

FIRING LINE - PROGRAM #157 - GUESTS: Dr. Robt. Baird; Dr. David Smith
(MARIJUANA - HOW HARMFUL?)

BU:

The marijuana issue is with us, alas, and there appears to be, however roughly, a sort of Leftwing-Rightwing position on it. The Left Wing seems to be saying that it is an individual concern, and that anyway it isn't harmful. The Right seems to be saying that it is a social concern and it is harmful. There are, of course, positions in between, and even positions mooch on both the apparently opposed positions. We have ~~xxx~~ here from the ranks of the Latitudinarians, Dr. David Smith, the Medical Director of the Haight-Ashbury Medical Clinic, which is certainly enough to keep any doctor busy, and also editor of the Journal of Psychedelic Drugs, a prolific writer, author of Love Needs Care, and the forthcoming Marijuana Today, and ~~xxx~~^a/consultant of the California Department of Public Health. Dr. Smith believes that the fear of marijuana is largely baloney. We have also Dr. Robert Baird, a member of the faculty of New York Medical College, a private practitioner, and also the volunteer director of The Haven Clinic, in Harlem, which specializes in help for addicts who desire to be helped, where he spends 7 hours a night, every night of the week. His position is unambiguously summarized by his statement quotes I would hang every pusher of drugs, with a meathook, alive. I should like to begin by searching out areas of agreement, if any, between these gentlemen. Dr. Baird, you classify marijuana as a drug. Is

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it, in your judgment, a narcotic drug?

BA: It doesn't fall within the typical province of being strictly a narcotic. It has narcotic properties, because in the old days back in the turn of the centuries, we used, the physicians used marijuana, for doing minor surgery. So, it does have definite narcotic capabilities, but it also has many others that it does, psychologically, that I'm ~~xx~~ extremely interested in.

BU: For instance?

BA: What does it do to motivation of individuals? What does it do to their ego structure, which might be just a cliché, ego structures, but how does a person function on marijuana, and are they happy with their euphoria which they have found with marijuana? Is that the end of the road for that particular individual? Or is there a searching out for other drugs which have far more dire consequences?

BU: How about that, Dr. Smith, has he said anything that upsets you, yet?

SM: Well, of course, I feel that whether an individual ~~xxxx~~ uses or abuses a drug is primarily determined by his own personality and the social environment in which he uses the drug; and I feel that marijuana in particular is a minor intoxicant and somewhat peripheral to the central drug abuse issue. I think that the use of ~~xx~~ the term narcotic as it applies to marijuana is unfortunate, the ~~xxxx~~ narcotics, of

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~~xxxx~~ course, have a very specific medical definition: opium and their(?)
/derivatives, heroin, the synthetic opioids, such as demoral
~~demoral~~, and that

BU: That's not a definition, is it?

SM: Well, it includes this classification of drugs, medically, and unfortunately in the State of California we include in the category of other drugs, such as cocaine, which is a general central nervous system stimulant, mescoline, which is a psychedelic heroin, which is a true narcotic, and marijuana/ which, we feel in our research, has more of the effects of a sedativexx hypnotic. And I think that the utilization of the term narcotic tends to cloud the issue in this particular case.

BU: Out of curiosity, is the term narcotic a term which a legislature is free to apply as it desires? For instance, if
~~xxxx~~/they decided that Coca Cola was a narcotic, it would
~~xxxxxx~~ thenceforward become a ~~xxxxxxxxxx~~ narcotic?

SM: Well, as a pharmacologist, it's become very apparent that the definition ~~xx~~ of narcotic was purely arbitrary. For example, cocaine is a general central nervous system stimulant, caffeine is also a stimulant, and high doses can produce convulsionxx. If you wanted to, you could call caffeine a narcotic. I think when you become arbitrary about the way you classify drugs, then it becomes quite absurd. I think that the danger of course of arbitrary

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classification of drugs as a narcotic say, for instance, in the State of California, is that if you're caught in possession of a narcotic, it's a felony. For example, the major drug problem amongst the adolescents in the San Francisco area is ~~amphetamine~~ ^{amphetamine} (?) abuse. When they pick up somebody that may be killing himself with amphetamines, amphetamine possession is just a misdemeanor, whereas marijuana possession is a true, is a narcotic/ offense, and they always arrest them because of marijuana possession. We had 37,000 arrests for marijuana possession in 1967 in the State of California, and in 1969 it's going to approach 50,000. This is ruining a lot of young people's future, and particularly if you deal in the drug abuse field, you realize that drugs like amphetamines are much more dangerous, and yet the laws are much more relaxed as far as they're concerned.

BU: Well, Dr. Baird, do you think that the medical community ought to have the final say on matters of ~~technical~~ technical nomenclature?

BA: Well, they should. However, the medical community is way ~~behind~~ ^{the} behind times, just as/legislative bodies are. It takes a long time before new rules can be put on the books, and the only time for that is when the public cries out in anger that they want something to be done about it. Now, I agree with the doctor about the amphetamines. This is a growing

~~XXXXXXXXXX~~

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problem. I would not put that in a misdemeanor. I think any drugs dealing in trafficking with them should be considered a felony. The ~~think~~ thing I might differ with some of the laws throughout the various states, is that anyone involved with drugs requires medical therapy, requires concentrated medical help. And then, from that point on, you try to establish laws. How many times can you a youngster go back on drugs? How many times ~~is he~~ gonna use that old beaten horse that he's a sick youngster, that he's not responsible for his acts? And then from that point on, you've gotta see if you can establish some definitive therapy which can curb this ever-growing crisis. This

BU: Well, you're getting on now to the general problem, which I don't intend to ignore. But before we get there, I did want to see if you all agreed that there is a ~~xxx~~ relevant expertise and that it is to impoach on that ~~expertise~~ for civilians, for laymen, simply arbitrarily to designate a particular drug as a narcotic and have it therefore fall under some anathema which only the medical community is qualified to prescribe.

BA: Well, I think if you could use a very simple one that ~~xx~~ a narcotic, the way the lay person would understand, is a drug which has ~~xx~~ the ability to allay pain.

BU: Well, that would be true of booze, then, wouldn't it?

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BA: Right.

BU: In fact, that was used as an ~~anesthetic~~ anesthetic, wasn't it?

BA: That's right. Right.

BU: Well, then, that wouldn't be a very good definition, would it?

BA: No, the qualifying remark which would then come

BU: (UNINTELLIGIBLE)

BA: which would be a generally a ~~ex~~ derivative of opium,

BU: Oh, I see, Would you go with that?

SM: I would agree with, yes, this derivative of opium,

BU: And that would exempt marijuana?

SM: ~~Okay~~ Yes.

BU: Okay. Now, having exempted marijuana, the question arises what to do about it. Is it correct that it is correct, that it is truly described as a sedative, hypnotic anesthetic?

Or is that itself contagious? (?)

our

~~KAX~~ SM: My/feeling in this issue is that the ~~my~~ effects of marijuana, and particularly the motivation for usage, can be described primarily within this framework. For ~~instance~~ example, many people use marijuana in the suburbs, for example at low dosages for anxiety relief, much in the same way that an individual will come home and have a martini or a beer.

BU: Or a tranquilizer?

SM: Or a tranquilizer. At higher dosages, the substance,

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particularly in group settings, is used as an intoxicant, the same way you might have five martinis at your Friday night country club cocktail party. At very high dosages, it can produce significant perceptual alteration, similar the

BU: As/hallucinogens (?) / ?

SM: Yes. Similar to the way that, for example, nitrous oxide was inhaled by William James in for achieving religious experience, so to speak, or the ether frolics, in the late ~~night~~ Nineteenth Century, or the way many people are now inhaling laughing gas to get some high dose perceptual alteration which they interpret as psychedelic; but we know, although it's very difficult, that a very high over-dosage of marijuana, for example, in animals, produces death by coma, whereas high overdosage with substances when administered to animals, like LSD produces death by convulsion, and we feel that the similarities between marijuana and LSD for example are forced, and that particularly the way marijuana is used. It is used primarily as a sedative hypnotic in much the same way that alcohol is used, for relaxation and intoxication.

BREAK

BU: Dr. Baird, as I understand it, Dr. Smith has been saying something ~~xxxx~~ of very considerable significance, namely that the qualitative difference between the low dosage and the high dosage is really what one needs to focus on. But do I

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understand that your position is that a low dosage almost inevitably leads to a high dosage, either of it, or of some correlative drug and that under the circumstances, the whole thing ought to be

BA: I t depends. The use of marijuana depends primarily on the individual ego structure. It frankly depends on the guy, what he wants to do with ~~xx~~ it. Primarily , an individual doesn't take a

BU: Well, he wants to enjoy himself.

BA: That's the idea. The idea of taking marijuana is solely for the idea of getting high. He doesn't say to himself at this particular point, I'm now in an anxiety producing syndrome working for me, and I gotta take this to cool my nerves, and then on a Saturday night says well, I'm gonna get six or seven people, I'm gonna get to the level of intoxication on this to really enjoy myself. It's a very insidious situation. An individual takes one joint, one cigarette of marijuana to try to get this high reaction. When one takes alcohol, one doesn't take it primarily for
But
the idea of getting high. ~~When~~/one takes grass for the sole reason of getting high, and now you're startin' to try to delineate to the public, a definite difference between marijuana and alcohol, because what happens , the marijuana devotee all the time tries to say, well, you know, doc, this is less dangerous than alcohol, and I don't buy this line

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of reasoning, nor do I buy ~~this~~ the reasoning that this is a sedative or a hypnotic.

BU: Well, I thought you would buy it or not depending on the person you're talking to.

BA: Yes, right. It depends

BU: If he was perfectly well adjusted,

BA: but, even-, no, no person ^{who's} ~~who's~~ perfectly well-adjusted would want to take it. Why would a person who's well-adjusted, why would he want to take grass, unless he's doing a thoroughly scientific research project?

BU: Well, presumably, because it yields pleasure.

BA: Well, the pleasure syndrome, if he has to seek that for his own orientation, already he's got

BU: I didn't say he had to, I said he chooses, he elects to.

BA: Well, if he chooses to then my immediate response would be why does he ~~choose~~ choose to ~~do~~ do this?

BU: Well, he might say, this is a matter for you to stimulate your curiosity about; but not an act for you to pass laws about.

BA: But then his motivation would disturb me.

BU: Well, suppose he's willing to settle for your being disturbed?

(LAUGHTER)

BA: For his being disturbed, or my being disturbed?

BU: ~~Your~~ Your being ~~disturbed~~ disturbed.

BA: My being disturbed? Well, then, he's got his right to do

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this. But in a very serious vein, I'm concerned about ~~hix~~
and
this when youngsters of 12 ~~xx~~ 13 years old will start with
this drug, and there is nothing that is marked on the
youngster's head that says that he is not pre-psychotic,
or that he's possibly sociopathic, or does/a character
disfunction, which could cause this youngster to become
entrapped in a psychological dilemma that he needs help.
isn't

BU: Well, that's true, ~~xx~~/that true about alcohol also? Don't
the people now say that in fact ~~xxxxxxx~~ someone can be a
latent alcoholic at six months? That uh

SM: Well, I think that's a little early, but I think that one
of the things that I've found most interesting in our
research, first of all, I would have to disagree in doing
the marijuana research in the suburbs, there are a surprisingly
large number of people that do take a small ~~quantity~~
quantity of
marijuana for relaxation. I know several housewives, for
examples, that have about half-a-joint during the day
while they're doing they're doing their house work, as
anxiety relief. And I think

BU: Makes the time ~~xx~~ go by?

SM: that this is more socially determined. I agree that with
the younger people in a ghetto situation, a primary
motivation would be intoxication; but I think that the
personality correlate is evidenced by the fact that there
is a surprisingly large number of people that have abused

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~~xxxx~~ alcohol at one time. When they start smoking marijuana they stop drinking alcohol. In other words, people that smoke pot stop drinking alcohol. But then they become potheads, and abuse marijuana. In other words, it's the personality disturbance that makes them abuse whatever drug they use, and ~~this~~ this we call the multiple drug abuse theory.

BA: What they're doing is sublimating one way out for their primary pathology, that of a weak pride in themselves, an ego that needs to be fed desperately or pointed ~~bx~~ out by doctors what is really bothering the individual. Whether the individual sublimates it via alcohol, via drugs, via compulsive eating, via gambling, via homosexuality, these are ramifications which stem from the basic premise that the individual has no good concept of his own self, which needs a lot of reenforcing all along the road; and this is why they sublimate via these drugs and

SM: Yeah, I agree~~xx~~ with that, but I think that this then becomes primarily a medical problem, and that individuals that abuse drugs, whether it's marijuana or alcohol or whatever, should be treated but this ~~xx~~ ⁱⁿ no reason allows us to give felony conviction to individuals that use it anymore than we would give felony convictions to everybody at a cocktail party. In other words, those individuals that are using the drug without destructive effects, I think, for example,

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in the State of California, 2 to 10, first time possession is a little severe, particularly when you view the destructive ~~xxxx~~ one's effects of a felony on ~~xxxx~~ future, and particularly when you view the high incidence of things like homosexual rape in jails, etc.

BA: Are they aware of the fact that it's against the law to be caught with marijuana?

SM: Well, I think that, unfortunately, in the State of California, the laws are so repressive that what it has done is not only not discouraged marijuana use but has actually increased the marijuana use. In high schools for example there's a clear delineation between what they call the heads and the loads. The loads are those that use alcohol and adhere to our classical value system. The heads are the people at the same age that use marijuana and theoretically adhere to a new social and philosophical system and the statement is that you can trust anybody you can smoke pot with. And as a result we see that because of the oppressive laws many young people that shouldn't be using any drugs at all smoke pot to ~~adhere to a~~ adhere to a certain group identity; and that particularly

BU: As an act of communion.

SM: Yes.

BU: Yeah. But if I may, I'd ~~just~~ like to just ~~xxxx~~ postpone a little bit the question of whether it should be legalized

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or not, because I'm trying to establish a certain amount of information that might be useful in helping to make that final determination. That's why I'd like to spend a minute more on the so-called stepping stone theory, concerning which you two gentlemen seem to disagree very markedly. You've been quoted as saying, Dr. Baird, that there's not the slightest doubt in my mind that 95% of heroin ~~and~~ addicts start with marijuana. And, of course, you've been quoted as saying that that's about as intellectually revealing as to saying that 100% of them start with milk. Now, I tend to, myself, as a layman, to reject ~~the~~ the iron constitution of either one of those propositions. Let me ask you this: If it's true, as apparently it is, that the serious drug addiction, narcotic addiction increased only 3% between 1966 and 1967, how can you

SM: Who said 3%?
Giudana (?)

BU: ~~That's Giordana's~~

BA: Well, I tell you, we have to have a marked difference of ^{them,} opinion with the Federal Bureau. I respect ~~him~~ and I think I'm probably one of their greatest defenders. However, I find that their statistics are 'way off, and according to their statistics there are 40,000 heroin users in the United States.

BU: Oh, come on, ~~him~~ really?

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BA: That's absurd. That's ridiculous.

BU: Yes, it's more like 250, isn't it?

BA: That's more like it. There's at least a quarter of a million of hardcore heroin users, they're not what the Federal Bureau of Narcotics

BU: Well, that actually would lower the statistics, it would lower the percentage.

BA: Yeah, but what we're seeing now , you're saying a rapid, precipitous of heroin addiction, where before we'd see ^{say} youngsters of/18 or 19, you're now seeing kids of 8 and 9 years old that are either snorting heroin or mainlining it. But in addition to that, you're getting youngsters who are taking marijuana. Now, to refute his argument, doctor said that you would ruin ~~xx~~ a youngster's life because he's caught with it. This is the very thing these kids are smart about. They know when they come up before a judge, for possession of grass, they know this judge is gonna look and say you know the law's too ~~xxx~~ tough, and I'm gonna put you on probation, and they've got a tough law in Jersey, and we've got numerous ~~xx~~ kids from Jersey, and that's all they do, they give a kid a rough tongue lashing, and say don't do this, and then the kid goes back ~~and~~ into the neighborhood and he says hey, you know, if you get Judge so-and-so he's easy on you, and none of these penalties are ~~xx~~ being carried forth. That's the horrible

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situation about it. There's where we've got the problem in New York. We've got adequate laws but you've got namby-pamby judges that

BU: Is it your point that the nine-year-old should be sent to jail?

BA: No. No. My premise has always been is that these youngsters need medical help. I'm, definitely, a nine-year-old youngster has to be taken off the street and given medical therapy every day.

BU: What kind of therapy would you administer to a nine-year-old pothead?

BA: Well, first of all, this age, it's a drawn-out thing of working with this kid for a minimum of one to two years, of every day, to try to build up in him his own identification of himself. Not pointing out, saying to him, I'm gonna let you find out who you are. You've gotta let him realize that a shiney brand-new car, making fast money with the numbers, selling dope, is not the way to live. And you gotta give them a completely new concept. What do you do if you have a family where the father isn't there? You see, most of the families, I don't know if in the Haight-Ashbury area, but in New York, 95% of the drug users, and that goes right across the board, whether it be heroin, marijuana, barbiturates, emphetimine, all have a very ~~weak~~ weak male image in the family. The father's either dead, or he's very busyxx

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business man or professional man, or he's preoccupied with himself. The kid has no good identification going for him. And he has no chance to really develop or to imitate someone that he respects, so he's left out to mill in the crowds, and make an identification with an older kid, who might be a drug addict, and then

BU: Freeze that for just one ~~moment~~ second. Now, do you agree with that so far?

SM: Well, I think first of all the theory related to ghetto drug use is very valid. And I think that the theory related to the drug abuse issue in general is valid, but I think the fact that 80% of the adult population uses ^{alcohol} ~~xx xxxx~~ and 1 in 20 of those that use abuse, and interestingly enough the statistics applied to the marijuana situation implies that it's unfortunate that we felonize one out of 20 even speculating that they need treatment. To me, there should be no legal ^{penalties} ~~penalties~~ on the drug user per se. If you indicate that the individual needs therapy, then your regulations should be designed to get him into therapy. But so many of the people, for example

BU: Okay. Do you agree with that?

BA: No. Because I catch you

BU: (UNINTELLIGIBLE _ BOTH TALKING SIMULTANEOUSLY)

BA: Now, suppose I catch a man who says he's using marijuana, and he's ~~xxx~~ caught with a pound of marijuana? Am I to

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go and say well, this boy's just got his share to last him for his sophomore year at college? I'm not gonna buy that. I'll buy the first joint that he has for himself.

XX: Anything above the first joint, I'm convinced he's gonna sell.

BU: Yeah. Well, this is a very interesting point, because there are particular considerations involved, and it seems to me that anybody who says instead of sending somebody to jail who is caught with marijuana in his possession, we're gonna send him to a hospital where he's going to get prolonged ~~xx~~ therapy over a period of a couple of years, anybody who says that is perfectly responsible if we're dealing with a few thousand people; but in fact out of this world if we're dealing with 10-15-20-million people. Correct? Now, If in fact we have, as it is variously estimated, somewhere between five and 20-million regular users of grass, then your prescription is simply out of this world. You know. There are not that many doctors.

BA: No, no, that's true. It would be very difficult to handle. However, the mere fact that we've got 6½-million alcoholics, ~~alcoholics,~~ ~~definitely~~ ~~alcoholics~~ and sub-rosa another 20-million to 30-million and blowing, wasting 30-billion dollars a year, I don't feel ~~xx~~ like adding another dangerous drug on the market. The fact that you only

BU: That's a very interesting argument isn't it?

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SM: Well, it's interesting, but I would consider it an invalid argument, because of those individuals that are, at the preset time, abusing alcohol, if you for example legalize marijuana I think that your net amount of drug abuse would not increase. Individuals, as I ~~xx~~ pointed out, that abuse alcohol, if they started smoking pot, then they might become potheads, but they would stop being alcoholics. Further, those individuals that are predisposed to alcoholism, if they were diverted into the marijuana area would not be an alcohol statistic, they might be a pothead statistic. In other words, the point is that drug abuse is drug abuse, and it's personality determined not drug determined.

BU: That's pretty interesting don't you think, Dr. Baird? How ^{problem} about that? That in fact you might lessen the ~~exp~~xxxx~~~~ of ~~xxx~~ alcoholism by legitimizing pot?

BA: Well, that very profound piece of wisdom came out of the LaGuardia Report. They used this as their way to get rid of alcoholism, was to use marijuana as the problem, to ~~xx~~ cure alcoholism. No, I don't buy that at all. Because I'd be extremely concerned. Now, these people that have now used marijuana, how many of these people are gonna be happy with this? Suppose the alcoholic now he realizes that he can take marijuana, handle his problems, and also he's read an ^{article} ~~xxxxxx~~/by some doctors in Canada that if he took a little

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LSD ~~xx~~ now, he'd be able to analyze himself a little bit more critically and develop a syndrome which some of our medical colleagues have developed -- auto-paralysis by ~~xxx~~ self-analysis.-- under the influence of this LSD. I'd be very concerned. I wouldn't buy this one bit. I think if you do this, you would ~~xx~~ lose a whole generation of people, because they would not be satisfied with the one joint. Plus the fact, would you be willing to give me this? That marijuana has a chance to precipitate psychoses?

SM:

I think there is a higher psychogenic potential with marijuana than with alcohol, but I think that if you're going to evaluate drug abuse potential you have to realize that alcohol is a ^{high-caloric} ~~high-caloric~~ substance containing seven calories per cc. and the alcoholic develops severe physical damage, which the individual that uses pot does not, because marijuana in fact is an appetite stimulant.

BA:

Yeah, but the individual develops the psychologic manifestation^s immediately from one to two joints; but to get the same psychologic ramifications you have to take quite a few more cocktails of 4 to 5. And the deleterious effects from the alcoholic intoxication, /severe neuritis and the ~~xx~~ cirrhosis, and the diabetes which develops in a patient like that, is only after prolonged therapy, not prolonged therapy, that's a slip,

BU:

From abuse.

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BA: Prolonged consumption of alcohol, but with marijuana it's one or two joints that can then change your perception of time, distance, and your own (BOTH TALKING SIMULTANEOUSLY)

SM: ---that's an unfair estimation of the dosage required to produce these effects. I think that high-dosage marijuana can produce

BA: What do you call high dosage, doctor?

SM: Well, we in the, what we describe ~~xxx~~ as the a-motivational syndrome, in which individuals smoke marijuana to the point where they lose all motivation,

BA: How do they know what the dosage of marijuana is, and then grass? How do they know if it's hasheesh,

SM: Well, I'm saying if they consume up to 10 joints a day. Now, certainly this is abuse over a prolonged period of time. But even in this high dose consumption, one does not see significant physical deterioration; but I don't think we're disagreeing on drug abuse. Drug abuse is bad, it's destructive. I think that we're defining, rather, what is drug abuse? And I think that just as an individual can drink a martini occasionally, an individual can smoke a joint occasionally and my concern is that in the broader issue. For example, marijuana has become a social issue amongst the young people, a vehicle for the generation gap. And they view our overreaction to the marijuana issue in such

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a way that they then invalidate what we say about the more dangerous drugs. For example, when we lecture on barbiturates, or enphetimines. They say, aw, that's just what you told us about marijuana. And as a result drug education, at least in the State of California, is evaluated primarily as a way of protecting the dominate culture's right to alcohol~~ix~~ and cigarettes and eliminating the drugs of pleasure ~~xxxxthe~~ from every body else.

BA: Well, how do you get boxed into situations for a youngster to tell you that it invalidates, you can take one 5 milligram dexodrine, you're not gonna get whacked out of your mind. You can take one joint and get whacked out of your mind. So, I don't see how you can validate it

SM: Yeah, but the kids don't take one, they take five or ten

BA: All right. That's it. So, therefore, in your education program you ~~gon~~ gotta^{explain}/to the youngster why you can take one 5-milligram table t of dexydrine, and you're not gonna get the deleterious ~~xxx~~ effects, but you can't prognosticate ~~what~~ what one joint of marijuana is going to do to the individual. You and I know that if one joint can, have you, in your research found any reactions to an individual with one marijuana cigarette?

SM: Yes, in the above-30 population.

BU: Excuse me.
BREAK

BU: You were saying, Dr. Baird.

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BA: In the above-30 population, which seems to be an invisible curtain that one goes through, what is the physiologic changes that goes through an individual to protect him under the age of thirty that makes him extremely vulnerable over the age of 30?

SM: Well, this is interesting. We're ~~fixing~~ finding that as marijuana is ~~ex~~ spreading and becoming cross-cultural, and breaking down socio-economic barriers that older people are experimenting with marijuana. Unfortunately, they have a negative program about the drug, and that we're finding situations where for example where four people, three adolescents and an adult will sit down and consume exactly the same amount of marijuana, and that the adult will have a very paranoid reaction, precipitate a psychotic response, where the young people will laugh and have a good time.

BA: From one joint?

SM: Yes.

BA: Gee, that's a good example on how one is dangerous, right there

SM: But it's dangerous primarily because of the attitude the individual has towards the drug. I know that, for example, we recently had a psychotic break after a mother consumed half a marijuana brownie with her children, and the reason she had the psychotic break was that she had been taught, when we talk about the validity of drug education, there's a good deal of literature that says that marijuana causes

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brain damage, door-to-door rape. It turns you into an
~~xxx~~ assassin,

BA: Door-to-door rape? (LAUGHTER)

SM: uh, in other words, this information is ~~xx~~ so far out, that
the young people invalidate it, but the older people believe
it, and then when they experiment with the drug, many of
the older people develop a reaction; but it's not the
response to the drug effect, it's a response to their own
psychological attitude to the drug.

BU: Well, but even if that were so, this becomes a concrete
datum

SM: Yes.

BU: on the basis of which one legislates sound social policy.

SM: Right. I agree with that.

BU: If in fact x-percentage of the people, through whatever fault
of their own, are culturally prone to be set off by taking
a particular drug, then doesn't it, under the traditional
considerations, get proscribed? Or, putting it another way,
is it your obligations, and that of the emancipators, to
change the cultural thrust~~xxx~~ of the overwhelming majority
of the population, and then license marijuana?

SM: I would agree with this. In other words, the danger of
legalizing marijuana is that older people will use it.
Now,

BA: What about younger ones?

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SM: Well, we just went over that ground.

BA: What's the hang-up about the older?

SM: In other words, we're talking purely about the episodes of acute psychotic break. Therefore,

BA: You mean any youngsters under the age of 30, 20, can't get a psychotic ~~break~~ uh (BOTH TALKING SIMULTANEOUSLY)

SM: I wouldn't say

BU: They pretend not to.

SM: I would say the vast majority in our toxicity research of acute psychotic ~~breaks~~ breaks occur in older people, and people with much more structured personalities. Now, in this context

BU: Why is that?

SM: Well, in this context, the point is that valid drug education, underlined by honesty, to be scrupulously honest in presenting ~~xxx~~ the information, must ~~be~~ precede any dramatic change in drug regulation. On the other hand, I think that we have enough information to indicate that the very stringent laws which are, for example, in the State of California, are ruining the court system. We don't have enough money for drug rehabilitation~~xx~~ programs, because we're arresting kids and spending millions of dollars trying to process them through the court system.

BA: How many youngsters do you know that have been sent to prison?
we
You've treated, you've told me, while ~~you~~/were waiting, before

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the show became air, that you saw 12,000 youngsters, 12,000 addicts within a period of three months. How many people that you've seen have been sent to prison for two to five years in California? Do you know personally?

BU: Well, no, you don't mean know personally. You don't care if you haven't met them, do you? Know of.

BA: Yes.

BU: Not necessarily know personally.

BA: Well, I, well, he works with them in the clinic. Like I do. I get to know all the addicts personally. So, you have to know them. Because in order to get any program to work, you ~~xxx~~/must know these patients personally, otherwise, you're ~~xxx~~ gonna, you're not going to be able to make the connection.

SM: Well, I would agree very much, ~~Dr. Baird~~ Dr. Baird, with your point, that the laws as they are now stated are so severe that the judges are very reluctant

BU: To enforce them.

SM: uh, to enforce them, and as a result ~~xxx~~ what you see, far and away, are suspended sentences.

BA: So, then, where's your thesis of driving up the problem of marijuana uh,

BU: Well, he said there were 37,000 arrests.

BA: Yes, right. But they're not going to ~~xx~~ jail.

BU: So that means (ALL TALKING SIMULTANEOUSLY)

SM: ^Dut your college transcript still says have you ever been

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arrested? It doesn't say whether you've ever~~x~~ been

BA: That's right.

SM: convicted. It still says have you ever been arrested?

BA: Do you know, doctor, if you go through a red light in New York, at 3:00 o'clock in the morning way down in Wall Street that where there aren't any cops, if you go through ~~a~~ red light thinking you're not gonna get caught, and then all of a sudden that blue maitre/d'appears with a little shield and ~~says~~ says, Dr., pull over. You've got California plates. Did you know you went through that red light? And you get it written down on the back of your driver's license, you went through the red light. You were aware of the fact that you were going through the light; but you wanted to take the chance. The same thing with these kids. They know it's against the law. If they want to do, well, Sonny Boy, either you're gonna have medical therapy or you're gonna have to pay the ~~pena~~ penalty. But I think what I'd, not to take ~~anything~~ anything, _____, but to ~~put~~ publicly know, have you found any dangerous results in marijuana? Is there anything about the drug? Would you say it's less dangerous or more dangerous than alcohol?

SM: Well, there's certainly a very definite toxicity with marijuana. We've talked about the anxiety reaction, ~~put~~ in precipitating in paranoia, ~~and~~/a certain number of the users. We've talked about the

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BA: Is there a way you can tell which kid is gonna get the psychotic syndrome?

SM: We've talked about the ~~amotiv~~ amotivation syndrome when ~~an~~ the individual smokes too much pot. Uh, I would say in some that the toxicity of marijuana, however, is less than that of alcohol. I think that, for example, in the City of San Francisco one in 10 of the individuals in San Francisco, there are 70,000 alcoholics in the City of San Francisco, in a population of 700,000, and that the tremendous physical destruction of this particular compulsive drug habit ,
unfair

BU: Well, that's a little ~~unfair~~, isn't it? Because we don't know how many addicts there would be, or if that's not the proposition (?) how many people, had marijuana been legalized, over the past 7 or 8 years, would have been

(BOTH TALKING SIMULTANEOUSLY)

SM: I agree, but I was responding specifically to the question: what is a more dangerous drug, alcohol or marijuana? And what I'm trying to say is that we should pay less attention to ~~ex~~ specific drug factors and more attention to personalities and

BU: ~~to~~ (UNINTELLIGIBLE - BOTH TALKING SIMULTANEOUSLY) Generic (?)

SM: to personality structure and environment. For example, we're talking about any increases in more dangerous drug abuse.

And many people tend to focus entirely on the marijuana issue. whereas, for example, physician over a prescription of diet pills contributes much more towards the heavy drug abuse in

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our area than does the stepping stone theory for marijuana, for example, in that the major contributor to barbiturate abuse and heroin abuse in the Haight-Ashbury is because the young people are so high on amphetamine they then use barbiturates and heroin as a ~~numb~~ downer, for amphetamine. And what I'm saying is that the marijuana issue is really quite peripheral.

BA: What do you mean, peripheral?

BU: Well, that's what we're here to talk about.

SW: Peripheral to the drug abuse

(ALL TALKING SIMULTANEOUSLY)

SW: Peripheral to the drug abuse issue.

BU: Oh, ~~xxxx~~ sure. But even so, you (BOTH TALKING SIMULTANEOUSLY) and talk about it.

W: It is very pertinent to the whole social issue of pot, and peace and hip sub-cultures and

BU: It's ~~periph~~ peripheral to the Third World War, too.

SW: Yes.

BA: I think a big thing, you go and bring this back to the nations which use pot so much. Take India. This poor country^{has} got herself so hung up on hasheesh. Now, many of these people that will smoke hasheesh, there, supposedly as part of their religious orientation, and I've spoken to quite a few of the physicians that come over from there, and it's very simple. They say, you know, Doc, it's very hard for these people the Indian people there to believe that their Nirvana is in

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another world, it's not here. So, they escape from their total world of reality by getting completely bombed out and hasheesh which gives them a pleasant respite from hunger, from no food, no clothes, nothing to look forward to,

BU: ~~Is~~ it cheaper than food?

BA: Is it cheaper than booze?

BU: Than food.

BA: Than food? Oh, sure, because it grows rampant. It grows all over the area. So, you take India, you take the southern provinces of China, you take Morocco, you take the countries that are so ~~xx~~ desper-, who are older than us culturally, but so hung up on drugs that they're coming ~~xxx~~ to us and asking for economic aid because so much of the motivation has been taken out of these people. And that's why I'm so concerned in gettin' over to the American public, to the young people. I don't buy this nonsense, that, the 30-year-old bit, and the psychotic~~xx~~ bit. They come right along, and the thing that we adults can't communicate with them, invalidates that. That might be someone who cite the doctor out, but no kid's gonna cite me out, for ~~xx~~ me to believe that this is a kind of bit, because I don't buy it. I'm gonna get this 12 or 13 year old kid who's strung out on grass and find out why is he. It's not that he's economically impoverished. The basic denominator for everyone of these people is psychologic impoverishment, whether it's the wealthy kid or the poor ghetto kid. They both have the same

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common demominator, up here, they don't have quote all their marbles. And whether it's a doctor who's smoking grass or a judge, or a tv producer or the little kid from Harlem, they all have something in common. They are basically insecure, and by smoking grass, that brings them into a culture, where their insecurity isn't so evident. They're accepted by the other group, their other peer ~~xx~~ group.

BU: Well, that's good isn't it?

BA: They're not in with (BOTH TALKING SIMULTANEOUSLY) squares,

BU: That's good isn't it?

BA: No.

BREAK

BU: You were going to explain why it is not good to permit somebody to take something which has the effect of minimizing his psychological maladjustments.

BA: Yeah. For the simple reason, then, they lose so much of their motivation. What do you do with youngsters who start to smoke grass, and they decide they don't have to go to school~~xx~~ because, I just give you a youngster right now. I've got a 17-year-old boy, very wealthy parents, millionaire parents, who wants to live in the woods in Maine like Thoreau, eating berries and nuts and communing~~xx~~ with nature, plus as much grass as he wants. And we tried to get him to go back to college, but ~~we~~^{you} can't ~~xx~~ get the boy to go back. He said, Doc, if you were to ~~xxxxxx~~ legalize

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marijuant, he said, all my difficulties would be over. I wouldn't have gotten arrested in Rome for makin' it with grass. I want to get this boy to come back. I'm not as easy going as Dr. Smith. I'm not gonna say I've gotta get down to that kid's psyche to say that he's right. Not me. Youngster, you can't, and I'm not putting the young fellowxx down, but the idea is what are you gonna, what's your whole orientation in life? For personal satisfaction to be happy all the time in a world of ~~xxx~~ total euphoria, and then all of a sudden you find the rent is due, and you have ~~xxxxx~~ no money.

BU: Well, what do you say to that?

SM: Well, I have cases

BU: Would you (BOTH TALKING SIMULTANEOUSLY)

SM: in which individuals start smoking marijuant and their performance improves, and in analyzing these cases, we find you know a rather classic adolescent identity crisis~~xxxxx~~, in which, as young person told me,

BA: What type of work is it they do?
while

SM: Prior, ~~wkky~~ they're in school.

BA: They work in school?

SM: Well, could I finish? While they're in school, they feel that, in a suburban family they have no economic purpose, if they have no identity, their parents ~~xx~~ tell them ~~that~~ they stick on this line for 15 years, and they'll be somebody ~~for~~

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in fifteen years, but they say, right now, I'm nothing.

They start smoking pot. They become a head. They participate
hip
in the ~~hazz~~/sub-culture and they have

BA: And that's something?

SM: And they have an identity. And I think the real tragedy
i is the existential crisis that occurs in the suburbs. Why
can't we provide a meaningful alternative to these young
people. We're certainly not doing it by saying don't do
this. Rather, we should start saying some of the things
that you're trying to achieve are valid, why don't you try
to achieve them without drugs. But all we're doing now,
particularly in the suburban situation, are saying don't.
We're not saying what to do to resolve this particular
identity crisis. And this of course is the issue that's
quite relevant. Young people need a group identity and
the dominant culture in many areas is not providing them
a
with/resolution of this crisis.

BU: Mr. Greenfield. Excuse me, ~~xxxxxx~~ Dr. Baird.

GR: I don't know how much (OFF MIKE) if a kid lived in Maine
and ~~xxxxxxx~~ ate berries and nuts and just blew grass
all the time, but let me ask you a question about a
substance which I think more people are hooked on than
~~xxx~~ alcohol and marijuana, combined, that affects black and
white, rich and poor, that completely undercuts ambition,
hard work, sexual performance, and probably appetite, and

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that keeps millions of Americans transfixed in a semi-hypnotic state, night after night, ~~and~~ now, should we ban television?

BA: The only withdrawal that you would get from that would be a decreased electric bill. That's the only withdrawal symptom. That's the only syndrome you'd have.

GR: I mean it's, what I'm getting at is that a ~~xxx~~ lot of people in a lot of different ways drop out. They drop out by watching the name-game shows, every day. They drop out by taking barbiturates or amphetamine, or they get gassed every night.

BA: I don't think you can make, I think that's a ludicrous comparison between the tv tube and the autopsy table from a kid they get an overdose from drugs. Right. ~~They~~ ^{It} may be copping out to watch the idiot tube, outside of this show that we're on, (LAUGHTER - APPLAUSE) for all these years, true. ~~xxxxx~~ But you gotta motivate the individual. I agree with the /suburban crisis, he said; however you know what it is? This suburban crisis that, you see what happened, mama and papa hit the epitomy of success, they take ~~xxx~~ all the motivation away from the kid by not letting, giving the kid too much money. Hey, Junior, you wanta a car? You go out and earn, you pay for this car. Too many of these kids are given everything. Now, also you take the boys and girls from Columbia or Manhattan who are hung up on dope. I'm fed

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up with hearing hey, doc, ~~they~~ there's nothin' for me to do. Hey, come up to Harlem, teach a little Negro or Puerto Rican kid how to read and write English, take him up to your Scarsdale home, take him on a camping trip, take him to the Metropolitan Museum.. Do your thing, don't have oral diarrhea ~~xx~~ of what you're ~~you~~ going to do. Do the action. do both

GR: Sure. Suppose they ~~doxxdoxxdoxx~~ that. Dr. Smith, ~~shockdoxx~~ maybe Dr. Smith should, Dr. Smith, do you know people who both engage in constructive social action and smoke pot regularly?

SM: Large numbers.

GR: In other words,

BU: (ALL TALKING SIMULTANEOUSLY) One at a time, or simultaneously?

SM: Well, as I was pointing out, they may engage in constructive social activity all day, and after a hard day's work come home and have a marijuana cigarette for relaxation. On the other hand, they may have a very large quantity of marijuana an entirely different individual and not report to work at all. I'm saying that it's, that again the primary determinant is the personality of the individual. If you're hooked, if you're addicted to TV, or you're addicted to any situation that takes you away from a central ^{social} ~~doxxdoxxdoxx~~ focus, then this is destructive.

BA: Would you like to have a test given, then, for everyone who's gonna use grass? Why don't you use grass? You work

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a hectic schedule.

SM: Well, in this context, the individuals, for example, the individuals that work at our clinic, are volunteer, and they find that the work itself is a turn-on. ~~But~~

BA: But do they have to use grass?

SM: No.

BA: No.

BU: I don't think it's his point that everybody has to, is it?

~~SMX~~ G%: It's that some people want it.

BA: No, but those that do, Bill, I'm very concerned (ALL TALKING SIMULTANEOUSLY) I'm very concerned about these people that have to use it. These people that constructively work, they are working this out for some definite problem, and then it might, this is their ~~was~~ reward, they're working so hard, oh, I can hardly wait, it's four o'clock, at six o'clock I'm gonna turn on with a joint. ~~Nowxx~~ No, I don't buy this, as far as I'm concerned, they're sick.

BU: Miss Duffy.

DU: Dr. Baird, I don't know if you're familiar with a study Dr. Andrew T. Weil of Harvard did on marijuana ~~xx~~ in Boston? Uh, let's see, it was in April, 1968. ^But he tested nine people over a period of time, and at random intervals, and

BA: Nine people?

DU: Nine people.

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BA: That's a very small number.

DU: Well, he tested, well nine non-users and nine users, so it's

BA: That's eighteen.

DU: eighteen total.

BA: Over how long a ~~time~~ a period of time?

DU: Uh, about four months.

BA: Four months.

DU: And then he interviewed them six months later, the non-users, and he found that only two of the nine had tried marijuana subsequently. I'm quoting, and those on only one occasion each. None had tried any other psycho-active drugs. Now, I'd like to know why you think that marijuana is you know a stepping stone to heroin? Why is there

BA: Which of these nine? Were these the nine

DU: Non-users.

BA: The non-users, and out of that two went on

DU: And only tried it once.

BA: And the other seven didn't?

DU: Had not tried it at all, and none had taken other drugs.

BA: Well, that shows me a pretty good response of the stability of the individuals. They were asked to be volunteers. These are people that weren't ~~xx~~ using it. The people that seek balance. itout are the people who have the psychologic ~~xxxxx~~

DU: Yeah, but my point is that is that were there not marijuana wouldn't these people be just as likely to start on heroin,

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say start snorting heroin? I mean, why is marijuana the key factor in

BU: Why is it a bridge?

BA: Well, first of all, where marijuana generally lies, there also is a subculture of the other drugs, amphetamines, barbiturates, heroin, mescoline, peody (?), the whole routine, cough medicine, and airplane glue. That group may be in there. However, you get the intellectual college snob he's not interested in that routine, he's just gonna stay with the amphetamine, barbiturate, and the pot; but the mere fact that he seeks this out to escape from reality, which is just a now cliché, it doesn't mean a thing to me, escape reality, it's he doesn't wanta face up to what he's supposed to do.

DU: All right. But then alcohol a logical step for some to heroin?

BA: Well, I'm not gonna say, I'm not particularly happy that we've got six-and-a-half million

DU: No, I realize that

BA: (BOTH TALKING SIMULTANEOUSLY) that's a non-sequitur.

BU: Excuse me.

BREAK

BU: You were saying Dr. Smith.

SM: Well, I think in ~~xxx~~ terms of social theory, it's my feeling that we have created any association between marijuana and any other drug because of our punitive attitude towards the

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drug, and the fact that you have to buy marijuana from the same individual that sells amphetamine and acid is one of the biggest cases for the legalization of the drug.

BA: Would you legalize it?

SM: Now, one of the reasons that I am at the present time feeling that liberalization must proceed slowly or, basically two issues. First of all, there's a large population that is quite uneducated about the drug, and that second of all, I think we've got to do something first about our public advertising of drugs. For example, I'm very much against the public advertising of cigarettes, and I'm afraid that if we legalized marijuana today, we'd have advertising would you offer a lady a joint, or smoke Marlboro grass or something like this, and I think that we ~~must~~ ^{influencing} understand that the media plays a very big role in ~~influencing~~ particularly young people to use drugs, and until we come grips with this in all drug areas, and that particularly until we've come to grips with proper drug education, that we must move slowly in these areas.

BU: Mr. ~~Coyne~~ Coyne.

CO: Well, the prospect of having to choose my children to be either drunks or junkies is sort of a chilling, but I'm interested in ~~xxxxxxxxxxxx~~ the comments of both you gentlemenxx on whether it is or is not possible to control the supply of marijuana and of narcotics.

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BA: That's a very difficult thing to really control, because not only are you concerned with syndicated crime, with the big people who deal with it, you also have a lot of college kids that have entered into the thing, have gone on their summer cruises now, coming back ~~wikix~~ from Europe, just loaded with grass inside their valises. To give you several incidences, kids now that go over say on their high school, they have an exchange program with the United States, they'll go to Rome or Barcelona and the kids find out there they get real good hasheesh. So, they cut the bottom lining of the little donkey or the little tiger, take out the straw, load it in with hasheesh, and send it into America, and the kid is now ~~making~~ made a big

BU: You mean a toy donkey? (LAUGHTER)

BA: Right.

BU: These kids, uh

BA: And then the other thing is that you've got a lot of people, and this is why I've asked for legislation, that people in the Merchant Marine, be screened off very carefully, because you've got a lot of merchant mariners who are bringing in marijuana from India, from the Arabian areas, and bringing it in here, without being caught or detected. So, it's an ever-growing problem, which we have to be on our constant vigil, and if we don't do anything, I don't take this very carefree attitude that the doctor's concerned about tobacco

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smoking, you can take one joint, one cigarette, a regular cigarette, and function fine without disturbing anyone around you, but one joint will ~~knock~~ knock you on your backside. carcinoma
The deleterious effects of cigarettes for ~~xxxxxxxxxx~~ to anticipate the possible question, is after ten or fifteen years, and the peripheral vascular diseases, but one ~~joint~~ joint is what I'm concerned, and I will not tolerate this nonsensexxx of lettin' this thing be legalized to liberalize it.

BU: Thank you very much, Dr. Baird, and thank you very much, Dr. Smith, and thank you all.

THEME

END OF TAPE