

"Narcotics III - THE VICTIMS"

VIDEO

STREET INTERVIEWS
ADDICT

STOREFRONT EXCHANGE

ADULTS INJECTING
DRUG AND
JAIL SCENES

AUDIO

LINDA:

I was on drugs for five years and I tried just about everything.

RED HAT:

I used to have a big habit - \$160, \$170 a day. I sold drugs. I did everything, you know.

BLACK YOUNG MAN:

I sold marijuana, heroin, cocaine - I stole cars.

YOUNG WHITE BOY:

Before when I was using drugs, I didn't have any direction. All I cared about was when I was going to get high next time.

BLACK ADOLESCENT:

I have been shooting dope since I was seventeen and I am tired of doing it. I am tired of regressing.

WHITE BUILDING WASHER:

I am tired of going to jail, hospitals, you know, the whole routine.

What I want you to realize is that dope is not your problem, drugs are not your problem, man

- What's my problem?

- Your problem is you.

NARRATOR:

How to cope with that problem -- the demand problem of people who become addicted for reasons often unknown to themselves --

is the subject of this "NARCOTICS FILE".

NARRATION AND
SHOW TITLES

This report deals mainly with the opium -
heroin chain and the search for a way to
eliminate the demand -- to help the victims
break out of their own private hell --
in New York, London, Stockholm, Tokyo and
Hong Kong. Some of these attempts are new,
others experimental. None, so far, is
conclusive, including jail.

JAIL DOCTOR'S
EXCHANGE

DOCTOR:
What drug are you on?

PATIENT:
Heroin

DOCTOR:
When's the last time you took a shot?

PATIENT:
I don't know ... this morning ...

DOCTOR:
How long have you been on heroin?

PATIENT:
Five years ...

WALSH
(NEW YORK DEPARTMENT
OF CORRECTION)

WALSH:
My own personal opinion is that drug
addicts should not be put into any
type of correctional facilities. It's
a medical problem. And this problem,
it should be answered by the medical
world and not by the prison or the
police world. During the year 1971, in
this institution across the street here
which I am attached to, we
detoxified approximately

10,000 addicts. Our intake for that year was around 23,000. With methadone detoxification, a man is detoxified much more humanely. He feels like a human being after two hours. Previously, to methadone detoxification, a man was admitted to an institution and, say, ten years ago, he withdrew cold turkey. He went through excruciating pains. His bladder would be wide open. His bowels were wide open. He was throwing up continually, and it took him around 72 hours to detoxify. Then we went into the symptomatic detoxification where we would give the man light tranquilizers. We would treat them for their headaches. We would treat them for their stomach pains. Through the efforts of Dr. Vincent Dole of Rockefeller University we implemented, through a Federal grant, methadone detoxification.

DR. VINCENT DOLE
(ROCKEFELLER
UNIVERSITY)

ADDICT GETTING METHADONE
LOWER EAST SIDE
TREATMENT CENTRE

DOLE:

The biggest part of the programme is the effort to enable an addict to become a normal citizen so the services that we give to our patients which include medical services, job placement, help with education, help with housing and family problems, legal help, counselling encouragement - these are the really important parts of our programme. We are talking now about the methadone maintenance treatment. We are not talking about the detoxification programme in prisons. Giving a methadone is the simple part. Let's look at the beginning. We see a man coming in off the street -- an addict, unreliable, maybe with very doubtful motives. Maybe he thinks that this is going to make him high. He very soon finds that we are not giving him any drug experience by giving him methadone. At that stage, he must be under the tightest possible supervision. I will require him to come every day to the clinic and take his medicine under observation. In the standard methadone treatment,

an addict starts on a moderate sized doses of methadone and gradually over a three or six or eight week period, is built up to the steady maintenance dose. The build up is so slow that he doesn't feel narcotic effects because the tolerance that his body develops to the medication keeps ahead of the dose. Each morning, before breakfast, he takes this one dose of medicine and that constitutes the total medical treatment for this man. However, the point that I think you see, is that we are striving towards his rehabilitation. How we set the rules for him is governed by how far he is responsible in his conduct

COMMENTARY

YOUNG GIRL
VISITING SUBURBAN
TREATMENT CENTRE

NARRATOR:

At the time this narcotics file was prepared, 60,000 American addicts were on methadone maintenance, another 30,000 were on waiting lists, and an estimated half a million more were still supporting their habits. But as its use increases, the problems multiply, and critics point out that heroin itself was once praised as an alternative to morphine

Item: Babies born of mothers on methadone are methadone addicts and have a much higher death rate than those born of mothers on heroin.

Item: Methadone is now being pushed on the streets. Its injection, rather than oral use, can cause an orgasmic reaction almost as intense as the heroin "rush".

SAME YOUNG GIRL
AT WORK

Item: Almost as many Washington addicts died of methadone overdoses in a recent six months period as did of heroin overdoses.

Many agree that methadone is no panacea, but urge its legal administration to any drug abuser who asks for it. While addictive, it does get the far worse heroin monkey off the back of the addict. Most can return to straight society ... even get a job if anyone will hire an ex-addict.

STURZ
(VERA INSTITUTE
OF JUSTICE

STURZ:

We find that former drug addicts do a lot better when they are working together in jobs where they support each other in groups. Where we are able to lower the amount of stress on them as they begin a job, and where the job has some meaning. We now have a group of 20 former addicts water-blasting all buildings of New York City. We have 20 ex-addicts working on the upper west side helping to clean up the environment. We will be putting

another group to work in a restaurant. What we found is that they do much better in units where they help to support each other, where you have on-site supervision, counselling, and you set up a kind of a group environment. And this is the kind of approach that we hope to do on a very large scale in New York City.

BUILDING WASHER'S
INTERVIEW

BUILDING WASHER:

I was an addict for fifteen years - on and off for the last fifteen years.

INTERVIEWER:

How did you break the habit and why?

BUILDING WASHER:

I am on methadone right now. I have been on methadone for two years.

I can say now I'm off methadone. I'm now clear of drugs ... and you know it's a wonderful thing.

If it wasn't for the methadone, I probably would be hooked all over again. It would take a little longer, you know. I would give myself more of a break. But, eventually, I would get hooked all over again.

INTERVIEWER:

How many shots a day did you used to take?

BUILDING WASHER:

Oh, at various times, it could be from two shots to 20 shots. And now with this methadone, I can work a normal life just like anybody else. I want to make a new life for myself and family.

COMMENTARY
OTB OFFICE,
NEW YORK CITY

NARRATOR:

New York's off-track betting ... daily handles two million dollars ... tellers responsible for thousands in cash transactions ...

Two offices staffed with former addicts ...

Not a single problem in two years.

INTERVIEWS

- I was tired of the whole hassle and I had had a bad overdose about three years ago, almost lost my life.

- At the beginning it is something like a toy, you know. You play with it. But before you realize it, you are hooked and you can't do anything about it. And after a while, you get older and older, you getting tired with yourself and you want to stop but you don't know how and finally you do. I think you have got to go through hell first. You have got to be down in the gutter. At the bottom.

COMMENTARY

NARRATOR:

These are extremely lucky. They have jobs.

How would you answer the question? Would you hire a former addict?

INTERVIEW

EX-ADDICT:

It's a farce. You can't get a job. I had a job for a month. I was supposed to do fairly well, doing good -- they told me it was a management type of job -- and when they found out that I was on methadone, they cut me out. I lost the job, and it was strictly because I was on methadone. It's more like instead of getting credit, because you are trying to straighten yourself out, and you wind up, you know, you pay for it.

DOLE
ON CAMERA

DOLE:

What we do feel is that addicts need a chance to live as free men and get support in their struggle for jobs and housing. Now you say how important is methadone? Without methadone, the majority of these people would very soon relapse to heroin and when on heroin, then all chances for further rehabilitative work are gone. So, I will say that, for the majority of these patients, methadone is essential as a first step.

MITCHELL ROSENTHAL
(PSYCHIATRIST)

ROSENTHAL:

Methadone is being oversold and overbrought, both as a solution to the drug problem.

WALSH
ON CAMERA

WALSH:

I am a proponent of either methadone maintenance or a drug-free community type of life.

ROSENTHAL
ON CAMERA

ROSENTHAL:

We don't think that a desire for drugs is a primary phenomenon. We think that a desire for drugs is a secondary phenomenon and that what comes before that is some kind of psychic pain - whether it's anxiety or fear, or loneliness. It is some discomfort that is gnawing at somebody, that then leads them to want to use drugs to get relief from that tension and that pain.

YOUNG PEOPLE AT AN
ENCOUNTER SESSION

ENCOUNTER SESSION
BETWEEN FORMER ADDICTS
IN DRUG FREE COMMUNE

COMMENTARY

NARRATOR:

Drug free communes try to relieve the tension and pain by getting it all out in the open...

MORE OF ENCOUNTER
SESSION

ROSENTHAL
ON CAMERA

ROSENTHAL:

The purpose of encounters is to give a person some information back about the way they are operating in the world. When you live intimately with 70 or 80 people and 15 of those people sit down with you to tell you about how you are behaving and not behaving, they can give you a great deal of information about yourself and then, you are in a position, sometimes, to make some changes and to modify your behaviour if you want to.

END OF ENCOUNTER

DR. LUCIE RUDD
(ADOLESCENT
MEDICINE)

DR. RUDD:

We try to show them that people care about them, that they can care about themselves, and they are worth something. I think that attraction of the illegal drug still remains. I think drugs have been with us since the beginning of life on earth. So I don't have much hope that suddenly we will be living in a utopia where everybody will be happy and nobody will be using drugs. Some other way of escape -- some other way of instant gratification would be found.

COMMENTARY

NARRATOR:

One respected critic says that drug free communities "represent a major disaster for they have helped persuade the public that heroin addiction is curable". But no therapeutic community has yet managed to graduate more than a tiny fraction of those who entered.

LONDON STREET
SCENES

England uses a different approach, registers addicts and makes heroin legally available. A similar American experiment in the 20's was a disaster. Some attribute British respect for the law for the programme's partial success: little drug-connected crime but the addict population -- though still under 10,000 has more than doubled in the last few years ...

A BRITISH DOCTOR'S
OFFICE

PATIENT:

It really upset me, so I went out and scored again.

COMMENTARY
INSERT

NARRATOR:

"Scored is slang for mainlining, "Chinese" is what you "score" with -- heroin.

DOCTOR:

So, how long has it been now that you're scoring a packet of Chinese a day?

PATIENT:

Well, the last one was yesterday ...

DOCTOR:

There we are ...

PATIENT:

Is that to put into the Boots at Warrick Way?

DOCTOR:

Yes.

PATIENT:

Could I have a prescription to get one tonight?

DOCTOR:

That's it, for tonight ...

COMMENTARY
STOCKHOLM SCENES

NARRATOR:

Sweden, another country, another problem ...

The local habit ... injecting amphetamines

... One local attempt to eliminate the

demand, the use of socio-medical and socio-

psychological methods to find out how drug

abuse spreads in society -- does psycholo-

gical need come before or after physical

dependency?

Is it as simple as peer group contact?

-- One youngster bragging to another about the trip he's just had. How great it feels.

Peer group contagion -- was a key factor

in the Japanese epidemic of 1954. An

estimated two million on amphetamines, a

third of them with heavy habits. Only a

series of senseless deaths aroused public

opinion sufficiently to press the government

for much strengthened laws -- stiff sentences

with no parole. There were more than

COMMENTARY
JAPANESE SCENES

JAPANESE JAIL

55,000 arrests the first year. Such law enforcement measures, combined with intensive treatment and rehabilitation effectively stopped this type of addiction in 1958.

HONG KONG STREETS

(TAI LAM
REHABILITATION
CENTRE)

But, per capita, Hong Kong makes even more drug connected arrests and its addict population continues to grow. Here too, the search continues for a rehabilitation programme that will work.

EVALUATION MEETING
EXCHANGE

INCHARGE:

Well, now you are coming up to your ninth month within this centre. You, yourself, must realize that you have a very, very big problem; and that to overcome this problem requires from you 100 per cent co-operation with the staff... This is the second treatment you have received for your problem, or should I say the third, as you are the subject of recall ... you have relapsed, haven't you? ... You see, this is what I am talking about -- if you try and deceive yourself, there can be no hope. You must be truthful to yourself. You have to recognize your problem before you can overcome it. Is this white powder stronger than you? ... Do you have anything to say?

THOMAS GARNER
COMMISSIONER OF
PRISONS, HONG KONG

GARNER:

While we here at Tai Lam expect the addict to respond and respond to our treatment programme, we do not say that you are a patient here, we call you an inmate.

VICTORIA PRISON
HONG KONG

TAI LAM
ARRIVAL NEW
INMATES

We do not say that you are sick, we say you have a psychological problem of dependence, which we will try and help you overcome. Putting the emphasis on the effort that he must make rather than on the effort that we must make. After all, eighty per cent of the effort in treatment comes from the addict himself. Once he is arrested, he goes before the court, and if he is found guilty, he is then remanded in our custody, providing the Magistrate or Judge considers that drug dependence or drug addiction is his problem. First of all, he will have been treated for his physical dependence on drugs. After all he will be suffering from withdrawal symptoms, so, therefore, during the period on remand that he spent at the Victoria Reception Centre, he will be treated. For the people who are sent here by the Courts, although convicted, are treated as inmates and not prisoners. This is a treatment centre and not a prison. It is the staff who, in fact, create the atmosphere and the environment in which the inmate will respond, bearing in mind that this is a compulsory programme anyway. First of all, we have got to remember that we treat from an open environment. The inmates work within the community. They go out. They leave the centre every day to work within the community. Tai Lam is an open institution -- not closed. So straight away the cost of the institution is not high. The upkeep is done by the inmates. I would say that at the present time, current costs run roughly US\$2 a head for each inmate -- that is 12 Hong Kong dollars a day, which, by any standard, is not expensive.

Education facilities -- This is governed by the Education Department; and the students who attend educational classes do so only in the evening and the teachers come in, on an evening.

ENTERTAINMENT SEQUENCE
IN CAMP

INMATES BEING
RELEASED

NARRATOR:

A psychological bill of health has already determined their fitness for parole ... Before and after photos -- the best proof of physical improvement.

GARNER
ON CAMERA

GARNER:

We already know at this stage, after one year's supervision, we will have a 66 per cent success rate. After three years, we anticipate we shall have a 40 per cent; so I think we do stand out as having a more successful programme than most of the countries at the present time.

COMMENTARY
FOLLOW THROUGH
CARE

NARRATOR:

Except for China's well disciplined population -- which claims a 100 per cent recovery rate, no programme anywhere has been able to return more than five to ten per cent of its heroin addicts to "drug free society" ...

Some say the Tai-Lam Centre's effectiveness is due to compulsion -- it is part of the prison system and the habit is smoking heroin and not injecting it-- Careful

follow-up is also a part of it. An ex-addict who can make it in one ten by ten room with four other people is certainly proof that it can work.

STENS MARIENS
ON CAMERA

MARIENS:

I do not believe that the drug problem will be solved unless the demand can be reduced. Various attempts to cope with it by means of treatment and rehabilitation has been shown here. Even if results, thus far, have only been modest, there are clear indications that drug addicts can in fact be freed from the drug. One thing is absolutely sure though, and that is that whole-hearted efforts by the addicts themselves, society and the United Nations are necessary in order to achieve it.

LAB

COMMENTARY OVER
VARIOUS SHOTS
UN NARCOTICS I

NARRATOR:

The United Nations has a Division in Geneva which is entrusted with the coordination of the worldwide war on illicit drugs. The laboratory of this Division is a focal point for narcotics research. In the Geneva Office, information on drug abuse from all member nations is received and analyzed. As the global search continues, several conclusions seem inescapable. Methadone can allow the addict to stabilize himself and his habit but is

dangerous and addictive in its own right. Heroin maintenance has proved even less effective. Therapeutic communities show only minimal recovery rates...Abstinence remains the only known answer to a problem for which as yet there is no cure... And youth is still the largest and most susceptible victim of the drug plague... But it could also be the best hope for its eradication...

BANTER IN
KID'S ROOM

BANTER:

I learned a lot about myself. Because before, I thought I knew everything, I thought I was grown up and adult and now I have learned that I was not as grown up as I thought I was. But I am learning how to become a responsible adult.

I was in high school and I was shooting drugs. I was escaping from a lot of the problems and stuff like that that I had and drugs was my escape, you know. I had problems, feeling that I couldn't handle, and the hurt and stuff like that - I would just use drugs and I wouldn't care about nothing no more.

I was involved with shooting narcotics, you know, killing myself. Doing things that were negative. While now I have found some people to guide me on a pattern which is correct, so, more or less, when I grow up I can be responsible, make commitments and build a strong foundation for myself.

They have that common bond to fall back on. They all came in there with an original problem. You hit the

bottom or you are on the way. And that in itself is enough to make anyone reach out and want something or someone because you need it in order to survive. You need the companionship, you need the friendship of other people.

DR. RUDD
ON CAMERA

DR. RUDD:

If one can help the adolescent to re-establish some trust in the adult people, if he can be given some goals, some hope and some love, you can do a lot. How much is each community going to sweep the problem under the carpet? how much is each community willing to work on it?...I don't know.

YOUNGSTERS
SELLING CHANCES
TO SUPPORT ANTI-
NARCOTIC PROGRAMME

END TITLES

ENDS ON FROZEN FRAME CLOSE
UP ON "GO DRUG FREE"
STENCILLED ON GIRL'S
T-SHIRT

Producer/Director	- PIERRE DESBONNET
Film Editor	- ANNABEL COMPTON
Photography	- JOSEPH CABIBBO
Narrator	- PETER THOMAS
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