Drugs & the Caltech Student

The Board of Trustees of the California Institute of Technology at their meeting on March 4, 1968, adopted the following statement of policy in regard to drug use by Caltech students:

> The Institute cannot and does not condone the illegal use, manufacture, or selling of drugs by students and expects Caltech students to have the intelligence and sense of responsibility to refrain from actions which may be damaging to themselves, or to others, or to the Institute, or which are contrary to the law whether or not the student agrees with the law.
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> The Board of Trustees recognizes that the problems of disciplinary action are an administrative responsibility, and charges the administration with the responsibility of cooperating with faculty and students in developing and enforcing proper codes and regulations, and in specifying penalties for violation. The administration will also continue to carry out appropriate educational and health-counseling services to assist students in understanding the problem.

Rules and Procedures Relating to Drug Use

As the policy statement adopted by the Board of Trustees indicates, there is growing concern at Caltech about the increasing use by students of marijuana, LSD, and other such drugs. Colleges all over the country are reporting substantial numbers of students using some of these drugs, under conditions and for reasons that have nothing to do with the more conventional use of drugs for medical purposes. There are also reports of excessive use of some other drugs—particularly stimulants, tranquilizers, and sedatives—without medical supervision and in some cases probably without an adequate awareness of the hazards involved.

It seems clear that there are rather substantial differences in the attitudes and beliefs of different groups of students about the use of the hallucinogenic drugs—and there are likewise substantial differences in the attitudes and beliefs of different segments of the larger society of which the college is a part. There are those—both within and outside the college—who believe that the hallucinogenic drugs are potentially useful means of increasing self-awareness, or of expanding sensitivity to various sensations, and that the possible dangers are either minor or that the values are worth the risks. On the other hand, there are those who see these drugs as almost totally harmful, with little or no real value. For some, the use of such drugs violates deeply held moral principles, while for others their use or nonuse is not felt to be a matter of morality at all. The medical and legal hazards summarized in Parts II and III of this report fully warrant the Institute's serious concern about the drug problem.

The problem of substantial use of illegal and potentially dangerous drugs by more than an insignificant minority of college students is a relatively recent phenomenon, and college and student attitudes toward the problem are not always clearly formulated. Because of these uncertainties, it seems desirable to try to state as explicitly as possible the present attitudes and policies of the Institute in this area.

The statement of policy adopted by the Board of Trustees is based on the long standing tradition that a student admitted to Caltech should be intelligent enough to act responsibly and to refrain from actions which are damaging to others or to the Institute.

Rationale for Institute Procedures. The Institute recognizes that there is conflicting evidence with respect to the seriousness of the medical and health hazards involved in the use of certain drugs, that too little is known about the possible hazards of some of these

drugs, and that some of them are known to have potential for serious damage. The Institute recognizes also that the use of marijuana, LSD, and all drugs listed as dangerous in state and federal laws is illegal.

As a matter of policy, the California Institute of Technology cannot condone the use by students of drugs which are illegal and which may involve substantial medical or psychological hazards to themselves, or lead to interference with the rights and privileges of others.

The Institute, however, is an educational institution and believes that it can help students grow in wisdom, maturity, and responsibility more through educational means than through punitive or disciplinary ones.

It is not the Institute's responsibility to protect students from all possible actions which may be hazardous to them. In the area of drug usage, as in other areas of student life, it is assumed that most Caltech students are mature enough to assume a very considerable degree of responsibility for their own actions. It *is* the Institute's responsibility to make available to students accurate and reliable information on the basis of which each student can exercise his responsibility intelligently.

MARIJUANA. The Institute cannot, and does not desire to, govern the personal lives of students. The question of whether to use marijuana must be an individual decision. It is hoped that each student will make this decision knowing the potential hazards, both medical and legal, that may be involved.

LSD. It is clear that LSD, and other LSD-like hallucinogenic drugs, are considerably more hazardous than marijuana. Any Caltech student who uses LSD even once is demonstrating extremely bad judgment. He may be endangering both his health and his career. Yet the Institute cannot try to protect a student from the consequences of having bad judgment in this area any more than it does in most other areas. It is hoped that each student will be responsible enough to avoid putting into his body a drug known to operate on the central nervous system in powerful and significant ways, but about whose specific actions very little is known with any high degree of scientific certainty.

OTHER DANGEROUS DRUGS. Unlike marijuana and LSD, the amphetamines, sedatives, and tranquilizers are drugs which have important medical uses. But all of them have the potential of side effects which should be watched for by someone trained to know what to look for—and there is a serious danger of drug dependency and outright drug addiction with most of them. There have been increasing reports from some college campuses of psychotic reactions resulting from misuse of amphetamines.

None of these drugs should ever be taken except under *current* medical supervision. As far as actual rules are concerned, policies described herein for marijuana and LSD apply to all drugs designated by law as "dangerous drugs," unless it happens that they are being taken under current medical supervision.

Bases for Disciplinary Action. Use of marijuana, LSD, or other "mind-altering" drugs will not of itself be regarded as an act calling for Institute disciplinary action, provided Institute property is not used for illegal purposes. However, any student who, as a result of using such drugs, acts in ways which are seriously objectionable or harmful to fellow students or other individuals, or who creates serious social-problem situations as a result of such usage, will be subjected to disciplinary action on the basis of these actions.

LSD is especially dangerous when administered to anyone without his knowledge. Any student administering LSD or an LSD-like drug to anyone else without the latter's knowledge, or knowingly permitting others to do so, will be subject to severe penalty, up to and including dismissal from the Institute. This is an Institute rule, designed to protect innocent students, and it will be invoked entirely apart from any legal penalty which a student might incur by giving any illegal drug to another individual.

There is to be no use of Institute property or premises for the manufacture or processing of marijuana, LSD, or any other drug whose manufacture or processing is restricted by law. Violators will be subject to severe penalties, up to and including dismissal from the Institute, and may also be reported by the Institute to appropriate law-enforcement authorities.

Cases arising under this policy will be handled on an individual basis. By request of the Board of Control, disciplinary actions arising from drug-use actions will usually be handled through administrative disciplinary channels and not as a responsibility of the Honor System.

STUDENT HOUSES AND OTHER INSTITUTE PROPERTY. Any police action involving drug usage in a student house might be damaging to many innocent students who have a right to be protected from unnecessary actions of this sort. Furthermore, the Institute has a special responsibility to see that its own property is not used for illegal purposes. For these two reasons, the Institute cannot condone the use of illegal drugs in the undergraduate or graduate student houses, or elsewhere on campus property. Illegal drugs are not to be used on Caltech campus property, and no supplies of illegal drugs are to be taken on the Caltech campus for any purpose.

If violations of this policy occur in the student houses and come to the attention of Institute authorities, the student involved will be required to move out of the student houses. Serious or repeated violations by any student, whether in the student houses or elsewhere on campus property, may lead to disciplinary action.

There have been a few instances at Caltech in which valuable or delicate equipment has been used irresponsibly by individuals whose judgment or coordination

was thought to have been affected by the use of LSD. In some cases such actions could result in serious injury to other individuals, and one division has adopted a specific rule covering this possibility. The Division of Chemistry and Chemical Engineering has notified its staff and graduate students as follows:

> In view of the recent publicity given to the use of hallucinogenic drugs by students, it seems well to remind all persons engaged in research that, irrespective of the legal problems involved, safety and common sense require that no one work in the laboratories while under the influence of drugs, or alcohol, or when subject to severe emotional stress or excessive fatigue.
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> Evidence of impairment of critical judgment from any cause may provide grounds for suspension of privileges to work in the laboratories.

SALE OR DISTRIBUTION OF DRUGS. The Institute views with special concern the problems created by any student who may involve himself in the sale and/or distribution of illegal drugs, whether on or off campus. Such actions necessarily involve possible hazards to other students, and also may involve the student directly or indirectly with underworld contacts which may bring both student and Institute into disrepute.

Such individuals should be aware of the very serious legal hazards they are running, as outlined in Section III. As these actions are felonies, a conviction may result in a long penitentiary sentence and permanent loss of voting rights. Such behavior may also lead to Institute disciplinary action.

Cooperation with Law-Enforcement Authorities. The Institute cannot interfere with legitimate law-enforcement activities even to protect its own students. On the other hand, the Institute is not itself a law-enforcement agency. Legal counsel has advised that Institute authorities are not legally required to report known or suspected law violations, although they could do so if they wished.

As a matter of policy, Institute authorities will not ordinarily take the initiative in reporting suspected drug-use or drug-distribution violations unless the circumstances should make it legally incumbent upon them to do so—but they must reserve the right to do so if special circumstances require such action either for the protection of other students or for the protection of the Institute. Specifically, Institute authorities will take the initiative in notifying the police of any available information as to sale-and-distribution activities which, because of their nature, appear to pose major threats to the welfare of other students or of the Institute itself.

The Institute will not knowingly cooperate in the placement of informers in the student houses. Students should be aware, however, that informers may be sent by police officials (without Institute knowledge) to student gatherings, both on and off the campus.

If a student is arrested, Institute records can be subpoenaed, and, with the exception of the Health Center psychiatrist and psychologist, Institute authorities can be required to testify in court concerning any facts with which they are acquainted.

Educational Effects of Legal Convictions or Disciplinary Actions. Information regarding arrest or conviction for criminal violations is not normally recorded on students' academic records. Disciplinary action, however, will be recorded in the student's personal file when appropriate.

Cases might arise in which legal penalties are assessed against a student for actions which do not also involve a violation of Institute rules—because, for example, they occurred outside the Institute's jurisdiction. If such a student cannot then carry out his educational activities, he may later petition the Committee on Academic Standards and Honors for readmission; the Committee will take account of the special circumstances of each case in reaching a decision with respect to such a petition.

If a student is suspended or dismissed for violation of Institute rules, the terms of the disciplinary action will ordinarily state the conditions, if any, under which the student may be readmitted to active status as an Institute student.

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Educational Activities. The Institute believes that it has a responsibility to try to make available to all its students sound and authoritative information—so far as this is available—with regard to medical, health, and legal aspects of the use of these drugs. It plans to carry on educational activities with regard to these drugs by such means as:

—Public lectures by acknowledged authorities representing varying points of view

—Informal discussion opportunities, probably through student-house groups, for the exchange of varying points of view and clarification of issues with respect to these drugs

—Making available through the library a variety of books and documents having to do with drugs, with special emphasis on recent scientific findings

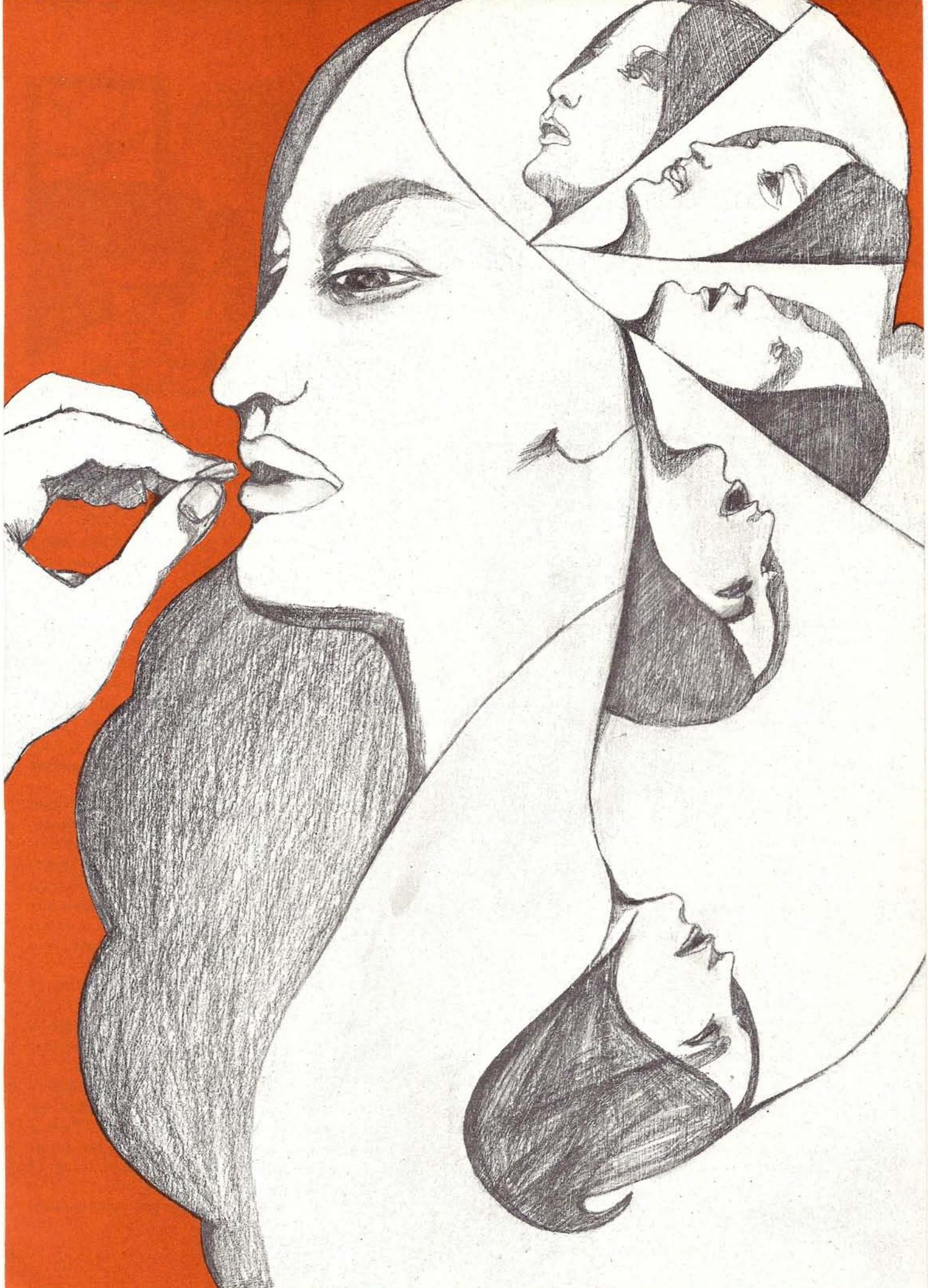
—Preparation of summaries by the Health Center of some of what is now known about the various drugs

—Dissemination to students of information about legal provisions relevant to use and distribution of these drugs.

Every effort will be made to keep this educational program on the level of genuine education—recognizing the very great complexity of issues involved and the inadequate state of knowledge in some areas. Every effort will be made to avoid activities which would result in an oversimplified propagandistic approach.

Medical and Psychological Aspects of Drug Usage

It should be stated at the outset that not as much is known in any definitive fashion as we would like to



know about the effects or manner of working of marijuana, LSD, and the other hallucinogenic drugs. Although marijuana has been around for several thousand years, there is still almost no satisfactory medical research available with respect to it. This is partly because marijuana is a complex organic substance, made up of different proportions of different elements under varying circumstances of its culture and preparation. Not until the last year have investigators even succeeded in isolating what they now believe to be the active ingredient in marijuana. It is hoped that more sharply focused research investigation may now be possible.

The information which appears below is, we believe, a fair summary of the best judgment of competent authorities who are familiar with these drugs and their apparent medical and psychological effects (as of 1968), but in all fairness it must be pointed out that these judgments are subject to revision as more adequate research information about the drugs becomes available.

Marijuana. Marijuana is a relatively weak drug pharmacologically, and from some points of view not a very alarming one, but its use does raise some problems that need to be given more consideration than they sometimes receive.

The following is quoted from material prepared by the Harvard University Health Services:

> Marijuana acts mainly on the central nervous system, and does not produce true addiction. When marijuana is smoked, its effects are noted in a few minutes and usually last three to five hours. The drug causes a combination of excitation and depression. There may be an increase in the pulse rate, a slight rise in blood pressure, and small increases in blood sugar and appetite for sweets.
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> Marijuana has a chemical effect on ordinary consciousness; ideas are rapid, disconnected, and uncontrollable. There may be feelings of well-being, exaltation, and excitement—that is, being "high." Or, at other times there may be a "down," with moodiness, fear of death, and panic. Ideas may occur in disrupted sequences. Seconds may seem like minutes, minutes may seem like hours. Distance and sound may be magnified. Space may seem expanded, the head may feel swollen and extremities heavy. Some people who take it think that it fosters physical intimacy; but the reverse is usually true. The subject may have sensations of floating, ringing in the ears, and tremors. People taking the drug may be quiet and drowsy when alone; restless, talkative, laughing, or joking when in company. Large doses may produce confusion, disorientation, and increased anxiety. In a few instances marijuana has produced psychoses, as does LSD.
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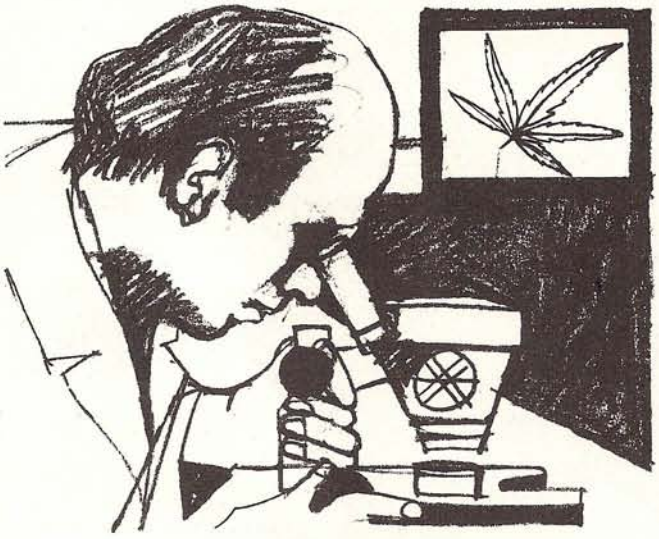
> A dangerous effect from marijuana is the slowing of reflexes. Since marijuana also causes a distortion of reality, particularly of the sense of time, the drug is frequently a cause of automobile accidents.

Marijuana serves no known medicinal purpose. It is not physiologically addictive, and there are no physical withdrawal symptoms when use of the drug is discontinued. There have been, however, recent rumors that some suppliers of marijuana are adulterating



marijuana by the addition of amphetamines in order to increase the "kick" obtained from the drug and in order to make the drug combination physiologically addictive and therefore more profitable to the supplier. Amphetamines are dangerous drugs in themselves (see below), even aside from their addictive quality.

While marijuana itself is not physiologically addictive, it does tend to be habit forming in the sense that many users become attached to it and have a strong desire to continue its use. Serious drug dependency can be dangerous to the individual because (a) it may mask underlying personality problems that the individual does not deal with because of the escape provided by the drug; (b) it may lead to increased frequency of usage of the drug and to experimentation with other types of drugs when the first one proves ineffective as an escape; and (c) dependency is both a sign and a perpetrator of immaturity, and therefore never to be encouraged or welcomed.

While it is true that most users of heroin and other "hard" narcotics report that they used marijuana before they went to the hard narcotics, there is no reliable evidence that marijuana usage actually predisposes to the use of the hard narcotics. There has been practically no problem with the use of hard narcotics by college students, and it is believed that students are well aware of the differences between marijuana and heroin—and of the dangers of the latter.

There is no satisfactory evidence that marijuana produces actual physiological damage to brain, liver, or other bodily organs (as do alcohol and cigarettes, for instance), although some authorities believe that physical damage may occur.

While severe overdoses of marijuana are relatively rare, an overdose can bring on active hallucinations or, in more extreme cases, a serious coma. There is some evidence that those who use marijuana heavily on a long-term basis tend to develop extreme forms of passivity and apathy.

There is general—but probably not unanimous—

agreement among medical and psychological authorities on drug problems that marijuana is probably less harmful medically and less serious as a social problem than is alcohol. Alcohol tends to lead to competitiveness and aggressiveness; marijuana is more likely to lead to passivity and meditative ruminations—although there are important individual differences in the reactions to both substances. Both substances affect some people much more seriously than others.

To say that marijuana is probably less harmful than alcohol is not, however, to say that marijuana use poses no important social and medical problems. Because abuse of alcohol creates medical and social problems is no reason to welcome or encourage the widespread use of another drug because its effects are probably less serious.

In any case, an individual under the influence of marijuana should never drive an automobile or attempt any activity requiring muscular coordination, accurate and rapid reflexes, or careful judgment—just as no one under the influence of alcohol should do so.

A specially prepared booklet, with reprints of a few journal articles about the medical and psychological aspects of marijuana usage, including a bibliography of materials available in the Caltech library, is available at the Health Center.

LSD. Virtually all medical or psychological authorities who have had any experience whatsoever with the results of LSD usage are agreed that LSD is a much more serious drug than marijuana, with potentials for much more disastrous results. It is also true, however, that LSD has great appeal for some individuals and that it is used by some in quite sincere attempts to improve self-understanding and to increase sensitivity and creativity.

Personal Growth and Creativity Question. The clinical evidence as to the possible value of LSD in increasing self-awareness is inconclusive and often contradictory, and unfortunately carefully controlled research studies in this area are almost nonexistent. From some quarters come strong claims for the ability of LSD to contribute to personality growth through insight into one's self and reality. Others point out that LSD users frequently confuse their euphoric subjective state with actual deterioration in orientation to reality. There is some research evidence to support the conclusion that LSD frequently causes the subject to think that he is being more insightful, or more creative, but that later analysis indicates that this was an illusion rather than actual fact. Individuals under the influence of LSD frequently feel they are being highly creative, but the artistic and literary products which they produce under LSD are usually judged later to be of low quality or worthless.

Serious Adverse Reactions. Anyone who has worked with LSD users or who has done research on LSD knows that there are some individuals who have serious and powerful adverse reactions to LSD. These sometimes occur on first usage of LSD; they sometimes occur after many usages when the user did not have any prior trouble. Despite some currently held myths to the contrary, very little is known about which individuals are more likely to have adverse reactions, or about the conditions which cause some individuals to have adverse reactions at some time and not at others.

The most serious adverse LSD reactions are severe panic and deep depression—either of which can, under some circumstances, lead to psychotic breakdowns or suicide. More frequently, LSD panic incidents can be treated with a combination of tranquilizing or antipsychotic medication along with physical restraints if needed to protect the individual from physically harming himself or others; most cases respond favorably within a few days to treatment in a psychiatric ward. If the panic condition leads to a psychotic breakdown, as sometimes occurs, more extended hospitalization will usually be required.

LSD seems to be more dangerous when taken in nonmedical settings than when in strictly controlled research or medical settings, probably because of the increased anxiety and feelings of insecurity and potential danger which accompany the usual nonmedical ingestion of LSD. Psychotic and semipsychotic symptoms are thought to be more frequent with younger people than with older people.

LSD is particularly likely to make serious trouble for individuals already predisposed to psychotic-like behavior or to emotional instability generally. It is not true, however, that only such people have adverse effects. Contrary to the mythology expressed by some LSD users on this point, there are many cases of serious adverse effects among apparently entirely "normal" and "stable" people. It has so far proved impossible to predict with any substantial degree of accuracy who will and who will not have a seriously adverse reaction to LSD—or when he will have it.

Differences in reactions to LSD are thought to be due to differences in the psychological state of the

person when he takes it, differences in the social and cultural environment in which it is taken, and perhaps differences in personal allergy-type reactions to the drug. There is also some suspicion that some variations in the reactions to LSD may be due to impurities in drugs obtained from black-market sources. For economic reasons, LSD is already being circulated in severely watered-down and impure versions.

There are increasing reports of individuals having LSD-type hallucinations at intervals after their ingestion of LSD—sometimes up to two years after a single usage of LSD. These experiences can sometimes be very disturbing to the individual, probably because they give a feeling of being out of control since the symptoms occur when there has been no recent ingestion to account for them. The mechanism by which these repetitions of symptoms in the absence of continued LSD usage occur is not known.

One particularly dangerous situation may occur if LSD is ingested unknowingly—as by spiking of the punch at a party. This can provide hallucinations without the individual's knowing there is any reason for having them—which may be very frightening and which may push the individual into a psychotic episode of considerable magnitude.

One should keep the picture of adverse effects of LSD in proper perspective. The incidence of observable serious adverse reactions is comparatively low, particularly considering the obvious potency of this drug. The adverse reactions are serious, not because of the relative frequency with which they occur, but because of their extremely serious nature when they do occur and the impossibility—so far, at least—of predicting when and with whom they will occur.

ADDICTIVENESS QUESTION. LSD does not produce a physical addiction, as do heroin and the narcotic drugs. There are no painful withdrawal symptoms when usage of the drug is discontinued.

From a psychological point of view, however, LSD seems to be definitely habit-forming; users typically wish to continue using it and frequently develop considerable missionary zeal for getting others to use it also. The comments on the dangers of drug-dependency made earlier with respect to marijuana apply also, of course, to drug-dependency involving LSD.

There is no evidence that LSD usage tends to lead users on to the "hard narcotics" such as heroin, or opium.

Tolerance to LSD develops rapidly, so that with frequent repeated use of LSD, larger and larger doses are required to produce the same effect. However, the increased tolerance disappears after a relatively short period of nonusage.

BRAIN DAMAGE QUESTION. One hypothesis as to LSD action in the brain, for which there is some supporting evidence, is that LSD blocks the normal action of serotonin, which is one of the important chemical transmitters involved in the transmission of neural impulses in the brain.

There is no convincing evidence of permanent organic brain damage in humans as a result of LSD usage, although the research is not conclusive enough to rule this out as a possibility—and some of the symptoms seen in users of LSD are similar to those more traditionally associated with organic brain damage. Since the exact mechanism by which LSD operates on the nerve centers of the brain is not known, the possibility of permanent brain damage cannot be ruled out.

There is definite evidence that LSD may produce changes in EEG (brain-wave) patterns in humans, and that these changes may persist for several months after a single ingestion of LSD. The significance of these changes in the electrical potentials in the brain cells is not known.

CHROMOSOME DAMAGE QUESTION. Several studies have indicated that LSD may produce abnormalities in the chromosomes. This chromosome damage is being interpreted by some as raising the possibility of long-term latent damage that may become apparent later either as leukemia or in the production of defective children. The evidence as to what the chromosome damage means, however, is far from adequate, and its possible implications are not clear.

Perhaps the chief usefulness of the chromosome-damage studies at this point is in pointing up one more possibility that extremely serious damage might be done by uncontrolled use of this powerful drug before enough is known about how it works or what it does. The results of the use of thalidomide in Europe as a sedative before adequate control studies were done is a case in point. The possibilities are chilling to contemplate.

PERSONALITY OR VALUE CHANGES. There is some evidence that continued use of LSD tends to bring about a rather profound change in personal values in some individuals—usually in the direction of the person's becoming more passive, less concerned about accomplishment, less ambitious, more willing to just "exist." This may be part of the basis for the "Turn on, tune in, and drop out . . ." slogan of the psychedelic movement.

MYTHS OR RATIONALIZATIONS. There are many rationalizations or myths about the characteristics of LSD which seem to have widespread acceptance among many LSD users. These rationalizations may be dangerous for the unwary person who accepts them despite the availability of evidence to the contrary. The three most frequently encountered myths are mentioned briefly below:

—It is *not* true that using LSD just once or twice as a matter of curiosity is relatively safe. Some individuals have been put into long-term psychoses on the basis of single usages. Some individuals have had re-

currences of LSD-like hallucinations for a year or more after a single ingestion of the drug.

—It is *not* true that "only unstable people have bad trips." Some apparently entirely stable individuals have very bad LSD experiences, and sometimes they have a series of good experiences and then, with no apparent explanation for the difference, they have bad experiences. There are a number of myths circulating among LSD users as to how to predict who is going to have a bad trip, or when he will have it, but attempts to subject these to any kind of reasonably scientific evaluation have been largely unavailing.

—It is *not* true that at most the bad effects of LSD are minor and transitory. Sometimes they are. But a significant number of individuals have undergone psychotic breakdowns, either caused or precipitated by LSD, which have lasted for many months. Suicides are by no means unknown; one LSD user in the Los Angeles area last year doused herself with gasoline and set herself afire. There is evidence that those who use LSD at all frequently may have their judgment affected, although they are frequently not aware of this themselves. Substantial changes of value systems and personality characteristics may occur. And finally, even the possibility that permanent brain damage or serious chromosome damage may result can hardly be termed a "minor and transistory" hazard.

Other Drugs. There are a number of other hallucinogenic substances, such as peyote, mescaline, DMT, and STP. These drugs appear to be somewhat similar to LSD in their actions, although the exact mode of operation of most of them is not well understood as yet. In general, the statements made above with respect to LSD probably apply fairly well to all of these hallucinogenic drugs.

STP is a particularly serious substance, which appears to be related to a nerve gas developed for biological warfare purposes. It produces hallucinogenic effects like LSD, but much more intense and longer lasting. One of the most serious aspects of STP is that there is no known antidote for it, and that the drug which is most often used to reduce the panic from a bad LSD trip can be fatal if administered to someone under the influence of STP.

There are a number of other drugs—amphetamines, sedatives, tranquilizers—which are sometimes used by college students without medical supervision, and as part of a general pattern of drug usage. All of these are of real concern since all of these drugs sometimes have side effects which the physician is trained to watch for and to counteract if necessary. It is dangerous for a student to use such drugs without any accompanying medical supervision.

The most serious of these drugs are undoubtedly the amphetamines (dexedrine, benzedrine, and other "pep" pills). Unlike marijuana and LSD, the amphetamines are physiologically addictive, and serious withdrawal symptoms may occur in some cases when the drug is discontinued after extended use. An overdose, or repeated dosages, of amphetamines can result in psychotic reactions. There have been an increasing number of reports in the last year or so of college students being hospitalized with amphetamine-induced psychoses.

One of the most dangerous of the amphetamines is methadrine ("speed" or "crystal"). There are increasing reports of major psychotic breakdowns following use of this powerful stimulant; also, it is definitely physiologically addictive.

All these drugs—amphetamines, sedatives, tranquilizers—have important medicinal usages, and will be prescribed by a physician if the individual's condition is such that the possible benefits from its use substantially outweigh the hazards involved. But for a student to attempt to assess this relationship without adequate knowledge of either the benefits or the hazards, and without the judgment of a person trained in judging when the drug is indicated, seems very unwise.

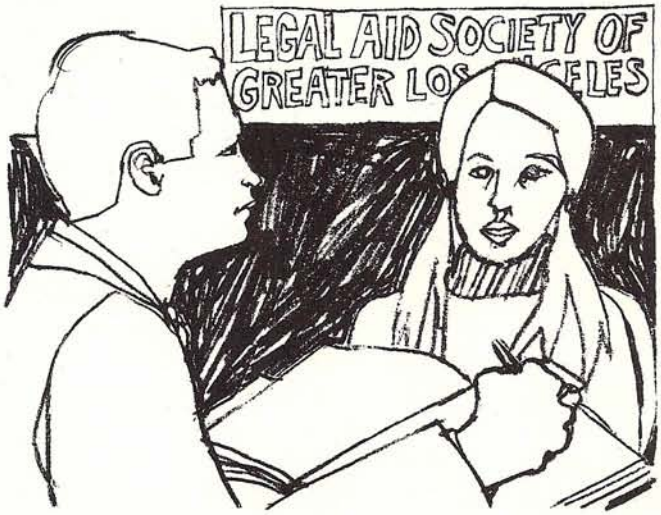
There is apparently some experimentation with administering amphetamines and other such drugs intravenously instead of by the more usual oral ingestion. This is particularly dangerous, since the intravenous method of injection produces an effect that is usually far more intensive, and sometimes quite different qualitatively, than results from oral ingestion. Some authorities believe that intravenously administered amphetamines produce some kind of specific physical assault on the brain tissues.

All of these drugs (including marijuana and LSD) can be detrimental to the individual by helping him to escape *via* the drug route from personality problems for which he should find more constructive ways to deal. Development of drug dependency retards development of independence and maturity.

Legal Aspects of Drug Usage

Marijuana. Whether marijuana should or should not be prohibited by law and, if so, how severe the penalties should be for violations are debatable questions on which intelligent people can, and do, differ. This is a topic on which student debate is encouraged, and on which attempts to get the present legal provisions changed if desired are as legitimate as the attempt to get any law changed—provided the means chosen for seeking such change are appropriate and are themselves within the usual democratic and legal processes.

But the fact is that at present the use or possession of marijuana by anyone is specifically prohibited by both state and federal laws and that extremely heavy penalties are provided for violations. Deliberate violations of state and federal laws are never to be considered as unimportant and minor matters. Any student who feels that a given law is unacceptable to him



and who chooses, on this basis, not to obey it must be prepared to accept the consequences of his action.

If a crime is punishable (in California) by imprisonment in the state prison, it is classified as a felony. When a person is sentenced to the state prison, he loses all of his civil rights during the period of the sentence. These civil rights would include the right to prosecute a civil lawsuit, the right to enjoy the benefits of one's own labor, the right to marry, and political and contractual rights. In addition, upon the conviction of a felony, the convicted person loses his right to vote. The right to vote can only be restored by a full and unconditional pardon by the Governor.

The fact that possession of marijuana may be (though it is not necessarily) punishable as a felony instead of as a misdemeanor has important implications for anyone who hopes to follow a career in the fields of science or engineering, since a felony conviction on one's record is a serious bar to employment under many circumstances. Questions such as "Have you ever been convicted of any crime other than a minor traffic violation?" frequently appear on employment application forms. A criminal record may rule an applicant out of consideration. In some cases a record of arrest on a criminal charge, even without subsequent conviction, may militate against employment. This is a hazard not to be undertaken lightly by any Caltech student.

In 1965 a student in the state of Washington was sentenced to 20 years for a *first* offense of selling marijuana; he will be eligible for parole after serving 7½ years, and he served the first 14 months of his sentence in the maximum security section of the state penitentiary. This sentence is probably not typical, but it is mentioned here to point up the fact that the legal provisions against marijuana usage and sale are very severe—and that they are occasionally, and always can be, enforced in very vigorous fashion.

A number of arrests for marijuana and other drug-abuse violations have occurred in the Pasadena area in the last year or so—some of them involving high school and college students. At least one Caltech student has been arrested on felony charges involving drug-law violations.

The fact that legal enforcement of antidrug provisions seems very spotty is likely to lead to a false sense of security, which can be dangerous. The Institute is very much concerned about the danger of any Caltech student's being arrested and convicted of a marijuana violation—both because of the catastrophic effect that such action would probably have on the academic and scientific career of the individual involved, and because of the harm done to other students through damage done to the reputation of the Institute as seen by many who feel that drug abuse is a matter of major moral concern.

Both federal and state laws exist to control use of marijuana. State laws differ among the states, but federal laws apply to all states. Some matters not covered by federal laws but which are covered by some state laws are: Using or being under the influence of marijuana; being knowingly in a room where marijuana is being used or kept; and using a car for transporting marijuana (the car may be confiscated).

Federal Laws. Federal laws relating to marijuana have usually been enforced primarily against sellers or distributors of marijuana, rather than against possessors. Prosecution for possession is possible, however. There are two basic laws involved, and under each the penalties for violation are very heavy.

Marijuana Tax Act of 1937 requires (1) that persons dealing in marijuana register with the Federal Government and pay an "occupational" tax; and (2) that a tax be paid on all transactions of marijuana and that the transferer get an order from the Government authorizing each transfer.

Penalties for violation of these requirements are as follows:

—Acquiring or possessing marijuana: Imprisonment for a period from 2 to 20 years, plus a fine not to exceed $20,000 (felony)

—Selling or distributing marijuana: Anyone who imports, manufactures, produces, deals and compounds, sells, or gives away marijuana without registering and paying the occupational tax is subject to imprisonment for a period of from 2 to 10 years, plus a fine not to exceed $20,000 (felony). Anyone who transfers marijuana without paying the tax or without obtaining the authorizing order described above is subject to imprisonment for a period of from 5 to 20 years, plus a fine not to exceed $20,000 (felony).

—Transferring marijuana to a minor: Imprisonment for a period of from 10 to 40 years, plus a fine not to exceed $20,000 (felony).

The Narcotic Drug Import and Export Act prohibits the importation, receipt, concealment, purchase, or sale of unlawfully imported marijuana, with knowledge of its importation. Penalties for violation of this

Act are imprisonment for a period of from 5 to 20 years, plus a fine not to exceed $20,000 (felony).

However, a recent Supreme Court decision might modify these laws somewhat but in a manner that is unclear at present.

LSD AND FEDERAL LAWS. Like marijuana, LSD is also controlled by state laws which differ from state to state. Under federal laws, the penalties for possessing, manufacturing, or selling LSD (or other illegal hallucinogenic drugs such as mescaline and peyote) are less severe than those for possessing or selling marijuana. There is no federal law against possession of LSD for personal use but many states do have such laws. Penalties relating to LSD (and other hallucinogens) are as follows:

—Possessing (other than for personal use): Imprisonment for not more than one year, plus a fine of $1000 (misdemeanor)

—Manufacturing or selling: Imprisonment for not more than one year, plus a fine of $1000 (misdemeanor).

Other Drugs. Various other drugs (for example, barbiturates, depressants, and stimulants, including amphetamines, dexedrine, benzedrine, and methadrine) are defined as "dangerous drugs" under both state and federal laws. The penalties for possession and/or distribution of these "dangerous drugs" are exactly the same as for LSD, as described above. This does not apply, however, to drugs such as heroin, cocaine, and others which are classified as narcotics and which are subject to a different set of laws.

Student's Responsibility for Reporting or Testifying. We have been informed by Institute counsel that a student is *not* legally obligated to report a known misdemeanor or felony to the police, provided that the individual takes no active steps to aid and abet the lawbreaker or to aid him in evading arrest or prosecution. Any action to aid another individual in the committing of a felony, or in evading punishment for commission of a felony, is itself punishable as a felony.

A student who may be questioned during police investigation of activities involving another student is not required to give information if he does not wish to do so, but if formal charges are filed, he may be required to testify in court as to any information which is pertinent to charges.

The Health Center and Drug Usage Problems

It is important that there be some place in the Institute to which a student having troubles that may involve the use of marijuana, LSD, or other legal or illegal drugs may go for help without fear of exposing himself to possible disciplinary or legal action.

The Health Center will provide either medical or psychological consultations with regard to drug-use problems, or with regard to problems which may include drug use as part of the problem, within the limits of the facilities available. The usual conditions of medical confidentiality will apply to all such consultations. No reports of such consultations—or of the subjects discussed in them—will be made to anyone outside the professional staff of the Health Center (unless at the request and with the written authorization of the student involved). In the case of a minor student, Health Center authorities may sometimes have a responsibility to notify parents if they consider this necessary, but even this step will not be taken without the student's permission unless the situation is such that the Health Center authorities feel they have no alternative. Every effort will be made to respect the student's wishes in this matter if it is possible to do so.

In any case, information disclosed to Health Center personnel in such conferences will not be available to be used in any way as the basis for any disciplinary or administrative action.

We have been advised by Institute counsel that when a student consults a psychiatrist or psychologist for treatment of a psychiatric or psychological problem, the records with respect to such a consultation cannot be subpoenaed even by judicial process except in the special case where a defendant in a trial may himself raise the question of his mental status as part of his case—in which case records of doctors or psychologists he has consulted can be subpoenaed. This can occur only when the individual himself opens the door by raising the mental-status issue. In all other situations, both the records and the testimony of psychiatrists and psychologists are privileged and may not, by law, be disclosed to outside parties (except parents of minor students under some circumstances) without the permission of the student.

In case of serious drug effects, the Health Center will be concerned, as it is with any serious medical condition, in determining what course of action will best serve the student's own interests and will minimize the risk of future mental-health difficulties. For this reason, any student who is hospitalized for treatment of drug effects will be readmitted to the Institute only after certification by the Student Health Center that the individual appears to be fully recovered and capable of performing Institute work normally. Students who are not hospitalized but who, in the judgment of the Director of Health Services, are unable to perform satisfactorily because of the effects of drug use may be placed on either voluntary or involuntary medical leave from the Institute, subject to return under the same conditions as following hospitalization. Ω