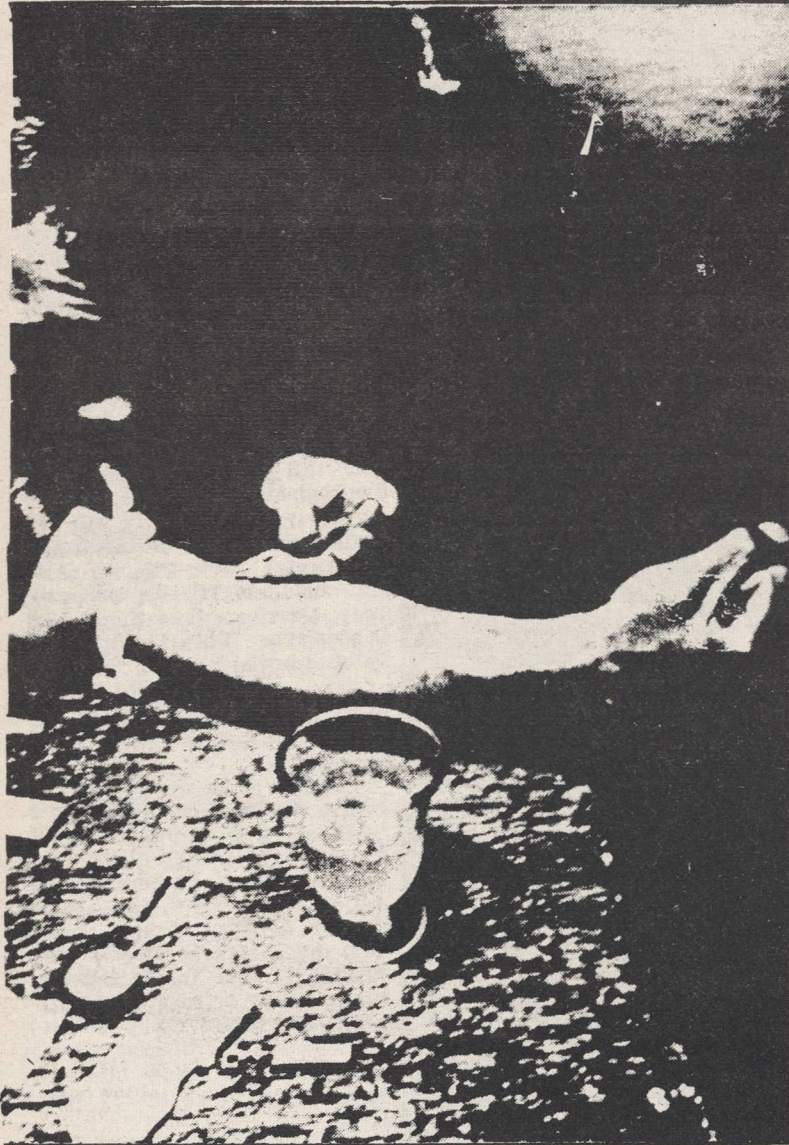


JUNK -- ABOVE ALL, A



by C.D.

Junk is a very controversial, complex and -- above all -- human problem.

And all three elements of the problem were dramatically apparent at last Sunday's wipe-out-junk meeting at the Berkeley Free Clinic.

Tempers flared frequently as opposing and tangential social philosophies clashed and sideswiped, but always the reality that the lives of brothers and sisters were at stake restored the solidarity of the session.

Even people who have been concerned professionally with the question for some time revealed its complexities when they disagreed bitterly on programs and medical methods for beating the

habit, almost to the point of attacking one another personally.

Yes, there was plenty of drama and filming it every minute of the time was a crew from KQED, Channel 9. See it all in February on NET's "Turned On Crisis" series. The appearance of the crew was an unannounced surprise.

The composition of the audience indicates the campaign is already arousing interest beyond the Block. The initial meeting the Sunday before in Moe's was essentially a concerned street people gathering with an unidentified pusher and perhaps some ex-addicts, one or two businessmen. Dr. Steven Fischer was the only person with professional know-

how present.

Last Sunday's meeting in addition to an increased number of Avenue merchants, included at least two knowledgeable doctors as well as other persons who have been professionally concerned with the problem, and members of the board of trustees of the Free Clinic.

In addition, there were some

The doctor explained to me that apomorphine acts on the back brain to regulate the metabolism and normalize the blood stream in such a way that the enzyme system of addiction is destroyed over a period of four or five days. Once the back brain is regulated apomorphine can be discontinued and only used in case of relapse. (No one would take apomorphine for kicks. *Not one case of addiction to apomorphine has ever been recorded.*) I agreed to undergo treatment and entered a nursing home. For the first twenty-four hours I was literally insane and paranoid as many addicts are in severe withdrawal. This delirium was dispersed by twenty-four hours of intensive apomorphine treatment. The doctor showed me the chart. I had received minute amounts of morphine that could not possibly account for my lack of the more severe withdrawal symptoms such as leg and stomach cramps, fever and my own special symptom, The Cold Burn, like a vast hive covering the body and rubbed with menthol. Every addict has his own special symptom that cracks all control.

elderly persons who came as delegates from larger groups, ex-members of the former Bridge Over Troubled Waters, ex-junkies, street people and some blacks.

One graybearded black was notable for his keen insight into both junkies and pushers.

And a young sister showed a cool head in keeping the early part of the meeting on an even keel. Maybe she shouldn't have left so early.

The meeting opened with Paul Xavier reading a long statement which emphasized pressuring the City Council for methadone maintenance programs. A brother immediately fired on him, saying that methadone is a typical liberal copout because it substitutes one form of addiction for another.

Dr. Robert Batterman, chairman of the Berkeley Public Health Commission, broke in and gave a rap about methadone. He said there were 50 methadone programs in the country. Few have run for longer than five years.

Methadone is still in the research stage, he emphasized. Its

one definitely known advantage is that it frees the addict from a life of crime.

Dr. Steven Fischer broke in and said that methadone "has been 80% successful." Asked about the long term effects of methadone, he admitted, "Nobody knows."

Dr. Fischer is trying to get a methadone maintenance program operating through Herrick Mem-

thadone over a two year period.

Dr. Batterman made some remarks at odds with Dr. Fischer's proposal. Dr. Fischer indicated sharply that he was not new to the problem, and intimidated they had clashed before. Sparks threatened to fly when a street person shouted, "We don't want a program for twenty people when we've got five hundred addicts out there."

Dr. Batterman continued, "Present methods, which have been based on legislation, have been a failure." The main need, he said, is to "restore dignity, a sense of well being" to the addict. He said that LSD and apomorphine therapy "have not been very successful." (For another opinion on apomorphine, see William Burroughs' Naked Lunch.)

The meeting took a hotter turn when the subject of pushing out the pusher came up. One man said he had never heard of a violent heroin dealer. Another contradicted him. There was a dealer in Berkeley who had shot three people when he was run out of the Haight, he related.

Moe Moskowitz proposed that after the meeting the group should take picket signs and walk up and down the Ave. This drew fire from Fred Cody, who insisted that these people be dealt with as people. He favored a long range, non-sensational approach he said.

An ex-addict from Bridge Over Troubled Waters also jumped in hard: "You'll alienate every junkie on the street. Do you want to

erial Hospital here. Primarily research, it would treat only twenty patients. The goal is methadone maintenance, psychiatric help, with a gradual weaning from me-

I saw the apomorphine treatment really work. Eight days later I left the nursing home eating and sleeping normally. I remained completely off junk for two full years—a twelve year record. I did relapse for some months as a result of pain and illness. Another apomorphine cure has kept me off junk through this writing.

The apomorphine cure is qualitatively different from other methods of cure. I have tried them all. ~~Short~~ reduction, slow reduction, cortisone, antihistamines, tranquilizers, sleeping cures, tolserol, reserpine. None of these cures lasted beyond the first opportunity to relapse. I can say definitely that I was never *metabolically* cured until I took the apomorphine cure. ~~The~~ overwhelming relapse statistics from the Lexington Narcotic Hospital have led many doctors to say that addiction is not curable.

Photo from La Chiska

SELECTIONS FROM "NAKED LUNCH" BY WILLIAM S. BURROUGHS - FROM GROVE PRESS EDITION.

VERY HUMAN PROBLEM

chase the dealer further into a hole or help him out of a hole?" He explained that street dealers sell to support their habit: "Get rid of one and five more will take

Apomorphine is a metabolic and psychic regulator that can be discontinued as soon as it has done its work.

his place."

The proposal to picket was dropped, but many objected to a dull, drawn-out business-as-usual approach for fear boredom would stifle the will to win.

Somebody then related how a year ago one of the main importers into New York had cut off all the supply for three days, to illustrate what it would mean to off Mr. Big. The junkies became frantic, ripping through drug stores for opium drugs. The police were impressed and now the biggest supplier in New York works with no harassment.

Ray Couture, formerly of Bridge Over Troubled Waters, read the proposed platform plank on drugs for the April Coalition. It calls for drug assay centers to protect buyers of drugs, non-profit community drug stores, drug education conducted by ex-addicts, drug abuse treatment centers, and "benign neglect" of pot and psychedelics laws by police but vigorous

The vaccine that can relegate the junk virus to a land-locked past is in existence. This vaccine is the Apomorphine Treatment discovered by an English doctor whose name I must withhold pending his permission to use it and to quote from his book covering thirty years of apomorphine treatment of addicts and alcoholics. The compound apomorphine is formed by boiling morphine with hydrochloric acid. It was discovered years before it was used to treat addicts. For many years the only use for apomorphine which has no narcotic or pain-killing properties was as an emetic to induce vomiting in cases of poisoning. It acts directly on the vomiting center in the back brain.

would welcome help from the group.

He explained that although it would be easy to rush into the Council, it would be better to

work carefully on a program through the Health Commission.

City Councilman and Mayoral candidate Borden Price said there was "a lot of concern and willingness to study a program" on the council. "We will do whatever we can to get it on the agenda," he promised.

The meeting ended with agreement to circulate an anti-heroin petition, ask the city to consider the problem as an emergency, and to continue the informational campaign with a street newspaper.

The paper will be given away. Ray Couture will edit it. It will be strictly drug information.

When the meeting ended a lot of ideas had been brought up, but few were satisfactorily explored. There is ample work ahead for further sessions. Plans are to meet every other Sunday at the Clinic.

"Everybody there was trying to get a job," one man assessed the meeting. The Bridge people are

trying to get money for their program, he pointed out, Dr. Fischer was trying to get his program and at least four people were April candidates.

I got a chance to talk to Dr. Batterman later. He enlarged on his ideas for a program.

First, he said, we are hamstrung by federal and state laws that define the drug user as a criminal. They cannot be changed except through a long process of educa-

tion. "In the eyes of some people drug users are dangerous fiends."

Dr. Batterman suggests:

● "Help those who are on hard narcotics."

● "Get the non-addict pushers -- the mob hierarchy."

● "Start better educational programs for youngsters." He explained that teenagers start on heroin because of peer group pressure, and that the average age of heroin users is down to 18.

● "Recognize the distinctions between drugs."

● "Treat the addict."

He sees methadone as perhaps the best hope now to help the addict. Methadone is an addictive drug which combats the withdrawal symptoms of heroin. It is still in a research stage. But it is known that it gets the addict out of the life of crime. What is not known is what the long-term effects of methadone are or whether it is possible to cure methadone addiction.

Along with methadone, the program must rehabilitate the addict -- attack the problems which got him into addiction in the first place. The psychology of the heroin addict is much like that of an alcoholic, the doctor explained. Personal problems are crucial.

He also urged fighting the public health problems that come along with heroin, such as hepatitis, malaria, poisoning and malnutrition.

He warned that heroin addiction has always been increased after wars. Soldiers bring back the addiction and also many of them have trouble adjusting to peace. We may have a very heavy problem when Johnny comes marching home from Indochina.

Pure heroin is not harmful at all, Dr. Batterman pointed out. But methadone is better for maintenance because the doses need not be so frequent.

Finally, he had good news on the Herrick Community Mental Health Clinic-South Berkeley Model City methadone program. It will go into operation "soon -- in two weeks to two months."

The program is not getting publicity, he explained, because the directors do not want to overpromise it as a solution. But the program has been put together and funded. It will start as soon as the staff is filled.

(Below is a statement read to and adopted by last Sunday's anti-junk meeting.)

Dealers are pigs feeding off our

brothers and sisters. Heroin addicts need your help and mine.

We, the citizens of Berkeley must set up a methadone treatment program. We must petition and confront the city establishment and the citizens to raise the funds needed for such a pro-

Berkeley and purchase the land in a rural area of California, establishing a communal farm or halfway house -- a revolutionary family or and for brothers and sisters who want to produce, create, make revolution, evolution and love.

I have seen the exact manner in which the junk virus operates through fifteen years of addiction. The pyramid of junk, one level eating the level below (it is no accident that junk higher-ups are always fat and the addict in the street is always thin) right up to the top or tops since there are many junk pyramids feeding on peoples of the world and all built on basic principles of monopoly:

1—Never give anything away for nothing.

2—Never give more than you have to give (always catch the buyer hungry and always make him wait).

3—Always take everything back if you possibly can.

The Pusher always gets it all back. The addict needs more and more junk to maintain a human form . . . buy off the Monkey.

Junk is the mold of monopoly and possession. The addict stands by while his junk legs carry him straight in on the junk beam to relapse. Junk is quantitative and accurately measurable. The more junk you use the less you have and the more you have the more you use. All the hallucinogen drugs are considered sacred

gram or we must raise the money ourselves. Areas of land in the country should be purchased or donated to set up a halfway house (family of ex-addicts) so they could gain the reinforcement that is so vital in kicking heroin.

We need to let our brothers and sisters, who are now living in the death culture, know that there are many who want to relate to them as potentially useful revolutionaries and productive, creative and beautiful people.

This cannot be done now, for they are temporarily lost; caught in the grips of their habit, heroin. They are of no use to themselves, to others, or, especially, to the revolution of change.

How can we change this country if our minds and bodies are being ruined with hard drugs and all we care about is our next fix and getting enough money to score?

I call for support from both the hooked and unhooked people of Berkeley. We must raise the funds to set up a locally-administered methadone treatment center in

As steps are being taken in these areas, we must let the dealers of hard drugs know that they should peddle their shit elsewhere. Dealers will be identified and sought after not by the police, but by revolutionary Berkeley brothers and sisters. There will be no further feeding off of our potentially revolutionary brothers and sisters; people who are neither criminal or sick. They are fighting for their spiritual survival.

If one finger is diseased and infection sets in, the doctor amputates. Likewise, we shall cut off the gangrene that now infests the streets of Berkeley.

ALL POWER AND LOVE TO THE PEOPLE

FREE ALL PRISONERS CAUGHT BEHIND THE STEEL BARS OF HEROIN

(Anyone wishing to help or offer suggestions, write or leave a message at Moe's Bookstore on Telegraph Avenue in Berkeley. Thank you.)

efforts to arrest those who control the heroin traffic. Ray also announced he would be a candidate for City Council on that drug program.

Paul Xavier also announced he would run on an anti-heroin platform.

The talk then turned completely to politics: Dr. Batterman said the Health Commission was trying to draw up a complete drug program to present to the Council and