

LICIT & ILLICIT DRUGS

CH.44 PROHIBITIONISTS LAUNCH A NATIONWIDE DRUG MENACE

The Consumers Union Report
on Narcotics, Stimulants, Depressants, Inhalants,
Hallucinogens, & Marijuana — Including Caffeine,
Nicotine, and Alcohol

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Preface to the Chapter 44 Excerpt

The following is an excerpt from the Consumer Union Report, *Licit and Illicit Drugs*. Specifically it is the unabridged Chapter 44, *How to Launch a Nationwide Drug Menace*.

This preface, *and only this preface*, was written in 2011 by a modern day drug policy reform activist and is merely meant as an introduction as to why Chapter 44 is worth separating from the rest of the book as standalone reading material.

Chapter 44 is especially important in this current climate where prohibitionists are working hard to stifle free speech with many end-runs, violations of human rights, obfuscations of, and slandering, the U.S. Constitution as much as possible. They hate to hear the truth us drug policy reformers say, and hate hearing the beneficial actions we **MUST** take. Instead the prohibitionists screech and clang their pots and pans ever louder saying that anything other than the most radical and unscientific messages of doom and death encourage kids to do drugs.

The rest of *Licit and Illicit drugs* has other examples of prohibitionist baloney, but none are as focused as this.

In order to facilitate getting to the point sooner rather than later, Chapter 44 immediately follows this preface. The [Acknowledgments](#), [Introduction](#), and [Notes](#) appear at the end of this document.

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Chapter 44 — How to Launch a Nationwide Drug Menace

During the 1960s, Dr. Ralph M. Susman of the United States Department of Health, Education, and Welfare, and his associate Lenore R. Kupperstein, prepared a “Bibliography on the Inhalation of Glue Fumes and Other Toxic Vapors,” which they published in the Spring 1968 issue of the *International Journal of the Addictions*. Despite diligent search, the earliest references to glue-sniffing in either the medical or the popular literature that they were able to find dated from 1959.¹ A similarly thorough search in the course of preparing this Consumers Union Report has turned up no earlier mention of glue-sniffing. Other documented studies of glue-sniffing are similarly void of references earlier than 1959. Thus, while it is likely that children (and adults as well) sniffed glue on occasion before 1959, the practice either went unobserved or, more probably, was not deemed worthy of recording.

The first known mentions of glue-sniffing in print date from 1959 and concern the arrest for sniffing glue of children in Tucson, Arizona, Pueblo, Colorado, and perhaps other Western cities. Laws against sniffing glue or sniffing anything else, of course, did not yet exist. Accounts of these remarkable arrests reached Denver, where two reporters investigated. Their account of glue-sniffing — the first full description in the mass media that has yet turned up — appeared in *Empire*, the Sunday magazine supplement of the *Denver Post*, on August 2, 1959. The article reported: “Police in Pueblo, Colo. and several other cities in the West and Midwest report that juveniles seeking a quick bang and a mild jag spread liquid glue on the palms of their hands, then cup their hands over their mouth and nose and inhale deeply.”²

Alerted by these police actions in other cities, the two reporters interviewed Denver police officers concerned with juvenile problems, and other authorities, to learn about glue-sniffing in Denver. Apparently Denver had no cases to report, for the story led off with an account of a child *accidentally* affected by glue fumes in a poorly-ventilated basement room; and an expert the two reporters interviewed — Dr. Samuel Johnson, director of Denver’s Poison Control Center — similarly warned against using quick-drying glue in a room with the windows closed, lest intoxication *accidentally* result.

Dr. Johnson was on the whole reassuring about the glue “menace.” If a person is affected by the fumes, he said, he need only go out and breathe fresh air to recover. Permanent injury is possible only if the exposure is prolonged and heavy — as when a worker in a glue factory breathes the stuff all day long every day. Yet the pioneer Denver story, setting a pattern soon to be followed by newspapers and magazines throughout the country, carried a scare headline:

SOME GLUES ARE DANGEROUS

Heavy Inhalation Can Cause Anemia or Brain Damage

This and subsequent warnings in the mass media were all based on the results of earlier industrial studies that, as noted above, could not be justifiably applied to the glue-sniffing fad.

The newspaper story also explained that one way to inhale glue is to soak a handkerchief with glue and hold it over the mouth and nose.” A photograph accompanying the article showed a young man demonstrating how the glue-soaked handkerchief should be held. Interesting results were promised if the glue were sniffed as directed: “The first effect of breathing the undiluted fumes is dizziness, followed by drowsiness. There is a feeling of suspension of reality. Later there is lack of coordination of muscle and mind.” In a word, it was like getting drunk.

The effects of this newspaper article, published August 2, 1959 — and no doubt of other similar articles and broadcasts in other Denver mass media thereafter — were visible by June 1960, when Denver police reported that during the past six or eight months they had investigated some 50 cases of glue-sniffing. In addition to these 50 cases, of course, there were no doubt many hundreds of others which had

not come to the attention of the police. Denver was thus experiencing what — so far as the available literature reveals — was the earliest of many similar local glue-sniffing epidemics throughout the country.

Denver police met the new peril in the usual way — by escalating the warnings. In August 1959, Denver glue-sniffers had been threatened merely with anemia and brain damage. In June 1960 a spokesman for Denver's juvenile Police Bureau was quoted as saying: "This practice is extremely dangerous, and a kid can die from it if he gets too much." A second police spokesman added that "inhaling large quantities of the cement fumes can lead to permanent injury of the respiratory system and could cause death." And the head of the Police Crime Laboratory warned: "I'm afraid some kid will get hold of too much of the stuff and we'll have a fatal case on our hands."³ In October 1961 a Denver police lieutenant was quoted as explaining that glue fumes "diminish the oxygen supply to the blood" and "cause severe brain damage and death."⁴ A representative in the state legislature warned that glue-sniffing "can result in permanent damage to the brain."⁵ In April 1962 Denver youngsters were warned that glue-sniffing causes "stimulation of the central nervous system, followed by depression and often convulsions," and that "it can affect the respiratory tract, mucous membranes, skin, liver, kidneys, heart and blood — depending on what type of glue is used."⁶

The headline over the June 1960 story presented the two central themes which were later to characterize anti-glue-sniffing propaganda in other cities as well:

COULD BE FATAL

Plane Glue Gives Kids a Kick

Far from ending Denver's glue-sniffing epidemic, however, these warnings were followed by a further spread of the epidemic. The warnings seemed to function as lures. By October 23, 1961, the chief probation officer of the Denver juvenile Court was able to announce: "We are averaging about 30 boys a month now on this glue-sniffing problem." Worse yet, he added, the custom was spreading from the high schools into the junior highs and "even into the grade schools."⁷ A police spokesman similarly announced that glue-sniffing, unknown 26 months earlier, was now "a major problem among juveniles in Denver." He noted that 278 arrests were made for glue-sniffing in 1961, as compared with only 95 in 1960.⁸

Nor was the problem limited to Denver. Tom Adams, director of the state reform school in Golden, Colorado, was quoted in October 1961: "Right now I have about 50 boys here because of this glue-sniffing."⁹

Since no city or state law against glue-sniffing had yet been passed, the reporter who covered the story felt called upon to explain how 278 arrests could be made in 1961 for glue-sniffing and how 50 children could be incarcerated in a reform school for the same offense. His explanation, however, did not entirely clarify the mystery. All he could say was that "the youths are charged under juvenile delinquency procedures when they are found sniffing glue." A police spokesman added a detail: the 278 Denver arrests for glue-sniffing were classed for statistical purposes as "drunkenness arrests." *

* Readers should not be surprised at this development, for a substantial proportion of arrests and incarcerations of juveniles throughout the country are for actions which are not prohibited by any law and which would not be crimes if indulged in by adults. (See Ruth and Edward Brecher, *The Delinquent and the Law*, Public Affairs Pamphlet No. 337 [New York: Public Affairs Pamphlets, 1962]; also, *The Challenge of Crime in a Free Society*, A Report by the President's Commission on Law Enforcement and Administration of Justice [New York: Avon Books 1968], pp. 227-228.)

Throughout 1960 and 1961, Denver police made further headlines by periodic raids on glue-sniffers. A typical 1961 example was headed:

7 DENVER YOUTHS ARRESTED FOR DEADLY “GLUE-SNIFFING”

The story began:

Seven Denver teenagers were arrested over the weekend for “glue-sniffing,” a new thrill-seeking activity that juvenile authorities label “extremely dangerous.”

Five of the boys, four of them 16 and the other 17, are in City jail. Two others, 13 and 14, were lodged in juvenile Hall.

All seven were arrested Sunday near the Curtis Park Recreation Center, 50th and Curtis Sts., by Patrolmen Dale Nelson and Donald Smith.¹⁰

Thus the broad pattern was established — the dramatic police raids and the imprisonment of children and teenagers, accompanied by dire warnings of physical and psychological damage. The next element in the pattern was soon added: proposals for specific anti-glue legislation.

On December 8, 1961, just six weeks after the sensational Curtis Park police raid, the Denver papers reported that State Representative Ben Klein, a former probation officer, would “propose to the January [1962] session of the Colorado Legislature three new laws to deter youngsters from sniffing airplane glue...”¹¹ Denver youngsters no doubt noted the order of events: arrests and jailings first, legislation later — a sequence unlikely to encourage respect for law.

In support of his three new laws, Representative Klein quoted Denver’s Juvenile Court Judge Philip Gilliam as saying that he considered glue-sniffing to be now “the Number 1 juvenile problem in the metropolitan area.” Glue-sniffing had achieved this preeminence within two and a half years after the two writers in *Empire* had found no evidence of glue-sniffing in Denver.

Representative Klein’s three laws would make it an offense (1) to sell glue to minors without parental consent, (2) to drive a car while under the influence of glue, or (3) to *sniff* glue. This last proposed offense was remarkable — for, as noted in [Part 1](#), it is not an offense to *use* even such drugs as heroin, in Denver or elsewhere in the United States. Representative Klein said his legislation would also require retailers “to keep a registry of sales... similar to the registry of sales of narcotics drugs.” Thus glue-sniffing was more or less subtly linked with heroin.

Just as arrests for glue-sniffing were followed by laws against glue-sniffing, so medical warnings were followed by medical studies designed to justify the warnings. A study undertaken by Dr. Oliver Massengale, director of the Adolescent Clinic at the University of Colorado Medical Center, and Dr. Helen Glaser, assistant professor of pediatrics at the university, was no doubt the first scientific research on the recreational aspects of glue-sniffing in the history of the medical sciences.

Dr. Massengale explained that he became interested in glue-sniffing way back in 1960, when early newspaper reports of glue-sniffing hazards had appeared. A mother almost in tears, he recalled, had brought her son to his office.

“He’s sniffing glue,” the mother declared. “You’ve got to stop him before he dies.”

A reporter for a Denver paper, in an interview with Drs. Massengale and Glaser published April 29, 1962, cited these researchers as authority for the statement that some types of plastic cement “may cause damage to the liver, kidneys and brain.”¹² When the full text of the Glaser-Massengale study was published in the *Journal of the American Medical Association* for July 28, 1962, however, certain details were added that the newspaper interview had neglected. Cases of damage from glue all involved either the *swallowing* of substantial amounts or else the continuous day-after-day exposure to high concentrations among workers in industrial plants.

“Although a great deal of concern about the ill effects of this practice is expressed by parents, school personnel, juvenile authorities, and the children themselves,” the medical experts noted in the medical publication, “very little is actually known about possible damage to organ systems resulting from deliberate inhalation of cement vapors. Many children share the so far unsubstantiated belief that glue-sniffing produces insanity and death, and we know of one case in which glue was first used by an adolescent boy in an attempt to commit suicide.”¹³

Drs. Glaser and Massengale then presented six cases of juvenile Denver glue-sniffers. In none of them was any physical damage attributable to glue-sniffing; and in none of them was glue-sniffing the source of the child’s psychological problems. Case Number 1, for example, concerned an eleven-year-old boy; “his mother worked at night; his parents were separated; and he had not seen his father for six years.” The mother of Case Number 2 “was an alcoholic and was possibly also psychotic. The parents were separated, and the patient lived in a foster home, where he was unhappy... He was... depressed, anxious, and fearful, and longing for affectional security. Seeing the world as hostile and pain-inflicting, he tended to withdraw into passive, immature forms of behavior.” Patient Number 3 was a fourteen-year-old whose father had died when he was five, “and he had been taken out of the custody of his alcoholic mother but subsequently had been returned to her. A few months before being seen in the clinic the boy had spent eight months in a reformatory because of stealing.” Case Number 5 was the boy who tried to commit suicide by sniffing glue. “This boy’s father, possibly acting out of a cultural pattern of insecurity and fear, was very strict and rigid and was looked upon by the patient as a tyrant. His mother was a weak, inadequate person who sided with her son but was unable to rebel against her husband in his behalf.” Case Number 6 was a fifteen-year-old; “the patient’s father, who had been very strict and punitive, had died about six months before, and the mother was finding her son increasingly unmanageable and destructive. This boy had been in trouble even before his father’s death because of writing obscenities in school books, running away, and joy-riding.”¹⁴

In all cases, the child’s problems and disturbances had antedated the glue-sniffing. just what good was accomplished by arresting and incarcerating these troubled youngsters for sniffing glue did not appear in the study.

It should be noted, moreover, that these were not *typical* glue-sniffers. Rather they were typical of the small subsample of glue-sniffers who were *caught at it* — arrested by the police and referred to the university’s adolescent clinic.

The Glaser-Massengale paper in the *Journal of the American Medical Association* confirmed the incredible speed with which glue-sniffing had spread following the first accounts in the mass media: “Glue sniffing, almost unheard of two years ago, has become a serious threat in some communities. In the Denver area it is considered by responsible juvenile authorities to be the most serious problem they face currently in working with known delinquents and other youngsters brought to the attention of the court because of violations of the law. * The 130 Denver children arrested in the two-year period for glue-sniffing “ranged in age from 7 through 17, with a mean age of 13 years, and all but 6 were boys.”¹⁵ Eighty percent had Spanish surnames; this high incidence was perhaps due as much to the arresting practices of the police as to the frequency of glue-sniffing among those children. Glue-sniffing children in middle-class white neighborhoods are customarily seen by pediatricians in private practice.

* As noted above, however, there was as yet no law to be violated.

The remainder of the Denver story need here be only briefly summarized through selected newspaper items:

- January 18, 1965: Legislation introduced to ban glue-sniffing.¹⁶
- March 21, 1965: juvenile court lays plans for preventive approach to glue-sniffing.¹⁷
- April 22, 1965: Adams County sheriff announces breakup of juvenile glue-sniffing activities with arrest of nineteen-year-old girl.¹⁸
- April 29, 1965: Thirteen-year-old leader of glue-sniffing gang admits burglaries.¹⁹
- June 25, 1965: Glue-sniffing charges against boy will be dismissed if he enlists in armed services before September 13.²⁰
- July 2, 1965: United States Department of Health, Education, and Welfare makes \$85,500 grant to finance study of glue-sniffing in Denver.²¹
- January 11, 1966: Thirteen-year-old resident of county receiving home hangs himself after being scolded for sniffing glue.²²
- May 18, 1966: Twenty-one-year-old jailed after admitting he burglarized drugstore to get glue to sniff.²³
- June 10, 1966: Three with Spanish surnames sentenced to 30 days each in County jail after pleading guilty to sniffing glue.²⁴
- October 30, 1966: An additional \$44,923 HEW grant is made to study glue-sniffing in Denver...²⁵

While Denver was in all probability the first city in the world to suffer a major glue-sniffing epidemic, other cities soon followed Denver's example. In New York City, for example, the *New York Times* ran a story about glue-sniffing on October 6, 1961: "L.I. Youths Inhale Glue in Model Kits For Narcotic Effect."²⁶ Other New York area newspapers and no doubt radio and television stations as well — ran similar stories.

As in Denver, the New York stories stressed the hazards of glue-sniffing. The initial *New York Times* story, after stating that youngsters sniff glue to "obtain a feeling of elation similar to that of narcotics," and that youngsters who sniff glue are "found in seemingly drunken stupors," went on to cite the Nassau County Health Department as authority for the warning that toluene, the organic solvent most commonly used in model airplane glue, "dulls the brain when it is inhaled and could kill a person. It can cause damage to the liver and bone marrow if it is taken in small repeated doses. The chemical has an irritating effect on the lungs and can cause pain, vomiting, headaches, confusion, and ultimately coma. It can also cause the heart to beat irregularly and can result in transient euphoria. The lethal dose is unknown. No fatalities have been recorded." These warnings, like the earlier Denver warnings, seemed to be highly effective lures. Within fifteen months, New York City police had made 778 arrests for glue-sniffing²⁷ and the city authorities were seriously considering proposals to make glue-sniffing illegal. In 1963, New York City arrests totaled 2,003.²⁸ Many tens of thousands of others, of course, were no doubt sniffing glue by then without coming to the attention of the police.

Salt Lake City was another city where local news media publicized glue-sniffing early, and where the glue-sniffing epidemic had an early start. Twelve boys, aged fourteen to eighteen, were apprehended there for glue-sniffing and interviewed in 1962; the interviews were of particular significance in revealing the way in which glue-sniffing, which a few years earlier was only one of a number of forms of sniffing, had become the prime form of sniffing. "Seven of the boys had previously inhaled the fumes of other substances, notably the fumes of gasoline (6 boys), ether, and nasal inhalers (one each), and one of these boys had been smoking marijuana." Glue-sniffing had recently, however, far outstripped the other sniffings, "to the extent that in one small town the practice was considered virtually universal among

boys. Girls, as yet, have not been widely involved.”²⁹ Marijuana smoking did not catch up with glue-sniffing among children until a major anti-marijuana campaign was launched a little later.

The glue interests contributed notably to expanding the anti-glue-sniffing campaign from a local to a nationwide phenomenon. As early as 1962 the Hobby Industry Association of America, representing 1,100 industry members, announced that it was spending \$250,000 a year to combat glue-sniffing.

“To help inform communities about the sniffing problem,” the Wall Street Journal announced on its front page on December 7, 1962, “the Hobby Industry Association has produced a 15 — minute color film ‘The Scent of Danger,’ which it soon will release to local civic groups. The film describes the harm done by glue sniffing and mentions other products, such as cleaning fluid and nail polish, which also contain solvents that can cause intoxication. It recommends that communities make it illegal to sniff any substance with an intoxicating effect.”³⁰ For this the hobby industry won rewards of two kinds — public approval for its dedication to the anti-glue-sniffing campaign, and a marked rise in glue sales during the subsequent years.

The early anti-glue-sniffing laws were remarkable in several respects. One of the first of them — perhaps the very first — was Ordinance Number 1722, passed by the City of Anaheim, California, on June 6, 1962. This ordinance made it illegal for any person to “inhale, breathe, or drink any compound, liquid, chemical, or any substance known as glue, adhesive cement, mucilage, dope, or other material or substance or combination thereof, with the intention of becoming intoxicated, elated, dazed, paralyzed, irrational or in any manner changing, distorting or disturbing the eyesight, thinking process, balance, or coordination of such person.”³¹ Whiskey drinking was no doubt illegal under this ordinance.

A Maryland law enacted a little later was not quite so broad; this statute made it “unlawful for any person under twenty-one years of age to deliberately smell or inhale such excessive quantities of any narcotics, drugs, or any other noxious substances or chemicals containing any ketones, aldehydes, organic acetates, ether, chlorinated hydrocarbons or any other substances containing solvents releasing toxic vapors, as cause conditions of intoxication, inebriation, excitement, stupefaction, or dulling of the brain and nervous system... Any person violating this section will be guilty of a misdemeanor and upon conviction thereof shall be fined...”³² Why glue-sniffing by adults aged twenty-one or older was exempted from the Maryland law is not apparent.

Other cities and states passed laws restricting the sale of glue in various ways — though this approach was opposed by the Hobby Industry Association. At the beginning of 1968 the Kupperstein-Susman bibliography listed 13 states and 29 counties and municipalities that had already passed glue-sniffing laws; additional states, counties, and municipalities had such laws under consideration.

The national news media contributed notably to the glue-sniffing campaign. In its issue of February 16, 1962, for example, the weekly news magazine *Time* carried an item headed “The New Kick,” which declared: “The newest kick is glue-sniffing. A 14-year-old sniffer explains: ‘You take a tube of plastic glue, the kind squares use to make model airplanes, and you squeeze it all out in a handkerchief, see. Then you roll up the handkerchief into a sort of tube, put the end in your mouth and breathe through it. It’s simple and it’s cheap. It’s quick, too. Man!’”³³

As is customary, the information about how to get high on glue was accompanied in *Time* by ritual warnings — much as crime movies of the era, after glorifying the heroic criminals, ended with their tragic deaths. *Time* quoted Dr. Alan K. Done, director of Salt Lake City’s Poison Control Center, as saying: “I have found definite evidence of effects on the kidneys from glue sniffing. It is too soon to know whether this effect is temporary or permanent damage.”³⁴ Neither *Time* nor the other media, however, publicized the findings of Dr. Massengale and his Denver associates indicating that glue-sniffing did not produce kidney damage in Denver.

Newsweek followed on August 13, 1962, with a story entitled “The New Addicts.” It began:

You’re in outer space. You’re Superman. You’re floating in air, seeing double, riding next to God. It’s Kicksville. Are these the fantasies of narcotics addicts on a pop? No. More disturbingly, these hopped-up reactions are those of teenagers hooked on goofballs, model airplane glue, and cough medicine. Across the nation, police last week reported case after case of this alarming trend.³⁵

In Miami, *Newsweek* noted, “a 12-year-old boy, discovered sniffing airplane glue by his father, snatched up a knife and threatened to kill him.” A police officer with the Miami juvenile Bureau was then quoted as commenting: “It’s common for the boys who sniff glue to become belligerent. They are willing to take on a policeman twice their size.” And *Newsweek* added: “Glue sniffers — while not physiologically addicted can do equal damage to their systems. Some of the long-term effects [include] burned-out nose membranes, liver damage, perforations of the gall bladder, destruction of bone marrow, blindness, and possible death. But,” *Newsweek* cogently went on, “this threat doesn’t deter youngsters from squeezing up to five tubes of glue daily into a paper bag and breathing the fumes.”³⁶

Consumer Reports, the magazine of Consumers Union, also ran a warning against glue-sniffing — a bit more restrained than the others in January 1963. “Although there is as yet no documented evidence...” the *Consumer Reports* article cautiously noted, “CU’s medical consultants are convinced that the inhalation of sufficient solvent vapors to produce the mental effects the sniffers seek probably will also produce damage to the liver, kidneys, respiratory organs, and possibly other organs as well.”³⁷

Even the Federal Bureau of Investigation took a hand in the anti-glue-sniffing campaign. Its *FBI Law Enforcement Bulletin* for October 1965 carried an article by Dr. Jacob Sokol, chief physician for the Los Angeles County Probation Department, entitled “A Sniff of Death.” The tenor of the article was summarized in the subhead: “Glue-sniffing — in all its horrifying and alarming ramifications, mentally, physically, and medically — is discussed by Dr. Sokol in plain, lay language. His report should be of the utmost interest to law enforcement officers, parents, teachers, civic leaders, and all persons concerned with the welfare and health of young people.”³⁸ The *FBI Bulletin* article, moreover, cited a new argument by Dr. Sokol against glue-sniffing:

Glue sniffers have described to me how a number of children, boys and girls, meet in unoccupied houses where they sniff glue together and later have sexual relations — both homosexual and heterosexual. To my knowledge this practice has not, however, come to the attention of law enforcement agencies. Recently, while conversing with deputy probation officers, I have been informed that several episodes of homosexual relations have occurred between adults and children under the influence of glue. Some of these sexual perverts are encouraging the children to sniff glue with the intensions of having homosexual relations with them.³⁹

Just where the “sexual perverts” got this idea of giving children glue was not discussed; perhaps it was from reading the anti-glue-sniffing campaigns in the mass media.

To end the glue menace, the *FBI Bulletin* article recommended seven measures, including the following: “1. We should arouse public opinion as to the dangers of this practice...

“7. Legislation should be passed which would prohibit the sale of glue containing certain toxic chemicals to persons under 21 years of age.”⁴⁰

One side effect of the anti-glue-sniffing campaign, which continued throughout the 1960s, calls for special mention. The campaign produced subtle changes in the relations of parents and teachers to children. A child was now a suspect to be spied upon lest he secretly be sniffing glue. Health departments and other authoritative agencies encouraged this espionage, and listed the symptoms adults should be on

the alert for: “Parents suspecting or told that their children have deliberately sniffed glue should take them to a doctor without delay.

“Schoolteachers should note irritability, inattentiveness, sleeping or loss of consciousness as symptoms of glue sniffing.”⁴¹

The one voice of reason and common sense amid the near-hysterical concern with glue-sniffing was found in the Verhulst-Crotty bulletin issued by the National Clearinghouse for Poison Control Centers, cited earlier. Summing up the evidence from the studies of glue-sniffers reviewed by the authors, the bulletin noted:

By speculation, projection, and imagination, one can... build up quite a case for the potential hazards of the repeated inhalation of organic solvents such as those used in plastic cements. It behooves us, however, to ascertain facts in this regard. [One expert] inferred from his contact with a number of boys who practice glue-sniffing that the boys could and would give up the practice readily if they were convinced it was dangerous. At the same time, however, it became evident that the transparent misinformation or contradictory statements by authorities concerning the dangers of these practices would be completely disregarded by these boys and taken as evidence that none of the information was true. It also became apparent that, if the boys gave up glue-sniffing, they would take up other habits which would provide a comparable effect. [One expert] points out that, in our present state of knowledge, toluene (one of the more commonly used solvents in plastic cements) is considerably safer than many other organic solvents.⁴²

The mass media of the early 1960s were filled with reports of deaths due to glue-sniffing. The Verhulst-Crotty bulletin tracked down these reports and found a total of nine alleged glue-sniffing deaths — each one reported many times. Six of the nine were not due to glue fumes but to asphyxiation, which occurred when the victim’s head was covered by an airtight plastic bag. A seventh death was probably also a plastic-bag case. In an eighth case there was no evidence whatever that the victim had been sniffing glue before his death, and no toluene was found at autopsy. The last case was probably not due to glue-sniffing; the victim had been ill and had sniffed gasoline. Thus among tens of thousands of glue-sniffers prior to 1964, no death due unequivocally to glue vapor had as yet been reported. The lifesaving advice children needed was not to sniff glue with their heads in plastic bags.

The Verhulst-Crotty bulletin also reviewed behavioral effects of glue-sniffing; children unquestionably did all sorts of silly and potentially dangerous things when high on glue much the same things they would have done if drunk on alcohol.

Those bulletins, unfortunately, were distributed in mimeographed form to only a short list of recipients. They had no visible effect on the nationwide anti-glue-sniffing campaign.

The toxicology of recreational solvent-sniffing at this writing remains very much where it was at the time of the 1964 Verhulst-Crotty summary. No one is prepared to say that occasional solvent sniffing is safe, and some studies suggest that frequent sniffing may be moderately harmful. Later in the decade, it was widely observed that young people paid little or no attention to dire warnings against the hazards of marijuana smoking, LSD-using, and other forms of drug use. It seems highly likely, in retrospect, that the exaggerated warnings against glue-sniffing were among the factors desensitizing some young people to drug warnings in general. Most teenagers knew of others in their own neighborhoods who had sniffed glue repeatedly, and who did not drop dead or go to the hospital with brain damage, kidney damage, or liver damage. Children may be ignorant, but they are not stupid. When the evidence of their own experience contradicts adult propaganda, they (like sensible adults) rely on their own experience — and tend to distrust in the future a source of information which they had found unreliable in the past.

The nationwide anti-glue-sniffing campaign, it should be noted, *preceded* the anti-LSD campaign, to be described later, and in part set the model for it. The anti-LSD campaign, like the anti-glue campaign, featured solemn warnings of dire damage, laws against LSD, sensational police raids, scientific studies demonstrating hazards — and an endless bombardment of publicity concerning all of these other factors. Both campaigns were followed by increased use of the drugs attacked.

There was also one difference. In the case of LSD (see [Chapter 50](#)), the drug was popularized through the simultaneous efforts of LSD enthusiasts and LSD enemies. But glue-sniffing had no Timothy Leary to advertise and praise it. The enemies of glue-sniffing popularized the custom all by themselves.

At the beginning of the decade, gasoline sniffing was the most common form of organic solvent inhalation. Paint-thinner sniffing, varnish-remover sniffing, cigarette-lighter-fluid sniffing, glue-sniffing, and the others were not-very-common phenomena to which no one paid much attention. So far as can be determined, gasoline sniffing at the end of the 1960s was neither more nor less popular than at the beginning. The same was true of the sniffing of other readily available organic solvents. Only glue-sniffing was the target of a nationwide campaign — and only glue-sniffing became a popular youth pastime. It seems clear that the damage done by the arrests and imprisonments of children for glue-sniffing during the 1960s far exceeded the damage done by glue-sniffing during that sorry decade — and served to popularize rather than to discourage the practice.

Just how popular it became, many recent surveys reveal.

In 1969, 1,348 high-school seniors in Montgomery County, Maryland, filled out a drug-use questionnaire. Of these, 7.4 percent stated that they had sniffed glue, and 1.0 percent described themselves as current glue-sniffers. Similarly, among 1,429 Montgomery County junior-high-school students, 6.6 percent reported that they had sniffed glue.⁴³

Among 781 sophomores, juniors, and seniors in five high schools in Madison, Wisconsin, filling out a questionnaire in 1969, 5.1 percent stated that they had sniffed glue. The replies indicated that 0.8 percent sniffed glue frequently, 1.0 percent sniffed glue infrequently, and the remaining 3.3 percent had sniffed glue only once or twice.⁴⁴

Among 47,182 students in Utah high schools and junior highs answering a questionnaire in 1969, 7.1 percent reported that they had at some time sniffed glue; 9.5 percent of the boys and 4.8 percent of the girls had sniffed. Among the boys, 3.5 percent had sniffed only once, 3.8 percent had sniffed several times, and 2.2 percent had sniffed more than 10 times. The returns indicated that 1.8 percent of the boys and 0.9 percent of the girls had sniffed glue within the past few weeks.⁴⁵

Among 1,379 high-school seniors in 11 selected Michigan high schools in 1968, 8.1 percent in one school reported glue-sniffing, as compared with 7.0 percent in another, 4.7 percent in a third, and none at all in two small high schools.⁴⁶

Among 1,225 students at Mamaroneck (New York) Senior High School answering a questionnaire in 1967, 6.1 percent reported having sniffed glue and 2.0 percent had sniffed glue more than once. Among 1,294 Mamaroneck junior High School students, 8.3 percent reported having sniffed glue, and 1.4 percent had sniffed glue more than once.⁴⁷

These and other similar surveys suggest that at a rough estimate, at least 5 percent of all young Americans graduating from high school perhaps 150,000 in each annual cohort — have sniffed glue at least once. This level of use can be contrasted with the level before 1959, when glue sniffing was essentially unknown and unpublicized.

On July 20, 1971, the *New York Times* heralded yet another nationwide campaign against yet another inhalant menace with a front-page headline:

AEROSOL SNIFFING: NEW AND DEADLY CRAZE

The story, by Grace Lichtenstein, echoed closely the kickoff of the anti-glue-sniffing campaign a decade earlier: “Physicians, government officials, drug experts and chemical manufacturers are growing increasingly worried about a deadly and relatively new drug-abuse problem among the nation’s children: the inhalation of aerosol sprays.”

As in the earlier stories about glue-sniffing, precise details were supplied on how to get high on aerosols: “The aerosol product — hair spray, deodorant, household cleaners or some other — is sprayed into a paper bag or balloon and then inhaled because the propellant produces a strange, floating kind of high.”

There followed the usual warnings of disastrous effects:

According to the Food and Drug Administration, more than 100 youths have died from deliberate aerosol sniffing since 1967, with an average of four deaths a month currently being recorded... It appears that death occurs after a youngster deeply inhales an aerosol spray for a prolonged period, either on a single occasion or on several occasions. The fluorocarbon propellant Freon, the best-known brand of fluorocarbon, can make the heart beat irregularly and then stop.

An expert was quoted as adding: “Once the final event begins, it’s quick, sudden, and irreversible.”⁴⁸

An earlier round of aerosol inhaling by children, the story noted, had centered around a spray-on product used to chill cocktail glasses. This product had therefore been removed from the market. Little was accomplished, however, for “experts stress that any of the 300 kinds of aerosol products now on the market can be equally abused because all use similar propellants.”

Like the glue industry in the earlier glue-sniffing campaign, the aerosol industry entered the aerosol-sniffing campaign through an “Inter-Industry Committee on Aerosol Use.” “The campaign includes a filmstrip, ‘Rap On,’ that has been distributed to 3,000 school districts. The industry has also put out a booklet, ‘Will Death Come Without Warning?’ which declares that aerosol products are safe when used as directed.”

“They’re really trying awfully hard,” said B. J. Burkett, spokesman for the Inter-Industry Committee and public relations manager of the Freon Products Division of E. I. du Pont de Nemours & Co. There was as yet no suggestion that aerosol sniffing be made a criminal offense; but laws were being proposed to require a warning — perhaps even a skull-and-crossbones — on the label of all aerosol products. Such measures, however, had been decided against as of this writing. But, one might wonder: Here we go again? *

* The first effort to repress the recreational use of nitrous oxide (laughing gas) was also instituted in 1971. *Psychiatric News* reported: “Strict regulations have been placed on the distribution and sale of nitrous oxide in Maryland by Dr. Neil Solomon, state secretary of health and mental hygiene, following reports that the gas is being used by some young people as an inhalant to produce an exhilarating effect. This is the first regulatory action in the nation concerning improper use of nitrous oxide, according to information from the Food and Drug Administration...”⁴⁹

¹ Lenore R. Kupperstein and Ralph M. Susman, “Bibliography on the Inhalation of Glue Fumes and Other Toxic Vapors,” *International Journal of the Addictions*, 3 (1968): 177-197.

² Betty J. Fluke and Lillian R. Donato, “Some Clues Are Dangerous,” *Empire Magazine*, supplement to *Denver Post*, August 2, 1959, p. 24.

³ *Denver Post*, June 12, 1960.

⁴ *Denver Post*, October 23, 1961.

- ⁵ State Representative Ben Klein, quoted in *Denver Post*, December 8, 1961.
- ⁶ *Denver Post*, April 13, 1962.
- ⁷ *Denver Post*, October 23, 1961.
- ⁸ *Denver Post*, April 13, 1962.
- ⁹ *Denver Post*, October 23, 1961.
- ¹⁰ Ibid.
- ¹¹ *Denver Post*, December 8, 1961.
- ¹² Al Arnold, in *Denver Post*, April 29, 1962.
- ¹³ Helen H. Glaser and Oliver N. Massengale, "Glue-Sniffing in Children," *JAMA*, 181 (July 28, 1962): 301.
- ¹⁴ Ibid., pp. 302-303.
- ¹⁵ Ibid., p. 301.
- ¹⁶ *Denver Post*, January 18, 1965.
- ¹⁷ *Denver Post*, March 21, 1965.
- ¹⁸ *Denver Post*, April 22, 1965.
- ¹⁹ *Denver Post*, April 29, 1965.
- ²⁰ *Denver Post*, June 25, 1965.
- ²¹ *Denver Post*, July 2, 1965.
- ²² *Denver Post*, January 11, 1966.
- ²³ *Denver Post*, May 18, 1966.
- ²⁴ *Denver Post*, June 10, 1966.
- ²⁵ *Denver Post*, October 30, 1966.
- ²⁶ *New York Times*, October 6, 1961.
- ²⁷ *New York Times*, April 25, 1963.
- ²⁸ *International Journal of the Addictions* (January, 1966), p. 147.
- ²⁹ *Bulletin, National Clearinghouse for Poison Control Centers*, U.S. Department of Health, Education, and Welfare, Public Health Services (February-March, 1962), pp. 1-2.
- ³⁰ Phillip E. Norton, in *Wall Street Journal*, December 7, 1962.
- ³¹ Ordinance No. 1722, City of Anaheim, California, June 6, 1962, cited in *Bulletin, National Clearinghouse for Poison Control Centers* (July-August, 1964), P. 1.
- ³² H. Jacobziner and H. W. Raybin, *New York State Journal of Medicine*, 16 (1963), cited in *Bulletin, National Clearinghouse for Poison Control Centers* (July-August, 1964), p. 1.
- ³³ *Time*, February 16, 1962, p. 55.
- ³⁴ Ibid.
- ³⁵ *Newsweek*, August 13, 1962, p. 42.
- ³⁶ Ibid.
- ³⁷ "Glue Sniffing," *Consumer Reports*, 28 (January, 1963): 40.
- ³⁸ Jacob Sokol, "A Sniff of Death," *FBI Law Enforcement Bulletin*, 34 (October, 1965): 8.
- ³⁹ Ibid.
- ⁴⁰ Ibid.
- ⁴¹ Massachusetts Department of Public Health, "Glue Sniffing by Youngsters Fought by Department," *New England Journal of Medicine*, 267 (November 8, 1962): 963.
- ⁴² Henry L. Verhulst and John J. Crotty, in *Bulletin, National Clearinghouse for Poison Control Centers* (July-August, 1964).
- ⁴³ Dorothy F. Berg, "Illicit Use of Dangerous Drugs in the United States," Drug Sciences Division, Office of Science and Drug Abuse Prevention, Bureau of Narcotics and Dangerous Drugs, U.S. Department of Justice (September, 1970), Table 5, p. 33.

⁴⁴ Ibid.

⁴⁵ *Advisory Commission Report on Drug Abuse*, Governor's Citizen Advisory Committee on Drug Abuse, State of Utah, cited in Berg, Table 5, p. 34.

⁴⁶ Richard A. Bogg et al., Michigan Department of Public Health, 1968, cited in Berg, Table 5, p. 35.

⁴⁷ Ibid., Table 5, p. 37.

⁴⁸ Grace Lichtenstein, reporting in *New York Times*, July 20, 1971.

⁴⁹ *Psychiatric News*, December 15, 1971, p. 10.

Space for Notes: Add Your Notes Below

Acknowledgments

Thanks are due to many people for many kinds of help in drafting this Consumers Union Report.

My first and greatest debt is to the late Dr. Charles E. Terry and his associate, Mildred Pellens. In 1969, shortly after starting work on this Report, I stumbled on their 1,042-page classic, *The Opium Problem* (1928) — and I felt as the young poet Keats felt when he first stumbled upon the *Iliad* and *Odyssey*. Terry and Pellens demonstrated that sense can be made of the drug scene only in a historical setting. We cannot approach today's heroin problem with insight so long as we blind ourselves to the altogether different nature of the opiate problem in the nineteenth century. Some knowledge of the bohemian scene of the 1890s and the Greenwich Village scene of the 1920s is almost a prerequisite for understanding the Haight-Ashbury scene of the 1960s. The historical perspective of this Report, no doubt its salient characteristic, is owed to Terry and Pellens.

As the preliminary draft of this book was nearing completion in April 1970, I enjoyed a second similar insight. My task at the moment was to make the youth drug scene, and the value system of the scene's participants, understandable and believable to older readers. As I wrestled with that task, the Canadian Government's Commission of Inquiry into the Non-Medical Use of Drugs, popularly known as the Le Dain Commission, issued its 1970 *Interim Report*. My immediate problem and several others were thereby resolved; and I was heartened to learn that a number of the conclusions I had been reaching independently closely paralleled those of the *Interim Report*. Readers of Parts [8](#) and [9](#) of this book will find my indebtedness to the commission apparent and acknowledged on many pages.

At various stages, preliminary drafts of chapters of this book were circulated to authorities directly concerned with each chapter — in most cases the men and women whose work was reviewed in that chapter. Their comments, corrections, and suggestions proved most helpful in preparing the final draft. While none of them is responsible for any of the views here expressed, to them belongs the credit for the deletion of many doubtful passages. For helping me to avoid numerous errors, and in many cases for wise counsel as well, let me thank the following:

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The rich resources of the Yale University Library, Yale Medical Library, and Yale Medical Historical Library, and the competence and helpfulness of their staffs, made this project feasible.

The staff of the Consumers Union Library proved adept and cooperative in promptly securing materials unavailable even at the Yale Libraries.

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Introduction

This Report originated five years ago in a growing conviction on our part, and on the part of others associated with Consumers Union, that the illicit drug scene in the United States was rapidly becoming intolerable:

- Heroin, marijuana, LSD, cocaine, the amphetamines, the barbiturates, and many other mind-affecting drugs had become readily and increasingly available on the illicit market in many parts of the country.
- The use of illicit drugs, especially by young people, appeared to be increasing year by year.
- The United States had focused its efforts to curb illicit drug use primarily on penalties-arrest, imprisonment, discharge from jobs, expulsion from schools and colleges, social contempt, and exclusion. But those penalties were damaging our society in many ways, most significantly in the criminalization and alienation of large numbers of young people.
- Programs designed to warn children and young people away from drugs had failed to accomplish their purpose; some programs, indeed, were perhaps even contributing to the rising tide of drug use.

An earlier CU publication, *The Consumers Union Report on Smoking and the Public Interest* (1963), had been well received and had had a significant impact on public attitudes toward cigarette smoking. That report had also proved helpful to the Surgeon General's Advisory Committee on Smoking and Health in the drafting of its 1964 report. A similar CU report on drugs seemed urgently needed. In 1967, accordingly, CU's Director of Special Publications was authorized to launch a search for a writer capable of drafting a sound report on illicit drugs, and a start was made toward assembling source materials for such a report.

One of the drafters of CU's 1963 smoking report, Edward M. Brecher, was our choice for the new assignment, and he agreed both to conduct the necessary research and to draft the new report. He set to work early in 1969. *

* Mr. Brecher has written for *Consumer Reports* from time to time since 1938. He and his late wife, Ruth E. Brecher, who also participated in the drafting of CU's 1963 smoking report, were recipients of the Albert Lasker Medical Journalism Award for 1963, and of the American Psychiatric Association's Robert T. Morse Writers Award for 1971, "in recognition and appreciation of their distinguished contributions to the public understanding of psychiatry." They were associate editors of *Consumer Reports* in the 1940s, and joint authors of several books, including *The Rays: A History of Radiology in the United States and Canada* (Williams & Wilkins, 1969). Mr. Brecher is the author of *The Sex Researchers* (Little, Brown, 1969).

The present Report was initially planned as a modest handbook on illicit drugs—a slim volume that would describe the pharmacological effects of each drug on the mind and body, and recommend measures for curbing drug misuse. As Mr. Brecher's review of the medical, pharmacological, sociological, psychiatric, and psychological literature proceeded, however, it became clear that such a limited handbook would serve no useful purpose. It might even further muddy the already confused debate on drugs then raging. That debate, it increasingly became apparent, was, overemphasizing the supposed pharmacological effects of drugs while paying curiously little attention to the effects of drug laws, drug policies, and drug attitudes. Accordingly, the project as first conceived was expanded in several directions.

First, the major *licit* drugs — caffeine, nicotine, and alcohol — are considered here along with the illicit drugs. Any book about drugs that ignores such socially approved and legally marketed substances, we are convinced, sacrifices its credibility among young readers—and seriously distorts the perspective of older readers. Considering the licit and illicit drugs together makes both groups more readily understandable.

Second, each drug is presented in its historical setting.

Third, the history of drug laws, policies, and attitudes is presented along with the history of the drugs themselves. A historical perspective helps distinguish the direct effects of a drug on mind and body — relatively stable decade after decade — from the effects of laws, policies, and attitudes, which may vary from decade to decade. The practical advantages of that distinction can hardly be overemphasized. For while little can be done to alter the direct impact of a drug on mind or body, a great deal can be done to alter the impact of laws, policies, and attitudes. Out of an integrated review of pharmacological effects, legal effects, and social effects, there emerges at the end of this Report a set of recommendations designed to minimize both adverse pharmacological effects and adverse legal and social effects of drug use.

Our recommendations, it is true, do not constitute a panacea — “six easy ways to eliminate the drug menace.” But they do point the way to both short-term and long-term improvements in the present critical situation.

We hope this Report and the historical perspective it provides will prove useful in several ways. At the very least it can warn against further reliance on “solutions” that have repeatedly failed in the past. It can provide concerned citizens with the historical background needed to evaluate proposals for change. We hope it will help them to contribute wisely to the search for sound fresh solutions.

We also believe that this Report, and especially the recommendations concerning drug attitudes, will help parents and community leaders faced with drug problems in their own families and neighborhoods. Educators responsible for tailoring more effective educational programs will, we hope, find useful information in many chapters. Finally, young people will find here information they can trust about licit and illicit drugs.

Part 1 of this Report, the longest part, is concerned with the narcotics — primarily opium, morphine, and heroin. Detailed attention is paid to those drugs because their history in the United States has a lesson to teach. The relentless campaign to suppress heroin, since the Harrison Narcotic Act of 1914, has been more prolonged and more intensive than the campaign waged against any other drug. That campaign has failed. Until society recognizes and accepts the reasons for that failure, it can hardly formulate sound laws and policies with respect to any drug. Further, attitudes toward heroin, the most hated and most dreaded drug of all, subtly tinge popular attitudes toward other illicit drugs. Many people tend to transfer to all illicit drugs, even marijuana, the hate and dread aroused by the mere mention of heroin. Hence, a clear understanding of heroin and a rational attitude toward it are prerequisites for a rational approach to other drugs and for formulating effective policies toward drugs in general.

Throughout this book, many descriptions of drug effects will be found. The reader should bear in mind that the effects described will be in the context of who is taking the drug, in what dosage, by what route of administration, and under what circumstances. Thus, a cocktail which makes one drinker sociable and garrulous makes another silent and morose. A man happily drunk on three highballs may find himself suicidally drunk on four. A woman buoyed up by a few drinks on Saturday night may find herself depressed by the same dose the next Saturday night. An alcoholic on a quart of brandy a day may display fewer signs of drunkenness than he did on a couple of beers a few years earlier.

Much the same is true of the other psychoactive drugs reviewed in this Report. Readers who traditionally think in terms of *the* effect of a drug will learn here that even the simplest drugs have a wide

range of effects — depending not only on their chemistry but on the ways in which they are used, the laws that govern their use, the user's attitudes and expectations, society's attitudes and expectations, and countless other factors.

The findings of this Report are firmly rooted — as the text and reference notes will demonstrate — in the published scientific literature. Other lines of inquiry, however, have enriched and buttressed the published data. Mr. Brecher visited leading drug research and drug treatment centers from Boston to San Francisco, as well as in Canada, England, Sweden, Denmark, and the Netherlands. He interviewed authorities in n disciplines, and a number of them generously made available unpublished material. He attended major conferences on drug problems. Well-known drug-use centers from Paradiso in Amsterdam and the West End in London to the Haight-Ashbury in San Francisco and Fourth Avenue Vancouver were included in his research itinerary, and he talked with many drug users — ranging from marijuana smokers to heroin addicts to alcoholics.

This Report was further enriched by Mr. Brecher's participation in two other undertakings. The first was the work of the Ad Hoc Committee on the Treatment and Prevention of Drug Addiction and Drug Abuse, a committee assembled in November 1970 by Dr. Jerome H. Jaffe, associate professor of psychiatry at the University of Chicago-Pritzker School Medicine, and director of drug abuse programs for the State of Illinois.* This ad hoc committee met in New York, Washington, and San Francisco; the typed transcript of its proceedings ran to more than 1,500 pages. Mr. Brecher also served in 1970-1971 as a member of an advisory panel on evaluation of drug treatment programs, assembled by the Cambridge consulting firm Arthur D. Little, Inc., under a federal contract. Mr. Brecher's participation in these groups significantly broadened his perspectives and thus enriched this Report. The conclusions reached here, of course, are wholly independent of conclusions reached by the Jaffe ad hoc committee and the Arthur D. Little, Inc., advisory panel.

* Dr. Jaffe was subsequently, in 1971, appointed director of President Nixon's Special Action Office for Drug Abuse Prevention.

A major problem in publishing a book in any field in which the news media report almost daily developments and discoveries is when to call a halt. For this Report a halt was called on January 1, 1972. Thus developments after that date, and the impact of those developments on what preceded them, are not reflected here. Consumers Union, however, will continue to monitor the field and will report major developments in the pages of *Consumer Reports*. Meanwhile, to Edward M. Brecher goes this special word of appreciation for his extraordinary contribution to a better understanding of licit and illicit drugs and of laws and attitudes conning them.

THE EDITORS OF CONSUMER REPORTS

Consumers Union, Mount Vernon, New York

Notes — —

A number of works are cited in this Report with great frequency. Rather than repeat the full reference each time, we have listed them in full immediately below and again when first footnoted. Thereafter they are cited in the abbreviated style indicated below.

Drug Addiction: Crime or Disease? Interim and Final Reports of the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs (Bloomington, Ind.: Indiana University Press, 1961). Hereinafter cited as ABA-AMA Report.

George H. Stevenson et al., “Drug Addiction in British Columbia: A Research Survey” (University of British Columbia, 1956); unpublished. Hereinafter cited as *British Columbia Study*.

Louis S. Goodman and Alfred Gilman, eds., *The Pharmacological Basis of Therapeutics* (New York: Macmillan Co.). Hereinafter cited as *Goodman and Gilman*, preceded by contributor’s name and followed by edition number and year (3rd ed., 1965, or 4th ed., 1970).

Interim Report of the Commission of Inquiry Into the Non-Medical Use of Drugs (Ottawa: Queen’s Printer for Canada, 1970). Hereinafter cited as Le Dain Commission Interim Report.

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Proceedings, Second National Conference on Methadone Treatment, New York, October 1969, sponsored by National Association for the Prevention of Addiction to Narcotics (NAPAN) and co-sponsored by National Institute of Mental Health; mimeographed; unpublished. Hereinafter cited as *Proceedings, Second Methadone Conference*.

Proceedings, Third National Conference on Methadone Treatment, New York, November 1970, sponsored by National Association for the Prevention of Addiction to Narcotics (NAPAN) and co-sponsored by National Institute of Mental Health; U. S. Public Health Service Publication No. 2172 (Washington, D.C.: U.S. Government Printing Office, 1971). Hereinafter cited as *Proceedings, Third Methadone Conference*.

Charles E. Terry and Mildred Pellens, *The Opium Problem* (New York: Committee on Drug Addictions, Bureau of Social Hygiene, Inc., 1928). Hereinafter cited as *Terry and Pellens*. [A reprint edition of *The Opium Problem* was published in 1970 by Patterson Smith Publishing Corporation, Montclair, N.J.]

In addition, for the sake of brevity, the Journal of the American Medical Association is cited as JAMA throughout the Notes.

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In the US, illicit drugs are known as schedule 1 substances and illegal under federal law unless a costly research permit is obtained. Answered May 28, 2019 Author has 3.5k answers and 141.5k answer views. In the US, illicit drugs are known as schedule 1 substances and illegal under federal law unless a costly research permit is obtained. 14 views. Related Questions. Why do you take illicit drugs despite knowing the risks? In illicit drug terminology, what are hot rails and how are they performed? Why does the U.S consume so much illicit drugs? What is the most interesting illicit drug? What is the safest illicit drug? What are rubefacient drugs? Are harsh drug laws more effective at suppressing illicit drug use in China than in the US? The Consumers Union Report on Licit and Illicit Drugs. by Edward M. Brecher and the Editors of Consumer Reports Magazine, 1972. Chapter 6 Opium smoking is outlawed. To summarize the data reviewed so far, opiates taken daily in large doses by addicts were not a social menace under nineteenth-century conditions, and were not perceived as a menace. Opium, morphine, and heroin could be legally purchased without a prescription, and there was little demand for opiate prohibition. But there was one exception to this general tolerance of the opiates. In 1875, the City of San Francisco adopted an ordinance. But Mr. Brecher was more than a compiler of facts, and 'Licit and Illicit Drugs' is more than a primer on addiction. He pierced the veil of moral righteousness and special pleading that still colors drug policy, offering sober prescriptions for limiting the damage that many Americans still don't want to hear." The editorial concluded: "Good or bad, marijuana is here to stay. The billions spent to fight it are wasted dollars."