STATEMENT OF DR. JOEL H. KAPLAN
before the
SENATE SUBCOMMITTEE TO INVESTIGATE JUVENILE DELINQUENCY

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I have been invited to testify before this Committee to discuss the problem of drug use as I knew it during my tour of duty in Vietnam. I returned to the United States from Vietnam in October of 1969 after commanding one of the two neuropsychiatric specialty teams handling troops in the Vietnam area. My observations are based on those direct experiences I had with troops who came to my attention as Commanding Officer of the 98th Medical Detachment Neuropsychiatric (KO) Team.

We estimated that between 50 and 80% of all Army personnel in Vietnam had used marijuana on at least one occasion. At the time that I left Vietnam in October 1969, we did not as yet have any definitive figures. However, a research project had been planned and approved by the Army to try to find out the exact number of soldiers who had used marihuana during their tour in Vietnam. As Commanding Officer of the 98th Medical Detachment Neuropsychiatric (KO) Team in Nha Trang, I can give you the figures that we had from our Clinic and Inpatient Service. 70% or approximately 3,000 soldiers that we saw in the Outpatient Clinic were drug abusers. When I refer to drug abusers, I am not referring to the soldier who smokes marijuana once a week or once every few days. I am referring to a soldier who is using drugs heavily day in and day out. In regard to these figures, 50% of our Inpatient population were also found to be drug abusers. Our rough estimate of 50 to 80% mentioned in the beginning of the statement was based upon interviews with many Service personnel, both people who were patients and also ordinary soldiers whom we had experience with during our stay in Vietnam. In any case, the hard figures show that approximately 3,500 of the soldiers that were seen during my year's tour in Vietnam were using marijuana and other drugs heavily. The other drugs that I refer to included barbiturates, opium, amphetamines, such as "speed," LSD on occasion, sniffing glue and using the pellet of the Darvon capsule.

Marijuana, or the Cannabis plant is very easily obtainable in Vietnam. It grows wild and can be easily bought in any small town or city in Vietnam. The main suppliers in the town and city areas are the Vietnamese people. In the city of Nha Trang there were places that were popularly called opium dens which were run by Vietnamese and serviced mainly G. I. 's.

The "papasans" who operated these places would start the soldiers coming in on marijuana. They would then get them to smoke opium. Many times, after several visits these "papasans" would begin to give the G. I. 's intravenous injections of a combination of opium and Methedrine. We had many, many cases of soldiers coming into the 8th Field Hospital emergency room in intoxicated states from the use of such drugs. Apparently, the Vietnamese have very loose laws on the books regarding the use of marijuana and opium and the attempts by the military police to keep the G. I. 's out of such places did not succeed very well.

We were informed that before a raid could be carried out on the opium dens by our M. P. 's, the South Vietnamese police had to be informed. As a result, when the M. P. 's entered such places they would rarely find any G. I. 's there. The warning had already gotten out.

What I'm going to say in regard to the use by the Vietnamese civilian population and the Vietnamese soldiers is only based on talking to Vietnamese people, both doctors, soldiers and civil service personnel. I was told that there is not a comparable problem with the use of marijuana among the Vietnamese, both civilians and soldiers, as we found among our own soldiers in Vietnam.

The use of marijuana in my judgement is a serious and a chronic problem among the G. I. 's in Vietnam.

We found that it was much more prevalent among the younger G. I. 's. The younger soldiers stated that there was a dichotomy between the "potheads" and the "juicers." The latter term refers to the older sergeants and officers who had a problem with alcohol consumption. The younger soldiers were referring to themselves when they spoke about being a pothead; in other words, using drugs such as pot.

Towards the end of my tour in Vietnam we were becoming aware that some of the younger officers were beginning to use marijuana. I was informed by a number of patients, who were warrant officers and helicopter pilots that there were quite a number of warrant officer pilots who were using marijuana and other drugs. I would refuse to fly in a helicopter or go in a plane if I knew the man was using drugs or even had smoked them that morning or the night before.

According to the statistics of our detachment whereby we kept a record of the number of soldiers sent to us from each unit, we found a serious problem of drug abuse among the helicopter units stationed in the Nha Trang and Tuy Hoa areas, including our own Med-Evac unit which was attached to the 8th Field Hospital. The drug abusers included ground personnel, corpsmen, crewmen, gunners, and as I just mentioned, even pilots. A new Commanding Officer who had recently taken over one of the assault helicopter units told us that he knew marijuana smoking was a tremendous problem in his unit. He stated that he could walk around the unit area and find pot hidden in many different places.

We found that the effects of marijuana were much different than the effects described in the United States. We know that as far back as 1830 there were reports in the French literature indicating that marijuana could cause a toxic psychosis. When I use this term I mean that under the use of the drug, a patient will or may manifest a loss of reality testing, paranoid feelings or feelings of suspiciousness that the person is being persecuted, ideas of reference, referring things that people are saying, in general, to one's self, confusion and, in general, a psychic dysequilibrium.

We saw many such cases in Vietnam. It was also described by the soldiers who were smoking pot heavily that they had "trips" just as if they had taken LSD. It should be mentioned at this point that from one study that was done in Vietnam we estimated that approximately one-half of the soldiers who were smoking pot in Vietnam had tried it before in the United States. What we began to see which I had not seen in the United States, were many cases of soldiers who were abusing pot after coming out of the acute toxic phase, remaining schizophrenic. These soldiers then had to be air-evaced out to Japan or back to the States.

Contrary to many popular opinions held here in the States, the drug could cause people to become fearful, paranoid, extremely angry and led, in a number of cases, to acts of murder, rape and aggravated assault.

Overall, any chronic drug user suffered definite psychological and adverse physical effects from the drug. The average soldier talking about his use of marijuana would often defend it from his point of view by stating that (1) it relaxed him, or (2) it somehow sharpened his senses in that he was able to function better in combat or in his job in a support unit. We found this to be a total distortion of the truth. One situation which I can

report was of a soldier who had started to use marijuana before he would go out on patrols. He happened to be an excellent point man and because of this volunteered to continue as point man for a number of months. He began to use marijuana not only before going out on patrol but also during the time he was out in the field. One morning, after getting "stoned" the night before, he missed an ambush and four of his best buddies were killed. He came to us in an acute state of depression, feeling that the drug had caused him to miss the ambush and feeling guilty about his friends being killed, as a consequence.

We came across other bizarre acts committed under the influence of marijuana. One evening at a group therapy session in Nha Trang, one of the soldiers reported the following:

He had been on guard duty near the DMZ and had been smoking many joints during the evening. He suddenly decided that he was going to make peace with the VietCong. He proceeded to take his shoes off and try to get across the barbed wire. He was subsequently brought back by his friends and was taken off guard duty.

Another case was reported where a soldier who had been smoking pot heavily suddenly picked up his weapon, convinced that everybody around him were V. C., although he was at a division base camp. He shot the first few people coming towards him, which included a Colonel and a few enlisted men.

The preceding examples relate to an important point, namely that given the situation under which the soldier is smoking marijuana, he may react in different ways. A comparable example is barbiturates, where people will take the pill before going to sleep as a sleeping pill. However, a person in a social situation, such as a cocktail party, who wishes to feel good and perhaps a little high, the same pill will make him feel high and will not put him to sleep. This was observed in Vietnam with numerous soldiers abusing a preparation called Binoctal which is similar to Tuinal in the United States. A large number of soldiers became medically addicted to barbiturates.

To continue with marijuana, a soldier smoking pot in a situation where he wants to feel good and relaxed and is away from the stresses of battle will have a sense of well-being and euphoria. The same soldier who has been in combat, who is suspicious of the people living in the area, not knowing how to distinguish a South Vietnamese from a VietCong,

seeing his buddies being killed, watching young children destroy themselves and blowing up G. I. 's with them will have paranoid feelings heightened under the drug and become more angry and vengeful. This did not only necessarily refer to soldiers who were in combat. The same type of heightening of paranoid feelings was evidenced in many soldiers who were feeling "uptight" about their particular situation in Vietnam.

In the support units we found that men who were abusing marijuana had their functioning severely impaired. They could not do their job. Their rationalizations of being able to control the drug were also found to be a false belief. I am not implying, because we don't have the evidence yet, that marijuana is medically addicting in terms of causing physiological dependence, psychological dependence, increasing tolerance and withdrawal reactions. However, many of the men who had begun to use marijuana heavily were not able to give up the drug without being detoxified.

The soldiers that we had personal contact with as our patients, were found to be, in the main, men who had underlying personality difficulties. In military psychiatric jargon we talk of character and behavior disorders. The soldiers' problems had begun before entering the Service. In going back over the histories these were men who had problems adapting to authority, difficulty in school and difficulty in interpersonal and peer relations. We found that the use of marijuana and other drugs were comparable to the top of an iceberg. Once we were able to have the soldiers deal with smoking pot and using other drugs, we were then faced with the underlying personality disorder.

We found that the use of marijuana was as prevalent in combat units as in non-combat units. Many of the soldiers claimed that they would only use such drugs while they were in Vietnam but would give it up when they returned to "the world". However, we had many, many cases of soldiers coming to us shortly before the end of their tour in desperate need, crying for help because they were not able to stop the use of drugs. We knew of some cases of soldiers who had signed up for a second tour because of the readily available drug supply throughout Vietnam.

The Army was slow to recognize this as a problem. Initially, there was an effort made to stop the information from coming out. However, generally, I found that the people on a command level were aware of the problem and that they tried to help us set up a program where we could help the average G. I. who had a problem with drugs.

In this connection, our detachment in Nha Trang set up a group therapy program designed primarily for drug abusers. We had submitted a plan through channels which was O. K. ed by the 43rd Medical Group and 44th Medical Brigade for a type of community health program in the Cam Ranh Bay area. I am sorry that I do not have any further information as to whether this has been carried out or not. In general, command was not trying to push something under the rug, although at times when it came to publicizing the information to the news media, they turned thumbs down.

When we started our program in Nha Trang, our only concern was the problem that we saw before us. Later we were to find that this was the only such program that had been established in Vietnam by the United States Army. A reporter came to interview us from the Stars and Stripes but the story was suppressed for a number of months until October 1969. The unpublished story was picked up by a reporter in the Overseas Weekly who wrote a series on the problems of marijuana and drugs in Vietnam. This story, in turn, was apparently noted by a number of reporters in Saigon. We were then called by Craig Spence of ABC-TV and Ian Brody, a reporter of one of the London newspapers, who requested an interview with our detachment.

I was given direct orders by Colonel Berberi, who was Commanding Officer of the 43rd Medical Group, not to speak to these two reporters. However, apparently after this incident, a different decision was reached when Burton Pines of the Time magazine came to interview us. After some hesitation he was allowed to interview us. I would note, however, that he was subjected to, what I would consider undue harassment from both the 43rd Medical Group and 8th Field Hospital, in terms of what he was allowed to see and whom he was allowed to speak to.

After a while I began to wonder whether we were doing anything wrong, or by simply doing our job and trying to help out these soldiers, the Army was being embarrassed.

The hesitancy on the part of the Department of Defense to recognize the drug problem realistically was brought home to me when I read approximately a year ago that officers from the Pentagon stated that there were only 3500 cases of marijuana users in the entire U. S. Army all over the world. I couldn't help but laugh at this statement because as you can see from my original figures, we had <u>at least</u> 3500 drug abusers in our own patient population in Nha Trang.

After these particular incidents, the mood changed. Reporters were allowed to come and to interview us and, as a matter of fact, CBS-TV did a story on the problem of marijuana and our detachment after I had left Vietnam. Advertisements were made on the radio and TV by the Army in reference to the dangers of marijuana and other drugs. I remember one Colonel coming to visit us shortly before I left Vietnam and after speaking with us for awhile, stating "I don't know what all the fuss is about. You seem to be doing a very good job here." I think this would sum up the feeling of many of the Army people who knew about the problem of marijuana and were willing to face it squarely in Vietnam.

The Army attitude contrasted sharply with the Air Force attitude that I was told about in Vietnam, namely that if a soldier came forward and admitted that he was using marijuana he had to be reported to the Air Police and the soldier was subject to disciplinary action.

On the other hand, we were able to say to the soldier coming to us that he would not be punished if he admitted to using drugs. We were able to keep much of the information confidential. As a matter of fact, we also found out that if the soldier went to his commander and said, "I have a drug problem and I would like help," the commander would often try to have him come to see us for help. Once this program was established, even admittedly on a small scale, I was receiving calls from all over the I and II Corps areas of Vietnam asking whether we could take people in order to help them.

We felt that there was no easy answer for the effective prevention and control of drug abuse among our troops. Our program was designed on two levels. One is that we wanted to increase the amount of education available to the G. I. coming into the country in regard to the danger of the drug situation that he was going to face. Wherever he would go, from the first day that he entered the country, a ready, easily available source of drugs would be at hand. Many G. I. 's stated that they were rarely told about the dangers of the different drugs, especially marijuana when they came in the country. We had wanted to set up a system whereby the soldier would be given talks in the two main entry areas in Ben Hoa and in Cam Ranh Bay where he could be informed of the dangers that he would be facing. We wanted to set up a program where non-professional personnel in individual units who had some background in either mental health, sociology, psychology or who had been former drug abusers themselves would be able to sit down and talk with the men in their units. In the Cam Ranh Bay experiment we hoped to train them to engage in a form of group therapy with the soldiers. We also found that to punish does not eradicate or even approach solving the problem. There must be, I feel, certain laws and stringent laws in terms of the people who are exploiting the drug scene for personal profit.

The average G. I. who is coming for help should not be treated like a common criminal.

My strong feeling about this prompts me to make another comment relating to the need for a change in Army policy on drug use.

Drug abuse and/or drug addiction is not considered by the Army to be grounds for a medical or psychiatric discharge. They are subsumed under the general heading of Character Behavior Disorders which must be handled through administrative channels. As a consequence, we could not AIR-EVAC a patient out of Vietnam for long-term treatment if he had a drug problem. For example, if we saw a soldier with problems of drug abuse and an underlying personality disorder who we felt could no longer function adequately in the Army, we would recommend an AR 635-212 discharge. This recommendation went to the soldiers Commanding Officer who could either use our report as a basis for an administrative discharge or could simply ignore it and keep the soldier on duty. We had numerous cases where our recommendations were not acted upon. The soldiers would get into increasing trouble until such point where they had amassed enough Article XV's or court martials wherein a discharge would be recommended by command on less than honorable grounds.

My feeling after having served in Vietnam for 11 months, having spent one year in Denver and having been a psychiatrist in the New York City area is that the problem that I have described above, in terms of drug abuse in Vietnam is not dissimilar to the problem that we are facing in the United States. Vietnam is a different situation in that the strains and stresses of combat are certainly markedly different from the average strains of daily living. However, it must be remembered that most of our troops, almost a 10 - 1 ratio of our troops in Vietnam, are non-combat troops. The average G. I. in Vietnam cannot "cop out" by saying that it was Vietnam that was causing him to use drugs to the extent that we found it.

In many ways, you can apply the same figures to the problem that we are facing among our adolescent population at the present time in the U. S. Time after time I have seen and am seeing patients who stated that they began with the use of marijuana and went on to the use of harder drugs. I am not implying that every marijuana user goes on and becomes a heroin addict. However, the vast majority of heroin addicts have started with marijuana.

In Vietnam where marijuana, barbiturates, amphetamines and opium were readily available, the degree of severe drug reactions and severe permanent schizophrenic reactions was found to be very high. If we say to our population in the United States that two wrongs do make a right, that even though we can't handle alcohol, it is legal, so we are going to legalize marijuana and other drugs, if you think we have a problem no now gentlemen, all hell is going to break loose.

We are just beginning to understand what marijuana can do. My reports are based on case studies, on working with the soldiers, but they are not scientific experiments. The active ingredient of marijuana - tetrahydrocannabinol - was first synthesized only a few years ago in Israel by scientists working on a grant from the U. S. government. Studies with the active pure ingredient are being carried on right now. We found that the use of drugs was a "cop out" on reality by the troops who were using them. The claim in the United States that the drugs can be easily handled and that people know what they are doing, I really believe is a completely false assumption. One out of every ten people who have not smoked before, if they begin to use marijuana, will have many severe personality problems brought forth to the surface.

Specifically, I would have the following recommendations for controlling drug abuse in the Armed Forces.

1. People from the Department of Defense on down must admit to the fact that there is a massive problem regarding drugs. If we are to hide our heads in the sand, or minimize the problem, as has been done in the past at certain levels, then the problem of drug abuse can never be solved.

2. Consistent with this awareness, all Commanders must be instructed and helped to set up educational programs whereby the troops can be informed of the dangers of drug abuse. The staffs of the Mental Hygiene Clinics and other medical specialties, should be employed in the development of such educational programs.

3. There must be increased facilities whereby the soldier can receive treatment if he is using drugs. All this can only work if the soldier is made to feel or gets the message that he will not be punished if he admits to using drugs and evidences a desire to stop using them.

4. Something must be done about the easy availability of drugs in Vietnam. However, this can only be done with the full cooperation of the South Vietnamese government.

Of course, we should also remember that military service usually makes up only a short period of an individual's life. Any drug abuse in the military is related to the climate in the general society and drug use in civilian life.

It would appear that there is at least as heavy drug use in the military as among the corresponding youth population in the United States. As I pointed out, some servicemen actually re-enlist for a second tour of duty in Vietnam because of the easy availability of drugs in that country. Eventually, though, all these men will return home. I am afraid that all too many of them will continue to seek drugs in their communities. Thus, they will swell the drug problem in the United States.

This, of course, means that we must combat the total drug problem wherever we can as best we can. And our young troops in Vietnam should certainly be a high priority target for programs to combat drug abuse.

There is a tremendous revolution going on in the United States among the adolescent population and today this includes people who are going to college and in graduate school. They are questioning, trying to find themselves, trying to understand whether the ideals that we have established in our country are worth living by. This, I think, is good. In order to have a viable and intact country which we can all be proud of, we must constantly ask ourselves if we are going and leading our country in the right direction. However, to do it under the influence of a foreign substance in your body, where your mind is clouded, your senses dulled and your judgement impaired, would lead to a society which I would not care to live in.

In conclusion, I cannot presume to tell this Committee what would be the best way to handle the entire drug situation that we are faced with in the United States. I do feel, however, that in general, greater emphasis, more funds and more people must be used in terms of educating the population as to what drugs can and will do to people. In Vietnam, we found we could help people if we made them feel that we were really interested in doing so. The Army, of course, is a different situation than civilian life in the United States. We cannot do what we did in the Army in terms of changing, at times, a person's social position or his standing in the Army community in the interest of better mental health. I cannot sit here and with one stroke of the pen say that slums should be abolished, that conditions which lead to poverty should be changed and that our middle and upper class should be instilled with ideals that they could live by.

In psychiatry and in the Community Mental Health Program today we talk of primary, secondary and tertiary prevention and this is comparable, on a medical model, to the treatment of typhoid fever. The primary prevention would be eradication of bad water supply; secondary prevention refers to a person who begins to show the early symptoms of typhoid fever and is immediately hospitalized and treated with antibiotics;and tertiary prevention would refer to a case where the person has had the full blown disease and now needs rehabilitation. In terms of drugs, we are faced with all three phases of having to deal with it. Neither the medical profession or allied mental health professions, the public health service people or the Congress of the United States and law enforcement agencies by themselves can solve this problem unless we all work together and attack the problem on all different levels in order to make our society a place where all of us can proudly live and raise our children.

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