the collegian

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"It seems that the mystery of psychedelic drugs has been lost and people are looking for that ultimate orgasm."

SEE COVER STORY: PAGES 6-7

This Issue

In this special issue of **The Collegian** the editors and staff deal with the problem associated with using hard drugs. We found the related problems staggering: the interview on this page with Al Bucher, assistant district attorney of Alameda county, gave us some insight into the legal response to drug use. The cover-story on pages six and seven is a conversation with workers from the Haight-Ashbury Medical Clinic; we find there are many sides to the same problem. The reactions of Brother Mel Anderson brings the issue a little closer to our immediate campus scene. The material on the facing page is reproduced from a pamphlet by John Frykman of the Haight-Ashbury Medical Clinic. It seems to be a very reasonable assessment of what the major families of drugs will and will not do.

There are many people to thank for their help. The photographers on the drug stories is by Richard Clinnick and Gary O'Neill. Lyn Finkelstein helped us with the typing; Sally Foster with some editing. We appreciate the time given to us by Mr. Bucher, by the Haight Clinic, and for the patience and help of Linda at the East Oakland Switchboard. Lloyd Wood, our printer, must be thanked for his Christmas present: the free duotone color on the front page. And since this is a special issue we didn't have all the money we needed, so our sincerest thanks to Odell Johnson and Father Ed Martin who made up the balance.

Why put out a special issue on drug abuse? We think the question of using hard drugs is a serious one. Too many of our friends have overdosed lately to ignore the seriousness of the problem. January term leaves much time to some people, and we fear that drug experimentation will occur in a knowledge vacuum. But least of all, we cannot moralize: some of us are users ourselves. We just want you to know what is involved, chemically, medically, legally.

We offer this issue of The Collegian as information. But information, like drugs, can either be abused or used wisely. The decision to use drugs isn't ours..it's yours....

If you know a girl considering an

ABORTION

this message might even save her life!

It is no longer necessary for unfortunate girls to be ruthlessly exploited for profit by quacks and inept butchers. Now they can have perfectly **legal** abortions under strict hospital care. The new California Therapeutic Abortion Act provides that all services be performed by physicians in accredited hospitals.

Last year it is estimated some 700,000 illegal abortions were performed in the United States. Almost without exception exorbitant prices were charged, hospital facilities were **not** available and a complete medical staff was **not** present to cope with emergencies.

Some of those girls died unnecessarily. Others suffered severe infections. Still others will never again be able to bear a child due to incompetent treatment.

The National Abortion Council for Therapeutic Abortions and Family Planning wants to make sure that all girls receive humane and sanitary treatment. **YOU CAN HELP.**

If you know of a pregnant girl who is considering sneaking off to have her abortion in a germ-infected apartment or office tell her to call us. Our counseling service is free.

We recommend only:
the most reputable physicians; doctors offering fair and reasonable prices; services which will be completely within the law; services performed at accredited hospitals.

PHYSICIANS WITH A GENUINE AND HUMANE INTEREST

Phone: (213)

464-4177

NATIONAL ABORTION COUNCIL
for Therapeutic Abortions and
Family Planning
1717 North Highland Avenue
Hollywood, California 90028

The Prosecution Raps

Al Bucher is a middle-age family man, but he is also the assistant district attorney of Alameda county. We sat in his downtown Oakland office drinking coffee and talked about drug use and abuse. An efficient lawyer, Bucher is economical with his words; perhaps overworked, but definitely concerned about the rising number of drug arrests in Alameda county.

"We charged 344 people with felonies in the month of December, 1969. Sixty-three were charged with possession of marijuana, 13 with possession of heroin or other narcotics, and 45 with possession of dangerous drugs. That's everything that isn't marijuana or a narcotic: seconal, meth, amphetimine, LSD...most of our narcotics arrests are for marijuana and dangerous drugs are second. Heroin and other hard drugs run a third way behind the other two."

Curious about the suppliers of hard drugs,Iasked Bucher "Have you found any organized crime? Is the Mafia in town?" Very promptly Bucher responded, "No . **There is to my knowledge and belief, no organized crime in Alameda County.** Of any kind, or nature, or degree. Everyone talks tough about sellers, but when you get the individual seller in front of you, he's a human being like everyone else; he has some rehabilitative qualities."

I asked the assistant D.A. exactly what the procedure would be if someone were to be busted on some sort of a possession charge. "If a person is arrested by, let's say, the Oakland Police Department, they're taken to the jail. Let's assume they're arrested on a Monday evening, on Tuesday morning, an investigator from the Oakland Police Department would come to us and discuss the case with us. By that time we have our report and he has his report. We will determine whether or not there is sufficient evidence to issue a complaint. By the afternoon he will have checked with the crime lab and they will have determined what it actually was, normally then the person will be charged in the afternoon of that day.

"Once they're charged , they're eligible for bail and they can bail out."

Bucher told me that the date of the trial depends on many factors, the availability of witnesses, of the arresting officers, or the timing desired by the defense lawyers. He was cautious to generalize on the length of sentences given to defendents who are ultimately found to be guilty of use or possession. Bucher did say that few of the marijuana cases actually go to trial in Superior Court. "Most of them are taken care of by some kind of negotiated plea before then, because our policy is that if the marijuana appears to be just for his own use we have not great desire to see it stay a felony. We'd be willing to take a plea of misdemeanor on it, in the first instance. About the only case that would create problems is where we have sellers involved."

Yet Bucher surmises that the usual first offender on a marijuana charge would be placed on probation:perhaps a year, maybe three years in some cases. Most of the narcotics offenders that come in contact with Bucher's office are young:"You don't find too many narcotics users of any kind over 30; they've either been caught and sent away, or die off, or quit using, or acquire an ability to keep their use away from the police."

Then I asked Bucher his opinion of how bad the drug problem is in Alameda county. "Is it to the point of epidemic proportions as some politician's rhetoric claim it to be?" Bucher thought a moment and replied, "You saw those statistics; they answer better than I can. About one-third of those arrests were directly narcotics charges, and I would say that at least 50 per cent of the rest were drug-related in some way. I don't know if I would use the word 'epidemic' but we're certainly increasing the number of arrests every year for narcotics. I don't have the statistics, but I'm sure it's like doubled. **This year (1970) is probably twice as much as it was a year ago."** Bucher indicated that the increase in arrests on narcotics' charges was due to both increased use and increased methods of police detection.

As I was leaving, I asked Bucher if he had any final comments. "Yes, " he said, "One thing really bugs me. You read in the paper that someone is arrested for marijuana and they put in the paper that the possible sentence is one year to ten in the state pentiary. That may be the possible sentence, but that's not going to be the sentence at all.

"I'm not saying that it's a picnic if you're arrested and convicted of possession, not at all. I don't think that the sentences are as cruel as many people would like to try to make them out to be. The courts are certainly willing to treat people who are addicted to drugs, or heroin, or users of marijuana as people who have a problem. Essentially people who need help, not people who should be prosecuted. I think you'll find that attitude is the one that pervades the courts around here. I'm not sure that it pervades all the police departments, but even that is changing, I'm sure."

PETER DETWILER

Peter Detwiler is the editor of the Collegian and a senior Government major.

Man's Evolution to Drug Culture

"Imagine a piece of land twenty miles long and twenty miles wide. Picture it wild, inhabited by animals small and large. Now visualize a compact group of sixty human beings camping in the middle of this territory. Try to see yourself sitting there, as a member of this tiny tribe, with the landscape, your landscape, spreading out around you farther than you can see. No one apart from your tribe uses this vast space. It is your exclusive home-range, your tribal hunting ground... If the tribe is successful and swells in size, a splinter group will set off to colonize a new territory, little by little the species will spread.

"Imagine a piece of land twenty miles long and twenty miles wide. Picture it civilized, inhabited by machines and buildings. Now visualize a compact group of six million human beings camping in the middle of this territory. See yourself sitting there, with the complexity of the large city spreading out all around you, farther than you can see." Quote taken from THE HUMAN ZOO, Morris, Desmond p.11 MCcGraw-Hill Book Company,1969.

Man has spent 99 percent of his biological evolutionary existance primarily in the same social organization as depicted in the first scene. Man has evolved culturally through learning and conditoning, to cope with the conditions of the second scene, but he has not evolved biologically to accommodate this new environment. A man is still a man and a family is still a family, but a tribe is no longer a tribe. Among the complexities of modern society each human-being still strives to retain a closely knit social group:the type of social group founded more than a million years past in mans evolutionary history. Small social groups totally permeate the fabric of modern society, i.e. bridge clubs, book clubs, ski clubs, a myraid class of business groups, professioal sports teams and clubs, the academic community, etc. Each of these cases serve to exemplify mans contemporary fulfillment of the genetically inherited tendency to form social in-groups (small social groups).

The unconscious and sometimes conscious psychology of "in-groups" formation is the desire to set oneself off from the mass of society and identify with a small group: a group in which the individual realizes some true form of meaningful acceptance and participation. A comparatively recent development emergent in the modern technological society facilitating "in-

Cont. on page 5

Haight Clinic Offers A New Connection, Drugs

Editor's note: the information presented here is taken from the pamphlet, "A New Connection, an approach to persons involved in compulsive drug abuse" by John Frykman of the Haight-Ashbury Medical Clinic. Frykman has said that "this is not meant to be a technical presentation, simply a helpful way of understanding the basic facts and relationships between the different families of drugs."

....

Sedative-Hypnotics, "Downers"

This family of drugs represents a wide variety of preparations which include the barbituates (reds, yellows, rainbows, etc.); so-called minor tranquilizers, such as meprobamate (Miltown, Equanil, etc.); alchohol; freon gas (the pressuring agent in spray cans); nitrous oxide; ether; a group of widely prescribed anxiety relievers: Serax, Librium, and Valium; and the bromides. (There are some who would include marijuana in this category, but because it has some rather unique characteristics, we will describe ist separately.)

The main effects of the sedative-hypnotics are to relieve anxiety, induce sleep, and at high dosage levels, to produce general anesthesia. The high of the drug is a disinhibited feeling of well-being, more commonly described as being drunk.

Physical and psychological dependence are serious dangers with the sedatives-hypnotics. Many deaths occur due to overdose. For example, barbituate poisoning causes more deaths in this country that any other type of poisoning. Barbiturate detoxification or withdrawel has many complications and must be done in a hospital, because of the high risk of convulsions and other complications.

Detoxification takes from eight to 18 days. An additional danger is that when two or more of thesse drugs are taken together, they have an additive effect.

Narcotics or Opiates

This family includes the natural and semisynthetic derivatives of opium: heroin, morphine, codeine, as well as a variety of synthetic products: Demerol, Percodan, methadone, and Dilaudid, to mention only a few.

The narcotics relieve pain and secondarily relieve anxiety. They also depress certain body functions, such as bowel motility (paregoric, used to stop diarrhea) and respiratory reflexes (codeine, used in cough syrup). When heroin is injected into the blood stream, there is an immediate "rush" of an overwhelming feeling of well-being.

The **high** is this feeling of well-being and the absence of pain. A person is generally able to forget his troubles and anxieties and detach himself from reality.

Physical and psychological dependence build rapidly with continuous daily use of the opiates. Death comes quickly to those who overdose, usually in less than hour. The cost of maintaining a heroin habit can easily run as high as $100 to $200 per day. When dependence has been established in a person, he cannot stop use without precipitating withdrawal symptoms. These include such things as loose bowels, cramps, vomiting, runny nose, and-or eyes, anxiety (sometimes extreme), headaches, muscle aches and-or spasms, and a variety of other complaints. Detoxification usually takes from three to five days. A person is usually able to cope with these symptoms quite well if withdrawal takes place in the context of a friendly environment which is drug-free.

Major stimulants "Uppers"

"Speed" (methamphetamine HCL) cocaine, Benzedrine, Dedrine, Desoxyn, and a wide variety of "pep" and "diet" pills are in this family.

These drugs speed up almost everything about a person: his breathing, heart beat, even his speech (speed rapping). There is an almost abnormal cheerfulness, and the person "does" much more than usual. Major stimulants are prescribed for use in depressing appetite, warding off depression, and for putting off sleep in the treatment of narcolepsy.

The **high** is euphoria, a feeling of maximum creativity and self-confidence, that the user has " the world by the tail" and can accomplish anything he wishes To most intraveous users, the "flash" or "rush", which one feels immediately after injectionis the most important action of the drug. It has been described as "a total body orgasm." When a person first begins to use speed, there is some enhanced performance and concentration.

There is no clear evidence of physical dependence with the amphetamines. However, pyschological dependence can develop rapidly. Most people using speed compulsively do not believe what they have a problem. They are "feeding their veins with the ultimate energy food of speed."

There are many bad side effects from the use of speed. The loss of sleep and poor diet that usually accompanies speed use produce fatigue, malnutrition, paranoid feeelings, and a high incidence of hepatitis. To most who work with drug users, speed use is by far the most troublesome form of compulsive abuse. Withdrawal is usually quite painful pyschologically (as well as physically), and is followed by a long period of depression. There is no "overdose" as such with stimulants, though there have been reports of heart attacks and ruptured blood vessels in the brain, as a result of the increase of blood pressure attendant to their use.

Minor stimulants

Caffeine (coffee, tea) nicotine(cigarettes), and Wymine are in this family.

The high is in getting "up" for things through their use, e.g. the person who cannot go to work in the morning without his morning coffee and-or cigarette.

There is some evidence of physical dependence to nicotine, though most of the dependence is psychological. These drugs are listed with the other drugs of abuse because (1) in some ways they are far more dangerous forms of drug use (deaths from lung cancer and other diseases from cigarette smoking); and (2) they represent a very compulsive style of drug use: (is it more compulsive to stick a needle into your arm twice a day, or a cigarette into your mouth 20 to 60 times a day?) In withdrawal from cigarette smoking, there are some of the same conditions of irritability and depression which accompany amphetamine withdrawal.

Hallucinogens or Psychedelics

A wide variety of different substances make up this family. They include LSD, DET, DMT, STP (DOM), TMA, mescaline, peyote and psilocybin. Many other naturally growing things have some of the same qualities: morning glory seeds, Hawaiian wood rose seeds,

Although these drugs cause an initial mild stimulation, the main changes are psychological. The way the mind perceives things is changed; e.g., colors are seen more brightly or vividly, or no color is seen; the pweson feels heavier or lighter, longer or shorter; or the walls may seem to breath with him. Most of the time true hallucinations do not occur (seeing something which is not there.)

The **high** is mind expansion. The person looks to the drug as a way of getting a deeper understanding of himself, experiencing new dimensions of mind and thinking.

Again, there is no physical dependence, and the potential for psychological dependence is much lower. The real dangers of the hallucinogens are that the trip can sometimes precipitate a psychotic break, which can mean long-term trouble for the person. Suicides have occurred as bad trips. Most such bad trips, however, are linked with thee setting in which the drug was used, or the state of mind of the person when he used the drug.

The phenomenon of the flash back is probably more a function of memory than of the drug effect:e.g., if your mother were killed in a car you had been driving you could easily flash back on that experience anytime if something in your experience provided a reminder of it. Contrary to popular belief, there is no convincing evidence of brain damage or permanent chromosome damage with the use of hallucinogens.

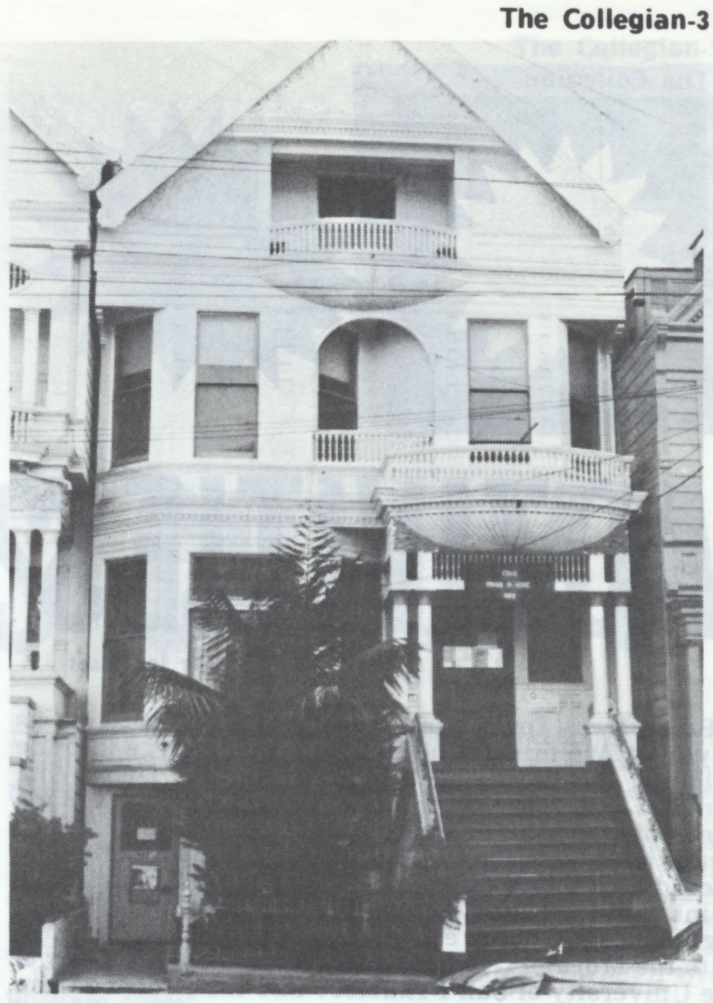
Marijuana,"Grass"

Marijuana is made from the dried and crushed leaves and flowering tops of the female Indian hemp plant. They are usually smoked, but sometimes eaten. Hashish is the most potent form of **Cannabis sativa**(the botanical name for the plant), and is made from the sticky resin that forms on the flowering tops.

The effects of the drug are interesting and peculiar. It relieves anxiety and disinhibits (much as the sedative-hypnotics), tends to relax muscles, in some persons it is mildly stimulative and has at times evoked rare experiences which have been likened to psychdelic trips. Marijuana is a relatively innocuous pharmacological substance (less dangerous than asprin or sugar.)

The **high** is similar in some ways to alcohol, without the morning-after hangover. There is a feeling of relaxation and euphoria, and usually a sense of increased awareness and a desire to look in on oneself.

By far the greatest danger of marijuana use is the possible encounter with the law. (This danger is also present with the other drugs which we have mentioned.) There is no physical dependence built up with its use (one reason why it should not be listed in the sedative-hypnotic family), though there is some indication of psychological dependence in certain individuals. There have been bad trips in connection with its use, but to a much lesser degree than with the hallucinogens.



"409" House at 409 Clayton Street, San Francisco, one of the drug-help centers. See story below for more details on drug help.

Where To Go

Several Bay Area groups offer emergency and special services to drug users. Most are arranged for a specific purpose and all are extremely discreet. The best referral service for most drug problems can be obtained from the **East Oakland Switchboard (569-6369).**

PROJECT EDEN: a 24 hour drug switchboard with doctors on call and staff members to handle overdoses and freak-outs. Gestalt and sensitivity group counselling is available for the user and his family, if desired. Project Eden has a doctor from Highland Hospital who will help with referrals for commitment to state hospitals for withdrawal therapy. They won't contact police. In Hayward, call **538-3818.**

"409" HOUSE: drug treatment center specializing in heroin, barbiturate, and amphetamine addiction. "409" House has a medication program on an out-patient basis, and can be contacted at anytime for emergencies. Recommended also for travelers with drug problems. In San Francisco , call **621-9553.**

HIGHLAND GENERAL HOSPITAL: for emergency medical service for extreme cases, Highland offers 24 hour service for Oakland residents. Ambulance service can be provided; drug-related contacts are not reported to the police department. In Oakland, call **534-8055.**

LIBRARY ST. MARY'S COLLEGE

ACTIVITIES

By Lee Jones

Being away for the one week really did not cost us anything. We missed the Red and Blue charge into the cellar of the West Coast Athletic League. Displaying some of the form that made Mike Cimino's squads some of the most feared in the area, varsity coach Bruce Hale has carried the Moraga men to a 0-2 league record. Although they have played well in spurts, the Saint Mary's squad has so far not been able to put together total team effort in league competition. To date the Moraga five have lost decisions to the Dons of the University of San Francisco and the Broncos from Sant Clara University. Hopefully some sort of team work will be generated in the weeks to come and thus the Saint Mary's side will be at last in the win column again.

Expecting a miracle season from Coach Hale seems to be out of the question and a few victories will be a success of sorts. What bothers me is the question as to whether there is any justice to have a $100,000 plus losing basketball program.

On the winning side, the Rugby 15 opened their 1971 campaign journeying to U.C. Davis. In a twin bill the Varsity won handily while the second squad lost to a more physical team. All in all, it is an indication of good things to come.

In the offing is television coverage for the on-campus game against the University of Nevada at Las Vegas. The game will be covered throughout the State. The last T.V. game at Moraga saw the home side win 72-71 over the Lions of Loyola. It should be a good game. Tip off is set for 12:30 p.m.

That same day the Ruggers will play host to the Pioneers from Cal State Hayward. Kick off is set for 2 p.m. On Wednesday the team travels south to Palo Ato to face the Indians of Stanford University. Last year's match was somewhat one-sided, but the score did not detract from the excitement of the game. Pat Vincent's squad appears to be faster and alot tougher this time around and it should be an interesting match.

The team from Las Vegas has been burning up the league and has disproved the pre-season predictions. To date they have scored strong victories over Pepperdine and Loyola and appear to be in strong contention for the league crown

Elsewhere on campus there is only Dryden Theatre that offers any life to the Moraga valley. On Wednesday night **DIABOLIQUE** will be shown. Showings are set for 7 p.m. and later at 10 p.m.

At this point it become necessary to look off campus for things to do. With this there are the regular things to look for: such as the Fillmore and the Berkeley Community Theatre.

Looking around the city. First, at the **Fillmore West** Bill Graham Presents Free, Bloodrock and Edwards - Hand from Thursday through Sunday. That's at Market and Van Ness. Shows get underway at 8:30 p.m. and run continuously till two o'clock in the morning.

At the American Conservatory Theatre in the Marines Memorial Theatre something called **The Sweet Last Days of Issac.** Following in the wake of "Hair" it is billed as a rock musical. For informationon this show call 673-6440. Studen rush tickets are $2.50 and $3.50.

There is of course much more to do in The City but I will leave it to you to find it. If you really want something to do you will go looking for it.

Over the hills in Berkeley at the Community Theatre **Al Kooper and Charles Lloyd** ar on the bill with Charlie Starr also on stage. Showtime is tomorrow night at 8:30 p.m. Tickets are availible at the A.S.U.C. Box Office. If you are going you had better get those tickets now.

Still in Berkeley and at the Repertory Theatre is Jean Anouilh's **ANTIGONE.** Phone 848-2791 for information.

At 155 Dwinelle Hall at the University of California in Berkeley a film by Peter Watkins will be shown. Watkins who is famed for his controversal "The War Game, an uncompromising fictional account of nuclear warfare, is also the director of "**THE GLADIATORS**" which is a film about computerized war games between China and the West. It will be shown tonight at 7 p.m. and 9 p.m. It will also be shown tomorrow night at the Washington School in Berkeley at the same times. Also on the program will be a short film by Jerry Abrams, "Eyetoon."

That's about all for now. Something next time on a club called the Student Ski Association which makes sense for this time of year . Until then--

Have Peace

Basketball Better Before

Dons Dailey Declares

In a very physical game, the Saint Mary's Gaels lost their WCAC opener 74-66 to the visiting University of San Francisco last Thursday night in the first collegiate basketball game in two years at the Oakland Coliseum. With the loss, the Gael's season record now goes to 5-7, not anything spectacular but an improvement over last year's three wins. The sad part of the game was that the Gaels could have and should have handled the pesky Dons.

In the first half Saint Mary's had control of the game. Led by the hot shooting of the Brown brothers, Roy and Herman (9 and 10 points respectively) and a strong board game the Gaels one time led by as much as 11 points. A late Don rally cut the lead to six and the first half ended with the good guys leading 33-27.

Early in the second half, the hot shooting of the Dons' Mike Quick and Johnny Vurks, helped by some sloppy Saint Mary's ball-handling began to open up the Gael's zone defense that had been so effective in the first half. With13:31 remaining in the game Burks hit a six-foot hook to start a period of five minutes in which USF scored 12 points while holding the Morgaga men scoreless.

In a gutsy performance the Gaels fought back (at one point literally) from 15 points down with just 2:30 remaining to end the game within eight points.

It was a tough loss, as every loss is, but if the Gaels had started the second half with more fire and surer hands the game would have been theirs.

With a strong fourth - quarter rally, the Saint Mary's yearlings overcame a 34-28 half-time deficit to defeat USF'S Frosh 72-59. Led by Nate Carroll's torrid shooting and Maurice Harper's amazing agility, the Frosh rebounded from a lethargic third- quarter to go ahead with 7:09 to go in the game. With this, their fifth win in a row, the Froshs' 9-2 record looks very impressive.

JOHN DAILEY

Dailey, a former constant critic of THE COLLEGIAN, is a sophomore living in De La Salle Hall. John's activities include rowing for the Saint Mary's Crew and Navy ROTC at Cal.

That's All, Folks

Semester beginnings and new years tend to excite editors into at least tentative optimism, yet in some respects this year is already much the same as last. Since September **THE COLLEGIAN** has used several devices to provoke and promote Community interest and participation, very little has been accomplished. Criticism, both satirical and constructive, has produced little reaction; the proposal for a governance board died the most silent of all deaths; and now **THE COLLEGIAN** itself, as regular newspaper on campus is about to die.

The present board of editors will stop running **THE COLLEGIAN**, as agreed, in two weeks. Unless the Executive Council takes remedial action this week or next, there will be no weekly publication next semester. We have tried to serve the Community in a new way, using a fresh format to discuss racism, education, politics on all levels, and in this issue the use of hard drugs. Obviously we could have accomplished more. But the question is not one of past performance at all, the question is one ot the continued survival of this publication.

The responsiblity for renewing the paper lies not with the editors, but rather with the Executive Council and the officers of the Associated Students. Specifically it seems to rest with the lower-division members of the Executive Council with the leadership of John Blackstock, ASSMC president. If there is to be any tentative optimism at all, it will have to be justified by the actions of the students who still have two or three more years at this College. More directly, the leadership of those people ought to be arranged by Blackstock.

It must be obvious by now that the editors and Blackstock share little respect for one another, but the issue of personality and political conflict is incredibly petty when compared to the imminent closing of this paper. The editors will gain nothing if **THE COLLEGIAN** continues, just as Blackstock will gain nothing. The Executive Council has set for itself very clear guidelines on how new editors are to be selected. The ASSMC Vice-president Dan Rameriz is well aware of these, but seems unable to act for more than just personal reasons. The mediocre performance to date of the freshman and sophomore members of the Executive Council is astounding; they are the students directly involved, and the burden of constructive work lies with them.

We ask this : that over this weekend, and into next week, John Blackstock should call an emergency meeting of the Executive Council for one purpose only: to insure this Community that some form of weekly publication will continue to appear. The members of the Executive Council must respond to Blackstock's leadership and reverse the decline of their own influence. Tose peope were elected for a purpose ...let's see if they can do it.

THE COLLEGIANhas always published every letter sent to the editors; we will continue to do so. If members of the Community wish to respond to this editorial, their letters will appear next week.

Seize the time!

ORINDA THEATRE
254-2233
"Ski Bum" (R)
"Macho Callahan" (R)

the collegian

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Counsel Says Mel

Calling the abuse of hard drugs on campus "a definite problem," Brother Mel Anderson recently outlined the College's official response to on-campus drug abuse. Brother Mel spoke of the need to handle the problem within the Community and without interference by outside groups or agencies: "We would like to solve our own problems."

There is a three-step response by the College to obvious abuse of hard drugs, said Mel. The first step was loosely termed "counselling" by the President, and that included contacts between the student and his resident assistant and other members of Dean Odell Johnson's counselling staff. If that is unsuccessful in changing behavior, Brother Mel said he would suggest a second step: that of a psychological examination as provided without cost under the new Blue Cross contract. Only after the first two steps had failed would Brother Mel be inclined to impose sanctions.

Mel was quick to point out that the newly-formed Dorm Council is "crucial" in handling student problems such as persistant drug abuse, "although Odell Johnson is ultimately responsible." Brother Mel explained that by having a number of people involved in the decision-making process usually a more equitable solution would result. "It's like a check and balance system," he said.

About marijuana, Brother Mel described his attitudes as being "careful, suspicious," but added later that it didn't seem "nearly as serious as hard drugs." With hard drugs Mel said, "pushing is the critical thing." The main emphasis of the Administration's drug policy is the ability to cope with abuse without involving outside influences.

The campus is private property and search warrants would be needed if public agencies wished to conduct a search. Brother Mel said that he had never been contacted by the Contra Costa County authorities in regard to a drug problem, and felt confident that that the College would continue to be able to handle its own problems.

Drug Evolution

Cont. from page 2

group" formation is drug usage. With the advent of increased illegal drug availability there has appeared a drug "subculture"; offering to some a seemingly unique and assuredly easy opportunity for self- expression. The problem usually facing an individual when setting out on his own and abandoning an established social order is having to weather the intermediate time between the abandonment of one group and acceptance into another. This problem is significantly reduced in the case of the drug usage. Turning to drugs as a display of self-assertion renders a double-fold benefit. As one symbolically demonstrates his independance from the "establishment" by a decision to amoke marijuana he also indicates a willingness to accept a new "other" culture. Through the single act of "blowing pot" or "dropping acid" the simultaneous results of dismissing one group (life style) and accepting another is achieved. A further avenue of appeal present in drug usage, beyond those of negating one standard of social order and affirming another is the potential of partial to total escape from all conscious reality and it's problems.

In an over-populated, complex, and too often hectic society drug usage or "drug culture has emerged as an additional basis for "in-group" formation

RICHARD CLINNICK

A non-resident senior at Saint Mary's, Richard is majoring in Philosphy and member of THE COLLEGIAN Staff.

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NEWS COLUMN

MBA Report

Faculty members Mr. Lo Giudice and Bro. William Louis have filed their Minority Report of the MBA Faculty Committee. The full committee had previously recommended that the proposed MBA program **not** be introduced as scheduled. The two faculty members argued that the MBA program would not create the problems of "image" and questionalbe finanacial status as suggested by the majority of the committee.

Copies of this report may be obtained through Bro. William Louis.

Alioto Speaks

Mayor Joseph Alioto of San Francisco will be one of the speakers to address the 14th Executive's Symposium to be held February 3 and 4 on the Saint Mary's campus. Keynote speaker for the symposium, which has been titled "The Public Responsibility of Business - How Far Do We Go?," will be Jerome W. Hull, president of the Pacific Telephone Company.

A noted graduate of Saint Mary's, Alioto is the 33rd mayor of the city and was formerly president of the Rice Growers Association. No demonstrations are being planned.

Women's Wrongs

Women's Rights and Wrongs is the title of a new course to be offered at Diablo Valley College this spring. Taught by Mrs. Marily Braiger, the course is expected to deal with a myriad of subjects related to women's liberation. Registration for the course will be held from January 25 through January 29. Contact DVC for more specific information.

Bergman Films

Newman Center in Berkeley is presenting an outstanding film series featuring the best films of Ingmar Bergman. Screened each Wednesday night in Berkeley will be such classics as "Wild Strawberries" (next week), "Virgin Spring," and "Winter Light." Admission is $1, films start at 7:30.

Rugby Opens

Rugby opens at home this weekend as Saint Mary's meets Cal State, Hayward on Saturday and U. C. Santa Barbara on Sunday. Game time for both days will be 2 p.m. Prior to coming to Moraga, UCSB will play Cal in the Berkeley stadium on Saturday.

Saint Mary's defeated UC Davis last Saturday in a game that saw freshman Jim Datrice scoring two tries. The final score of the game, which was played in Davis, was an astounding 14-3. Pat Vincent of San Francisco is the coach for the Saint Mary's side.

Sciarra & Vega

Joe Sciarra has been selected as one of 523 student campus representatives in a national Vega test-drive program sponsored by the Chevrolet Division of General Motors Corporation.

Sciarra, who has not yet received the new car, is a junior at Saint Mary's. Over 150,000 students applied last spring for Chevy's test drive program. Delivery has been delayed because of the long strike at GM.

Debates Set

Six activities within the next month will keep the members of the Saint Mary's Forensic Society quite busy, according to the debate schedule issued by Dave Plotz. The Cal State Debate Tournament begins today and runs through tomorrow at Cal State, Hayward. On January 25 the debaters will host Washington State University on campus.

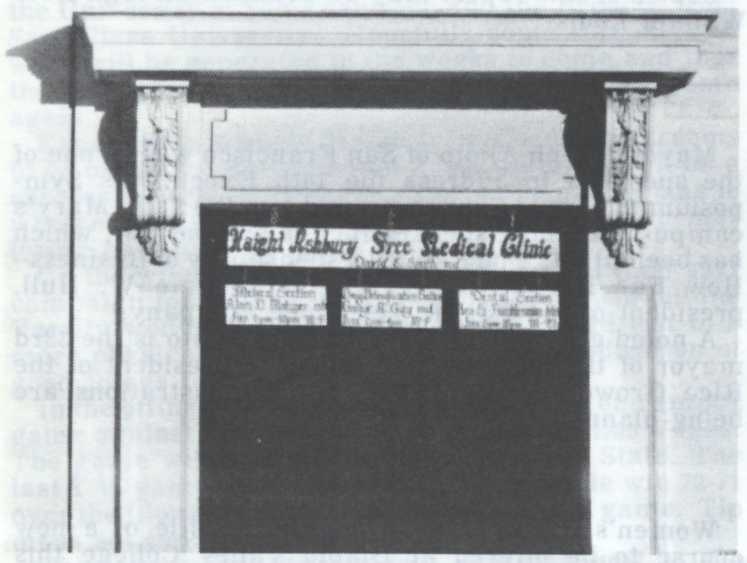
Plotz also announced that the annual High School Debate Tournament will be held on campus in the middle of February. High school students will spend two days engaged in extemporeaneous and impromptu competition. Stanley Pedder, advisor to the debate group and an instructor in speech at Saint Mary's, added that the Stockton College UOP College Debate Tournament would also be held that weekend.

LIBRARY ST. MARY'S COLLEGE

Collegian Conversation: Heroin De-tox Clinic

Mike Malloy, Gary O'Neill and Mike Snyder spent the afternoon of December 30, 1970 at the Haight-Ashbury Heroin Detox Clinic on Clayton Street in San Francisco. The Clinic is an old Victorian house which doen't look like it has been changed much since 1910, only now it shows the wear and tear of sixty-one years.

The interview was to be conducted with Skip Guy, M.D. who is in charge of the part of the three part combine known as the Haight Ashbury Medical Clinic. But Skip Guy was in conference with the head of the psychiatric part of the Medical Clinic from down the street. Sitting in the hall for fifteen minutes gave one the time to notice that the only light in the hall came from the front door and the walls were painted a knd of flourescent green with yellow trim in an attempt to give the hall some cheer.



"Everything in the Clinic is fee, we get people coming from as far away as Oregon and Washington to have a tooth pulled."

A few people were encountered by the three hall sitters and a few conversations were struck up. A researcher for the free medical and dental clinic across the street said he would get some people together and they would rap with us because he had no idea when Doctor Guy would be free. After announcing that some reporters were here from Saint Mary's College COLLEGIAN to find out about heroin and the Clinic, he came back and stated, "Sorry, nobody wants to talk to you."

Being good reporters, however, they realized that someone was already talking to them so they began interviewing him. The interview was supposedly being taped but upon leaving the Clinic it was discovered that the microphone had not been plugged in all the way and that nothing had been taped. The following interview is then actually recollections by the three COLLEGIAN interviewers with, what turned out to be, three of the workers from the clinic.

COLLEGIAN: What is your job here?

CLINIC: I AM A VOLUNTEER WORKER AT THE FREE MEDICAL CLINIC ACROSS THE STREET. I help there when I can but lately I've been over here at the Heroin Detox Clinic doing research for the Journal of Psychedelic Drugs.

COLLEGIAN: What kinds of research have you been doing?

CLINIC: Well, the research project which I am involved in now and have been for quite some time consists of discovering how heroin affects the functiong of the mind. We do this by giving a standard written psychological test of about six hundred questions to the patients who come into the medical clinic and we have a control group here at the Detox Clinic. The test takes the average non-addict a good hour and a half to finish. The addict, however, can take anywhere from two weeks to a few months to finish. They begin with a flurry of speed and really work at it for about two hours at first but by this time they have only finished about two hundred of the questions and they become discouraged and quiet. But we keep after them each time they come back and sometimes they will take it with them.

COLLEGIAN: How much business does the Medical Clinic do?

CLINIC: The clinic is divided into two sections, the dental and the mdical. The dental clinic sees about fifteen hundred people a month and the medical about a thousand. Because everything in the clinic is free, we get people coming from as far away as Oregon and Washington to get a tooth pulled. San Francisco is the Mecca for our culture and being in the center of the Haight-Ashbury district, we expect a lot of Pilgrims.

The clinic is also a community thing. Not everyone we treat are under thirty, dope or former dope users. We see a lot of old people who just can't afford to see a pcvate physician and buy their own medication. Generally speaking, most of our clientel are not drug users.

COLLEGIAN: Handling this great volume of people must run into a lot of money. How much and how is it secured?

CLINIC: That, of course, is our biggest problem. To keep the doors of the Clinic open it costs close to three thousand dollars a month. On an average, the medical clinic gives out about two dollars of free prescription medicine to each person they see. This plus rent are the most staggering problems.

The Clinic receives no money from any government agency. The federal, state and city government talk about doing something to curb the problems in depressed areas like this but they sure aren't backing this effort. All of the money that we take in comes from private donations and from grants from private foundations. But money is getting tighter all around to come by for instance, last year we got a grant from Reader's Digest, this year they just didn't have the money. So far we haven't received one grant for this year and things are looking bleak.

The man who is in charge of money has been going around to private businesses in the area trying to secure their promises to pay for something like one months rent. This hasn't proved effective either.

The Heroin Detox Clinic here is having trouble making it also. Their money comes from the sale of the Journal of Psychedelic Drugs and the circulation is just not that great.

COLLEGIAN: Aren't salaries a big chunk of the Clinic's money?

CLINIC: No. The medical clinic has only four salaried employees and we're open twenty-four hours a day for emergencies. All the doctors donate their time and we have a few non-professional volunteers, like myself, who can help also. The salaried employees make sure that the books are kept straight; that all the equipment is all straightened up and stuff like that. These salaried employees get a paid one hundred dollars a month for all their work. So you can see that this is our lowest out-put. Rent runs about eight hundred dollars, medicine about two thousand dollars and salaries about four hundred dollars.

COLLEGIAN: Are the other people in the medical profession in San Francisco helpful?

CLINIC: Well, all of our medical help is donated and the psychiatric clinic has fifteen psychiatrists. And in the event of an emergency that we can't handle, we can send the patient to San Francisco General if they are residents of the city and sometimes to other hospitals.

COLLEGIAN: What kind of emergencies are most common here?

CLINIC: Over the years, I'd say overdose, though in the last few months we've seen very little of this. These have been caused because it is almost impossible to judge how much real heroin is in the stuff you shoot up. It can range anywhere from two percent to fifteen percent.

Heroin has the effect of giving the taker a complete orgasm. It is the ultimate pain killer and those who take it, almost to the man, are ill. They have either a physical or a mental pain they want to kill. It accomplishes killing pain by slowing down the respiratory system of the user. An overdose or a misjudgement on the quality of the heroin can slow the respiratory function down too much and cause respiratory arrest - no breathing. This is evident when the fingertips of the user begin to turn blue as does the area around his mouth. If this is not corrected, it leads to cardiac arrest and possibly death. So far our clinic has not lost a patient, but we have come awfully close.

When the clinic deals with and O.D., we administer certain drugs which will counteract the slowness of the respiratory system. We have found people on our doorstep, dumped there by their buddies. Or we will get a telephone call telling us that at such a place somebody has O.D.'d and we'd better get there quick. This is a great improvement of just dumping the guy on a street corner like was done before we came here.

It's not uncommon that an O.D. won't be recognized until it becomes an emergency and that is what makes it so dangerous. Ninety percent of all the overdose cases are now with heroin. **It seems that the mystery of the psychedelic drugs has been lost and people are looking for that complete orgasm.** Maybe it's just that those people using the acid know their limits and there just isn't that great amount of ex-experimenting going on anymore.

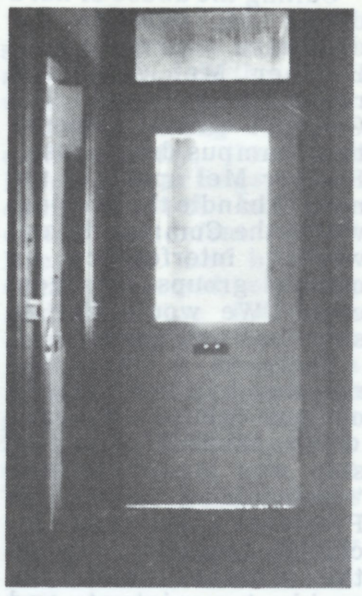
COLLEGIAN: What should we do if we encounter someone who has O.D.'d?

CLINIC: Your goal if you decide to try to save the guys life is to get him breathing. It's a lot like saving someone who has drowned. Lay the person out straight and slightly tilt his head by lifting his neck. You should now have a path clear for air and all you can do is start giving artificial respiration.

COLLEGIAN: You said that you haven't had an O.D. here in a few months. Is that because heroin is on the decrease?

CLINIC: Absolutely not. Heroin is about the easiest drug to get nowadays and its a rapidly moving product. I guess the reason for the drop in the number of O.D.'s is that the pushers in this area are fairly well established with a clientel and they haven't changed the percentage of heroin in the stuff they are pushing. The number of addicts in this city is increasing. It's increasing all over the country.

It seems like the centers of urban development in this country are the centers of drug use. The rest of the nation is from six months to two years behind these centers. As long as the government attempts to solve the problem by attacking the symptoms and not the cause, it will continue to increase.



Inside, Out

COLLEGIAN: What do you see as the cause that should be treated?

CLINIC: As I said earlier, people take heroin to kill pain. In the ghettos it was used to forget the fear of rats attacking their children. For a time, heroin was a drug that was confined to the city but now it isn't.

The administration in Washington may not like us to use the word but we are in a depression. When the sons and daughters of highly educated people see their dreams of their parents fall, they wonder what it's all worth. The majority of the people who are addicts now are white middle or upper middle class kids with backgrounds similar to yours and mine.

They have been raised in a culture which was oppressive. It gave them an education and then would not allow them to think; in short it gave them pain. The parents of these kids support a system which keeps other people in bondage so that they can enjoy more material goods. Then they see their parents or people like their parents lose their jobs and material goods. Heroin is an escape for these people, a total and complete escape from an insane society.

COLLEGIAN: What then would be the ultimate cure for heroin?

CLINIC: Creating a society which people would not want to escape from. You can't make something illegal and think that it will go away. Heroin is here to stay and like alcohol and every other relaxant, it is used when people want to unwind and escape from the society. When society is such that it need not be escaped from, then heroin will go. But the day this will be a reality is far off if it is around at all.

COLLEGIAN: What would be the best possible cure for addicts today?

CLINIC: Withdrawal. But this is most difficult and a painful manner.

Since the people first started taking heroin to escape society, the only way you are going to get

Cont. on page 8

The Story of 'M': ex-smack freak

Note: M. is an ex-heroin-user. He is an intelligent young person, whose works have been published in many literary magazines. He paints in his spare time and is currently working and attending college.

Collegian: How did you become an addict?

M: How did I become an addict? Oh, I became an addict to heroin. It was like the people around me used it--it was the type of neighborhood I grew up in and it seemed like the thing to do because there was so much happening around me, so many ugly things going around me: some of my friends were dying, there was a lot of violence, and nothing was too pretty. And heroin made everything look pretty nice because I really didn't give a damn. And I became addicted to it.

Collegian; What did you become addicted to?

M: Oh, I became addicted to heroin, but you know there's other drugs you can become addicted to. Psychologically you can become addicted to Cocaine. Then there's the different types of speed, there's uppers and downers. There's all sorts of things. All of them feel good. It's like I know people that will sit around and in between their shots of heroin they'll take maybe opium or cocaine.

Cocaine's the type of drug you withdrawal on it--it's psychological--you fall asleep and then when you wake up you don't want it anymore. But like if you've got $50 worth of it right there you can't just take a little bit because it feels so good--you've just gotta keep taking it and the same thing with speed--you just become strung out on it. With heroin you just become addicted. You just keep needing it.

Collegian; How do you use the drugs?

M: Oh, there's different ways like when you start out you waste a lot of it. First of all you start out dropping it, or eating it with things.

But there's all sorts of ways you can use it. You can take a suppository and shoot it up your ass if you wanted to, but that would waste a lot of it. Then next maybe you go to snorting it or sniffing it and that still wastes some but you're getting more of the effects. Then to skin-popping with a needle and last but not least is the veins. You can shoot it into places like under the tongue or the eyeballs, which tend to make you go blind (I know because I lost my left eye doing that). You can also get a hard on and shoot in the vein there. I never did that but my brother did. But then again, he's insane.

To tie up, say the vein's in the arm, the vein rises, you tie with a belt, holding the belt with the left hand, shooting, holding the needle with the right hand into the left arm. There's a lot of like ESP to it. Your hand always knows where to shoot so the vein doesn't collapse too much and if a vein does collapse, that's no sweat, you just don't shoot into that vein for a while because it'll return. Usually they do, unless you keep shooting into it after it collapses.

Collegian: What is an overdose like?

M: Oh, you get kind of tired, sometimes thhere's pain, sometimes there isn't. And you just sort of nod off or go to sleep.

Collegian; How do you stop an overdose?

M: Oh, say you're in a room and your friend has an overdose (or enemy, for that matter, who gives a shit). You can do two things. You can get the fuck out of there or you can try and get him off of it. Depending on what you think of the person you take one of two courses. If you take the second, the smartest thing is to start walking him around. Throw him in a cold shower. Beat the shit out of him too. The most important thing is keep the circulation moving, keep the body moving. Make sure he drinks plenty of milk to dilute it. Don't do something stupid like slash the vein trying to get ther heroin out because by the time it hits it already is deeply in the body. If it's been dropped you can induce vomiting, I think. I've never tried that- I don't know anyone who ever dropped the stuff--most of the people shoot it.

Collegian: Can you become immune to overdoses?

M: Yeah, in a way, there's sort of an immunity that the body builds up but it's mostly psychological cause like you're going on the overdose and you know what it is and like the longer you've been taking the drugs the more you need and your body needs more so it's building up this immunity.

Like if you've experienced an overdose you know what's happening and you know what to do and you can kind of keep yourself from going to sleep. If you can keep yourself awake you know what's happening, so the overdose doesn't affect you so much. I've had quite a few overdoses and like if I had another one it wouldn't scare me as much as the first one did cause I know exactly what's happening and I don't think it would kill me unless it was a stupid overdose. Most overdoses are caused through--the first mistake is you take more drugs than you're used to--that's what the beginner would do.

Later when you're more experienced in it you get an overdose by getting drugs that are finer than you thought you were paying for and you take too much of that. There's a good margin there so the overdose won't kill you unless someone's out to get you and they sell you Ajax or Saniflush mixed with junk and that just kills you. That's why you always taste it before you cook it up to make sure it isn't. But like if you got the junk that was cut with strichnine says, that stuff kills you so fucking fast that you never get the needle out. You just sort of turn blue all over. Have one giant orgasm and die.

Collegian: How long did you use drugs?

M: Off and one for the last twelve years.

Collegian: Well, how long were you addicted to it?

M: Oh, off and on for ten years.

Collegian: What forms of withdrawal are there?

M: There's all kinds of forms of withdrawal. There's slow withdrawal, you know, like you taper off. Maybe you've got a $50 a day habit. You taper off to 54, 40, 35. That's delaying the pain. What keeps most people from getting off withdrawal is the lasting pain wipes you out.

Then there's fast withdrawal, cold turkey, where you just stop using it and that's pretty hard. And there's other drugs like ammorphine, methadone, moagram, that keep you from wanting it. Then there's sleep withdrawal where someone gives you a sedative to keep you asleep, which is probably one of the most horrifying withdrawals there is.

Collegian: Why?

M: Oh, because you've got no control and you're just flooded with nightmare visions. And it's dangerous too, because you could start vomiting and die in your own vomit. What's withdrawal like: You get extreme paranoia, you get cold chills all over your body, you get hot flashes, you know, you get the runs where you can't hold your bowels in and they just plop right out; and your nose runs. There's other things.

Collegian: Are any of the withdrawal methods any good?

M: Oh I don't know. I've tried most of them. It depends on the person. Some people dig sleep. I think it's the shits. Cold turkey's probably the worst and I hate that one.

Collegian: Does the government help you when you're busted, like help you go through withdrawal?

M: Oh yeah, they're usually pretty helpful. You know they try to do their best. Anyway, they come into the room and find a bunch of dope, some dude's overdosing so the cop throws him up against the wall, beats his head in with his gun or his nightstick, and going down to the car you're alone and there's maybe three cops and so for a while they try to decide whether they should shoot you for attempting to escape or something. And if they decide not to they'll kick the shit out of you on the way to the car.

I got busted once and you know we had a fine old time on the way to the station. I mean these officers were so helpful. I was going on the pains of withdrawal and all that, and they kept hitting their brakes. I had my hands and my feet handcuffed and I kept slamming into the wire mesh and they'd stop the car to make sure I'm alright and set me back up in the seat and drive along fast and hit the brakes and I'd hit the mesh again and they were really a Laurel and Hardy. They wanted me to have a good time so they took me outside the city and raped me.

They're usually pretty helpful. Usually they'll throw you in a room and let you go on cold turkey and forget about you except to come in and torment you for awhile. Besides a couple of little things like that--it's pretty awful.

Collegian: Do the police, other than when you're busted, try to help out?

M: Does the government help? Yes, they help us as much if not more than the police do. You know it's like a big political football. "We're getting rid of the addicts--we busted 150 of them in the last half hour. We're really doing a thing." They don't want to help either. If they did, they'd help a lot of places like Synanon, Damion House, or things like that, which are trying to help addicts. In fact, those places are run by contributions, but like there's no 12-year college doctors there so those places are bullshit and couldn't help anybody.

But a 12-year college doctor that wants a $100,000 grant to study if rats can get addicted to heroin or if there is a sex connotation: what type of needle the addict uses; about whether he uses a straight-razor or a pin to open up his arm. It's important facts like tat the government likes to study. You know it really helps the addict a lot to know whether he's abnormally sexually, bisexual or something because he uses a long needle or a glass needle or a plstic needle or if he uses a straight razor to slash the vein open, or a broken piece of glass. Those are important

Cont. on page 8

'M'-The ex-smack Freak

Cont. from page 7

things the addict centers his life around trying to know.

When I had a $150 habit I was running around trying to figure out if I was homosexual because I enjoyed using a steel and glass needle that had my name on it. According to this one fantastically intelligent doctor, that showed I was gay. I was really worried about that, you know. I encourage the government in spending all this money in finding these important facts out.

Collegian: Is the government really trying to stop addiction?

M: Oh yes, they really are. They bust a couple of addicts and they get back on the street and we can see the government's trying because all the marijuana smokers in the world today and we all know definitely that marijuana leads to harder stuff. Just like you drink 3.2 beer, the next moment you're out there hitting the whiskey bottle. I remember my brother used to go to church each Sunday and play bingo and you know what that caused him to do? I swear to whoever I have to swear to that the next thing I knew he was out robbing banks and we met each other in jail and I said, "Hey brother dear." That crazy bastard, I go, "How come you robbed that liquor store, man? You know that you don't even need any of that good dope?" He says, "You know I started playing bingo...(the rest is lost)."

Collegian: How can you tell when you're really addicted?

M: Oh like when you really need it, you know. It's hard to say when you become addicted because I know people that say, "I could never be addicted to that stuff, I have more willpower than that. It'll never get me." Then they shoot up once and it feels so good and they never get off it.

And there's people I know that have shot up on weekends and they never need it anymore. Usually for some people they can shoot it for three or four weeks before they really become addicted and need that shot. It's hard to say for the individual. You need it when you really start going n withdrawal if you sniff a little up and you come back down you're irritable and groggy and maybe paranoid --it hits you--but that's always slightly withdrawal. And you know you're addicted when the withdrawal's so much that you want some more to stop that.

Collegian: How can you tell when someone else is addicted?

M: Oh it depends. Sometimes you can. You can tell by when they start going on withdrawal. Like they're heroin addicts - most of the time shivering cold inside of him--you know--it's always cold like on a cold night. That's how an addict feels in the middle of a hot day. It's enjoyable. Step right in. There's always room for one more addict.

Collegian: Is it true that marijuana leads to heroin?

M: Yeah it's true. As I pointed out earlier, playing bingo leads to compulsive gambling. Just like if you go to Catholic church every Sunday you'll become a super religious fanatic and you might even become a priest or a father.

Collegian: To wrap this all up, how does this heroin talk affect the college students out there who are going to be reading this article?

M: I don't know. They'll probably read it and say "I could never be addicted." They'll probably copy some of this in their master's thesis or something like that. I don't know.

Heroin De - Tox Clinic

Cont. from page 6

people to go on withdrawal is to show them something better. You'd have trouble doing that now. Here at the clinic we try to offer people a counter-culture. When people come here we won't train them to be blue collar workers and jump back into the same rat race they ran from. We've found that teaching the trades of the counter-culture helps the former addicts keep their heads straight.

The city, however, is not the best place to accomplish this. Here at Haight and Clayton was one of the biggest corners for drugs in the entire area. The pusher's clients came out of our doors, saw that city hadn't changed and went back to their old ways. The country, clean air, few people, green grass, would be a lot more conducive to helping these decide where they're going.

One of the biggest problems that we have here is that we are an out-patient clinic. Our patients live in the city and then they come here for help. It takes a lot of desire to stick with it.

COLLEGIAN: What is your percent of success?

CLINIC: About seven percent. Just about the same as methadone.

COLLEGIAN: How is methadone as a cure for addiction?

CLINIC: Well, it's a chemical or artificial cure for the addict. You are still relying on drugs to solve your problems and I personally don't think that's the best way to solve the problems.

Methadone is a good treatment because it is relatively inexpensive. However, it provides only temporary relief from wanting heroin. Methadone itself does not provide a high. People given methadone are not able to get high on heroin when taken after methadone. Methadone is the best methof of getting off heroin , although this is very difficult and painful. People who take heroin usually have bad psychological problems.

The only way to make a person want to stop taking heroin is to show him that living life without it would be a better thing. This is very difficult, of course. Especially in the city environment and a place like Haight-Ashbury (as we walked out on the street, a nearby drain on the sidewalk was overflowing with effluent.) People at the center seem to offer a counter-culture which would be more appealing than a straight society. Craft projects are big:leather, candles, beads, etc. Also a country environment would be helpful.

New York State has a plan whereby people considered different than society's norm are given methadone even though they are not addicted to heroin. This way these people are dependent upon the state to get methadone. Here the state controls the people who are different than the society around them.

As we left the Heroin Detox Clinic, we noticed that the sewer line next to the building had ruptured and was spewing forth some foul smelling liquid.

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DRAFT LAW COLUMN

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"California, here I come!"

Selective Service is starting to take awell-deserved thrashing in the courts For an agency whose stock-in-trade is the violation of due process, final retribiton comes in the courtroom; refusal-of-induction cases are mounting, and conviction rates are plummeting. Whereas the number of cases has increased tenfold in the last five years, the rate of convictions has dropped from a consistent 70 percent in 1965-1967 to barely 30 pwecent in 1970.

And that is only half the story. Gone are the days when conviction necessarily menat the maximum 5-year sentance for refusing induction. Consider the sentencing record of the federal court for the Northern District of California in fiscal year 1969: Of the 86 men convicted that year, **none** received 5-year sentences; only 3 got 3 to 5 years; 21 drew 1 to 3 years; 8 men got 1 year or less; and 54 were just put on probation.

Of course, statistics vary with the individual judges in the different federal districts. If the Northern District of California is the Woodstock for draft resistors, then their Altamont lies in courts like the Eastern District of Michigan. There in fiscal 1969, 20 men got 5- year sentences; only 23 men had been convicted!

No wonder then, that since the mid-1960's, draft resistors with good cases for acquittal have been California - dreamin'. In droves they have had their scheduled inductions transferred to the Oakland induction station, where they can refuse induction within the jurisdiction of the Northern District Court California. (The court in which a resistor will be tried is the one having jurisdiction over the station where he refused induction.) By transferring induction to a lenient jucicial district, a young man exercises some control over the likelihood of his acquittal (because his draft board violated his procedural rights) or, at least, a softer sentence (should his defense fail).

After a man receives an induction order, he can apply for a transfer from the local board **which ordinarily sends draftees to the station where the young man wants to go**; usually this board will be the one located nearest to the desired induction station. The application for transfer **cannot** be made at the young man's own board -- the one that issued his order.

Under the regulations, a transfer should be granted by the board receiving the application if that board "finds that the registrant has good reason for his absence from his own local board area and that he is so far from his own local board area that it would be a hardship for him to return to his own local board area for induction....."

This fall, Draft Director Tarr acted to tighten up the standards for transfer. He took direct aim at instances of self-induce "hardship" by warning each potential transfer board to grant applications only if convinced that the applicant is in the transfer board's area "because of normal changes in his, or his family's place of current residence."

"No request for transfer...should be approved," Dr. Tarr continued (inLocal Board Memorandum No.116) " when it is evident that the applicant is transferring primarily to delay compliance with orders, or for purposes inconsistent with his obligation to perform military training and service."

"The local board of transfer should inquire into the time he arrived in the transfer board area, the reason for his prescence there, the date of his expected return to the area of his own local board, his local address and other pertinent matters.

"The local board of transfer should consider whether a registrant requesting transfer is likely toreturnto the area of his own local board before the date it can schedule his for ...induction. If the likelihood of his return to his local board area is apparent, it should recommend that he seek a postponement of induction rather than a transfer."

After all these warning, Dr. Tarr did, however, add:" A registrant should not be denied a transfer solely because his own local board is not distant if local transportation facilities make the transfer board easily accessible, reporting to his own board excessively burdensome, and the delay will not be excessive if he transfers."

Now you know the inquiries you are likely to face should you seek a transfer. If you can meet these inquiries with satisfactory explanations, your motives will not be questioned, and your application should be granted.

The rules for transfer of induction apply equally to the transfer of a preinduction physical examination. This latter form of transfer has also become popular since young men have discovered that rejection rates very among the different examining stations. In the near future, this column will report a relative comparison of rejection rates which prevail at various examining stations.

We welcome your questions and comments. Send them to "Mastering the Draft," Suite 1202, 60 East 42nd Street, New York, N. Y. 10017.