of psychiatric treatment, *e.g.*, other drugs commonly prescribed, have similar effects, or whether psychiatric patients for some other reason are more prone to show these changes (Garson, 1969). Obviously, this whole question is still *sub judice*, and it would at this stage be unwise to issue premature and possibly misleading reassurances, but it would also be injudicious (and possibly an unnecessary deterrent to some potentially curable patients) to issue pontifical prohibitions on evidence that is by no means confirmed, let alone proven. The two extremes of the situation are well expressed by patients who said respectively, "What is the use of being cured by L.S.D. if it cripples my chromosomes?", and "What is the use of sparing my chromosomes if life is such a misery that I refuse to endure it?"

Practically all the psychiatrists would prefer to use psilocybin (or even psilocin if still available) rather than L.S.D., except in the most difficult and stubborn cases. None felt that these drugs provided a complete or absolute answer, and most felt that their use greatly increased rather than decreased the psychiatrist's work load. Most were prepared to continue such treatments, though the overall impression is that their use is progressively declining somewhat as the years pass.

The future is uncertain. If some definite genetic danger is proven, it will no doubt spell the end of this form of drug therapy. If not, it is probable that such therapy will gradually continue to decline in popularity and be supplemented by other therapies, possibly less arduous and more safe and rewarding, though it is probable that a certain number of psychiatrists will never forget the gratitude of patients who responded to no other form of treatment, and will continue to carry on therapy and research, and to illuminate what has been one of the most stimulating and challenging chapters in medical history.

REFERENCES

Cohen, S. (1964). The Beyond Within: The LSD Story. Atheneum, New York.
Cohen, S. (1969). The Drug Dilemma. McGraw-Hill, New York.
Garson, M. (1969). Personal Communication.
La Barre, W. (1964). The Peyote Cult. Shoestring Press, Hamden, Conn.
Royal Australasian College of Physicians (1968). The hallucinogenic drugs — their use and abuse *Med. J. Aust.*, **1**: 146.
Schiller, L., Alpert, R., and Cohen, S. (1966). LSD. The New American Library (Nai).
Whitaker L. H. (1970). Personal Communication.
Whitaker, L. H. (1964). LSD in psychotherapy. *Med. J. Aust.*, **1**: 5 and **1**: 29.

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THE "TURNED-ON" PSYCHIATRIST

In 1969, Council of the Australian and New Zealand College of Psychiatrists ratified the formation of a Social Issues Committee. The College had, in the previous twelve months, been made aware of a major social issue — Abortion Law Reform — and it had become abundantly clear that the College would need to have an informed opinion on an ever increasing number of social issues in the future. The contributions of social scientists, social physicians and social workers have pointed to a need within psychiatry to interest itself in the sociocultural *milieu* in which it is practised.

Some psychiatrists have a view that they are unable to give an expert opinion on any but phenomenological illness with which they are familiar — that the doctors can practise only in the areas for which they are trained. But is it possible for a physician, whether he be involved with the chronic psychoses, geriatrics, neurotic disability, child or forensic psychiatry, to be unaware and uninformed on the attitudes, misgivings and hopes of the community?

Christian Barnard, a pioneer cardiac surgeon, protested publicly at the prosecution of a Chinese woman and a white man under the *Immorality Act* in South Africa. They had been living together for thirty years. He was told to steer clear of politics and to leave it to more capable people. He replied, "What do I do as a Doctor? Where does my duty lie? This type of suffering is so great it cannot be compared to the suffering of a patient with a hole in the heart."[1] Dr Barnard is clearly refusing to be placed in the category of a cardiac plumber. Can psychiatrists afford to be content with the role of cerebral electrician?

Kenneth Weintrout, American sociologist, has stated, "In our present day world, it is not enough to be scholarly; one must also be concerned enough to shout. It is not enough to understand the world; one must also seek to change it."[2] The title of this paper might well be a subtitle to the Social Issues Committee. To "turn on" is a term used by drug users, particularly those on marihuana, when they become more aware of their surroundings, and, it is said, more appreciative of the functions of their senses and their relationship to their environment. An examination of the controversy surrounding marihuana may serve to point out how an interest in this problem, even to those of us who may never see a user, leads inevitably into a wider examination of many issues of social psychiatry and of prophylactic medicine.

Those drugs in common social usage which produce mortality and morbidity are probably alcohol, nicotine, barbiturates, amphetamines, bromides and hallucinogens. There is no real debate on measures for their control and the education of the public regarding them. Despite this, there are pressures from certain quarters, particularly those engaged in

the manufacture and distribution of liquor and tobacco, and from some pharmaceutical trades.

Marihuana appears to stand alone in the extent of the controversy which surrounds it, and exemplifies what seems to have become a total struggle between rigidity and conservatism on the one hand, and permissiveness and radicalism on the other. It is an issue which appears both to divide the generations and also to cause divisions within generations between what appear to be essentially fundamentalist and humanist ideals.

The famed anthropologist, Margaret Mead, testifying before a Senate Committee on Drug Dependency in the United States, asserted that marihuana was less toxic than tobacco and milder than alcohol. She said, "What is harmful is the law banning it. You have the adult with a cocktail in one hand, and the cigarette in the other, telling the child you cannot." The reply to this was from conservative Governor Kirk of Florida. "Kids are taught patriotism and morality in the classroom, but when they get home they see a TV set with this dirty old lady on it."(3)

Can psychiatrists reasonably make comment on such issues as this? Do they feel one or the other view is healthy or otherwise? Or should they remain silent on the issue altogether?

The only fact about marihuana currently worth stating is that no-one really knows. In the United States, there is only now a move to release the drug to the National Institute of Mental Health for research purposes. Views, often violent and alarmist, abound. In September, 1969, a Sydney magistrate declared, "Everyone knows marihuana damages the brain."(4) Dr Joseph Santamaria, a Melbourne physician, stated, "There is considerable evidence that marihuana, like alcohol, is detrimental to the mental and physical health of those who engage in it continuously . . . their intellectual capacity drops, they have no desire to advance socially or economically. Slowly a great lassitude envelopes them, and they finish up on the lowest level of society."(5) Dr Santamaria links efforts to legalize marihuana with a worldwide plot to subvert the standards of society.

Contrary opinions, however, have also been put forward and were discussed by Professor Whitlock in his editorial annotation in this *Journal* in December, 1967. Here it was pointed out that no evidence of serious physical hazard exists, and that there is little to connect the use of marihuana with criminality or to associate it with addiction to dangerous narcotics.(6) More recent and more complimentary views are also available from the United Kingdom.(7)

Clearly there is a relationship between drug taking and personality and this is exemplified well in two recent studies in Australia, in which the interesting feature is that the only aspect which appears to differentiate habitual users of marihuana from those dependent on other drugs is the apparent psychological normality of the former.(8) (9)

Reports from the National Institute of Mental Health in the United States indicate that there are an estimated 2 million marihuana users in America. If this number is added to the number of hard line addicts, 100,000, the figure is still well below the estimated 6 million alcoholics in that country. Further figures from the same source indicate that, of marihuana users, 65 *per cent* cease using the drug after one to ten times, 25 *per cent* become what are called social users, and 10 *per cent* become habitual users. Those in the last category come mostly from slum and deprived areas, and it is people in this category that may move on to the taking of heroin.(10)

Perhaps the greatest interest for psychiatrists is the connection which undoubtedly lies between drug dependency in its various manifestations and a growing feeling of dissent in the youth of the world. Marihuana has become bound up with and integrated in much of the youth culture of today. Although such a phrase may, in the end, be meaningless, there is certainly a distaste for the supertechnology of our age that seems remote, false and uncaring. The martini and cocktail party are seen as symbols for a frantic, achievement-orientated western culture. The belligerent and sloppy drunk personifies the older generation's hypocrisy and lack of control. What lessons are contained in this for psychiatrists? In what ways do these ideas relate to neurotic and psychotic illness and to the apparently increasing incidence of identity crisis in the young? Perhaps this can all be dismissed as a recrudescence of Oedipal problems. To do so would be to miss the religious and almost evangelical flavour of the movement.

In an interview with Peter Fonda, young actor and producer, the following was reported.(11) "I do know that all the things I was conditioned to respond to — security, failure, success — have little to do with life itself. I discovered that in our social process of life, the building has become greater than the builder, the clothes more important than the man who wears them. Then slowly I began to see that this was all bullshit." He leans back, laughs and strums his guitar. "Hey, man," he says, "people are going to think who is this guy anyway — Billy Graham?" Is there nothing for the psychiatrist to learn in this strange marriage between the tenets of true Christianity and the message of the genuine hippy? Perhaps, as George Bernard Shaw said, "Christianity might be all right, but no one has ever tried it."

Stephen Yolles, psychiatrist at the National Institute of Mental Health, states, "I know of no clearer instance where the punishment for the infraction of the law is more harmful than the crime."(10) Yet police and official agencies continue to prosecute marihuana users in a manner which cannot but encourage youth to dismiss all warnings as of similar worthlessness.

Currently there are movements, both in the United States and in the United Kingdom, to examine the appropriateness of laws to separate where possible

narcotics from marihuana, and to focus on the pusher of drugs rather than the user. In New York City, prosecutions are now rare because convictions have become even rarer. In Montreal recently, a Royal Commission investigating organized crime pointed out the three areas of prostitution, gambling and trafficking in narcotics as being the major focuses of all criminal activity. They commented "Either we maintain our taboos or we let them go. Society must decide what price it wants to pay for reduction of organized crime. Can the law remove the public's taste for drink? Can the law remove its desire to gamble?"[12] They finally advised controlled legislation in all areas as the only answer.

For psychiatry, the problem of drugs is a problem of people. The ultimate reality is that of the vulnerable person. The ultimate tragedy lies in the background of those people who will become addicted to drugs, such as alcohol, bromides and nicotine. Marihuana, at this stage of knowledge, seems hardly worth mentioning.

The press recently reported the story of a twelve-year-old boy, Walter Vandemeer, who died in Harlem from an overdose of heroin. The horror and disgust of the mode and method of his death obscured the tragedy that lay behind it.[13] The dead boy was well known to local social agencies. His father had been deported for illegal entry into the United States when he was an infant. He had grown up in a single room and single bed with his mother and four other siblings. He had known only poverty and neglect. He had no education, and spent his time pimping, fighting and pushing drugs in order to exist. His staple diet was Coca-Cola and potato chips. When he was found, he was wearing a Snoopy shirt which bore the inscription, "I wish I could bite somebody — I need a release from my inner tensions." As a social worker in New York suggested, "Did he die, in fact, from heroin, or did he die from his whole life?"

Where does psychiatry stand on the issues of poverty and deprivation? If practising physicians insist on leaving society to digest itself, and on treating only those unfortunates that are spewed up from time to time, are we not avoiding the basis of all good medicine — prophylaxis?

A brief look at my references will show that they come from newspapers, magazines, and an occasional medical journal. Not orthodox, perhaps, but a "turned on" psychiatrist has to broaden his horizons.

REFERENCES

1. Barnard, C., *Time*, November 14, 1969.
2. Weintrout, K., *Time*, January 5, 1970.
3. Mead, M., *Time*, November 7, 1969.
4. Magistrate, quoted in Harris, M., Fact and fantasy on going to pot, *Australian*, December 17, 1969.
5. Santamaria, J., *Herald* (Melbourne), February 3, 1970.
6. Whitlock, F. A. (1967), Drug abuse and drug dependence, *Aust. N.Z. J. Psychiat.*, **1**: 170.
7. Advisory Commission on Drug Dependence in United Kingdom, 1968.
8. Wheeler, L. and Edmonds, C. (1969), A profile of drug takers. *Med. J. Aust.*, **2**: 291.
9. Silberman, D. and Levy, J. (1969), A preliminary study of 24 Victorian marihuana users. *Med. J. Aust.*, **2**: 286.
10. *Time*, September, 1969.
11. Fonda, P., *Australian*, December 27, 1969.
12. Royal Commission, Quebec. *Herald* (Melbourne), November 11, 1969.
13. *Time*, December 26, 1969.

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