell me, because you thought your colleague was going to testify, I suppose, what you carry in the curriculum on this.

Reverend KECK. That is correct.

Senator HUGHES. Do you know if you are carrying anything in the elementary schools?

Reverend KECK. I believe we have no organized curriculum at this point dealing with this problem.

Senator HUGHES. At any level?

Reverend KECK. That is correct. Our attempt in studying it at this point is moving in that direction.

Senator HUGHES. Certainly, if there hasn't been any in the past, that is the proper place to begin, isn't it, so you can determine what we should do?

Reverend KECK. That is right.

Senator HUGHES. Where we should go. I am in no way meaning to be embarrassing to you. I hope the people in the audience will refrain from laughing or clapping or anything else as we proceed through these interrogations because the purpose of them is to determine what we are doing, as well as what needs to be done.

From that we can try and determine, as Senator Miller pointed out, what should be our effort at the national level and what should be left primarily down here by way of supportive and other measures that we can take.

Reverend KECK. I think I would describe at this point our stance as being one as basically, I think somewhat naive as to what the extent of it has been in the past. I think and hope at least an increasing desire to respond to the problem in the future as we are able to deem what response would be appropriate.

Senator HUGHES. Have you outlined any policy as to how to handle any drug user in the school system? For example, if one came to a teacher or counselor and asked for help, what would the school system do?

Reverend KECK. We have no official policy at that point.

Senator HUGHES. Do you know what you would do with him?

Reverend KECK. I would hope the counselors would try to get him or her in touch with those who are most able to respond to this problem. I think this is part of the problem as far as knowing exactly to whom to turn.

Senator HUGHES. Do you have anyone in the Des Moines public school system that could be considered trained in the field of narcotics addiction or drug-abuse education?

Reverend KECK. I don't think so.

Senator HUGHES. Could you describe for me what you feel the need is, even though you don't think you have a general problem or do not know yet the proper place to begin? Even if you don't have a problem, would there be the need for education to prevent a problem that is spreading widely in the United States? Could you give me your opinion on that?

Reverend KECK. Here is Dr. White, Senator Hughes and Senator Miller. He is our director of physical education, health and safety education. He would be the one administrator in the school system who perhaps is most knowledgeable as to the educational materials available and the direction in which we are moving administratively.

Senator HUGHES. Would you have any opening statement, Dr. White? Reverend Keck has already made one and we have proceeded with questions.

Mr. WHITE. I apologize for being late. I assumed we were going to have some introductions between 9:30 and 10.

Senator HUGHES. Now, you know the chairman a little better.

Mr. WHITE. Thank you.

We have been, as a school district, working in this problem for more than 15 months now, committeewise, direct-contactwise, and have come up with several positive suggestions. There have been many types of statements made and probably overplayed and I suppose that if I were to agree that 80 percent of the students were involved, I would have to say that it involves tobacco, alcoholic beverages, basically beer, and certainly from our pattern of investigation, somewhere between 2 and 5 percent that have acknowledged the basic experimentation at least.

Senator HUGHES. Could you tell me experimenting with what?

Mr. WHITE. Some type of drug. I would say that when we are talking about this in our school system, we are talking about substance abuse as well as probably marihuana. I have had the good fortune in the last 2 weeks to have traveled with one of the training officers from Kansas City in the Bureau of Narcotics, and I think the misinterpretation that was given by the medias to the statement that LSD usage is down pertained only to our campuses. And Special Agent Johnson indicates that in the secondary schools this problem has increased.

We have not had this, to our knowledge, in any severity in Des Moines. I think our arrest records and our student contacts will show this to be true.

Senator HUGHES. What do you consider the problem to be in Des Moines, Dr. White?

Mr. WHITE. I think it is a matter of education. I think the severity of a drug problem in any situation goes beyond the usage. I think the social problems, the boredom, the affluence of youth, I guess, that have brought this to a reality that needs to be investigated.

The education is not just one of youth. I think it is one of parental education, parental knowledge.

Senator HUGHES. What are you doing about it?

Mr. WHITE. We are in the process at the present time—we have been working with the Central Iowa Regional Planning Council. We have been working with the mayor's task force on drugs and Dr. Levine of the Pharmacy College at Drake. We are at the present time establishing resource centers in all secondary schools. As you know, from your contacts with this I am sure, there is a millennium of materials to ascertain which resources are best to be placed in secondary school centers for drug education information.

Senator HUGHES. Would you describe a secondary school center for me?

Mr. WHITE. Those which enroll students from 7 to 12, or 7, 8, 9; 10, 11 and 12. We are on a 3–3 basis.

Senator HUGHES. What is the center?

Mr. WHITE. It will be a library center, a reference center where these materials are available for knowledge of the students.

Senator HUGHES. But not as part of the curriculum?

Mr. WHITE. At this point, no. This is step 1. Step 2 will be a fact resource center for teachers. We are hoping that this summer a resource

unit—and we have not decided whether this will be vertical or horizontal—and I am of the opinion that resource centers must be established so they can be used in various submatter areas in the elementary schools and they wouldn't necesarily have to be in health education or science or social studies, and the same would be true in the junior high school, and certainly this would be true again in the high school level.

Senator HUGHES. Do you think teachers can handle this?

Mr. WHITE. Through proper workshops and proper acceptance of knowledge, yes. But I think that at the present time we would have difficulty without the adequate inservice education for teachers to bring this about.

Senator HUGHES. Do you have any knowledge of any of your faculty using or experimenting with narcotics or drugs?

Mr. WHITE. Not of a definite nature, no.

Senator HUGHES. You mentioned alcohol as a part of the problem. What would you say about that?

Mr. WHITE. I am sure that there are social drinkers among educators as there are among others.

Senator HUGHES. Do you consider alcohol as a part of the overall drug problem?

Mr. WHITE. Let us say it is the one that has been with us probably as long or longer than even tobacco. I would say that these are the two main ones. I hope we do better with what we are in reference to now in substance abuse and narcotics than we have with either tobacco or alcohol.

Senator HUGHES. What do you carry in your curriculum in relationship to alcohol?

Mr. WHITE. We have a unit in the regular fourth-, fifth-, and sixth-grade hygiene, which comes from a Laidlaw textbook, and there is a coverage of this in seventh-grade life science as to the effect of the stimulants on the body.

There is a unit on drugs, narcotics, alcohol and tobacco, all three, in ninth-grade hygiene for boys. This is only touched very briefly in the eighth-grade homemaking course, and I believe that at the present time some of this is being taught in biology.

I would have difficulty because I have not looked into the biology guidelines because they have changed programs in the last 2 years.

Senator HUGHES. Do you have any adult education courses or materials that you send home with students in relationship to narcotics or drugs?

Mr. WHITE. This is what we are working on at the present time. We have not come to that point yet. I am familiar with the NIMH materials and things of this kind. But we have not come up with the proper sequential information because I don't think it ought to be a one-shot-in-the-arm thing. I think it is a constant ongoing educational program that must be of a sequential nature and must be constant to get this and the ever-changing programs of drugs that are being presented on the market, and of course, if a drug has a use, it also has an abuse.

Senator HUGHES. Do you feel that the institutions training teachers should be carrying something in their curriculum that would benefit the teacher in dealing with this problem in the future?

Mr. WHITE. I feel this is essential to any program that we are to have in the years to come. It would certainly make it easier for those of us employing this individual.

Senator HUGHES. Do you have a familiarity with the other school systems in Iowa and what they are carrying in the academic curriculums in relationship to this problem? How does Des Moines' program compare to theirs, if you do have that information?

Mr. WHITE. As I indicated, I have been traveling for the department of public instruction giving the educational materials that are available. Dr. Levine has aided in the bibliographies, and so forth, that we have made. I would say that there are only a few programs in Iowa that are touching directly upon this program. Most superintendents and principals, nurses and science teachers who have been attending the area meetings have indicated both lack of knowledge and apparent lack of information concerning their own student usage.

When we get into the use of aspirin, the amphetamines, and the weight-cutting and the weight-gaining pills and everything else, they just sit back in amazement as we talk about the problem that exists within the State.

Senator HUGHES. It has been my experience that just about everyone who eventually abused drugs began with alcohol and continued on through life. They didn't all continue certainly. But as we examine the curriculum I don't want you to feel that you are 5 years behind in Des Moines, Iowa. You are not 5 years behind in Des Moines, Iowa. There is a general void across the Nation.

As I mentioned to the president of the board earlier, one of the problems that we run into is that school administrative officials are defensive in trying to describe or identify the problem in the school systems because somehow they feel it reflects on them personally.

This should not be, because we are not trying to hold anyone guilty of anything. We are just trying to identify a problem which is a very difficult one to identify, as you know.

By doing that, we hope that we can be helpful nationally, through legislation in the fields of prevention, education, treatment, and rehabilitation.

You have nothing in your elementary school systems?

Mr. WHITE. There will be a resource unit taught that will not specifically state health education, grade 4. But we hope to run a workshop—and the names Feinglass and Levy who were in charge of the national program for the NIMH a year ago and the National Science Teachers may be familiar to you. I don't know.

We are hoping that in September or October we can run a comprehensive 3-day workshop where we will bring in some of the psychopharmacologists from across the country, some of the rehabilitated narcotics addicts that are available to involve teachers so that we can do our total inservice work with our staffs, and at that time I would hope that we will be able to put into effect across all of our 60 elementary schools some programing in the way of resources unit that will be taught and taught directly, not necessarily by the same area of the curriculum in each of the elementary schools.

It might be a social studies teacher in one elementary school and it might be the health education teacher in another. It would be those who would be interested and those who felt that they could most ca-

pably handle such a unit that would be in this workship. Then they would go back to their building and be the instructor in that course.

Senator HUGHES. Dr. White, we appreciate you being here and giving us your opinions and your hopes and what you think is needed here in this school system.

I will now turn to Senator Miller for some questions.

Senator MILLER. Thank you, Mr. Chairman.

Dr. White and Reverend Keck, I appreciate your being here, too, and your fine testimony. I think you have pointed out the keynote of prevention, which is education. I was pleased to hear Dr. White say that this should be a continuous program.

At the same time, just thinking back to my high school days, up in Sioux City, I can recall that probably the most effective education was a tragedy that occurred within a student body, especially one's own class, where some young person whom you had been associating with didn't show up in class one morning, and the reason he didn't was because he was dead as a result of an auto accident involving the excessive use of alcohol.

Sometimes it takes education of that form to bring home to people what drug abuse and alcohol abuse can do. It seems to me that in addition to a continuous program that it might be helpful to have some kind of a film. I wish that every student and every classroom around the State of Iowa could have heard Art Linkletter when he was in Des Moines not long ago and especially if it could have been supplemented by some kind of film.

I would hope that the school board would look into the possibilities of getting an Art Linkletter speech on tape or on TV because I think that it might do more good than almost anything else you can have, to bring home to the student population what this can lead to.

I am interested in this emphasis—it is not an emphasis necessarily—in the importance of parental education.

Let me ask you, Reverend Keck, what is being done with the parent-teachers' associations on this point?

Reverend KECK. I think we stand at that level just as we do in all of the rest of these, to where there isn't much we can say is being done right at the moment. I think as I stated, we have been somewhat naive and, therefore, lax in response in this whole area and as it is manifested at several levels such as the PTA.

I would hope hearings such as this could better inform the public in Des Moines and the school system can respond to that more appropriately in the future.

At the moment, I know of nothing specifically being handled at the level of the PTA about this.

Senator MILLER. Have there been any initiatives taken by the parent-teachers' association officials or by the school board with respect to parental education in drugs through the PTA?

Mr. WHITE. The National Parent-Teachers' Association, as you know, has been involved in disseminating nonsmoking materials in the last 2 years. At this point, this is their involvement locally as well as it is in most situations.

I am sure they will be most cooperative at the time that the material is available in aiding in its disbursement to the other people. I would hope that we will be able to get into every home.

Senator Miller. But this is nonsmoking. What about drugs?

Mr. White. At this present time. As the drug education program becomes curriculumized, if I may use that word, then I would say we would have to be involved in getting materials into the home, because through their acceptance and their knowledge of what we are talking about, only then can we hope to get through to the student.

Senator Miller. Senator Hughes touched on the importance of teacher education in this area, too. May I ask whether the board has any policy of teacher briefings in this area so that the teachers in our school system are brought up to date on what they might look for as evidence of drug use, a means of detecting and hopefully preventing further use of it?

Reverend Keck. The intentions of the board at this point have been manifested only to the point of study and desire. To my knowledge, there is no official policy yet that has resulted from that.

Senator Miller. Have you discussed this with the teacher associations to see whether they would be amenable to joining with you in promoting such briefings and education on the part of the classroom teachers?

Reverend Keck. Yes, I have, and I find a good deal of atmosphere of cooperation there.

Senator Miller. One last question. What has been the relation of the school system with the local police and law enforcement officials in detecting and hopefully preventing further drug abuse?

Reverend Keck. We have a relatively new program involved in Des Moines of the police liaison officer in our junior high schools that have related also to the elementary as well as the high schools. I think this dimension, although it is brought in not particularly aimed at this sole problem, is helpful at this point.

And I think there has been a fairly good and close cooperation up to this point on it.

Mr. White. I think this individual in all cases, and there have been some contacts, have been able to make a more influenced contact with the home than if a teacher would come and say, "Your child has been involved."

We have found that our police liaison officers have done a tremendous job for us and this has been an excellent program. It has helped control a lot of the other situations that have happened through our system.

Senator Miller. Is there any way this could be expanded?

Mr. White. We are using them.

Senator Miller. You are using them effectively?

Mr. White. We are using them in what programs are going on now. I didn't mean to indicate to you, Senator, that we were doing nothing, because we do have some programs that are going on in units and special pilot projects in some of the secondary schools. But we have not gotten these down into the elementary schools as yet.

But these people with their kits of narcotics, and things of this kind, I am not too pleased with the film "Pit of Despair." I think it is out of date. But they have been able to utilize some of the films and the films owned by the police department are jointly used by

the public and parochial schools in our area for viewing and they send along a vice squad officer or one of our liaison officers to work in this area. This has been a very effective thing that we have done to combat this at this particular point.

Senator MILLER. Does this extend to all of the classrooms and students or to just some of them?

Mr. WHITE. It takes an interested principal to get this individual into that particular building. It is not a regular standard program.

In other words, we don't say that on January 15 he will be at Harding, on the 21st he will be at Callanan, and so forth.

Senator MILLER. In other words, the initiative comes from the school principal rather than as a policy of the board?

Mr. WHITE. At the present time, that and the interested police liaison officer who might feel that this is needed at this time in this particular building because of an outcropping of one case or another.

Senator MILLER. Have you noticed any lack of cooperation by the police department in furthering this type of program?

Mr. WHITE. Not at all. I think they have been 100 percent cooperative.

Senator MILLER. They are ready to go as soon as the principal or school administrators ask them?

Mr. WHITE. We have been totally happy with them.

Reverend KECK. If I could add one other comment, I think part of the problem is that I am not sure that the establishment, the educational establishment, or other dimensions of the establishment, are the first that kids come to when they are in trouble.

Senator HUGHES. Is there any reason they should?

Reverend KECK. No.

Senator HUGHES. What would happen to them, if they did?

Reverend KECK. This is the difficulty. What I wanted to comment on in regard to the law enforcement, the general posture there has been punitive in the past rather than helpful. This is why I think there are certainly valid reasons why the establishment is not the one to whom they come at first. I think some of the other folks you have here today you will be hearing from are ones from whom we can learn and perhaps have a more accurate understanding of what is going on.

Then the establishment. My only hope within the establishment would be that we can somehow create the sort of responsiveness and sensitivity to what is going on in trying to overcome the sort of defensive attitude that you have so correctly identified as being prevalent to where we can then respond more quickly and appropriately.

Senator MILLER. Possibly we are not on the same wave length. But I received the impression from Dr. White that through these police officers or whatever you referred to them as, and the police department, you have had great cooperation, and in that particular area, has this been one of cooperation or one of more the attitude of the punishment Reverend Keck was talking about, because, of course, if that is the attitude, this can undercut the effectiveness of the preventive education.

But I got the impression from Dr. White that there was nothing like that involved in this particular program. Are we talking about the same thing?

Reverend KECK. I think we are just coming at it from two different angles. The police liaison officer program has been helpful and the particular individuals involved in that have been extremely cooperative.

I am just saying that the law enforcement dimension of a city has historically and traditionally come at problems like this with a sort of punitive posture basically and that for those reasons, we are not always the ones to whom children and youth first turn when they are having some difficulty.

Senator MILLER. As far as this particular program that Dr. White is talking about, you don't have this aspect. Is that correct?

Reverend KECK. I think it is beginning to come to that. I think some of the individuals we have in those positions are trying to be helpful rather than punitive.

Senator MILLER. I would hope it would be that way. I got the impression from what Dr. White had to say that at least as far as this part of the program is concerned that there was not the punitive approach.

Senator HUGHES. May I interject here that there has been almost 100-percent agreement around the country, as I have conducted these hearings, that bringing a police officer into a school system to talk to children is not working. They would have nothing to do with any program.

As I listened to your statements, I was thinking about something entirely different from a police officer in a community relations program coming in to talk to the kids about drugs.

Mr. WHITE. Their daily contact with students is not necessarily involving punitive situations. They are there as so-called police counselors and work in cooperation with the staff and work in cooperation with the students. They are plain clothed individuals which I think helps considerably.

Of course, you are going to have some rejection of this when the program begins, because in certain areas of the city, they are still looked upon as punitive officers and they are going to be doing this type of thing.

Senator HUGHES. Do you think your own teachers could handle that better?

Mr. WHITE. If we did, I don't think we would have the program, sir. I don't believe we would have the program that we do with the liaison officers if we felt our teachers could handle it.

Senator HUGHES. I mean if they are trained later on.

Mr. WHITE. There is a possibility.

Senator HUGHES. I think the officers have a place in this. I am not trying to plot that out as a boondoggle at all. I am just saying I know what these kids are going to do when you bring a man, in or out of uniform, into the system. They spot him either way. They have the in-built guard against it, those that are really in the problem.

Mr. WHITE. After the time that the teachers are prepared to handle this in the classroom, then I probably would go along with your statement. At this time, I don't think we have reached that point where our teachers are capable to conduct the program that we would like to have conducted.

Senator HUGHES. I think there is a place for both. I am just trying to make sure that you don't think that is the answer to the problem.

Mr. WHITE. I did not mean to infer this.

Senator HUGHES. Thank you, Senator.

Senator MILLER. It has been found that lectures or contacts with students by ex-narcotics addicts have been quite effective, because they are quite obviously people who have gone through the problem and the experience and they are ready, willing, and able to try to prevent young people from going through their experiences.

I don't know whether we would have the opportunity to get very many of these people in Iowa, but it seems to me it might be worth while to try to enlist their assistance.

Mr. WHITE. I am sure they are available through Mr. Perry's office or in the Kansas City office.

Senator HUGHES. We have got plenty of them right here in Iowa using drugs and some of them trying to get off of it today. They would probably be helpful. We don't have to go to Kansas City.

Mr. WHITE. I am sure region 10 of the Bureau of Narcotics would know more of them certainly than we in the school system.

Senator MILLER. It seems to me that just from the discussion here, that there is no one aspect of this that we ought to hit in prevention and in educating people on this problem. We have got to come up with various approaches and not rely on any one particular one; go after it from all angles and hope that all angles will work out.

Would you agree with that?

Mr. WHITE. Totally.

Senator HUGHES. Could I ask you a few concluding questions? First, what are your counselors instructed to do other than guide kids into college?

Mr. WHITE. I wish that the director of guidance were here, because she is the one that ought to answer this. But I feel our guidance counselors—I am probably not the one to answer this, because I have got some built-in bias.

Senator HUGHES. Obviously. I have, too.

Mr. WHITE. With the board present here, this may be a little embarrassing. My personal feeling is they spend more time on the vocational aspects of counseling of our youngsters than they do academic counseling toward college entrance.

I think our girls' advisers in our high schools and our boys' advisers probably do more of counseling—personal, live counseling, if I may—than our guidance people. Would you agree to that?

Reverend KECK. Yes. I think the board of education has sensed somewhat of the same sort of dissatisfaction that you have voiced and we have just initiated a total evaluation of precisely what function the guidance and counseling is performing. And what it ought to be doing.

Senator HUGHES. Reverend Keck, you have been an activist in this city for a long time. I have been familiar with a lot of the work you have done. I know you have a lot of personal contacts outside of your official capacity as president of the school board with many of the people of this city. Your understanding of the human problems of this city is probably unique.

Having said that, I would like to ask a few more questions. Do you think, for example, that what we call the generation gap could be the lack of communication between parents and their children? Do you find that if there is any communication, it is a monolog and not a dialog? I find in many cases that there is no one listening on the top side. It is all one direction.

A young girl in Washington, D.C., said:

> You know, I went to talk to my dad and he asked me what I was doing. I said I was out with a bunch of kids last week and they were smoking pot. He was on his third martini and half tight and ordered me out of the room and damned me.

The girl ran away from home and refused to come back and spent 3 days in the city detention center rather than go back home and talk to her father again.

A total lack of communication. I have had parents in this city contact me. I am not talking about parents in the poverty areas of this town, I am talking about the suburban areas of this town. I am sure you have had the same kind of contacts that I am talking about and the problem is a pervasive problem.

There is a lack of communication.

I think Senator Miller very ably focused on adult education, as half of the problem. Most parents don't even feel competent to talk to their kids about drugs and narcotics, but if you went and opened mama's medicine cabinet, you would find everything from diet pills, tranquilizers, uppers and downers and you name it in that medicine cabinet, legally prescribed.

Many kids whom I have found to be on these pills started in their mama's medicine cabinet. And then started buying them from other kids who got them from their mama's medicine cabinet. They are taking them to school with them.

I will be glad to send you the testimony taken by this subcommittee if you feel it will benefit you and the school board so you can read a lot of these experiences.

If some of you can stay here today you might hear some interesting things about your own school system. I don't know, because I have not heard the evidence yet. But it always happens that way.

I would like to ask you this: Do you think you could give a couple of very precise pamphlets to the youngsters to take home to their parents? If you don't think they would take them home, you could see that they were delivered. Two, a short list of maybe one, two, or three books that were accurate on the subject matter. There is more misinformation on this subject matter abroad than there is information. You could suggest to the parents that it is of prime importance that they read one or two of these books as a matter of information.

I know you have been using films because they are available and all the school systems are using them. This is one of the better school systems in the country right here in Des Moines. We are using this type of thing. But the question is how effective are we in using it and where are we?

Do you think, Dr. White, it would be effective, if the youngsters had this stuff to take home or you could deliver it to a parent?

Mr. WHITE. I think that this is the type of thing that has to go along with the sequential program. This may seem very strange, but

the elementary school child is more likely to get home with a publication than a secondary school child.

Senator HUGHES. I agree.

Mr. WHITE. So, we almost have to mail this information to the high school parent. Since we are computerized as far as mailings, and so forth, I don't believe this would be a major problem.

May I interject a question? In your various and sundry hearings, has the point come up at relative times concerning what we are talking about here in the way of generation gap, that this is truly a generation of children that are going into a world in which the parents for the first time have not lived?

In other words, we as parents are rearing a generation of children into a world in which the parents themselves have not known.

Senator HUGHES. This has not been testified to at the hearings. But I think there is little question that the advanced technology of the scientific age that we are living in causes a severe gap. As you know yourself there is a generation gap every 2 years now. We are not talking about 15 or 25 years.

A lot of this seeking that we find going on can more adequately be described later on by some of our later witnesses. But this type of thing has not particularly been testified to as the overwhelming factor involved.

What I find running through most of the testimony these kids have given is loneliness, a deep loneliness, a seeking for something, or identity question: "Who am I? What am I here for? Why is the world so mad and why is everyone hypocritical in what they are doing?"

But a lot of this is also coupled with other illnesses. We can't say the problem is distribution. The fact is that many of these youngsters would be problems, even if the drugs were not available. But it is part of looking at all of the problem.

Senator?

Senator MILLER. I forgot to ask Reverend Keck a question.

What is being done and, if nothing is being done, what do you think would be the potential for having the council of churches participate in this type of parental education? It seems to me that if we are going to go at this problem from all facets, PTA, classroom, teacher briefings, and the like, that the churches have a role to play in this, too.

Reverend KECK. Certainly. I don't know what, if anything, is being done at that point now. But I certainly agree with you that every dimension of city life can be brought to bear. I think one of the main things we have to overcome, whether it be manifested in the council of churches or in the school systems or what all, is the adult hypocrisy that our drugs are all right and the drugs that kids use aren't, and ours are legal and theirs are illegal.

As soon as we can overcome as many frontal attacks as we can through this type of hypocrisy and the gaps that exist here, the defensiveness that Senator Hughes referred to earlier, and so forth, so that we can really approach this as to what are going to be the most helpful dimensions.

I would just affirm again hoping that the Des Moines school system, and you gentlemen know this better than any of us, the problems of the political process on the board of education. It takes not one vote,

but four at least to get an official policy. I would hope that the Des Moines School system could become as free from the shackles of defensiveness and hypocrisy as possible and as responsive to the real need that exists here.

I know many of those that you are going to be hearing from later today. And I think we can learn greatly from them.

So, perhaps I should get off the hot seat. But I don't feel I really have much to contribute to exactly what is going on now.

Senator HUGHES. Since you made that statement, could I ask a question? Excuse me for interrupting, Senator Miller.

You say we are going to be hearing from many of the people that you have had communication with and that may be helpful to us. I would just simply like to ask you, do you intend to use these people in planning your programs?

Reverend KECK. I intend to try using them.

Senator HUGHES. Do you intend to question addicts themselves and let them give you some advice?

Reverend KECK. Again, I state merely the political realities that I can't always accomplish in the Des Moines school system what I would personally like to accomplish. But I think we need to listen to them. I think we need to be led by them before we are going to be able to accurately deal with this problem.

Mr. WHITE. Let me interject here, that I would go along with Senator Hughes in relationship to the utilization of rehabilitants in this particular area. I think it is instrumental to any program where these people are available to utilize them not only in the planning, but in the classroom setting itself.

Senator MILLER. The reason for my asking this question, Reverend Keck, was that I have had the feeling that too many times we tend to approach these problems from more of a scientific or mechanistic approach and overlook the fact that there are moral problems involved, too, humanitarian problems, and it seems to me that the council of churches would have quite a role or could have quite a potential role to play in this.

If we are going to adopt a policy that the way to solve the problem, the way to prevent the problem from arising is to use all avenues so that all bases are covered.

Thank you.

Senator HUGHES. Gentlemen, I thank you for being willing to come forth and help us this morning by telling us what the situation is as you see it from your side of the fence and to express your hopes and willingness to adapt to the problems and programs for the future.

I think, Dr. White, I want to emphasize something you said in the second sentence. The drug scene U.S.A. is changing rapidly. What is the big problem this year may well be third or fourth down the line next year.

We may be into new substance usage, something altogether different, with a different nature of problem coupled with it. Capability of adapting immediately to the problems that exist is going to be the requirement. The flexibility of what you can do in response to this will be of major importance.

It has been my impression that really the young people can take care of a problem better than we can, if they have an adequate amount

of information. Their own intelligence usually allows them to take care of a problem with reasonable haste and they can at a student level handle a great many of the problems, given the opportunity to cooperate with you in the process.

And I don't mean from a punitive point, but I just mean from the point of handling the problem.

Thank you very much.

Mr. WHITE. Thank you.

Senator HUGHES. The Chair calls Dr. Keith R. Simpson and Robert Scott, Harrison Treatment and Rehabilitation Center, Des Moines, Iowa.

I would like to inquire about the taking of pictures or the running of television cameras. If any of these people will object to this, let's say so and we will go off the film.

There are no objections then?

Dr. Simpson, Mr. Scott, I don't know whether these people want to be identified by name or not. If they do, fine, if they don't, fine. It isn't necessary, as far as the testimony is concerned.

I simply want to say to the two of you and to all of the people along with you, that we appreciate your willingness to come forward and to help us this morning in identifying the problem here in Iowa and in Des Moines, both the extent of it and the nature of it and what, if anything, is being done about it.

STATEMENT OF KEITH R. SIMPSON, D.O., AND ROBERT SCOTT, HARRISON TREATMENT AND REHABILITATION CENTER, DES MOINES, IOWA, WITH HELEN, DUKE, JULLIET, BOB, AND CHESTER

Dr. SIMPSON. I would like to introduce Helen, Duke, Julliet, Bob, and Chester. I have just a couple of opening statements. Not really much to your amazement or a number of other people's, the people who have a problem with drug abuse, whether it be narcotics addiction, glue sniffing or use of amphetamines or LSD have almost summarily been blocked from receiving any type of health care in the country due to poor information, and poor attitudes. Medicine as a whole has simply not played a role in allowing these people to be treated as people, and when in fact they do encounter the medical system, quite often their treatment is not only barbaric, they are rejected, they are put down, they are made to feel quite improper in their location.

This oddly enough, even with attitudes involving law enforcement and lay people, has in effect increased the problem because you have simply not allowed the drainoff. The people who wanted to be treated had no way to be treated.

So, your problem has grown due to these inappropriate attitudes. I just very recently have become acquainted with the problem of narcotics addiction. I am relatively naive in the field. And it all started with a young girl who was quite afraid, who was pregnant and was expecting a child. And I tried to use what medical knowledge I had, which was quite insufficient at the time, and called for consultation from a friend of mine in San Francisco, and we got this girl through her problem and the baby delivered.

And therein started sort of a whole new era because from that one girl and her baby, 45 days later we have now 42 people who are off of heroin, seeking help, in a good recovery program, and these people, just as Reverend Keck mentioned, have taught me.

The thing the public, the so-called professionals have to do, is to swallow their ego a little bit and learn from people who know more. I will stop here.

Senator HUGHES. Bob, do you have any opening statement?

Mr. SCOTT. I would just like to say that we have 42 people now who are clean and off of heroin in just a litle bit over a month. They are all from Des Moines. Without exception, these 42 people have wanted help with their problem for a long time and it hasn't been available in this community.

Many of them have been to our hospitals and they have been challenged that if they really wanted to get help they would have to give some information that might put their life in danger.

So, they have refused to give that kind of information and as a result, were denied help.

Also, if some of the people in the using of heroin happen to OD or overdose, there has been a general practice that the people around them, other users, would try to have a home remedy and try to pull them out of it, and as a result of that, we have had people die right in this community because health care was not available to them.

And, so what I have found in working with these 42 people, are warm sensitive human beings, who are in pain, who respond to treatment, who respond miraculously to treatment, who are honest and loyal and deserving people.

I would just like to say that any of these people could come in my home at any time and live with me or I would trust them with my money or even my life.

I think it is a worthwhile project and I know that you are very sensitive to the kinds of questions they can or cannot answer, but they are willing to answer any questions that they can. If you have one that they feel might endanger them, they will let me know and I will try to let you know.

Senator HUGHES. It is not the intention of the Chair to ask any of you any questions that will either incriminate you or place you in a position of jeopardy in any way whatsoever. If I do ask such a question, if you simply tell me that you cannot answer it on that basis, that is fine with me. That is not my purpose here.

My purpose under the guidelines of my subcommittee is to determine what we can do in this country and here in the State of Iowa in the way of prevention for your children, as they grow up, of education, of health care and rehabilitation, and general acceptance back into the community as working, honest citizens of our community and our Nation.

That is our goal and that is our only goal. We are not interested in placing you in any position that could jeopardize you personally or any people that you have known in the past.

Dr. Simpson, to get to the point very clearly, I would like for you to identify for me your professional training for the record.

Dr. SIMPSON. I am an osteopathic physician. I graduated from college in 1962 and interned in Warren, Ohio, and then did a 3-year resi-

dency in internal medicine. I am on the staff of the College of Osteopathic Medicine and Surgery and was one of the individuals who started the Harrison Treatment Center in 1967 and because the patients we saw in the Harrison Treatment Center, 60 percent-plus, had concomitant drug problems, I became interested in this field also.

But I in fact have one thing, Senator, that does allow me somewhat more latitude than the average general practitioner or the average specialist in that the school consents to pay my salary while I do some of these things as opposed to some physicians in the field would who have to see a certain number of patients a day in order to feed his family. I would say that the things I have done any physician can do with the basic knowledge that they do have.

This is something, I am sure, we will get into later, because we will need resources to help the people in Des Moines and surrounding areas. If you simply have a physician who has the interest and attitude, he can pull it off.

Senator HUGHES. The questions I am going to ask will be pointed from the standpoint of trying to describe the problem. Obviously, we have four black people with us this morning. Of the 42 people, how many are black and how many are of other racial backgrounds?

Mr. DUKE. All 42 are black people.

Senator HUGHES. Is the problem to your knowledge spread in the white community as well as the black community?

Mr. DUKE. Yes, it is.

Senator HUGHES. Are the whites you know seeking any help anywhere?

Mr. DUKE. Not yet. They have not been coming to our program yet.

Senator HUGHES. Is there any way where they can get help other than where you are getting help?

Mr. DUKE. To my knowledge, no.

Senator HUGHES. In other words, there is no way out for them?

Mr. DUKE. They can get help in our program.

Senator HUGHES. Outside of that program, you know of no other way out for them? If they want to kick, there is no way to do it?

Mr. DUKE. Other than a cold turkey, no other way in Des Moines.

Senator HUGHES. What is the quality of heroin coming into Des Moines, your opinion?

Mr. DUKE. About 5 percent.

Senator HUGHES. Is it a good quality heroin or have you had anything to compare it to? Have you got heroin other places so you could compare what you know, that it is either good or cut pretty heavily?

Mr. DUKE. It is cut pretty heavily. I would say it is about average grade.

Senator HUGHES. What is the price for a bag?

Mr. DUKE. They sell No. 5 capsules, about $4 to $5 a cap.

Senator HUGHES. Would you care to describe your own habit for me?

Mr. DUKE. About $180 a day.

Senator HUGHES. $180 a day? That was at your maximum?

Mr. DUKE. Right.

Senator HUGHES. Could you describe your beginning for me? Why did you start taking heroin and did you in fact start on other drugs and narcotics?

Mr. DUKE. No, I started on heroin first.

Senator HUGHES. Do you know why?

Mr. DUKE. Just as something as a kick or a pleasure. Escape.

Senator HUGHES. Looking for the big kick or high. How old were you?

Mr. DUKE. Sixteen.

Senator HUGHES. Were you in the public school system or had you dropped out?

Mr. DUKE. I was in school.

Dr. SIMPSON. He was a star athlete in that system, also.

Senator HUGHES. Were you able to buy heroin in the school?

Mr. DUKE. No.

Senator HUGHES. Was it circulated in school?

Mr. DUKE. No.

Senator HUGHES. Not in the school. You had to get it from outside sources.

Mr. DUKE. Right.

Senator HUGHES. Were many other kids your age using it?

Mr. DUKE. Yes.

Senator HUGHES. At the same time?

Mr. DUKE. Right.

Senator HUGHES. How old are you now?

Mr. DUKE. Twenty-five.

Senator HUGHES. This was 9 years ago, 1961 or 1960.

Mr. DUKE. Right.

Senator HUGHES. Were there white kids as well as black kids using heroin in that age group, do you know?

Mr. DUKE. Yes.

Senator HUGHES. There were. What did your habit cost when you first began?

Mr. DUKE. Just about $10 or $12 a week.

Senator HUGHES. You were just mainlining.

Mr. DUKE. Right.

Senator HUGHES. Did you start right out mainlining?

Mr. DUKE. Yes.

Senator HUGHES. Were you ever sick as a result of the contamination?

Mr. DUKE. After 5 years, I finally got hooked. I first started out with what they call chipping around on weekends or every now and then. It was about 5 years before I actually got a habit.

Senator HUGHES. Where you just couldn't get along without making the bag every day and that was it.

Mr. DUKE. Right.

Senator HUGHES. $180 a day habit is a very expensive habit. I don't want to question you about how you supported that habit. You had a pretty good habit incidentally. That is not a cheap one to support by any means. That ranges pretty high in the country from the people I have heard testify.

Dr. SIMPSON. Whatever he does, he does well, Senator. [Laughter.]

Senator HUGHES. It is estimated in the District of Columbia that heroin alone costs the District of Columbia $1 million a day. This is not the cost of the product on the street. This is the cost of supporting the habit through theft, burglary, and shoplifting, which are the main sources of support, and selling the materials at probably a third or fourth of their value.

So, when we look at the total loss, the estimate there is $1 million a day.

Do you have any estimate that you could give me of how many heroin users you think there are in Des Moines, Iowa?

Mr. DUKE. Anywhere from 250 to 300.

Senator HUGHES. 250 or 300 people using heroin in Des Moines?

Mr. DUKE. Right.

Senator HUGHES. Not very many of them were at the rate you were using?

Mr. DUKE. No.

Mr. SCOTT. Senator Hughes, if these people were still using their daily cost it would total out to a little over $3,200 a day.

Dr. SIMPSON. That is what they would have to come up with.

Senator HUGHES. To support their own habit.

Dr. SIMPSON. Yes. Forty-two.

Mr. SCOTT. Forty-two people and a little over $3,200 a day.

Senator HUGHES. $3,200 a day just from these 42 people?

Mr. SCOTT. Yes.

Senator HUGHES. Then you would have to figure there are 250 out there who are not getting any help.

If I could go back to Dr. Simpson for a moment, Dr. Simpson, I have talked with you privately. I know the methods you are using on this. But would you care to describe them for the record?

Dr. SIMPSON. Fortunately, Senator, the regulations regulating me are fairly liberal. So, we were able to institute an outpatient oral methadone program.

Senator HUGHES. Would you describe for the record and the people here the methadone program?

Senator SIMPSON. Methadone is a narcotic agent which has been in existence since probably the early 1940's. It is made by the Lilly Co. and sold under the trade name of Dolophine. It is a narcotic agent itself. However, it never really gained popularity among physicians for being a painkiller and it sort of set on doctors' shelves.

But on the west coast and in some of the ghettos in the east coast, they discovered this particular drug, if given to a heroin addict, would block the effect of heroin the addict took or prevent any physiological discomfort during his period of withdrawal. Our objective then is simply to have the individual who ask or tells you he wants to stop heroin, we supply him with methadone on a daily dose basis for 4 to 7 days until he is off. Then he enters a continuing rehabilitation program, group therapy sessions, et cetera, to maintain his recovery.

Senator, it is ironic, the amount of methadone needed to withdraw a patient costs $2.

Senator HUGHES. The total cost for 7 days?

Dr. SIMPSON. That is right.

Senator HUGHES. As opposed to $180-a-day habit.

Dr. SIMPSON. That is right. The program, we felt that all too often doctors get so carried away with themselves and hospitals in general, that they expect the patient always to come to them, or if there is a methadone program in town which is quite often federally sponsored, which is somewhat rigid sometimes, the patient has to go and slip up on a formal basis, name, address, and phone number, thereby in his own mind opening himself up to the possibility of a lot of people being aware of what he is doing.

I firmly believe this holds people back from seeking treatment even where there are methadone programs elsewhere. We simply elected to see the individual at his home, treat him at home and withdraw him at home. This has required some footwork.

Senator HUGHES. Have you been able to successfully withdraw any of these patients with methadone?

Dr. SIMPSON. All of them.

Senator HUGHES. All of you are getting along all right with the methadone withdrawal.

Dr. SIMPSON. None are on maintenance.

Mr. SCOTT. All of these 42 are clean. We have some others in the process of becoming clean. But these are 42 who are clean of everything.

Senator HUGHES. It would be your professional opinion that users can be successfully withdrawn from methadone without continual maintenance?

Dr. SIMPSON. That is my professional opinion, Senator.

Senator HUGHES. You are aware that that is not the professional opinion of many people working with it in the country.

Dr. SIMPSON. Yes; I am aware of that. That is one of the things I meant about doctors getting carried away with themselves. It is entirely possible from some people I have talked to that in order perhaps to preserve a man out in a community, that he may have to agree with the Federal Government or the State government to take methadone daily and in that type of program, in order to maintain himself in the community, it may be justified.

But I think there is a bare minimum of heroin users that can't maintain themselves with just simple type support if given the opportunity.

Senator HUGHES. Duke, did you ever seek treatment of any other hospital in this city?

Mr. DUKE. Yes.

Senator HUGHES. Where?

Mr. DUKE. The Broad Lawns General Hospital one time.

Senator HUGHES. What happened?

Mr. DUKE. I went there and was sick at the time.

Senator HUGHES. You say sick. What do you mean?

Mr. DUKE. I was coming down with cold turkey and trying to kick. I was pretty sick at the time. I told them my problem, that I was a drug addict and I needed some help. So, they told me to have a seat in the room. Then they called the vice squad.

Senator HUGHES. They called the vice squad?

Mr. DUKE. Yes. So when the vice showed, they told me if I didn't give them any information, then I couldn't get any medication. So, I left.

Senator HUGHES. They told you that unless you gave them information, you could get no help?

Mr. DUKE. Right.

Senator HUGHES. So what did you do?

Mr. DUKE. I left.

Senator HUGHES. You walked out.

Dr. DUKE. Right.

Senator HUGHES. Did you seek help anywhere else?

Mr. DUKE. I went to a doctor's office and the same thing happened. So, I just went back to using it, just continued using it.

Senator HUGHES. The doctor wouldn't give you help without information?

Mr. DUKE. He did the same thing. He called the vice squad, too.

Senator HUGHES. He called the vice squad when you sought help with the doctor's office?

Mr. DUKE. Right.

Senator HUGHES. What do you think would have happened if you had sought help in high school? [Laughter.]

Mr. DUKE. I would have ended up at Eldora.

Senator HUGHES. You doubt you would have gotten any help?

Mr. DUKE. Probably at Eldora.

Senator HUGHES. Do you think they could help you at Eldora?

Mr. DUKE. I doubt it.

Senator HUGHES. Do you think they have any program for a narcotics user in our prison systems in Iowa?

Mr. DUKE. I doubt it.

Senator HUGHES. I was Governor of this State for three terms and I have no knowledge of it, if they do have.

Mr. DUKE. I know quite a few people that have gone to the penetentiary with habits and kicked with cold turkey and the prison officials don't even know they have habits.

Senator HUGHES. That just isn't possible, that a prison official couldn't know that they had a habit. If they even looked at the man, they would know it, wouldn't they?

Mr. DUKE. No; they wouldn't.

Senator HUGHES. If they cared.

Mr. DUKE. They could know, right.

Senator HUGHES. That is the point. They could know, couldn't they?

Mr. DUKE. Right.

Senator HUGHES. As a matter of fact, Dr. Simpson, for all of these drugs there are simple chemical analyses to determine users, other than marihuana.

Dr. SIMPSON. There are urine assays that are available, Senator, plus the fact that I firmly believe you could teach any baliff some of the general signs of symptoms associated with amphetamine use or LSD or heroin or barbiturates, because quite often it is another patient that calls my attention to my patient looking or acting different. People have powers of observation, if they are told what to observe for and can do it in an objective fashion.

Senator HUGHES. How long have you been off heroin, Duke?

Mr. DUKE. Since the first of January.

Senator HUGHES. Are you working?

Mr. DUKE. Not yet.

Senator HUGHES. Have you tried to get work?

Mr. DUKE. Yes; I have.

Senator HUGHES. What happened?

Mr. DUKE. My background is one thing that is holding me back.

Senator HUGHES. Are they all aware that you have been a heroin user?

Mr. DUKE. Most applications that you fill out, to apply for jobs, ask if you have used drugs or have been convicted of a felony.

Senator HUGHES. Do you tell the truth on those applications?

Mr. DUKE. Yes.

Senator HUGHES. As a result, you have not found any employment?
Mr. DUKE. Not yet.
Senator HUGHES. Do you have any hope that you will?
Mr. DUKE. Yes; I do. I was hoping to work as a drug counselor here in Des Moines with the methadone program as soon as funds are available where I can get a salary.
Senator HUGHES. But every user can have a job as a counselor?
Mr. DUKE. No.
Senator HUGHES. They will have to find jobs in the community?
Mr. DUKE. Right.
Senator HUGHES. Do you feel that you are now off of heroin you are as competent and capable of working and conducting yourself in work habits as any other man?
Mr. DUKE. Oh, yes; maybe better.
Senator HUGHES. I mean to the best of your abilities and talent. Is that right?
Mr. DUKE. Right.
Senator HUGHES. Do you feel secure now from the habit? Do you have any inclination that you want to go back?
Mr. DUKE. No; I don't.
Senator HUGHES. You have had the monkey on your back a long time.
Mr. DUKE. Right.
Senator HUGHES. How long did you want to get off of heroin before you finally found some place that you could?
Mr. DUKE. About two and a half years.
Senator HUGHES. When did you go to Broad Lawns?
Mr. DUKE. About two and a half years ago.
Senator HUGHES. You would have liked to have gotten off of it then?
Mr. DUKE. Yes.
Senator HUGHES. But you couldn't because there was no place to go without winding up in prison or perhaps endangering your life in the process.
Mr. DUKE. Right.
Senator HUGHES. Most of the testimony we have had around the country indicates that drugs are just about as available in the city jails and prisons as they are in the streets. Do you have any knowledge of that here?
Mr. DUKE. I couldn't answer that. I have never been in prison here in Iowa.
Senator HUGHES. How about some of your friends? Have you heard any word from them? I am not asking who they are or what they are, but you have talked to some of them, obviously.
Mr. DUKE. No, I haven't heard about in the institutions.
Senator HUGHES. Chester, you are the oldest of these people here. I don't know whether that is the reason that you have had longer experience in the narcotics field or not. How many years have you used heroin?
Mr. CHESTER. About 15 years.
Senator HUGHES. Did you ever kick the habit in the intermediate times?
Mr. CHESTER. Yes.

Senator HUGHES. For how long a period at a time?

Mr. CHESTER. About two years.

Senator HUGHES. About two years at one point you were able to kick it and then got back on it again?

Mr. CHESTER. Yes.

Senator HUGHES. I am trying to phrase these questions so they are not embarrassing. If they are, just say you don't want to answer.

Fifteen years ago, then heroin was apparently readily available in Des Moines, Iowa, without any great problem, if you had the money to make the buy.

Mr. CHESTER. Yes.

Senator HUGHES. Has the price gone up in 15 years?

Mr. CHESTER. Yes, sir.

Senator HUGHES. How much?

Mr. CHESTER. About $5.

Senator HUGHES. The inflation has hit heroin, too?

Mr. CHESTER. Yes.

Senator HUGHES. You have made your buys without any difficulty over that 15-year period of time? Contacts, I mean, you were able to buy it?

Mr. CHESTER. Sometimes it would get a little tough, but more than apt, you could get it whenever you wished.

Senator HUGHES. Is the quality about the same it was 15 years ago or has it gone down in quality?

Mr. CHESTER. I think it has gone down.

Senator HUGHES. You think it is not as good a product as it was 15 years ago.

Did your habit expense go up over that period of years, daily cost, as well as the inflationary spiral of the product, but you used more?

Mr. CHESTER. Yes, sir.

Senator HUGHES. What was your average daily cost when you were at your height of consumption of heroin?

Mr. CHESTER. I wouldn't know exactly. Around $40 or $50 is the most I could get by with.

Senator HUGHES. That is about what I find around the country, somewhere between $30 and $50 a day. Duke had an exceptional habit, I will say that, way up there in daily expense.

Can you answer the question of how you were able to support this habit?

Mr. CHESTER. I was working.

Senator HUGHES. Were you making $50 a day?

Mr. CHESTER. No, sir.

Senator HUGHES. That is my point. Can you answer any more than that?

Mr. CHESTER. No, sir.

Senator HUGHES. Have you been institutionalized in Iowa?

Mr. CHESTER. Yes.

Senator HUGHES. In prison?

Mr. CHESTER. Yes.

Senator HUGHES. Were you able to get narcotics in prison?

Mr. CHESTER. No, sir.

Senator HUGHES. Did you try?

Mr. CHESTER. No, sir. There wasn't any there. I don't remember having a desire for any there. There wasn't any available. So, I never tried.

Senator HUGHES. I didn't think there was any there when I was Governor, Chester.

Mr. CHESTER. I was there when you was Governor. [Laughter.]

Senator HUGHES. I tried to make sure there wasn't any there. You never know how successful you are. We did find some that had been transported by various means in and out. But we usually tried to shut it off. But you never know whether you succeed or not.

Have you ever sought treatment for your drug addiction?

Mr. CHESTER. No.

Senator HUGHES. Did you ever go to a hospital and seek help, Chester?

Mr. CHESTER. No.

Senator HUGHES. Were you afraid to ask for help?

Mr. CHESTER. I knew quite a few people that went and they never did get any. So it didn't make sense for me to go.

Senator HUGHES. You figured you would wind up in jail if you did?

Mr. CHESTER. That is right.

Senator HUGHES. Would you have quit using heroin, do you think, quite some time ago if there had been a ready way out of it?

Mr. CHESTER. I think so.

Senator HUGHES. Are you married?

Mr. CHESTER. No, sir.

Senator HUGHES. I think that is all, Chester.

Do either of you girls care to express how long you used heroin?

Miss JULLIET. I started in 1966 and I have been off of it ever since they started the program. I have had many desires to get off, but I went to doctors for help, and you couldn't get no response without having a law involved. That gets you back on heroin. Then you involve the law, you don't want to get caught in with the law, so you get yourself back on it again.

Senator HUGHES. How old were you when you started?

Miss JULLIET. Twenty-three.

Senator HUGHES. What do you think of the program that Dr. Simpson is running?

Miss JULLIET. I think it is wonderful. I think to my own personal thinking, I think since we have got this program going, that it will get more people to get off heroin, because they don't have to go through that pain and all that struggling. They would actually get off of heroin.

Senator HUGHES. What did your habit cost a day?

Miss JULLIET. Mine cost maybe $60 a day.

Senator HUGHES. Is the therapy that is provided through the clinic—I am talking about after the methadone withdrawal—is that helpful to you?

Miss JULLIET. Yes, it is.

Senator HUGHES. Has it helped you to adjust, to readjust and to take a new grip on life?

Miss JULLIET. Yes.

Senator HUGHES. Has that been your experience, too?

Miss HELEN. My experience, I started in 1969. And I wanted to get help. I went to seek help from my doctor. I was expecting at the time.

Senator HUGHES. You went back to seek help in 1969?

Miss HELEN. Yes.

Senator HUGHES. From your doctor?

Miss HELEN. Yes. He wanted me to see another doctor and talk to him. I got kind of scared at the time. So, I left the hospital. And about a couple of weeks later, I came back and asked for help again. This time I kind of trusted him. So I went ahead and got help.

Mr. SIMPSON. That is when we met Helen, Senator. The first time she was seen by the obstetrician in her prenatal care, he referred her across the street to another building to a doctor she didn't know, me, and she thought back on her past experiences and thought it best to kind of slip away.

The second time she came back again she asked for help but this time we went to see her. It worked fine.

Senator HUGHES. Is she the mother of the baby that I read about in the paper?

Miss HELEN. Yes.

Senator HUGHES. Am I asking embarrassing questions?

Mr. SIMPSON. No. Now that this is out, I would like to say one thing. What the newspaper forgot to mention was the fact that Helen and Duke both sought us. They had sought before and couldn't find. Both of them have been the prime people in setting up this whole recovery program. Both of them have been our liaison with the community and we hope both of them will receive salaries as counselors and continue to be paid for what they can do the best, because they are professionals in their field.

It is a shame that the story didn't show the positive side of the whole thing. Because that baby and that experience was the changing point of Helen's life.

Mr. SCOTT. Could I just interject something here? The whole system that we have been faced with in trying to help these people become satisfied with a life without drugs has been against us. Helen's baby is taken away from her. It is extremely difficult for her to face life without her kids. Most of the people have severe rent problems, clothing problems, food problems, medical problems, and, of course, you have heard and already know about the employment problems.

It is almost as if the community is an enemy of rehabilitation. I know that is not the case. But that is the way it appears.

Senator HUGHES. It is that way all over the country, Bob.

Mr. SCOTT. Yes, sir.

I would like to suggest, for whoever is around from the community, that we get together and try to find some ways we can take advantage of these people who are dignified people, who have a lot to offer this community, and in the years to come as we fight these drug problems it is my opinion that these people will be the ones who are our best educators and will have the best curriculum to offer.

Senator HUGHES. Keith, if I understood what you said about Helen and Duke, they have really been the liaison between you and the community that you have been able to get these other 35 to 40 people to seek help.

Mr. SIMPSON. Absolutely. As a matter of fact, people would contact Duke, and to be perfectly frank, they might be still leery enough of doctors that they would allow Duke to give them the medicine.

In other words, I could give Duke the medicine, wait in the car while Duke went in the house, and then maybe after a couple of days, I could see the patient because they still didn't trust. There is every reason for them not to, of course. They have been the sole source of patients. I believe to date. I provide a license and make the program legal. Bob does 99 percent of the work in the rehab.

Senator HUGHES. Then it is your professional opinion, and really what Duke and Helen are doing, is outreach work?

Mr. SIMPSON. Absolutely.

Senator HUGHES. They are involved as outreach counselors and advisers?

Mr. SIMPSON. That is right.

Senator HUGHES. Their school has been the school of life.

Mr. SIMPSON. That is right, which is one of the better schools.

Senator HUGHES. Do you think this is the way we have to reach people?

Mr. SIMPSON. I think it is the most realistic way, really. They are doing things I couldn't do, with the education I have had, and they are doing it far better. Their knowledge is certainly much greater. They are naturals.

Senator HUGHES. Duke, what positions do you play in football?

Mr. DUKE. Offensive tackle and defensive linebacker.

Senator HUGHES. They kept you working both ends of it. Do you think you could talk to kids in high school?

Mr. DUKE. Yes, I believe I can.

Senator HUGHES. Do you have a rapport with them?

Mr. DUKE. Yes, I get along pretty good with them.

Senator HUGHES. Do any of the kids seek you out that are having problems or have they yet?

Mr. DUKE. Yes, I have had them seek me out and ask me questions, what do I think of marihuana or drugs and stuff. I would relate to them my experience and tell them from what I have experienced, and usually they decide not to try it or experiment with it.

Senator HUGHES. Did any of you, the four of you, ever use other drugs than heroin or have you always been straight heroin users?

Miss JULLIET. I used to use marihuana. Then I got introduced to heroin. Otherwise, as far as amphetamines——

Mr. SCOTT. They have probably forgotten the Robotussin.

Senator HUGHES. Tell me about it. Or is it a family joke?

Mr. SCOTT. No, it is not a joke.

Mr. DUKE. It is a cough sirup that used to sell pretty freely, especially in Des Moines. When I was drinking it, it was about $1.21 a bottle. Now, if you can buy it, it will run you $10 for a 4-ounce bottle.

Senator HUGHES. It would sell out as soon as it hit the store. How about glue sniffing? Do you know of kids who tried that?

Mr. DUKE. I know of instances of glue sniffing as far back as grade school.

Senator HUGHES. When you were in grade school?

Mr. DUKE. No, this is since I have been out of school.

Senator HUGHES. That is deadly, isn't it, Doctor?

Mr. SIMPSON. Yes. I have had very limited experience. We had exposure to some 10 children, 7–14, and we sort of bobbled that one. I don't know what to say to a 7-year old who is sniffing glue.

Senator HUGHES. A 10-year-old—you are more capable of saying something to them.

Mr. SIMPSON. Yes, if you get a smart 10-year-old, that is it.

Senator HUGHES. In fact, we have evidence that that is happening in a lot of schools, that some of the kids who have sniffed glue and almost lost their life in the process have been trying to break these kids from getting their head in the bag. A lot of kids have lost their lives that way and completely destroyed brain cells, which most people don't realize.

You don't know that the amphetamines are a problem here in Des Moines, speed? Is speed on the street, Duke?

Mr. DUKE. Yes, it is. You can pick it up quicker probably than aspirins or excedrins.

Senator HUGHES. You can?

Mr. DUKE. Yes.

Senator HUGHES. What is the common terminology on the street for it here? Is it speed?

Mr. DUKE. Yes.

Senator HUGHES. You don't have bam or pow?

Mr. DUKE. Yes, they use those terms, too.

Senator HUGHES. What is the big deal now? What are they going for most?

Mr. DUKE. I don't know right now as far as the pills are concerned.

Senator HUGHES. How about the reds, yellows, the Seconol?

Mr. DUKE. We have reds, yellows, benny's, and dex.

Senator HUGHES. What is that stuff selling for on the street?

Mr. DUKE. About 50 cents a pill.

Senator HUGHES. A pill doesn't do you any good, does it?

Mr. DUKE. I doubt it.

Mr. SIMPSON. The group which will be following you will be able to fill you in very well on the soft drug use.

Senator HUGHES. Describe a soft drug for me.

Mr. SIMPSON. That is a term which has been adapted or adopted to connotate drugs other than narcotics.

Senator HUGHES. I just wanted it clear in the record because they are not soft in their reactions.

Mr. SIMPSON. No, I think you will check with Hamilton's and their soft drug business over there isn't bad either. That is our local funeral home. The amphetamines for instance—I, as a physician, can buy 10,000 5-milligram amphetamines for $11.50.

Senator HUGHES. 10,000?

Mr. SIMPSON. Yes, sir. That is priced from last September. It may have gone up a bit. That is wholesale. But I have access to that. You might talk with the other group about this later.

Senator HUGHES. The other group can testify as to the amphetamines and the barbiturates?

Mr. SIMPSON. Jim Kauffman's group; yes.

Senator HUGHES. I won't pursue that any further. How about multiple use, Dr. Simpson? Have you run into multiple users who are both

using heroin and pills? How many of you were gliding on booze when you couldn't get the stuff? You didn't drink?

Mr. DUKE. No.

Senator HUGHES. What do you think of people who get staffed on booze?

Mr. DUKE. That is their thing. [Laughter.]

Senator HUGHES. Bob is doing a good job with them, too.

Mr. SCOTT. Senator Hughes, as a point of interest, I think it is extremely important for Iowa, there is a newly formed group called Iowa Executive Council of Alcoholism Units, which simply means all the people who run alcoholism programs in the State of Iowa. We get together often. Yesterday we met at Iowa City. They asked if I had a chance, to tell this committee that this is this kind of a program we are describing for Des Moines is not unique to Des Moines, that they had the same blasted problem in all of the areas that they are serving and they have known it for quite a while and they are looking for ways to approach it.

They are very, very anxious to have some sort of help so they can approach the problem in the rather rural areas of the State of Iowa.

Senator HUGHES. Duke, Chester, girls, can you tell me—I am sure you have contacts with the black communities in Waterloo, Cedar Rapids, and Davenport, you have relatives. Do you know if these problems are in those cities to a degree, whatever that might be.

Mr. DUKE. Yes.

Senator HUGHES. You could say that it is?

Mr. DUKE. Yes.

Senator HUGHES. Do you know any programs in any of those cities that are helpful to anyone who wants to kick it?

Mr. DUKE. No; I don't. I have heard of one in Iowa City where they go and get addicts out of jail and take them to the center and treat them. But if they are not in jail, there is no way you can get in the program. You have to be busted first.

Senator HUGHES. Did any of you have any educational programs in schools to familiarize you with the problems of narcotics or drugs?

Mr. DUKE. No.

Senator HUGHES. You were never exposed to it in any way whatsoever?

Miss JULLIET. No.

Mr. DUKE. No. I saw one movie when I was in the eighth or ninth grade about marihuana and that was it.

Senator HUGHES. Did that stimulate your curiosity? Was it helpful in making you want to try it or not try it?

Mr. DUKE. It started me looking into it.

Senator HUGHES. You think maybe it made you curious?

Mr. DUKE. Right.

Senator HUGHES. Did you smoke marihuana?

Mr. DUKE. I have smoked it.

Senator HUGHES. What does it do for you?

Mr. DUKE. It makes me laugh.

Senator HUGHES. You got pleasant when you used it?

Mr. DUKE. Yes.

Senator HUGHES. You didn't get violent?

Mr. DUKE. No; I didn't.

Senator HUGHES. You were passive, in other words?

Mr. DUKE. Right. It makes me hungry, too.

Senator HUGHES. You get hungry?

Mr. DUKE. Right.

Senator HUGHES. I don't need marihuana to get hungry.

Dr. Simpson, I realize that your business right now is not education in public school systems or private school systems, but do you think programs could be beneficially constructed that would help youth at the secondary or elementary school level? If not, at what age do you think could this be done, if at all?

Mr. SIMPSON. The first question, do I think programs could be constructed; yes. Secondly, I think the type of program needed would involve people that look like students, perhaps other students, other users and the example you gave with the 10-year-old about the glue sniffing is perfect. I think all of us tend to sell our children short.

I think that they rise to the occasion and can do the job far better than we if given the opportunity to do it. I personally don't see any other way of making any real impact on the school system.

I am not an educator of that nature, other than allowing the kids to produce an environment where the kids will listen, not threatening educational objective, and then allowing people who have the experience to come in on a casual basis and just relate, not teaching down to, but talking about.

Senator HUGHES. How about adult education and communication with the parents?

Dr. SIMPSON. I think that that should be somewhat easier, because in other words, most of us look like parents and they can kind of relate to us. I do believe you can pull off a pretty good adult educational course in this community.

Bob, do you have any comments?

Mr. SCOTT. I think the best education program that can be accomplished is, number one, let people see a living example of a person who has recovered. Take a look at him and then let him communicate, whether he is young or old people are listening. It doesn't make much difference.

So, I think prevention has to start with treatment. I think that the best people, the people who are best equipped to communicate, to dialogue about the hell and the pleasure both, of drug use, are the people who have been there. I don't see how any outsider can explain that.

Senator HUGHES. Duke, if you had any message to say to the young people in Des Moines today about their temptations to use heroin, what would you tell them?

Mr. DUKE. I would tell them not to try it.

Senator HUGHES. Why?

Mr. DUKE. Because it is a rough road to travel and they wouldn't like any inch of it.

Senator HUGHES. Was yours a bad road? If you had the possibility, would you have liked to avoid your experience with it?

Mr. DUKE. Yes, I would have.

Senator HUGHES. What could you say to the kids who are thinking about trying marijuana? You were an athlete. You have been through the highs and lows.

Mr. DUKE. When I first started, I was like I said, chipping around with it at first, and I had a real scary attitude about messing with the heavy.

Senator HUGHES. You thought you would get by with it?

Mr. DUKE. I have seen people who would get sick. I would say I never get that bad where I will get sick. I got 4 or 5 years under my belt chipping around and I got real confident that I have been 5 years and I can't get a habit. As soon as I got confident that I couldn't get a habit, that is when I got one.

Senator HUGHES. All the rest of you feel the same way basically?

Miss JULLIET. Yes.

Senator HUGHES. What would you say to young girls who were attempting to start chipping around with heroin?

Miss JULLIET. I will tell them the same thing, no. Me, myself, I am a mother. It kind of puts you on a rough and fast road because you have to keep them going and you don't want your children to know what kind of life you are living, especially when they get 8 years old and older. You don't want them to know what kind of life you are living.

I would say it really brings down your appearence, either your ego, as far as a woman and everything. It just destroys it.

Senator HUGHES. It destroys you personally. Is that right?

Miss JULLIET. Yes, it destroys you.

Senator HUGHES. What do you think a city like this ought to do so your kids are not exposed to this stuff, as you have been exposed to it?

Miss JULLIET. To my knowledge, I have a girl, she is in the fourth grade. She is just in the fourth grade. She has some younger brothers. If you could hear some of the conversations that go on, sneak around the door, they know more than you think they know. I think as soon, at fourth grade, they actually should start basic things about drugs and everything else. I think they should start it in the school system.

Senator HUGHES. I have talked to kids whose big brother or big sister gave them their first injection.

Miss JULLIET. Taking it not only starting at the fourth grade, but take it through the whole school system.

Senator HUGHES. I talked to one boy, whose own father gave him his first injection when he was 12 years old. I am trying to reemphasize what you are saying. I agree with you, that down in the third and fourth grade, these kids are picking this stuff up. There has been evidence before other subcommittees, not before mine, that the kids at that age have actually injected themselves with things like mayonnaise and peanut butter trying to get a high off it, because they had seen the older kids shooting up and didn't know what they were doing. They were trying to inject substances into themselves in an unbelievable fashion. Bob?

Mr. SCOTT. I would like to describe one family. Both the husband and the wife are users. They have small children and they use it right in front of the kids and they lay their works down. After they use, the kids come around and play with it and pick it up and look at it

and are very inquisitive. Every time, of course, I would see this, I wondered just how long it is going to be until they inject something. These are very young kids I am talking about.

Senator HUGHES. It won't be long, you can bet on that.

Mr. SCOTT. That is in Des Moines, also, Senator Hughes.

Senator HUGHES. Duke, what do you estimate the heroin problem in Iowa to be, the size of it? Would you say there are possibly 300 users in Des Moines? What do you think it would be in the State?

Mr. DUKE. Anywhere from 1,000 to 1,500.

Senator HUGHES. If they were to average $50 a day, it is quite a bit of money.

Mr. DUKE. Yes, it is.

Senator HUGHES. Is there a difference in the police enforcement attitude and court treatment in Des Moines between the ghetto and the suburban dwellers? Are you treated differently in the black community than the suburban communities?

Mr. DUKE. I know there is a difference. They do treat you a little different as far as the police department is concerned and the courts.

Senator HUGHES. I listened to a man about three nights ago in New York City. We just passed through the Senate—I didn't support it, thank God, but it passed—a no-knock provision of entry. A man in New York City said no-knock entries have been used in black communities for years, that they didn't have to legalize it, they had been doing it anyway.

Mr. DUKE. Right. I thought there was already a no-knock law.

Senator HUGHES. Do you think that is the attitude here?

Mr. DUKE. I have never had experience in no-knock laws at my house, in my career, but I know people who have experienced it.

Senator HUGHES. I think generally, of course, we can all understand the problems the police face in trying to enforce the laws. It is their duty to enforce the laws and we are not critical of that. But, it takes a combination of both, does it not, if we are really going to get at the supplier or the user. There is a difference, a big difference.

I think if I pursued this any further, I would get into areas probably that would have to be more personal in nature and that might create some problems for you.

So, I think I will drop it. I asked Duke this question earlier and he said he just wanted the high. Do you have any idea why you started using heroin?

Miss JULLIET. Mostly curiosity.

Mr. CHESTER. Curiosity.

Miss HELEN. Yes, curiosity.

Miss JULLIET. Your friends use it, you naturally follow right behind them.

Senator HUGHES. It is kind of a little social adaptation and of course you didn't intend to get hooked.

Miss JULLIET. No.

Senator HUGHES. You were just playing around for the sport for the evening, I suppose, and then got by with it once and the next time and so on. Is that right?

Miss JULLIET. Right.

Mr. SCOTT. Then there is the eternal man, husband and wife problem that happens with drinkers also, that the husband is hooked and his wife doesn't understand all the problems that it is causing. She is nagging about it. So, eventually he holds her down and makes her take it. That happens quite often. So, you have both of them hooked. There is quite a bit of that, forced addiction.

Senator HUGHES. I want to express my appreciation to each one of you for being willing to come forth and testify.

I realize this takes personal courage. It is not an easy thing to do. What you are doing here has to be done in the interest of reaching other people who are still suffering as you suffered from this malignancy of spirit and body. By being here today, I know you will help additional hundreds of people, not only in Iowa, but in other states as a result of your appearance and your willingness to talk.

So, it is truly a public service that you are willing to come out from under the cover that people normally want to show. I can understand that, too, why they do not want to be identified. Being a recovered alcoholic myself, I have gone through some experiences that I would rather not have been identified with. It is a personal matter.

So, I know what it takes when you talk about heroin, because heroin is looked at in this country as the damnation of almost everything.

I am sure that most Iowans do not believe that there is a heroin problem in this State. As a result of you people making the way and as a result of Dr. Simpson and Bob and others pioneering in the program here, you may well provide a route that will not only help those people recover, who are still suffering and haven't been able to find their way out yet, but will prevent your children from being involved in this problem in the future years, which I am sure is probably a very dear desire in everyone of your hearts.

So, I appreciate your being here today.

Dr. Simpson, Bob, I appreciate your pioneering. I realize the risk you take, too.

I know that professionally I have seen people damned and condemned by their colleagues, who have attempted to pioneer routes such as the one you are pioneering. That is not an easy way to go either.

So, at times we make mistakes as we try and find our way. So, if you do have a mistake occasionally down that road, I hope that public reaction and media reaction is not one of condemnation, but one of looking at the fact that you have had the courage to begin. By beginning we will eventually find our way out of this problem with narcotics addiction and drug abuse.

Never completely, but certainly a way of leading the way out for those who are suffering from the problem, and preventing to a large extent those who are simply experimenting.

Thank you very much.

Senator HUGHES. We will call the next witness, Reverend Kauffman, of the St. Paul's Episcopal Church, Des Moines, Iowa, and others he may have with him.

STATEMENT OF REV. L. G. KAUFFMAN, ST. PAUL'S EPISCOPAL CHURCH, DES MOINES, IOWA, ACCOMPANIED BY REV. HAROLD WELLS, AND PAUL, JIM, BORSAND, MAGEL, BENJAMIN, AND FORMER DRUG USERS

Senator HUGHES. Reverend Kauffman, I would like to ask the same question about pictures or cameras. Is there objection to pictures being taken or identification being mentioned by anyone that is with you?

Reverend KAUFFMAN. I don't think so at this point.

Senator HUGHES. If you would proceed, Reverend Kauffman.

Reverend KAUFFMAN. As I have sat here this morning and heard the testimony, I think we have evaded one of the issues of the drug scene.

I think it is a primary issue of the drug scene and that is the question why these young people are turning on. I think that this is the area in which I come into contact most of the time with young people; that is at the level where they are dealing with the questions of "Who am I, where am I going, what am I doing?" This brings many things into the total scene.

For example, the whole problem of sex, education, family, friends, their ability to relate to peace, racism, Vietnam, poverty. I think they feel very keenly as do men like Dr. Menninger and Dr. Joel Fort, and men like these, that the drug scene is only an offshoot of the whole thing. I don't think we can begin to solve this thing until we begin to look at the whole picture.

Senator HUGHES. You are talking about life style generally?

Reverend KAUFFMAN. Yes. We have to get down to some of the grassroots rehabilitation in the sense that it does no good to get a young person off of a particular drug habit, if he is not able to face the scene outside in the world.

For example, most of us have experienced in the case of Vietnam that this on-going cancer has affected all of our young people to such an extent that they are looking for many ways to get out and the drug scene is one.

Personally speaking, without revealing any confidences, you would be amazed at the number of young people I know who have come to me directly about the Vietnam situation and have turned to drug use so that they could put this down when they went up for their preinduction physical so they could get out of the situation.

Senator HUGHES. Why do they come to you?

Reverend KAUFFMAN. I think one of the reasons that they come to a person like myself is to see if I can help them find other viable alternatives.

Senator HUGHES. Do you have a reputation for doing that?

Reverend KAUFFMAN. Sometimes.

Senator HUGHES. The word must be out somewhere.

Reverend KAUFFMAN. One of the reasons for this of course is some of the facts that you mentioned earlier, I was thinking at the time, Senator, if you would consider being a clergyman, because you mentioned some things which are very important to clergymen and I think the primary one is the necessity of listening to what young people want, what they need, and being able to help them sort out all alternatives.

This is the most important thing that happens. There are means by which we do this, the Coffee House program here in Des Moines, is one and starting this Sunday, there will be a crisis line: a Community Youth Line, where young people can turn for help.

Senator HUGHES. What do you means by "crisis line"?

Reverend KAUFFMAN. This is a line whereby if a young person is hung up from the question of what do I do, I just broke up with Jane after going 18 months and I need somebody to talk to; or, as the other extreme; I have been on acid for a year and I want to get off, they can call and someone will talk to them and arrange further help if necessary.

Senator HUGHES. It is a telephone line?

Reverend KAUFFMAN. It is a telephone line, a number that they can call.

Senator HUGHES. What is the number?

Someone might be here that wants to call.

Reverend KAUFFMAN. Community Youth Line is also a walk-in center, located at St. Paul's. The number is 288–6706.

The Community Youth Line is how it is listed, and it is located in the basement of the St. Paul's Episcopal Church, at Ninth and High streets here in Des Moines.

Senator HUGHES. Is it being in the church a handicap?

Reverend KAUFFMAN. No, I don't think so. Most of us don't feel so because St. Paul's has been identified with many of the youth's problems here in Des Moines through their experience with the Exit Inn and with some of us on the staff who have been involved in the drug scene, as well as other areas which is very important, and that is the whole problem of the transit population that comes through Des Moines.

This transit population affects a lot of us in the fact that young people on their way from Chicago to Denver or to one of the communes in Arizona or New Mexico find this a very convenient dropoff place where they may spend a period of time to rest up or just overnight.

There are a number of crash pads available. There are places in general that they can turn to. This also affords another problem, and that problem is the fact that because of this mobility, we have an influx of various types of drugs coming through with these young people, either going to the coast or going back the other way.

Basically, this is where we are in Des Moines.

We have a problem. It is in our schools. I think the most important thing about it, Dr. Simpson mentioned, the soft drug situation, which caused you to raise your head a moment and ask what this was all about.

Senator HUGHES. I knew what it was about. I was afraid a lot of people here did not.

Reverend KAUFFMAN. We find one of the real dynamic things of this whole problem right now in Des Moines is the fact that the drug situation knows no economic or social status. We have as many problems at 42nd and Grand Avenue as we have at 13th and University in terms of this whole scene.

It is time that we take some measures to reach out to this, problem, which was passed over lightly in previous testimony. Under the cen-

tral Iowa Regional Planning Commission, we are in the process of setting up two contact houses, which will be patterned to a degree after the rehabilitation programs which have been going on on the West coast and the East coast.

Senator HUGHES. Which ones?

Reverend KAUFFMAN. Programs similar to Daytop in the East and the Haight-Ashbury Clinic program, in the West. Actually in the soft house, I think probably Marv Borsand could give you some information on this.

Senator HUGHES. Would you gentlemen mind if I asked Rev. Kauffman a few questions?

You said we have a problem in our school system.

Reverend KAUFFMAN. Yes, sir.

Senator HUGHES. Would you describe it for me?

Reverend KAUFFMAN. The problem is the fact that many young people come to me or to people that I know who work with them with the problem of drugs, and this involves hallucinatory drugs, acid, some amphetamine, and of course the marijuana situation.

Of course, we have also another problem which is related to your committee and we have the problem of alcohol, which is quite prevalent in our schools.

Senator HUGHES. Do you run into many alcoholic teenagers?

Reverend KAUFFMAN. I have not run into any. But I have run into young people who do a great deal of drinking. Personally speaking, I have not counseled any here in Des Moines.

Senator HUGHES. I find quite a few of them, or they find me rather. One of the surprising things to the people of America is that we have many teenagers on alcoholism recovery programs, running all the way from age 13 on up, who in my opinion are chronic alcoholics at that age.

Many drug users for example have been chronic alcoholics in my opinion and then progressed to other drugs and got off alcohol.

Or used it as a carryover in between or a bridge when drugs were in short supply.

Reverend KAUFFMAN. We have had one peculiar situation. I don't know whether it is a local one; perhaps you have heard of it in other situations. We have a group of young people in this city for example who are pretty heavy drinkers, to say the least. These young people interesting enough, will have nothing to do with young people who are using drugs.

They can be pretty brutal if they catch one of their members using drugs or somebody that they know or think has been using drugs. They have been known to use very persuasive methods to even get them off.

Senator HUGHES. One of the greatest problems I have found in the country with alcoholics and drug users and abusers is the fact that they dislike each other. A drug user does not want to be told that he is as bad as an alcoholic and an alcoholic thinks a drug user is something else.

Then, of course, alcoholics do fight each other for the priorities of their programs as do drug abusers also. They all feel they have got the only way to recover, or the only route that exists that there is any hope for.

This has been really limiting because in my opinion there are many ways and many routes that have been effective. But again that is just describing the problem a little more.

Reverend KAUFFMAN. This is a problem. It has happened in the case of two situations here in Des Moines where I have taken young people who have come to me for help and I have been able to take them to centers for treatment which were alcoholic centers who claimed that they could do drug rehabilitation.

Interestingly enough, in both cases the two drug students created such a hassle at the place that Hazleton called me and said "please come after them, we can't keep them here."

So it shows up in the treatment aspect.

Senator HUGHES. However, I have found recovered users, addicts, attending alcoholics anonymous programs in various parts of the county. After they kicked the habit they needed to develop life styles to live by.

There is no other program available in many areas. They have found that they can adjust quite successfully through the programs. Excuse my interruption, who did you refer to next?

Reverend KAUFFMAN. Marvin Borsand can speak about the program, the contact house.

Mr. BORSAND. I would like to get back to the contact house a little while because there are older people who are much more involved in it than I am that are really the grass roots people that are running it.

Will be running it. I would like to get back to something I spoke to you about 3 weeks ago. That was the information that is available in this community. I met you, as you may recall, at the Harrison Treatment Center.

I am a junior student. I have been pretty interested most of my college career. I majored at sociology at Wayne State University and then came to the Des Moines College and since I have been a junior I have been directing my studies toward research.

I kind of got interested in this drug problem through friends and let's kind of get back to where we were with you, is that you asked me what I knew about it.

I said, well, as far as valid information, I don't have any in my hands that I can say. I can project a few figures like some people may say, 25 to 50 percent, that is where I am now, 25 to 50 percent, closer to 50 percent of the Des Moines school system has experimented in my opinion.

I am only one person.

Senator HUGHES. You think it runs closer to 50 percent who have experimented with some form of a drug?

Mr. BORSAND. Yes.

Senator HUGHES. Exclusive of alcohol?

Mr. BORSAND. Exclusive of alcohol and cigarettes. Maybe I would like to mention that right now.

Senator HUGHES. I wince every time you mention cigarettes. Most people do when you mention alcohol.

Mr. BORSAND. We are pretty concerned about the drug problem. We are talking about maybe in Des Moines, 20 to 50 percent, 280 kids, we are talking about 30 percent, 4,200 kids, talking about 50 percent, we are talking about 7,000.

Senator HUGHES. If we are as high as 50 percent, we are talking about 7,000 youngsters here in Des Moines that have experimented?

Mr. BORSAND. With drugs other than alcohol and cigarettes. I would like to get back to cigarettes. 400,000 people died last year as a result of cigarette smoking.

We are pretty concerned about drugs; part of our emphasis should be right there and here now. Just looking around this room just smelling this particular room, it is pretty obvious that we have got the problem right here.

I know that is a tangent I should not get off on maybe.

Senator HUGHES. Go ahead. I think it is all relevant. I think we are an intoxicated society. I think it is a question what the intoxicant is, whether it is caffeine in coffee, nicotine in a cigarette, the upper in the morning and the cocktail before lunch and a tranquilizer for the afternoon and a downer in the evening and a couple of nightcaps before we go to bed.

I think it is all relevant. If you keep talking and my daughter keeps working, I may well succeed in quitting smoking so go right ahead.

Mr. BORSAND. To get back to the educational system, I investigated as much as I could all the scientific research that had been done up to date. I spoke to one of the researchers personally, Dr. George Caudill who I think a lot of people are basing some of their information on.

He makes a statement in his drug report, "The study I have made is not intended to be nor is it comprehensive or scientific."

That is his statement.

Senator HUGHES. Dr. George Caudill?

He is on the board of education in Des Moines. This is what a lot of people are basing their information on as of today. I am not trying to knock Dr. Caudill. In speaking to him, he related this exact information to me, that he was interested as a lay person, as a physician in what the problem was.

He tried to do it in his limited experiencce and limited amount of time. This man has a practice. He can't go out and spend his whole time doing research work.

Senator HUGHES. He is an excellent physician. We are not saying anything about that.

Mr. BORSAND. Certainly. I am not making the statement that a lot of people have based their facts on what he has done. He is the first one to say that it is not scientific and he goes on to say, "We do need more research done in this field. Child guidance reports 30 percent of their patients have experimented with drugs."

This is also in his report. That does go against the 2 to 5 percent I heard mentioned before.

Authorities, administrators, counselors, and teachers of all Des Moines high schools were surveyed. The majority did not suspect nor could they identify one drug user.

Less than 1 percent felt they could identify more than 10 drug users. This is not to knock the administrators or the authorities. The fact is, they are not going to get this information. We have got this massive paranoia going on in the school systems, so that I can't get one student to come up here to testify today.

These are the people that should be talking.

Senator HUGHES. I asked you to get some.

Mr. BORSAND. We have got some people above it. I would like to ask anybody who is interested in talking of the school system, I know they realize that they are placing themselves in jeopardy.

Senator HUGHES. We can shut the camera and the photography off.

Mr. BORSAND. I would ask that they come forward and speak.

Senator HUGHES. We could restrict identity as far as using names are concerned, if there are people in the room that want to talk about it. It would be helpful.

Mr. BORSAND. I think you made it a good point before when you talk about who do the students trust. In Grosse Point School Systems, in their questionnaire, they found out that the people that students trust at this point in time in their school system in Grosse Point, Mich., are doctors, drug users, and psychiatrists. These are the people that they trust most for information. Kind of in neutral position of who they don't trust are the ministers and mothers.

But the people they don't trust are, No. 1, the police; No. 2, educators; No. 3, their fathers. I think it should be obvious to us that any program, and I am sure this has been mentioned a number of times today, that it is instituted by the people who students trust.

This brings me to the point of the police liaison program.

I had an opportunity. I was invited to soul village yesterday to view some films, the same films that are used in the Des Moines School System.

The police liaison program was there. They invited me to come to view the program. I did. They had two movies, Pit of Despair, and the other one was The Chemical Tomb. Let me comment on the Pit of Despair. This has been shown in our schools; I am not sure of the exact number of years, but more than 1 year.

This movie depicts the use of drugs in the old classical sense that there is a man waiting by the high schools, a dirty guy who has got a beard, who is just waiting and preying on students.

He is a dropout from former years, who has gotten himself a habit, who just hangs around the high school, waiting to pick up an old friend that knew him or something and turn him on first to marihuana, or alcohol first, and then after the marihuana, put him on some heroin.

That is how we are going to hook him and get him to go out and get him to feed us by going and robbing and doing any means he can use to get money. These are the movies they are showing in our school.

Senator HUGHES. Who puts out the movie?

Mr. BORSAND. The movie is approximately 7 years old and I don't know who put it out. I am sorry. I was out in San Francisco just recently. I have previewed a lot of new movies. They gave a lot more accurate picture, they are honest, and they don't try and make a moral issue out of it.

They just give the facts. That is what I think we need in our school systems, are the facts. Reverend Kauffman again was with me, and I am sure he agrees to that.

I think I have gone through just about everything. Glue sniffing is in again—from what I have been able to pick up from students—confined now mainly to the lower junior high school, seventh grade, around there, and the elementary school, fourth, fifth, and sixth grades.

I think if any program we are going to institute is going to be effective we have missed the early part of the problem. The problem is here already.

Now we have missed the people in junior high and high school pretty much. I don't know if we will be able to get in touch with them at all. They don't trust too many people right now. If we are going to institute an educational program, I don't see if it is going to be anywhere effective, that it be above the elementary school level, that it has to get back to the elementary schools.

Senator HUGHES. Do you think kids will accept information on drugs from teachers?

Mr. BORSAND. No. I think the teacher has lost. It is unfortunate.

I am hoping as a physician that I don't lose it myself. Right now I still have some good contact and rapport. Doctors, too, they still trust students and kids still trust doctors. I hope we don't lose it by misinformation myself.

I am in the midst of educating people in my institutions by bringing people like Paul to come in and lecture, by bringing people like Duke to come in and lecture, bringing from Dr. Levine then so they can get a different picture and opinion of the problem.

The doctors are aware of it. On top of it, and that they don't make a moral issue also, because we can't afford to lose that contact we have with these students.

Senator HUGHES. Do you think there should be training in medical schools, particularly directed at these problems?

Mr. BORSAND. Absolutely. Many of our problems that we are treating now are the people that are on alcohol, and as a result of the alcohol some of the diseases that they have developed.

Certainly, we don't have enough research into drugs to not now know what kind of problems we are going to have 20 years from now. These are the people who are going to have the problems and these are the people that I in 20 years am going to be treating.

I am not going to be treating particularly alcoholics any more, because we feel the education is moving rapidly enough, maybe we will catch up with the particular problem, we hope.

Senator HUGHES. Don't give up.

Mr. BORSARD. We are not, our school is trying to base its effort more toward the use of drugs, because this is where our new illnesses and new diseases come from.

Senator HUGUES. What about the changing drug scene? You are familiar with it obviously? You said you went to San Francisco to view the clinic program there?

Mr. BORSARD. I went to the free clinic symposium and the drug information symposium.

Senator HUGHES. What did you think about something like that in Iowa?

Mr. BORSAND. I don't see how we can be without it right now.

Senator HUGHES. Are we really already too late in your opinion?

Mr. BORSAND. Yes, for a lot of people.

Senator HUGHES. But you think it could help a lot of people who are just coming on?

Mr. BORSAND. Yes.

Senator HUGHES. Are you doing anything about it?

Mr. BORSAND. Sort of yes. What I mean by sort of, there has been money allocated. The program has been in development, approximately 4 months. This problem has been here. I understand everybody is working as hard and fast as they can. I think opening a contact house up, if you want to call it that, can be done within 2 weeks at the outside.

We have got the staff, we have got the educational materials, we have the volunteer help, we have got the money, and now we are just hung up in that whole system that has been hanging this country up for the last 100 and whatever years we have been doing it, this whole bureaucracy and establishment system.

Senator HUGHES. What will happen if there is an unmarked police car parked across the street from the office?

Mr. BORSAND. We have got some people who are doing the legal end of it. We have got a man who has been working so hard to get this together. He is kind of the middleman between the establishment and the grassroots people.

He is kind of caught in between on this. He is the one that is trying to make contacts with the police department, trying to make contacts through attorneys, to develop this rapport. We have got to change the attitudes. We have got to get the police department and the people that are having the problems together, the grassroots people together and take care of that same matter. As you say, we are all really concerned about that.

But we are willing to open up and jeopardize in that to start, because we are ready.

Senator HUGHES. One student in Washington sat through 5 days of hearings wanting to come up and testify and he finally told me at the end of the last day.

He said:

> There have been two narcotics agents in this room every day listening to all of the testimony and I can't come forward and tell you what I want to tell you. I can tell you privately, but I won't dare come forward and tell you publicly what I would like to say to you and to the other members of this committee.

These kids can spot agents. They know them, as you know they do; as he said, "I could spot a goose in the early morning sunlight." They have been looking for them for years.

They are not easily fooled about it.

Mr. BORSAND. I will make one last comment: I met with some high school students just last week. I asked them, if you had an opportunity to come up here—this isn't a very representative sampling. I don't want anybody to construe that it was, that most of these people have used drugs and are still and that is why they came forward to talk to me.

I asked a lot of people to get in touch with anybody who would like to talk to me about this meeting. One was this paranoia that they are experiencing in schools, the fact that some of these students feel that their phones are tapped, high school students think their telephones are tapped and they cannot talk on the telephone any longer.

Senator HUGHES. Do you think there is any reason to believe they might be?

Mr. BORSAND. Yes, I think so.

Senator HUGHES. It is not exactly paranoia, is it?

Mr. BORSAND. I have never seen a telephone tapped per se. I have never viewed it. I have never seen the wires or anything. I don't know that it is 100 percent fact. But I have got that feeling that it is true.

Senator HUGHES. Then either you are paranoic with them, or it's true?

Mr. BORSAND. I will agree.

Senator HUGHES. When you work with them, you start feeling that perhaps they are right. Is that right?

Mr. BORSAND. Yes, because I feel this paranoia too, when I come around these different communities, go into people's houses.

Some people say "Borsand, you are jeopardizing your position as a student in school."

Senator HUGHES. Do you feel you are jeopardizing your position as a coming doctor?

Mr. BORSAND. Yes, in the research I have been doing, a lot of times. If the only way I can do valid research and get valid information is by talking to the people, I don't see any other way.

Senator HUGHES. Are you going to be willing to give your life to this effort so there is a way out of it? That isn't a fair question perhaps.

Mr. BORSAND. I am willing to give my life to helping my people.

Senator HUGHES. That is what it is going to take, Doctor. You have met others who are doing the same thing. Excuse my interruption.

Mr. BORSAND. That is all I have to say.

Senator HUGHES. Father Kauffman?

If you want to introduce these other people, and let them say what they want to say, that will be fine.

Reverend KAUFFMAN. We are talking about the Des Moines scene, but several of us have had the experience over the past year of talking throughout the State to various groups about the drug scene. One of your reasons of coming here of course is to find out what the problem is in Iowa.

I think we must say that there is a problem all over Iowa.

Senator HUGHES. Let me say, Father Kauffman, that one of my reasons for being here is that I am well aware there is a problem all over Iowa and I am well aware of the fact that most of the people of Iowa doubt that there is much of a problem.

I am well aware of the fact that most people in the positions that should be doing something about it have not been willing to face it, or at least are living in a state of euphoria, where they also think there is no problem.

But all of us are here to learn together and to join together as a beginning.

Reverend KAUFFMAN. We receive telephone calls constantly from around the State asking for information and for people to help with rehabilitation.

I think at this point we have a young man from the Drake area, who can speak to this. I will let him introduce himself.

He can speak to some of the problems on the college campuses.

Senator HUGHES. Why don't you just use a first name? There is no need to have full identity here, and just begin.

Reverend KAUFFMAN. We have one from the high school scene, too.

Mr. CHRIS. There is not really much I can say. I am just willing to answer questions.

Senator HUGHES. Are you in high school?

Mr. CHRIS. Yes, I am a senior at high school.

Senator HUGHES. Do you want this filmed?

Mr. CHRIS. I don't care.

Senator HUGHES. You don't care? I want you to be certain of that.

Mr. CHRIS. Yes, that is OK.

Senator HUGHES. There will be no name identification or any use of any picture whatsoever.

If you are still in high school, I, for your own protection, think there should not be film used on this.

I hope if anyone is taking any film, that they will make certain that it is not used. I appreciate the fact that you are willing to be known and testify; but I think for your own protection I should advise that it not be done.

Go ahead with your statement.

Mr. CHRIS. One thing that I can say, and then I am open for questions, this report by Dr. Caudill, I know personally some students that they said were interviewed at my school, were not interviewed, but they testified down at the hearing of drugs in the high school.

They took a very select group of students in our school. It was the very upper echelons of the students. It was just like they went around and picked who they knew did not take drugs and brought them down.

Like, I was not subpenaed or any of the other people that I know that then had any connection with drugs were subpenaed.

Senator HUGHES. Are you identifying yourself as one who has experimented with drugs?

Mr. CHRIS. Very limited experimentation. But like I said, I don't think this report could be—it is not a very good representation of the high schools.

Senator HUGHES. What do you think the drug scene is here in the high schools in Des Moines?

Mr. CHRIS. I could say 50 percent have experimented with at least marihuana, at least. Some have experimented with acid. But there are very few that have gone above acid. But there are some.

Senator HUGHES. When you say above acid, you are meaning pills? I think you have heard the testimony that some of them have used heroin in high school, by Duke and a couple of others. I would think that most of it is experimenting with acid and pot?

Mr. CHRIS. There is a lot of pot.

Senator HUGHES. Is it available in the schools?

Mr. CHRIS. You mean being bought in the schools?

Senator HUGHES. Yes; it is passed in the schools?

Mr. CHRIS. No.

Senator HUGHES. How about the parking lot?

Mr. CHRIS. No. All that stuff that was brought up about North High School was, that was terrible. There wasn't any truth in any of that.

Senator HUGHES. That is all baloney in your opinion?

Mr. CHRIS. Yes, that is where I attend school. Like I said, the people were subpenaed from North.

Senator HUGHES. Is the cross-section of North High School sufficient that it represents all levels of affluence in Des Moines? Do you have the suburbanite as well as the poor black in that school and poor white?

Mr. CHRIS. Yes. We have a lot of the model cities area and then some of the sections north of Des Moines, where the higher class, and we have middle class. It is really a cross-section of Des Moines, I would say.

Senator HUGHES. I am just trying to identify the nature of the schools. You say 50 percent. Does this 50 percent include kids from the so-called better families, as well as the so-called poorer families?

Mr. CHRIS. Definitely, yes.

Senator HUGHES. In other words, the state of the parents' finances has no relationship to the experimentation?

Mr. CHRIS. No. It is curiosity mainly that gets someone started. Everybody has curiosity, whether they come from the ghetto or the very rich section. They are all curious about what it is.

Senator HUGHES. Why would you want to smoke pot?

Mr. CHRIS. I started out because of curiosity. I think a lot of people don't think it is any worse than smoking cigarettes. You can smoke when you are 18 legally. A lot of people smoke when they are under 18.

Senator HUGHES. Can you smoke at 18 legally in Iowa?

Mr. CHRIS. Cigarettes? You can buy them.

Senator HUGHES. Is that what the law allows?

Mr. CHRIS. Yes, I think so.

Senator HUGHES. Do you have any difficulty in buying beer in Des Moines?

Mr. CHRIS. I don't buy beer. [Laughter.]

Senator HUGHES. What effect does marihuana have on you?

Mr. CHRIS. It is just kind of relaxing and just gives you a good feeling. It is nothing that I could get hooked on. It is just something, if you like doing, I do it. It is no big thing, really.

Senator HUGHES. You are not hung up on it?

Mr. CHRIS. Definitely not, no.

Senator HUGHES. You take it or leave it?

Mr. CHRIS. Yes.

Senator HUGHES. Would you be inclined to try heroin because you are not hung up on marihuana?

Mr. CHRIS. No. I think what is really terrible is when all of these people say that marihuana leads to addiction to heroin and all of this. That is a bunch of bull. It may in the sense that when you are around the people that are supplying the marihuana, you may get contacts with people that have the heroin. As far as a need for or desire for it, there is no truth to that at all.

Senator HUGHES. What is marihuana selling for here in Des Moines?

Mr. CHRIS. It is about $10 or $15.

Senator HUGHES. $10 or $15 for how much?

Mr. CHRIS. For a lid.

Mr. PAUL. That is an ounce.

Senator HUGHES. A lid is an ounce.

Mr. PAUL. If you are lucky, it's an ounce. [Laughter.]

Senator HUGHES. The price has gone up considerably, then hasn't it?

Mr. PAUL. A year ago it was $15 a lid and recently it was down to $10. It goes up and down. It is compared to the prices paid in Mexico; it is way too high.

That is mainly due to corrupt officials throughout this country that let the Mafia operate the way it wants to and lets the Mafia control the drug traffic in this country.

Senator HUGHES. What is a lid?

Mr. PAUL. A lid is a term for an ounce.

Senator HUGHES. Where did the term "lid" come from?

Mr. PAUL. The story I heard, they used to put marihuana in small cans, like the old-fashioned tobacco cans and sell it like that.

Senator HUGHES. Then in Prince Albert cans or something?

Mr. PAUL. Yes. I don't know if that is really true.

Senator HUGHES. Have you had any form of educational experience in elementary school or high school with narcotics, or drugs?

Mr. CHRIS. No.

Senator HUGHES. Have you been shown any films?

Mr. CHRIS. I think we had somebody from the police department come out to our high school with a movie and he had some samples of the drugs on a big display case.

I don't think anybody took him seriously. Half the people did not even go to the assembly.

Senator HUGHES. What would you do if a person from the police department came to school to talk to you about drugs?

Mr. CHRIS. I went to listen to hear what he said.

Senator HUGHES. Why?

Mr. CHRIS. Curiosity, to see if he was going——

Senator HUGHES. To see if he was telling the truth or not?

Mr. CHRIS. Yes, just to see what he was going to say.

Senator HUGHES. Would you believe him? Or are you so turned off by police that you won't believe him, anyway?

Mr. CHRIS. I am kind of apprehensive to what they say. I am not sure.

Senator HUGHES. Why do you think this attitude is prevalent, that the kids are all turned off by the police departments? I don't want to be embarrassing to you.

Mr. BENJAMIN. Senator Hughes, you were in Chicago when you nominated Senator McCarthy for the Presidency. It is because of scenes that we saw on television and through other forms of mass media that a lot of youth today are down on the police force.

Because what we saw was the standard uniform policeman, bashing in the heads of children—of children! When I was in Lincoln Park in Chicago, I saw it in person, in brilliant color, and it was sickening.

That is why most of the people that I know are slightly apprehensive about policemen, because they carry nightsticks, they wear helmets so that we can't hit them back, which most of us don't want to do, anyway.

They carry guns. They wear tie tacks that look like handcuffs. It is rather frightening, when you think about it. That is why most of the college students, at least that I come in contact with, are apprehensive about the police force.

Senator HUGHES. Do you think that most of the police feel this way? They would like to bash your head in just for exercise?

Mr. BENJAMIN. No, not at all. I think the policemen are hard-working, honest people for the most part, and that every group has their people that are off balance. It is the small minority that always gets the publicity anyway.

Senator HUGHES. I would be inclined to agree with you. I run into it all over the country: I don't think you are telling a different story than I hear anywhere I go. I am not making light of it. I am very concerned about it and I know most of the policemen are very concerned about it.

Mr. BENJAMIN. So are the people.

Senator HUGHES. How do you think we can overcome this? How can we restore at least a decent respect for the individual, whether he is in uniform, or on special assignment not in uniform.

What can we do about it? I am sure you are concerned about it as I am?

Mr. BENJAMIN. Certainly I am. It is certainly not an easy question to answer. I can't just sit here and take up the time of your committee to answer that one particular question, because it would be too long to answer.

Senator HUGHES. It is something we have to begin to do.

Mr. BENJAMIN. A good place to start would be by having the police force learn the truth about the situations with which they are dealing, so that they don't turn around and tell the kids lies or, even if it is what they believe, they are lies, because before our kid gets to be 8 or 9 years old he realizes what a lie is and what the truth is.

It is upsetting to a person when the country that he is supposed to love is telling him lies in the public school system. Maybe by educating the policemen, so that if they insist on educating the children they will be telling the truth at least. Maybe that is one place to start.

Senator HUGHES. I think most police departments would agree with you, that an educational program is an absolute necessity and there is much misinformation they have been relaying.

Mr. BENJAMIN. I didn't mean to say anything other than that.

Senator HUGHES. I have seen some literature in this country being used for education that is so wrong that I could not believe that this actually was being delivered as factual information to young people or to anyone else.

I agree with you. We do need decent educational programs, factual programs in law enforcement agencies at all levels. It is absolutely essential. Are those in the audience trying to get my attention, and I speak to you directly, I understand you want to say something.

Father Kauffman's group is here now. We are going to restrict ourselves to this until we get it into the record. So, if you will be patient and be seated, we will try to get what information you think you can benefit us with later on.

Mr. MAGEL. Senator Hughes, we hear a lot of people these days talking and writing about the drug problem. Nobody defines it, everybody has their own concept. But the prevalent police concept is that drugs are something that is used largely by a section of society, young,

long-haired, radical, and the way to deal with that problem is to bust those people.

I can't talk to you about the drug scene in Des Moines or in Sioux City, where I am from—I am sorry Senator Miller left so soon after the hearing began—because the reaction to anything I would say, not about myself but about scenes, schools, people, would be that, shortly thereafter, narcotics agents would be crawling around trying to find the people whom I was talking about.

I think that will be the only quick and direct action that will come from this committee hearing, I am sorry to say.

Whatever the schoolteachers say can't be well informed. I have done drug programs in high schools with Phillip Levine. The young workers who I was with and Phil related to the kids fairly well, but the students would not even talk to us alone in the rooms of the high school.

They said, "We will meet you some other time outside the school and then we can talk." They said, "We know there are police here, and we are afraid that the police may get something out of you, whether you want to tell them or not. We just won't talk. We will not talk with our teachers."

They would not talk with the teachers in the room. This was in an affluent suburban high school here in Des Moines. I think the drug problem as I see it—there is a problem, a lot of kids are screwing themselves with the drugs—but the real problem is that drug use is paranoia about drug use, and drug laws being used as a political tool of repression by a part of society that does not like people like me and these other young students and activists here today, even though most of us are either leaving others alone or working desperately hard inside or outside the system to improve this society.

Until you can clear that away, you are not really going to bring this problem and those people out in the open. It would be stupid. It would be just one more thing to be used against us and we have got enough going against us as it is.

From the Floor. "Right on." [Applause.]

Senator Hughes. I again hope you will restrain yourselves from clapping. I know you will. I know you attribute to me and this subcommittee honest intentions.

There were a lot of preconceived notions when I started chairing this subcommittee around the country. I have had to abandon most of those in the process of examinations. We are filled with our heritage of prejudices and our own misconceptions of what reality is.

I know your intellect and your capability makes you very aware of that. I appreciate the position you find yourself in today and the reality of what you have just said.

However, if we are to do anything, all that you can give us in truth, as you view the scene, is helpful to us, whether we agree or disagree with your views.

For that reason, what you state is important to us. We must not drive reality underground, but develop the capability of doing something to help. We must do this with enlightenment and with respect for individual dignity, whether we disagree with their philosophy or what they are doing with their life or not.

So my hope is that in the process of these hearings we can begin to face reality. We look at ourselves in Iowa as somehow perhaps a little better than the rest of the country, and think that we are not involved in all of these very nasty things that are going on in the major cities of the country.

It is hard to look in the mirror at yourself and suddenly find a big wart on the end of your nose that you did not know existed yesterday. You mentioned your home of Sioux City, which is my home area. Could you give me a description of the problem in other areas of the State than Des Moines from your own personal experience?

Mr. MAGEL. Things are very up tight in Sioux City right now, so I am kind of leery.

Senator HUGHES. Don't answer, if it places you in jeopardy.

Mr. MAGEL. No, not me, but others who live there. I can probably say some general things. Generally there are a lot more drugs there than there even were when I graduated from high school in 1967. There were quite a few then. They take the nature of pretty much what the drugs in high schools in Des Moines take: a lot of pot, some hash, amphetamines in the high schools; inhalants and intoxicants in the lower grades. They are passed from friend to friend.

There are not big pushers and dealers operating except on the streets, and they are far removed from the high school kids. The college kids often have their own sources of supply.

I have heard from friends that there is getting to be more heroin up there. I don't know whether it is true or not, and I don't know where it is coming from.

And the kids up there are very, very scared, because the authorities are cracking down, apparently. That is what the kids have been telling me. They have had to go more and more underground. Because of the crackdown, the drugs are getting worse and worse. Even though I don't know, I don't think it has changed the amount. It has changed the quality and the price has gone up. More kids are getting bad drugs, but there still is a lot of activity there.

Most people don't know about it; the authorities are using repression to try to keep the lid on it, which only widens the gap between young people and those in power, and usually without significantly decreasing drug use.

Senator HUGHES. Does it cover a general cross section of the population?

Mr. MAGEL. Yes, sir; certainly. Sioux City is close to the University of South Dakota. There are two colleges in town. It is a very wide cross section.

Senator HUGHES. Do you find any difference in users in sex? Are there as many girls using it as boys?

Mr. MAGEL. I don't know.

Senator HUGHES. No difference, in your opinion?

Mr. MAGEL. That's really hard to say. I don't think there is any big difference. A lot of times a guy will give his girlfriend some pot for various reasons. [Laughter.] But there get to be as many girls, I guess. It's really hard to say.

Senator HUGHES. Scientific research indicates that pot is not a sex stimulant.

Mr. MAGEL. Some people think it makes it feel better, though.

[Laughter, comments of "Right on." from the floor.]

Senator HUGHES. I have listened to all kinds of discussions about why people smoke pot, you know, which are sometimes for the same reasons they drink alcohol. There are a lot of reasons.

Reverend WELLS. Related to this, it is my understanding from one medical doctor, Dr. Joel Forte, an expert in the field, that pot, at least, is very closely related to learning; and I think, as a sex stimulant, for those who have learned or who feel that pot could be a sex stimulant, then it is.

Senator HUGHES. It is a psychological effect?

Reverend WELLS. That is right.

Senator HUGHES. I think Dr. Forte also testified before my committee that he could put four or five people in a scientific setting and give two of them pot and the other three ordinary tobacco and produce just about the same psychological reaction out of all five under the right circumstances, whether they had pot or something else. Would you agree with that?

Reverend WELLS. Right.

Senator HUGHES. Go ahead. Excuse my interruption. Do you think pot ought to be legalized?

Mr. MAGEL. Personally, I feel very strongly that, unless something heretofore just completely unknown comes out scientifically against it, it should be legalized.

For one thing I think it will be an important political breakthrough. In changing people's minds about pot, you are attacking the same group you want to change minds about in regard to Vietnam, racism, generation gaps, and a lot of other things. You are a liberal politician, Senator, or I don't think you would be here chairing this subcommittee.

I think probably it would cut down on alcoholism. That is a personal idea. Because it cuts down—the kids I see smoking pot in many cases lose interest in alcohol as Chris pointed out he had. Most people I know feel that pot is a much better, more fulfilling, less sickening experience than alcohol.

Senator HUGHES. Do they lose interest in life as well? Do they get passive after an extensive usage of it?

Mr. MAGEL. When you are really, really stoned, I guess you would tend to be rather passive. You tend to snap out of it, though. When the high wears off, you go to class and take your exams. It's possible to handle yourself quite normally or even very actively. I know quite well a person who has played basketball and gone to movies and carnivals while stoned.

Mr. BENJAMIN. I am a student at Drake University, which consists mainly of upper-middle-class people, because of the expense of the tuition at Drake.

You asked whether pot should be legalized. But this is my complete personal opinion. More than 50 percent of the people that I know have tried pot and it is illegal. This means that more than 50 percent of the people that I have known have broken the law.

They have taken the chance to try it. Why have they tried it? Because perhaps they know that the things that they have been told

by their school boards throughout their life and by other various information centers have not been true.

They want to find out for themselves. Since World War II, the basic idea of education, the basic changes in the educational system in the United States, have been not to take everything, but to question it.

What we are questioning is the validity of whether or not pot is illegal. If more than 50 percent of the people are doing it, these people are talking—they are taking a big chance to question this.

After the education, legalization is important, because you have got to get—to let the people know the truth. Once they know the truth, they have got to do what they feel is right.

The fact that so many people are breaking the law alone would tend to make me feel that it is important for people who do use pot to legalize it. There are also other implications, because with the lack of knowledge, with pot being illegal and with pot being the same offense as a lot of other more dangerous drugs, people think that pot is the same as the more dangerous drugs and they use the more dangerous drugs because they don't realize that the more dangerous drugs are more dangerous than pot.

Speed is a terrible problem on the college campuses because it keeps them up so they can study. They don't realize that you can have a stroke if you use too much speed or you could kill yourself if you used too much speed.

I am not the most knowledgeable person on drugs, believe me. But I have not yet read anywhere of a person killing themselves on marihuana.

I think that people should understand the differences. Legalization is a part of the question. It is a picture that you have to take everything into consideration.

Mr. MAGEL. You were talking about the relationship of young people to the police. When so many young people feel that marihuana is fairly harmless, that it is not as bad as alcohol, and they find out that the stories they have been told about it are not true, and when they realize that they are being hunted by the police and could be in prison for using such a harmless weed, it tends to create sort of a credibility gap.

There is again that political factor.

Also pot is being laced with all kinds of things that kids don't know are in it. Some really strange stuff is finding its way into grass, catnip, any kind of weed they can find to beef it up; they're lacing it with speed.

I had heard that the American Tobacco Co. had already patented the trademark, Acapulco Gold, I don't know. But if it were used through regular channels, it could at least be regulated by the Government and would be safer.

It is being used anyway.

Senator HUGHES. Do you think the estimate of 10 to 12 million users in the country are somewhat accurate?

Mr. MAGEL. Conservative.

Mr. PAUL. There are more than that—25 million.

Mr. BENJAMIN. People are tired of being criminals. When we find out you were coming to Des Moines we wanted a tremendous amount of people to meet you and show you appreciation for the tremendous work you are doing in this area.

I even personally—when I found out that you were coming to Des Moines—talked personally on Drake's campus to 2,000 people. They said that they don't want their pictures being taken by narcotics agents.

They don't want heat in the Drake neighborhood. They don't want to take the chances. They want you to know what is going on, but they are afraid to.

It is bad laws that are making this happen, in my opinion.

Senator HUGHES. I understand their reluctance. I have many students and adults visit my office and relay information to us as accurately as they possibly can relate it because they can't testify in an open hearing as to what is happening.

I think probably some of us have a better understanding of the nature of the underground movement and the problems with it than a lot of the people realize. I wish this was possible that we could conduct hearings in closed sessions so people could go ahead.

Reverend KAUFFMAN. I wonder. We have talked about young people and the drug program here in Des Moines. But we also have another drug problem. This is the drug problem which many of us who are in the pastoral ministry find in the home.

You are well aware of this I am sure from the alcoholic problem, for example, the number of housewives who are alcoholic. This is quite a concern. I wonder if in your experience going around the country, sir, you have found any groups that have been working or have some suggestions in terms of rehabilitation and how to meet this problem, to treat this problem, this type of situation, as well as some of us who are greatly concerned because we do see a problem with adults in the amphetamines situation.

Of course, we hear and read about drug abuse in the fact that another problem that concerns us, and just recently, we had the pharmaceutical society here in the mental health meeting say basically that they would not cooperate with us.

This is quite disturbing. Is there some form of legislation that the Government could look at in terms of bringing some pressure upon the pharmaceutical companies and upon the medical profession to be more correct in what they do?

We are all aware of the fact that 50 percent of the amphetamine market that is produced in this country gets into illegal hands.

Is there not something that can be done at this level also?

Senator HUGHES. You are bringing that pressure on by talking here today, Reverend Kauffman. That is the way it will come on, is by public pressure. The objectives of this committee are not the control or distribution of drugs and narcotics and that is the reason I am not getting into this area at all, because we don't have any jurisdiction over this type of legislation.

We have a jurisdictional problem of our own, to handle.

So we're dealing with primarily education, health, recovery, rehabilitation, and identity of the problem itself. We are in the process of constructing legislation in these fields. Many of the ideas that we hear repeated today are no different than those that we hear in other areas of the country, testified to by people where the population is so much greater that the problem is greater. What I have heard today

leads me to fully believe that for our population in Iowa, the problem that we have is just as great as it is in any city in America.

It is an almost direct relationship to the population.

Reverend KAUFFMAN. Personally speaking, sir, I have worked in the inner city, both in Cincinnati, and in Miami, Fla., and I arrived here 2 years ago.

I have said this publicly. I will say it again. I have found the drug is as bad or in many cases is worse than what I saw in the inner city situation. I am speaking of the surburban problem.

Senator HUGHES. That is what we are trying to identify. I think that is true in rural America. The reason for hearings in States with populations like this is to try and identify the problem in what we traditionally think of as rural conservative America, or what other people like to think of as rural conservative America.

Mr. MAGEL. Senator, I go to school in Chicago; Northwestern University. I came to Des Moines last July. I don't know why, but the high school kids in Des Moines could tell me things about drugs that I had not even known in Chicago.

There were things available to them in some ways, and they were being used more widely than I had known of in my North Shore, Chicago, college population. This is just a very subjective observation, obviously, but it's something that really surprised me.

Senator HUGHES. I learned a great deal just in bull sessions with the kids myself. I like to communicate with them, talk with them and share ideas and let them share their ideas with me. We were talking earlier about the communications problem that we have. I don't really have the problem of communications with young people because most of them intuitively trust me and I trust them.

So they lay it on the line with me and I do to them.

If I think you are wrong I will tell you so. I think you respect that. I have never had any problems with that. And why, because I give you the freedom to tell me when you think I am wrong.

We must get this communications problem opened up with reliance on our ability just to give it to one another as it is, as we see it. Then we can try to work out the type of programs where we can reach people who are really suffering and who are in danger with the amphetamines which are in use.

There is great danger with the amphetamine use in this country and a usage of these other so called soft drugs. In my opinion you can use heroin for a long, long time and unless you get hepatitis, the probability is you are not going to destroy yourself as fast with a lot of these others.

Mr. BORSAND. I wanted to introduce Paul, who will be along with other people, employed with the contact house. He is one of the grassroots people who has most knowledge about the program, how it runs.

Before we break up I would like to give him this opportunity.

Senator HUGHES. Paul, you may proceed and tell us what you think we ought to know.

Mr. PAUL. I would like to go into this. It is not just the drug problem we are talking about. People take drugs in reaction to their own state, take drugs in reaction to external influences.

We are going to have to start looking at our whole society, the whole trip. That involves social repression by the police, and involves paren-

tal repression of children from the day they are born to the day they let them go, then it involves the draft. It involves mechanical government in an electronic culture, it involves a lot of things like this.

The only answer for any of these problems that we have in this country, whether it be drugs, pollution, youth rebellion, rebellion in the ghettos, all of those problems can only be answered if we become more aware of ourselves and what we really want to do on this planet.

Because if we don't do that, the big problems are going to start to come in. That is when the starvation comes in and the riots and the end of our society.

Senator HUGHES. You could call it a spiritual problem then, probing the depth of one's soul.

Mr. PAUL. Yes. I think through our uses of drugs, I think unfortunately there is a vast majority of people who use drugs and do themselves a lot of harm.

I think there are some therapeutic uses for drugs in terms of getting in touch with your feelings, in terms of learning how to express those feelings even though you have learned to repress them all your lives, and in terms of learning through experiences.

I think the people in the Big Sur in California have shown that to be valid truth. I think even though it is a dirty word, I think Tim Leary has shown it, even though I don't agree with him and with a lot of things he does.

I certainly don't advocate the use of any drugs. Our purpose should not be in legalizing some certain drugs or passing legislation to get out of our immediate hangup. I think our purpose would be to get beyond drug addiction and dependency on drugs and dependency on mechanical systems to order our lives like the institutions of our Government.

I think government should be a vehicle for creating freedom for individuals. I think people should learn to do and say what they feel, and not to repress their feelings, and thereby eliminate all the hostility that exists.

Senator HUGHES. You think our life style is the major hangup?

Mr. PAUL. Yes, I think our level of awareness is the major hangup. I don't think we are aware of the fact of our group and individual differences on our environment, on ourselves, on our children, et cetera, et cetera, et cetera.

I think we have to become aware of those things and look at all of those things.

Then I think we can begin to solve the individual problems of drug abuse, marihuana, legality, et cetera.

I think we are going to have to realize that the American family no longer exists. It has been destroyed by television and radio, telephones, I think we are going to have to realize that we are all in the same family, all in the same boat, and that includes not just Americans, but people in the Soviet Union, and other places.

Senator HUGHES. We all suffer together?

Mr. PAUL. That we are all human beings, you know. I think we are going to have to relate to each other on that basis, even though we have not been, the people who are running both of those governments certainly are not in a position to accept each other.

But I think maybe this up and coming generation is.

Senator HUGHES. Have you read the recent reports of the tremendous problem in alcohol consumption in Russia?

Mr. PAUL. Yes. People suffer there. That is another reaction. Our Government will usually talk about Soviet repression of the people.

Would you, you know, like to get out on the streets? Grow your hair long and you find out a lot about repression. Maybe Senator Hughes, you know a lot about repression, being an ex-alcoholic, what social repression feels like.

Senator HUGHES. Could I ask you a couple of personal questions?

Mr. PAUL. Yes.

Senator HUGHES. In dealing basically with things, why do you wear your hair long?

Mr. PAUL. I will—I feel right now, working in a drug abuse situation, I feel that I need to be able to relate to the people I am dealing with.

Senator HUGHES. I guess it is your own business how you wear your hair.

Has it had any effect on what is in your heart, whether it is long or short?

Mr. PAUL. I did not think it would. I don't feel it should. It wouldn't normally. But in these last few years, since I have been wearing my hair long, I have learned a lot about this country and where people are really at. But I think if there was a baby with long hair talking to another baby with short hair, I don't think they would notice the difference. [Laughter.]

I think that is more the direction we need to go. Getting back to the drug abuse problem in Des Moines, and how to solve it, I think we are going to have to use a lot of the techniques that growth psychology has developed in the last few years, I don't mean Freudian psychology that treats sick people but I mean psychology based on man's possible evolution, his possible growth.

That involves being sensitive, being able to listen to a person who has a problem, accepting that person. It involves giving him true and valid information and education. It involves again, using this system, using the Government and using that program to create freedoms for that individual, to find jobs or education or whatever that individual needs to benefit by.

In other words, if that man wants to be free, if that man wants to be a bum, let him be a bum, don't try and give him a good job and a good education, because he is just going to throw it back at you.

I think this is the drug abuse plan that I would like to be a part of here in Des Moines.

Senator HUGHES. Is Des Moines your home?

Mr. PAUL. It has been my home for the last 3 years. I am from Dubuque.

Senator HUGHES. Are you a user?

Mr. PAUL. I have been. I am trying to get rid of my cigarette addiction.

Senator HUGHES. If you will pray for me, I will pray for you. [Laughter.]

Mr. PAUL. Thank you.

Senator HUGHES. Would you basically agree that the problem as you have heard it described here today in the school system is fairly accurate here?

Mr. PAUL. I think so. I would like to add some to that, too. I think that in terms of all the movies, all the information that has been shown, with some of it there has been maybe out of a 20-minute film, maybe 5 minutes of it that are actually true.

It is just that the true parts are the parts where they show the police dragging the people off to jail. It is fear. Using fear as a tool in propaganda, leaflets, films, and out and out repression on the streets by the police—and older people on the right wing, I think all of these things are the perfect mirror of Hitler and Germany in the thirties, only we are doing it better because we have got a more sophisticated technology.

Senator HUGHES. You know, recently in San Mateo, Calif., NIMH, studying marihuana found that at the seventh grade level, 10 percent of the kids had experimented with it; eighth grade, 20 percent; ninth grade, 32 percent; 10th grade, 43 percent; 11th grade, 43 percent; and by the 12th grade, 50 percent.

That is a survey in which I suppose the kids had enough protection that they were willing to tell the truth. I am assuming they did. Would you say that that is much different than what you would believe is the fact here in Iowa?

Mr. PAUL. No. It is the same in Iowa. It might be true that 50 years ago you were born in Iowa, and Des Moines or Cedar Rapids or someplace.

But little kids now are not born in Iowa. They are born on planet earth. They watch TV and see what is happening in Tokyo and the Soviet Union and England as well as in their own hometown.

This is a thing that is happening to western man right now. It is not a thing that is happening to either Iowans or Californians, even though the electronic environment in New York, and California, is much more intense and the problems are much greater and the population is larger.

Senator HUGHES. As one youngster said in California, "We get 'A' in moon and we flunk earth." [Laughter.]

Mr. PAUL. I think we should aim for the sun and not the moon.

Senator HUGHES. Father Kauffman, does anyone else have anything that would be pertinent to this?

Reverend WELLS. There are a couple of things I would like to say. I am hesitant to introduce another person.

Senator HUGHES. Go ahead.

Reverend WELLS. I would really like to back up Father Kauffman, and I think what Paul has said, concerning the whole kind of attitude. I am Rev. Harold Wells, Campus Minister at Drake University.

I am very pessimistic about the future. I am very pessimistic about this hearing today. I think in one way that this gives some of us the kind of courage, that there are good men doing good things in the country.

Senator HUGHES. When I see you preachers down here helping these people, it gives me a lot of courage.

Reverend WELLS. I think unless there were some people doing things, it would be an unbearable situation in which to live. I think in some

ways we are being misled if we think that a lot of the senators and legislators have got their heads together and are going to start doing good things, in fact, I again rather cringe when the legislature goes into session because I see——

Senator HUGHES. So do I. Don't feel lonely. [Laughter.]

Reverend WELLS. I personally don't know where the end is going to be. I see the legislature coming into session passing more repressive laws.

I wish they would really sort of leave life alone in a lot of this. I am not even for legalizing marihuana.

I think I would much rather see a lot of the laws repealed that have to do with some of the repressive measures that we have in this country.

I think unless we can really get our heads together in this way, that we have got some pretty sad days ahead of us.

I am personally not optimistic about it. I think there are good things going on. But I think the forces of repression are much greater today than they were 10 years ago and the very fact that we are able to speak a little bit more freely, some of us, is not much indication I think that we have got a lot of hope ahead of us.

That is the main kind of thing that I would like to say regarding my kind of relationships with people, expecially with students and some of the problems and kinds of relationships that I have tried to work through.

I also in various parts of my life am involved with a number of other people, nonstudents, especially in the university, other people in other professions, other people in the other professions in the city.

I think especially in the area of drugs, the students are not the only ones who are up tight about it and feel neurotic about many of the things that are going on.

This is one case where I would introduce a person who was a teacher who could speak to this question of some of the hazards, some of the dangers, simply of being a nonstudent in the question of drug use.

I would be happy to do that, if this person would like.

FROM THE FLOOR. Senator Hughes, believe it or not, I am a teacher. I may not look like one because a lot of people have worried I guess about teachers. I am 22, which is rather young for a teacher. I don't have a permanent certification and therefore I am teaching at a Catholic school. It is a private school, upper middle class.

Senator HUGHES. May I ask you about pictures and television?

FROM THE FLOOR. I would rather not have pictures taken.

Senator HUGHES. I realize the problem. I ask the cameras to not take pictures; if you have already taken them, do not use them.

FROM THE FLOOR. Next year I intend to go to Drake and get a master's degree in teaching and intend to teach as an elementary teacher in the public school systems. On the subject of drugs, the only way that I can establish credibility when I talk to my students is to admit that I am a former drug user, whatever that means.

I went to college. I used drugs when I was in college. I still do. I have taken LSD, I have taken ups, downs, a little bit, just enough to be able to establish a little bit of credibility.

I would not tell my students that I took the drugs.

Do you think I am crazy? What would happen to my career? One

55-year-old woman in California admitted in the defense of another teacher that she had smoked pot, marihuana for 15 years, 15 out of the 25 years. She was fired, just like that, after 25 years.

What kind of credibility does she have when she doesn't speak out? What kind of position does she have when she does then? You put her in a bind. If you expect teachers to talk on the basis of personal experience, using drugs, the students are not the only ones who are paranoic, believe me.

Senator HUGHES. I am well aware of that.

FROM THE FLOOR. I think that Reverend Keck left. I am sorry he did. The school board I think is aware of who they ask to be teachers and who they don't ask to be teachers. I will tell you, from using marihuana—and I still do, this is one of the minor things—that this was one of the reasons why I started to teach.

Ever since I started to smoke, then it really did change my life. People became much more beautiful to me because I was able to relax and get outside of myself and see that I had things to give to people and they had things to give to me. This is one of the beauties of teaching, that I have things to give to students.

Some days I go to work stoned, mildly high, I am much more relaxed with my kids, I enjoy them, and I don't see myself as a teacher and them as students. I am there to participate and learn in experiencing with my students. I see them as real people, people who are not stupid. These are upper middle class kids, residents of a whole society, as said. Look comes to their home and Life magazine and TV. They have a talking experience with acid, with marihuana, they are completely brainwashed.

They think marihuana is a killer drug, smoke one puff, you go out of your mind. Smoke acid, you have a deformed baby right away. They don't know too much about cigarettes.

But I am one of the people who is there to inform them about what the world is like and about how the world can treat them and what they have to give to the world.

When I am in there allowed to speak on the subject, one of the subjects that I know something about, then I am hampered as a teacher. I am stopped directly, I am hampered as a person. Because I am one of the people who they trust most. They know me. I am their teacher.

They spend more hours every day with me than they do talking with their parents, maybe, or with their other teachers.

So who are they going to believe if they can't listen to me and if I am not allowed to tell them?

Who? Their parents, their parents are the ones who have been telling them all the evil things.

They are bright kids, curious kids. They are not going to put down a magazine and forget about drugs entirely. No, they are going to be the ones. They have older brothers and sisters whom they believe maybe as much as their parents. They see their older sisters and brothers come back from college.

Long hair does not make me any less of a teacher. Why should it make him any less a person? Who are they going to believe, if they can't believe me, if I am not allowed to admit to them that I have any knowledge of drugs?

As soon as I did I think I would seriously hamper my ability to teach in any public school system. I just want you to keep that in mind when you ask these school boards why teachers don't take over from law enforcement officers in giving people information, because they can't, any more than a police officer will admit that he has used marihuana.

That is all I have to say.

Senator HUGHES. Would you respond to a few questions, please? I know precisely how you feel. I made a decision one time to publicly say I was an alcoholic fully believing that it would destroy any future that I had. When I did it, really, you talk about paranoia, we all have it, we live in a bottle, whether you are Governor or who you are, you live with the problems you have.

I know your reluctance and I know the courage that it takes to say something. I have had teachers, not just one, a lot of them tell me that in getting marihuana they had to buy it from students, that it was going on.

I did not ask any questions of these kids about campus activity and faculty deliberately, because getting into the percentage of faculty that may be users, we can project estimates on the basis of knowledge we already have without trying to embarrass people.

But it is a problem. It is a well-known fact that the people who have the greatest access to drugs are doctors and that the highest percentage of those who become addicted are doctors because of their handling it.

But it does not lessen the dignity of the profession. In most instances it is because they are tragically overworked and trying to work 22½ hours a day to meet the needs of the people and they start supplementing themselves with the things they know that can keep them going and then they find themselves just like Duke, they find themselves hooked one day and tragically society then destroys them if they find out about it.

But the problems you describe are real. You are right. You will destroy yourselves. Iowa won't stand for teachers smoking marihuana and teaching their kids at this point. You are breaking the law, as you well know.

I have not attempted to deliver a lecture. That is not my purpose. But I realize the problem you are coping with. I would like to ask you, without relating to anyone, do you think marihuana usage among faculty members is a pretty common thing in the State of Iowa?

FROM THE FLOOR. Not faculty members in Catholic elementary schools, I will tell you that. [Laughter.]

Senator HUGHES. How about any other schools?

FROM THE FLOOR. I don't have that many friends who are elementary schoolteachers. I know a few teachers who smoke. I don't think they tell their kids. I don't think they admit it. I don't think anyone knows. But I wish more people who did smoke would teach. Then it takes a lot to change your personality, to fit in with getting teaching degrees and getting things like this, but if we don't do it, the people who distort and tell lies are going to teach.

Senator HUGHES. Mr. Cutler reminded me that if 70 percent perhaps of the college population have smoked marihuana, next year's teachers will be more qualified. [Laughter.]

I want to thank you for coming up and sharing with us this morning some of your thoughts and ideas and the effect it has on you.

Would you like to proceed?

Reverend WELLS. I think one final word, I would like to say, in kind of disagreement with some of the persons who have testified this morning and one is that I am in education. I have been in education for a number of years and I am one who feels that education is not going to be the answer to the problems.

The thing that I fear the most in this country at this time is that an uneducated country can become more dangerously repressive than another situation.

I would not like to let us get away from this that I see by saying we are going to solve part of the problem by educating people. We are not going to do it. I am not trying to cut out education, because I believe in it very strongly.

Senator HUGHES. You do believe we might just as well tell the truth, don't you?

Reverend WELLS. I think that will solve more problems.

Senator HUGHES. That is a process of education.

Reverend WELLS. That is right. But they are not synonymous terms in our society today.

Senator HUGHES. I hope they will be. How about education of the ministry?

Reverend KAUFFMAN. I think there are great changes coming about here and very hopeful signs that maybe we will get a valid ministry in our society.

Senator HUGHES. I feel the same way. I think the change is rapid, really, and that the work that we see demonstrated, by you men and many others in the field, is demonstrating that they do have a valid part of everything that is going on. I think what you have testified to here today is that part of the whole problem is a spiritual void that we have created in this country, and emptiness that we feel not only individually, but collectively. To fill this void we need to know who we are and why we are and what we are working for and that all of this is not just a tragedy of experience. We need to know that there is purpose in what we are doing.

I believe that very fully. I believe that this in itself is a regenerative process and though we are only at the beginning right now, we are in the process of regeneration.

This may not succeed as rapidly as most of us would like it to, but it does not mean that we won't keep trying and we won't keep working. So I hope you will keep your optimism every one of you. Do what you can, wherever you are, and however you have the ability to do it.

We can't see the whole or the end. I will just conclude, as I do in winding up many speeches, with "there is no solution. Seek it lovingly."

The hearing will adjourn until 1:15 p.m.

(Whereupon, at 12:15 p.m. the subcommittee recessed, to reconvene at 1:15 p.m.)

AFTERNOON SESSION

(The subcommittee reconvened at 1:30 p.m. Hon. Harold E. Hughes, chairman of the subcommittee, presiding.)

Senator HUGHES. The subcommittee will come to order.

The Chair calls Dr. Phillip J. Levine, Governor's consultant on drug abuse for the State of Iowa, and also associate professor of pharmacy at Drake University, Des Moines, chairman, mayor's task force on health, subcommittee on drug misuse, chairman, Des Moines Area Chamber of Commerce Committee on Drugs and Narcotics.

You may proceed.

STATEMENT OF PHILLIP J. LEVINE, PH. D., GOVERNOR'S SPECIAL CONSULTANT ON DRUG ABUSE, STATE OF IOWA; ASSOCIATE PROFESSOR OF PHARMACY, DRAKE UNIVERSITY, DES MOINES, IOWA; CHAIRMAN, MAYOR'S TASK FORCE ON HEALTH, SUBCOMMITTEE ON DRUG MISUSE; CHAIRMAN, DES MOINES AREA CHAMBER OF COMMERCE COMMITTEE ON DRUGS AND NARCOTICS

Mr. LEVINE. Thank you, Senator.

The drug abuse program, in Iowa, which I have been with only 3 weeks now, has been spearheaded by many people in the Iowa, Mr. Max Milo Mills, head of the Iowa Crime Commission and Gov. Robert E. Ray.

We have been using a two-pronged attack on the problem—that of education, combined with law enforcement. The appointment to the position I currently held was received only a few weeks ago, I have been enthused at the reaction of our citizens, and at the risk of sounding corny, I think we have been actively involved and tremendously committed per capita as much as any other State, if not more.

Last week in Denver at the district attorney's association meeting on drug abuse, there were more people per capita there from Iowa who have paid their own way than any other place.

The thrust has been helping communities help themselves. I have been pleasantly surprised that the point of Iowa don't expect Phil Levine, Bob Ray, or Harold Hughes to solve the problem for them.

They are approaching this themselves. There has been tremendous activity in the State. We have long recognized the need for information, and through the auspices of Drake University we have been setting up this information.

But basically I think we have failed since the information is just that, it is sterile and it is plain information. To the best of my imagination, there is no factual barometer whereby we may measure the extent of misuse of drugs in Iowa.

One of my primary functions will be the establishment of survey procedures whereby we may assess a baseline from which we can more readily assess our current position of where we are going. I am sure the committee recognizes the difficulty in any attempt to survey illegal use of drugs and of drug-like substances.

Several groups have prepared, distributed, and collated much information. At this time I can't report on any of this. But we are cognizant also for example that the national statistics indicate that a

high proportion of marihuana users will only try the drug a few times and then stop.

Such a group we feel would only require a light touch of rehabilitation possibly the use of contact houses, crisis telephones, and individuals in the community to help them out.

Several communities in the States are using this. In fact smaller communities, such as Cedar Falls, have had crises telephones in operation long before the larger cities.

What troubles us in Iowa is the group who represent a rather hard core of users, those that are caught in this web of inner conflict who have already withdrawn and so forth. My informal observations indicate that in Iowa we have just about all of the drugs which had been mentioned nationally, the deliriants, cough sirup, psychedelics, barbiturates, tranquilizers, stimulants, narcotics and tranquilizers, long associated with ghetto neighborhoods, we found the drug misuse practices have moved uptown.

They are definitely in suburbia and smaller cities and locales. I think it is true to say that most of the population under this understand that something is happening but we have not yet convinced them all to go out and do something about it.

The State department of public instructions is currently conducting drug education meetings throughout the State. We have divided the State into areas and the superintendents of schools in these areas and representative members of both elementary and secondary schools are accomplishing initial meetings to get across this message.

A high priority will then be put on the development of inservice training this summer so that by the fall of the year we will have teachers again ready to implement whatever methods we can work out.

To further increase the effectiveness of these programs we are planning to complete out listings and evaluations of films, slides, and other informational material, take all of this information and make it into hopefully and impact program which is called education.

We are enrolling the help of 32 institutions of higher education asking them to participate in programs so that they can help us find out our problem.

We lean very heavily on the use of peer group work, the first group I appoint in Iowa will be youth group representatives and not establishment groups, I cannot mention enough about it, about the enthusiasm which we have had in Iowa as far as dealing with this problem is concerned but that is only part of the story.

You should see what kids in the high schools are doing by themselves. We have got information going on, people committed, we have got ideas coming together and we are struggling to put this together.

Most of this has come by rather spontaneously. It has not been due to screaming or shouting. People come out with these messages on their own. One point has to be made. I feel ultimately we are going to have to think in words "prevention" not "handholding."

To this end one of the most thrilling things that happened to us in Iowa is that national people who come through are trying to utilize our existing school systems to test procedures for prevention.

This would be life style, curriculum, and we are trying to obtain the funds to bring into Iowa international experts on drug abuse, to develop with our teachers a life style curriculum which may be the ultimate answer to the elusive concepts called prevention.

We are setting up rehabilitation probably using existing facilities at first to find out what we can do about that other percentage of people who need help. We have been in Haight-Ashbury, Day Top, Phoenix House, and the Big Sur, and a whole bunch of them, and our initial thrust there will be that once we get rehabilitation that really works we can help our law enforcement people, send parole and deal with these youngsters on a different level other than law enforcement.

There you have our activity, two-pronged attack, education, law enforcement, working together was continuously supplementing each other, rehabilitation and preventive measures coming along and most of this has been accomplished without the need for any heavy financial burden on our citizens.

We have spent tremendous amounts of time, large funds have been donated, private funding has been solicited, we are maintaining an area of reason, logic, and hopefully cautious optimism.

I think it has been going really good.

Senator HUGHES. If you have done all of this in 3 weeks, you have been pretty busy.

Mr. LEVINE. It has been a rough 3 weeks. We were just down in Oscaloosa this morning running back and forth. It has been a rough 3 weeks.

Senator HUGHES. You did not hear any of the testimony this morning?

Mr. LEVINE. No, sir; I just got in a few moments ago. I am sorry.

Senator HUGHES. Some of the people who testified this morning said they had talked with you and had gone over a lot of the things with you. I am sure you have an insight into the problem as it is not commonly known.

We had testimony here this morning that indicated there are probably 450 to 500 heroin addicts in Des Moines and possibly as many as 1,500 in the State of Iowa.

Mr. LEVINE. There is heroin in the State, that I know. I have no idea of the figures. I have not been that close to it.

Senator HUGHES. Have you had an opportunity to get close to what you feel the school situation is in Iowa?

Mr. LEVINE. You mean as far as the use in the school is concerned? It has come up several times that people wanted the numbers. There are more than we think, but not the huge numbers that have been used. I would say that in the larger cities we have identified very, very large proportions, 20, 30, 40 percent of the kids who are using drugs.

This may be 10 or 15 percent are what I call hard core users. We have a difficulty with this thing. Once a kid uses a drug he is called an abuser. My God, they are using drugs all over the place.

I don't think many of them are in dire trouble as far as the drugs are concerned. I think we have a significant percentage who are using drugs and are going to have a lot of trouble with it.

That is the kind I am really interested in concentrating on. As long as we maintain an air that there is something missing and something mystical about this word "drug," and we keep hiding our heads in the sand that it does not exist, we are going to forget to be able to help.

I am not really interested in numbers at all. I am interested in getting the people out and doing their kind of thing.

Senator HUGHES. What do you think the Federal Government's position should be in this?

Mr. LEVINE. I think the Federal Government should lend their emphasis from the Government that there is a problem. I think they should continue to inform us of the kinds of things being done, get researching going into the causes.

We have had this myriad of reasons from top to bottom. I think it is about time we started getting real deep into what the problems are.

We continuously run into questions. I came back from Denver a week ago where I heard the national experts testify. There were a whole series of contradictions right within that one meeting.

We can't explain anything to your people if the experts themselves are having difficulty with this.

The feeling I have, in dealing with youngsters on their level, that the use of drugs is a crutch, the use of drugs is preventing them from going on and facing the challenges that are obvious in any society in 1970.

If you are using a drug to gain insight, if they are using something other than logic and reason and the kind of hard knocks it takes to get something done, we are going to lose these kids.

For this reason, we have got to get them to get off the drugs.

Senator HUGHES. Do you feel the same thing about alcohol?

Mr. LEVINE. Yes, sir, the same kinds of reasons. But I don't think the alcohol has affected the youth the way this drug thing has affected the youth. And besides that, once the parents are up tight on drugs, sir, they let up on the alcohol, let up on the cigarette smoking, they let up on the promiscousness, now the big word is "drugs," and the parents are up tight like crazy.

They think in terms of punishment instead of helping these kids out.

Senator HUGHES. If a kid called in to one of the crisis phones and said he was going to try a joint, what kind of advice would you give him?

Mr. LEVINE. If he had not tried it before, he is going to have a very difficult experience. He is going to try a joint, let him understand he is on his own on this thing. We can't deal with them trying a joint.

They are all trying a joint as far as I am concerned.

How are you going to stop them by telephone?

Senator HUGHES. I did not think you could.

Mr. LEVINE. You got to provide a positive educational background so they understand it is kind of difficult. They don't drink iodine. Why don't they drink iodine?

The marihuana has been blown way out of proportion. The constant comparisons with alcohol, you know this as well as I do, the people don't know how to deal with this kind of thing.

Senator HUGHES. Have you been able to do anything yet to provide after usage services?

Mr. LEVINE. No, we are dealing with three of the existing facilities at this time to see what we can do in the State of Iowa. I am much more familiar of what we tried to do in Des Moines with the rehabilitation, contact houses and the job that Dr. Simpson is doing down there.

It seems so nebulous at this point. We are searching like crazy. Most

of what I have done is in the high schools. I have got even the students themselves to band together to form their own drug abuse councils.

They are being run by and for students. All we are trying to do is to facilitate their ability to do this without the pressure that can be inflicted upon them from above and from within.

They do pretty well at this kind of thing. It sounds meager but I think it is the first step we have got to go to get them at this point.

Senator HUGHES. I think their handling of the problem is a big contribution. I think they can do it a lot. I agree with you on that.

Mr. LEVINE. We have been very successful in many areas in doing this kind of thing.

Senator HUGHES. What is your professional opinion of methadone?

Mr. LEVINE. I have heard very good results about methadone from Denver General and out in the Midwest and Far West. We have seen good results from it. I think if we can perfect this system, there seems to be some bugs inherent in it, but give these guys a way out, I think it is the best thing in the world.

There are sort of narcotic antagonisms that are using also at this time. I don't think it is as successful as most people have said. I think they are glorifying it a little bit.

I have had a chance in Denver to talk to three people who have been successfully rehabilitated. They frankly admit they have been very lucky in many things. The methadone wasn't the end result.

It was an awful lot of indepth understanding of what their original problems were. Methadone was done real good.

It is certainly not the kind of totality we want, but I think it is a great step forward. It is a tricky thing to work with. In other words, I would not expect everyone to start going on methadone.

Senator HUGHES. Do you think we should have a program of methadone maintenance throughout the country?

Mr. LEVINE. I think so. I think we have got enough information now to see some positive results from it. I don't think it is a panacea, though.

The kids that come from this are obviously addicted kids. We have to deal with that problem as it goes along. I think the main thing about it, of course, has been it is not as antisocial.

It does not cost the citizens as much money as the heroin or demerol or morphine.

Senator HUGHES. Is there anything else that you can think of that might be helpful to the committee?

Mr. LEVINE. No. We are working along this line and we would like to keep in touch with you and tell you the kinds of things we are doing in the State of Iowa. Where we can be of help, we will work at it.

Senator HUGHES. I appreciate that. If you do gather information that might be helpful to us, we would appreciate having your thoughts and ideas.

Now, we welcome Rev. James Shopshire, Reverend Cook, Mrs. Cheatom, Mr. Scatino, and John Lawrence.

Jim, you may proceed with your testimony as you desire.

STATEMENT OF REV. JAMES M. SHOPSHIRE, BURNS UNITED METHODIST CHURCH, INTERCITY COOPERATIVE PARISH; ACCOMPANIED BY REV. RICHARD COOK AND MRS. JOEANNA CHEATOM, BLACK MOBILE WORKERS, AND SAL SCATINO AND JOHN LAWRENCE, WORKERS, INTERCITY COOPERATIVE PARISH, DES MOINES, IOWA

Reverend SHOPSHIRE. Thank you. By way of introduction, Senator, I would like to lay something of an introduction, a foundation, upon which the persons with me today will be able to expand upon, out of their involvement with some of the people who have been hurt in a community because of drug addiction, or abuse.

Without doubt, there are many problems related to the task of salvaging individuals from the vicious circle of narcotic addiction and drug abuse. But even while we recognize this, I would like to focus in on one or two specifics that I think are worth consideration.

No. 1, the concern with law enforcement and the trapped individual. It has been our experience more often than not in the community where we work that the punitive measures taken against the trapped individual are not in any way commensurate with measures that will be taken to deal with the availability or the source of the very drugs which are part of his problem.

I think it has been documented that there are deeper problems in many situations which evidence themselves in a need for some kind of escape or what have you.

But the fact is the individual gets caught, drugs are fairly widely available. I think that these persons can speak to the fact because of our contact with people who are caught in this vicious circle, that they are available, despite our not having any scientific instrument for measurement. We know from everyday experience that there are people hurting because of this.

The second point is the matter of law enforcement and organized crime. Here again, this is a takeoff from the fact that more often than not the punitive measures curb the individual. We don't see equal measures dealing with those who make drugs accessible at the level at which they are being consumed even in our community now.

We are certain that the availability has direct ties to highly structured and organized systems of crime which make them available. Maybe if we can deal more effectively with this source of drugs, the whole approach to law enforcement in dealing with the individual might not need to be so strict and punitive in its dealing with people.

At this very point in the establishment of priorities, I have some reservations in my own mind. I have had contact with the Iowa Crime Commission. I have some basic knowledge of the program that was described by Dr. Levine. I am concerned that this program will deal with education, information, and law enforcement, but the matter of rehabilitation, I think, as he said, is just coming along.

As we view the work, there is no separation of these. Rehabilitation falls right in the center of the matter. Unless education, information, and stricter law enforcement will work with this as a central focus, we can't really see how we will deal with the problem of the detriment that is taking place in the lives of the people in our community.

I personally raised a question about the establishment of priorities, priorities in law enforcement that will facilitate the reduction and elimination of drug abuse and addiction problems as contrasted with an increased oppressiveness of the individual victims of drugs.

I have serious questions to be raised. I think there are questions that the State and probably the Nation will be raising concerning our efforts to deal with the control of crime, whether it be "crime in the streets" or organized crime of a highly sophisticated nature.

As I look at the model cities program that is about to get on the way here in the community, I am almost amused by the fact that one of the three main thrusts is a program to deal with corrections, corrections of people, juvenile, offenders and what have you, in the community, many of whom are in that model neighborhood area.

I don't know that this thrust will include an equal amount of effort to deal with those organized systems, which make problems such as drug abuse as acute in that area as they are.

As I look at acts such as the 1969 Omnibus Crime Control and Safe Streets Act, where great emphasis was put on the matter of dealing with organized crime and riots in the street, I can see where a great pain has been taken to deal with the matter of disruption.

I am not convinced at this point with information that I have available to me that the same amount of effort and resource is going into the control of organized crime.

Again, I think there should be an operating system in the community, which has a direct effect on the matter of drug abuse.

These are the areas where I have some concerns and some concerns will be expressed.

Third, and finally, is the area of the involvement of the people affected—the victims—in working toward rehabilitation and elimination of the drug problem and drug abuse and narcotics addiction.

It has been part of our experience that we have observed that despite the need for technical assistance, medical and otherwise, that some of the most effective workers are workers who are ex-addicts and workers who have a very close and working contact with the people in the community.

Unfortunately, these people are not the ones who are entrusted, more often than not, with the resources made available to deal with problems related to drug abuse.

With these facts in front of us, I would like now to ask the members of this group specifically to speak to the problems and concerns that they face along with me in the community.

Senator HUGHES. You understand, all of you, that this subcommittee does not deal with the questions of law enforcement at all. I realize they are related to the total problem and as such we welcome your opinions on the difficulty of it.

If I understand you properly, I have heard similar statements all over the country: for example, in the District of Columbia, the people tell me that the concentration of law enforcement is on the guy who is getting peanuts on the street selling a little stuff to support his own habit, while the guy at the top who is really making the buck and generally a white man, not a black man, is not being concentrated on at all.

You apparently feel then that heroin movement into Iowa or into Des Moines, specifically, is part of an organized crime movement, or it couldn't succeed? Is that correct?

Reverend SHOPSHIRE. This is my feeling. We are able to observe that the statements related to the matter of persons caught in this cycle of addiction are rather conservative, especially as it relates just to Des Moines.

Reverend COOK. Most of the individuals sitting here have been involved in particular drug situations for a long time. I think when we particularly look at the black community, the drug problem has been there for practically time immemorial, and just partly because it managed to get into the white community through perhaps the psychedelic and hallucinogenic type drugs that we became aware of the need to work on the problem.

I think this really needs to be emphasized, that the problem is nothing new as far as some of us in the inter-city are concerned. Those people around here have been involved from the grassroots for a long period of time, either having contact with the drugs themselves, or in trying to help others who have been on drugs.

I think that one of the things that we need to bring up before you today is some of the misconceptions that we feel were brought out in previous testimony, seeing involvement from our point of view.

I hope that some of the other individuals will deal with some of these things. One of the things I would like to point up is that I don't think we are living in a logical world where we can deal with reason and logic easily.

So, we can say, you know, to a kid, "Don't use drugs, deal with reason and logic," but when the whole world is hung up on this, it just doesn't work that way.

So, I will just stop with that and let the rest of the people talk for a while. One of our individuals up here, who is working with us currently, has been involved with drugs for a long time and has gone through the route of incarceration and this kind of thing and would probably like to speak a little bit about this.

Some of the other people have been involved with trying to help people in their own homes and, thus, we began a program of trying to establish this contact house approach, trying to get something going in the rehabilitation area, so that one person or two people didn't have all the responsibility on themselves, to try and help people who are on drugs.

So with that, I will let any of the rest of you speak.

Mr. LAWRENCE. My name is John Lawrence, Senator.

Senator HUGHES. Mr. Lawrence, welcome.

Mr. LAWRENCE. I am 49. I have been in penitentiaries since I was 11 years old. I am celebrating my first straight 5 years of my life in the street. I am so glad that he said—and I know I would like to play a little politics. You are the first one from Washington that hasn't turned me off, you know, because I think if some of the other people prior to making statements, if they really could read you, they would see that you are pretty hip. They ain't shooting too many things above your head.

The dope problem has been around as long as I have been on the face of this earth. I have only lived in the United States—I am from Philadelphia. I worked for Social Dynamics, a black social counseling thing; we have a technical assistance training program trying to concentrate the manpower program and I am traveling all over the country.

In New York City, the generation gap is there. The older adult doesn't know that there are hundreds of young kids on the highways today. I was shocked, because when I first came out of Danbury, Conn., I went to Kansas City, because I said if I go back to New York and Philadelphia, I am going back to the penitentiary, until I could get myself straight.

I have been on the road. These kids go through these towns. So, it has to be related in terms of the whole. In New York, for instance, in Harlem, they stop the dope for 7 days and there is 30 or 40 young kids standing on the corners and the police officers ride up and down and see these young kids standing there. I am not attacking anybody. I am talking about the problem.

This morning I saw some program hustlers here. You see, even though the good doctors want to do good, they forget to realize that young kids, you know, real stomp-down young kids, are very hip. I saw two people. I have documental things, signed statements—there was one man in here this morning who is now dealing in this community. I have documents I am going to give you, Senator, afterwards.

There was one person up here in the back very sick, because there are hundreds and thousands of dollars given out in model cities programs and OEO programs, and this thing right here, and I went to CEP Monday posing as a drug addict and an ex-con and they told me at CEP that they had no program in this city for drug fiend or felon.

Senator HUGHES. What is CEP?

Mr. LAWRENCE. CEP is concentrated employment, who has from the Government, in the poverty program, had allotments of $3.5 million in the last 2 years.

They are supposed to hire hard-core people. I would like to also mention for the record that the members from the model cities and CEP, the members that are getting these millions of dollars for the people in the neighborhoods, are not even at this investigation or whatever you call it.

I am not too hip to terminologies.

I would like to also make for the record that the mayor was here for 5 seconds and split. He is playing very bad politics because he could not get my vote because I am sure that you informed him of this thing, so he could plan his agenda.

If he really cared about this city, you know, these are the things that alienate people, because these young kids know. I say this, thank God—this is a horrible statement—that Timothy Leary is the acid type. I am saying this if it had not happened, the blacks would still be there and nobody would investigate.

In 1947 Mayor La Guardia spent $35,000 to $50,000 having a comprehensive expertise thing drawn up on stuff, like cocaine and marihuana and it says in there in 1947 that marihuana was nonaddictive, that it was not a narcotic.

One of the things that stops me from going again back to jail is the fact that I was in Danbury, Conn., and I found that in this country they have a penitentiary for millionaires. I say this because I was doing 5 years for receiving $1,200 worth of cameras, interstate shipment. I bunked right beside a dude that got the Government for $290,000 income tax evasion and he was doing 9 months.

There was a dude there that took of three and a quarter million bucks, he was doing 11 months. There were blacks and whites there during 10 years for one bag of stuff. This is where the gap is, that the young people are no longer told.

They travel. They go everywhere. They see these things. Now the poverty program is really alienating people because they are thousands of dollars being funded into the communities and everything overlaps.

You know. Each little group is fighting for their own little power and the money is not being filtered to the services of the people. They have told me and three or four of these agencies had received these large sums of money in this town, and not only others, sir, we are working with members from the manpower programs, from Wichita, Fargo, N. Dak., Denver and Kansas City, Kans., Wichita, Kans., Des Moines, 14 States we are working.

It is the same problem in each State. The money being funded from the national level is not reaching the people that the program is, any poverty program that is written for black and minority people that does not include a dope fiend and a felon is like a comic strip.

Yesterday I was at Soul Village. They had a police officer who is considered an expert showing film, that when it was over, none of the black or white kids watched it more than 5 minutes, and when it was over, a young black kid got up and said, and I quote:

I have known about dope ever since I was 6 years old and I just saw a comic strip.

They are fooling.

I have been talking to the police department in St. Louis and Kansas City trying to do training to the recruits. They are getting ready to become police. Some of my monolog and dialog is so above their heads, they don't even know what I am talking about, but they are going to go out into the neighborhoods as police officers.

I have been doing it on my own, not for no dough. I find that each time I say to anybody else I am saying to myself. It is a very vast job, Senator.

The people who are calling themselves expertise, like I say, maybe they want to help, but they have got to realize that there are hustlers in every form and fashion. If you have got a satellite group, without the community actually involved, you will have dudes in there getting high off of methadrine and selling smack to the people in that program and telling the doctor, "Hi, baby, I feel pretty good today, Jack."

This is where the police find their main concentrated groups of informers.

So unless the Government and the State and the city governments make an effort to fund the money that is already being taken from the tax dollars, hundreds and thousands of dollars, and see that these people—the poor people of the communities—receive the correct services—services that they know about.

Nobody can sit in a $17,000-a-year job for 20 years and know what I know. I have been going to joints all my life, Senator. It took me a long time.

Senator HUGHES. I would like to ask a couple of questions. Con-

gratulations for making it on this last 5 years. You have had a long time. I am glad you are on the outside and I am glad you are working to do something for your brothers.

Do you see any programs working that you believe are functioning with some ability in the neighborhood you are talking about?

Mr. LAWRENCE. This is the confusion. The only organizations that are functioning are the ones who are not being funded.

This is a woman, Miss Chisholm. If this woman had any political knowledge——

Senator HUGHES. She does pretty well without it.

Mr. LAWRENCE. But dig this. There are other blacks but black bureaucrats. You see us blacks once we get put into, you know, the situation of handling the dough, we become bureaucrats and expertise and they forget where they are from.

But this woman was really hipped to her power. I have been there 5 days. This woman knows everybody. You know what she has to do?

This woman has three babies in her house right now. She goes around and begs people and muscles people and cons them.

But she cannot—there are hundreds of dollars here. It is true. All the time I am working, that the only neighborhood grassroots happenings is the volunteer people and the people who are getting the funds and they are the expertise, the money is being blowed on salaries, buildings, secretarial staffs, unrelated overlap services, one place gives you a medical and spends $65 and you go to the next place and they give you a medical and spend $65.

They have no outreach services. They have no followup services. I talked to the chamber of commerce. Senator, only in the last 5 years have I stopped living a lie. I have had so many aliases in my life and so many social security numbers, because even if an ex-con or a dope fiend wants a job the businessmen are so lame that they force a cat to lie. If I start on the job lying that eventually the computers are going to find out I have been busted, I can't give you a decent day's work.

Like that young brother brought out it is the system. I am not then attacking this country, because I did dig it. I know there is something happening here. I don't want to go through them other things, you know. But I know that there has to be a tremendous change in the spiritual and the truth and the realities because I have been out in this thing all of my life.

Senator HUGHES. I agree. You paid the price. You had not ought to be whipped the rest of your life. You are a free man.

You should have the opportunity to work on the basis of what you are.

Mr. LAWRENCE. But I get whipped, because I see so many of these young cats are going to go through what I went through.

Senator HUGHES. You are going to help a lot of them.

Mr. SCATINO. Senator Hughes, I have got so many things I would like to say, I don't know where to start. I have got a petition here that I had signed today by most of the people here asking you to come back and take a trip with me one night to some different people's houses and to get a real grassroots view of what is going on here in Des Moines.

It might help you to run these meetings. It might give you a few questions that you can ask some people in open hearings later.

I had 40 people who were going to come here and talk. We don't have time for that. Even if we did, they could not because it was an open hearing.

They are really good people. Some of them have problems. Some of them are using drugs and don't have problems. But they all would really like to talk to you, because they feel that some day you might be president, and they want you to have a good view of what is going on.

They really do.

Senator HUGHES. Mr. Scatino, as I told some of you this morning at the recess, I am more than willing. I don't have the time in the immediate future. But I will be back and I will be happy to have the opportunity to visit with you.

We will try and let you know when we can come and you can line up—when I say line up, I don't mean set me up.

Mr. SCATINO. It would not be that. They want to talk just right off the cuff with you just like you probably want to talk with them.

Senator HUGHES. We don't have any trouble communicating and we laid it on the line with each other. Mrs. Cheatom and I too have over the years. She has been to see me from time to time when I was Governor. We talked to each other. I would be very happy.

Mr. SCATINO. A lot of these kids we are reaching already, we have got them off of whatever drugs they were abusing, we are working more with the people.

We are not bothering with the marihuana. We are working with people on the dangerous drugs. We have a hard time to find them jobs when we get them off the drugs.

Senator HUGHES. I am well aware of this. Two things I found out when I was Governor: if you had a conviction for rape or narcotics you were through.

They were two things that really nailed you. It was just impossible to get a man a job if he had a sex conviction or a narcotics conviction.

He was really through.

Mr. SCATINO. I was going to come down here with a noose around my neck to show people that is what society does to you, I did 6 months in the county jail for having marihuana. I had it coming to me because I had been doing drugs a long time. But it puts a noose around your neck.

A lot of these kids are tired of being outlaws. Society is cheating them out of a good potential. They may go underground. Society is hurting themselves besides hurting the kids.

Senator HUGHES. I sure, as you know, need a lot of information.

Mr. SCATINO. I think you could pick up a lot that night.

Senator HUGHES. I don't have the solutions. I am afraid none of us have the real solutions right now.

There are a lot of things that can work.

I will be more than happy. We will be back and try and do it some night when we can.

Mr. SCATINO. Good.

Senator HUGHES. Mrs. Cheatom.

Mrs. CHEATOM. Good to see you again, Senator.

Senator HUGHES. Good to see you.

Mrs. CHEATOM. I have been through various and various problems. I am working on a problem where I don't know when it is going to be able to be solved but I am hoping to get it solved.

We are trying to open up a house, that we call a contact house. This is for rehabilitation, for the children to come to us and ask us for help. We have a proposal for this project which we would like to submit for the record.

Senator HUGHES. It shall be printed in the record at this point.

(The information referred to follows:)

PROPOSAL FOR: CONTACT HOUSE, DES MOINES, IOWA

(By Mr. Kenneth Gray)

PREFACE

This proposal is basically a request for a staffing grant for two phases of Contact House. We could not find a way to adequately document the staffing grant request without properly explaining the concepts behind the total operation.

I suffered at the hands of despotic rulers;
I suffered slavery under insane invaders
I suffered hunger imposed by tyranny;
Yet, I still possess some inner power
With which I struggle to greet each day.
—*Kahlil Gibran.*

RATIONALE

The much publicized problems of The Des Moines Black Community have, in many cases, been deepened by the first massive efforts to effect change. A piecemeal approach has clearly revealed a most obvious fact: the need to work in a clearly coordinated way to effect change in several areas of a human life simultaneously if the change is to be lasting and permanent. The emotional and mentally crippling consequences of poverty and deprivation are fully as much a part of the problem as unemployment or drug addiction. A coordinated effort results in the reinforcing and intergration of change within the person.

The problems of the Des Moines Black Community range from drug addiction and self destruction to unemployment and indecent housing. Whatever the problem, permanent solutions for an individual involve a basic concept. The concept involves seeing and dealing with an individual as a total person (rather than in fragmented sections) in relation to the environment he lives in. This approach to the total person maximizes and deepens the effect of all assistance. raising the mental health level of both the individual and the community. And a final effect is to increase the viability of the community. In the Black Community in particular, the results of inadequate education, poor housing, unemployment and the fine grinding down of circumstances create a marginal existence for the individual's functioning, living level increases within a community, the mental health level of The Black Community also rises. Then the addicts, the alcoholics and the psychotic will no longer be visible on the street corners because they will be whole human beings working and living a healthy life style. The positive values of the process for the city as a whole are obvious.

PURPOSE

In Des Moines there is a plan a foot (this plan comes from the grass roots of the Black Community), to start a non-profit organization called Contact House, designed and created to serve the segment of the population that has reacted to life with an array of behaviorial problems. Contact House is a group of people organized to help others to be free. Its philosophy is simple, that man can be free only when he faces reality about the world, the city, about working and about himself. Contact House does not distinguish among the immediate symptom of behaviorial problems. Whether the reaction is evident through drug addiction, alcoholism, chronic criminal behavior or whatever, it

is the conviction of Contact House that such people can be dealt with as homogenous group needing emotional, educational and vocational growth. The focus of attention is not on the cause of the problem, but on enabling the individual to gain the strength and the energy to deal with himself, his problems and his environment.

Contact House personally identifies with the destiny of the force-outs and dropouts of this society. It minimizes neither the role of social injustice nor the role of individual irresponsibility in the destruction of self. It emphasizes the individual's right to emotional happiness and dignity, as well as the responsibility of the community to change outdated and inhuman institutions. Contact House is one possible institutional pattern with the capacity of relating to street people in the positive manner producing human people through humane methods. Perhaps the second most obvious lesson gained from past efforts to effect change in the Black community is that a new life without a new environment leads to frustration, alienation and cynicism. Thus Contact House has an added dimension to its purpose: to chance whatever exists in present social reality that is crippling to the individuality of its participants. For People to risk and produce and love in the same environment from which they were running—this is Contact House objective. An individual who can become a healthy functional human being in the very place conducive to the initial illness has developed skills needed to maintain and further himself in any environment. This is the basic value of Contact House approach, a built in positive component almost impossible to achieve in ordinary therapeutic situations. The individual is then free, for he is not afraid; he is again a competent member of his community and the overall society.

PROGRAM

Contact House is a rehabilitation program through which people learn to radically change (revolutionize) themselves. People with a variety of forms self destructive behavior learn to identify and act on their potential through self awareness and group awareness. They learn how to be resources to themselves and others through realistic behavior and concern for self and others.

The fundamental basis of oCntact House is the experimental knowledge that people who have learned to deal with their problems are superb teachers and helpers of others with similar problems. The experience of Reality House East, a highly successful rehabilitation program in Harlem, New York City, originally designed for addicts proves this. The new exciting lives of its participants, ex-addicts, ex-convicts, derelicts and just plain frustrated people who become productive and creative people is the proof. Men and women, black, white, brown, yellow and red became successful workers, students and members of their families.

Phase I

The first step of the program takes place in Contact House at ——. In skeleton outline, this means people come in off the street requesting assistance. They will undergo detoxification and orientation there, and remain on the premises for roughly two weeks. At this point, they are ready for the second step. This first step—termed Orientation—includes a number of things and serves a most basic purpose. The first two weeks are often the most crucial. Good medical attention is available for the client; careful, thoughtful and supportive work from the staff is important too. Here a client has the simple amenities of clean clothes, a bed, food, fellowship and things to do. He is related to simply as human being by the staff enabling him to see himself as a human being rather than as a sub-human or some other species. This self visualization is further heightened and accelerated in the group sessions that will be held each morning as part of orientation. In the group sessions, a man is helped to see himself as he is; the way he looks, his own physical attitude and posture, the way he acts and functions, revealing to himself what he is at this moment in time. Parallel and concurrently to this, we will show him what he can be, what the alternatives are, where he can go and how he can get there. He has a choice to make. Always available is the supportive help he needs if he makes the choice to leave the street and start anew to grow and develop his own potentials. Within this free frame work is a basic structure for the person to relate to and function within. Once the effects

of the medication and withdrawal are gone, he will be expected to help with the maintenance within Contact House. Attendance at daily Orientation sessions is mandatory. Games, cards, art and craft supplies are available. For the first few days he will not be allowed to leave the premises unescorted. Towards the end of the two week period, he is free to come and go as he chooses. Drugs, alcohol, and weapons of any kind are vigorously forbidden and the rule will be strongly enforced.

The house

This is the second step in the healing process. At this time, we do not yet have a house nor the staff to maintain one. The house has a very basic function in the total approach. Two weeks without drugs or alcohol is not a very long time, especially two weeks, in a strongly supportive environment. This does not really prove to a man that he can continue to do without his crutch. And neither has any real form of therapy begun to help him deal with the basic problems within himself or even to really identify them. The real work begins in the house which is still within the colonized environment.

In the house itself, clients live together on a cooperative basis. Here group pre-therapy actually begins to do several things: it helps the person see for himself, feel for himself and be aware for himself of his own problems. He can see then a way to solve these and grow beyond them. Resolution of internal conflicts begins. It is really the basic groundwork for the advanced and deeper therapeutic counseling. It reinforces his own desire to change.

The Land

This is the final phase of the Contact House Program. It is also the phase in which people complete the healing process into emotionally healthy functioning human beings.

The land really means adequate living quarters for those who will participate in the final stage. Fresh air, space, time, adequate diet, work that is useful for the individual and the group, creative activities, people, warm human people would all be there. Integral units are therapeutic components, including the job counseling and training. We are really talking about a self-contained community geared to the growth and evolution of people into full human beings, free of fear and self doubt, readying themselves to assume their place in the society and their families. Much of the physical work of running the house and the land would be done by the client themelves. They would do the planning, the implementation and govern themselves. We would grow as much of our own food as possible, both for practical reasons of economical and for therapeutic reasons. A tangible link would be established between the two facilities.

The final stages of therapy take place on the land. It is at this stage that the clients get deep into themselves and into their own psyche. Therapy is really very intense. Both lay and professional therapists are used; certainly there is close supervision by professional psychiatrists. The true resolution of conflicts into an integrated personality is the result.

Techniques range from individual sessions to group sessions, to psycho drama to encounter type processes. The techniques used vary with the individual. On the land we would also develop a series of shops.

These would serve two purposes: provide training for the people there and help make Contact House self-sufficient. Woodworking, cabinet making leather work, pottery, trade skills such as plumbing, carpentry, electrical and sheet metal are included. The development of creative skills in music, art, drama is another aspect. In the Colonized Areas one constantly sees a criminal waste of creative talent. With the increased leisure resulting from technological developments, this alone would be a valuable contribution. The creative process has high theraputic value as well. A major reason for the emphasis on development of skills and training is the building of self confidence and self disipline. All this is basic to the total approach to mental and emotional health. Psychological gains and emotional growth accomplished through therapy are then reinforced in the training and working process. Each feeds into the other, deepening and increasing the level of healing and health. So an addict can truly know within himself that he can cope with himslf, his environment and the world outside of it.

The entire shop complex is also intended to help make Contact House self-sufficient. Products and services made by the clients would be sold on the open market, with a percentage going to the client and a percentage to Contact House. In addition to the practical financial advantages, this also offers training in management and merchandising. Gradually over a period of time the dependence of Contact House on public and private funding would diminish considerably. In the simplest terms, this is a self-help program.

This final phase also has another basic purpose. Some of the best people eventually stay and help other people; this is the primary source of staff people other than the professional and technical consultants. People who have been through the entire therapeutic and evolutionary process to emotional health bring really special insights, sensitivity, skills and knowledge to the job. It also contributes to their continued growth and to the growth of other people.

IN CONCLUSION

We would like to purchase a three story Brick structure located at 1204 11th Street. This building is ideal at the present time for initiating said programming. It is here that a person becomes acquainted with the philosophy and functioning of Contact House through group orientation and counseling.

The main objective is to produce people who no longer have to depend on their previous hang-ups to function effectively in their daily lives.

JOB DESCRIPTIONS

Director: The basic areas of responsibility are fund raising, board development, community organizing at the agency level, development of medical and psychiatric contacts and staff, official representative Contact House and public relations. Responsible for the operation of the house, supervision of the assistant director; development of volunteer program; hiring and firing of employees under review of the Board from the community, developing and conducts in-service training, both paid staff and volunteer, community organization at the community level; works closely with all agencies in the community.

Program Assistant Director: Basically responsible for implementation of all phases of the program, including recreational, vocational, creative arts and crafts, testing; supervises floor personnel and volunteer staff in both operations. Will also perform all administrative duties, accounting, development of statistical data on program for evaluative purposes.

Program Developer: Responsible for the basic organizational planning and structure of the programs; physical operation of the two facilities; oversees all purchasing, supplies, etc., scheduling of personnel; work is at least somewhat of a coordinating nature. Will also be responsible for the development of all program needs within the total program such as recreational creative arts and crafts, job testing and counseling, vocational programs, educational programs (including outreach into the community). Also serves a resource person to community projects.

Executive Secretary: Performs all secretarial duties for all the directors and program developer supervises office procedures.

General Typists: Works under the supervision of the Executive Secretary; typing, filing, routine office work and some reception work.

Lay Therapists: conduct lay therapy sessions; individual counseling; street work; intake and waiting list; client and referral follow-up.

Floor staff: Most basic function is to develop and maintain a relationship with the clients and be of assistance to them; dispenses medication under medical supervision; supervises and involves clients in some maintenance and meal preparation; responsible for medical supplies.

Driver aide and maintenance: Runs all errands, pick-up of supplies, driver for staff as needed; does maintenance and repair not otherwise covered; some janitorial duties; general handyman.

CONTACT HOUSE—YEARLY BUDGET

Position	Monthly salary	Yearly salary or cost
Director	$850	$10,200.00
Program director	750	9,000.00
Administrative assistant	750	9,000.00
Program developer	700	8,400.00
Lay therapists, each	600	
3 lay therapists	1,800	21,600.00
Floor staff, each	350	
4 at $350 per month	1,400	16,800.00
Executive secretary	600	7,200.00
General typist	450	5,400.00
Driver/maintenance	450	5,400.00
Utilities		625.00
Consumable supplies:		
(a) Office		1,700.00
(b) Instructional		900.00
(c) Building		1,500.00
Equipment:		
(a) Office		2,000.00
(b) Intructional		1,500.00
Other costs:		
(a) Telephone		1,800.00
(b) Repair, equipment, and maintenance		1,000.00
(c) Printing		3,000.00
(d) Community education		8,000.00
(e) Staff training (beginning and advance)		4,000.00
(f) Bus insurance		400.00
Supplement to budget:		
Beginning—Purchase:		
A bus		4,000.00
House		17,000.00
3-story brick house on 11th St		21,000.00
Renovation		3,650.00
Subtotal, supplement to budget		24,650.00
Bring forth total yearly cost		119,425.00
Add employees fringe benefits (see worksheet attached)		6,409.22
Bring forth supplement		24,650.00
Cost, 1st year operation		150,484.22
Subtract supplement after 1st year		24,650.00
Cost after 1st year—yearly		125,834.22

Senator HUGHES. Is this Contact House for drug users?

Mrs. CHEATOM. Yes; anybody. When they are poor, and need help, anyway. But drugs now is the very deep problem in the black community. We thought that by bringing them to this house, rehabilitating them, and trying to put them into some kind of employment, which I have been and had meetings with, we had programs that has been set up at the CEP plan.

They have these initials.

Senator HUGHES. I don't know what they all stand for either.

Mr. SCATINO. National Businessmen's Association, and Concentrated Employment.

Mrs. CHEATOM. I ask can I get this young lady back in school or can I get this young lady a job to help her to help herself and to come back and face reality; they tell me that there is no plan for this.

Mr. LAWRENCE. We are investigating this. These agencies are to be refunded, sir, at the end of their fiscal year, and must come up with numbers—not facts—numbers. So they are not taking anybody in that the money is here for, because they don't want to show that they failed.

They are playing a numbers game—a numbers game against our Government to be refunded. But the junkies and the dope fiends and the thieves are still in the neighborhoods, unemployment is still existing in large numbers, but the money is being refunded for the simple reason that they reduce people like this.

Mr. SCATINO. They only want successes. It is set up to handle hard-core people but they only want successes.

Mr. LAWRENCE. I will give you personal testimony, because I am working on a contract from the model cities program from Washington, D.C., and we are doing investigations throughout the country.

I was turned down here today. If it had been 6 or 7 weeks ago, they would sure have run me back. Like I say, I am not attacking any group. I am trying to relate to you the facts.

Senator HUGHES. You don't find us any different than any other State?

Mr. LAWRENCE. No, sir; this is the scariness of the whole thing, is that this problem exists in all of these funded agencies for money for the poor, it is not reaching the street. It is stopped because the guidelines and such; it is a very vast numbers game going on this, these hundreds of dollars.

This woman here and these people can testify that there is no jobs, no programs, no followup services, not only here, Senator, but throughout the country.

Mrs. CHEATOM. They also say, Senator, that when some hard-core person goes and asks for a job that has been laid off a job, they asked him how much did they make last year. Then if they give it right and be truthful about it, the amount of what they made, well, they are turned down or what you ate off of last year.

I don't have nothing to eat off of this year, where does this turn these people? This is opening up the doors to crime, murders, and going back to being pushers.

So we are having a really tremendous hard time trying to persuade these kids, talk to these kids and ask them to just bear with us, maybe somebody will hear us and will open up the door.

The educational problem and I have asked if they would please counsel the counselors, the principals, the nurses, and everyone that comes now in contact with these youngsters that went to his counselor and asked his counselor for help and he said, well, I will get back to you.

He went home and talked to his mother and his mother called the counselor. This was on a Friday and asked what could she do to get some help for her son. This child was awfully, awfully sick. The counselor said I don't have no answer. I will get back to you Monday.

This young man could have been dead by Monday. There is in the State law, the code—I am sorry I don't have it—where they are to teach in the public systems alcohol and drugs. It has not been taught. There are the concerns, but they are turning their backs and saying well, I will get back to you 2 days from the day that you asked for help, how many of us will be alive after going through all the research and changing that they don't know what to do.

Why can't they get the training to try to help these people?

Senator HUGHES. Is this the drug problem?

Mrs. CHEATOM. Yes, sir.

Senator HUGHES. Usually if they get the courage up to ask for help, and they get turned away, they are not going back.

Mr. LAWRENCE. I have come out of joints many times Senator, and tried to get a job. I actually think I was the hippest dude in the world and getting a lot of bad luck. But sometimes a thief or a junkie every now and then because he gets a new broad or gets close to a bust, wants to really turn around. But here when you go down and a dude just turns you off soon as you go down, I think here, some sickness that you got going on, you know.

You want to get back to that ———. That is what it really is, you know. But somebody sure enough in the establishment or you know will turn you off and throw you right back.

She took me over to this mother and her son was a junk boy, 16, had a strong drug habit, you know. This young boy could have gone out and killed somebody that night to try to cop.

You know how this little boy got help? Through underground methods, through a group that if it is known they are going to be harassed by the police, you know.

This man, a counselor in the school system, said, and he did not call her that Monday, he called her Wednesday. In fact he didn't even call. She had to call him, to tell him, thanks a lot.

The amazing thing there is so much money being allotted for these problems, and there is no concentrated efforts to pull these, you know, nuclea together to make a concentrated effort against these things. As long as the young people—I thank God we got long haired young kids—because they, you know, question things that we have accepted. I accepted my thing. When I was a young dude 11 years ago I was told I was incorrigible. I got a physical and the doctor told me I had athletes feet, I was so hip and dumb, I went and told all the young brothers, you know what the doctor told me. Baby, I got athletes feet, Jack.

I thought he meant I was going to be Jesse Owens or somebody. Still on my record, they said I was incorrigible, at 11 years old. You know why, because I come from South Philadelphia, and I was black. These attitudes have to change, sir. There has to be a vast commitment to reconstruction of ours.

Reverend COOK. Up until now and even now, some of us trying to deal with the drug problem have had to take individuals far away from even Iowa to get them help when they have needed it because there has been no adequate treatment program coming through our State through the State.

This has really been a concern. The other thing I would like to add is that there are people not just on drugs that are dying but those that are trying to help others are hurting their health.

Mrs. Cheatom is spending her life trying to help others and she is in bad health now. If we don't get some things going pretty fast, she may not be with us too much longer.

We have got to have people like that. We need these kinds of people that are going to help us change the system. We need people like you who are going to help us from the inside to change the system.

Some way, we have got to find some answers. We are looking awfully hard.

Senator HUGHES. I could testify myself to the fact that I had a call last year from a lady here in Des Moines saying she had six young heroin addicts who wanted help. Could I tell her where to take them? I could not. I did not know where they could get help without winding up in jail or in prison in the process of doing it.

Trying to find them help was a very difficult thing for me, to find a way that they could get help, to get out, get the monkey off their back. They wanted out, you know.

I don't know, Mr. Lawrence, but maybe you can support this. I have never had anyone testify as an addict that has not said that at one point they want out and if there is a way they can get the help to get out, they will get out.

If we just had the services available that were not punitive, but would offer the route that they could get off and get the monkey off their back, and then find a job, you know so they could do something rather having to steal for a living or whatever it was to support their family, that maybe we could begin to touch the problem.

So I am aware of the problems that you face. I hope we are in the process of changing that.

I think perhaps this testimony here today will help. Mrs. Cheatom, I would like to get back to you for a moment again. This contact house you are talking about, do you visualize that it would be right in the neighborhood?

Mrs. CHEATOM. Up on the west end. They could be able to put them every which way.

Senator HUGHES. How would it operate? How would it be staffed? Dr. Shopshire, could you tell me? I am sure you know what their plans are.

Reverend SHOPSHIRE. I think Reverend Cook could speak better to the matter of staff. One of the main concerns that I have tried to work with on my own is that it is hard to command the resources to make this kind of experience or to provide this at a meaningful level and still have available to you the necessary technical resources without those interests which represents resources, you know, medical and what have you, on being the controlling factor. Oftentimes, with no better ability to run the situation than you.

Senator HUGHES. Would you recommend that Federal legislation provide an ability to contract for private services?

Reverend SHOPSHIRE. Yes.

Reverend COOK. Yes.

Senator HUGHES. That completely bypassed State and community efforts?

Mr. LAWRENCE. I think that the real vast need is like I said to really cop the expertise, where they are coming from. I know a lot of dudes like me that are willing to do it for nothing, you know, because I know a cat who just come out of the joint about 9 months ago.

You know what really knocked him down? His son is using stuff. He had never been using stuff all his life. He had been a stickup man all his life. He is ready to go die now.

He is ready to fight because his son is using it. It took this hard thing to bring him to reality, the life that he lived in. There are people out here that will give their services, if there were people in the expertise form who were big enough to do what you just did, to admit that you did not know at one time.

There are people with documents, with books, who claim that they know and they will never say that they don't know. These are the people who are giving the expertise services, that are confusing people in mass numbers.

Mr. COOK. The governmental agencies, I think, have had the funds. It is not that they have not had them. They have not done anything with them on a grassroots level partly, I suppose, because they don't know how to go about it that way. We have got to instead of beginning to deal from the top down, work from the bottom up.

This is the kind of thing we are trying to get started here in Des Moines. But it is a hard task because the people are afraid of the so-called agency people and the establishment-oriented people and don't want to get involved with that whole bag.

I see that they see that that is where the money is coming from now, so we have to get involved with that.

Senator HUGHES I can understand. I am sure many of you can. I have lived all of my life, except a few years, in the State of Iowa and this is the first day that I've ever seen people willing to come out and talk, I think with some truth, about the problems that exist in our State.

What has created this condition that they are willing to talk and to be identified with the problems and to say for the first time that there is a problem? For years, you know, most people that I have tried to talk with about this have said there is no such thing.

We just don't have the kind of a problem; we are a rural State. We are not like Chicago, New York, and Los Angeles. We just don't believe that type of a problem exists, we don't have it.

I think this testimony is very important. Even though I am taking testimony for Federal legislation, I think it is very important to the State of Iowa, communities of Des Moines, Sioux City, whatever it may be, that whether we disagree or agree here today, we are at least shedding light on a major problem.

I think this will start people to looking at it in a different light. As I stated earlier, one of my big problems is the fact that school officials either are unaware of the problems in the schools, or else they are reluctant to say they have got a problem because it reflects on them personally or they think it does.

I think we should identify the problems for what they are and tell the truth about them and do something.

I think this is a beginning today. I think your contact house idea is a proven concept in many parts of the country. It has worked. Perhaps this is a part of an overall program that can be developed here and can be funded by one means or another.

Hopefully, I would say it could be.

Mr. SCATINO. If we can get a buffer from the police, it will help. Otherwise, it won't do any good at all.

Mr. LAWRENCE. I find with the work I have been doing, talking with the new recruits in Kansas City, that there are certain people in the police department that are willing.

But there has to be really an in reach into the departments so the policemen will come out in that street.

Senator HUGHES. We are going through a very painful process in police relationships. I think all of you here have had an experience

with it. But I think there are a lot of concerned people in the departments that can and will be reached and will themselves work.

And education in the departments I think is a part of the problem that we have got to face.

Mr. LAWRENCE. Sir, I would like to once again bring to the record, to show you how uninvolved the organization, not only here but in every town, there is no member from the State, the city, OEO, CEP, model cities, and these are all agencies funded from the national level and State and city level to be working for poor people, felons, and hard core unemployed and I am saying that they are so uninterested that, sir, even with your presence here, has not given them enough sense to know that they should show their faces.

That is like proof of the pudding.

Senator HUGHES. I would hope we would be charitable in our judgments of them.

Mr. LAWRENCE. I have been out here a long time. Sometimes I say things a little bit too hard.

Senator HUGHES. You say things pretty well.

Mr. LAWRENCE. I am sorry.

Senator HUGHES. You don't have to apologize at all. I am just saying that that is part of the problem. We are not going to overcome it by calling each other names.

Mr. LAWRENCE. Yes, sir.

Senator HUGHES. Maybe we don't like what we see but we are going to have to approach it for what it is, and try to work it out, whatever it is.

Mr. SHOPSHIRE. Senator, may I direct a question to you?

Senator HUGHES. Yes.

Mr. SHOPSHIRE. If it does develop, there is a possibility of enabling legislation to allow groups who really have contact with the people to move where they can, it is too much to imagine that will deal with this matter of law enforcement and police? This has been a prime concern of mine and I think the point has been made that despite the legislation, if this can be wiped out at the insensitive levels—I am not convinced yet that even police community relations have been established as a new concept of law enforcement in the majority of our police forces.

So where will we be there?

Senator HUGHES. Reverend Shopshire, one of my problems, as I stated in the beginning, is that my committee has no jurisdiction over law enforcement problems. So any legislation that we structure cannot cope with the problems of law enforcement or the legalities of drug usage.

We are not focusing at all on whether it is legal or illegal to use marihuana, amphetamines, uppers, downers, or anything else. We are just assuming that they are used. We know that they are used in considerable quantities and that there are many users, abusers, addicts, and junkies and so on. From that point, we have to begin doing something. But we are thinking about developing legislation that allows private contracts and bypasses all of these things.

But there will have to be, as you know, inspections, controls, this type of thing, because we are dealing with a very delicate subject.

Our experience has been that basically the only successful programs over the years have been those that have been privately operated and that we have not had successful public programs in operation dealing with drugs and narcotics, at least over most of the years of our history.

So I cannot cope with the problem you described in all honesty. It is a problem for another committee. I have no jurisdiction to cope with it.

Mr. SCATINO. Senator, could you answer a question for me? I can't understand why society knows there is a problem, and yet when we get a kid who needs a job—there was nothing set up before when we were trying to use the agencies already developed to help our people, like welfare.

I can't understand, since it is a problem, and since it is society's problem, we are—it is harder to do something through those people than it is to reach the people in the streets.

I can't understand why society has taken a reverse on it. They want people to get back into society and quit taking drugs, but they won't give them a chance.

Senator HUGHES. This is part of the overall education problem that we face. Basically people are decent. They really are. I am convinced of that. Well when I first came to the governorship of the State of Iowa, for example, it was a State policy, that you could not hire one that had been convicted of a felony, yet we expected private businessmen to hire them.

We said we have policies, why don't you hire people? They have paid their penalties. When I went in and examined our own employment policies as Governor, we were not hiring convicted felons ourselves so we wiped out the policy.

I started immediately restoring citizenship rights once a man had completed his sentence or parole.

We did not have to make him wait 50 years to prove he could be good to have his citizenship restored.

The same thing is true in narcotics and drug abuse. We have a very tough educational problem on our hands. I say here today, as a United States Senator from Iowa and former Governor of Iowa, I say that if an addict has kicked the habit, that it is an obligation for those of us out here to try and see that they can be hired, that they are reliable, that they can continue and maintain work and employment. I can only lend my voice to yours in the hopes that we can adopt these policies and use them.

I think eventually we will start making some headway. It is not going to help those that have been turned down, turned down, and turned down.

Mr. SCATINO. I think this committee will help those that have been turned down.

Senator HUGHES. I think we can gradually change some of these policies. It is going to be gradual. It won't happen overnight.

I have to move along, unless you have something else that you think would be pertinent. I thank you very much for coming and for your assistance.

The Chair calls Dr. A. S. Norris, professor of psychiatry, Psychopathic Hospital, University of Iowa, Iowa City, Iowa.

STATEMENT OF A. S. NORRIS, M.D., PROFESSOR OF PSYCHIATRY, PSYCHOPATHIC HOSPITAL, UNIVERSITY OF IOWA, IOWA CITY, IOWA

Senator HUGHES. Dr. Norris, you may proceed with your statement. You can either read it into the record or summarize it.

Dr. NORRIS. I would like to take 3 or 4 minutes to read it, if I might.

I would like to be very careful about what I say. I don't have to point out to this audience that a drug problem of some kind exists.

I would like to point out from my point of view at least one of the reasons I think that it does exist and one of the reasons that we have not solved it or have not moved further toward solving it.

When we have a social problem we have two ways of looking at it. We have legal ways of solving problems, or we have those that are based on research and education. I would like to talk something about our reaction to marihuana, simply because I think this typifies the legal and repressive solution to a social problem and the consequences that this has.

During the 1960's the abuse of psychotropic or mind influencing drugs spread to large segments of the American people, particularly those of the "under 30" generation. The phenomenon has been explained in many ways and proposed solutions have been prolific. These solutions fall into one of two categories, legal or those based on research and education.

Our reaction to marihuana typifies the legal and repressive solution.

In the 1930's an intensive scare campaign associated marihuana with murder, insanity, sexual perversion, and other crimes and culminated in the Marihuana Tax Act of 1937. It imposed severe restrictions on medical use and ominous penalties for its abuse.

The market for marihuana as a medication disappeared, its legal production stopped and marihuana became unavailable for any legitimate use, including that of research. Illegal marihuana traffic continued.

The polarization of attitudes that surrounded this action was extreme.

In 1936 the International Narcotics Association describes the use of marihuana as leading to "physical wreckage and mental decay." They said, "the victim frequently undergoes degeneracies such that he will steal and lie without scruples."

In 1944 the LaGuardia report which described the first scientific investigation of marihuana concluded that "the publicity concerning the catastrophic effects of marihuana smoking in New York City is unfounded."

In 1969 Dr. Younge, president of the Canadian Psychiatric Association stated that marihuana was seriously harmful and recommended that the laws against marihuana not be more permissive.

At the same time Dr. Margaret Mead stated that "there should be no more restrictions on smoking marihuana than on drinking beer."

So these two sets of attitudes existing side by side have changed little in 25 years.

While the Marihuana Tax Act of 1937 may not have settled the issue of whether marihuana is harmful or not, it certainly had one propound effect. That was on research. The total amount of controlled

research carried out on marihuana from 1937 until now consists of six studies adding up to a total of 218 subjects. This is the amount of investigation we have on a substance which between 5 and 20 million Americans have experimented with and which between 250 to 400 million people in the world have used. I might also add that the results of these studies have been equivocal.

They do not provide sufficient or the kind of information that would justify current or proposed repressive laws which treat marihuana as though it were worse than many major crimes.

On the other hand what little they tell us does not justify those who are so complacent about the legalization of marihuana.

The adversary system may be the most effective way of arriving at just decisions in the courtroom but it is a poor method of determining scientific truth. Those who would lend themselves and their scientific reputations to either extreme of this issue are doing a disservice to humanity.

Control based on ignorance will not be effective.

We have already seen demonstrated the possible effects of education on the consumption of drugs. When the genetic studies on LSD suggested possible harmful effects, this information did what no law could do. It rapidly decreased the consumption of LSD. Laws cannot be effective unless there is some consensus upon their need and usefulness.

We cannot educate effectively without facts and we cannot get facts without research.

These are critical questions to which we have no answers.

What is the incidence of mental complications? What are the long-term effects of marihuana use? Does marihuana release antisocial behavior? What is effective treatment?

I fear we have introduced a credibility gap and people do not believe what we say or will say about marihuana. They also do not believe what we say about other drugs about which we do have information—the hard drugs such as amphetamines, barbiturates, and hallucinogens. The use of these drugs is also climbing.

Have we cried wolf so often that no one will believe us when we do learn about the real dangers of drugs? Will anyone listen when the wolf is outside the door?

Senator HUGHES. Dr. Norris, I would like to ask you a few questions in relationship to the bill that just passed the Senate of the United States, and on which I offered several amendments.

As a professional, do you think that classification or harmful substance of the United States ought to be under the Office of the Attorney General?

Dr. NORRIS. I am only vaguely familiar with this having read a small abstract of this bill. But this is horrifying to me. May I take a moment to describe and experience I had with this?

About two and a half years ago, I applied for LSD, because we don't know very much about that drug either. I wanted to do some research with it regarding its possible harmful effects and also its possible treatment effects which do exist.

I received approval for this study by two committees in our medical school in the University of Iowa and a Federal agency at that time headed by Dr. Goddard. This application went forward to the Department of Public Health where I was to obtain the LSD. Six

months later I heard nothing. Several months after that, I received a vague statement from this agency indicating that they wanted me to rewrite and replan my research proposal with no specific criticisms.

This proposal had been examined and passed by three committees. It got tied up in bureaucracy. I received yesterday a request from the initial agency in Washington for a progress report on my LSD study, LSD which I still don't have.

Senator, we are talking about research. We are talking about things that save lives. We are talking about things that people die about because we don't have information.

In this particular instance, two and a half years has gone by. When the initial restrictions were placed on LSD the number of researchers dropped from 94 to nine. I was one of those nine that survived except I was not. This is the kind of communications system we have.

Now I understand that the LSD must be obtained from the Department of Justice. I don't expect to get it. I am going through the same route with marihuana attempting to get standardized quantified marihuana to do research. I don't know what is going to happen.

Senator HUGHES. I find this to be pretty universally true.

Many States prohibit the medical research that is absolutely essential. If I could describe some of the procedures that some of the researchers have had to go through to try to get clearance, it is absolutely unbelievable, because if it wasn't for a violation of law, they could have bought it on a street corner.

Dr. NORRIS. I know several illegal sources.

Senator HUGHES. It would have been very easy to come by. But in order to run it with the proper controls, it had to be done legally.

Also, I would like to ask you about the areas of that bill which allow expenditure of funds for scientific research and educational research under the Attorney General's direction.

Dr. NORRIS. My feeling about that, Senator, is that I don't enforce the law other than in my own personal life. I wish they would not practice medicine, because I think this is what they are doing.

Senator HUGHES. That is what I thought they were doing also. But the majority of the Senate disagreed with me. But the House is taking a very close look at those provisions, and the American Medical Association is now, I think, finally realizing what happened when that bill passed and we are going to perhaps have a chance to review it a little later on.

However, this bill originated in the Judiciary Committee, dealing with law enforcement, so if it comes out of the House now and back to the Senate and goes to the conference committee, those of us who are on the Committee of Health, Education, and Welfare in the Senate won't be a member of the conference because the bill originated in our Judiciary Committee. Reverend Shopshire thinks he has a problem with law enforcement, we have our own in Congress, trying to get jurisdiction where it belongs for research, scientific evaluation, and classification of narcotics and dangerous drugs.

All of these things are for medical science and medical research, in my opinion. They should never be under the chief law enforcement officer in the country.

Dr. NORRIS. I certainly agree.

Senator HUGHES. Do you run any other research programs in relationship to dangerous drugs and narcotics?

Dr. NORRIS. No; I don't believe there are any scientific studies going on in the State at this time. We are concerned also because we treat patients who have had untoward reactions to drugs of various types. We are very concerned right now. I am writing all over the country to find blood tests to indicate what, in fact, the patient has taken because frequently he does not know.

He is told it is something. It has been labeled something but at times we know it is not so. And we know that certain treatments can be harmful if the drug happens to be the wrong one.

So we're not even sure how to diagnose specific drug use yet. We do know that in the past couple of months, for some reason which I don't understand, that the patients are having more difficulty coming out of the psychotic reactions they have had. This may be some new drug is on the scene.

Patients who used to get well in 2 or 3 days are now taking 2 or 3 weeks.

We do need research in treatment programs and we don't have it. What do we do to treat patients?

First we take them off the drugs. This has been going on with alcoholics for many years. Then what? I am afraid we don't do very much. I am not sure I even know what to do. I think the ideas that I have heard at this hearing today are the best I have heard yet.

I don't think they are the last word. But they are better than any ideas that I have.

Senator HUGHES. I have had the opportunity as chairman of this subcommittee to visit many of the support programs around the country that are supposedly working. All of their statistics are debatable. But regardless of the percentage, if the program saves 5 percent of the people or they find their way out through it, I think it is a successful program at this point.

But there are many programs that seem to work. I am not at all convinced that any single approach to this problem is the answer.

I think it is going to require multiple approaches after we get through the detoxification and the normal medical procedures that you describe.

How on earth does the local doctor or family physician know what to do?

Dr. NORRIS. I think this has been a problem, because what he has learned has been from the press, which has tended to print extreme statements either pro or con. There has been relatively little information in the journals.

At the present time I have just completed a paper for publication in the Iowa State Journal at this level focusing on education, focusing on how to deal with parents, for example, who come in.

Let me tell you how it ought not to be done. I am simply pointing out one of the educational programs sponsored by some well known agency in this State includes a large placard in which mother puts up against the kitchen cabinet.

On that placard is a diagnosis of what drug the child, her child is taking, because if the child comes in and the child is kind of drowsy, that means he has been sniffing glue and you will find packages of glue in his pocket.

If he is feeling kind of aggressive, this means that you look in his cupboard and you find all kinds of colored pills and he is taking a barbiturate. Some poor child comes in who feels kind of hungry and somebody says he is taking marihuana.

I think this whole approach, which is punitive, starting at the parental level—and I am afraid at the physician level—is just wrong.

We have one hospital that I know of in this State to which I referred a patient who is having a drug reaction—5 minutes later, the police were on the doorstep.

I heard about it. I don't blame that person for being very upset. I made the assumption that the patient would receive help at that time without going to jail. I think this is the kind of thing that needs to be made very clear.

We don't call the police in this instance. As far as I know, we have never broken this confidence. I think it is a medical problem and a medical confidence. I think we really have an education problem to do even at the physician level.

They have been hearing about sin, corruption, and all of this stuff for 30 years, literally. The first piece of research after the marihuana study of New York City of 1944 was published in Science in December of 1968 by Weill, who by the way, took a year and a half to get permission to do the study.

He took so much time to get the permission that he could only do it on 18 subjects. So we had a 25-year gap in which there was no research being done.

(The information referred to follows:)

THE PHYSICIAN, MARIHUANA AND REASON

"Human reason is like a drunken man on horseback; set it up on one side, and it tumbles over on the other."—*Martin Luther.*

During the 1960's the use of psychotropic or mind influencing drugs spread to large segments of the American people, particularly those of the "under thirty" generations. The phenomenon has been explained in many ways by many people and proposed solutions have been prolific, yet without consensus. There has been extensive emotional and vocal debate in all sections of our society and in all media of communication, regarding the effects of these drugs. Of all of these drugs, marihuana is the one which is used most widely and the one around which revolves most of the current controversy.

What is marihuana and what do we know about it? Physicians have found themselves defined as experts and quite naturally many have turned to them for information and advice. Unfortunately, most physicians have available to them only the same information distributed by the news media which is too frequently biased, emotional and prejudiced. The most extreme advocates of any stand tend to get the most publicity. Frequently those who used drugs have more "facts" about marihuana than do most physicians. However, it has long been known that statistics can be manipulated to show anything and unfortunately this has happened with marihuana.

There is a deplorable paucity of research experience with marihuana; that which does exist is often poorly done and that which is well done has often been misinterpreted.

It is difficult to overemphasize the importance of a physician knowing what is known and maintaining a calm and rational attitude toward the entire issue. He must be reasonable if he is to be an effective educator and a useful source of help for those in trouble with drugs.

WHAT IT IS

Marihuana or cannibas is a plant which grows in much of the world. The active principle is tetrahydrocannibal (THC) which comes largely from the female plant, particularly the resin on the leaves and the flowers. Various preparations are available. Marihuana is usually smoked in the United States but it can be eaten in the form of candy, drunk in an alcoholic tincture, sniffed and even injected into a vein. The potency of marihuana depends upon where the plant is grown, the type of plant, the method of cultivation and the part of the plant which is used. The most common form available in the United States is "grass" which is a mixture of female and male plants mixed with ordinary leafy material. Acapulco Gold is a more potent type from Mexico and hashish is the most potent form and comes from the Far East. The use of the more potent types is increasing in the United States. Marihuana tends to be unstable and changes during the growth of the plant and during processing which helps to contribute to unpredictable responses. In 1965, tetrahydrocannibanal was successfully synthesized and so provided us with an effective standardized tool for the investigation of its action. (14)

EFFECTS OF MARIHUANA

Marihuana is used because it has pleasurable effects. It usually produces a dreamy state in which ideas and images flow easily. There is a pleasant feeling of euphoria; the senses are very acute—sounds are sharper and colors are more vivid. Time may seem slowed. Usually the participant is quite happy, quite talkative and laughs a great deal, particularly when the drug is taken in a social context. Occasionally there may be mood swings and depression may intervene. Anxiety is frequently present and at times it may proceed to panic. In larger doses, marihuana effects begin to resemble those of the hallucinogens, such as lysergic acid. There are feelings of unreality, marked visual and temporal distortions with vivid illusions and hallucinations. (6, 9)

The psychological reactions depend upon the personality of the user, his emotional state and his physical state at the time that he takes the drug, the potency of the substance he is using and the social circumstances accompanying its use. The effects on one occasion might be quite different than on another because of the variation in one or more of the above circumstances.

The physiological effects of marihuana are also variable. The most common findings are a dilation of the conjunctival blood vessels, an increase in blood pressure, dry mouth, ataxia and an increase in the heart rate. (18) There is no effect on respiration and the commonly believed drop in blood sugar level does not appear to occur. None of the physical symptoms are diagnostic.

HISTORY

Marihuana has been known since antiquity. The Chinese used it as an anesthetic 2,000 years ago. It is referred to intermittently in various medical texts and occasionally it is mentioned as part of a religious ceremony.

It became known in America in the 19th century. It was used by physicians, particularly in the treatment of mental illness and childbirth but it never gained wide acceptance.

The British became concerned about its use in India and in 1893 convened the Indian Hemp Commission which produced a voluminous report in which are expressed all shades of opinion. Some felt that hemp or marihuana was responsible for a large part of the mental illness seen in Indian hospitals. Others felt that in moderate use it was not harmful. Although the results of the Indian Hemp Commission are often used to testify to the safety of marihuana, the testimony was contradictory and all of it was of an anectdotal nature which we have learned to suspect as a source of scientific information.

It was not until the 1930's that marihuana assumed great social importance, or at least became widely known in America. An intensive scare campaign associating it with murder, insanity, sex perversion and many other crimes culminated in the Marihuana Tax Act of 1937. This act levied a tax of $1 on dealers, buyers, and physicians. Nominally the physician could continue to prescribe it but its use was so circumscribed with rules and regulations that he stopped doing so. The market for marihuana as a medication disappeared, its legal production stopped and marihuana became unavailable for any ligitimate use, including that of research. Illegal marihuana traffic continued.

In the early 1960's lysergic acid diethylamide (L.S.D.1–25), a psychotomimetic drug which produces distortions of reality and feelings of cosmic awareness, introduced the whole "drug scene." There were those who saw in L.S.D.–25 a solution to all the problems of mankind. Its safety was emphasized and there was a movement for its legalization. Its use grew rapidly until research demonstrated the possibility that L.S.D.–25 produced chromosome damage. (18) Following this demonstration there was a rapid retreat from L.S.D. toward marihuana. The use of marihuana has grown rapidly, particularly in the colleges and more recently in the high schools. There is almost no way to know how many have used marihuana but estimates are that 5 to 20 million people in the United States have at least experimented with it. Surveys in the schools show from 6% experience to as much as 80%. On a world wide basis estimates are that 250 million to 400 million people have used marihuana.

SOLUTIONS AND ATTITUDES

Those who see marihuana use as a great problem and those who see it as harmless and perhaps even a boon to mankind will agree that this is a social issue, although their solutions may be different.

The kinds of solutions we propose for social problems are a reflection of our attitudes and unfortunately attitudes are not always a reflection of information. This is clearly shown with marihuana.

The attitudes toward the use of this drug became polarized in the 1930's and remains so to this day.

An American pamphlet published in 1936 by the International Narcotics Association states "while the marihuana habit leads to physical wreckage and mental decay, its effect upon character and morality are even more devastating. The victim frequently undergoes such degeneracies that he will lie and steal without scruples. He becomes utterly untrustworthy and often drifts into the underworld where, with his degenerate companions, he commits high crimes and misdemeanors." (7)

This is in contrast with the conclusions of the first objective research ever carried out on marihuana. This was done at the instigation of Mayor LaGuardia under the auspices of the New York Academy of Medicine. They reported in 1944 the results on 77 cases and concluded that: "The practice of smoking marihuana does not lead to addiction in the medical sense of the word—the use of marihuana does not lead to morphine, heroin, or cocaine addiction and effort is made to create a market for these narcotics by stimulating the practice of marihuana smoking. Marihuana is not the determining factor in the commission of major crimes. Juvenile delinquency is not associated with the practice of smoking . . . the publicity concerning the catastrophic effects of marihuana smoking in New York City is unfounded." (12)

More recently (1969), Dr. Keith Yonge, President of the Canadian Psychiatric Association was recently quoted in a Canadian newspaper as stating "the evidence that some of the psychotropic drugs—marihuana, for example—is less harmful than others, should not detract from the conclusions that all, including marihuana, are seriously harmful by virtue of their specific action of distorting perceptual and cognitive processes of the brain." He goes on to urge that laws regarding these drugs, including marihuana should not be more permissive and wishes consideration to be given to extending the law against "loitering" to make neglect of educational and occupational opportunities an offense and suggests the establishment of work colonies to deal with drug offenders. (16)

At almost the same time, Dr. Margaret Mead, a renowned anthropologist, told United States Senators that "there should be no more restrictions on smoking marihuana than on drinking beer." She states "there is no evidence marihuana is harmful in itself or leads to the use of more dangerous substances." She goes further and says "it doesn't lead to the excesses of behavior that alcohol does" and "it does not have the toxic effects tobacco has." (13)

So these two sets of attitudes existing side by side have changed little in 25 years.

Arguments supporting ever more restrictive and punitive laws controlling the use of marihuana, are based on the belief that it produces crime, leads to heroin addiction, produces mental illness and personality deterioration. Most such laws have also included restrictions which amount to a ban on research because it is "known" that marihuana can have no conceivable medical use. Also implicit in such an approach is that laws, will in fact control the use of marihuana.

Those who argue as strongly for legalization do so because it is their opinion it is not harmful, it has great social value, it has potential medical uses and current and proposed restrictive laws do more harm than good.

Two separate sets of such well formed, contrary opinions about the same drug either have different sources of information or ignore what is available. Perhaps there is not enough information to make a reasoned decision.

WHAT ARE THE FACTS?

Does marihuana produce crime? Mr. Anslinger, former Commissioner of Narcotics testified in 1937 that marihuana produced a great deal of violence and crime, including rape and murder. In the late 1930's the Federal Bureau of Narcotics supported literature which used such statements as "marihuana is a powerful narcotic in which lurk murder, insanity, and death."

By 1955, the same Mr. Anslinger stated that marihuana was not a controlling factor in the commission of crime.

A recent committee in England could find no evidence that the increased use and consumption of marihuana in Britain was causing violent crimes or aggressive anti-social behavior. (1)

Is marihuana addicting or does its use lead to heroin addiction? In 1937 Mr. Anslinger testified that he had not heard of a case of marihuana use producing heroin addiction. He stated, "I think it is an entirely different class of drug, the marihuana addict does not go in that direction." However, by 1955, Mr. Anslinger expressed his concern that the use of marihuana over a long period of time would lead to heroin addiction. No other data is available, but the opinion changes. It is very difficult to know what the relationship is. Certainly there is a strong association at the present time between the use of the hard drugs such as amphetamines, barbiturates and heroin with the use of marihuana. They generally come from the same source. Have our present restrictive laws produced this association and would legalization of marihuana separate the drugs out and prevent the transition from marihuana to other drugs? Who can say?

Does marihuana produce mental illness?

There are several reports which describe psychotic complications of marihuana use. (10, 17) Most of these have been transient but some have been prolonged and some have been manifested by violence.

At times a patient may experience a "flashback," a phenomena which is commonly reported with L.S.D. consisting of a recurrence of the drug experience. There is evidence that perhaps this complication is more common with marihuana than had been supposed.

The following case study represents one such instance.

A college student age 18 smoked marihuana on 3 occasions. Following his first cigarette he experienced no effect. A few days later he smoked another and suddenly felt that he was facing a blank, gray wall. He closed his eyes and suddenly felt he was behind the wall and was unable to get out. This produced the worst fear that he had ever felt. He managed to get out of the room and the feeling passed. The third time he had a fairly pleasant experience. Some weeks later, in the presence of other people, he suddenly had feelings of panic like his second trip. It lasted only a few minutes but he was frightened that the experience was no longer under his control and he did not smoke marihuana again. Approximately 2 years later the patient again experienced transient feelings of anxiety which recalled to him his second marihuana experience.

It is difficult to evaluate the effects of marihuana in patients who are hospitalized because of mental complications. They bring into the situation their own premorbid personalities. Even when cooperative, they cannot be sure that the substance they used was marihuana, what dose it was or whether it was adulterated with another drug.

The first controlled study was reported by Allentuck in 1944 (12) Seventy seven subjects received marihuana in varying concentrations. We know that they received marihuana and that they received no other drug. The amount was quantified relative to each dose and to each subject, although it is not clear by current standards how much of the active principal was present. In any event, 9 of the 77 subjects did, in fact develop a psychotic reaction. For the most part it was transient, lasting over a few hours and then apparently remitting completely. In 3 however, a definite psychotic state of longer duration developed. It is to be further noted that in naive users or first-time users 27% of the subjects reported significant feelings of anxiety. Allentuck at that time indicated, "the conclusion

seems warranted, that given the potential personality makeup and the right time and the environment, marihuana may bring on a true psychotic state." (12)

In 1968 Weil et al examined the effects of smoking marihuana. In addition to marihuana they used a placebo cigarette made from the male cannabis plant which has no active principle. They did not observe any psychotic reactions among their 17 subjects. (19)

Why this difference in the results? These studies are difficult to compare. They were done a generation apart, the doses are not exactly comparable, the subjects in Allentuck's study were from a prison, those Weil studied were volunteers.

There have been reports in which tetrahydrocannabinal, the active component of marihuana, was ingested in pure form instead of being smoked and similar psychotic pictures were observed. (6, 9) The most recent study, however, using tetrahydrocannabinal did not demonstrate any psychotic reactions. (18)

One cannot make any statements with confidence about the incidence or likelihood of mental complications with the use of marihuana. It does appear, however, that it can produce psychotic reaction, including panic states under some conditions with some people at some dose levels.

Many are convinced that if marihuana is not dangerous in more obvious ways, that its prolonged use will produce personality deterioration. They associate it with the long hair, protest movements and the leftist political leanings of the "hippie generation." It is easy to blame these problems upon a drug but very hard to prove an etiological relationship. There have always been dropouts from society, with or without drugs. Whether drugs produce even more dropouts or whether dropouts are simply now taking drugs is very difficult to ascertain. Marihuana is widely used in various parts of the world and while there is evidence of abuse where ever it is used, there are large segments of society in some countries who apparently use it in moderation. There does appear to be a relationship between heavy marihuana users in these societies and those who have dropped out of the main stream of life. Whether marihuana use is a cause or an effect cannot be answered.

Does marihuana have any medical uses? There are a number of reports of marihuana use in the literature of the 19th century, particularly in reference to the treatment of mental illness and childbirth. It was never widely used and certainly many more effective methods for dealing with these problems have evolved since that time. It is impossible to know whether marihuana has any application in modern medicine. It has been unavailable during the past 30 years when the most sophisticated methods of medical research have developed. Certainly the drug has qualities and actions of which we know little and which need to be investiagted. We cannot condemn the drug as having no use without knowledge. Even thalidomide which has been associated with so much horror in recent years has found to be a tremendous help in the treatment of certain types of leprosy.

CONTROL

Legal solutions are a time honored method of solving social problems. Reasonable laws must assume that information exists for the making of rational laws and assumes that the law can solve the problem.

The extremely repressive laws passed at the federal and state level typified by the Marihuana Tax Act of 1937 were not a reflection of the inherent qualities of marihuana but rather are reflections of propaganda about it. When these laws and this propaganda state an intimate and inevitable association between marihuana and crime and mental illness and when students cannot observe this association among their acquaintances a credibility gap between the generations is created. When we realize that the total of observed marihuana reactions in controlled conditions totals 218 cases and when we observe the variability and the inconsistency of response, then we can see the irrationality of this kind of legal response.

Iowa law was consistent with the national trends. The first offense with marihuana was punishable by a fine of not more than $2000, imprisonment in state penitentiary for not less than two or more than five years. This included any young boy or girl who was experimenting for the first time.

The most notable result of this kind of thinking and law making was that between 1937 and 1968. Only one piece of marihuana research was done and that under the sponsorship of the Mayor of New York City. (12)

In 1969 the Iowa Legislature relaxed the law regarding marihuana possession for personal use. In such an instance, the criminal would be imprisoned in the county jail, not to exceed 6 months or the fine not to exceed $1000 or both. Pro-

vision is made for suspended sentence and probation. Any subsequent conviction for possession will result in harsher punishment. (204. 20) The new law while less than ideal does come closer to reflecting what little we do know of marihuana. It falls short, however, of a law based on facts because as yet the facts are minimal and in large part this has been a consequence of the laws themselves.

The other group who see a legal solution for the marihuana problem are those who would simply remove the problem by making marihuana legal. They urge such action because they "know" that the drug is safe.

They feel that marihuana is a relaxing drug and as such has social value. They suggest that it is far less harmful than tobacco and alcohol. Certainly it does produce relaxation and it is a pleasant experience for most people. Legalization might be a reasonable solution if the thesis that marihuana is not harmful where proven.

David Solomon, who edited the Marihuana Papers, is in favor of legalization. He states that "several million Americans are beginning to learn that marihuana is both pleasurable and harmless." He says "marihuana should be legalized. Science has demonstrated that the plant possesses a wide variety of therapeutic applications, and investigation has proved that its popular use is harmless to the individual and to society." (15)

Dr. Joel Fort, Professor of Social Welfare at the University of California, says that alcohol and tobacco are more serious problems than marihuana and narcotics. (5) While Dr. Fort is all for research, he states "no amount of research will show the drug to be as dangerous as the number of agents already widely disseminated in our society." So prior to the research being done, Dr. Fort has already made up his mind.

A recent article about marihuana in the prestigious Scientific American is headed with the following statement, "There is considerable evidence that the drug is a comparatively mild intoxicant. Its current notoriety raises interesting questions about the motivation of those who use it and those who seek to punish them." (4)

Mr. Grinspoon refers extensively to the New York study of 1944 to bolster his reassuring point of view regarding marihuana use. He is assisted in this task by misreading and misinterpreting certain critical sections of the report. He states that "9 out of 77 subjects who were studied intensively, had a history of psychosis." They did not have a history of psychosis, but rather had a psychotic reaction following the use of marihuana in this study. He stated further, "this high rate could be attributed to the fact that all subjects were patients in hospitals or institutions." In fact, they were all from prison, they were not patients and they were not psychotic when they began the study. Nine psychotic reactions of 77 subjects or a rate of 12% is hardly reason for reassurance.

Marihuana has been frequently compared favorable to alcohol and tobacco. It is suggested that marihuana would effectively replace these drugs and be safer. This is specious reasoning. It is not a question of either or. A recent study reported from the San Francisco area demonstrated very clearly that people who drink alcohol and smoke ordinary cigarettes are much more likely to use marihuana and there is a direct quanitative relationship.

A case has been made for marihuana being safer than alcohol in terms of its influence on driving behavior. Only one such study has yet been reported and it compares a social marihuana high to the effect of what in equivalent terms would consist of 8 ounces of alcohol consumed by a 180 pound person in half an hours. (2) This would be 4 potent martinis. Most of us would agree that this is not social drinking but is likely to produce someone who is "bombed" and does not represent the normal use of alcohol. As one might anticipate the study does make marihuana look good. While the format of this study can be criticized nevertheless it does have the advantage of any scientific study in that conditions and the amounts that were used for the comparison are clearly printed, therefore available for discussion and criticism. This is very much unlike most of the "information" that has been transmitted about marihuana during the past 40 years.

We have only to think of the experience with thalidomide to recognize the potential harm that may exist and which may be unrecognized for many years.

If alcohol were a new drug and we gave it to 100 people and noted its effect over a 24 hour period what would we see? We would observe that it produced relaxation and in most people a pleasant sensation. We would not know from our research that a disease called alcoholism could develop which would involve 5,000,000 people in the United States. This study would not show that in alcoholics life expectancy is shortened and one can develop cirrhosis of the liver as

well as brain damage. These complications take many years to develop and only in a certain proportion of those who do drink do so excessively.

It has been over 300 years since smoking was introduced in Europe, yet only in the past generation have we become aware of the relationship between smoking and lung cancer, heart disease and many other medical complications. What would we observe if we gave 100 subjects 2 or 3 nicotine cigarettes and observed the effect over the next day?

Marihuana produces a pleasant feeling. If it is widely available, a certain percentage of people will learn to use marihuana as a solution to their problems. How many cases of cannabanism would we have in 20 years? I don't know, but I am sure there would be some. Would the effects of cannabanism be less than those of the use of tobacco and alcohol?

We do not have enough information to justify current or proposed repressive laws which treat marihuana as though it were worse than many major crimes. What little we know does not support such drastic methods even if they were suucessful and they have not been.

On the other hand, what little we know does not justify those who are so complacent about the legalization of marihuana. There is a risk. No one who has reviewed or studied the subject has denied this, although they certainly have minimized it.

The adversary system may be the most effective way at arriving at just decisions in the court room: but it is a poor method of determining scientific truth. Those who lend themselves and their scientific reputations to either extreme of this issue do a disservice to humanity.

EDUCATION AND RESEARCH

Control based on ignorance will not be effective. Dr. Stanley Yolles, Director of the National Institute of Mental Health has said "it is extremely unfortunate that the continued exaggerated emphasis on the supposed evils of marihuana smoking make it extremely difficult to tell people what the real risks of specific drugs are."

We have already seen demonstrated the possible effects of education on the consumption of drugs. When the genetic studies on L.S.D. suggested possible harmful effects this information did what no laws could do, it rapidly decreased the consumption of L.S.D. Laws cannot be effective unless there is some consensus upon their need and usefulness.

We cannot educate effectively without facts and we cannot get facts without research.

There are critical questions to which we have no answers and we must admit if if we are ever to be believed.

What are the long term effects of marihuana use? What is the effect of various dose levels? What is the incidence of mental complications? Are there harmful physical effects? Does marihuana release anti-social behavior? Does it produce a deterioration of mentation and personality? What is effective treatment?

Some of the answers may come from research in progress at this time but we need more, much more.

At present we can say that under some circumstances, in some people, psychoses can develop. The most potent reason for not using marihuana is the fact that we do know so little about it. It seems highly likely that as has happened with all other drugs that as we learn more about them their side effects and idiosyncratic reactions become more evident. Another "fact" of course is the law but let us not depend on it alone.

Physicians are trained as scientists and truth should be their watchword. Before we indulge in easy moralizing and the passage of ever more restrictive and punitive laws which bar the way to knowledge let us ask honestly "What do we know and how can we help?"

Have we cried wolf so often that no one will believe us if we should learn about the real dangers in marihuana? Will anyone listen when the wolf is outside the door?

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Dr. NORRIS. So is it any wonder that we can't educate very well?

Senator HUGHES. Do you think there ought to be a storehouse of knowledge, say, at the university hospital, where physicians could call and describe reactions and get some decent advice?

Dr. NORRIS. Yes. We are going to need some help because I do get such calls several times a week. But I am never sure what somebody means when they describe a drug. Last week a doctor said "I have got someone in my office who says he took angel's dust."

I have an idea now. But I really didn't know at that time.

Mr. SCATINO. PCP. Tranquilizers.

Dr. NORRIS. I think I may learn more about drugs here than I would out of the medical literature. This is a legitimate role for us to play. Yet, I am supposed to know something about these things. I frankly am very limited here.

Senator HUGHES. I think some of these people would be glad to set up a program to educate you, Doctor. And give you the latest terminology and what the pills are. And I am serious.

Dr. NORRIS. We need this information.

Senator HUGHES. I think you are serious, too, because if you get a physician that calls you and says somebody is blown on angel's dust, what can I do? First of all you think the guy has lost his marbles.

If you know what they are talking about, you have a chance to succeed.

Mr. SCATINO. I think it would help if we get veterinarians. This is dangerous stuff. They get it through veterinarians. Maybe we can help stop it there.

Senator HUGHES. Are they supplying pot with this?

Mr. SCATINO. They are using anything with it, usually parsley.

Dr. NORRIS. This perhaps represents a breakdown in communication. There are some drug users in Iowa City and I have a good amount of information on them. I did not get it directly. I did happen to know someone who was part of the drug culture who happened to be interested and got a great deal of this information for me.

But I could not get it directly. I am one of the establishment. They pointed out to me, you could be a police agent and we are not about to tell you.

I wish there was an anonymous drop box or something, seriously.

Senator HUGHES. I am serious, too. We need something like a poison center such as we have in the State that functions very well for a physician to call in and get information on the substance.

If we had such a center at the university hospital for our physicians in Iowa, it could be very helpful. I am sure you are getting calls right now and are in many instances not able to help the local physician.

Dr. NORRIS. That is quite right.

Senator HUGHES. If we could develop this type of thing as part of the program, it would be very helpful, as well as to get some of it in our own medical training programs in the medical schools.

What do you think the doctor's position is in the educational process that we have been describing here?

Dr. NORRIS. I think it is very important in the sense that the parents are likely to turn to the doctor, the local doctor in the community.

If I think my youngster is taking drugs or I hear there is a drug problem in the school, and if there is no information about these things, I am frightened. This whole area is like sex. There are fantastic rumors that go around, and it is very difficult to sort out the facts, especially if you have nothing to do with it personally.

But I think the attitude of the physician is important. If he calls the police because he does not know what else to do for the patient, he will cut himself off as a source of help for drug users. I think we can begin at the medical school level to point out that this is a medical problem. I don't think the legislation, which puts drugs under the attorney general, will help. If a drug has been defined socially as a problem for the attorney general, then obviously, it is not a medical problem or will not be regarded as such.

I am afraid this is exactly what did happen with marihuana and this what will happen with all of these drugs. It might even happen with penicillin the way that bill is written.

I think we have to get publicity for an approach that says we don't know very much. The best thing we can do is be humble and listen to everybody who can tell us what they know about it and get research going.

We really have to know.

Senator HUGHES. In that bill we did suggest and succeeded in getting them to accept the amendment to protect the confidentiality of records so that you as physicians can treat patients without the police being able to walk in and demand your records.

This, I believe, is a step in the right direction, so that help can be sought, without punitive reaction, when people want out.

It is a very difficult educational process to go through, because the police have a very difficult job to do, which we all respect. But in the process of trying to recover or allow people to help themselves to recover, we can destroy the only avenue they have to get recovery.

Just as you heard the previous testimony, they had to go underground to get to it. This is very difficult. At a party one evening, I talked to a psychiatrist in northern Virginia, where we are now residing, who has many young people come to him.

The kids confide in him that they are using marihuana or some other drug. But what can he do in the education of the parents?

Part of the problem that bothers me is the lack of communication between parents and their children. For years, we have been discussing this problem in connection with sex. But now it seems to me that this problem is worse in connection with drugs.

Dr. NORRIS. I think there are many parallels.

Senator HUGHES. Have you any suggestions as to what we might do?

Dr. NORRIS. Again, I think we need the appropriate kind of publicity. It has to come through the newspapers and news media and it has to be a fairly reasonable approach. A reasonable approach at this state of knowledge cannot be full of confidence on either side of the issue. I think a questioning approach, is a better way to look at the problem.

Secondly, we must have drug education. But right now, there is not even very strong support for drug education or drug research, because many believe that it is already known that drugs are all bad.

Therefore, we don't need to know anything about them. Attorney General Mitchell made that statement last September, when he indicated that there was no need to consider any issue about research, because we know it has no medical uses. Anytime anybody says they know all about something without bothering to get any information about it, you wonder.

I think this is the bind we are in. We sort of know that drugs are bad. Everybody knows sin is bad. Therefore, we don't have to inquire into it.

Senator HUGHES. What effect do you think this is going to have on the proper use of drugs?

Dr. NORRIS. I think a tremendous impact,—now you are getting into my own prejudices. I don't think most of the people under 30 generation or what have you, in the colleges particularly, are rebelling.

They are simply doing what their parents have been doing and doing it even better. For example, about 40 percent of adults have in fact used drugs in the form of sleeping medication, in the form of tranquilizers, et cetera.

What this has established is a pattern that pain is resolved by medication or by a pill. This is well established in our society. It is respected if you go to a physician and get a prescription.

I think that that has been learned very well. The problem is that this generation is using it earlier than they are supposed to, they are using it without physicians and this does introduce all kinds of complications.

But I think this is an extension of a morass that already existed. This is not a reaction against—I think it is an extension of.

Therefore, I think everyone has to look at the question of drugs and how we use them and how we deal with the conflicts that we have within ourselves. Are we going to take a pill and forget it or tackle and try to change them?

Senator HUGHES. One medical researcher testified before the subcommittee that the question we ought to ask ourselves really is, are we an intoxicated society and if so, what should we do about it?

Dr. NORRIS. I think there ought to be as much publicity about the fact that this kind of thing in fact is going on and going on legally and legitimately.

I am not talking about alcohol and tobacco.

I am talking about drugs.

Senator HUGHES. Legal prescriptions.

Dr. NORRIS. Yes, and usually misused. You can get sleeping pills rather easily. I am not blaming the physicians for this. But the fact is that it is all right to use them. One does not need a prescription. There are all kinds of nonprescription preparations that we see on television every night, and if you are upset, or if for any reason it takes you more than 5 minutes to go to sleep, you can take one of these and supposedly go to sleep immediately.

So the pill is the easy solution that involves no real solution. If it is raining outside and the basement is flooded, take a pill and go to sleep and you won't have to worry about the basement flooding.

I think all of us are doing this. That might be the source of some of the social problems I have heard described here today.

Senator HUGHES. Do you think in the field of research, which obviously is a field you would like to see extended, we ought to research for lesser intoxicants?

Dr. NORRIS. Very much so. I have got some questionnaires going. I am trying to learn something about what attitudes people have toward life, problems, parents, et cetera, and the relationship this might have to using drugs to solve things. Everybody solves problems or they kill themselves. They do it one way or the other.

They either do it by withdrawing, taking a drug or sitting in the corner or they go out and fight. I don't think there are many compromises between that. I think taking the pill is the same as going in the corner and looking at the wall.

I think many young people are taking drugs because they don't see how to fight, and they see their parents using drugs. They are doing it too but more so. But it is an extension, not a rebellion. This is a social problem, it is not a question of looking at one drug in one person at one time.

I think this is how we start. But it is a social problem too. Why does this society take more medication or more drugs than, say another society, or another part of the society?

Is there a difference between rural Iowa, for example, and Chicago? I don't know. Obviously the drugs are here. But are the motivations different? What is happening here? We have to know this.

We did not even have the beginnings. We have books and books written about theoretical concepts. I could spend 5 hours talking about my pet theories, but I could not prove any of them because I don't know and I don't think anybody else does either.

Senator HUGHES. I have got more books on how to recover from alcoholism than any one man in the United States. I believe everyone has sent their pet recovery program.

Many publishers would like me to write books on this subject matter and drugs and narcotics. At this point the only thing I could do would be to identify the problem a little more clearly than anyone else rather than to specify ways of coping with it.

I do think that what we have been discussing is exceedingly important. I am also concerned about the relationship of alcohol to the drug problem.

Dr. NORRIS. I might mention some research reported within the last 2 or 3 weeks regarding this. Some people feel marihuana would replace alcohol and tobacco and it is safer. That in fact is not what happens.

Alcohol is a solution to tension, so is tobacco. Those people who drink heavily and smoke heavily are more likely to use marihuana than those who don't.

So it is a life style.

It is not an either/or problem. It is deeper than that.

Senator HUGHES. Doctor, I have no further questions. If there is anything additional you think would be helpful to us, we would welcome your sending it to us in writing.

Dr. NORRIS. Thank you very much.

Senator HUGHES. Thank you, Dr. Norris.

The Chair calls Dr. Korson, superintendent, Independence Mental Health Institute, president, Iowa Psychiatric Society.

Dr. Korson, welcome to the subcommittee hearings. We appreciate your willingness to come forth and lend us your thoughts and ideas in this subject area.

You may proceed with your statement as you desire. You can either summarize it or read it in its entirety.

STATEMENT OF DR. SELIG M. KORSON, SUPERINTENDENT, INDEPENDENCE MENTAL HEALTH INSTITUTE, PRESIDENT, IOWA PSYCHIATRIC SOCIETY

Dr. KORSON. I would like to preface my remarks on the extent of the drug abuse problem among youth in Iowa by a discussion of the misconceptions prevalent concerning the abuse of marihuana, which is so widespread.

In a recent Harris survey it was reported that a total of nearly 15 million people (10 percent of the estimated 148 million Americans 16 years of age and over) say that someone close to them uses marihuana.

Among teenagers the proportion triples to 28 percent; and 30 percent among college students say that either they or some close friends use marihuana.

A great many college students and youngsters experiment with LSD, mescaline, methedrine, or speed and the up and down pills such as benzedrine, barbiturates, and such, the problem of these drugs is not as acute as that of marihuana because of the overwhelming abuse of marihuana as compared to the other drugs.

There is a good deal of false information concerning marihuana. At least we know the immediate effects. There is not enough research in the long-term effects.

But there are some immediate effects, I would say, which place this in the dangerous drug area.

It is not harmless. There may be a feeling of euphoria, feeling of feeling high. At other times the user may be depressed, fearful, and he may be panicky.

We hear the argument that it is not as bad as alcohol. However, a person who takes a drink or two begins to realize that there has been a change in him and unless his judgment is defective, he would be more inclined to be a little careful of what he does. His judgment is still good. With marihuana because there is no knowledge of the dosage, he may have an abrupt change in behavior and may be dangerous to others.

With marihuana, ideas occur rapidly and may be disconnected. He may become unpredictable. There is a distortion of time and space with some motor incoordination, which would make the user a particularly dangerous driver.

There is a propensity to move up to harder things like heroin, in some cases. There is increasing evidence that psychosis results from the use of marihuana in susceptible users, although this represents a small number of marihuana smokers at present.

Marijuana is not a narcotic. It is, however, a dangerous drug. One does not become physically addicted to it, but addiction is not a good term.

It would be more accurate to say that there is a drug dependence. When a person has to take a drug for any reason, he is dependent on it. It does not matter whether it is LSD, alcohol, marihuana, or anything else.

It is quite evident that many youngsters do become dependent on marihuana. Unfortunately, we do not know the long-term effects of marihuana as yet, but now that the active ingredients of marihuana have been synthetically produced, we are learning more about it.

Using the synthetic products, scientists at the National Institute of Mental Health have found severe reactions in every case that ingested a high dosage of the active ingredient of marihuana.

This is researched. They also found psychotic reactions in some individuals in smaller doses. We are talking about the synthetic part of it. More research is needed in this area, especially in the long-term use of marihuana.

Now what is the situation in Iowa in regard to drug abuse among our youth? We find that there is ample evidence that significant drug problems exists in the larger communities with some inroads into the smaller or rural communities. For example in one of the largest cities, 25 percent of the high school students have been experimenting with marihuana. In one of the cities of 10,000 population 15 percent of the high school students have experimented with marihuana.

In order to ascertain the trends in regard to drug abuse among youth in Iowa, especially in the secondary school age, 53 superintendents of schools representing approximately 33 percent of the population of Iowa were contacted and asked a series of questions:

Question 1. Are you aware of any drugs being used in your community?
Answer. 37.3 percent answered yes and another 7.8 suspected such use.
Question 2. Are you aware of any drugs being used in your high school?
Answer. 17.6 percent answered yes and 3.9 percent suspected drug abuse.

Question 3. Are you aware of any drugs being used in junior high?
Answer. 9.8 percent said yes and 7.8 suspected drug abuse.
Question 4. What type of drug is being used?
Answer. 100 percent of those answering affirmatively to the above question stated marihuana, with some scattered abuse of LSD, pep pills, glue sniffing, and patent drugs.

5. 82.4 percent of all 53 superintendents expressed concern that drugs may be an overall problem in the near future in their communities and schools.

When asked as to whether any programs of education in regard to to drug abuse were being instituted, there was a variety of answers. In some areas, films were being used with speakers such as law officials, doctors, ex-addicts, and in other areas material from the State department of instruction and FBI were used. In still others, educational programs in biology and physical education classes have been instituted. In one area group discussions of students and teachers are held in the evening with a free discussion of drug abuse.

This is certainly a step in the right direction. What is needed, however, is a statewide crash program of education to meet the problem head on.

It was significant that in those areas that marihuana was not yet a problem no preventive programs existed.

In regard to the abuse of marihuana by the college student, no intensive survey was made, but a sampling indicated extensive abuse of this drug.

There are four State mental hospitals in Iowa and they report that there has been a significant rise in the use of marihuana among the teenagers who are admitted to the hospital who come in with the concomitant personality disturbance, principally called adjustment reaction of adolescence. A few years ago heroin addiction was unheard of but now the State hospitals are even getting a small number of confirmed heroin addicts as well, in the younger age group.

In comparison to the national average of marihuana indulgence, which according to some surveys involves 30 to 50 percent of the students in secondary schools, Iowa certainly is not the leader in this regard.

It is quite evident, however, that the average will be attained unless educators and professional workers become involved in primary prevention—massive dosages of education beginning in the elementary grades. Teachers should be involved in special courses orienting them to recognize the symptoms of usage and to recommend prompt treatment where indicated.

A significant number of professional child care workers in the field throughout the State were contacted and they report that up to this time the public, some school authorities, and even some courts working in the juvenile area have not shown appropriate concern regarding the seriousness of the drug problems. The courts of course are loathe to apply the letter of the law to marihuana users because of the disproportionate harshness of these laws. It is the general consensus of the professionals in child care that there needs to be a concerted effort on a statewide basis to combat the drug problem.

People must be made aware of some of the serious problems that drugs present. It is necessary for the teachers to learn which children are using drugs and they need to be aware that some of the erratic behavior that they do notice is precipitated by drug use. Frequently

the child in school demonstrates marked changes in behavior, changes in academic performance, and erratic school attendance.

Many of the children that present problems in the older adolescent years are children who have experiemented with drugs. In many cases, school administrators are at a loss as to how to react when they find a student in trouble with drugs.

Dr. Donald H. Louria, president of the New York Council on Drug Addiction, said recently and I quote, "Teachers are the only ones with any real potentials to help the kids."

He also predicted that if help is not available, heroin will be common in the high schools throughout this country within the next 2 years. I hope he is wrong about that.

SUMMARY

1. Although the drug problem among the youth of Iowa has not reached the epidemic proportions of more populated States, the drug problem is becoming more significant in Iowa.

RECOMMENDATIONS

(*a*) Classify marihuana as a dangerous drug, which it is, rather than a narcotic, which it is not.

(*b*) Reduce the penalties for the user and increase the penalties for the pusher and make more of an attempt to dry up the sources of supply.

(*c*) More funding for research in this vital field, especially in regard to longtime effects of dangerous drug usage, so that our youth will, hopefully, pay attention to warnings which are valid and substantiated by research.

I think Dr. Norris brought this point out. That there has been a substantial drop in number of college students using LSD because the evidence of genetic effects and defects and psychoses resulting from this dangerous drug.

In other words, they are hip, they are not stupid, at least some of them.

(*d*) Massive educational campaign for students, teachers, and parents.

(*e*) Treatment programs aimed at rehabilitation of the persons who exhibit strong dependency on dangerous drugs and narcotics.

(*f*) Suggest counsellor training centers be set up throughout the State to train counsellors to man information centers in various communities in conjunction with the unique program that is now part of Iowa's overall excellent program in helping the alcoholic. Counsellors at the schools should also receive specific training in dealing with the drug abuse problems of students.

Specific funding will be necessary to finance such a program which is urgently needed.

I would like to close by recounting a story that appeared in the Waterloo Courier last Sunday under the heading "Telling It Like It Is."

An 18-year-old dropout, with a number of arrests for illegal use of drugs was wanted by the police for questioning on an alleged break in.

His frozen body was found south of Waterloo. In his pocket there was a hand-written note and I quote in part:

> Everybody is nowhere and everybody is here. No one is somebody and everybody is nobody. Dope is cool. Yes, it is, but not for everyone I admit that in doing drugs it has dulled my mind and made it difficult to find a meaning for my existence. But in so many ways it has opened my eyes. Blank. Nothing in my mind. There is nothing else to learn in this straight world for me. It's been shoved down my throat so many times with so many views that you end up not believing anyone.

This is certainly a waste.

Thank you.

Senator HUGHES. Thank you very much, Dr. Korson, for your preparation and for your willingness to come and give us the benefit of your thoughts and ideas.

In the beginning pages of your testimony you made certain positive statements about marihuana. Could you also give me the reference statements for the research that produced that line of thought and where it was done and what the results were?

Dr. KORSON. I have read a number of articles on the symptoms of marihuana smoking, and have talked to doctors treating the drug users.

Senator HUGHES. None of this is as a result of your own research?

Dr. KORSON. No; this is not as a result of my own research.

Senator HUGHES. Could you give me the sources of the information? I would appreciate it if you would supplement the record by furnishing me the sources of the information for the statements there?

Dr. KORSON. Yes. Some of these statements were gotten from marihuana users. Actually some feel depressed, fearful, and panicky.

Senator HUGHES. One medical researcher who had been using marihuana for 25 years has testified before my subcommittee and is now working for the National Institute of Mental Health.

They did not want him to testify, so I had difficulty. But I did get the information from him. He stated that the only experience he had ever had in 25 years of consistent using of marihuana under controlled research of panic was by eating marihuana rather than by ingestion by smoking, and that sudden ingestion of eating too much marihuana baked in cookies produced panic.

This doctor has done, I believe, as much research in the areas as I have been able to get on marihuana. Of course, the eating of it has a different process, as you well know, than the smoking of it.

If you can furnish for the record the sources of information you have there, it would be helpful to us.

(The information subsequently supplied follows:)

1. Marijuana: The Drug and the Problem. Dr. Zunin, L.M.—Military Medicine 134:104–110, 1969.
2. The Marijuana Problem—An Overview. W. L. McGlothlin, Ph. D. and L. J. West, M.D. American Journal of Psychiatry 1:25; 3, September 1968.
3. Marihuana—Some Questions and Answers. Public Health Service Publication No. 1829, U.S. Department of Health, Education and Welfare.
4. Chapple, P.A.L.—Cannabis, A Toxic and Dangerous Substance—A Study of 80 Takers, British Journal of Addiction 61:269, 1966.
5. Journal of the American Medical Association 201:368 August 7, 1967, Committee on Alcoholism and Drug Dependence of Council on Mental Health of the A.M.A.
6. Lauria, D.: Nightmare Drugs, P. 32, 1966.

7. Article in American Medical Association News of February 16, 1970, quoting Dr. Yolles, Director of the N.I.M.H. as follows—that new studies concerning Marihuana bear out the contention that it is a dangerous drug.

Senator HUGHES. Dr. Louria, whom you quoted, testified before my subcommittee twice on the problem of drugs and narcotics. He described the United States as being an intoxicated society.

Would you agree with that statement?

Dr. KORSON. I don't think it is that widespread—I don't think we can damn a whole society.

Senator HUGHES. I did not say I was damning the whole society. I said intoxicated.

Dr. KORSON. I won't agree with it 100 percent; no. I don't think we are an intoxicated society. I think there are people that abuse sleeppills, and amphetamine, and so forth. But I don't think this is a majority of people.

Senator HUGHES. How about the legal abuse of some of these drugs? Could some of those youngsters you describe as acting strangely; could they be taking diet pills?

Dr. KORSON. Yes.

Senator HUGHES. How would anyone determine that?

Dr. KORSON. By asking them, maybe. That is about the only way or finding out from the parents how they got it and so forth.

Senator HUGHES. Some of this, Dr. Korson, goes beyond junior high school.

It goes down to the elementary schools. Most of it has begun in their parents' medicine cabinet at home. It did not start somewhere on the street, you know, with some guy in a white shirt and a $300 suit selling stuff to a 14-year-old kid.

It began at home by some kid picking up mother's diet pills or tranquilizers or whatever it might have been out of the medicine cabinet and popping two or three of them and getting what he felt was a high and then taking some of them and going to another kid who said, "Say, I know what those are and I can get some for you."

I find, also, almost a direct correlation between the alcohol use in the country and the overall drug problem. It is pretty difficult to kick the habit of the happy hour, in this country. We as adults have a pretty guarded opinion about our own ability to consume alcohol. It has made it rather difficult to talk about the drug scene with the young unless we put alcohol in perspective with the rest of them.

I have been unable at this point to find any concrete evidence of what smoking a single marihuana cigarette does to people.

I have had one medical researcher testify that he could put four people together in a controlled setting and give two of them marihuana to smoke and two of them tobacco and produce the same psychological effects with all four of them.

The two who had the marihuana didn't know which two they were, but they all reacted the same, even though two of them had had no intoxicant other than nicotine in a controlled situation and scientific setting.

Would you agree as a psychiatrist that this is possible?

Dr. KORSON. It is possible, because we feel it is a psychological dependency. But the point being right now in regard to marihuana, there is no joint that is exactly like another one. Sometimes marihuana is processed from the flower at the top of the plant, which is pure marihuana, and other times they mix it up with the leaves and even

use the roots. They might even spice it with a little LSD so that the person who is taking marihuana does not really know what he is getting.

He is not sure he is getting marihuana. There are different reactions to it. If you had a real strong hashish cigarette, I think anybody would get a little motor incoordination, maybe some difficulty in motor movements, and so forth, and maybe a little confusion.

Senator HUGHES. Do you speak of hashish in the same terminology you speak of cannabis and marihuana or do you describe it as a different intoxicant entirely?

Dr. KORSON. This is of the same family, but much stronger. It is a great deal stronger, from what I understand, yes.

Senator HUGHES. Like 10 times maybe?

Dr. KORSON. I am not familiar of how many times but it is stronger. The whole trouble is there is no way of controlling what the user is taking. It is not standardized so you don't know really what you are taking when you take a drag on a joint.

Senator HUGHES. I found one case where one kid sold another some ground up poinsettia leaves and told him it was marihuana and the judge convicted him because he intended to sell marihuana and the kid thought he bought marihuana, so they convicted both of them.

That is one way of handling the problem.

But it is not the proper way. I agree that we have a lot of substances that are being peddled for marihuana. We have also a lot of pills that are being sold that are nothing but flour and sugar.

The kids are buying them in a lot of schools, because they don't know what they are getting. It is dangerous. It is very dangerous, because a lot of kids have died as a result of foreign substances and illness from injections and a number of other things.

But I think it is also dangerous when we project conclusions. Perhaps we do not really have a full determination of the facts to project.

I am concerned a little bit about your statement, in that you are very strongly stating a very positive effect of marihuana. I would like to see that supported, if I could, because I have not found some of those statements to be supported in other testimony before the subcommittee.

Dr. KORSON. I am talking about immediate effects. We don't know anything about the long-term effects. That is going to take more research. But as to the immediate effects, any psychiatrist would rather rattle off the symptoms that I gave you of somebody who is susceptible.

Senator HUGHES. There is no use to pursue it. This is your opinion. I accept it for that and it will be of value to the committee.

We appreciate your willingness to come and testify today. Thank you very much.

(The information subsequently submitted follows:)

STATE OF IOWA,
DEPARTMENT OF SOCIAL SERVICES,
MENTAL HEALTH INSTITUTE,
Independence, Iowa, February 17, 1970.

Hon. HAROLD E. HUGHES,
U.S. Senator, U.S. Senate, Chairman, Subcommittee on Alcoholism and Drug Abuse, Washington, D.C.

DEAR SENATOR HUGHES: First of all, I would like to express my appreciation for the privilege of appearing before the United States Senate Subcommittee on Alcoholism and Drug Abuse. I had to do a great deal of research in a very short

period of time and I hope that I was able to do justice to the theme "A Survey of Drug Abuse Among Youth In Iowa—Trends". In regard to your remarks concerning some references about the marihuana problem, the following are a few references and I could give you many more:

1. Marijuana: The Drug and the Problem. Dr. Zunin, L. M.—Military Medicine 134:104–110, 1969.
2. The Marijuana Problem—An Overview. W. L. McGlothlin Ph. D. and L. J. West, M. D., American Journal of Psychiatry 1:25:3, September 1968.
3. Marihuana—Some Questions and Answers. Public Health Service Publication No. 1829, U.S. Dept of Health, Education, and Welfare.
4. Chapple, P. A. L—Cannabis, A Toxic and Dangerous Substance—A Study of 80 Takers, British Journal of Addiction 61:269, 1966.
5. Journal of the American Medical Association 201:368 August 7, 1967, Committee on Alcoholism and Drug Dependence of Council on Mental Health of the A. M. A.
6. Lauria, D.: Nightmare Drugs, P. 32, 1966.

I would like to bring to your attention especially the clipping from the official American Medical Association News of February 16, 1970. This article gives the results of new studies about marihuana, and as you see, the thoughts expressed by Doctor Yolles, the Director of the National Institute of Mental Health, are essentially what I have said in my prepared statement.

I might also mention that on Sunday I attended an eight state conference of the Assembly of District Branches of the American Psychiatric Association and we discussed a number of important topics of the day including the effects of marihuana. The psychiatrists who attended this meeting represented their respective states and the consensus of opinion was as I stated in my prepared statement, the marihuana is a "dangerous drug".

Thank you again for giving me the opportunity to appear before your Committee.

Kindest regards and best wishes.

Cordially yours,

S. M. KORSON, M. D., *Superintendent.*

Enclosure.

NEW MARIJUANA EFFECTS DESCRIBED

New studies have turned up "troubling facts" about marijuana, says Stanley F. Yolles, MD, director of the National Institute of Mental Health.

New evidence suggests that marijuana sometimes interferes with thought process and recent memory, weakens concentration, and subtly retards speech, Dr. Yolles told a House Commerce Subcommittee.

Marijuana also stimulates anxieties and guilt feelings in some instances, he said.

Dr. Yolles repeated, however, that there is agreement among medical investigators that "marijuana is not a narcotic drug like heroin or morphine, but rather a mild hallucinogen."

"To equate its risks—either to the individual or to society—with the risks inherent in the use of hard narcotics in neither medically nor legally defensible," he said.

Dr. Yolles endorsed a Senate-passed bill, now before the House subcommittee, that would classify marijuana as a hallucinogen, rather than a narcotic, and lower penalities for its possession. In some instances, violators could be released conditionally, rather than jailed.

Senator HUGHES. I had some students who approached me after this morning's hearing who wanted to give some testimony. Are they here?

I am ready for you young men right now. If you would like to proceed, I would like to ask that there be no pictures taken and no names used. I would like to hear what these boys have to say, though, and it can be reported but not from the standpoint of identifying names.

You are both either students or former students in the Des Moines public school system.

The WITNESS. We are both students.

Senator HUGHES. Presently in the public school system in the high school.

The WITNESS. Yes.

Senator HUGHES. Would you proceed?

STATEMENTS OF PUBLIC HIGH SCHOOL STUDENT WITNESSES A AND B (UNIDENTIFIED)

WITNESS. A. The thing I would like to state is that in the public school systems, the teachers and the principals are going beyond their supposed legal limits in the fact that they will go through people's lockers and through their pockets without a search warrant.

It happened to me, six times within 2 weeks at school. They finally brought me to the point where I had no personal feeling, that I just could not have any sense of being myself with everybody going through my personal belongings.

Senator HUGHES. Why were they doing this?

WITNESS A. I was a drug user at one time. I had a name as a drug user. They would hassle me about it in the halls and my teachers would stare down their noses at me. Then it finally brought me to the realization that I could not maintain any longer. It was getting heavier and heavier every day. So I had to leave after awhile.

Senator HUGHES. They were searching your clothes and lockers?

WITNESS A. Not my person, but the stuff in my locker, they searched.

Senator HUGHES. You say as many as six times a day?

WITNES: A. Six times in 2 weeks.

Senator HUGHES. They had reason to believe you had drugs?

WITNESS A. They thought they had reason to believe, but I had never taken anything to school stronger than a cigarette.

Senator HUGHES. Would you care to tell me what kind of drugs you were using?

WITNESS A. I was not using anything very heavy. Started out on marihuana and I smoke hahish awhile and I did acid and belladona.

Senator HUGHES. But that was not much?

WITNESS A. It was not as heavy as you can get. I never shot anything in my arms or legs.

Senator HUGHES. How old are you?

WITNESS A. I am 17.

Senator HUGHES. Where did you get the hash?

WITNESS A. From people.

Senator HUGHES. I mean in the school or outside?

WITNESS A. No, outside.

Senator HUGHES. I am not asking you who or what. I know you both understand that. I wondered if it was available inside the school.

WITNESS A. It is available.

WITNESS B. Yes. You can get it if you want it. Marihuana and hash both, but the really hard drugs are not available. You have to go outside the school.

Senator HUGHES. How many kids are using drugs like you boys are talking about today?

WITNESS B. A friend of mine and I took a survey, and he went through a study hall and asked everybody in the study hall a couple

of questions, one, if they—he did not ask everybody this question, but he asked them if they used marihuana, which made people think twice before answering.

The results were that we could not come up with a firm conclusion, because people would not tell us the truth. Like some people would brag about it, yes, we do it all the time. The people that we thought really did do it said no.

Senator HUGHES. They were not talking.

WITNESS B. You just don't expect to have somebody walk up to you in class and say, Well, do you do dope? If you did what would you say?

Senator HUGHES. I know what I would say.

WITNESS B. People won't answer us truthfully. The second question is do you know of anybody who does dope? We came up to the conclusion that approximately 50 percent of the people at the school that I go to have at least experimented with marihuana at least 50 percent. I think the figure might be a little higher. There is a social group at our school, which is fairly famous from their misdemeanors and felonies.

It used to be a beer-drinking group. They threw kegs out in the countryside and some stuff like that. They kept getting arrested for that.

They were completely against people that used drugs. Now they are completely breaking up because all of them started to do drugs. So it is not the people who run around in bellbottoms with long hair and wear round glasses with wire rims around them that do the drugs, which is the only people that get hassled about it.

Senator HUGHES. In other words if you had a short haircut and were clean shaven, you could get by easier?

WITNESS B. Yes.

Senator HUGHES. Would you like to add something?

WITNESS A. Yes; just before Christmas vacation a lot of people got busted. I was wondering, it does not seem right to me that the people that get busted and they are arrested and on a drug charge, they are entitled to a court trial, because it is a felony, but the first thing after they have been arrested they get kicked out of school. They are suspended or expelled before trial or anything else, they are immediately called down to the office and kicked out of school, which does not sound right, really, because I believe the best thing for them would be to stay in school.

It keeps them off the streets, and things like that. Right away they kick them out.

Senator HUGHES. What happens if they are found innocent?

WITNESS A. They still remain kicked out. They get kicked out for a certain period of time, 3 days, 3 weeks, or for the rest of the semester.

Senator HUGHES. Even though you are found not guilty?

WITNESS A. Yes. Their ruling still holds. It happened to me once, only I was not even arrested. Rumors were going around then and they threw me out for 3 days because they thought I was a bad influence on the rest of the students.

Senator HUGHES. Were you?

WITNESS A. Not in my opinion. I kept to myself. I did not run around bothering people. I don't offer them nothing to smoke or shoot in their arm or drop down their throat.

I had a friend of mine who went to another school and it was rumored or something that he had been using. I don't think he was ever arrested but he was called down to the office one day and the principal just kind of said "Listen, if you don't like this school, you don't have to stay here." And put it in about that many words.

So he wound up and left. He was just pressured from the administration and the faculty and in his eyes.

Senator HUGHES. He said you might as well leave?

WITNESS A. He transferred yes, to another school.

Senator HUGHES. Do either of you boys ever talk to your school counselor about your problem?

WITNESS A. The school I go to, there is not much point in it, because they won't listen. The people at school, including the students, won't talk about it at all, because they are so up tight. The student counselors they don't say anything about being rousted or anything. They are so afraid of public opinion.

Senator HUGHES. If you did talk to them, would you be expelled?

WITNESS A. With my record yes. I am not terribly popular at school with the principal and all the people running around teaching.

Senator HUGHES. How are your grades?

WITNESS A. I have about a 2 average.

Senator HUGHES. How old were you when you first started using drugs?

WITNESS A. I was 15. Just after my 14th birthday.

Senator HUGHES. Have any idea why you started using drugs?

WITNESS A. I drank a lot and I was looking for a new thrill and a new bust.

Senator HUGHES. Where did you get the liquor?

WITNESS A. I bought it at stores. I had ID's.

Senator HUGHES. You bought it yourself?

WITNESS A. Yes.

Senator HUGHES. Without any problems?

WITNESS A. You mean buying it? Yes. I got arrested a couple of times for illegal possession.

Senator HUGHES. Did you have a forged identity card?

WITNESS A. Yes. They never caught me with that, though.

Senator HUGHES. We had a student in Sioux City 15 years ago who was taken into the county attorney's office and asked: "How can you buy beer?" He said, "At the grocery store." "You look so young you couldn't buy it." "If you will give me the money, I will go to three stores and come back with three six packs of beer in 20 minutes."

He came back with two. One store refused to sell it to him. Do you say that kids can buy beer in grocery stores in this town pretty easily?

WITNESS A. I would say I could walk in without even using an ID. I could walk into about eight or 10 stores and buy beer without getting asked for an ID.

Senator HUGHES. Without a question asked?

WITNESS A. Without a question asked.

Senator HUGHES. Do you find it the same way?

WITNESS B. Yes, pretty much.

Senator HUGHES. How about whisky?

WITNESS A. No.

WITNESS B. No, they are a little harder in the liquor stores.

Senator HUGHES. Do you get somebody else to buy it for you?

WITNESS B. Yes, or somebody that is over 21.

Senator HUGHES. Do you have a problem with whisky?

WITNESS B. No, my parents buy it for me, if I want it.

Senator HUGHES. Your parents buy it for you?

WITNESS B. Yes, if I drink it in the house.

Senator HUGHES. That isn't much fun, is it?

WITNESS B. Yes.

Senator HUGHES. Everybody to his thing, I guess.

WITNESS B. You don't have to sit out in the middle of a street under a street light watching the cars go by to get drunk. I like to have a few drinks watching television or a couple of beers watching football games, on Sunday afternoon.

My parents go along with it. So there is nothing illegal about that. I go over to my uncle's house. He has got this thing about brandy and we usually have a glass of brandy. That is legal, too.

Senator HUGHES. Do you like brandy?

WITNESS B. I don't mind brandy. It is merely a stimulant.

Senator HUGHES. Alcohol is an anesthetic. Are you aware of that?

WITNESS A. Yes, if you are running around and don't feel too good, you take a hit of brandy and feel a little bit better for awhile. That is what St. Bernards carry around in their little jugs.

Senator HUGHES. What effects does marihuana have on you?

WITNESS B. The first time I smoked it, it did not have any effect whatsoever, at least that I could see.

After awhile I was smoking heavier marihuana.

Senator HUGHES. What do you mean by heavier marihuana?

WITNESS B. The quality.

Senator HUGHES. Better quality?

WITNESS B. Better quality. I ——— marihuana, you can smoke a ton and a half of it and not even get a bust out of it. Like you get Acapulco Gold or something like that, the joint will mess you up. I started smoking heavier stuff. I did not see any flashing lights like that is broadcast over TV, beware of flashing lights and people appear in front of you and you lose all contact with reality, it was not with me that way at all.

I just had a feeling that I felt good and there is a lot more beauty in the world than there was before.

I still feel the same way. Like there is a lot of things in this world that is really wrong, but if you look at them from the point of view that everything has a potential to be beautiful, they will change a lot.

Senator HUGHES. You can do that without marihuana.

WITNESS B. Yes, you can.

Senator HUGHES. Perspective means quite a bit?

WITNESS B. If you lived in California, on the west coast, you could say, "There is this mountain 2,000 feet high, it is the highest thing I have ever seen, a real high mountain."

You go over to India, that is a high mountain, that is 30,000 feet

tall. They both thought they were tall, but they are different heights. It is the frame of reference.

Senator HUGHES. Do either one of you know anyone using heroin in high school?

WITNESS B. Not one I go to. I am not familiar with other high schools. I know some students there but I never talk to them much about smoke.

Senator HUGHES. Have either one of you had any exposure to so-called drug or narcotics educational programs?

WITNESS B. Yes.

WITNESS A. I had a little bit last year, when I was in ninth grade at my junior high. They had in my high school hygiene class one for about a week. We did a little bit with marihuana and our teacher had some pamphlets on LSD and heroin. But that is it. Other than that, they have none.

Senator HUGHES. What effect did it have on you?

WITNESS A. Most of the stuff in it I already knew. From the information in the high school hygiene book, it was very, very old. About all it had on marihuana was it was a weed, a toxic weed, and it gave some of the slang names for it, like reefers, joints, and that kind of stuff. I don't remember too much about what was in the pamphlets, but that is about all it has been.

I think there ought to be a lot more to teach the kids what they are getting into when they get into drugs. But they don't have it.

Senator HUGHES. What about you?

WITNESS B. I found when I left school, I left the State and I found that I went to a school where I went to for a half day, and they threw me out because I went in at the middle of the semester and they did not like my looks.

I was wearing leather pants and they were bell bottoms and they did not like my dress at all so they said goodby. They kicked me out. They seemingly had a fairly good education available for the students about drugs.

I went into a class, I don't remember the name of it, or why it was taught or nothing like that, but it was about drugs and drug abuse.

The nurse taught it. She had a stack, a 3-foot stack of pamphlets about marihuana. Every drug you could think of, she had every hallucinogenic there is, she had at least a couple of pamphlets.

Senator HUGHES. Did you find it helpful in any way?

WITNESS B. I learned a lot more about drugs from friends and acquaintances and in just talking to people in general than I ever did from reading about them like the doctor talking about the history of research on marihuana. Just an example of it was right over there, didn't know what "angel dust" was.

You can learn a lot more through your friends, if you are my age, than you can by reading any pamphlets.

WITNES: A. Because there is so little information circulated in the schools through the curriculum or even special activities put on by the faculty or the administration. They don't even approach the drug problem or the alcohol problem.

I think when I started high school, I am in my sophomore year, they gave us a little booklet acquainting us with school and about all it said, it had the rules and traditions of the school and all of this, and it said

under drugs, alcohol, tobacco, it had one line, "Alcohol, tobacco, and drugs are not allowed on or within sight of the campus."

That is all it said. That is about all you get from the school. They don't tell you anything. I think that is the best way to reach people, kids my age, is through the school.

Senator HUGHES. Do you think most of your peers in school would accept something, if it was reasonably presented and factually and honestly?

WITNESS B. It depends on by who.

Senator HUGHES. Who do you think it should be done by?

WITNESS B. Not any kind of a legal authority, because that would immediately scare away just about everybody you wanted to talk to.

Senator HUGHES. You think a law enforcement officer would turn them off?

WITNESS B. Right away.

Senator HUGHES. How about recovered users?

WITNESS B. Yes, a doctor.

Senator HUGHES. Do you think they would both be effective? How about the teachers?

WITNESS A. Some of the teachers, it depends. If they knew the teachers, like if the teachers were from the building and they knew them, sometimes you can class your teachers as liberals or conservatives or things like this. If they knew them and had some idea whether they would run to the administration or the police, depending upon if they would or not, they might accept them.

WITNESS B. It would depend really on the teacher himself, because you have a teacher for like a year, and you begin to think that the only thing this teacher knows about is the course he is teaching.

He or she, whichever. You begin to think that the history teacher only knows about history and he is not going to be able to tell you anything about English or anything like that and you will want it from another authority, somebody that knows what he is talking about and has got a background that will make you think he knows what he is talking about, like I said, a doctor or a former drug user and addict.

Senator HUGHES. Can you think of anything else that would be helpful to the subcommittee?

WITNESS B. Yes. Somehow educate the students and the people that are under 21 to tell them about their rights. Like I know very little about my rights and about the only thing I know is that they can't go through my pockets without either arresting me or serving me with a search warrant. I will throw up a lot of confusion and a lot of fight if they try to, because they have got no right to. They can't just stop you on the street two or three times a day and say, "Hey, can I look through your pockets?" There has got to be some legal way of doing it. They have got to tell you their rights, first. But ignorance, about your own rights, is one of the biggest problems there.

Senator HUGHES. Do you think marihuana ought to be legalized?

WITNESS B. Do you think I think it should be?

Senator HUGHES. Yes.

WITNESS B. Yes, I do. Certain types of marihuana, as long as it isn't laced with any other drugs, it should be. It is straight marihuana that has been cured and nothing besides marihuana, it is OK.

It had not been—had any harmful effects on me and I smoked it for a year and a half.

WITNESS A. I believe it is the same way like prohibition. Every body is using it, and if you legalize it, you would be able to control it.

When you went out and bought marihuana, you would know you were getting marihuana and not marihuana with all kinds of other trash in it, you know, that you know what you are getting and what it is going to do to you.

WITNESS B. If you legalized marihuana, you would cut down on a lot of crime in the United States. They would be selling it in the stores. You would not have any pushers out in the streets selling marihuana.

Senator HUGHES. Boys, I thank you very much for your willingness to share your thoughts with us today on the problem of drugs and narcotics in the public school system and for your thoughts and ideas on how education might be provided that could be beneficial to students.

I guess there is no need to say any more. Thank you very much.

WITNESS A. Thank you, Mr. Chairman.

WITNESS B. Thank you.

Senator HUGHES. The subcommittee hearing is closed. I want to express my appreciation to all of you who have been willing to testify.

If any of you who had testified would care to provide additional information for us, that is of a confidential nature, and which you did not care to give publicly, we would be more than willing to receive it.

You could contact Mr. Wade Clarke, who is staff counsel of the subcommittee, or send it to me personally in the Federal building in Des Moines, Iowa.

At this point, also, I order printed all prepared statements of those unable to attend the hearings and other material pertinent to the record.

Thank you very much.

(The information follows:)

SUPPLEMENTAL STATEMENT OF SIDNEY L. SUNDS, M.D., DIRECTOR, PSYCHIATRIC SERVICES, BROADLAWNS POLK COUNTY HOSPITAL, DES MOINES, IOWA

I. GENERAL STATEMENT

Broadlawns Polk County Hospital in Des Moines, Iowa is an acute receiving hospital offering a full range of medical services on a 24 hour per day basis. This includes an active psychiatric in-patient and out-patient service staffed by psychiatrists, psychologists, social case-workers, occupational therapists, and nursing personnel. Internes and medical students participate in an established training program. Active cooperation with other health services and social agencies is maintained. Law students and clergymen receive opportunity for educational implementation.

No patients are selectively excluded from service within the Psychiatric Department. Acute and chronic problems associated with alcohol or drugs are accepted and treated. However, because our in-patient unit is small (26 beds currently—planned, 40 beds) we cannot always detain in the hospital all cases entered therein and must, selectively, refer certain patients who, after evaluation are regarded as needing prolonged in-patient care, to other facilities.

II. PHILOSOPHY

It is our professional belief that alcoholism and drug addiction are manifestations of illness of the total person in a societal context and that proper treatment involves medical, psychological and social measures applied no only to the patient, but his personal world. Any patient so afflicted will be accepted at Broadlawns and can receive therapy structured within this conceptual framework.

III. PROBLEMS

It has been our experience that despite our philosophy only a small proportion of drug users or alcoholics seek our services. It has been our further experience that very often when such patients are brought to us, they are in rather desperate condition. Thus, alcoholics are referred from the Harrison Treatment Center who are developing dalirium tremens or who have complicating physical disease. Drug users are sent from jail because of withdrawal reactions. Ambulance cases are brought in when friends or relatives discover the paient "in extremis."

Too seldom do patients come voluntarily with "the problem." Too often, those who are brought in do not want treatment and sign out as soon as they feel able to leave. Too often patients who do accept treatment do so only to recover from the withdrawal distress and be thus enabled to start over on a less costly dose level.

We have attempted to determine the reasons for this ostensible failure on our part to "sell" our program. Several things have been discovered:

1. Fear of being reported to the Police.
2. Fear of having their problem a matter of record in the hospital.
3. If under age 21, our medico-legal necesity to notify responsible relatives of the patient's confinement in the hospital.
4. General mistrust of professional personnel and belief that they cannot or will not be understood by straight or square adults.
5. The social environment which tends too often to induce recidivism and reinforce the addictive potential.

IV. REBUTTAL AND RECOMMENDATIONS

We do want to treat problems associated with drug abuse. We do not report cases to the Police, but we must, as a public hospital, maintain medical records, and, in the instance of minors, notify parents of their confinement. We do recognize that our hospital and its staff cannot do the whole treatment by ourselves and we are more than willing to participate with other agencies or programs in a combined effort to help those who wish it. We are available and ready to do whatever is required of us as a hospital and clinic; working with patients, their friends and relatives, and anyone else legitimately involved.

We do not believe that this hospital should be the central and primary element in the overall program, but rather, a resource to which patients can be referred for specialized therapy within the framework of the community program.

It is our further belief that there can be no meaningful treatment program in a society which deals unrealistically with the social conditions which nurture the potential for drug abuse present in all humans. Rigorous prosecution of organized crime rather than its victims would seem most appropriate. Efforts to humnaize our society and beautify our environment should be major concerns of all levels of government. A general reordering of our priorities and a return to our effort to fulfill the promise of the American Dream is the necessary precondition for the creation of a healthy environment from which no man need turn in despair to the awful oblivion of drugs.

GREATER DES MOINES UNITED WAY,
Des Moines, Iowa, March 2, 1970.

Senator HAROLD HUGHES,
Washington, D.C.

DEAR SENATOR HUGHES: Enclosed is copy of material to be included in proceeding of recent hearing on drugs held couple of weeks ago in Des Moines. This was prepared by a staff member who also staffs our Planning Division Mayor's Task Force.

We are very pleased to be asked to present this statement as we feel our overview in the community of its problems is significant. Please feel free to call on us for any other assistance in studying, coordinating and/or planning community services.

Sincerely yours,

MARGUERITE COTHORN,
Associate Director for Planning.

Enclosure.

The Community Planning Division of the Greater Des Moines United Way is is very concerned about the growing abuse of drugs in the Greater Des Moines community. The precise magnitude of the drug abuse problem in our area is not clear; but it is painfully apparent that the use of illegal drug substances and the misuse of lawfully sanctioned drugs is becoming more widespread. Board effective action is needed to deal with this problem and is needed NOW.

Who is abusing drugs? What drugs are being abused? No hard data is available on these questions but some directions are clear. Youth, especially suburban, middle-class youth, are experimenting with, and sometimes becoming habituated to, the so-called hallucinogenic and dangerous drugs: marihuana, LSD, mescaline, amphetamines, and others. Youngsters in their early-teens and sub-teens are known to have inhaled deleriants: airplane glue, lighter fluid, paint thinner, etc. Prescription drugs, such as sleeping pills, diet pills, and barbituates, are frequently misused and abused by the adult population. The use of hard narcotics, notably heroin, has been growing substantially in the inner city and threatens to spread throughout the metropolitan area. Again, these observations are not based on formal research. They are based, however, on over a year of study of the problem by the Community Planning Division's Mayor's Task Force on Health, which included both informal surveys and innumerable community contacts. Clearly, drug abuse as a social problem does not exist only in the very large metropolitan complexes, as has traditionally been thought.

Broad action programs must be developed in the Greater Des Moines area or we are likely to witness the emergence of a series of problems associated with widespread drug abuse: an increasing crime rate, the development of a large group of drug users alienated from the mainstream of society, the imprisonment of some of our most talented youth, and the decline of general community health. For the past several months the Community Planning Division has been working with others to develop comprehensive programs of drug abuse prevention, education, treatment, and rehabilitation. We will continue this work to bring about a reduction in the abuse of drugs and to help those who have already become victims of drug abuse.

FEBRUARY 23, 1970.

REPORT OF ACTIVITIES

Commencing in early August the officers of the Jaycees of Greater Des Moines commenced to focus upon a glaring need existing within the Des Moines community. More and more statistics indicated that the drug problem which had developed in many of the larger and surrounding cities was at work in Des Moines. Recognizing this problem the Board of Directors of the Des Moines Jaycees commenced to look at the activities and efforts undertaken by other Jaycee chapters. A survey indicated that most Jaycee chapters in larger cities were involved in projects involving combatance of the narcotics problem. Most of these programs were directed at educating the public regarding the problems of drug abuse.

Following this survey the Des Moines Jaycees committed themselves to establish a new project whereby the Jaycees could assist the City in meeting and solving this problem. The project commenced by the Jaycees setting in on several meetings in which the Mayor's task force on narcotics and drug abuse surveyed the problem in an effort to arrive at a practical approach to its solution. As a result of this task force's work the limited available funds were channeled towards a program directed at the education of the public about the problems of drug abuse and the available solutions. A sizable group of the participants in this task force recognized the limitations of funds, but felt that the program of education must be operated in coexistence with a program directed at cure and rehabilitation.

Without the benefits of any funding or commitments for funding the many diverse factions favoring the establishment of a cure and rehabilitation program commenced to have meetings in an effort to arrive at a workable program directed at this goal. The representatives of the Jaycees attended these meetings on a regular basis. As a result of attending these meetings it became abundantly clear that the drug problem in Des Moines was not a small problem and that many people who had recognized the problem were not in agreement as to the best solution to solve the problem. It also became clear that the many factions attending these meetings were not totally compatible and a great deal of effort would have to be spent in attempting to assist them in working together to arrive at a meaningful approach to establishing a rehabilitation program.

The Jaycees undertook a program of attempting to meet with and coordinate the thinking of these various groups. Diverse interest, background and experience of these groups made their working together very unlikely.

As a result of all the efforts of the leaders of the many groups and factions at a meeting in mid-November a plan was proposed and adopted. This plan calls for the Central Iowa Regional Planning Commission to act as a control agency to establish policy and attempt to find funding for the project. The funds would be distributed through a non-profit management board comprised of the representatives of the various groups. The funds would be used to establish and operate two contact centers and a rehabilitation center. The contact centers would be established to encourage the user in need of help to come in and consult with counselors. The counselors would then direct the user to persons conducting rehabilitation therapy in the contact house or to the treatment center where he could receive medical treatment. The two contact center concept was arrived at to meet the problem of the hard drug users and the mind drug users (marihuana) since these are the two most logical breakdowns of the drug problems. One contact house would be equipped and operated to meet each problem. Attached you will find an organizational chart showing the proposed plan and a budget for operating that plan.

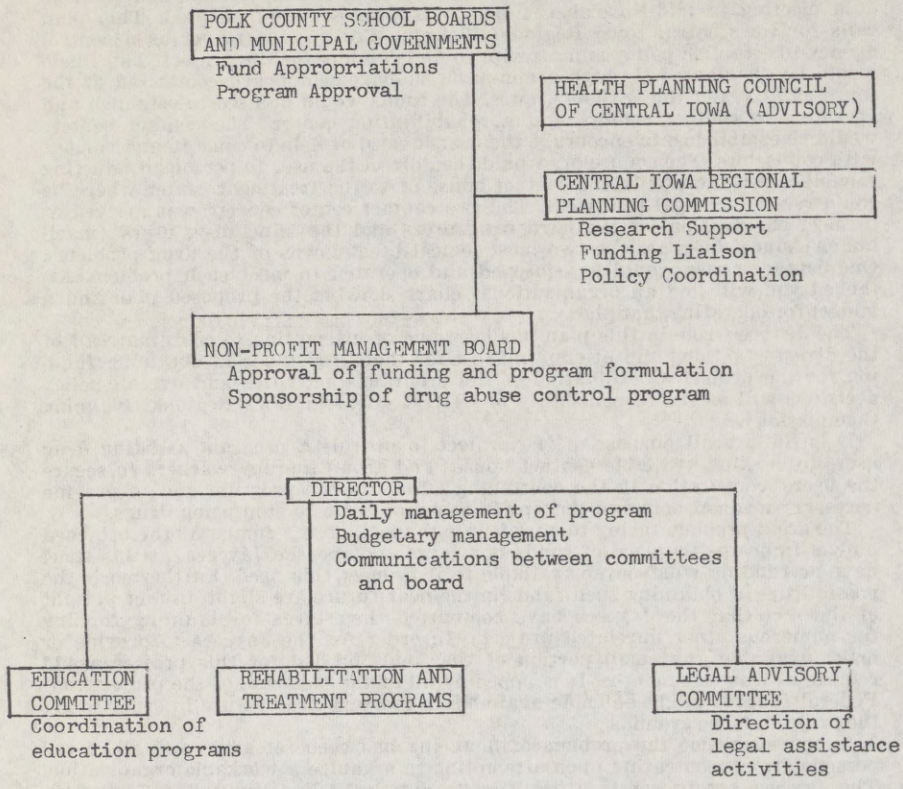
The Jaycees' role in this plan has been one of attempting to coordinate all of the diverse factions and attempting to offer their assistance in obtaining funding for the project. Coordination of the program's activities and overall policy decisions will be the responsibility of CIRPC (Central Iowa Regional Planning Commission).

It is the overall purpose of the project to provide a program assisting drug users by making available contact houses and group therapy workers to secure the users' cooperation in the continuing efforts to the program and to provide necessary medical help and therapy in assisting them to stop using drugs.

The great problem facing this project is the lack of any funds. As the attached budget indicates the need of funds is a large one and the Jaycees, at this time, have no funding whatsoever available to it to meet this need. Furthermore, the possibilities of obtaining such funds in the near future are slight, in fact in light of the fact that the Jaycees have committed themselves to obtaining funding for numerous other unrelated projects. In order for the Jaycees to provide or make available any small portion of the funds needed for this project would require at least six months. It is hoped by all of the members of the project that Federal funding might be made available in the very near future in order to get the project off the ground.

In the meantime the problem of financing has been set aside and all of the persons are concentrating upon attempting to organize a workable organization. The Jaycees are presently attempting to get the Polk County Bar Committee and Polk County Medical Association to lend their support and efforts to this organization and to provide meaningful membership and participation in this project. In addition the Jaycees are attempting to contact other community organizations in an effort to obtain their efforts and resources. Despite all of the efforts by the Jaycees and the numerous other groups involved, the crux of the success or failure of the project still lies in obtaining proper funding. To date this funding has not appeared and unless Federal funds are made available the likelihood of their appearance within the next six months is at best dim. It is clear that the Jaycees cannot provide all of these funds, nor even a majority of these funds.

Organizational Structure



A. Membership.

1. Non-Profit Management Board. Three members appointed by the Education Committee, three members appointed by the Rehabilitation/Treatment Committee, one member appointed by the Legal Advisory Committee, and one ex-officio member from CIRPC.

Membership approved by a meeting of participating groups and by those local governments sponsoring the program.

2. Committees. One representative from each of the participating groups.

3. The by-laws will describe procedures of membership ratification and tenure.

B. Responsibilities of Non-Profit Management Board.

1. Meet regularly.

2. Review policy and progress reports submitted by Director and Working Committees.

3. Assure responsibility for property, liability of program operation and contract negotiations. (See appendix 2 for articles of incorporation.)

Funding. Proposed expenditures by program area for first year of operations.

First Year Funding.

A. Education

Research-e.g. library services, purchase, assembly and distribution of information, surveys and data processing, and clerical support Total 20,000

B. Treatment and Rehabilitation

Hard contact program

Contact house, staff

Supplies

In-service training

Soft contact program

Contact house, staff

Supplies

In-service training

Professional Assistance		
Medical treatment		
Counseling		
Other professional services		
	Total	78,000
C. Legal Assistance		
Research		
Counseling		
Legal Aid		
	Total	5,000
D. Program Management		
Staff		
Office supplies		
Utilities		
Telephone		
Other		
	Total	17,000
	Total Cost	$120,000

Prepared by

Robert W. Mickle, Director

Central Iowa Regional Planning Commission

February 6, 1970

from individual proposals and information submitted by various local groups and persons interested in drug abuse control for the Des Moines-Polk County area.

Senator HUGHES. I want to thank all interest persons who appeared as witnesses and also those who could not attend but submitted prepared statements.

The hearing is closed.

(Whereupon, at 3:58 p.m. the subcommittee recessed subject to the call of the Chair.)

○