

The Deception of Drugs

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Editorials

The Deception of Drugs

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Youth, today, has an unusual health, a true vigor, a hope for long life far beyond the span of parents and grandparents. This is because these young people had better childhood, a chance to mature free from the worst diseases, free from want and starvation. Better health is the probable basis of the enhanced physical accomplishments of this newest generation.

This feeling of superior strength imparts a new attitude. Deceived by their remarkable strength into thinking that they were indestructible, many tall, strong young men witlessly expose themselves to hazards; some, in time, wreck their strong bodies. Bones do not withstand high speed impacts, and minds, however powerful and capable, can only be injured by physical or chemical blows, such as by the newest health menace, drug abuse.

The new recklessness is born out of the zeal to be active and the acceptance of thrill-seeking activities in place of more substantial ones. Responsible assignments, involving long-term efforts, are needed by all persons, but the need is not so apparent to the restless who tend to expect immediate successes. Youth, always idealistic and adventurous, has been taken in by propaganda that one can have immediate gratifications through mind-altering drugs.

The reverse is actually the case, and in addition, those who advance into drug abuse face greatly diminished health. For example: a healthy young man of 20 may expect 70 years of largely healthful life ahead, assuming he

makes sensible choices in each life situation. If he becomes heavily involved with drug abuse, he will lose his youthful vigor, and his life expectancy can drop from 70 years to 10 or less; he may not make it to the age of 30.

The mildest drug abused is marijuana. Some say marijuana is equivalent to alcohol and is no more harmful. That alone should be sufficient condemnation. Each year about 75,000 persons die because of alcohol (25,000 die from accidents and 50,000 die because they graduate to heavy use of alcohol and die largely from liver disease). Additionally, 300,000 live but have alcohol-induced injuries.

The alcoholic *drunk* hallucinates—that is to say, his perception is disturbed and unrealistic. The marijuana user always has disturbed perception, even though he may only use marijuana to relax. Alcohol used moderately does not disturb perception, but it does take the edge off sound thinking. Moderate alcohol use probably causes 25,000 accidents per year because, in tight situations, a slightly dimmed mind has lost the margin of safety, especially in speed of response and balance of perception. Since 1965, there has been a new wave of automobile fatalities, associated in timing with the increased drug use, and there is reason to think that the recent rise by 10,000 additional deaths per year may be due to marijuana.

Regarding hallucination from marijuana use, students have come to me saying, “We use marijuana and we don’t hallucinate.” When I talk with them about their experiences, I can usually show them evidence from their own statements that their narrowed vision and distortion of time, hearing, feelings, and judgements are hallucination. They prefer to believe they were confused and, of course, being confused, they are not keen observers.

One student said, “I went to five parties in successive weeks and smoked marijuana. The first four times, nothing happened; but the fifth time, as I drove along the freeway, I started to take the Park Boulevard exit but it wasn’t there.” He made the same mistake several times on that short journey but luckily escaped the long journey to death. Many are not so lucky.

Marijuana has a cumulative effect. This is the reason it takes 4 to 6 cigarettes, either all at once or over a few weeks, to accumulate enough of the drug in the body to initiate an effect. After that, a single joint or a shared joint may turn a person on, and marijuana users often have detectible mental impairments lasting long beyond acute intoxication.

Marijuana effects also accumulate for another reason. The quality of our minds depends upon the quality of thinking. Marijuana narrows the sensory perception and distorts the information that gets through. This results in impaired conclusions, and these confused associations go into the memory

references. It is understandable that this factor alone can account for the gradual change in the marijuana user, making him less articulate, more withdrawn, and often paranoid. He is concerned with trivia and is without goals or personal drive. This is the "pot head," the person who lives only from moment to moment. He also shows a progressive loss of coordination and ability to concentrate and reason; he becomes dull and impulsive. Many individuals can slip far in this direction and still manage to get by, but that is not the point.

The "pot head" state can be reversed by stopping the use of marijuana, at least partially. This is about the same as stopping cigarette smoking. It takes about a year to recover from both. Consider the effect of marijuana use on a young person. Say he smokes marijuana for a year and then stops and spends a year recovering from the effects of "pot." This means that two years of his educational development are lost. He does recover, but the chance for the best educational and emotional development has passed.

A more significant harm from the use of marijuana comes from the transfer to the more powerful drugs. Some groups of individuals have only used marijuana, but many examples show that when a more powerful drug is introduced into such a circle, the group will take up the new drug. In the recent rapid increase in drug use, a few marijuana advocates grew to 15 million in the short time of five years. Initially there wasn't time to transfer to other drugs, and the more powerful drugs were not readily available. This lent credence to the impression that marijuana users do not progress to harder drugs. The proper conclusion is that the transfer only occurs if the new drugs are available and are recommended by friends, and now many "pot" users have friends who have graduated to other drugs. In two years, the situation has changed markedly; from the ranks of 10-15 million "pot" smokers have come the millions of amphetamine users, millions of LSD users, millions of barbiturate users, and now several hundred thousand new junkies—those addicted to heroin. The history of most users of hard drugs indicates that they started with marijuana. They were evangelized to use marijuana and were subsequently evangelized to try more powerful drugs.

Here is a statement written nearly 200 years ago by the philosopher, William Paley, in which I have substituted the word "marijuana" for "alcohol" and "smoker" for "drinker": "Marijuana is a social festive vice. The smoker collects his circle: the circle naturally spreads; of those who are drawn within it, many become the corrupters and centers of sets and circles of their own; every one countenancing and perhaps emulating the rest, till a whole neighborhood be infected from the contagion of a single example."

Time has not changed human patterns. Each drug abused spreads in pattern of use from person to person among those susceptible, and about half are

susceptible. The drug user urges his friends to share in his adventure. Right now, the rate of increase in drug users is a very rapid 7% increase per month. Prior to 1964, before drug use was openly advocated on campuses, the increase in drug use was only $\frac{1}{2}\%$ per month—6% per year.

Between 50 to 75% of youth have no defense against drug evangelism, and drug abuse has been spreading among this segment at the above rapid pace. Thus in most parts of the country the problem is at least twice as prevalent today as a year ago. The rate of spread may appear to slow down after the most susceptible have become involved, and then drug abuse will later be more evident as a catastrophe as those using drugs progress to more potent drugs and dosages.

The largest single factor in the rapid rise of drug abuse is propaganda that being drugged is worthwhile, fun, and safe. It is all around us—in magazine articles, newspaper columns, comments made on TV and radio. Marijuana is said to be harmless by those who should and do know better. Margaret Mead, in pushing pot, is not telling what she must have observed about the debilitating effects of marijuana when she was in Polynesia.

Professor Grinspoon's article, *Marijuana (Scientific American)*, is widely cited by proponents of marijuana. He hides effects of marijuana by emphasizing short-term safety and doubting long-range effects as though this amounts to proof of its safety and lack of effect. He recently asserted that pot may relieve anxiety since he finds no higher rate of psychosis among marijuana users than among the general population. Since "psychosis" is a term reserved for certain of the more serious mental disorders, this statement cleverly avoids considering the many reports of mental dullness, withdrawal paranoia, impairment of mental well-being, lasting changes in personality, and characteristic changes in gait as a result of prolonged use of marijuana. These effects have been noted by many distinguished observers in various countries and by our own leading psychiatric authorities.

Dr. Grinspoon did acknowledge that, for people on the verge of mental illness, marijuana may push them over the brink—a fairly clear indication that he knows some who have gone over the brink. Only his zeal to defend marijuana, however, allows him to make the unprovable statement that they were "on the verge of mental illness." In my own casual experience, those who have had a bad reaction to marijuana seemed mentally sound before they showed mental changes induced by marijuana. The propagandists work very hard to deny that marijuana can lead to harder drugs. A headline in the Boston Globe last April 15 stated: **STUDY SHOWS POT NON-PROGRESSIVE**. The accompanying article reported a claim by a professor from Harvard Medical School that a study of 61 subjects for two years

showed no evidence of drug progression. I quizzed the professor and learned that, to the date of the report, the study had been carried on for only six months, with the *intention* of continuing it for two years. More important, I found that only 35 marijuana users were studied, not 61, and that nine of them had taken LSD once or more often and two had tried heroin in this short time. As in other defenses of marijuana, wishful thinking seems to be substituted for facts.

I have held that there is no controversy about the scientific evidence that marijuana exposes its users to an increased risk of turning to other drugs and that chronic use of marijuana itself leads to mental changes. These facts are agreed upon by Professor Miras of Athens, Dr. Dana Farnsworth of Harvard, Dr. Keith Yonge of Toronto, and many other scholars throughout the world.

People who use drugs become fascinated by the effects and ignore the dangers. Besides, the dangers are not very evident when, as is certainly true of marijuana, first experiences seem safe. All the mind-altering drugs change mood and perception, and this impact is powerfully tied to sensual gratification and in a sexually symbolic way to the administration of the drugs. These mental pleasurable sensual effects from drugs fade. To maintain impact, the dose must be increased continuously. In the case of marijuana, there is a short initial period in which a build-up of effect occurs because there is an accumulation of effect. Then, gradually, over many months there is reduced impact unless the dose is increased. In countries where marijuana is freely available, users gradually increase the dose until they are using hashish, the concentrated resin of marijuana. All habitual users of hashish are mentally and physically ill. Those who "experiment" with hashish usually become numb for many hours.

We have "hashish heads" here too, now. But more of our young people try amphetamines in large doses. The effect is startling, the hallucinations are long lasting, and the mental sensations are much akin to sexual pleasure and being hit over the head. Amphetamines induce continued or compulsive use from the first experience because of the induced excitement and the sex-like sensual experience. The pleasurable effects of drugs arise from the distortion of sensuality, and distortion of sexual sensuality presents the greatest hazard to well-being. Drugs can and do produce sexual cripples. Whether sensual enhancement is considered good or not, these dazzling illusions of pleasure do interfere with—and can even erase—the ability to experience normal satisfactions, a fulfillment upon which joy of life depends. We should regard drug use as a severe form of sensual perversion including sexual perversion.

Heroin and amphetamine users usually become asexual; their sad substitute is the orgasm-like reaction to the intravenous injection of drugs. The ultimate in sexless sex has recently been invented at Berkeley. This is the combination of large oral doses of amphetamines followed, hours later, by intravenous injection of heroin. Amphetamines give the "up," the preorgasmic sensations, and heroin, the "down," the orgasm. This is total sex perversion—all in the mind, all synthetic, and with the loss of the ability to have normal sexual fulfillment. What madness this is! It causes past worries about drug addiction and withdrawal symptoms to pale into insignificance.

Are young people willing to trade such fleeting chemical impacts on the mind for real life and genuine fulfillment? Youth should know that to use the mind to advantage, perception must be trained, not tricked. Real sensory awareness comes about by training and learning. Learn to recognize tastes and odors. Learn to recognize sounds. You, too, can know something of music. Learn to be aware of others around you. Don't be a lump. Do something useful. Drugs are in the opposite direction. True, those who use drugs are *seeking* a great experience. To see beauty in nature or art is a great experience; but what is the value in seeing a bright light because one is hit on the head or strikes his mind a chemical blow? Those who follow Leary's advice, "Blow your mind," get only the illusion of the great experience they seek. Nothing tangible remains, and they are absorbed with the thought that perhaps all is illusion. And, as illusion replaces experience of life, there may well come a time when, for that person, all remembrance is of illusion. This is not the way to life or to noble death, for there is no great value in phony sensations. Advice to use drugs has already resulted in death of more than 50,000 young persons, largely males, the mental maiming of at least ten times more, and affected all users to some extent adversely.

Early in 1969, I predicted an epidemic of heroin addiction. My evidence for the prediction was the rapid increase in the signs of heroin traffic and the evidence for graduation from marijuana to harder drugs. There was almost no public evidence of heroin use then. For the past six months, the leading cause of death among those age 16 to 30 years in all of our large cities has been overdose of heroin, and the rate is still increasing very rapidly. New York City has had about 1,000 such deaths, January-August 1970, from an estimated 10,000 young persons addicted to heroin. For our country as a whole, heroin overdose may kill about 10,000 persons in 1970.

Consider: that there are now about 15 million young people involved with some regular exposure to drugs, that the cycle of drug experience may

soon involve 40-50 million, and that about half of them will become addicted to opiates or amphetamines so as to have severely reduced usefulness, health, and life expectancy. It then appears that the drug cult, now in full tide, is likely to exact the early loss of some 20-25 million young people. For purposes of comparison, this is approximately the cost in lives of ten megaton nuclear bombs exploded, one each, over our ten most populated cities. While the casualties are not as evident, for they are spread out over several years, each such drug victim is likely to incapacitate the resources of an entire family for an average time of six years. Thus in the decade ahead, possibly marked by the demise of tens of millions of our victimized young people, the catastrophe may be staggering. Only China has known civil disaster of this magnitude from opiate addiction.

Drug users often state that they seek spiritual experience through drugs, but they usually become spiritually confused as well as intellectually confused. Some of their leaders, like Timothy Leary, bestow on themselves, in mockery of religion, the title, "high priest." Many have the illusion of saintly reincarnation. Within this subculture are found examples of extreme sensual indulgence, including Satanic worship and hedonism. The ritualistic slayings committed by some who claim a religious experience from drugs are a chilling example for anyone who respects the traditional morality and spirituality of Western civilization. The illusions that come from drugs include the illusion of spirituality, which, like the illusion of creativity, is false—a cheat.

Persons with moral, spiritual courage have what it takes to be resistive to drug temptations. The moral teachings of many cultures for thousands of years have recognized that man reaches his highest capabilities only by resisting bodily abuse. Those few who have come to my attention who managed on their own to escape from drug habituation did so only by realizing that what they had accepted as drug-induced religious experience was an imitation of the real thing.

Yet many young people today are trapped or about to be trapped by a cult of destructiveness in which the embrace of illusion is a substitute for purpose. Some say they will stay with drugs until "something better" comes to them. But they will need help and guidance from their elders to recognize that "something better" is and always has been here.

There is a better experience: we should understand the advantages gained by the past good work and costly errors of our predecessors and help the newest generation to assume a fitting life work as its willingly assumed obligation to society and to the flow of civilization toward the emerging plan of goodness evident as a real spiritual force. This means sharing of high

purpose, gaining in maturity, and learning how the wisdom of the ages has, through the centuries, given mankind courage, strength, and hope. That kind of experience is the opposite of the destruction and illusions offered by drugs as a shoddy imitation of life.