

# The Drug Hang Up, America's Fifty-Year Folly

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## Chapter 29

### The Bad Scene Today

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TOBACCO and alcohol owe their important places in American life to two interacting forces. One is the demand created by millions of people who have learned that using these substances makes them feel good. The other is a supply pressed on the market by promoters whose motive is an eagerness for profit. No matter that neither product has redeeming value as nutrient or medicine. No matter that the ravages attributed to both are well known. Feeling good and avoiding feeling bad are among America's most highly esteemed objectives. After all, our noblest declaration of national purpose begins with a reference to "the Pursuit of Happiness."

Some of the drugs (other drugs, remember) which so alarm Americans are much better producers of good feelings and better suppressers of pain and anxiety than anything in the liquor or nicotine lines. Most are also less dangerous. Several are widely relied upon in legitimate therapy. Thus it is inevitable that many people who learn about them one way or another will become users, given the chance, and will be willing to pay enough for their desirable effects to make large profits for suppliers. Consumer prices for tobacco products are inflated one or two times over production costs by taxes, while in the case of beverage alcohol the inflation is nearer fivefold. The competing purveyor of illegal substances, on the other hand, keeps his profits, at least while he remains uncaught, to the last penny. The only thing he must somehow manage to do without is the agricultural subsidy paid to tobacco and grain suppliers directly out of federal taxpayers' pockets.

But besides popular attraction and exaggerated profit incentives, the illegal drug market responds to a third force that tends more to perpetuate it than to disrupt or suppress-and that is precisely the stake of law enforcers in their *raison d'etre* and office holders in their *cause celebre*. When, as was the case under Prohibition, and as is unquestionably now the case with drugs, an immeasurable flow of bribes, graft, and cleaner-smelling political money is weighed in, this third force appears formidable indeed.

Specifying the amount of outright corruption that floats the drug traffic in America today would be as speculative as-and not much more speculative than-guessing the number of pot smokers or computing the volume of undetected heroin smuggling. But an impressive and impartial authority has spoken recently on the subject:

There are, as we all know in broad general terms, two kinds of crime (1) organized crime and (2) individual crime. In dealing with the first it is my firm belief that organized crime can never exist to any marked degree in any large community unless one or more of the law enforcement agencies have been corrupted. This is a harsh statement, but I know that close scrutiny of conditions wherever such crime exists will show that it is protected. . . .

The narcotics traffic of today, which is destroying the equilibrium of our society, could never be as pervasive and open as it is unless there was connivance between authorities and criminals.

That is Chief justice Earl Warren, speaking from twenty years' experience as a prosecutor and district attorney, and eleven years' service as a governor before his accession to the Court, In an address given on November 13, 1970.

Parties to gambling and drug and vice "arrangements" have so much common stake in protecting one another that-if the arrangements include people with power and authority-their ranks are almost always impenetrable. What everyone on the street knows no one above the street level dares report or challenge. But once, in 1952, the situation in one jurisdiction was brightly, if briefly, illuminated in full. A U.S. Senate Subcommittee investigating crime and law enforcement in Washington, D.C.-never a notably corrupt city-stumbled onto several big time pushers who were serving long sentences after the police lieutenant for whom they worked had let them be sacrificed because their activities could no longer be ignored by Anslinger's men. The Subcommittee found that the lieutenant (in a department where most senior officers were mysteriously much wealthier than they could explain by reference to legitimate income) had been working in active partnership with the peddlers for several years:

The protection payment was fixed at \$500 per month. [Lieutenant] Carper returned to pick up the first installment that same evening. Soon thereafter James Roberts became a major distributor of narcotics, handling as much as \$60,000 worth of cut heroin, pure heroin, and cocaine per month, and making regular payments on the first of each month to Carper. After a few months the monthly payment was increased from \$500 to \$1,000. Sometimes Roberts would fold the money into a newspaper and drop it on the floor of Carper's police car when the latter drove up to a prearranged meeting place. At other times payments were delivered to Carper at his country club. On some occasions the money was handled through Carper's subordinate, Detective Sgt. William L. Taylor.

Roberts received more than immunity. He was warned when informers were active, and sometimes was given descriptions or photographs of undercover men to protect himself and his people from the danger of making sales to them. When peddlers who worked for him were arrested, he could usually arrange for their release and also for the return of the narcotics which had been taken from them by the police. Carper used the threat of arrest

and prosecution to force peddlers to buy their "goods" from Roberts. And on one occasion in the summer of 1948, when the conspirators feared that their New York source was under surveillance, Lieutenant Carper himself went to the National Airport in Virginia, received and paid for a \$9,500 shipment of narcotics, and brought it to Roberts' apartment. For each of these "favors" Roberts was obliged to make additional payments.

This conspiracy was of such long standing that its inconceivable to the subcommittee that other members of the police force could have remained in ignorance of it.

On other occasions the police warned their pusher-protégés of impending raids, sold addict-informers drugs for their own use (paid for with money furnished to the informers to make 'buys'), and claimed to have disposed of large quantities of seized drugs by "flushing them down the drain" without troubling to keep any records.

Illegal drug selling, like illegal bookmaking, is a retail business, depending on frequent, continuing, customers. In the case of addicting drugs, seller and buyer must meet at short intervals, without any interruptions whatsoever in the distribution channel. When to these considerations is added the fact that in urban centers where drugs are common the traffic always concentrates in a few small areas, and the fact that enforcement agents are supposed to arrest when they observe crime being committed (not merely guess what a jury might do long afterward), the pressure toward a single conclusion is overwhelming: not merely much but most drug peddling is known to the authorities and-for one reason or another-tolerated.

Now and then in centers like New York and San Francisco a determined officer or team of officers has actually appeared on the scene to "bust" everyone who can be observed trafficking. If this kind of boat-rocking and the resulting embarrassments and "panic" are not dealt with by reprimand or transfer, they may be strongly discouraged: "We ONLY make cases against Mr. Big"; "Don't jeopardize our undercover men and their operations"; "Don't bring 'em in when we can't get convictions"; "Leave that stuff to the feds--or the locals."

I strain this inference? I overrate the force of acute demand and cupidity-motivated supply? Consider one more item and one more contemporary event. With the possible exception of the U.S. Public Health Service hospitals at Lexington and Fort Worth in their heyday, where a visitor with greasy hair might expect to have his hair tonic analyzed to make sure it did not contain drugs in solution and no incoming body cavity was below suspicion, there is almost certainly not a custodial institution in the United States where drugs are not available for a price. Some regularly have their share of hepatitis epidemics and drug-related deaths. Several each year attract fleeting attention following some embarrassing break, and then lapse quickly back to normalcy. If prison environments thus defy control, what can be expected of open streets and open cities?

The contemporary event occurred on June 25, 1971. On that day, Senator Hughes, whose acquaintance we have already made, took three other Senators-Javits of New York, Williams of New Jersey, and Schweiker of Pennsylvania- on a tour of Harlem,

accompanied by a small crowd of staff aides, local guides, newsmen, and photographers. At 137th Street and Lenox Avenue this conspicuous mini-army was able to watch, from overlooking windows, while a sixteen-year-old boy who looked young for his age bought packets of heroin from a pusher lounging in a candy-store doorway. Then at 49 West 137th Street the whole party walked in on six addicts who were cooking and shooting heroin and who were very belligerent when a newsman turned on some lights to see better what was going on.

At the other end of the scale from agents and patrolmen on the street who observe without seeing, there are more subtle kinds of corruption. In illegal gambling, for example, it is credibly speculated that something like one-third of the promoters' net goes into bribes and contributions; the figures are: "handle," \$20 billion; "take," \$7 billion; and "ice" or "juice," \$2 to \$3 billion. Even discounting such boxcar figures somewhat, that kind of money, passing in cash outside channels where it might be traced or taxed, obviously cannot all be absorbed in Cadillacs for commissioners and tuition payments for police captains' children. I believe the truth is that proceeds from "tolerated" criminal enterprises are helping finance the elective process through practically the whole range of American political life.

There is much to suggest that no aspirant wins a high elective office today without depending, directly or indirectly, knowingly or not, on crime-generated funds. With national campaigns costing upward of \$25 million per candidate and contested seats in important states going for upward of \$5 million (and winner and loser alike requiring money in lavish amounts), for the past twenty-five years it has nonetheless been a federal felony for any individual to contribute more than \$5,000 to one campaign, and for any corporation or labor union to contribute anything. No one questions that the resulting hypocrisy-among upright people who blanch at the very idea of tempering marijuana penalties-long served to mask crude exchanges of quid for quo in the upperworld. But it obviously also provided cover for manipulations by criminal entrepreneurs. And though dope money is often regarded as dirtier than the proceeds of other kinds of crime, there is so much of it around that it must inevitably have augmented the flow from time to time.

As I have suggested all through this narrative, deliberately distorting and exploiting a social problem as important as this one is a form of corruption too, and on this score there is little good to be said for President Nixon and his administration. Saddling the nation with the 1970 Drug Abuse Prevention and Control Act, subordinating everything to repressive prerogatives for the Department of justice, playing heavily on popular fears, and downgrading education and rehabilitative efforts at every turn-these are not policies calculated to win plaudits from the likes of Drs. Linder or Ratigan or Kolb or Howe, or Congressman Coffee, or Professor Lindesmith, or others among my protagonists.

But in the interim since this work was commenced, things have gone from bad to worse. No other occupant of the White House has ever personally played the drug theme so hard. Besides lobbying with Congress and with state governors for passage of Mitchell's law-and-order statutes, the President has repeatedly said and done things that seem to purport little concern for cool-headedness or even respect for the realities of the situation.

In 1969, two weeks after Art Linkletter's daughter tragically committed suicide six months after an allegedly bad LSD trip, other pressing matters in Washington were put aside while senior congressional committee chairmen were summoned to the White House for a bipartisan leadership conference with Mr. Linkletter and the President, who began with this statement:

This is, as I was indicating earlier, an unusual procedure, but from time to time, we are trying to bring to meetings of this type people from outside of government who have an understanding of the problem, particularly when the problem involves massively one of education.

In this field, Art Linkletter, who is an old personal friend and of course known to everyone around this table, can speak, I think, with great knowledge and great eloquence.

Even this far removed, I am hesitant about intruding on a father's grief to make a point, and unsympathetically. But Mr. Linkletter was a volunteer, and if someone is to be faulted for lack of tact or taste it surely cannot be I at this distance from the occasion. He told the assembled leaders that he was not an expert or authority on drugs, but that he was resolved to alert the nation, concentrating on parents and young children as his special field:

That this was a shock to the family and to the nation goes without saying. I made the decision that this tragic death would not be hushed up, it would not be covered over as is the case with so many prominent children and people, but that I would seek out to shock the nation into the realization that this is not happening to other people's children in some poor part of town, but that it can happen to a well-educated, intelligent girl from a family that has traditionally been a Christian family and has been straight . . .

So I am using this platform of my personal tragedy, number one, to alert every parent in America that it can not only happen to their child, but it probably will happen to their child.

At the end of this conference Mr. Linkletter gave the President an inspiration:

The President. Art, let me ask you one question about the media in another field. Among the 'most popular programs, of course, on television, apart from soap operas and all the other things and sports, are programs like the FBI Story; in other words, investigative programs, people like mystery.

Has television done, is it doing, an adequate job, not from the standpoint of public service? We all understand that the public service aspects of television are somewhat exaggerated despite what they may claim because they have to be in it for the money, for the ads and so forth.

Mr. Linkletter. It is an advertising media.

The President. I am speaking now in terms of sometimes making a virtue out of necessity here. Would it not be possible for television not to put on a dull educational program about the evils of marijuana, heroin, speed, LSD, and so forth? It would seem to me that some exciting programs on this could have an enormous educational impact on the country.

Is it adequately being done and is anything being planned?

Mr. Linkletter. I don't think it is adequately being done. But I think it is being planned. . . .

The President. You think there are possibilities?

Mr. Linkletter. Yes, especially since the networks have in recent months been very painfully and sensitively aware of violence and so they are going to have to get into the more intriguing aspects of crime.

One of them certainly is this field rather than the shoot 'em up cops and robbers which we all know is just a dramatic smoke and flame and the real crime occurs in many other areas where it is deep and insinuated into our fabric of our civilization.

The upshot of this was that on April 9, 1970, the nation's more serious business was again put aside for a day while the President and four cabinet officers entertained forty-eight producers of TV adventure shows in the Cabinet Room. To spokesmen for *Dragnet*, *Hawaii Five-0*, *The Storefront Lawyers*, *I Spy*, *Zig Zag*, *Felony Squad*, *Silent Force*, *The Name of the Game*, *The FBI*, *Dan August*, *Dial Hot Line*, and *Room 222*, the President said, "The power in this room can make the difference on dope. . . . I think of my own children, tuning out the commercials; tuning out the documentary, to go to the entertainment." Urging the assembled performers to use a "soft sell," the President added: "We will turn the tide only if we can get to them through the media that has their eyes and their ears."

For this group the President also connected drug abuse with the fall of great civilizations—China, Southeast Asia, and the Middle East. In America, he said, drugs are "weakening the character of a strong and great people." Attorney General Mitchell added that drug abuse in this nation in our time had gone far beyond crisis proportions, reaching down into the grade schools, and had "no parallel in history."

On October 14, 1970 radio producers and disc jockeys were given the same message at the White House:

I want you to know that I chose this particular forum because I just wished that I could sit down with each of you individually and express my own

concern with this problem and how much I think you can contribute toward its solution. . . .

We had a meeting a few months ago with television producers. As a result approximately 20 television programs throughout the country are going on this fall dealing with the drug problem in one way or another, and dealing with it not in the way of just a straight out sermon but in terms of that subtle, far more effective method of approach where a story is told and the individual, and usually the young individual, watching the program becomes interested in the story and, therefore, they get the message.

Now we come to radio. As you may know, in the campaign of 1968 I made a great deal of use of radio, which indicated that I thought the radio was still here and here to stay. I did make great use of it because I have found that while naturally the primary emphasis these days in terms of any public relations program and any political program is on television because of the huge impact that it has, the radio audience is first a very large audience and a very significant audience; second, it is a growing audience. All of your advertising is, too. And, third, it is particularly a large audience in the teenage group. . . .

First, I do not think it is proper for Government to come to people in the private sector and say you must do this or that for the public good. . . . On the other hand, I think that all of you would agree that it is the proper province and responsibility of your national leaders, and particularly in the Government, when there is a great national issue to try to present that issue. Then in the event, in your own judgment and in your newsrooms and in your programming, you feel that you could cooperate in your interest and the national interest, we ask you to do so.

Early in 1971 the President did it again, this time with clergymen. He told them:

In the final analysis, if there is an answer to the drug problem, you have it. . . . The worst thing that can happen to a young person is to have no faith. . . . Some sense of faith would have a greater effect than all else that is being done about drugs. You're beginning at the heart of the problem. . . . I very deeply believe this.

The White House has also entertained such key performers as Sammy Davis, Jr., for indoctrination about the drug campaign, and the Department of justice has financed (with HEW funds) and conducted similar briefing sessions for less well-known groups, such as painters and sculptors.

By mid-1971 official estimates of U.S. opiate addicts had jumped to 950,000, and a new note of alarm was sounded: as many as 36,000 GIs had become heroin addicts while in service in Vietnam. President Nixon went on the air to declare a "national offensive" on

this problem, with stepped-up national programs on four fronts: cutting off sources by working with foreign governments ("including the Government of South Vietnam"); prosecuting pushers; treating addicts ("insofar as veterans are concerned . . . before releasing them"); and a "massive program of information for Americans." But the next day the Pentagon countered that the President's words about holding GIs in service to treat them "should not be taken too literally."

On June 17, 1971, the White House announced a "new all-out offensive" on drug abuse, which the President now termed "America's Public Enemy Number One." He requested a special appropriation of \$155 million from Congress, announced that he was creating a Special Action Office for Drug Abuse Prevention in the White House, to be headed by a Special Consultant to the President for Narcotics and Dangerous Drugs, appointed Dr. Jerome H. Jaffe to the post, and disclosed that this new offensive was going to be "world-wide."

By mid-1971 two young doctors had emerged conspicuously ahead of most of their contemporaries (with Dole and Nyswander) as activists on the rehabilitation front. One was Dr. Robert L. Dupont in Washington, D.C., whose work with methadone has won respect and support in all quarters there. The other was

Dr. Jerry Jaffe in Chicago. Jaffe had started slowly with conservative Dr. Brill in New York, but in 1968 he went to Illinois to combine research at the University of Chicago with the development of a program for the Illinois Department of Mental Health, and by 1971 he was perhaps the most-respected and coolest-headed practitioner of methadone therapy, in a variety of experimental approaches, in the nation. He was also one of the few authorities speaking out against the use of slipshod estimates to arrive at inflated numbers in the addict population (an accepted current basis is 200 addicts for every drug-related death, about which we shall have more to say in a moment).

Pulling Dr. Jaffe out of his working program in Illinois to bring him to Washington to be a White House publicist was somewhat like drafting Dr. Salk to drop everything in the middle of his polio research to devote his energies to playing Dr. Kildare.

The first thing the President had Dr. Jaffe do was go to Vietnam and look around and then return to the U.S. and hold a press conference. Excitement about addiction in Vietnam had not been generated initially by the White House. In April 1971 a House committee reported that "90 percent of our military personnel may be marijuana users, and upwards to 10 percent of our personnel in Vietnam could be using hard narcotics." The press immediately applied the 10 per cent ratio to 250,000 troops and came up with a figure of 25,000 heroin addicts. A month later a rival House committee found "the best estimates available are that 10 to 15 percent of all U.S. troops currently in South Vietnam are addicted to heroin in one form or another." In some units the percentage might be 25- and "5 to 10 percent of these inject."

The press then talked of 30,000 to 40,000 hard-drug addicts on active duty, the President said the problem had "assumed the dimensions of a national emergency," and it was

revealed that Pentagon officials "suspect, but have not yet proved in public," that the whole thing was "part of a new infectious chemical warfare program instituted by the Communists."

In one way, this new flurry of hysteria throws some unintended light on the whole subject of heroin addiction and America's fixations about it. Beyond doubt Saigon was full of good heroin and considerable amounts of it were sold to and used by GIs. It is generally accepted that some of the most exalted leaders of our ally-nations had part of the traffic sewn up for their own profit. Indeed, no one can fairly expect Americans themselves to be less moved by a fast dollar abroad than they are at home. But so far as we know, this drug-saturated army of 250,000 was doing its duty day in and day out with never a hint of impairment of its normal functioning. Every night the folks at home watched on their TV sets as all these alleged dope fiends performed quite normally in and out of combat. And the only way their officers can find them even now is by making each man urinate into a sophisticated testing machine. Imagine how different the situation would have been if 5 or 10 or 15 per cent had become seriously addicted to Yankee alcohol!

Anyway, Dr. Jaffe reported that the percentage of heroin users was really much lower—41/2 per cent, and many of those probably were not really hooked but used heroin only occasionally.

(That, by the way, coming from such an authority, seems to have interesting implications too.) He said it was thus perfectly safe for U.S. employers to hire Vietnam veterans. He recounted how he had talked to General Abrams and General Wyant about the President's policy of no punitive action against GI addicts, and predicted that soon "this feeling will find its way to all levels of command."

Finally, we have big problems. I told the President that our treatment programs over there, as opposed to the screening test, very frankly, are still rather primitive. It is not lack of dedication or interest or sincerity. It is a lack of skill, experience, and specialized facilities.

How it is proposed to "treat" young men who are healthy and stable enough to have completed honorable tours in 'Nam and who return with an appetite for pot, or a heroin habit they do not want to kick, is still unclear. The pot smoker is like the man who returns to civilian life a habitual user of cigarettes, except that he can probably give up pot with less effort. The GI addict is simply an addict, accustomed, perhaps, to better drugs and easier sources of supply, but in all likelihood strongly compelled to go on using. The only logical and humane program (again, for those who do not presently have enough personal motivation to manage giving up drugs) would be maintenance or a very long withdrawal regime using methadone in the manner that Dr. Jaffe himself helped pioneer.

But instead an evil new chapter has just been written in the methadone story. Methadone (and related equivalents) are as safe and easy to handle as morphine—which is very safe indeed when administered by a trained person. Since the Germans put methadone into

general use in World War II it has been used by countless millions of human subjects all over the world.

Methadone is no more honestly an "experimental" drug in the seventh decade of this century than cow's milk is an experimental food, and more is actually known about its actions than is known about aspirin or insulin. It is true, of course, that people have been killed by methadone in accidental overdoses and clandestine abuse, but its record is exemplary compared with similar episodes involving either of the other last-mentioned remedies. And blaming it for what happens when it (or some adulterated simulation) gets into illicit channels is as illogical as blaming milk for what Chicago suffered because of Mrs. O'Leary's cow.

We have recounted how local methadone programs have always encountered resistance, harassment, and sometimes starvation from various official quarters. That has continued. A number of substantial operations have been ended by the arrest or threatened arrest of their medical personnel-in one case suddenly dumping several thousand addicts back into the street heroin market where prices immediately jumped.

Moreover, the conservative medical establishment began laying the groundwork for an even more cynical and serious attack on methadone maintenance as far back as 1968, when Dr. Nathan Eddy, incoming chairman of the U.N. WHO Expert Committee on Drug Dependence, evoked the following sour evaluation (then aimed principally at Drs. Dole and Nyswander) from his colleagues:

On the basis of data now available, the Committee was of the opinion that methadone maintenance for drug dependence of morphine type remains experimental, and that it is not suitable for utilization by individual physicians. It requires for its operation the full support of a multidisciplinary medical service to effect the therapeutic, social and rehabilitation measure that may be necessary and to check for possible relapse or multiple drug use, and also to provide data for scientific evaluation and other research.

The Committee believes that despite verified reports of dramatic improvement in patients with a history of repeated treatment failures, methadone maintenance has not yet been adequately evaluated. The techniques of well-designed clinical drug trials, including scientifically controlled series and/or comparison groups, are required.

This position was then echoed in a joint statement issued by the National Research Council and the American Medical Association, which begins:

1. Methadone maintenance programs should include at least the following elements in order to constitute proper medical practice:

- a. adequate facilities for the supervised collection of urine and for frequent and accurate urine testing for the presence of morphine and other drugs,
- b. general medical and psychiatric services,
- c. hospital facilities as needed,
- d. adequate staff,
- e. rigid controls of methods of dispensing methadone to prevent diversion to illicit sale or to possible intravenous use.

The statement then goes on to insist on "continued evaluation of the long-term effectiveness of methadone programs for persons who are stabilized," training for staff members "in an established effective program," and continuing research. It concludes:

Methadone maintenance is not feasible in the office practice of private physicians. The individual physician cannot provide all of the services for the various therapeutic needs of the patient. The individual physician also is not in a position to assure control against redistribution of the drug into illicit channels, to maintain control of doses, or to establish the elements for proper evaluation of the treatment.

Thus once again seniors in the medical profession sounded the retreat, still resisting any suggestion that their colleagues should accept addicts as patients or seriously invade the domain of pusher and drug-cop.

Then, early in 1970, the Department of justice and the Food and Drug Administration began playing up a similar theme with even more sinister implications. It began to be officially insisted that the use of methadone for maintenance programs, as opposed to brief detoxification procedures, was legally "experimental," thus coming under the severe requirements of federal law written after the thalidomide scandal and designed to restrict the use of new, untried, and unproven substances on human subjects.

In June 1970 the blow fell. According to the press announcement FDA and BNDD were promulgating new regulations "in order to clarify the ambiguous position of methadone today under current laws, to establish responsible medical-legal guidelines for its use and to facilitate controlled scientific research in methadone programs." The two agencies concurred in the following jurisdictional finding:

There is widespread interest in the use of methadone for the maintenance treatment of narcotic addicts. Though methadone is a marketed drug approved through the new-drug procedures for specific indications, its use in the maintenance treatment of narcotic addicts is an investigational use for which substantial evidence of long-term safety and effectiveness is not yet available under the Federal Food, Drug and Cosmetic Act standards for

the general marketability of new drugs. In addition, methadone is a controlled narcotic subject to the provisions of the Harrison Narcotic Act and has been shown to have significant potential for abuse. In order to assure that the public interest is adequately protected, and in view of the uniqueness of this method of treatment, it is necessary that a methadone maintenance program be closely maintained to prevent diversion of the drug into illicit channels and to assure the development of scientifically useful data. Accordingly, the Food and Drug Administration and the Bureau of Narcotics and Dangerous Drugs conclude that prior to the use of methadone in the maintenance treatment of narcotic addicts, advance approval of both agencies is required.

Advance approval meant that before anyone could administer methadone further in an existing program he would have to file a Notice of Claimed Investigational Exemption for a New Drug, have it reviewed and approved by the FDA, and also get permission and approval from Mitchell's enforcement forces in the Department of Justice.

Among requirements spelled out for qualifying for an approved exemption were the following: naming proposed suppliers and assuring the FDA that all drugs used would meet "adequate specifications"; furnishing names, addresses, and a "summary of scientific training" for each individual who will be monitoring or evaluating; describing the hospital, institution or clinical laboratory facilities available "to perform the required tests" to FDA's satisfaction; describing the research protocol proposed to be followed; assuring both FDA and BNDD that adequate records will be kept and will be continuously available for inspection by both agencies; and undertaking to make detailed annual reports to the FDA.

The proposed regulation suggested protocol details that would be deemed acceptable, and specified limitations that would have to be observed. These were so rigorous, and so patently inappropriate in the light of what was already being done in existing methadone programs, that large numbers of individual doctors and other scientists, several professional societies, and even spokesmen for the AMA filed protests.

Nearly a year then elapsed while the two federal agencies heard objectors, but the upshot was that the Regulations were finally put into effect (on April 2, 1971) without much change, and most operating methadone projects were thereupon given interim approval without immediate regard for protocol requirements. The resulting situation is that methadone is still being used for maintenance programs on a limited scale (approximately 300 currently approved), in most cases by suffrage extended in the absolute discretion of Commissioner Edwards' bureaucrats at FDA and Mitchell's law-enforcement forces at BNDD- The new Regulations, if and when they are strictly enforced, would require every methadone dispenser in the nation to provide facilities and employ techniques that virtually none, and certainly none who work with ghetto addicts, could command.

The Regulations require all participants to notify FDA promptly of any "hazards, contraindications, side effects and precautions pertinent to the safety of the drug," and

specify that each addict admitted to a methadone program must be given "an accurate description of the limitations as well as the possible benefits which the addict may derive from the program." Every new applicant must also be warned that drugs are going to be used on him "for investigational purposes" and must give his "informed consent" to serving as a research subject.

Nearly all existing methadone programs have waiting lists. Some have already been severely curtailed for want of operating funds. Federally controlled grants are flowing elsewhere. Misinformed and misguided activists have even been encouraged to stir up resistance to maintenance programs on the ground that this is really a sinister plot against minorities, and that the pathetic enslavement of some of their brothers to "connections" and "narks" is somehow a more ennobling alternative. Even the threadbare and foolish Anslinger protest that any program involving therapeutic maintenance is bound to encourage prospective addicts to get themselves hooked is being trumpeted again. In short, this most promising of new approaches is being maneuvered into jeopardy and subjected to a campaign patently intended to restrict and discredit it.

Simultaneously, the President and his Washington enforcement spokesmen have increased their emphasis on the least realistic line of attack—a reversion to the 1912 Hague Convention notion that inbound supplies of drugs for the U.S. market can be curtailed at their sources. First Mexico was pressed into highly publicized joint efforts like "Operation Intercept" and "Operation Cooperation," and provided with money and equipment to search out marijuana patches. In May 1970 Attorney General Mitchell, announcing that this had been a great success, released a telegram from Attorney General Vargas describing the burning of thirty-six tons of marijuana (the yield of a few dozen acres) in "a public demonstration with the help of civil and military authorities, also radio, television, local and foreign representatives."

Then President Nixon broadened the play, announcing that it was clear to him "that the only really effective way to end heroin production is to end opium production and the growing of poppies." This was when BNDD somehow discovered that 80 per cent of all the heroin reaching U.S. markets (80 per cent, that is, of the undetected and uninterrupted flow) was coming from Turkish poppy growers, and that most of this Turkish opium was being processed into heroin by French chemists in Marseilles. Thereupon Attorney General Mitchell negotiated and signed a solemn protocol binding France to do more about the situation, which the Americans hailed as "another noble chapter in the history of comradeship between our two countries." Yet four months after this ceremony—on June 4, 1971—BNDD Director Ingersoll publicly "expressed regret that French authorities, despite a greatly stepped-up effort, have not seized a clandestine laboratory in the more than two years."

Meanwhile, as already related, Turkey had been provided with an AID loan to encourage her to substitute less profitable crops for poppies, plus U.S. equipment and training for her enforcement officials. In September 1970 American spokesmen called a special meeting of the U.N. Commission to pressure the Turks and other wayward sovereigns more into line:

But surely, it is callous disregard for humanity to tolerate illegal production or such loose controls over legal production that a product intended to alleviate pain and suffering is turned instead into the cause of human misery and wretchedness. Everyone with human compassion would certainly agree that the legions of opium victims cannot be sacrificed to the economic advantage of the producers. . . . Humanity has a right to expect that opium-producing countries will cooperate fully with the international community in restricting the supply of opium, even if that causes an economic loss to the government responsible and to the farmers who plant the poppy.

When the Administration in Washington began being increasingly embarrassed by stories of heroin in Saigon-which could not be traced to Turkey and some of which was clearly traceable through U.S. allies to Laos, Thailand, and Burma--diversionary publicity about Turkey was stepped up. Secretary Laird offered \$5 million to buy up the whole Turkish poppy crop. Every press announcement about a heroin seizure re-emphasized the Turkish-French source. Members of Congress began calling for an end to foreign aid unless the Turks cooperated better, and numerous bills calling for this and other sanctions were introduced.

On June 30, 1971, President Nixon personally announced that Prime Minister Nihat Erim had agreed to end legalized growing of opium poppies in Turkey, a step which he hailed as "by far the most significant breakthrough that has been achieved in stopping the source of supply of heroin in our world-wide offensive against dangerous drugs, . . . This very courageous and statesmanlike action deserves the appreciation of all the people of the world, and the people of the United States." Secretary of State Rogers elaborated:

As the President indicated, this is a very significant act on the part of the Turkish Government. It is a milestone in international cooperation, because for 400 years the farmers in Turkey have grown poppies. They use the seeds and oil and other products of the poppy for many domestic reasons. They do provide a good deal of the opium that is necessary for medicinal purposes, and the people in Turkey do not use heroin at all.

So the Prime Minister of Turkey has taken this action, which obviously will present him with serious domestic problems because it is eliminating a culture that has been part of Turkey's history, for the good of the international community.

Turkish farmers are believed to grow about one-tenth of the world's opium crops, though no one, including Turkish authorities, knows how much is grown in remote mountain areas of the country. And BNDD Director Ingersoll conceded on the same occasion: "We must also remember that Turkey is not the only source of opium used for illicit purposes, and our effort to bring about adequate controls or eliminations of production in many of these countries may be vastly more difficult than in Turkey."

Perhaps this whole U.S. campaign, to achieve throughout the world what cannot be accomplished in small drug-traffic sections of American cities, might be put in perspective by an analogy: if, let us say, the Turkish government decided to try to protect

its own people from the unquestionably injurious effects of rice paper cigarettes, it would have an equivalent chance of doing so by pushing other nations into line with such a domestic objective. And continuing the same analogy, the promise of one prime minister to mend his poppy-growing ways is like the assurance of a North Carolina governor that he will take his state out of tobacco production forthwith for the good of Turkey and the rest of mankind. (Or-another irresistible analogy-imagine substituting bourbon whiskey for opium in Director Ingersoll's exhortations to the U.N. ["callous disregard for humanity"], and then proclaiming them as an ultimatum in Kentucky.)

Supplementing the President's efforts to induce entertainment media to play up the evils of drugs (curiously, and to their great credit, the only group who smartly declined to fictionalize on the subject was the association of comic-book artists), BNDD and the National Institute of Mental Health have flooded the nation with pamphlets, films, tapes, leaflets, and "training" material.

Training centers and programs for teachers, social workers, and other professionals and "paraprofessionals" have been lavishly funded. Additionally, grants have been handed out through half a dozen federal agencies to subsidize private projects aimed at the same targets. In 1970 Congress passed a new Drug Abuse Education Act, authorizing additional appropriations of \$10 million for that year, \$20 million for 1971, and \$28 million for 1972.

Even private foundations, led by Ford, have come on the scene at last, sharing support for a new Drug Abuse Council with lavish resources and timid aims. The Council will make a long term effort (ten years at a minimum), not to support on-going programs but to "obtain the factual information necessary to underpin sound policy, and to disseminate to the public and to persons in key policy positions the best knowledge available in the field and the best analysis of this knowledge as it pertains to current problems." Difficulties to date have been due to lack of effective leadership; the new Council will fill this void by establishing "professional and public credibility," and through "excellence of staff and product." With emphasis on "interdisciplinarianism," the consortium of foundations promises to provide "a kind of center for policy study in the drug field, to which researchers, legislators, educators, policy-making officials and the lay public will turn for nonpartisan analysis and information."

Nonetheless, most of this outpouring does little more than perpetuate the myths and fictions that have misled Americans for so many decades past: marijuana still induces crime and leads to "hard stuff" . . . the sinister peddler still lurks about, ready to hook' young and innocent passersby . . . the most heroic figure on the scene is still the police agent-still pitted against evils of satanic dimensions. Publicity handouts and presentations that come through foolishly, or with patent dishonesty, invite disrespect for all authority in the field. And no one knows for sure whether exaggerated portrayals in the name of education may not be having exactly an opposite-promotional-net effect.

There are also new distortions, and one of the worst is the recently invented death-count, usually associated with the image of heroin as a "killer drug." In mid-1971, in the course

of his long message proclaiming that drug abuse had "assumed the dimensions of a national emergency" and announcing his Special Action Office for Drug Abuse Prevention to deal with it, President Nixon said more people in the fifteen-to-thirty age bracket in New York City die as a result of drug abuse than from any other cause, and that between 1960 and 1970 the city's "narcotic deaths" had risen from 200 to over 1,000 (a rate, incidentally, of only 0.13 per thousand as against the national death rate for all age groups from all causes of 9.5 per thousand). Heroin, the President said, is "deadly poison in the American lifestream" and "a fact of life and a cause of death among an increasing number of citizens in America."

A massive overdose of pure heroin (or, equally, any other opiate such as morphine or a synthetic like methadone) would be capable of producing death by slowly depressing respiration and cardiac action. But virtually none of the claimed heroin fatalities are attributable squarely to this, and apart from such acute opiate poisoning there is no reputable record in the annals of medicine of any physiological damage caused directly by this category of drugs. What has happened is that medical authorities, with New York leading the way, have commenced lumping together as "heroin deaths" cases where hepatitis or other infections from unsterile injection procedures lead to death, cases where impurities or toxic foreign substances appear to have been at fault, multiple-drug casualties, and even cases like that of a burglar who, surprised by the police while rifling an apartment, jumped out a window to his death and was found by autopsy to have had opiates in his bloodstream.

The coeds and young athletes reportedly sometimes found dead with syringes at their sides are almost certainly not heroin fatalities in the honest sense that it was the drug which took their lives. Puncturing the skin with anything can be mortally dangerous unless one uses antiseptic precautions. Putting anything impure directly into the bloodstream, so that it courses immediately through the lungs and heart chambers, is reckless in the extreme. And this is what can cause sudden death. Recently in New York, for example, sophisticated pushers have reportedly been adding antihistamine powders along with, or instead of, milk sugar to cut their heroin, in the belief that this intensifies and prolongs euphoric effects. But a significant number of people are fatally allergic to antihistamines. And if "mainlined," the same may be true of quinine, aspirin, baking soda, baby talc, and tooth powder.

So the truth is that heroin the killer rarely -very rarely- kills. The soothing opiates are among the safest drugs in the whole inventory of modern medicine. Nalline, as noted earlier in this narrative, is an effective antidote for opiate poisoning, if administered properly and in time. Even the coroners and medical examiners who build up these new death statistics consistently acknowledge, if pressed on the point, that neither their autopsy examinations nor the analyses of syringes and packets found around the bodies of drug victims has ever suggested that high concentrations of pure drugs are turning up often in the retail end of the illicit traffic. Street heroin is invariably cut to below 10 per cent, for compelling economic reasons, and tragedies among users are blameable on other causes and not on the drug. Desperate addicts "burn" their fellows by selling fake substances. Pushers allegedly poison with an intentional "hot shot" overdose, or some

lethal substitute. Since the favorite current method for estimating addict-populations is the utterly ridiculous application of a ratio (100 or 200 to 1) to drug deaths, and since all addicts are vulnerable and some drug police are fanatics, it is even believed in some quarters that deadly strychnine-laden stuff could be originating from undercover plants and turncoats.

This new distortion from morgues is being reinforced by old fictions. A best-seller on organized crime, after avowing that the Dallas assassination was engineered by a Mafia overlord to clear the way for murdering the Attorney General, goes on to credit the masterminds of evil with an ingenious promotional campaign:

... all reports indicated that marijuana is continually reaching greater numbers of users and filtering down into younger age brackets. And all of these pot smokers are potential buyers of the syndicate's stronger stuff a few months or years hence. . . . As if to substantiate this theory, narcotics officials are currently checking the suspicion that, in some cases, heroin is being mixed into marijuana by the pushers to "hook" people who might otherwise not go on to the stronger stuff.

This same work then goes on to credit the American drug problem simultaneously to another villain, a real Chinese interest in narcotics can almost certainly be found in the mind of Red China's ruler, Mao Tse-tung, whose heroin factories are turning out the white powder in wholesale lots.

Hyperboles flow from other quarters. Here is Governor Reagan, telling his constituents about the situation in California:

I want to talk with you today about an epidemic-an epidemic that has infected Californians in every walk of life and has reached into nearly every community from Siskiyou County in the north to San Diego in the south. The epidemic of drug abuse. . . .

Drugs can be bought easily at high schools in the cities, in the suburbs and even in the smallest of towns. The facts are that it is almost as easy in many places for kids to buy pills and pot as it is for them to buy soda pop. This is no longer a problem restricted to high school students, Addiction and drug abuse has spread to the junior high schools and even the elementary schools.

Although Attorney General Mitchell asserts what every drug law enforcer since Harry Daugherty has claimed- "Our goal is no the occasional user. It is the large-scale professional trafficker" nonetheless 1970 FBI figures show 346,412 drug arrests for the year, with 52.9 per cent (183,310) under the age of twenty-one and 25.3 per cent (87,907) under eighteen. Eighty-eight thousand major drug traffickers under eighteen?

Even Mrs. Martha Mitchell has joined the action, summoning 200 administration wives to a day-long symposium on drugs which her husband keynoted:

I cannot overestimate to you the threat that narcotics and dangerous drugs pose to the mental and physical health of the nation-especially to our young people who are, in frighteningly increasing numbers, turning to marijuana, hard narcotics and other dangerous drugs as a way of life.

And finally, the Commissioner of Internal Revenue, under BNDD pressure, has used Treasury's rule-making power to wipe out the Linder decision once and for all, by decreeing that "Professional practice" now cannot include any administering or dispensing "to narcotic drug dependent persons for the purpose of continuing their dependence" except only in approved methadone maintenance programs, and that "the prescribing of narcotic drugs is not authorized for any such purpose."

It is admittedly unrealistic to hope for some sudden triumph of enlightenment on this subject. Fifty years has set the pattern too firmly, and the current momentum is too great.

Though by early 1972 it appeared that no new excess could top what I have just recounted as high-water marks of law-enforcement zeal, on January 28, 1972,-President Nixon and Mr. Mitchell did it again. They announced that they had pulled another first-rate man-Myles J. Ambrose, Commissioner of Customs-away from his work to become a White House "consultant" with Dr. Jaffe, and at the same time to head a new Office of Drug Abuse Law Enforcement in the Department of justice (with 250 agents, 150 attorneys, nine field-offices, and operating in twenty-four U.S. cities), all suddenly established right on top of Director Ingersoll's BNDD. This was necessary, they said, to hold state and local enforcers more in line by establishing "a Federal presence at the local level." Noting that "the most despicable crime is that of the drug pusher and trafficker because the result of his act is that the life of the individual is destroyed," the President assured a press conference called for the purpose: the states want this Federal activity."

Nor is the end in sight. But perhaps if nothing else has been accomplished in the telling of this tale to date, its essential features might cast light on other areas of larger importance to the nation. Seeing how a great government can err thus in one narrow field where the stakes are in some ways so trifling might induce citizens to ponder how much greater the possibility of missteps where graver issues are faced-and where those who might wish to deceive and mislead have far more at stake, and incomparably more strength, than the shabby consortium of underworld pushers, self-aggrandizing enforcers, and irresponsible publicists.

The Drug Hang-up: America's Fifty-year Folly. <https://www.amazon.com/drug-hang-up-Americas-fifty-year-folly/dp/0393010937>. 1972. General. King was also the author of several writings, including "Gambling and Organized Crime" (1969), "Drug Hang-up: America's Fifty-Year Folly" (1972) and "Stop the Drug War Now" (1991). Background. Rufus King was born on March 25, 1917, in Seattle, Washington, United States. @inproceedings{King1972TheDH, title={The drug hang-up;; America's fifty-year folly}, author={Rufus King}, year={1972} }. Rufus King. View via Publisher. Save to Library. Create Alert. Cite. Launch Research Feed. Create an AI-powered research feed to stay up to date with new papers like this posted to ArXiv. Share This Paper. 17 Citations. 1 Highly Influenced Papers. 7 Cite Background. Citations. Publications citing this paper. The Drug Hang-up: America's Fifty-year Folly. by Rufus King. Download Book (Respecting the intellectual property of others is utmost important to us, we make every effort to make sure we only link to legitimate sites, such as those sites owned by authors and publishers. Five Years' Residence In The Canadas: Including A Tour Through Part Of The United States Of America, In The Year 1823. Fifty Years In America. Slave Life In Virginia And Kentucky; Or, Fifty Years Of Slavery In The Southern States Of America. Writings on American history, 1903. A bibliography of books and articles on United States history published during the year 1903, with some memoranda on other portions of America (Volume 38).