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Signature Lloyd L. Day

Date February 27, 1976

A COUNSELOR'S GUIDE TO DRUGS

by 1141

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A professional paper submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree

of

MASTER OF EDUCATION

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Abstract

The author wishes to become a counselor in the state of Montana. Bearing this in mind, the paper has been constructed to aid himself and other counselors in providing critical and accurate information about drugs.

By using timely statistics that have been gathered from reliable sources, the author has vividly portrayed not only the increase of drug usage among teenagers, but has also pointed out the permissive society in which all of us now live. An in depth look is presented about current information on drugs that not only counselors need to know, but which each individual should have at his disposal to make personal decisions about the use of drugs. Addresses and telephone numbers have been included for the state prison, mental hospital and its associated clinics, and the Bureau of Narcotics and Dangerous Drugs regional offices that are available for emergencies facing Montana's counselors. The services of each institution are clearly focused upon by this author and it is indicated how each functions within the provisions of the law. The law, state, federal, and international, are discussed so counselors and others involved can understand and be aware of how each is affected under the law. For communication purposes, modern terminology is defined to bring each counselor up to date with the contemporary language that is a part of today's drug scene.

Two specific area of study have been prepared for the counselor. Successful treatment of drug addicts is studied and analyzed through the eyes of current viewpoints (Adler's, Ellis's, and Salter's) now found in psychotherapy. A second area designed particularly for counselors is a section on education. Included in this material are guidelines for establishing a drug education program and a review of recommended films available for education. Addresses of where to write for drug education materials in literature and audiovisual aids has been included to facilitate obtaining needed classroom information.

The paper has answered many questions for the author, but unfortunately many more questions need to have answers. The author has suggested that several surveys be conducted to supplement this paper.

It is the firm hope of this author that greater understanding of drugs may be achieved by reading this paper. May it come to pass that through understanding of each person and his problems, our world will become a better world in which to live.

Chapter I

Introduction

The subject that the author has chosen is one of today's most timely and challenging problems that has ever confronted the nation. The problem of drugs and their uses has become so widespread that counselors and teachers in the education processes must become knowledgeable about drugs if they are to provide useful information and stimulate healthy attitudes towards drugs.

Statement of the Problem

Professionals in the field of education are frequently unaware of the problem involving students and drugs. It is because of this unawareness, the lack of personal knowledge about drugs, and the growing use of drugs by students that the author has undertaken the responsibility of compiling needed information for educators, particularly high school guidance counselors.

It is the counselor that students seek out because of his informal position within the professional staff of the school and because of his availability to the students. For this reason, counselors in the high school setting will need information about drugs that is concise, accurate, current, and accessible for immediate use if he is to advise and help students with drug problems. A counselor not able to satisfactorily handle drug problems of students is a liability not only to the educational system of which he is

a part, but also to all the people that he contacts with uncertainties about drugs.

Need for this Study

The use and misuse of drugs in this country by people of all ages, particularly the young people, has risen to alarming proportions. Let us examine only a fraction of the many examples that depict the recent trends in the misuse of drugs.

In 1968, a town of 5,000 inhabitants, Fort Bragg, California, was suddenly invaded by drugs which nearly engulfed the entire teen age population (Bonfante, 1969). Nearly 75% of the high school students began taking drugs, including not only pills and marijuana, but also heroin and LSD. The school became a meeting place each morning for students contemplating another "fix" that same evening. The drug problem drifted down into the junior high level, and it was several months before the community took steps to stem the growing misuse of drugs. It was necessary for the community to open an "Awareness House" and bring into the community two former drug addicts to help young people realize the seriousness of using drugs. In 1969, over seventy-five students had quit drugs altogether. This example graphically indicates what may take place in a community if its people are unaware and uninformed of the dangers of drugs.

The president of the United States, Richard M. Nixon, has also

recognized the growing problem of drugs in our country (Bozeman Daily Chronicle, 1969). Nixon indicates that eight million Americans are now using marijuana - including one third of the college population and 16% of the high school students. To stem this growth, Nixon has increased law enforcement effectiveness and is advocating that educators recognize the need for providing accurate and honest information to our students.

In 1968, (Listen, Journal of Better Living, 1969), $412 million were spent on tranquilizers in the United States alone. Eighty four million dollars were spent on prescribed narcotics, and over three billion dollars were spent on prescriptions for pills, a sales increase that amounts to over 10%. The per capita consumption of prescription drugs has risen 120% during the past ten years. In those same ten years, however, fewer drugs have been allowed to be legally sold over the druggist's counter. This example points to the permissiveness now accepted by our society's standards and what our environment must appear as to our youth.

Our society's drug problem is currently being communicated over available channels to the general population. Television, radio, and newspapers carry advertisements that recommend one type of drug over another and promote a general feeling that drug use is acceptable. In popular music, (Cronkite, December 9, 1969), illegal drugs and their virtues are now being extolled by popular

music rock groups (Jefferson Airplane and others). Art Linkletter insists that songs like "Lucy in the Sky in Disguise", a song popularized by the Beattles, spells out the word LSD and encourages its use. Other terms that appear in songs like "Mellow Yellow" and "feed your head" refer to the effects and use of taking drugs. Concluding this interview, one young man said that if the "high and mighty" groups of singers say drugs are great to use, then they must be.

In New York City, (Bozeman Daily Chronicle, December 16, 1969), one child aged 12 was found dead from an overdose of heroin. Dr. Michael Baden, assistant medical examiner for the city, also indicated that of approximately 800 people thus far dying from an over dose of heroin in the city in 1969, more than fifty of these deaths were youth aged 16 or younger.

A final example that indicates the need for counselors to be well prepared to work with students having drug problems comes from an article (Antidote, 1969) that depicts the rise of drug use in California. In 1968, during the first half of the year, more than 15,000 youngsters under the age of 18 were arrested for drug law violations. This increase was three times as great as the first half year in 1967. In Los Angeles alone, a "hot line" made available for young people with drug problems is currently averaging

over 5,000 calls per month from people using and abusing drugs.

General Questions to be Answered

The author has examined the question of what counselor's would need to know from the point of view, what would I as a counselor need to know about drugs? With this understanding, the following criteria are deemed essential if the counselor wishes to provide the most capable calibre of help.

1. Terminology used by today's youth to describe drugs must be known by the counselor if he wishes to understand and communicate with students involved with drugs.

2, The counselor must have a solid basis of knowledge about drugs to avoid any misunderstanding when drugs are being discussed.

3. State, federal, and international laws about drugs must be known if the counselor is to recognize the framework of responsibility under which he and his community is affected.

4. The counselor must be aware of available facilities that provide services beyond his abilities and responsibilities in the state. Furthermore, understanding of what each institution offers in the providing of services is extremely important.

5. Addresses and phone numbers should be known if a counselor wishes to obtain needed information, seek help, or make referrals.

6. Each counselor should know and understand successful

methods in treating drug addicts. (Application of current practices may allow counselors to facilitate understanding of drug abusers and provide insight into the treatment of these individuals.)

7. A final consideration for the counselor may be the need to establish a drug program within his school. (For this reason, a current program with its guidelines that is now being successfully taught in San Francisco, California, has been provided for the convenience of counselors.) Available audio visual aids and where they can be obtained will be provided for the counselor.

General Procedure

The author has obtained the information in this paper by one of the following methods:

1. Most of the material in this paper came from a survey of materials on the subject of drugs.

2. A second source of information resulted from correspondence to national organizations.

3. A final source of materials came from interviews held within the state of Montana.

Limitations

The paper has several limitations and weaknesses. The first is that because of such a vastness of material on drugs, the author has selected only the material that fits into the framework of the

paper. A second weakness is that many articles on drugs were not available to the author. A third weakness, which is apparent with all papers written on contemporary subjects, is that many changes in research or society may effect the trends depicted in this paper. A final limitation is the failure of several organizations to answer a letter requesting information about the services performed and about their histories.

Definition of Terms

The following terms have been defined to avoid any confusion that may arise while examining the material within this paper.

1. Addict (drug): A person who is periodically or chronically intoxicated by the consumption of a natural or synthetic drug and has any of the characteristics found under drug addiction.

2. Addiction (drug): A state of periodic or chronic intoxication produced by the repeated consumption of a natural or synthetic drug and characterized by the following conditions:

a. Compulsion to take the drug and the desire to obtain it by any means possible.

b. Tendency to increase the dose of a drug.

c. A psychological and/or a physical dependence on the effects of the drug.

3. Dependence (physical): It is that state of a drug abuser

to avoid bodily discomfort or intense pain when a drug is no longer available or when a drug antagonist is administered.

4. Dependence (psychological or psychic): That state which requires continual or periodical administration of a drug to produce pleasure or to avoid discomfort found in reality.

5. Depressant: Is any drug that slows down body functions or decreases the function of the central nervous system (C.N.S.).

6. Dosage: The amount of or quantity of a drug taken.

7. Drugs: A substance used for medicinal purposes or has narcotic properties.

8. Hallucination: Experiencing sight, sounds, and other sensory perceptions that are false because the actual experience is not real.

9. Hallucinogenic drugs: Substances that produce hallucinations.

10. Narcotic: A drug that depresses the central nervous system, relieves pain, induces sleep, and dulls senses.

11. Normal single adult dose: The quantity of a drug consumed by an adult person at any one time. (Factors such as age, sex, weight, time of the day, route of administration and dosage form have not been included in this definition by the author.)

12. Stimulant: Is any drug that increases temporarily the activity of the central nervous system (C.N.S.) or any other organ

of the body.

13. Tolerance: Is the relative capacity of an individual to receive a diminshed response from the quantity of a drug each time it is administered or by the fact that increased dosage of the same drug is needed to produce the same psychic effect.

Summary

In this chapter the author has described what the research paper wishes to accomplish and the necessity for writing such a paper.

Chapter II

Review of Related Literature

The author has been unable to find any literature that has been previously written that considers the particular needs of the high school counselor. However, several pieces of literature have been produced that survey areas of which counselors must be aware.

Sub Headings

In 1969, Alton Blakeslee wrote a booklet entitled "What You Should Know About Drugs and Narcotics". The literature discusses in general terms the description of drugs, the dangers of becoming dependent upon drugs, and what people can do to help those that are dependent on drugs.

Another publication in 1969 was the "Comprehensive Narcotic Addiction and Drug Abuse Care and Control Act of 1969". This book describes the laws and the reasons for its inclusive provisions and passage. Another section discusses current educational projections in California for establishing guidelines in a drug program, and provides an analysis of available audio visual aids for drugs.

Stanley F. Yolles, a National Institute of Mental Health medical doctor, wrote an article entitled, "Recent Research on Narcotics, LSD, and Marijuana". Yolles examined the recent scientific experiments that have been thus far concluded, announced the

results of these experiments and indicated how these results applied to the current trends in thinking about drugs.

Summary

The amount of literature designed for guidance counselors appears to be limited. It is the desire of the author then that practical applications may be found within this paper for counselors.

Chapter III

Procedures

The most important consideration in writing this paper was to select the most vital aspects and information concerning drugs that counselors must know in order to successfully work with and understand students involved with drugs. The following categories of information were selected and examined on the basis of the afore mentioned criterion.

1. Terminology is provided to understand the special language now associated with drugs and to better communicate with students about drugs and the use of drugs.

2. To provide a general description of the most frequently abused drugs. This includes a brief study of its history, its associated dangers of drug abuse, how it is taken, its effects, and other related information.

3. To examine current drug laws so a counselor may understand and impart to others accurately the law as it pertains to each individual.

4. To analyze the available institutions used to rehabilitate drug abusers and punish drug offenders.

5. To provide a current list of addresses that will be of benefit to counselors and others seeking additional information.

6. To study current treatments of drug addicts that are successful and analyze the methods by using the view points of three psychotherapists.

7. To give each school counselor a guideline to establish a drug program in his community.

Methods of Collecting Data

The second consideration made by the author in writing this paper was to determine where to obtain the information needed to sufficiently satisfy the demands of each category.

The most obvious source of materials (the library) was used to the greatest possible extent. For each category, literature was first examined, and if it enhanced any portion of a category or any part of the paper, it was used. This method of selecting literature and then fitting it into the limitations of the paper worked well. However, not all of the information compiled in this paper was gathered in this manner.

Another method that provided further literature to study was gained through correspondence. (See appendix for a sample letter sent out.) These letters requested that information pertinent to their work and to my study be forwarded to me. The responses varied, from no return answer to the receiving of considerable amounts of literature.

A final method of collecting data was accomplished in two unstructured interviews, both of which were held at Montana Institutions.

The first interview was conducted at Warm Springs State Mental Hospital with Mr. Sam Campanella, assistant to Dr. Charles DeWitt, Chief Psychologist, on January 22, 1970. During this interview statistics were provided indicating the number of drug referrals made to the hospital during the last two years and a brief tour of the facilities was given the author.

The second interview involved Mr. Joseph Yankoskie, Director of Classification and Treatment, at the Montana State Prison, on December 4, 1969. During this time, Mr. Yankoskie described the limited treatment available for drug offenders and indicated the role of local judges in communities; these judges are responsible for sending drug abusers or offenders to either the prison or mental hospital. Earlier in that morning the author had taken a four hour tour of the prison facilities that allowed a first hand appraisal of the available facilities.

Summary

In this chapter I have indicated what material was to be used and how the material for this paper was selected and obtained.

Chapter IV

Research Findings

In this chapter the author now presents the research that was undertaken to satisfy the requirements of the professional paper.

Current Drug Terms

The author feels compelled to provide an accurate and up-to-date glossary of drug terms that are current and in vogue today. To be understanding of the drug user and his environment, counselors must be aware of current terminology and communicate via that media to youngsters who are turning to drugs.

It is the author's opinion that knowledge of terms used by young people will create an atmosphere in the counseling session or in group interaction of warmth, understanding, and trust. Without understanding of terms, confusion, uncertainty about what to say, and eventual distrust will destroy any confidence and rapport that is established between counselor and counselee.

It is possible that many terms will never be heard by a counselor. However, it is better to be as competent and knowledgeable as possible about drugs, than work with drug users and have only a limited background and understanding of the problems involved with drugs.

On the following pages is a glossary of current drug terms

compiled from three lists which are noted at the end.

Acapulco Gold - high grade of marijuana that comes from Mexico, 2
Acid - LSD, 2
Acid Head - LSD user, 1
Acid Test - party at which LSD has been added to the punch, 3
Are you holding? - Have you any narcotics, 2
Artillery - equipment used for injecting drugs, 2
Astral - mind takes a trip and the body stays here, 2
Backtrack - withdraw the plunger of a syringe before injecting drugs to make sure needle is in proper position, 2
Bag - container of drugs, 1
Bag man - supplier of drugs, 1
Bang - inject drugs, 2
Balloon - rubber toy balloon used for storing or delivering narcotics, usually capped heroin, 1
Barbs - barbituates, 1
Bennies - Benzedrine tablets, Amphetamines, 2
Bernice - Cocaine, 2
Bindle - small quantity or pack of narcotics, 2
Biz - equipment for injecting drugs, 2
Blanks - poor quality narcotics, 2
Blast - to smoke marijuana cigarettes, 1
Blasted - under the influence of drugs, 2
Blow, blow a stick - to smoke a marijuana cigarette, 2
Blowin one's mind - high on LSD, extreme hallucinations, 2
Blue bands - Carbital (Pentobarbital Sodium - Carbromal), 1
Blue birds - Amytal (Amobarbital Sodium), 1
Blue cheer - type of LSD, 1
Blue Devils, Blue Heaven, Blues - Amytal (Amobarbital Sodium), 1
Blue velvet - paregoric antihistamine, 2
Bombido - injectable amphetamines, 2
Bombed - intoxicated on drugs, 1
Booster - consumption or injecting of additional dosage to continue or prolong a "trip", 1
Bottle dealer - a person who sells drugs in 1000 tablet or capsule bottles, 1
Brick - kilo of marijuana in compressed brick form, 1
Bridge - usually alligator clamp or like device used to hold marijuana cigarette while smoking same, 1
Bull - federal narcotic agent, police officer, 2
Bum trip, bumer - a bad trip, bad LSD experience, 2

Burn - to buy phony drugs or to burn the skin when injecting, 1
Burned - receive phony or badly diluted drugs, 2
Button - peyote buttons, 1
Buy - to purchase drugs, 1
Can - one ounce of marijuana, 1
Candy - barbituates, 1
Cap - capsule containing a drug, 1
Cargo - load or supply of narcotics or drugs, 1
Carrying - in possession of a drug, 1
Cartwheels - Amphetamine sulfate tablets (round, white, double scored), 1
Chicken powder - Amphetamine powder used for injection, 1
Chippy - an occasional user of heroin, 1
Champ - drug abuser who won't reveal his supplier, even under pressure, 2
Chipping - taking small amounts of drugs on an irregular basis, 2
Chiva - heroin, 1
Christmas tree - Tuinal, 1
Clean - removing stems and seeds from marijuana, also an addict who is free from narcotic injection marks, 2
Clear-up - to withdraw from drugs, 2
Coasting - under the influence of drugs, 2
Cocktail - a regular cigarette into one end of which a partially smoked marijuana cigarette is inserted so as to waste none of the drug, 1
Coke - Cocaine, 1
Cokie - Cocaine addict, 1
Cold turkey - sudden drug withdrawal, trying to break the habit, without the aid of any medication or medical care, 1
Come down - to come off from drugs, 1
Connection - source of illegal drugs, drug supplier, 1
Cooker - bottle cap for heating drug powder with water, 1
Cook up a pill - prepare opium for smoking, 2
Co-pilots - Amphetamine tablets, 1
Contact high - becoming high merely by interacting with one who is high, 3
Cope - to carry on activities of daily life effectively while under the influence of drugs, 3
Cop - purchase drugs, 2
Cop-out - alibi, confess; sell out to the Establishment, 2
Corien - Cocaine, 2

Cotics - narcotics, 2
Cottons - bits of cotton saturated with narcotic solution used to strain foreign matter when drawing solution up into hypodermic needle or eyedropper, 1
Crash - stupor produced by overdose of drugs, fall asleep while using drugs, come down hard and fast from a high or trip, 2
Crutch - device used to hold marijuana cigarette when it has burned to the point where it will burn the fingers, 1
Crystals - Amphetamine powder for injection, methadrine, 1
Cube - sugar cube impregnated with LSD, 1
Cut - adulterate narcotics by adding milk, sugar, baking powder, etc., 1
"D" - LSD, 1
Dabble - take small amounts of drugs on irregular basis, 2
Dealer - drug supplier , 1
Deck - a small packet of morphine, cocaine, or heroin, 1
DET - Diethyltrytamine, 1
Dexies - Dexadrine, amphetamine tablets, 1
DMT - Dimethyltrptamine, short acting psychedelic that is injected or smoked, 1
Dope - any narcotic, 1
Doper - addict, 1
Dotting - placing LSD on a sugar cube, 1
Double cross - Amphetamine tablets, (double scored), 1
Dime bag - $10 purchase of drugs, 2
Dollies - Dolophine, 2
Domino - to purchase drugs, 2
Double trouble - Tuinal, 2
Downer - to come off from drugs, also means a depressant type drug such as a barbituate, 1
Deuce bag - a two-dollar container of drugs, 1
Dripper - syringe or eyedropper used for injections, 2
Drop a Cap - swallowing LSD capsule, 2
Explorers club - a group of acid heads, 2
Fat - describing someone who has a good supply of drugs, 2
Factory - equipment for injecting drugs, 2
Fine stuff - good marijuana, 2
Fink - informer, 2
Fit - equipment for injecting drugs, 2
Fix - to inject drugs or one dose of a particular drug, 1
Flake - Cocaine, 2
Flash - initial high feeling when injecting amphetamines and other drugs, 1

Flea powder - poor quality narcotics, 2
Flip - go psychedelic, 2
Floating - under the influence of drugs, 2
Focus - narcotics solution ready for injection, 2
Flush - the initial feeling the user gets when injecting methamphetamine, 1
Football - oval shaped amphetamine, 1
Freak - a person who injects amphetamines, 1
Freak out - bad LSD experience, to have a drug party, 1
Garbage - poor quality drugs, 1
Gauge - marijuana, 2
Geed up - under the influence of drugs, 2
Geeze - injection of narcotics, 1
Goard - head, 1
Gehid - paregoric user, 2
Gimmicks - equipment for injecting drugs, 2
Go - a deal, 2
Gold Dust - Cocaine, 2
Gong - opium pipe, 2
Good go - a good or reliable dealer in drugs, 1
Good H - a good quality heroin, 1
Goof Balls - barbituates, 1
Goofer - one who drops pills, 1
Goofed up - under the influence of barbiutates, 1
Got an upper? - Do you have any amphetamine capsules?, 1
Gow-head - opium smoker, 2
Gram - gram of heroin (approximately 10 capsules), 1
Grass - marijuana, 1
Green, greenies - heart shaped tablets, dextro amphetamine sulfate and amobarbital, 2
Griefo - marijuana, 1
Group grope - sexual orgy with all clothes removed, one gropes in crowd and makes love to whoever he finds, whether it be male or female, 2
Ground contact - caretaker in LSD session, 3
Guide - one who babysits for the psychedelic user during an experience, 2
Guru - companion on a trip who has tripped before, 2
"H" - heroin, 1
Habit - physically or psychologically dependent on drugs, 1
Hand-to-hand - delivery of narcotics person to person, 1
Hard stuff - morphine, cocaine, heroin, 2
Harry - heroin, 2
Hashes - marijuana, 2

Head - one who is involved with drugs to the extent that the drug has become an important part of his life, usually refers to a particular drug, e. g., pothead (marijuana), acidhead (LSD), 1
Hearts - Benzedrine, dexadrine than come in heart shaped tablets,1
Hemp - marijuana, 2
High - a drug user who is "up" or under the influence of a drug, usually a stimulant, 1
Hit - one dose of a particular drug, 1
Hog - an addict who uses all he can get his hands on, 1
Holding - possessing narcotics, 1
Hooked - addicted, a confirmed addict, 1
Hopped up - under the influence of drugs, 2
Horse - heroin, 2
Horning - sniffing narcotics through nasal passages, 1
Hot shot - fatal dosage, 2
Hype - a person who takes drugs by injection, 1
Hype outfit - equipment for injecting drugs, 1
I am way down - I need marijuana, 2
Ice cream habit - small irregular habit, 2
IT-290 - Hallucinogen, alpha-methyl tryptamine, 1
J or Jay - joint or marijuana cigarette, 1
Jar dealer - a person who sells drugs in 1000 tablet or capsule bottles, 1
Jive - marijuana, 2
Job - inject drugs, 2
Jolt - an injection of narcotics, 1
Joy Pop - inject small amounts of drugs irregularly, 2
Joy powder - heroin, 2
Junk - narcotics, 2
K-2 - Type of LSD
Keg - 25,000 amphetamine capsules or tablets, or more, 1
Key - 2.2 lbs of any drug, especially marijuana compressed into brick form, 3
Kester plant - narcotics secured in the rectum, 2
Kick - abandon drug habit, 2
Knif - marijuana, 2
"L" - LSD
Lab - equipment used to manufacture drugs illegally, 1
Lay out - Equipment for injecting drugs, 2
Lid - the size of a standard marijuana transaction, about an ounce, 2
Lid propers - amphetamine, 2
Lipton tea - poor quality narcotics, 2

Lift up - under the influence of drugs, 2
Light up - smoking marijuana, 2
Loco weed - marijuana, 2
Mainline - inject drugs directly into the vein, 1
Make it - to buy narcotics, 2
Manicure - prepare marijuana for use in cigarettes; high grade marijuana no seeds or stems, 1
Mary Jane - marijuana, 1
MDA - Hallucinogen, methyl-3, 4-methylenedioxphenethylamine, 1
Meth - Amphetamine powder (Methamphetamine hydrochloride), 1
Mellow yellow - pale yellow LSD powder; or cigarettes made from banana peel scrapings, 1
Mezz - marijuana
Mickey, Mickey Finn - chloral hydrate, 1
Miss Emma - morphine, 2
Mind Blower - pure unadulterated drugs, 1
Mule - One who sells or transports for a regular peddler, 1
Mutha - marijuana, 2
Nark - narcotics agent, 1
Needle - hypodermic needle, 1
Nickel bag - $5 purchase of narcotics, 1
Nimby - nembutal capsules, 2
O. D. - overdose, usually death, 1
Owsley's acid - LSD, also infers that is good quality LSD, 1
Oranges - dexadrine tablets, 2
Paper - a container of drugs, 1
P.C.P., Peace Pills - hallucinogenic substance Sernylan (Phencyclidine HCL), 1
Peaches - benzedrine tablets, 2
Peanuts - barbituates, 2
PEZ - PEZ candies impregnated with LSD, 1
Piece - one ounce of heroin, 1
Pill head - amphetamine or barbituate user, 1
Pinks - seconal capsules, 2
Pop - inject drugs, 2
Quarter - quarter of an ounce of either heroin or meth, usually 4-8 grams, 1
Quill - folded match book cover from which narcotics are sniffed through the nose, 2
Rainbows - tinual capsules, 1
Reds, Reds & Blues, Red Birds, Red Devils - seconal (Secobarbital Sodium), 1
Rare - inhalation of cocaine or heroin, 2
Rip off- to forcibly rob a peddler of his drugs or money, 2

Roach - butt of marijuana cigarette, 1
Run - to take drugs continuously for three days, 1
Rope - marijuana, 2
Roses - benzedrine tablets, 2
Rough stuff - marijuana as it comes from the plant, 2
Score - make a drug purchase, 1
Script - drug prescription, 1
Shooting gallery - place where users can purchase drugs and inject them, 1
Shoot up - to inject drugs, 1
Skin popping - intradermal or subcutaneous injection, 1
Sleepers - a depressant type drug such as barbituates, 1
Smack - drugs, especially powdered drugs in the form of snuff, 1
Sniffing - using narcotics by sniffing through nasal passages, 1
Snow - LSD powder, cocaine, 1
Snowbird - cocaine user, 1
Source - supplier of drugs or narcotics, 1
Spatz - capsules, 1
Speed - amphetamine powder for injection, 1
Speedball - a powerful shot of drug, usually heroin and cocaine combined, 1
Spike - hypodermic needle, 1
Spoon - a measure for a drug powder, 16 spoons per ounce, 1
Stash - a place where narcotics or outfit is hidden, 1
STP, Syndicate acid - 4-methyl, 2-dimethoxy, alpha-methyl phenethylamine, 1
Straight - under the influence of narcotics, 1
Strungout - heavily addicted, 1
Stuff - general term for drugs and narcotics, 1
Taste - a small quantity of drugs or narcotics, 1
TD caps - time disintegrating capsules, 1
Tea - marijuana, 1
Toke up - to light a marijuana cigarette, 1
Tracks - a series of puncture wounds in the veins, caused by continued narcotic injections, 1
Travel agent - a pusher of hallucinogenic drugs, 1
Trey - a $3 purchase, 1
Trigger - to smoke marijuana cigarettes immediately after taking LSD, 1
Trip - the hallucinations and feelings experienced by a person after taking a drug, 1
Turn on - to take a drug, 1
Turkey - capsules reported to be narcotics, but filled with non-narcotic substances, 2
User - one who uses narcotics, 1

Wedges - small tablets made from tablet board, 1
Weed - marijuana, 1
Weed head - marijuana smoker, 1
Weekend habit - irregular habit, 1
West Coast - amphetamine tablets or capsules, 1
Whites - amphetamine tablets, 1
Works - equipment for injecting drugs, 1
Yellow Jackets, Yellows - nembutal (Pentobarbital Sodium), 1

Each term was selected from one of three articles. The key to each term and article includes: (1) Glossary Handout, 1969, (2) Attorney General's Conference, 1969, and (3) National Association of Student Personnel Administrators, 1966-67.

Description of Selected Abused Drugs

It is considered essential by the author that counselors know basic information on drugs or have it readily available for immediate use. This information could serve several purposes. First of all, a counselor may wish to impart to others specific information concerning a drug or drugs. Secondly, the counselor needs to know and recognize the different characteristics of drug abusers, if he is to identify and help them. Finally, the counselor should understand the effects of the various drugs, the addictive potentials of the different drugs, and know the dangers involved in taking drugs if he wishes to provide help for students using drugs and wanting help. It is with this information that the counselor can hopefully more fully understand the problems of each person that turns to drugs.

A general description of each dangerous drug will now be provided. For each drug, the following information will be discussed:

1. Commonly used and slang names.
2. Brief description of drug and its chemical composition.
3. Methods of taking the drug and usual adult dosage.
4. Reaction to the drug taken.
5. Symptoms of withdrawal, if any, and degree of tolerance.
6. Symptoms of drug abuser.
7. Possible dangers in taking the drug.
8. Brief history of the drug.

Many drugs have been omitted, however, the drugs described on the following pages are those most often abused in the United States and constitute the majority of mind effecting drugs used. The author will examine first the hallucinogenic drugs individually, then review marijuana, stimulants, depressant drugs, and opiates in that order.

Hallucinogenic Drugs

LSD (Lysergic Acid Diethylamide). 1. acid, trips, cubes, pearly gates, heavenly blue, sugar, LSD-25.

2. LSD is derived from the ergot fungus (claviceps purpurea) that afflicts rye and wheat. Its chemical make-up (lysergic acid) is identified in the name.

3. The usual adult dosage of LSD is .15 milligrams. It is taken orally in a capsule, a small white pill or a sugar cube. The drug itself is a colorless liquid that is added to one of the methods used for intake. (This amount of LSD, .15 milligrams, is smaller than the point of a pin.)

4. The trip, or effect of the drug, usually begins thirty to forty-five minutes after the drug is taken and lasts for eight to twelve hours. A stimulated or depressed feeling, an increase in sensitivity to lights, sounds, and objects, observance of brilliant colors, distortions of objects, and experiencing objects as they "pulsate" are all possible reactions when an individual is under the influence of the drug. Furthermore, emotions may become aroused and expressed, time may vary, and a creative feeling may exist for the drug user.

Occasionally a bad trip may result from LSD. The causes cited for this happening are emotional instability of an individual at the time of taking the drug, his physical surroundings, his companions, and the potency of LSD that is taken. The extreme danger in taking LSD is that it may, if the experience is frightening, result in physical injury or death if the user panics. At times a flashback (the return to sensations experienced from a prior LSD trip) or a bad trip may temporarily destroy the

psychological ability of an individual to function.

5. There are no physical withdrawal symptoms and no physical dependence from use of LSD. However, the dosage for "acid heads" (frequent users) must be increased as the level of tolerance is very low. There is also a cross-tolerance between LSD, mescaline, and psilocybin. However, after a few days abstinence, the tolerance level returns to pre-usage of the drug.

6. The user may have a complete change of personality. Irrational behavior may be observable, isolation and separation from peers may occur, sensory perception may be affected, and a dialation of pupils can be observed.

7. Use of LSD may cause stupors lasting for days or induce repetitive flashbacks months after taking the drug. As far as research can conclude, there is not yet ample proof in determining if there is permanent rearrangement of mental abilities or damage to chromosomes of offspring. The longest reports of mental problems on record directly related to LSD extend for a three year period. However, the possibility that both of these conditions may actually exist is very great. The drug "thorazine" which may bring bad trips to a rapid conclusion is still being investigated.

8. LSD was first synthetized in 1938 and accidentally found to have influences over the mind of man in 1943 by Albert Hoffman,

a Swiss chemist. Until 1966, much time was spent by different scientists trying to find beneficial uses for the drug. In 1962, Doctor Timothy Leary opened a psychedelic training center in Mexico, and wide publicity, both good and bad, centered around the use of LSD. From the adverse reaction that opposed Leary's views of "Turn on, tune in, and drop out," a law was passed in 1966 that restricted use and possession of LSD to a few laboratories. Today current research is now projecting (Fort, 1969) that LSD, psilocybin, and mescaline may have merit in creativity and problem solving, treatment of alcoholism, mental illness, and providing comfort to dying persons.

Mescaline (Peyote). 1. Button, cactus, P.

2. Mescaline comes from the cactus (mescal: Lophophora Wialliamsii) that is grown in Mexico and the United States.

3. The usual adult dose for a grown male is 350 milligrams. Mescaline is taken in a powder or liquid form and usually with another substance because of its bad taste.

4. Two to three hours elapse before Mescaline takes effect, but then it maintains its influence for ten to twelve hours. Hallucinations, visions, and revelations are possible results from taking the drug.

5. If taken soon after effects of previous use have worn off,

the dosage must be increased to receive the same benefit as before. However, with abstinence for three days, tolerance will return to normal. No physical withdrawal symptoms accompany moderate use of mescaline. No addicts or evidence has been found to prove addiction.

6. Eyes of user may become dialated. Other symptoms of mescaline are similar to LSD symptoms, only not as pronounced.

7. Mescaline users may become psychologically dependent; some could suffer temporary mental deficiencies.

8. The history of mescaline (peyote) dates back to the 1600's, when natives in South America and North America (north to Southwestern United States) used it for religious and medicinal purposes. Today, only a small cult in Mexico and the Native American Church (founded in Southwestern United States in 1918) with a membership of 225,000 (est.) still use peyote. Congress failed to pass any legislation to prevent the use of peyote by the church, even though there have been nine attempts since 1918. Montana allows its use by the North American Church. Three times the Federal Courts have upheld its use to be legal.

Psilocybin. 1. Psilocin.

2. This drug comes from the Mexican mushroom (psilocybe mexicana).

3. Psilocybin is swallowed in a crystal powder or liquid form.

The normal adult dose is 25 milligrams.

4. The drug takes effect twenty to thirty minutes after swallowing and lasts for a period of two to six hours. The effects are similar to mescaline, mild in comparison to LSD, with trips not as intensified as LSD.

5. Tolerance is very low, therefore with frequent use of psilocybin, it is necessary to increase dosage to create the same effects. Furthermore, a cross-tolerance exists with this drug, LSD, and mescaline. (If a person has increased his dosage of psilocybin and then switches to LSD, the dosage of LSD will have to be increased to receive the same effect.) There are no physical withdrawal symptoms and no physical dependence from using psilocybin.

6. The characteristics of psilocybin abusers are similar to abusers of LSD and mescaline. The eyes may become dialated, (this could be noticed with frequent use of sun glasses when not needed), the personality may undergo a change, sensory perception may vary, isolation may take place, and behavior may become irrational.

7. Psychological dependence may develop, and the chance for drug abuse of other drugs is ever present. Temporary mental deficiencies are rare occurrences.

8. Use of psilocybin began thousands of years ago and was used by the Central American natives in religious ceremonies.

Several sources indicate that the Aztecs used it frequently, and evidence points to psilocybin being used during the crowning of Montezuma, last of the great Aztec chieftans. It is still used in Central America, but with less frequency. In the United States, its use became limited to laboratories for further experimentation and evaluation in 1966.

Less Common Hallucinogens. The following are not as widespread and are more recent than the other hallucinogens, so they will be lumped together and described as completely as available information allows.

DOM-STP (Dimethoxyamphetamine). This drug is produced synthetically. Doses of one to three milligrams produce euphoria. If taken in stronger doses, hallucinations may be produced lasting for eight to ten hours.

DET - (Diethyltryptamine). DET is made synthetically and taken into the body by smoking it with another mixture. A usual dose is fifty to sixty milligrams and the experience lasts for two to three hours. Some of the effects of DET are dizziness, distortions, and vagueness of the elapse of time.

Ibogaine. This hallucinogen's source is a shrub found in Africa. It has been used by primitive tribes while hunting for the purpose of being able to stand still yet stay alert when stalking animals.

Abuse of ibogaine results in excitement, mental confusions, feelings of intoxication, and hallucinations.

DMT -(Dimethyltryptamine). DMT is obtained from seeds of a plant grown in the West Indies and in parts of South America or made synthetically. It has been used by Haitian natives in a religious capacity. It is inhaled from smoke or can be injected intravenously. The usual dose is sixty to one hundred fifty milligrams. Its produced effects last only for forty-five to sixty minutes, therefore repeated use of this drug in a short span of time is a frequent experience. The effects include hallucinations and distortions. This drug can produce psychological dependence, but not physical dependence.

Bufotenine. This drug comes from the Amanita fungus or from secretions and skins of toads. The normal dose is 15 milligrams and is usually smoked or chewed as snuff. Visual disturbances and time and perception alteration are the common effects that occur immediately. A side effect that is very dangerous is an increase in blood pressure.

Morning Glory Seeds. Morning glory seeds are used by people to obtain effects similar to LSD, effects which are far less potent. Seeds are usually chewed or brewed in tea.

Marijuana

1. Joints, sticks, reefers, weed, grass, pot, muggles, mooters, Indian hay, locoweed, giggle-smoke, griffo, monkey, Mary Jane, tea, stuff, hashish, hash.

2. Marijuana comes from the hemp plant (Cannabis Sativa L.). It is grown in the Middle Eastern countries, Asia, and in Mexico from where the United States receives most of its illegal supply. (The United States grows some marijuana, but it is of inferior quality.) When it is burning, its smoke smells like burnt rope or dried grasses.

3. Marijuana is usually smoked in the United States and consumed in Asia. When it is eaten, it is usually mixed with honey or butter to eat on bread or is made into candy. One cigarette or one sweet mixture is the normal adult dose.

4. The effects usually begin within ten minutes and last up to four hours. Feelings of great pleasure and sharpened perception accompany even small doses. Other effects which could happen under the influence of marijuana include unusual behavior, loss of memory, feelings of humor without apparent reason, relaxation (similar to having had several cocktails), and to escape tension from everyday living. Many users of marijuana like it for its social potential. Excessive use of the drug produces nausea. Increased reliance upon marijuana leads to visual hallucinations, illusions, delusions,

intensification of senses, and a display of emotional extremes.

According to one expert, (Yolles, 1969), fifty percent of marijuana users experience no effects. This phenomenon was caused by one of four factors: (1) The dose may have been impotent, (2) Effects may not take place until the individual has used the drug repeatedly, (3) Lack of expectations of effects by the drug user may produce no effects, and (4) A poor social setting negatively effects any response.

5. There is no evidence to prove marijuana causes physical dependence or that increased dosage is needed. There are no withdrawal symptoms when use of the drug ceases.

6. Abusers may appear very relaxed and gaze thoughtfully off into space. The abuser also may think he possesses great ability, can exhibit great hilarity (often over nothing at all), and they may feel resentful towards society. In a recent article, (Goldstein, 1965) college students who used marijuana were interviewed and found that a majority of them had the following sociological views of our culture:

1. An increased desire to be unconventional.

2. Were members of a sub-culture that sanctioned use of marijuana.

3. Considered "pushers" to be their friends.

4. Were usually found to be liberal in politics.

5. Did not retain or had only slight religious affiliation.

6. More males than females used marijuana.

7. Most females did not derive maximum satisfaction from use of marijuana.

7. The marijuana abuser frequently develops psychological dependence and if he seeks greater thrills from other drugs, he may turn to them. Because of a warped sense of ability, bodily injury results from accidents. Other users may develop anti-social behavior and use marijuana as an excuse to drop out of today's society and as a symbol of rebellion. The cost for marijuana can become excessive for abusers. Some abusers of marijuana suffer from self neglect, and their identity with peers is often found in nonconforming groups.

8. The effects of marijuana have been known for 5000 years. It was in those times in China that it was used to relieve pain during surgery, and in India it was used as a medicine. This medicinal value has no further use today, instead, its only apparent use is as an intoxicating agent. Marijuana was introduced into the United States in 1920 and was outlawed in 1937 with the passage of the Federal Marijuana Tax Act. Recently marijuana use has increased rapidly; since 1960, arrests for marijuana have doubled, according

to the President's Commission on Crime report. Although no cause and effect has been found between use of marijuana and opiates, a 1967 study of narcotic addicts who had been hospitalized at Lexington, Kentucky, revealed that 80% of them had used marijuana before going on to other drugs.

Stimulants

1. Bennies, co-pilots, footballs, hearts, pep pills, speed, crystal, dexies, Christmas trees, splash, grease, rhythm, spliven. (Slang names are often based on the color and shape of the pill.)

2. The author will examine several varieties of stimulants that are used: Amphetamines (Benzedrine); dextroamphetamine (Dexedrine); and methamphetamine (Methedrine). Stimulants are synthetically made.

3. The normal dosage of stimulants ranges from 2.5 to 5.0 milligrams, while the strongest dosage ever recorded is 400 milligrams. Usually pills, tablets, or capsules are taken orally. However, abusers seeking thrills resort to intravenous injections.

4. Short term effects of stimulants produce wakefulness, reduction of fatigue, loss of appetite, and insomnia. Over a period of time, effects of abusers involve weight loss, irritability, restlessness, violence and possible paranoid reactions. The last reaction is more likely to happen if the abuser is taking

a stimulant intravenously.

5. Tolerance for stimulants and psychic dependence is built up gradually over a period of time and most often due to misuse of the drug. Withdrawal from drugs may cause a "state of depression" if use of the drug stops abruptly, but no other symptoms are evidenced in the ex-user.

6. Abusers of stimulants may appear to be overly active, irritable, or suffering from hallucinations or feelings of paranoia.

7. Because of accompanying high blood pressure, possible heart attack, injury due to fatigue at the end of the stimulant's effect, and paranoia, abusers run the risk of death. If desperation becomes unbearable, suicide may be an unfortunate answer for many abusers hooked on stimulants. If physiological diseases occur, if may be very difficult to treat the individual due to the body's high degree of sensitivity to drugs in general. A final consideration would be using a non sterile needle that could lead to hepatitis.

8. Amphetamines were first produced for medical purposes in 1920. They were originally used to treat colds. Today its medical values include treating of depressed people, helping cure alcoholics, combating narcolepsy, reducing appetites, and relieves muscle rigidity when used with other drugs.

Cocaine. 1. The leaf, snow, coke, speedball(when mixed with heroin).

2. Cocaine comes from the leaf of the coco bush (erythroxylon cocae) and is found in South America (Peru and Bolivia) and in southern Asia.

3. The drug is usually taken orally or by sniffing, but when taking cocaine for kicks, it is taken intravenously. When it is consumed, it is chewed with lime. The dose varies, depending on the need of the user.

4. When taken orally, it relieves hunger and fatigue. It can also be used as an anesthetic for the eye, nose, and throat. Effects from intravenous injections are hallucinations with paranoid effects, psychotoxic effects, and possible twitching and convulsions. The effects usually have dissipated within four hours.

5. Cocaine has a high risk of psychic dependence but there is no risk of physical dependence and there is no level of tolerance.

6. Abusers of cocaine may have dialated pupils, may become hyperactive, or may feel like an exhilerated paranoic.

7. Overdoses may lead to convulsions and death and feelings of paranoia may become pronounced. Ulcerations in the sinus tract may develop from irritations caused by sniffing the drug.

8. For centuries cocaine was used by Indians in South

America to relieve the burdens of strenuous work, walking, and thirst. In 1884, Carl Koller, a Viennan scientist, discovered its anesthetic value.

Barbituates (Depressants - Sedatives)

1. Peanuts, candy, yellow jackets, red devils, goofers, phennies, red birds, pinks, goof balls, blues. (Names are given to barbituates according to the shape and colors of the tablets.)

2. Depressants are usually classified in three groups according to the length of time to effect users. These groups and examples of each are long acting, phenobarbital (Luminal); short to intermediate, amobarbital (Seconal); and the short acting, hexobarbital (Evipal) and thiopental (Pentothal).

3. Dosages greater than 100 milligrams are larger than most medically prescribed doses. The usual method of injesting barbituates is by swallowing. The central nervous system is the body's system that is effected by the use of sedatives.

4. Barbituates promote muscle relaxation and relieve tension. Sleep, relaxation, or drowsiness, euphoria, and a slow down in reflexes and judgment are effects frequently felt.

5. Frequent barbituate users develop a potential leading towards increased dosages. Withdrawal symptoms are pronounced if abusers end the habit too abruptly. These symptoms involve nervousness, headaches, nausea, and tremors, first day; dangerous

convulsions, second and third days; mental confusion, hallucination, and exhaustion the fourth day. Within two weeks recovery is completed. Withdrawal by an abuser should normally be handled by a physician. To return the abuser to normal, the barbituate dosage is decreased by .1 milligrams per day unless unfavorable reactions develop, then it is kept constant until the reactions subside. Thereafter, .05 milligrams is reduced each day until the abusers addiction is broken.

6. A barbituate abuser appears to be moving about in a drunkenly manner, except that the smell of alcohol is not present. He may have slurred speech or be staggering, he may become very easily agitated, or if the dosage is too great, he may even be in a coma.

7. Sedatives (particularly sedatives taken with alcohol) kill more people (3,000 per year) in the United States than any other type of substance taken into the body. Abuse of barbituates involves both psychological and physical dependence, however, neither characteristic appears when the sedatives are taken legally and are prescribed by physicians.

8. Barbituates were first developed in 1846 and sleep producing sedatives were first made in 1903. Today there have been over 2,500 barbituates synthesized, although only about fifty are made commercially for every day use. Americans consume over

400 tons of barbituates every year.

Opiates

Heroin. 1. Horse, H, snow, stuff, junk, boy, Harry, hairy, joy, powder, doojee.

2. Heroin is an alkaloid derived from morphine. The dosage for a normal adult varies because of the low tolerance leading to increased dosage. For early use, however, the dosage is usually 5-10% heroin with water. Most of the illegal heroin that comes into the United States comes from opium poppies grown in Turkey.

3. Heroin is normally taken by intravenous injection, however, it can be swallowed or inhaled.

4. The effects on a short term basis are sedation, relief of pain (particularly effective in stopping coughing), and impairment of intellectual functions and coordination. The effects begin almost immediately and last up to four hours. Withdrawal symptoms do not begin until eighteen hours after the drug was last taken.

5. The tolerance for heroin is very low. To achieve the same effect from earlier use of the drug, the dosage must be increased. Physical and psychological dependence is very high, with physical withdrawal symptoms accompanying excessive use and then discontinuance.

6. The symptoms for heroin users include dialated pupils and

very slow pulse and respiration. For extreme cases of abuse, the person loses weight, becomes constipated, and becomes temporarily sterile.

7. Several dangers await heroin users. Physical and psychological dependence are both frequent occurrences. The addiction rate is one of the highest (estimated 75% of addicts in Eastern U. S. are on heroin) for any drug known to man. Until tolerance is developed for heroin, the body's respitory system is very sensitive and coma and possible death await users for over dosage of the drug. The expense of addiction is very high. The drug is frequently continued to avoid unpleasant withdrawal symptoms. According to one study, (Bloomquist, 1969) only 2% of heroin addicts have ever completely stopped the habit.

8. Heroin was discovered in Germany in the late 19th century. It was heralded as a cure for addiction to morphine, but it soon became apparent heroin was more addictive than morphine. Today it is illegal to even possess the drug.

Codeine. 1. School boy.

2. Codeine is a derivative of morphine.

3. The usual adult dose of codeine is thirty milligrams. It is most often taken orally in tablet or liquid form. Abusers occassionally inject the drug to obtain effects similar to morphine

and other opiates.

4. The body usually relaxes as the CNS becomes effected. Initially the drug produces an unpleasant feeling, but then a calmness follows. If the dosage is too great for the individual, coma and death can be the result. Normal effects of codeine do not last beyond four hours. Codeine has about one tenth the strength of morphine, therefore large doses are required to receive any extreme effect.

5. Codeine, similar to its opiate counterparts, can become both physically and psychologically addictive if the doses taken are large enough. The withdrawal can be unpleasant and uncomfortable, but can be done by the "cold turkey" method unless not in good health. Codeine is usually used by abusers to supplement or temporarily replace a dependency from other opiates.

6. This drug shows no exterior effects when taken orally. Those abusers who inject large doses of codeine, however, can exhibit constricted pupils, inattentiveness, and have an abnormally slow respiration and pulse rate.

7. The danger of becoming dependent on codeine is small because of the large doses required to take to obtain the desired effect. There is the chance, though, that the drug can lead to both physical and psychic dependence with accompanying withdrawal symptoms.

8. Codeine was first isolated from opium in 1832 by Robiquet. It is currently derived from morphine and is used in medicine as a cough sryup, sedative, or to relieve pain.

Morphine. 1. M, dreamer

2. Morphine is the principal component in opium. It is usually made into a white crystalline powder.

3. The normal adult dose is 15 milligrams. It is taken by eating (in the form of small cubes or small white tablets), inhalation (smoking), or for obtaining a strong effect it is injected intravenously.

4. The effect of morphine begins almost immediately and lasts up to four hours. At first there is a slight feeling of unpleasantness, but this is replaced shortly by a calming influence. Reduction of tension, freedom from worry, and relaxation accompany feelings of taking the drug. Hunger, thirst, a drive for sex, and pain are all reduced while under the influence of morphine. Excessive doses may lead to coma and death.

5. The tolerance for morphine is like other opiates, that is, it increases rapidly, making it necessary for an addict to increase the amount of the dose and shorten the time between injections. Withdrawal can be accomplished by just stopping use of the drug (cold turkey) if the individual is in good health. (If it is

accomplished with emotional support, the unpleasantness is no worse than the feelings of a flu.) Treatment for withdrawal at rehabilatative institutions involves gradual decrease in the amount of the drug until there is no further need for the drug.

6. The addict or abuser exhibits the same characteristics as abusers do on other opiates. The person is sleepy, relieved of pain, has impairment of intellectual functions and coordination, has constricted pupils, and has a slow pulse and respiration.

7. Physical and psychic dependence result from use of morphine. Possible loss of weight and appetite reduces the body's ability to withstand disease. Overdoses can produce coma and possibly death.

8. Years before Christ's birth, diacetylmorphine was known as the "flower of joy" in the Far East. Physicians used the powder as a medicine helping to alleviate pain. In the early 1800's, a German scientist extracted the powder from the opium poppy. Morphine was used extensively during the Civil War to reduce pain, but many people became addicted during the process of using the drug. Today it is legally used in the medical profession.

Legal Implications

The author believes that knowledge of the law in regards to drugs is essential for each counselor, particularly the law of his own state since that effects all of the people living there.

Furthermore, an understanding of how the state law fits within the framework of the federal and international laws will help unify the concept of the total law as it applies to each counselor. These two aspects of law must be known by the counselor if he is to provide accurate information about drugs upon request and work comfortably within the law and within his own role.

Montana law is maintained by local and state authorities and unless and offender is apprehended by federal agents, he will be tried by courts within the state. Montana's laws depend upon the judge or Justice of the Peace handling a pending conviction of an offender. The judge has several alternatives for first offenders. First of all, he may defer a sentence if it is the individual's first offense and he wishes to keep the individual's record unblemished. Secondly, he may commit the individual to an institution if he believes that the individual would benefit from rehabilitative treatment. Finally, the judge may sentence the person to prison for committing a felony. An implication for counselors here is that each of them should know the position of the judge or justices and enforcement agencies in his community so that these attitudes may be transmitted correctly to students considering the use of drugs.

The federal law is maintained by the Bureau of Narcotics

and Dangerous Drugs (BNDD) under the jurisdiction of the Department of Justice. Besides enforcement of federal laws, BNDD has also undertaken research and education in an effort to prevent misuse of drugs, performing supplemental research for the National Institute of Mental Health.

There are fourteen regional BNDD offices in the United States. The office that has direct control over Montana is located in Seattle, Washington. Other states under Seattle's authority are Idaho, Oregon, Washington, and Alaska. Each regional office is responsible for apprehending handlers of large quantities of illegal drugs, and attempts to halt the flow of drugs both into the country and among the various states. Those apprehended by Federal authorities are then taken into the courts of Federal judges.

BNDD has also provided five laboratories throughout the United States to aid local, state and federal officials in identifying the type of drugs seized. The laboratory available for Montana's use is located in San Francisco, California.

International law was examined to provide knowledge of how state and federal laws fit within the jurisdiction of international law. It was also deemed important by the author because Montana borders the country of Canada. Illegal drug traffic between the

countries needs to be understood in the event students or others might question the result of breaking international law.

The author shall now examine the laws concerning drugs at the state, federal, and international levels and in that order.

State Law - Montana Dangerous Drug Act

This act was passed and became law on March 11, 1969, when signed by Governor Forrest H. Anderson. The author will briefly review the sections that are significant to laws pertaining to dangerous drugs (the penalties for conviction of an offense are quoted to avoid inaccurate interpretation) and omit sections not relevant to the use of illegal drugs. This law provides the following stipulations:

1. Regulation of possession of dangerous drugs (includes depressant, stimulant, hallucinogenic, and narcotic drugs).

2. Defines who may lawfully sell and possess dangerous drugs.

3. Provides for the fraudulent obtaining of drugs or alterations of labels on drugs.

4. Provides for enforcement of unlawful sale and possession.

5. Provides for the State Board of Pharmacy to regulate, license, and supervise the use of dangerous drugs.

Section 1 - Definition of terms.

(a) A "person" includes an individual, partnership, trust,

association or other institution or entity.

(b) "Drug" means any article defined as such by state government pharmocology agencies.

(c) "Depressant drugs"; Amobarbital, secobarbital, pentobarital, phenobarbital, barbituric acid, glutethemide, meprobamate, chloral hydrate, parldehyde, ethcloroynal, and ethinamate.*

(d) "Stimulant drugs"; Amphetamine, dextroamphetamine, mephentermine, methamphetamine, and phenemetrazine.*

(e) "Hallucinogenic drugs"; Marijuana, lysergic acid diathylamide, psilocybin, dimethyetryptamine, methyltryptamine, peyote, and mescaline.*

(f) "Narcotic drugs"; opium, morphine, heroin, codeine, ethylmorphine, dihydromorphine, isonipicaine, methadone, and cocaine.*

(i) "Warehousing" refers to receipt and storage of goods for compensation prior to final delivery or sale to a customer.

(j) "Wholesaling","jobbing or distribution" means sale of goods to someone who is not the ultimate user.

(k) "Sell" means to agree to sell, exchange, give or dispose of goods to another.

(l) "Practioner" is any legalized authority to handle drugs.

*Articles c, d, e, and f consider any product, derivative, compound or preparation containing any of the above listed drugs to be considered as dangerous under this act.

Section 2. Involves the authority of the State Board of Pharmacy and will not be discussed in this paper.

Section 3. Those exempt from penalties involving dangerous drugs are:

(h) All people normally engaged in handling drugs who have the legal authority to do so.

(j) All people who have subscriptions to use dangerous drugs filled by a registered practioner.

(k) People using peyote in connection with their religious beliefs.

Section 4. Criminal sale of dangerous drugs.

(a) Any person who is not included within the exception of Section 3 commits an offense against the state if he sells, manufacturers, prepares, cultivates, compounds, or processes any dangerous drug as defined by this act.

(b) "A person convicted of criminal sale of dangerous drugs shall be imprisoned in the state prison for a term of not less than one (1) year nor more than life. Any person of the age of 21 years or under convicted of a first violation under this section shall be presumed to be entitled to a deferred imposition of sentence."

Section 5. Criminal possession of dangerous drugs.

(a) A person commits an offense if he is caught possessing drugs and is not within the exceptions of Section 3.

(b) "A person convicted of criminal possession of dangerous drugs shall be imprisoned by imprisonment in the state prison not to exceed five (5) years. Any person of the age of 21 years or under convicted of a first violation under this section shall be presumed to be entitled to a deferred imposition of sentence."

Section 6. Fraudulently obtaining dangerous drugs. This section covers fraud, misrepresentation, forged prescriptions, use of a false name or address on a prescription, and the concealment of a material fact.

Section 7. Altering labels on dangerous drugs. This section involves any changes, falsifications, altering of labels, or misrepresenting the contents of a package containing dangerous drugs.

Section 8. Penalty for fraudulently obtaining dangerous drugs or altering the labels of dangerous drugs. A person convicted of committing either offense "shall be imprisoned in the county jail for a term not to exceed six (6) months."

Section 9. Alternative sentencing authority. A person convicted of committing an offense as defined in Section 5 (a), 6 or 7, and is known to be an excessive or habitual user, "may in lieu of imprisonment, be committed to any institution for rehabilatative treatment for not less than six months nor more than two (2) years."

Section 10. Jurisdiction of Justice of the Peace courts.

(a) Misdemeanors with penalties not exceeding six (6) months in jail or $500 fine or both and not in conflict with the Montana Dangerous Drug Act may be determined by the Justice of the Peace.

(b) Concurrent jurisdiction with district courts for misdemeanors is possible, as long as the fine does not exceed $1,500.

(c) Justice of the Peace may act as examining and committing courts and for such purpose to conduct preliminary meetings.

Section 12, 13, 14, 15 do not involve the purpose of this paper.

Federal Narcotic Drug and Marijuana Laws

The Federal law for importing, exporting, receiving, concealing, possession, buying, or selling marijuana provides for the first offense a sentence of not less than (5) five nor more than (20) twenty years imprisonment or a fine not exceeding $20,000 or both.

The second or subsequent offenses require a sentence of not less than (10) ten years in prison nor more than (40) forty years or a fine not more than $20,000 or both.

All people transferring marijuana must report and pay a $1.00 tax per ounce for the amount of marijuana in possession. When the marijuana is not registered and taxed accordingly, it shall subsequently be taxed $100.00 per ounce or fraction thereof.

All confiscated marijuana shall become the property of the Federal Government.

For use of communication facilities to transfer illicit marijuana, each offender will receive a penalty resulting in not more than (5) five years imprisonment or a fine of not more than $5,000 or both.

The Federal law for importing, exporting, receiving, concealing, possession, buying, or selling opium provides for the first offense a sentence of not less than (5) five nor more than (20) twenty years imprisonment or a fine not exceeding $20,000 or both.

The second or subsequent offenses require a sentence of not less than (10) ten years in prison nor more than (40) forty years or a fine not more than $20,000 or both.

A $300.00 tax per pound exists for all registered amounts of smoking opium.

The penalty for growing opium poppy illegally is not more than (5) five years imprisonment and not more than a $5,000 fine or both. Anyone falsifying permits to grow the opium poppy is libel for a penalty of not more than (1) one year in prison or a fine not more than $2,000 or both.

Anyone 18 years of age or older who sells, gives away,

furnishes, or dispenses heroin illegally is eligible upon conviction for penalties or serving not less than (10) ten years to life in prison or fined up to $20,000 or both.

The penalty for exporting narcotic drugs illegally to a foreign country is a fine from $50 to $5,000 and/or up to (2) two years imprisonment.

For anyone found guilty of manufacturing drugs, the penalty is not more than (5) five years in prison or a fine of not more than $10,000 or both.

All drug users or addicts(for Federal law, this is defined as one who has spent one year or more imprisoned on drug charges) must register with a customs official before leaving the country. Failure to do so is punishable by paying a fine of not more than $1,000 and serving (1) one to (3) three years in prison.

For violations of narcotic laws not specified: (a) The penalty for first offenders shall be imprisonment for (2) two to (5) five years and a fine not to exceed $20,000. (b) The penalty for a second offense shall be imprisonment for (5) five to (20) twenty years and a fine not to exceed $20,000. (c) The penalty for third and subsequent offenses shall be imprisonment for (10) ten to (40) forty years and a fine not to exceed $20,000.

Narcotic Addict Rehabilitation Act of 1966

Title 1. Treatment or imprisonment is at the court's discretion and the addict has the choice of which he wants. Treatment lasts for three years and the addict cannot withdraw voluntarily from the program.

Title 2. The court decides if treatment or imprisonment shall be used. If the penalty is not greater than ten years, then six months minimum must be spent on rehabilitation.

Title 3. The accused commits himself for treatment. For this to happen, he must be known as an addict and that the institution he normally would have been committed to does not have treatment facilities. The time involved for title three is 42 months.

The addict must be examined before being admitted to treatment. There must be a reasonable chance for him becoming rehabilitated. After care on the street is provided; if he goes back on drugs, recommittment for treatment and rehabilitation becomes necessary. For completing the treatment program, charges may be dropped. If the addict unsuccessfully completes the program, charges may again be renewed.

Ineligible Addicts. 1. Addicts with associated crimes of violence, a pending felony, or felony sentences, and addicts with two prior felony convictions are ineligible under Titles 1 and 2.

2. Also ineligible are addicts convicted of selling or importing drugs unless the addict was selling narcotics to maintain his own habit.

3. Addicts who have been civilly committed on three or more occasions may not be committed under Titles 1 and 2.

4. Addicts not eligible under Title 3 are those with criminal prosecution pending and those not completing a criminal sentence.

Drug Abuse Control Amendments of 1965

The drugs that come under control of these amendments are:

Depressant drug - Any drug containing barbituric acid or has a derivative of the acid and is habit forming.

Stimulant drug - Any drug containing amphetamines or any derivative of such and has a habit forming effect because of its stimulus to the central nervous system.

Other - Any drug without barbituric acid or amphetamine base but stimulates or depresses the central nervous system, or may be hallucinogenic.

A person may possess dangerous drugs only if legally prescribed and for a valid medical reason.

Anyone found guilty of possessing illegally a depressant or stimulant drug, the penalty is a $1,000 maximum fine or imprisonment up to one (1) year or both for first and second offenses. The third offense is imprisonment up to three (3) years maximum or a maximum

fine of $10,000 or both. (For first offenses the court may suspend the charges.)

Unlawful sales, delivery, or disposal of depressant or stimulant drugs by a person over 18 to youth under the age of 21 shall not receive more than ten (10) years imprisonment or pay more than $15,000 in fines or both. For second and subsequent offenses the maximum punishments are fifteen (15) years imprisonment or a fine of $20,000 or both.

For unlawful sale, disposal, or delivery of depressants and stimulants to an adult, the penalty is a maximum fine of $10,000 or imprisonment up to five (5) years, or both, for each offense.

International Drug Control

The International Narcotics Control Board is controlled by the World Health Organization of the United Nations. (1) Members are elected to the board for three year terms. (2) The board meets at least twice a year and elects its own officers. (3) The board is paid by the General Assembly. (4) All decisions by the board must have a 2/3 vote in order to pass.

The purposes of the International Narcotics Control Board are: (1) To control and meet the drug need of countries; (a) for medical purposes, (b) for manufacturing, (c) for stockpiling. (2) To confirm or amend all drug requests.

Method of Control. To impose sanctions on any country who violates its drug responsibilities.

All countries must indicate how drugs received or manufactured were used.

Individual countries may decide for their own best interests whether to allow growth of the opium poppy, the coco bush, or the cannabis plant within their boundries.

All drugs in possession of an individual must be medically prescribed, (exception; medical personnel).

Drugs should be easily identifiable and should indicate the name of the drug contained therein.

States must control all importing and exporting of drugs through respective borders. For drugs being legally imported or exported the package must have the name of the drug, the quantity involved and the time and people involved in the transaction.

For first aid purposes only, limited amounts may be carried by international transporters.

For serious drug violations, countries are encouraged to extradite all offenders. All laws of each country apply to offenses committed in their own territory. Each country must prosecute the offenders they catch and they must agree with other countries as needed in disputes. This law became effective in the United States

on June 23, 1967.

It was deemed essential by the author that the state laws which will most often effect drug offenders, include definitions of terms and quotations of penalties for committing offenses involving drugs. Federal and international laws are secondary in importance, consequently definition of terms and quotations of penalties have been omitted.

Montana's Institutions

The author feels that counselors should be aware of available facilities for drug addicts and drug abusers. There are two institutions to which an individual in Montana may be sent. The first is the state prison located at Deer Lodge, and the second is the state mental hospital located at Warm Springs.

Both institutions should be well established in the mind of the counselor if he is to render appropriate judgment in the event one of his students becomes involved with drugs. Admittedly it is the judge or Justice of the Peace that will determine to which institution an offender of the law may be sent, but it may be possible for the counselor to aid in that decision if he has rapport with the judge, the individual involved, and knows what facilities and treatment are available at each institution. Also, it may be necessary for the counselor to seek additional help for one of his clients from the mental hospital, therefore he should know what aid is

offered.

Montana State Prison

Let us examine first the state prison in Deer Lodge. The author was privileged to receive a tour of the prison on December 4, 1969, as a member of a visiting criminology class. The prison was erected in 1869, (Visitor's Guide, 1969) with obviously little improvement or change since then. Records have been kept since 1894; during that time over twenty-two thousand individuals have used the facility. One hundred ninety-two staff members are currently employed.

The prison serves three main functions. The first function is isolation of criminals for the protection of society. The second function is rehabilitation of offenders for successful return to society. The final function is to use committed offenders to produce goods to support the prison and other tax supported institutions.

Services provided for the inmates include learning of a trade in support of the institution, (examples of trades learned are: ranch work, tailoring, upholstering, dry cleaning, printing, and book binding), receiving a high school education and being rehabilitated by the prison's Social Service Department. Available for use when needed is the chaplain's service and hospital facilities. A psychologist visits the prison one day out of every two weeks.

In 1968, 2½% (8 individuals) of 360 inmates incarcerated were committed for possession or selling of narcotics. At the time of my visit, five were imprisoned for the same violation in 1969. Therapy for these people is provided only by attending Alcoholics Anonymous meetings or through individual rehabilitation as provided by the Social Service Department.

Mental Health Facilities

The state mental hospital and the Division of Mental Hygiene for the State of Montana is headed by Dr. Stanley J. Rogers. Included in the Division of Mental Hygiene is a mental health center located at Glasgow, and four mental health clinics located at Billings, Butte, Great Falls, and Missoula.

Service rendered by the health center in Glasgow are similar to services offered by the state mental hospital. Diagnosis, treatment and evaluation are found to be similar, however, Glasgow provides only temporary hospitalization in contrast to more extensive care at Warm Springs.

Each Montana clinic provides only outpatient services. These outpatient services include the providing of a source for education by acting as a consultant in regional mental health matters, making preliminary evaluation and diagnosis of mental problems or deficiencies, providing treatment only for those not needing hospitalization,

and making recommendations for future action concerning mental health problems.

At Warm Springs State Hospital, there is currently a staff of two psychologists, five professionals with their master's degrees, and one member working towards his master's degree in psychology. This staff now provides individual counseling for its mental patients.

A survey of statistics (Grendle, 1969) at the hospital was recently completed concerning treatment of alcoholism and abuse of alcohol and drugs. This survey will form the basis of a report presently being prepared for Governor Forrest H. Anderson. The survey revealed the number of patients (198) treated for drugs since the survey started in January, 1968 and ended on November 15, 1969. Age groups were divided into three groups, 0-17 years, 18-25 years, and 26 years and older. From the survey, several statistics pointed out the seriousness of the drug problem found in Montana.

Categories	Group I (0-17 yrs.)	Group II (18-25 yrs.)	Group III (26+ yrs.)
1. Those addicted to drugs	2	20	19
2. History of drug abuse	18	42	57
3. History of drug and alcohol abuse	5	17	18
Totals	25	79	94

These statistics total out to 198 persons being treated for

drugs over a two year period. With a population of less than 700,000 people, this represents approximately one person in every 3,500 people becoming afflicted with dependency on drugs.

The problem has become serious enough that a new group therapy program aimed at young drug abusers is currently being planned by Mr. Sam Campanella, assistant to Dr. Charles R. DeWitt, resident psychologist. It is hoped to be in operation by the summer of 1970.

A look at these two institutions has been undertaken to further acquaint the Montana counselor with available resources within his state.

Treatments for Drug Addicts

This section will examine current treatments or services which are now being practiced to help addicts stop their use of drugs. Also provided in this section is a personal evaluation by the author regarding three therapists' views on why methods of treatment now used by Synanon and Daytop Village are successful.

Synanon

In January of 1958, Chuck Dederich, the founder of Synanon, was holding "Free Association" meetings with friends on Wednesdays. These meetings featured group therapy with verbal attack as the main weapon. Only six or seven people were involved, and Chuck was able to become leader because of his superior ability. It was in these

stages that the name of the organization was developed. An addict, trying to say "symposium" and "seminar", blurted out "synanon". In September of 1958, Synanon began to work solely with drug addicts, ridding the organization of all alcoholics. Synanon incorporated and became a non-profit organization, and a few donations began to trickle in from friends and addicts in the program.

From this meager start the program has grown by leaps and bounds. As the program expanded, its reputation grew; consequently more addicts sought help in Synanon. As these numbers of addicts successfully completing treatment increased, the program fell into the public eye; people took sides both pro and con, and contributions flowed into Synanon in greater amounts.

How does an addict become accepted into Synanon? He first of all must be allowed in only after he has done much soul searching and knows that Synanon can help him rid himself of the evils of drugs. The committee that interviews the addict must know in their own minds that the individual is ready for help, seeks it without reservation, and is willing to abide by the rules of Synanon to seek his goal. Each committee member has been in the dope user's shoes and knows his feelings and thoughts. Knowing this, and through verbal attack, the committee can determine if the addict is ready to face the challenge of becoming "clean" and a useful person. Goals

and truth must be clearly established for the individual seeking entrance into Synanon. Once the ideals have been accepted by the addict, progress in Synanon becomes a definite and positive reality.

The term "synanon", refers to the group therapy sessions conducted within the total program. The conductor of the program is called the "Synanist". He or she acts as moderator, and directs the flow of feelings within the meeting. The number, age, sex, ratio and a common purpose for each invidual in the group are used to determine the composition of people in the synanon. Usually there are between 10 and 15 members in each group and sessions are conducted about three times a week. New members are treated lightly in a synanon until they have experienced several sessions and can handle the emotional abuse which will accompany their full participation in the encounter. These sessions could involve subject areas such as prejudice, education, status seeking, or any other suitable topic.

Verbal attack, involving ridicule, analogy, cross-examination, and exaggerated statements are used to help individuals in the following respects: (1.) So the individual can see himself as others see him. (2.) So the individual can review all positive and negative aspects of himself. (3.) So the individual can seek his own personal truth in life.

Through the abuse of the individual in a session comes the "sharing of emotional experience" which is beneficial to all. Also in a synanon each drug addict that is trying to become clean realizes that his fellow members through abuse of himself have a deep love and emotional tie with him. If they didn't care, they wouldn't be trying to help the individual become useful again.

For each individual and each synanon, tactics vary to provide for varying emotional make-up of members. The synanist has to be particularly observant that an individual does not receive phony insight to avoid further harassment from the group. False honesty will only lead to a return to drug addiction. It is encouraged for members to identify with and assume the role of the synanist, as this leader has previously been in the same situation that the members now find themselves in.

For synanon five main differences exist between it and a professional group therapy session:

1. Sessions are conducted by people of similar backgrounds and problems and the "Synanist" is likely to be accepted as a therapist.

2. Role reversal is possible between patient and synanist.

3. There is no status difference between patient and synanist.

4. Success for one member means success for all as far as avoiding drugs.

5. The session benefits all participating members.

Synanon, the small "s", is the backbone of the total rehabilitation program.

Outside of synanon sessions, no swearing or "hip" talk is allowed. The reason for this is to prevent any regression to previous stages of life when this language may have been dominantly used and to provide socially accepted language for the person in his life's new role. Also strictly forbidden is any use of alcohol or drugs of any type, unless recommended by the physician who works for Synanon. This is done to prevent reliance on materials introduced into the body that will alter one's mental outlook. No drugs are allowed for new arrivals who suffer through withdrawal symptoms.

Rehabilitation is broken down into three main stages. The first stage involves new members living and working in the main building. He is never left alone and outside contact from friends or family is minimized. The second stage involves working in the community or in Synanon and is given considerably more freedom. The time for this stage is usually after one year's time and the individual can now function for himself. The final stage usually takes place after two and one half years with complete freedom given the individual. The emancipated person can choose to work for Synanon (many choose to do so) or go back into society and seek employment compatible to training or abilities.

The final measure of rehabilitation throughout all of Synanon is practical religion. For all members discussion of classical works and teachings of famous people are considered, e.g. Jesus, Lao-Tse, and Mohammed. In all their dealings the "Golden Rule" is practiced and cannot be broken.

The efforts of Synanon thus far appear to be very encouraging. As of 1967, over 500 people had found a permanent cure. Their recidivism rate of 40% for all participating members is considerably lower than any other form of treatment. Compared to the Federal Hospital at Lexington, Kentucky with a recidivism rate of 95%, this is indeed marked improvement.

Working with poorly educated, criminalistic, integrated and co-educational people at close quarters has proven difficult but rewarding for Dederich and his staff. The success of Synanon is seen in its cure rate.

Daytop Village

Daytop Village was begun in 1963 with a $390,000 grant from the National Institute of Mental Health. David Deitch, a 35 year old former addict who was cured in Synanon, became its founder. The Village was to continue for five years (today it has a new federal grant) to evaluate the method and success of therapy treatment of drug addicts. Costs of treatment are markedly on the side of Daytop; $6 per diem per patient as compared to $39 per day

at a Federal hospital.

The heart of Daytop is its encounter groups, which emphasize reality and "gut level" therapy. Therapy is based on the here and now and is more concerned with the individual's behavior than his past. Groups consist of seven to eight members and usually meet for two hour sessions three times a week to blow off steam. Attendance for group encounters are required for all Daytop members, unless one is sick. After the encounter, a social setting is provided in which cake and coffee are used to return order to Daytop. Groups are usually balanced in sex, number, time in the community, and the ability of the individual to become involved. A box for leaving names is provided allowing an individual to choose others with whom he would like to participate. Obscene language is allowed in an encounter group, but not outside of that. (In this respect, Daytop is similar to Synanon.) Deitch feels that therapy involving encounter groups is the best form of treatment because the addict does not receive punishment or sympathy, but rather is treated as an immature adult. "Gut level" therapy also removes the crutch of drugs from the addict whereas conventional treatment (understanding and/or punishment) tend to reinforce the addicts dependency on drugs.

Every Saturday night Daytop Village has an open house to provide the opportunity for the addicts to mingle with "squares" or

non-addicted people. Occassionally, a probe (which can last for as long as 12 hours) or one problem which needs special group attention takes place. Once every three months there is a marathon encounter lasting from 30 to 60 hours. Twice a year the entire Daytop membership returns for a week to hold a retreat, thus providing a lifeline to members since graduated.

The role a new addict can assume is one of an ex-addict because his Daytop associates are ex-addicts. The advantages of this arrangement are obvious; the myth once an addict, always an addict is gone, and the new addicts can't say, this therapist can't help me because he's never been there, he doesn't know what it feels like to be hooked on drugs.

To get into Daytop the addict must take the iniative and call and beg, if need be, to become a member. He usually comes from SPAN (Special Project Against Narcotics) and the usual procedure is that he checks in at the desk and is made to sit and wait, depending on his punctuality, his attitude, and whether or not he is high on drugs. He is attacked verbally and told he must make an investment, probably a readjustment of the self image. He is told that many want to come into Daytop, so if he is only here to dry out, then he should leave immediately. He is told what the program will do and how he will benefit from it. He is allowed

to enter if he will conform to Daytop's procedure. Once in, he cannot use any form of chemicals or drugs and he cannot use violence or the threat of violence. (Breaking these rules can bring immediate removal from the group.) Each new member, if he is still on drugs, must dry out by the "cold turkey" method. He is allowed to do so under a doctor's care and with friends who care for him, the withdrawal symptoms usually aren't any worse than a minor touch of flu.

Therapy is not the only treatment made available to new addicts. During the day, members are exposed to society and its culture by attending an hour long seminar. Subjects involving Jesus, Einstein, and other famous contributors of society enhance the understanding of living in today's world. It also facilitates abilities of expression, as the members are encouraged to speak and express their beliefs. Hobbies varying from ham operator to printing are provided for members, speaking engagements are arranged, and recreational activities are provided to further add to therapy. Most have not received a high school education, so volunteer teachers offer courses leading to a diploma. Skills in vocations are offered if one has no previous job training. A play (Oliver, 1968) entitled The Concept, produced by Lawrence Sacherow, is playing at Sheridan Square in New York City. It provides a chance for ex-heroin addicts to reject their past, shed despair, and return to

society in a useful manner. The stage setting is bare with eight large cubes; the actors go through their initial experiences and feelings in entering Daytop House, then switch to a group therapy session. Edith Oliver, critic of the play, says that the actor's skill, sincerity, and intelligence communicate to the audience expressions of true feeling, much more so than many other plays now appearing.

Statistics (Casriel, 1969) indicate that if an addict can last in Daytop Village for three months, he has a 75% chance of becoming rehabilitated. The drop-out rate is 8% after one month and 17% by three months.

Today Daytop Village is expanding. Women are being allowed to join, and street corner stands (SPAN) are being put out to publicize the availability of Daytop services. SPAN, Special Project Against Narcotics, has several purposes: (1) To make addicts aware of Daytop and its services. (2) To provide an opportunity for ex-addicts to revisit his old environment and see if he can withstand the pressure to return to drugs. (3) To prevent young drug abusers from becoming addicts. (4) To combat social problems facing society. Daytop's Parent's Association has three main purposes: (1) Supports the ex-addicts morale while they are in Daytop. (2) Helps parents of drug addicts and abusers to better understand the drug

problem themselves. (3) To help the community become aware of problems involved in drug use, and pressure abusers into seeking help. Today Daytop operates a 100 capacity residence on Staten Island and a 200 capacity residence in the Catskill Mountains.

It appears that styled on Synanon, Daytop Village can play an important part in the rehabilitation of drug addicts.

Analysis of Synanon and Daytop Village Treatment

Synanon and Daytop Village use very similar methods to cure drug addicts. The author will examine the basic methods used by both organizations from the view points of three contemporary concepts in psychotherapy, Alfred Adler's, Albert Ellis's, and Andrew Salter's. The method and application from each theory will be presented in that order.

1. Entrance into these organizations is voluntary and exacting. Why do these patients look for help in these organizations?

Adler: By having the person enter the program only with difficulty, this allows the organization to perceive that person's tempo of life.

Ellis: He would say that the individual has been unable to think rationally for so long that he now seeks help from another source.

Salter: The inhibited person has no other alternative but to

seek help from a source that will indeed give help to the individual.

2. Group therapy involves "haircuts", emotional honesty, self analysis, and group participation.

Ellis: During the group therapy taking place, the synasist or moderator or group can clearly point out the problem of the person, to the person, by showing that the problem results from distorted perceptions and irrational thinking. He would point out to the individual (as do the groups) that sustaining negative thoughts happen only because the person is either stupid, ignorant, or disturbed. Here the irrational thoughts which underlie all basic fears or future thoughts of a person would be attacked and negative emotions which the individual may have, would be re-channeled into positive emotions. In group therapy man is allowed freedom of choice but it needs constant evaluation by others because it controls the processes of all life.

Adler: As it takes place in the group therapy sessions, Adler points out to the individual the mistakes he had made in life. He would say that the individual used drugs as a substitute because the individual was unable to get close to others. Once faulty unconscious thoughts are laid bare, then new identity and acceptance of new ideas can take place as they crystallize and become clear. At no time can the ex-addict place blame on someone else because he is then absolving himself of responsibility. Through honesty,

people live and understand each other more harmoniously. Obviously, the person's life style is faulty and he needs new perceptions. He would point out the reason the person has faulty life style is because that person is maladjusted to social life, particularly in the fields of interaction with other men, obtaining a vocation, and in the ability to love. Because the person was unable to overcome (the law of movement), he turned to drugs to compensate for his inability and weaknesses. (Neither group therapy would be interested in the person's past, as Adler would be.) Finally, rechanneling the feeling of inferiority towards new ideals of perfection (superiority complex) a new life style will develop.

Salter: He would say the group was trying to do away with a person's conditioned reflexes, because if a person has them, he lacks free will. Expression of emotion would strip away the person's irritations and get to the roots of the problems. Salter would view the group therapy as a practice session for people to rid inhibited emotional reflexes. Through verbalization, inhibition ends. Salter would encourage feeling talk, facial talk, speaking in a contradictory manner, use of "I" when talking, accepting praise, and to live with improvisation. Finally, by teaching the individual how to control emotions he can control himself. Self control comes from no control at all.

3. The use of former addicts to treat addicts.

Ellis: He feels it is most desirable if the therapist can understand the patient's world and see the patient's behavior from the patient's own frame of reference.

Adler: He would have viewed the identification and sympathy that a former addict could give an addict as a real experience that could lead the addict to a new form of behavior and problem solving. The former addict would well understand the errors of the addict, perceive his entire behavior pattern, and then provide appropriate instructions.

Salter: He believes that by providing concrete examples for addicts to follow, positive change will take place more rapidly.

4. Providing work, education, and social activities for the ex-addict.

Ellis: He feels that by substituting new behavior patterns, old patterns will dissipate. Through work, through scheduling of time, the new emotional and rational thinking will displace the old reliance placed upon drugs.

Adler: He views that social feeling and interaction stimulate a person's disposition towards his self accomplishments and usefulness. The person must adjust to society since it is society that affords each person protection. Adler uses references and quotes

from scholars to develop each person's understanding of their own psychology.

Salter: He feels that by changing the way a person acts, emotions will then change. By providing this opportunity of work and socialization, a person will change his actions towards others.

Encounter

In Greenwich Village, three former addicts have combined to form Encounter, a method that uses group therapy sessions to help drug addicts recover. Lynn Sexton, one of the founders, says ex-addicts make the best therapists because they have been down the road before (they can sympathize better) and they know the games and self delusions of addicts. Hopefully, addicts trying to shake their dependency on drugs will face reality, and realize that their friends who don't seek help are either in jail or dead.

Sexton feels that Encounter can help hooked addicts, but the secret in solving the narcotic problem lies in greater efficiency in teaching about drugs and drug addiction. She feels that schools must meet this rising responsibility in education because the popularity, availability, and rebellious symbol of drugs continues to increase experimentation with drugs. New films, (Newsweek, 1966) such as Bennies and Goofballs narrated by Paul Newman, and Hooked, must become more available if the truth on drugs is to be provided for our youth.

Halfway House

One of the most recently established "halfway houses" is the Southmore House (U. S. Department of Health Education, and Welfare, 1966) in Houston, Texas. It was founded for two reasons: (1) To cut down the high recidivism rate of addicts by providing them with direct supervision. (2) To prevent the ex-addict from getting an easy "fix" because of too early a return to the old environment.

Between 1964 and 1966, 44 members were allowed into the house. Statistics reveal that the range for previous arrests was from zero to 45, with twelve as the average number. Three jail sentences were the average for each individual, and each has an average of nine years of education. Drug abuse started with marijuana between the ages of nine and seventeen, with fourteen years as the average age. Thirty-three were single, five were bachelors, and twenty-five were divorcees.

Southmore House places its members into employment, provides group therapy, checks recidivism rates with urinalysis, and provides room and board until the individual can stand alone. It was found that holding a job was extremely difficult as a low level of tolerance was found in drug addicts. In therapy, a direct, honest approach worked best, since it was found the addicts were playing games with their supervisors.

Finally, of the 32 residents who graduated from Southmore, 37% have become stable citizens, abstaining from drugs and holding down a job. The rest are either "chipping", taking some drugs on the sly, or have returned to life as a hard core addict. The promising view is the cure rate of 37%, which is more than three times the cure rate of hospitals treating drug addicts.

Narcotics Education, Incorporated

The purposes of Narcotics Education, Incorporated, is to provide educational materials at a slight cost to the purchaser. Available are reprints, pamphlets, films, periodicals, books, and teaching aids.

This non-profit organization provides information on drugs (marijuana, LSD, glue sniffing, stimulants, and depressants), and alcohol and smoking.

The costs of material vary. Films are priced from $197.50 (one film, Dying For a Smoke, costs $97.50) to $300.00. Teaching aids cost from $1.00 (Button Book) up to $186.00 (mechanical smoker). Pamphlets and reprints per 100 cost from $1.00 up to $4.95. The last group of materials available, periodicals, cost between $1.00 and $5.50 per year per subscription.

The author was thankful for the free copies of programs sent to him on request, but found the material to be biased and using

scare tactics in examples depicting the dangers of using different drugs. An example can be found in (Curtis, 1969) a story about a man on a bad LSD trip. A body was found slashed and mutilated, obviously the work of a wild, lustful maniac. The police had only one clue to follow, a missing son-in-law who was a college dropout. They found the man, a "thirty year old delinquent", and with "unfocused eyes" he babbled, "What am I here for? Did I kill someone? Man, I've been flying high for three days on LSD."

Despite these scare tactics, educators may find the material useful if they examine carefully each of the available materials. Through objective analysis of the facts presented some information may prove to be invaluable in an educational setting.

Christian Anti-Narcotic Association (CANA)

The Christian Anti-Narcotic Association was founded by the late Kenneth Jones in 1954. Jones, an ex-addict and criminal for 27 years, worked for the cure and prevention of drug addiction until his death in 1965. His wife, Mrs. Grace Jones, now follows her deceased husband's goals of helping addicts find a new life through the blessings of Jesus Christ.

The non-profit organization has several important functions. Its first obligation is to provide educational materials on narcotics. Secondly, it visits and corresponds to addicts and those dependent

on drugs in penitentiaries, homes and hospitals. Its final function is to speak publically to all types of community groups, informing the groups about the dangers of drugs and alcohol and about the cure available through faith in Christ.

CANA has recently undertaken the responsibility of building a home for addicts that are sick and homeless. To this date, completion of the home has not yet been determined. (Prior to 1965, the Joneses had helped nearly 300 addicts in their own home by providing food, shelter, and comfort.)

CANA publishes the "Antidote," a monthly publication dealing with current statistics about drugs, current programs and events taking place in CANA, and descriptive stories about cures and tragedies of drug addicts. In nearly every article, scripture from the Bible is included and how Christ fits into the lives of addicts is shown.

This organization views Christ as being the most important influence in saving an addict from an unhappy life. Without salvation and the blessings of Christ upon addicts, they feel the rate of cure will remain minute. (Three to five per cent is the regular rate at Lexington's Federal Hospital in Kentucky.)

The author views the organization's religious emphasis as an honorable attempt in helping treat and cure drug addicts. However,

therapy and understanding from other men also compliments these healing processes found in Christ and there value should not be under estimated by the Christian Anti-Narcotic Association.

Methadone

Methadone, a drug used by the U. S. Public Health Hospital at Lexington since 1948, was developed by the Germans during W. W. II because of a lack of another pain killer. It is used to help addicts withdraw from drug use. This method has proved to be the safest method for withdrawal from drugs, but the time involved is longer than if the individual had used the "cold turkey" method.

Methadone is taken orally and can be used for treatment of chronic pain. This chemical is approved by the American Medical Association and serves to dry out the addict until he can be accepted into an institution.

In 1963, (Science News Letter, 1963) Dr. Dole and Dr. Nyswander in New York City began long range treatments for addicts by providing methadone on a daily basis. Each day the ex-addicts stop by and receive their methadone in a glass of orange juice. One hundred and fifty are currently receiving treatment under this program, one that cost $1 million and was paid for by the city of New York.

The ages of the ex-addicts range from 20 to 40 years, and one half of the particpants in the program have taken jobs. Sixty have

held a job for a year, and two have even received four year college scholarships.

Recently, however, the program has come under fire by doctors such as David Ausubel. Ausubel wonders how "legalized addiction" can be better than "illicit addiction". Furthermore, only volunteers which are carefully screened are allowed into the program, thereby omitting the hard core addicts.

Summary

It is becoming increasingly clear that new methods to successfully treat drug addiction must be found. In Puerto Rico, (McNaspy, 1969) Governor Luis A. Ferre says narcotic addiction accounts for more than one half of the island's crimes. Within the city of San Juan, the addiction rate may be as high as one per 100 people.

Several reasons are advanced for this high addiction rate. One of the reasons is that the public refuses to acknowledge the existence of any problem. Parents do not believe their children are on drugs. Finally, many youthful addicts come from broken homes with unfulfilled happiness or an inadequate childhood.

To correct this situation, more facilities will be needed and greater interpersonal relationships will have to be established with the addicts. Father Donald Vega, one of the opponents of drug addiction, says marijuana is responsible for many of the problems.

It creates a psychological dependency, effects personality inadequacy, and leads to the individual's refusal to grow. From marijuana, pills and heroin become substitutes to find a new high.

Thus far only the Catholic Church is attempting to solve the narcotics problem in Puerto Rico. They have established centers (homes) to help psychological rehabilitation rather than cure just the physical withdrawal symptoms.

Another example (Science News Letter, 1962) of unsuccessful treatments used to date are found in statistics released in New York City. Of the 1,912 drug addicts released from Lexington's Federal Hospital, 90% returned to drugs, and of these, 90% returned to drugs within one month. Concerning these people, the length of hospitalization had no effect on the readdiction rates. To help stem these rising rates, psychological treatment and work therapy appear to be needed additions to the present rehabilitation program.

Dr. B. W. Casselman, (Casselman, 1963) Chief of Medicine for Synanon, says 80% of juvenile delinquents would leave their habits if they had not picked up the use of drugs. Dr. Casselman suggested five remedies that would help cut down the number of addicts. (1.) Reduce advertising of liberal use of pills to solve problems. (2.) Do not use police in handling drug addicts. (3.) Allow

scientists to study and treat the problems of addiction. (4.) Teach current trends in treatment of drug addicts in medical schools. (5.) Allow addicts to go to hospitals for treatment instead of prison.

The Advisory Committee (America, 1964) on Narcotics and Drug Abuse (reporting to President Johnson) says that more emphasis needs to be placed on rehabilitation programs. Halfway Houses are needed in greater numbers to provide supervised residency, some form of therapy, and vocational guidance. The Committee further recommends that the government should tighten federal controls over pills and provide assistance for released ex-addicts coming back into our society.

It is clear that concerned groups and individuals feel it is essential to rehabilitate the addict rather than just treat the physical withdrawal. With this in mind, I have attempted to show the treatments thus far utilized in an effort to minimize narcotic abuse and cure drug addicts.

Education

Education about drugs for students is nearly non-existent. Schools are just beginning to look into the possiblity of teaching the subject, let alone having courses already progressing.

According to Dr. Marvin Levy, (Blakeslee, 1969) Director of the Drug Abuse Education Project of the American Association for

Health, Physical Education, and Recreation, forty-three out of fifty states have laws directing schools to teach its students about drugs (narcotics, dangerous drugs, stimulants, and depressants). The problem however, is that the laws do not state specifically what shall be taught concerning drugs, who shall teach it, at what grade levels will the information be dispersed, or how much time will be spent in teaching the course.

The author, unable to find any current programs in use in accessible literature, will first examine a program that is described (Educators, 1969) and currently in operation in San Francisco, California. The second section will survey films available for education that deal with drugs. The final section will review possible symptoms of drug abusers among students.

The following drug education program (Educators, 1969) was developed by eighteen San Francisco Bay area teachers in 1968.

It is based upon the fact that we are a drug using society, and that teacher-student understanding and honest relationships must be established if we are to help youth in decision making. To meet these goals, intensive inservice training was provided for teachers in group processes and sensitivity, thus increasing the teacher's ability to develop the student's communication skills and awareness. If adults want young people to have a healthy attitude towards drugs,

the adults must teach concepts, attitudes, and behavior about drugs before the youth come in contact with drugs.

For teachers then, an inservice program should include the following objectives:

1. To develop self awareness for the feelings of others.
2. To know the facts about drugs.
3. To understand why people use drugs.
4. To communicate with meaning to students.
5. To answer honestly all question raised by the students.
6. To scrutinize carefully which materials should be used in class.
7. To know the state and federal laws for drugs.

Elementary teachers (Levy, 1969) in particular are being exposed to the facts about drugs. One obvious purpose is to allow teachers to respond honestly and accurately to impromptu questions raised by children. However, the main purpose is to help primary teachers realize the importance of helping each youngster find himself, his place in life, and to develop the whole child. (This is important because many drug abusers have had problems in communicating and fitting in with a peer group, which causes the need for outside stimulation to enjoy life, and exploitation of adults.) Each child, should experience free verbal expression, the receiving and emoting

of emotions, to perceive adequately all of his physical senses, and be allowed the responsibility in making decisions. The teacher can enhance these experiences by providing companionship, understanding and a chance to encourage choice, and a chance to act out feelings through role playing and creative drama.

For the students, (Educators, 1969) the methods of thinking and feeling that should be grasped by each student in school are as follows:

1. To learn to verbalize and express feelings.
2. To accept others and their feelings.
3. To develop a good self concept.
4. To increase the ability to evaluate and choose as one wishes.
5. To develop decision making skills.

For the community, the following concepts should be developed:

1. To develop awareness of the extensive use of drugs.
2. To help the community become aware of regulations concerning drugs.
3. To fight against hypocrisy in standards of behavior.
4. To encourage communication between parent and child.
5. To enlist community support for a program on drugs to be taught in the schools.

To begin the program, all of the faculty should become aware of what, by whom, and why drugs and the drug problem are to be taught in their school. They should become aware of what role they must play in the school setting. Other important considerations before launching a class on drugs and personal health are: (1) determining the extent of the drug problem in the school, (2) the teacher-student acceptance of student made decisions, (3) to teach facts about the different uses and results of use of drugs, (4) encouragement of the school to accept responsibility to work with drug users, (5) study treatments available to help drug abusers, and (6) evaluation of each program as it is taught.

Films Available for Education

In a recent publication, (Fiorelli & Weber, 1969) sound ideas were presented in choosing films about drug abuse to show children.

First of all, some films are either too advanced (in ativistic language) or too out dated (automobiles, hats, hemlines). For this reason knowledge of the dealer from whom the films were purchased should be known and all films used should be previewed before shown to the class.

Secondly, the purpose of the film may vary a great deal. Is it presented from the sociological view, clinical view, dangerous view, descriptive view, or is it a combination of more than one view? The

teacher should be certain that the film's purpose is timely, and that it is presented in a way the students and teacher can understand and appreciate.

A third criteria in selecting films that depict drugs is considering the location of the school. Rural students will not understand problems of drugs at the city level, nor will a school with black students appreciate seeing a drug film involving middle class white youths.

To obtain the maximum benefit from showing films on drugs to students, these recommendations are made:

1. Allow ample time afterwards for discussion of the film.

2. Keep the group small to encourage good participation.

3. As necessary, only show portions of a film, or show a film twice if need be.

4. Introduce each film that you are going to show, describing what you expect to be gained from seeing it, what questions you wish to ask after the showing, etc.

I would like to include a list of films on drugs available for use in the education program. The first two movies, LSD: The Spring Grove Experiment, and Drugs and the Nervous System, are available at the Montana State Film Library (Blockey, 1968). The other movies which are reviewed have all been recommended as worthwhile (Fiorelli

& Weber, 1969). All of the remaining films are available for rent or purchase and include the addresses from which the films can be obtained.

Film Reviews

LSD: The Spring Grove Experiment - 1966 16 mm. B&W 54 min. Produced by CBS News, John Sharnik producer/writer. Presented by McGraw-Hill Text-Films, 330 W. 42nd St., New York 10036. (1)

Intended Audience: Sr. High School & College Students, Adults, Professionals

Technical Quality: Good

Summary: At Spring Grove State Hospital in Baltimore, controlled experiments are being conducted using LSD as a therapeutic tool in psychiatric treatment. The film documents the program through two subjects, a 48-year-old housewife who suffered an acute paranoid breakdown, and a 33-year-old male alcoholic. Their subsequent return to useful life is covered. Both, six months after treatment with LSD, were functioning healthily. Although still experimental, the program suggests that LSD can be a boon to society as well as a bane.

Evaluation: An extemely moving insight into the intensity of the LSD experience. The film suggest some of the reasons users frequently become convinced of the drug's religious powers. 'I found God,' the housewife declares upon emergence from her trip. The viewer, an absorbed semi-participant, is afforded some understanding of her statement.

The film provides an excellent balance to cries for total LSD suppression. It is properly cautionary, however, in emphasizing the care and supervision surrounding this clinical application.

The film is of doubtful application to general school needs -- it is neither calculated nor likely to persuade students to abstain from LSD. It could, however, prove interesting to PTA or teachers groups trying to grasp the appeal of the drug and the evangelical fervor of its advocates.

Drugs and the Nervous System - 1967 16 mm. Color 18 min. Produced by Churchill Films, 662 N. Robertson Blvd., Los Angeles 90096. (1)

Intended Audience: Jr. & Sr. High School Students, Adults

Technical Quality: Excellent

Summary: Animation is combined with photographic vignettes to illustrate the effects of various classes of drugs on the human body and mind. The use of aspirin to relieve pain is a vehicle to introduce viewers to the nature of drugs and the workings of the nervous system. The film then discusses glue, stimulants (amphetamines), depressants (barbituates), opium-derivatives (morphine, codeine, heroin), marijuana, and LSD. Therapeutic uses, effects sought by abusers and the results of abuse of each class of drugs are explained. At the conclusion the narrator queries, 'What do you think?' about the character of young people who abuse drugs.

Evaluation: Though the final inference is pretty clear, the film attempts to be factual and non-judgemental. A rational, clinical tone is maintained throughout. There are some scientific weaknesses, for example the information on aspirin. The narrator suggests that users of marijuana may ultimately wish to experience greater thrills -- the sort of chestnut that has a tendency to undermine the film's reliability in the eyes of sophisticated students. For the same reasons they would probably view skeptically the emphasis on those rare and sensational instances in which LSD users have died because they felt God-like enough to step onto freeways, or fly out of windows.

The youths depicted in the film are pre-teen or very early teenagers. Thus it would seem most suitable for junior high students. The pictorial excellence of the animation is the film's chief virtue.

Hooked - 1967 16 mm. B&W 20 min. Produced by Churchill Films, Inc., 662 N. Robertson Blvd., Los Angeles 90096. (1)

Intended Audience: Jr. & Sr. High School Students

Technical Quality: Good

Summary: Young ex-addicts tell of their experiences when using drugs -- heroin the ultimate narcotic in each case. The youths are attractive, articulate, of mixed racial and social backgrounds, and project an air of honesty and painfully-earned expertise. They are filmed in various institutional settings -- jails, halfway houses -- but the camera focuses on their faces. Their statements are grouped by general subject -- how they got started on drugs, what it feels like to get arrested, what it feels like to kick the habit, what their families went through as a result of their addiction. There are no dialogues, only individual reminiscences. The pace is fast. There is no narration.

Evaluation: An excellent film, principally concerned with heroin. The reminiscence form gives authority to the opinions. The look, jargon, and intensity of the subjects should generate empathy among high-school-age viewers. Absorbing for any audience. The films impact is derived from its lack of extraneous moralizing and the reiterated theme: 'I never thought it would happen to me. I thought I was, you know, something special.'

LSD-25 - 1967 16 mm. Color 27 min. Sponsored by San Mateo (California) Union High School District. Produced by Professional Arts, Inc., P. O. Box 8484, Universal City, California 91608. Dr. David W. Parker, producer. T. V. Rights Reserved. (1)

Intended Audience: Sr. High School Students, Adults, General

Technical Quality: Excellent

Summary: The chemical compound LSD-25 is given voice to tell viewers of its nature and effects. Scenes illustrate the narrative. False information about the drug is rebutted, the facts of its unpredictability and unknown properties are emphasized. Illegality, uncertinty of dosages, bum trips, recurrence of effects, alteration in brain-wave tracings following use, possibility of associated cell and chromosomal changes -- are some of the dangers cited. The strange thing, LSD concludes, is that a user's reaction depends, 'not on my chemistry, but on his. But that's his problem, not mine.'

Evaluation: A balanced and relatively judicious presentation of the case for the prosecution. Visually superior although tending to the flashy. The ingenuity in production technique

pleases the eye but fuddles the brain. Skeptical viewers, TV-wise and advertising-canny, may suspect its adroit packaging as the hallmark of propaganda. But allowing LSD to plead both sides of its case gives an excellent example of what a mass-appeal drug education film can be. Recommended.

The Mind Benders -- LSD and the Hallucinogens - 1968 16 mm. Color 26 min. Sponsored by the U. S. Food & Drug Administration, Produced by the Vision Associates, Lee R. Bobker, writer/director. Loan Source: PHS Audiovisual Facility, Chamblee, Georgia 30005. (1)

Intended Audience: Sr. High & College Students, Teachers, Adults, General

Technical Quality: Excellent

Summary: Young LSD users tell why they took the drug, what it did for them, how it affected their lives. UCLA psychiatrists D. Fisher and J. Thomas Ungerleider, and NYU Medical School professor Marvin Stern, warn of the hazards: bum trips, recurrent flashes, impulse to drop out.

Since the beginning of time, the narrator notes, man has had a desire to alter his perception. Some of the powerful chemical substances by which he is able to accomplish this are psilocybin, mescaline, DMT and LSD -- the hallucinogens. The film concentrates on LSD: it is extremely potent, but its perception-changing mechanism remains largely a mystery. It has caused abnormal and premature births in one study of five guinea pigs; it has been associated with chromosomal breaks in human users; it may cause psychological dependency in some users. It may also be a vehicle for good. An LSD-treatment program for alcoholics in Kansas City is examined. Other experimental therapeutic uses for LSD are mentioned. The film ends with this caveat for casual experimenters: 'The facts suggest caution, and careful counting of the cost.'

Evaluation: A sober examination of a topic which all too often provokes intemperance, this is an objective film, permitting LSD users to recount their experiences without apology. The facts -- that there are very few facts but lots of opinions -- speak for themselves.

Visually the film is superior: artistic color scences bridge the interviews, which are shown in black-and-white. This use of black-and-white when dealing with human subjects involves the audience more deeply with the people on the screen. Results: Teachers charged with indoctrinating young students against LSD might best steer away from this film. The young LSD-takers have obviously not suffered overt brain damage, livid psychological scars, or pangs of remorse. College students, professionals, teachers and quavering parents, on the other hand might profit from a viewing. For purposes of exploring the actual state of LSD affairs, recommended.

Other Films

Narcotics: The Decision - 30 min. Color $225.00 (2)
Available from: Film Distributors International
2223 S. Olive St., Los Angeles, Calif.
90007

Narcotics: Why Not - 1965 15 min. Color $175.00 (2)
Available from: Charles Cahill and Associates, Inc.
5746 Sunset Blvd. Los Angeles, Calif.
90028

The Terrible Truth - 10 min. Color $120.00 (2)
Seduction of the Innocent - 10 min. Color $120.00 (2)
Available from: Sid Davis Production
1418 N. Highland Ave.
Hollywood, Calif. 90028

Monkey on the Back - 1957 27 min. B&W $140.00 (2)
Mental Health, Alcohol and Narcotics - 1967 11 min. B&W $65.00
H: The Story of a Teen Age Addict - 22 min. B&W $125.00 (2)
Available from: Encylopedia Britannica
425 North Michigan Ave.
Chicago, Illinois 60611

LSD: Insight or Insanity - 28 min. Color $300.00 (2)
The People Next Door - 81 min. B&W $50/3 days $475.00 (3)
Available from: Bailey Films
6509 De Longpre Ave.
Hollywood, Calif. 90028

Analgesics - 1964 29 min. B&W $125.00
Dangerous Drugs - 1964 29 min. B&W $125.00
Drugs and Conquest - 1964 29 min. B&W $125.00
Hallucinogens - 1964 29 min. B&W $125.00
Tomorrow May Be Dying - 1959 23 min. B&W $100.00
Tranquilizers - 1964 29 min. B&W $125.00 (2)
Available from: University of Southern California
Dept. of Cinema, University Park
Los Angeles, 7, Calif. 90000

Assasin of Youth - 17 min. $197.50
Narcotics: A Challenge to Teachers - Color 24 min. $275.00
The Dangerous Drugs - Color 22 min. $235.00
Narcotics - Color 21 min. $235.00
Narcotics: Pit of Despair - Color 25 min. $250.00 (2)
Available from: Narcotic Education Foundation of America
Box 1934, Los Angeles, Calif. 90000

The Riddle - 20 min. B&W Jr. & Sr. High Students (1)
Available from: Public Affairs, Office of Economic Opportunity
1200 19th St., N. W.
Washington, D. C. 20506

The Agents of Drug Abuse - 38 min. Teachers & Health educators (1)
Available from: Penelope Films, Inc.
1440 Clay Street
San Francisco, Calif. 94109

"LSD Trip or Trap!" - 20 min. High School & College students (1)
Available from: Sid Davis Productions
2429 Ocean Blvd.
Santa Monica, Calif. 90405

Trip to Where - 49 min. Sr. high, college students, teachers, health educators (1)
Available from: Naval District Washington, D. C.
Building 200 Navy Yard Annex
U. S. Navy, Washington, D. C. 20390

Escape to Nowhere - 1968 25 min. Color Rental: $27.50/3 days (1)
Available from: Professional Arts, Inc. P.O. Box 8484
Universal City, Calif. 91608

The Hippie Temptation - 1967 51 min. Color. Sr. high students (1)
Available from: McGraw-Hill Films
330 W. 42nd St. New York 10036

Marijuana - 1968 34 min. Color Jr. & Sr. high students (1)
Available from: Avanti Films
Los Angeles, California

Beyond LSD - 1968 25 min. Color Adult, Jr. & Sr. high students (1)
Available from: Charles Cahill & Associates, Inc.
P. O. Box 3220
Hollywood, California 90028

From Runaway to Hippie - 1967 18 min. Color (1)
Hello America - 1967 B&W 29 min. Teachers, Adults, Professionals (1)
Available from: The Cinema Verite Co.
3116 16th St. Room 27
San Francisco, Calif. 94103

The Seekers - 1967 30 min. Color Sr. high students, young adults (1)
Available from: State of New York Narcotic Addiction Control Commission
Albany, N. Y. 12203

LSD: Lettvin vs. Leary - 1967 54 min. B&W (1)
Available from: NET Film Service
Indiana University Audiovisual Center
Bloomington, Indiana

Fight or Flight - 1967 16 min. Color Jr. & Sr. high students (1)
Available from: J & F Productions, Inc.
Suite 700, 1401 Walnut St.
Philadelphia, Pa. 19102

FDA Special Report: Drug Abuse - Bennies and Goofballs - 1966 B&W 20 min. General Free loan (3)
Available from: Public Health Service Audiovisual Facility
Atlanta, Georgia 30333
Attn: Distribution Unit

Hide and Seek - 1966 14 min. Color Jr. & Sr. high students, college $150.00 (3)
Available from: Center for Mass Communication of Columbia University Press
440 W. 110th St.
New York 10025

The Losers - 1960 31 min. B&W General (3)
The Addicted: Part II Criminal or Patient? - 1958 28 min. B&W
Available from: Carousel Films, Inc.
% Associated Films
600 Grand Ave.
Ridgefield, New Jersey 07657

A Crutch for All Seasons - 22 min. Color Sr. high students $197.50 (4)
Available from: Narcotics Education, Inc.
P. O. Box 4390
6830 Laurel St. N. W.
Washington, D. C. 20012

The Distant Drummer-A Movable Scene - 1968 22 min. Color Adults (1)
Available from: National Institute of Mental Health
Box 1080
Washington, D. C. 20013

Each film was selected from of of four articles. The key to each film and article includes (1, Fiorelli & Weber, 1969), (2, Blockey, 1968), (3, Blakeslee, 1969), and (4, Narcotics Education, 1969).

Symptoms of Drug Abusers

Drug abuse among students may exhibit some of the following symptoms:

1. Grades and school attendance may vary sharply.
2. Homework may disintegrate rapidly.
3. Temper or anti-social behavior may suddenly flourish.

4. Physical appearance may change, sun glasses being worn at inappropriate times, long sleeve shirts being worn constantly.

5. Association with new friends.

6. Borrowing money from fellow students.

7. Stealing small items during school hours.

8. Finding the student in odd places in the school room.

Addresses

A list of addresses (phone numbers have also been listed for agencies that may require immediate contact) has been provided for the counselor's use. The purposes of this list are as follows:

1. To facilitate access to state institutions.

2. To provide a list of references for obtaining educational materials about drugs.

3. To indicate different organizations that are currently combating drug addiction.

W. J. Estelle, Warden
Montana State Prison
925 Main Street
Box 7
Deer Lodge, Montana 59722 Phone number 846-1320

Dr. Stanley J. Rogers, Hospital Supervisor
Warm Springs State Hospital
Warm Springs, Montana 59756 Phone number 693-2221

Eastern Montana Regional
Mental Health Center
221 5th South
Glasgow, Montana 59230 Phone number 228-9349

Mental Hygiene Clinics in Montana

1.	Billings	2911 8th Ave. North	259-2184
2.	Butte	41 East Woolman	792-5061
3.	Great Falls	1130 17th Ave. South	761-2100
4.	Missoula	University of Montana Health Center	543-7023

Bureau of Narcotics and Dangerous Drugs
Regional Office (for Montana)
311 U. S. Courthouse
Seattle, Washington 98104 Phone number 206-583-5443

Bureau of Narcotics and Dangerous Drugs
Regional Laboratory (for Montana)
405 Golden Gate Avenue
San Francisco, California 94102 Phone number 415-556-0952

Christian Anti-Narcotics Association
Box 946
Hesperia, California 92345

Charles Dederich
Synanon House
P. O. Box 786
Marshall, California 94940

Dr. Daniel Casriel, M. D.
Daytop Village
185 5th Avenue
New York, New York 11217

National Institute of Mental Health Clinical Research Center
% Robert W. Rasor, M. D., Chief Medical Officer
Leestown Pike
Lexington, Kentucky 40507

National Institute of Mental Health Clinical Research Center
% James B. Maddux, M. D., Chief Medical Director
3150 Horton Road
Fort Worth, Texas 76119

Nathan S. Zucker, Executive Director
National Family Council on Drug Education
403 West End Avenue
New York 24, New York 10024

Robert E. Adams, National Director
Narcotics Education, Inc.
6830 Laurel Avenue
Box 4390
Washington, D. C. 20012

C. E. Morgan, Hospital Co-ordinator
Addicts Anonymous
Box 2000
Lexington, Kentucky 40501

William V. Mahoney, Director
International Federation for Narcotic Education
918 F. Street, Northwest
Washington, D. C. 20004

Stanley F. Yolles, Director
National Institute of Mental Health
9000 Rockville Pike
Bethesda, Maryland 20014

Chapter V

Recommendations

Due to the type of literature that was reviewed, the author was unable to arrive at any definite conclusions. However, several projects may be done in the future to enchance this initial attempt to provide information for counselors. The author believes that the following studies would be extremely worthwhile.

1. Conduct a survey to determine the counselor's knowledge of drugs.

2. Conduct a survey of high school students in Montana to determine the communities affected by the drug problem.

3. Continue to update scientific findings currently being conducted on drugs.

4. Conduct a review of drug education programs being held in the state.

5. Periodically review drug literature to remain contemporarily knowledgeable about drugs.

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Appendix

Montana State University

Bozeman, Montana 59715 Tel. 406-587-3121

Department of Educational Services

(Sample Letter)

Dear Sir:

I am gathering information on drugs and drug addiction in order that I may develop a professional paper for my Master's degree. I would appreciate very much any information you have concerning drugs, and specifically in the following areas.

1. The origin and history of your organization.
2. Functions of your organization.
3. Programs, if any, you have initiated and the results of them.
4. If possible, send me your old newsletters, bulletins, or other publications.
5. Number of people directly or indirectly affected by your programs in 1968.
6. The budget, if you have one, on which you now operate.

Thank you for your time and consideration. I look forward to your reply.

Sincerely yours,

George L. Day