

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

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## Chapter 25

### Dangerous Drugs: Here We Go Again!

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THE EPISODE in which the menace of dangerous drugs was played up (and the concept of "hard" narcotics invented) by the 1962 Ad Hoc Panel-so the ensuing White House Conference would have something new to talk about-was neither the beginning nor, alas, the end of the dangerous-drug story. Here again political phrasemakers took leave of honest etymology, for many other drugs, like aspirin and insulin, are highly dangerous too, though let there be no question that some of the newer drugs currently being abused, and especially depressants in the barbiturate category, are dangerous indeed.

Barbiturates are addicting by every definition. Misuse of them causes permanent and severe physiological damage, and their withdrawal syndrome includes violent convulsions and a distinct possibility of death if acute symptoms are not alleviated. Barbiturates are worse than alcohol in these respects, and when combined with alcohol the intoxicating and debilitating effects of each drug seem to accentuate those of the other. Moreover, unlike the drunk, whose stomach will rebel if he indulges beyond a certain tolerance limit, the barbiturate user can easily keep taking pills in his intoxicated state until he has administered a fatal dose to himself. For many years, deaths from barbiturate poisoning have been numbered in the high hundreds and low thousands, with a fuzzy line separating suicides from accidents in this drugged crossing of the fatal line.

Drugs in the stimulant categories, such as the amphetamines, also merit the appellation dangerous, although they are not technically addicting and present no major difficulties in withdrawal. The recently widespread practice of ingesting amphetamines by injection-mainlining "speed" and "splash"-appears to produce destructive effects which are more akin to self-inflicted violence than to mere self-indulgence with drugs. Combinations of speed with depressants like the barbiturates or alcohol allegedly sometimes have effects on their users roughly comparable to a good tap from a blackjack or a bruising encounter with a briskly moving motor vehicle. And by all accounts substances like LSD-25 and STP deserve the reputation for eccentric harmfulness which they are acquiring.

But the basic problems posed by drugs in these categories, and by the whole range of tranquilizers, have been with us for a long time. Among them only the barbiturates produce "addicts," so it is illogical to lump them together. It is no more misguided now, and no less, to talk about "curing" or "rehabilitating" users of Benzedrine than it has

always been to apply like concepts to smokers of cigarettes and reefers. The difference is that by now we should know better.

Barbituric acid was synthesized in Germany in the 1860's, and the first barbiturate marketed as a sedative was launched under the name "barbital" in 1882. Properly managed, barbiturates are useful in a wide variety of medical treatments, ranging from gently tempering anxiety and menstrual discomfort to total anesthesia and the remarkable "truth serums." They are generally dispensed in tablets but can be produced in soluble compounds suitable for hypodermic injection.

The amphetamines were developed and introduced into medical practice in the early thirties. During World War II amphetamine compounds were widely used in the armed forces, particularly in aviation, to counteract symptoms of extreme fatigue. One result we have already noted-the dumping of surplus stores in both Germany and Japan, which created major drug abuse problems for their populations during the allied occupations; another was that our own young men and women returned to civilian life with familiarity, if not habituation, in regard to this category of stimulant. In the 1950's amphetamines were sold without prescription in nasal inhalers and sometimes in tablet form for controlling obesity. They also began to be widely used outside of medical practice, including "spree" use in college groups, military camps, and prisons.

Amphetamines increase athletic performance by suppressing symptoms of fatigue which otherwise slow the performer. This is the drug used to dope racehorses, and though no one has ever undertaken formally to prove anything amiss (and no wrong would actually have been involved anyway), it is interesting that in all the history of competition running, since man learned to measure time, no one had ever succeeded in breaking four minutes for a mile until Roger Bannister did it in May 1954. Bannister was a fast runner who happened also to be a medical doctor. Three months later, before one of the largest TV audiences of that era, Bannister did it again, but so did John Landy, who ran second-and Bannister had a cold while Landy had a four-stitch gash in his foot. A year later, on a soggy track in London, a near-unknown Hungarian soldier (who said he was still airsick from his trip to the meet) broke four minutes again, beating two English runners of moderate renown who also did it behind him. The record has been pushed down at intervals ever since by runners from drug-saturated nations like the United States and the British Commonwealth (by 1965 nine U.S. track men, including a remarkable high school boy named Jim Ryun, had broken the four-minute barrier, and the feat had been accomplished a total of 156 times by fifty-four athletes from sixteen nations. Herbert Elliott of Australia still led the field with seventeen official under-four-minute runs.)

As far back as the early 1920's a few states had recognized barbiturates to be potentially dangerous enough to be brought within general prescription laws. References to barbiturate addiction began appearing in the medical literature. But for the most part they were identified separately from narcotics by being described as "hypnotics," and there were authoritative assertions that even severe barbiturate addiction was controllable and produced no significant withdrawal symptoms. By World War II approximately two-thirds of the states had enacted control laws.

In 1945, addiction centers like Lexington, and physicians working with addicts elsewhere, began to encounter barbiturate use in connection with conventional addiction to morphine or heroin, and the severity of this problem soon began to be recognized. In that first postwar year, 965 deaths were definitely attributed to barbiturate poisoning. The popular press began grinding out stories with titles like "Sleeping Pills: Doorway to Doom," "Sleeping Pill Addicts Walk Terror Path," and "Sleeping Pills Can Kill Like a Cobra." And of course politicians began moving in, led by Congresswoman Edith Nourse Rogers of Massachusetts, who in 1947 offered a bill to bring barbiturates under the Harrison Act pattern.

Mrs. Rogers was immediately caught in a crossfire: the Narcotics Bureau, in Treasury, resisted all suggestions that it should undertake the policing of sleeping-pill users, and the all-powerful American Pharmaceutical Association wanted no part of any restrictive regulations imposed on its members, while at the same time the Food and Drug Administration (then seated modestly in the Federal Security Agency) kept trying to stir things up, in a bid for more power for itself, by Anslinger-like puffing of the menace and the importance of its own finger-in-the-dike efforts:

A typical [FDA] case was that directed against H. Otis Fadal, who operated Fadal's Square Drugstore, of Waco, Tex. This case was terminated on March 1, 1945, by a fine of \$600 and a six months' jail sentence. . . . The investigation at Waco was begun because of a complaint made to us by the juvenile authorities. Two kindergarten children from the same family were discovered by their teacher to be stuporous in class. She found that they were taking medicine. . . . When our inspectors traced the father's source of supply it developed that some 60 addicts were regularly purchasing barbiturates without prescription from Fadal's Drugstore, which derived large illicit profit therefrom.

The information which we acquired leaves no doubt that the problems growing out of the unwise and unsupervised use of barbiturates is progressively becoming more serious. Tragic incidents of broken homes, destroyed health, suicides, and accidental deaths are commonly encountered in these investigations. . . .

The most recently terminated case in a district Federal court involved the Cohen Drug Co. of Charleston, W. Va. This was begun when a local man died in a telephone booth after an overdose of barbiturates. Another death which was discovered in the same community resulted in the acquisition by our inspectors of the package from which the lethal medicine had been taken. The inspector presented the empty box at the drugstore where the medicine had originally been obtained and was unhesitatingly given a refill of the prescription. . . . Upon a plea of guilty the court fined the corporation \$1,800 on May 5, 1947.

Soon the campaign picked up momentum in the usual pattern. Other congressmen swarmed to get on Mrs. Rogers' bandwagon. Tales of heinous crimes committed by persons who had taken sleeping pills commenced to fly about. And, naturally . . .

One of the most appalling aspects of the current situation is the fact that addiction is shown to be increasing most rapidly in teenage groups. A 1950 report of the Chicago Juvenile Protection Association states: "The sale of dope to minors and their addiction now presents one of the most menacing and destructive conditions this Association has ever faced." A study of 41 cases reported for the period January 1 through May 31, 1950, shows that the youngest child was 12 years old and thirty were between 13 and 16. By the end of the year, 93 children had been called to the attention of this [family] court as users or being in possession of dope.

But the man who tried most determinedly to ride the barbiturate issue in the 1950's was Congressman Hale Boggs, author of the infamous Boggs Act, which had brought mandatory minimums into the Harrison Act structure. In 1951 Boggs commenced pushing for legislation imposing drastically repressive federal controls. And immediately he encountered head-on opposition from his erstwhile patron and mentor, Commissioner Anslinger. In hearings on drug legislation that year the Commissioner fairly scolded him:

But now, as to barbiturates, there is no smuggling. There is relatively little interstate traffic, and there is very little peddling. We have no control over the manufacture, and there are literally hundreds who are manufacturing barbiturates today. We would have no control except in the distribution. . . . You can imagine the terrific problem we would have today with the thousands of pounds of non-tax-paid barbiturates that are in the traffic today. I mean not illicit traffic but that are in the channels of legal trade. It would be worse than prohibition. . . . It would take \$5,000,000 and take five times as many men as we have, and then you would have conditions that would be similar to prohibition. I think it would become a very unpopular Bureau in this country. . . .

Another thing is that if they put this under the Bureau, then the next thing will be bromides, and probably we will get down to aspirin. We think we are controlling the very dangerous narcotics

now, and . . . certainly I do not think we could give it the proper attention that would be expected of us if this drug is to be controlled like morphine and cocaine.

Even the American Medical Association, speaking officially through its president, jumped in:

The pending bill . . . has been carefully reviewed by our Committee on Legislation. This Committee has concluded that the enactment of this bill by the Congress would represent a continuation of a trend to confer more and more authority on the Federal Government in matters more properly coming within the jurisdiction of the states. In the viewpoint of the Committee, if this trend is to continue, we may eventually come to a situation where no drug that may be of harm to a patient if used unwisely may be prescribed by a physician without the consent of the Federal Government. . . . It might appear inapropos for a representative of medicine to interject a question of constitutionality, but it seems to me that the Committee might well keep in mind the possible questions that might arise as to the constitutionality of this bill if it is enacted.

These attacks were enough to head off action in 1951. But the Food and Drug Administration kept putting out vignettes about barbiturate seizures and the association of sleeping pills with crime, and soon it began to talk also about the dangers of amphetamine abuse. Anslinger made a telling countermove by utilizing, as usual, his domination over the World Health Organization. He had relied on the absence of international treaty commitments to ground his arguments against the Rogers-Boggs proposals, and now he went to the international forum to buttress his position that these drugs ought to be regulated by tighter prescription controls only, instead of by repression. In 1954 the WHO Expert Committee on Drugs Liable to Produce Addiction recommended that governments should impose prescription controls on amphetamines, and in 1956 it made a similar recommendation as to the barbiturates, with a finding in both cases that such national control measures would be sufficient to deal with the situation. At the same time, the U.N. Commission on Narcotic Drugs insisted that both categories be excluded from the proposed Single Convention, leaving each government to take appropriate measures individually on its own behalf.

In 1955-56, as we have seen in an earlier chapter, the limelight was preempted by Senator Daniel and his far-ranging Subcommittee, which concentrated primarily on stiffer penalties and compulsory rehabilitation for persons connected with the conventional "narcotic" traffic. Nonetheless during the Daniel hearings one session was devoted to drugs outside the Harrison Act pattern, and this gave Commissioner George P. Larrick of the Food and Drug Administration a forum:

Because barbiturates produce greater mental, emotional and neurological impairment than morphine, informed medical experts expressed the opinion that addiction to them is actually more detrimental to the individual and society than morphine addiction. . . . While other drugs had their dangers, the widespread damage barbiturates can do to society as well as to the individual made us especially aware of the need for their control.

On this occasion Larrick used a device which was to become one of his major shock-administrators-tossing out free-swinging estimates of how many hundreds of thousands of pounds of drug substances were probably being produced annually within the United States and then converting this figure into a guess as to billions of capsules and a number representing possible per capita use by the total population of the country (for 1955, eighteen doses per person per year).

Larrick's credentials as an expert on drug addiction were less impressive than Anslinger's. He had started as an FDA inspector in the field, and had spent most of his life working up through the enforcement ranks. Yet he told the Daniel Subcommittee:

Addiction produces a general dissolution of character. We know of men who have held responsible positions but gradually became derelicts through the use of these-drugs. Whole-families may become relief problems when the breadwinner becomes addicted. Oftentime housewives begin to use the drug on a doctor's prescription for a nervous condition; they gradually increase the dosage as tolerance and emotional and physical

dependence develop. They no longer take an interest in the home or-children, get dirty and slovenly; steal money and sell furniture to get the drug.

Then came another parade of horrible cases: the man who, in a barbiturate stupor, fell into a gas furnace and burned up before he so much as knew he was getting hot; the nice old couple in Colorado who so saturated themselves with amphetamines that they hallucinated they were FBI agents; the attractive young lady who became intoxicated on barbiturates and drove her car over a neighbor's lawn, scaring the neighbor's children; and triumphantly-Carl Austin Hall, the then-notorious kidnaper of Bobby Greanlease, who had confessed in writing that he was an amphetamine user, and whose manuscript confession was waved about the hearing room and reproduced in the record.

At this point (we are still in the Daniel Subcommittee hearings of 1955-56) Commissioner Larrick initiated the ultimate reductio ad absurdum foisted on the American people by public officials trying to aggravate the so-called drug menace. We have seen a long parade of nonsense: that the addict is a criminal per se; that Harrison Act drugs are "poison," and heroin significantly more dangerous than the rest; that more severe criminal penalties are the solution; that the "clinics" were a total failure and the British approach to the problem merely a shadow of the U.S. reality; that public education about drugs would be harmful and would only recruit new addicts; that marijuana leads directly to addiction to the opiates.

But none of these approaches the reckless falsity of the major theme on which so-called dangerous drugs came to be principally condemned. That was the theme, echoed endlessly by official spokesmen, that dangerous drugs, and specifically the amphetamines, have been responsible for a substantial number of highway fatalities, mainly because of their abuse by long-distance truck drivers. Commissioner Larrick told the Daniel Committee:

The use of these drugs indiscriminately, not necessarily among habitues or addicts, may also result in tragedy. The motorist who attempting to reach a distant destination drives continually for twenty hours, takes the "pep pills" to keep from falling asleep may find that dizziness, confusion or hallucinations cause the unexplained highway accident which changes his destination to the hospital or morgue.

Or the trucker who had driven with the aid of "Benny" (benzedrine) and became so confused that he crawled into the sleeping berth and when pulled from his wrecked truck claimed he and "Benny" were driving and "Benny" was doing such a good job he just let him take over while he took a nap.

When Larrick began to drag, the irrepressible Chairman put words into his mouth:

Senator Daniel. I have a statement from you, made not so long ago . . . and I will ask you if this is correct, and place this in the record, if it is. I am quoting now from a statement attributed to you several weeks in a magazine: "There is a definite relationship between geo illegal use of these drugs," talking about the amphetamines-"and juvenile

delinquency. They are to be sold on doctor's prescriptions, but in every big United States city there is at least one source that violates the law.' Then you go on to give an example of a case in Missouri. This is the investigation made at an interview with a 16-year-old girl who was found in a semiconscious state as a consequence of taking amphetamines and beer. Is that a correct statement?

Mr. Larrick. Yes.

Senator Daniel. . . . and the statement which we will include in our record regarding the married truck driver who was accused of seducing a girl, states that he was considerably older than the girl, and he was a chronic user of amphetamines. The report of your inspectors in that area includes stories of young waitresses who have taken amphetamines and traveled with transport-truck drivers; of older -people furnishing them to teenagers, and having sex relations with them; thefts by gangs of teenage boys who used these drugs to bolster their courage and keep them sharp; as well as professional peddlers supplying the amphetamine.

Mr. Larrick. Correct.

The hearings from which we have just quoted were held in September 1955. But Senator Daniel was making his headlines primarily with the Harrison Act drugs, so in October 1955, Congressman Boggs – not to be left out of the action-launched another investigation on the House side in which barbiturates and amphetamines were featured. Commissioner Larrick sent a cautious deputy to the first House hearings.

Mr. Karsten. Is the Food and Drug Administration equipped to deal with this problems adequately, assuming you get the increase in force? Do you think you can do the same type of job done by the Bureau of Narcotics, or would that be the proper thing to do?

Mr. Harvey. Congressman, it is extremely difficult for me to give you a completely forthright answer. I will have to say that we have not been able to explore the full effectiveness of the law that we have now. At the same time I have to speculate that the problem goes outside of ordinary drug channels, reaches undercover channels, which is likely to require a kind of approach such as we have not as yet been able to use. I have referred to the fact that barbiturates can be made almost anywhere, that it is a drug that is very widely manufactured, and it is to be remembered that there is a problem of interstate commerce, or establishing the facts of interstate commerce, in any action which is brought under the Federal law under the Food and Drug and Cosmetic Act. Therefore one may well speculate as to reaching a point where difficulties will arise . . .

Mr. Boggs. The difficulty we find ourselves in is that Mr. Anslinger comes in and says he doesn't want barbiturate jurisdiction. It would highly complicate his enforcement procedure. He has a limited staff, something over 200 people, there is no smuggling involved in the sale of barbiturates, it is a domestic operation, and he doesn't want it at the same time, by your testimony and the testimony of the Public Health Service people,

it is admitted the problem of addiction in this field is just as grave if not worse than it is in the field of these other drugs.

Mr. Harvey. That is right.

However, Harvey, the FDA deputy, told the Boggs Committee that his agency was making a big undercover investigation of the illicit traffic in amphetamines, and on October 25, 1955, the Department of justice put out one of its all-point press releases relating the following:

Two Government departments today opened a drive to stamp out the illegal sale of stimulant drugs to truck drivers by cafes, service stations, truck stops, and drugstores. United States attorneys in ten Federal districts and six States simultaneously filed twenty-two criminal actions and requested bench warrants for the arrests of forty-three individual defendants. The actions were announced by Attorney General Herbert Brownell, Jr., and Secretary Marion B. Folsom of the Department of Health, Education & Welfare after a year-long investigation by the Food and Drug Administration in Mr. Folsom's Department. . . .

Highway accident reports and information furnished by safety directors of trucking firms and association led to the FDA investigation.

George P. Larrick, Commissioner of Food and Drugs, said FDA inspectors worked undercover as interstate truck drivers to get evidence. He said that the trucking industry and drug-manufacturing firms had contributed materially to the success of the investigation. Mr. Larrick said: "There is evidence that some truckers using the drugs have lost their own lives and have needlessly risked the lives of others. Use of these drugs by truck drivers is particularly dangerous because they so stimulate the driver that he stays on the job long beyond the point of normal physical endurance. His brain tires, his driving judgment and his vision are finally impaired, and a tragic accident sometimes follows."

Larrick used the old Narcotics Bureau trick of feeding sensational stories to the press and then submitting the resulting clippings to the congressional committee as evidence. One such account, from St. Louis, attributed to the local FDA District Director and entitled "Illegal 'Thrill Pill' Sales Bring Tragic Harvest," went as follows:

Investigation of what Pruitt termed the "most vicious" case in his files began when a 15-year-old girl was found dead in bed at her home in Southern Illinois. The investigation determined that the girl died from an overdose of "thrill pills," given to her at a party by some older men who had taken several teenage girls to an apartment. At this same party, one of the men fell from the second story apartment window, and later died from the injuries. It was never established if the fall was an accident or if he was pushed. The investigation established that one of the men had obtained more than 100 "thrill pills" from a druggist without a prescription. The druggist was fined in Federal court.

Another case record is that of a married man in Arkansas, who consumed a large quantity of the pills and went berserk. He abducted a teenage girl, criminally assaulted her, then murdered her, the record shows.

When Commissioner Anslinger appeared, he repeated his 1951 insistence that his Bureau wanted no part of this:

Mr. Boggs. Commissioner, I think you and your limited staff do a marvelous job. It is one of the best enforcement jobs in the country. There is one other thing that continues to concern us, and that is the question of barbiturates, or whatever you call them . . .

Mr. Anslinger. Mr. Chairman, I have no quarrel with anyone about the fact that there is too much consumption of barbiturates and that there are abuses. . . . However, we have seen no really illicit traffic as we know the illicit traffic in barbiturates. There certainly is no smuggling. There is no need for smuggling. There is no interstate illicit trafficking as such, although there are abuses in relation to certain firms that are exempt under the Durham-Humphrey Act, where you can send in your own diagnosis of yourself and they will put you on barbiturates. . . . We have never considered this on an international level, although many other drugs have been the subject of discussion at the United Nations. This subject has not been discussed because of the fact that there really is no international problem or no international trafficking. We have tried to confine our efforts to the really very dangerous drugs like the opium derivatives and synthetics and derivatives of the coca leaf. As you know, with our small force we have really a manpower shortage now.

And then Anslinger made what must be conceded to be a point worthy of consideration by his critics and adversaries:

I should like to point out to you, as to what we feel about this situation, that certainly it is in the hands of the medical profession right now. It is not in the hands of the trafficker. Why should the medical profession not take hold of that situation and bring it under control? Right now we are getting from various facets of the medical profession this statement that the narcotics traffic is too much of a police problem and it should now become a medical problem. I would prefer to see the barbiturates problem remain a medical problem and see if the doctors cannot keep this stuff in the bottle and control it in that way, rather than to suddenly make it a police problem. I think we would probably be as popular as the Prohibition Bureau if this thing went into effect.

The upshot was that Senator Daniel prevailed with his Narcotic Control Act of 1956, and nothing was done about Boggs's proposals to repress drugs in other categories. They remained subject only to the mild power given the FDA by the Durham-Humphrey Amendments of 1951 to classify substances as either safe for self-administration or sufficiently dangerous to require control by doctors and pharmacists. Anything classified in the latter category was supposed to be marked "Caution: To be dispensed only by or on the prescription of a physician."

