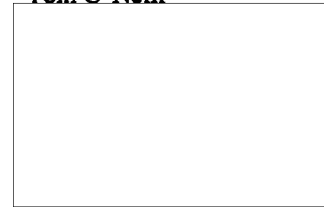


7-2002-00928

Tom O'Neill



(b)(6)

May 21, 2002

The Information and Privacy Coordinator
Attention: Kathryn
FOIA Office
The Central Intelligence Agency

VIA FACSIMILE: 703-613-3007

Dear Kathryn,

As per the instructions of the CIA's Public Affairs Office, I am faxing a request under the Freedom of Information Act, for any and all records, files, documents, references, cross references, etc., regarding:

The Amphetamine Research Project

Address	University of California Medical Center, Dept. of Pharmacology, San Francisco, California AND at the Haight Ashbury Free Medical Clinic, 409 Clayton Street, San Francisco, CA.
Date of Operation:	May 1968 - Nov. 1969
Administrators	Dr. Frederick Meyers, Dr. Roger C. Smith, Dr. David E. Smith
Sponsor	The Haight Ashbury Medical Clinic
Funded in part by the National Institute of Mental Health	

I am attaching the first pages of two articles about the Amphetamine Research Project to this letter.

I am willing to pay whatever costs are incurred for the processing and/or duplicating of the information requested.

Thank you very much for your assistance in this matter.

Sincerely,



Tom O'Neill

(Two pages are attached to this letter)

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 Tom O'Neill
 
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The World of the Haight-Ashbury Speed Freak

ROGER C. SMITH, D. CRIM.¹

Very little is currently known about the kinds of experiences which individuals have who are compulsively injecting large doses of methamphetamine or "speed." This is partially due to the fact that the "speed freak" as we know him today is a relative newcomer to the drug scene. Perhaps most important, however, is the frantic and violent life style which makes on-the-street observation both difficult and dangerous. The researcher or observer, regardless of his intentions, is suspect and not likely to be drawn into the life of a group using speed.

The Amphetamine Research Project is in a unique position in San Francisco's Haight-Ashbury community, however. Since its inception, in June of 1968, the project has served dual roles of treatment and research. The staff has been of assistance in matters of obtaining housing, food, and legal services and obtaining help, but did not require that the patient subject himself to the questions of the researcher. In short, the staff was represented to the community as both helpful and interested in the problems of "speed" abuse.

This paper is concerned with the kinds of experiences with which individuals enmeshed in the speed scene have to deal, how they interpret these experiences, and how this shapes the direction they may take within the speed scene. It is by no means a complete picture. The research is currently in progress, and there are many gaping holes in our information. The data to be pre-

sented represents both formal taped interviews with speed users as well as observations made during informal contacts both in the research offices and on the street. Much of what will be said is frankly speculation, based on some of the hunches we have about the typical career of the "speed freak."

No attempt is made to analyze the many social or psychological variables which pre-date involvement in the speed scene, since these factors appear to be less important in determining what happens to an individual who involves himself in speed use than such factors as drug availability, subjective interpretations of the drug experience, the quality of social interactions, the sanctions which the community imposes on certain types of behavior, and the crucial problems which the speed freak is forced to confront as a result of his particular pattern of drug use.

Turning on to speed is almost always accomplished within a group setting, where the majority of individuals present are using speed. There are great pressures to use for the newcomer. He may be completely overwhelmed by the compulsive talking, the frantic activity, and apparent euphoria and friendliness of the drug using members of the group. It is also true that the individual in such a group who is not "high" is unable to communicate with others in the group, for talk and the activity seem to have little meaning or relevance for him.

Since most of the young people we have seen come from middle-class backgrounds, the notion of sticking a needle in their arm may initially be repugnant to them. For many, the presence of outfits and spoons is reminis-

1. Formerly the Director of the Amphetamine Research Project of the University of California Medical Center; presently at the Marin Open House in San Rafael, California.

Tom O'Neill

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The Consumers Union Report on Licit and Illicit Drugs

by Edward M. Brecher and the Editors of Consumer Reports Magazine, 1972

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Chapter 37. Enter the "speed freak"

Amphetamines taken orally can be used in excess with unfortunate results; but enormous quantities of oral amphetamines were consumed in the United States during the 1940s and 1950s with apparently little misuse. As late as 1963, indeed, the American Medical Association's Council on Drugs, while recognizing the possibility of misuse, reported that "at this time compulsive abuse of the amphetamines constitutes . . . a small problem [in the United States]." 1 Much the same finding was reported from Sweden (see Chapter 39).

→ The intravenous injection of large doses of amphetamines, in contrast, is among the most disastrous forms of drug use yet devised. The early history of amphetamine mainlining has been explored by a California criminologist and authority on illicit drug use, Dr. Roger C. Smith, in an unpublished study he made available for this Report. Dr. Smith is now director of Marin Open House, a comprehensive center for drug and other problems in San Rafael, California. The Smith study was a part of the San Francisco Amphetamine Research Project, financed by the National Institute of Mental Health and launched by Dr. Smith in May 1968, in cooperation with the Haight-Ashbury Medical Clinic in San Francisco. Much of this chapter is drawn from Dr. Smith's study, "The Marketplace of Speed: Violence and Compulsive Methamphetamine Abuse," and from a report by a California psychiatrist, Dr. John C. Kramer, entitled "Introduction to Amphetamine Abuse," published in the Journal of Psychedelic Drugs in 1969. Dr. Kramer began his amphetamine research while he was on the staff of the California Rehabilitation Center in Corona, California—a center in which "speed freaks" as well as heroin addicts are incarcerated; he is at this writing on the faculty of the University of California at Irvine and on the staff of Dr. Jerome H. Jaffe's Special Action Office for Drug Abuse Prevention in Washington, D.C.

The earliest reference to the intravenous use of amphetamines that Dr. Smith was able to unearth concerned groups of American servicemen stationed in Korea and Japan during the early 1950s. 2 These men were said to have learned to mix amphetamines—then nicknamed "splash" with heroin and to inject the combination. This was, in effect, the traditional "speedball," with amphetamine substituted for cocaine. Servicemen brought the custom home with them after the Korean War. No doubt other small groups also learned to mainline amphetamine, alone or with heroin, during the 1950s; but no public furor was raised against the practice—and it did not spread alarmingly—until the 1960s.

Sigmund Freud's first dispensing of cocaine to a patient, it will be recalled, was to help his pain-wracked friend, Fleischl-Marxow, get along without morphine. During the late 1950s, in the San Francisco Bay