"I am curious, but ..."

THE DRUG SCENE

By Mike McCulley

Potentially, drug abuse can kill. In reality, however, the effects are various, complex, and dependent upon the extent and type of drug abuse of each individual.

Irregardless of their reasons for drug use, persons who use them do exist -- in growing numbers. Their ignorance of possible consequences is staggering. Hence, these articles will present some facts and typical case histories to be analyzed and evaluated privately. Preaching connotates condemnation. Consider the articles as you may; they speak only to inform.

AGENCIES RESPONSIBLE

Responsibility for drug control and preventing abuse is delegated to various levels of government although they have singular aims. Division of the effort to stop drug abuse is basically local, state, and Federal.

Local agencies in Charlotte, for example, would be the Charlotte Police Department, Mecklenburg County Police, and State Health Department local offices.

State-level organizations would be the State Bureau of Investigation (SBI), offices of the State Health Department, and the state Attorney General.

From Washington, the Federal Bureau of Investigation (FBI), Justice Department's Bureau of Dangerous Drugs and Narcoties, and HEW's Food and Drug Branch all participate in various forms of drug activity.

The basic concept is simple. Prohibition, investigation, prosecution. Each level handles drug matters, often in conflicting jurisdictions and procedures.

Inherent in functioning with these duplicated agencies is lack of organization. A user or prossessor of marijuana, for instance, may break Federal and State law, be arrested by local authorities, and tried in the court which appears to have the jurisdictional advantage.

Many prosecution decisions are arbitrary, that is, inconsistent. Federal prosecution is often declined in marijuana cases in favor of State action. This is primarily because of more serious matters requiring Federal investigation and the lack of adequate manpower to fully handle drug abuse cases.

PAST HISTORY OF DRUG ABUSE

Definitely the drug abuse situation is not a creation of the rampant sixties nor even the progressive fifties. The problem is actually centuries old; today, the drugs are different and the money to buy them is more available.

During the Civil War, numerous casualties on both sides were often saved from death by swift amputations. To relieve operative pain and after-suffering, opium was used in a haphazard manner to any and all who wanted it. Many did survive their medical amputation, but their opium addiction made their lives unalterably changed.

The same problem appeared in World War II; newer alkaloids of opium replaced it, but still "forced addiction" occurred.

In the past, abusers used "hard" narcotics, like morphine, heroin, opium derivatives, etc. Until the early 1940s, the majority of "dopers" in the United States was the criminal element of society, those who trafficed in them around the world.

Also important to remember is that these drug abusers of the past were full-fledged adults, normally into their thirities at least. Today's problem in drugs represents an inverse of history.

CLASSES OF DRUGS

Generally, drugs can be depicted in classes by their effects on humans, and also their addictive (habit-forming) or non-addictive power.

Hard narcotics include: opium, morphine (opiate), and heroin. The above are all strongly addictive and rapidly so.

Milder narcotics would be: Cocaine, certain synthetics such as Methadon or Demerol, and various other synthetic products on the market under trade names and sold by prescription only, as Seconal (a sleeping pill), etc. Also in this group must be included codeine (an opium derivative) which is an ingredient in many prescription cough medicines. These "milder" narcotics are addictive to some extent but do not carry the strong "hook" of the hard narcotics.

Marijuana is classified by itself. Currently, in the medical breakdown, Marijuana is listed with narcotics rather than with hallucinogens. It appears to be an arbitrary device for organization since marijuana has effects of both classes to some degree.

Next, hallucinogens such as: LSD, DMT, peyote, mescaline, STP (also DOM), psilocybin, and psilocyn.

The final category is depressant or stimulant drugs which are non-narcotic in class but are habit-forming at a slower rate than "hard" narcotics. Two varieties are the depressants (barbituric acid, barbiturates) and stimulants (amphetamine, methamphetamine, phenmetrazine, etc.).

BACKGROUND ON DRUGS

Relatively little attempt will be made to provide medical statistics on the drugs in the articles to follow. It seems evident that for general information such things as how used, how often, color, taste, price, etc., would provide more nearly that information the uninformed have desired. It may be commented that the drug addicts, users, and abusers posses much of the knowledge of these articles. For them knowledge should not be limited to that first "joint" or "trip". Fools often die in ignorance. A majority will perhaps find the facts to be presented enlightening, so they may know "where it's at" by knowing instead of doing. On some drugs, one DOING matters a great deal.

Informed lookers can be willing to accept any consequences, able to judge whether to leap, fall in, or walk on by. It seems only reasonable that the uninformed be told.

Future articles of this series will deal with "hard" narcotics, then marijuana, and finally LSD.