Letter from . . . San Francisco

The National Drug Abuse Conference

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San Francisco is not only eight time-zones and 5400 miles from London but probably as far apart as two cultures sharing a common language can drift. It has come a long way since the summer of love in 1967, but the atmosphere of innovative thinking continues. America is still deeply concerned with those two remaining areas of space exploration—inner and outer. What Houston is to the electronics engineer San Francisco is to the psychologist. It's difficult to be unaware of this quest for self-understanding as one walks the streets or clatters along on a cable car. The city is full of flowers, friendship, and youth. Justifiably proud of its role as the most beautiful city in the States, it continues to attract visitors from all over the country and world. It becomes difficult even to find a native-born San Franciscan.

Narcotic addiction

So it is not surprising that the National Drug Abuse Conference, which was held from 5 to 9 May 1977, should meet once again in the city. Its emphasis was on heroin addiction viewed from a multicultural standpoint. Mexicans, Puerto Ricans, Blacks, American Indians all had their say. I was almost tempted to shout out for the alien English. It was fascinating to see how these groups of native Americans of differing ethnic origins could all be fiercely American at one moment and then feel sensitively paranoid the next. At one point an elected site-selection committee that comprised Chinese, Latin Americans, women, and Mexicans were compelled to second a Black member of the audience or face possible political disruption of its open meeting.

Racial politics certainly acted as a backcloth to the entire conference. The existence of narcotic addiction itself was blamed by one minority group after another on White domination of oppressed minorities; the hypothesis being that drug-induced escape from the grim realities of unemployment, poverty, and ghetto life was the only pleasure many of their young people could obtain from life. This point of view when it was initially presented with great rhetoric to a very receptive and vocal audience certainly sounded extreme. As the meeting progressed, however, it became increasingly plausible—for example, several papers were presented that showed the high success rate experienced in treating US soldiers who had become addicted to narcotics while on active service in Vietnam. This success contrasted sharply with similar treatments that were achieving poor results in the ghettos. Apparently a warm home environment when combined with the possibility of re-entry into a productive work life away from the circumstances of addiction

is crucially important in rehabilitating addicts. Conversely, the detoxified ghetto addict often has only the stark misery of his previous lifestyle and all that it implies to which to return.

The way in which the national US drug abuse programme was originally devised was seen by some participants as a deliberate attack on the disadvantaged in society by politicians who wished to distract attention from other pressing issues. It comes as no surprise to recall that it was former President Nixon who was responsible for this programme. He, of course, is currently the American symbol of political evil. To support the contention that focusing attention on drug abuse can be used to foster racial politics, figures were produced from a New England town that showed the disproportionate number of arrests for possession of marijuana among youths of minority groups, even though the prevalence of misuse of this substance was far higher among the White middle class.

Non-traditional healing

Although the conference largely concerned itself with narcotic addiction and its multifaceted presentation in the various minority groups, this meeting in San Francisco could not avoid dealing with the so-called non-traditional forms of healing. Acupuncture, meditation, breath control, mind control, faith-healing, holistic medicine, iridology, and human sexual communication all had their hour. Probably only in America would a professional group respond in such a short time to the urging of various course leaders to take off a tie and loosen a belt, start practising deep breathing while concentrating on cervical extension, clutch hands with the person next to one in the audience and not have it released for an hour, describe one's own genital characteristics in both clinical and street language to fellow conference participants, and finally, under the direction of Ruth Carter-Stapleton, the President's sister, regress to the age of 5 and let love enter one's mind.

Interestingly many of these apparently different techniques seem to have much in common with the highly traditional methods that were familiar to physicians earlier this century—for example, holistic medicine emphasises the unity of psyche, soma, and spirituality in order to achieve complete health—and yet surely this was the art of the general practitioner of a previous age and certainly is of the family practitioner or primary care physician of today? Meditation, breath control, mind control, and even faith healing as exemplified in this conference all appeared to my eye as alternative and very similar methods to standard medical hypnosis. And while on the subject of my eye, iridology or complete mental and physical diagnosis by observing the convolutions of the iris through a magnifying loupe, seems to be the ultimate in the search for the philosopher's stone in medicine. I submitted myself to an analysis by a practitioner of this art, was excited when he correctly diagnosed an old injury to my leg—even if he did get the wrong one—but was disappointed that he missed the previous episodes of iritis and a corneal ulcer that had been sustained by the eye that was under his immediate intense scrutiny.

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Sexual communication

San Francisco being the city of love—and sex, well, being sex—the symposium on human sexual communication was crowded out. Appropriately enough it was held in one of the hotel bedrooms. The intention of the symposium was, I think, to help drug therapists become aware of their own inhibitions so that they would be able both to understand and to communicate about their patients' sexual difficulties. The problem was that not too many of the attending therapists seemed to have these types of inhibitions, and Americans being a warm-blooded, friendly people, the atmosphere in the overcrowded hotel suite soon began to change into rather less than that of a clinical workshop.

The five days were capped by two outstanding fund-raising parties; one on behalf of a society for the legalisation of marijuana and the other for the Haight-Ashbury Free Medical Centre in San Francisco, which continues to perform such an excellent service for the health of the addicts in the area. Both were extremely gay, in the traditional sense of the word; the homosexuals of both types (perhaps "homoperson" in current parlance) having already had full exposure at the conference.

It is speculative to ask whether these techniques of inner awareness have now reached their peak. There is no sign at present that the end of this latest American obsession is close at hand. Even its physical counterpart, jogging, has been advocated as a means to achieve a meditative state, although I believe it takes 25 minutes and a distance of over two miles to reach it. Inner space has even hit the *New England Journal of Medicine*, where a series of articles has recently reviewed the relaxation response. A book on tennis and another on golf use inner vision and contemplation to achieve success and life's contentment.

America, as it passes its first post-bicentennial birthday, is

still contemplating its navel. Perhaps by the time the next conference is held in this city the underlying guiding principle of these techniques will have unified into a more general approach to positive health. Which way then? In this matriarchal society, in which female liberation to a male chauvinist like myself feels like female supremacy, perhaps it will be male emotional liberation. Women certainly had their voice at this conference. I felt a little hurt at being excluded from a symposium on the lesbian in society, but quickly recalled that the same ban exists for women in many English gentlemen's clubs.

Drug abuse among women is rapidly increasing in the USA, whether it is of the legal medically sanctioned type caused by the current tremendous quantity of prescribed psychotropic drugs or the illegal purchase of these and other drugs on the street. Many women's groups blame this trend on the stormy transition of modern women from their traditional role of care-provider to emancipated equality. Many women experience an identity crisis that forces them to find an immediate escape from their mental turmoil through drugs.

Nevertheless, whatever the problems of modern woman may be, in this society it is the poor, exposed, middle-class man that concerns me. There is a daily fight of role-protection and advancement—a necessity to achieve success in the eyes of their peers and family. Books and articles on executive stress abound, and many a man's battle of ego-protection at the office is continued on his return to the family and his emancipating wife. Once women have finally established their role in the new society, perhaps men will be able for the first time to be emotional; to be frail; to take a day off well from work instead of a day off sick; and eventually just to be themselves, equal to women. But that's a subject for another workshop in the future.

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Aspects of Research

Applications submitted to regional research committees in 1976 and their outcome

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Summary

In 1976 regional research committees in England and their equivalent in the Welsh Office judged 608 proposals for funding under the locally organised research scheme. Of these, 521 were new proposals and 87 were resubmissions. Medically and dentally qualified applicants made 451 (87%) of the new proposals; nearly two-thirds came from teaching areas and 21% from staff of academic departments. Two hundred and ninety new proposals were approved, 154 rejected, and 77 were referred back for modification. Approval was commoner for applications from teaching areas, from medical staff, and for the

less expensive projects. Some regional committees did not support research into the organisation of health services. Under a quarter of the resubmitted projects were rejected.

The scheme is not yet used by a wide range of health-care professions. Medical staff in teaching areas still use it most. In some regions prospective researchers, especially those without previous experience, need a comprehensive and easily identifiable counselling service, so that the fund may be exploited in the way originally intended and the number of unsuccessful proposals reduced.

Introduction

In 1975-6 the Department of Health and Social Security spent £1.86 million (8% of its entire research budget) on the locally organised research scheme.¹ This scheme aims "to foster the research spirit in medicine" and "to facilitate the discovery and encouragement of local talent."² The research, which is

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