

Additional Thoughts about Mary June

The following comments were made during a panel discussion on psychedelic drugs, marijuana, and drug abuse which was presented on Oklahoma City's WKY-TV television station during the Spring 1968 Symposium on drugs sponsored by the Oklahoma City Clinical Society. Panelists quoted are Joseph J. Downing, MD, a native of Oklahoma and an OU graduate, who is program chief of the San Mateo (Calif.) County Mental Health Services Division, and Joel Fort, MD, author, lecturer, one of the nation's authorities on mind-altering drugs, and professor in the department of biology at San Francisco State and in the department of sociology at California at Berkeley.

MODERATOR: Would you consider marijuana a psychedelic drug?

FORT: I don't think the term should be used as loosely as it is. Even for LSD, for example, I think psychedelic implies that you will consistently get a consciousness expansion. There is no drug that will uniformly or consistently do that. I certainly don't think marijuana has primarily a psychedelic effect. Most people use it for much the same reason that people use alcohol—to escape, relax, conform.

DOWNING: There is tremendous variation in the kinds of mind-altering drug experiences that can occur. Even with the far less potent drugs like alcohol, barbiturates, and marijuana, there is no uniform, consistent effect. What we call the drug effect and often magically attribute to some inherent property of the drugs is really mainly based upon the underlying personality or character of the person taking the drug so that the pharmacology or physical properties of the drug interact with that personality and with the setting or environment in which it is taken to produce the drug effect. Therefore, what comes out of the drug experience is mainly based upon what you are as a human being and not nearly so much as what's in the drug. . .

It is quite true that you can become habituated to LSD, marijuana, or to other drugs like alcohol and tobacco, but a certain mythology has been created by drug policemen over some thirty years about the narcotic addict. This was spread to include the concept of the marijuana user and more recently the LSD user. Medically, of course, narcotic refers to opium or its derivatives—morphine, heroine, codeine, or synthetic equivalents. The other drugs that the law has lumped together with narcotics are not now narcotics and never were. This greatly confuses the public, has beclouded the real issues, and made solutions of the problems of drug abuse more difficult.

FORT: It's important to note the difference between habituation and addiction. Marijuana is not an addictive drug; it does not produce physical dependence, whereas narcotics, barbiturates, and alcohol all have this capacity. Physical dependence and addiction involve tolerance, meaning your body adapts to daily heavy use of the drug and it takes more and more to produce the desired effect. The second component of addiction is a withdrawal illness or abstinence syndrome which we know as DT's in the alcoholic or the narcotic addict's withdrawal illness.

To say that a drug does not produce addiction is not to say that it is totally harmless or totally safe. This is only one of many dimensions that has to be considered.

MODERATOR: Dr. Fort, what do you think are some of the causes of our teenagers and younger people using drugs and narcotics?

FORT: First of all I think this phenomenon has to be seen in the total context of drug use within our society. We are what I often call a drug-ridden society. The average American adult consumes three to five mind-altering drugs a day, starting with caffeine in the morning and throughout the day in their coffee, tea, or soft drinks, nicotine in their cigarettes, which is a mild stimulant as well as a constrictor of blood vessels, frequently alcohol in the course of the day, not uncommonly a tranquilizer, sometimes a sleeping pill at night, and then sometimes a stimulant the next morning to overcome the side effects of the sleeping pill the night before. This is of more than theoretical interest. Parents and other adults are the main role models for young people. As children grow up, they see their parents regularly using a variety of mind-altering drugs whenever they relate to someone else, whenever they socialize, even when they go to a funeral. They come to feel from that and from what they see in movies, on television, and in the massive advertising of the alcoholic beverage and cigarette industry, that every time you relate to somebody or seek meaning or happiness or pleasure, you must use one of these drugs. That is a general background out of which it evolves. Specifically, I think marijuana has become a symbol to many young people, just as alcohol for those between 18 and 21 is often a symbol, a way of asserting their independence of their parents, asserting their adulthood, a way of rebellion. Marijuana serves some of these functions as well as serving a symbolic way of rebelling against an establishment which they feel has taken us into repeated wars, is failing to deal with the problems of racial conflict and the increasing bureaucratization of our society, that has often made their education and their vocations boring and lacking in stimulation or significance. So marijuana and sometimes LSD become symbols of their discontent, of their search for meaning, authenticity, or love or whatever you might want to call it. I think all of these things enter into the present pattern.

DOWNING: Another reason for youthful drug experimentation is pressure. The same young people who, I think rightly, condemn their elders for being over-conformists, often become over-conformists themselves and go along with the crowd in using marijuana or using illegal alcohol, whatever it might be, to be *in*, to be accepted, not to feel that they are different from the other people of their age. I think that reflects or indicates that we are not sufficiently communicating individualism and uniqueness to our young people, that we are really a nation of very conforming people where our school system and our family life often give lip service to individuality and to individual

differences but really do not produce that kind of person with sufficient inner strength to withstand the pressures to conform. I think that is an important factor in the present pattern of drug use.

FORT: There are millions of people in our society, both young and old, who turn to drugs, whether it be alcohol or marijuana, to relieve tension and frustration rather than attacking the roots of their discontent and seeking to improve the quality of life. I see this as a massive dropping out from meaningful participation in life which by no means is restricted to a small group of young people. That is why I so much feel that the more people turn to drugs, the less likely they are to involve themselves in social change and correct the serious problems that we have in our society.

DOWNING: I think one of the marked disadvantages of these drugs is that people who use them tend to be open and honest. This is certainly a social handicap in our society and in most societies.

MODERATOR: Dr. Fort, what do you think about the "harm and danger" of marijuana physically?

FORT: We have to divide that issue into two parts: what the drug does and what all the fuss is about. The effects of a drug, when you talk about average doses of it, are roughly comparable to the effects of average doses of alcohol. That means it would have some depressant effects on the brain as alcohol and sedatives do, producing relaxation, euphoria, a sense of pleasure. This would vary, of course, with the personality of the person taking it and with the dosage and purity. Then with increasing doses, as with alcohol, you would get some effect on coordination, judgment, and reaction time probably. That has not been fully researched in the case of marijuana as it has been with alcohol. With long-term, heavy use you have a different situation where unlike alcohol you don't get the irreversible damage to the liver, brain, and peripheral nervous system. You would have, of course, a psychological dependence. The problem with heavy use is that your life would focus around marijuana frequently to the detriment of doing worthwhile things.

The other issue that has really superseded what marijuana is as a drug is the demonology that has been created about it by various narcotics police agencies, beginning with the Federal Bureau of Narcotics in the 1930s when it set up a kind of monster that the public continues to react to, forgetting that their focus should be on people and not on the drug. In other words, what you do with people who might use something or do things that you might not approve of. Do you make criminals out of them, send them to jail or prison where they are taught real crimes and dehumanized, or do you try to deal with them through preventive action stressing education, a public health and a sociological approach?

That is, I think, the current trend. There are many court cases pending throughout the country to challenge the extremeness and irrationality of the present drug laws which do criminalize increasing thousands of young people. There are legislative moves to reform the law. I think the public should recognize that we are not faced with just the two alternatives usually talked about—that is, preserving the present system of applying harsh penal-

ties to users. That, of course, has been very ineffective and, as I have pointed out, very harmful. Nor is there a need to move to the opposite polarity of fully legalizing the drug, making the same mistakes as I think we have with alcohol and tobacco where they are overavailable and undercontrolled. We have many choices. We can and should, for example, treat the user from a medical, public health, and sociological standpoint while maintaining controls on illegal sale and distribution of the drug. We can use taxation, civil penalties as well as criminal penalties, present treatment programs, stress education, and stress correcting the roots of a society that makes so many people turn to drugs. We have sought very oversimplified answers in this field as we do in so many fields and that is why we have been so unsuccessful in dealing with it.

MODERATOR: Is there any evidence that the use of marijuana leads to the harder narcotics of heroin or morphine?

FORT: You ask the question in a way which represents much of the thinking. First of all, marijuana is not a narcotic. A hard drug is a more more complicated issue than is usually talked about. There are different kinds of hardness. Very briefly, heroin is hard in a sense that it has a strong potential for producing addition or physical dependency. But by my standards as a doctor and a public health specialist, I certainly would consider nicotine and tobacco very hard in that they produce lung cancer, coronary artery disease, and high blood pressure. I would consider alcohol very hard in chronic excessive use destroying the liver, brain, and the peripheral nervous system. So there are different kinds of hardness, and to think of hardness only in terms of an image of the heroin addict and then to tie that in with marijuana is a mistake.

Specifically, the stepping-stone theory, as we might call it, has no validity whatsoever—the idea that because you use marijuana you would inevitably go on to heroin. In 1937, when the Marijuana Tax Act was passed, the Federal Bureau of Narcotics representatives were asked this question. They said then that there was no relationship between the two drugs. A limited association then developed as an effect of the law which brought both drugs together in the illicit traffic so that a person buying one was brought into contact with the other so that it became true that a majority of heroin addicts who were asked about their previous drug use would correctly say that they had used marijuana. But they were not asked about other drug usage where 95 percent of them, as teenagers, had illegally used alcohol and tobacco before they used marijuana, a small percentage of whom went on to use heroin.

Most of all I think it represents a deficit in education, that people cannot see that because a majority of heroin addicts have used marijuana tells you nothing at all about those marijuana users who do not go on to use heroin. They were always in the majority and now they are astronomically in the majority. Most people using marijuana now would never think of using heroin, do not seek out heroin, and do not use it.

DOWNING: David Hume pointed out hundreds of years ago that because things occur one after the other does not prove that one caused the second.