

UNCLE SAM THE PUSHER MAN



THE STORY OF
HOW THE
U.S. PEOPLE
GOT HOOKED ON
MORPHINE
HEROIN
& METHADONE

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The history of narcotics addiction in America is a history that you won't find in any textbooks. It is a history of the pain, greed, brutality, and corruption that has gone hand in hand with the making of the United States into the largest and most powerful military and economic empire the world has ever known.

It all started back in 1803 when morphine was first isolated from the opium poppy. Morphine is a potent painkiller and was widely sold in patent medicines and elixirs before the Civil War. The first class of consumers to get hooked in the United States were white, middle-aged houseworkers (wives). These women found that morphine not only eased their numerous aches and pains, but also provided an easy way for them to forget the drudgery of housework: drugged and calm, they could sail through the endless round of daily chores.

During the Civil War, morphine was freely dis-

pensed as a battle medicine. After the fighting was over, many soldiers were still suffering from morphine addiction.

By the early 1850s, when Big Bill Haywood had discovered the rich silver mines in Mexico, the company started to pay the miners since they had turned to the company for increasing the state "loyalty" to the

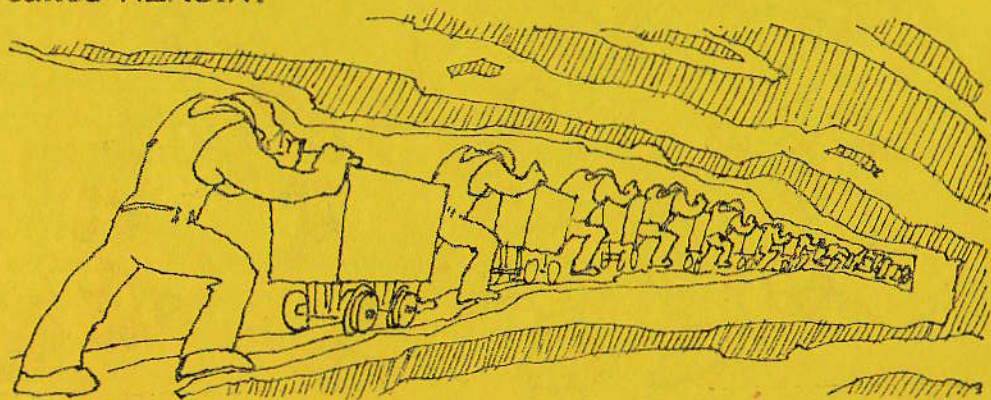
As the painkiller became widespread, an American search for a cheaper producer of aspirin (in America), Bayer advertised their addiction to morphine and helped people Bayer Cough Syrup. The active ingredient was called HEROIN.



pensed as a battle-field pain killer. But after the fighting was over, 45,000 soldiers discovered they were still suffering from "soldiers' sickness"--morphine addiction.

By the end of the nineteenth century, the capitalists had discovered the virtues of having a "drugged work force." Big Bill Haywood relates in his autobiography how the New Mexico mining companies sold opiates in cough syrup in the company store. The workers became addicted, and since they had no place else to purchase their goods, turned to the company store for more opium, thus increasing the store's profits and the workers' docile "loyalty" to their bosses.

As the problem of morphine addiction became more widespread, and widely publicized, scientists began to search for a cure. Bayer Drug Company, the future producers of aspirin (still the most widely used pain killer in America), came up with a cure in 1898. The company advertised their drug as an effective cure for ending the addiction to morphine. In addition, the drug cured coughs and helped people to sleep, and for the next 15 years, Bayer Cough Syrup was a best seller on the market. The active ingredient in the cough syrup was a drug called HEROIN.



THE GOVERNMENT STEPS IN TO SOLVE THE DRUG PROBLEM

Around 1910, some scientists began to point out that the heroin in Bayer Cough Syrup was as harmful and addictive as the morphine it was intended to replace. The U.S. government decided that the medical approach to drug addiction (substituting one drug for another) was a failure. So they tried a new approach, the criminal one. They reasoned that the best way to stop drug addiction was to make it illegal.

In 1914, the U.S. Congress passed the Harrison Narcotics Act, which made the use and sale of opiates illegal except under strict government control. With its usual foresight, Congress dropped all provision from the bill for treatment of the thousands of heroin and morphine addicts. Local doctors set up clinics to maintain the addicts or help them withdraw gradually. The Federal Government responded by arresting 30,000 doctors and jailing 3300 of them.



ORGANIZED CRIME TAKES OVER THE DRUG TRADE

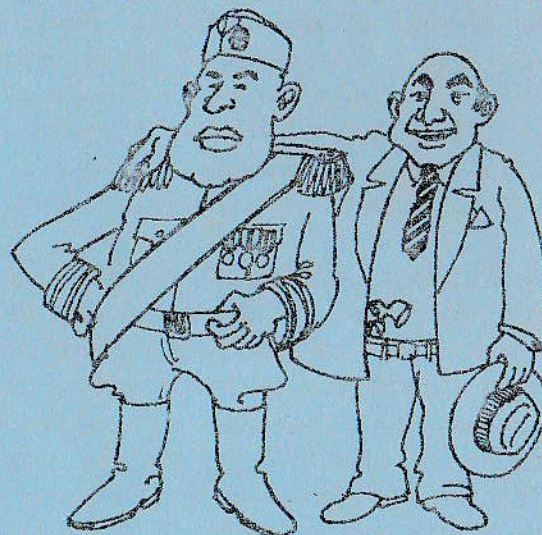
With the criminal approach to drug addiction in full force, the Mafia replaced the medical profession as the dispensers of heroin. The change of dealers was reflected in the change of customers. Before the passage of the Harrison Act, the ratio of white addicts to black was 2 to 1; the ratio of women to men was 3 to 2. After the Mafia got into the business, the ratio changed: blacks to whites, 3 to 1; men to women, 2 to 1. But the total number of addicts was still relatively small.

During the Depression of the 1930's, the heroin business began to grow. The havoc of unemployment, poverty and social unrest produced thousands of new customers seeking a way out of their pain. In response to the increased demand, the International Mafia perfected its drug network to ensure that smack was readily available on the streets of America's ghettos. The opium poppies were grown by farmers in Turkey, the raw opium was transported by the Mafia across the Mediterranean to Sicily, and from there to Marseilles, France, where the Corsican gangsters transformed it into heroin in hidden laboratories. The heroin was then smuggled to Mafia families in New York City.

The illegal drug trade was carefully protected by government and law enforcement officials in Italy, France and the United States. The profit from the heroin was so great that the Mafia was easily able to buy off any attempts to disrupt its international enterprise.

However, the heroin trade suffered a severe setback during World War II. Opium-laden ships found it difficult to navigate safely through the war-torn waters of the Mediterranean. And the gangster organizations themselves suffered the ravages of war. In Italy, the Mafia sided with Mussolini; in France, the Corsicans

supported the Vichy regime (the puppet French government set up by the Nazi occupation forces). Consequently, both organizations were almost destroyed, politically and militarily, when the Allied forces defeated the Nazis.



THE COLD WAR: MAKING THE WORLD SAFE FOR DEMOCRACY AND DOPE PEDDLERS

The United States emerged from World War II as the most powerful country in the world. With its enormous wealth, it was able to lend European governments enough money to rebuild their war-torn economies--and incidentally, to provide new markets for American goods. The only hindrance to this plan were the powerful and respected left-wing labor unions, particularly in Italy and France, which had fought relentlessly against Nazi Germany's domination for so many years, and had no desire to replace fascist-controlled regimes with governments under the control of American imperialism.

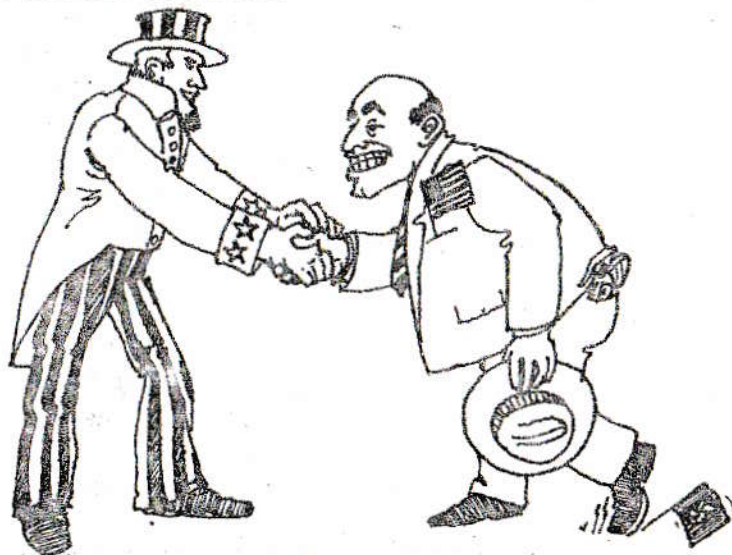
In response to this threat to its plans, the U.S.

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government developed a two-fold strategy. At home, it convinced the American people that the biggest threat to democracy was the "Red Menace." In Italy and France it quietly set about destroying those troublesome labor unions.

The foreign operation was carried out by the CIA. The Intelligence Agency quickly noted that the bitterest ideological enemies of the left-wing forces in Italy and France were the former fascist supporters: the Mafia and the Corsicans. So the CIA struck a bargain with the gangsters: the U.S. would supply economic and technical aid, plus political cover, if the gangsters would use their muscle to smash the labor unions.

The arrangement worked effectively; strikes were broken up by attacks of armed goon squads. The left-wing forces lost their power bases in Italy and France. The Mafia and Corsican organizations prospered and grew strong again. And thanks to America's generosity, they had enough money and equipment to re-establish their international heroin network.



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DOPE AND DOLLARS IN SOUTHEAST ASIA

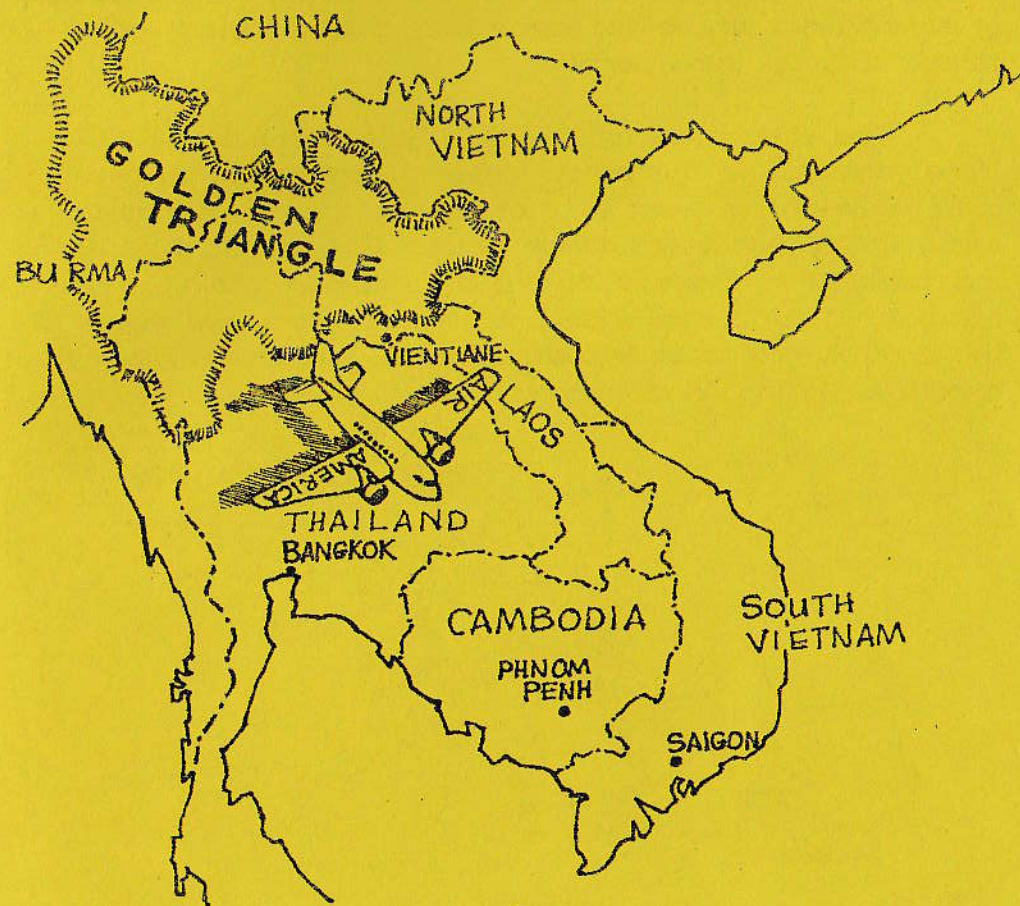
The CIA's strategy of using the international dope peddlers to suppress local liberation forces had been so successful in Europe, that they decided to do it again in Southeast Asia.

Their intelligence sources quickly found out how the local dope trade operated. The opium poppies were grown by the Meo tribesmen in the hills of Burma, Laos, and Thailand. The poppies were transported by mule caravans controlled by roving remnants of the Chinese Nationalist Army that had been driven out of China after the victory of the Communist-led revolution in 1949. The opium was processed into heroin in laboratories in Bangkok, Thailand; Vientiane, Laos; Phnom Penh, Cambodia; and Saigon, South Vietnam. Local government officials from each of these cities arranged for the heroin to be transported either to Hong Kong or Marseilles, and from there to the United States. The immense profits from the heroin trade enabled the reactionary governments of Southeast Asia to support their corrupt regimes and to build armies to fight the growing liberation forces in each of their countries.

By the mid 60's, the Southeast Asian liberation forces were beginning to seriously disrupt the local heroin routes. The fighting had gotten too heavy for the Nationalist Chinese mule caravans to travel safely from the hilly homelands of the Meo tribesmen to the heroin laboratories in the capital cities. So the CIA took over to lend a helping hand. In the name of "fighting Communism," the CIA began to train the Meo tribesmen as mercenaries to fight the liberation forces in the hills. But the Meo tribesmen were more concerned about earning their living by growing poppies than they were in fighting wars, so

the CIA arranged, not only to pay the tribesmen for their time in the Army, but also to provide safe transport for their poppies. The opium was loaded on the CIA's private airlines, Air America and World Airways. The planes, carrying military supplies and personnel, as well as opium, made their way unscathed to the local heroin laboratories.

The official U.S. government policy in Southeast Asia was to pretend ignorance of the heroin trade. But the lid blew off the U.S. cover when Vietnam vets started coming home with \$200-a-day heroin habits.



G.I. JUNKIES: CASUALTIES OF THE SOUTHEAST ASIA WAR

The war in Southeast Asia was not very popular among American enlisted men. Many of them sought to escape its horrors by any way they could. One of the cheapest means of escape was--junk. As a result of the near-by sources of supply, and the efficiency of CIA transportation, one-quarter gram of pure heroin sold on the streets of Saigon for between \$2.50 and \$10. The smack was so potent that G.I.'s could smoke it or sniff it and get as high, and as hooked, as they would if they injected ten times as much into their veins on the streets of New York, where the same size bag of smack contained only 5% pure heroin.

The phenomena of the G.I. junkie created a national scandal on the homefront. A legislative investigating committee went to Vietnam and reported that in some units, heroin addiction among G.I.'s might be as high as 25% of the men. One serviceman told the committee: "It is ironic indeed that in the last two years of the war, our biggest casualty figures will come from heroin addiction, not from combat. . ."



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HEROIN ON THE HOMEFRONT

The heroin casualties had been increasing domestically as well as overseas, ever since the end of World War II. The rise in heroin use had accompanied the rise in unemployment, as thousands of Southern blacks who had migrated North during World War II to work in war industries were laid off when the peace treaties were signed. But since most of the heroin victims were in black communities, nobody paid much attention to them (except the people in those communities).

The addicted population grew significantly after the Korean War. Heroin was readily available from South Korean drug peddlers, and thousands of G.I.'s responded to being thrust into a senseless war by turning to smack. But because the Korean war took place at a time when most American people still believed that their government was making the world safe for democracy, no one knew about the G.I. junkies, except perhaps their friends and families at home. Many soldiers elected to remain in Korea after the war, in order to have easy access to cheap smack. Those who came home were the nucleus of the new generation of American addicts.

But the heroin problem did not begin to reach epidemic proportions until the mid 60's, when the situation in urban ghettos reached a boiling point, and rebellions spread through America's inner cities. In the wake of the rebellions came a deluge of poverty programs--and of smack.

By 1970, the estimated heroin-addicted population was around 600,000 people. In comparison to the 10 million Americans addicted to alcohol, the number of junkies is inconsequential, but the effects of their addiction have become more of a concern to the media and

the U.S. government.

The reason for this lies in the economics of the heroin market. A kilo of raw opium brings only \$50 to the Meo tribesmen, but the mark-up is so high that a kilo of heroin, cut with quinine and sugar, sold in retail baggies, is worth about \$200,000 on the streets of San Francisco. A heroin addict has to buy about \$50 worth of smack a day to support his or her habit, and the vast majority of heroin users are much too poor to be able to support their habits from "gainful employment." In fact, most heroin users are black, brown and poor white people who have turned to smack for the exact same reasons that Americans have used narcotics ever since the Civil War, to escape conditions in their daily lives that are too oppressive to face without some kind of support.

Heroin addicts have to steal or engage in prostitution in order to support their habits, and it is their illegal activities, rather than their personal misery, which has brought them national attention. The junkie has become the national scapegoat. His hustling activities have been used to stir up panic about "crime in the streets," and to win support for law 'n order policies, and to justify enormous budgets for local and national law enforcement agencies.

But neither narcs nor helicopters have been able to stem the heroin epidemic. Everytime a junkie gets arrested, it's the same thing: kick cold turkey, do time in jail or prison (where drugs are often easier to come by than on the street), get released without a job or a skill, and go back to the street corner. Nothing stops the flow of heroin onto America's shores; it even comes in the caskets of dead soldiers. And nothing in the heroin user's life makes him or her believe that their life is

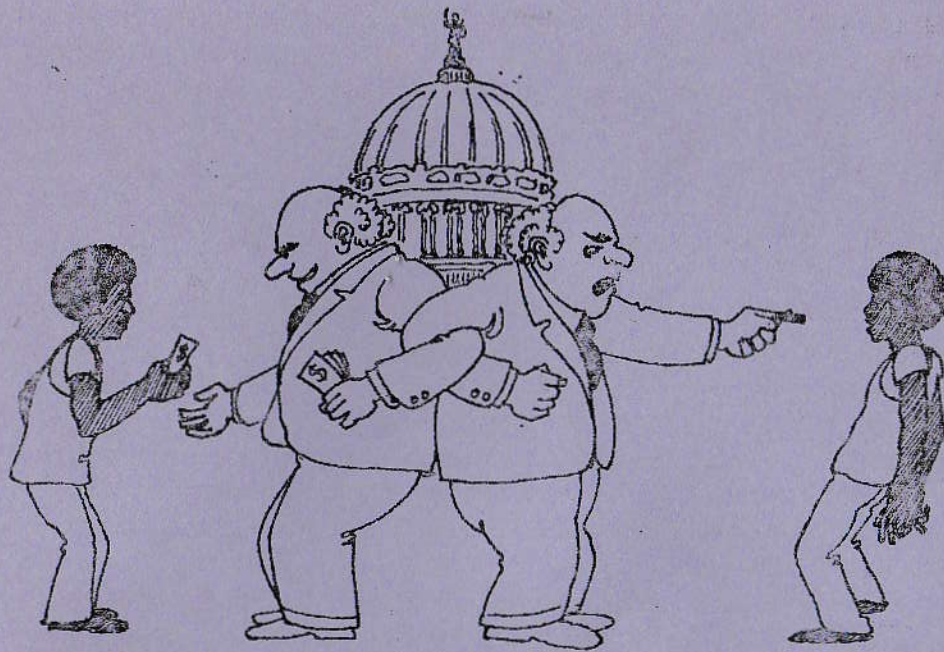
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HISTORY REPEATED: METHADONE AS CURE FOR HEROIN ADDICTION

Faced with the embarrassing situation of losing the war in Vietnam as well as the war on drugs at home, the Nixon administration decided to switch strategies again. The law enforcement approach wasn't working very well; perhaps it was time to go back to the medical model. And so the scientists went to work to find a cure for heroin addiction. This time, the wonder drug was called METHADONE.

Methadone has an interesting history. The drug

is a synthetic narcotic opiate, made with the same chemical properties as morphine. It was originally invented by German chemists during World War II, when the Allied march through North African poppy fields threatened to cut off Germany's supply of its chief pain-killer, morphine. The chemists called the synthetic drug "Dolophine" in honor of Adolf Hitler.

After the war, the patent for Dolophine found its way to the American drug company, Eli Lilly. Today, Eli Lilly and Mallinkrodt Chemicals have a near monopoly on the production of methadone.

Methadone was first tested on prisoners at the National Narcotics Research and Treatment Center at Lexington, Kentucky. It proved to be effective in detoxifying heroin addicts; that is, a large dose of methadone, reduced to nothing in a short period of time, eased the painful symptoms of heroin withdrawal. However, the medical treatment did little to change the prisoners' patterns of life, and 97% of them returned to junk once they were released from Lexington. (Of the remaining 3%, most are dead.)

In 1965, Doctors Dole and Nyswander from New York tried a new experiment with methadone. The experiment was called methadone maintenance: a gradual increase of the dose of methadone given to the heroin addict until the methadone succeeded in blocking both the craving for heroin and the euphoric effects of any heroin that might be taken. The doctors deemed their experiment "successful," and it was; methadone maintenance was successful in replacing heroin addiction with an addiction to methadone.



HOW METHADONE BECAME THE FEDERAL FIX

During the first three years of the Nixon regime, governmental agencies and their supporting economic interest lobbies had deadlocked over the best approach to deal with drug addiction. The various federal law enforcement agencies, backed by Attorney General Mitchell and the Department of Justice, had advocated stricter laws and enforcement against all kinds of drug usage. Their position was represented by the Dodd Bill of 1970, which would have given all powers of enforcement, research, treatment and education on drug use to the Department of Justice.

The position of the Food and Drug Administration

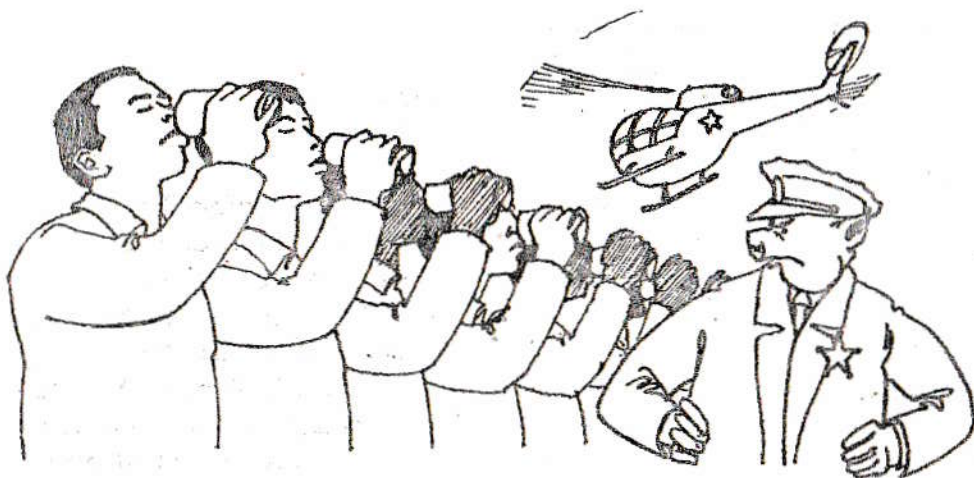
and the Department of Health, Education and Welfare, backed up by the drug lobbies and the American Medical, Psychiatric and Pharmaceutical Associations was represented in the Hughes/Kennedy Bill. This "liberal" piece of legislation would have concentrated treatment, research and education in HEW, leaving only law enforcement to the Dept. of Justice. The health industry's liberalism had a sound economic basis: they objected to the Dodd Bill's provisions for restricting production of "dangerous drugs" because it would cut into the profits from mass-produced drugs. And they feared for their stockholders' investments if the Dept. of Justice were to take over their lucrative research contracts.

The family squabble between the two interest groups was settled in the spring of 1972. Nixon created a new agency, the Special Action Office on Drug Abuse Prevention, to coordinate law enforcement and health industry efforts to deal with drug addiction. As director of SAODAP, Nixon appointed Dr. Jerome Jaffe, one of the original methadone researchers at Lexington's federal prison for heroin addicts.

Nixon gave Jaffe a special fund of \$1.7 billion to implement SAODAP's program, and announced the newest phase of the government's war on heroin addiction: **BUST THE PUSHERS AND PUT THE USERS ON METHADONE MAINTENANCE.**



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THE METHADONE PROGRAMS: A PREVIEW OF 1984

The government's latest strategy has not decreased the number of heroin pushers, but it has been effective in increasing the number of methadone addicts. There are presently about 450 methadone maintenance programs in the country, with an estimated 85,000 people on methadone. These programs (most of which are funded by the National Institute of Mental Health of the Dept. of Health, Education and Welfare) are called "voluntary": the addict chooses to get his/her fix from the state rather than continuing to hustle for it on the street.

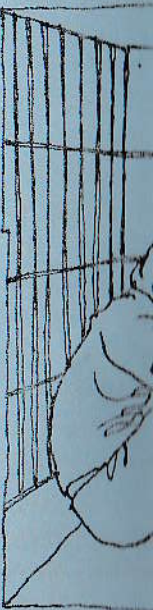
In addition to the voluntary programs, a growing number of compulsory methadone programs, in which arrested heroin users are forced into methadone maintenance as the only alternative to remaining in jail, have been established. The criminal justice methadone programs are called either NARA (Narcotic Addiction Rehabilitation Act) or TASC (Treatment Alternatives to Street Crime). Administered through SAODAP, NARA and TASC receive their monies from the Law Enforcement Assistance Administration (LEAA), which also supplies tanks and helicopters for police departments

and national computers to gather and store information on drug users, prisoners and other subversives.

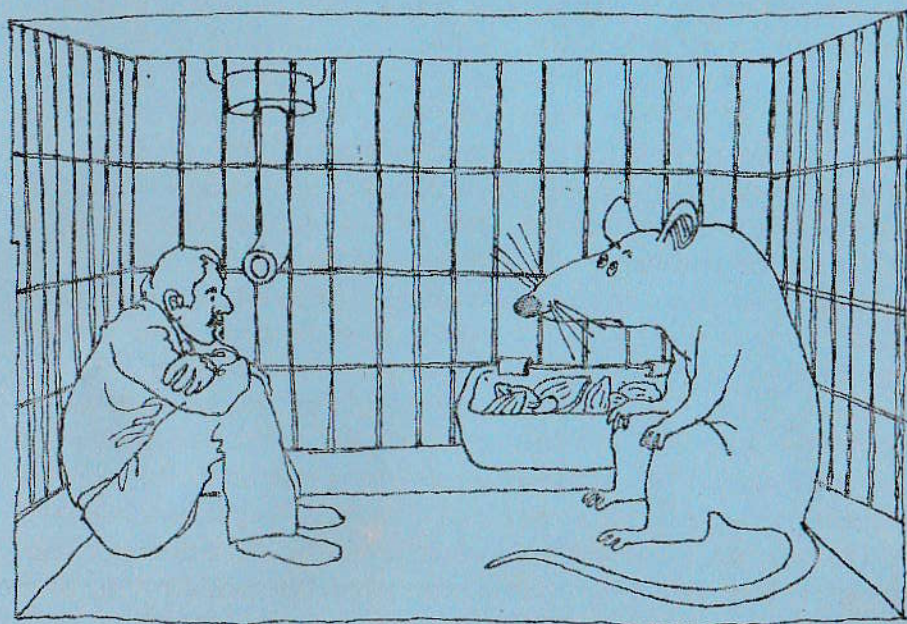
All the methadone programs, whether "voluntary" or compulsory, seek to control the lives of their "patients". This control is exercised in numerous ways. Every methadone person has an I.D. card; in some programs, he or she also has to have fingerprints taken, and a pilot program in Washington, D.C., funded by LEAA, is requiring footprints. Each person has to provide a complete personal history, as well as information on past and present illegal drug use; the San Francisco methadone programs also inquire about illegal drug use of friends and family. The information is fed into a local computer, and LEAA has recently developed CODAP, a national computer information bank for data from all methadone addicts. Everyone in the program is required to give frequent urine specimens, usually under direct surveillance of a program staff person. Attendance is monitored, and some programs force people into group therapy sessions as a condition of receiving their dose. Each program has the option to determine its own specific rules of behavior, but the price for misbehavior is always the same: withdrawal of the fix.

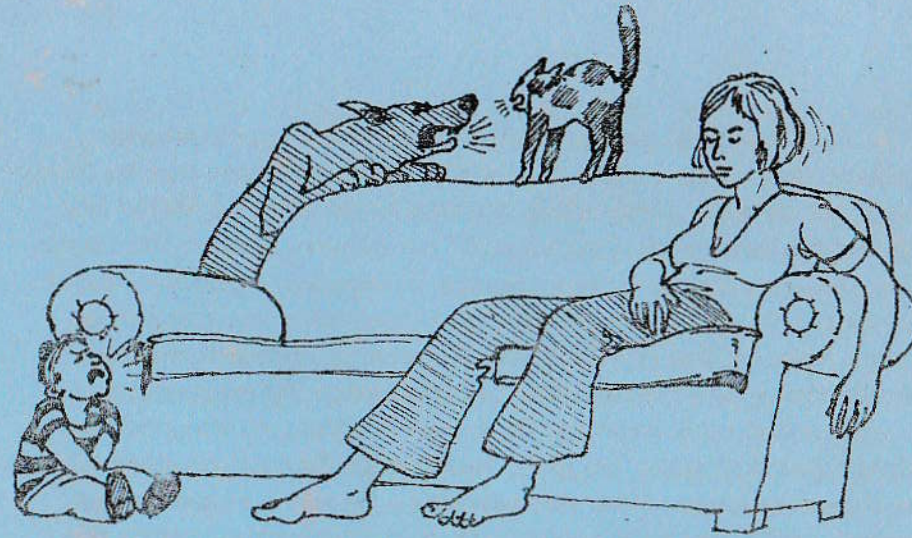
The criminal justice methadone programs have additional punishments for errant clients: a dirty urine, a missed appointment, or a "refusal to accept treatment" sends the person back to jail. Many city and state prison systems are hopping on to the methadone bandwagon, and more and more probationers and parolees are getting out of prison on condition that they enter a methadone maintenance program. Refusal to do so constitutes violation of probation or parole.

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The medical personnel in methadone programs assert that it is in the person's best interest not to know his/her dose. They also refuse to accept as valid the person's desire to "taper off" or slowly lower the dose. Therefore, the only means the methadone person has to control his or her own life is to detoxify by throwing away part of the methadone. Several experimental methadone programs are slowly detoxifying people over a period of 6 months to a year. Yet, if the methadoned person goes to jail, he/she is forced to detoxify in three weeks. The research as to what constitutes "successful detoxification" is just beginning, with the present methadone persons as the subjects. Meanwhile, thousands of people are being added to the roles of the nation's methadone programs.





THE NEW GENERATION OF METHADONE JUNKIES

The medical effects of methadone are as questionable as the control aspects of the methadone programs. Methadone is as addicting as heroin, but milligram for milligram it is four times as potent. In the standard clinic dose of 80-120 mgs. per day, methadone blocks the euphoric effects of any heroin that might be taken, but it also damages bodily functions. Methadone addicts suffer severe constipation, and often have to take daily laxatives for months. The drug makes people sweat profusely, causes insomnia and nightmares, and creates sexual impotence in men. Methadone addicts find it difficult to stay awake and activities such as driving a car are hazardous. Families and friends of methadone addicts often become impatient with him or her because the drugged person is inattentive or forgetful of daily chores or appointments. The medical reasons for these memory lapses have not yet been sufficiently studied, but the research that has been done indicates the possibility of temporary or permanent brain damage.

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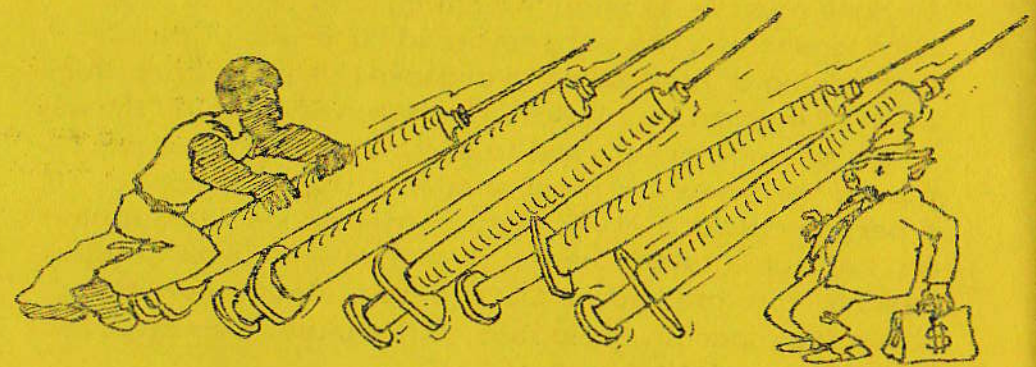
The most frightening unknown about methadone is its long-term effects on infants born to methadoned mothers. The babies suffer severe withdrawal symptoms at birth; they shake and vomit violently. Unable to feed properly, they cannot gain weight, and some babies stay in the hospital for up to 60 days before they are thoroughly detoxified. Recently, there have been several unexplained deaths of methadone babies; apparently cured and healthy, the babies suddenly died of heart failure. The original Food and Drug Administration guidelines for use of methadone prohibited the drug to pregnant women, but these guidelines have not been followed in any of the methadone programs.

The federal guidelines also state that bottles of methadone must be labeled "warning, this drug is fatal," but the warning has not prevented hundreds of people from dying of methadone overdoses. With the proliferation of methadone clinics, methadone has found its way to the street market, and in some eastern cities has replaced heroin as the most available illegal narcotic. If a person drinks a clinic dose of methadone without having built up a tolerance for it, the dose is usually fatal. Deaths from methadone O.D.'s have almost surpassed those from heroin in Buffalo, Milwaukee, Detroit, New York City and Washington, D.C.

Methadone is dispensed in glasses of Tang, and is absorbed into the body less rapidly than it would be if injected like heroin. The result is that the addict does not feel the sudden "rush" that he or she would when taking heroin, and many methadone junkies use other drugs, in combination with the methadone, to try to achieve the "rush". The most commonly used drugs are barbituates, amphetamines and alcohol, all of

which increase the medical dangers and possibility of overdose. The combination of methadone and liquor is especially lethal; the most famous victim of this double drug being Janis Joplin.

In order to prevent the illegal use and sales of methadone, many clinics are withdrawing "take home" privileges and requiring addicts to come to the clinic every day for their dose. However, the increasing profit in black market methadone makes it unlikely that these controls will affect street sales. But the new regulations will be effective in tightening the controls over the daily lives of methadone addicts.



THE SOLUTION TO DRUG ADDICTION IS NOT MORE ADDICTION

The history of the United States government's failure to deal effectively with drug addiction should not be surprising to anyone. The rulers of this country cannot solve a problem of which they are the cause. Addiction to drugs is neither a medical problem; nor a criminal problem. It is a political problem. People use drugs because it is

the only way they can deal with the reality of a life that is absolutely unbearable. The phenomena of drug addiction crosses class and race lines, but the people who are most severely effected by the drug plague are those under the yoke of racial and class oppression: black people, brown people and poor white people.

There are many short-term ways to alleviate the misery caused by drug abuse. Some of them are: sufficient detoxification facilities for every addict seeking medical assistance; enough community-controlled drug free treatment programs so that detoxified addicts can find the support they need to begin changing their life styles; de-criminalization of drug use so that addicts are not put behind bars; and real education about the true causes of drug addiction in this country.

But none of these measures can deal with the root of the problem. Drugs, whether legal or illegal, are an immensely profitable enterprise. Drug profiteers, whether legal or illegal, will continue to peddle their poisons as long as there is a market for them. The market for drugs will continue as long as millions of Americans face a daily existence of pain and suffering. And that existence will not change until the social and economic system which causes it has been completely overturned.

The American drug epidemic is a product of American capitalism. In order to stop the product, it will be necessary to destroy the producer.

When the American people create a social system dedicated to the elimination of human suffering, the problem of drug abuse will be solved.

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