

knowledge, and experience of psychiatrists about cannabis are important. At the 1968 APA annual meeting in Boston, 163 volunteer psychiatrists attending a session on psychedelic drugs filled out a form that included 17 questions on marijuana.

The group was 94 percent male. 54 percent from the East Coast, and 80 percent US-born; the median age was 30 to 35 years. There were 71 percent who said laws on the sale and possession of marijuana should be abolished or made less severe. 20 percent who wished no change or were undecided, and only nine percent who said they should be made more severe. Fifty-four percent said marijuana should be made available with no more restrictions than on alcohol, while 46 percent disagreed. Twelve percent believed marijuana use is a definite sign of psychopathology, 72 percent said it may indicate psychopathology, and the other 16 percent said marijuana use is rarely or never a sign of psychopathology or were undecided.

Excessive use of alcohol is more dangerous than marijuana excess, according to 42 percent, while half as many (21 percent) held the opposite opinion: the remaining 37 percent said there was no difference or did not know. The group (49 percent) that said marijuana frequently or sometimes leads to the use of narcotics was almost equal to those who think this never or rarely happens (45 percent), and the rest (six percent) were not sure. A majority, 80 percent, felt that marijuana frequently or sometimes leads to LSD use, while 12 percent said this rarely or never happens, and eight percent were undecided. A majority, 57 percent, said that marijuana frequently or sometimes has a role in the precipitation of emotional disturbances, while 36 percent felt this happens rarely or not at all, and seven percent did not know.

The psychiatrist subjects included 87 percent who use alcohol and 52 percent who use tobacco. In the sample there were 120 psychiatrists who had had no experience with marijuana and 43 psychiatrists (27 percent) who had tried marijuana at some time, among whom 15 (nine percent) smoked it regularly. The 15 doctors who used it regularly had smoked it in the preceding month and had smoked it more than six times. These doctors were mostly under 40 years of age.

Other medical groups surveyed at a 1969 Wayne State Medical School alumni meeting in Detroit using a similar questionnaire included 70 physicians in 11 different specialties. Nine of them (13 percent) had used marijuana. In contrast, among 325 medical students surveyed in 1969 there were 46 percent with marijuana experience. These medical students averaged 23 years of age. There were 175 surveyed from the freshman and sophomore classes at Wayne

State University, while 150 students from 80 different schools completed the questionnaire at the 1969 Student American Medical Association meeting in Chicago.

Psychiatrists do not agree on the meaning of marijuana in our lives as participants, patients, or professionals. The diversity of opinions and information about marijuana among psychiatrists suggests a great need for the education of psychiatrists about marijuana as well as further research. Today's medical students' greater personal experience with marijuana suggests that tomorrow's psychiatrists will be motivated to learn more about it and will hold different viewpoints.

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#### **Marijuana as an Agent in Rehabilitating Alcoholics**

SIR: For the past 15 years I have been a student of the kaleidoscopic and unpredictable patterns of drug use and abuse (1,2), including alcoholism. I will not elaborate here on the many shifts and developments regarding the uses and abuses of drugs (3) of recent date.

However, I would like to make an observation that I feel has considerable clinical significance and therapeutic potential. There are many arguments for and against the use of methadone on a prophylactic maintenance basis. But even if methadone should prove to be of assistance in the normalizing or regulating of only 50 to 60 percent of those placed on such a program, that would be at least a 40 to 58 percent greater interdiction of the use of heroin than is likely through the use of any other current method.

By extending the reasoning behind the approach and taking it into a related but not exactly analogous clinical area, I would like to propose and recommend an experiment based upon a common observation within the current drug culture.

There is, among hippies and other common drug users, a frequently found clinical phenomenon: Generally speaking, marijuana and alcohol are mutually exclusive agents; or when they are used together, considerably less of each is used than when each is used alone. Whether or not this observation is merely another of the rapidly shifting transitional patterns within the drug subcultures, I am not prepared to say at this time. It may merely represent the revolt of the younger

<sup>1</sup>Recently a major figure in the liquor industry stated that when marijuana is legalized alcoholic sales will be seriously threatened: "Sales on beer are down whenever a new shipment of marijuana seems to hit town."

drug-acclimated against the older alcohol-dominated establishment. Nonetheless, a rather obvious suggestion presents itself that may have the same homeopathic premises that bode well or ill for the methadone substitution program,

What I am proposing is that a serious study be undertaken on a model program basis among selected groups of the ten to 15 million alcoholics. That is, an effort should be made to induce many alcoholics to switch or become habituated to marijuana instead of alcohol.<sup>2</sup> Obviously there are possible pitfalls in such a program.

Alcoholism is by far our most serious drug problem in terms of personal debility and human and physical destructiveness. Clearly, one runs the risk of alcoholics, turned potheads, becoming caught up in the drug culture as a whole, which might then lead to more complicated and elaborate drug experiments.

There is also the problem that marijuana is illegal and not very available on a professional basis. The efforts of many have been bent toward the legalization of marijuana, and although I am not sure I am really in favor of this idea, it may come about in the not too distant future.

In the meantime, if pilot studies should prove the feasibility of such an experiment. I feel it is quite likely that at least a number of those "turned on" to marijuana from alcohol might remain limited to this drug, which most agree is not very noxious physically.

One might still be confronted with the problems of apathy, quietism, abulia, and loss of ambition or drive common to those seriously habituated to marijuana. But these would surely be no worse than the similar findings among the alcoholic population and would be less disturbing than the frequently psychopathic and violent, combative, and destructive features found in many progressive alcoholics. As a grim sidelight, it should be remembered that alcohol is responsible for 50 percent of automobile and plane accidents, killing 50,000 and maiming and injuring about five times this many annually, and for 50 percent of all arrests for whatever reason.

One argument that may be adduced against my approach is that the alcoholic is generally older, less mystical, less cerebral, more guilt ridden, and more establishment oriented; however, there *are* young alcoholics. Another argument may run that alcoholics want a different experience or cannot experience a marijuana high, which is more ethereal, is said to be a learned response, and is perhaps more available to the younger, more disengaged types.

<sup>2</sup>A review of the literature of the past 128 years (1) has not revealed any suggestion of a similar sort as far as I have been able to discern, except for that of Thompson and Proctor (5).

My suggestion is not made lightly, and it is hoped that it will not be taken so. Few current programs for alcoholism, despite the claims of their sponsors, handle more than a very few selected cases, and even those not very effectively for very long.

Despite these and other possible criticisms, I feel that radical and dramatic and certainly unorthodox measures must at least be given a hearing if not a chance for professional evaluation.

It is therefore with the utmost sincerity and humility that I recommend that programs be set up in a number of different centers where selected alcoholics may be systematically conditioned to the use of marijuana on a substitute basis. It may be that such a program should be instituted entirely within a confined setting. Perhaps a combination of marijuana substitution, **Antabuse** desensitization, and group or individual psychotherapy, with or without the cooperation of Alcoholics Anonymous and similar groups, should be undertaken.

I intend to try to facilitate such a program in Illinois and am anxious to have the collaboration or critical thoughts of others interested in the problem or working in the field. Perhaps the proposed National Institute for the Prevention and Control of Alcohol Abuse and Alcoholism will be the logical place for the supervision of such an experiment.

The references are:

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4. Gamape JR, Zerkin EL: *A Comprehensive Guide to the English Language Literature Cannabis*. Beloit, Wis. Stash Press, 1969, p 815
5. Thompson LJ, Proctor RC: Pyrahexyl in the treatment of alcoholic and drug withdrawal conditions. *N Carolina Med J* 14:520-523, 1953

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### Youth and Psychiatry

**SIR:** The following are a few belated comments on Dr. Keniston's editorial. "We Have Much to Learn From Youth" (June 1970 issue of the *Journal*).

The editorial did not demonstrate to my satisfaction that "contemporary youth challenges psychiatry at both a theoretical and a practical level." Psychiatry is to diagnose and treat emotional and mental disorders. It does not claim that "dissent and nonconformity" are patholog-

*Amer. J. Psychiat.* 127:7, January 1971