

**The
World of
Drugs**

THE "LEPERS" OF 1971

Surreptitiously, viciously, it has crawled from the special precincts of the poor to the mind-set of suburbia. With tentacles reaching from east coast to west, it has sucked middle America into its voracious maw. From relatively harmless marijuana to life-sapping heroin, drug abuse is becoming a national epidemic.

No media myth, it has spread beyond a hazy happening in a remote setting to affect us all. Pre-teens as well as elderly have died from overdoses. And few communities—rich or poor—have been vaccinated against the ubiquitous "pot party" or embarrassing arrests.

The most frightening aspect of the crisis is the increasing use of heroin, a cruelly dehumanizing, degrading drug. In its grip the addict becomes an animal, driven beyond concerns for food, sex, even sleep, into a living grave where fear of withdrawal ices the gut and only heroin warms the soul.

Heroin's 24-hour world rolls in on waves of cold digging fear that "today I won't make my fix." The addict fights, lies, steals, cheats to buy heroin. Born anew each morning, he dies with the euphoric satisfaction of his fix—a daily death that lasts until he again awakens consumed by the craving.

Heroin addiction has all the advantages

of death, without its permanence, says an addict.

Many churches have deplored the addiction—and the addict—fighting the growing drug crisis with flaming fiction and far-out fantasy, instead of fact, and when confronted with a call to action, they have retreated.

"I parallel society's attitude toward drug addicts with the unclean of the Bible," says Warren Rawles of the HMB.

"They're today's lepers. 'Stay away from me; you'll hurt me; you'll contaminate me; you'll ruin my school, my commu-

nity.' That's our attitude."

"There is a prevalent kind of church leadership that tends to indoctrinate church members with a cocaine-type religion that makes them insensitive to the problem of drugs," says Henlee Barnett of Southern Baptist Seminary.

"The church must kick its own addictions . . . The church has no real choice except to minister to these types of people if the church is to be what Christ intended her to be."

In this issue, we deal with a few of those churches and individuals who are struggling with the challenge to be servant to the "lepers" of today.

An addict sits slumped over a doorway, the constant craving for drugs momentarily abated; he dies with a fix.



For several months, the Home Mission Society of America has been working to help drug addicts. For high rates of addiction, the Home Mission Society of America has been working to help drug addicts.

THE AURORA:

A Ministry to Youth

By Dallas Lee

Photography by Don Rutledge

The windowless, dingy room is smoke-filled, unnervingly noisy, and crowded. The people are young street people; hippies—long-haired, pot-smoking, free-loving, panhandling drug freaks—boot-

ed, beaded, braze-

In this room a short, stocky, well-groomed man in sport shirt and slacks struggles conspicuously in the

struggle to organize folding chairs into a reasonable gesture of a circle.

Then he stands in the middle with both hands outstretched, lifts his voice, and says pleasantly:

"Okay, we want to get started now. We'll just begin with Cokes and cookies to get our bellies full . . ."

Cokes and cookies? All that caffeine and sucrose? Is he kidding?

The freaks laugh, but they rush the ping pong table, grabbing for Cokes and cookies like hurricane refugees overrunning a food-laden helicopter. You can't get high on Cokes and cookies, but you can get full.

The man lifts his

arms and gestures for attention again. He introduces himself as dean of a pharmacy school and the man with him as a chemist. He invites questions about drugs.

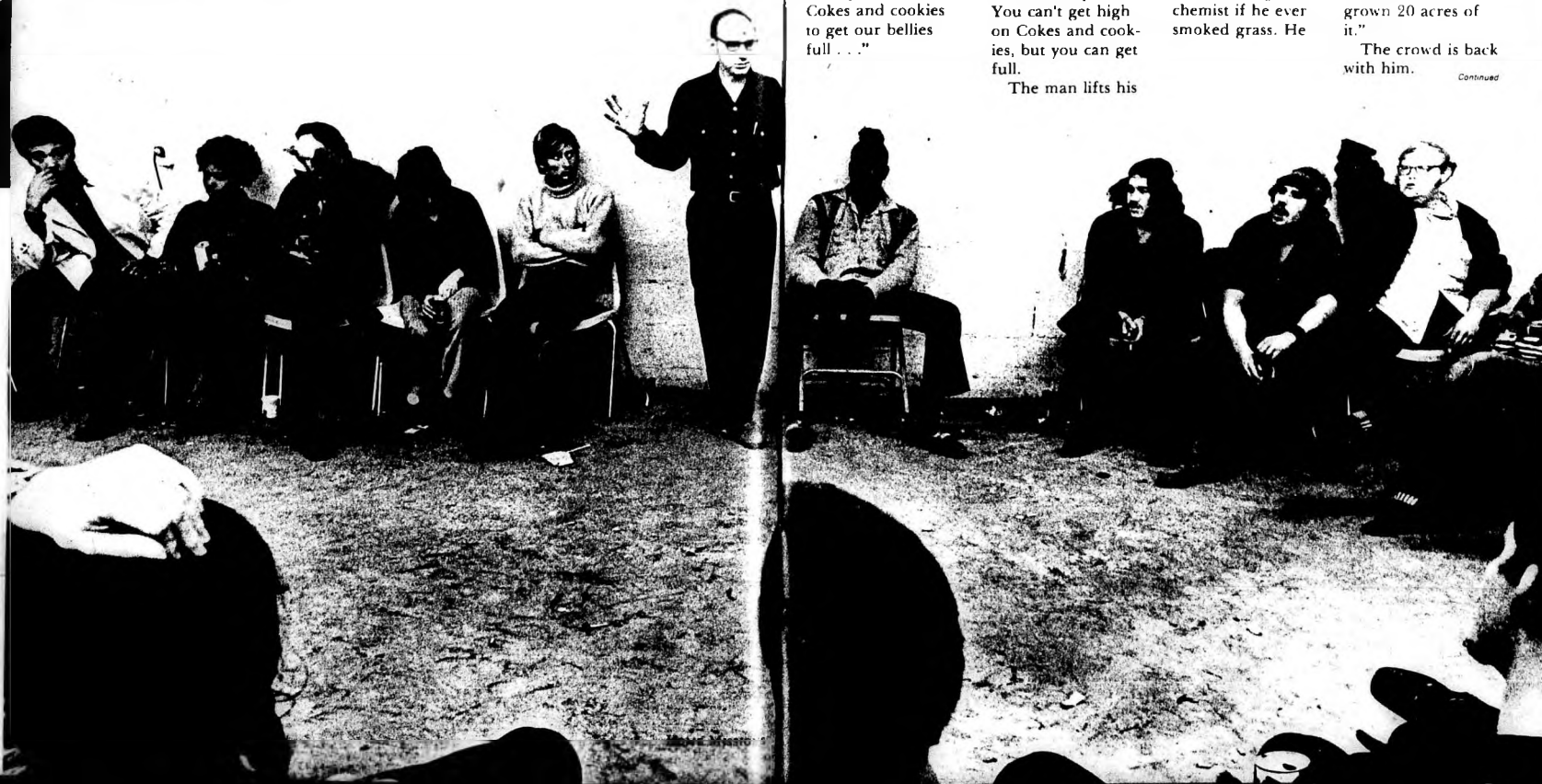
As usual, there is a testy beginning, with some newcomer asking the chemist if he ever smoked grass. He

replies no. And before he can say more, several freaks shout, "Then what the—-are you doing trying to tell us about it?"

He waits patiently for the noise to die down. "I never smoked pot," he says finally, in a soft voice, "but I've grown 20 acres of it."

The crowd is back with him.

Continued



Dr. Vincent Lopez, the chemist, is involved in a five-year study of marijuana. He and the pharmacist, Dr. Oliver Littlejohn—both of Mercer University's School of Pharmacy—are experts on drugs.

Each Tuesday night in this room their knowledge of drugs is tested by a crowd of 40 to 60 street people. But they are equipped to fight drug abuse with education—facts, not fiction—and their flow of intellectual answers inevitably withers the crowd's hostility.

Their point of entry into Atlanta's "strip"—a two-block section stuffed with street people, bars, peep shows and head shops—is a plain storefront known as the Aurora, a gathering place provided by church people and staffed by Baptist missionaries.

Church people? Missionaries? Are they kidding? One boy who had recently fled his "religious" home was virtually speechless when he heard it. "Far out, man," he shrugged.

Scores of kids have sat in bull sessions at the Aurora and blistered the churches, characterizing them from their own experiences as big, inhuman machines, corporations with hypocrites for stockholders.

But, in fact, the place they sat in is sponsored by large, affluent Baptist and Presbyterian churches.

The phenomenon known as the "strip" in Atlanta—and its counterparts in other cities—has always been a threatening presence: a wide-open display of people violating every middle-American sacred principle, right out on the street. Drive through and see it, evil so obvious that some feel clean and pure by contrast—"Thank God I'm not like that..."

Consequently, church people who identified with the strip faced pressure from their peers. Alex Williams, associate minister of First Presbyterian of Atlanta, expresses it: "I call it Christian hatred, a kind of hatred that apparently only the dedicated Christian is capable of. Hatred with divine approval. You know—if God hates those kids so much, we should too."

But sensitive church people like Williams had been down there. They had seen and heard, and they had not been able to walk away

with simple condemnations on their lips.

Through the circus-like frenzy of these long-haired, dirty-clothed freaks they had recognized children—lost, desperate children; children somehow alienated too soon; children 14 to 19 for whom home and family in the traditional sense were as remote as a moon crater.

They had seen that many of these "freaks" were grabbing frantically for a "hip world" of love and peace, of intellectual, drug-induced, mind-expanding exploration of self, but were failing. These kids had been left behind when the real hip movement carried its meditative and communal search for alternatives out of the city. These were not the "flower children" church people had read about; the fragrance of love and peace was not there on the strip. Instead, it reeked of violence and desperation.

Where had the leaders of this thing gone? Where were the Learys? The Ginsburgs? The Merry Pranksters of Ken Kesey?

The electric music told the sedfret to anyone who would listen: *the devil's on the loose, better run*.

These kids had lost the way. Behind all that jiving, they were running through a jungle of drugs and sex and violence, scared.

It was clear in their pimply faces and nervous twitchings that the world of these adolescents had become a nightmare carnival of desperate gropings—for the next high, the next orgasm, the next life-affirming, death-defying pleasure of most any sort—without reflection, without joy, without authentic relationships, without purpose.

Solitude in a cage with thousands. This was no new lifestyle. This was panic. The sum of it was scrawled on a bathroom wall: "HELP!"

"They were concerned about . . . the strip. They wanted to get something started."

The strip was no place to preach and run, or to import a special "hip evangelist" on an ego trip, who would ply the kids with psychedelic

revivalisms such as "Get high on Jesus." Such religious rip-offs would not relieve this spiritual starvation; these kids needed during help.

And they asked for it—it walked into the First Baptist Church of Atlanta and asked for help.

It was the fall of 1969. A group of hippies had decided to pull out of the strip and carry their communal life into the country. But they were sensitive to the deterioration of the strip. They were concerned about the increase of hard narcotics, such as heroin and morphine; about the rough crowd moving in on the strip; about rising disease rates and the need for medical help; about the shortage of housing for kids who kept streaming in.

They had heard churches were interested in helping, so four of them decided to walk down Peachtree Street toward town and enter the first church building they saw.

That was the giant red fortress of First Baptist. They told a secretary they needed help. Tom Allerton, the educational director, was the only staff person in. He ushered them into his office, expecting to be asked to tap the benevolence fund to give them a little cash.

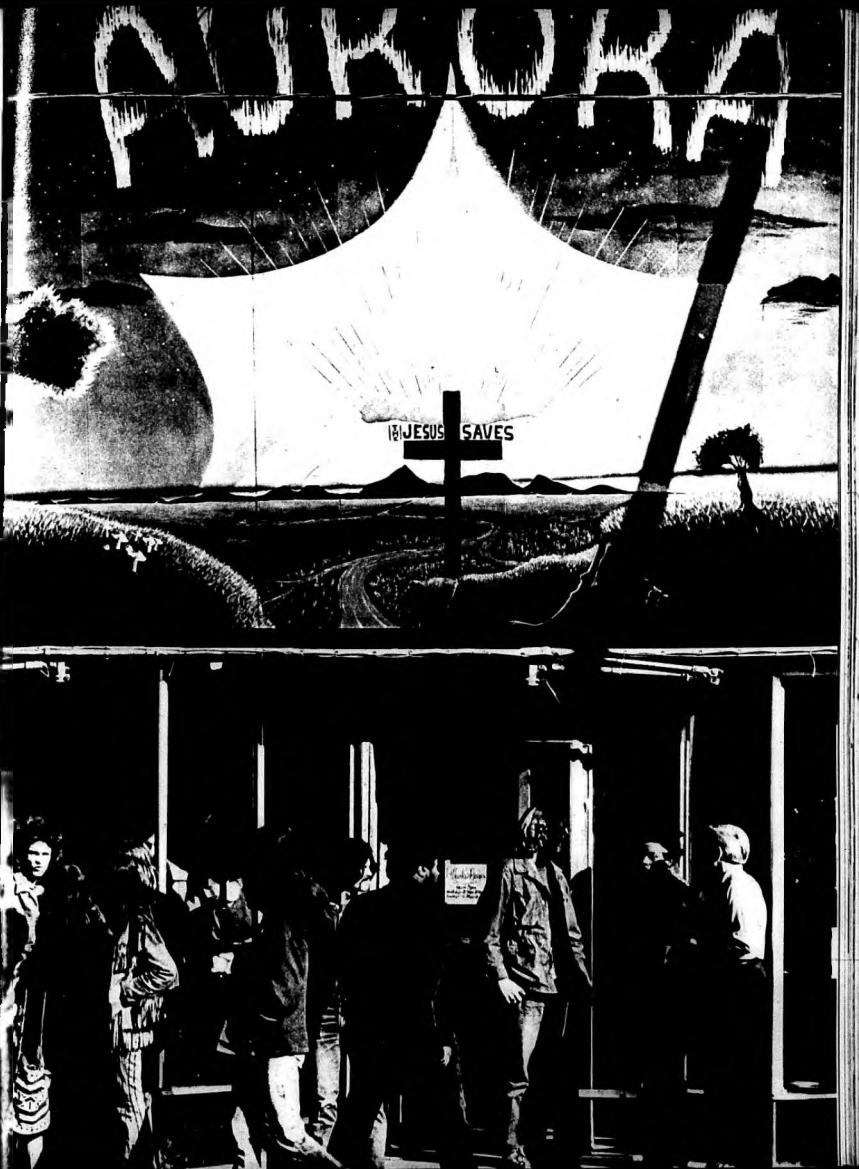
"They didn't want money, they wanted someone to listen to them," Allerton remembers. "They described themselves as seekers who believed in Jesus. They had been through the drug scene, they said, and now were about to go colonize in the country somewhere. But they were concerned about what was happening to the strip. They wanted to help get something started."

Allerton arranged for several of them to meet with a group of First Baptist deacons, who agreed to investigate possible actions and invited the hippies to other meetings.

In the end, with encouragement from the metropolitan area council of churches, First Baptist and First Presbyterian agreed to team up and provide some sort of recreation center.

Several other churches, including First Baptist of Decatur, an Atlanta suburb, were prompted to work on a youth hostel project.

First Baptist contacted the Georgia Baptist Convention, which agreed to appoint a community minister to staff the project. Second



HOME MISSION

Ponce de Leon Baptist, Clairmont Presbyterian and Peachtree Presbyterian churches joined the partnership, and the Aurora was incorporated.

With the help of the Home Mission Board, Georgia Baptists located and appointed Don Rhymes as Baptist community minister at the Aurora.

Rhymes and his wife, Goldie, had worked for four years in an enormous high-rise apartment complex in New York. There they had experimented with a ministry to a group of tough, drug-taking youths.

A storefront location on the strip became available when a women's group moved its used clothing shop. Aurora took the lease and Don and Goldie Rhymes arrived July 1, 1970, to open the doors.

Good grief, these freaks had appropriated the very symbol of salvation. Were they calling Jesus a-hippy?

The Aurora raised its sign over the storefront—a large sign that says "AURORA" in foot-and-a-half-high letters on a background showing a cross dawning over a dreamy mountain range and valley steam.

In the long, sprawling street-level room there are a few tables and chairs, a cold-drink machine, and a piano.

For decorations, a few Scripture verses are painted on walls by "Jesus freaks"—hip kids turned on to Jesus—and a faded purple and orange parachute hangs on the ceiling; it produces a strange orange light in the room.

Downstairs are two old pool tables and a ping pong table for recreation.

The Aurora is always crowded. Probably some 1,500 street people and runaways wander the strip, and any time its doors are open, the Aurora will attract several hundred of them. Volunteers from the participating churches mingle noticeably with long hairs, steadily building relationships and sharing their faith with an enduring presence.

it almost strains the imagination, but there it stands—right on the corner of Peachtree and Tenth streets—a religious establishment with the audacity to have some Jesus freak paint and sculpt his Christian testimony on the side of the building.

A young man named Steve showed up one day. He had heard the Jesus story in L.A., he said, and had been moved by another's expression of faith. He had taken his Bible and gone into the mountains—just him and his Bible and the Holy Spirit, as he described it.

On the fourth day he prayed aloud: "God, if you are real, come into my life and prove it."

Bang! Just like that, he said, it happened.

Steve came to Atlanta, began working with a Christian half-way house for reformed drug freaks, and asked Don Rhymes if he could illustrate his experience on that big bare wall of the Aurora. The wall was adjacent an excavated corner lot; newly two floors of the Aurora's ancient brick were exposed.

After checking with the Aurora's board of directors, Don okayed the project.

The result was a great rambling surrealist mural, the very apex of wall witnessing.

A gigantic white sculpture protruded from the top right, leaning out benevolently over the vacant lot. It was a tribute to men who work for peace, Steve said. The figure held a brush in the right hand, symbolizing the futility of trying to find peace without God.

Beside the peace figure, Steve painted Jesus with an open book showing a lamb in his left hand and a white winged creature, representing the Holy Spirit, in his right hand.

"Jesus brings peace with the presence and power of the Holy Spirit," he explained.

A cross came next, but Jesus was not on it. Instead, a hip character with six sets of arms, one set of which was playing a guitar, hung there.

This offended many people. The passerby who just wanted to peek at the freaks found himself confronted with a hippy on a cross. Good grief, these freaks had appropriated the very symbol of salvation.

Were they calling Jesus a hippy? Were they insinuating that hippies were suffering for the world's sin?

The artist quietly explained at his message was that if street people and church people were ever going to meet in genuine encounter, both would have to die unto themselves.

"Far out, man."

The whole scene is alive and changing. You don't penetrate it easily. Don and Goldie walked in and began.

The Aurora's wall graphs remained for several months, until the artist decided to remove it while he contemplated a "new vision."

The strip changes that way—slowly, it oozes along amoeba-like, gradually absorbing new people, new fads, new shapes, new moods.

The strip is not so much a geographical place as it is a sociological phenomenon, an experience in the summertime, college hippies swell the ranks and add a taste of intellectual curiosity and an atmosphere of genuine searching.

At other times, weekenders storm in with their hip clothing and adopt the style for a day or so. Sometimes they are troublemakers who taunt the police or break a window and cause a big scene, then sneak back to the suburbs to get ready for school.

In the relatively warm climate of Atlanta, the population of hip people and runaways will decline at the end of summer, but jump again in the fall when it gets cold on the streets up north.

At times the bikers—descendants of the west coast's Hell's Angels who roam confidently on their huge, customized motorcycles—will dominate the scene with their demonstrations of power. They tell some kid to quit wearing his chain belt because they don't like it, and if he doesn't, they may fight him with it.

The whole scene is alive and fluid. You don't penetrate it easily. Don and Goldie just walked in and began. They opened the door

HOME MISSION



PHOTO BY KNOLAN BENFIELD

every night that first week and stayed until midnight. They tried many methods of communicating, including late night Bible discussions, which worked for a month until the college hippies steered the discussion away from the reality of Christian experience to debates about whether the story of the adulterous woman was originally in the text of the Gospel of John. Or whether John really wrote that gospel.

Goldie lent credibility by just being present. A slim, soft-mannered blonde, she represents everything these drop-outs reject as shallow and untrustworthy: mother, home, loyalty, fidelity, religion, old-fashioned good looks. But her unpretentious nature rings of authenticity, and she moves among the hardcore of the drug culture with respect and acceptance.

There were inevitable periods of testing. Don is no hippy minister—he's a slim, silver-haired Louisianan

who looks like what he is: a Baptist preacher. He built his relationships with the street people on honesty. The place had rules: no drinking, no taking drugs, no dealing in drugs, no fighting. And no exceptions.

When a girl ignored his third warning about trafficking in drugs, he took them from her and flushed them down the toilet.

Two bikers—tough, boisterous men in denim jackets with death's heads stitched on the back—jammed a pusher up against the wall and started rifling his pockets for dope and money.

Don broke it up and ordered them out. One biker stared at him. "You don't threaten a biker and live," he challenged.

Don replied: "I'm not threatening you; I'm telling you the rules of our game." They left. Don lives.

On another occasion Don walked into the crowded, street-level room to find a policeman shouting at a

young girl. He was speaking to her abusively and trying to grab her; she was using a table to elude him.

Don ordered him out. The policeman said he was taking the girl with him, that she was a runaway—she had no identification. Don said she was not a runaway, that he knew who she was and where she was from, even if she did not have an I.D.

Angrily the policeman said he was taking the girl and anyone who got in his way. The girl, a diabetic, began to have a seizure.

"I told him I would not let him take her," Don said. "I told him he would have to take me too if he took her."

The policeman's anger abated, the girl relaxed, and the tense encounter dissolved into a discussion between the policeman and onlookers, one of those rare relaxed encounters between hippy and cop.

The missionaries had penetrated the strip.

Continued

May, 1971

9



A tall, bearded man was leaning against the front door . . . he had a gun.

From the street in front of the Aurora you can see a billboard showing a police officer giving mouth-to-mouth resuscitation to a child. Its caption says: "Some call him pig."

One freak, offended by the display, said bitterly that someone should put up a billboard showing a pig beating a hippy with his nightstick. "The sign could say," he said, "Some call him officer."

On the strip, the vast gulf between policeman and drug freak

demonstrates with painful clarity just how authentic communication gaps can be.

From the patrolman's viewpoint, these bands of drug-oriented youngsters, who have nothing but an obscene gesture for authority, represent volatile danger.

The cop making a legitimate arrest knows that riot potential lies just under the surface of the strip. He cannot help but be suspicious of every person and ready at a moment's notice to respond physically.

Understandably, he is not apt to have sympathy for the freak who shows no respect.

The drug freak, on the other hand, is vulnerable to abuse and harassment without a leg to stand on if he attempts to complain

through proper channels. He can be grabbed without a word or warning—and be charged later with vagrancy or obstructing an officer or possession of some drug.

Street people are lawless, but also powerless; on occasion, they are quite openly mistreated.

One night last fall, a boy complained to Don that men in an unmarked panel truck were making a habit of pouncing on groups of street people, shoving them into the van and roaring off without a word of identification or purpose.

For all the kids knew, a band of rednecks was making sport with the hippies.

Don agreed to check on it. But before Don left that night, the boy returned, saying excitedly, "There it is, there it is!"

HOME MISSION



Don Rhymes talks with a couple of "hip types" in front of the Aurora. In the background is "the sign of the times"—for hips and straight ahead meaning.

Don and several onlookers walked onto Peachtree. The van was gone. They turned up a side street. The van was there.

A tall, bearded man was leaning against its front door—a hip-looking character, but he had a gun.

Dennis Durrett of the community crisis center was with Don. As they walked past the truck, Dennis said, "Say, brother, why do you need guns in this community?"

"We might need them tonight," the big man replied, opening the side door of the truck.

The first man out jammed the butt of his rifle into Don's abdomen, driving him across the sidewalk. Another man grabbed Don from behind, jerked his arms behind his shoulders so that the front of his body was exposed, and spun

him into the face of another man who had a police-type nightstick uplifted to strike.

Don had his breath back; he shouted, "Hold it! I'm a Baptist preacher!"

The man with the nightstick paused, but the one gripping Don spoke gruffly, "I don't care who you are, we can arrest you."

"No you can't," Don protested. "I've done nothing. I was just walking down the street."

The man behind released him with a shove. "Get moving then."

The men, it turned out, were plainclothed Georgia Bureau of Investigation officers. Don went straight to the major who headed the GBI to complain.

The officer had only "poked" him to move him along. Don was told.

Don jerked up his shirt and revealed a long bruise left by the gun butt.

The officer was brought in. He looked Don straight in the eye. "I don't think you have any right to question how I do my job," he said.

But Don did question it. And the unmarked van vanished from the strip.

More recently, a city police lieutenant closed down the recreation room of the Aurora when neither Don or his assistant, Andy Loving, were present. The reason he offered was that the young man left in charge could not produce a license to "operate a pool hall."

The lawyers on the Aurora's board of directors settled that one quickly and quietly with an embarrassed police department.

Continued

"A lot of these people are saying, 'Is there anything I can give a damn about?' I believe Christ is necessary. . . ."

A tall, middle-aged man with graying hair pushes his way through the crowd in the recreation room, looking the kids over with a weary, searching gaze. He stops by the door of the tiny room that serves as the Aurora's office.

A stocky blonde young man behind the desk nods.

"Are you Andy?" Andy Loving, the young Southern Illinois University graduate who takes the late shifts for Don, stands and introduces himself.

The man is a father, searching for his 15-year-old runaway son. He shows Andy a picture—a school portrait of a good-looking boy with a spill of red hair parted in the middle.

"His name is Carey. Have you seen him? I just paid his way back from California three days ago, and he's gone again. I believe he may be here, with someone named Chico."

Andy has not seen him, but he takes the father's name and notes the boy's name and description.

The man is talking, thinking out loud. "I ran around when I was a kid too, but I told my parents where I was going. This kid won't even pick up the dern phone to call us collect."

He complains that the staff at The Bridge, a ministry to runaways on the strip, refuses to say they will call him if they see the boy. "They would only say that they would try to persuade him to call me."

Andy interrupts. "I'm afraid we have the same policy. If we call you without the boy's permission, he'll just take off again. But I promise you we will do everything we can to get him to communicate with you."

The man nods. He understands. But he is frustrated. Whatever problems plague the relationship between him and his son, the man does care. And it's clear he does not intend to quit looking. He has arranged for special education for



the boy and he at least wants him to give it a chance.

Don Rhymes spends much of his time counseling parents of runaway teenagers. It is heart-breaking, but it is the sort of bitter experience that is creating increasing support for ministries such as the Aurora's. Most parents hope someone is trying to reach their runaway child.

It is hard to determine why some of these youngest runaways persist in dodging their parents.

In other cases, the reasons are obvious. Some stumble into the "strips" of the nation on the rebound from violent home situations or alcoholic parents. Some say that in spite of the fact that they have to sell their bodies or dance in topless clubs or panhandle or rob drug stores to make it on the strip, they are better off than they were at home.

Some obviously have deep psychological problems; others are deeply wounded by parental indifference. At least one boy on Atlanta's strip was guaranteed a monthly stipend by his father just to leave home and quit embarrassing his parents with his presence. One girl told Don she is pregnant by her father.

In serious moments, many street people will admit to Don, "I'm searching for myself."

That sounds too vague at first to be persuasive, but there is substance to the statement. During teen years, a child should be discovering himself and shaping his identity with increasing self-trust.

I see the Aurora as a demonstration of Christian love and concern for young people who are on this treasure hunt to discover what life is all about," Don says. "We do share our Christian experiences verbally and we have had quite a number of conversions. But primarily we want to demonstrate that the Christian community loves people. These people don't reject a concept of God; they just have rejected their experiences in churches that did not express concern for people."

"There is real deterioration of human relationships for these kids on the strip, and we want to be present, unapologetically, as a church-sponsored place where they can come and know someone cares."

Andy Loving voices a similar concept of his own ministry.

"I think a lot of these people are saying, 'Is there anything in this world I can give a damn about?' We're trying to walk through some of the problems they are going through. I feel like Christ can work through us, and I believe that a relationship with Christ is necessary for these kids to become what they really want to become."

There is an honest, uncompromising tone about the Aurora's religious motivation and ministry, and a sense that the love and concern expressed through the Aurora will endure even if the kids offer little in return.

We're not down here to say we'll trade our love and concern for them accepting our faith," Andy says. "It's more that we are here to say that we'll love them because we are Christians."

Don keeps a constantly shifting format of religious programs before the highly transient street population and balances the religious activity with leather crafts, pottery and weaving classes.

Several Baptist and Presbyterian pastors conduct Bible studies and discussions during the week, and an Atlanta actor, Frank Roughton, has generated enthusiastic response with weekly forums on the Christian faith.

These are not easy audiences to work with, and the response is unpredictable. "The first feeling you experience on the strip," comments Alex Williams, "is that you are not in control."

Getting control of any sort means establishing rapport with the street people—building trust. Opening new lines of communication between the street people and the straight world then can be attempted.

Don has invited the police department, the GBI, and the mayor's office each to send a man one night a month to the Aurora to rap with the kids and, hopefully, over the long stretch, to build new attitudes in the community.

Recently Don had showers and washing machines installed to make it reasonably convenient for the kids to keep clean, and he is



Andy Loving comforts a father.

trying to keep alive the idea of providing day-care for the young women with children who want to work.

He hopes also to develop a job-finding capacity at the Aurora.

Looking ahead, Don wants to begin a live-in, therapeutic community for street people ready to dump the drug culture and try to reenter some stable way of life.

We need a place," he says, "where we can cultivate a person who is ready for rehabilitation or for authentic faith. We need a place for reconstruction. One hundred churches providing \$100 a month would meet the need as I see it now."

On a steady week-to-week basis, the Aurora's sponsoring of drug raps led by the Mercer professors probably has carved as much of an inroad into the heart of Atlanta's drug culture as anything else.

Like a two-pack-a-day cigarette smoker who can't take his eyes off those cancer society commercials on television, many street people come to drug raps and hear facts that must gnaw at them and force them to question their dependence on drugs.

Most of the drugs that produce the sought-after reactions act on the central nervous system and the brain, the most complex and mysterious systems of the body and soul.

The kids often scoff at much of the clinical information they get, but they think about it.

Why do the kids
take drugs?

They don't bring
that subject up
themselves, but Dr.
Littlejohn ventured
to ask the drug rap
crowd one night.
They made light of
it. And laughed.
And turned to old
Jacob, a wino of
considerable wisdom
who sits there many
a night in his old
hounds-tooth coat
and chuka boots.

"Hey Jacob, why
do you drink the
wine, man?"

"Because," old
Jacob says seriously
through his rotten
teeth, "I'm scared."■

THE CATACOMBS: A Church Takes Action

Photography by Don Rutledge



It was an attempt to have a creative, innovative, flexible program that involved young people in every stage of planning.

Mattie Jankowski met Larry Patterson one autumn afternoon. First afternoon Patterson was in New York City. They sat on the steps and talked for more than an hour. Mattie told Patterson about New York. About the Park Slope section where he lived, where 70 percent of the adults and teens experimented with drugs; where 30 percent of those were physically or psychologically dependent on narcotics; where poverty blighted the streets and crime ravaged the unprotected.

Patterson told Mattie about Christianity. About the work he hoped to do at Park Slope Baptist Church, where he was assuming the pastorate.

Neither Mattie nor Patterson learned very much that warm fall day. But maybe enough. It was a beginning.

For Mattie was interested in Patterson's concept of a church involved with its community. "This is a new day and the church is not relevant unless it becomes involved in social and economic issues, along with its spiritual emphasis. People expect more than a pat on the back and an old cliché like 'God loves you.' People

want action, results, meaningful relationships and genuine concern and concrete help."

When Patterson arrived in Brooklyn's Park Slope, neighborhood adults were divided over the increasingly critical and open use of drugs.

Some merely complained about "hippies and junkies," hoping to get rid of the problem by shoving them down a few blocks. Others, feeling constructive action should be taken, initiated an elaborate recreation program, using facilities of Park Slope Community Center, a weekday alias of Park Slope Baptist Church.

Volleyball, basketball, dodge ball, ping pong were offered. Kaput. The program went like four-day-old spaghetti at a cake bake.

Many teens were on drugs. They were loud, undisciplined, often malicious. Equipment was destroyed. People harassed. Tensions were high. And the program failed.

In trying to determine why, Patterson and James Daves, director of Park Slope's Christian social ministries, found the kids didn't identify with the program. With no chance to voice opinions or influence planning, they felt the adults' motivation and concern was phoney.

Amid defeat, the adults reassured. They sought a new program. Creative, innovative, flexible and appealing. They realized young people had to be involved in every stage of planning and execution.

The Catacombs resulted.

Continued



"When you're on the raw edge, you find there's hell out there."

From the first, young people had major roles in developing, building and staffing the Catacombs. From the first, Mattie Jankowski was involved. In Park Slope's 4,400-square-foot basement, they worked 12 to 15 hours a day for four weeks. They invested their lives: painting walls black and white; wiring a new lighting system; building a stage; repairing walls and windows; doing art work with fluorescent paints; constructing booths for slide projectors, strobe lights and overhead projectors.

The young people publicized the grand opening and got a local band to play. On opening night, with youth assuming specific jobs and responsibilities, the Catacombs was a "tremendous success." Designed after the psychedelic East Village Electric Circus, the Catacombs attracted young people from the entire NYC metropolitan area.

Music blared. Slides splashed against one wall. Bright colors danced and swirled overhead. Teens met and talked and listened to rock sounds; upstairs, in the community center, checkers, cards, chess and ping pong were available.

Youth were attracted—100 to 200 every night the club was open—but the first abortive program had accomplished that—with chaotic results.

Would the Catacombs be different? Youth involvement proved the answer; they protected their investment.

"Peer group pressures resulted in unbelievable order and peace," says James Daves. "This doesn't mean

that problems didn't arise, but the Catacombs was a program where definite objectives and goals were set and reached. There was an emphasis on self pride, hope for the future and a sense of security."

Teen participation had residual benefits. First, many youth instrumental in planning and constructing the Catacombs were drug users. When they became involved in the Catacombs, they stopped using drugs.

Second, they influenced others. When asked why they no longer used drugs, they said they no longer needed them; they had found something better to do with their time and talents.

To outward appearance, Mattie Jankowski was one of these. But Mattie was still hung up. Although active in the Catacombs, he continued to use drugs heavily. "He was one of the few I could never tell about," says Patterson. "I didn't know he was high that much."

Yet Mattie couldn't shake a growing feeling that drugs weren't his answer.

The Catacombs ministry clearly revealed the scope and magnitude of the Park Slope drug crisis. With both Patterson and Daves convinced that the church should work in conjunction with the city's power structure to solve problems and accomplish Christian goals, the NYC Addiction Services Agency was contacted.

After weeks of meetings, the agency agreed to place several counselors in the Park Slope area, if the church would provide them a place to work.

Park Slope Baptist bought a house six blocks from the church, and a program to work with pre-addicts as well as addicts was begun.

Another group of Park Slope citizens had worked to get such a program for two years. No success. "Through our combined efforts," says Patterson, "things finally happened."

Adds Daves, "They were astounded at our willingness to be involved in solving the drug problem in this community."

The church provided the contacts; the agency provided the expertise. "The abuse of dangerous drugs must be countered by programs that can realistically handle the situation," says Daves. "The Catacombs was never intended for rehabilitation; it was primarily a place where young people who use drugs could be reached and referred to rehabilitation centers."

But it did lead, indirectly at least, to a new life for one addict: Matthew Jankowski.

After six months at the Catacombs, in a late-night cathartic session with Patterson and girl friend "Nina" Simone, Mattie became a Christian.

Mattie has been clean since. More than a year. After training, he became a full-time counselor with the Addiction Services Agency. With funding, Patterson and Daves hope to use Mattie's experience and training in an expanded drug program at Park Slope.

Meanwhile, he is active at church, leading discussion groups and participating in its activities.

During the difficult days when Mattie and Nina, also a drug user (at 21, she had been on drugs 11 years) were "getting straight," they wrote and illustrated poems that expressed their new feelings.

In vivid imagery and fresh outlook, Mattie and Nina say—well... hear the words of their poems:



GOD IS MY PUSHER

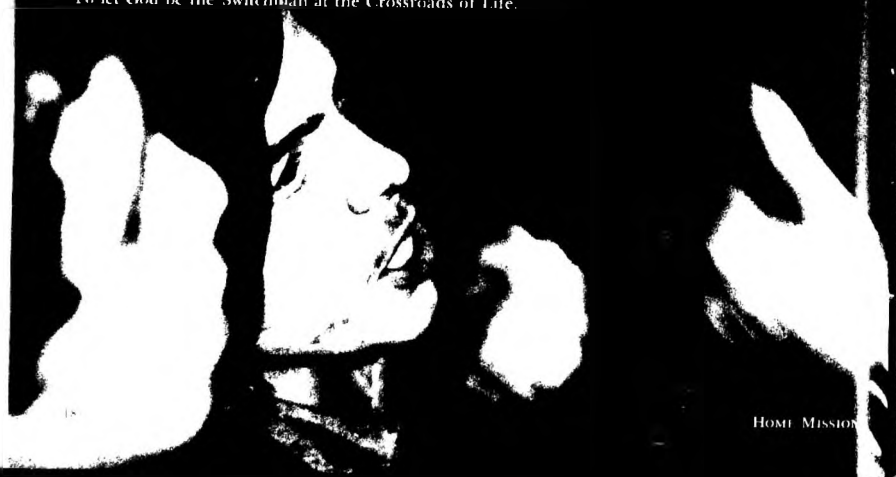
I just copped some hard stuff. . .
God is pushing.
He's new to me, I've never seen Him before.
I copped a nickel of Faith
and shot it into my soul.
Wow! What a rush.
Now I've got a habit, one I don't want to kick.
Because I really dig the head.
When I get off on Faith,
I feel the pusher is my friend.
He turns my head for nothing,
just so I'll come back again.
I guess He's really hung up on me,
at least it seems that way.
I went to his house on Sunday. . .
And so many people were there
Waiting to get-off on Faith, and after I did,
Boy! What a rush!
This time He cut the stuff
With a little Kindness, Love and Brotherhood
I get-off more and more each day,
more than I ever expected
But I really dig the head,
and I never want to stop.
The pusher is well known.

May, 1971

He has so many people working for him,
Because they are really hooked
on what he's got.
More and more each day I'm getting like Him.
I really dig the head.
I wish I could get my friends Hooked on Faith
But most are afraid of what might occur,
But I can guarantee you,
It's really good stuff.
People tell me it will change my whole life
and way of thinking
But that is the life I want.
I will continue to shoot Faith into my soul
Not just on Sundays, but every day of the week.
I will.
Seek for Him on street corners
and through times of
Sadness and misinterpretation.
Because He is pushing the best stuff
and has an endless supply
So I stop and ask myself, Why
Some have never sought to find Him
Just knock on his front door
And He will turn you on.
Yes
God is my Pusher
Wow! What a Rush

CROSSROAD

Halfway between sin and salvation
Addiction is our sin,
And God is our salvation.
There are so many reasons to get high
But none are substantial enough to justify it.
A mind full of problems and decisions
Not ready to reason
Not ready to decide.
All the things that should be exposed
We somehow find a way to hide.
As we stand at the Crossroads of Life,
Our feet take root
In the soil of indecision.
Which direction should we go . . . ?
Will we take the road to
Happiness,
Love,
Prosperity and good,
Or be fooled by the path
of destruction and evil . . . ?
We are lost and confused
trying to find our way.
As we stop and think,
If it is our decision,
Or will we travel blindly to our destiny.
At times the power of good and evil
are misinterpreted.
In the sun the guiding light of God
Or the fires of Hell . . .
We no longer look for signs to point the way.
For now we have Faith
To let God be the Switchman at the Crossroads of Life.



HOMI MISSION

OUR TRIAL

People with a purpose in life,
Trying to fulfill God's wishes,
Not fully understanding,
The effort that we know is needed,
But never giving up,
Many barriers have been presented around us,
Many lonely and broken hearts
Have now been destroyed,
Simply because they have missed the mark
In finding themselves.
O Lord!
You know the need of each here,
You cry the same tears that we are now crying.
There are many strong needs in life,
But the strongest is the love between each other,
God let our eyes be opened,
Our ears widened to every need and cry,
We have witnessed

the most unpleasant things in life
Help us to help others find their way back to
You.
To stand up to the ridicule and blasphemy,
And people who think only of themselves,
As my Father in Heaven,
You too have been put down and ridiculed.
Give us strength
For this is our darkest hour,
As we travel up the road to Calvary
Let us stand before these people,
And testify for You,
Fully aware that the results may be us,
Being persecuted,
Yet knowing it is right,
I will not forsake you,
Dear Lord help us right now,
For this is our trial.

Written under the influence of life . . .

May, 1971



POST SCRIPT

The Catacombs is no more. It died a natural death about a year after opening. "The Catacombs was begun to meet a crucial need in this community," says Larry Patterson. "It was meant to be a catalytic force, an agent to create change. It was a success."

"We now have a therapeutic center staffed by city workers. It's moved from the house owned by the church to new facilities; it offers everything we could at the Catacombs."

"We weren't skilled to work full-time with addicts; that's a monumental job. Helping addicts—referral—will still be part of Park Slope's program. But no longer do we carry that responsibility."

In the burial of the Catacombs is the birth of a day-care program at Park Slope. It's desperately needed by the many working mothers in the area.

They seem worlds apart. Programs for addicts; plans for tots. But they are similar in that both projects fill a vacuum in community services.

"When you're on the raw edge," says Patterson, "you find there's hell out there. A crisis brings about community response. Park Slope is 10 years ahead of where we expected it to be in identifying as a Southern Baptist church working for its community. It's not just doing its own little thing."

"The Catacombs met a crisis head-on. Now it's served its purpose. We're not in that bag any more. We want to move on to other things."

James Daves, in clerical collar for recognition
Larry Patterson.



A CHRISTIAN LIFE COMMISSION | DRUGS RESOURCE PAPER

More and more, the moods of Americans are being determined by chemicals—whether obtained legally or illegally. The lives of millions of youth and adults are being jeopardized by the misuse of drugs. If allowed to go unchecked, the use of drugs could cease to be a problem and become a national way of life. As Dr. Howard J. Clinebell, the first President of the American Association of Pastoral Counselors, suggests, "Christian insight and psychological research agree that personhood can find its true fulfillment and continuing wholeness only in genuine relationships, not in synthetic relationships held together by the artificial bond of drugs."

This resource paper is presented to facilitate understanding of drug use and to encourage actions which will prevent drug abuse. The following historical section can serve as background for this understanding and action.

A Brief History of Drug Control

Opium, one of a number of substances with abuse potential, has been used for a variety of medical purposes through recorded history, and probably earlier. Some physicians in medieval Europe regarded it as a panacea. Opium use was first regarded as a social problem in China in the 18th century, when the introduction of opium smoking and the commercial exploitation of opium by the East India Company led to edicts by China against importation, and subsequently to the Opium War fought between Great Britain and China, 1839-42. One of the results of that war was a growing moral concern over the abuse of opium.

Opium preparations were used medicinally in the United States from colonial days, but there was a large increase in consumption in the latter half of the 19th century. This increase has been attributed to a number of factors. The science of medicine was undeveloped, and there were few specific treatments for disease. Opiates were prescribed for the relief of symptoms caused by a variety of disorders, especially diarrhea and gynecological conditions. Patent medicines, including soothing syrups for infants, contained opium and later morphine, codeine, and even heroin. When the original disease was gone, the patient often found himself addicted to opiates.

This resource paper, third in a series, was prepared by Clyde Fant, Jr., Don Hammer, and William M. Pinson, Jr., a team of writers from Southwestern Baptist Theological Seminary, Fort Worth, Texas, and edited by the staff of the Christian Life Commission. This team also prepared the first resource paper on "Pollution." The material may be filed as reference information to be used by pastors, other church leaders, and discussion groups. Reprints are available from the Christian Life Commission, SBC, 460 James Robertson Parkway, Nashville, Tennessee 37219; one to nine copies, 25 cents each; ten or more copies, 10 cents each.

Morphine, an opium derivative, was isolated in 1812, and the hypodermic syringe and needle were invented prior to the Civil War. Many ill or wounded soldiers became addicted to morphine. Addiction for some years was known as the "soldier's disease." These veterans and the "medical addicts" produced by physicians or by self-medication are not known to have differed much in their behavior from the general population; they were not necessarily antisocial or criminal, and they included respectable citizens of all social classes.

Opium smoking was introduced to the United States by Chinese laborers imported to work on railroad construction, taken up by gamblers and criminals on the West Coast, and rapidly spread to delinquent individuals all over the country. By the 1870s people began to connect the use of opium with criminal behavior, and to regard the former as the cause of the latter.

Heroin was first produced in 1898 through a further refinement of morphine, and was originally thought to be a nonaddicting "cure" for opium and morphine addiction. By 1910 the medical profession, over-reacting to its original excessive regard for heroin, was perceiving it as worse than morphine. Heroin was widely used as a snuff, as was cocaine, which was introduced to the underworld at about the same time. Both are white powders, and it is likely that the bizarre and often dangerous behavior of the cocaine user was attributed to the heroin user. The term "dope fiend" was originated to describe cocaine users, but later came to be applied to narcotic addicts because of a confusion between the drugs.

By the early 1900's public attitudes toward narcotic use and users began to change. The first Federal attempt to control opium use came in 1909 with an act that prohibited the importation of opium, its preparations and derivatives, except for medical purposes. Further concern over the magnitude of the narcotics problem, and the realization that local and state laws were inadequate, led to the passage by Congress of the Harrison Act (1914). Significantly, this act did not make addiction illegal but sought to control the production, manufacture, and distribution of narcotic drugs. The law required registration and payment of an occupational tax by all persons dealing with narcotic drugs. It further specified that only physicians could dispense narcotics.

and that pharmacists could sell such drugs only on written prescription.

For the addict, even these restricted legal sources were soon eliminated. Because of the mood of the time, several Supreme Court decisions subsequent to the passage of the act had the effect of stringently limiting the role of physicians in prescribing narcotics to addicts. These decisions permitted physicians to dispense drugs to addicts in diminishing quantities to break drug habits, but not in quantities sufficient to maintain such habits. This fine legal distinction, plus overprescribing by some physicians, led to a number of physician arrests and convictions. Such legal problems added to the difficulty of treating addicts on an out-patient basis and soon caused doctors to stop treating addiction.

Out-patient clinic resources, established by local health departments on an experimental basis beginning in 1919, were available only a short time. By 1923 some forty special clinics were open throughout the country to dispense drugs to addicts as a part of treatment. But widespread allegations that the clinics were handing out drugs too freely, thus spreading addiction instead of curtailing it, led to their closing by Federal authorities that year.

Cut off from both legal drugs and clinical assistance, addicts unable to break their habits turned entirely to an underworld market that previously had been a minor source of supply. To meet the high cost of black-market narcotics, addicts became increasingly involved in criminal activities. Naturally enough, the public soon linked opiate addiction and crime.

Narcotic officials began to crack down through international treaties, vigorous law enforcement, and expanded drug abuse education to reduce the number of known addicts in the U.S. by World War II to less than 60,000 individuals.

In 1937, at the urging of the Federal Bureau of Narcotics, Congress passed the Marihuana Tax Act which placed marihuana under the same type of control as provided for narcotics in the 1914 Harrison Narcotic Act.

After World War II, more stringent controls and stiffer penalties were set. At the same time, the view of the addict as a sick person began to have great impact on popular opinion. A further impetus to a changing attitude among some segments of the population came with the White House Conference on Narcotic and Drug Abuse in 1962. The question was again raised: Is the addict a sick person or a criminal? From the debates and comments which followed the conference, a new consensus emerged: The addict is a sick person, as well as a criminal. Out of the conference also came heightened interest in the need for addict treatment. A number of state, municipal, and nongovernmental programs were undertaken in various parts of the country.

In recent years, public attention has been increasingly focused on the abuse of nonnarcotic drugs such as amphetamines (stimulants), barbiturates (sedatives), certain tranquilizers, and hallucinogens such as LSD. The growing trend toward abuse of these drugs was noted by the 1962 White House Conference.

In 1965, preceeding from a recommendation by the President's Advisory Commission on Narcotic and Drug

Abuse, the Drug Abuse Control Amendments were added to the Food, Drug and Cosmetic Act. The purpose of these amendments was to eliminate illegal traffic in amphetamines, barbiturates, and drugs of abuse other than narcotics and marihuana. To enforce these amendments, a Bureau of Drug Abuse Control was created under the Food and Drug Administration to regulate distribution of amphetamines, barbiturates, and other abused nonnarcotic drugs.

The Narcotic Addict Rehabilitation Act of 1966 provided for the treatment and rehabilitation of narcotic addicts. In 1968 an executive order of the Johnson Administration combined the Treasury Department's Bureau of Narcotics and the Department of Health, Education and Welfare's Bureau of Drug Abuse Control to form the present Bureau of Narcotics and Dangerous Drugs in the Department of Justice.

The Comprehensive Drug Abuse Prevention and Control Act of 1970 gives the Attorney General power to make and enforce rules regulating the manufacture, distribution, and dispensing of 117 compounds, substances, and chemical derivatives. The effect of this law is to put control of all drugs under one comprehensive statute. It replaces the Harrison Narcotic Act, the Marihuana Tax Act, and other such drug abuse acts. This act decreases the penalties for simple possession and increases the penalties for trafficking in narcotics.

As for the abuser—and potential abuser—of nonnarcotics, there is growing recognition of the value of an educational, rather than a punitive, approach. James I. Goddard, M.D., former Commissioner of the Food and Drugs Administration, has stressed the role of the classroom teacher in the educational process: "We may provide the law enforcement, but you must provide the educational climate to eliminate drug abuse."

It is the purpose of this paper to provide information about drugs and their patterns of use and abuse. An analysis will be given of drug types and effects, approaches to the problem, and procedures for a program of ministry.

Basic Definitions

A drug is a reasonably pure chemical compound capable of producing in man a predictable series of physiological, biochemical, and behavioral changes.

Drug abuse occurs when drugs are taken to influence body and mind for no sound medical or scientific reason.

Physical dependence (addiction) is caused by some drugs when repeatedly used in sufficiently large doses. This is an adaptation whereby the body learns to live with the drug, tolerates it with ever-increasing doses, and reacts with certain withdrawal symptoms when deprived of it.

Psychological dependence (habituation) is an emotional or mental adaptation to the effects of the drug. The abuser not only likes the feeling derived from use of the drug but he also thinks he cannot function normally without it.

The World Health Organization's Expert Committee on Addiction-Producing Drugs has recommended that the term "drug dependence," with a modifying phrase linking it to a particular type of drug, be used in place of the term "addiction." Drug dependence would thus replace drug addiction or drug habituation in the drug

vocabulary. From a practical standpoint, however, this change has not occurred in general usage.

Types of Drug Dependence

1. Narcotic Type

Medically defined, a narcotic is a drug which produces sleep or stupor and relieves pain due to its depressant effect on the central nervous system. Included in this definition are opium, its derivatives (morphine, codeine, heroin, paregoric) and synthetic opiates (meperidine, methadone, and others).

Medical Use. The most commonly used opiates are morphine, codeine, and paregoric. Morphine is a standard pain reliever. Codeine is used to combat coughs and respiratory disorders as well as being used as a pain reliever. Paregoric containing an extract of opium is used to counteract diarrhea and to relieve abdominal pain.

The depressant effect of opiates produces drowsiness, sleep, and a reduction of physical activity. Side effects can include nausea and vomiting, constipation, itching, flushing, constriction of the pupils of the eyes, and respiratory depression.

Manufacture and distribution of medicinal opiates are controlled by the Federal Government through laws and registration of distributors.

Abuse. The ability of the opiates to relieve pain and to dull fear, tensions, or anxiety makes them popular. Heroin, a morphine derivative, is abused by many in the United States. This whitish powder is taken by swallowing, sniffing, or injecting it hypodermically.

The effect of heroin depends upon several factors, one being the mood of the taker. The drug heroin is a depressant that relieves anxiety and tension and also diminishes sex, hunger, and other primal drives. Sometimes it produces drowsiness, apathy, lack of concentration, and impaired mental and physical performance. Repeated and prolonged usage will certainly lead to tolerance and physical dependence.

The Bureau of Narcotics and Dangerous Drugs maintains a name file of active opiate addicts. At the beginning of 1969, the file contained the names of 64,011 narcotic addicts in the United States. Many people feel this is not a true picture of the addicts in the U.S. because it covers only those who have been called to the attention of the police. Perhaps a more realistic estimate of the number of opiate addicts in this country is between 100,000 and 200,000.

More than one-half of the known drug addicts are in New York City. Most of the others are in California, Illinois, Michigan, New Jersey, Maryland, Pennsylvania, Texas, and the District of Columbia.

Male addicts outnumber female addicts about six to one in the United States. Reports received by the Bureau of Narcotics and Dangerous Drugs indicated that about 47 percent of narcotic addicts are between the ages of 21 and 30.

There are more than a half-dozen major and diverse patterns of narcotic addiction which are identifiable: the physician and nurse addict, the southern white addict, the Chinese addict, the female prostitute addict, the career criminal addict, the northern white addict, the metropolitan Negro addict, and the Puerto Rican addict. The life history, social characteristics, and pat-

tern of addiction followed by each of these addict groups are different.

Both codeine and paregoric are abused by youth and adults alike, but not to the extent that heroin is abused.

Narcotics and Criminality

Of the many controversial aspects of narcotics addiction in this country, perhaps the most emotionally freighted one has been the nature of its relationship to criminality.

Addiction is not a crime. It never has been under Federal law, yet it does not follow that a state of drug dependence can be maintained without running afoul of the law. An addict must have drugs. Such purchases and possession are criminal offenses under Federal and state laws. So is sale, to which many addicts turn as traffickers to support their habit. The addict lives in almost perpetual violation of one or several criminal laws, and this gives him a special exposure to police action, arrest, and, where the addiction rate is high, a special place in police statistics.

The nondrug offenses in which the heroin addict typically becomes involved are of the fund-raising variety. Assaultive or violent acts, contrary to popular belief, are the exception rather than the rule for the heroin addict, whose drug has a calming and depressant effect.

Illicit drugs are expensive. It is estimated that an addict must spend an average of fifteen dollars a day to buy heroin. This means a cost of \$5,475 a year, and the addict who steals to pay for his habit will have to steal at least \$18,250 worth of merchandise.

Organized Crime and Narcotics

The sale of narcotics is organized like a legitimate importing-wholesaling-retailing business. The distribution of heroin requires movement of the drug through four or five levels between the importer and the street peddler. Some enforcement officials believe the severity of the mandatory Federal narcotics penalties has caused organized criminals to restrict their activities to importing and wholesale distributing. Transactions with addicts are handled by independent narcotics pushers using drugs imported by organized crime.

The large amounts of cash and the international connections necessary for large, long-term heroin supplies can be provided only by organized crime. Conservative estimates indicate that the gross heroin trade is \$350 million annually, of which \$21 million are probably profits to the importer and distributor. Most of this profit goes to organized crime groups in the key cities.

2. Depressant Types (Sedatives)

The most widely abused drug in this group is ethyl alcohol. There is a popular misconception that alcohol is a stimulant, but it actually acts as a central nervous system depressant. Alcohol is a drug which can cause impairment of judgment and loss of coordination. Addiction to this drug is common. Its long-range effects include damage to the liver and the brain, and sometimes even death.

More than six million Americans are alcoholics, and there are more than 25 million alcoholics in the world. In this country, alcohol is involved in excess of 50 percent of the nearly 55,000 deaths and 2.5 million injuries that result from automobile accidents. In spite of mis-

leading advertising and popular mythology, alcohol must be recognized as the dangerous, deadly drug that it is.

The barbiturates are also depressant-type drugs that are commonly abused. In street language the barbiturates are often called "goofballs."

Medical Use. Today about thirty barbiturates are widely used medically. The best known are Miltown, Equanil, Doriden, Valmid, Placidyl, Nohodor, and Librium.²⁰ These are used because of their sedative, hypnotic, or anesthetic actions and are most commonly prescribed to produce sleep and relieve tension and anxiety. Under medical supervision, they are impressively safe and effective in treating epilepsy, high blood pressure, insomnia, and mental disorders.²¹

Abuse. The abuser takes barbiturates orally, intravenously, or rectally. Although barbiturate intoxication resembles alcoholic intoxication, it is far more dangerous. Unintentional overdosage can easily occur. Convulsions, which may follow withdrawal, can be fatal. Overindulgence in alcohol before barbiturate usage may result in fatal depression of respiratory and cardiovascular systems.

Chronic misuse can lead to the development of tolerance and both psychological and physical dependence. However, in order for physical dependence to occur, heavy continuous dosage is required. If this happens, abrupt withdrawal is extremely dangerous.²²

Barbiturate suicide is the most frequent suicide device used by women. A review of suicides shows drug suicides accounting for 12 percent of the annual total, with 75 percent of these employing barbiturates. In addition, poisoning and accidental deaths occur, some of which cannot be distinguished from suicides. Research is still being conducted to determine the exact linkage of barbiturates to accidents. Barbiturates have not been implicated in criminal acts apart from their illegal use.²³

Tranquilizers, unlike barbiturate-type sedatives, can be used to counteract tension and anxiety without producing sleep or significantly impairing mental and physical functions. Abuse usually is obtained by having prescriptions refilled in excess of needs.²⁴

3. Stimulant Types

This group includes drugs which directly stimulate the central nervous system. The most widely known stimulant in this country is caffeine, an ingredient in coffee, tea, cola, and other beverages. This drug is a central nervous system stimulant which can be harmful to children and adults when used in excess.

Cocaine belongs in the category of stimulant drugs. It comes from the leaves of the coca plant found chiefly in South America.²⁵ This drug causes excitability, talkativeness, and a reduction of fatigue. It may produce a sense of euphoria, strength, anxiety, fear, and hallucinations. Stimulation is followed by depression. It is either sniffed or injected directly into the vein. Practices now include combining this drug with heroin ("speedball"). The abuse of cocaine is more sporadic than heroin. Though it has no withdrawal symptoms, it does give a strong psychological dependence.²⁶

The synthetic stimulants such as amphetamines are frequently abused drugs. These drugs are also called "uppers," "pep pills," "bennies," and "dexies."

Medical Use. Amphetamines stimulate the nervous system and are prescribed for relief of fatigue and drowsiness, control of overweight, and for certain mental disorders. They produce an elevation of mood and a feeling of well-being.

Abuse. They are usually taken orally in tablets or capsules; however, they can be injected intravenously. Most medical authorities believe there is no physical dependence, but tolerance develops and too large dosage can produce bizarre mental effects and hallucinations. Symptoms include hyperactivity, hallucinations, and feelings of persecution. Nervousness, insomnia, and talkativeness are milder symptoms.²⁷

Research contradicts the claims linking amphetamine use either to crimes of violence, sexual crimes, or to accidents.²⁸

4. The Hallucinogen Types

Hallucinogens include lysergic acid diethylamide (LSD), psilocybin, dimethyltryptamine (DMT), peyote, and mescaline. Marihuana is actually a mild hallucinogen and has been recently so classified in the new Comprehensive Drug Abuse Prevention and Control Act of 1970. Some of these drugs occur naturally (mushrooms, cactus, tree bark, flower seeds, seaweed, etc.) and are capable of being synthesized in laboratories. At present they have no medical use except in research.

(1) LSD

This drug was synthesized in 1938 from lysergic acid present in ergot, a fungus that grows on rye.²⁹ It is the most potent of the hallucinogens. Effects vary with the drug dosage, the user's personality, and the setting in which the drug is taken. The drug is colorless, odorless, and tasteless. Minute amounts (1/250,000 of an ounce)³⁰ are capable of extreme effects. It is deposited upon sugar cubes in liquid form, impregnated in cookies and crackers, or swallowed in pill form. LSD affects the central nervous system, producing changes in mood and behavior. Physical dependence does not occur; psychological dependence may occur, but it is uncommon.³¹

When an LSD pill or cube is swallowed the user takes a "trip" lasting usually from four to twelve hours. A publication of a state medical society gave this account of the effects of a trip:

After the cubes, containing 100-600 mcg. (a microgram is one-millionth of a gram) each, are ingested a startling series of events occur with marked individual variation. All senses appear sharpened and brightened; vivid panoramic visual hallucinations of fantastic brightness and depth are experienced as well as hyperacusis (abnormal acuteness of hearing). Senses blend and become diffused so that sounds are felt, colors tasted, and fixed objects pulsate and breathe. Depersonalization also occurs frequently so that the individual loses ego identity; he feels he is living with his environment in a feeling of unity with other beings, animals, inanimate objects and the universe in general. The body image is often distorted so that faces, including the user's, assume bizarre proportions and the limbs may appear extraordinarily short or elongated. The user is enveloped by a sense of isolation and often is dominated by feelings of paranoia and fear. If large doses are in-

gested (over 700 mcg.) confusion and delirium frequently ensue. During LSD use, repressed material may be unmasked which is difficult for the individual to handle. Duration of the experience is usually 4 to 12 hours but it may last for days.³²

The mood effects run the gamut from laughter to no emotion at all, from happiness to panic and isolation. Trips should be monitored by an abstainer who prevents flight, suicidal attempts, and impulsive behavior.

Some dangers of LSD cited are: (1) prolonged psychosis, (2) acting out character disorders, (3) suicidal inclinations, (4) activation of previously latent psychosis, (5) reappearance of the drug's effects weeks or even months later,³³ and (6) possible chromosomal breaks or rearrangements.³⁴

The nation's only legal producer of LSD ceased manufacture in April, 1966.³⁵ The existing supply is controlled by the National Institute of Mental Health which regulates all research projects. Some closely supervised research programs in alcoholism and terminal illness have utilized the drug, but there is, at present, no approved medical use for LSD.³⁶

The words of Dr. James L. Goddard succinctly state the case against LSD's use: "Medically unsupervised use of LSD is analogous to playing chemical Russian roulette."³⁷

(2) Marihuana

In the U.S. marihuana is a preparation made from the flowering tops of the female hemp plant (*Cannabis Sativa*) mixed with considerable leaf material.³⁸ Hashish, which is more widely used outside this country, is the undiluted resin obtained from the tops of the plants. Hence, marihuana possesses about one-sixth the psychoactive potency of hashish.³⁹ However, this potency varies considerably from place to place. Most of the drug reaches the U.S. from Mexico where it is cut, dried, pulverized, and smuggled across in brick form. It is then commonly converted into cigarettes and consumed by smoking.⁴⁰

This drug has no commonly accepted medical use. Its effects are complicated, combining both stimulation and depression. In very large dosages one gets hallucinogenic effects. Much of marihuana's effect depends upon the personality of the user and the setting in which it is taken. It may bring exaltation, disconnected ideas, or it may induce quietude. Panic, confusion of time and space, hallucinations in sharp color, and impaired mental and motor functions have all been experienced by marihuana users. One state may follow another with the influence wearing off in a few hours. The immediate physical effects may include nausea and vomiting, but there are no known lasting physical effects, although some serious questions have been raised by researchers at this point in recent months. Tolerance is slight and there is an absence of physical dependence.⁴¹ Early in 1971 the Department of Health, Education and Welfare sent to the U.S. Congress a report which contains a study of the known facts about marihuana. A summary of this report is available from the National Clearinghouse on Drug Abuse Information, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015.

Marihuana and the Law. The Comprehensive Drug Abuse and Control Act of 1970 makes the possession of

marihuana punishable by not more than one year imprisonment or a fine of up to \$5,000, or both. The individual can be placed on probation before a sentence is passed thus deferring court proceedings. The sale, manufacture, or importation of marihuana is punishable by imprisonment of not more than 5 years, or a fine of not more than \$15,000, or both. In each of the above cases, penalties can be doubled on the second offense. When applicable, parole is possible after three years of the sentence has been served.

(3) Mescaline and Peyote

Mescaline comes from a button-growth on a cactus in Mexico and is available on the illicit market as a powder in capsules, as a liquid, or in vials. It is usually taken orally but can be injected. Because of its bitter taste, the drug is often taken with tea, coffee, milk, orange juice, or some other beverage.⁴² Peyote comes from the same plant and is similar.⁴³

(4) Psilocybin

Psilocybin is derived from certain mushrooms in Mexico. It is not nearly as potent as LSD but does produce similar hallucinogenic affects. Psilocybin is available in capsule, powder, or liquid form.⁴⁴

(5) DMT

This drug is a recent addition to the list of hallucinogens. It is a junior-grade synthetic of LSD.⁴⁵

In all these hallucinogens, different degrees of tolerance are reported. Physical dependence apparently does not develop.⁴⁶

What Can Be Done

1. Prevention of Drug Dependence

This would involve a two-pronged attack aimed at eliminating *desire* and *opportunity* for drugs.

Eliminating Desire

Any study of drug abuse patterns will reveal certain troublespots in the cities where narcotic addiction is heavy. People who are in low economic, education, and minority group conditions are highly susceptible to drug abuse. These slum areas must be cleaned up and the people encouraged, aided, financed, and motivated before the problem of drug abuse can be solved. Until the U.S. meets the needs of the inner cities with some consistent programs of mutual concern and help, many of these people will remain despondent and will seek escape from harsh reality through narcotics.⁴⁷

Abusers of dangerous drugs (LSD, stimulants, or depressants) are not necessarily in the slum areas. They may be anywhere on the social spectrum from the very wealthy to the very poor. The characteristics they share are lack of purpose and meaning, or sheer boredom.

An effective program of drug education can help reduce desire for drugs. Ignorance needs to be dispelled about the nature of drugs, the dangers, the psychology and sociology of addiction, the rationale for rehabilitation, and the basic provisions of drug laws. See the *Suggested Reading* list on the last page for sources to use in education and action related to drug abuse.

Sensational articles or sermonizing should be avoided in these educational presentations. Professional workers like doctors, lawyers, judges, social workers, law enforcement people, educators, and ministers could serve as excellent resource persons.

Agencies which deal with the problem should be

supported and utilized. A visit to one of these institutions may prove helpful in seeing firsthand what can be done and what needs to be done.

Personal study material can be obtained free of charge from:

- (1) American Social Health Association, 1790 Broadway, New York, New York 10019
- (2) American Medical Association, Mental Health and Drugs Committee, 535 N. Dearborn Street, Chicago, Illinois 60610
- (3) Public Health Service, U.S. Department of Health, Education and Welfare, Washington, D.C. 20201
- (4) Department of Justice, Bureau of Narcotics and Dangerous Drugs, Washington, D.C. 20537

Eliminating Opportunity

Though illegal importation of drugs may never be completely blocked due to the size of the country and the profit motive, the neck of the illicit traffic is at the ports and borders and, as such, is vulnerable to enforcement officers. Studies reveal the need for more such enforcement staff and inspection teams.¹⁴

The illicit traffic in depressant and stimulant drugs is quite new and operates within the country. Much of this illegal traffic could be cut down if the states would adopt uniform drug abuse control laws similar to the Federal Statute of 1970. Existing laws now are strikingly dissimilar. In too many states, there are none at all. There needs to be a joint Federal-state effort with insistence upon certain registrations, records, and audits of drugs.¹⁵

Discretion should be used in enforcing drug laws. Judges and officials should be relied upon to use their awareness of the problem, environment, and personality in dealing with some drug abuse cases. This does not mean they should not be firm and apply the law to those who need it, but it does mean they should exercise flexibility (e.g. with drugs like marijuana).

Drug laws should also consider drug offenses in several categories according to their seriousness. Consideration should be given to whether an offender is an addict or part of the crime system.¹⁶

How can the drug abuser be treated? Is there a road back to society? Today, more ambitious programs are being utilized to help than ever before.

2. Treatments

On the Federal level, the recognition that addicts are sick people led to the enactment of the Narcotic Addict Rehabilitation Act in November, 1966. The act provides for civil commitment of addicts for the purpose of treatment and rehabilitation. It provides for aftercare within the addict's own community and also makes funds available for community-based treatment programs.¹⁷ Other evidences of Federal concern are the Federal hospitals at Lexington, Kentucky (which is now a drug abuse research center) and at Fort Worth, Texas. Both provide treatment for withdrawal, psychotherapy, vocational, and academic opportunities. The weakness in this system of care focuses in the high relapse rate (up to 94 percent return to drugs).¹⁸

On the state level the California program is a rare exception. Addicts are sent to the California Rehabilitation Center for group psychotherapy, remedial education, vocational training, and counseling. Halfway

houses are provided where outpatients are helped to adjust to community life. New York also has pioneered in this area of treatment.¹⁹

Some private programs should be mentioned. Narcotics Anonymous, modeled after Alcoholics Anonymous, has chapters in major cities. Spiritually oriented, it relies on mutual inspiration, discussion, and the therapeutic value of confession.²⁰

Synanon is a society of ex-addicts who operate a number of residential centers chiefly on the West Coast with headquarters in Santa Monica, California. These ex-addicts are aided by volunteer medical staff. Membership is voluntary but selective and features a "cold turkey" approach to withdrawal, emphasizing group pressure and support.²¹

Daytop Lodge is a residential facility designed to ease the ex-addict's transition into community life. It features the group therapy approach and is similar to Synanon.²²

Methadone programs represent another approach to drug abuse problems. Several cities are experimenting with this treatment method. Former heroin addicts are being stabilized on methadone—a synthetic narcotic. The programs provide maintenance doses for as long as necessary for the addict to assume responsible living.²³

A variety of church programs are being developed to help in the treatment of those with drug problems. More and more Southern Baptist congregations are ministering to drug abusers and providing drug education. The Seminary Extension Department of the Southern Baptist Convention has developed a drug education program for pastors entitled *Helping People with Drug Problems*. Information about this program can be obtained from the Seminary Extension Department, P. O. Box 1411, Nashville, Tennessee 37202.

Other church programs include such efforts as the East Harlem Protestant Parish with its storefront clinic which provides psychiatric, medical, legal, and recreational services; Catholic retreat centers; and David Wilkerson's Teen Challenge, which relies heavily on prayers and work for cure.²⁴

Parole is of course not a medical technique, but it may be classified as a form of treatment insofar as it is used to help a person overcome a dependence upon drugs. The parole agency supervises an addict in the community to coordinate his adjustments in working and living socially. A prime example of this method is operated by the Narcotic Treatment Bureau of New York.²⁵

3. Alternate Approaches to the Drug Problem

Numerous persons have argued that such programs of treatment are failing as evidenced in the high rate of return to drugs. They urge an end to the hounding of addicts and opt for such programs as a legalization of drugs and ambulatory clinics.

Their thesis is simply this: the present system of legal controls has made fabulous profits in the illicit drug market possible. The most effective way to eradicate drug addiction is to take the profit out of the illicit drug traffic.²⁶ This can be done by treating drug users on an ambulatory basis in out-patient clinics or in physicians' offices. Addicts can be given drugs as needed for withdrawal or for support until they are willing to give it up. In this way, it is argued that illegal traffic will dry

up because addicts will have free drugs and can lead normal lives free of incarceration.

The weaknesses of this approach include: (1) Addicts will use drugs regardless of costs involved whether free or exorbitant. (2) If all restraints were removed, there is reason to believe the addict population would increase considerably. (3) Few addicts would be satisfied with minimum doses (tolerance being what it is) and would simply go from the clinic to buy further illicit drugs. (4) Isolation of the addict during drug withdrawal is the only proven way to help both him and the general public. (5) Free drugs would allow addicts to introduce others in the community to drugs. (6) Such a plan would give drug dependence a moral sanction that would encourage its spread among potential users. (7) The U. S. has tried clinics before and they have not worked largely because of the impracticability of voluntary treatment. Addicts do not have the personal drive to impose self-discipline. They need special hospitals with trained staffs.²⁷

Such programs as legalization and ambulatory clinics do not seem to be the answer to the American drug problem.

4. Ministry

Drug abusers fall into three basic groups. The first group employs drugs for a specific purpose. Examples: the student who uses amphetamines to stay awake at exam time; the housewife who uses pills for additional energy to get through household chores; the truck driver who uses amphetamines to stay awake while driving all night. Such individuals may or may not exhibit psychological and/or physical dependence.

The second group consists of "spree users," usually of college or high-school age. Drugs are used for kicks or just for the experience. There may be some degree of psychological dependence, but little or no physical dependence because of the drug taken (marijuana or LSD) and the sporadic pattern of use. These drug sprees constitute a defiance of convention and authority.

The third group is made up of those who have become dependent upon drugs. Their lives revolve around the drug. They exhibit strong psychological dependence, often reinforced by physical dependence. They feel life would be meaningless without drug support.

Slum sections still account for at least three-quarters of the known heroin addicts. But frustration, immaturity, and emotional deprivation are not peculiar to depressed neighborhoods. People in middle- and upper-economic classes also misuse drugs, especially alcohol. Drug dependency is not discriminating. All that is needed is a drug, a person, an environment, and a personality deficiency.²⁸ Christians believe that sin is an important factor with which to reckon in dealing with drug abuse.

Is this drug-dependent person a criminal to be placed in jail, is he a sick person needing hospital treatment, or is he a sinner needing salvation? He may very well be all of these. The abuser probably chose to take drugs. He may have willfully broken laws and made contacts with the illicit crime system. His acts of crime have cost the general public millions of dollars. He may be a criminal, but he is also a person with a defective

personality, defeated or defiant, and lacking in self-discipline. The person, in a majority of cases, cannot voluntarily break the habit. He has a problem which is too big for a home remedy.

The churches who would minister to this person should view him as a morally responsible man who desperately needs help. He is "a brother" (Gen. 4:9) in psychological and physical need (Matt. 26:35-45) whose desires have enslaved him (Rom. 7:23-34, James 1:14-15). This is the time to show compassion, not to condemn (Matt. 7:1-5, Gal. 6:1-2).

Specifically, Christians can:

- (1) Accept the drug user as a child of God with patience and grace and a keen belief in God's power to transform life (Rom. 8:1-2, 26).
- (2) Recognize the value of referral to the proper institution for treatment and professional care. Know the available facilities and resources.
- (3) Recruit members to donate labor and skills to the agencies ministering to drug abusers.
- (4) Perform a ministry to drug abusers and their families. This could involve education, reassurance, acceptance, forgiveness, and spiritual counsel.
- (5) Employ within the church educational materials and study sessions on drug abuse.

The key to Christian ministry is the proclamation of meaning for life through Christ, communicated in forgiving and compassionate love (Luke 7:37-50).

Conclusions

1. All drugs can be dangerous. The degree of danger depends on the type of drug, dosage, frequency of use, personality of the user, and the situation in which the drug is used.

2. Some abusable drugs can cause physical drug dependence, and all may cause psychological dependence.

3. Marijuana has been reclassified as a hallucinogen by Federal law. State laws should be similarly changed.

4. Sedatives and stimulants are not considered narcotics but are dangerous drugs.

5. Contrary to popular belief, crimes of violence are rare among narcotic abusers, though such users break the law when buying drugs, and they may commit such crimes as robbery to secure money for drugs.

6. Abusers are not confined to any economic or social class. However, despair caused by poverty and social pressure accounts for heavy use of heroin in urban centers.

7. The end result of drug addiction is disastrous unless persons are able to achieve a vital reorientation of life.

8. The fight must be against the drug traffic (as visualized in organized crime) and for its victims.

9. Efforts must be supported to eradicate poverty and despair which breed some of the drug abuse.

10. Legalization and ambulatory clinics do not seem to be the answers to today's needs in the United States.

11. Support must be given to community-based in-patient and out-patient treatment centers with competent staffs, sound therapy, counseling, and vocational training.

12. Additional research should be encouraged in many of the gray areas of drug knowledge. Sociological studies can give facts that are needed to determine

proper laws, treatment, and regulations.

13. The church should minister to drug abusers, helping them find meaning in life through evangelism, acceptance, forgiveness, and love.

14. Realizing that human personality can never be what it ought to be apart from Christ, Christians should witness to drug abusers to bring them to salvation and to the church.

Notes

- ¹ Howard J. Clinebell, *The Pastor and Drug Dependency* (New York: Council Press, 1968), pp. 108.
- ² John A. O'Donnell and John C. Ball (eds.), *Narcotic Addiction* (New York: Harper & Row, 1966), pp. 1-2.
- ³ Thomas Price, *Putting the Pieces Together* (Washington: Board of Christian Social Concerns and Board of Missions, United Methodist Church, 1970), p. 36.
- ⁴ Mitchell Winn (ed.), *Drug Abuse: Escape to Nowhere* (Philadelphia: Smith, Kline, and French Laboratories, 1967), pp. 21-25.
- ⁵ Elliot Luby, "The General Problem of Addiction and Habituation," *Drug Addiction and Habituation*, ed. Delbert Kanner (Detroit: Wayne State University, 1968), p. 2.
- ⁶ Winn, *op. cit.*, pp. 26-29.
- ⁷ *Ibid.*
- ⁸ Nathan Eddy and Others, *Drug Dependence: Its Significance and Characteristics* (Bulletin of World Health Organization, 32, 721-733, 1965).
- ⁹ Winn, *op. cit.*, p. 30.
- ¹⁰ AMA Council on Mental Health, "Report on Narcotic Addiction" in *AMA, Narcotics Addiction—Official Actions of the American Medical Association*, 11 (1963); also see *Task Force Report: Narcotics and Drug Abuse* (Washington: U.S. Government Printing Office, 1967), p. 2.
- ¹¹ *Task Force Report: Narcotics and Drug Abuse* (Washington: U.S. Government Printing Office, 1967), p. 2.
- ¹² National Clearinghouse for Drug Abuse Information, *A Federal Source Book: Answers to the Most Frequently Asked Questions About Drugs*, (Washington: U.S. Government Printing Office, 1970), p. 22.
- ¹³ U.S. Treasury Department, *Traffic in Opium and Other Dangerous Drugs*, 37-46 (1965).
- ¹⁴ Price, *op. cit.*, p. 36.
- ¹⁵ Bureau of Narcotics and Dangerous Drugs, *Fact Sheets* (Washington: U.S. Government Printing Office, 1970), Fact Sheet 5-1.
- ¹⁶ O'Donnell and Ball, *op. cit.*, p. 10.
- ¹⁷ William Garmon and Phil Strickland, *How to Fight the Drug Menace* (Nashville: Broadman Press, 1970), p. 84.
- ¹⁸ *Ibid.*, pp. 84-86.
- ¹⁹ *The Challenge of Crime in a Free Society: A Report by the President's Commission on Law Enforcement and Administration of Justice* (Washington, D.C.: U.S. Government Printing Office, 1967), p. 183.
- ²⁰ Committee on Alcohol and Addiction and Council on Mental Health, "Dependence on Barbiturates and Other Sedative Drugs," 193 J.A.M.A. 673 (August 23, 1965); also *Task Force, op. cit.*, p. 4.
- ²¹ Winn, *op. cit.*, p. 32.
- ²² *Task Force, op. cit.*, p. 4; Winn, *op. cit.*, p. 33.
- ²³ *Task Force, op. cit.*, p. 35.
- ²⁴ Winn, *op. cit.*, pp. 34-35.
- ²⁵ *Task Force, op. cit.*, p. 3.
- ²⁶ Winn, *op. cit.*, pp. 35-36.
- ²⁷ *Ibid.*, pp. 36-37.
- ²⁸ AMA Committee on Alcoholism and Addiction and Council on Mental Health, "Dependence on Amphetamines and Other Stimulant Drugs," 197 J.A.M.A. 1023 (September 18, 1966).

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Counseling young drug users is an important part of Gunter's work at the Center

THE CENTER: A Chaplain on 24-hour Call

By Mary-Violet Burns

CORRECTION FOR CLC RESOURCE PAPER ON DRUGS: On page 4, line 7, before a series of three exclamation points, the word "and" should be added. The sentence was inadvertently misquoted; it properly reads: "The future communicatee can communicate with teens in a manner that we can't." Gunter admits, "because he speaks their language."

"Kids know we won't blow the whistle. You're not going to get a person off drugs by having some authority say, 'Quit drugs!'"

When you think of drugs, you automatically think of kids," laments Bob Gunter. "This is not necessarily true. Drug abusers range in age from seven to 60. There are no socio-economic boundaries. In education, they range from no schooling to post-graduate.

Gunter should know. As executive director of chaplains at the Pastoral Counseling Center, Memorial Hospital, Long Beach, Calif., Robert L. Gunter talks with drug addicts everyday.

"The more affluent people are usually on the harder drugs, because they can afford them," he has found. "But you don't need money to be on drugs. It's almost like a religious zeal."

Because of the number of drug abusers who are teenagers, Gunter usually speaks of addicts in the context of the youth culture.

The kids who come here have a tremendous underground communications system," he explains. "They know we won't blow the whistle. You're not going to get a person off drugs by saying, 'Quit drugs!' Our only requirement is that they want to quit."

As father of three teenagers, the generation gap is no joke to Gunter. "But I contend that it is a communication gap, not a generation gap," he says emphatically.

One of the biggest problems in the usage of drugs is the breakdown in communication. "To barbage—and perhaps cement—the break with its own teen counselees, the center has established 'Communicateens'."

Communicateens is a program of rehabilitation aimed at former drug users between 14 and 21 years of age. "I don't go along with the idea that the majority of kids have not tried drugs," the Southern Baptist chaplain explains. "I'd say about 90 percent of the kids I know have experimented with drugs."

Young people in Communicateens must stay "clean"—that is, off drugs. When a teenager expresses an interest in becoming a communicatee, "we tell him that for the first year we trust him about one percent," Gunter says.

The future communicatee's therapy includes sensitivity training, group analysis and personal involvement in the center's program. He is not patronized by being given hero status for giving up drugs. "The ex-user comes in with no luster at all," the 45-year-old chaplain says.

After completing 12 weeks of training, "They get smaller amounts of everything our chaplain interns do," Gunter says; the communicatee is involved in the ministries of the center as "facilitator." He is used on the HELP NOW line, a 24-hour-answering service, especially during hours when large numbers of teenagers call in.

"The communicatee can communicate with teens in a manner that we can't," Gunter admits, "because he speaks their language."

Continued

PHOTOS BY GEORGE TORNEY



Referees from drug counseling are directed to doctors, psychologists, psychiatrists. The center is also a training station for clergymen who are then used in counseling.

HELP NOW resulted from the large number of calls Gunter was receiving. "They indicated a real need for it."

Inspired by a military chaplain who "didn't talk much, but was always there and was solid," Bob Gunter developed a deep interest in psychology, medicine and religion. The result was a marriage of the three fields in Gunter's decision to enter the hospital chaplaincy.

Eleven years ago, Gunter came to Memorial Hospital. Today, as executive director, he supervises three other full-time chaplains and three interns on his staff. He also directs the counseling center, which handles the drug ministry as well as traditional activities.

The center was conceived when Gunter put himself on 24-hour-a-day call at the hospital. After he counseled patients and employees, he would give them his

card, instructing them to contact him if they needed help.

"The volume of calls I received indicated a real need for a communication line to which people could go in crisis situations," he remembers. HELP NOW, a telephone hotline manned at all times, was the outgrowth.

Chaplaincy interns and volunteers who have completed 12 weeks of rigorous training man the HELP NOW lines; they must be knowledgeable about everything from new math to neurosis.

The biggest headache at first was directing callers to a central location where they could receive help; the Pastoral Counseling Center, with its network approach to ministry, was the answer.

A \$130,000 donation finances the center; a \$120,000 donation funds its youth program; and the physical plant was dropped in Gunter's lap by another donor.

Speaking at a local Rotary Club, Gunter mentioned the center's need for facilities. In the audience was a man who owned a building which he sold to Gunter for \$6,000. Then the man had it moved—free—to its present location, across the parking lot from the main hospital building. The center has now outgrown the facility.

Perhaps the success of the Pastoral Counseling Center may be attributed to its stance: "Complete confidence for anyone who comes in," says Gunter.

The majority of the patients are referred by doctors, ministers, or HELP NOW volunteers. When a counselee enters he first consults one of the chaplains who determines his physical/emotional state. The second step is a thorough checkup.

Finally, in a meeting between psychiatrist or psychologist, doctor and chaplain, the patient is reviewed. From this discussion comes individual treatment.

One girl brought home a bag of grass and announced it was marijuana. Her shocked mother rushed bag and daughter to the center immediately.

Among those treated are the numerous addicts who filter into the center. Gunter believes most drug abusers—especially teenagers—are evidencing deeper emotional problems. If parents teach their children about values, he says, drugs will take care of themselves.

All you can do is give them the hard, cold facts then assume that they have the intelligence to make a decision. Trust them. Hold them in unconditional positive regard. Kids don't need to be frightened into not trying drugs. They will create their own scare tactics. But they must make the decision of whether they will use drugs, and you must respect that decision.

Over 100 teens have made the decision to go through Gunter's Communicateens program. It isn't an organization where we expect every week that 100 kids will show up," he says. "They graduate and hopefully they will carry their training over into life."

Communicateens are required to plan and carry out projects as part of their training. For example, the school system has asked them to pick from contemporary music; the "pro-drug" songs school officials want to be aware of current trends in the youth drug scene.

The communicateens are also designing their own drug literature. "They are not making any moral judgments," Gunter feels. "They just believe that much of the present drug material is laughable because most of the people who talk about drugs have not experienced the drugs they are discussing."

The city narcotics department uses communicateens to aid its work with first offenders. When arrested, the new users are usually brought before an examining board consisting of an attorney, a policeman, an ex-user and a psychologist. A communicateen sits in on these sessions; they keep the offenders and the officials honest," Gunter says.

The teens would like to open a coffeehouse—"Our House"—which would include a sack shop, in front for fellowship and a classroom in back where courses could be offered to the public. Gunter would like to offer an "I-hate kids-music" course for bewildered adults who have not learned to appreciate popular music.

Another program could be designed to help parents bridge their own families' generation gaps. The need for such a class was obvious recently.

A girl, having tried desperately, with no success, to get her mother's permission to come to the center for

emotional counseling, brought home a bag of grass and announced that it was marijuana. The enraged mother immediately brought bag and daughter to the Counseling Center.

The young girl had cleverly anticipated her mother's reaction. But the whole situation clearly pointed to the failure to communicate between the generations.

Gunter also sets incalculable value on drug education, but the Center would never be able to meet that need. "People must be educated to the facts about drugs," he says, "and it must start with the fourth grade—perhaps below that."

On the west coast, drugs are rampant in junior high school—the teens don't even know what they are taking," he adds. "They can't realize the consequences of their acts."

Educating parents is a priority too. Adults should be conversant in teen slang, but realize that this is the kid's terminology and that kids resent adults who toss it around. He censures the middle-aged "hippie" type. At the Center, instead of being like kids, we act adult," he says. "They respect our role."

He reiterates constantly his belief that parents must get involved. "You can help the teen, but you must involve the parent," he says.

Gunter hopes a television project which he envisions will facilitate this parental involvement. "If you ask parents to come to their children's school for a discussion on drugs, about two percent would come," he says. "If their children were in a school play, nearly all the parents would come."

So I want to take an age group, perhaps third grade, and develop a script on their level concerning drugs, then do a play. The center will tape the play and play it back for the parents and their children on the center's closed circuit TV setup.

We hope to show this play at schools and churches too," Gunter says. "It will be high on values but low on pressure."

Drug abusers and communicateens find additional understandings concerning narcotics at a center-owned campground outside Idlewood, Calif. "Akawe" (meaning "to pursue") is a place young people can "get away" for "getting high on nature" sessions.

The kids get up there and they don't want to come back," Gunter laughs. One boy arrived at Akawe, jumped from the car and ran until he collapsed, exhausted. It was one of the few times he had seen the stars clearly.

Kids want to turn on and if adults don't help them do it with nature or helping other people, they're going to do it with drugs," Gunter explains.

Church groups are also taken to Akawe for retreats; and their peculiar retreat curriculum may include a course in beneficial relaxation, for example.

A Southern Baptist Theological Seminary graduate, Gunter feels definitely that his program of drug rehabilitation is inherently evangelistic.

"You can talk gospel a great deal," he says, "but it's whether you show it that matters. The counselees know where we are on the question of Christianity, but we don't try to shove it down their throats."

"Evangelism goes on in a very effective way. We keep each other honest."

DRUGS:

A Beginner's Dictionary

Or, what every adult has always wanted to know about drugs, but was afraid to ask his children.

THE OPIUM

When most people refer to "narcotics," this group of drugs is what they are talking about. Opiates are used medically as pain killers. On the street they cause pain for the user and society in general.

Opium: A white powder from the unripe seeds of the poppy plant. Opium can be eaten, but it is usually smoked in an opium pipe.

Morphine: An opium extract. It is one of the strongest medically used pain killers; it is strongly addictive.

Heroin: Strongly addictive, it is prepared from mor-

phine. Outlawed even from medical use, heroin is the most commonly used drug among addicts. It can be sniffed, injected under the skin or into a vein. Street slang for heroin includes "scag," "smack," "H," and "junk."

"On the Nod": Or "nodding." The state produced by opiates. Like being suspended on the edge of sleep.

Mainline: Or "to shoot up," injecting a drug into a vein.

"A Hit": Street slang for an injection of drugs.

Works: The apparatus for injecting a drug. May include a needle, and a bottle cap or spoon for "cooking" (dissolving the powdered drug over an open flame). Commonly used are a diabetic's needle (available at drugstores) and an eye dropper.

Fix: One injection of opiates, usually heroin.

Junk: Heroin, so named because it is never pure as sold on the street. (Each pusher along the chain "cuts" the heroin—with everything from baking soda to powdered aspirin to powdered sugar. Consequently, the addict never knows the quality of his "fix." It may have little effect. Or it may be so strong it kills him.)

Junkie: An opiate addict.

Skin Popping: To inject a drug under the skin.

A Bag: A packet of drugs, or a single dose of opiate. Amount of the drug in the bag is denoted by price, a nickel bag (\$5), a dime bag (\$10).

"Cold Turkey": Describes withdrawal that occurs after repeated opiate use. The addict can become irritable, fidgety, perspiration increases, there is lack of appetite. The main problem in discontinuing opiate use is not *getting off* the drug, it's *staying off*.

Track: Scars on the skin left from repeated injection of opiates.

Overdose: A fatal or near-fatal amount of drugs. More than 900 deaths were attributed to heroin OD in New York City in 1969. Death results when the part of the brain that controls breathing becomes paralyzed.

Addiction: Physical dependence on a drug, so that when the drug is taken repeatedly, and stopped suddenly, physical withdrawal occurs.

THE STIMULANTS

These drugs stimulate the system, or make a person more lively. While they are not physically addictive like the opiates, they produce a psychological dependence or craving.

Amphetamines: These stimulants are taken in tablet or capsule form, or injected into the bloodstream. Among the widely used amphetamines are:
Dexedrine—"dex" or "dexies."
Benzedrine—"bennies."
Methedrine—"speed" or "crystal meth."
Biphedamine—"footballs."

Speed Freak: Person who repeatedly takes amphetamines or "speed," usually intravenously.

Mental Effects of "Speed": Fast-acting amphetamines produce a decreased sense of fatigue, increased confidence, talkativeness, restlessness, and an increased feeling of alertness. As dosage increases, amphetamines can produce irritability, distrust of people, hallucinations and amphetamine psychosis.

Amphetamine Psychosis: A serious mental illness caused by overdose or continued use of amphetamines. A person loses contact with reality, is convinced that others are out to harm him. The most frightening part: this psychosis sometimes continues long after the person has stopped taking the drug.

Rush: The brief heightened state of exhilaration at the beginning of a high.

"Ups": Or "uppers." Street slang for stimulants especially amphetamines.

Cocaine: Another kind of stimulant, derived from cocoa leaves. It is sniffed as a white powder, or liquified and injected into a vein. It produces a fast and powerful feeling of elation. Cocaine does not

In the turbulent world of drug abuse, terms constantly change. However, with luck these should help the average adult know only slightly less about drugs than the average pusher.

produce a physical dependence (addiction) but does produce a strong psychological craving.

Coke: Street slang for cocaine.

Crashing: Withdrawal from amphetamines, the swift descent from an amphetamine high to severe lows of depression.

Psychedelics

The medical classification of all mind-altering substances. "Psychedelics" change a person's perception of his surroundings.

Marijuana: The crushed and chopped leaves and flowers from the hemp plant. Sometimes smoked in cigarette form. Sometimes smoked in pipes. A depressant, marijuana reactions may include: A giddy feeling like drunkenness; changes in perception and mood; feelings of well-being or fear; and possibly hallucinations. Exaltation and a dreamy sensation accompanied by a free flow of ideas; loosened inhibitions. Not a narcotic in the medical sense, it causes no physical dependence, but may be psychologically addictive. Slang terms include "grass," "pot" and "Mary Jane."

Joint: Marijuana cigarette.

Hallucinogens: Psychedelics which cause hallucinations.

LSD: Probably the most powerful psychedelic. Reactions to LSD are extremely unpredictable. Distortions in time and space. Brighter colors. Vivid sounds. Feelings of strangeness. A sense of beauty in common objects. Sometimes fear and panic. Sometimes even psychosis. Chromosomal damage has been reported.

Flashback: A user can be thrown back into the LSD experience months after original use.

Acid: A slang term for LSD. A frequent LSD user is an "acid head."

Drop: To take any drug orally. LSD is usually dissolved in water, and may be placed on a sugar cube. The term is to "drop acid."

DMT: A powerful psychedelic prepared in the laboratory as a powder or liquid. It is usually injected into the vein or smoked along with marijuana or in cigarettes.

Psilocybin: This psychedelic comes from a mushroom. It is less potent than LSD and takes a larger dose to get the effect.

Peyote: From the peyote cactus, causes pronounced visual effects. It is used legally in religious rituals by some Southwestern U. S. and Mexican Indians.

Mescaline: "Mesc" is the common name for this drug which also comes from the peyote cactus. Stronger than peyote, mescaline also causes vivid visual impressions.

Roach: The butt end of a joint.

Hashish: Called "hash"; prepared from the flowering tops of the hemp plant. Hashish is smoked in a pipe or taken orally, and is more powerful than marijuana.

THC: Purified extract of the resin of the hemp plant. Made in the laboratory. It's thought to be the substance in marijuana and hashish that causes the mind-altering effects.

Trip: A name for a reaction that is caused by psychedelic drug. A "bummer" is an unpleasant or frightening trip.

Head: Someone who uses drugs frequently.

THE DEPRESSANTS

The category of drugs that depresses the functions of the brain.

"Downs": Street slang for depressants.

Alcohol: Ethyl alcohol, a depressant because it slows the functions of the brain that control thinking and coordination. In high doses it produces drowsiness and sleep. Alcohol is an addictive drug, since after prolonged or continued use, it can produce physical dependence (alcoholism), and when discontinued, causes withdrawal symptoms at least as serious as other addictive drugs.

Barbiturates: These drugs are called sedatives—medicines which induce sleep. Taken in capsule or tablet form, they cause physical dependence. Among common commercial names for barbiturates are:

Seconal—"red devils."

Nembutal—"yellow jackets."

Amytal—"blue heaven" or "blue devils."

Liminal—"purple hearts."

Tuinal—"rainbows" or "double trouble."

DOM: Called STP by users, derived from a laboratory process similar to LSD. Effects can last for two or three days.

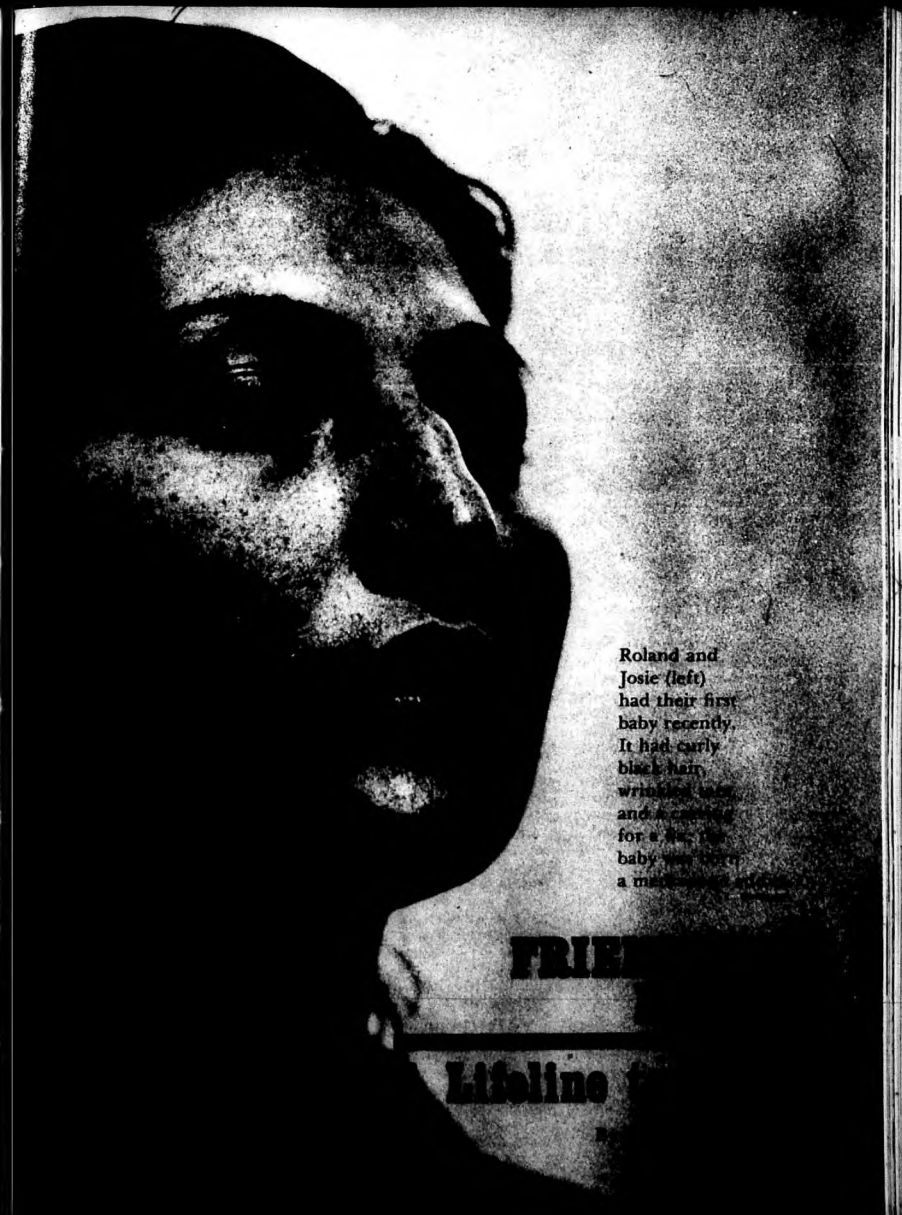
Intoxication: Sedative or tranquilizer intoxication is similar in its symptoms to alcohol intoxication. Driving while intoxicated can be extremely dangerous and is thought to cause 25,000 traffic fatalities a year.

Barbiturate Overdose: More people in the U. S. die as a result of an overdose of barbiturates (usually suicide) than of any other single substance.

Tranquilizers: Drugs that calm tension and anxiety. Do not cause sleep except in high doses. Tranquilizers are taken in capsule or tablet form. Some common commercial names for tranquilizers are *Equanil*, *Miltown*, *Librium* and *Valium*.

Inhalents: Solvents and glues sniffed or inhaled in closed space. Can cause intoxication as well as hallucinations. May result in physical damage to kidney, blood and nervous system. Of immediate danger is chance of suffocation from overwhelming presence of fumes in closed space or plastic bag used to hold solvents and/or glue to face. Increasingly experimented with by children and teenage.

Prepared as a public service for the BOSTON GLOBE in consultation with David C. Lewis, M.D., author of *The Drug Experience*.



Roland and Josie (left) had their first baby recently. It had curly black hair, wrinkled skin, and a creaking for a few days. The baby was born a month ago.

FRIED

Libelino

"It was New Year's eve. . . a clock striking midnight. I started crying. I told the man, please could he wait until after 12?"

Josie shifts her position on the edge of the bed. Nine months pregnant, the baby feels heavy. But it is not the baby that makes her uncomfortable. She has gone more than 36 hours without methadone. She is getting sick.

"I wonder what can be keeping Roland," she asks absently. "He should be here by now. Lord, I feel bad."

The clock on the lamptable says 3:05. Josie smokes a cigarette as she talks.

"We came here to get on the methadone program. We had been trying to get off heroin without anything. We couldn't wait. One of us would get so sick, we'd go out."

"We needed medication. Over there they don't have nothing. No clinics, or nothing. We never even think about it over here; we never use drugs since we got on it."

A Mexican-American with cream skin and coal-black hair, Josie is potentially attractive. But today her eyes are listless; she is tired; without her methadone, she has had a sleepless night and a restless day.

Constantly her hands work, opening and closing a matchfolder, fiddling with her loose fitting dress. She sits up, leans forward on one arm, sits up again. Her hands keep moving.

"I was trying to get off methadone when I got pregnant. The doctor told me to keep on it; he said it would be too hard to give up with the baby."

"The baby will be born an addict. That worries me."

This is Josie's third pregnancy. She's been lucky. Pregnancy is a serious occupational hazard for a prostitute.

Four-year-old Eva, the second child, wanders into the room and sits on the single bed across from Josie. Josie looks at the clock, 3:22. "What can be keeping Roland? Eva, go outside and watch for Daddy."

"I don't like for her to hear," Josie says as the front door bangs. "She understands; she's smart."

"She's seen me fixing. I wanted it so bad, I didn't care who saw. I'd run them out and if they didn't go, I'd fix anyway. I couldn't wait."

"I never could take care of the kids right when I was hooked. My parents are still keeping my son; they won't give him back."

A plain, simple person—she cannot read or write—Josie stumbled into heroin addiction.

At 18, she fell in love and married. The man was an addict and a pusher. He got her started, and, for a time, kept her supplied with enough heroin to support her habit.

But Josie's husband was arrested, abruptly cutting off her pipeline to free heroin. For a woman addict, streetwalking becomes the most realistic option.

"I was bashful, real bashful to talk to men," Josie remembers. "I had a girl friend who would talk to men for me. Finally she told me I had to go alone. She had the habit too and she had been on it a year and needed more stuff than me. I was just starting."

"I worked in a house. Where I was working they didn't want to pay more than \$10 a time. I always tried to get \$15 or \$20. Lord it was hard."

"It didn't matter. Every nickel we'd get we'd spend on the stuff. If we got \$500 we'd spend it all. We could never put any back when we were on heroin."

The time is 3:45. Eva—Eva with the big, sad, knowing eyes—comes back into the room.

"Is Daddy coming, Eva?"

Eva shakes her head. She slides up on the single bed—a folding cot—and pets the small cur dog. "Go put the dog out, Eva."

Cold sweat moistens Josie's forehead, matting the straight black hair around the edges. Josie pushes it back and lights another cigarette.

"I used to cry. One time I was going up the stairs. I remember it was New Year's Eve. A clock was striking midnight. I started crying."

"I went in the room and sat on the side of the bed and cried and cried. I told the man, please could he wait until after midnight?"

"I wanted so bad to be home with my parents and my child."

Josie laughs, tugs at the loose green dress, nervously fingers the matchfolder.

"When I started going on the streets, I just knew Roland's wife. I didn't know Roland. I was amazed at her. She was on the streets night and day. She was older and she treated Roland like a baby. He wasn't used to working."

"She was real good at stealing money from the men. I never did, except one time. I took a man's pants and all."

"Took them and ran. I didn't think he would chase me naked. But he did. He ran naked after me."

"I tossed the pants to Roland and he ran after Roland and Roland punched him down. We ducked out the back stairs and drove away. Oh, my Lord." Josie can smile at the memory now.

"My mother said, 'Why did you do that?'"

"I said, 'My Lord, I was sick, I had to do something.'"

"Sometimes we would not get enough to buy the stuff," Josie remembers. "We would get sick. That was when it was hard. I still had to go out and try to make it, but I would be so sick."

"Once I was going up to this hotel, and I was vomiting and all; I had the chills. . . . God, I don't want to think about it."

The clock has inched past 4 p.m. "What can be keeping Roland? They said he was coming home early?"

"I took methadone. . . .

No withdrawals, no high, no nothing. It was like I never had a habit."

Roland's inventory work at a hotel restaurant pays him \$70 a week, the first honest money he has made in years. Proud of it, he tries to learn to budget for the first time in his life.

Food takes a bit chunk, and \$6 a month goes for the three-room, unfurnished "shotgun shack" he rents. Bus fare and incidental living expenses drain off more. A \$17.50 per week goes for methadone. It's cheaper than heroin.

A water-clear, slightly bitter-tasting liquid, methadone is a synthetic narcotic, developed by German scientists during World War II as a morphine substitute.

Methadone produces no euphoria, no tranquilization, no heroin-like "rush," no high. But it effectively negates the addict's craving for drugs. "I took methadone," says a former addict, "and there were no withdrawals, no high, no nothing. It was like I never had a habit. It killed my obsession. And for the first time in maybe 20 years, I'm a person again, a human being."

As long as he gets his daily methadone, that is. For methadone, like heroin, is addictive. Unlike heroin, however, it does not increase one's tolerance level with constant use. And, again unlike heroin, it is cheap. It can be produced for as little as 15¢ for a day's dosage, although most clinics charge from 85¢ to \$1.50.

As far as is known, methadone is relatively harmless. But it has been used only a few years. One doctor admits, "We don't know enough about it to know what its long-range effects are. But you can be sure there are some. Methadone is a powerful drug to be pumped daily into the addict's system."

Already reported side effects include mild drowsiness, decreased sexual interest, nausea and constipation. But pro-methadone advocates point out that heroin addicts suffer similar symptoms; methadone is no worse than a diabetic's daily use of insulin, they argue.

"Remember when you were jumping up a skeleton, wanting a fix?"

When he met Josie, Roland had been on heroin for 16 years. Tracks on his arm—needle marks from injecting heroin into the bloodstream—were so extensive blood couldn't be drawn from the veins. His habit had reached \$100 a day, which he earned—some days—pimping for a number of women.

"The women," a prison psychiatrist had told Roland once, "are substitutes for your mother. You

are looking for the mother you never had."

At five, Roland watched his mother commit suicide. At 14—his father a wino—Roland ran away. By the time he was 33, he had spent 14 years in prisons.

Roland and Josie, together almost three years, have lived a depressing, drug-driven existence. They came to New Orleans from Houston to escape it.

"Sometimes we'd go without eating for days," remembers Josie. "We'd sleep in vacant houses. It was awful. We didn't worry about anything, except how we were gonna make it. We were just staying anywhere. We'd sleep on the floor."

Josie smiles—a creeping smile that helps assuage the memory of hard floors and cold stairwells and dirty hallways, a smile that reflects the comfort of the bed she sits on.

"Now Roland's getting fat," she says. "He's really gaining weight, looking real nice. Just the other morning I was telling him, 'Remember when you were jumping up a skeleton, wanting a fix?'"

She wipes her forehead. 4:08. "I wonder what's keeping him?"

"Methadone's the only thing that ever kept me away from drugs. It helps people and I'm all for it."

Roland, a slight, short Mexican-American, wears a thin mustache and slicks back his long, black hair. He stands in front of the methadone clinic, breathing heavily, staring into the cold gray sky over New Orleans.

The clinic is a storefront in a predominantly black section. At a small window in the narrow hallway, an addict puts down his \$1.25. His name is checked off a list, and he is given an ink-bottle-sized plastic cup, containing his daily dose of methadone diluted in Kool-Aid.

Each cup carries the addict's name in red letters.

When he has gulped his dose, the addict returns the cup, it is rinsed out and replaced in the rack.

In a large, smoke-clouded room

in back, men sit, stand in small groups, talking, laughing occasionally, playing pool at one table. They are former addicts now on methadone maintenance.

The air is heavy with listlessness, desolation, purposelessness, hostility, suspicion. It is a room of failures struggling to become successes.

In the car, winding the narrow New Orleans back streets, Roland condemns the dehumanizing, impersonal atmosphere of local methadone clinics. But not methadone.

"It's the only thing that ever kept me away from drugs," he admits. "It helps people and I'm all for it. I'm against these b. . . that make money off it. We're suffering and they're getting rich off us."

"They don't care about anything but the money."

When Roland and Josie arrived in New Orleans they had Eva, and the clothes on their backs. That was all. Josie hustled the streets for a while, until they could get money and a place to stay.

The "apartment" they found was a bedroom-bath in an old two-story building down the street from Friendship House, a Southern Baptist Home Mission Board mission in a low-income area of the city.

It was more than they could afford. The landlord threatened eviction if they didn't pay the rent. Needing help, Josie came to Friendship House.

"We loaned her \$15 to pay the rent," remembers Julian Pickens, 31-year-old director of the center. "She thought she was six or seven months pregnant. She'd never been to a doctor. She had no clothes for herself or her kid."

The more Julian learned of Josie and Roland's situation, the more concerned he became. New Orleans Seminary student Dennis Woolbright, an intern at Friendship House, was given responsibility of relating—as counselor/friend—to Josie and Roland.

He located them a place to live and helped them move.

Gradually, Dennis won Josie's confidence and a measure of respect from the cynical Roland, who claims to be a Marxist and an atheist.

Continued

PHOTOS BY EVERETT HULLUM



Friendship House intern Dennis Woolbright talks with Roland and Eva.

"With my people, with my experience, it works."

Roland and Josie are among the 13 methadone addicts being counseled by Pickens, Woolbright and another student intern, Harry Hearne.

They are among the 40 to 50 who have come through the center's program since Julian became director a year and a half ago. And part of the 200 to 300 who have received aid through Friendship House since the state methadone program began in 1967.

"Before methadone, the addict had three alternatives," says Warren Rawles, who directed the center when the program started. "He could go on as he was, try to kick the habit cold turkey, or get busted."

"None of the choices was very pleasant or very promising."

"We chose to support the methadone program as the only realistic possibility," continues Rawles, now assistant secretary in the HMB's Christian Social Ministries Department. After counseling more than 200 addicts, he hasn't regretted the

decision. "With my people, with my experience, it works."

Methadone maintenance programs are new in the United States. The drug had been used earlier, but in 1964 in New York was begun the first extensive program, involving counseling and therapy while using methadone to ease withdrawal and block heroin euphoria.

Administered in this way, methadone has been significantly successful. A recent study of the New York City program showed 82 percent of those who originally enrolled are still participating and three-quarters are either at school or at work.

Estimates of recidivist rates for traditional withdrawal programs range from 80 to 98 percent. More than 90 percent of those court-ordered into the two federal narcotics hospitals—at Lexington, Ky., and Fort Worth, Tex.,—eventually return to heroin.

Other programs, geared around "live-in" communities and peer-group pressures, show an impressive rate of success with addicts. But they are prohibited, by their very nature, from handling the volume possible in even the worst

methadone maintenance programs. Methadone programs, especially maintenance, are probably the only massive programs to show low rates of recidivism.

But not everyone is pro-methadone. Critics of the program—including Synanon, a West Coast-based "community" of former addicts, and Narcotics Anonymous, a parallel of AA—charge that methadone is merely exchanging one habit for another.

They argue that any attempt to rehabilitate the addict without restructuring his ego and life patterns is superficial, a "false cure" doomed to failure.

"If you've seen a guy go through withdrawal. . . It's terrible."

The New Orleans program began like the NYC model. But the number of addicts grew beyond the caseload potential of volunteer workers—funds were never available for intensive counseling—and psycholo-

ical aspects of the program were gradually discontinued.

Of the more than 1,300 New Orleans addicts receiving methadone daily, probably fewer than 100 get adequate counseling.

An official at the Bloom-Sudderland clinic admits that the addicts need mental as well as physical help.

"We did have students from Tulane University leading a therapy group, with Dr. Bloom in charge. We maintained it for a time, but it's not functioning now. . . . We don't have the personnel."

"However," he adds, "methadone does have its place in society. Quite a few of our patients have married and have children; they've begun stable home lives. They can support a family, even though addicted to methadone."

"The program's also a success in this way: it keeps them off the streets."

Crime rates drop when methadone is used. New Orleans police statistics confirm this.

Addicts steal millions of dollars annually to sustain habits ranging from \$12 a day to \$100. But most methadone addicts, because they can function normally and their "fix" is so cheap, present no threat to law enforcement.

With few exceptions, addicts praise methadone.

"It's like I just been sitting on a dark shelf all this time," says Al, a 33-year-old California addict, "just waiting for time to pass."

"Then someone takes me down and they dust me off and wow! I don't want to hide inside that little dark bubble any more. I think of all those big black clouds that hung over me and shudder."

"That's why this is so beautiful. I walk out on the street and the sun shines and I think it's so nice. I drive over to my old neighborhoods and the addicts come over and they say, 'Geez, Al, you're looking good. You're really clean.'"

Yet limited funds and facilities keep thousands of addicts from methadone programs—if they happen to live in a state that offers one in the first place.

New York, with its pioneering program, has 2,500 methadone users, but an estimated 25,000 addicts under 25 live—and die—in the

city; 900 deaths were attributed to heroin in 1969.

One doctor compares the long waiting list in New York to "asking someone to wait for artificial respiration."

Friendship House's Julian Pickens agrees. "People have been lost because of the delay between the time they make their decision to go on methadone and when they could start."

"It's such a critical time we've loaned people money until they could get on the program, knowing they'd probably use it to buy heroin. A guy on six papers a day is going to get it some way—legal or illegal—rather than go sick."

"If you've seen a person go through withdrawal," Julian hesitates, "it's terrible."

To be accepted, an addict must be examined by a physician. Cost: \$20. Many addicts don't have it. Friendship House has "loaned" that too.

Once confirmed to be physically addicted, the individual is screened by a committee of former heroin addicts, who give final approval. "One problem," says an expert, "is that it's too easy to drop out. A guy can quit any time he wants to go back to H."

After being on the program for three years, an addict can get a week's dosage at one time. Until then, all doses are given at clinics.

The time lag—often exceeding two days—so bothered Julian he has now arranged for a special physical, after which an addict can be on the program in less than 24 hours.

"When a person comes to us hooked on heroin," Julian says, "we help him decide if he wants on the program or to kick it cold turkey."

"If he decides on the program, without exception, we have to help him with his physical fee and later his daily costs."

"The clinic knows we're not fudging, and none of those we've recommended have been turned down," Julian adds. "We don't have any trouble deciding. The addict'll have symptoms: nose running, glassy look in the eyes, sometimes extreme nervousness. I've started asking to see track marks."

Friendship House counselors

carry the addict as long as he's content. When he feels ready to kick methadone, they help him come down.

"In our counseling, we try to help each person realize he has to accept responsibility for his acts. When he can accept responsibility, we've crossed the first threshold," Julian says. "We can go on from there to build a good self concept."

Methadone can be kicked over a long period of gradual withdrawal, or abruptly, causing about 10 days of severe sickness—nausea, "throwing up black," dizziness, diarrhea. The effect is similar to heroin withdrawal and last the same time, despite a mushrooming New Orleans rumor. "Methadone takes 30 days and 30 nights to kick," believes one disenchanted addict. "Can you imagine going that long without sleep? I'd rather be on heroin; I can kick that in a week."

During the "drying out" process, counseling sessions may increase from one to two or three a week. But the lack of a controlled environment is a handicap.

"The guy's hurting," Julian says. "He's going to need somebody with him 24 hours a day; someone who'll reinforce his desire to break his habit. We'd like to set up a place."

Whether the addict decides to take the cure, he is accepted at Friendship House. He decides when the counseling stops.

"When he feels he can handle his problems," Julian says, "he's free. But we leave the door open. We still get calls from people we haven't seen in months. Some have problems; others just call to say, 'I'm doing all right.'"

Many do all right because Friendship House helps them find work. Because they've lived as criminals, getting established in the straight world is difficult.

On many occasions, Julian has used Friendship House's reputation—and his own—to get a job for an addict without references. One former heroin addict works an offshore oil drilling rig. "He's making twice what I am," laughs Julian. "He's sold on the program; without it, he'd still be running the streets."

Continued

"They're pretty cynical," Julian says. An addict asked me, 'What do you get out of this?' He figured I was getting a kick-back from the clinics. They're really suspicious.

"One addict started us. He came to us and said, 'I'm hooked; I need help.' Sort of snowballed, someone telling someone else. We were sincere; we cared. They saw we weren't out to hang them."

"The churches around here haven't gotten involved. They see addicts as somebody to talk about. But we speak at churches and the young people call us. They know we're willing to be their friend, to talk without condemning. To understand.

"If you're going to get into this game,

you run the risk of being called at two or three o'clock in the morning. That tests whether you're ready.

"We don't force the religion thing here. But without exception, they ask, 'Why do you do this?' Because they think everybody has an angle. I tell them as a Christian, I'm in the helping profession. I have this obligation to respond as Christ did.

"Even the bitterest addict says, 'You're the only one who cares.'"

Julian Pickens, Executive Secretary, Home Mission Board

Executive's Word

by Arthur B. Rutledge
Executive Secretary-Treasurer, HMB

"Will" Power

A few weeks ago, I received two letters regarding wills. One informed me that a deceased woman had included the Home Mission Board in her will. After making some disposition of personal things she had stipulated that the remainder—\$30,000—would be divided equally between the Foreign Mission Board and the Home Mission Board. We had never heard of her, but she had heard of missions and now will continue to extend the gospel even beyond her death.

Another was from a woman who has made generous personal contributions to home missions. She asked for help in drawing up her will, and expressed her intent to continue to support home missions generously beyond her lifetime. We gladly enlisted an attorney in her locality, and her wishes will be carried out.

From time to time an officer of one of the Baptist Foundations informs the Board that it is a beneficiary of a trust left in the Foundation's care.

Some months ago a retired Baptist pastor placed a gift annuity with the Board. He will receive interest on the annuity for the remainder of his life, after which the face amount of the annuity will be placed in the Board's Church Building Loan Fund. Through this revolving fund this minister will thus continue to help churches.

During 1970 the Board received \$64,655.76 from the wills of 19 persons. The amounts ranged from \$63.19 to \$11,736.18. This has been happening each year for many years, enabling the Board to extend its min-

istries beyond what would otherwise have been possible.

The Board is grateful to individuals, couples and families who have supported home missions in such ways. We appreciate the service of Baptist Foundation representatives, lawyers, pastors and others who have interested potential donors in investing in mission work.

The Board adheres strictly to the terms of such gifts. Sometimes a grant is for specific types of missions service, such as work with an ethnic group or for assistance in starting new churches.

In one case funds may carry on a worthy mission project; in another, funds may be used largely in relieving human want.

Some bequests provide that the corpus be invested and only the earnings from the trust used. One trust stipulates that three percent of the corpus plus the earnings from the investment of the trust shall be used each year.

In many instances the use of the bequest is left to the discretion of the Board. Since 1943 the Board has placed such gifts in its Memorial Fund where the corpus is invested and earnings are used in undergirding all of the work.

During the past 27 years this fund has climbed to a balance of \$1,415,000. Last year the earnings from this fund poured \$76,744.59 into home missions work. The Memorial Fund thus functions as permanent endowment, although it also functions as an emergency reserve fund,

which may be used by vote of the Board's directors.

At present interest rates on such bequests earn an amount equal to the total balance of the fund in less than 20 years, and the corpus remains intact. An excellent example is the Bottoms Trust Fund, set up by Mrs. Ida M. Bottoms of Texarkana, Ark., over 40 years ago. The earnings of this large trust have provided more than \$1 million for home missions work during these years.

While the Board is a beneficiary of several other large trusts, most bequests come in relatively smaller amounts.

A growing home missions effort requires the generous support of Southern Baptists through the Cooperative Program and the Annie Armstrong Easter Offering. Thoughtful provisions of men and women who are good stewards of their estates as well as of their current income has furthered the work significantly.

If the Board can help in answering inquiries or in any other way, we shall be glad to do so. The Southern Baptist Foundation, located in Nashville, Tenn., and the state Baptist Foundations, operated by many of the state conventions, stand ready to assist in such matters as they serve our Baptist agencies and institutions.

We are encouraged by the faithful stewardship of hosts of Southern Baptists. The directors and staff of your Home Mission Board seek to be good stewards of the resources made available for the furtherance of the gospel in our beloved homeland. *

Leadership Section

Honesty, Openness, Characterize Florida Baptist-Catholic Dialogue

by C. B. Hastings

Will Rogers once said, "There are two kinds of people: those that divide people into two kinds and those that don't."

Can you imagine two more diverse groups of Christians than 50 Baptist and 50 Catholic leaders from the Southeast in three-day conversation?

Let them begin with a drive by a Catholic bishop from Mobile, Ala., and a Baptist pastor from Asheville, N. C., using the same tee: "Salvation: Its Meaning and Relation to Christian Social Responsibility."

No small wonder that at first the participants at the conference felt like lost golf balls in high weeds!

At the outset Thomas Starkes, secretary of the Department of Interfaith Witness, warned that this was to be no "tea and crumpets" affair: "We are learning about dialogue," he said. "It is not a polite exchange of jokes, anecdotes, punch and cookies. It also involves getting to know each other and being sure we don't sell out to the other party in the process. I hope that in the next 40 hours there will be some sparks flying. These sparks will be assurance that honesty is there in abundance."

Indeed, the sparks did fly.

After the opening addresses the men matched flint and steel for six hours in small groups. For two hours each, they discussed the issues that historically have provoked Baptist-Catholic debate: Salvation and Evangelism, Church-State Relations and Civic Righteousness.

Some Baptist veterans of the debate wars of the early twentieth century rejoiced in their once-in-a-life-time opportunity of setting the Catholic hierarchy straight on salvation. Some younger Catholics delighted in exposing Baptist inconsistency in accepting Federal funds for schools and hospitals by devious means.

Participants discovered early that

they had brought to the history-making conference some unrecognized fears. Some were even afraid they might discover Christlikeness in "our ancient foe."

In almost every small group patterns of discussion developed early. At first debate raged, with each side imputing to the other definitions and interpretations it had long held true. Neither side was hearing the other.

As the day wore on, some began to say, in effect, "These guys are not saying what I thought they were supposed to say. Maybe I had better start listening." Gradually emerged a fresh understanding of where Baptists and Catholics stand today—instead of yesterday.

As mutual concerns began to take the forefront, remarkable common ground was discovered; common hang-ups in trying to be leaders for God to a confused church; common confession of pride and prejudice that has drained energies needed more in healing a broken world; a common need for the freedom of the Holy Spirit to bring revival and renewal.

Letters from participants at the February conference at Daytona, Fla., have underscored this trend.

The director of a large Roman Catholic organization said, "It will be obvious, as we review our discussions, that Catholics and Baptists still differ widely. But it will be obvious, too, that as we talk with one another now we speak without shouting; seek to convince rather than condemn. And we listen to what the other has to say."

A Baptist secretary of city and metropolitan missions said, "I have never seen before a more sincere group of Baptists and Catholics in true dialogue than here in this conference. I am confident that this effort will pay rich dividends in the days ahead. . . . Heretofore we Baptists have preached against this group, but this is the first time, that I know about, that we have made an honest attempt to have dia-

logue—man, this is progress!"

What "progress" did the participants hope for? One Baptist state pastor put it this way: "For me, the greatest significance of the event is that it was held at all. Its greatest hope is that those who participated are calling for more. Its greatest failure is that there needs to be official planning for those who proclaim Christ as Lord to speak to one another."

There was "official planning" by the Department of Interfaith Witness of the Home Mission Board and the National Conference of Catholic Bishops' Committee on Interreligious Affairs.

Even though the Roman Catholics were represented by Archbishop Donnellan of Atlanta, and Bishops May of Mobile, Soenneker of Owensboro, Ky., Waters of Raleigh and Durick of Nashville (who has recently been appointed by the National Conference of Catholic Bishops as liaison with Southern Baptists), yet Monsignor Bernard Law of the national committee sounded like a Baptist when he said, "No Catholic can speak for any other Catholic in all matters."

In spite of this common admission, men went away determined to continue this kind of profitable discussion apart from "official planning." Still it is the hope of both sponsoring bodies that they may be "able to serve in a consultative and catalytic function in planning statewide meetings between Southern Baptists and Roman Catholics."

There are other evidences, some before and some as a consequence of the conference.

A Catholic pastor in Asheville, N. C., received approval from his bishop to invite a prominent physician and doctor of the First Baptist Church to speak at a Wednesday night Bible class for men in his parish house. Baptists and Catholics in South Carolina recently combined to distribute New Testaments in almost every home in the

state. A prominent Baptist pastor in a large city in Tennessee has invited a Catholic priest, with whom he became friends, to bring his bishop for informal dinner in his home.

All agreed to seek ways of presenting a common front to the forces of evil and injustice in their own area.

In the report of the North Carolina-South Carolina group there were these conclusions:

We discovered that in both our bodies we are considerably hindered in our witness to the modern world due to our over-emphasis on traditional concepts and methods. . . . We discovered few experiments in each group equipping Christians for this changeover, but we welcomed from any source any aid along this line.

Dialogue as understood by our group . . . exists in and for itself. It has no value outside itself. It can by definition have no other goal. It cannot be measured by a progression of ideas or by a calculated compromise of policies and by a watered-down merger of institutions. The abiding integrity of each body is respected, and the common pilgrimage to maturity is expected.

Bishop May challenged the conference on the basis of each communion's definition of salvation: "I would hope that we might see together what each believer's salvation means for the total welfare of all men in today's world. In God's providence, we are the two major Christian bodies in America today. If we do not give moral leadership—God have mercy on us!" Cecil Sherman, pastor of First Baptist, Asheville, N. C., responded with his own challenge:

When you speak of salvation as saving the whole man and saving the structures of society and saving the life of the Church—then you are making tall talk. You would do well to have great resources. I contend that our real resources have been cluttered in our own minds by our parochialism. For years I have been taught that Catholics were so different from me until they were really a part of the problem rather than a part of the solution. There is

one sense in which the growing secularity of our time may do much to help us. We are being forced in upon each other. We will learn that a secular world cannot tell the difference between the two of us. If a secular world considers the two of us as Christian, might we not do ourselves a favor to consider each other as Christian and pool our resources where we can? "To

save the world" by Christian definitions is a large order, and even God may need both of us to get the job done.

Roman Catholics now have the open Bible and an "open window upon the world." Baptists have a witness to a religion, both spiritual and free. *

C. B. Hastings is assistant secretary in the Department of Interfaith Witness, Home Mission Board, N.C.

Happenings

by Larry Bryson

What are home missionaries like? What do they do? Are they involved in the communities where they serve? These are some of the questions "Happenings" will attempt to answer each month. "Happenings" is "first-hand information" from the field to you.

• Asked to relate a significant Christian experience, Rev. Wesley A. Lindsey, pastor, Parkway Baptist Church, Indianapolis, Ind., related:

"One of the most outstanding experiences of my life was the time I went home to tell my mother I had decided to resign my work as an undertaker to enter Ouachita Baptist College to study for the ministry. She was not at all surprised. She then told me how at a mission meeting offering time, she had held the offering plate to prayerfully dedicate her unborn child to God. She had no money to give. I was that child, her first."

• The Metropolitan New York Baptist Association honored Language Mission Director Leobardo and Isabel Estrada for their leadership in the associational language missions program.

Rev. Estrada is preacher for "La

Hora Bautista," the Spanish-Baptist hour, and served as second vice-president of the Southern Baptist Convention in 1955-56. Under his leadership the language ministries program has grown from one West Indian chapel in 1962 to nearly 30 congregations in 1970.

• Missionary Marvin Haire, pastor Monmouth Baptist Church, Eatentown, New Jersey, was honored by the Eatentown Kiwanis Club as Man of the Year in Eatentown.

• Armando Silverio, missionary to Italians in Pittsburgh, Penn., recently served as guest chaplain in the Senate opening the day's session with prayer. Silverio has served with the Language Missions Department of the Home Mission Board as missionary for 10 years.

• Do home missionaries have a busy schedule? Take a look at one language missionary's regular schedule, which is in addition to regular duties as pastor of a mission church:

—Participation in tribal functions: funerals, feasts, general councils, special activities.

—Participation in the Indian way of life: chasing wild horses, cattle

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3 EXPERIMENTS IN COMMUNICATION—July 29-August 18. Charlie Shedd and Floyd Thatcher . . . London, Copenhagen, Berlin, Heidelberg, Meersburg, Lucerne, Paris, and Amsterdam. A travel encounter that includes discussions on building communication bridges in the family and sessions on the development of creative writing skills.

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—Participation in organizations; member of HUD local housing authority to build 50 new homes; member county welfare commissions; member of fire department and president of residents of Westhill organization.

—Participation in special projects: counselor with court on youth probation cases; work with public health psychiatrists dealing with youth and social problems; help with tribal public relation talks in schools and with teacher orientation in local schools; meets weekly with alcoholic couples in his home.

The following letter from Rev. Bill Frost, was received from a mission church in California, Myhre Memorial Baptist Mission, 7057-E Compton Boulevard, Paramount, by William T. Updike of the Division of Church Loans.

Dear Bro. Updike:
Here's the first check for the rent of the mission. We opened our first service, yesterday Mar. 7. I'm happy to report that we had 130 people the first Sunday. Seven accepted the Lord as their personal Saviour. We have fixed the building up very nicely. Painted, remodeled the back and cleaned all the grounds. The building was really an answer to our prayers. Thank the Board again for us. God bless you.

The Home Mission Board approved the Myhre Memorial Baptist Church assuming the use of a building which had been vacated due to the default of the previous church to make their loan payments.

A highlight of the world missions conference held in the Charleston Baptist Association in South Carolina was a world missions fair. The 21 missionaries participating in the conference prepared displays which helped tell the story about their various areas of responsibility.

Over 1,100 people from 44 churches attended the fair, which was directed by the associational Brotherhood and WMU. A world missions fair is an excellent way to tell the mission story to a large number of people in a relatively short time span.

Eddie Olds, currently a US-2 worker with the Home Mission Board, has been elected as full-time BSU director for the Southern Colorado State Col-

lege Campus. Mr. Olds will complete his term of service as a US-2 worker in August and will become an employee of the Colorado Baptist General Convention on August 15.

Transfers
Mr. and Mrs. Cass Vincent from Minneapolis, Minnesota to Chicago, Ill. to work with Polish-speaking people.

New Appointments—Language Missions
Mr. and Mrs. Franklin McLen are have been appointed to work at the Otoo Indian Church at Red Rock, Oklahoma.

The following have been appointed to serve among Spanish-speaking people in Texas:

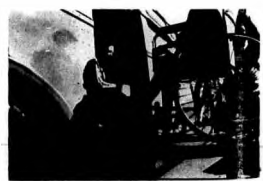
Mr. and Mrs. Richard DeLeon, Ingleside; Juan Gaona, San Antonio; Mr. and Mrs. Abe B. Smith, Anglin; Salvadore Molina, Corpus Christi; Mr. and Mrs. Manuel Rodriguez, Willington; Mrs. Paula Sue McDonald, kindergarten teacher, Dallas; Miss Martha Villarreal, kindergarten teacher, San Antonio; Mrs. Otila Faiga, kindergarten teacher, Austin.

Bus Clinic Announced

Three "Church Bus Evangelism" clinics have been scheduled by the HMB Division of Evangelism.

Each clinic will have six sessions of "how-to" information, as well as discussions by key leaders in this field.

Sites for the clinics are: Fort Worth, Tex. (Sept. 6-8, 1971); Louisville, Ky. (October 25-27, 1971); and Los Angeles, Calif. (Dec. 6-8, 1971). Registration fee is \$10. Further information can be obtained by writing Kenneth Chafin, director, or William A. Powell, program chairman, HMB, 1350 Spring St. N.W., Atlanta, Ga. 30309.



Did you know . . . ?

that thirteen hundred college students requested appointment as summer missionaries and only 400

could be appointed? A summer missionary serves for 10 weeks and receives expenses plus \$300 salary.

that there were 88 US-2 candidates for 35 available spaces to meet requests from 100 mission points for the next two years? Funds limited the number of personnel the Home Mission Board could appoint.

that the Home Mission Board appointed 65 missionaries, missionary associates and church pastoral aid during January and February of this year?

that the dates of Home Missions Weeks at Ridgecrest and Glorieta are: Glorieta—August 5-11, and Ridgecrest—August 19-25? Have you made your reservations to attend?

that 22,750 churches contributed to the Annie Armstrong Easter Offering in 1970. If each church increased its 1971 offering by \$10 an additional \$227,500 would be received; by \$100 an additional \$2,275,000 will be available through the Annie Armstrong Easter Offering. *

Benson is assistant secretary, Department of Advancement, Education, HMB, Atlanta

An Open Letter to Pastors

The present plight of some 1,500 American servicemen now listed as missing or captured during the Vietnam conflict is of grave concern to every American. The families of these men are undergoing most serious mental anguish and utilizing every level of influence to secure information and the return of their missing servicemen.

We especially appeal to pastors in local communities to seek out and offer maximum spiritual strength to these separated families. Our military chaplains at nearby installations are available and most anxious to assist these pastors in every way possible.

We appreciate Southern Baptists' continued concern for the spiritual needs of the military community in providing outstanding military chaplains and know that you will be most solicitous in providing religious assistance to these military families now praying for the safety and lives of their loved ones.

Francis L. Sampson
Chief of Chaplains, U. S. A.
Washington, D. C.

Chaplains Prayer Calendar

June 1: Harry D. Morgan, Okla., Army; Frederick A. Taylor, Mo., Army. June 2: Jack A. Hanberry, Ga., Institutional; Daniel P. Jenkins, La., Army; Robert H. Rogers, Miss., Army. June 3: A. N. Hollis Jr., Ga., hospital; James W. Jones, Ark., Navy. June 4: Johnnie B. Dellinger, Ala., hospital. June 5: Ray W. Fullilove, Miss., Navy; Roy J. Fullilove, Miss., Army. June 6: Floyd E. Sims, Tex., Navy. June 7: William H. Barker, Miss., Air Force. June 8: James R. Perkins, Miss., Army; LeRoy W. Raley, Okla., hospital.

June 9: Marvin L. Gold, N. C., hospital. June 10: Elwyn G. Edwards, Fla., Army; Claude B. Marshall, N. C., Navy; Charles A. Shaw, Ga., Navy; Lee Butler, Tex., hospital. June 11: Sudderth A. Harms, Tex., Air Force; Louis B. Parks, Tex., hospital; Justus P. Selph, Tenn., Army. June 12: Earl B. Keele, Miss., Navy; Ernest R. Barnes Jr., N. Y., Navy.

June 13: Harry McCartney, Fla., hospital; Khmael L. Corona, Calif., hospital. June 14: Arthur P. Graham, Va., institutional; William G. Graham, Fla., hospital; Iran N. Marks, Ark., Army; Leonard T. Melton, Fla., Army. June 15: Jack R. Brown Jr., D. C., Army; Cecil R. Thredgill, Ala., Navy; T. D. Whitehorn, Ark., hospital.

June 17: Eli H. Campbell Jr., Ga., Navy; Lawrence B. Cobb, Ariz., hospital; Blake J. Greer, W. Va., Army; Francis M. Marks, Okla., Army; W. Bryant Spivey, S. C., hospital; Jared A. Walker, Ala., hospital; Carey Michael Harrison, Neb., Navy; Robert H. Lloyd, Tex., hospital.

June 19: Roland B. Armstrong, Mo., Army; George P. Bowers, N. Y., Air Force; C. D. Salee, Tenn., hospital; Robert E. Saunders, Tenn., Army. June 20: James N. Brister, Miss., hospital; William E. Dodson, Ala., Navy; Glenn D. Marc, Tex., Army.

June 21: Malcolm Sadler, Ga., Army; Harry R. Thorpe, Tex., hospital. June 22: John D. Gould, Pa., Navy; Fred W. Reed Jr., N. C., hospital. June 23: Asa W. Jones, Va., Navy; Walter L. Howell, N. C., hospital; William Deamuth Blanton, N. C., hospital. June 24: Donald C. Beeson, Mo., Army; Jasper I. Dean, Ala., Army; Donald B. Diggett, Tenn., Army; Ed R. McDonald III, Ark., hospital.

June 25: Jack S. Parham, Ga., Army. June 26: James E. Leath, Tex., Air Force; James Odell Nations, Miss., Navy. June 27: Robert E. Ballard, Ga., hospital; Sherman B. Richards, Ky., Navy; John M. Smith, S. C., hospital.

June 28: Donald H. Dillard, Ind., Navy; Donald W. Grover, Tex., Army; Larry D. Slaughter, Mont., institutional. June 29: Paul P. Everett, Kans., Army; Donald Wells McSwain, N. C., Army; Roy E. Prager, Ala., hospital; Harold W. Stubbfield, Tenn., hospital; Henry G. Wade, Calif., Army. June 30: Joel R. Smith, Ga., Air Force. *

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On the Cover

The growing, violent world of the drug abuse affects everyone—young and old, rich and poor, big city or small town. It's a growing menace that church people must help to solve. How? Our report begins on page 2.

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Jim Reid Lives

"Minister in a Neon-Tattooed Dreamland" (Feb. HM) was fantastic! This also is New Testament evangelism. The story reminds me of Bob Harrington of Bourbon St. I suppose Rev. Reid and you will be criticized for this venture. However, this is precisely what Jesus did, communicated with the sinners and publicans. May God richly bless this ministry.
Menno Harms,
Cherokee, Okla.

Pollution

I just received my Feb. issue. . . . You cannot imagine the thrill I had when I saw your coverage of our pollution problems.
We have been having Sunday School and Training Union in the mornings at Northside Baptist Church here since the beginning of this church year. I am the adult director in Sunday School and a discussion leader for some of the adults during the Training Union session. Several weeks ago we came upon the short session on the environment in the Now! literature. We didn't have much resource material or Scripture references. I became "hung up" on the subject and searched out my own Scripture and used all types of current news publications and books for source material. I must say that at times I had some difficulty justifying the treatment of the subject in our church.
Your Feb. issue really gave me an uplift. The Scripture you quoted on page 13 is exactly the same as the one I had published in our weekly news letter. I can hardly wait to find time to sit down and read HOME MISSIONS cover to cover.
This is such a critical issue for all of us, particularly Christians. . . .
Gilbert K. Alford, Jr.,
Florissant, Mo.

● I want to congratulate you on another outstanding edition of the magazine. I believe it is the most stimulating and challenging magazine Southern Baptists publish.
I am referring to the edition you had on pollution. Such social and moral problems as this are definitely tied in with the matter of being good Christians and our stewardship for our earth and its care and its resources. I believe we will answer to

God for this as well as for other things of sin.
Samuel G. Shephard
Miami, Fla.

What About People?

Let me say hurra! for your well-turned-out Feb. issue on the ecological crisis. Particularly outstanding was the article by Dr. E. C. Rust, which was so well laid out and mixed with significant statements relating to this topic from numerous varied sources. The photography was thoroughly first-class!

As the chairman-elect of an Environmental Action Group—a group presently pending charter—at Southern Baptist Theological Seminary, and as a Christian I am gratified to see the Baptist press approaching this most-Christian subject in such a qualitative way. My only regret is that the issue of population was hardly mentioned. Granted that this is an emotion-charged topic because it necessarily involves discussion of birth control, sterilization, abortion and other "hot topics"; nevertheless to devote so much time to discussing air, water, waste, and noise pollution with barely a mention of the fact that all this is the result of over-population, is to look at the symptoms instead of the cause of the disease.
Here's hoping for an equally competent cover-story on these critical matters of population. This is at the heart of the matter.

Mark Fowler
Louisville, Ky.

A Matter of Opinion

I am sorry but I will not renew my subscription to HOME MISSIONS. Really I've been disappointed with things that have been in the magazine in the past one and a half years.
It was so good at first but to think that Southern Baptists would put one word of backing in it about Martin Luther King, let alone a picture. He is the worst thing that ever happened to the south and the U.S. Russia back him to the limit and I prayed every day that God would remove him from our midst and he did.

Sorry, but religious organizations should be kept religious, then people would live like they should.
Dorothy Davidson
Clarksville, Va.

Comment

by Walker L. Knight

The Painful State

In a recent conference, an educator was asked what he would do if he were pastor of a Baptist church. He answered, "The first thing I would do would be to get another job so I could speak with freedom." I submit that this is a naive view of power and authority within any institution, and how a person is financed speaks more to that person's insecurity than to his effectiveness or his freedom to speak.

One's leadership depends almost equally upon the correctness of his positions and his acceptance by the people he seeks to lead. As we gain acceptance and trust from the people we increase our ability to change them. As we exercise this power (as we seek to change them) we lose some measure of acceptance, especially from those unwilling to change.

The reason many groups never make significant change is (1) acceptance is withheld from the leader, (2) the leader does not initiate change in order to keep the acceptance he has, or (3) some other subgroup within the group has a greater authority or acceptance.

The tragedy is that most of us spend our lives seeking to gain acceptance or authority, then we never exercise it, but strive only for larger and larger areas of acceptance. Maybe there is a reverse side to this, that some of us have fashioned our theology of failure so well that we can justify our unloving and critical spirits, and we can justify closing our own minds to the contribution that the other position might make to us. John Stuart Mills makes the point that even a wrong opinion may contain a grain of truth necessary for finding the whole truth.

How do we lead people to understand and to articulate the assumptions under which they live?

Many of us actually think we believe one thing but in practice we

operate under a different assumption altogether. For example, CBS took a representative sample of Americans as to their support of the basic freedoms of the Bill of Rights, and a majority would not support them if stated in terms of current problems.

We have institutionalized our hypocrisies and taught our children when they should practice what we preach, and when they should not. However, we are not unique. This is the way with all societies. Such hypocrisies are seldom challenged in the slow-moving society, but rapid change strips away the veneer and we stand exposed.

We must create peer group association where the individual undertakes a quest for the truth, begins to articulate his basic assumptions without polarization, and where he is challenged by someone to whom he gives some measure of acceptance. We have much to learn of the role of groups in attitude formation and change. Most of us fail because we place more weight upon the power of our preaching and writing than they can bear. We must create forums for an exchange of comment and criticism, while at the same time we participate in presenting and clarifying the goals and values we hold.

Especially do we have a need to include the future—the youth—into the decision making and executive processes of our institutions. Today's youth have been both cursed and blessed by being the recipients of what Kenniston calls an extended period of adolescence, where youth are disengaged from society to as late as 25 years for education.

This is the unique creation of today's developed society. In the process, we have encouraged them to internalize the highest of our values.

They have become not less moral, but reached toward an idealism we never thought anyone in their right mind would accept.

They have become our severest critics, and here we stand, our hypocrisies exposed, crying peace while we wage war, calling for love while we reject the poor, calling for economic justice while we count our offerings.

We need to give them a position of engagement, not to blunt their idealism by reality, but to make their participation more meaningful and more understanding, as John Gardner says, less the unloving critic and more the critical lover.

Everyone is future conscious. Books roll off the press writing of future shock, the technological society, the new world view, the year 2000. We are told that we can now actually design our future; we can live with intentionality. And we need to. As Robert Merton says, we are presently cursed with a civilization committed to the quest for continually improved means to carelessly examined ends.

Somehow a breakthrough is needed. George Schweitzer recently overwhelmed an audience with a detailed probing into the problems of power, population, poverty, pollution and politics. It was a depressing, realistic picture.

He then said he was a wild, naive optimist, and that maybe the definition of the Christian in the future is one who believes in the possibility of a breakthrough.

We need breakthroughs not only in the areas of the physical sciences, but also in the area of the spirit.

Awareness constitutes one of the most painful of all human states, and this is where we find ourselves today. But while it is painful, this state holds more promise for the future than the past state of apathy and indifference.

Problems cannot be solved until we know what they are; now the task is finding the solutions and the will to act. *

Baptists Active in Cuba, Leaders Say

Baptists are very much alive and prospering in Cuba, said the first two Cuban Baptist leaders to make a trip abroad in the last five years.

Manuel Salom and Humberto Dominguez, both of Havana, came to Ruschlikon, Switzerland, for a conference of European Baptist national leaders. They had only a few days' notice that they could attend the meeting in Europe, to which they had been invited.

Salom is treasurer, a full-time position in the Baptist Convention of Western Cuba. Dominguez is the convention's missions secretary and pastor of Vibora Baptist Church, Havana.

Salom was in the last delegation of Cubans to attend a Baptist meeting abroad. He attended the 1966 meeting of the Baptist World Alliance executive committee in London.

The two Cuban leaders planned to spend a month visiting Baptist churches and headquarters in Europe. One of the main centers on their journey was to be Madrid, Spain, where a Baptist work has been developed among Cuban emigrants.

Salom and Dominguez told the European conference there are 16,000 Baptists today in Cuba. Nine thousand of them are in the Baptist Convention of Eastern Cuba, which has 110 churches.

The Baptist Convention of Western Cuba has 7,000 members in 98 churches. The Western Cuba churches have shown a net gain of over 1,000 members in the past decade, despite the fact that a number of Baptists moved out of Cuba during that time.

The Western Cuba churches baptized 319 converts last year, 57 more than they baptized the previous year.

The majority of converts came from families outside the church circle.

The Western convention registered 584 messengers when it held its meeting in February, they said. One night, attendance at the meeting exceeded 1,200. It was held in Calvary Baptist Church, Havana.

The seminary in Havana has 22 students in a four-year course, and seven of them will graduate this year. During the summer, 12 meetings of a week each are held at the Western convention's campground in Matanzas province, they said. Attendance averages 150.

Eleven men and women are provided for at the convention's home for the aged, in Havana.

Financially, the western convention topped its budget goal last year. It collected nearly 75,000 pesos on its budget of 70,000. They said a peso is considered in Cuba to equal one U. S. dollar. Two special offerings brought the convention's total income to 150,000 pesos last year.

All Baptist churches are self-supporting and pay their own pastors. All pastors devote full-time to pastoral duties, Salom and Dominguez reported.

Churches can hold worship services as often as they like within their own buildings. However, they said, services outside the churches are not permitted.

The majority of Cuban Baptist pastors who were once imprisoned have now been released and have resumed preaching, the two officials said. The Western convention publishes educational material for church use, but does not publish a newspaper.

They did not have detailed information on the work of Baptist churches in Eastern Cuba.

—European Baptist Press Service

the CROSS and the SWITCHBLADE

A word from the Producer . . .

More inspiring than the click of typewriters are the letters of appreciation which come across my desk. Many are from young people whose lives have been transformed after they have seen THE CROSS AND THE SWITCHBLADE.

National release of this unusual motion picture was begun last fall. By the holidays, public reaction had begun to make itself felt across America in a surge of favorable opinion. Theater box offices reported strong support. Motion picture records were broken in city after city where THE CROSS AND THE SWITCHBLADE appeared. For all of this we are grateful to that One the picture honors.

Any feeling of satisfaction a producer may experience, must await the reaction of the viewing audience. Only then can he determine how good a steward he has been of investors' funds and the talents of cast and crew.

Recently, I've been hearing from concerned citizens who live in the smaller cities where we cannot afford to send our field staff. They ask when the picture will be coming to their community or what they can do to help make it happen by giving their time and effort in a "labor of love."

This, then, is a reply to those queries:

If you live in a town whose population is under 50,000 and if you have some free time to help promote THE CROSS AND THE SWITCHBLADE, please write me at once. Describe your area and its potential for a successful week's engagement in a local theater. We will then make every effort to bring the film to your town.

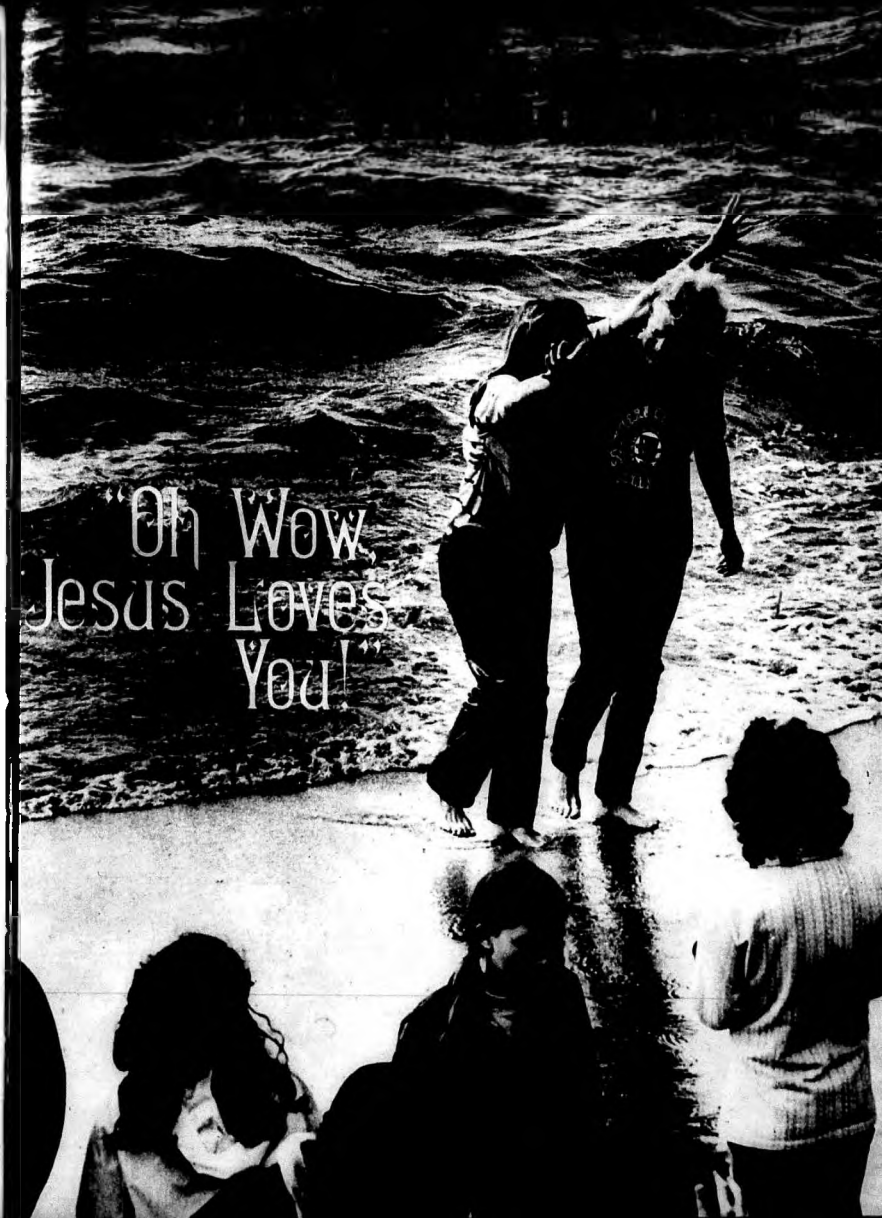
I invite you to share with us a sense of destiny in this historic venture of faith. May I hear from you?

Cordially,

Dick Ross
Dick Ross, Pres.



DICK ROSS & ASSOCIATES
6430 Sunset Blvd., Hollywood, Calif. 90028



Baptists Active in Cuba, Leaders Say

Baptists are very much alive and prospering in Cuba, said the first two Cuban Baptist leaders to make a trip abroad in the last five years.

Manuel Salom and Humberto Dominguez, both of Havana, came to Ruschikon, Switzerland, for a conference of European Baptist national leaders. They had only a few days' notice that they could attend the meeting in Europe, to which they had been invited.

Salom is treasurer, a full-time position in the Baptist Convention of Western Cuba. Dominguez is the convention's missions secretary and pastor of Vibora Baptist Church, Havana.

Salom was in the last delegation of Cubans to attend a Baptist meeting abroad. He attended the 1966 meeting of the Baptist World Alliance executive committee in London.

The two Cuban leaders planned to spend a month visiting Baptist churches and headquarters in Europe. One of the main centers on their journey was to be Madrid, Spain, where a Baptist work has been developed among Cuban emigrants.

Salom and Dominguez told the European conference there are 16,000 Baptists today in Cuba. Nine thousand of them are in the Baptist Convention of Eastern Cuba, which has 110 churches.

The Baptist Convention of Western Cuba has 7,000 members in 98 churches. The Western Cuba churches have shown a net gain of over 1,000 members in the past decade, despite the fact that a number of Baptists moved out of Cuba during that time.

The Western Cuba churches baptized 319 converts last year, 57 more than they baptized the previous year.

The majority of converts came from families outside the church circle.

The Western convention registered 584 messengers when it held its meeting in February, they said. One night, attendance at the meeting exceeded 1,200. It was held in Calvary Baptist Church, Havana.

The seminary in Havana has 22 students in a four-year course, and seven of them will graduate this year. During the summer, 12 meetings of a week each are held at the Western convention's campground in Matanzas province, they said. Attendance averages 150.

Eleven men and women are provided for at the convention's home for the aged, in Havana.

Financially, the western convention topped its budget goal last year. It collected nearly 75,000 pesos on its budget of 70,000. They said a peso is considered in Cuba to equal one U.S. dollar. Two special offerings brought the convention's total income to 150,000 pesos last year.

All Baptist churches are self-supporting and pay their own pastors. All pastors devote full-time to pastoral duties. Salom and Dominguez reported.

Churches can hold worship services as often as they like within their own buildings. However, they said, services outside the churches are not permitted.

The majority of Cuban Baptist pastors who were once imprisoned have now been released and have resumed preaching, the two officials said. The Western convention publishes educational material for church use, but does not publish a newspaper.

They did not have detailed information on the work of Baptist churches in Eastern Cuba.

—European Baptist Press Service

the CROSS and the SWITCHBLADE

A word from the Producer . . .

More inspiring than the click of turn stiles are the letters of appreciation which come across my desk. Many are from young people whose lives have been transformed after they've seen THE CROSS AND THE SWITCHBLADE.

National release of this unusual motion picture was begun last fall. By the holidays, public reaction had begun to make itself felt across America in a surge of favorable opinion. Theater box offices reported strong support. Motion picture records were broken in city after city where THE CROSS AND THE SWITCHBLADE appeared. For all of this we are grateful to that One the picture honors.

Any feeling of satisfaction a producer may experience, must await the reaction of the viewing audience. Only then can he determine how good a steward he has been of investors' funds and the talents of cast and crew.

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