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FEDERAL DRUG ABUSE AND DRUG DEPENDENCE PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1970

GOVERNMENT

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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

S. 3562

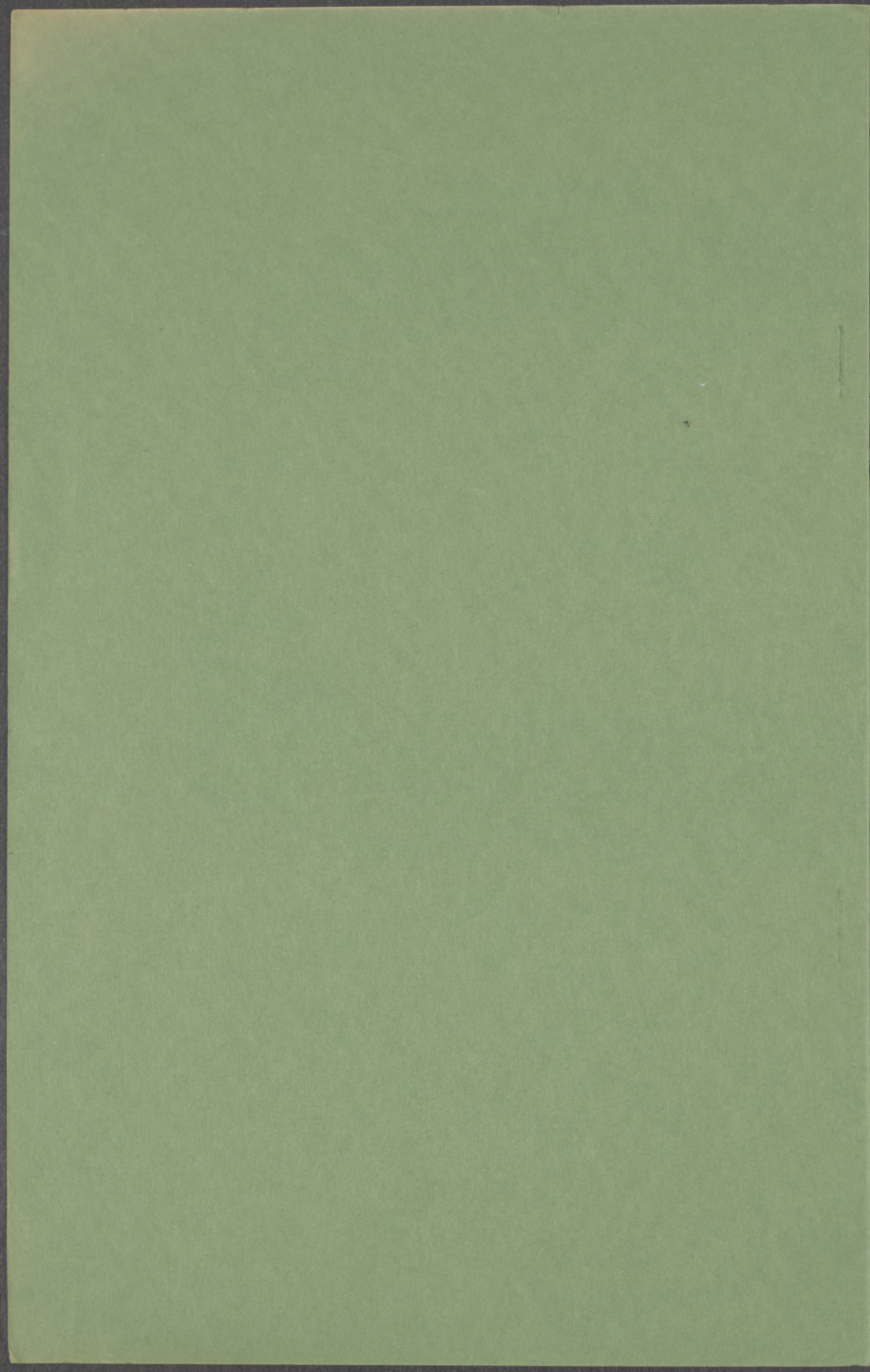
TO PROVIDE A COMPREHENSIVE FEDERAL PROGRAM FOR
THE PREVENTION AND TREATMENT OF DRUG
ABUSE AND DRUG DEPENDENCE

WINCHESTER, MASS.—APRIL 10, 1970
LYNN, MASS.—APRIL 11, 1970

PART 3

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





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U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1970

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FEDERAL DRUG ABUSE AND DRUG DEPENDENCE PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1970

FRIDAY, APRIL 10, 1970

U.S. SENATE,
SPECIAL SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS,
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
Winchester, Mass.

The subcommittee met at 9 a.m., pursuant to call, in the Winchester High School Auditorium, Senator Edward M. Kennedy, presiding pro tempore.

Present: Senator Kennedy.

Committee staff member present: James Guest, assistant to Senator Kennedy.

Senator KENNEDY. The subcommittee will come to order.

First of all, I want to express on behalf of the Senate Subcommittee on Alcoholism and Drugs my very sincere appreciation to Mr. Niblock, who is the principal here at the school, to Mr. Klemmer, the school superintendent, and to the school authorities and students who have been kind enough to offer us this forum for the hearing this morning.

I am pleased to be here today on behalf of the Special Subcommittee on Alcoholism and Narcotics of the Senate's Labor and Public Welfare Committee.

We are in the final stages of subcommittee consideration of new legislation on drug-abuse prevention and control, and I wanted to have this opportunity to include in our deliberations the experiences of the people of our commonwealth and their feelings about the needs and priorities for addressing the drug-abuse problem.

Here in Massachusetts we have been fortunate in having responsible citizens giving a great deal of attention to questions of drug abuse. Several local communities have developed programs—such as Project CONCERN here in Winchester, and ACID in Malden.

Constructive town meetings have been held. Many persons have been working for State and local solutions.

Drugs are a national problem as well. And clearly, Federal support will be necessary for States, local communities, and other groups to carry out effective programs. That is why I have come here today with the subcommittee now considering comprehensive drug legislation. We plan to act soon. The input from Massachusetts will be tremendously helpful.

America in the 1970's is a drug society. We take drugs to sleep and drugs to wake up. We take drugs for headaches and colds and aches and pains. We take drugs for diet control and birth control. We take drugs even when we do not realize we are taking drugs—nicotine in cigarettes, caffeine in coffee, alcohol in cocktails.

Many of the drugs we take are totally safe in ordinary use. No one has yet shown any major risks with aspirin or with coffee as normally used.

Some drugs are generally safe but may have dangerous side effects. Using these requires special caution and professional advice.

Other drugs are perhaps safe in limited use, but easily subject to abuse. Alcohol is the most obvious example.

And some drugs are inherently dangerous and destructive even in ordinary use, like nicotine and the other ingredients of tobacco.

When we talk today about "the drug problem", however, we have a special group of drugs in mind. We think not only of a technical classification—substances subject to abuse or inherently dangerous—but a social classification. What they are is less important than what they do.

These are the substances which destroy our young people's minds and bodies and respect for law and even their lives.

These are the substances which by their nature turn an adventure into a compulsive habit—a craving which must be satisfied at any cost, even if it requires stealing money, or selling drugs to others for profit.

The problem is everywhere—in the ghettos and in the suburbs, among rich and poor, black and white, east and west, adults and youth.

And it is growing and spreading. The estimated number of addicts in the Nation is now 120,000. As many as one-tenth of those may be in the Commonwealth of Massachusetts. We had four deaths from heroin overdose in 1968, nearly 40 in 1969, and 100 other "heroin-related" deaths.

The average age of users has dropped from 27 to 21 in Boston since 1965, and in some communities over half the young people in high school are experimental drug users. Teenagers have died recently of heroin overdoses in Needham and Arlington.

What can we do?

Can it be stopped before it gets out of hand?

Is it out of hand already?

Those are the questions we have been discussing in our previous hearings and those are the issues before us today.

We know that we have two choices:

We can panic. We can produce superficial panaceas. We can spend our resources and effort trying to place anyone who has had anything to do with drugs in jail, for as long as we want to.

But when we are through doing all that we will have a lot of empty solutions, a very large jail expense, and still a growing drug problem.

Or we can really attempt to get at the cause of the problem, to devise a rational and coordinated attack on it, to prevent new people from becoming a part of it, to rescue those who are already part, to deter those whose greed makes the problem spread.

Obviously, this is the most sensible answer, but it is a real answer only if the community, the State, the Federal Government, and every individual citizen wants to make it work. For that kind of response requires resources, effort, understanding, cooperation, patience, and

sensitivity at every level. It involves a commitment on the part of all of us to think with open minds and act with sense and balance.

Our most important task is to recognize that the answer is as complex as the problem. It has at least four dimensions—enforcement, education, rehabilitation, and research. Our approach must stress all four dimensions, and no one is enough without the others.

We have already made this mistake in the Senate this year. We passed a bill which the administration advertised as a cure-all for the drug problem. But that was a fraudulent claim. The bill restructured the Federal enforcement machinery, but that is all it did. It did nothing for the other three dimensions of drug abuse control. I and others tried to transform it into a comprehensive measure, but the Senate showed itself to be at least temporarily caught up in the demagoguery of the day.

For what good is it to arrest drug users if we don't have the facilities to deal with them, if they are going to end up back on the street, back on the drugs, and back on crime?

And what sense does it make to wait until a person has already become a drug user before trying to do anything about him?

And how can we know what doesn't work and what does work to prevent and cure abuse if we don't put our scientists to work on these problems?

These are the purposes of S. 3562, and the bill we are considering today. This bill recognizes the need for strong and improved law enforcement, particularly against the manufacture and supply of large quantities of dangerous drugs. But it focuses on other dimensions of a comprehensive approach.

We must have an education program which prepares parents and children to handle the challenges and temptations which drugs present. And these efforts must be honest and straightforward. They must not deceive, or they will be ignored.

They must not merely frighten, they must explain.

They must admit lack of knowledge where there is a lack of knowledge, and describe risks where there are risks.

We must have a rehabilitation program which reaches into every community. Right now drug rehabilitation in the United States is a joke. The Federal Government is spending only \$10 million nationwide for community assistance—not enough to meet the needs in this State alone.

The State of New York in the last few years has expended over \$300 million in terms of this kind of help and assistance, but the administration has only asked for some \$10 million to meet the nationwide problem, which illustrates the real lack of commitment on this particular issue by the administration.

Individual efforts are fragmented and competitive. Because different programs are vying for limited money, they downgrade each other and all suffer. Our State and our cities do not spend enough on this effort.

And the different State and local agencies which should be involved—educational, public health, mental health, and law enforcement—do not coordinate or cooperate.

This is especially shameful because there is so much we can do right now. We could identify large numbers of addicts through routine testing in our general jail intake process.

We can tap the boundless dedication and energy of exaddicts—who want to help cure new addicts, and have done so successfully in many instances.

We can experiment more broadly with methadone, which seems to hold great promise for allowing many addicts to resume normal lives, if used under proper controls.

And we can do something about the tragic lack of bed space in detoxification facilities so that we can begin to work on addicts' vocational, emotional, financial, and other problems in a drug-free environment.

Obviously, the same rehabilitation approach is not the best one for all drug abusers. We must develop a whole matrix of approaches to match the cure with the problem.

Finally, we must develop a rational strategy for drug research. We must decide what we need to know about the causes, mechanisms, and potential cures of drug abuse. And then we must stimulate and finance the best and quickest research. Right now our research is haphazard and reactive. Dissemination and analysis of results are slow and slipshod. There is no real mechanism at all for translating the most sophisticated and technical studies into a form and language that lawmakers and lawyers and social scientists and educators can use.

These are the needs. These are the challenges. These are the theories on which our proposed legislation is based. But today we want to fill out those theories with facts:

How pervasive is the problem?

How does it grow and spread?

What attempts are being made to deal with it, and why do some succeed and others fail?

If we must invest new resources, how should they be invested?

What kind of education program is needed and workable?

What should our research goals be?

The witnesses we shall hear can address those questions from many different points of view, and they can help set the stage for providing real answers.

The task will not be easy. There are no quick solutions, no easy panaceas. And the task will not be cheap. But I think that the citizens of this community, and this State, and this Nation are willing to spend the money required to develop an effective response.

We must encourage local, community action—on all fronts, not just law enforcement. We must devote resources at all levels—Federal, State, and local—to the solutions.

I certainly will fight for adequate programs and necessary funding in my work in Washington. The fact that you are all here today is an encouraging sign that there is a community desire. Let us begin now to translate that desire into action all across the State and across the Nation.

This morning we will have as our first panel, school teachers and administrators from several nearby areas.

Mr. Roger Aubrey is the director of guidance for the Brookline School System. He has experience in working in drug education and helping to set up a system at Brookline.

Mr. Earl Johnson is a teacher at Winchester Junior High School and has been with the school since 1962. He also coaches.

Mrs. Rose Picone is a teacher in Arlington, where recently a child died of an overdose of heroin. She will soon become further involved in the drug education activities.

Mr. Powers is the superintendent of schools in Needham.

Mr. Aubrey?

STATEMENT OF ROGER AUBREY, DIRECTOR OF GUIDANCE, SCHOOL DEPARTMENT, BROOKLINE, MASS.

MR. AUBREY. Senator, my opening comments deal with lack of funds in specific areas that I have encountered in our school system and my efforts in working in the Chicago area before I came to Brookline.

Specifically, I find at the Federal, State, and local level a lack of funds in these areas. For educational efforts we have a lack of funds for materials, consultants, in-service training programs, and personnel in the schools who can work with students and who we can use as resources to refer them outside.

In the community, in regard to students who are using drugs, we have a lack of funds to support community treatment centers for these students, specifically residential treatment centers.

I believe that probably any community of 30,000 or 40,000 or more within a year or two will need community centers that are residential, where students that are in school or out of school can be housed. And not just during the day—I am thinking here of “Daytop” and things like this.

In the Boston area now these facilities are very few. The suburban schools are packing the Boston area with students now.

I think we also need a lot of drop-in centers and personnel to work in these types of establishments.

As far as rehabilitation, we found in Brookline that we need funds for home study teachers so that students that are on drugs that have been excluded from school, that are awaiting trial, that are too sick to attend school all day can have teachers to work with them at home, to fill in the gaps, to complete their education, and to make life meaningful while they are coming back.

In regard to adults and parents, we have no funds to work with adult education programs, seminars after school, in the evening, programs such as this.

We are stymied, it seems, at almost every avenue we turn to. We have to beg and borrow materials. We recently began a kindergarten program aimed at poison control and respect for drugs. Even from the Department of Health, Education, and Welfare we couldn't get enough pamphlets and booklets for a very excellent program on poison control.

So I think the problem we are running into is that at a time when school committees and the Nation are cutting back the funds, we are asking for some money for drug education.

Currently in Brookline, we think we have a pretty good program, but in our school budget we have no money allocated for drugs as such. So if I need films or resources I may have to go to the science department chairman and ask for some from his budget, or the mathematics department. The State hasn't given us much either. So we are borrowing now.

Some of our programs come from Health, Education, and Welfare. We have taken materials from Stamford, Conn. We have lifted materials from the San Francisco schools, anything we can get. We simply don't have the funds.

Senator KENNEDY. Thank you very much. I have some questions but we will give an opportunity to everyone to make an opening statement.

Mr. Johnson.

**STATEMENT OF EARL JOHNSON, TEACHER, WINCHESTER JUNIOR
HIGH SCHOOL, WINCHESTER, MASS.**

Mr. JOHNSON. Thank you, Senator. I do not consider myself an expert on drugs, but I have a few documents that I think are certainly relevant to everyone in this auditorium, particularly parents and also the students. I am genuinely interested as a teacher.

I call drug abuse a "trick bag" or a "cop out." The reason I use the jargon of the ghetto, which I might consider myself a product of, is that the drug use certainly was not new to me and certainly is not new to people who exist there now.

When we say a "cop out," it means that you are not willing or not capable of accepting responsibilities either because of a personality conflict or deficiency, or also because of the community life. I might explain that a little further.

No. 1, it is very interesting that everyone talks about money, and I do think this is very significant. But in talking to young people, the thing that impresses me most is when they say, "What is wrong?"—and one young lady very recently said, "There are three things bugging me: Racism, the war, and pollution."

When I say the individual has certain hangups, these things certainly cause problems to the youngsters.

I think of the ghetto, and I must say that long before people were concerned about drugs in America, drugs existed in the ghetto. I think we might find great resources in some of the men and some of the tactics used by other groups.

When I say the individual, I look at the guy, the young man, who sees a society which is hopeless. The black young man saw a society which was hopeless to him, going to a job which he couldn't get, or the possibility of not being able to function properly. He found it to be very restrictive.

Then I look at the suburban communities and I see the same thing. I see the individual who finds it very difficult to adjust to the so-called

hypocrisy that exists, the war, pollution, and racism. The conflict of personality is a function of such problem.

I see many young people who find it very difficult if they are not in athletics or some other area to get recognition.

I have just one other comment to the students who I am genuinely interested in, as you probably realize, and also their parents. Money is beautiful. It seems to me that often we will find that the solution to many of our problems is money. But I think we should do a little soul searching and look around and adjust our community life and ourselves as individuals.

As to the students, every student I have met seeks excitement. From experience, don't seek this blindly. I tell most students about my "sermon on the mount." Anyone who has had me knows about this.

But I might say this to you: The one thing I want you to remember is you seek independence but the day you take drugs you are now dependent on one of the worst things on the face of the earth.

I could speak to you from very close friends. There are very few who really know anyone who has been involved in it. But you can get in the car and go anywhere in this State, into a slum area, and you will find people who have had the experience.

So I say don't cop out, find your thing, and I am sure that you will be very successful.

Thank you.

Senator KENNEDY. Mrs. Picone.

STATEMENT OF MRS. ROSE PICONE, TEACHER, ARLINGTON HIGH SCHOOL, ARLINGTON, MASS.

Mrs. PICONE. I would like to just say one thing about the drug problem as I have seen it in the classroom. I tried to teach drug education not as a separate part of the entire educational scene. I think drug education should be included as part of a health educational program.

I think that one of the reasons why kids necessarily take drugs is that they have many, many problems and reasons for taking them. I think that we are making an error if we stress drug education as a separate, unintegrated part of many, many problems related to it.

We have to interrelate drug education as part of our lives and part of our curriculum. I think that we should include a broad perspective and complete health education program where we include drug education, alcoholic education, tobacco, and many other problems such as emotional stability, mental health and many things that are related.

I don't think that we should stress drugs, per se. I think that the students who are involved in drugs, from what I have seen in a classroom and from personal experience, feel it is a related problem.

It can be due to family problems or lack of interest. It could be that kids are faced with boredom. It may be lack of anything to do, or lack of attention on the part of a family situation.

I think that we have to consider this drug problem as a problem in many areas. We have to interrelate all of these things with the efforts of teachers, parents, and many other people in the community who are interested and not interested.

One of the ways to do it is through education. I think that we have

to educate the existing people who are interested in and affected by this, such as teachers, not necessarily young ones but middleage ones and older teachers, who are not necessarily familiar with this problem.

I think that we have to educate our parents to know what the problem is.

The last comment that I want to make is that we have to trust our young people and we have to be able to communicate. One of the major ways that we can communicate is by listening.

Senator KENNEDY. Mr. Powers.

**STATEMENT OF WILLIAM POWERS, SUPERINTENDENT OF SCHOOLS,
NEEDHAM, MASS.**

Mr. POWERS. Senator Kennedy, ladies and gentlemen, let me say that I particularly appreciate this opportunity to share some thoughts with you. It seems to me that there are two things that ought to be quite apparent. One is that we have an opportunity for a program of action, which I appreciate; secondly, we have an opportunity to talk together rather than to speak at people.

Perhaps it would be helpful if I were to share with you very briefly the background of the drug problem in Needham and then, secondly, talk to what I consider to be some of the needs.

It is rather interesting, if I may go back for just a moment to as recently as 1967. We were aware of the potential drug problems. We realized that in the communities around us something was happening, and we suspected that something was happening in our own suburban community.

It is rather ironical that Needham should have been projected into the news for the death of a young man, rather than for the success of the hockey team or the national merit finalists, or the other successes that the students have enjoyed.

In 1968, our staff was instrumental in helping to prepare a pamphlet called Drug Use and Abuse. This resulted in a series of programs over the 21-inch classroom sets, which I presume was seen by some people in our neighboring communities as well as in Needham.

We offered a 2-day seminar in which we had former drug addicts, psychiatrists, other physicians, police and lawyers talking with our students about the problem of the misuse of drugs. We offered the same program in 1968 to adults.

We decided that the regular schedule ought to be varied occasionally, and we attempted through the interests of some of our faculty members to offer discussion groups to our pupils.

We realized that teachers had to know more about drugs so we offered some in-service programs.

In Needham in 1967, I believe it was, a youth commission was formed. Fairly recently, the Project ASSIST, which was similar to Project PLACE, was started, to let the schools provide a hotline for those who were interested in getting information or who needed help.

I mention these things to you because Needham has not been asleep in terms of trying to present information. But perhaps a sixth grade student said something that we ought to listen to. She said, "You can educate us but you can't tell us what to do."

Perhaps my definition of education would be broader than hers. What she was really saying and what she was speaking to, as I see it, was her own system of values, and what she considers to be the values of young people.

After the death of the young man in our community—who, incidentally, was not a suspect among those who had been mentioned by me in a letter sent to the citizens of Needham saying that there was a drug problem and that we had now been informed that there were some people who were pushing drugs in our high school—we suddenly had a very interesting reaction on the part of a lot of people.

It seems to me that it was, again, extremely ironical that it took the death of somebody close to other people to realize that something had to be done.

I won't go into the efforts that have been made, but let me move into the needs as I see these as a result of our experience.

I think that your point made earlier about the need for perspective is extremely important. There is a great danger that we will lose our faith in young people. We ought not to. We ought not to under- or over-react.

We found that the people about whom we spoke in our letter were not professional pushers. As a matter of fact, they were people who thought they were doing a favor for their friends.

There are three dimensions to this problem, as I see it. One is education, the second is rehabilitation or help, and a third is enforcement.

I think your point about research is also absolutely right.

Let me speak on education for just a moment. I tried to make the point that we need more than just information, although that certainly is needed.

I like the point that was made earlier, that there must be a willingness on the part of a community, as well as a school staff, to face the realities of life. Certainly, on Vietnam, ecology, racism, all of these problems—a young person must feel that he lives in a country, and certainly this is such a country, where there is hope and where he can do something.

I would say it is interesting that we don't know as much about drugs as we should. Sometimes this confusion, I think, leads to further confusion. There certainly is a need, as has been pointed out, for us to develop programs. Recently, I received such things as the "Guide for Community Study of Drugs of Abuse," prepared by the New England police and fire examiner.

A lot of good material is now coming out. But there is a cost factor which is very real for schools. This is not to suggest that the only way we are going to solve our problem is through added money, but it would certainly help in terms of having people available who can help write materials and do the things that must be done.

It seems to me that in terms of rehabilitation we ought to realize that there are young people who want help now. There are not enough adolescent units available. There are not enough places for young people to go.

There are some people who don't seek help because they are fearful that if they go to a physician they might be turned in and there might be legal action against them.

I am saying in terms of communities, whether they happen to be suburban communities or cities, there is a need for a clinic, perhaps, with adequate staff, with adequate psychiatric help, for young people who need help right now.

It seems to me that enforcement is the very real problem. I am not finding fault at all with local police. It is very easy for us to generalize.

I am saying that there are young people in our communities who are very cynical about the fact that they are suspect for carrying drugs of one kind or another, and they wonder why our enforcement agencies, perhaps at the Federal level, are not doing more than they are.

My own experience at the local level has been a very positive one. Sometimes I find that people forget that the police are only as effective as we are willing to let them be.

I would agree with you completely that laws are very important. I think that there is a need for us to do something about those laws that are now unrealistic. I think that young people appreciate that ours is a country and a government of law, not of men.

But I think there is also a great deal of cynicism about those laws that unjustly penalize a person under certain circumstances.

Then I would add just one last thought: In suburban communities as well as in cities, as I see it, we have some very serious problems with young people who are unable to be at home, who are unable to be on the streets. Whether the Government or private agencies should support halfway houses or some other kind of institution to take care of this person, I don't know.

But I would submit to you, as we talk about this problem, that there are some young people who have the problem right now and for them such a facility would be extremely valuable.

I appreciate this chance to present my statement.

Senator KENNEDY. Thank you very much.

There will be occasions during the course of the morning where you will want to express yourselves by applauding. Since this is a Senate hearing, try to show what restraint we can. I am sure our distinguished panelists and witnesses will understand. And so I will ask, if we can, to hold the applause.

Let me ask the panel if you would be kind enough to tell us what are the dimensions of the problem.

How many students are using drugs in your schools? Mr. Aubrey?

Mr. AUBREY. I think last year, Senator, was the first time in our high school that heroin appeared. Now we are finding more heroin appearing in the sense of students that are using it. We are not naive. We know that our vandalism and theft rates have increased in our schools. Audiovisual equipment and other equipments have been stolen.

I think when we deal with students that are taking heroin, or who are addicted physiologically to any drug, it becomes alarming.

The two things I suppose that alarm us in the Brookline schools now are: one, that we are finding more heroin in our high school; and two, we are finding more drugs in our elementary schools.

I can't give you exact statistics. I can say that we know of at least four or five students taking heroin now, and we are determining now through committees and other things on how to deal with these students, making arrangements with local authorities, the police de-

partment and others, so that we can treat it as a social problem rather than just a punitive measure.

I think I would like to say one thing about statistics and numbers. I really don't feel that they are crucial. It seems to me that in the course of a student's education, whether it is at the elementary, secondary or college level, or whether he is going to work or be in the service, at some point in his life he will be given the choice to take drugs. That is the personal decision-making of the student, regardless of the gross numbers of students.

I think that the latter is important, too. It has to be in setting up legislation and in setting up facilities. But every student in this auditorium now in the next 5 years, if not already, will be offered drugs. I am not naive about that. I think that is what we have to deal with.

The one difficult thing for educators is that most have been trained in teaching faculty content material, not in dealing with attitudes, beliefs and values, and trying to get to that root source.

I think we have to start probably in the teacher training institutions, working with elementary and high school teachers as well as orientation programs for current staffs and new teachers each year. It has to be ongoing.

So I would say I think statistics are important, but as far as what we do, I think we know that students are going to be faced with it and we have to have simulation exercises in which students and teachers sit down and go over questions before it happens in the back seat of a car or at a party or something like that.

Senator KENNEDY. Mr. Johnson, is there anything you would like to add?

Mr. JOHNSON. I don't have any data on the number of people in Winchester, the number of young people, particularly, who have used drugs, because we are dealing with the junior high school level.

I use the athletics as an avenue in which I am able in a more personal way to discuss these matters with youngsters. This tends sometimes, I guess, to be an exaggeration. I say I don't like to just say it is a number of students who used drugs, because I really don't know. But I do know some of the basic complaints which I feel bring about the addiction to drugs, not only in a community such as Winchester, but other communities.

The students are restless. They certainly feel that they want to partake of a lot of things. A lot of students do not have the ability, say, for example, for athletics. They do have some recognition for academic undertakings.

I don't think many of the students who do have academic excellence get the same recognition as in football.

The old saying in that a strong mind is a strong body. But I do find recognition is important.

Also, there is the fact that these students today find it very difficult to communicate with their parents, and in many instances, to communicate with their teachers, and even with their peer group.

One thing I might say is I think we should utilize all of the students as well as some of the other agencies. I think the students really can help each other. For example, the students tell me that their rejection was often within their own peer group. It was tougher for them to say

no. They related more in many instances to teachers; yet, teachers in some instances feel that there is a generation gap. Basically, it is a truth gap.

I think we can communicate. In conjunction with what everyone else has said, I would say we should work very hard on this particular problem. I think you would have to start programs getting more involvement by students, giving students some recognition in the things they are interested in.

Thank you.

Senator KENNEDY. Mrs. Picone?

Mrs. PICONE. Thank you.

Senator KENNEDY. I know they had a survey recently in Arlington. Can you tell us a little bit about that?

Mrs. PICONE. A doctor was the head of the survey at the high school last year. There were some figures quoted. I will just say that some of the figures that were quoted were 1 out of 5. This was what was brought out yesterday. There were some others who quoted 1 out of 4 of the high school students who had used drugs.

This ranged through many categories of drugs, marihuana, acid, and others. There were some other figures, possibly, that we have approximately 100 or more heroin addicts in Arlington.

I think I would like to say that the survey that was conducted at least exposed to the community that we do have a drug problem in the community. Of course, the death that occurred in our community does not necessarily mean or admit to the community that we have a very severe drug problem. I am not saying that we do.

I think that our drug problem is as severe as many other communities around us. I think that a lot of the problem that Arlington and many other communities are facing is the purity of the drugs, especially heroin, coming into our schools. For instance, I would say approximately 2 and 3 years ago the purity of heroin that was coming in was about 10 percent pure.

Now I believe even in Boston the purity was about 10 percent pure available there. I believe now the purity of heroin available in the Boston suburbs is between 10 and 77 percent pure.

I just want to say that the lethal dose of heroin injected into a vein and into the system is 87 percent and above. Whether you are a heroin user, an addict, or just first trying it out, if you do inject 87 percent or above into the system this is a lethal dose.

I think one of the problems that we are having now is the strength of these drugs that are uncut, which are being distributed and issued to our youngsters without them knowing about the purity and contents of the drugs that they are using. This is really pitiful.

So many of you kids who are exposed to the drugs don't realize the impurity that you are taking, even if you smoke grass. I think we should educate these kids as to the lethal dose and impurities, and some of the diseases such as hepatitis and other things that can come about from injecting dirty needles.

I think it is really a vast problem and one of the ways we are going to do it is through education.

Senator KENNEDY. You mentioned approximately 100 addicts in the survey.

How do they support their habit? Where do they get their money for the habit?

Mrs. PICONE. I can only give an opinion. I am afraid I wouldn't know where they would get their supply, but I can just guess at some possibilities of how they can support their habit.

I would say through some money that they would get from their parents, through working, and possibly, unfortunately, stealing.

I don't have any proof at all on it. This is only an opinion. I would like to emphasize that.

Another point I would like to clarify is that statement that I said in the Boston area it is between 10 and 77 percent pure heroin. I do not know that this is the percentage of purity that is available at the Arlington High School. I am not quoting Arlington High School, but the Boston area.

Senator KENNEDY. Maybe Mr. Powers can answer that.

Have you found that the young people are willing to talk with the teachers about this problem? Do you find that it is easy or difficult to try to find the dimension of the problem in the schools? What is your experience?

I would also be interested in what has been the changing attitude of the teachers in terms of this problem. Have you seen a transition in terms of their attitudes toward the students?

What is being done among the teachers to try to encourage the students themselves, those that are either involved or exposed to the drug, to be willing to talk with the school teachers?

Carrying it one step further, what kind of transition do you see in terms of school policy? Obviously, if a young person who is having some problems is going to talk to a teacher and then the teacher blows the whistle in terms of letting the law enforcement officials know, I would think that would cause some hesitancy. Yet, we do have existing laws and regulations. What do you find?

Mr. POWERS. Senator Kennedy, speaking from the point of view of a teacher, I would say that most teachers, if not all teachers, certainly want to be able to communicate well with their students.

I would like to put myself in the role of a student. I think that some students see teachers as not being receptive, not being willing to talk to them about things that are important to them.

This is why in my earlier remarks I pointed out that our experience has been that some teachers are far more successful than others in being able to sit down and level with students about the problems that are real to them.

It seems to me that I am saying something, though, to parents. When we hear students speak to the fact that what they are studying is not relevant, it means that some place in the course of education we are not giving young people an opportunity to talk about things that are real to them.

I feel that from the point of view of a school teacher or a school administrator it is vitally important that we have this kind of opportunity.

I think there is an implication, as you have pointed out, that teachers themselves are sometimes expected to be knowledgeable about everything. There is a process through which teachers go, what we call in-service opportunity.

I think teachers can find out a great deal about drugs. But I would relate it to your remarks about the research being carried on. Sometimes information becomes garbled. For example, in a Boston newspaper 2 or 3 days ago, it was pointed out that the trying of pot does not mean necessarily that you will move on to heroin. That is a very good point, but that becomes a sociological discussion and sometimes becomes quite confusing as to why get involved in the first place.

I would also say that there is another dimension that my colleagues have spoken to. Alcohol is a drug, also. Among many of our youth, the misuse of alcohol is perhaps an even greater problem than the misuse of drugs. I am disturbed by the fact that there are some people of junior high school age who apparently don't know that too much alcohol can kill you.

Senator KENNEDY. Do any of the others have any further reactions?

Mr. JOHNSON. Senator, from my experience I look at drugs as something which is pretty bad. But I also think there are certain symptoms that experienced teachers, who develop a rapport with their students, would know, whether they are knowledgeable about drugs or drug addiction at all.

There is the saying that when you came from Westchester County, that doesn't make any difference. But you can recognize certain symptoms, certain depressions, certain rejections from the group.

What I am saying is that before the student becomes involved in drugs, I think there are certain recognizable, positive traits. I say a fine teacher certainly can recognize these and be able to do something.

I do think that basically I have been fairly fortunate because I have talked to a few, and they feel that if you are knowledgeable, if you don't blow the whistle, they will express their feelings about drugs.

Senator KENNEDY. Let me move on because I want to move on to the students. Hopefully, if we are able to move the hearing along, we will be able to open this committee up for comments by some of the other students as well, a little later in the hearing.

Let me ask you this, and, if you could, give us a very brief response:

Does each one of the schools you are associated with have a place where the young person who is in some trouble with drugs can go today?

Mr. AUBREY. Within the school, Senator?

Senator KENNEDY. Yes.

Mr. AUBREY. Well, I would say yes, and I suppose we could all say we have medical officers in the school, counselors and things such as this. I am not sure that students would always feel that secure.

Senator KENNEDY. I mean if someone had a problem, for example, in Brookline, is there some one place within the schools where a student could go and talk with one person who has at least some understanding and concern about this?

Mr. AUBREY. There is, but I don't think it is advertised or known by all the students. This would be with some of our adjustment counselors who are psychiatric social workers.

I don't think many schools have that type of facility around.

Senator KENNEDY. Mr. Johnson?

Mr. JOHNSON. No, I don't know of any. The only thing I could say is probably they could see our doctor, who would be a resource person. But as for a location of a particular individual, I would say no.

Mrs. PICONE. Presently, right now, we don't have one. But since I have quite a few students and am going to be working and involving myself with the drug program in conjunction with many other things in the school, I will be located in the high school next year and I will be available for help.

But presently, I would have to say no.

Mr. POWERS. I mentioned that in our school system we have certain teachers that make themselves available for discussion groups. We also have our guidance counselors. This is our approach. I think our students know that these people are available.

Senator KENNEDY. Thank you very much. We appreciate very much your appearance today.

Our second panel consists of citizens right here in Winchester. They will tell the committee about CONCERN, which is Winchester's community drug prevention-treatment program.

The individual witnesses will discuss other related areas as well. They are Dr. McLean; John Puffer, president of the senior class; Miss Janice Richardson, also a senior; and Mrs. Jane Bradley, a parent.

Dr. McLean, we hope you might have just a brief observation you would like to make and then we will go into some of the questions.

**STATEMENT OF DR. DONALD McLEAN, ON BEHALF OF COMMITTEE
ON NEW CONCEPTS OF EDUCATIONAL AND THERAPEUTIC NEEDS
(CONCERN), WINCHESTER, MASS.**

Dr. McLEAN. In speaking about CONCERN, Winchester was not unique in having a drug problem in 1967, but Winchester was unique in the manner in which she handled it. Instead of defensively, she expressed it publicly.

At that time the committee CONCERN was formed, and, happily, it did include the cooperative attitude of the selectmen, the school committee, the ecumenical association and the police.

The idea from the very beginning was an educational program in depth. This did not change until we were wise enough to recognize the problem of youth, that youth should be represented on our committee.

At that time, permanent members of the committee, the presidents of the senior, junior and sophomore classes, as well as members of the student council and representatives of the ecumenical youth council, were placed on the committee.

I think the most important point has been the student program in which the students have volunteered their time and have brought information to the senior high school and the junior high school.

The program for education in depth in the grade school is now being investigated and guidelines set up.

The committee CONCERN has also sponsored the retreats, and the booklet that has just been published, a new listing of physicians and clergymen who would be glad to counsel youth at any time.

We recognize this problem is an overwhelming one that has struck us as a blitzkrieg. None of us are experts in the field. We are learning by trial and error.

But I do know as a pediatrician that the most important thing is preventive medicine. I certainly would far rather prevent further

drug involvement than try to treat it, particularly where heroin is involved, where the cure rate is still optimistically 1 in 20.

Senator KENNEDY. Excuse me. The cure rate is 1 in 20?

Dr. McLEAN. One in 20. Five percent is considered to be good at this time. Odyssey House and Marathon House will claim 35 percent.

Senator KENNEDY. What happens to the others?

Dr. McLEAN. I think this is one of the sad parts of it. Most of them either go into crime or end on skid row, but are not considered cured.

Senator KENNEDY. Do you mean in terms of the perfection or at least the development of cure techniques now available to addicts, 1 out of 20 is considered to be the optimistic view? And for the rest, in terms of what they now know about addiction and drugs, there is no cure?

Dr. McLEAN. That would be correct.

Senator KENNEDY. So 95 percent of those that become addicted to drugs, at least under the development of the sciences today are going to be involved in crime or are going to be caught in an endless downward spiral which can end up in their own self-destruction?

Dr. McLEAN. I would like to make it clear that I am only referring to heroin, not all drugs. Heroin is the one that is moving in now slowly, but it certainly is moving in. The cure rate for heroin at Lexington, Ky., is rated at about 3 percent.

As I say, Odyssey House and the addict-run institutions will run as high as 35. It is similar to Alcoholics Anonymous.

Senator KENNEDY. In terms of the other testimony which this committee has heard regarding some of the problems up here in Massachusetts, there is a very significant increase in the use of heroin in the whole New England area.

I think we have seen over the period of the last 5 or 6 years that the increase in use of heroin has been quite dramatic.

I think these statistics which you have given here from the medical point of view are really quite compelling. They are obviously accurate.

I am sorry to have interrupted you.

Dr. McLEAN. Actually, this would be about when I would like to turn the meeting over to the other member of the panel.

Senator KENNEDY. Mrs. Bradley?

STATEMENT OF MRS. JANE BRADLEY, PARENT, ON BEHALF OF CONCERN, WINCHESTER, MASS.

Mrs. BRADLEY. I really didn't have anything prepared to say. I have been involved with CONCERN since last July. I was completely ignorant about drugs, marihuana, LSD, all the things that now are a part of my vocabulary.

I think this is the biggest problem we have facing all of us parents today, the ignorance. We can't deal with the situation as parents unless we have the facts.

I have just educated myself through CONCERN, and I have taken over the publicity and writing the very sad letters in the Winchester Star where they are public, hoping that the parents and also the children will read them.

I think today, if I can say anything to you it would be something that I heard on TV on channel 38 when they had a drug special.

I want to speak to the children. If you don't mind, I would like to read this. This was by a Dr. Collins, who had experienced 30 LSD trips as an experiment. This was the message that he had for you young people.

I would like for you to listen to what he has to say to you.

He asks you not to get upset with the adults or the way they are behaving. They need love and cooperation, too. And not to let society make you feel guilty over your drug use, particularly since adults do it. And not to get caught in the social pressures or tipped to turn on.

The fact is that young people are very sophisticated now and very aware. Everyone knows, intuitively, inherently, that an external means isn't going to change the internal state. Drugs don't work.

It is very hip to realize that there are ways of non-chemically altering consciousness. There is a very important reason for getting clubs turned on to people; to your role in the future, the possibility, even, of the divinity within.

As long as you keep turning on, you keep the doors closed to finding those authentic ways.

To me, that nonchemical possibility is so precious and so important for the future of the world that we can't waste our time getting intoxicated with chemicals.

Thank you.

Senator KENNEDY. I will now ask Janice Richardson and John Puffer if they would like to say a word, perhaps describing the student program.

STATEMENT OF MISS JANICE RICHARDSON, SENIOR, WINCHESTER HIGH SCHOOL, WINCHESTER, MASS.

Miss RICHARDSON. I would like to say that if you are really concerned with the welfare of the students, you should investigate the focal point of our lives—the educational system.

We are pressed into abnormal environments when our frames of reference go little beyond the desks and an obscure individual standing in front of the room giving us insignificant little items.

It is obvious that the high school is not turning out rational, well-adjusted human beings. It is almost like we are starving and the only thing we have is a moldy piece of bread placed in front of us. Someone comes along and gives you a piece of honey and you take it so you can swallow the dull drudgery of the day.

Maybe the administrators and faculty are lucky that they make the kids somewhat passive, because then you have a force of kids that would be willing to work and fight for constructive reforms.

I don't know, but I really think you should investigate the educational system because I think that is our lives.

Senator KENNEDY. Do you find that part of the reasons why so many of the young people get turned off and turn to drugs is the fact that the educational experience doesn't seem to be challenging or relevant?

Miss RICHARDSON. Definitely. If I could use an example of a junior high school where kids have assigned seats for lunch and the boys are separated from the girls, it is just such a strained environment

for us to have to exist in. It is unstimulating and boring. That is not life. Life is supposed to be exciting. But the school is boring.

Senator KENNEDY. What about it, John?

**STATEMENT OF JOHN PUFFER, PRESIDENT OF SENIOR CLASS,
WINCHESTER HIGH SCHOOL, WINCHESTER, MASS.**

Mr. PUFFER. I would agree with Janice. I would like to make the point, also, that I think drugs are just a manifestation of these problems.

But the whole thing starts in the family. Nowadays there is so much of—well, you can call it a “generation gap,” but I don’t think there is one unless you put it there. You just can’t communicate with parents anymore, or, at least, a lot of kids have trouble with it, and you become alienated from the things that go on around you.

As Janice said, you spend 6½ hours a day here and the teachers give you home assignments. You correct them at the beginning of the class and do tonight’s at the end of this class and this goes on and on and on.

You just need something so you can make it or else you just fall asleep, like I have had teachers fall asleep on me.

Senator KENNEDY. How about the student-to-student programs? Can you tell us a little bit about those?

Mr. PUFFER. Yes. It was started—well, it was started through CONCERN. CONCERN figured out finally that they weren’t going to reach kids by coming in and shoving scary movies about people who started on grass and automatically turned to heroin, that that wasn’t going to work. So this started in late 1968.

The idea was that kids could relate to kids better than adults could. So we are all the way down to the eighth grade of both junior high schools and we have plans to go into the elementary schools next year. We just discuss. We don’t try to force an opinion. It is wholly educational as a program. It is a neutral program.

We don’t try to force our opinions. We just discuss issues like should it be legalized. We try to give the kids at least some information so that if they ever are offered some kind of drugs, and they probably will be, at least they won’t go into it absolutely blank, but they will have some information.

Senator KENNEDY. What has been the effect of it, from the conversations you have had with students?

What do you think has been the result of the program?

Mr. PUFFER. Well, as I see it, it can’t possibly hurt. There have been complaints that kids have all of a sudden, through the program, got interested in drugs and were turned on because of the program.

But I can’t really see that. Of course, you will never get somebody to come up to you, or, at least, it is very rare, and say, “Gee, I am glad you came to my class because I was going to take drugs and now I am not going to.” That is not the way it works.

Senator KENNEDY. How does it work?

Mr. PUFFER. The reaction that I get is that kids are at least glad to talk about it. The high-schoolers have been somewhat overexposed. I think, and I am glad we have left the high school now. Kids, the first and second time around, are pretty glad to talk about it so that they can have some basis of fact.

Again, we can't tell them whether or not to take it, but I think that even if we just save one kid, the program has been a success.

Senator KENNEDY. What is your reaction to the fact that these educational programs might stimulate additional interest in drugs? They do find some that are dangerous and some that are not. Many young people are talking about drugs and, as you point out, many apparently have some kind of attraction to drugs. Therefore, many kids are going to turn to it.

Mr. PUFFER. Like I said before, before you graduate from college and before you graduate from high school, probably, at some point every student in this auditorium either has been or will be exposed to drugs.

I would much rather have them exposed to it with at least a factual background, rather than just hearsay. It is not whether or not they are going to become interested because of it, because they are already right in the middle of it.

We have plenty of drugs around. Under our program, at least they know something about it before some friend comes up and might say something that is untrue.

Senator KENNEDY. Janice, what do you think?

Miss RICHARDSON. If you are really honest with the kids—I have just been to one class—if you are honest, they will listen.

If you point out that in some cases it is bad for you, they hear it coming from another student and you tell them—

Senator KENNEDY. What do you tell the students?

Miss RICHARDSON. Mostly they do the talking because they like to talk. You just say, "You can find beauty in other ways besides finding it in an artificial way. In some cases the drugs can be bad for you."

I wasn't going to be dogmatic and say, "It is always bad," or, "It is always good," because then they wouldn't accept it.

Senator KENNEDY. What do you say, John, to the kids?

Mr. PUFFER. Mainly the same thing. I just get up there and try to be honest and completely straightforward. If you are open, kids will trust you. Unless they trust you, you are completely lost.

It is just like a regular class.

Senator KENNEDY. What do you say are the disadvantages of taking drugs?

Mr. PUFFER. Well, of course, probably the biggest one, or at least the one that can really get you, is the law. I know of nobody who wants to spend 5 years in jail, especially with marihuana. I think it is that, and also the fact that once you start buying marihuana you are automatically in a group that also buys other drugs.

It is not necessarily a stepping stone, but it very often can be. I think those are the two worst points.

On speed, LSD, and heroin, I couldn't find anything good.

Senator KENNEDY. Do you think that if you relaxed the laws on marihuana there would be wider use of it?

Mr. PUFFER. I don't think there would be wider use, and I don't think there would be less use. A lot of kids, especially in the younger ages, are doing it just to be accepted by another group.

A trend that I notice is that a lot of seniors—those who are now seniors—as they have progressed through school, have started doing less with drugs. They have lost the experimental thing and the cool part of drugs. I think we can pretty much stay level.

I think it would help out a lot because nowadays you don't really know sometimes what grade of grass you are getting or what is in it. I think if it was legalized they would have to have some sort of standards.

Senator KENNEDY. What reason do you tell the young people not to take the hard drugs, speed or LSD?

Mr. PUFFER. All you can say is things like the life expectancy for a speed freak is 5 years, and with things like glue, Dr. McLean told me once of a boy whose IQ dropped 60 points in a matter of about a year and a half because of glue. Things like the pure rate of heroin at an optimistic level is 5 percent. You just give them facts like this and usually that is enough.

Some kids are harder to convince and some kids you will never convince at all.

Senator KENNEDY. Do you find, though, that they listen to someone like yourself, or Janice, when you spell out the way it is?

Miss RICHARDSON. Yes, they did listen, but I must say, I haven't been to too many classes.

Senator KENNEDY. Let me ask you: How did you both learn about or hear about drugs?

Just hear about it?

Mr. PUFFER. I, of course, had heard of it probably about the time I was in the ninth grade. When I was a junior I was made cochairman of the drug committee. That is when I first really knew that there are differences between different types of drugs.

Senator KENNEDY. Do the students know the differences?

Do they understand which ones are dangerous—are they pretty sophisticated—or do they just see some pills and use them? What is your feeling?

Miss RICHARDSON. I don't know. In some cases, even if you know that it might hurt you physically, you just don't care. Maybe it is not real to you that it might harm you, if you have no goal and there is no reason, if you have nothing there to really care for.

Well, when I was first exposed to drugs it was far from Winchester. It was in Maine, where they have no money, where they have no place to go, where they know there is really no future for them. It is just something to do. Whether it hurts you or not doesn't matter. I guess maybe they are not afraid of dying or something.

Senator KENNEDY. How available are drugs, would you say?

Mr. PUFFER. You can get everything but heroin by the end of the school day. Heroin is tougher.

Senator KENNEDY. What does that take? A couple of days?

Mr. PUFFER. I know of nobody who carries it around, so it would take probably 1 or 2 days to get it. I am not sure of that.

Senator KENNEDY. But in terms of some of the other softer drugs, what is the situation?

Mr. PUFFER. I have seen kids dealing in the halls and actually breaking up speed and such. There are little rooms that kids used to smoke grass in during lunch. Those have been closed down since the administration found out about it. There are still some places, though. You can get just about anything you want except heroin by the end of the school day.

Senator KENNEDY. Who are the people who are selling these drugs? Are they other students?

Mr. PUFFER. Yes.

Senator KENNEDY. For the most part, are they users of the drugs? What is the motivation for other students selling these drugs? Are they interested in making money? Are they interested in some standing with the other students?

Mr. PUFFER. There are so many kids that push drugs. I don't like to use that word but "sell" is the only other word. There are thousands of reasons.

I know kids who make \$100 a week pushing drugs. Some kids do it because it is still kind of the accepted thing to do. You are pretty tough if you sell drugs.

Some kids do it because they honestly think that their friends will enjoy it.

Other kids do it not to support a habit, because it isn't really a habit, but so that they can buy their grass or their acid. They can get it free then.

Senator KENNEDY. How expensive is it in the schools?

Mr. PUFFER. Not very. There is so much of it around.

Senator KENNEDY. Has it increased? Has its availability increased in the last year or 2 years?

Mr. PUFFER. Yes, very much. It seems like every day more kids are turning on, to the point where estimates we have taken through this drug program from every kid as we go along, or at least every class, indicate that in the high school we usually got about a 50 to 60 percent of the kids having tried it, and about 25 to 30 percent—of course, they are estimates—are habitual users, two or three times a week. I believe the figures are very close.

Senator KENNEDY. And what is the nature of the drugs they are using in the high schools?

Miss RICHARDSON. I think it is mostly just grass.

Of course, something like that, I guess, is up to your own value judgment, whether they should be productive or not, doing something about the grass.

Senator KENNEDY. Would you know where to send someone if he or she were using these drugs and wanted some kind of help and assistance? You have Project CONCERN here. Otherwise, what would the students do? Do they have any kind of feeling that there are people within the school system, or perhaps friends in other school systems, that they can talk to? Or do they feel that if they go ahead and talk, the school officials will tell law enforcement officials and they will be in trouble? What is the attitude of the students?

Mr. PUFFER. In Winchester the cops are very fair about it. If you are not pushing or selling, then usually they will try and get you to stop doing it instead of taking you to court. They realize that maybe you were just there in the same room with a kid, and you were not screwing up your whole life for it.

Then, again, with the pushers they will automatically take them to court. I guess among the kids that I know, the first person they would turn to would probably be Dr. McLean and the CONCERN committee.

Miss RICHARDSON. In one city, they are trying to start the place Freeport. Kids sometimes feel that they can't stay home when they have had a problem with drugs.

The only problem with the plan is the idea of the people in the community, who seem rather closed-minded to it.

This would be a good environment where young people could feel at ease and be able to live better. But I guess there is a lot of resistance.

Senator KENNEDY. So it is a community problem?

Miss RICHARDSON. In that area, yes; because they are trying to do something really constructive.

Senator KENNEDY. Thank you very much.

Dr. McLean or Mrs. Bradley, do you want to say anything finally? Is there anything you would like to add?

Mrs. BRADLEY. I think two of the main worries we have in the drug field are, one, the fact that heroin is coming in. It was pointed out several weeks ago that at the rate we are going, every high school and college would be inundated with heroin in the next 2 years.

The other thing that is very important, and this is from a town point of view, is that very slowly but insidiously the age of the user is steadily dropping down down, down. From the high schooler now we are concerned very much about the junior high schooler.

If a young person is turned on by somebody older, it is just a matter of time before it hits in the grade school. As you try and treat a younger and younger user it becomes more and more difficult to work with them as far as cutting off the drug supply.

I think this is our real concern. Again, it is preventive medicine. We would like to have shelters, for example.

Preventive measures are the most important. But once you have the problem then you do need a great deal of help from the Government from the point of view of detoxification centers, halfway houses and places where young people can be treated.

Senator KENNEDY. And they are not available now, certainly. They are not available at the community level. There is very little support that you can get from the State. That which is made available by the Federal Government is completely inadequate to handle the job in any of the communities.

Dr. McLean, what is generally considered to be a reasonable funding level for a heroin addict in terms of treatment for a year. I have heard the figure \$2,000 a year.

Dr. McLEAN. I am not qualified to answer that.

Senator KENNEDY. I had heard that just as a figure.

Mrs. Bradley, have you anything you would like to say in conclusion?

Mrs. BRADLEY. I think one thing I would like to tell you about gets back to what John was saying.

CONCERN contributed and sponsored a retreat for about 30 to 33 young people. This retreat was not for drug addicts or pushers. It was a group. Some were straight. Some had experimented. Some had gone the road. The feedback after that weekend, which was very difficult to put into words by one of the members of CONCERN—and I was very fortunate to have two of my young people attend this retreat—was that for the first time in their lives they had communicated their “gut feelings.”

It was another way of children expressing what is really bothering them and upsetting them. It was just a very successful thing.

I understood from one of the members of CONCERN that he would like to see this done periodically throughout the towns, so that eventually most of the children who would want to participate could benefit from this experience that CONCERN contributed to.

Senator KENNEDY. How many do you counsel in a retreat, Doctor?

Dr. McLEAN. I should make it clear that it is not just Winchester that we see, Senator. Otherwise, it would look very bad. We see them from as far north as Nashua and south to Brockton, west to Lincoln and east to Lyonsville. So this is quite a large area.

Therefore, I would say that we counseled in the last year well over 100 that had been badly hurt by drugs, and then innumerable young people who will seek advice but not necessarily treatment.

As I say, this is not the picture of the town, itself, but of the area.

Senator KENNEDY. What is your budget?

Dr. McLEAN. Actually, we have no budget. We were given \$2,000 by the town a year or so ago and actually didn't use the money until we published our pamphlet, the town pamphlet, a week ago, when we spent about \$800 or \$900 on that. The paper was donated and so was the postage. So we actually are doing very well on a small amount.

Senator KENNEDY. We are going to make the pamphlet a part of the record. I think it is really first rate. I have had a chance to view it.

You have heard our audience today, their response to your program, which I thought was very warm and positive.

I think you are showing what concerned community action really can do on this problem.

I think as all of us get into this dilemma, we will realize that the solution isn't just going to be through Federal funding, or State programs. Instead, much of the assistance will have to come from the communities and from the student-to-student programs.

Legislation to develop the kind of formula which will be most useful in finding solutions to the problems mentioned—and which will insure the confidence of the young people which I think all of us can see from these two students today is so essential—will certainly be a challenge.

I want to thank all of you very much for your appearance.

Dr. McLEAN. Thank you.

Senator KENNEDY. I order printed in the record at this point an editorial from the April 2 issue the Winchester Star and the recently published pamphlet "It's Time for CONCERN."

(The information referred to follows:)

[From the Winchester (Mass.) Star, Apr. 2, 1970]

DRUGS—THE SCENE HERE

Mailed to Winchester this week was a little red pamphlet that deserves the attention of every person in town. Titled "It's time for CONCERN," the pamphlet represents many hours of diligent and difficult work by the members of Winchester's hard-working drug action committee, the Committee on New Concepts of Educational and Therapeutic Needs.

The introduction to the booklet says, "In an age of drug oriented living, we must realize that along with the comforts of medically approved drug use, there lies an accompanying responsibility to recognize the problems of DRUG ABUSE.

"Young people are 'turning on' in increasing numbers across the nation. Lives are being destroyed by some of the very same chemicals which we designed to save man.

"The youngsters of Winchester are 'turning on' too.

"This booklet is designed to help you to understand our problem, what we are doing about it, and what you can do about it.

"Please be concerned. Now is the time."

Now is definitely the time—not tomorrow after Winchester has followed the footsteps of neighboring Arlington and Needham and recorded a heroin-related

death of one of its young people. It *can* happen here and it *will* happen here unless every one of the adult residents of this community realizes a responsibility and assists CONCERN in every way possible.

CONCERN can't carry the burden alone—it is up to each individual parent to discuss the drug situation with his child. And not just high school students, but the elementary children who want to emulate the high school students and are unwittingly led into the drug scene because the "big kids" are doing it and are making it look glamorous.

There is nothing glamorous about a young person, naked and freezing in the snow on an LSD trip. There is nothing glamorous about a young person jumping off the roof of a building under a drug-induced belief that he can fly. And these things have happened here—not in Needham or Arlington, but in *Winchester*. Not to somebody else's child but to children who live here, who attend schools here.

In Winchester there are housebreaks and thefts related to someone's need for money to feed a heroin habit. It happens here.

Young people here approach druggists with false prescriptions.

In the past several weeks, "Column from CONCERN" on the front page of the *Star* has dealt with the feelings and beliefs of Winchester students about drugs. These letters have not been "put up" jobs. They are the actual feelings of young people about the drug scene. The writers range in age from junior high through high school. Despite their sophistication, these are young people—our young people—speaking about a situation that existed only in the ghettos and in the slums a generation ago. Now it's a fact of life in middle class America. The pushers aren't shifty-eyed characters from the slums or long-haired hippy-types either. They are the young people themselves.

Letter "B" in the *Star* on March 26 says, referring to LSD, Mescaline, speed and other drugs, including marijuana, "All these are easily available to any young person in the community who has the desire to try them." This is here—not Arlington, not Needham, but *Winchester*.

In CONCERN'S booklet it is stated, "The number of drug oriented runaways reported in 1967 was 21. The number of cases in 1969 exceeded 30."

The pictures below were taken this year at a meeting of CONCERN. The marijuana and the needles were confiscated here by Winchester police.

This is here; this is now. We can't urge too strongly that Winchester must not become complacent. The drug scene is here. It is on the increase. Hard drugs such as heroin are in the scene. This is not simply CONCERN's problem. It is everyone's problem.

Don't throw the booklet away. Read it.

Reach the young people. Growing up in this generation is different—but the facade of sophistication does not mean our young people don't need help in handling adolescence. The drug scene offers a seeming escape from the myriad problems of becoming an adult in our complex society.

CONCERN meets every third Tuesday of the month in the McCall Junior High School library 7:30 p.m. P.O. Box 293 will answer any questions. Be there—help.

IT'S TIME FOR CONCERN_X



YES . . .
IT IS
TIME
FOR
CONCERN

In an age of drug oriented living, we must realize that along with the comforts of medically approved drug use, there lies an accompanying responsibility to recognize the problems of DRUG ABUSE.

Young people are "turning on" in increasing numbers across the nation. Lives are being destroyed by some of the very same chemicals which were designed to save man.

The youngsters of Winchester are "turning on" too.

This booklet is designed to help you to understand our problem, what we are doing about it, and what you can do about it.

Please be concerned. Now *is* the time!

CONCERN

*Committee on New Concepts of
Educational and Therapeutic Needs*

WINCHESTER . . . PROFILE OF A CONCERNED COMMUNITY

"Winchester's young people are not strangers to narcotics. To say this is not to condemn or even make a judgement on the young people of this town. Rather we are affirming that the problems facing our young people today are more serious than we adults have been willing to admit."

It was this statement issued by the Winchester Ecumenical Association in October of 1967 which ultimately led to the establishment of CONCERN. (Committee on New Concepts of Educational and Therapeutic Needs)

In response to urgings of the Winchester Police Department; after several executive sessions with the Board of Health, Selectmen, School Committee, and Ecumenical Association; a committee with representatives of all town agencies involved with our young people was appointed by the Board of Selectmen. This committee was the nucleus of CONCERN, which has since become a permanent town agency funded by the Town Meeting in April of 1968 under the direction of the Board of Health.

CONCERN meets monthly, year round, and has involved itself with the problems of drug abuse. It has presented several town-wide programs, given assistance to many individuals in trouble, aided in the establishment of drug abuse programs in several neighboring communities, and helped to foster the student-to-student program in the high school. Presently, CONCERN is stressing the need for adult understanding and knowledge of the problem. Through a series

of panel discussions and living room dialogues, we are attempting to make parents realize the importance of educating our children to the dangers of drug abuse at a very early age, before they are confronted with the tragic realities of the problem.

Although the work continues, and educational progress has been made, the problem of drug abuse in Winchester persists. Recent investigations lead us to believe that, in fact, it has gotten worse.

Medical and legal observations show us that the number of young people experimenting with and becoming dependent upon drugs is increasing at an alarming rate. There are indications that the number of Winchester High School students who have experimented with one drug or another may be as high as fifty percent.

The number of drug oriented runaways reported in 1967 was 21. The number of cases in 1969 exceeded 30.

Hypodermic needles, glue tubes, and marijuana confiscations by the Winchester Police do not present an encouraging picture.

Not only has the spread of drug abuse continued laterally, it has also progressed downward. Our younger children are beginning to experiment, and medical evidence shows us that the poor cure rate for drug dependents becomes ominously poorer with the younger patient.

During the past several months, far too many parents seem to be falling back into the same complacent and undesirable attitudes which prevailed prior to the conception of CONCERN.

It is incumbent upon us as a community, young and old alike, not to obscure the problem of drug abuse, but to accept the challenge and give guidance to our youth, so that they will not, unknowingly, ruin their future, and perhaps the future of their offspring.

CONCERN is dedicated to the concept that our drug abuse problem can be licked, but you must help. We must all become actively involved in this effort through an awareness of the problem, and a genuine desire to understand and help our young people.



WINCHESTER . . . PROFILE OF A COMMUNITY RICH IN RESOURCES . . . WITH A PROBLEM

. . . and what are the attitudes of some of the more closely related sources?

The following questions and answers will serve as a guide in evaluating the nature of our problem and the reactions of our community.

What kinds of drugs are being used by the young people of Winchester?

All of the four types being commonly used throughout the U. S., those being: narcotics, stimulants, depressants, and hallucinogens.

The largest group is that of the hallucinogens. This group is the most commonly abused and the most easily obtainable. This group includes marijuana, L.S.D., S.T.P., and D.M.T. Marijuana is obviously the one most commonly used in Winchester. This is used by age groups beginning in grade six (11 years) through middle age. There is a moderate percent of users in the Junior Highs, but the bulk is contained within the Senior High School. L.S.D. is still common in the drug traffic. Nationally its use has sharply decreased in the light of studies linking its use with chromosome damage. In Winchester its use has become more frequent on the Junior

High level, but its major involvement is still at the High School level.

The stimulants (amphetamines) marketed as benzedrines and dexedrine in capsule form taken orally, and the illegally manufactured methamphetamine in powdered form taken by injection, are the second most commonly abused drug group in Winchester.

The depressants are somewhat common in older age groups, as are the narcotics, but these would be young people not within the school system.

The narcotics are less frequently abused in the more affluent communities by nature of the user, but are now, and in the future becoming more troublesome.

Andre Marcous

President

WHS Student Council



What do the police do if a child is picked up or brought in under the influence or in possession?

If a child is taken into police custody, whether under arrest or otherwise, the first interest of the police is the welfare of the child.

If in fact the child is under the influence of narcotic or harmful drugs, proper medical assistance is sought immediately and the parents notified forthwith. After the health of the child has been assured, it is the duty of the police to ascertain how the child came into possession of the drug. Appropriate action is then taken.

On the other hand, if the child is arrested or taken into custody and has in his possession narcotic or harmful drugs,

a proper police investigation is conducted to determine whether such child is a user or a pusher. In either case, depending upon the extent of the child's exposure to drugs and involvement, the police would take appropriate court action.

Whatever course of action is taken by the police will always be in the best interest of the child and of the community.

Edward F. Bowler
Chief of Police



In the two year history of drug education in the high school, what has been the most effective method used?

The most effective device at the high school level is the class discussion technique in the English classes led now by students trained for the purpose, with supporting literature for all students.

The class discussion techniques have been expanded with the help of the Student Council and Dr. Donald McLean. Student-led discussions continue in the high school, and trained students are now speaking to the Junior High Schools and will be speaking, eventually, to the upper elementary grades.

The great advantage of this approach is that the young people listen to their peers better than they listen to adults.

W. Howard Niblock
Principal, Winchester High School



How can the Ecumenical Association help to relieve the problems of drug abuse?

The churches of Winchester are all deeply committed to help in this area.

They will be of help in efforts toward adult and youth education about drug use and abuse and in the distribution of material to church members.

Clergymen are glad to help with a child or youth in your family that is involved in drug use or abuse. Any of our clergymen would be most willing to counsel with parents and with the rest of the family as they face problems associated with drugs. Of course, any such contact with your clergyman is confidential.

Dr. J. Allen Broyles

Pastor

Crawford Memorial United Methodist Church



How can parents convince their children to bring their problems home?

We can't — but we as parents must begin in the early years to build and develop good sound communications between parent and child.

If our children trust us we will never need to convince them to bring us their problems. They will come to us because they know we will listen and understand.

It is so important that we parents realize that this involvement begins in the arms of a mother and father.

Mary Wallace

*Community School Association
representative to CONCERN*



If drug abuse is suspected — what should parents be aware of?

1. *Companions* — Has there been a change to less desirable, more evasive, poorly motivated friends from the original "straight" friends?
2. *Attitudes* — (a) *Fatigue* — drops out of sports and other organized activities that formerly were entered into with enthusiasm. He or she is indifferent regarding appearance and defensive of friends and activities. (b) *Humor* — change to cynical type or none at all. Warm, spontaneous humor of the teenager is noticeably lacking.
3. *Performance* — Work habits and school motivation suffer. Warnings often replace good grades.
4. *Relationships* — Parent and child relationship becomes more strained and distant. Teacher-student relationship also deteriorates.
5. *Use of drug jargon.*
6. *Disappearance of items around the house.*
7. *Contact family physician, clergyman, police or CONCERN if you need help.**

*See emergency listing in the back of this booklet.

Dr. Donald McLean

Medical Advisor to CONCERN
Chief of Pediatrics, Winchester Hospital



Drug dependence calls for counseling, not only for the youth, but very often for the parents as well. If you have a drug dependent child and are interested in ANONYMOUS group therapy sessions with other parents in a similar situation, please contact CONCERN, or call 245-8652 and ask for Judy, for referral.

DRUGS OF ABUSE . . .

DRUG USED:

PHYSICAL SYMPTOMS:

Glue Sniffing
(also paint thinner, lighter fluid)

Staggering, drowsiness, slurred speech, stupor

Marijuana
(Pot, Grass, Rope, MaryJane)

Increased appetite, red eyes, wandering mind, lack of coordination, discolored fingers

LSD (acid)
DMT
STP

Aggressive behavior, giggling, severe hallucinations, feeling of detachment, incoherent speech, vomiting, laughing, crying, cold hands and feet

Amphetamines
(Pep pills, Bennies, Ups)

Silliness, rapid speech, enlarged pupils

Methamphetamines
(Speed, Meth, Crystal)

Increased activity, irritability, confusion, dilirium, needle marks

Barbiturates
(Barbs, Candy, Goofballs, Downs)

Drowsiness, stupor, drunk appearance, vomiting, slurred speech

Cough Medicine
containing Codeine or Opium

Drunk appearance, lack of coordination, confusion, excessive itching

Heroin ("H", Junk)
Morphine ("M", Whitestuff)
Codeine (Schoolboy)

Stupor / drowsiness, needle marks on body, pin point pupils, watery eyes, loss of appetite, runny nose

WHAT TO LOOK FOR:

PHYSICAL EFFECTS:

Tubes of glue, glue smears, bags or handkerchiefs

Lung / brain / liver damage, death thru suffocation or choking, anemia

Strong odor of burnt leaves, small seeds, cigarette paper

Inducement to take stronger drugs, confusion, disorientation

Cube sugar with discoloration, strong body odor, small tube of liquid

Suicidal tendencies, unpredictable behavior

Pills of varying color, chain smoking

Death from overdose, hallucinations, high blood pressure

Needles, crystalline powder, tablets

Death from overdose, mental disorientation

Pills of varying color

Death from overdose, convulsions, unconsciousness, physical dependence

Empty bottles of cough medicine

Causes addiction

Needles, white powder, cotton, tourniquet (string, rope, belt), burnt bottle caps / spoons, glassine envelopes ,

Death from overdose, destruction of brain / liver, physical dependence

COMMUNITY SERVICES OFFERED BY CONCERN

POST OFFICE BOX 293

The purpose of Post Office Box 293 is to provide a direct line of communication between CONCERN and the community. It may be used to seek assistance, offer suggestions, arrange for speakers, ask questions, or any other pertinent use which serves the citizens of Winchester, regardless of age.

A highly qualified professional, appointed by the committee, shall determine whether the contents of letters should be the subject of general discussion by CONCERN. However, *all* identities will be held in the strictest confidence, will not be subject to discussion by the committee, and will be considered on an individual basis by a professional.

SPEAKERS' BUREAU

CONCERN offers speakers free of charge to all interested groups. Panel presentations and living room dialogues (small group discussions in private homes) may be arranged by writing to P. O. Box 293, or calling any member of CONCERN.

LIBRARY SHELF

A shelf has been provided with additional information on drugs at the Winchester Public Library. (Please refer to Bibliography herein.)

And, finally, the members of CONCERN are available to offer assistance if necessary.



CONCERN MEMBERS 1969-1970

Dr. Donald McLean
729-4500

Physician — Chairman

Andre Marcous
729-4268

Student Council Pres. —
Vice Chairman

Mary Wallace
729-7094

C.S.A.W. — Secretary

Alfred Meurling
729-3364

School Dept. (McCall) —
Treasurer

V. K. Karaian
729-6566
Board of Health
Sherman Saltmarsh
729-1756
Selectman
Dr. Allen Broyles
729-0139
Ecumenical Association
Mary Mears
729-4935
School Committee
Dr. Walter Gleason
729-7946
School Administration
Dr. Howard Niblock
729-3479
School Dept. — WHS
Gardner Handy
729-5061
School Dept. — Lynch
Paula Caffrey
729-4320
School Dept. — Noonan
Edward Burns
894-9378
School Dept. — WHS
Eugene Prior
729-4488
Guidance Dept. — WHS
Donald Spinney
729-5864
Recreation Dept.

Edward F. Bowler
729-5429
Chief of Police
James Cogan
729-1212
Investigating Officer
Richard Beaton
729-0034
Juvenile Officer
Dr. Neil Borden
729-2092
Mystic Valley Mental Hlth
Connie Rendall
729-2861
W.C.C.A.
John S. Ahern
729-3913
Legal Advisor
John Puffer
729-1737
Senior Class President
Justin O'Connor
729-4577
Junior Class President
Jay Zerwikh
729-6208
Sophomore Class President
Mark Stoekle
729-3457
Ecumenical Youth Association
Nancy Bishop
729-8100
Editor, *Winchester Star*

Members-at-Large (by election of the existing committee)

Jean Bradley 729-5634	Joan Bird 729-2019	Robert & Donna Shockley 729-0503	Phyllis Williams 729-1123
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For additional holdings of the Winchester Library see heading "Narcotic Habit" and names of specific drugs in the *subject* catalog. *The Drug Scene*, an annotated bibliography of books and articles, is a good guide. More extensive and up to date periodical material can be located through the *Reader's Guide . . .* under headings such as: Drug laws and legislation,

Drugs, hallucinogenic drugs, etc. and in the *Public Affairs Information Service Bulletin*.

The library also has a few uncatalogued pamphlets.



DRUG TREATMENT PROGRAMS

Boston State Hospital 591 Morton Street, Boston, Mass.	436-6000
City of Boston Drug Addiction Clinic 17 Whittier Street, Boston, Mass.	427-4626
Massachusetts General Hospital Fruit Street, Boston, Mass.	726-2000
The Medical Service One Walnut Street, Boston, Mass.	227-3803
New England Medical Center 171 Harrison Avenue, Boston, Mass.	542-5600
Peter Bent Brigham Hospital Clinic 721 Huntington Avenue, Boston, Mass.	232-6910
Project PLACE 37 Rutland Street, Boston, Mass.	267-5280
Washingtonian Hospital 41 Morton Street, Jamaica Plain, Mass.	524-1540
Public Health Building 79 Paris Street, East Boston, Mass.	569-4892
Massachusetts Correctional Institution Drug Addiction Treatment Unit (Women) Framingham, Mass.	1-875-5258
Massachusetts Correctional Institution Drug Addiction Treatment Unit (Men) Bridgewater, Mass.	Ext. 265 1-697-6941

In conclusion, we hope that you have found this booklet helpful, and have a greater understanding of our mutual problem now that you have read it.

But remember, this is only a beginning . . . if we are to give guidance to our young people, we must be thoroughly educated to the TRUTHS about drug use and abuse.

Read everything that's available to you, attend meetings and group discussions on drugs, but most of all, listen to our youth . . . they know where it's at!

We must understand before we can take constructive action. We must know as much as our kids do if we are to help them!

If you would be interested in helping in any future activities concerned with this problem, please fill out and mail the following.



MAIL TO:

CONCERN

Post Office Box 293
Winchester, Mass. 01890

Name _____

Address _____

Town _____ Telephone _____

NOTE: Present libel laws in the state are very restrictive concerning the reporting of suspected involvement in the area of drug abuse. If you wish to be informed in the event that any member of your family is so implicated, please indicate by registering your permission below.

Signature

EMERGENCY LISTING

The following persons have volunteered to assist in emergency cases and/or confidential counseling of our young people.

Rev. Chuck Bartells	969-3681	
Dr. Michael Curtis	646-7091	
Rev. Dick Diehl	729-3773	(729-1871)*
Fr. Paul Fahey	729-8220	
Dr. Roy Johnson	729-3090	(729-6342)*
Dr. Gustav Kaufmann	729-3090	
Dr. Donald McLean	729-4500	(729-1724)*
Dr. Joseph O'Connor	729-5650	(729-3111)*
Dr. Edward Rendall	729-3090	
Dr. John Stoekle	729-3457	
Dr. Paul Walters	729-1895	
Rev. Everett Waters	729-2864	(729-0576)*

**If not available at listed number.*

Senator KENNEDY. Finally, we will hear this morning from Father Lane, the director, and three participants from the ACiD program in Malden. ACiD has group therapy and other activities for helping out on this problem. We look forward to learning about it.

STATEMENT OF FATHER BERNARD LANE, ON BEHALF OF PROJECT ACID, MALDEN, MASS.

Father LANE. With me are Joseph Corrigan, Joseph O'Malley, and Jimmy Lubinski.

Following the presentation of information about our center, I would then like the fellows to speak, since they have been through the drug experience and they are also products of our program.

Before I begin these remarks, I would like to make two distinctions. We are talking here about the drugs which affect most adolescents, namely the speed, acid, marihuana, the barbiturates and amphetamines. This is the chief area that we are dealing in with the adolescents.

We also have some youngsters, for example Jimmy, who have been on heroin to a limited extent.

Secondly, I would like to make the distinction between the age group we are talking about. I feel when people talk about drugs, they fail to make that distinction. Are they talking about those under 20 years of age? Are they talking about adolescents? Or are they talking about the college students?

We may get into this later on, but we feel that the young person who is an adolescent, teen or preteen, because this is the most emotionally insecure period in their lives, if they are becoming involved in the use of marihuana, for example, getting into it heavily, within a period of 2 or 3 months, almost inevitably, because of the psychological hangup involved in it, they will go on to the use of speed, acid and the barbiturates.

Perhaps never before have we found so many youths in society so much alone, so unsure of themselves, so alienated with the feeling that there are few places to go for help and few who care or attempt to understand the youth teen.

I really believe it is only when we get out of our professional bag and our neat, sanitary clinics and into the street, being available to these youngsters in a noninstitutional setting, that we realize that there are few to hear them and few to share their deep anguish and psychological pain and become involved.

Recognizing the number of teens and preteens on drugs, and that their use is only symptomatic of more basic and serious problems in their life histories, we felt the urgent need of not only a rehabilitative but a preventive program within the total community.

When a person enters our program, he is confronted with the experience of joining a fraternalistic community designed to promote supported interrelations between its members as a family, operating as a family.

In the drug users circle, the group forms a close-knit family where great pressure is exerted on the potential dropout, for fear of breaking up that unit. Therefore, when a youngster decides to go straight, it is not sufficient for him simply to go into a mental health clinic once a

week. Rather, he needs the support of a new peer group suffering the same pain and anguish as himself. Irresponsible values and the youngster's past image of himself are challenged.

Insight is changed to the need of a new value system which commands respect and responsibility and honesty to one's self and others. Being straight does not mean simply being off drugs or alcohol; it means being at all times in all relationships an honest and sincere human being.

Adolescent counseling in drugs we believe involves a positive environment in which it is possible for the former drug user to grow.

It is our hope to develop a healthy, responsible adult who is capable of accepting reality without escaping through drugs, alcohol, or other chemicals.

From our encounter with the drug scene and alienated youths and being on the streets with them 24 hours a day, a philosophy has developed to help kids in what we feel is the only real, effective way. The house here, the center, limited as we are, offers youngsters three things: First of all, a place to deal with their feelings; a place to talk or rap about difficulties; a place where they can find support and encouragement and people who can love, as indicated by their willingness and obvious commitment.

It offers them a hotline or place where they can call any time, 24 hours a day, when uptight.

Secondly, it is a place where they can learn to cope—cope with themselves without taking drugs, without copping out; a place where someone older would listen for 3 or 4 hours, if necessary, at any time.

Thirdly, it offers them a place where the emphasis is on youth as people and how they cope with their obligations and their feelings. They may find a supportive and challenging environment where they may learn to cope with the help of their peers, with their feelings toward school, teacher, parents, siblings, heterosexual relationships, and most importantly, themselves.

We are not interested in the house in the pharmacology of drugs or legalism of drugs. One of the first rules of the house is that we do not talk drugs because that is not the problem at all. We leave the drug out on the street.

We are there to talk about our feelings. Most young people, I feel, because they live in a very cold and alienated environment, find themselves unable to shut out the real anguish and feelings that they have.

In short, this is not a hangout or hostel or recreation center, but it is a structured, therapeutic program and rehabilitative center where a youngster can appeal for help when in difficulty or seriously disturbed. Not only is this in regard to drugs, but the runaway, the school problem, the unwanted pregnancy.

All these cases are constantly coming in because the youngsters of the community feel this is the only place within the community that they can turn to.

The program is also a preventive model dealing with adolescents who have been involved or would shortly be involved seriously because of emotional and environmental problems with drugs or alcohol.

It is our hope to reach and to help youth before they need to be institutionalized and before the need, which I believe will happen in 4

or 5 years from now if communities do not respond, will cost us millions of dollars to do so.

Because of the genuine concern, investment, and involvement of a committed staff, which also involves every kid that participates in the house, the young person feels he no longer has to run or cop out.

The community should resolve realistically the problems and hassles that we all encounter. At the center, the troubled adolescent, boy or girl, becomes part of a new constructive care and peer group, where, through group therapy, he is able to deal with his feelings of loneliness, rejection, hate, anger, and frustration.

Last night, for example, in a session there were five youngsters there. Three of the boys, 15 and 16 years of age, broke down and cried, and one boy was rolling across the floor in tremendous psychological pain. This is far more severe and far more intense.

In group therapy he is able to deal with his feelings of loneliness, rejection, and hate. Through individual counseling in the group sessions, the youth is helped to deal with himself, his image of himself, his feelings of worth, which initially are consistently negative.

We are fortunate to have the supervision of Jack Sarmanian, a psychiatric social worker in Boston State Hospital, myself, and two other group therapists.

The resources within the community for assistance and referral are the Malden Community Hospital and the Tri-City Health Center, which has both adolescent and adult clinics.

The Malden Chamber of Commerce has made a major contribution in public relations and job placements. The program is geared to those who want to help themselves.

After the interviews and personal evaluations with the director lies the very heart of the program—and this I would like to emphasize—the group therapy session. These sessions are divided basically into three groups: The first is an orientation group where a youth first enters the program and begins to relate with others and begins to establish a trust relationship.

Senator KENNEDY. Father, I think I will put all of this into the record. We are going to run into a time problem. To the extent that any of these young people want to relate their experiences, I think it would be very useful if we can have that.

I would like to start hearing from them.

STATEMENT OF JOSEPH O'MALLEY, ON BEHALF OF PROJECT ACID MALDEN, MASS.

Mr. O'MALLEY. First of all, I would like to start out by saying Father Lane mentioned the institutions and things of that nature. I readily feel you can put all the money you want into institutions, urban renewal and most of all defense, which we usually put most of our money into, but I think it is really about time that we started putting money into a well worthy cause like people.

I am 17. I started using drugs when I was about 13 or 13½. At first it was just for the kicks, just to make me get high on weekends, something to do. I would sit down and swear a lot and a lot of kids I knew and played sports with were turning on with grass at the time, so I decided to try it.

I got off the first time and it was great. It was a great feeling, a warmth. So I decided I would use grass quite often. I made the promise to myself at the time that I would just do grass and maybe a little wine with it once in a while. That lasted about 2½ weeks and I started doing speed or methedine, whatever you want to call it, black beauties, green hearts, dexedrine, and it was great.

I did it for maybe 8 or 9 months. I was speeding in school, at home, everywhere. It was a very strange thing about that. The most about speed that I really enjoyed was crashing, which very few people enjoy, but to me that is it. That is what made speed the drug—coming off of it, coming down. I had a lot of strange starts while I was crashing, coming off of speed. You might say it was a sort of masochistic sense or feeling.

I thought an awful lot about suicide. I went to the extent one night of climbing out of my 13-room home and standing at the very peak of the roof. I was going to jump. I looked down and I saw the cement pavement and I said, "Man, if I jump, I might live."

If I did, that was going to mean a lot of pain. I don't want that. I crawled back in the house and I was really a failure at killing myself.

Speed got very hard to get around Malden and other communities and the grass you got you weren't really sure whether or not you were getting good grass or whether or not it was a burn, or was oregano or anything. It was too bulky, too hard to carry around.

At the time, there was a lot of acid around, or LSD. I never wanted to do acid, simply because of what I read, about how it messes up your kids, messes up your mind. It just messes up your whole life. You might end up on a permanent trip and end up in an insane asylum, so I started doing barbiturates and anything else I could get my hands on. But to me, it was like a drag, like being superdrunk. I didn't like it at all, even the thought of being drunk. So I did acid, and I dug it. I liked it a lot because for the first time in my life, at least at the time I was doing drugs and before, I had seen something called beauty, and the little color patterns that you get, the little flashes, and the people, the peaceful, tranquil atmosphere that you have your trip in. Some of you might know what I mean.

I have been straight almost a year now. I will be straight a year April 16. The beauty I have seen and the people I have met at the Acid center, the kids, Father Lane, the beauty right there in people is far better than any trip I have ever been on, and I have had some pretty good trips.

I didn't stop with grass, acid, speed or the downs. I was standing on the corner one night and a kid asked me if I had ever done smack, which is heroin. I got a funny feeling in my stomach. I said "No, I never want to touch that, I don't want to become a needle freak and look like a sponge." So he said, "No, man, you don't have to shoot it up. You can snort it through the nose."

I said "no" that night, but I thought a lot about it. About a week later, I was snorting smack in the back seat of a car. I did it four times altogether. I shot it the last three.

I heard Senator Kennedy ask where does the money come from for drugs. My money came from B and E, breaking and entering, ripping people off, rolling drunks and beating up guys coming out of the bar, stealing ladies' pocketbooks, stealing tape recorders out of cars, stealing drugs.

A lot of people say that drugs is where it is at. I say that people is where it is at. That is why I like what the AcID center stands for, because there you meet genuine human beings. They are not afraid of what you think or what you see physically, but what you see inside, something you can't touch.

They are interested in that. They are not interested in the way you dress or the way you look. They are interested in something that can't be touched.

I get a lot of question when we speak out. Many of them pertain to why I did drugs, why I turned on to begin with. The biggest reason was the fact that I couldn't accept myself as a human being because of the many things I had done. Guilt had a lot to do with it.

It is very hard to go home at night after spending time with a chick and kiss your mother goodnight.

It is very hard to go home after ripping off an old man or pulling a B and E and lie outright to your father when he asks you what you did and tell him you just hung around.

Alienation with me was a very big thing. My older sister got married when I was about 8 or 9. I was the only one in the family that wasn't in the wedding. I started thinking that, you know, they don't care about me. I figured if they don't care about me, there mustn't be very much to care about.

I really feel that with drugs you lose the care and respect of yourself and other people. You don't care who you hurt. You don't care if you hurt yourself. All you care about is the high. If it means ripping somebody off or beating somebody up, you will do it. That is what it means.

STATEMENT OF JOSEPH CORRIGAN, ON BEHALF OF PROJECT AcID, MALDEN, MASS.

Mr. CORRIGAN. I am 18 and a junior in high school. I started using drugs in the ninth grade when I was 14. I hung out with a bunch of kids who mostly drank beer, wine, and hard stuff, with a party every weekend, get in a fight, pick up a chick.

Whatever you did, you could always say you were drunk the next day. A couple of kids I hung around with were doing AC, so I did it. I turned on twice. I dug it. It didn't take much time. You didn't have a hangover.

All the kids that I hung around with called me a junkie. They said I was going to kill myself, that I was crazy. So I stopped doing it for about 6 months. I stuck to beer. Then one by one the kids I hung around with started turning on with smoke and again they were telling me I was crazy to spend a half-hour drinking, get sick, throw up, have a hangover the next morning, go in and get caught for being drunk.

All you got to do is blow a joint, or blow two joints, take 10 minutes and you are stoned all night. Finally, I did it. I was the last one to turn on.

After about a month of smoking, that got to be a habit, too. It wouldn't take too long to find somebody who smoked, to know where I was going to get it, where I was going to get the bread for it, whether I was getting good smoke, whether I was spilling it.

So I guess I was looking for something a little better, when I went to speed. I dug it. I could keep up my act with speed. I was always talking. I always had an answer. I never got tired. Everybody thought I was Joe Fool. I had it made.

After doing methedrine for about 7 months, I lost 30 pounds. All my teeth were falling out as a result of it. I slipped from my house weekends at a time, then a week, until pretty soon I wasn't home more than 5 days out of a month.

I don't know, I guess my parents kind of got in my way. They kind of hassled me. I really didn't care for them anymore. They were there in the way of what I wanted them to do. They didn't understand because they didn't know what I was talking about. I couldn't get through to them.

I said I would never take acid because, like Joe, I heard what it can do to you, ruin your kids, go on a trip for the rest of your life. I was at a party with a chick. They turned me on on acid. I was stoned at the time. It was a good trip; I dug it.

I quit about a month after that. I never really used the downs because I didn't dig them. It was like being superdrunk after the first time. I was down at the square one night with my friends, who I would turn on with, who I would really get close to, who I really dug because we used to turn on all the time. One turned me on with morphine. I had never done it before. He turned me on through an overdose. I collapsed, my face in a puddle.

All I can remember is trying to roll out of it so I wouldn't drown. Fortunately, I did roll out. All the other kids split. They didn't want to get caught with an OD.

After that, I said I would never turn on again, that I was worth more than that. That lasted about 2 days. I was trembling. Back to speed and getting stoned again.

It seemed like every time I went out of the house I was thinking about who I was going to meet, what they were going to think of me. I thought everybody was after me, out to get me.

One of the kids on the corner had gone to see Father Lane. He knew I was getting in deep. He asked me to go up and see him. After a while I agreed.

First I was just going to go up and tell him how crazy he was, that getting stoned was good, what I thought of the establishment, what I thought of all the people, what they had done to me. I did for an hour.

After that, he looked at me and said, "Joe, what about you?" And it sunk in. At first it was hard to talk about myself, how I really felt. But the longer I talked, the harder it was to stop.

I guess I spoke for about 2 hours and after that he looked at me and said, "I don't know what we are going to do but we will do something together."

I broke down and cried. It was like someone was sitting on my chest for the last 2 years.

Father LANE. Both of those are students in high school now and are doing a tremendous job. Joe is going on 19. He is back in school.

Jimmy has been with us for 2 weeks, just very briefly. He is now in the hospital. He came out of the hospital today. He can tell you very briefly his situation.

**STATEMENT OF JIMMY LUBINSKI, ON BEHALF OF PROJECT AcID,
MALDEN, MASS.**

Mr. LUBINSKI. I am 18, and I have been doing drugs for about 3 years. A year ago, I was entered into Bridgewater by the courts for drugs.

It didn't help much because I guess when I got out I still went back to drugs. I had been doing heroin for about a year and a half off and on.

For the past 6 months, I was really into it. I have had a physical habit because of the psychological hangup, which is the whole thing.

I think I went really as low as I could possibly go with drugs. I can say more or less thanks to AcID I sort of owe my life to them.

Father Lane being out in the street, seeing how messed up I was, finally convinced me to come up to AcID and see what it was like. I really had nothing to lose where I was so messed up anyways.

So I gave it a try. I really thought there was no help. You get into drugs so heavy you think it is more or less the end. I really, really almost killed myself. I guess I am sort of afraid to die. Maybe that is what kept me from not doing it.

Anyway, I really think the point for being here is trying to express the need for a constructive program. I think I have been through every kind of drug and I ended up with heroin, which usually is like the top of the ladder and there is no way to go from there but die, deteriorate from the drug or kill yourself more or less.

Thanks to this program of Father Lane's, I think I am going to be a citizen, a good person, some day.

Father LANE. I would just like to say that as a community-based program, we are in close rapport with the police, the hospital, mental health, the school department, educational programs, and so forth.

Senator KENNEDY. Let me ask you, boys: What turns you on now? You told us what turned you on before. How do you get your kicks now?

Mr. O'MALLEY. Like for me, I just get stoned on plain old life, just plain being a human being and seeing other people that I know, love and care about being human beings. That turns me on itself.

I would just like to say one thing about that. The other night, Tuesday night, we had a group therapy meeting, and again last night we had one, in which three out of five kinds were talking about their home situation. To hear these kinds talk and get out what they really felt was great.

But the climax didn't come until one of the kids who hadn't said too much rolled up into a ball and was crying in complete anguish. He couldn't even talk.

Jack Sarmanian, from Boston State, talked to him very calmly. Father Lane went over and put his arms about the kid. But the kid was in so much pain psychologically that he just could not talk. All he could do was lay there and rock back and forth curled up in a ball crying.

To see every single one of those kids crying with him, including myself, I think was a high in itself. Just to see that there are people that do care and do love other people is a big thing.

It is hard, especially when you are doing junk, or even up until now

I haven't realized that there are people that do care. Maybe not enough of them, but it has to start some place.

I think AcID and places like it are trying to start people caring.

Mr. CORRIGAN. I guess I am somewhat like Joe. Since I have been in the house, I guess the younger kids are like me. When I first went in there, I didn't think it was going to be that tough going straight, because I never had a bad physical addiction.

The first week was easy for me, the second was harder and the fourth was hell. I was in a million pieces. When I see these younger kids crying, pouring their guts out, wanting to go straight, and they are going through the same thing that I was going through, that Joe was going through, it really makes me feel good, to be able to try and make them understand it is going to pass, that they will go straight some day, and that they do care enough about themselves to hurt. That gives it to me.

Senator KENNEDY. Father Lane, in conclusion, where do you get the funds for your program?

Father LANE. We raised \$10,000 in the city ourselves. We received a \$10,000 grant from the State, and two \$5,000 grants. That gives us a budget of \$30,000 which is already accounted for during the coming year.

Senator KENNEDY. No Federal resources?

Father LANE. No other resources whatsoever. We saw in the past 2 months over 115 kids, with 60 kids including therapy. We had over 11 heroin addicts. We deal with youngsters 19 and under for most of the barbiturates and so forth.

Senator KENNEDY. Are there any other places like AcID? We have heard of CONCERN. Are there any other groups like this that you know of in the State?

For example, your program, certainly as seen by these three young people and I am sure many others, is having a very important impact.

How does what you are doing and the efforts you are making get around to other communities that are really concerned about this problem?

Do you have any kind of clearinghouse? Does the State provide an interchange of information? Do you people get together?

Father LANE. Because of our limited staff we have been so involved in the house for 24 hours a day that this is one of the things we need—money. We do have a plan. We hope that perhaps in the coming year we could involve two or three of the surrounding cities, the tricities and tricity mental health.

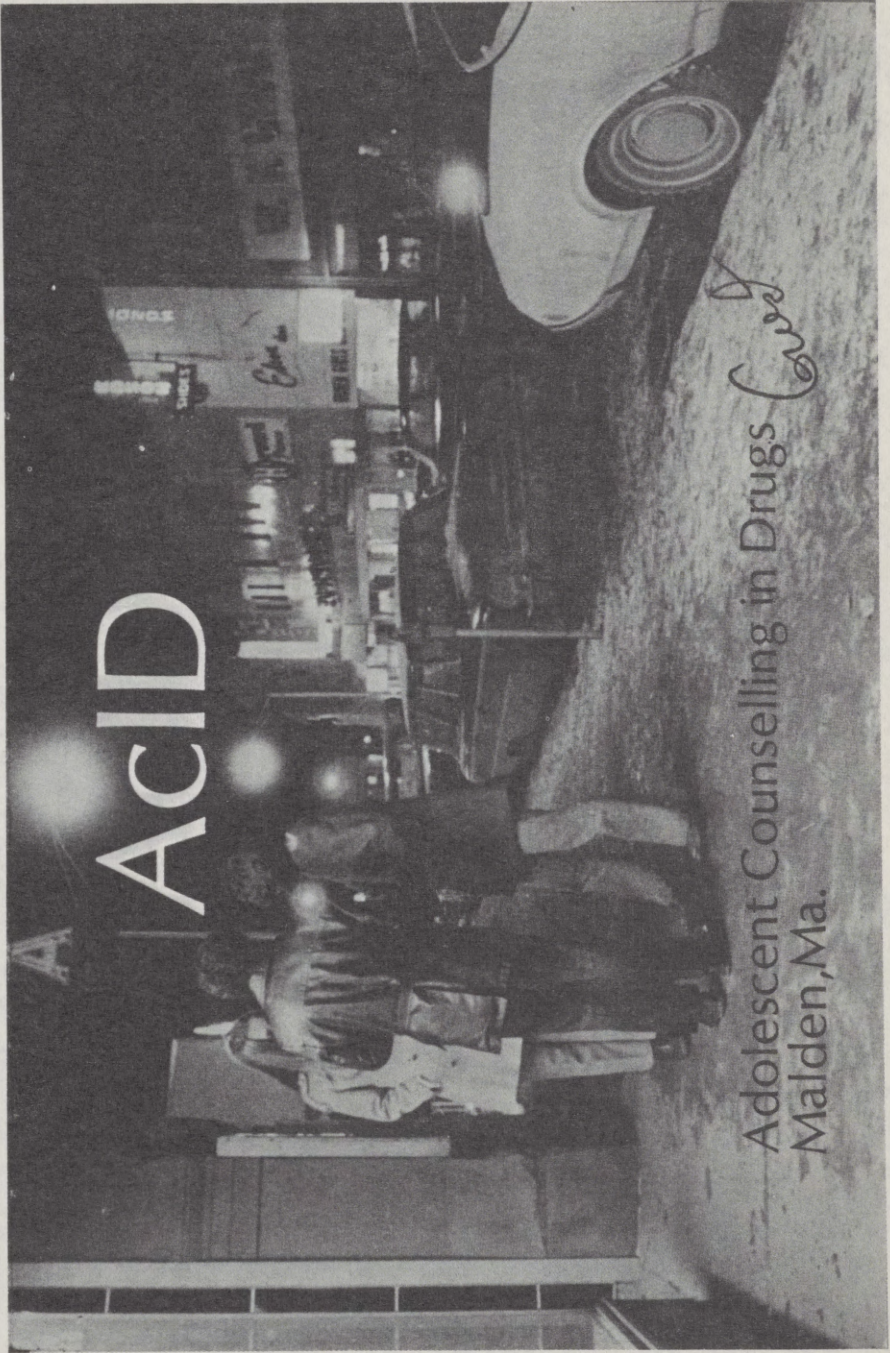
We do have the staff, personnel and talent, but we don't have the money to pay these people to do this research, to document what we have done.

This is one of the areas in which we need moneys. We do have, we believe, a very effective model program for a community. We will challenge anybody to evaluate it. But we need the moneys desperately.

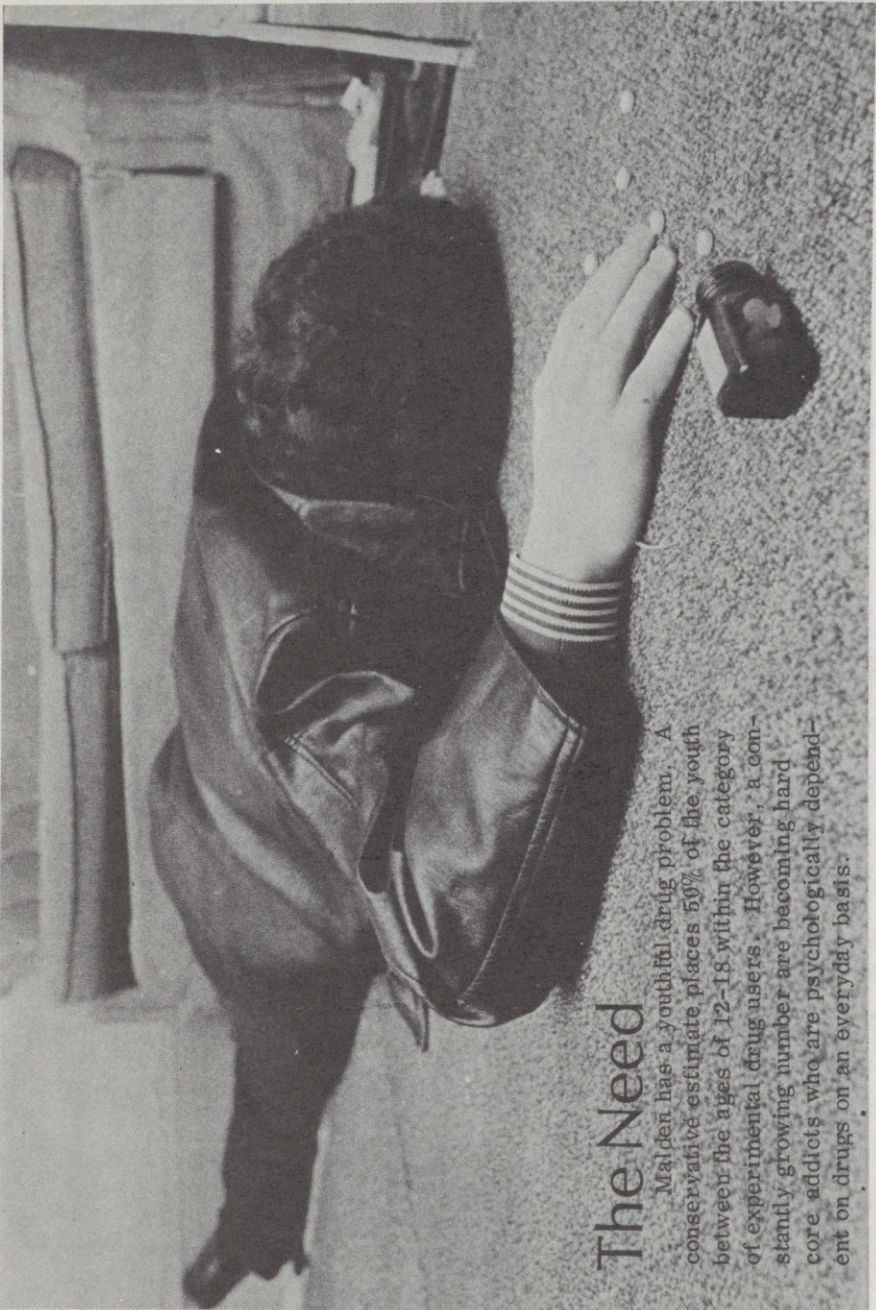
We need, for example, a halfway house desperately. Some kids have a need to be placed during a month or 3 months or so away from their family situation, in coaching with the kid and then later involving the family in group therapy, also.

Senator KENNEDY. Thank you very much. I order printed in the record at this point a pamphlet describing Project AcID.

(The information referred to follows:)



Adolescent Counselling in Drugs *Cord*
Malden, Ma.



The Need

Malden has a youthful drug problem. A conservative estimate places 59% of the youth between the ages of 12-18 within the category of experimental drug users. However, a constantly growing number are becoming hard-core addicts who are psychologically dependent on drugs on an everyday basis.

Drugs are only a symptom of their problem. Adolescent users have become dependent on drugs for altogether different reasons than the kicks they receive when taking a "trip" or being "stoned". They have a need to communicate with their peers and adult society which they cannot handle in a straight state. They feel a lack of concern by society for them as people, a sense of guilt for their actions, a sense of irresponsibility and, therefore, turn to drugs to make things right. The drug user is essentially an undisciplined, disintegrated person.

During the summer of 1969 Father Bernard Lane, Chaplain at Malden Catholic High School, knowing the problems of adolescents here, recognized the need for a program to reorientate the drug user to become an "inner directed" person, able to cope with the "hassles" or "pain" of growing and living. His beginnings were small; one room at the Malden Visiting Nurses Building, but his success impressive. He quickly developed a rapport with the users, became a trusted confident, and within seven weeks over forty users were visiting with him regularly.

Father Lane soon realized that his "piecemeal" efforts were doomed to failure unless adequate quarters, funding, and staff could be secured. Therefore, he went directly to the heart of the matter securing recognition from all facets of community life. An extensive campaign began which resulted in the formation of AcID, with a board of directors composed of the leadership of the Malden Community.

AcID 13 Linden Street Malden, Ma. 02148 324-2218

AcID is a non-profit charitable corporation organized under Chapter 180 of the laws of the Commonwealth of Massachusetts in 1969 in Malden.

This brochure was prepared to explain the scope of the AcID Program to the Malden community. Photos by Tom Hiltz - Written by Peter Knox and Eric Swider - Makeup by Tom Hiltz and Eric Swider - Printing by Colonial Printing Company, Inc., Malden, Mass.

Additional copies are available from AcID - 1 copy free -- 2 or more copies 10¢ each.



AcID is a community program dedicated to the certain knowledge that drug addiction can be cured - but only by eliminating the basic cause, of which drugs is merely the symptom.

AcID is not an institution in the sense of being either a jail or a hospital. Its doors are always open. When a person enters the program he is confronted with the experience of joining a "fraternalistic community" designed to promote supportive interrelations between its members as a family operating as a family.

In the drug users circles the group forms a close knit family, where great pressure is exerted on potential drop-outs for fear of breaking up the family. Therefore, when he decides to become a former drug user, the individual needs the support of a new family, a peer group suffering the same pain and anguish as himself.

In AcID, great emphasis is placed on the individual. It is not a program where one goes to help others kick a "habit" or a place for "do-gooders" to take "egotrips". It is a place where a youth can release his innermost feelings; a place where others who know the pain can help share the burden and lessen the pain; a place where one must be willing to be real and genuine; a place where the individual is to face the realities of his particular life situation.

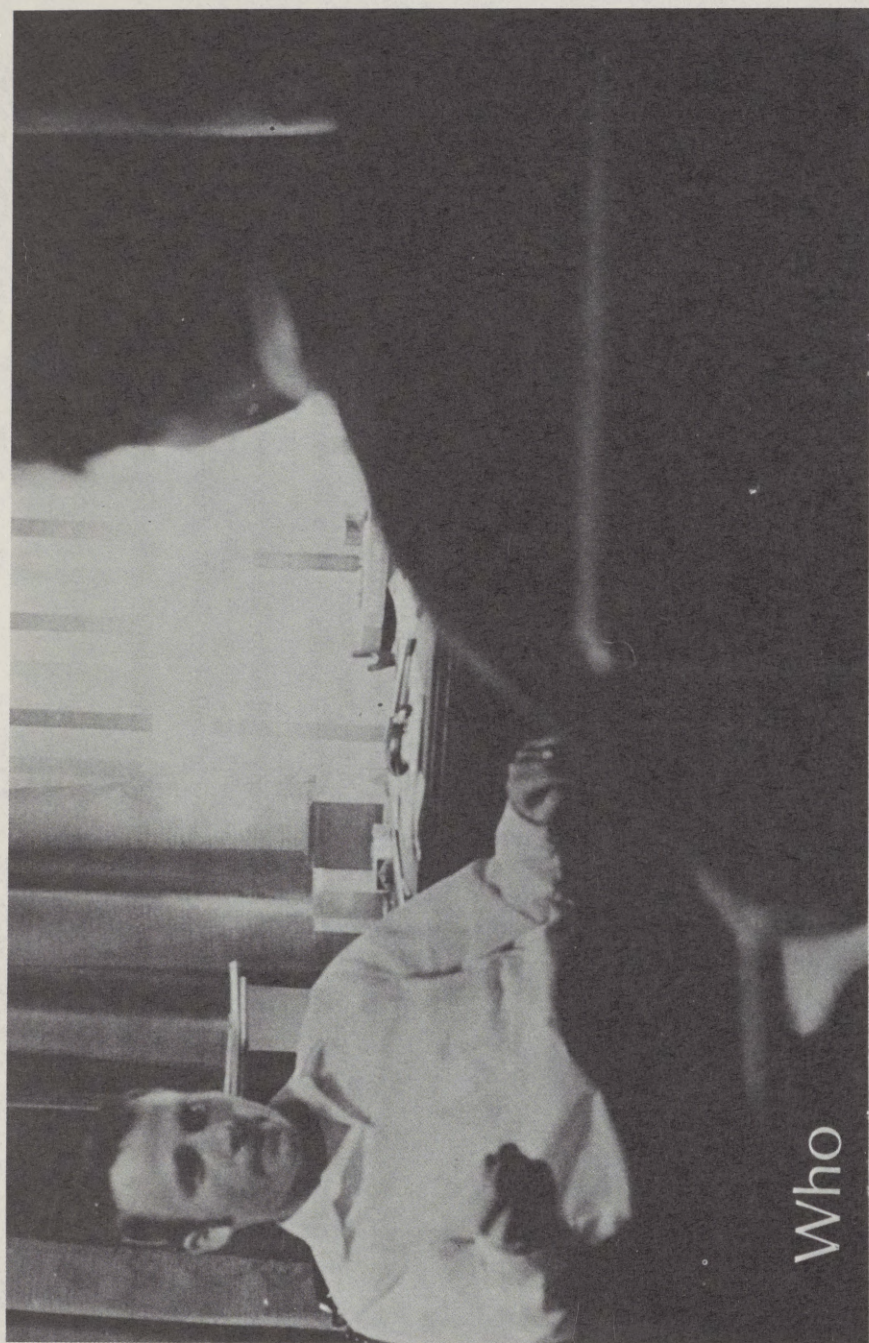
Irresponsible values and past image are challenged. Insight is afforded to the need for a new value system which demands respect, responsibility, and honesty to self and others.

AcID provides a positive environment in which it is possible for the former drug user to grow. While he may begin as an irresponsible, immature, person unable to cope with everyday living under the usual stress situations, it is AcID's hope to develop a healthy, responsible adult who is capable of accepting reality without reliance on drugs, alcohol, or any other chemical.

The house and its function is governed by a number of carefully thought out rules. But the two most important are:

1. No "chemical" drugs, or alcohol of any kind, anywhere, anytime.
2. No violence or threat of violence.

Emotions are encouraged, if need be one may laugh, holler, scream, cry, love, hate. Infraction of rules is grounds for immediate dismissal.



The philosophy of the AcID Center is a rehabilitative, as well as preventive. Therefore, any youth with any problem is encouraged to take advantage of the program.

However, the primary objective lies with the rehabilitation of drug abusers. There are essentially two areas of concern:

1. The primary objective of the program is geared for adolescents between the ages of 12-19 who are psychologically dependent on drugs, alcohol, or some chemical. With this group the program works directly.
2. In an indirect manner the program acts as a resource agency towards those who are physically dependent upon drugs. Counselling is made available with the aid and direction for admittance to the "Methodone program" at Bridgewater State Hospital and the rehabilitative program at Boston State Hospital.

How

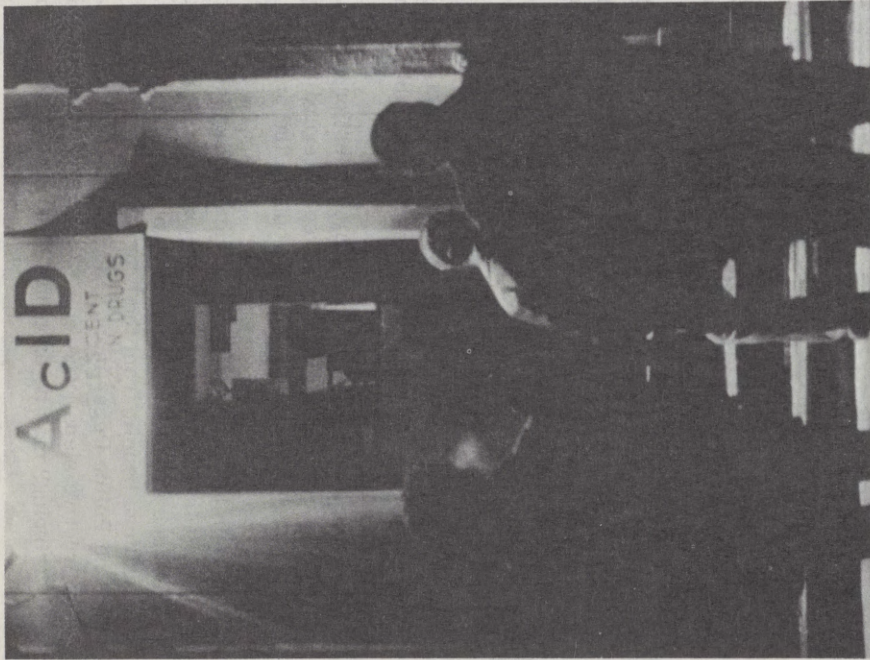
When one discovers that a youth is "doing" drugs, he will also discover that few places exist where help may be secured. Fortunately, the Malden community has the insight to recognize the problem and a unique program is readily available. These are among the avenues open to youth and parents:

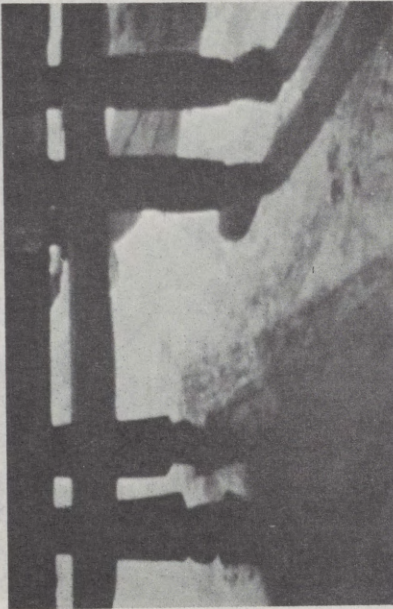
1. A parent who is concerned may request or call for information or an appointment.
2. The youth himself may feel free in regard to drugs or any problem to call and talk to the director or through another youth in the program make known his wishes to enter the program.
3. Within the school system, Guidance Counsellors and teachers may (a) encourage a youth to contact the center or (b) seek permission of the youth to make contact with AcID for him.
4. Judges and probation officers may refer youth to AcID if they feel he or she is motivated and can benefit from the program.
5. The Police Department recognizes that the program affords the possibility of positive constructive steps, whereby a youngster for example who is a runaway, or "stoned", or "tripping" may be brought for immediate assistance.

Where it's at

The AcID program fully realizes the problems of adolescents, but it also makes no pretense to offer magical solutions to these problems. AcID is geared toward those who want to help themselves. Beyond the interviews and the personal consultations with the director lies the very heart of the program, the group therapy sessions.

These sessions are divided basically into three groups. The first is (1) an orientation group where a youth first enters the program and is slowly established. (2) As a new member shows signs of responsible activity and an ability to relate to others, he moves into the second group. Here "gut level" problems are brought to the forefront and discussed. Emotionalism and irrationalism are torn away and the objective truths of oneself are revealed. Openness and honesty with oneself and the group is relentlessly pursued. Often this is very painful experience but a necessary tool for the growth and strengthening of oneself. (3) The "core group" is involved in a constant reevaluation process. The meaning of love, respect for feelings, the overall commitment to life, and the acceptance of the painful experiences of change are in constant focus. Being the "elders" of the house the members of the third group also are involved in the decisions of the





program, enforcing the rules and regulations, and participating in panel discussions outside the program.

Group sessions are held every Monday and Wednesday night from 7:30 to 9:30 P. M. On alternate nights a program for athletic relaxation is afforded through the Malden Y. M. C. A. Parents will be encouraged to participate in occasional third sessions at designated times on designated weekends.

The Staff

Reverend Bernard Lane
Executive Director

Peter Knox
Programs Coordinator

Mr. Jack Sarmanian
Consultant
Psychiatric Social Worker

Dr. Sylvester Sheridan
Consultant
Psychiatrist,
Tri City Mental Health Center

A Real Side...Money

AcID is a private non-profit corporation established in Malden during 1969.

To date, most of its funds have been raised locally by door to door solicitation and contributions of concerned citizens and business people.

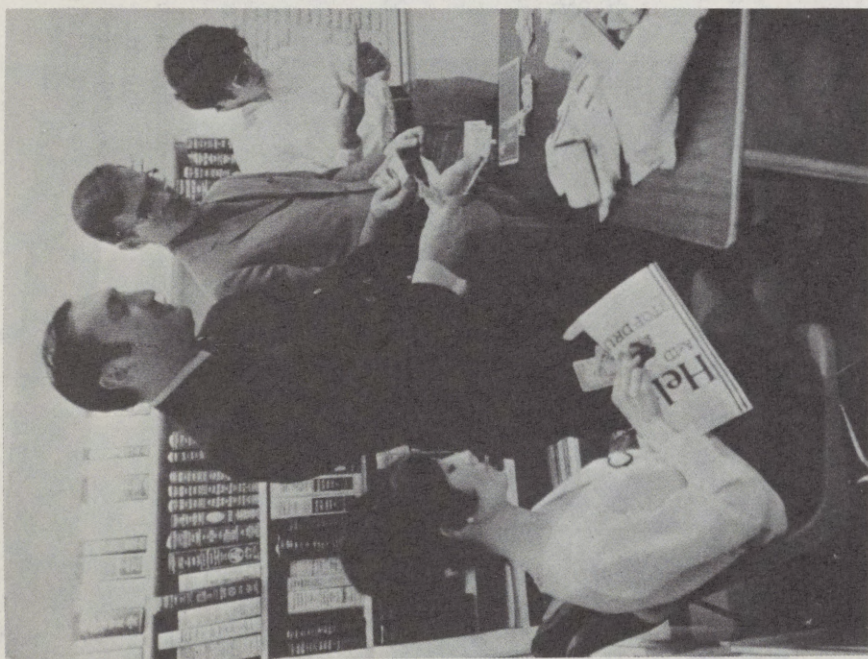
Requests for grants from charities and foundations have been made and, to date, one-year grants have been received from the Godfrey M. Hyams Trust and the New England Regional Commission. Hopefully this will provide AcID with some of the additional working capital it needs to continue its program until permanent funding can be secured from governmental programs now being considered at all levels of government.

AcID has a modest budget for 1970 of \$30, 000, half of which goes to employ a full time staff of three, and a good portion of the balance being used for consulting services and program materials.

Malden is a fortunate community to have a program like AcID at this time, since most communities have a youthful drug problem, but have not mustered the resources to solve it.

Any money contributed to AcID is a good investment in the future of this community... its youth.

And since outside funding is so uncertain at



this time . . . we ask that YOU help ACID AID Malden youth by making a meaningful contribution.

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Which will it be?

One to die by overdose or suicide.

One for jail or mental institution.

One to waste away in five to seven years.

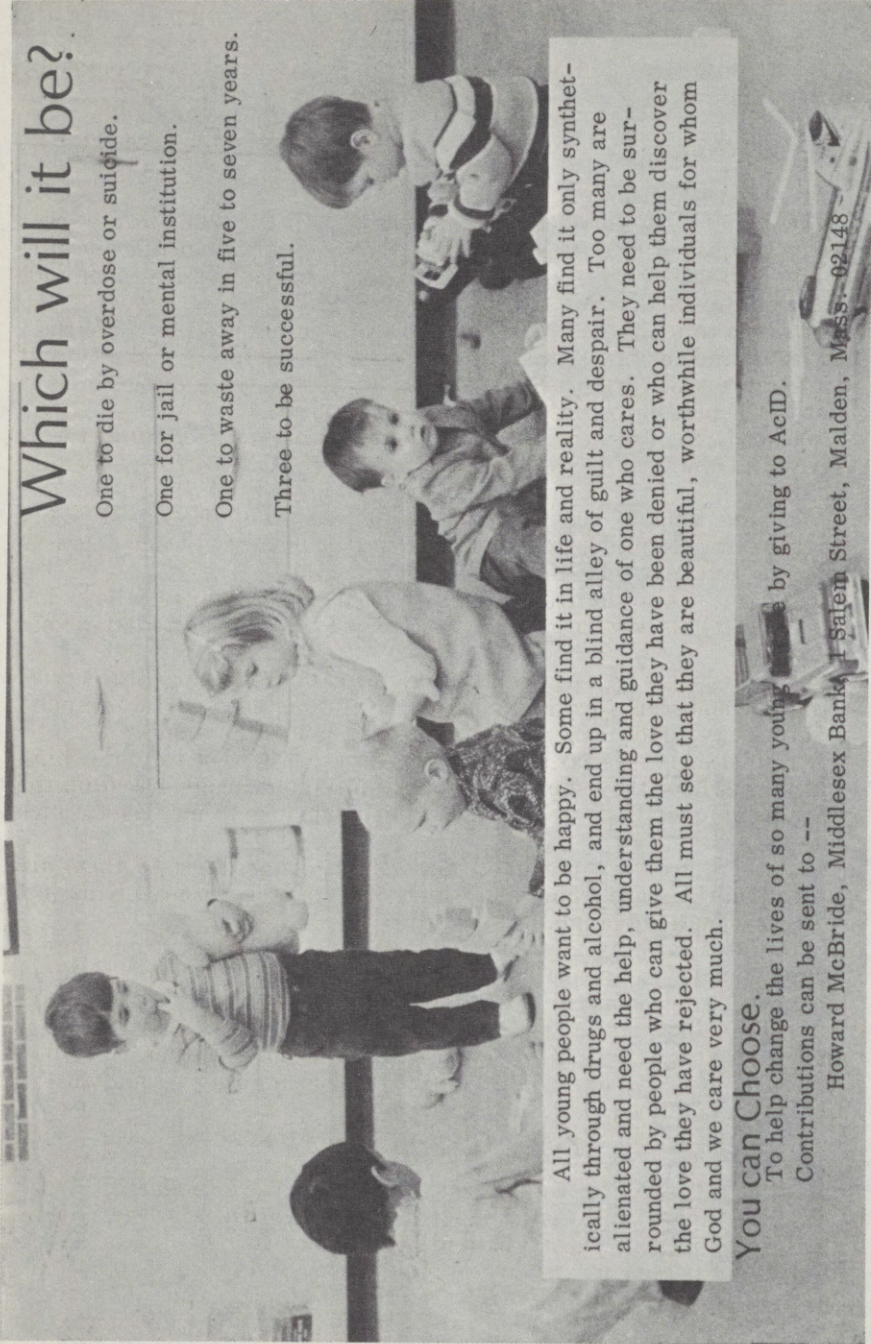
Three to be successful.

All young people want to be happy. Some find it in life and reality. Many find it only synthetically through drugs and alcohol, and end up in a blind alley of guilt and despair. Too many are alienated and need the help, understanding and guidance of one who cares. They need to be surrounded by people who can give them the love they have been denied or who can help them discover the love they have rejected. All must see that they are beautiful, worthwhile individuals for whom God and we care very much.

You can Choose.

To help change the lives of so many young people by giving to AcID.
Contributions can be sent to --

Howard McBride, Middlesex Bank, 1 Salem Street, Malden, Mass. 02148



Senator KENNEDY. We still have a few minutes remaining.

After hearing the testimony this morning, I don't know if there are any students in the audience who would like to make a comment.

If you do, we would like to have your name. If you have a comment, we would like to hear it, for a few moments.

STATEMENT OF JAMES JAY, WINCHESTER, MASS.

Mr. JAMES JAY. My name is James Jay.

The Chief of Police here in Winchester wrote a letter to the local paper and asked in question form, "If your child is burning incense, drinking beer to cover up the high on drugs, staying in his room a lot and acting excited, giddy, dopey or depressed."

It seems to me these tactics are aimed at parents to put more than an iron hand on their kids. I think they are confusing puberty and adolescence with drug use. Does your group use these tactics or is it more of a person-to-person thing?

Father LANE. I feel the best education program is these fellows themselves and the teen-agers that have been involved in drugs speaking outside.

We have spoken before 175 groups throughout the area. Many teachers, for example, in school systems, have told us they felt this was more effective than any of the other programs.

We don't say to do drugs or not to do drugs. All these fellows are saying is, "This is what drugs have done to me." This is what we are saying.

As regards this type of questioning, unfortunately, we get calls from parents who become overanxious to protect themselves and we respond and they say, "How can you do this to us? Your are lying."

Mr. O'MALLEY. As far as techniques go, when I went to junior high and high school they showed a lot of films about drugs, based on the scare technique. They were nothing but a big joke to me. I got a kick out of them.

But there are very few good films about drugs. Most of them are built upon the scare technique, which is completely absurd. Kids just shrug it off as a big laugh. I know I did.

I would like to say now that I hope that some of the people here—I hope you all—got something out of this morning, the whole thing; I hope you learned something from it.

Mr. CORRIGAN. As far as techniques go, you can say that the drugs are bad, that they will kill you, and all you want. But then when it is turned on, it is dynamite. They feel, "There is nothing wrong with it, and it is not addicting me."

It is a relationship between two people, and that is where the caring starts.

Father LANE. As far as scare techniques, Joe has a comment.

Mr. O'MALLEY. I think the acid itself has a great scare technique. I dropped on acid one night and went blind for 3½ hours. I was totally blind. That is what it did. I swore up and down that I would never do another acid. There were about five people in the room. I was crying. My mind was completely wracked. I didn't know what to do. My head was straight. I just couldn't see.

Most people were laughing at the fact that I was blind. I swore up and down that night that I would never do acid again or touch another drug as long as I lived.

The following morning, about an hour after eating breakfast, I dropped the same type of acid.

Father LANE. The whole point is that it isn't the quantity or quality, with marihuana, speed, acid, or anything else, but the reason why, getting down to the feelings and coping with feelings, the youngster being able to get these feelings out and cope with them realistically in a controlled situation.

Mr. JAY. I can see how we can take your experience as testimony, but can we assume that Dr. Collins' 30 acid trips are sufficient to make him an authority on what we should do about drugs and about life in general?

Mr. O'MALLEY. I think that is up to every individual. I don't feel as if I can make a judgment on whether or not somebody else is an authority.

STATEMENT OF STANLEY CLIPTON, WOBURN, MASS.

Mr. STANLEY CLIPTON. I am Stanley Cipton, representing Woburn High School today. I can say that there are people in communities that care. Right now we are establishing a youth center.

As far as I am concerned, half of the problem lies with the kids on drugs and the other half with kids not having anything to do.

We are trying to get the Lutheran Church as a youth center and a place where consultation can be had about drug problems. Half of the problem lies in a kid not having anything better to do so he takes drugs.

Therefore, we want to establish a place for the kids to go to.

STATEMENT OF DICK LONDO, WINCHESTER, MASS.

Mr. DICK LONDO. My name is Dick Londo, and I am on the drug abuse committee at this high school.

I would just like to clarify one thing in the interest of not using scare tactics and presenting the facts as they are.

At the beginning of this panel discussion, in the opening statement it was said that someone who gets into marihuana inevitably within 2 or 3 months goes on to some other kind of drug.

Just at this high school which is what I generally deal with, I would like to point out that the figure that we have is 60 percent of the people in this high school have tried marihuana and as far as heroin in this school, John Puffer already pointed out that it is very difficult to get. You would have to spend 2 or 3 days getting it. I know of no heroin addicts in the entire school. Acid is not very widespread. I would estimate about 20 percent have tried it, and speed is slightly higher, maybe 25 or 30 percent.

So, like I said, in the interest of presenting facts, I would say that marihuana does not necessarily lead to another drug.

Another thing: I think where this came from is that if you talk to heroin addicts, you will find that a very high percentage of them started on marihuana. However, the percentage of people that try marihuana and then go on to heroin is actually very small.

Father LANE. First of all, may we clarify this. I did not mean to give the impression that you refer to. I did not say a youngster experimenting with marihuana. We said a youngster for 2 or 3 months, two or three times a week, getting in heavy with marihuana, there is a very good probability that he will go on to the use of speed, acid, and so forth.

We make this judgment from our knowledge of these youngsters who live on the scene. We feel very definitely 40 to 50 percent of the youths in our Malden community are using drugs regularly.

I am not talking about marihuana. I am talking about speed and acid and downs.

Mr. O'MALLEY. As far as grass goes, I have not yet known a kid, and I know a lot of kids in Malden and other communities, that has stayed on grass any length of time and gotten it heavy, like two or three times a week, for any length, 2 or 3 months, who has not at least experimented on other drugs such as speed.

Speed usually is the first one the kid does; or acid. Usually a kid who is doing grass heavy, for 2 or 3 months, will get involved with speed, acid, and other drugs.

Mr. CORRIGAN. I would like to clarify that when I talked about marihuana, speed, and heroin, I think it has a psychological high, whether it is speed, marihuana, acid, downs, or ups.

It is why you have to depart from reality and take on this euphoria, this feeling. Why he is not satisfied with his life or his reality is why he is somewhere else.

If you are going to talk about heroin in the class with speed, you might as well take speed before you take heroin because it is more harmful physically and psychologically.

Father LANE. To the person getting into marihuana and using marihuana a lot, who says within his own head he can stop it any time he wants, I would challenge him to go 5 weeks without using marihuana at all; if he has been using it heavily, to go 5 weeks without using marihuana and see if he has a desire for it, see if he can stay straight for that period of time.

We have found that with the greatest number of adolescents, because of the hassles they are facing in growing, that this becomes a very easy escape from loneliness, lack of love, and so forth.

STATEMENT OF MISS BETTY LOWE, WINCHESTER, MASS.

Miss BETTY LOWE. My name is Betty Lowe, and CONCERN is kind of like the work you are doing in AcID, only on a smaller scale.

We found that just loving everyone in our group and feeling their pain and their joy was the most fantastic thing in the world. It is something every person should experience, no matter how messed up you are.

I think on the thing Janice was talking about when she said that education has to change, that has to come into it somewhere.

Father LANE. We hope and plan in our own community that we can have the funds to train teachers so that after school they would have group sessions within their own classes.

I believe it has to go down to that level.

STATEMENT OF MISS SUSANNE CLARKE, WINCHESTER, MASS.

MISS SUSANNE CLARKE. My name is Susanne Clark. I am a junior here. I went on the same retreat as was mentioned earlier. One time when the kids weren't relating and I wanted very much to relate, I felt very lonely and so did the group leader.

So I put my arm around him and he put his arm around me and we sat like that for about 5 minutes, I guess. We finally got somewhere.

Later on, in another session, we started getting somewhere. Like I started crying because I felt that someone didn't particularly like me. So one of the girls put her arm around me and I cried on her shoulder. Then everybody got together and put their arms around each other.

It gave me a very good feeling. I felt very good after the thing. I am kind of glad that the boy made me feel that way because I hardly ever cry. I find it very hard to cry. I felt a lot better afterwards.

I know how much better people feel after they cry. I thought that was one of the best parts about the retreat.

FATHER LANE. It is a question of feeling, places where people can let out their feelings, where they can cope with these feelings and not be afraid to express our emotions and our feelings.

Senator KENNEDY. Thank you.

I regret we don't have additional time. I hope the young people who wish to will write to me in Washington.

I want to thank Father Lane. I want to thank all of these witnesses and all of the ones who have commented today.

I think we have learned a great deal. I want to thank the teachers and the students. You have been a very patient and interested group. I think we have had an extremely valuable session for all of us.

The subcommittee will stand in recess until tomorrow morning at 9:30 in Lynn, Mass.

(Whereupon, at 11:30 a.m. the subcommittee recessed, to reconvene at 9:30 a.m., Saturday, April 11, 1970, in Lynn, Mass.)

FEDERAL DRUG ABUSE AND DRUG DEPENDENCE PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1970

SATURDAY, APRIL 11, 1970

U.S. SENATE,
SPECIAL SUBCOMMITTEE ON ALCOHOLISM AND NARCOTICS
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
Lynn, Mass.

The subcommittee met at 9:30 a.m., pursuant to recess, in the city hall, Senator Edward M. Kennedy (acting chairman of the subcommittee) presiding.

Present: Senator Kennedy.

Committee staff member present: James Guest, assistant to Senator Kennedy.

Senator KENNEDY. I wish to thank the mayor and the city officials for providing us with the opportunity to hold our hearing in this building this morning.

We are very appreciative of your interest, and that of the other distinguished members of the city council, and other representatives.

Senator Hogan, I want to thank you very much as well for being here.

Today's hearing is the second in a two-part series of field hearings which I am chairing on behalf of the Special Subcommittee on Alcoholism and Narcotics of the Senate's Labor and Public Welfare Committee.

Our subcommittee is about to report on new legislation for drug abuse prevention and control, and before our final review begins, I wanted to make sure that we had the benefit of the latest information, right from the source, on what the drug problem is doing to our communities, and what our communities are doing about the drug problem.

It is most fitting that we meet today in Lynn. Like every city, Lynn has a drug problem. But Lynn is trying to do something about it.

Just this week, the Lynn Item carried an extensive indepth study of drug abuse issues. And organizational meetings have been underway for Project COPE, a community effort to attack the drug problem.

Yet, if we are to be honest with ourselves, we must ask why are we only now beginning to commit ourselves fully to drug abuse prevention and control?

The problem has been with us for a long time.

It was in 1962, 8 years ago, that President Kennedy convened the White House Conference on Narcotics, and since then we have heard a lot of talk and a lot of promises.

But still the drug menace persists and grows and spreads. Yesterday, we heard testimony that there may be 100 heroin addicts in Arlington.

We heard the president of the senior class at Winchester High estimate that perhaps 60 percent of the students there had tried drugs, and that 25 to 30 percent were frequent users.

He told us that one could purchase any kind of drug one wanted except heroin in the school itself by the end of the day, and that one could get heroin in a couple of days.

The superintendent of the Needham schools said that the students in his area could not only get drugs, they even knew what ships the drugs were coming in on.

And we heard that, except in a very few communities, there was no place for parents or young people to go for informed, confidential, constructive information on handling drug problems.

And even where counseling is available, the counselors have inadequate rehabilitation facilities available to serve even those drug abusers who already want to be helped.

Why?

Why have we failed to stem the flow of drugs?

Why have we failed to prepare parents and children to face the challenge of drugs?

Why have we failed to invest in facilities to rescue the drug abusers?

Don't we care?

Do we think the problem will go away if we ignore it?

The drug problem will not wither away. And we must care if we are to reverse the trend.

We must be willing to invest the money needed: local tax money, Federal tax money, and individual contributions. There is no bargain-basement answer to drugs.

We must be willing to back the money up with community commitment and support for drug control efforts. That means letting residential centers be built in our neighborhoods; encouraging our children to participate in drug prevention programs—both as learners and teachers; making drug abuse a concern of our schools and churches and synagogues and community groups.

We must be willing to challenge our governments at every level to do better—Federal enforcers must cut off the sources; State health officials must provide cure facilities; local officials must involve themselves in an enlightened and constructive way in all aspects of the problem and the solution.

Today we have representatives of all sides of the problem and I hope we can get a better idea of what the future holds.

As I said yesterday in opening these hearings:

Our most important task is to recognize that the answer is as complex as the problem.

It has at least four dimensions: enforcement, education, rehabilitation, and research. Our approach must stress all four dimensions, and no one is enough without the others.

We have already made this mistake in the Senate this year. We passed a bill which the administration advertised as a cure-all for the drug problem. But that was a fraudulent claim.

The bill restructured the Federal enforcement machinery, but that is all it did. It did nothing for the other three dimensions of drug abuse control.

I and others tried to transform it into a comprehensive measure, but the Senate showed itself to be at least temporarily caught up in moving in only the direction of law enforcement.

For what good is it to arrest drug users if we don't have the facilities to deal with them, if they are going to end up back on the street, back on the drugs, and back on crime?

And what sense does it make to wait until a person has already become a drug abuser before trying to do anything about him?

And how can we know what doesn't work and what does work to prevent and cure abuse if we don't put our scientists to work on these problems?

These are the purposes of S. 3562, the bill we are considering today. This bill recognizes the need for strong and improved law enforcement, particularly against the manufacture and supply of large quantities of the most dangerous drugs. But it focuses on other dimensions of a comprehensive approach.

The task will not be easy. There are no quick solutions, no easy panaceas. And the task will not be cheap. But I think that the citizens of this community, and this State, and this Nation are willing to spend the money required to develop an effective response.

We must encourage local, community action—on all fronts, not just law enforcement.

We must devote resources at all levels—Federal, State, and local—to the solutions.

I certainly will fight for adequate programs and necessary funding in my work in Washington. The fact that you are all here today is an encouraging sign that there is a community desire. Let us begin now to translate that desire into action all across the State and across the Nation.

I order printed at this point in the record excerpts from the supplement on drugs from the April 7 issue of the "Lynn Item."

(The material referred to follows:)

[From Daily Evening Item, Lynn, Mass., Apr. 7, 1970]

LYNN AREA OPENS WAR ON DRUGS

The citizens concern over the rapid growth of the drug problem in Greater Lynn is evidenced by the formation of committees which seek to curb this menace.

Two of these committees, Peabody and Marblehead, are stifled by apathy; two others, Lynn and Saugus, are in their early stages. Only Lynnfield is providing some kind of assistance to the young on drug problems while Swampscott has yet to form such a committee.

The Peabody Drug Action Committee began with about 20 members and still has that same number despite a steady growth of the drug problem in that city.

The Marblehead Drug Action Committee is also suffering from a "let George do it" attitude by residents of that town.

Lynn, having the greatest drug problem in the area, was among the last to form a drug action group. It bears the tentative name of Task Force on Drug Use and has mapped a very ambitious program under the direction of Dr. Theodore Dushan.

Saugus, also faced with a growing drug problem, is also just beginning a drug action group.

In Lynnfield a drug action committee was formed as one of three action groups by that town's Interfaith Council, the other two being on civil rights and teenagers. The committee provides a telephone hot line three days a week. Those with drug problems are able to call this number on Tuesday, Wednesday and Thursday between 10 a.m. and 1 p.m. and receive some counseling and referral. Mrs. Elizabeth Salt, chairman, says that it is better to provide these nine hours of

expert service to youngsters than to maintain a 24-hour line manned by untrained personnel.

"We have the same kind of drug problems as other area communities," she says, "like a lot of experimentation with LSD and speed and we need to do something about it."

Swampscott while it has no drug action group similar to those in its sister communities relies on the Family Living Program as its weapon against the problem.

Other major cities in the state are forming their own committees. Haverhill, Lawrence and Lowell have established drug action groups, Salem is about to set one up and Boston, with the greatest traffic of drugs in the state, has also taken drastic steps to provide some form of aid to young addicts as well as to educate the school child and his parent on the types and dangers of drugs.

The Lynn Kiwanis Club has instituted Operation Drug Alert and is working in conjunction with the Lynn Task Force.

Since many of the projects planned by these groups will cost money it is doubtful that much gain can be made without some sort of financial aid from the communities involved. Thus far there has been no offer of such assistance from the governing bodies of these towns, let alone any expression of interest or support.

"It's a very disturbing situation," says one woman volunteer from one of these communities. "You'd have to be blind not to know there is a drug problem in every city and town in this area but most of the people are acting as if this problem will never affect them or their children. Perhaps when the situation gets more drastic more of them will become aroused."

One young Lynn addict, who is hoping that some sort of program will be developed to spare other young people from his fate, perhaps offered the best description of the drug dilemma.

"The important thing is not that there is a drug problem," he said, "but that it is a serious one."

[From Daily Evening Item, Lynn, Mass., Apr. 7, 1970]

CHEMICAL COMPOUNDS FOR KICKS

They are known by a variety of names and come in different shapes, sizes and forms.

They can produce depression, stimulation, a heady sensation or hallucination.

Some can be obtained by reaching into the family medicine chest, others require a doctor's prescription, but most are obtained illegally.

They are the drugs being used in ever-increasing amounts by today's young generation and nothing less than a degree in pharmacology qualifies one to tick off their chemical compounds and the effect they have on the human system.

PART OF CULTURE

Many of today's high school and college students know more about the field of drugs than did their fathers. The drug culture is a part of their lives whether they are experimenters, steady users or abstainers.

A nickel bag of pot

In the jargon of the drug culture this means an amount of marijuana worth \$5. A dime bag would be worth \$10.

Marijuana, or pot as it has become more familiarly known, is described by many doctors and other drug experts as the first rung in the ladder of drugs. It is estimated that more than 95 per cent of hard drug users began with marijuana.

"POT" SUPPLIES

The main supplies of pot come from Mexico where the plant *Cannabis Sativa*, commonly called Indian hemp, is grown extensively. Marijuana is the dried flowering tops and leaves of the plant. It looks like fine, green tobacco and smells like alfalfa. When burned, it exudes an aroma similar to burning brown sugar.

Marijuana can be smoked in cigarette style called reefers, joints or sticks, or it can be pipe smoked.

Also known as grass, it is also grown in parts of Southeast Asia and is reportedly in great use among American servicemen who call it Laotian green.

It produces a feeling of euphoria and sensuousness accompanied by a general feeling of improved perceptiveness. Taken in large doses it can cause loss of memory, distortion of time and hilarity without apparent cause.

Medical science, however, has still not reached a final conclusion as to the effect of marijuana on the body over a prolonged period of use. Research continues on the effects of this drug which many doctors label "a mild intoxicant." Proposals have been made that it be legalized, but many drug experts believe it would be equally as risky to legalize its use until more is known of its long range effects on the human system.

"TAKING A TRIP"

The psychedelic craze was prompted by perhaps the wildest of the drugs on the scene today, LSD-25, a derivative of lysergic acid.

It comes in liquid or solid form. As a liquid it can be taken internally by means of a saturated sugar cube or by intravenous injection. In solid form it can be taken in tablet or capsule form.

LSD is classified as an hallucinogen and was discovered in 1938 by a Swiss chemist who was looking for a headache cure. Five years later, the chemist, Albert Hofman, was to accidentally swallow some of his discovery and he was to note the effects on his laboratory journal.

"I noted with dismay that my environment was undergoing progressive change. Everything seemed strange, and I had the greatest difficulty in expressing myself.

"My visual fields wavered and everything appeared deformed as in a faulty mirror. I was overcome by a feeling that I was going crazy, the worst part of it being that I was clearly aware of my condition."

SCIENTIFIC DESCRIPTION

Hofman has perhaps best expressed in clear, concise terms the effect of this drug on the mind.

Even the hippies, considered prolific in the field of drug use, will tell you, "Speed kills."

Speed in the jargon of the drug culture are drugs in the amphetamine and methamphetamine class.

Basically these drugs are stimulants, prescribed by physicians for the purpose of appetite reduction and the relief of mental depression. Taken under a doctor's care, the drugs are not considered harmful, but in the hands of the thrill-seekers they become a source of hyperactivity.

SPEED USERS

Speed freaks, as regular users of these drugs are called, prefer to shoot it into their veins. This way, they say, the stuff gets to the heart and brain more quickly. This is done by dissolving the tablet or capsule in a warm water solution and then injecting it into the veins.

A normal dose will produce wakefulness, increased alertness and a feeling of increased initiative, but prolonged usage can cause high blood pressure, abnormal heart rhythms and even heart attacks. Teen-agers take them to increase their "nerve" and they have been used by athletes to produce greater stamina.

Their colloquial names are bennies, co-pilots, footballs, and pep pills.

While speed provides the user with that "extra lift" barbiturates are the slower-downers, drugs that relax the body. Sleeping pills are perhaps the most common barbiturate known to the public. Others by their colloquial names are red birds, yellow jackets, blue heavens and goof balls.

They can be taken either orally or through injection and the person heavily hooked on barbiturates can usually be found in a state of stupor, his speech thick, his walk staggering.

POSSIBLE DEATH

Continued use usually results in coma and death from respiratory failure. While sleeping pills are used by many people as an agent of death, the addict derives great satisfaction from consuming just enough pills to place his body just one heart beat from death. Lying thus in a state of near death, he derives his kicks and returns to this episode of sensation as soon as his body recovers from the effects of the last dosage.

Heroin, or scag, is the drug which claims the greatest number of addicts and which exacts a greater toll of human life.

Synthesized from morphine, which in turn is a derivative of opium, heroin is a fine, white powder. While it can be sniffed or snorted, the most common use is through injection.

The price of one glassine bag of heroin, enough for one injection, or fix, is usually \$10. Suppliers of this drug increase their profits by cutting the drug, or weakening it, with mixtures of milk sugar or quinine.

PAIN KILLERS

Both heroin and morphine possess pain killing qualities but they have a further effect which results in addiction to their continued use.

This other effect is one which produces a feeling of tranquility and euphoria. Dependence of these drugs is very high and the amount of time needed for such dependence may vary from steady usage from one day to two weeks.

Cocaine is another drug used as a stimulant while codeine, usually found in cough syrups, is used as a sedative and by heroin addicts to tide them over but with inadequate results.

Another popular smoking drug is hashish which has mind-affecting qualities similar to marijuana.

LSD FAMILY

Other hallucinogens in the commonly-known LSD field are mescaline, a derivative of the cactus plant; peyote, also derived from the cactus plant but less potent than Mescaline; psilocybin, as potent as Mescaline and derived from a Mexican mushroom and dimethyltryptamine (DMT), derived from plants grown in the West Indies and South America and less potent than LSD.

One of the newer and more deadly drugs now in use is numorphan, a morphine synthetic which was intended for use mainly in terminal cancer cases as a strong pain killer. Said to be four or five times as potent as heroin, it can be obtained only by prescription. While a bottle of 30 tablets retails for about 20 cents a tablet the price soars in the illicit market.

There the user pays as much as \$10 a tablet. Dissolved in a solution of warm water it is then injected into the veins providing even greater relief than heroin.

DRUG STATISTICS: GRIM BUT TRUE

"I've gotten rid of Satan."

These words were fervently spoken by a young Swampscott man who managed to free himself of his enslavement to heroin.

But many others have not and this constitutes the tragic story of drug addiction not only as it affects Great Lynn but the rest of the country as well.

Like any other malaise it appeared on the scene almost unnoticed but it has now spread to epidemic proportions.

Patrolman Howard Long serves as fulltime narcotics officer for the Saugus Police Department and he admits his hands are full as he attempts to curb the traffic and use of drugs in that town.

He recalls a talk with 10 young boys of that town who were experimenting with marijuana. They assured him this was as far as their drug experimenting would go.

Today all 10 are addicted to heroin.

DRUG EXPERT

Patrolman Joseph Olzewski, narcotics expert of the Lynn Police Department, traces the genesis of the Lynn drug problem to the arrival in Lynn about five years ago of a young California addict.

In almost no time at all he had a group of other young boys from the Glenmere section of East Lynn using marijuana. Eventually 30 of these boys began using hard drugs like heroin and speed. Many of these went to Bridgewater State Hospital for treatment but about half are still on drugs today.

Slowly the drug culture spread to other parts of the city and eventually into the schools.

Such is the drug problem in Lynn that the Lynn Police Department vice squad spends about 70 per cent of its time in drug investigations.

Perhaps the greatest indictment for the spread of the drug problem can be lodged against a complacent and apathetic society which refused to do anything

about this problem when it was confined solely to ghetto and other low class neighborhoods of large cities.

PROBLEM NOT NEW

Drug addiction, even among children, is nothing new in these areas. There were no front page news stories about deaths of young heroin addicts in Roxbury but the similar death of a Needham High sophomore in March was indeed front page news.

"Now that the problem has reached the middle class suburban areas," says one leader of the local anti-drug crusade, "everyone is calling for steps to stem this menace. It's too bad no one was as concerned in the past."

The statistics are also rather cruel.

Lynn District Court had 342 drug cases on its calendar between July 1968 and June 1969. Only four other courts in the state had more. They were Roxbury (612), Springfield (527), New Bedford (507) and Cambridge (350).

The Lynn court also had the dubious lead in the number of juvenile drug cases, 57. The breakdown was 18 girls and 39 boys.

Lynn District Court covers Lynn, Swampscott, Marblehead, Saugus and Nahant.

Peabody District Court, which handles a smaller case load than the Lynn court also showed an increase in drug cases.

In 1968 it had 19 adult drug cases compared to 30 last year.

It had 11 juvenile drug cases in 1968 and 17 last year.

ARRESTS CLIMB

In 1962 the Lynn Police Department made 36 arrests for drug violations and this number jumped to 85 in 1967. Last year more than 100 arrests were made.

In Saugus there were more than 90 arrests for drug violations last year. Of this number 39 were for possession of marijuana and 49 for possession of harmful drugs. Since the fall of 1968 there have been more than 150 arrests of drug violations.

Marblehead police made about 80 drug arrests last year. Five years ago there were no drug arrests in that town.

Even the small town of Nahant recorded 19 drug arrests last year compared to only six in 1968.

Swampscott and Lynnfield, both of which are larger than Nahant, have reported relatively few drug arrests in recent years.

These communities both have a higher frequency of drug usage than Nahant but police say their young people do their drug experimenting in other nearby communities like Marblehead and Wakefield.

POLICE AWARE

This is not to suggest that police in those towns are less aware of the drug problem than their colleagues in Lynn and Saugus nor any less diligent in pursuit of drug violators.

It is just that drug raids are seldom if ever conducted on middle class homes. Tenements, apartments and hotel rooms in Lynn and Saugus are the gathering place of drug users and it is in these places that a majority of the arrests are made.

And, as explained by one police officer from a small town, there is the natural inclination to keep some boy or girl out of trouble who happens to be the child of a friend or a prominent resident of that town.

Peabody police also report an increase in drug arrests and drug traffic in that city but comparative figures are not available since records of that department do not contain breakdowns on drug arrests.

The drug culture is one that travels.

Outside the Lynn area there exist even larger drug cultures like those in Beverly and Boston and Wakefield and they draw their share of young Lynn area drug users and experimenters.

NAMES CENTER

One young Lynn addict says that reports of Beverly's standing as a good drug center are not unfounded and that he often goes there to buy his heroin.

Swampscott drug users have been arrested in Lynn as have those from Saugus and Lynnfield; those from Peabody have been arrested in Marblehead.

And on and on it goes.

But there is one hopeful sign. Society has finally become fully aware of this problem and there is a movement to remove drug addiction from the category of criminality and place it in the realm of public health. Not punishment for the addict but compassion and treatment.

Congress is considering changes in the federal laws to make possession of marijuana a misdemeanor and not a felony and to place at the discretion of judges the punishment for other drug offenders.

LEGAL AMOUNT

The state legislature is also considering reforms in its drug laws including one which would legalize possession of marijuana up to an amount of two grams.

But there is a greater need for more rehabilitation centers for treatment of addicts. Addicts, say the reformers, belong in such centers and not in jails, side by side with hardened criminals.

Others, citing the widespread use of marijuana, contend that medical science cannot say with any degree of certainty that it is harmful to the body in the manner that alcohol and cigarettes are.

Legalize the use of marijuana, they say, and you remove it from the realm of the underworld which peddles it along with the deadly drugs.

The medical profession, however, opposes any such legalization saying that while marijuana is only psychologically addictive compared to the physical addiction of heroin it still provides the young person with the first excursion into the world of drugs.

ONLY A START

A society known for its wide use of cigarets and alcohol is perhaps poorly-equipped to lecture its young on the evils of drugs but it is at least making a start after a very long period of delay.

Are there children, living or yet unborn, who are doomed to follow the tragic footsteps of 12-year-old Ralph DeJesus, a New York heroin addict.

Sitting on the lap of one of the directors of Odyssey House, a New York rehabilitation center for addicts, Ralph told a New York legislative committee of his addiction to heroin at the age of eight and of his career as a pusher of heroin.

Less than two weeks later Ralph DeJesus had left Odyssey House and was back in the heroin environment of his neighborhood. The rehabilitation center, in an unbelievably frank statement, said it did not have the facilities to treat a boy his age. Neither did the state of New York.

"He literally needed 'The Three Bears' read to him every night," said the director.

Will we have to stock a drug treatment center with nursery rhymes and coloring books someday?

Senator KENNEDY. Our first panel this morning will appear as an informal panel discussion on a number of drug abuse issues.

The first will be Dr. Theodore Dushan, a pediatrician here in Lynn, who perceived the vast increases in drug cases coming to him in his practice, and is President of Project COPE, a community effort to cope with the drug problem in Lynn.

Mr. Richard Callahan is Regional Director, Bureau of Narcotics and Dangerous Drugs.

Dr. Matthew Dumont was formerly with the drug program in the National Institute of Mental Health, and presently, as of a few weeks ago, is Assistant Commissioner and Director of the new Division of Drug Rehabilitation, Massachusetts Department of Mental Health.

Mr. Joseph Olzewski is a local policeman from Lynn, with special work in narcotics.

To my right we have several younger persons from Project PLACE in Boston, and Marathon House in Attleboro.

I understand you have had varying degrees of experience in contact with drugs and we appreciate your coming.

As I understand, it is Jackie and Gary, Aram and Jennifer, is that correct?

We will want to get your complete names as we move along.

I believe we can dispense with opening statements. I hope the discussions will be candid. Our time is limited. We have a great number of witnesses this morning, so I hope we will all try to keep remarks brief.

We will consider several points. On the first panel, I suggest we direct ourselves to describing the extent and nature of the drug problem, the relationship between enforcement, rehabilitation and education, and mainly the question of education.

The second panel will discuss the details, the strengths and weaknesses of different treatments and rehabilitation programs, including Marathon House, Project PLACE, methadone clinics, and so on.

I will ask you to refrain from going into the details of this program at this point. Because we are here in Lynn, perhaps at the outset I will ask Dr. Dushan to describe briefly the current status of the Project COPE.

STATEMENT OF DR. THEODORE DUSHAN, PRESIDENT, PROJECT COPE, LYNN, MASS.

Dr. DUSHAN. The Project COPE is really in its infancy. When Mayor Cassidy called together a group of people to form a task force to get some idea of the scope of the drug problem in Lynn, we spent about 6 to 8 weeks with a whole host of interested people. There must have been about 100 who came to the meetings.

Obviously, it was soon understood that we could not work under this kind of circumstance. So recently we have become a nonprofit organization, structured for the purpose of trying to see what we can do for the drug problem in Lynn.

The term "cope", or the name Project COPE, really, I think, tells what we are concerned with. Most of us are concerned that people are talking only about drugs.

Our concern is with the people, and this is what COPE stands for, concern for the people.

If we use the World Health Organization definition of health, it is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmities, and health is a unified concept concerned with knowledge, habits, attitudes, behaviors in the total and material human beings.

Basically, what we are doing is hopefully putting the focus of the problem where it is. This is not a drug problem as far as we are concerned. This is a people problem. Until we become involved with people and understand the three points of drug-taking—the personality of the drug-taker, the drug, itself, and the environment—and the interchange between these three, we will not solve the problem.

So Project COPE hopes, through education, through rehabilitation and research, clinically, to do its part in trying to understand the drug taker and what we can do to help him solve his problem, and also put

the responsibility where it belongs, not simply on the drug taking but upon all of us.

It is a problem and a community responsibility, and we would like to lay it right there.

Senator KENNEDY. What is the financing or funding of the program? Where do you get your funding?

Dr. DUSHAN. Right now it is from the pockets of the several people who belong to the organization. We have no funds at this point, other than what has been given to us by some good citizens who have had plans to obtain some funds for us.

We have no official funding at this point. We need funding from the standpoint of setting up our own offices and setting up secretarial help. But we have none at this point.

Senator KENNEDY. How many young people do you come in contact with?

Dr. DUSHAN. At the moment, I can only tell you what occurs in my own office. We are getting 20 or 30 calls a week from youngsters, from parents, from concerned people about what we can do and what we have done in the past few weeks.

But further, in places like AcID, PLACE, Marathon House and Boston State Hospital and ongoing organizations, projects that are going, we have no place to send anyone. We are directly involved.

Senator KENNEDY. In other words, you primarily try to refer these young people who are looking for some kind of help and assistance to some of the other kinds of programs?

Dr. DUSHAN. We have to at this time, Senator, because we have not yet begun to expand our own program which will entail a 24-hour hot line, a confrontation center, walk-in clinics, once the Senate gives us the okay to treat people, and the challenge house and halfway house.

This is the program we would like to evolve ultimately.

Senator KENNEDY. You are convinced that there is a sufficient interest within the local community to develop this kind of a program, a willingness and desire to do so, to help meet the local problems?

Dr. DUSHAN. I am sure there is interest. Perhaps it is incumbent upon those who are deeply interested to stimulate the rest of these people in the work.

Senator KENNEDY. What kind of a program, in terms of the resources which you have outlined which are necessary to do what you would like to do, would be considered?

Are you going to try to raise that locally or get it from the State or Federal Government?

Dr. DUSHAN. I think one would have to consider that in Lynn the four-point program would have to be talking in the vicinity of \$250,000 to \$300,000 a year. I think this is obviously difficult to raise.

I think we will have to turn to the State and the Federal Government for help. It is cheap at the price. They are stealing 10 times that amount in order to meet their needs.

So when people discuss the problem of funding, I think one has to look at it from the standpoint of not how much it costs, but how much it is costing us not to do this.

Senator KENNEDY. When did this get started?

Dr. DUSHAN. I think the original meetings of the task force started

sometime in mid-January. I became involved in the beginning of February.

We became Project COPE just about 2 weeks ago. We started devising an ongoing program for adults and youngsters in the community by bringing in knowledgeable people every week or 2 to talk to the community, those who wished to listen, and get some insight as to the problem.

We hope to invite people into the school systems as well.

Senator KENNEDY. You say you get 20 to 30 calls a week. What kind of success do you have in placing them in any of these other centers?

Do you find that they are overcrowded?

Dr. DUSHAN. Most of them are overcrowded. Most of them have fixed budgets. Most of them will see the person if they are in an acute situation and really need help.

I think the problem really involves how much the youngster and the family really want to get help. As we find so often, the youngster wants help but the family is not willing to face up to its problem, that the child has a problem, and doesn't follow through.

So we have a problem in that the kid will call but the parents are not that interested or they are frightened to admit that their child has a problem.

We haven't this kind of an answer to the problem yet.

Senator KENNEDY. Mr. Callahan, how serious is the problem in the State? I know you have talked about it extensively. I had a good opportunity to visit with you in Washington this past week.

How would you describe the dimension of the problem here in this State, maybe on the North Shore, in the different parts of our State? Can you make any general observations as to where it is more acute?

STATEMENT OF RICHARD CALLAHAN, REGIONAL DIRECTOR, BUREAU OF NARCOTICS AND DANGEROUS DRUGS

Mr. CALLAHAN. It is difficult to describe a drug problem as such. It is a relative term. When we compare the situation as it was a few years ago and look at it today, I think very few people will deny that we do have a very expansive situation which has developed over a very short period of time.

As far as the North Shore goes, I think that the first appreciable shift of hard drugs out of the black community in Boston did occur toward the north side of the city, and that it surfaced in East Boston and some of the communities in the near North Shore in early 1968.

Prior to 1968, we had two different situations. We had a black problem involving Roxbury and the South End, and a newer situation involving what was then called, and in some parlance still called, softer drugs, involving the white, the upper middle-class, Beacon Hill, Cambridge.

It involved marihuana and LSD.

In 1968, in the white community, speed became very popular, and we also saw the first appearance of needles outside of the urban ghetto.

From that time until today, I think, it has been a very rapid expansion into most communities in New England.

The substances that are being produced have changed. The individ-

uals involved with the drugs have changed. The people selling the drugs have changed. It is a completely and totally different problem today than it was 3 or 4 years ago.

I think the most disturbing aspect of the total problem to me, as I view it, is not what you read in the paper every day about large numbers of arrests and tremendous quantities, momentarily speaking, at least, of drugs seized.

What we are encountering not only in the North Shore and in the State of Massachusetts, but also in the three Northern States, is the appearance of needles.

I think when you find needles and people using abusive drugs by utilizing injectable paraphernalia you have a fairly advanced stage of drug abuse, and a situation which is in the dependency range rather than in the dabbler or experimental range.

So it is very difficult to come up with numbers on how many people use drugs, and at what stage of drug abuse they are at any point in time.

It is a stylish or fashionable practice in this country today to dabble with drugs, with the softer drugs.

The expansion of heroin in this community is denied by very, very few people today. So I think we do have a very explosive situation.

Where it is going is very difficult to predict. I think very few people 2 years ago predicted that we would have a needle injectable heroin scene in Lawrence-Lowell and on the Cape and in western Massachusetts. That was 2 years ago. But today that is where it is.

It is also very difficult to forecast what it will be a couple of years from now.

Senator KENNEDY. Of course, in the development of any kind of a program, it is really essential that we try to get some of the parameters of it. Although I agree with you that it doesn't make a great deal of difference to know how many users or addicts there are in one particular school system or in a different part of a city, or in a city it is important, if we are really going to try to develop the kind of support which I think is essential, that we set certain guidelines as to the nature of the problem.

At the present time, as we understand, there is only \$10 million in the National Institute of Mental Health made available to local communities.

We realize that New York State— and I think these are the figures that you were talking about when we visited in Washington—spent \$300 million in the last few years.

Yet the Federal Government is appropriating only \$10 million for a nation-wide program. You see the extraordinary inadequacy.

I can understand the reluctance in terms of numbers. I think people rely on statistics too often, perhaps. But in order to try to really get a feeling of the magnitude of the problem, to be able to get the kind of support that is necessary and essential in the Congress, it is useful to us to try to develop some sense of perspective in numbers, some kind of guidelines, and to know the inadequacies of whatever we are doing at the present time.

Mr. CALLAHAN. There have been studies done in the Commonwealth. There was one recently completed in the City of Boston which estimated that there were perhaps 4,000 heroin addicts in the city.

There are certain barometers that we look at at any given time to give us some idea of what is happening. It is the types of drugs that are available in what communities, and the quantities in which they are available certainly being indicative of a demand.

As far as the availability of heroin, when you examine the situation in 1966 and 1967 the source of all Boston or Eastern Massachusetts heroin was New York City. It was controlled, probably, by six individuals who worked out of the Boston ghettos, and they supplied most of New England. They would go into New York and buy heroin in retail form, in what we call bundles, 25 street bags in a bundle. They would buy it at wholesale prices in New York and sell it back here in the city for \$10 or better. They would realize fairly substantial profits.

The dope peddler situation in those days involved these individuals who were considered traffickers in the highest echelon. They would employ a whole range of drug-dependent peddlers who would sell these bundles retail, \$10 a bag, and perhaps get to keep four or five for themselves.

They would sell 20 and keep four for themselves. This was what we called the "gopher" situation. People would "go for" stuff in New York, and bring it back and retail it here.

That has changed enormously in a very short period of time. We now find cutting and bagging operations up here. We find drugs coming from other places other than New York—directly from Puerto Rico. We find heroin being sold in uncut ounce quantities and in multi-ounce quantities.

We find motorcycle gangs deeply involved in heroin traffic, which is also very well-known.

So the availability has changed tremendously. The people involved in illegal sale has changed enormously. We no longer find predominantly blacks or organized crime-type of individuals involved in illegal sales of drugs.

You find the son of the college professor, you find the son of a government official, you find the graduate student at some of the top Ivy League universities.

Within the last couple of months, we have arrested people who were former professional football players, who were involved in other degrees of professional athletics.

We arrested a college football coach in Connecticut as a dope peddler.

So it is very difficult to define who is the good guy and who is the bad guy when it comes to drugs anymore.

The enormity of the problem, I think, can best be surfaced by examining barometers rather than counting noses. If you count arrest statistics, you come up with very questionable figures. There are certain State laws, there are certain statutes on the books, which can account for enormous numbers, when it comes to arrests.

But it is really not indicative of too much when you are talking about the depth of a problem, because there is a tremendous difference between experimentation and dependence.

We don't count noses; we don't play a statistical game. I don't like to come out with my "guesstimate" as to totals of how many people there are using drugs in this State.

I think it is very, very difficult to make an accurate assessment. I do feel that the drug problems has grown tremendously, that it has dipped from the college community into junior and even into grammar school, and that the hard drugs have expanded enormously in a very short period of time.

Senator KENNEDY. Let me ask, Officer Olzewski, when you have, perhaps, a parent calling up the department, or even a young person, to say that they have trouble and need some help, what kind of flexibility do you have in terms of whether you are going to apprehend these people or help them?

STATEMENT OF JOSEPH OLZEWSKI, POLICE DEPARTMENT, LYNN, MASS.

Mr. OLZEWSKI. It depends on a number of factors. We get calls from youngsters, 15 and 16 years of age. We try to get the parent and the youngster to talk and find out just what the youngster is using. If the youngster is in the experimental stage of using drugs, we recommend to the parent to take the youngster to either the family doctor, psychiatrist or clergyman, and if they don't have the funds we send them to a policewoman to try to have the youngster sent to one of the local agencies.

If the youngster has been using drugs for any period of time, the injectable narcotic drugs, we don't arrest the youngster, but we recommend that the parent take immediate action and have the youngster committed to an institution.

I know in the past 6 months we on the police department have made arrangements or sent to institutions approximately 20 youngsters.

Senator KENNEDY. When do you arrest people for the use of narcotics?

Mr. OLZEWSKI. Usually for sale. If there was a raid and they are caught in the place where they are using narcotics, arrests are made.

However, we don't arrest just because we know they are using narcotics. We try to get the family together and make arrangements for some sort of help to be given to the youngsters.

Senator KENNEDY. So if you know one individual is using it in one place, he may not be arrested, but if there is a group of them using it, they will be?

Mr. OLZEWSKI. If we make a raid and we catch a group of youngsters, with pot in a pad, and drugs are being used there, arrests are made. They are made for possession.

However, if the youngster comes to us with a problem, saying he is using drugs, we certainly don't arrest him.

Senator KENNEDY. What is the purpose of the raid in a pad? Are you trying to arrest the individual or are you trying to get to the source? What is the policy of the department?

Mr. OLZEWSKI. We try to get to the source and eliminate the source. Our primary problem is to eliminate the source of drugs. Up to a while ago, I think we were doing a fairly good job. We eliminated the source of heroin by several raids.

However, lately we have been flooded with a legal problem. All of the youngsters who have been addicted to the use of narcotic drugs in this area have gone to another State over the border and have gotten

legal prescriptions for narcotic drugs. The prescriptions were written for as many as 200 tablets. In the past several weeks we have been flooded with these drugs.

Senator KENNEDY. Is this written by doctors?

Mr. OLZEWSKI. This is written by one doctor.

Senator KENNEDY. Has the medical association been notified?

Mr. OLZEWSKI. Yes, we have notified the medical association. We notified the authorities in the adjoining State. We are trying to institute some sort of action.

Senator KENNEDY. Does he prescribe it as part of a treatment program?

Mr. OLZEWSKI. Yes, it is part of a treatment program. However, we know that when you have someone who is addicted to using narcotics and you write a prescription for 200 tablets for these people, we definitely know that these tablets are being resold on the street again.

Senator KENNEDY. We have a new law in Massachusetts, do we not, the Quinn law?

Mr. OLZEWSKI. Do you mean where the user comes before the bar of justice?

Senator KENNEDY. Yes.

Mr. OLZEWSKI. Yes. He has the option of going through a process for treatment.

However, speaking from my own experience, I find that I don't believe the state at Bridgewater is sufficient.

Senator KENNEDY. What is their record down there? Of course, it is pretty poor in any event, in terms of all fairness, for any of the hardened drugs. The rehabilitation rate for heroin, for example, is 5 percent of those who try.

It is extremely difficult in any event. Do you know what it is at Bridgewater?

Mr. OLZEWSKI. No, I couldn't tell you, Senator. I don't have the answer. I believe it is too short a period of time to get a true picture.

I think it will take another year or so before we can get a true picture of the results of the treatment.

Senator KENNEDY. Of course, if there is no room, the users are still out on the street, are they not, if there is no available place for them?

Mr. OLZEWSKI. Yes. There is a waiting list.

Senator KENNEDY. So they are still out on the street.

Mr. OLZEWSKI. They are out on the street, and we in law enforcement have really a tougher job when they are on the street, because these kids are still using them. If they can't afford, we know they resort to crime. While they are out on the street waiting to be admitted to these institutions the crime rate keeps rising and rising.

Senator KENNEDY. Dr. Dumont, what do you think are the elements of effective drug control?

STATEMENT OF DR. MATTHEW DUMONT, DIRECTOR, DIVISION OF DRUG REHABILITATION, MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

Dr. DUMONT. First, as a point of information, you referred to the State law as the Quinn law. It does not carry provisions for commitment to Bridgewater as an alternative to prosecution.

As a matter of fact, it is most likely that the consequences of the law would not be that. It is my responsibility in the Division of Mental Health to design, in fact, an array of alternative responses that are medically oriented and preventively and rehabilitatively oriented as against the traditional response.

These facilities are still in the early planning stage. So the State is not yet ready to deal with alternatives to the correctional response to drug-using people.

Along the lines of what we have in mind, very briefly, I am prepared to state that the medical and mental health professionals are almost as impoverished as the correctional professionals in coming up with reasonable responses.

The numbers are awesome. Some of the studies that have been started across the country and here in Massachusetts indicate that many graduate students, for example, are using heroin. And we have reason to believe that present figures are a gross understatement of what may be the realities. We are currently designing a statewide epidemiological study to get more accurate data. If we know anything, however, we know that it is peer group pressure that causes the young people to experiment with drugs.

From this point of view, it might logically be expected that it would be the peer group question that would get them off or maybe even to prevent them from going on further.

With this in mind, it is going to be a major objective and order to direction for the program of the Division of Drug Rehabilitation of the Department of Mental Health to allow for local community-based indigenous efforts of self-help types; ex-addict programs, very much like Marathon House; youth-dominated programs like Project PLACE; and others, which we feel increasingly may be the only way of dealing with the drug use problem of epidemic proportions.

SENATOR KENNEDY. Are you describing it as of epidemic proportions now?

DR. DUMONT. I think you would have to say it is a matter of epidemic proportions right now.

The data would suggest that we can anticipate larger numbers of people in the near future, and children at increasingly earlier ages resorting to more and more dangerous drugs.

I think we are facing a tidal wave of drug use which is going to force us, really, to examine the situation as a sociological phenomenon and not in terms of the walking wounded on one hand or criminals on the other.

SENATOR KENNEDY. Where does Massachusetts rate or rank in terms of other States, in relationship to what we are doing?

DR. DUMONT. It is a little early to say with any definiteness. I think from the little data we have we would probably be right in the mainstream of drug use for, certainly, a Northeastern metropolitan area.

SENATOR KENNEDY. What kind of balance and priority do you place in terms of rehabilitation, in terms of law enforcement, in terms of additional research on these drugs?

DR. DUMONT. A priority figure that might reflect it in dollars and cents I cannot give, but I would be inclined to state that in terms of dealing with drug users and at certain levels drug peddlers, because at certain levels the distinction is very soft and arbitrary, there should

be a minimum response from the correctional facilities, the police and the courts, if any response at all.

What I am suggesting is that the issue of drug use should be conceived of in medical and sociological terms, and drug sales in terms of the kind of informal, one-to-one, non-syndicated, noncriminalized distribution, which we know to be the case in marihuana and which we suspect in certain levels of heroin distribution.

My feeling is that the priorities of law enforcement agencies and courts should be reordered to be concerned almost exclusively with the larger distribution.

There is a peculiar paradox in the bill presented to Congress by Senator Dodd in that in the expression of concern about drug distribution there is the "no knock" provision.

The paradox is that the "no knock" provision could be geared to be useful only for users and not for distributors. If you are not on marihuana or any other drug that could be flushed down the toilet bowl by the time the police can get in, it would really be so small that it wouldn't have relevance to a distribution source but only relevance to a user.

In that regard, it is a provision in the bill that goes against everything we know about how to respond to drug use in society.

In terms of education and rehabilitation, I would state a number of things. As far as rehabilitation is concerned, it is very important to keep in mind that while all the noise and political concerns about drug use—not all, but a large part of it—is directed towards suburban and middle-class populations, it continues to be the black community and the black ghetto that has been devastated most extensively by drugs.

I would state without equivocation that there is no point in taking the black man in such a community off drugs unless you can guarantee him a job. To return to a situation of chronic unemployment after removing him from addictive drugs is to guarantee him that he is going to go back on them.

There is no point in doing anything of a treatment or rehabilitation effort unless you can build into it vocational and rehabilitation meaningfully.

As far as education is concerned, I am prepared to state this is an across-the-board issue. My own point is that the schools are as impoverished as the health professionals and correctional professionals.

I don't believe the schools themselves have enough credibility among the young to be able to teach them anything about drugs. They haven't done a conspicuously successful job to teach them anything about anything, as far as I am concerned.

It is parental pressure that is the most important influence on the young.

I am inclined to think that education should be local and indigenous, youth-oriented kinds of activities, with we adults playing a background role of technical assistance and resource work.

Senator KENNEDY. Mr. Callahan?

Mr. CALLAHAN. I don't want to get too involved with a big dispute about "no knock" or the other things because I am not really qualified to comment on the proposed legislation in Washington, with which I am not too conversant.

I would agree that it would be difficult to get rid of 240 kilograms of marihuana in a bathroom, but it would be very easy to get rid of a quarter of a million dollars worth of heroin down the toilet in the matter of a few seconds.

This is one controversial point of the piece of legislation. We have in the past lost drugs because of difficulty in entering premises. As I say, I would just as soon not get into any lengthy dissertation about one small part a fairly expansive piece of legislation.

Senator KENNEDY. Maybe we could go to our youth panel, Jackie, Gary, Aram, and Jennifer.

You have heard some of the comments that have been made this morning. It will give you some idea of some of the things we are interested in.

I don't know whether you have any reactions to any of these comments. If you would like to say a word, you may.

I might ask your reactions as to whether you feel the law enforcement is flexible enough in terms of some of the kids that are using drugs. What about it, Jackie?

STATEMENT OF MRS. JACKIE KENNER, MARATHON HOUSE, BOSTON, MASS.

Mrs. KENNER. I don't think that the law in its flexibility really has very much to do with the addict is going to do, especially in the case of a person who has already become addicted.

Making laws any less forceful than they are, I mean being more lenient, or enforcing the law, as far as I am concerned, really isn't going to make much difference.

The person that is addicted to something like heroin really isn't thinking about how much time he is going to get if he is arrested during his addict, unless it is at a time that he is going to buy drugs and he is very aware of whether or not the police are around, something of this nature.

But I really don't think that changing the laws and making them any more flexible or doing anything of that sort is going to change the attitude of the person involved with drugs.

Senator KENNEDY. What about the rest of the members of the panel?

Why do you think that most of the young people become involved in the use of drugs?

STATEMENT OF GARY BLACKSTON, MARATHON HOUSE, BOSTON, MASS.

Mr. BLACKSTONE. I think the biggest reason as to why they use drugs, and especially now with a lot of kids in high school, is not so much the group pressure, from my personal experience, anyhow.

I started using drugs when I was 14. It was more of a thing where people were naturally suggesting it would be nice to get high and so on. But it was a thing where I couldn't deal with the feelings, say, of being rejected.

When I used to see four or five of my friends going out and boiling grass or drinking cough syrup with their girl friends, to me this looked exciting.

Then maybe I would get hold of some type of literature on drugs, like this, and to me it was very exciting. It looked very glamorous to me. It was something that a lot of pictures that I used to see would make very attractive to me.

Naturally, I was very immature as far as dealing with my family, but on the whole, it was very exciting.

Right now, I think what is happening is that you have a lot of kids that are in junior high school and high school where their friends are smoking pot, for example. It is not a thing where kids are forcing children to go to smoke pot or to use drugs in general.

It is a thing where people are having trouble dealing with their feelings and just saying, "No, I don't want to do this."

This doctor over here made a very good statement before, something I agree with, as far as this thing of teachers not teaching properly and everything.

I guess as far as scholastics and so on, they are doing a fairly good job.

But I do agree with you as far as not teaching kids any type of character or sensible values. I think this is something very detrimental to kids. In fact, in Marathon House, we are doing a survey in New Hampshire on a lot of high schools, and so on.

It seems teachers are very concerned with teaching the kid history, English and so on, which is easy. A teacher isn't getting personally involved here, so it is not really too threatening.

But as far as coming off their pedestal and putting their teacher label on a shelf—even parents, for example, are kind of hung up in this—and coming to a personal level with kids and getting involved, they are not doing this because I guess it is kind of threatening.

When I was in junior high school, I can remember being very uptight because maybe I saw someone undressing in the gymnasium, I saw another guy undressing, and I happened to be checking him out, a very normal feeling. It isn't like I wasn't normal. It was a thing where, to me, I got very, say, messed up behind just feelings like this.

I could have gone to my father. It was a thing that my father never related to me about feelings. He was kind of on his pedestal, also.

It was a thing where I was very afraid, because I was thinking, "How will you look at me if I express this?" It was a thing where I didn't have the heart to get down and do something about this. It is like a lot of kids now being very inhibited, as far as not really having any people to go to, such as parents.

I think we can start all the rehabilitation programs we want, but to me it is not so much of just a drug problem, it is like the doctor was saying before. It is a people problem. People have to start learning how to deal with their feelings.

If we stopped the inflow of drugs, we would just take something else. Obviously, that is just part of the problem.

STATEMENT OF ARAM SHILLER, PROJECT PLACE, BOSTON, MASS.

MR. SHILLER. I have the feeling that we are unanimous in the way we feel about the problem. About how we get into drugs, drugs were there before it became a youth drug culture. For kids, many times the first experience, of course, is alcohol, which is one of the most addicting and one of the most dangerous.

We don't even think of that. Most kids start with alcohol. Many kids have contact with drugs through their parents' medicine chest. They will find all these different colored pills just sitting up there, which are taken with abandon. It doesn't matter what they are.

The parents take one in the morning, take a couple of them at night, a tranquilizer, which does something else on you, calms your nerves or puts you to sleep.

So there are two drug cultures here involved, one that was already there and one which is part of a new culture. So, again, it is not a drug culture, because the drugs were already there. It is just that people all of a sudden realized that perhaps there are abusive drugs.

What the older society has not yet admitted is that they have abused drugs as much, if not much more, than youth have simply maybe because youth haven't been around long enough to abuse them to the extent that they have.

An example of one of the solutions to the problem is places like Project PLACE, where we have a switchboard service, where we do a lot of referrals, where we do just a lot of talking to people, which is not done enough.

We have kids come in who simply have not been able to talk to anyone. They have not been able to talk to their parents.

One of the problems we have is asking parents to come in and see that they have an hour or two hours to spend and actually sit down with the child and talk, and really talk—not just throw around the clichés and things they have been throwing around for years.

We will sit between them and just moderate. When the parent or the child seems to be falling back on emotion, we will just interject a little note of objectivity.

It is amazing what a couple of hours of objective dialogue can do.

For as long as parents and kids live together they don't really talk to each other at all. One of the things we find, in our suburban switchboards as well as in our Boston House, is that a house is needed, a place is needed, where kids can live. There are many situations where kids have to be removed from their home, at least for a time. It just is not a situation where they can feel comfortable to deal with any problems they have.

This is one of the things which the switchboards we have set up in the suburbs have discovered. As soon as they have been around for any period of time, for instance, in Newton, Needham, other places, they have all found that they need a house, call it a halfway house or challenge house, whatever you want.

But a sizable facility is needed in every community.

Senator KENNEDY. What brought you to the use of drugs? What was the principal reason you started using them?

Mr. SHILLER. It was around, it was offered, I was curious and I accepted. I am rather conservative on drugs. I have smoked quite a bit of marihuana and hash, and I have tripped from time to time.

I came from an environment, particularly a home environment, which was quite open, and so I was able to discuss these things and I wasn't hung up. I was able to make decisions.

Most kids are just not supplied with the information, basic pharmaceutical type information, and decisionmaking knowledge. Kids are not taught in school how to make decisions. This whole society tells

them, "You have no rights to be a human being until you are such and such an age, 21."

They are told they are not mature enough or not capable of making decisions which are important to their lives, that some other institution—their parents, their government, their school—has power over them and knows best, and will tell them what to do.

Most of the times they don't know what to do but they are still in the position of having to tell them what to do.

Senator KENNEDY. Jennifer?

STATEMENT OF MISS JENNIFER MACKAY, PROJECT PLACE, BOSTON, MASS.

Miss MACKAY. Where were you people 5 years ago? I really want to ask that question. Drugs have been around. I grew up with drugs on TV. I didn't know it was wrong to take that first diet pill that I found in my father's bedroom. I think you people are starting really late. I just hope you can do something. It has gone beyond the law enforcement. They ignored the problem for long enough.

Senator KENNEDY. What should they be doing?

Miss MACKAY. The law enforcement?

Senator KENNEDY. No, just in terms of approach, what do you think would be the best kind of help and assistance to young people, either to encourage them not to take drugs, or if they are experimenting with drugs, to encourage them to put them aside; or if they are involved in a more serious and significant way with drugs, to help them kick the habit?

What do you recommend? What do you think we should do?

Miss MACKAY. Right now, have the education in schools. And have Project PLACE and other things like Project PLACE.

Senator KENNEDY. Let me interject. Some of the others have talked about how the schools themselves are not relevant to the young people and young people's problems.

Do you want to hear lectures about the dangers of drugs? I can't believe you would give that much of a standing.

What kind of thing do you want to hear in schools? What do you want the schools to be? How do you want them to relate?

These are the things that I think we are trying to learn. Do you want to hear just from other kids about how bad the drugs are? What do you think they should be doing?

Miss MACKAY. More than they are doing now. I don't really know. I am not an expert. But they are not doing anything now.

Mr. SHILLER. It is a combination of all these things. No. 1, it is just basic knowledge about the drugs, about what they do. PLACE does drug lecture-type things for many types of groups, schools, and also women's organizations, that type of thing.

It has put out a series of cards with all these different pills on it, explaining exactly what they are in pharmaceutical terms. The housewives sitting in the back of the room will all of a sudden get rather nervous and start looking in their handbags at all of these Darvons, Miltowns, and things that they are recognizing up there, but never really knew what they were.

They certainly never knew what the drug meant in relative terms to other drugs.

Mr. BLACKSTON. Can I say something here?

To me, what they are doing right now in a lot of schools is they are starting elaborate programs where they come in and wheel a chart in and there are 40 or 50 different pills. Here you run into a problem where usually the kids know more than the teacher does. That is your problem there.

As far as what do we do, you don't need any psychiatrist to sit here and come up with some great analogy and say, "This is what we are going to do, one, two, three."

It is very sensible, I think. All we have to start doing is start being people. For example, last week I was on a speaking engagement and I was talking to a group of teachers. I just expressed my feelings as far as people being inhibited and not being able to talk about things.

It came down to how can you be people, what is a person, how are you really people? All you have to do, I guess, is kind of threaten us and that is why it is not being done. It is very hard.

I guess it would be hard for a lot of people to sit home or sit in the classrooms and be open with their students, because maybe they feel a little threatening. Maybe they have a lot of fears about how the students might be looking at them.

To me, from my personal experience, this is when I find I really respected a person and really felt a person. To me, this is the only way we can change attitudes.

For example, Marathon House would not work if we didn't get personally involved with people. This is how we go about changing attitudes.

I can remember my parents going through probably \$45,000. This was with psychiatrists and private rehabilitation centers. I never respected any of these people because it was a thing where I would be talking to a psychiatrist, there with a cigar nodding behind a desk or something, bobbing his head. Not that I am putting the medical profession down, but as far as my personal experience with doctors and everything in general, it was not that pleasant.

As far as what I learned in rehabilitation centers in general and seeing doctors—the thing was that everyone was very concerned with me spending so much money a day on drugs, and just detoxifying me.

The psychiatrist was good for some of my needs. If I manipulated him, maybe I would feel better about myself or something.

In places like Marathon House, for example, we are dealing with the underlying reasons, and it is not that it is so confusing or complicated. It is close to a 2-year program and we are dealing with just people. We are getting down to the personal level.

Senator KENNEDY. How do you get your kicks now? How do you come off in terms of the drugs and the excitements that you have described earlier?

Why isn't there a great letdown? What do you tell the kids now.

Mr. BLACKSTON. I don't get up, and I venture to say neither do the two people on my left get up, and preach to kids. I have talked to innumerable kids and teachers, and so on. It is a thing where I more or less just relate my own experiences, as far as the reasons why.

Parents are very concerned now because I guess they can confront their children about drugs and they can argue. They can discuss drugs.

It is a thing where usually the kids are going to win because they have more ammunition. They are right in the cross fire. If you had a son 10 years old and sat down with him and talked with him about drugs, you would be baffled about what he would know, or let us say a 14-year-old. But I think you don't have to experience drugs to be able to sit down and relate to a person. Everybody seems to be throwing this out.

Parents say, "I never smoked pot, what do I do? I never shot dope, how can I get involved with these kids? They don't listen to what I have to say."

I am opposed to that because if a person comes down and takes his hat off or if you want to say "goddam it" or "——" or something, their glass houses will not crumble. They can handle that. They can get down and get personally involved with kids. That is threatening to a lot of people.

As far as what I have seen in a lot of schools, this is very threatening. I may talk to a teacher and say, "I can go this far but I think it is very irrelevant if I get down and tell this kid about some of the changes I went through in high school."

He can sit down and talk about when he got his blue ribbon in track and how well he did in basketball. But as far as talking about some of the things he feels a little creepy about, some of the guilties, where he might squirm in his chair, he can't say that.

I guess it is because a lot of people are very afraid of how they are going to look. Basically, it is the same fears that I had with numerous people I met in programs such as Marathon House.

Senator KENNEDY. Jackie, how did you support the habit? How did you get the money for it?

Mrs. KENNER. I used drugs for about 13 years before coming to Marathon House and I was addicted to heroin. I would say the last five years that I was using the drugs it was costing me something between \$100 and \$150 a day, every day. Working wasn't enough, inasmuch as I had two children and a house which didn't matter very much, really, as long as I had enough money for the drugs.

All the other things would have to come later. So in having to concentrate on supporting my addiction, money would come from prostitution, forgery, stealing, shoplifting, things of this nature. This was the only way to support a \$150 habit.

Holding down a job for an addict is like impossible. The only way that you can hold a job is if for some reason or other the people that you are working for kind of feel sorry for you or because of your family, or things of this nature they might kind of go along with you for a while.

This was the only way I held a job, anyway. Mostly, this is where all the money comes. There is no other way of getting that kind of money. So regardless of what type of environment, home environment—it can be a person coming from the ghetto, from the middle-class, upper-class—there just isn't enough money to support a \$150-a-day drug habit or anything even close to that, regardless of what type of family you come from, without your family becoming aware of either half of their house being missing or the bank book slowly dwindling.

Mr. SHILLER. I wanted to disagree a bit about the schools being not at all the place where we can do something about drugs. Teachers don't necessarily have to lecture. They don't have to provide the answers.

But they can hopefully have the ability to lead a discussion to get people to think, to get people to talk, and find answers for themselves. They don't have to provide that sort of thing. They can provide pharmaceutical type knowledge which can be provided to them.

But it is the kids who can, in a seminar-type program, talk with themselves, talk with teachers. If the teacher talks as a person and not as a teacher, I don't think there is a problem.

There is really not any reason why the teacher has to set himself up as the storer of knowledge, because he doesn't have it. If he doesn't set himself up that way, then the kids won't be looking to him for all the answers, and they will be able to put it on a more real basis and find the answers themselves.

If the kids cannot find the answers about drugs or anything else for themselves, then they can never do anything else on their own.

The law enforcement divisions and others cannot make the decisions for them.

Senator KENNEDY. Officer Olzewski, what kind of reaction have you to some of these comments?

Mr. OLZEWSKI. I would like to ask one question. When does a drug addict, someone addicted to narcotics, really seek help? Where is the point where they want some help?

Mr. BLACKSTON. How do you define addiction?

Mr. OLZEWSKI. I define addiction as someone addicted to narcotics, heroin or marihuana.

Mr. BLACKSTON. I guess you can put them in categories, but don't you see it is a kind of serious problem if a girl or fellow is going out a couple of times a week and dropping or smoking a little grass?

Mr. OLZEWSKI. I certainly do. Grass is a big problem to me.

Senator KENNEDY. The question is when do they want some help?

Mr. OLZEWSKI. When is it that you think they look for help?

Mr. BLACKSTON. What I usually find is that a person wants help is when he is motivated, and usually by either some type of prison sentence that he possibly is going to have to do, or go to a program, or maybe his family is going to throw him out of the house. Then he wakes up.

Through my experience, it was a thing where I was afraid of going to prison. That is the only thing that motivated me.

Mr. OLZEWSKI. As long as everything is fine, and a person gets his drugs every day, they can go on forever. Usually when they want help is when they have lost their contacts, when they have been thrown out, or they may be thrown in prison?

Mr. BLACKSTON. Yes.

Mr. SHILLER. This is as far as drugs are concerned. Those persons certainly could have used help and talked to someone before they ever found the drugs, before they were aware of their existence.

This is what we are talking about when we say it is a people problem. They could have talked to someone about their life, about things that bothered them, before they ever started on their habit.

Perhaps if this had been done, that wouldn't have been a problem or a question. One of the kinds of calls which I really like to get on

the switchboard at PLACE is the person who is not on any drugs but who has a problem and just wants to talk for 5 hours.

Senator KENNEDY. Jackie, when do people want to get help? What is your feeling about that?

Mrs. KENNER. In my years of using drugs, I think I will have to agree with Gary. What I have seen in all the years, in all the rehabilitations, prisons, or institutions, whatever I have seen in 12 or 13 years—very seldom have I ever seen an addict go out and seek any help just because he is tired of it all and decided "This is the thing to do, it is time I helped myself."

The ones that do that usually will go for 10 days or maybe will sign themselves into a private hospital or something for a month. This is just probably to get healthy again, or get themselves in condition where they will be able to feel the drug and get something out of it.

But once an addict has reached the point where he has become physically addicted to any drug, he won't seek out help unless his back is put up against the wall in some way, either being threatened with going to prison for a long period of time, or reaching the point where he really has no one to turn to anymore, where mommy and daddy don't want anything to do with them. They will not always be there to bail him out of jail or give him a bed to sleep in, to put money in his pocket, or clean clothes on his back.

Usually when he has nowhere else to turn and no one to go to, and he has found himself finally hitting rockbottom and in the gutter, if he is not threatened with a jail sentence or getting ready to do 10 or 20 years, just maybe he will pick himself up from the gutter long enough to go and try to get some help.

Senator KENNEDY. Is there any way of motivating people to try to get some help? Is there anything that can be done, or do we just have to try to get that wall up perhaps sometime sooner?

Mrs. KENNER. I think the thing that has been happening with kids, say, in the middle-class, even the lower-class kids, is that their families will take their last dime or dollar and put it up for bail money for a kid who has been going back and forth to jail and getting arrested several times, and the parents will keep bailing him out because "It is my son" or "my daughter, and I have to do this."

It is because they feel so bad about themselves as far as leaving their son or daughter in jail, when it isn't the answer at all.

If you have a son that has been arrested two or three times for drugs and he keeps going back and coming out and doing the same thing, and you think that part of your role of being a parent means always coming to his rescue, regardless of what it is he is doing, on bailing him out of jail, he might get out of jail and kill himself.

With places like Marathon House and the program PLACE that these people have here, and whatever other types of programs are being set up around the State and the country, I think that parents should refrain from doing this. Put their child's back up against the wall. Let them stay there. Agree maybe to do all you can for them if they want some type of help.

In a program like Marathon House, nine times out of 10 a person who is coming to the House has the motivation that he doesn't want to go to jail, or his parents have finally given up on him.

But the thing that is so great about it is after he has been there a while, and a certain amount of months, that motivation changes, and you see the change in the person.

Mr. SHILLER. One of the things about bailing a kid out all the time is the same basic refusal to admit that he has a problem. A jail sentence would be too real.

Like the kid who died of an overdose in Needham a few weeks ago. The mother came out on radio and said he had never shot any drugs, which was absolutely untrue. Everybody in the town knew it, but this was what the papers carried.

It is the same refusal to admit that there is a problem and do something about it.

Mrs. KENNER. Until you can get them into some kind of program—I don't say put them in jail and leave them there. If there are programs or facilities available, let them stay there and let the judge or someone give them the alternative of either going to jail and doing the time or doing something for himself.

Dr. DUSHAN. You are talking now about the adults?

Mrs. KENNER. Yes.

Dr. DUSHAN. Are you talking about the American style of love, permissive from responsive law? We are talking about two different kinds of love.

You are talking about the responsible kinds of love in which you share responsibility for the kids' actions. It means you can belt them once in a while and it will not hurt his psyche.

Mr. BLACKSTON. I think it is a thing where it is not where they don't love their children but they are just a little blind and they are really unaware of certain things.

Like I have no problem, say, communicating with my family now. I really have no problem at all.

At one time, obviously, I did. To me, a lot of parents are very concerned with talking about things like John or Mary's future, and so on. Obviously, there is nothing wrong with talking about things like this. But when it gets to the point where you are not teaching your child any sensible values, you are not talking about priorities or persons growing up without any character, I think this is your biggest problem right now.

I know with me they used to pacify me if dad did not get me a car, a new car or something, or if I didn't get a new suit from mom for my birthday. I would whine about it and eventually I would usually get it.

It is pretty obvious that a lot of kids are growing up that seem to be very smart intellectually. This generation has it over my father's. But it is a question of how mature they are emotionally; how can they deal with their feelings?

Then again, my father went through a lot of hardships and so on. He went through the Depression and so on, where his values were a lot different.

I could say when I was growing up I can't think of any sensible values I had, except maybe to shave once in a while.

Dr. DUMONT. As long as we continue to structure institutions so that someone has to hit rock bottom before he gets help, that is not good for the society.

I am concerned about this apparent agreement that you have to continue to maintain Federal sanctions against young people using drugs as the only hope of forcing them into a therapeutic environment.

It seems to me this is saying, "You can get help but you have to pass over an electrifying bridge called criminality before you can do it, and you have to have the scorn, indignation and retribution of society heaped upon your head with the stigma the rest of your life to get help."

It is what psychologists used to do with rats, to starve them and make them cross a bridge to get food.

You can't do that to people. We have been doing it too long.

As far as I am concerned, we have to think of intervening ways that do not do violence to the self-esteem and sense of mastery of people before we let them get what they need, which is some sense of control of environment and some sense of personal dignity.

One of the reasons I am so skeptical about the schools giving the education is that they have been notorious about the needs of young children as human beings. They are treated as small, not yet grown-up human beings.

They are not treated as people who have some individuality, some sense of environmental mastery, some need for self-esteem, some actual capacity now.

Until we start treating them like that, I don't think the schools are going to do anything about it anyway, in the sense of dealing with their real educational needs.

They are certainly not going to deal with their needs to know something about drugs. Society is going to continue going the same old way, the same old thing.

Dr. DUSHAN. We can't continue to knock the school systems and teachers. I think they are in much the same way as these youngsters' parents. If you tried to understand their parents in the light of their generation and their problems, then you can understand how their parents did not relate.

You have to understand the teachers with the kind of education they have. I have a little more faith in both teachers and young people.

I feel if you give them the opportunity to learn about how to relate to young people, to learn how to deal with them, they can.

We in Swampscott have spent 2 years in trying to set up a little education program. Our teachers went about 4 months to a workshop they paid for themselves.

If nothing else ever comes from this program, the teachers have come back and said, "We finally learned that those kids are not sponges to assimilate material."

They are human beings with problems. You can spend 5 minutes talking about a person as a human being, as a drug addict, you can talk in economics about the economics of drug addiction. There is no reason why you can't talk about the kid who is sexually hung up and taking drugs because he can't meet the problems about his sexual hangup.

We can talk about these things on a matter-of-fact basis and not have them as something special. It is something we have to live with every day.

I am looking somewhere along the line for educational people to make a decision to talk about this thing not as a specialty but something that occurs every day, as these young people talked about, and when the moment comes up within the teaching program to discuss it.

I would agree that many teachers are not able to do that, but it is because of the way they were trained. These young people certainly are not going to be the same kind of parents that their parents were because of their experience.

I am simply saying let us give the teacher the kind of education that he needs to be the kind of teacher to sit with these kids and talk about the total human understanding.

Let us get off the kick that it has to be something special. We are living with it and something ought to be done each and every single day when the moment arrives and not when it is a special thing.

We have made this a special thing, family living, sex education, and drugs. This is something we have to talk about every single day, honestly and above board. We are not doing it.

We make it something special for psychiatrists, pediatricians and everybody else.

We have to live. I am tired of hearing people discuss the problem as a special problem. It isn't. We made the problem—my generation and the generation before, pill-popping and whiskey-guzzling.

Until we stand up and say we have a problem—we helped create it, so let us share responsibility with these kids to find out how we can overcome it—we are not going to do a thing, you and I, Doctor, no one at this table, unless we bear the responsibility for the action and admit it and say, "How can we help you help yourselves to get over it?"

When we do that, then we might solve our problem.

Dr. DUMONT. The drug-using culture among the grownups had some concern expressed by the officer, about more coming from physicians from out of State. Physicians across the Nation prescribed 8 billion amphetamine tablets a year. That is enough to give every man, woman and child in the Nation a month's supply of amphetamine tablets.

Most physicians recognize two indications: hyperactive kids with neurological difficulty, and a strange form of epilepsy. They are both very rare conditions.

There is the use of amphetamines for obesity, to keep low-class housewives alert and happy during the day, and to keep students awake preparing for examinations. The rest of the use of that drug is virtually outrageous.

If we are talking about sanctions and controls of legal drugs, we should make very stringent efforts to control the distribution of amphetamines along these lines and make less noise about some more benign item.

Senator KENNEDY. Officer, would you have any other comments?

Mr. CALLAHAN. I would like to make just one. I think if you have learned nothing else here, you are getting an open view of the enormity and complexities of what we are talking about, and the divergent views that exist with the people very actively engaged in trying to do something about it.

I would just like to respond to the little lady again.

Five years ago, the police were around and it was a police problem. It was handled for a long time in this country as a police problem.

I am sure that Officer Olzewski and myself do not contend at this point in time that the answer to this problem is law or law enforcement or incarceration.

As I say, I just think that you probably are getting some kind of an insight into the enormity and complexity of this total thing.

Mr. OLZEWSKI. I agree with Mr. Callahan, we were around 5 years ago. Seven years ago, several of us from this city were sent to Washington to go to school. The chief at that time could see the problem coming.

We did talk to students and we talked to teachers. Even 3 or 4 years ago, we said it was not totally a law enforcement problem. It was a problem for schools, churches, parents. Apparently, it fell on deaf ears.

Now we are all in an uproar over drugs. It has come probably faster than we expected. I don't know where else you are going to teach it if not in schools. I know there are several teachers in the school department of this city who are in contact with us. They are upset about the problem. They want to do something. They do their best. It is the same thing.

We tell the kids: "We can't stand over your shoulders, nobody can 24 hours a day."

This, in using Billy Graham's famous words, is the hour of decision, and it is their decision, but they should be more informed.

Senator KENNEDY. Thank you very much, gentlemen. We appreciate your helpful comments this morning.

We will now go to our second panel.

Mr. Richard Rode, Mr. David Myerson, Father Paul Shanley, Rev. Robert Shire, and Neil Chayet.

Mr. Richard Rode is the director of the Marathon House in Attleboro, similar to the Daytop Village in New York.

Dr. David Myerson is the administrator of the Worcester State Hospital.

Mr. Neil Chayet is a Boston attorney who has been very active in drug legislation and involved with the programs of the Boston area.

The Reverend Bob Shire is one of the leaders in Project PLACE in Boston.

Perhaps we will hear first about Marathon House. Mr. Rode.

STATEMENT OF RICHARD RODE, RESIDENT DIRECTOR, MARATHON HOUSE, ATTLEBORO, MASS.

Mr. RODE. Marathon House is what we consider a therapeutic community for rehabilitation of drug addicts.

At the present time, Marathon House has three main facilities—one in Attleboro, one in Providence, R.I., and the third down in Connecticut.

Of three other centers, one is in Taunton, Mass., the second a coffee house at Brown University, and a third down at Bridgeport, Conn.

At the present time, I am director of the Attleboro branch of Marathon House. Right now I have 36 people living in my House. Two of

them are small children of exaddicts. I have about seven people on my staff. The rest are exaddicts whom we are rehabilitating.

The program takes anywhere from 18 months to 2 years to complete. Sometimes when I am on speaking engagements, people will ask why does Marathon House take so long. The answer I usually give is the drug problem doesn't start when the kid sticks the needle in his arm. It starts before then. Therefore, you are working with a problem where a person has never really learned to grow up, to deal with responsibility, to learn to deal with responsibility, to learn to function in society as a responsible human being.

This is the problem that we have to deal with. It does take, in my estimation, about 18 months to start to really get to the roots of it.

Also, a kid or grownup coming into Marathon House does not just walk in the door. Before you get into Marathon House, you have to go through an interview.

The interview is set up by myself and four or five residents. We interview this individual coming into our home, our community. Usually a drug addict comes into Marathon House and is very, very dishonest. He or she has usually been in a number of institutions, has learned to manipulate, has learned to con, has learned to play all of the drug addict games.

So sometimes in the interview we will say, "What brings you to Marathon House?" Some people will say, "Well, I come here to rid myself of the horrors of drug addiction," at which point everybody breaks up laughing, just cracking up.

Then we will start the interview all over again. The purpose of the interview is to get the person to be honest. If you are coming to Marathon House because someone was looking to stick a knife into you, that is fine.

But the important thing is to get the person to relate in an honest manner from the first day they come in the door, so they can get an understanding of what their problems are and learn to overcome them.

Peer group pressure plays a very important part in the Marathon House, because a new kid coming into the House, who has been using drugs for 2 years, cannot con another kid who has been using drugs for 2 or 3 years. You can't con a con. It just doesn't work.

This individual is put into the position where many times they don't want to be honest, they don't want to deal with problems, but they will have to, because the rest of the community will demand this of them.

A person lives in this community for about the first 6 months without communicating or getting in touch with anybody on the outside. The reason for this is that we want this individual to learn to stand on his own two feet, we want to teach him to make his own decisions.

Everything you get in Marathon House you have to earn. For instance, we consider writing a letter home a privilege. The youngster does not get this privilege unless he learns to stand on his own two feet.

In other words, we are not going to mommy them or daddy them any more. They will have to earn this privilege. You earn it by getting involved in the House, by doing your job, by communicating with the rest of your brothers and sisters, by getting involved in group therapy that we have a few times a week, and, consequently, by growing.

This is the beginning of the value system that we try to teach people, that you get nothing for nothing in life. Anything you get you will have to earn. Usually when you can get something that you have earned in life, you feel good about it yourself.

When you start feeling good about yourself, then the need for drugs starts to go away. After about a year, we start to re-enter this person back into the community.

For instance, Gary is part of our community relations team which goes out every day into Boston. One of our problems is that we are not sufficiently funded. So our community relations team goes into Boston, to Haymarket Square, to the different meat packers to see if we can get some meat, or they will come down with building material or clothes.

This gives all the residents a chance to bring home the bacon to the rest of their family, and at the same time, experience getting back out into the community.

Sometimes they are rejected by businessmen, and other times they find out that other people are interested in the drug problem and are willing to help. This also starts to build a person's character.

We also have other ways of re-entering a person into the community. Our concept of dealing with the drug addict is that once a person has learned enough to teach somebody else something, he or she is put in the position of teaching, because it will reinforce what he or she learned, plus teach a brother to learn something.

It will bring the whole human element together. So we staff our Outreach facilities, our coffee house, our clinics, with people in the House who have weeks to stay for their growth and then can get into the mainstream and start dealing with other kids.

After about 18 or 19 months, we start to evaluate this person for what we call graduation. Last November, we graduated our first graduates—14 guys and a girl. Three of them are enrolled at the University of Rhode Island, one has applied to Brown, a few have gone back to New York to seek employment, and a few are working in Bridgeport.

Marathon House has only been in existence now for a little over 2½ years, so we are a fairly new program in this area.

We have been in Attleboro, Mass., for about 16 months. Right now we are located on the grounds of the shrine in Attleboro. The reason we have that is that when we came up we didn't have a house, so they gave us a house that was a convent. It seems the nuns were leaving so we moved in when the nuns moved out.

Since then, we have been at these quarters.

Senator KENNEDY. Let me ask you, Mr. Rode: We heard earlier about what actually motivates people to take advantage of Marathon House.

Do you have any ideas or suggestions on how you are going to try to increase motivation for people to go the route of Marathon House or AcID, Project CONCERN, or PLACE, or the various other kinds of programs which perhaps are not as extensive as yours but which are still trying to help?

Have you any ideas on how we go about motivating people?

Mr. RODE. Yes. First of all, Marathon House does deal with a select group. If a kid comes into Marathon House and says he doesn't want to stop using drugs, we can't do anything with him. Unless a kid is willing to conform to our society, our little structure that we have in Marathon House, he is going to eventually spin himself out and eventually he is going to leave.

I do think that Marathon House is a start, and things like Project PLACE and a number of other programs in Boston are a start, in opening up people's eyes to the fact that before any type of overall program is set up in the State of Massachusetts, there has to be some new attitude and some new insight into the problem formed.

I think the first step is probably going to be an extensive program in a school system, people like the ex-addict, psychologists and psychiatrists, and teachers, possibly getting into some form of retraining themselves and restructuring as to what the problem really is.

So far, our society has been dealing with symptoms. We have been dealing with drug addiction as being a problem. That is not the problem.

There must be groups set up in each community where some training can go on for parents, educators, clergymen, and people in general in the community.

As a matter of fact, I brought with me a demonstration prevention program for drug addicts and use it among students which I think is pretty good.

It says here in part 3 that the responsibility lies within the school, the parents and the community. This type of program cannot be set up and cannot be worked properly unless you have the responsibility for all three.

A good example of this is that down in our coffee house in Providence, the Rubicon, we have a number of high school kids who are involved there. They are not into hard drugs. They were smoking marihuana or they were thinking about it. They were uptight about things in general. One of them got involved in our setup and started to give our form of group therapy, and really started to find out a few things about himself. He learned a few things.

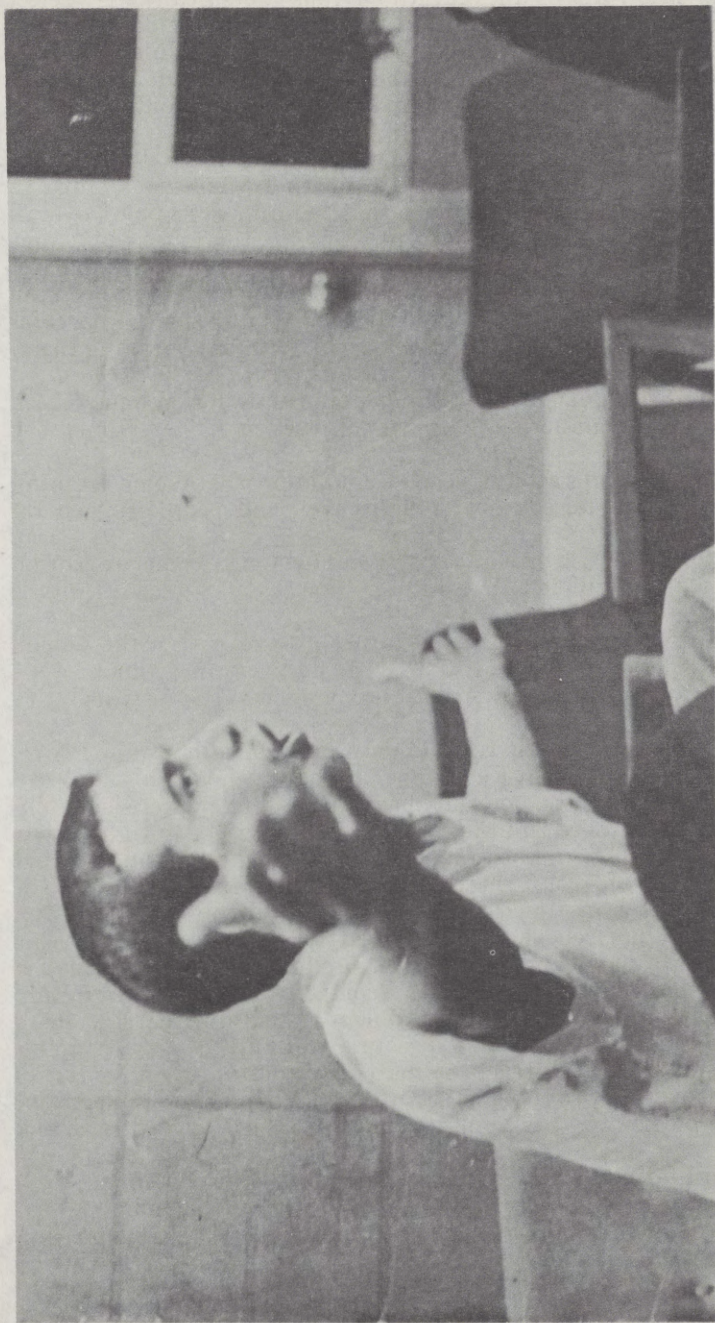
Consequently, he went home and tried to communicate with his parents in the same way that he was used to doing at the coffee house. He found out that his parents completely turned off to him. Then he was faced with another problem. The thing he saw there was moving out of his house. We discouraged him because it is going to be his responsibility to teach his parents something.

Unless an overall program is set up where we really understand what the problems are, it is going to be pretty hard to deal with the problem.

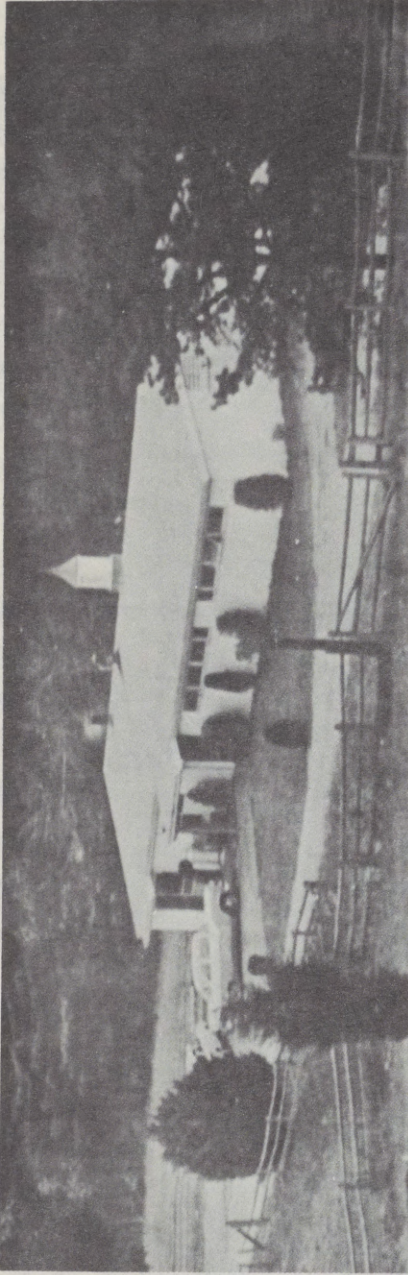
The rehabilitation aspect is only a drop in the bucket.

Senator KENNEDY. I order printed in the record at this point a pamphlet describing Marathon House.

(The information referred to follows:)



marathon house



Main Dormitory

THE HOUSE

Marathon House is a therapeutic community dedicated to the certain knowledge that drug addiction can be cured—but only by eliminating the basic cause of which addiction is merely the symptom.

Marathon House is not an institution in the sense of being either a jail or a hospital. Once a resident is admitted the doors are never closed on him. Those who stay

are confronted by the experience of living in what is essentially a "tribe like paternalistic community" designed to promote supportive inter-relations between its members as a family operating as a family. Great emphasis is placed upon developing a responsible involvement with others as well as a real sense of concern for them. It is understood that such concern and involvement tends to develop those attitudes necessary to the proper functioning of a mature, responsible, personality.

Thus, Marathon House, provides a positive environment in which it is possible for the ex-addict to grow from an otherwise irresponsible, immature, person unable to cope with every day living under the usual stress situations to a normal, healthy, responsible adult who is capable of standing on his own two feet without a destructive reliance on drugs, alcohol, or any other chemical or pharmaceutical palliative.

The House and its function is governed by a number of carefully thought out rules. But the two most important, in fact, the two cardinal rules are 1.) no "chemicals" or drugs of any kind, anywhere, anytime and 2.) no violence or threat of violence—Infraction of either of these rules by a resident is grounds for his immediate dismissal.

Reflective Resident

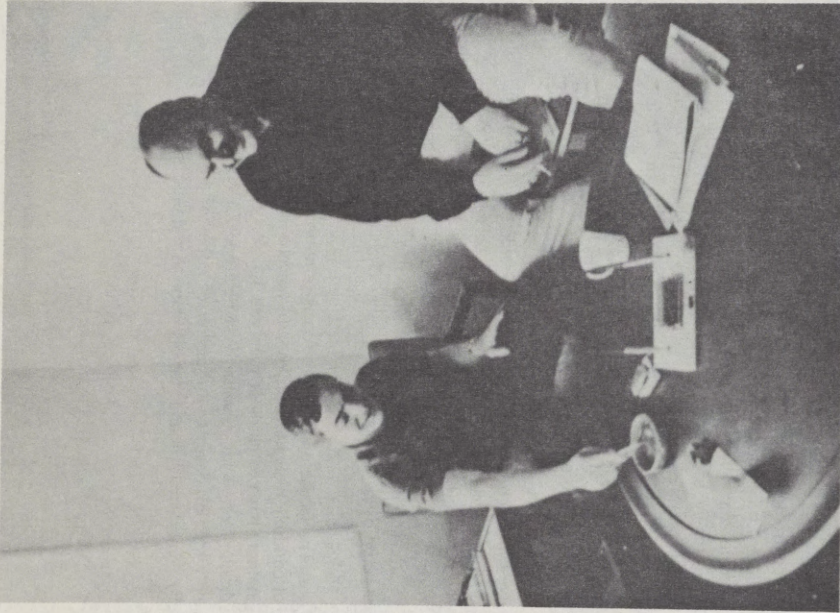


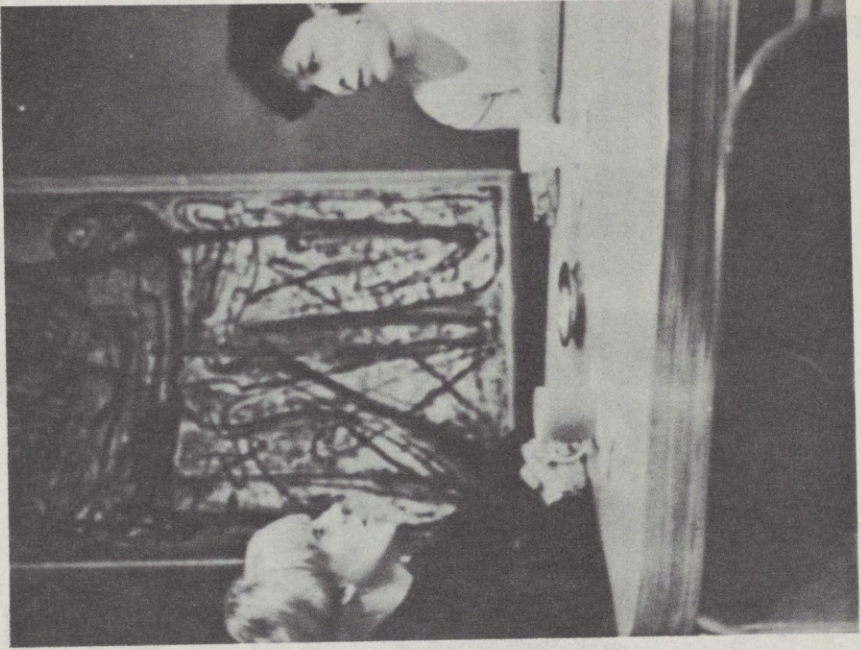
THE RESIDENT

Although the Marathon House philosophy is broad enough in its concept to admit residents who are suffering from character disorders other than those expressed by addiction, its primary objective lies with the rehabilitation of drug addicts. Therefore, the preponderant population consists of residents who were former addicts. These are usually admitted on the recommendation of the courts, parole boards, hospitals or other related agencies. Further, provision has been made for a coeducational program which admits female as well as male residents who live and work together with the necessary separate sleeping and bathing facilities under prudent supervision at all times.

The ages of residents at Marathon House span a wide range, from the late teens to the early forties, although, because of the nature of addiction, most residents tend to be young people. Regardless of age, however, each new resident is looked upon as the "baby" of the "family" by his older "brothers" and "sisters" and he is treated by them with the concern and attention due his status. He is expected, indeed, it is demanded of him that he strictly abide by whatever rules are imposed upon him by the House for his welfare both general and specific. He is quickly introduced to the daily routine and from there on in his progress is largely determined by the degree of his involvement.

**Mr. Germano, Executive Director,
with Mr. Cleo Lachapelle, Director,
Progress for Providence Agency**





THE PROGRAM

What is usually referred to as the Program breaks down into two parts. The specific, daily schedule which is concerned with the immediate physical and emotional needs of the resident and the house, and the general, overall plan which is determined by the concept, always with an eye to the future, long-term, aims and objectives of the House and its residents.

The daily schedule begins at 7:30 a.m. at which time the residents rise and make ready to breakfast—from 8:00 to 8:30. Following breakfast everyone assembles for Morning Meeting held from 8:30 to 9:00. At this time affairs of the previous day are discussed and evaluated. The meeting opens with a reading from the Marathon House Philosophy (a compound quote from Emerson and Satre) afterward, lapses in daily discipline are pointed out by "pull-ups," the older brothers and sisters of the House determining appropriate punishment for such offenses as are brought to their attention. "Pull-ups" are then followed by announcements regarding anything pertinent from laundry pick-ups and deliveries to notice of outside speaking engagements and the news of new arrivals. Morning Meeting then closes with a joke and a song. Work assignments are given out and the day begins.

Morning work is devoted to a general house cleaning with whatever groundskeeping, building maintenance, and repair are required from day to day.

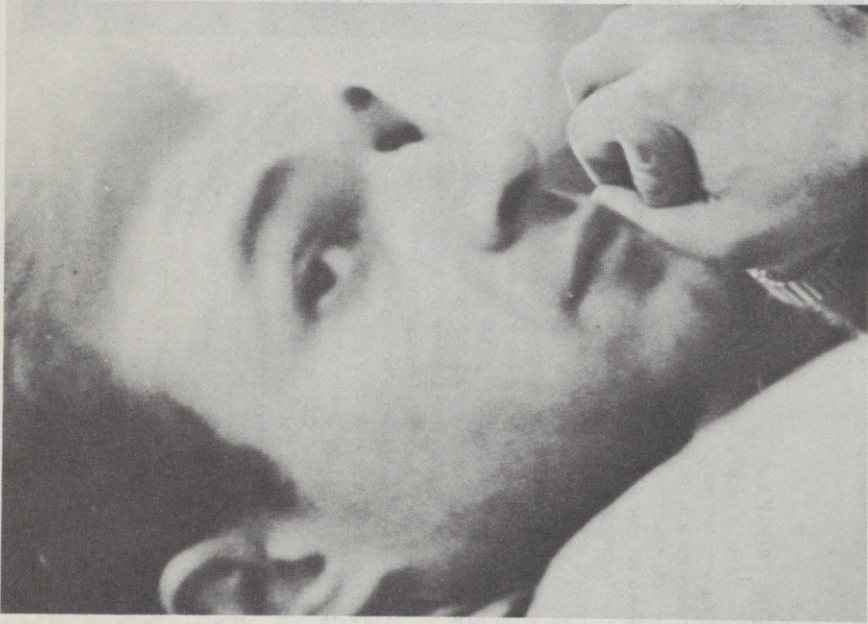
Rose Germano and Carolyn Santos
take coffee break together.

Lunch is from 12:00 to 12:30 followed by an hour long seminar from 1:00-2:00. These seminars are occasions for disciplined talk on a variety of subjects with a number of objectives in view.

Since the ex-addict is basically an encapsulated person who has great difficulty in relating to his outer environment, unable to communicate with others except in a negative or hostile fashion at best, the seminar session serves to draw him out and to develop whatever is his potential as an articulate human being.

The seminars include vocabulary building, the analysis and discussions of the words of the world's great thinkers, past and present. Also, mock speaking engagements on prepared as well as impromptu subjects are set up to give resident speakers an opportunity to develop self-assurance in addressing an audience. It is considered essential that residents begin to relate to the outside community as soon as possible; at first under tightly controlled circumstances, then gradually with greater and greater freedom. Sooner or later all residents have the experience of meeting an actual speaking engagement in the company of the older house brothers, a house coordinator, for example. On such occasions the audience varies considerably in size and character. It could conceivably be a P.T.A. meeting, a church organization, a high school or university class or even some professional group.

Geoffroy Cohl, Assistant Director





After the daily seminar the regular work day is resumed until 4:20 when work halts for a period of washing up in preparation for the supper break from 5:00 to 6:00. The remainder of the evening until bed time is employed in a number of ways depending on the day of the week, the weather, and the special interests of the individual resident.

THE CONFRONTATION GROUP

Special Confrontation Groups are held every Monday, Wednesday, and Friday evenings from 8:30 to 10:30. At these sessions, gut level, emotional garbage is disposed of and personality problems are probed in depth. The effects of unenlightened self-interest are mercilessly examined and each individual is, in his turn, exposed to the scalpel-like exposition of his foibles in a relentless effort to substitute total honesty for the pathetically ineffectual behavior patterns of self-deception and subterfuge. Such intense soul searching is a grueling experience—especially for the new resident—though its positive effects soon help him to “grow behind it.” With each additional group encounter the resident acquires further insights into his own behavior thereby strengthening him to continue.

The cumulative result of these encounters is manifold. As the resident is forced to face the realities of his life

Jim Germano, Executive Director

situation, he becomes less and less encapsulated and more and more deeply involved with the House, its members, and the concept. As he progresses his inherent honesty is constantly reinforced and his self-knowledge constructively developed so that he can build upon it positively by relating honestly to others. He eventually learns to respect and understand his gut-level feelings and not to confuse them with his rational behavior or to deny them their proper place among the realities of his existence.

The drug addict is essentially an "other directed" person who as an ex-addict must become reoriented as an "inner-directed" person. His past irresponsible image must be cast off to make way for a new image based upon sound values—values that are rooted in a responsible acceptance of his duties and obligations both towards himself and others. Such a change is not easy. It is undoubtedly a painful experience but the rewards of the ultimate result more than compensate for the initial agony.

Rose Germano, Coordinator

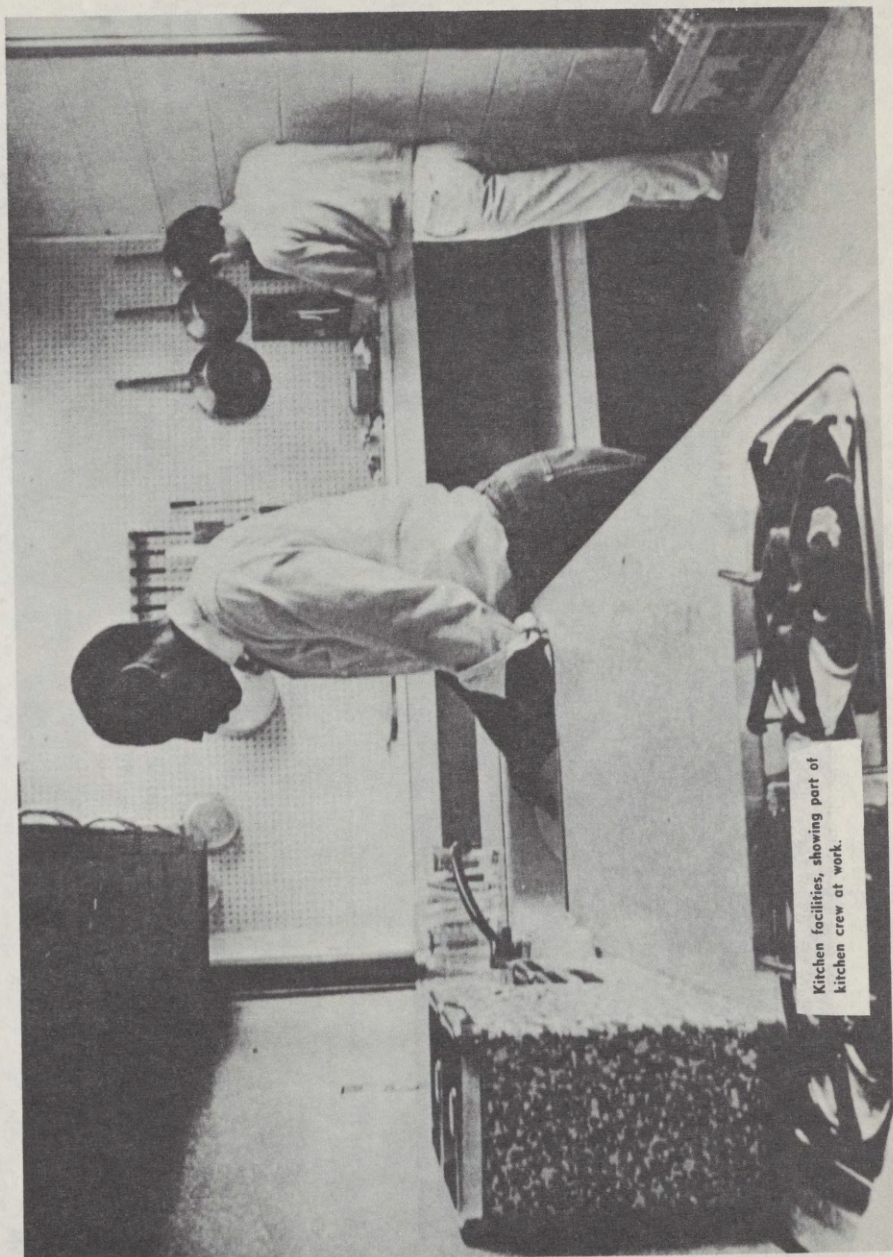


Rubin Santiago, Coordinator



Felix Donawa, Coordinator





Kitchen facilities, showing part of kitchen crew at work.

SQUARE GROUPS

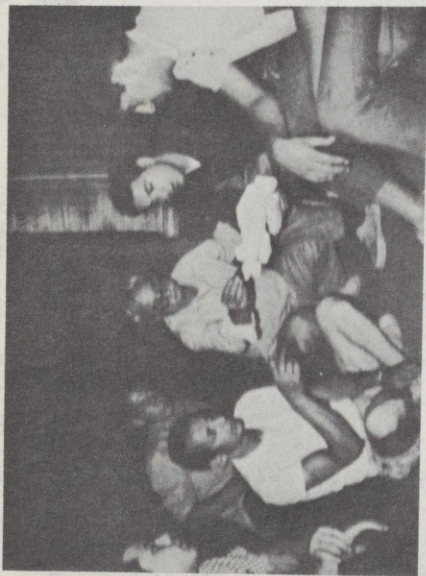
Special provision is made on Friday night to include a group for "Squares." These are non-addicts from the outside community who feel the need to become involved in the Marathon House concept but because of outside commitments cannot give more than one evening a week of their time.

The success of these "Square" Groups is not only a tacit testimonial to the effectiveness of this approach to group therapy but, even more, it becomes another profoundly effective link with the community at large.

According to the weekly schedule Saturday is generally devoted to recreation of a more or less active kind depending, of course, on the weather.

Saturday evening beginning at 8:30, there is an open house function to which all interested outsiders are invited. The format for this occasion is characterized by a general informality. Visitors are invited to inspect the facilities of the House and to engage the residents in an open discussion of their lives as they are affected by the Marathon House concept. The evening concludes with a seminar chaired by one of the residents and usually involving some current topic or concept relating to a contemporary social problem.

The visitors are both encouraged and stimulated to an active participation in these affairs.



John Fontaine, Chairman, Art department discusses problem in aesthetics with some residents.

"It's our aim to develop habits of creative behavior. Creative behavior, as we understand it, is that behavior which is characterized by the positive, imaginative, response men make to their environment."



Sundays are devoted to rest and the milder forms of relaxation. Letter writing for those who have earned the privilege; movies for those who have earned that privilege; for others, walks on the grounds, cards, chess, TV, etc. Sunday is a quiet day.

Thus far the daily and weekly schedule; the OVER-ALL plan covers a period of 18 months to 2 years. This is divided into three stages as follows:

FIRST STAGE (9 Months to 1 Year)

This is a period of adjustment, growth and learning. All forms of outside communication are denied the new resident until he has proven responsible enough to handle the privilege. The novice learns to take orders but, above all, to control his reactions to stress situations. He begins to relate to his new found "brothers" and "sisters." He begins to "invest" in group sessions and to talk openly about his feelings. He learns to use the tools of his special environment: the "pull-up", the "rap", the "beef"; he learns to "cop" to his infractions becoming responsible not only for his own actions but those of others as well. There are times when his behavior will warrant a "haircut." This usually occurs whenever he departs too widely from the house rules—most often when he "reacts" negatively to an order issued to him by an older member of the House.

Evening Confrontation Group

(The Haircut)

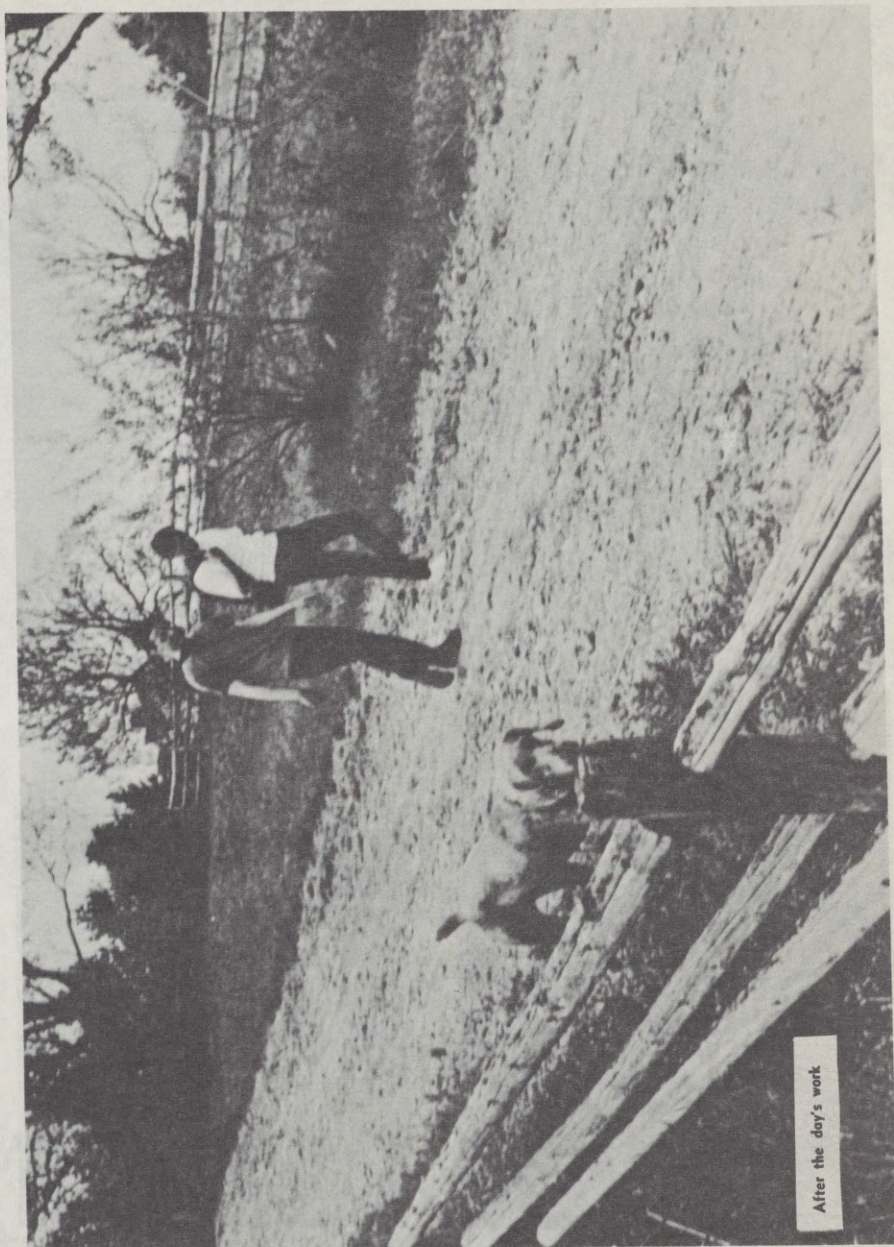
The "haircut" is a strong verbal dressing down administered by a group of older residents who because of their concern for him will make no bones about lacerating his tenderest feelings in an effort to make him realize precisely how stupidly he has behaved. The purpose is not simply to tear him down but to help him realize his potential as a person. Once his problems have been exposed down to the "nitty-gritty" level, he becomes better able to cope with them in a reasonably responsible fashion. But, should he leave such a soul-searing confrontation with a feeling of being utterly destroyed (which sometimes happens), he is immediately given the necessary emotional reinforcement or first aid treatment by any one of a number of ever willing older members of the House who will gladly talk the matter over with him and give him every possible aid to "grow behind" the experience.

The "Baldy" is an actual haircut given for a more serious infraction of the rules. The number of "baldies" given to any one person is limited to considerations of the particular case. Anyone who remains incorrigibly in-fractious after the first few months is usually expelled from the House after close consideration by the staff.

For most minor offenses the offending resident may occasionally be obliged to wear a sign describing his status



Residents participate in outdoor seminar.



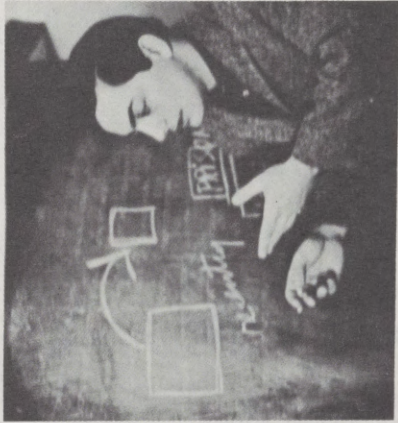
After the day's work

as well as his infraction. There is also a loss of privileges such as smoking or participation in coffee breaks. Once he has "blown" a privilege it is not restored to him until he has proven that he has earned it.

After a period of four or five months the resident is usually ready to assume a position of greater responsibility within the household community and is given every encouragement to do so. Thus he moves gradually up the ladder of achievement towards his ultimate "graduation", progressing from service crew worker, to "ramrod", to expeditor to department head. He does not remain permanently fixed in one department however; instead he is shifted from time to time to other departments where it is felt he needs experience. In this way he is constantly broadening the areas in which he is developing responsibility and learning new techniques, all of which is indispensable preparation for his future life in the outside world. In short, he must become as thoroughly familiar with the mechanics of Marathon House as he is with its philosophy. At this time he begins to take part in activities outside the House by going out on his first speaking engagements in the company of one of the staff members.

This is perhaps the most important period of all for the resident. It is during this time that he is beginning

Jim Germano
conducting seminar



Relaxing Sunday Evening



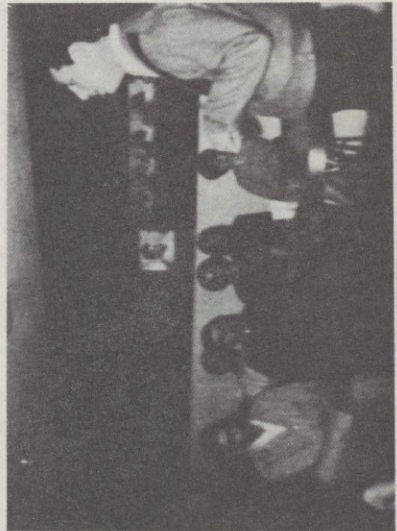
to learn the meaning of love, of deep concern and profound respect for his family (his newly acquired "brothers" and "sisters") and for his fellow man. He becomes involved, engaged, a man committed to life and its responsibilities in a constant, unrelenting quest for self-knowledge. It is only through a humble submission to the discipline of the House and a growing awareness of the world around him that he can begin to apply the lessons of personal integrity and honest communication so necessary to his future life as a non-addict.

SECOND STAGE (1 Year to 18 Months)

During this period, the resident begins to work entirely outside the House and in the community at large. He commutes, going to work every morning and returning to the House every evening, meeting occasionally with his supervisors for advice and help in determining the extent of his progress.

His outside activities for a portion of this time will be confined to employment in one of Marathon House's "Outreach" programs already established in neighborhood centers, hospitals and prisons. He is still under supervision

Saturday evening open-house



Resident and
visiting parents



but more in the company of his peer group. He is now testing his strengths developed in the House in his community experience but still attends groups three nights a week as before.

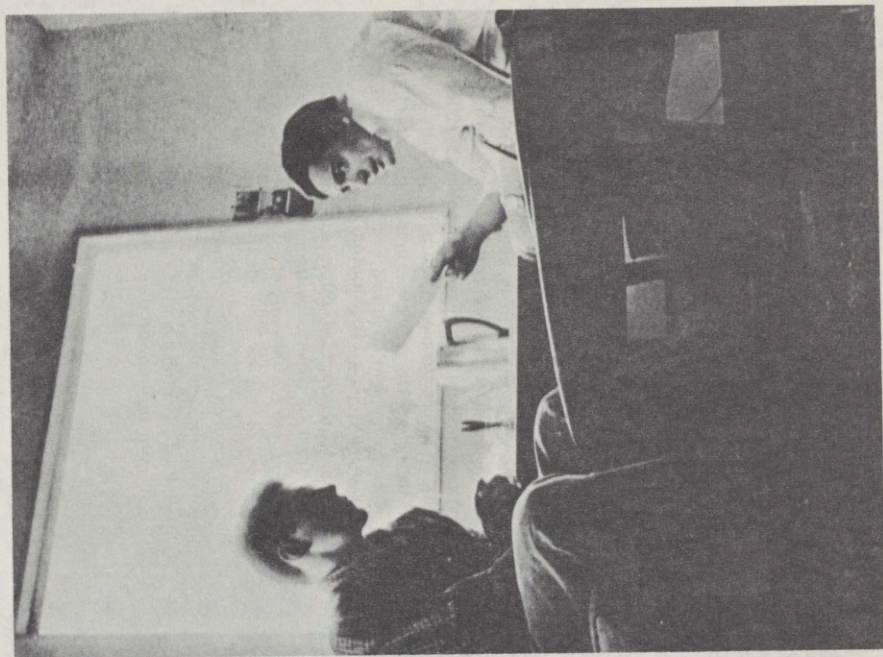
His growth within the Marathon House concept is now clearly marked. He accepts responsibility in a mature fashion. He no longer seeks escape from reality and the stress situations of normal, every day living. Rather he is willing and able to find reasonable solutions to them. If, on the other hand, as will sometimes happen, he should find himself confronted with a difficulty which he cannot cope with alone, he can always rely on the collective wisdom of the House to assist him in his effort.

THIRD STAGE (18 Months to 2 Years)

Sometime during this period, the resident achieves "graduate" status. He now lives and works entirely outside of Marathon House although he still returns periodically. He is now an actively contributing member of society hardly likely to return to the feckless, unrewarding pursuit of the revolving door life of drug addiction. He has looked

Saturday evening open-house supper





into his heart, discovered himself for what he was, and determined to better his condition by accepting the painful experience of change.

No man or woman leaves Marathon House precisely the same as when he entered it for we at Marathon House seek to change the man rather than the medication. Indeed, on the basis of the last twelve years' experience, first at Synanon House and then at Daytop, we eschew the efficacy of medication in the treatment of drug addiction entirely.

For the married or unmarried man or woman "graduate" a number of possibilities are opened up. He may take a regular job in the outside community secure in the knowledge that he can now handle anything he tries. On the other hand, if he is so minded, he may want to continue his academic education in pursuit of a career or a better job. Conceivably, he may want to remain within the concept heading one of the Outreach programs. He may even be ambitious enough to organize another such group as Marathon House itself; but whatever he decides to do he is now equipped to do it as a **non-addict**.

Jim Germano speaks with a newly arrived resident.

THE MARATHON

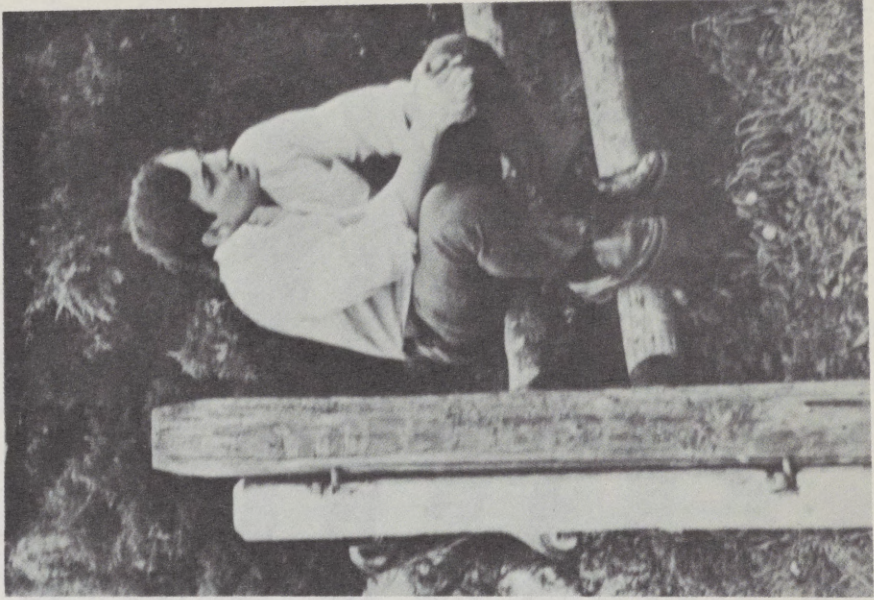
At the very heart of the Marathon House dynamic lies the Marathon Group from which the house takes its name. This is a group therapy session of concentrated intensity extended over a period of 25 to 40 consecutive hours with only a brief four hour break for sleep.

Residents are required to participate in at least one Marathon every six months in an effort to acquire that profound self-knowledge so essential in building a validly new existence. For the Marathon is a character-structuring exercise in absolute honesty with remarkably positive side effects which extend, so to speak, both vertically as well as horizontally in the resident's new life. He is moved by an experience of deep emotional catharsis to relate with love and understanding towards his brothers and sisters in the house. His protective, insulating, walls of crippling inhibition are torn down and in their place he is, at last, able to allow a warm, open, acceptance of his fellow human beings to overcome his costive fears of himself and others. Best of all, he comes away from the Marathon with a tremendous sense of renewal, of rejuvenation so necessary to the task of rebuilding his life.

Marathon House is a non-profit organization funded entirely through the medium of city, state and national agencies. Contributions of food, clothing, money and equipment from private sources are always welcome. Please

Volley Ball "Baller"





address your letter of inquiry or contribution to Marathon House, Fish Hill Road, Coventry, Rhode Island. Telephone 397-7778.

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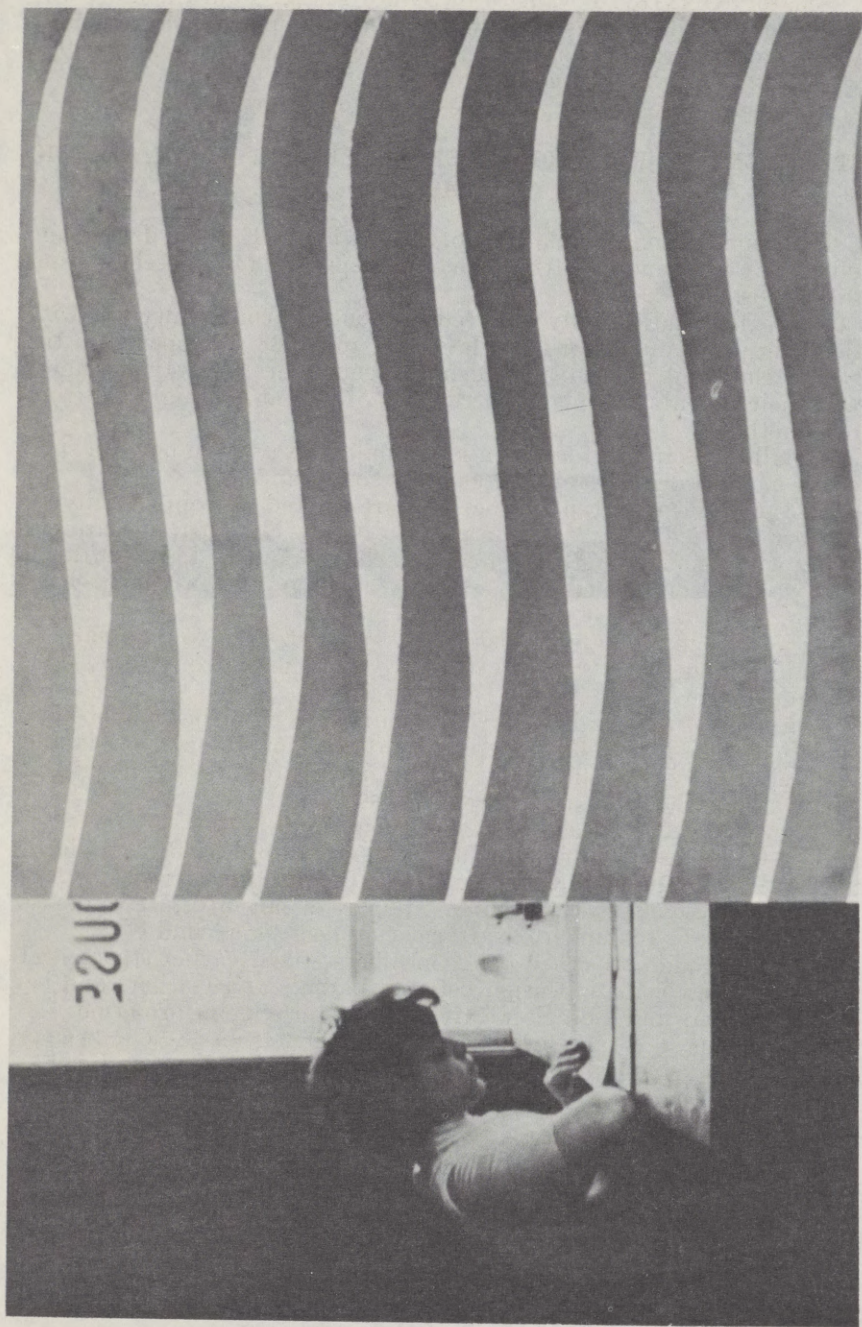
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Jim Germano in a
moment of relaxation.



Senator KENNEDY. I want to introduce Father Paul Shanley, who has just arrived. He has been working with young people for many years and with runaways for the past 2 years. He has two youngsters with him, and both of them are named Mike.

Reverend Shire, would you give a brief overview of your place?

STATEMENT OF REV. ROBERT SHIRE, PROJECT PLACE, BOSTON, MASS.

Reverend SHIRE. I would like to. Project PLACE began 2 years ago on Halloween. Since that time, we have responded to the needs of runaway kids.

We realized how deeply involved the youthful community was with the drug problem at that time, late 1967 and 1968. We opened in the South End and opened a residential center for runaway teenagers and their parents as a place where parts of the family might confront one another.

Usually it is in the form of a kid running away from home, a spur of the moment decision, not contemplated or planned for.

In the residential center, the kids are offered the opportunity to contact home. They are encouraged to do so. Their parents are encouraged to come in, as related earlier. The parents and kids sit down and we function as mediators. We get them involved in family counseling.

If we feel inadequate at that point, we refer them to psychiatrists or family counselors who are involved with us as consultants and volunteers.

Since that time, we have involved ourselves with the switchboard, which is a 24-hour-a-day telephone information referral crisis and counseling service, manned by people like Aram and Jennifer and many others who have had some experience.

Also, on a bad trip, there is an emergency number.

The third function has just mushroomed into a rather standardized program. It is educational. It is attempting to evolve itself in the school systems as a preventive measure, as an informative device because there is too much misinformation floating around.

As Mr. Rode and other panel members stated earlier, there isn't enough honest communication between parents and teachers and between teachers and kids. So we are trying to provide information.

We do this in a three-part format. The first is an 18-hour teacher training workshop which deals with all the motivational and causative factors, in categories such as psychological, economic, cultural, as well as spiritual at times.

We also take them in through the drug categories and teach them pharmacology, as Aram indicated, help them to learn how to deal with people in simulated roles, with bad trips, with people having problems with heroin, or with speed.

Then we move into the school system and try to break open the subject of drugs with the kids. The teachers have been unable to carry on discussions with them. This is to carry on discussions and use us as source personnel.

We go into the school systems in the evening and work with the adult community, providing them with the exact same information and format.

Senator KENNEDY. How many did you say were involved in the program?

Reverend SHIRE. Our runaway program involved approximately 50 runaways and parents a month. That is since January 1 of this past year.

In our drug program, we have the switchboard, also. The kinds of calls our switchboard takes are: calls related to runaways, 750; bad trips, including heroin overdoses, poisonings and suicide views, 1,250; housing requests or information, medical referrals and information, 1,050; legal referrals and information, 400; psychiatrists and psychiatric aid referrals, 175; information, general, 1,250; and miscellaneous calls, 4,000.

The drug calls would be approximately 1,250.

Senator KENNEDY. What happens to a runaway after he has gone into project PLACE?

Reverend SHIRE. When a kid runs away from home, if he makes his way to PLACE, and we would like to get them as soon as possible—I think Father Shanley would substantiate that in his work—when a kid gets to the streets of Boston, it is a jungle. It is not very pleasant. He doesn't know how to make his way through the streets and find an existence. He ends up sleeping in subway stations or parks, or a building that might be deserted, a BRA building, where a group of people are living, perhaps older, using heavy drugs, or he is prey for homosexuals.

We have found too much of that. When he comes to PLACE, he is given 24 hours, by the Boston police, through us, to contact home. He makes that decision.

According to the law at the present time, he has to call home and get parental permission. The parents have to be involved. If at the end of 24 hours he decides not to call home, we have no alternative. He has to be released, he has to go.

If his parents refuse to accept the call, which is becoming more commonplace, if the parents refuse to become involved with their kid, then we usually turn it over to the Division of Child Guardianship. We involve our social workers, psychiatric social workers, some of our psychiatrists, and legal channels in the State and Public Welfare, and try to find some kind of aid for the kid and his family.

When a kid is fortunate in that his parents respond favorably, we would bring the parents into PLACE. They would sit down with us and with their kid, and we would talk. If we find at that point, after two or three encounters, that they are not making headway with the problems, we would refer them to psychiatrists who are volunteers and consultants for us, who are clinical psychologists also, and they pursue family counseling.

The kinds of alternatives that are present for kids under the age of 18 working with their families through PLACE could be many, and it is limited only by the desires of the family unit.

For some it is the first opportunity they have had to listen to each other rather than shout at one another.

When they start this, they can resolve these issues together. Some of the kids go home and try to make a go of it. The families agree that they will work as a unit and try to function as a unit. This is working toward a common resolution.

Some of them decide that perhaps the kid should try a residential school. That becomes an option, or child guardianship residential schools, boarding schools.

Some are living with friends, with relatives, as in a preventive unit.

With some, they assume a job in the city and try to locate an apartment and make it on their own. This is the least favorable alternative, needless to say, for young kids.

Senator KENNEDY. How many of the runaways are using drugs?

Reverend SHIRE. We found that most kids under the age of 18 with whom we come in contact, either in suburbia or who come in through our switchboard or as runways, have had exposure to at least marihuana and an increasing number to LSD. But LSD seems to be leveling off. The drug has reached out into suburbia right now and has gone into most schools, and now there is heroin and speed, and the narcotic opiates.

I would say most kids have had exposure to the mood elevating drugs, marihuana and hashish, some to LSD, and an increasing number to amphetamines, and now heroin and morphine.

Senator KENNEDY. I order printed in the record at this point a report prepared by Project PLACE.

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PLACE: Year-end Report

January 5, 1970

1969 saw PLACE in the process of developing and refining the somewhat skeletal, rudimentary form and program that had evolved over the course of its first, tumultuous year.

I. BASIC PROGRAM. PLACE is a small youth service agency located in the South End of Boston. A group of seminarians from several Boston area schools created it under the aegis of Interseminarian Incorporated, a Massachusetts charitable corporation established for this purpose in late 1967. Begun as a volunteer project, PLACE now has twelve full-time adult staff members, including two ministers, a social worker, several post-graduate interns from seminaries, and two university students. These are aided by two part-time psychiatrists and several professionals from other fields, thirty part-time student field workers, and thirty volunteers. The agency is housed in a residence-counseling facility and a drop-in office, both in the South End.

The residence serves twelve youngsters as a half-way house between the Boston "street scene" and home, school, at work. These, who come afflicted by drug, emotional, and family problems, stay for a period of roughly three months as full-time workers within PLACE itself, aiding the adult staff to contact and counsel youngsters in crisis situations. The residence, staffed by five to ten short-term "emotional infirmity" cases --- runaways in the process of being reunited with home and others in the throes of emotional crisis associated with drugs. The staff works with an average of seventy youngsters in this category each month.

The drop-in office provides space for Switchboard, a twenty-four hour telephone emergency counseling service manned by the twelve house residents along with adult staff members. This service handles between three and four hundred crisis and emergency calls each week, including twenty-five drug emergencies (to which staff members often travel); it is also a point where drop-in youngsters from the "street scene" receive personal calls. Advertisements in underground newspapers, over popular music radio stations, and through posters and hand-out cards make the emergency numbers a well-known reference point among youths in greater Boston. There is a lounge area through which fifty to a hundred youngsters pass each day and night, and where, in lieu of much-needed hostel space, ten to fifteen youngsters can remain overnight. There are always at least two counselors on duty day and night to talk with the youngsters and identify those with immediate problems.

II. 1969 MODIFICATIONS TO THE BASIC PROGRAM

At the beginning of 1969 there were only two full-time staff members as compared to twelve at the year's end; there were only seven field students instead of the thirty-five today; psychiatrists were on call, but none put in regular time as they do now; group work and follow up were quite informal. PLACE did very well in spite of these deficiencies because the model was sound, but coverage was inadequate (and a terrible burden on the staff), and the program needed refinements.

During the Summer and Fall the staff enlarged significantly, and this brought the chance to refine our methods and fill in gaps:

--A very helpful training group session was started for the adult staff on a weekly basis. This meeting was oriented toward the "maintenance" of a group hard-pressed by the pressures of continual crises. It was in addition to regular group supervisory sessions, such as those with Dr. Richard Brodie, a child psychologist at Beth Israel.

--A series of "EEDG's" ---Every-Evening-Drop-in-Groups --- was established with the help of psychiatric consultants from Boston University Community Mental Health Center, who served as leaders to these group sessions which were open to anyone off the street. One of these consultants, Dr. Joseph Polumbi, became a general psychiatric advisor to the staff.

--Dr. Dick Goldwater from Mass. Mental Health Center became psychiatrist to the residential group, leading its group therapy sessions and helping with individual cases.

--A physician began making daily "house calls" at the residence.

--An experimental "apartment visitation" program to reach disturbed youngsters where they live in group apartments started on a limited basis.

--The staff's psychiatric social worker started formal volunteer training sessions.

--A training-study program for seminary credit was established for the fifteen field education students from seven seminaries, Protestant and Roman Catholic, who were placed through the Boston Theological Institute at PLACE.

--A staff member started a subsidiary project, called Reach, to help suburban groups of teenagers and adult supporters provide alternatives to drug use.

--The Urban Field Service of Harvard Design School chose PLACE as a training project for a dozen architecture and planning students. The task was to design a scheme for remodeling the premises and to study the entire operation with an eye toward better service.

--Law students continued to work on the problems of youth legal emergencies and rights.

--The speaking and drug-education programs increased in frequency and expertise. (These and consultation brought in part of PLACE's income.)

--A more intensive effort at police understanding aided by the active participation of the Mayor's office (which believes that Boston would be the worse without PLACE,) yielded a fuller comprehension on all levels of the Department of what PLACE was all about.

--The inclusion of PLACE into the Boston University-Commonwealth of Mass. Drug Program (which will help fund roughly one-tenth the PLACE program) brought it into a working relationship with both the indigenous Black and Spanish-speaking groups, F. I. R. S. T. and Poro Afro, and the more established institutions. This arrangement was not to change the special style of PLACE which is crucial toward its effectiveness.

III. INDIVIDUAL PROGRAMS

The residential program has two sides. One is the rehabilitative, and stems from our experience that the needs of a number of youngsters in the street scene require a therapeutic group-living situation. The therapy includes a high input of one-to-one counseling, group therapy, responsibilities for the living situation itself, and a program of active involvement in PLACE as full time work. The duration usually required to move a youngster from a condition of apathy, inability to cope with personal decisions, and involvement in the drug culture to more normal life is about three months, although for some it is longer.

The other side grows out of our basic principle that members of the client group --- youngsters in the "street" and drug culture --- must work alongside the adult staff in order to reach disaffected youngsters, distrustful as they are of established institutions and adult culture. The house residents, therefore, are trained to handle crises; because there are more experienced workers, youth and adult, beside him, the junior staff member is never faced with an impossible situation. The youngsters are actually more effective at making first-hand contact with those who wander in from the street than the adults, although it is usually necessary for more experienced counselors to take over at some point.

Switchboard is designed to serve a widespread population of young people who need help they can trust. Often a youngster who is "bad tripping" on the psychedelics, going through a crisis with heroin, enduring an emotional problem, contemplating suicide, has legal problems, or has a difficult medical situation, feels he has no one at home he can talk to. Because of PLACE's identification with youth culture in youngsters' minds, they feel free to call in. All the referral sources, expert counseling, and competence that can be mustered are useless without this sense of trust on the part of

the client. Allied with the necessity for counseling resources on our end of the line, and trust on the other, is the requirement that Switchboard be well-known to youngsters. This we try to insure through radio spots and various kinds of printed literature; word-of-mouth, of course, is the best advertising, and PLACE is well-known on the street.

Runaway counseling has been a service of PLACE since its earliest days in Somerville, Mass. The youngsters come to PLACE as a sanctuary, because Boston does not have many safe or trusted places to go. We talk to him or her, find out as best we can the problem, and about 90% of the time we enable the youngster to make the decision to call home. We then talk to the parents, requesting them to come to PLACE. When they arrive, there is a family counseling session. These are not easy on either child or parent, for we are asking them to deal with very hard problems concerning their relationship in the family. It is, however, an excellent occasion for working through to an interim solution, because the issues have been laid bare through the youngster's running away. We have had enough cases of chronic runaways, who after a final running away to PLACE and counseling there have been able to stay home, to know that our work is worthwhile. Of course, these youngsters whose home situations are definitely harmful must be removed to a better setting, and we work to facilitate this.

Drug counseling and rehabilitation. The staff considers drug use to be a combination of emotional, cultural-sociological, and chemical factors, with the emotional being particularly decisive. In drug counseling, therefore, the drug use itself is one issue among others. It is not effective to simply tell a youngster that drugs are harmful and that he should not take them; he knows that! Obviously, there are compelling emotional reasons. We try to get to the root of basic underlying emotions through individual counseling, group therapy, and a sensitive and supportive group environment. Teenagers are sensitive to cultural factors because they need to identify with others; if others are into drugs, then there is a tendency to identify with them. There ought to be alternatives with which to identify, and we, like the society at large, are working toward realistic alternatives to drug use. Supportive group relationships and involving activity help teenagers develop such alternatives.

Heroin withdrawal has rather suddenly become a regular occurrence at PLACE. Teenagers find it hard to go through the withdrawal process either among their drug-using peers or at home (because they don't want their parents to know). Until this summer, however, heroin usage was not widespread, apparently among the population of alienated youth. We are now working with from four to six youngsters a month who come wanting to "kick heroin." This is done with medical consultation in each case; in the near future we will be able to have methadone administered to ease withdrawal symptoms. Although our experience has been too short to know how definitive results, thus far the supportive group community has enabled the youngsters to get and stay off. We may have an advantage in that most of the teenagers who come to us with habits are not from an environment where heroin is endemic.

Because the younger's emotional condition is often troubled, we usually make further referrals.

Our public speaking has been extensive over the past year. We usually try to get the audience involved with the subjects of youth and drugs, since our job is not to entertain but rather to enable people to deal with problems. It is almost as hard to be a parent as it is to grow up at a time when traditional cultural guides are losing credibility and when, simultaneously, sudden environmental challenges (like drugs) are breaking through. We hope we can help people face the challenges more effectively.

Drug education is turning from the old rhetoric of scare and preaching --- because it does not work. The familiar reaction of mockery and knowing smiles on the faces of kids who know more about drugs than the person lecturing to them has indeed induced drug speakers to change their format. It seems to us that youngsters need to involve themselves in the meaning of drugs to them in light of their own emotions, the problems of growing up, and the culture they are growing into. Because traditional guides seem ineffectual, youngsters have to be taught to make rather more complex judgments than simply following do's and don'ts. We feel the responsibility to help them in this.

Suburban Reach. Many of our youngsters come to Boston from its suburbs. Obviously, preventive measures must start there. We have developed a consultative endeavor, Reach, to help suburban communities work out indigenous programs with and for their youngsters. The principle that the people to be served must participate holds as true in suburbs as it does in urban ghettos or for street kids. In too many communities there are youth facilities run largely by adults, and these often go unused. Since broken communications is one of the roots of family and adult-youth unhappiness, youngsters and adults must join in whatever happens. Greg Wherry, who leads Reach, has been successful in discovering those adults who understand the importance of youth involvement; at the same time, he develops groups of young people who are eager to accept responsibility for the "switchboards" and other activities they develop. PLACE's role is both to serve as a model and to continue to develop out of the crucible of very difficult urban problems approaches applicable to the suburbs. PLACE acts as a further referral source and back-up facility to the various suburban groups, which number four in operation right now. The suburban communities help to support PLACE through their dollars and enthusiasm.

Dorchester Switchboard. Late in the Fall, PLACE began experimenting with an approach to another part of Boston, Dorchester. There is a severe drug problem in all parts of the city, yet many sections are only lightly touched by the new "youth culture" with which PLACE is most familiar. Karen Pavidis, a part-time staff member and resident of Dorchester, was acutely aware of the needs of Dorchester kids, and we encouraged her to develop what she could with our help. She contacted Dorchester Neighborhood House about

the possibility of establishing a part-time drug emergency service there, and they were glad to cooperate. The Dorchester Switchboard has been operating out of Dorchester House since mid-November manned by Miss Pavidis, field education students and local teenagers. It has had moderate success, but there has been a problem in spreading the word. Local high schools refused to allow distribution of small wallet-sized cards describing the switchboard, which handles drug emergencies. Because the youth population tends to group in self-contained street corner groups, word-of-mouth is continuing to be less effective than on the streets of downtown Boston. We are continuing to maintain the service and will begin doing more intensive street work to make sure kids hear about it.

Apartment Visitation is an effort to reach youngsters who are living together communally in apartments around Boston. These apartments house some of the youngsters who are heaviest into drugs, just the ones who do not emerge unless they are suffering really bad problems. Also, newcomers and run-aways find shelter with them and then become acculturated to the drug 'scene'. (We would like to reach them before they get too far into trouble). Most service agencies neither know where these apartments are or how to approach the occupants. PLACE does, but at this time the manpower we can spare for this is limited. We can visit few apartments regularly, but what we can do is effective. We hope to make this more than an experimental program.

The Every-Evening-Drop-in-Group is an open psychiatrist and counselor-led group that occurs nearly every evening at PLACE for those youngsters who happen to have dropped by or are there on a transient basis. The need we saw was for a way to expose transient youngsters to some form of therapy, however minimal, even though they did not come with specific problems. Every youngster in the street scene of Boston needs opportunity to figure out his personal situation. Many have troubles they do not recognize or are unwilling to go individually to talk over. The problem we faced was that therapy groups are usually held over a period of time with participants who commit themselves to remain in the group. For transients, and especially for these youngsters, for whom lack of commitment is one of their basic problems, this form of group work was out. The group leaders went bravely ahead and have continued; it has proved to be a good program and will be expanded, with the help of professionals from B. U. Mental Health Center. An interesting pattern has developed: youngsters who attend will frequently seek out the leader after the group meeting for individual counseling.

Field Education. This Fall fifteen field students from seven Boston Theological Institute seminaries began work at PLACE. This was a five-fold increase over the previous year. Their basic responsibilities were to be on duty for over-nights, thereby releasing full-time staff members to be fully effective from 9 a.m. to midnight. The field students were enrolled in a concurrent youth culture course-supervisory session every two weeks taught by Trustee Dr. Meredith Handspicker from Andover-Newton. Their additional responsibilities were in the areas of on-site enrichment, apartment-visitation, suburban Reach, and the Dorchester-Switchboard experiment.

At the same time a corps of 12 Urban Field Service workers (through Harvard Design School) joined as field students in the areas of planning, sociology, and architectural design. The architecture students redesigned the interior of 37 Rutland Street and made significant modifications to 31-1/2 Dwight Street in their first three months; construction was underway by the end of 1969. The planning students were performing an analysis of PLACE as a total system, with helpful insights for our planning. PLACE/Interseminarian has reached a level of complexity that demands such specialized knowledge. Very importantly, though, these students and their professors did not approach PLACE as "outside experts." they entered PLACE as volunteers, spent overnights there, worked Switchboard, and attended staff meetings of all sorts. Then they began the planning process with an emphasis on "community planning," offering alternatives and accepting suggestions and feelings from staff, residents, clients, and participating professionals. This is not the most efficient process, in short-run terms, but in the long run, a sensitive, responsive approach, will help PLACE "keep the faith" and not lose the qualities that make it work.

IV. ECONOMICS

All full-time individuals are paid at the rate of \$4,000 per year, depending on available funds. Those who use their cars for PLACE work are paid an allowance of \$15.00 per week. In times of low funds, allocation is according to need. The \$4,000.00 figure for all is appropriate at this time because each of us is either single or with a working mate. In the event of children we shall probably make some adjustment. This salary is adequate although not luxurious. Several of us could be making three to four times as much (one of us has been offered a \$15,000 job to run a youth agency) but we feel that the money we are receiving is essentially a sort of dividend going toward social and cultural change: we are engaged in improving the environment of youth, especially.

Just as we must take risks in the course of our work, the corporation, Interseminarian feels it must take risks as a corporate body. This means, among other things, that it will put resources on hand into effect as necessary (since the present need is so great) rather than accumulate a large margin of safety. Our hope, always, is that our performance will reflect our use of resources, so that people will be willing to help us carry on. It also means that from time-to-time we run short and must go on short rations.

The Dorchester experiment is one example where we went ahead without resources in the hope of social gain. To have Greg Wherry spend 90% of his time helping suburbia, rather than putting his energies into PLACE in Boston, is rather a heavy drain on PLACE, yet its social return is high. Paradoxically, as he helps the suburbs, they tend to reallocate some resources toward their own needs rather than the City's and PLACE's. The answer is that the total they give must increase! At the end of summer, Interseminarian

leased a house for seminarians from various seminaries to live, while at school. This had been discussed for several years around the Boston Seminaries, yet these institutions were not going to take the risk at this time. We did this without a single known occupant for the house and might have suffered a severe loss. Fortunately, the house attracted a fine group of dedicated students, and the project has cost Interseminarian practically nothing, for considerable social gain. We feel that many established institutions have so much to protect that they cannot afford to risk; but somebody, some group must do so as intelligently as possible. One of those groups is us. We will try not to develop an institution self-protectiveness to the extent that we are hobbled from attempting "risky" things of merit.

Although we are not very ideological, we feel that we must put the idea of social change into practice. Implicitly, our financial workings reflect the consciousness of those trained for the ministry and for the helping professions.

PLACE tends to expand for several reasons. One is demand. Greg Wherry's Reach has become much more important than anyone expected. We suspected that youngsters in suburbia need help, if only because so many show up at PLACE in Boston. What we did not realize was the extensive need for creative mediation that PLACE stands for. There are few institutions where people can seek and find it. Demand for drug education that is effective is another area. The demand that PLACE "rise" in standards, according to the ways such standards are measured in the therapeutic community, forces it to hire more staff and increase its professionalism. (To survive, we must do this; to survive in another sense, we must not allow it to suffocate us). The internal demand that workers not be terribly overloaded, and our desire for improved standards according to our own lights--means that we must increase staff. Finally, the demand that we feel in society at large for general improvement in the environment of youth, and the ineffectiveness in leadership here as in most other sectors of our society, calls us to do the most we can, not to be embarrassed about our desire to act, nor to be terribly concerned about our size, per se. We realize that certain kinds of developments will inevitably damage our spirit and effectiveness if we pursue them. The demand that we be responsive helps check us.

The basic budget of PLACE runs over \$100,000 for 1970, yet the larger part of this is in salaries and to some extent flexible; that is, we can weather short periods or revert somewhat to volunteer participation when funding fails. Fixed costs have grown much less rapidly; but the rents, the phones, the expenses of running a residence, and the minimal compensation for Switchboard workers must be paid. These expenses amount to around \$25,000 per year at present. Rents, for example, have been raised and now total around \$8,000.00 per year for residence and offices. Telephones now run about \$4,500.00 per year.

PLACE is at the point where it will seek funding from the group it helps as well as from foundations and churches. Because it helps a large number of suburban youngsters and parents, a large portion of its funding should come from suburbia. The suburbs, too, have an obligation to poor Boston, for whom it exists as their cultural and business hub. Suburban youngsters and parents have an obligation to help out their brother and sister city kids.

V. LEARNINGS

What have we learned, then, over the past year? For one thing, that even though PLACE has been in existence for two years, society has not been institutionally very responsive to the problems that we have been pointing up. That PLACE still exists, that other institutions expect it to continue to meet a need, means that young as it is, it will continue to shoulder a burden which other institutions have not. In a sense, its very existence may indicate that there is a specialized need which requires a PLACE as its institution. This is fine, because PLACE feels good about what they are doing, yet it surprises them to be cast in such a role of responsibility.

In line with this, that PLACE is held up as an example by very respectable members of the therapeutic community rather amazes us workers, who have been responding to immediate problems, flying by the seat of our pants (with some good professional advice as navigational aid), and not going by a certified set of theoretical presuppositions. We also feel that we are just beginning to learn, and that we are doing only crudely what we would like to. Perhaps, in our area, we are one aspect of the "state of the art;" if so, we artists who hope we are doing the right thing for kids have a lot of work to do to make that art adequate to the need. (This is one reason why we persist and need help in persisting, that we have only begun to learn and want the opportunity to continue.) As a ministry (in the "by their acts ye shall know them" sense) we feel a particular obligation to the churches as an institution whose work with youngsters may have been diminishing in effectiveness.

We have learned, as was noted above, that the right sort of institutionalization does not equate with bureaucratization in its pejorative sense. We are happier and more effective as 12 full-time adults than we were (I can attest to this!) as two. It is extremely important to our kind of group, and probably to every group that requires each person to take complex judgments and exercise initiative, that there not be a far-off hierarchy. Authority over various areas rests in those closest to the situation. Of course, this means that the linking mechanisms -- meetings, communications, procedures -- must be carefully developed. The inter-relationship of the resident, PLACE, Interseminarian, director and trustee, and Interseminarian House groups are a matter of constant concern.

We have learned a little more about social change. Our philosophy is to confront actual problems rather than the ideologies talking about these problems.

We've come to some judgements about society that we share with others, though. We can see (if only because we don't get a promised government grant) that a lot of our resources are going toward destroying kids rather than helping them. We can see how an over-emphasis on consumer values produces areas of great waste and diminished human values. We have noticed enough positive response toward PLACE to encourage us to feel that change can be accomplished, and without great ill will.

There is a perception among us that we share a commonality with many persons in almost every field and institution and of almost every political and religious persuasion. There are people who are aware of a certain quality of life and of problems that prevent its realization. At one time we may have expected such a sharing to be found among the members of a certain profession or belonging to a common religion. To us, maybe because PLACE draws people out of so many backgrounds and institutions, there seems to be a great deal of cutting across formerly meaningful lines.

There are some easily definable items on our agenda for 1970; others are much more intuitive, speculative, qualitative considerations.

The Urban Field Service students have made clear to us what we only felt: that the 31-1/2 Dwight Street house is sheltering incompatible functions, that of residence and that of short-term "emotional infirmary" for run-aways and youngsters suffering drug and emotional crises. Its capacity should be around fifteen youngsters and its atmosphere homey, informal, comfortable. Such a unit would require four to five additional staff members.

As we renovate the office we see the need for a slight addition to onsite counselors, especially as hard-drugs become more prevalent. We need also to enhance this facility through more group and educational activities in the evening. We would like to draw a larger number of youngsters out of their depressed habitats. In line with this, we want very much to make apartment visitations a full-fledged program.

PLACE continues to serve as a makeshift hostel and therefore feels more strongly than any group the need for an adequate overnight emergency facility for young people. Better have them in a healthy place than seeking shelter in the many apartments where they now put up. Interseminarian will be helping develop a hostel facility in cooperation with other groups. Last summer's temporary hostel, whose organization was led by Interseminarian director. Ken Guy, was an immediate success; the backing of the Massachusetts Council of Churches was essential toward its establishment.

Several of us have been working hard at the question of drug education. Although we have presented a great many programs (see Bulletin, National Association of Secondary School Principals, Sept. 1969) with some success,

we are sure that the best approach is yet to be attempted. We hope that our work will bear fruit as a fully-developed program next fall. Crucial to our conceptions is the presupposition that because youngsters faced with drugs have few persuasive cultural guides, and that they are going to be faced with analogous problems in the next few decades, students are going to have to learn how to make complex judgements rather than take simple do's and don'ts.

Because PLACE has had to activate volunteers in order to function at all, its staff has learned to train them fairly effectively, although unsystematically. We are going to become more systematic and, hopefully, more effective in the training of volunteers and pre-professionals for work with youngsters both at PLACE and elsewhere.

YEAR-END REPORT: APPENDIXSTATISTICS --- service

(Note: For lack of staff, few accurate statistics are available for the period 1 January 1969 to 1 May 1969. Estimates for that period are based on the remainder of the year and diminished about 20% to reflect a perceived rise in services since the early part of the year.)

Runaways: About 70% of runaways are joined by their parents at PLACE for family counseling; the rest are either too far from home or with uninterested or non-understanding families; where the home situation is not appropriate, youngsters are referred to an institution other than the home family --- foster home, boarding school, etc.

April - December: 368
January - December (est.): 450

Heroin Addicts (short-term residential)

July - December: 15
January - December (est.): 20

Heroin Addicts (counseling and referral)

July - December: 78
January - December (est.): 125

Drug-users: Since about 75% of the youngsters who come to PLACE in person are users of some form of drug (amphetamine, hallucinogen, narcotic), and because the majority of these come with problems that are ostensibly not of a drug nature, drug counseling occurs along the way in the process of counseling. It is impossible at this point to isolate drug counseling or figures to indicate its frequency. In other words, this is not a meaningful category.

Total Youngsters and Adults Counseled in Person: Again, we have statistical problems, because PLACE is not like the ordinary counseling agency where interviews are scheduled. Throughout the day and night youngsters drop in both facilities, and counseling occurs both in rooms set aside for this purpose and also in all areas of a rather casual set-up. It is also difficult to draw the line in terms of intensity and formality of the interview. Runaway counseling is best documented: at least 1,000 parents and youngsters received family counseling in this way. A survey of the staff as to the number of intense and relatively formal counseling session yields an estimate of at least 1,000 additional youngsters and another 150 parents, for a total of over 2,000 individuals.

Housing: (at both 37 Rutland Street and 31-1/2 Dwight Street-- exclusive of longer term residents.)
Bed - nights: 5752

Individuals: 1545

APPENDIX -- 2

Drop-ins: Estimate is that an average of 90 to 110 youngsters drop into house and office each day, or a lot of people (many of them repeaters)!

Switchboard: There is a considerable leakage factor in telephone service statistics because unrecordable calls are referred to 31-1/2 Dwight Street to various staff in charge there. Another leakage factor results from our employing youngsters as first line "operators;" they do very well, but do not always understand the importance of exact records. Often, too, several calls will come at once, and calls will not be recorded in the shuffle. We figure leakage to run, altogether, at 30%. An exact count during one week in December numbered about 350 helping calls logged; leakage factor brings the total to about 450. An average for the entire year would number the average of about 295 per week, for a year's total of about 15,000.

Since the percentages tend to hold steady, the breakdown shows:

Calls relating to runaways: 750

Bad trips (including heroin overdoses, poisonings, and suicide fears) 1,250

Housing 1,100

Medical 1,050

Legal 400

Psychiatrist 175

Information 1,250

Miscellany 4,000

Calls received and placed for transient youngsters 5,000

Total 14,975

Residential Treatment: from ten to twelve youngsters live for a period of months at the residence; they are admitted from among the youngsters who drop into PLACE from the youth scene in Boston.

85 youngsters stayed an average of 3 months.

APPENDIX -- 3

I. PUBLIC APPEARANCES

Speaking and Drug Education: Members of the staff spoke before groups and worked in educational settings approximately 125 times during the year.

RADIO & TV

PLACE staffers appeared on TV and radio 23 times.

Radio "spot" public service advertisements were presented an average of twice a day, or around 700 times.

II. SUBURBAN OUTREACH

PLACE staff performed consultation service to groups wishing to improve or innovate youth services in several communities.

Dorchester: "Switchboard" at the Dorchester Neighborhood House.

Newton: "Newton Hotline" with Youth Action Coordinators.

Needham:

Lexington:

Albany, N. Y.:

III. PRE-PROFESSIONAL TRAINING

PLACE served as an inter year or field education training facility for 52 college, seminary, education, psychology, medical, etc. students as part of their regular credited courses of study.

IV. VOLUNTEERS

Approximately 95 persons volunteered and devoted more than 100 hours service to PLACE each.

V. FINANCIAL

Expenses:	Salaries:	\$32,981.37
	Vehicles:	\$ 3,720.39
	Taxes (with excise, etc.)	\$ 3,823.83
(Petty cash includes pay for "clients")	Food & Petty cash	\$10,007.22
	Office	\$ 2,343.87
	Rent, Utilities, Telephone	\$13,239.31
	Maintenance	\$ 3,083.39
	Misc.	\$ 3,200.86
	----- Total Expenses	\$72,400.24

APPENDIX -- 4

Income:	Foundation Grants	\$47,100.00
	Churches and Church-related	\$18,025.00
	Other (Speaking, individuals, etc.)	<u>\$ 7,575.00</u>
	----- Total Income	\$72,700.00

These expenses reflect a "curve" rising from two paid staff members in January to ten in December; the steady employment of ten "junior staff" members; and relatively steady expenses for facilities. Monthly budget in January was approximately \$2,750.00; in June, \$4,000.00; in December, \$7,250 (excluding renovation to office and house). Expenses for the pre-sent year 1970 are expected to reach a plateau of \$10,000 per month.

Staff are paid a maximum of \$80.00 per week; when funds are unavailable, pay is according to need. Junior staff, the residential client group, are paid \$15.00 per week, plus room and board.

It is anticipated that no more than two additional full-time staff members will be added to the present operation over the next several months; in other words, we have achieved nearly adequate staffing.

VI. STAFF (As of 1 January)

FULL-TIME STAFF

Peter A. Callaway; B.A., Williams College; B.D., Harvard Divinity School; Director, Interseminarian Incorporated.

Richard A. Paine (Rev.); B.A., California Western University; B.D., Union Theological Seminary (1971); Director, PLACE.

Robert P. Shire (Rev.); B.S., Boston University; B.D., Andover-Newton Theological School; Speaking and public media.

Kathe Washton, MSW; B.A., Mt. Holyoke College; MSW, Columbia School of Social Work; counseling and training.

Peter R. Sherer; B.A., Lake Forest College; B.D., Harvard Divinity School (1972); Funding and civic relations.

Jerry S. Clausen; B.A., Marietta College; B.D., Andover-Newton Theological School (1970); treasurer.

David Urban; B.A., Lake Forest College; Assistant to the Director (PLACE).

George E. Weeks; University of Connecticut; "Switchboard" and crisis counseling.

APPENDIX -- 5

Gregory J. Wherry; B. A., University of California at Redlands; B. D., Andover-Newton Theological School (1970); suburban outreach.

Phillip C. Kenney; B. A., Stonehill College; Drug Education.

Donald Rahelich; B. A., Drury College; B. D., Andover-Newton Theological School (1970); residence counselor.

Joseph P. Moreau; B. A., Franconia College (1970); A. A., Franconia College; drug counselor.

Allen D. Timm; B. S., Springfield College (1971); residence counselor.

Field Education --- Seminary

Andover-Newton
Howard Cepelak
Ted Hilpert

Boston University
Art Curtis

Episcopal Theological School
Dan Hathaway
Peter Haynes
Dan Weir

Harvard Divinity School
Harry Delahoussaye
Merv. Fry
Rick Gehrman
Dick Witte

St. John's
Dave Padenos

Weston
Jim Malley
Bruce Teague

Field Education --- Urban Field Service

Roger Bass - Harvard Architecture

Chad Brown - Harvard College; Psychology

Dolores Campen - Harvard Architecture

Leonard Dankner - B. U. ; Political Science

Coby Everdell - Harvard Architecture

Albert Fong - M. I. T. ; City Planning

Marilyn Halter - Brandeis; Florence Heller School of Social Planning

Hartman Happ - M. I. T. ; City Planning

Racheal Harris - Brandeis; Florence Heller School of Social Planning

Susan Harritt - Brandeis; Sociology

APPENDIX -- 6

Racheal Glass - M.I.T.; City Planning

Geri Levin - Brandeis; Sociology

Inge Maass - Harvard; Landscape Architecture

Work-Study

Carol Robb - B.U. Divinity

Mike Haynes - Harvard

Bob Raffeto - Northeastern

Rick Gehrman - Harvard Divinity

Dennis Evanson - Harvard Divinity

VII. PROFESSIONAL PARTICIPATION

Regular participants

Psychology/psychiatry:

Dr. Richard Brodie, Beth Isreal Hospital

Dr. Richard Goldwater, Massachusetts Mental Health Center

Dr. Joseph Polumbi, Boston University Mental Health Center

Dr. Majorie Kaplan

Medical:

Dr. Steven Gerzof, Boston City Hospital

Dr. David Lewis, Beth Isreal Hospital

Sylvia Patakan, R.N., Boston City Hospital

Penny Freedman, H.S.W., Boston City Hospital

Legal:

Joseph Oteri; Crane, Inker, & Oteri

Lawrence Berenson; Crane, Inker & Oteri

Richard Blankstein; Burns & Levinson

John Donovan; Burns & Levinson

Norman Zalking; Center for Criminal Justice

David Yarosh

Andrew C. Schultz

Harvey Silverglate; Flynn & Zalkind

Francis Welch, Jr.; Welch & Forbes

APPENDIX -- 7

Clergy:

Rev. William Alpert; Old West Methodist Church
 Rev. Meridith B. Handspicker; Andover-Newton Theological School
 Rev. Edward Harris; Arlington Street Church
 Tjaard G. Hommes; Harvard Divinity School, Boston Theological Institute
 Rev. Tom Kennedy; Trinity Church, Boston
 Rev. W. Murry Kenney; Christ Church, Cambridge
 Rev. Ernest E. Klein; Old Cambridge Baptist Church
 Rev. Royden C. Richardson; Tremont Street Methodist Church
 Rev. James Sessions; Chaplain, Cambridge Ministry to Higher Education
 Rev. Walter J. Waldron; Archdiocese of Boston; Project Theologian

Design Planning:

Marie Kennedy, Urban Field Service
 Dr. William Wainwright, Graduate School of Design, Harvard University

Cooperating Institutions

Boston Theological Institute (and member schools)

Urban Field Service--Graduate School of Design, Harvard University

Boston University Community Mental Health Center -- Drug Program

The Medical Service, Walnut Street, Boston

Radio & TV: WBCN-FM; WBZ Radio & TV; WMEX Radio; WMLO Radio; WGBH-TV;
 WHDG-TV; WSBK-TV Channel #38; WLLH Radio; WEEI Radio

Family Services

Old Cambridge Baptist Church
 Division of Child Guardianship

Traveler's Aid

United Community Services

YMCA

VIII. TRUSTEES, Interseminarian Incorporated

M. Mitchell Adams - Studley Shupert & Co., Inc.
 Peter A. Callaway - Interseminarian Incorporated
 Marion M. Freedman - Youth Service Board
 The Rev. Meredith B. Handpicker - Andover-Newton Theological School
 Leo F. Johnson - YMCA
 Herbert W. Jarvis, President USM Corp. Boston
 Joseph Oteri - Crane, Inker, & Oteri
 The Rev. James Sessions - Cambridge Ministry to Higher Education
 John B. Sturrock, M.D. - Graduate School of Education, Harvard University
 George B. Thomas - Graduate School of Education, Harvard University
 The Rev. Walter J. Waldron - Cathedral of the Holy Cross

IX. DIRECTORS, Interseminarian Incorporated

Peter A. Callaway, Harvard Divinity School
 Jerry S. Clausen, Andover-Newton Theological School
 Randall Fredrickson, Harvard Divinity School
 Phillip Kenney, Stonehill College
 Rev. Richard A. Paine, Union Theological School
 Lynn N. Rhodes, University Christian Movement in New England
 Peter Sherer, Harvard Divinity School
 Rev. Robert P. Shire, Andover-Newton Theological School
 Gregory Wherry, Andover-Newton Theological School

X. GRANTS, 1969

Abelard Foundation
 Baptist City Society
 Godfrey M. Hyams Trust
 Lend-a-Hand Society
 Massachusetts Conference, United Church of Christ
 Massachusetts Council of Churches
 Missionary Society
 New England Telephone Company
 The Permanent Charity Fund
 Ervin Pietz Foundation
 Roman Catholic Parish Sharing Bond
 Second Church in Newton
 Anna B. Stearns Charitable Foundation, Inc.
 Panelia A. Seyward
 Shore Foundation
 United Methodist Church

Senator KENNEDY. Dr. Myerson, I understand you have been mentioned favorably many times. You set up the program at the Boston State Hospital, including the methadone program.

Would you tell us a little about it?

STATEMENT OF DR. DAVID MYERSON, ADMINISTRATOR, WORCESTER STATE HOSPITAL, MASSACHUSETTS

Dr. MYERSON. I think the best way to answer your question is to describe what happened. We were assigned the task of setting up a rehabilitation program some 6 years ago. We had no guidelines to go by.

The self-help groups at that time were not as well known, at least to us, as they are now. The only programs that we saw were essentially the incarceration programs going on in Lexington, Ky.

We were assigned a small unit of 12 beds, but we were not supposed to service the State. We were to try different methods of treatment and try to come to some conclusions as to which procedures the State might invest itself in as we gained more experience. We tried everything.

If somebody had mentioned blueberry muffins to us we would have tried blueberry muffins.

In response to your question about methadone, among the many methods that we tried, particularly from New York, was the methadone maintenance program. Methadone is a synthetic narcotic that has not been of great medical use. It doesn't have a great effect on pain, for example, like morphine, which is used for coronaries and other painful medical situations.

But this was in the pharmacopeia and was found to be useful in the withdrawal, in relieving the withdrawal effects of the narcotic-addicted people in hospitals.

Then it was observed that as long as many of these heavily addicted people remained on methadone, on a certain sustained level, they functioned quite well, indeed.

They were able to carry out their duties and responsibilities as one might expect with adult people.

So it became a mode of treatment. That is to say, as it is carried out in New York City, an addict might be withdrawn from the narcotics and then placed on a certain amount of methadone per day. The amount is not terribly important, but it was a certain amount of narcotics per day.

Then he or she was expected to go through the patterns of life that were appropriate to that person, intelligence, educational background, working, and so forth. They are expected to be performing as an adult citizen.

From the New York reports, there was no question that there was a certain amount of success if you judged success by what might be called citizen behavior, taking care of children, and so forth. Externally they seemed to be doing quite well.

The more the drug was controlled, that is, in terms of the way it was given to the narcotic addict, to have the nurse give it at a certain time, under a certain situation, so that there couldn't be any cheating of it—it was given in liquid form, for example, so it could not be smuggled away, as a pill could be, and then sold later on—under these

circumstances it seemed to work. We tried it and we tried it extensively for well over a year.

Our control system wasn't as good as the one in New York simply because we didn't have the staff. Nevertheless, we could report at any given time that 50 percent of the addicted people that were on methadone maintenance were doing well.

But we changed, and we realized that we were engaging in sort of a sanctified-by-medical-tradition copper. I don't know if I should go into the reasons for us coming to this realization, but suffice it to say that we realized we were engaging in a bargain. We were saying to a certain group of people, "You behave yourselves. You stop stealing from us, the middle-class people, and we will give you a certain amount of narcotic drug."

It was a quid pro quo sort of arrangement. There was a certain pessimism that was involved in this that really took quite a while for us to realize. The pessimism was that we went on the assumption that any narcotic-taker was irreversible and there was no cure, that it was a hopeless situation, and one might as well give them a narcotic legally instead of having them steal it from the streets or from other people.

So this hopelessness which the narcotic addicts take responsibility for—for they are indeed great con artists, and they did indeed initially convince us that they were hopeless—was one aspect of the reason for our change.

Then the other aspect of the reason for our change had to do with the different groups of people that become involved with drugs. That is, they become younger, they become adolescents. As the drugs become available, a much broader vista or spectrum of drug-takers became apparent.

We became aware that many of the drug-takers, even though they took a great many numbers of bags of heroin per day and from the addicted point of view were addicted, were not as irreversible as they conned us into believing.

It is interesting to note that our program became more and more influenced by the self-help and confrontation technique that you have already heard described by these various people who are not medical personnel, and that the medical personnel in our instance, at least, changed considerably to adapting these particular confrontation approaches to our program.

We felt it was related to two things: First, a greater feeling of optimism, that there is a certain optimism attempted; and second, that the drug-takers were not as hopeless and irreversible as we thought them to be.

I don't know what our results are at this particular moment. I do not know, for example, whether we could claim that 50 percent were doing as well as the 50 percent that were on methadone. But I am not sure that is relevant.

Senator KENNEDY. How many are we talking about, Doctor?

Dr. MYERSON. We were talking about 100 at a time.

Senator KENNEDY. And the beds you mentioned before, you had 15?

Dr. MYERSON. Twelve, and expanded to 20.

Senator KENNEDY. Let me ask, if I could, what is the profile of the group you are treating?

Dr. MYERSON. Economically?

Senator KENNEDY. Yes, and male-female, old-young.

Dr. MYERSON. With a recapitulation of the problems already described to you when we first began, they were black people, both male and female, about 30 years old, plus or minus, mostly from the lower economic groups and unskilled people.

Senator KENNEDY. How has that changed?

Dr. MYERSON. It has changed to the group that you see around here, to more or less the white population, young, 18-19, with the black kids representative in proportion to the population of blacks.

Senator KENNEDY. Not heavier?

Dr. MYERSON. I don't think so. It is very hard to say.

Senator KENNEDY. What is the rehabilitation treatment in the Commonwealth now?

Dr. MYERSON. In terms of beds?

Senator KENNEDY. Well, beds, and other kinds.

Dr. MYERSON. The State has invested in and supports the program at the Boston State. It supports a program at Bridgewater. There are numbers of programs, small programs, modeled after the Boston State one, such as in Northhampton, and we are beginning one in Worcester. I think these are the only State-funded programs in existence.

Senator KENNEDY. How many beds would that come to?

Dr. MYERSON. Forty or 50 beds, excluding Bridgewater.

Senator KENNEDY. There are a number of different programs, such as AcID, Project CONCERN, Project PLACE many different kinds of programs that are working in the rehabilitation field.

What is the State doing? To the best of your information, what do you know about the capacity of these other small, community-oriented, independent programs that are trying to meet the problems of rehabilitation, superbly in some instances, and inadequately in others?

Dr. MYERSON. If I get the meaning of your question, I think that these self-help groups that are springing up are a grass roots phenomenon in numbers that, I think, have some relation to the pressures of the community.

Some communities don't allow a self-help group within 10 miles of their particular area. Others welcome them in with open arms, until they try to get residential quarters. But at least theoretically they do.

I don't know how many of them there are, but there are tremendous pressures to start them.

Senator KENNEDY. Father Shanley?

STATEMENT OF FATHER PAUL SHANLEY, COUNSELOR TO RUNAWAYS, BOSTON, MASS.

Senator KENNEDY. We appreciate your coming down, Father Shanley. We understand you were tied up earlier this morning, and appreciate your coming and bringing some of your young people with you. Give us a description of the kinds of programs you are working on.

Father SHANLEY. I would like to add what might be a little different dimension to the narcotic problem. My thing is not narcotics. My thing is alienation, runaways.

I would agree with those who have spoken before me that narcotics is simply a symptom.

Before I go into that, I would like to refer to your question about the methadone, because it is a very crucial question.

I had a great deal of hope for the methadone treatment plan because it reaches large numbers. Like Dr. Myerson, I have lost my hope in it.

I would like to especially say I think it is tragic to say to a teenager, "You are hopeless, you are helpless, and so we are going to help you to be an addict for the rest of your life, addicted to methadone," which some doctors tell me is much harder to withdraw from than heroin itself.

I think you know that school authorities and civic authorities are reluctant and hesitant to admit drug problems in their community.

I think it was especially significant last week when Mayor White went to Washington and admitted before the Nation that next to New York City, Boston has the largest drug problem in the country.

If that is true, and I think it is, consider the consequences. Right now in New York City, every day one youngster under 16 dies. It is estimated there are 25,000 young people addicted to heroin in New York City. This excludes all other drugs and excludes adults. We are talking about young people.

Most of us working on the street have a theory that heroin doubles. The other drugs spread but heroin doubles, possibly because of the tremendous needs for a heroin user to become a pusher and to bring in other people, even though they are brothers and sisters. They turn them onto heroin in order to maintain their own habit.

There are authorities who are predicting that the drugs in New York City, the heroin-addicted young people, will quadruple, which means 100,000 heroin-addicted young people. Notwithstanding the testimony which has been given here, we feel that heroin addiction is not curable in practical numbers.

Marathon House is doing a wonderful job. Let us say they cure everybody who goes there. It takes two years. I think their budget is around \$100,000. There are only a few people from Boston in Marathon House now, to my knowledge, which leaves us with the last estimate given by Martin of the Northeastern Law School, that there are 4,000 heroin-addicted people on the streets of Boston.

Either we have to find some large cure for heroin, which we don't have right now, or we have to stop heroin addiction. We simply cannot tolerate, it seems to me, this doubling that heroin seems to follow.

Boston police reported recently that there were 25 youngsters a week, Boston youngsters, missing every week. This doesn't include the suburbs. They will tell you that only one in five is reported to the police.

This would mean in the month of March about 500 Boston young people ran away. In the country last year, I would estimate there were 1 million. We are predicting this year that there will be 3 million, but we wouldn't be surprised if that went closer to 8 million.

Senator KENNEDY. How has that changed, Father, from where it was 10 years ago?

Father SHANLEY. It has changed vastly. Ten years ago, kids couldn't make it. It was a rare thing for them to make it for more than a few days. In fact, in my experience, there was only one who made it over an extended period of time.

Senator KENNEDY. How have they made it now?

Father SHANLEY. The things have changed. One is the type of kid. He is not just a kid from a disturbed family, as he used to be; and

two, there is no problem in getting a place to crash when you get to a large city in America.

You have seen the stickers, if you outlaw guns, you will only outlaw the gunman.

If you make it a crime to hide runaways, only criminals will harbor them.

That is what has happened. Our kids are being harbored by predatory adults, and being destroyed when they hit the streets of these large cities.

On this 3 million to 8 million that we are talking about, my experience is that every kid who is on the street is doing drugs within two weeks of the time he gets there whether he was before he left home or not. Over half of the kids on the street are girls, maybe 51 or 52 percent, and I think this would hold on the drugs, too, that a slightly greater percentage of girls are doing drugs today than boys.

One in 10 of the people I deal with are black. I think this has to do with the fact that most of the people on the street are middle and upper middle-class youngsters, and people who have lived in ghettos and lived in a poverty situation all their lives don't have to runaway to achieve what the middle class kid can achieve.

We think Boston has a special responsibility and a special opportunity in the Nation. It was designated the drug center of America last summer, you may recall, by the Federal Narcotics Agency.

Across the country, kids are saying that about Boston. But it is an educational center and a cultural center, and so on, and we have an opportunity to package a program here that can be exported into other major cities.

We have 3 years of experience now which gives a pretty good idea about what we can do for the kids on the street. One of them is the multiservice center, principally to provide a place for a few days when a kid reaches the streets, to become acclimated, to meet his peers who can then steer him away from the predatory adults and help him to get a job and help him to find a room.

Senator KENNEDY. What is the average age of the runaway?

Father SHANLEY. Fifteen. When you say runaway, I am talking about kids under 17, technically. Of the kids on the street, most of them are not under 17. For every kid I see under 17, I see three or four over 17, but still kids.

Senator KENNEDY. I would like to see if the two boys, the two Mikes, would like to make any comments at this time.

Maybe you could tell us a little about your experiences and how you arrived in Boston. You have heard other people describe what happens to the runaway who arrives on the street. Maybe you could relate to us a little bit of your own experience.

STATEMENT OF "MIKE NO. 1," BOSTON, MASS.

MIKE No. 1. Well, we were taken off the streets for awhile and it gave us a chance for a job, but the rent is so high in Boston that we ended up in a pretty bad section of Boston.

There are a lot of really weird people down there. It wasn't dope because we were in it when we were down in West Palm.

Senator KENNEDY. You were taking drugs down there?

MIKE No. 1. Yes. Then I got into a kind of speed. I went back down to West Palm and they don't have speed down there. They mostly have junk.

So I got out of that. Then I decided to come back up here. It is better than down there because there is nothing for anybody down there to do. Up here they got more museums and libraries, and so forth.

I like the type of people up here better.

When it comes down to kids just getting into this town, they have it pretty rough, especially girls. They need a place to stay and they need food. A lot of them will do practically anything for it, and to be getting into drugs or sex or anything.

Senator KENNEDY. Where do they go when they arrive in town? What do kids do? Where do they go?

Mike No. One. When we arrived in town we got on the Common. A friend of ours who is up here, he knew Father Paul, so he took us to Father Paul and took care of us the first day.

I know a lot of kids come into town and really get picked up by faggots and stuff like that.

Senator KENNEDY. What about it, Mike

STATEMENT OF "MIKE NO. 2," BOSTON, MASS.

Senator KENNEDY. How old were you when you came to town?

MIKE No. 1. I was 17.

MIKE No. 2. I am 18.

I believe if a kid wants drugs, he will find them, because they are available almost anywhere, and any time. It all depends on what he wants to do.

But if he comes into town and has no place to stay and winds up where drugs are being used, even though he has never used drugs, they are just around him and everything and they will say, "Here," and "Take this," or, "Do you want that?"

There is nothing else to do and they take it. That could be the start of something really big for him in drugs. He needs a place to stay if he comes into a town until he can get on his feet, instead of just coming in and sleeping in subways, whatever.

Like when we came in this time, we were in a subway and these to people walked by. They were "long hairs" and they asked us if we just got into town and we said yes.

They said, "Would you like a place to stay?" We said yes. They took us off the street and we were lucky. But some kids are not lucky like that and they run into bad situations.

Where we went there wasn't any drugs being used, it was a nicer section. Some kids come here with no money and they wind up in the ghettos where there is a lot of drug abuse, so they wind up using the drugs.

If you really don't have an education, or whatever, you really can't get a good paying job, and the rent here is really high, so you can't afford half of your pay check going to rent and the other half going to food. You really don't have hardly anything.

Senator KENNEDY. How do you support the drug habit, then?

MIKE No. 2. What do you mean a drug habit?

Senator KENNEDY. How do you support the buying of the drugs? How do you support getting the drugs?

MIKE No. 2. Deal, deal the drugs. If you want them, you get them. It is not that hard.

Senator KENNEDY. You have to pay for them, don't you?

MIKE No. 2. Well, you have to pay for them, that is true. But mostly, you are with other people and one of them will be a dealer and he will turn you on free or something. If you really want the drug, you will go out and get it, if you are looking for it, if you are addicted to heroin. You will do what you can for it.

They say that marihuana will lead to heroin. That is the only thing I don't believe. I believe that is a ridiculous statement.

In this paper it says 10 people were smoking marihuana and they said that that is the furthestest they have ever gone on drugs, and now all 10 of them are addicted to heroin. It says this in here.

That may be true, but that is far-fetched from being true for everybody, I believe.

Mr. SHILLER. What drugs have you had?

Senator Kennedy is talking about whether you have had a habit.

MIKE No. 2. When I first ran away, I went to New York and lived in the ghetto, in the Village, and I became addicted. I had no place to stay. I was on the street. So this guy took me up and he was a heroin addict. At first he started shooting just for kicks, to feel better, and before you really know it you are addicted in a way—not real quick, but in a matter of 3 to 4 weeks.

Then the only way you can support your habit here is through a dealer, so you have to deal it. Then when I went back to West Palm Beach and I was arrested there for possession of morphine, I kicked my habit in jail with no help.

Then I came up here and I don't do any drugs anymore, except smoke a little bit maybe, and that is all.

Senator KENNEDY. Mr. Chayet, I know you have had wide experience and have testified before the committee in Washington.

Do you want to make a few points about legislation?

STATEMENT OF NEIL CHAYET, ATTORNEY, BOSTON, MASS.

Mr. CHAYET. I would just like to say that I think the law has failed completely to deal constructively with the drug problem on just about every level.

For example, on research, we wanted to do some research here at the University in Boston. It took us 7 months to get a Federal grant, 7 months to do research with drugs that perhaps 15 million young people are using.

Finally, the Federal Bureau did give us a narcotics sample. In fact, they did provide marihuana. We suddenly realized it is completely illegal to possess marihuana for any reason in Massachusetts. We contemplated do we try to go ahead without further contacting the State authorities or do we ask permission.

I decided to ask for permission. I wrote to the Boston Police and asked for permission to do a marihuana research experiment at the leading university.

I got the letter saying, "Thank you very much for informing me you were about to commence a marihuana research project on" such and such a date. "Thank you very much."

I don't know what he was trying to thank me for. The State Police said, "You cannot do this research under any circumstances."

We went to the Attorney General and he told us to go ahead, that his office would be behind us completely. Of course, he became Under Secretary of State just after that, but we did go ahead. That helped us a great deal.

Attorney General Quinn is now giving his permission for another project.

This is not the way you should do research, to go ahead and write a letter asking for permission.

In treatment, that is another area where the law has completely failed to give anything like a constructive approach. If a young person feels he is getting sick and wants to go for help, if he wants to go to a physician or a hospital in this State, in Massachusetts, the first thing he runs into is a statute which says that the physician or hospital must report it within 72 hours. That is the first thing. It is not to treat him.

The law gives no permission to treat a runaway if he is under 21. The doctor would be in serious difficulty. Yet, they must report to the Department of Public Health which then must make this available to any police agency which wants this information.

I think we have to do something about removing this mandatory breach of a physician-patient relationship so we can encourage people to seek help instead of telling them they will be reported as soon as they go for help.

As far as the runaway is concerned, we may have 3 million, 4 million, or 5 million runaways and yet physicians constantly are afraid to treat the runaway, afraid of the legal consequences of their act, and they can't get parental permission.

What do you do with a runaway who has venereal disease, who has a drug problem, who needs help, who is pregnant, who needs surgery?

I think you have to do something about the laws in this area. We can't wait 2 or 3 years. We have to do it now. We still have laws on the books where the penalties are still ridiculous.

We still say on the books it is 5 years in a penitentiary if you are in a room with marihuana and you don't know it; 3½ years if you knowingly possessed it. I never understood why the law was written that way.

We have one court decision in Massachusetts that says, in effect, "That is a little harsh, to say that you get 5 years for not knowing you are in a room with marihuana. We will change the law slightly and presume that you knew the drug was there. In other words, we will just presume that you had knowledge."

I submit this is not a very constructive change and the legislature should make a change. I don't want to leave the impression, Senator, that many are going to jail, that thousands are going to jail daily under these penalties. They are not going to jail.

But what is happening is that they are getting arrested, they are pleading guilty, they are being placed on probation receiving a suspended sentence.

So if a person is arrested he is facing perhaps 20 years cumulative sentences in the penitentiary, both State and Federal, and he walks out the door a free person.

He is told to call a probation officer. He calls him for 3 months and finally the probation officer says, "Don't call me anymore. I have too many real criminals to worry about," and the fellow thinks he has gotten off.

The first thing is that he loses his driver's license, and the second thing is that he has to answer yes to the question of "Have you ever been convicted of a felony? If so, what kind?"

This will affect his rights to practice law, to practice medicine, to do many of the things that a young fellow will want to do some day.

I submit we must change these laws now.

We can look for a moment at the Federal situation. I noticed the statement you made relative to a fraudulent approach, and that the Senate which voted to pass this bill overwhelmingly was really duped because what happened was the Justice Department submitted legislation to the Senate which carried exactly the same penalties as under existing law, which means that if one college roommate transfers to his roommate a marihuana cigarette he must go to the Federal penitentiary for 5 years. He can't be put on probation. He can't be given a suspended sentence. He must go to the Federal penitentiary for 5 years even though he may have no previous criminal record.

And the same penalties were put into the law in the Senate.

The scientific community and interested persons throughout the Nation were concerned about this and spoke out against the penalties, and spoke out against the problems which were retained in the law.

So the penalties fell. The penalty word was changed to "misdemeanor" and we all sat back and relaxed. Suddenly, after the bill passed the Senate we took another look at it and we realized that what it did was to make a total law enforcement package out of the drug problem, that what this bill that passed the Senate did was to give entirely to the Attorney General all the powers to regulate drugs in this country.

For example, the scheduling of the drugs. This would become a matter not for the Department of Health, Education, and Welfare, but a matter for the Attorney General. That is why in the new legislation which is now pending, you still have marihuana right next to heroin in schedule I, and down here in schedule III you have methamphetamine, "speed," one of the most dangerous of substances, which should be in schedule I, and right next to that you have librium, which is a tranquilizer, regulated in the exact same schedule as methamphetamine.

I submit the Attorney General should not be making these decisions. The Department of Health, Education, and Welfare should be making these decisions.

Furthermore, every research project on all of these drugs that we are concerned about must go before the Attorney General.

Why go before the Attorney General? So that the Attorney General can look and see whether the legitimate physician and researcher is going to be diverting the drugs.

I submit there is a law enforcement problem here. We must go after the suppliers, the manufacturers, the importers. There is a real law enforcement problem.

We must find out why we have 8 billion amphetamines and why the companies are manufacturing as much as 10 times the amount of legitimately needed amphetamines, exporting them to Mexico, and re-importing them for illegal use back into the United States.

That is a law enforcement problem.

But to break into the homes of the users or the physician, to regulate the research problems, and review all projects because of the fear that the legitimate physicians will be diverting the drugs—I suggest that that sanction is misplaced.

If a physician who gives out a drug makes a mistake in his record-keeping, not a willful or malicious act, he faces a \$25,000 fine.

I submit, Senator, that the only bright light that I can see is the bill S. 3562, which Senator Hughes and you and others have introduced, because this is the first bill that has come to the Senate which would retain the health portion of this problem.

This is not to say there is no law enforcement problem, but at least this bill says there is a health problem. I hope that this bill will pass the Senate and that we will move before it is too late.

We are losing our young people at a tremendous rate. We are losing them to runaways and now to death, with over 40 deaths here in Massachusetts alone from drug use.

I think we must move now and quickly.

Thank you.

Senator KENNEDY. That was a very fine statement, and a fine summation for this morning's hearings.

We heard some of our panelists this morning talk about the questions of motivation, and then we had some later comments about what a tragedy it is that the final motivation has to be the fact that somebody is going to go to jail.

Then there were later comments that we would have to change our whole approach toward meeting this terrible situation, and try to find some other ways of motivating young people or old people that are using the drugs into kicking the habit.

Nevertheless, for some of these people part of the motivation has been the prospect of going and serving some time in jail.

How do we answer the Tom Dodds and those Members of the Senate who think strong law enforcement is the way, that if we increase those penalties we will motivate more young people into kicking their habits by backing them up against the wall?

Mr. CHAYET. This is a question that has bothered me, because I have been on the side for removing the criminalization, and I always ask myself the question: "Are there some kids who could be helped by being arrested? Is this the only thing that will prevent them from a life of addiction?"

But I do feel in the long run, Senator, that there must be another way, and I feel that there is another way, perhaps through the use of the civil law.

It seems to me that to take a person who is, in effect, not a criminal, who has not had a criminal record, but who has come from a fine family, to take this person and brand him with the term "criminal," this is the problem.

Of course, we have done this to thousands and thousands of unfortunate people in the ghettos. We brand them criminals and nobody cares.

But when the judge's son gets arrested, or the governor's son in a neighboring State gets arrested, then suddenly somebody says, "Why are we making criminals of these kids?"

I am sorry we didn't think of this years ago when we made unfortunate people in the ghetto criminals who were not criminals but who had used a substance which society said would be a 5-year penalty.

"We can have our woes and our ills, but you touch that stuff and you will have a five-year penalty in a State or Federal penitentiary."

I submit it is not too late. We ought to look to the civil law.

Mike said he was helped in jail. Well, maybe he could have been helped in a halfway decent treatment facility.

If we use involuntary commitment to a limited degree, not as an excuse to create concentration camps, but to place people where they can be helped, I think we can come up with the same result without branding a person a criminal for the rest of his life.

Dr. MYERSON. I wanted to make a brief comment, that I think the answer is relatively simple but effective, and that is to make more facilities both on a self-help and medical basis available.

There is no problem in getting, on a voluntary basis, as many patients as we can handle. People do come for help when the facilities are available.

Senator KENNEDY. Gentlemen, I want to thank all of you.

Do any on you want to make a brief comment or observation? We didn't call on you in this last panel, but you were helpful earlier.

If not, I want to thank all the panel members for your comments. They are very, very useful and helpful. For the sake of our hearings for the Labor Committee we have received a lot of good information in these last couple of days.

I found it enormously informative and educational myself. I know those Members of the Senate who are deeply interested and concerned about this problem will gain greatly from what has been commented upon this morning and yesterday, as well.

I appreciate your presence here and the inconvenience that many of you had to take in order to be here.

I want to again reiterate my thanks to the Mayor and the City Council, to the distinguished State Senator Charles Hogan. I see Tom Magee also has been attending the hearings throughout the morning.

There were a number of other representatives who were kind enough to join with us.

If there is no further business, the subcommittee will stand in recess, subject to the call of the Chair.

(Whereupon, at 12:10 p.m. the subcommittee recessed, to reconvene subject to the call of the Chair.)

