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“I VIEWED THEM SICK”
PHOTOGRAPHY AND ADDICTION MEDICINE AS ACTIVISM
DURING THE “SPEED FREAK” CRISIS OF THE LONG 1960S

A Thesis Submitted to the
Yale University School of Medicine
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Medicine

by
Hannah Zornow Alter
2018

ABSTRACT

“I VIEWED THEM SICK”: PHOTOGRAPHY AND ADDICTION MEDICINE AS ACTIVISM DURING THE “SPEED FREAK” CRISIS OF THE LONG 1960S. Hannah Zornow Alter. History of Medicine, Yale University School of Medicine, New Haven, CT.

“Speed freak” was a pejorative term that emerged in the late 1960s to describe young people who binged on amphetamines, often by injection. The accessibility of amphetamines during the 1960s and early 1970s coupled with the emergence of a radical youth movement produced this distinctive subculture. This thesis will address responses to this drug crisis in two parts, from the perspective of two activists working in very different fields.

In 1971, Larry Clark, a photographer, and David Smith, a physician, each published their seminal works on “speed freak” culture. Separated by half a country, they had enmeshed themselves in communities devastated by amphetamine abuse. Both used their work to enter the political sphere, drawing on the unique advantages of photography in Clark’s case and addiction medicine in Smith’s. And both were, in many ways, successful as advocates; they brought popular and legislative attention to the issue of amphetamine abuse. But the most salient connection between these two men is that, over time and as their political aspirations grew, both lost sight of nuanced human stories. They began to paint amphetamine users with broad strokes, and in doing so, reinforced negative stereotypes. Their response was understandable: speed users were a difficult group for which to advocate. Amphetamines are profoundly addictive, and, at high doses, they are associated with agitation, psychosis and violence. But amphetamine users were not faceless monsters – they had stories to tell.

We continue to grapple with the challenges that drug users and other vulnerable, stigmatized populations necessarily present – today’s opioid crisis is most pressing. The dilemma inherent in Clark and Smith’s work is one of scale: how do you bring widespread attention to a cause *and* continue to make the human connections that are essential to preserve our patients’ dignity?

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INTRODUCTION

In 1967, a college student might have gotten off the bus from Oklahoma to San Francisco, hoping to find the hippie lifestyle described on the pages of *Life*. She would have had seen images of the Human-Be-In and wondered about the transformative power of LSD. She would have made her way to the epicenter of the counterculture movement, the Haight-Ashbury, looking for a communal house to squat in and a free meal courtesy of the Diggers. She would have encountered drug pushers, selling poor quality LSD and cheap speed, and while experimenting, she might have developed a paranoid reaction to methamphetamine. She might have looked for help at a city emergency room, and there, she would have encountered the old paradigm: providers, who stigmatized drug users, would have refused to treat her, bogged her down with paperwork, or locked her in a solitary room. But the many young people like her would soon be able to access a new, approachable model of care from within their community.

Today, amphetamines are understood to be highly addictive, psychoactive substances and are regulated as such. The path to this point, however, has been circuitous. Amphetamine was invented as a substitute for ephedrine, which was widely used in the 1920s for asthma relief and nasal decongestion. Gordon Alles, a fledgling chemist in Los Angeles, was tinkering with the molecular structure of ephedrine and happened upon phenylisopropylamine (now known as amphetamine) in 1929. He tested the compound in animals and found it raised blood pressure, much like ephedrine, but lasted longer. As was common practice during that era, Alles then ingested the substance himself to test its effects and safety. In this very first account of amphetamine use in a human, Alles

reported that his “nose cleared dry,” he felt a “feeling of well-being,” “palpitations,” and later experienced a “sleepless night.” When tested in patients having asthma attacks, however, the drug was significantly less effective than ephedrine. Alles secured a patent but struggled to garner interest in amphetamine, and his invention lingered for four years. Hoping to gain traction, Alles shopped the drug around to various medical researchers to test it for all sorts of conditions. In 1932, a chemist at the pharmaceutical company Smith, Kline & French (SKF) synthesized amphetamine and packaged it as an inhaler, marketed as “Benzedrine.” Alles, owning the patent on the compound, approached SKF and struck a deal to receive royalties on all sales of the drug.

Smith, Kline & French successfully brought amphetamine into the mainstream through cleverly targeted advertising and funding of favorable research studies. Benzedrine inhalers became a popular cold remedy. Production soon expanded to oral tablets of Benzedrine, which were quickly adopted as a treatment for narcolepsy (and remain so to this day). But SKF hoped to expand the number of indications. In the 1930s, the company funded large trials to study the psychological and physical effects of amphetamine. The major findings were that amphetamine increases wakefulness and attention, elevates mood, and suppresses appetite. Given these effects, SKF was able to expand its uses to include countering “combat fatigue” in the military, treating depression and anhedonia, as well as helping patients to lose weight. During the 1940s, studies supporting these indications mounted. Dexedrine, the right-handed isomer of amphetamine, was also developed at this time. Amphetamine as an antidepressant took off in the 1940s and remained popular until the advent of tricyclic antidepressants. Amphetamines as weight-loss medications also became hugely popular during the 1940s.

By the 1950s, amphetamines were well established as medically legitimate treatments but abuse was just beginning to be acknowledged in the medical community, popular culture, and government policy.¹

Evolving Understanding of Abuse and Addiction

Medical Literature

When amphetamines were first sold to consumers, the medical community narrowly defined “addiction” based on the physiological phenomena associated with opiate use. Abstinence from heroin, for example, led to a clear-cut set of physical withdrawal symptoms including sweating, yawning, and gastrointestinal distress. Because amphetamine withdrawal does not fit this exact picture, the medical community concluded it was not addictive.² Pharmaceutical companies, particularly Smith, Kline & French, exerted outsized influence on amphetamine research and encouraged doctors to stand by their claims of safety for decades.³ There was some acknowledgement as early

¹ Nicolas Rasmussen, “Amphetamine-Type Stimulants: The Early History of Their Medical and Non-Medical Uses,” *International Review of Neurobiology* 120 (2015): 9–25, <https://doi.org/10.1016/bs.irn.2015.02.001>. Nicolas Rasmussen, “Making the First Anti-Depressant: Amphetamine in American Medicine, 1929–1950,” *Journal of the History of Medicine and Allied Sciences* 61, no. 3 (July 1, 2006): 288–323, <https://doi.org/10.1093/jhmas/jrj039>.

² Leslie L. Iversen, *Speed, Ecstasy, Ritalin: The Science of Amphetamines* (Oxford: Oxford University Press, 2008), 79.

³ Nicolas Rasmussen, *On Speed: The Many Lives of Amphetamine* (New York: New York University Press, 2008) is an anchoring text of this thesis. Rasmussen’s comprehensive and compelling history of amphetamine, which focuses on the activities of pharmaceutical companies, provided a framework within which I considered the work of Larry Clark and Dr. David Smith. Broadly, this book argues that amphetamine began as a drug without a diagnosis. But as a result of marketing to general practitioners and government lobbying by big pharma, namely Smith,

as the 1930s, however, that extra-medical use of amphetamines was occurring. In a 1937 editorial in *The Journal of the American Medical Association*, the authors addressed the issue of students at the University of Minnesota using Benzedrine sulfate as a study aid. They recommended stronger efforts to prevent diversion, or illicit use of lawfully manufactured drugs, but ultimately blamed the students, stating, “It is chiefly the ignorant who try such self medication, not realizing that a drug can never substitute for knowledge or intellect.”⁴

That same year, *The British Medical Journal* published the first medical article questioning whether amphetamine is addictive, and instructed, “further investigation was needed to show whether permanent administration produced adaptation, habituation, or even addiction.” The author argued that amphetamine had not been established as safe, and that its unrestricted use at such an early stage “is to be deplored.”⁵

Kline & French, amphetamines became highly lucrative and hugely popular antidepressants and weight-loss medications. The potential for misuse and abuse amphetamines was known early on. However, SKF systematically denied and obfuscated growing data about addiction to amphetamines and amphetamine psychosis through advertising, clever semantics (habituation vs. addiction, psychological dependence vs. physical addiction), and victim-blaming. Over the course of the 1960s, evidence for the pernicious, dangerous effects of amphetamine mounted. Several attempts at federal legislation were made but neutered by SKF. During the late 1960s, speed freak culture, in which “youths turn into savages” was a widely recognized phenomenon, and the medical establishment's insistence that amphetamines were safe became increasingly tenuous. With the Comprehensive Drug Abuse Prevention and Control Act of 1970, the FDA and Congress stepped in to effectively regulate amphetamines and use of prescription amphetamines and amphetamine injection declined in the 1970s. However, it was not until 1978 that the AMA finally issued a statement acknowledging that amphetamines are *physically addictive*, and in 1980, a call to doctors to stop prescribing amphetamines whenever possible; Nicolas Rasmussen, “America’s First Amphetamine Epidemic 1929–1971,” *American Journal of Public Health* 98, no. 6 (June 2008): 974–85, <https://doi.org/10.2105/AJPH.2007.110593>.

⁴ Nicolas Rasmussen, “America’s First Amphetamine Epidemic 1929–1971.”

⁵ “Use and Abuse of Benzedrine,” *British Medical Journal* 1937 (September 1937): 625–626, www.bmj.com/content/2/4003/625.

For the remainder of the decade, articles sporadically popped up addressing amphetamine misuse or addiction. Physicians argued on the correspondence pages of *The Journal of the American Medical Association*. While one asserted that “evidence is accumulating which indicates that its use may produce craving and even addiction in some instances,”⁶ the next rebutted, “There is no evidence in the entire literature of medicine that stimulants become habit forming” and that the author “has not seen a single case of addiction in the sense that a person, otherwise well, now feels it necessary to take the drug habitually and in ascending doses to produce a desired effect.”⁷

This talk of addiction unsettled Smith, Kline & French because, in 1938, the FDA began requiring proof of safety before a drug could be sold. If amphetamines were publicly perceived as dangerous, the FDA could restrict its use as a medical treatment. SKF went into crisis mode and lobbied medical experts to deny amphetamine’s addictive potential. Specifically, SKF used semantics for cover, pushing the term “habituation” to describe dependence on amphetamines rather than “addiction.” In the midst of this FDA crackdown, SKF successfully avoided classification of amphetamine as a dangerous narcotic drug.⁸

While medical articles published on amphetamine addiction trickled in during the 1940s, several influential articles were published that began the debate in earnest. In

⁶ “Benzedrine Sulfate—a Warning,” *The Journal of the American Medical Association* 110, no. 12 (March 19, 1938): 901–902, <https://doi.org/10.1001/jama.1938.02790120043013>.

⁷ Lesse M and Myerson A, “Benzedrine Sulfate,” *The Journal of the American Medical Association* 110, no. 18 (April 30, 1938): 1507–1508, <https://doi.org/10.1001/jama.1938.02790180095025>.

⁸ Rasmussen, *On Speed: The Many Lives of Amphetamine*: 48-50. Provides an in-depth discussion of the “addiction” vs. “habituation” debate.

1940, Dr. Sidney Friedenberg, a New Jersey dermatologist,⁹ published a case report, documenting characteristic features of addiction in an amphetamine user, including dependence, tolerance, and withdrawal. He strongly cautioned, “The continued use of amphetamine may result in addiction.”¹⁰ In contrast, British physicians at Maudsley Hospital, a psychiatric hospital in London, argued, “The fact that patients cling to a drug from which they derive physiological benefit cannot be regarded as liability to addiction—the same could be said of insulin or cough mixtures.”¹¹ The struggle to define addiction pervaded this period.¹²

During the war years, many American soldiers were exposed to amphetamine in combat. Both Allied and German forces supplied their troops with amphetamines to fight combat fatigue and improve performance. When soldiers returned from the war, they had developed a taste for the drug, which was easily accessible in the form of Benzedrine inhalers. These over-the-counter vials contained paper strips impregnated with a large dose of amphetamine. These could be broken open and the paper strip directly ingested or soaked in hot liquid or alcohol. In 1947, Russell Monroe and Hyman Drell, psychiatrists at the United States Disciplinary Barracks at Fort Benjamin Harrison in Indiana, published a ground-breaking study on the misuse of stimulant inhalers in a military

⁹ Medical Society of New Jersey, *Journal of the Medical Society of New Jersey* (Lawrenceville, N.J. [etc.] Medical Society of New Jersey, 1974), <http://archive.org/details/journalofmedical711unse>.

¹⁰ Friedenberg S, “Addiction to Amphetamine Sulfate,” *The Journal of the American Medical Association* 114, no. 11 (March 16, 1940): 956, <https://doi.org/10.1001/jama.1940.62810110004009b>

¹¹ Eric Guttman and William Sargent, “Addiction to Benzedrine,” *British Medical Journal* 1, no. 4243 (May 2, 1942): 564, <https://doi.org/10.1136/bmj.1.4243.564>.

¹² For more on the developing understanding of addiction in the mid-twentieth century, see Claire D. Clark, *The Recovery Revolution: The Battle over Addiction Treatment in the United States* (New York: Columbia University Press, 2017).

prison. The researchers found that nearly a quarter of the inmates had used amphetamine. And of those users, a quarter were using the drug in prison. 27.2 percent of ever-users had been given the drug by an officer while in the military. Withdrawal symptoms were very prevalent among users, most frequently fatigue, tremor, gastrointestinal upset, and negative mood. Psychotic symptoms were also common with large doses. Though it examined a rarified population, this study showed that amphetamine misuse was prevalent and discontinuation of the drug reliably precipitated withdrawal symptoms, a major feature of addiction.¹³

Smith, Kline & French again confronted a crisis in the 1950s as the distinction between “habituation” and “addiction” broke down in the medical literature. The World Health Organization began to use the term “drug dependency,” which was characterized by behavioral features like compulsion to take the drug and increase the dose. Dependence also resulted in impairment of social functioning. With this change in language and accumulation of case reports of addiction, the problem of amphetamines was growing clearer. In 1957, a young British psychiatrist Philip Connell detailed in his MD thesis forty-two cases of amphetamine addiction, many of which resulted in paranoid psychosis. Of note, psychosis resolved with cessation of the drug.¹⁴ But providers and patients were loath to give up the promise of this “miracle drug.” To combat reports of addictive potential, supporters of the drug theorized that people who became addicted had

¹³ R. R. Monroe and H. J. Drell, “Oral Use of Stimulants Obtained from Inhalers.,” *The Journal of the American Medical Association* 135, no. 14 (December 6, 1947): 909–915, <https://jamanetwork.com/journals/jama/fullarticle/297724>.

¹⁴ P. H. Connell, “Amphetamine Psychosis,” *The British Medical Journal* 1, no. 5018 (1957): 582, <http://www.jstor.org/stable/20361048>.

personality defects.¹⁵ If victims were to blame, physicians and pharmaceutical companies could continue to contend that amphetamines were mostly safe.¹⁶

By 1960, two percent of the U.S. population was taking amphetamines, or “speed” as it was colloquially known at this point.¹⁷ With more prescriptions came more diversion and abuse. The number of medical articles on amphetamine addiction spiked during the early part of the decade. Physicians around the world documented amphetamine crises in other countries, including Britain,¹⁸ Japan,¹⁹ and Sweden.²⁰ Though experts continued to squabble over whether amphetamines manifested “habituation” or “addiction,” researchers during this time began to characterize the withdrawal syndrome,²¹ and identify at-risk populations, particularly adolescents and young adults.²²

¹⁵ P H Knapp, “Amphetamine and Addiction.,” *The Journal of Nervous and Mental Disease* 115, no. 5 (1952): 406–432; H V Grahn, “Amphetamine Addiction and Habituation.,” *American Practitioner and Digest of Treatment* 9, no. 3 (1958): 387–389.

¹⁶ Rasmussen, *On Speed: The Many Lives of Amphetamine*, 140.

¹⁷ *Ibid.*, 143.

¹⁸ S. Brandon and D. Smith, “Amphetamines in General Practice.,” *The Journal of the College of General Practitioners* 5 (1962): 603–606, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-84883841181&partnerID=40&md5=7fcd2af80dfaf997638381e36e1f2e58>;

S. Brandon, “Addiction to Amphetamines.,” *British Medical Journal* 2, no. 5366 (1963): 1204, [https://www.scopus.com/inward/record.uri?eid=2-s2.0-](https://www.scopus.com/inward/record.uri?eid=2-s2.0-84883841181&partnerID=40&md5=7fcd2af80dfaf997638381e36e1f2e58)

¹⁹ K. Morimoto, “The Problem of the Abuse of Amphetamines in Japan,” *Bulletin on Narcotics* 9, no. 3 (1957): 8–12, https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1957-01-01_3_page003.html; F. Lemere, “The Danger of Amphetamine Dependency.,” *American Journal of Psychiatry* 123, no. 5 (1966): 569–572, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0013970985&partnerID=40&md5=6a0f08852eba945c23872bf7500c71f7>

²⁰ E.S. Perman, “Speed in Sweden.,” *New England Journal of Medicine* 283, no. 14 (1970): 760–761, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0014865699&partnerID=40&md5=4db97f5ba008250796e979e97c56d58f>.

²¹ I. Oswald and V. R. Thacore, “Amphetamine and Phenmetrazine Addiction. Physiological Abnormalities in the Abstinence Syndrome.,” *British Medical Journal* 2, no. 5354 (August 17, 1963): 427–431, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0003132534&partnerID=40&md5=d4182a9923baa65a95aa671110bdeb33>.

²² P.D. Scott, “Amphetamine and Delinquency,” *The Lancet* 284, no. 7358 (1964): 534–535, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-49749220946&partnerID=40&md5=b2dc59454433746cf464c6fb6705ff1c>.

In 1966, the American Medical Association conceded that amphetamines do cause psychological dependence but continued to deny any physical symptoms of withdrawal.²³ The latter part of the 1960s would bring about radical change in the medical community's understanding of amphetamine addiction. And Dr. David Smith would play a major role in shaping the new narrative.

News Media and Popular Culture

In the years following Benzedrine's debut, media coverage of the novel drug paralleled the medical community's enthusiasm. Many of the news articles published during the late 1930s reported on the emerging scientific research on amphetamine's possible indications, but a few alluded to the possibility of abuse and addiction, particularly among college students.²⁴ Physician-columnists fielded questions from the public about the safety of Benzedrine.²⁵ Dr. William Brady, a regular contributor to the *Atlanta Constitution*, described two cases of well-to-do, middle aged people who developed Benzedrine dependence, and stated, "Notwithstanding his addiction of several years, it may still be possible for him to break away from the habit."²⁶ During these years,

²³ "Dependence on Amphetamines and Other Stimulant Drugs," *The Journal of the American Medical Association* 197, no. 12 (September 19, 1966): 1023–1027, <https://doi.org/10.1001/jama.1966.03110120129031>.

²⁴ "Benzedrine for 'Pep' at Exams Ends in Depression, Say Scientists," *The Globe and Mail*, July 2, 1938, 1325912976, ProQuest Historical Newspapers: The Globe and Mail, <https://search.proquest.com/docview/1325912976?accountid=15172>.

²⁵ Irving S Cutter, "How to Keep Well," *Chicago Daily Tribune*, November 23, 1937, 182015282, ProQuest Historical Newspapers: Chicago Tribune, <https://search.proquest.com/docview/182015282?accountid=15172>

²⁶ William Brady, "Correspondent Asks Advice For Breaking Drug Habit," *The Atlanta Constitution*, April 28, 1939, 503339450, ProQuest Historical Newspapers: The Atlanta

news coverage remained squarely in the medical arena, focusing on the benefits of amphetamine and the debate over the drug's safety.

In the 1940s, news outlets began to recognize abuse of Benzedrine inhalers. Reports emerged of prisoners, teenagers, and college students ingesting amphetamine strips exactly as described in Monroe and Drell's groundbreaking study. Newspapers and magazines picked up the story of that specific study²⁷ but also found that Benzedrine abuse was occurring in prisons across the country.²⁸ With \$7.3 million (or ten times that in 2018 dollars) in annual sales by 1949, Smith, Kline & French had a lot to lose.²⁹ To counter the negative press, the company spun these reports to insist that only "delinquents" misused their product this way.³⁰ However, public concern grew over Benzedrine misuse among young people. Teenagers throughout the United States were drinking "benzedrine cocktails," soft drinks infused with amphetamine,³¹ and using at

Constitution; ProQuest Historical Newspapers: The Atlanta Constitution, <https://search.proquest.com/docview/503339450?accountid=15172>; William Brady, "She Took First Dose By Mistake, Now It's Habit," *The Atlanta Constitution*, November 23, 1939, 503160427, ProQuest Historical Newspapers: The Atlanta Constitution; ProQuest Historical Newspapers: The Atlanta Constitution, <https://search.proquest.com/docview/503160427?accountid=15172>.

²⁷ "Eat Inhaler Contents to Get a 'Lift,'" *Chicago Daily Tribune*, December 5, 1947, 177489704, ProQuest Historical Newspapers: Chicago Tribune, <https://search.proquest.com/docview/177489704?accountid=15172>; "Jags from Inhalers," *Newsweek*, December 15, 1947: 54.

²⁸ Drew Pearson, "Benzedrine Dope Craze Hits Jails," *The Washington Post*, February 21, 1949, 152180894, ProQuest Historical Newspapers: The Washington Post, <https://search.proquest.com/docview/152180894?accountid=15172>.

²⁹ Rasmussen, "America's First Amphetamine Epidemic 1929-1971."

³⁰ Frank Carey, "'Eaters' Get Kick Out of Benzedrine," *The Washington Post*, February 15, 1948, 152062138, ProQuest Historical Newspapers: The Washington Post, <https://search.proquest.com/docview/152062138?accountid=15172>.

³¹ Constitution State News Service, "Benzedrine-Loaded 'Zombies' Sold To Bibb Teeners Are Under Fire," *The Atlanta Constitution*, June 23, 1946, 1528633117, ProQuest Historical Newspapers: The Atlanta Constitution, <https://search.proquest.com/docview/1528633117?accountid=15172>; "Teen-Ager Use Leads to Idaho Benzedrine Ban," *Los Angeles Times*, February 26, 1949, 165923076, ProQuest Historical

school.³² Smith, Kline & French responded by adding an unpleasant flavoring to the inhaler's amphetamine strip to deter ingestion.³³

While the media targeted teens and prisoners, Benzedrine fueled the underground, creative class of the 1940s. Jazz legends like Charlie Parker, Art Pepper and Dexter Gordon were known amphetamine abusers, and bebop is thought to be a product of the drug. Its frenetic pace is the musical equivalent of the Benzedrine “flash.” Inspired by bebop musicians, the Beatnicks, including Jack Kerouac, Allen Ginsberg, William Burroughs and Joan Vollmer, all experimented with Benzedrine in the 40s. Kerouac pioneered a raw, emotional style of writing in *On the Road*. But the drugs were their undoing. Kerouac lost his hair and developed thrombophlebitis. Vollmer injected amphetamine while pregnant and her baby was born in withdrawal. Ultimately, Burroughs shot and killed Vollmer while high on amphetamine himself.³⁴

Reporters in the early 1950s began to write about the human side of amphetamine abuse. In his 1952 article “American Tragedy,” Nicholas Shuman, a reporter for the *New York Herald Tribune*, detailed the drug-induced downfall of a typical housewife. Using sensational storytelling, the reporter moved through the innocent beginnings of her habit,

Newspapers: Los Angeles Times,
<https://search.proquest.com/docview/165923076?accountid=15172>.

³² “The Misuse of Benzedrine,” *The Atlanta Constitution*, November 27, 1948, 1555721657, ProQuest Historical Newspapers: The Atlanta Constitution,
<https://search.proquest.com/docview/1555721657?accountid=15172>; “U. of Md. Newspaper Charges Student Benzedrine Addiction,” *The Washington Post*, October 21, 1948, 151990870, ProQuest Historical Newspapers: The Washington Post,
<https://search.proquest.com/docview/151990870?accountid=15172>.

³³ “Benzedrine Inhalers ‘Fixed’ To Prohibit ‘That Extra Lift,’” *The Atlanta Constitution*, April 25, 1947, 1528654315, ProQuest Historical Newspapers: The Atlanta Constitution,
<https://search.proquest.com/docview/1528654315?accountid=15172>.

³⁴ Rasmussen, *On Speed: The Many Lives of Amphetamine*, 99.

her spiraling addiction, and ultimately her appearance in court for drug peddling. In contrast to the anonymous statistics described in years prior, the subject of this story was portrayed as a relatable victim.³⁵ Articles from this time also focused on the problem of amphetamine abuse among teenagers,³⁶ truck drivers,³⁷ and athletes.³⁸ Government officials decried lax laws and enforcement (see Legislation section).³⁹ Despite the increasing awareness of widespread abuse, some physicians persisted in using newspaper

³⁵ Nicholas Shuman, "American Tragedy," *New York Herald Tribune*, May 25, 1952, 1313654823, ProQuest Historical Newspapers: New York Tribune / Herald Tribune, <https://search.proquest.com/docview/1313654823?accountid=15172>.

³⁶ "A Growing Threat to America's Youth: Dope... Ten," *The Sun*, August 28, 1955, 541456739, ProQuest Historical Newspapers: The Baltimore Sun, <https://search.proquest.com/docview/541456739?accountid=15172>; "Thrill Pills," *New York Herald Tribune*, August 28, 1955, 1327588176, ProQuest Historical Newspapers: New York Tribune / Herald Tribune, <https://search.proquest.com/docview/1327588176?accountid=15172>; David L Halberstam, "Expert Outlines Symptoms To Spot Child Dope Users," *The Hartford Courant*, August 1, 1954, 562818513, ProQuest Historical Newspapers: Hartford Courant, <https://search.proquest.com/docview/562818513?accountid=15172>; "Many Deaths Attributed to New Pills," *Los Angeles Times*, November 28, 1956, 167037288, ProQuest Historical Newspapers: Los Angeles Times, <https://search.proquest.com/docview/167037288?accountid=15172>.

³⁷ John J Massaro, "The Veiled Menace?," *The Hartford Courant*, August 14, 1956, 563781780, ProQuest Historical Newspapers: Hartford Courant, <http://search.proquest.com/docview/563787887?accountid=15172>.

³⁸ "AMA Condemns Athletes' Use of Stimulants," *Los Angeles Times*, June 6, 1957, 167157917, ProQuest Historical Newspapers: Los Angeles Times, <http://search.proquest.com/docview/167157917?accountid=15172>; Neal Wilkinson, "Drugs of War Spread Into Society, Sports," *Daily Boston Globe*, May 22, 1957, 845477787, ProQuest Historical Newspapers: The Boston Globe, <https://search.proquest.com/docview/845477787?accountid=15172>; Neal Wilkinson, "How Public Awareness of Dangers Can Help," *Daily Boston Globe*, May 24, 1957, 845476360, ProQuest Historical Newspapers: The Boston Globe, <http://search.proquest.com/docview/845476360?accountid=15172>.

³⁹ Richard L. Lyons, "Drug Abuse Cited at Probe," *The Washington Post and Times Herald*, September 28, 1955, 148582082, ProQuest Historical Newspapers: The Washington Post, <http://search.proquest.com/docview/148582082?accountid=15172>; John D. Morris, "Crackdown Aims at 'Thrill Pills,'" *New York Times*, September 28, 1955, 113218248, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/113218248?accountid=15172>.

opinion columns to defend amphetamines as safe.⁴⁰ In 1957, the AMA's statement on amphetamines in the context of athletics cemented amphetamine's status as a dangerous drug.⁴¹

In the 1960s, amphetamines continued to grow in popularity, and the everyday stories of their devastating toll appeared frequently in newspapers and magazines. This phenomenon was exacerbated by the war in Vietnam where soldiers received amphetamines in their standard-issued military kits.⁴² Women's magazines warned of the hidden dangers of diet pills⁴³ and the rise in amphetamine abuse among unsuspecting, middle-class teenagers.⁴⁴

In the latter part of the decade, the phenomenon of the "speed freak" gained exposure. "Speed" was slang for methamphetamine or methedrine and a "speed freak" was a someone who binged on these drugs, typically via injection.⁴⁵ "Speed freaks" were

⁴⁰ Dr Walter C Alvarez, "Are 'Pep,' Reducing Pills Safe? Studies Inconclusive," *New York Herald Tribune*, June 1, 1953, 1322493327, ProQuest Historical Newspapers: New York Tribune / Herald Tribune, <https://search.proquest.com/docview/1322493327?accountid=15172>.

⁴¹ "Nation's Doctors Alarmed by Use Of Pep-Up Pills," *Daily Boston Globe*, June 6, 1957, 845482043, ProQuest Historical Newspapers: The Boston Globe, <http://search.proquest.com/docview/845482043?accountid=15172..>

⁴² "U.S. Troops in Vietnam Are Said to Get Pep Pills," *New York Times*, March 6, 1968, 118433950, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/118433950?accountid=15172>.

⁴³ "Addicted!," *Good Housekeeping*, May 1967, 1898992235, Women's Magazine Archive, <https://search.proquest.com/docview/1898992235?accountid=15172>; Mary Anne Guitar, "Those Doctors Who Hand Out 'Diet Pills,'" *Ladies' Home Journal*, May 1966, 1922387878, Women's Magazine Archive, <https://search.proquest.com/docview/1922387878?accountid=15172>; "The Dangers in those Dieting Pills," *Good Housekeeping*, July 1967, 1887001259, Women's Magazine Archive, <https://search.proquest.com/docview/1887001259?accountid=15172>.

⁴⁴ "Drugs and Our Children," *Ladies' Home Journal*, May 1970, 1922396782, Women's Magazine Archive, <https://search.proquest.com/docview/1922396782?accountid=15172>; Genevieve H Millet, "Teenagers and the Dope Hazard," *Parents' Magazine & Better Homemaking*, May 1964, 1715607781, Women's Magazine Archive, <https://search.proquest.com/docview/1715607781?accountid=15172>.

⁴⁵ "News Special," *The Sun*, August 22, 1967, 536880651, ProQuest Historical Newspapers: The Baltimore Sun, <https://search.proquest.com/docview/536880651?accountid=15172>.

depicted in the media as monsters, who wreaked havoc and incited violence.⁴⁶ Numerous exposes in 1967 and 1968 described speed freaks' encroachment on hippie havens like the East Village in New York City and the Haight-Ashbury in San Francisco.⁴⁷

Journalists explored these neighborhoods and reported that hippie leaders, who generally supported drug experimentation, vehemently opposed amphetamine abuse.⁴⁸ Many in the community used the slogan "speed kills."⁴⁹

This adage was especially true in the case of a widely publicized double murder of two young hippies in the East Village, Linda Fitzpatrick and Groovy Hutchinson. Fitzpatrick grew up in posh Greenwich, Connecticut and many who knew her believed she had been living a double life. She left her luxurious house in the suburbs to live in a crash pad with two men and quickly began using amphetamines. Hutchinson was a fixture in the Village scene and many described him as a "beautiful," peace-loving person. But he too got caught up in speed. These two were entangled in the speed freak scene and ultimately were found bludgeoned to death in a tenement building on Avenue

⁴⁶ George H. Favre, "Growing Violence Darkens Hippiedom," *The Christian Science Monitor*, October 30, 1967, 510966804, ProQuest Historical Newspapers: The Christian Science Monitor, <https://search.proquest.com/docview/510966804?accountid=15172>; Obert Strand, "Hippies' Violence Blamed on 'Speed,'" *The Austin Statesman*, September 11, 1968, 1515198873, ProQuest Historical Newspapers: The Austin American Statesman, <https://search.proquest.com/docview/1515198873?accountid=15172>.

⁴⁷ John Kifner, "The East Village: A Changing Scene for Hippies," *New York Times*, October 11, 1967, 117858331, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/117858331?accountid=15172>; Stephen A.O. Golden, "A Challenging Period of Adjustment Has Set In Among Hippies of San Francisco," *New York Times*, August 19, 1967, 118110639, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/118110639?accountid=15172>.

⁴⁸ Nicholas von Hoffman, "The Acid Affair--VI," *The Washington Post, Times Herald*, October 20, 1967, 143047149, ProQuest Historical Newspapers: The Washington Post, <https://search.proquest.com/docview/143047149?accountid=15172>.

⁴⁹ Jane E. Brody, "Medicine," *New York Times*, October 22, 1967, 117699561, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/117699561?accountid=15172>.

B.⁵⁰ This story embodied the prevailing notion of time that amphetamine abuse turned otherwise normal people into depraved, violent lunatics or left them at the mercy of such people.

Legislation

At the time of Benzedrine's release, the Harrison Act of 1914 was the major federal law governing "narcotic" drugs. The law targeted coca and opiate products exclusively and regulated the production, importation and distribution of these drugs. Importantly, it distinguished between medical and illicit use of these drugs. At the urging of the AMA, this law created the paradigm that would become key in the amphetamine debate decades later: a drug is not necessarily 100 percent illegal; even dangerous drugs can have medical uses. This allowed physicians to continue to prescribe autonomously with one exception: the law forbade the prescribing of coca or opiate products to addicts. Any physician who was found to prescribe these substances for addiction was seen as merely supporting the patient's habit; physicians were arrested on these charges. The Harrison Act also demonstrated another principle of drug legislation: more restrictions spawn black markets.⁵¹

⁵⁰ Linda Charlton, "An East Village 'Saint,'" *Newsday (1940-1988)*, October 10, 1967, Nassau ed. edition, 915112667, ProQuest Historical Newspapers: Newsday, <https://search.proquest.com/docview/915112667?accountid=15172>; J Anthony Lukas, "Swapped Greenwich, Conn., for Greenwich Village and the LSD Scene," *The Globe and Mail*, October 16, 1967, 1270295884, ProQuest Historical Newspapers: The Globe and Mail, <https://search.proquest.com/docview/1270295884?accountid=15172>.

⁵¹ Harrison Act of 1914, 63 Cong. Ch. 1, December 17, 1914, 38 Stat. 785.

The first federal law targeting amphetamines was passed in 1951 and focused on the distinction between medical and illicit use. The law aimed to ensure that only legitimate patients would be able to obtain these substances. Their early efforts focused on regulation at the level of the pharmacist. Laws attempted to tamp down on dispensing without a prescription and refilling prescriptions without a physician's permission.⁵² Though pharmacists were tried and convicted under these laws, the penalties were so minimal that the efforts were largely ineffective. In addition, enforcement fell to the Food and Drug Administration, which had few resources to carry out investigations.⁵³

Not until 1959 did the federal government begin to look seriously at the problem of amphetamines. In that year, the FDA banned Bensedrine and Dexedrine inhalers, making it more difficult for users to obtain amphetamine without a prescription.⁵⁴ Interestingly, the agency neglected to include methamphetamine inhalers in this law and they remained legal and available over the counter until 1965 – much to the delight of “delinquent” youths.⁵⁵

In the early 1960s, President John F. Kennedy brought amphetamines to the fore by holding hearings on the effects of amphetamines both on an individual basis and on American society. In the context of advocating for consumer protections, he made a

⁵² Humphrey-Durham Drug Prescriptions Act, Oct. 26, 1951, ch. 578, 65 Stat. 648.

⁵³ “‘Thrill Pill’ Use in City Increasing,” *The Sun*, August 30, 1955, 541463440, ProQuest Historical Newspapers: The Baltimore Sun, <https://search.proquest.com/docview/541463440?accountid=15172>.

⁵⁴ “Inhaler Sales Curbed,” *New York Times*, February 11, 1959, 114685628, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/114685628?accountid=15172>.

⁵⁵ “FDA Bars Counter Sale Of Inhalers with ‘Kick,’” *The Hartford Courant*, February 16, 1965, 548713672, ProQuest Historical Newspapers: Hartford Courant, <https://search.proquest.com/docview/548713672?accountid=15172>.

statement to Congress, concluding “An extensive underground traffic exists in habit-forming barbiturates (sedatives) and amphetamines (stimulants). Because of inadequate supervision over distribution, these drugs are contributing to accidents, to juvenile delinquency and to crime.”⁵⁶ In response, federal legislators, led by Connecticut Senator Thomas Dodd, did manage to pass the Drug Abuse Control Amendments of 1965, which required each step of the supply chain -- manufacturers, distributors, physicians and pharmacists -- to keep accurate records of how amphetamines changed hands. There were also restrictions imposed on who could produce, deliver and possess these drugs. Last it created an enforcement body outside of the FDA, the Bureau of Drug Abuse Control.⁵⁷ Despite these steps, the law did little to stem the growing use of amphetamines in the United States. Enforcement of record-keeping protocols was nearly impossible. Further, the law allowed for a simple loophole: Mexican pharmacies would legally order amphetamines from American manufacturers and then bring the product back to the U.S. to be sold illegally.⁵⁸

It was not until 1970, at the urging of President Nixon and his so-called “War on Drugs,” that Congress managed to pass a law that regulated amphetamines primarily through criminalization of drug users: The 1970 Comprehensive Drug Abuse Prevention and Control Act. This law created schedules for controlled substances based on medical use and potential for abuse, and rules varied according to each schedule.⁵⁹ In the initial

⁵⁶ John F. Kennedy, “Special Message to the Congress on Protecting the Consumer Interest,” The American Presidency Project, March 15, 1962, <http://www.presidency.ucsb.edu/ws/?pid=9108>.

⁵⁷ Drug Abuse Control Amendments of 1965, Pub.L. 89–74, July 15, 1965, 79 Stat. 226.

⁵⁸ Rasmussen, “America’s First Amphetamine Epidemic 1929–1971.”

⁵⁹ Comprehensive Drug Abuse Prevention and Control Act of 1970, Pub.L. 91–513, Oct. 27, 1970, 84 Stat. 1236.

statute, the specter of the “speed freak” had a disproportionately large influence on drug scheduling. Among amphetamines, Congress only classified injectable methamphetamine as schedule II, meaning they had discrete medical use and high abuse potential. The rest of the other 6,000 amphetamines products were categorized as schedule III. In 1971, however, the Bureau of Narcotics and Dangerous Drugs (part of what became the Drug Enforcement Administration in 1973), rescheduled all amphetamine products to schedule II. This shift meant that amphetamines required a new prescription and doctors and pharmacists were mandated to keep records on prescriptions and medication dispensed. Sales dropped 60 percent when the law took effect. The FDA also moved to limit production of amphetamines and restricted approved indications to narcolepsy and hyperkinetic disorder of childhood (now ADHD).⁶⁰ But by the time all of these restrictions had come to pass, the speed epidemic of the 1960s had already decimated communities of young people around the country.⁶¹ In *Synthetic Panics*, Philip Jenkins argues that amphetamines were the impetus for anti-drug legislation generally because there was a strong association in the public consciousness between speed and violence. The panicked rhetoric around illicit use of speed previewed the national drug war.

⁶⁰ Rasmussen, “America’s First Amphetamine Epidemic 1929–1971;” “Tighter Controls On Amphetamine Set Tomorrow,” *The Sun*, August 5, 1971, 536532795, ProQuest Historical Newspapers: The Baltimore Sun, <https://search.proquest.com/docview/536532795?accountid=15172>.

⁶¹ For comprehensive accounts of U.S. drug policy evolution in the twentieth century and specifically during the long 1960s, see David F. Musto, *The American Disease: Origins of Narcotic Control*, 3rd ed (New York: Oxford University Press, 1999), <http://site.ebrary.com/lib/yale/Doc?id=10278721>. David F. Musto and Pamela Korsmeyer, *The Quest for Drug Control: Politics and Federal Policy in a Period of Increasing Substance Abuse, 1963-1981* (New Haven: Yale University Press, 2002); Philip Jenkins, *Synthetic Panics: The Symbolic Politics of Designer Drugs* (New York: New York University Press, 1999).

The Counterculture and Amphetamines

During the 1960s, young people worked to dismantle social mores in the context of anti-war activism, the civil rights movement, and sexual liberation. Beyond challenging authority and entrenched inequality, many questioned the very structure of society itself. “Hippies” sought an alternative way of life – a communalist, naturalist, utopian vision – that starkly contrasted with the materialistic ideals of the 1950s. A major tenet of this philosophy was to access enlightened states of mind through psychedelic drug use, particularly LSD. Timothy Leary, the drug’s major proselytizer, encouraged people to “drop out,” or use drugs to break free of conventional social norms. Young people seeking this lifestyle flocked to hippie enclaves, including New York’s East Village and San Francisco’s Haight Ashbury. There, they found a permissive drug culture with abundant supply and a community ethos that encouraged experimentation. This situation was ripe for exploitation. When government regulation made LSD harder to come by, “pushers” sold impressionable young people amphetamines, which were widely available in the late 1960s. Users learned to inject speed to get a “flash” of euphoria but inevitably crashed after days-long binges. Hippie leaders like Allen Ginsberg railed against amphetamine use with the slogan “speed kills,”⁶² but the high was too potent and

⁶² Nathan William Moon, “The Amphetamine Years: A Study of the Medical Applications and Extramedical Consumption of Psychostimulant Drugs in the Postwar United States 1945-1980” (Georgia Institute of Technology, 2009), ProQuest Dissertations & Theses Global (304888135), <http://search.proquest.com/docview/304888135?accountid=15172>, 215. Of particular interest is Moon's discussion of the "speed freak" culture. Medical and political authorities were especially concerned with illicit use among teens and young adults. In response to these concerns, controls tightened over the course of the 1960s and 70s. Within the broader counterculture, there were two opposing strains: communalist hippies vs. threatening "speed freaks." And the drugs favored by these groups reinforced opposing visions and desires. Whereas psychedelic drugs were associated with personal insight, aesthetic and religious awareness, the amphetamine high was characterized

cheap for many young people to resist. Amphetamine irrevocably altered counterculture communities.⁶³

In each major public arena – medicine, journalism, and law – it took decades to understand and acknowledge the extent of amphetamine abuse in the United States. Teens and young people were hit especially hard by the epidemic of addiction but were also scapegoated and demonized in order to justify the notion that amphetamines are safe. The folk devil of the “speed freak” was the logical conclusion of this effort. When Larry Clark and Dr. David Smith began their work with speed freaks, the problem of amphetamine addiction had reached its peak. Consumption of amphetamine hit an all-time high in 1969. Most of this was legal consumption but popular imagination focused on illicit use. Young people, against the backdrop of war and social upheaval, easily accessed drugs in counter-culture enclaves around the country. Few resources were available for medical and psychiatric care. The medical community refused to fully acknowledge the addictive potential of amphetamines. Journalists published sensational stories on amphetamine users, portraying them as frightening and violent. And Congress passed a law that criminalized illicit amphetamine use rather than allocated resources for treatment. Clark and Smith worked within communities that were chaotic and desperate.

by power, arrogance, paranoia and aggression. These qualities turned speed freaks into outcasts. Mainstream authority also tended to ignore speed and instead villainized LSD and cannabis. Moon discusses Dr. David Smith as a vocal clinician and researcher who attempted to understand the pharmacologic properties and social implications of these drugs.

⁶³ Rasmussen, *On Speed: The Many Lives of Amphetamine*: 182-189.

LARRY CLARK: Truth and Exploitation

Larry Clark is perhaps best known as the director of the controversial film *Kids*, which explored the brutality and sexuality of teenagers in 1990s New York City. Decades earlier, Clark was a teenager himself, exploring these themes among his own group of friends through photography. These images were published in the 1971 book *Tulsa*. I will argue that Clark's evolving photographic approach over the course of *Tulsa* illustrates a paradox for the activist photographer. Clark began as a naive participant without political goals, and he was able to show the viewer a nuanced, human portrayal of amphetamine abuse. As Clark became more politically motivated to tell a captivating story and effect change, he became increasingly distant from his subjects. As an outsider looking in, he saw drug abusers as anonymous and deprived.

Early Life

Clark was born in Tulsa, Oklahoma in 1943. His father was a traveling salesman and his mother was a baby photographer, who involved him in the family business from a young age. By fifteen, Clark was knocking on doors with a Rolleiflex camera. He reflected, "I had to go in, be the photographer, and make the babies laugh...and I hated it. But it put a camera in my hand."⁶⁴

⁶⁴ Marc Maron, "Episode 749 - Larry Clark," October 10, 2016, in *WTF with Marc Maron*, podcast, MP3 audio, 1:39:27, accessed October 31, 2016, <http://www.wtfpod.com/podcast/episode-749-larry-clark>.

In the evenings after work, Clark went to his friends' houses to shoot methamphetamine. At the time, meth was easily accessible in the form of Valo inhalers, which could be purchased over the counter for seventy-five cents. These inhalers were abused much like the original Benzedrine inhalers. In fact, the availability of Valo was due to the delay in regulating over-the-counter sale of methamphetamine inhalers. Clark mused in a 2016 interview with Marc Maron, "Someone discovered, some ex-cons or somebody's, you know, older brother, and you would twist off the top and break it open and inside was a piece of cotton, soaked in menthol and other shit and amphetamine and we would put the cotton in a little cup or something and the grease was pure amphetamine, and we would shoot it."⁶⁵ He and his friends injected amphetamine every day after school for three years until graduation. Clark recalled, "I was in this secret world because there wasn't supposed to be drugs back then; Eisenhower was president. It was supposed to be mom's apple pie and white picket fences. There was no drugs; there was no alcohol; there was no child abuse; there was no mother and father alcoholics, drug addicts; there was nothing."⁶⁶

Reflecting back decades later, Clark noted his paradoxical reaction to speed. "I was this hyper kid that stuttered like mad, and I must have had terrible ADD, right? But then, no one knew what that was. The amphetamine made *me*, not like my friends, totally calm."⁶⁷ And this calm enabled him to photograph.

Clark's cohort was not unique in its behaviors. In 1966, Dr. John Griffith, a psychiatrist at the University of Oklahoma, published a study to define illicit

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

amphetamine drug trafficking in Oklahoma City. He conducted interviews with users and dealers as well as judicial authorities. Griffith estimated that 1.7 percent of the city's residents obtained amphetamines through illicit channels and used them both orally and intravenously. He also emphasized that amphetamine-induced psychosis was remarkably common in this population.⁶⁸

Photographic Influences

Clark's first exposure to photography through his mother's business drew on a long history of family albums in American photography. This type of photography is meant to capture the past, to construct and shape personal memories. One of its earliest iterations was memorial photography of the nineteenth century. Deceased loved ones, particularly children, were depicted "sleeping." What now seems macabre provided some comfort to grieving parents. As camera speeds increased, laypeople were able to document leisure scenes at home and while traveling. These images preserved memories, affirmed family bonds, and displayed the normalcy of a given family's existence.⁶⁹

In 1961, Clark was eighteen and headed to commercial photography school in Milwaukee where he first learned about social documentary photography. The earliest documentary photographers, including Jacob Riis and Lewis Hine, believed that

⁶⁸ J. Griffith, "A Study of Illicit Amphetamine Drug Traffic in Oklahoma City.," *American Journal of Psychiatry* 123, no. 5 (1966): 560–569, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0013970421&partnerID=40&md5=438657972963065e2a83faad9ada9a9d>.

⁶⁹ Miles Orvell, *American Photography*, Oxford History of Art (Oxford ; New York: Oxford University Press, 2003), 141-161.

photography could effect social change. With political goals in mind, they sought and created images that would bring their ideals into focus. And they defined photography's special power to establish the shared humanity between viewer and subject, to elicit empathy.⁷⁰

The social documentary movement reached its heyday during the Great Depression, when the U.S. Farm Securities Administration hired photographers to make images that supported Roosevelt's political agenda. Early on, photographers, including Dorothea Lange and Walker Evans, set out to produce images of extreme hardship that would justify liberal policies. It was beautiful propaganda. Iconic photographs like "Allie Mae Burrows" and "Migrant Mother" used the individual as an emblem that could inspire political will in the viewer.⁷¹ Though these images were wrenching, they were fictions. Evans and Lange staged and manipulated their subjects for emotional effect. Evans's and Lange's work made an impression on Clark, who recalled, "Luckily, there was one other student that was hip and he showed me Walker Evans, who is my favorite photographer of all time, who influenced Robert Frank and everybody. So I saw Dorothea Lange's pictures and all the photographers that worked for the government 'cause Roosevelt started this program and sent photographers out around America to photograph the conditions, the dust bowl. So I'm looking at that stuff."⁷²

During art school, Clark was especially influenced by the *Life Magazine* photographer, W. Eugene Smith, who was famous for embedding with his subjects for

⁷⁰ Ibid., 71-77.

⁷¹ Ibid., 105-115.

⁷² Maron, "Episode 749 - Larry Clark."

months in order to produce series like “Country Doctor” and “Nurse Midwife.”⁷³ Clark internalized Smith’s notions of authenticity, stating “He used to write great diatribes about the truth -- and he quit *Life* because they wouldn’t let him take as much time as he wanted to take a story. Gene was so committed and felt so deeply. I would go to the darkroom and try to print like him.”⁷⁴ Though a photojournalist, W. Eugene Smith, in many ways, approached his work like a family album. Intimacy and memory were fundamental parts of his photography.

Armed with a newfound appreciation of photography’s power to convey truth, Clark returned to his hometown in 1963. And just like W. Eugene Smith, he embedded with his friends to photograph things he had never seen depicted before. He bought the least obtrusive camera he could find, a silent rangefinder. Free of a clunky mirror, the only sound the camera made was a soft click of the shutter curtain opening, and with it, he set out to document this hidden world – to make the photographs that would become the first section of *Tulsa*. Clark framed his photobook with a quote:

i was born in tulsa oklahoma in 1943, when i was sixteen i started shooting amphetamine. i shot with my friends every day for three years and then left town, but i've gone back through the years. once the needle goes in it never comes out. / L. C.⁷⁵

⁷³ W. Eugene Smith et al., *W. Eugene Smith: Photographs 1934-1975* (New York: Harry N. Abrams, 1998).

⁷⁴ Mike Kelley, “Larry Clark,” *Interview*; Reprinted from *Flash Art* No. 164 May/June 1992 41 (September 7, 2008): 174–77, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505318957&site=ehost-live&scope=site>

⁷⁵ Larry Clark, *Tulsa*, 1st Grove Press ed. (New York : Grove Press, 2000).

Clark's words suggest the scope of his project — one that took place over nearly a decade and one that unflinchingly documented a vicious cycle of addiction — but only in hindsight. When he began to photograph in 1963, his ambitions were not yet political.

1963: Seeing the Unseen

Clark marked the first section of *Tulsa* with the year “1963.” Time carries weight in Clark's work, and the discrete periods represented in *Tulsa* are snapshots themselves. In 1963, at only twenty years old, Clark's intentions were personal. He simply wanted to make photographs that felt true and were unlike anything he had seen before. “One day I snapped, hey, you know, I know a story that no one's ever told, never seen, and I've lived it. It's my own story and my friends' story.”⁷⁶ He explained his process: “I was just part of the scene, and it was very organic, it really came from a place where there was no thought ever to show the pictures or publish the pictures or anything for a while. It was very intimate in that way, and I'm very close to the people with a 50mm lens, so I'm like right here.”⁷⁷

The 1963 section begins with portraits of the only two named characters in the book: David Roper and Billy Mann. Clark's relationship with these young men preceded *Tulsa*—they had been his entrée into drug abuse. There is little contextual specificity in these two images. In both, the subjects are cropped below their strong shoulders,

⁷⁶ Kelley, “Larry Clark.”

⁷⁷ Raphaël Cuir and Gauthier Herrmann, “Larry Clark: L'œil Du Cyclone / Larry Clark: In the Eye of the Storm,” *Interview*, no. 333 (April 2007): 22–29, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505234956&site=ehost-live&scope=site>.

shirtless, with pensive expressions. Behind Roper is a fuzzy pickup truck and the rough silhouette of trees. In Figure 1, the structure of a window implies that Mann is driving, but the wheel is out of frame and the scenery is blown out to a pure white. There is barely information to place them in time or space—no detail, no clothing. The focus is on the faces of Roper and Mann, who appear young and unadulterated. Though Clark and his friends had been using meth for years by the time these photographs were taken, there is no evidence of drug use in these early images.



Figure 1: Larry Clark, *Billy Mann*, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.⁷⁸

Tulsa continues with four more placeless, close-up portraits. Clark created abstract and disorienting compositions using shadows, mirrors and glass. The focus of

⁷⁸ Per Luhring Augustine use agreement, authors may publish a maximum of ten images from *Tulsa*. For this reason, not all of the images from *Tulsa* described in this thesis are reproduced. Refer to the Grove Press edition of *Tulsa* .

these images is the expressions of their young, male subjects. None confront the camera with their gazes; all appear internally preoccupied. Clark explained, “I moved closer because I didn’t want any distortion. I didn’t want you ever to be aware of the process.”⁷⁹

In these first images, Clark intentionally cut away context to enable the viewer to contemplate the psychological experience of the subjects – what are they thinking?

Clark then moved to a diptych of Roper – again, without any sign of drugs. Instead, the photographs depict a bucolic paradise. In Figure 2, Roper is standing in profile at a tree-lined river, holding a traditional rifle and looking up with attentive interest. In the second image, he is repose in a large clearing, blanketed in leaves. He is pointing his rifle and smiling. These are the only two photographs in *Tulsa* taken in nature. And the natural beauty of these scenes is captured in crisp detail. There is a distinctly nostalgic quality to these images. They reference Pictorialism of the nineteenth century, which celebrated the sentimental and pastoral,⁸⁰ as well amateur family travel photos.

⁷⁹ Wright, “Drugstore Cowboy,” 28.

⁸⁰ Orvell, *American Photography*, 82.



Figure 2: Larry Clark, Untitled, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

Not until halfway through the 1963 section did Clark show any drug use. But by this time, the viewer has already come to wonder about the subjects' inner lives. In this way, it is painful and personal to see the first such image (Figure 3): Mann grasping another's arm while the anonymous other places a syringe. Despite the syringe, this image is conceptually very similar to the prior ones. The high contrast exposure makes all but skin recede into darkness. Clark's aggressive printing techniques are on display here, an approach inspired by W. Eugene Smith. Clark said of Smith, "He was this great, dramatic printer where he printed dark and brought up the highlights in the faces with ferrous cyanide which was a bleach."⁸¹ Again, there is very little information to place the image in time or space. We see Mann looking up with a nuanced expression of

⁸¹ Maron, "Episode 749 - Larry Clark."

uncertainty or expectation. Hands and arms are smooth and unblemished. The only difference from prior images is the presence of a sharply defined syringe. But the photograph is carefully composed to obscure the precise point where the needle enters the skin.



Figure 3: Larry Clark, Untitled, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

As the narrative continues, the viewer is introduced to increasingly harrowing images. However, Clark's focus on the person persisted for the remainder of the 1963 section. "I was more interested in the people than in the action," he explained.⁸² A disturbing pair of photographs depicts a nameless man injecting into his leg then crying out in pain or pleasure, mouth agape, as he grips his leg. While his body is still and crisp,

⁸² Paul McCarthy, "Larry Clark: The Tulsa Kid.," *Interview* 41 (April 3, 2008): 106–10, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505286271&site=ehost-live&scope=site>.

his face is a blur of motion and shadow. The emotional intensity of the man is far more captivating than the act of injecting amphetamine.

In the following photographs, Clark returned to abstracted portraiture, but the content had become subtly darker. Blood drips from a wrist; a man holds his head in his lap. But Clark's storytelling was not so linear. Near the end of the 1963 section, Clark included a photograph that embodies the purity and idealism of his early work. In Figure 4, Roper actively injects speed and smiles as he does. Mann also appears to be genuinely smiling and laughing. These two are clean cut with freshly combed hair and a button-down shirt. In the background, there is a neat mantle with family photos and a portrait of Jesus hung above the fireplace. There is something light and whimsical about this image, suggesting maybe shooting speed is a fun pastime. And that amphetamines could exist peacefully in suburban homes. Formally, the photograph is grainy with evident movement and taken up-close at the level of his subjects. Clark was immersed in or surrounded by this image. There is a casual lack of judgment, a passive participation, in the way the photograph was made.



Figure 4: Larry Clark, *Untitled*, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

The first section of *Tulsa* ends with a series of three portraits of a well-dressed woman, hair coiffed and makeup neatly applied. This is Mann's nineteen-year-old wife Deanna. She is beautiful and serene. These images then lead into a diptych of Mann lying in bed with a baby next to a photograph of his then-wife – this time unkempt in a house dress—with the caption “dead.” This concise and powerful story of a woman's unravelling is so subtle as to be almost imperceptible. The viewer is made to wonder about the gory details, but is left only with her wistful expression. Sontag argues in *On Photography* that photographs transform the present into an instant past,⁸³ and Clark's caption reminds us of the memorializing quality of photographic images. In this way, he harkened back to the early traditions of death portraits in family albums.

⁸³ Susan Sontag, *On Photography* (New York: Farrar, Straus and Giroux, 1977), 153-180.

In 1963, Clark *was* truly immersed in this community, without pretense of creating a coherent narrative for public consumption. There is both darkness and light contained in these images, and, most importantly, rich emotion. Clark pointed out, “the scenes depicted are not made grotesque or seedy like they normally are in photojournalism dealing with drug culture.”⁸⁴ David Roper and Billy Mann were real people, his real friends, who happened to be using amphetamine. And because of this dynamic, his subjects were human and nuanced. In these intimate photographs, so imbued with personal memory, he came as close as he ever did to conveying the lived experience of this community.

After his first stint photographing in Tulsa, Clark moved to New York City in 1964 and got a job as a darkroom printer for a commercial photographer. He butted heads with supervisors for making independent aesthetic choices, but Clark claimed, “They didn’t fire me because I was just too good a printer.”⁸⁵ Clark also managed to show a selection of photographs from his Tulsa project at the Heliographer’s Gallery on the Upper East Side of Manhattan; several staff at the gallery resigned in protest.⁸⁶ Four months after moving to New York, Clark was drafted into the Army and later deployed to Vietnam early in the war. While stationed in Tuy Hoa, Clark remembered drinking beer, smoking weed, and visiting an opium den. But this was early enough in the war that heroin was not yet available to U.S. soldiers. “There was no heroin in Vietnam when I

⁸⁴ Kelley, “Larry Clark.”

⁸⁵ Maron, “Episode 749 - Larry Clark.”

⁸⁶ William T. Green, “‘Highlights Of A Trip To Hell’: Contextualizing the Initial Reception of Larry Clark’s Tulsa” (Ryerson University and George Eastman House, 2013), 7, <http://digital.library.ryerson.ca/islandora/object/RULA:2582/datastream/OBJ/view>.

was there,” Clark said. “I guarantee if there was I would have found it.”⁸⁷ In 1967, he mustered out in San Francisco, where he was first exposed to hippie culture. He recalled that he jumped right in -- grew out his hair, dropped acid, smoked weed, and did every other drug he could find.⁸⁸ He found his way back to New York, where he played rock ‘n’ roll. 1967 was also the year he met Ralph Gibson, another photographer, who became a friend and artistic confidant. Gibson would later become a driving force behind *Tulsa*.⁸⁹

1968: Film Noir

Clark went back to Tulsa in 1968 with a borrowed 16mm movie camera. He had been inspired by film ever since he saw John Cassavetes’s *Shadows* in 1962. “Cassavetes changed my life,” Clark explained, “[I] was like, shit man, someone sees the way I see...And it validated the way that I saw.”⁹⁰ Clark never viewed himself as a photographer – he just happened to have those tools available to him. Instead he wanted to be a “storyteller.” “When I did the early Tulsa photographs, I saw them as a film, but I wasn’t a filmmaker. In 1968, there was so much going on in Oklahoma, and there was so much action, I knew it had to be a film.”⁹¹

⁸⁷ Maron, "Episode 749 - Larry Clark."

⁸⁸ Ibid.

⁸⁹ Green, “‘Highlights Of A Trip To Hell’: Contextualizing the Initial Reception of Larry Clark’s Tulsa,” 7-8.

⁹⁰ Maron, "Episode 749 - Larry Clark."

⁹¹ Paul Schrader, “Babes in the Hood.,” *Interview with Larry Clark* 33 (May 1995): 74, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505740343&site=ehost-live&scope=site>.

By that time, Valo was off the market and, much like the subjects of Griffith's Oklahoma City study, Clark and his friends obtained meth through illicit channels or corrupt doctors. Desoxyn was a prescription methamphetamine pill that Clark and his crew would soak in water, crush, and inject. Clark recalled, "Andy Warhol and all of his people were taking back in the 60s. So that was all over the place and it was a pharmaceutical. You had to get a prescription from a doctor, right?"⁹² "And I got a girlfriend who was a prostitute and we went around and she'd go in and fuck doctors or give 'em a blowjob and get scripts for Desoxyn."⁹³

Most of the images in the 1968 section are scraps of movie film, laid out in the book like a collage. On face, the content is much the same as the 1963 section: portraits of young men. However, their expressions are obscured by the limitations of old film strips and by the compositions of the photographs. Further, the images are presented as objects rather than worlds we are invited to enter.

In Figure 5, two side-by-side cuts are laid out on the page. On the left, a man is sitting on the edge of unmade bed, injecting amphetamine. An anonymous pregnant woman stands behind him, arms slack. On the right, there is a disembodied arm with a bulging vein. Clark's emphasis had turned from unique human portraits to repetition and anonymity. These are clearly film stills, but there is no perceptible movement from one frame to the next. They are repeated images in a row. Clark concertedly showed the viewer that life as an amphetamine abuser is a monotonous trap. But we are unable to viscerally connect to these people because we don't see who they are. Faces are obscured

⁹² Maron, "Episode 749 - Larry Clark."

⁹³ Ibid.

or cut off. The arm has no owner. And the film itself is so gritty and damaged, it is hard to make out any detail.



Figure 5: Larry Clark, Untitled, 1968: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

The subsequent pages display the first instance of explicit violence in *Tulsa*. Seven consecutive film strips show one figure threatening another with a gun. The man holding the gun is small in scale, obscured in darkness or light and wearing dark sunglasses that mask his face. Who is this man and why is he pointing a gun? In some frames, the victim's back is to the camera; in others, he is hunched over, a silhouette of limbs. A third figure, face barely discernible, stands at the periphery. Like the 1963 images, these film stills lack context, but the subject is violence rather than human emotion. There is simply too little information available to the viewer to understand the motivations and relationships between these figures. These are shocking images that illustrate the connection between drug use and violence. However, they do not elicit empathy from the viewer. This starkly contrasts Clark's approach in the first part of *Tulsa*.

The 1968 section closes on a different note. An inscription reads, "death is more perfect than life" and on the opposite page there is a portrait of Billy Mann (Figure 6), sitting on a bed and pointing a pistol upwards, with the caption "dead 1970". This image harkens back to Clark's past; he explained, "The shot of Billy on the bed with a gun, I always looked at that as like a baby picture. If you looked at some of the baby pictures my mother or I took, it could have been that pose. I didn't get it at first, but I knew it was great. It was a natural picture. With the white sheet in the background, it could be a studio picture. I was able to get that quality when it was actually happening, the quality of looking set up."⁹⁴ Clark's visual referencing of studio portraits belied his stated purpose of showing "truth." The trappings of staging seen in this image—a blown-out white

⁹⁴ Kelley, "Larry Clark."

background, a stiff pose—naturally force the viewer to question the photograph's authenticity. The caption "dead 1970" further reveals the photographer's manipulations. Not only is this image constructed, but is also placed there from the future by an invisible hand. The viewer is wrenched from the narrative's "present" and made to acknowledge that *Tulsa* is a document. There is power to revealing that amphetamines killed Mann, a character the viewer cares about by this point. But Clark's commentary comes at the expense of the viewer's deep involvement in the story of his subjects.

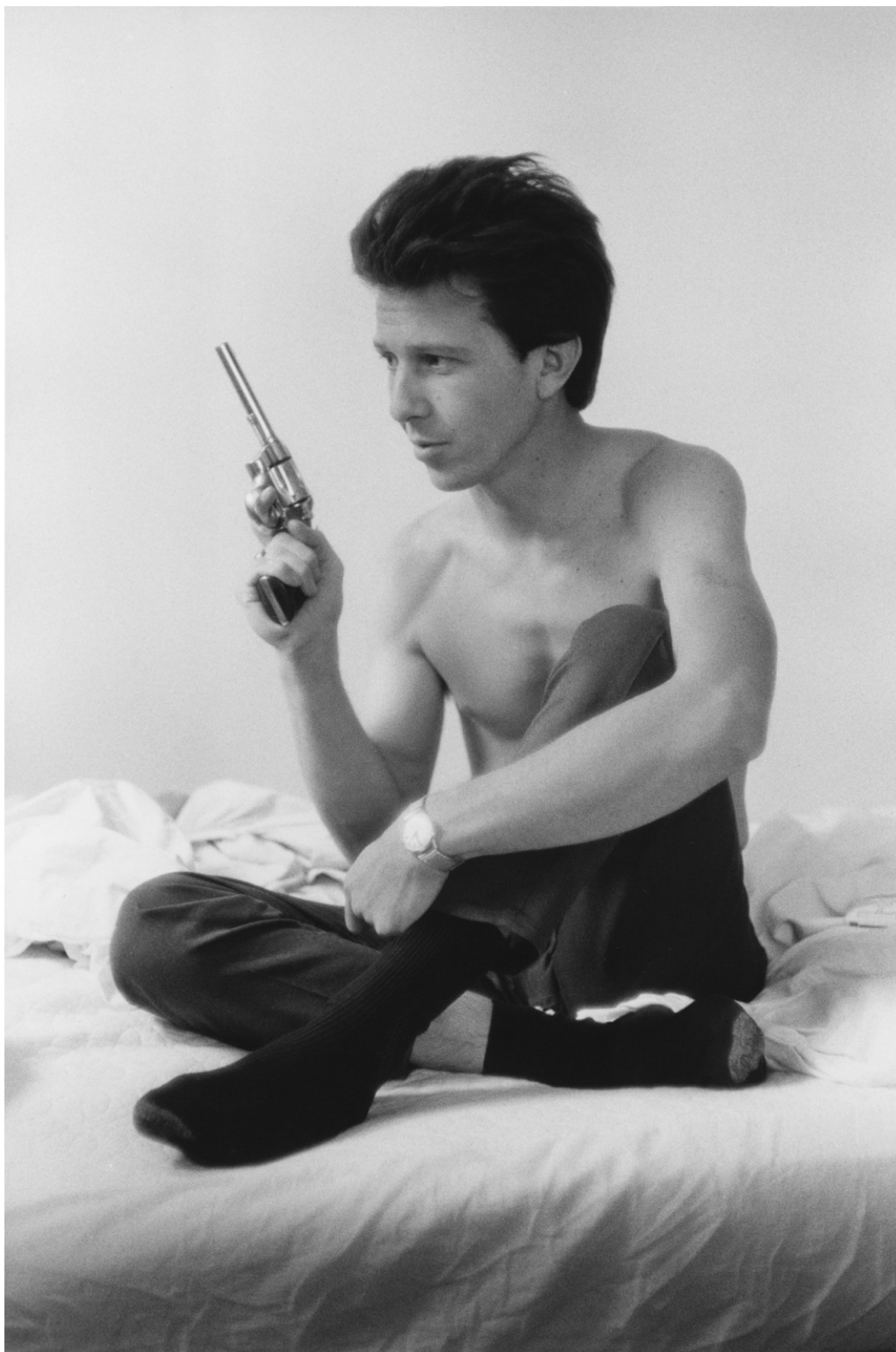


Figure 6: Larry Clark, Dead 1970, 1968: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

In the 1968 section, Clark departed from intimate, psychological portraits and began to impose a deliberate narrative on his photographs. Clark's visual and textual gestures made clear statements about the destructive power of amphetamines but pulled the viewer away from the psychology of the users depicted.

After his 1968 stint in Tulsa, Clark floated between New Mexico and New York, where he occasionally lived with Ralph Gibson. Gibson slept constantly, mining his dreams for inspiration for his photobook *The Somnambulist*, while Clark stayed awake on amphetamines. During the late 1960s, Gibson was trying to publish *The Somnambulist* without sacrificing his personal vision. Gibson admired Robert Frank's uncompromising approach in *The Americans*, a photobook that set the standard for mid-century art photography. According to Gibson, "because there was no gallery infrastructure, if you wanted a career you had to have a book. That was the only possible way of disseminating your work."⁹⁵ Clark affirmed, "Back then, all the photographers wanted to have a book of their work. And there were only a few places that would publish your book. It was very very hard to get your book published and especially if you wanted your book to be like you wanted your book to be. Because they want an editor to edit your book."⁹⁶ Gibson decided to self-publish and came up with the name "Lustrum Press," which became a prestigious photobook publisher. Lustrum produced work that was timely and resonant. Gibson explained,

I was extremely fortunate that I came out with the right book at the right time. I was part of a wave of American photography that became prominent in the early

⁹⁵ Robert Enright, "From Flesh to Stone: The Photography of Ralph Gibson.," *Border Crossings* 21, no. 2 (May 2002): 18–35, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=504988592&site=ehost-live&scope=site>.

⁹⁶ Maron, "Episode 749 - Larry Clark."

'70s. Its prominence has to do with the theory of the middle generation. Prior to World War II the great photographers had been in Europe. Then World War II came along and there was no aesthetic development for essentially a 10-year period. A lot of European photographers came over to America or to the West... You had a demographic totally educated in how to read photographs, but no photographs to give them. That's when art photography came along.⁹⁷

Inspired by Gibson's vision, Clark began to lay out the 1963 and 1968 photos with the goal of self-publishing a photobook. At the prompting of his sister Elizabeth, Clark then returned to Tulsa once more in 1971, with a dummy of the book in hand with the 1963 and 1968 photographs already laid out. He said he went back "knowing exactly what was missing from this scene, knowing exactly what photographs I needed that I didn't have of things that were happening."⁹⁸

1971: Speed, Violence, and Death

In 1971, Clark completed his transformation from passive observer, capturing the emotional lives of his friends, to auteur, exerting total artistic control over an anonymous group of subjects. In 1963, images happened; in 1971, images were preordained. Clark's express purpose was to make a powerful statement about the toll of amphetamine abuse on young people. "It starts when we're kids and it ends with these young kids, the next generation, fifteen-, sixteen-year-old kids, so it's like a circle. I was saying this is a circle, it just goes on and on, it's still going on."⁹⁹ Upon his return, the toll of the amphetamine scene was palpable: Clark's old friend Billy Mann had overdosed and died. But in an

⁹⁷ Enright, "From Flesh to Stone: The Photography of Ralph Gibson."

⁹⁸ Maron, "Episode 749 - Larry Clark."

⁹⁹ Ibid.

effort to make a statement about the tragic consequences of amphetamine addiction, Clark lost touch with the psychological experience of his subjects and even undermined the emotional salience of their plights. He resorted to the same sensational tropes about speed freaks widely seen in the news media during this time: gratuitous drug use, grotesque violence, and needless death.

The section begins with a photograph of a message scrawled on cardboard that reads, “Police (The one’s that tore this house up.) 2/11/70 If you Dick-Sucking Mother fuckers come back today Don’t get mad if you find your Mother + Wife’s inside sucking Nigger Dicks David Roper 2/12/71.” Embedded in this message are threats to institutional authority as well as sexually explicit, homophobic, sexist, and racist language. These words are shocking in their brazenness and conjure disturbing images in the mind of the viewer. But there are no actual people here. This image sets the tone for the entire section: lurid content overwhelms human experience.

Many of the photographs in the 1971 section document violence at various stages with various weapons. Often, this violence is unexplained or purposeless – making it even more monstrous. In one such photograph, a young man contemplates a pistol. On the opposite page, the same man has a gunshot wound in this leg (Figure 7). He is lying in an unmade bed, grimacing in pain, with the pistol sitting nearby. The photograph also shows an obscured second figure, face in the heel of his hand, impotent to aid the victim. The photograph was taken from above rather than at the level of the subjects, giving it a voyeuristic quality. The viewer can imagine Clark peering through his camera lens over the bloody scene. Clark captioned the image “accidental gunshot wound” to inform the viewer that this was senseless violence and thereby undermine the empathy we might feel

for this suffering man. Further, the relationship between the two side-by-side images suggests that this man shot himself – but the two guns in the photographs are different. Clark created a visual narrative that intentionally casts its subject as a fool.



Figure 7: Larry Clark, Accidental gunshot wound, 1971: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

On the following pages, Clark constructed a similar violent narrative. On the left, a topless woman eagerly accepts an injection. On the right, this same woman is lying in bed with a black eye and a bruised arm. Here, Clark made clear that drugs lead to violence, but the perpetrator is unseen. The viewer is, instead, left to contemplate the culpability of this woman in her own abuse.

In Figure 8, there are five images in sequence of one man beating another, seemingly in his own bed. These subjects are unknown and unnamed, in contrast to Clark's earlier images of Roper and Mann. In the background, one can see hippie

memorabilia, including a Janis Joplin poster and a peace sign poster. The victim also has symbols of patriotism, an American flag and United States pillow. The caption reads “police informer,” an anonymous and essentializing title. The victim seems to subscribe to institutional authority (he informed the police after all) as well as hippie ideology. And we can assume because of this, the violent “speed freak” absolutely brutalizes him over the course of sequential, gruesome images. This man is a monster just like the newspapers said, pitted against our wholesome values. There is a black-and-white morality to this photograph that did not exist in earlier images.

Clark was also at a greater distance from his subjects and most of the pictures were taken from above rather than at the level of the victim. This no longer feels participatory. The key point here is that Clark was *looking* for this moment. These photographs are part of a preconceived narrative of *Tulsa* that he was seeking. Contrast that with the almost haphazard photographs taken in 1963, long before Clark had ideas about his photographs reaching the public. Ultimately, this photograph makes a much stronger statement than the 1963 photos do about the destructive power of amphetamine, one that is easier for the viewer to understand and revile. This is the kind of image that made people pay attention to amphetamines. But we’re missing the human complexity. This tension between truth-telling through participation versus political activism through observation is palpable in these photographs.



Figure 8: Larry Clark, *Untitled*, 1971: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

Apart from violence, Clark exploited other forms of depravity in the 1971 section. In Figure 9, a pregnant woman, face masked with hair, injects amphetamine. The viewer cannot see the woman's expression, but her large pregnant belly is in full view. The following pages document the funeral of an infant. With impunity, Clark craned over the scene to capture the tiny open casket. The viewer naturally connects the dots that Clark laid: the pregnant woman killed her baby through drug abuse. What could be more horrifying? However, not only do we lack emotional context for these events, but also their apparent interconnectedness may not even be true. The viewer is at the mercy of Clark's artistic manipulations.



Figure 9: Larry Clark, *Untitled*, 1971: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

The final image of *Tulsa*, seen in Figure 10, shows a young, muscular man with his arm resting, pointing to his bulging vein. He's clearly younger than Clark and his contemporaries -- Clark was already twenty-eight years old at this point. The subject's

face is obscured, but we can see the full expanse of his clean, unadulterated arm. He's an abstraction. Clark's aim with this photo and the 1971 section in general was to convey that drug abuse is a cycle. This is a powerful, symbolic image. There is something wrenching about seeing this vital young man about to devolve into amphetamine abuse. On the other hand, how "true" is this image? Clark wasn't a teenager anymore; he wasn't part of this community. He was a self-proclaimed artist living in New York, intent on telling a political story.



Figure 10: Larry Clark, Untitled, 1971: © Larry Clark, Courtesy of the artist and Luhring Augustine, New York.

Critical Response

When Clark returned to New York, Ralph Gibson rallied support for the publication of *Tulsa*. Gibson recalled, “I couldn’t not do Tulsa” and cobbled together the funds, mainly from fellow photographer Danny Seymour, to produce “a great American classic.”¹⁰⁰ Under Lustrum Press, Clark published *Tulsa* in 1971 to mostly acclaim.¹⁰¹ One of the first reviews of the work, however, was so damning that Clark nearly gave up on publishing the book altogether. Alfred Frankenstein, a critic from the *San Francisco Chronicle* reviewed an exhibition of Clark’s work at the San Francisco Art Institute and wrote that Clark’s subjects seemed “no more in the grip of a lethal addiction than so many baseball fans drinking beer.”¹⁰² However, Clark persevered, and early reviews of the photobook were redemptive. David Vestal of the *New York Times* said of *Tulsa*: “Not nice: real”¹⁰³ And another *Times* critic Gene Thornton, in the context of an article on Lustrum Press generally, wrote “As a testimony to life in our times -- a small part of life, perhaps, but one that won’t go away -- it ranks with Robert Frank’s *The Americans* and

¹⁰⁰ Enright, “From Flesh to Stone: The Photography of Ralph Gibson.”

¹⁰¹ Green, “Highlights Of A Trip To Hell.” Provides a detailed account of the critical reaction to *Tulsa* between 1971, the year of its initial publication, and 1983, the year of its second edition. Green argues that early criticism of *Tulsa* was mixed, complicating the notion that it was an instant classic. According to Green, *Tulsa* and Clark languished in obscurity for much of the 1970s while Clark dealt with ongoing legal troubles. Only upon publication of *Teenage Lust*, did *Tulsa* become canonized. Green also argues that *Tulsa* was not unique in its intimate, subjective style nor its pessimism; it existed in dialogue with the music, journalism and art of the time.

¹⁰² *Ibid.*, 21.

¹⁰³ David Vestal, “Photographs,” *New York Times*, December 12, 1971, 119137621, ProQuest Historical Newspapers: The New York Times, <https://search.proquest.com/docview/119137621?accountid=15172>.

the portraits of Diane Arbus. I can't think of any higher praise."¹⁰⁴ A.D. Coleman, a critic at the *Village Voice*, was the first to call *Tulsa* a "major work" and recognized Clark's intentions, writing, "*Tulsa* is staggering, a poignant, raw, compassionate, and utterly honest sequence on the speed scene in Oklahoma, of which Clark was a part for a long time."¹⁰⁵ One of the most important initial reviews was Dick Cheverton's November 1971 piece "A Devastating Portrait of An American Tragedy" in the *Detroit Free Press*, which was eventually reprinted on the back of the 2000 Grove Press edition of *Tulsa*, in which Cheverton praised *Tulsa*'s "ferocious honesty."¹⁰⁶ Despite a few disparaging reviews, many critics quickly lauded *Tulsa* for its unvarnished approach, launching Clark's career as the truth-teller of teenage life.

Reactions to *Tulsa* were not confined to the rarified art world. Dr. Lester Grinspoon, a psychiatrist at Harvard who went on to publish a seminal work on amphetamine abuse, *The Speed Culture: Amphetamine Use and Abuse in America*, used the images in *Tulsa* to illustrate the ravages of speed in a 1972 medical article entitled "A Picture Book of Speed: Tulsa. By Larry Clark." Grinspoon believed *Tulsa* capable of educating a medical audience on the cycle of amphetamine addiction and the social consequences of its use.¹⁰⁷ This example of re-appropriation suggests *Tulsa*'s power as a

¹⁰⁴ Gene Thornton, "This Publisher Dares," *New York Times*, October 3, 1971, 119128509, ProQuest Historical Newspapers: The New York Times, <http://search.proquest.com/docview/119128509?accountid=15172>.

¹⁰⁵ A.D. Coleman, "Latent Image: The Life-Death Drug Paradox," *The Village Voice*, September 16, 1971, 24, <https://news.google.com/newspapers?nid=KEtq3P1Vf8oC&dat=19710916&printsec=frontpage&hl=en>.

¹⁰⁶ Dick Cheverton, "A Devastating Portrait of An American Tragedy," *Detroit Free Press*, November 7, 1971, 5B.

¹⁰⁷ Green, "'Highlights Of A Trip To Hell.'"

political document — one that could have real influence beyond the art world to effect systemic change.

Years after its publication, *Tulsa* resonated with critics outside of New York, demonstrating that Clark's visual vocabulary had become widely understood and appreciated in photography. Clark, one Milwaukee reviewer wrote, is "neither assuming a moralistic stance nor presenting a glorified vision of marginal lifestyles...He records them with an intimacy missing from photojournalism...Clark has managed to capture an insider's view."¹⁰⁸ A London critic also lauded Clark's proximity to his subjects: "His closeness to this demimonde gives the work its power and authority, and it's the intimacy which overcomes any initial distaste for the subject matter."¹⁰⁹ But others recognized the subtle voyeurism that would eventually come into full view in Clark's later work. In their comprehensive account of the field, *The Photobook: A History*, Martin Parr and Gerry Badger comment, "incessant focus on the sleazy aspect of the lives portrayed, to the exclusion of almost anything else — whether photographed from the 'inside' or not — raises concerns about exploitation and drawing the viewer into a prurient, voyeuristic relationship with the work."¹¹⁰ Nearly half a century since its publication, *Tulsa* remains a controversial cultural touchstone. Regardless of love-hate responses from critics, the photographic vernacular that Clark pioneered has become omnipresent. Ralph Gibson

¹⁰⁸ Nadine Wasserman, "Larry Clark.," *Milwaukee Art Museum; Exhibit 24* (February 1997): 53–54, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505835864&site=ehost-live&scope=site>.

¹⁰⁹ Colin Jacobson, "Junkies and Speed Freaks.," *Creative Review* 19, no. 9 (September 1999): 80, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505828367&site=ehost-live&scope=site>.

¹¹⁰ Martin Parr and Gerry Badger, *The Photobook: A History*. Vol 1. (London ; New York: Phaidon, 2004), 260.

reflected on his old friend's impact on photography, "Forty years later, it's still in the collective unconscious. It's part of the language that all photographers speak."¹¹¹

Later Work: The Perennial Teenager

Despite the early success of *Tulsa*, Clark struggled through the early 1970s. He was using drugs, including amphetamines, opiates, and alcohol. His girlfriend at the time got pregnant and Clark was only able to support her until their daughter was born. He was arrested on multiple occasions for violent offenses and was ultimately sent to prison for nineteen months for shooting a man in the arm.¹¹² Given all this, Clark did not publish again until 1983.

Clark's next major contribution after *Tulsa* was another photobook *Teenage Lust*, which he cast as an autobiography. The same themes emerge – the depravity and abandonment of youth – but many of the photographs are fabrications and imaginings of Clark's life that were taken, often, decades after the fact. One critic pointed out, "he's not photographing his life at all; he's shooting a younger generation of Tulsa kids living out the very graphic sexual exploits her lives as a youth, but didn't photograph."¹¹³

¹¹¹ Ralph Gibson, "Larry Clark.," *Interview* 40, no. 8 (October 2010): 110–15, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=54595529&site=ehost-live&scope=site>.

¹¹² R. Horning, "Autobiography of Larry Clark.," *Aperture*, no. 94 (1984): 2–4, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=513740232&site=ehost-live&scope=site>.

¹¹³ Susan Emerling, "Larry Clark.," *Exhibit* 24, no. 2 (May 2005): 86–87, <http://search.ebscohost.com/login.aspx?direct=true&db=asu&AN=505129181&site=ehost-live&scope=site>.

As Clark's career progressed, he never abandoned his singular focus on adolescents. But the tension only grew between truth and voyeurism in Clark's work. Soon enough, Clark broke with the conceit of participation and, instead, told stories about the lives of teenagers who he felt "you wouldn't know about otherwise."¹¹⁴ Though he was an outsider, Clark continued to insist on the "truth" of his work. Each of Clark's films, including *Kids*, *Ken Park*, *Wassup Rockers* and others, are fictional accounts of small groups of young people behaving badly. Clark defended himself, stating, "Some people seem to think I'm some kind of pervert because I film and photograph kids, but just look at the work. It's real situations. It's about real life. Teenagers have sex, they smoke weed."¹¹⁵ Of his 1992 film *Kids*, Clark argued "I accept these kids for what they are. I don't think it's changed much from thirty years ago, when I was a kid. I'm just trying to show it exactly like it is. It's almost as if I was one of them. I just become them."¹¹⁶ But as much as Clark asserted the realism of his later work, he was no longer one of the guys; he was a movie director. Though *Tulsa* is held up as the pinnacle of authenticity in photography, Clark's transition from participant to outsider began on the pages of his very first book.

Tulsa was made to express an unvarnished vision, a "truth" that had never been seen before, using the power of community to make the hidden visible. The publication of *Tulsa* did garner a lot of attention and was a major moment in photographic history.

¹¹⁴ Erica Euse, "Larry Clark Is Still Dangerous After All These Years | VICE | United States," VICE, May 27, 2014, <http://www.vice.com/read/larry-clark-is-still-dangerous-after-all-these-years>.

¹¹⁵ Sean O'Hagan, "The Kids Stay in the Picture," *The Guardian*, February 17, 2008, sec. Art and design, <https://www.theguardian.com/artanddesign/2008/feb/17/photography.exhibition1>.

¹¹⁶ Schrader, "Babes in the Hood."

But in order to make the point, Clark presented a less and less nuanced portrayal and an increasingly sensational one. Everything that people feared about speed freaks is in the 1971 section of this book -- senseless violence, domestic abuse, pregnant junkies and dead babies. In many ways, there is more truth and empathy in his early photographs in which the subjects' inner emotional lives are the focus. Clark's work shows that making a political statement can undermine the viewer's ability to connect with vulnerable subjects and, instead, reinforce negative stereotypes.

DR. DAVID SMITH: The Hippie Doctor Confronts Speed

Working during the same time period, Dr. David Smith's interests, ambitions, and shortcomings in many ways parallel those of Larry Clark. Smith founded the Haight-Ashbury Free Medical Clinic in San Francisco to provide free medical and psychiatric care to hippies during the Summer of Love. He wrote extensively on the founding of the clinic in his 1971 book *Love Needs Care*, co-authored with John Luce. Smith's brand of activism functioned only when he felt philosophically aligned with the community he was treating. As the population and patterns of drug abuse changed and amphetamines gained popularity, Smith fell victim to stereotypical, dehumanizing notions of his patients and felt increasingly threatened by the community he had worked to join.

Early Life

Smith was born in 1939 in Bakersfield, California. His family settled there by way of Oklahoma – his grandparents fled the dust bowl during the 1930s. His father was a railroad clerk and his mother a nurse, and both parents died during Smith’s teen years. They had encouraged him to pursue a career in medicine,¹¹⁷ and he followed his parents’ wishes. He attended medical school at University of California San Francisco and studied toxicology. He accepted the orthodoxy of medicine until he met several mentors at UCSF who challenged his worldview. Dr. Frederick Meyers was a professor of pharmacology, who testified before congress in 1960 and 1961, including before the Kefauver Crime Commission, on the unethical practices of pharmaceutical companies;¹¹⁸ Meyers modeled direct political engagement. Smith was also inspired by another professor Dr. Earl Marsh, who spoke candidly about his own experience with addiction.¹¹⁹ And Dr. Joel Fort, an iconoclastic psychiatrist who started a public drug addiction clinic in the 1960s called the Center for Special Problems,¹²⁰ ushered Smith out of the research laboratory and

¹¹⁷ R. Seymour and D. E. Smith, *The Haight Ashbury Free Medical Clinics: Still Free After All These Years, 1967-1987* (Partisan Press, 1986), 20.

¹¹⁸ Source 1: Frederick M Meyers, “Drug Industry Antitrust Act. Part 3: Patent Provisions,” Subcommittee on Antitrust and Monopoly; Committee on the Judiciary. Senate (1961), <https://congressional.proquest.com/congressional/docview/t29.d30.hrg-1961-sjs-0050?accountid=15172>. Source 2: Frederick M Meyers, “Administered Prices. Part 18: Administered Prices in the Drug Industry (General: Physicians and Other Professional Authorities),” Subcommittee on Antitrust and Monopoly; Committee on the Judiciary. Senate (1960), <https://congressional.proquest.com/congressional/docview/t29.d30.hrg-1960-sjs-0018?accountid=15172>.

¹¹⁹ Seymour and Smith, *The Haight Ashbury Free Medical Clinics*, 20.

¹²⁰ Steve Chawkins, “Joel Fort Dies at 86; Iconoclastic Psychiatrist Testified in Patty Hearst Case,” *Los Angeles Times*, August 27, 2015, <http://www.latimes.com/local/obituaries/la-me-joel-fort-20150828-story.html>.

introduced him to the notion of community medicine.¹²¹ Dr. Fort emphasized the need for humane drug treatment, which ran counter to the prevailing Synanon model of punitive and humiliating tactics.¹²² All three of these “father figures” aided Smith in opening the free clinic, and Dr. Joel Fort even went on to testify alongside him in the 1969 Senate hearings on alcoholism and narcotics.¹²³

The Haight-Ashbury

At twenty-seven years old, Smith was living in Haight-Ashbury and was profoundly influenced by the bohemian culture around him. Speaking of himself in the third person, Smith wrote, “Smith identified with the young people. He shared their frustration and disillusionment with society and their Rousseauian faith in the virtue of natural, presocial man. He wanted to become bohemian, to free himself of inhibitions.”¹²⁴ Smith aligned himself with the new hippie community in Haight-Ashbury.

The Haight-Ashbury neighborhood was built up in the late nineteenth century as an upper-middle-class enclave full of ornate Victorian homes. Though it survived the 1906 fire, the San Francisco trolley system bypassed the area and left it to decay. In the

¹²¹ David E. Smith and John Luce, *Love Needs Care; a History of San Francisco's Haight-Ashbury Free Medical Clinic and Its Pioneer Role in Treating Drug-Abuse Problems*, 1st ed. (Boston: Little, Brown, 1971), 136.

¹²² C. G. Batiste and L. Yablonsky, “Synanon: A Therapeutic Life Style.,” *California Medicine* 114, no. 5 (May 1971): 90–94.

¹²³ “Alcoholism and Narcotics, Part 1,” Special Subcommittee on Alcoholism and Narcotics, Committee on Labor and Public Welfare. Senate; Committee on Labor and Public Welfare. Senate (1969), <https://congressional.proquest.com/congressional/docview/t29.d30.hrg-1969-lpw-0027?accountid=15172>.

¹²⁴ Smith and Luce, *Love Needs Care*, 136.

first half of the twentieth century, the Haight was working class while the North Beach neighborhood typified bohemian life. Eventually North Beach became the epicenter of the Beat Generation with Jack Kerouac as its ideological leader. Young beatniks flocked there during the mid-1950s, and as the neighborhood saturated, they looked elsewhere in the city. With its low rents and large houses which could accommodate communal living, Haight-Ashbury stood out as the next best option.¹²⁵

Haight-Ashbury was where the chemist Dr. Albert Hoffman first ingested LSD in 1943 and noted its powerful hallucinogenic effects. As young bohemians explored the mind-altering properties of the drug throughout the 1960s, the neighborhood eventually became synonymous with the psychedelic counter-culture.¹²⁶ In theory, LSD was a tool for the counterculture to achieve larger aims: to challenge and rethink social norms and structures. Against the backdrop of the Vietnam War and “middle-class morality,” the hippies lived communally in opposition to the traditional nuclear family. They rejected capitalist constructs and, instead, shared resources. They relied on home-grown municipal services through organizations like the Diggers and Hare Krishnas, which provided food, shelter and clothing.¹²⁷ They pioneered new forms of art and music that aligned with their vision of “free love” and peace.¹²⁸

¹²⁵ Seymour and Smith, *The Haight Ashbury Free Medical Clinics*, 9-15.

¹²⁶ *Ibid.*, 14.

¹²⁷ Michael William Doyle, “The Haight-Ashbury Diggers and the Cultural Politics of Utopia, 1965-1968” (Cornell University, 1997), ProQuest Dissertations & Theses Global (304339933), <https://search.proquest.com/docview/304339933?accountid=15172>.

¹²⁸ Source 1: Smith and Luce, *Love Needs Care*, 102-109. For more on the counterculture movement in the Haight-Ashbury, see source 2: Charles Perry, *The Haight-Ashbury: A History*, 1st ed (New York: Random House, 1984). For an account of the musical history of this era, see source 3: Sarah Hill, *San Francisco and the Long 60s* (New York: Bloomsbury Academic, 2016).

The hippie movement in San Francisco reached its heyday at the Human Be-In on January 14, 1967. 30,000 people organized in Golden Gate Park to demonstrate their radical worldview. Here, Timothy Leary, a psychedelic proselytizer and a leader of the hippie movement, coined the phrase “turn on, tune in, drop out,” encouraging his followers to use LSD to achieve enlightenment.¹²⁹ This event was covered widely in the news media and attracted the attention of young people around the country. When school was out, an estimated 100,000 teens and college students flowed into the area, seeking the hippie lifestyle. The summer of 1967 was termed the “Summer of Love,” but the reality was far bleaker; the infrastructure of the Haight-Ashbury simply could not accommodate the influx of people. Overcrowding, hunger and disease outbreaks ensued.¹³⁰

Medical Need and A Model of Care

Living at the epicenter of the counterculture movement during 1967, Dr. Smith recognized that hippies lacked access to medical and psychiatric care. This impression was further reinforced through his work as the chief of the Alcohol and Drug Abuse Screening Unit, a division of Dr. Fort’s clinic. Though many hippies suffered acute anxiety in the setting of LSD use, these young people found that the existing institutions in the city created systemic barriers to care or outright harassed them. Hippies avoided San Francisco General out of fear of arrest. At Mission Emergency Hospital, some were

¹²⁹ National Geographic Society, “Human Be-In,” *National Geographic Society*, December 12, 2014, <http://www.nationalgeographic.org/thisday/jan14/human-be/>.

¹³⁰ “The Hippies Who Hated the Summer of Love,” *Longreads*, August 7, 2017, <https://longreads.com/2017/08/07/the-hippies-who-hated-the-summer-of-love/>.

refused treatment or confined in isolation units. And at Park Emergency Hospital, physicians subjected hippies to burdensome administrative tasks or flat-out denied them care.¹³¹ Smith decided the neighborhood needed a facility of its own to provide drug detoxification, psychiatric care, education and medical treatment.

At the time, Smith knew a nurse who had worked at the Watts Clinic (South Central Multipurpose Health Clinic) in Los Angeles. This clinic was founded in 1967 in the wake of the 1965 riots and was one of the country's first community health centers. It provided comprehensive outpatient primary and specialty care to adults and children. Smith was impressed with how the clinic successfully served marginalized black people in their neighborhood by engaging patients in a Community Health Council that steered the clinic and hiring volunteer staff from the community as "neighborhood health agents." The clinic also founded one of the first community-based residential drug treatment programs in the country.¹³² Smith described the clinic as a "neighborhood center with political influence that gave its patients and volunteer paramedical staff a stake in the system they despised."¹³³

The Clinic's Beginnings

A community-based approach appealed to Smith, who saw hippies as a "minority group...estranged from the dominant American culture by their beliefs, language and

¹³¹ Smith and Luce, *Love Needs Care*, 133-134.

¹³² Jenna M. Loyd, *Health Rights Are Civil Rights: Peace and Justice Activism in Los Angeles, 1963/1978* (Minneapolis: University of Minnesota Press, 2013), 51-76, <http://muse.jhu.edu/books/9781452941448>.

¹³³ Smith and Luce, *Love Needs Care*, 136.

lifestyle.” He envisioned a health center in Haight-Ashbury based loosely on the Watts model, which would work from within the counterculture community and would focus its efforts on treating drug users.

Smith’s proposal draft for the clinic described an innovative model of care that would address the whole patient. He stated, “In dealing with the widely varying problems of the Haight-Ashbury area, there will be few aspects of the indigent individual’s situation which will be excluded. The primary objectives of the clinic will include the treatment of acute medical and acute and chronic drug and drug-associated problems.”¹³⁴

Smith found a kindred spirit in Robert Conrich, a hippie himself who had “dropped out” with the help of LSD, who hoped to open a treatment center for adverse reactions to hallucinogens. Though the two agreed on the need for more accessible medical treatment, their initial approaches diverged. While Smith favored an interventionist style, seeking to actively improve his patients’ lives, Conrich advocated for a passive approach, arguing that hippies could take care of themselves.¹³⁵ Despite his support of the counterculture community, Smith showed signs of his controlling tendencies from the clinic’s conception.

Smith and Conrich also disagreed on the extent of government participation in the clinic. Though the city Public Health Department had neglected Haight-Ashbury up to that point, Smith wanted the support of the Establishment; Conrich, on the other hand preferred private funding. With the backing of Dr. Fort, Smith approached the Public

¹³⁴ Proposal draft, David E. Smith, M.D. and Robert Conrich, 1967, David E. Smith Scrapbooks, Haight Ashbury Free Clinic Digital Collection, UCSF Archives & Special Collections, UCSF Library.

¹³⁵ Ibid., 137.

Health Department for funds. Dr. Ellis Sox, the commissioner at the time, rejected the premise and promptly fired Dr. Fort. Smith and Conrich had no choice but to start a private clinic.¹³⁶

The two worked with Smith's mentor Dr. Meyers to cobble together liberal volunteer clinicians. Smith and Conrich held a roundtable conference in May 1967 during which they were able to recruit medical students, physicians and nurses. They also met John Luce, a reporter for *Look Magazine*, who was eager to publicize Smith's efforts. Last, they joined with Leonard Wolf, the founder of a community education center, the Happening House, to open their facilities under one roof.¹³⁷

The clinic organizers were able to secure donated supplies from private hospitals and janitorial companies and medications from pharmaceutical representatives. Sedatives and antipsychotics like thiorazine were most critical in order to treat adverse drug reactions. They raised the meager funds needed to rent out an old dentist's office at 558 Clayton Street in the center of the Haight.¹³⁸ The clinic's motto "Love Needs Care" hung outside along with a logo of a white dove. On June 7, 1967, The Haight Ashbury Free Medical Clinic opened its doors.¹³⁹

The clinic was founded with explicitly symbolic, idealistic intentions. Smith asserted of himself, "He saw the center as a way of demonstrating that the straight world had room for the hippies and the beats. And he hoped to show the hip world that its philosophy required responsible care. The center...was to be a symbol encompassing the best of two worlds. It might make the Health Department become more responsive to

¹³⁶ Ibid., 138.

¹³⁷ Ibid., 142-143.

¹³⁸ Ibid., 143-144.

¹³⁹ Seymour and Smith, *The Haight Ashbury Free Medical Clinics*, 40.

minorities. It might educate the beats and hippies. It might serve as a model in the treatment of drug abuse. It might emerge as an inspiration for communities everywhere.”¹⁴⁰

These were lofty goals. Smith believed that he could reconcile the hip and the straight worlds, and in doing so, become part of the hippie community he longed to join. In service of this goal, he attempted to create strong ties between the clinic and the community. “[Smith and Conrich] told their potential volunteers that the facility’s future success would depend on its acceptance within the new community.”¹⁴¹ Smith and Conrich laid out their plan for how to achieve such acceptance in their proposal draft for the clinic:

In order to evoke the feeling of confidence it will be necessary insofar as is practical, to direct the atmosphere of the clinic to conform with the accepted standards of the community at large. This would be promoted by appropriate architectural motifs, use of community resources for non-medical positions, involvement in existing projects, and an administrator familiar with and sympathetic to local conditions and acquainted with the administrative affairs of the community.¹⁴²

As such, the clinic recruited community members to staff the clinic, decorated the facility with hip graffiti and posters (seen in Figure 11), and solicited support from hippie leaders.¹⁴³ Smith’s emphasis on community engagement was not just about making the clinic function, but also understanding the nature of drug abuse. In his 1969 congressional testimony, Smith stated, “so many people make statements without ever

¹⁴⁰Smith and Luce, *Love Needs Care*, 138.

¹⁴¹ *Ibid.*, 144.

¹⁴² Proposal draft, David E. Smith, M.D. and Robert Conrich, 1967, David E. Smith Scrapbook, Haight Ashbury Free Clinic Digital Collection, UCSF Archives & Special Collections, UCSF Library.

¹⁴³ *Ibid.*, 146.

having direct exposure to the users. I think you can only understand the drug abuse problem if you go to where the action is.”¹⁴⁴



Figure 11: Haight Ashbury Free Clinic patients in the waiting room. Gene Anthony, 1967. Courtesy of UCSF Archives & Special Collections.

¹⁴⁴ Alcoholism and Narcotics, Part 1, 16.

Smith's choice to call the clinic "free" also represented his ideology of providing community-oriented healthcare. He stated, "The 'Free' in Free Clinic refers more to a state of mind than to the absence of a cashier. Free means an entire philosophy of service in which the person is treated rather than his or her disease; it is an important distinction. In a free clinic the focus is on health caring for the whole person, on providing a service which is free of red tape, free of value judgments, free of eligibility requirements, free of emotional hassles, free of frozen medical protocol, free of moralizing, and last and not least, free of charge."¹⁴⁵ The protocols of the clinic reflected this philosophy. Patients were not required to show identification or proof of financial need. Staff turned a blind eye as minors lied about their age to avoid the need for consent from their parents.¹⁴⁶ Bob Conrich told a patient, "if we weren't cool here, nobody would come! We're here to take care of people. not get them busted."¹⁴⁷ However, Smith's willingness to live by this ethos later faltered as he confronted widespread amphetamine abuse in the Haight.

The clinic opened during the peak of the Summer of Love, and the difficult reality of the project quickly became apparent. The clinic saw 250 people on the first day of operation. Many of the patients during these early days presented with adverse reactions to hallucinogens, and more than fifteen patients per hour were treated at the "calm center." One staff member recalled, "it was like working in a field hospital in a combat zone. There was noise and sweat and freaky things happening every minute. And all we had to work with after the tranquilizers ran out were candles -- and love."¹⁴⁸ The clinic

¹⁴⁵ Seymour and Smith, *The Haight Ashbury Free Medical Clinics*, 36-37.

¹⁴⁶ Smith and Luce, *Love Needs Care*, 158.

¹⁴⁷ David Perlman, "A Medical Mission in the Haight Ashbury," *San Francisco Chronicle*, June 17, 1967, 1, 7.

¹⁴⁸ Smith and Luce, *Love Needs Care*, 161.

soon developed a treatment procedure known as the “psychedelic talk-down,” in which patients were accompanied by a clinic volunteer to a quiet area where they were told the experience was temporary.¹⁴⁹ Their gentle approach stood in contrast to the harsh tactics used at local emergency rooms.

Within a few weeks of opening, Smith, Conrich and the staff could see that the clinic was working. Drug users had the opportunity to contribute to society and young vulnerable people had somewhere to go for health care. One volunteer stated, “The Clinic gave me something other than drugs to believe in...It was the only bridge in the city between hip and straight worlds.”¹⁵⁰ Medical volunteers also found their work at the clinic profoundly meaningful. One physician wrote, “what excited me most was that we were trying to evolve a new and badly needed approach to community health problems.”¹⁵¹ Beyond personal fulfillment, the clinic proved to be a cost-effective model of health care delivery because the Haight Ashbury Free Medical Clinic was seeing more patients than Park Emergency Hospital at a lower cost.¹⁵²

The clinic’s opening soon garnered media attention. A front-page story “A Medical Mission in the Haight-Ashbury” ran in the *San Francisco Chronicle* in July 1967. The famed science reporter David Perlman described the clinic’s mission and captured a day in the life – the scene in the waiting room, the garb of volunteers, the treatment of conditions ranging from the common cold to a life-threatening pneumonia.¹⁵³ This first article led to more news coverage, and as the word spread,

¹⁴⁹ Seymour and Smith, *The Haight Ashbury Free Medical Clinics*, 41.

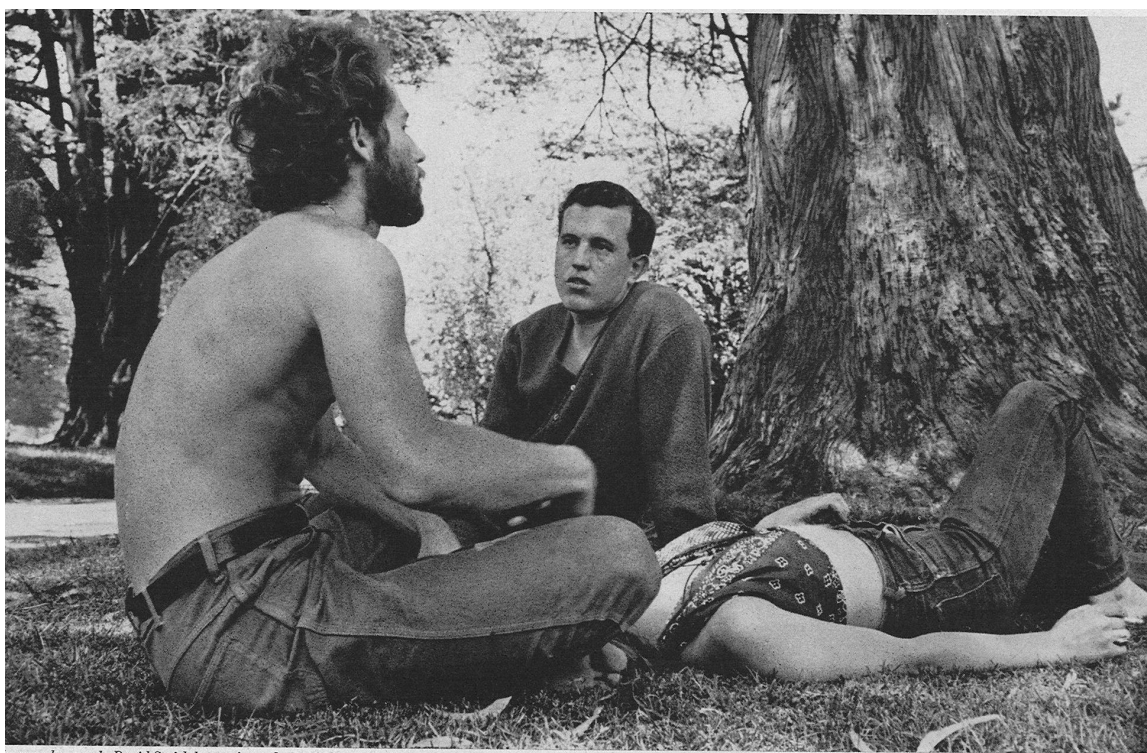
¹⁵⁰ Smith and Luce, *Love Needs Care*, 163.

¹⁵¹ *Ibid.*, 166.

¹⁵² *Ibid.*, 169.

¹⁵³ Perlman, “A Medical Mission in the Haight Ashbury.”

donations and volunteers flowed in. John Luce, who would go on to become Smith's writing collaborator and later a physician himself, published "A Young Doctor's Crusade" in *Look Magazine* in August 1967 (see Figure 12). Luce described Smith as an iconoclast with a unique ability to reach young drug users. The piece emphasized Smith's affinity for hippies and his non-punitive approach to treating their "bad trips" and medical conditions. With this glowing article, Luce helped to cultivate Smith's image as a pioneering activist.¹⁵⁴



in an urban park, David Smith learns from the young.

*Figure 12: Dr. David Smith talking with Haight-Ashbury residents. Clipping from 1967 *Look* article "A Young Doctor's Crusade." Courtesy of UCSF Archives & Special Collections.*

¹⁵⁴ John Luce, "A Young Doctor's Crusade," *Look*, August 8, 1967, 24-28.

LSD: A Higher Purpose

Despite the chaos at the clinic, Smith looked kindly on its hippie patients, casting their LSD abuse as relatively innocent. He bought into Timothy Leary's philosophy that LSD was a path to enlightenment, not merely a hedonistic pleasure. The section of *Love Needs Care* on LSD is entitled "The Unity of All Things," suggesting Smith's elevated view of the drug. In this section, he described the history of the drug as well as its physical and behavioral effects. Current understanding is that LSD induces hallucinations in all sensory modalities as well as synesthesia through activity on the serotonergic system. Hallucinations may be perceived as threatening and induce a paranoid reaction or "bad trip." Flashbacks may also occur after use.¹⁵⁵ Smith noted the basic effects of LSD while acknowledging the potential for adverse reactions and persistent psychotic episodes, but he went a step further. He expounded on LSD's powers of ego dissolution, which he said allowed users to "feel uniquely close to all living things" and as if "they have transcended so-called ordinary existence."¹⁵⁶ Of Haight-Ashbury bohemians, Smith stated that "they believed that LSD could heighten their esthetic and philosophical acumen. They looked upon hallucinogens as therapeutic agents which could give them instant satori and help them feel."¹⁵⁷ He did not question these claims. In his flowery

¹⁵⁵ H. P. Rang et al., *Rang & Dale's Pharmacology*, Eighth edition (United Kingdom: Elsevier Churchill Livingstone, an imprint of Elsevier Limited, 2016).

¹⁵⁶ Smith and Luce, *Love Needs Care*, 91-93.

¹⁵⁷ *Ibid.*, 95.

descriptions of LSD's powerful properties, Smith made clear that LSD use had a valid purpose – unlike amphetamine use that would come to dominate the Haight.¹⁵⁸

Not only did Smith put LSD, the drug, on a pedestal, but he also elevated LSD users as a superior kind of drug user. His belief in the exceptionalism of “acid heads” was evident in his 1969 congressional testimony in which he stated that “there is a great diversity in drug users. In the early days of the Haight-Ashbury they had predominantly what one would call a hippie or a head population. They took LSD, smoked marijuana, were essentially nonviolent, and could be called a psychedelic subculture.”¹⁵⁹ Patient stories about LSD users in *Love Needs Care* were presented in a positive light. One patient, Alan, with uncontrollable flashbacks, reflected “I know for me acid was the best thing that ever happened. I had one bummer, but most of my trips have been good, man. I really bloomed on acid, like I was a flower.”¹⁶⁰

Smith's view that LSD use could be helpful and meaningful allowed him to see users as full people. LSD consumption was merely a part of hippies' complex lives situated in a philosophically enlightened community. And when LSD users suffered the negative consequences of the drug, namely bad trips, Smith was eager to care for them. In fact, his desire to humanely treat adverse hallucinogen reactions was his major motivation to start the free clinic. Smith's humanistic approach towards LSD users is evident in the art photographs in *Love Needs Care*. Like Larry Clark, Smith recognized

¹⁵⁸ Moon, “The Amphetamine Years: A Study of the Medical Applications and Extramedical Consumption of Psychostimulant Drugs in the Postwar United States 1945-1980;” Rasmussen, *On Speed: The Many Lives of Amphetamine*. Both Moon and Rasmussen have pointed out Smith's generous attitude toward LSD use and contrasted it with his more critical view of amphetamine use.

¹⁵⁹ Alcoholism and Narcotics, Part 1, 50.

¹⁶⁰ Smith and Luce, *Love Needs Care*, 130-131.

the importance of making the hidden visible and of drawing the viewer into the lives of hippie youth. Not only did Smith include portraits of patients and staff at the clinic, but also of people out in the neighborhood, engaged in peaceful, counterculture activities. In one image, people are eating a free meal at the Krishna Consciousness Temple. Another photograph is captioned “Haight Street: acid art,” and depicts a young man and a child sketching together. The hippie community and the clinic serving it were presented as equal partners. Smith’s affinity for hippies and his ability to see their drug use and their struggles as dignified and human made the grueling work of providing free care possible.

Amphetamine Darkens a Community

Over the course of the summer of 1967, Smith saw drug use shifting away from LSD and towards amphetamine. LSD use was criminalized in California, effective October 6, 1966,¹⁶¹ making it harder to access the pure substance. Meanwhile, methamphetamine kitchens had sprouted up in California as early as 1962 and pharmaceutical amphetamine flowed in from Mexico. Dealers claiming to sell pure LSD often cut their product with methamphetamine and young people were high on speed unknowingly. As Smith perceived the population shifting toward “speed freaks,” his outlook on young people in Haight-Ashbury changed. Though amphetamine users looked like hippies, Smith saw them as an entirely separate subculture that, unlike peace-loving

¹⁶¹ John Moretta, *The Hippies: A 1960s History* (Jefferson, North Carolina: McFarland & Company, Inc., Publishers, 2017), 114.

hippies, “sanctioned violence and crime.”¹⁶² His negative view of this group was simplistic and heavily reliant on stereotypes perpetuated by the media at that time.

Smith outlined perceived distinctions between LSD- and amphetamine-users in his 1969 article “Speed Freaks vs. Acid Heads: Conflict Between Drug Subcultures.” Smith defined “speed freak” as “the name given to the compulsive high-dose methamphetamine user.” He argued that the acid subculture and speed culture are “antithetical.” Smith asserted that, while LSD is used orally, many amphetamine users go on to inject the drug due to “group pressure” or “personality problems.” According to Smith, the user’s motivations for taking each drug also differed: “Rather than seeking a *flash* or a thrill as do the *speed freaks*, the chronic LSD user develops a complex set of motivations for his drug use, involving self-psychoanalytic, pseudoreligious and creative aspirations.” “Acid heads” often felt profoundly transformed by the psychedelic experience and developed a belief in nonviolence, returning to nature and even magic. Smith claimed that these beliefs encouraged members of the acid subculture to live in peaceful, communal environments in contrast to speed freaks whose social groupings precipitated adverse drug reactions. Smith also pointed out that no studies had shown organic brain damage from LSD whereas speed was known to cause aggregate toxicity in the form of amphetamine-induced anxiety and psychosis. Smith lamented that, because of these profound divisions, speed freaks had driven hippies out of the Haight-Ashbury.¹⁶³

¹⁶² Smith and Luce, *Love Needs Care*, 176.

¹⁶³ D.E. Smith, “Speed Freaks vs. Acid Heads. Conflict between Drug Subcultures.,” *Clinical Pediatrics* 8, no. 4 (1969): 185–188, <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0014497408&partnerID=40&md5=15d519c0afdbf10293f6d975dc8a0081>.

And when the hippies were gone, Smith believed speed freaks were incapable of providing public services for themselves like the Diggers had done.¹⁶⁴

Not only did Smith cast methamphetamine use as inferior to LSD use, he personally maligned amphetamine users as monstrous and depraved. Smith's attitude toward speed freaks is made comically apparent in his horror-film-like description of the clinic's chief psychiatrist's visit to a "crystal palace." Though *Love Needs Care* is ostensibly a medical history text, Smith used sensational language reminiscent of lurid descriptions of Linda Fitzpatrick's death.

Gaunt and menacing faces peered out at him as he walked down the second-floor hallway, and he noticed corpse-like figures stretched out on the floors and the furniture in several shuttered rooms...he was ushered toward a locked door behind which he could hear high-pitched screams...the door was opened to reveal a thin, deathly white female face. Dr. Dernberg entered a room that was strewn with needles, piles of white powder, bed sheets, sleeping bags, soft-drink cartons and cat dung. He was then directed toward a bed over which three people were leaning. Beneath them lay a six-foot AWOL serviceman who weighed less than ninety pounds. He was lying in a foul pool of sweat. Beside him was a much-used needle with a broken, rusty tip. His jaundiced face glistened with perspiration and was sunken around the eye sockets. His heart raced. His arms, visible under the shreds of a long-sleeved uniform, were covered with fresh tracks or needle punctures and swollen with abscesses the size of baseballs. Running up to one shoulder was a darkened blood vessel, the sign of septicemia, or blood poisoning. He mumbled incoherently and writhed under Dr. Dernberg's touch. He screamed: "Let me die; don't bust me; I've had enough."¹⁶⁵

This passage is a far cry from the clinical, objective language found in most medical literature. Nor is it a sensitive and nuanced psychological analysis like Smith's descriptions of the acid subculture. Instead, the figures described are frightening.

In *Love Needs Care*, Smith also portrayed speed freaks as self-absorbed perverts. He quoted Terry, a twenty-two-year-old meth user, "I was in love with myself. At times I

¹⁶⁴ Smith and Luce, *Love Needs Care*, 221.

¹⁶⁵ *Ibid.*, 177.

would think of these sexual acts like, female, come in here and let me do all these weird things to you, but when the final orgasm takes place I don't want you here – I want it all for myself.”¹⁶⁶ Smith cherry-picked vulgar, shocking stories that cast amphetamine users as deserving of disdain. And to heighten the fearmongering, Smith stated that there were thousands more like Terry in the Haight.

However, the voices of amphetamine users themselves at the time painted a different picture. In contrast to Smith, Dr. Leonard Grinspoon opened his book *The Speed Culture* with a sympathetic, first-person account of amphetamine addiction. The anonymous narrator was wealthy and well-educated, and struggled with depression in the setting of his mother's psychosis. During graduate school, he tried amphetamines for the first time, which began a thirteen-year-long struggle with the drug. He ultimately recovered from his addiction and wrote, “I don't think I will ever be the person that I would have been, had I never taken speed...any possible benefit pales beside the lost wife, friends, time, fun, opportunities, jobs, and money that speed stole from me. I let the thief in, because he seemed so helpful. I found out just in time that he was an indiscriminate killer, and I have been very lucky to get the best medical help.”¹⁶⁷ Unlike the amoral deviants described in *Love Needs Care*, this narrator conveyed the unfortunate circumstances surrounding his amphetamine abuse and elicited empathy from readers through introspection, remorse, and gratitude.

And not all amphetamine users conceptualized the drug as entirely a hedonistic pleasure. Many high-profile creative people in the 1960s and early 1970s relied on

¹⁶⁶ Ibid., 221.

¹⁶⁷ Lester Grinspoon and Peter Hedblom, *The Speed Culture: Amphetamine Use and Abuse in America* (Cambridge, Mass: Harvard University Press, 1975), 9-10.

amphetamine for its productivity-induced effects. Hunter S. Thompson, who used speed himself and wrote extensively on amphetamine users, included in his author notes in *Fear and Loathing on the Campaign Trail '72*, “with the final chapter still unwritten and the presses scheduled to start rolling in twenty-four hours [...] unless somebody shows up pretty soon with extremely powerful speed, there might not be a final chapter. About four fingers of king-hell Crank would do the trick, but I am not optimistic.”¹⁶⁸ Likewise, Andy Warhol used the diet drug Obetrol (now Adderall) to produce art prolifically. He wrote in *POPism*, Obetrol “[gave] you that wired, happy go-go-go feeling in your stomach that made you want to work-work-work.”¹⁶⁹ In spite of health risks, Thompson and Warhol saw amphetamines as tools to further their creative contributions, complicating Smith’s one-dimension image of speed users.

Back at the clinic, providers treated over three hundred speed freaks during the summer of 1967. In a study of their chief complaints, Smith identified that 88 percent had acute anxiety reaction and 57 percent had amphetamine-induced psychosis.¹⁷⁰ To deal with the increased traffic, the clinic acquired a second building at 409 Clayton street, part of which was used specifically to “isolated and detoxify speed freaks.”¹⁷¹ The rest of the facility was used for the Happening House, the Psychiatric Section of the clinic, and the

¹⁶⁸ Hunter S. Thompson, *Fear and Loathing: On the Campaign Trail '72* (New York: Fawcett Popular Library, 1973), 21.

¹⁶⁹ Andy Warhol and Pat Hackett, *POPism: The Warhol '60s*, 1st ed (New York: Harcourt Brace Jovanovich, 1980), 32.

¹⁷⁰ D. E. Smith and C. M. Fischer, “An Analysis of 310 Cases of Acute High-Dose Methamphetamine Toxicity in Haight-Ashbury.,” *Clinical Toxicology* 3, no. 1 (March 1970): 117–124, <https://doi.org/10.3109/15563657008990106>.

¹⁷¹ Smith and Luce, *Love Needs Care*, 197.

new Publications Sections, which distributed health information and put out the *Journal of Psychedelic Drugs*.¹⁷²

Many amphetamine users presented with acute physical ailments, including malnutrition, traumatic injury, hepatitis, abscesses and cellulitis.¹⁷³ As Smith saw patient presentations becoming more severe, he felt the clinic increasingly taxed. He speculated that “acid heads” were spared many of these conditions because they did not inject drugs and were more concerned than speed freaks with their physical health. But because these subcultures lived in such close proximity, both were affected by the multiple infectious diseases that swept through the neighborhood, including measles, mononucleosis, streptococcal pharyngitis, influenza, and upper respiratory infections. Even Smith himself was infected with measles.¹⁷⁴

Smith’s feeling that the clinic was being threatened and overrun by speed freaks was embodied in the figure of Papa Al. In *Love Needs Care*, Smith described Papa Al as a charismatic leader in the amphetamine-user community. He ran a supportive facility for speed freaks, but “others” claimed it was a place to train drug pushers and that Papa Al himself was a speed dealer. Papa Al became involved with the clinic in July 1967 and, at first, helped to recruit patients and volunteers. However, Smith soon discovered that Papa Al was trying to use the clinic as his “base of operations.” Papa Al’s encroachment came to a head on the night of July 22, 1967, when rumors spread that “blacks were going on a rampage.” Papa Al claimed that he had seen a mob, brandishing weapons, so he stood guard at the front of the clinic, wielding two guns. He then tried to recruit the Hell’s

¹⁷² Ibid., 194-197.

¹⁷³ Ibid., 178.

¹⁷⁴ Ibid., 181-182.

Angels to his post. When the threat was proven to be unfounded, Papa Al still claimed to be the savior of the clinic.¹⁷⁵ Smith's description of Papa Al as a liar and a charlatan, sowing chaos and violence, functions as synecdoche for the entire speed culture. To Smith, speed freaks were *bad* people.

On the other side of Smith's equation were the victims of evil speed freaks. He told the story of Jackie, a nineteen-year-old patient-turned-volunteer at the clinic. She, like Smith, lamented the loss of hippie culture in the Haight.

You know, sometimes I just wish I was back in Kindergarten, doing what I wanted with no one hassling me. It used to be like that here, like when I first came – people giving away flowers, sharing their food. Hell, you never had to buy acid; you could just stand on Haight Street and somebody'd walk up and lay it on you. Now, this shit they're selling; you know we had a chick in the calm center yesterday who looked like she'd swallowed rat poison. It's turned into a big ego trip; nobody smiling, nobody sharing anything. People locking themselves inside and the speed freaks fucking it up for everyone.¹⁷⁶

Smith used Jackie's voice as a surrogate to express his fear and frustration about amphetamine abuse. But the voices of amphetamine abusers are missing from Smith's narrative.

The Clinic Under Duress

With the high number of methamphetamine users presenting to the clinic, Smith and the other volunteers found it increasingly strenuous to continue their work. The clinic's difficulties were both logistical and philosophical. After a failed benefit concert

¹⁷⁵ Ibid., 199-201.

¹⁷⁶ Ibid., 205.

and door-to-door campaign, the clinic did not have the funds to make ends meet. The medical section of the clinic was forced to close on September 22, 1967. Smith wrote that many saw the clinic's closure as a metaphor for the end of the Summer of Love.

Community leaders, including the Diggers and the Thelin Brothers, staged a mock funeral for the "Death of Hip," during which mourners stopped at 558 Clayton Street to scrawl "Where has all the love gone?"¹⁷⁷

The clinic staff was left questioning whether to even reopen given the population shift. Many who worked at the clinic, including Smith himself, had envisioned the clinic as a haven for hippies and were dismayed to find the clinic population dominated by speed freaks. Smith explained,

When the organizers first conceived of their facility, they and the others who worked there shared a sympathy for and an identity with the beats and hippies, an enthusiasm for the ideals of the psychedelic movement, a dissatisfaction with current medical practices and a vague desire to do something in the community health field. While implementing this desire over the summer, they learned how difficult yet personally rewarding it was to provide alienated young people with some semblance of proper care. Theirs was still not a neighborhood center...But they felt a strong commitment to community medicine, even though the new community they had once hoped to help had all but disappeared...Some also believed that it was a hip organization which had outlived its usefulness now that most of the hippies were gone.¹⁷⁸

The clinic did ultimately reopen on November 1st, 1967, but according to Smith, the sense of unease among the staff persisted as they confronted increased violence, frequent break-ins, and police raids. Without evidence, Smith attributed "much of the violence" in The Haight to amphetamine abusers. And the clinic was at the center of this violence. Homeless young people occupied the Happening House. The city's Tactical

¹⁷⁷ Ibid., 206-209.

¹⁷⁸ Ibid., 227-228.

Squad put down a spontaneous street dance with tear gas, mace and riot sticks and the clinic was flooded with casualties. Papa Al put out a hit on Dr. Smith, advertising money and drugs in exchange for his “scalp.” Smith began carrying a gun for protection. Arson threats were made on the clinic. In response to these events, Smith wrote that “Most of the volunteers were extremely depressed by what was happening in the Haight-Ashbury, and the violence seemed to intensify their increasingly stoical attitude.”¹⁷⁹

Retreating to Research

As his disillusionment grew, Smith distanced himself from the day-to-day affairs of the clinic. He withdrew from clinical care and focused on outward-facing pursuits. Smith used the chaos at the clinic as motivation to better understand amphetamine abuse through research, but his biases persisted in this realm. Along with Dr. Frederick Meyers and a medical student Frederick Shick, Smith conducted a drug-use survey of 413 young people in the Haight-Ashbury during September 1967, published in 1970 as “Patterns of Drug Use in the Haight-Ashbury Neighborhood.” In keeping with the community-based model of the clinic, they hired community members to administer the survey in order to foster honesty among participants. Their novel approach was successful: only 1 percent of people refused. In another progressive move, the authors explained drug abuse as a multifaceted problem, attributable not only to the drug itself but to individual and social factors. However, the researchers framed their study in terms of the division between acid heads and speed freaks despite a paucity of data to support this paradigm.

¹⁷⁹ Ibid., 251-255.

Amphetamine use was found to be popular. 35 percent of respondents had used intravenous amphetamine and 67 percent had used oral amphetamine. But occasional and regular users far outnumbered habitual users (“speed freaks” per Smith’s definition). And psychedelics, mainly LSD, were more popular than amphetamines; 87 percent had used this type of drug at least once. Psychedelics were also the most commonly habitually used drug after marijuana. Notably, a separation between LSD and amphetamine users was not apparent in the data. Instead, people who used drugs tended to use multiple drugs. Habitual users of intravenous amphetamines were significantly more likely to be habitual users of other drugs and many occasional intravenous amphetamine users were habitual users of psychedelics. In addition, the majority (58.6 percent) of all respondents preferred psychedelics. Even among habitual intravenous amphetamine users, the majority still preferred LSD. That is to say, “speed freaks” did not consider speed their drug of choice. In a later survey conducted in 1968, more respondents had tried amphetamine than in 1967, but the number of habitual users (i.e. speed freaks) remained stable.

Despite these findings, which blurred the line between speed freaks and acid heads, Smith insisted in this article, “As the community of “speed freaks” emerged, the persons who were the “acid heads,” that is the more moderate users of marijuana and LSD, began to dwindle in number as they left the Haight when two diverse groups began to conflict. Although the shift from the regular and habitual use of LSD to the habitual use of intravenous amphetamine appeared, on the surface, to involve merely a change in intoxicating agent, in retrospect it represented a dramatic transformation of the

community and was to have far-reaching consequences from drug-using subcultures all over the nation.”¹⁸⁰

Using mice, Smith also attempted to model his understanding of amphetamines in social context. He compared mice clustered in groups with isolated control mice. He then injected the mice with D-amphetamine along a dose range. He demonstrated that, when mice were crowded together, there was a high mortality rate at lower doses of amphetamine due to extreme exhaustion and fatal injuries. He called this the “hostile phase.” This high mortality was not seen in the solitary control. He referred to this phenomenon as “behavioral toxicity” or “aggregate toxicity” in contrast to biological toxicity (i.e. mortality related to the physiologic effects of the drug) seen with higher doses of amphetamine in both the grouped and solitary mice. Smith was able to prevent mortality in the low-dose grouped mice by adding the antipsychotic chlorpromazine, which mitigated the behavioral effects of amphetamine. Smith postulated that these results could explain why human amphetamine users become violent when they take the drug in groups. Though these results are compelling, mouse models cannot fully account for the complexity of human behavior.¹⁸¹ Smith’s attempts to distill amphetamine-induced violence to “behavioral toxicity” belied his general view that drug abuse was a multifactorial problem.

¹⁸⁰ J. F. Shick, D. E. Smith, and F. H. Meyers, “Patterns of Drug Use in the Haight-Ashbury Neighborhood,” *Clinical Toxicology* 3, no. 1 (March 1970): 19–56, <https://doi.org/10.3109/15563657008990097>.

¹⁸¹ Charles M. Fischer et al., “Behavioral Mediators in the Polyphasic Mortality Curve of Aggregate Amphetamine Toxicity,” *Journal of Psychedelic Drugs* 2, no. 2 (April 1, 1969): 28–36, <https://doi.org/10.1080/02791072.1969.10524412>.

During 1968-1969, Smith published extensively, often in his own *Journal of Psychedelic Drugs*, on drug use in the Haight-Ashbury¹⁸² as well as specifically on methamphetamine abuse, including patterns of use,¹⁸³ characteristics of dependence¹⁸⁴ and tolerance.¹⁸⁵

During the summer of 1969, Smith fled the community he had worked so hard to join. He left the Haight-Ashbury to seek out the “true” hippies on their communes around California and Oregon and study their lifestyle. Smith and a team of researchers aimed to understand the health needs of the psychedelic community and design medical interventions for them. Many of these communities were difficult to locate and only accessible by jeep trail.¹⁸⁶ From these adventures, the researchers published papers on the new communal movement¹⁸⁷ as well as natural childbirth and communal childrearing in

¹⁸² Margaret Sankot and David E. Smith, “Drug Problems in the Haight-Ashbury,” *The American Journal of Nursing* 68, no. 8 (1968): 1686–1689, <https://doi.org/10.2307/3420974>; “Changing Drug Patterns in the Haight-Ashbury,” *California Medicine* 110, no. 2 (February 1969): 151–157.

¹⁸³ J. Fred E. Shick, David E. Smith, and Donald R. Wesson, “An Analysis of Amphetamine Toxicity and Patterns of Use,” *Journal of Psychedelic Drugs* 5, no. 2 (December 1, 1972): 113–130, <https://doi.org/10.1080/02791072.1972.10471486>; J. Fred E. Shick, David E. Smith, and Frederick H. Meyers, “The Use of Amphetamine in the Haight-Ashbury Subculture,” *Journal of Psychedelic Drugs* 2, no. 2 (April 1, 1969): 63–76, <https://doi.org/10.1080/02791072.1969.10524417>.

¹⁸⁴ David E. Smith, “The Characteristics of Dependence in High-Dose Methamphetamine Abuse,” *International Journal of the Addictions* 4, no. 3 (January 1, 1969): 453–459, <https://doi.org/10.3109/10826086909062026>.

¹⁸⁵ David E. Smith, “Physical vs. Psychological Dependence and Tolerance in High-Dose Methamphetamine Abuse,” *Clinical Toxicology* 2, no. 1 (January 1, 1969): 99–103, <https://doi.org/10.3109/15563656908990918>.

¹⁸⁶ Smith and Luce, *Love Needs Care*, 270.

¹⁸⁷ David E. Smith and James Sternfield, “The Hippie Communal Movement: Effects on Childbirth and Development,” *American Journal of Orthopsychiatry* 40, no. 3 (April 1, 1970): 527–530, <https://doi.org/10.1111/j.1939-0025.1970.tb00711.x>.

these hippie enclaves.¹⁸⁸ Smith's team even published a fawning article on Charles Manson's group marriage commune, in which he wrote "it would impudent to comment on the [Sharon Tate] murders until Manson's trial has been completed."¹⁸⁹ This field trip bordered on the absurd. At a time when the Haight Ashbury Free Medical clinic was inundated with needy patients, and according to Smith's description, the neighborhood was in the midst of a public health crisis, the clinic's Medical Director and ideological leader was off chasing far-flung hippies, including an accused murderer. Smith's empathy gap is nakedly apparent when comparing his compassionate approach to hippies like Charles Manson to his fear and rejection of vulnerable amphetamine users.

Political Escapism

Rather than directly confronting problems facing the Haight Ashbury Free Clinic, Smith threw up his hands. As the clinic faced increased rioting in the Haight, Smith wrote that the violence "conclusively demonstrated that the district needed far more therapy than the Clinic could ever provide." Clinic volunteers felt brutalized by residents and police and were losing hope in the original mission of the clinic.¹⁹⁰ Smith explained that those "who had tried to bridge the straight and hip worlds by working at 409 and 558 Clayton Street finally realized the precariousness of their position. 'The worst thing about

¹⁸⁸ David E. Smith and James L. Sternfield, "Natural Childbirth and Cooperative Child Rearing in Psychedelic Communes," *Journal of Psychedelic Drugs* 3, no. 1 (September 1, 1970): 120–124, <https://doi.org/10.1080/02791072.1970.10471369>.

¹⁸⁹ D. E. Smith and A. J. Rose, "A Case Study of the Charles Manson Group Marriage Commune.," *The Journal of the American Society of Psychosomatic Dentistry and Medicine* 17, no. 3 (1970): 99–106.

¹⁹⁰ Smith and Luce, *Love Needs Care*, 277.

the riots...was that we couldn't identify with either side.”¹⁹¹ This issue of identification was key: Smith and the clinic's volunteers lacked the vocabulary and the ideology to understand and empathize with the young people in the Haight though, in objective terms, these patients were suffering. Instead, the clinic staff chalked the situation up to the ills of amphetamine use, and in doing so, lost the will to help.¹⁹²

Long-time volunteer physicians, including Director of the Psychiatric Section Dr. Dernberg, left the clinic in disgust. By 1969, Smith's descriptions of the Haight in *Love Needs Care* were dystopian, including mentions of “Methedrine Marauders” who performed “ritualized murder.”¹⁹³ Fewer volunteers were left than when the clinic had opened in 1967.¹⁹⁴

As the clinic devolved, Smith took up the mantle of leader of the free clinic movement and advocate for humane addiction policy. He began to lecture and consult for new free clinics around the country, utilizing the symbolic value of the clinic to attract political attention. He appeared on television and radio programs to discuss drug use among young people (see Figure 13). He also interfaced directly with state and federal legislators on issues of drug abuse and treatment.

¹⁹¹ Ibid., 279-280.

¹⁹² This discussion of attitudes towards the clinic's changing patient population would be greatly enriched by the first-person voices of other clinic volunteers apart from Smith. I hope to conduct future research on the Haight Ashbury Free Clinic Collection at the UCSF Archives but most of the boxes have not yet been received by the library. The contents of the digitized portion of the collection are considered for this thesis.

¹⁹³ Ibid., 304.

¹⁹⁴ Ibid., 307.



Figure 13: Dr. David Smith (left) participating in a television taping. Courtesy of UCSF Archives & Special Collections.

Most notably, in 1969, Smith testified before the Senate Special Subcommittee on Alcoholism and Narcotics, part of the Committee on Labor and Public Welfare. Smith expressed his general view that drug abuse is a multifactorial social problem requiring compassionate, community-based care rather than criminalization. His outlook was progressive, even by today's standards. He went on to argue that punitive drug policies were irrelevant or exacerbating, and a myopic focus on any given drug was futile. He instead advocated an increased emphasis on education, treatment and social alternatives to drugs. Further, he made the case for involving young people themselves, particularly recovering addicts, in treatment and education programs. Smith argued that drug

addiction is a chronic disease akin to diabetes. When one of the senators called young drug users “irresponsible,” Smith responded, “I viewed them sick.”¹⁹⁵

Despite his forward-thinking approach to drug abuse, Smith’s rhetoric around amphetamines stood apart. He resorted to pharmacologic determinism, arguing that the drug’s chemical properties were entirely responsible for the drug’s effects on behavior. He stated, “if you had a to pick out a drug with which you should be most concerned...it should be amphetamines because this is a drug that is completely out of control in our society and research has indicated without questioning that a high dose, prolonged dose of amphetamines produces violence; it produces destructive behavior.”¹⁹⁶ Smith also abandoned his belief that drug abuse should be addressed from a demand rather than supply perspective. He asserted, “I consider amphetamines the most dangerous drug we are talking about in terms of physical and psychiatric damage. I would be in favor of a substantial increase in policies attempting to regulate the supply and distribution of this substance.”¹⁹⁷ Smith singled out amphetamines as uniquely threatening and was unable to apply his progressive approach to the speed freak population. By this time, he was so far from the Haight-Ashbury community that he had lost sight of the human stories behind widespread amphetamine use.

Smith also consolidated his political influence by founding and naming himself President of the National Free Clinic Council in 1968, which held its first symposium in 1970. This organization aimed to support and cross-fertilize free clinics around the

¹⁹⁵ “Alcoholism and Narcotics, Part 1,” Special Subcommittee on Alcoholism and Narcotics, Committee on Labor and Public Welfare. Senate; Committee on Labor and Public Welfare. Senate (1969), 50.

¹⁹⁶ *Ibid.*, 56.

¹⁹⁷ *Ibid.*, 49.

country. The Council's origin story centered of the Haight Ashbury Free Medical Clinic, which was touted as the first of its kind. The stated ethos of the Council also centered on drug abuse treatment and medical care for substance users. Smith's emphasis on drug treatment reflected his personal biases and may have downplayed the other types of services free clinics around the country were providing.¹⁹⁸

The proceedings of the first symposium were published in 1971 as *The Free Clinic: A Community Approach to Health Care and Drug Abuse*. In the introduction to the book, the editors, including Smith, laid out their philosophy for free clinics. First, they recognized the problem they needed to solve: structural inequality in health care. The prevailing medical system at the time rejected the counter-culture along with other marginalized groups, including the urban poor, racial minorities, and migrant workers. They noted the identity politics at play in mainstream medicine: "For years the blacks residents of the ghetto have known what the hip white drug user is finding out—that there is a double standard for health care just as there is for criminal justice. Doctors don't like to treat hippies and street people, and especially drug users. It's not good for business."¹⁹⁹ The editors also criticized the criminalization of drug abuse and explained, "Stigmatized

¹⁹⁸ Niki A. Nibbe, "Beyond the Free Clinics Origin Myth: Reconsidering Free Clinics in the Context of 1960s and 1970s Social Movements and Radical Health Activism" (University of California, San Francisco, 2012), ProQuest Dissertations & Theses Global (919537624), <https://search.proquest.com/docview/919537624?accountid=15172>. Nibbe argues that Smith and the Haight Ashbury Free Medical Clinics attempted to shape the origin myth of the free clinic movement, with an emphasis on drug treatment for hippie communities. In doing so, Smith obscured the wide array of free clinics that emerged at the time that stemmed from diverse motivations.

¹⁹⁹ David E. Smith et al., eds., *The Free Clinic: A Community Approach to Health Care and Drug Abuse* (Beloit, Wis: Stash Press, 1971), xi.

as the most vile criminal, the drug user is forced into a secretive, “underworld” life style which typically compounds his health problems.”²⁰⁰

Their solution to these problems centered on a community-oriented approach: “Emphasis is on adapting to the health care needs peculiar to the community in which the clinic first emerges.”²⁰¹ In the Haight-Ashbury clinic, they provided medical care and counseling to address the consequences of drug abuse. Beyond simply providing services, Smith advocated an entirely different provider-patient dynamic. The people using the services of the clinic helped to run it; the clinic solicited and welcomed feedback; the patient decided the problem. Smith defined his mission statement:

In addition to being a powerful political statement about the inadequacies of the existing health care delivery system, the Free Clinic has become a wholly new paradigm for contemporary health care delivery to ethnic minorities...A person is not just labeled a “junkie” or a “speed freak,” but is first a person...In short, traditional medicine treats a disease and the free clinic tries to treat the person.²⁰²

These ideas are remarkable. Smith was proposing a novel, humane model of health care that, in its very existence, was political activism. But Smith was not living up to his own ideals when it came to amphetamine abuse. Though Smith pointedly stated that a “speed freak” is first a person, his rhetoric and behavior did not reflect this. In his memoirs, research, and congressional testimony, he consistently dismissed amphetamine abusers as violent, personality disordered and nihilistic. Further, he focused on the danger of the drug itself rather than the individual and social factors behind each “speed freak.” In this way, he treated the disease rather than the person. While Smith was touting the

²⁰⁰ Ibid., xii.

²⁰¹ Ibid., x.

²⁰² Ibid., xiv-xv.

clinic's ideals on the national stage, the difficult realities of the Haight-Ashbury clinic festered.²⁰³

Dawning Realism

Many point to Altamont in December 1969 as the death of the hippie movement. The Rolling Stones were scheduled to play a free concert at the Altamont Speedway in the East Bay. The set-up foretold disaster: the audience was too close to the stage and the local police refused to patrol the concert. In a pinch, the Rolling Stones' manager paid the motorcycle gang the Hell's Angels in \$500 of beer to protect the musicians. LSD, amphetamines, heroin and barbiturates were widely available at the concert.

The clinic volunteers set up a medical tent on the grounds and, in the first half hour, they had run out of thiorazine from treating so many bad trips. In the setting of so much drug-induced paranoia, violence ensued. The medical tent staff, composed of fifty physicians and paramedical workers, tended to numerous traumatic injuries. The tumult reached its peak during the Rolling Stones' set. An eighteen-year-old black man named Meredith Hunter was reported to have pulled a gun and a Hell's Angel retaliated by stabbing him multiple times. Hunter was carried to the first aid tent while the Rolling Stones finished their song. The injuries were too severe, and the volunteer physician had

²⁰³ To better understand the context of the free clinic movement at this time, I would like to pursue future archival research on the Health/PAC Records Collection at Temple University. Health/PAC was an organization that gathered and disseminated information on health care and politics during the 1960s and 1970s. This collection also contains materials from the Haight Ashbury Free Clinic.

no choice but to watch him die. Three more died at the concert as well from a car crash and drowning.²⁰⁴

The initial coverage of the concert glossed over the violence and claimed the event was yet another success for the hippie movement, akin to Woodstock. But a week later, Ralph Gleason of the *San Francisco Chronicle* documented the disturbing events he saw at Altamont.²⁰⁵ Gleason had been covering the music scene for the *San Francisco Chronicle* since 1950 with a special focus on jazz, and he was also a founder, along with Jann Wenner, of *Rolling Stone*.²⁰⁶ He had documented the evolution of counter-culture music with great enthusiasm, and as such, was one of the most respected voices in music and cultural journalism at the time of the concert. Gleason argued that Altamont revealed the dark side of the hippie ethos. He wrote, "The event challenged the basic "do-your-own-thing" ethic on which the whole of San Francisco music and hip culture had been based. "It wasn't just the Angels. It was everybody," one young lady said later. "There was no love, no joy. In twenty-four hours we created all the problem of our society in one place: congestion, violence, dehumanization. Is this what we want?"²⁰⁷

Altamont was a moment of reckoning for Smith; he was forced to acknowledge that hippies weren't perfect. There were inherent aspects of their worldview that led to social irresponsibility. He wrote of himself:

²⁰⁴ Smith and Luce, *Love Needs Care*, 351-355.

²⁰⁵ "The Rolling Stones Disaster At Altamont: Hype In The News," *Rolling Stone*, January 21, 1970, <http://www.rollingstone.com/music/news/the-rolling-stones-disaster-at-altamont-hype-in-the-news-19700121>.

²⁰⁶ "Ralph J. Gleason, Jazz Critic, Dead," *The New York Times*, June 4, 1975, sec. Archives, <https://www.nytimes.com/1975/06/04/archives/ralph-j-gleason-jazz-critic-dead-coast-writer-and-editor-58-was.html>.

²⁰⁷ Ralph J. Gleason, "Aquarius Wept," *Esquire*, August 12, 2009, <http://www.esquire.com/features/altamont-1969-aquarius-wept-0870>.

The specter of Hell's Angels swinging pool cues also convinced Dr. Smith once and for all of the danger of allowing everyone to do his thing. He had once overlooked the psychopathology of the Haight in an attempt to defend and nurture the psychedelic movement and spread its ideals into straight society. But events like Altamont helped him see that, for all its idealism, the new community contained seeds of its own destruction in its refusal to accept social and individual controls and its acceptance of unbridled experimentation. Experience in treating speed, barbs and narcotics, made Dr. Smith more conservative in his political thinking and more professional in his approach towards drug problems. Because of this, he began spending more time and exercising more authority at the Clinic.²⁰⁸

In adopting a more pragmatic view of hippies, Smith also developed a more measured approach to speed freaks. He began to see that both groups were more alike in their complexity and flaws than he had realized. In the final section of *Love Needs Care*, Smith discussed the youth culture in general terms, rather than distinguishing between speed freaks and acid heads. He stated that young people “now appear to be melded together in one rapidly expanding youth subculture. This subculture is certain to change in the future. But no matter what form it takes, its members will never be unique in their chemical consumption. They will continue to be a reflection of the dominant culture that they have rejected – and that has rejected them.”²⁰⁹ This sentiment was a departure for Smith; he no longer saw the psychedelic subculture as exceptional. And this leveling of the playing field allowed Smith to practice with more equanimity and ultimately more compassion towards amphetamine users.

In contrast to the soaring idealism of the clinic's founding, Smith espoused a more pragmatic vision for free clinics by the end of *Love Needs Care*. He wrote, “Perhaps today's free clinics are clumsy models for the delivery of health services tomorrow. Yet they do offer a concept and an alternative applicable to other existing institutions...They

²⁰⁸ Smith and Luce, *Love Needs Care*, 356.

²⁰⁹ *Ibid.*, 365.

have advanced the goals of community medicine by seeking out patients in their own environment as an organism capable of being healed.”²¹⁰

Looking Back

David Smith’s prominence in the field of addiction medicine has only grown over time. He has led multiple substance abuse organizations, including the American Society of Addiction Medicine. He continues to publish prolifically and run the *Journal of Psychedelic Drugs*, now the *Journal of Psychoactive Drugs*. He serves as Medical Director of multiple drug treatment facilities in the Bay Area. And the Haight Ashbury Free Clinic operates to this day as HealthRIGHT 360; it has served over a million people.²¹¹

In the intervening years, Smith refined his view of amphetamine use. Smith described his more circumspect attitude toward methamphetamine in a 2013 interview. He acknowledged the gray area between LSD users and amphetamine users in the 1960s and that use of LSD often led to use of other drugs. “One of the things we found early on was that people who just used psychedelics could function quite well for a long time and still do today. The problem was when they got into speed and heroin and other drugs. We still need a better understanding of why people do or do not migrate to this broader pattern of more destructive drug use.” Further, Smith understood that a more nuanced set

²¹⁰ Ibid., 370.

²¹¹ Clark Sturges, *Dr. Dave: A Profile of David E. Smith, M.D., Founder of the Haight Ashbury Free Clinics* (Walnut Creek, Calif: Devil Mountain Books, 1993).

of factors undergirded speed abuse, including “a mix of cultural components, peer pressure, pharmacological optimism, and genetics.”

With time and reflection, Smith was able to see his early experiences at the Haight Ashbury Free Clinic in historical context. He emphasized that drug epidemics come in cycles. “The other things that come clear looking back are these drug cycles repeat themselves. You know, there has been great concern about the methamphetamine epidemic of recent years. Well, the speed epidemic happened a long time ago on the West Coast...it wasn’t a new thing. It was a cycling of a terrible epidemic of amphetamine use in the 1960s and early 1970s.” He continued by explaining what not to do during drug resurgence: “I’m a firm believer in understanding the cycles and the history and not panicking while trying to stay focused on meaningful public policy. If you think that this is the first time something has happened, you tend to get overwhelmed and think that there is nothing you can do about it.” Smith knew this from experience. In the late 1960s, he *did* panic, get overwhelmed, and think there was nothing he could do about speed freaks invading his clinic and the Haight. Instead, he advised, “know all sorts of policy and treatment options that are based on sound evidence that will best respond to it.” This recommendation neatly summarizes Smith’s ultimate stance on drug treatment: clinical objectivity is critical.²¹²

In *Love Needs Care*, we can track Dr. David Smith’s evolution as an activist. He began as idealist who believed in hippie ideology and saw hippies’ drug use as part of larger human story. This idealism propelled him to start the Haight Ashbury Free Medical

²¹² David E Smith, *The Evolution of Addiction Medicine: An Interview with Dr. David E. Smith*, 2013, williamwhitepapers.com.

Clinic, the first of its kind in the country. However, when he perceived speed freaks beginning to dominate the Haight, Smith became disgusted with amphetamine use. He saw speed freaks as violent monsters, and he lacked motivation to care for them. As he matured and watched the hippie movement devolve, Smith recognized the danger of emotional investment in a single group to the exclusion of all others. He ultimately understood that professional distance enables clinicians to provide care to all.

CONCLUSION

Clark's Descendants

The legacy of Larry Clark is still felt today. He pioneered a groundbreaking style of diaristic, documentary photography meant to expose the intimate truths of young people's lives. This visual vocabulary has been a tool for photographers since then to explore drug abuse, manifested in different times and different places. A direct artistic descendant of Clark is Nan Goldin. Her 1986 photobook *The Ballad of Sexual Dependency* and her 1996 exhibit *I'll Be Your Mirror* are autobiographical collages, depicting drug abuse, violence, prostitution and HIV. The works are dominated by self-portraits of Goldin in the mirror, but her gaze extended to her community as well. Photography historian Miles Orvell places her, like Clark, in the tradition of family albums, which, in her case, serve as a loving tribute to her friends who died of AIDS. Echoing Clark, Goldin said of her naïve approach, "What I'm interested in is capturing life as its being lived, and the flavor and the smell of it, and maintaining that in the

pictures.”²¹³ In contrast to Clark, Goldin was ever-present in her images, thereby avoiding the decline into voyeurism.

In the 2000s, photographers of the internet generation including Dash Snow and Ryan McGinley again directed their cameras on their doping and drinking friends in the “diaristic mode.” In their criticism of McGinley’s *The kids are alright*, Martin Parr and Gerry Badger discuss the evolution from Clark to McGinley. Whereas *Tulsa* suggested consequences for sinful behavior, McGinley’s photographs present hedonism as “both casual and joyful.” McGinley admitted without scruples that he took most of the photographs while high.²¹⁴ His goal was to “recognize and to boast” – to present images that lacked shame or moralizing.²¹⁵ In doing so, he refused to rely on the negative stereotypes that were present in Clark’s 1971 images.

In 2013, a photojournalist named Graham MacIndoe embarked on a project that embodies Clark’s best hopes for what photography of drug abuse could be. He made a series of photographic self-portraits during his struggle with heroin addiction. He would set up a digital camera on a timer and then proceed with the monotonous routines of his drug abuse. He made 342 self-portraits; no one else is present. In these images, the viewer is invited into an intimate psychology of one man’s experience of addiction. The photographs are compelling and emotionally wrenching without being exploitative. MacIndoe spoke about the problem of consent in photography of addiction: “I decided not to photograph other addicts because people on drugs can’t really give you true consent to use their picture—their minds are not there. When you’re an addict, you’ll say

²¹³ Orvell, *American Photography*, 157.

²¹⁴ Martin Parr and Gerry Badger, *The Photobook: A History*. Vol 3 (London ; New York: Phaidon, 2014), 79.

²¹⁵ *Ibid.*, 101.

yes to a lot of things because you're not thinking straight. But once you get clean you would never do any of those things. So when you say to someone in that situation, 'Is it all right if I take pictures?', it becomes a fraught issue for me, having been that person in that addictive state."

In the end, MacIndoe's story is one of redemption. He quit heroin and used his photographs as a vehicle for activism around drug abuse. He said, "It's a very, very difficult thing for me to bare my soul to people that I don't know, and try to explain what I went through and that I let this happen to me. But I want to take this thing out of the shadows and take away the stigma as much as I can. I'm not going to be ashamed about it because I'm really proud of the fact that I got clean."²¹⁶ Like Clark, MacIndoe turned an innocent eye on drug addiction; he simply wanted to document his unseen experiences. As MacIndoe became more politicized, he avoided voyeurism and sensationalism by continuing to direct his gaze inward. The series of photographs, displayed as "Coming Clean" at the National Galleries Scotland, has created a public dialogue around opioid abuse that centers on a complex human story.

An Evolving Model of Care

Dr. David E. Smith made waves as an addiction activist, and his ideas continue to guide progressive approaches to drug treatment. Beginning in the 1960s and throughout his career, Smith has advocated a community-based approach to drug addiction. He believed that, in order to earn the trust of marginalized people, medical and psychiatric

²¹⁶ 2/28/18 10:07:00 PM

clinics need to be part of the communities they serve. Further, clinics need to engage patients in mutual self-help. At the time when Smith opened the Haight Ashbury Free Clinic, treatment for drug abuse was difficult to access and often cruel. Patients with acute toxicity were maligned by hospitals; patients seeking long-term treatment had limited options, which were often punitive; the government was directing resources toward criminal punishment rather than education and rehabilitation. The Haight Ashbury Free Clinic, on the other hand, provided comprehensive care, including medical care and drug treatment, to young people struggling with substance abuse right in their neighborhood. This integrated approach is now promoted by the most influential substance abuse organizations in the United States, including the Substance Abuse and Mental Health Services Administration and the American Society of Addiction Medicine.

In 2013, the SAMHSA-HRSA Center for Integrated Health Solutions published a report “Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services,” which outlined current best practices. These recommendations found their roots in the Haight Ashbury Free Clinic. The report laid out the rationale for an integrated model: substance users have higher rates of physical illnesses than the general population and may require treatment that is not linked to their drug treatment. Their medical problems may be the direct result of substance-use behaviors or their substance abuse may exacerbate existing chronic conditions. David Smith understood this well and took care to document the medical concerns that typically accompanied particular types of drug use. He also reduced barriers to care by fully

integrating medical care and drug treatment. SAMHSA concluded that, without this direct link, many substance users do not receive primary care.²¹⁷

In their section of the report on “lessons learned,” the authors again took a page from Smith’s playbook. They advised, “engage your community,” explaining that buy-in from patients, family members and community partners can help a new integrated clinic sustain itself and improve access to care. The report also implored, “value the individual’s experiences,” elaborating “integration centers on the person receiving care and, therefore, values listening to their experiences and perceptions of care. It’s important to make the person feel comfortable, respected and engaged in treatment. Partnering with those you serve on their care will help foster such engagement and comfort.”²¹⁸ Herein lies Smith’s greatest pitfall. He related to LSD users and appreciated their experiences because he believed in the philosophy behind their drug use. When he confronted amphetamine users, on the other hand, Smith did not live up to his ideals. He ignored the complex narratives behind the speed freak and, driven by fear, instead resorted to dehumanizing stereotypes.

The SAMHSA report went on to note that the model they advocate is not yet the norm. Fifty years after the Summer of Love and the founding of the Haight Ashbury Free Clinic, medical activists still strive to live up to Smith’s vision – and to surpass him.

²¹⁷ “Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services” (SAMHSA-HRSA Center for Integrated Health Solutions, May 2013): 4-5, <https://www.pcpcc.org/sites/default/files/resources/Innovations%20in%20Addictions%20Treatment.pdf>.

²¹⁸ Ibid., 15-16.

Parallels to The Opioid Crisis

The “why” of medical historical research rests on its implications for today. While methamphetamine addiction continues to be widespread in many parts of the country, the more pressing drug problem in the minds of today’s medical providers, public health activists, and policymakers is the epidemic of deaths in the United States from opioid overdose. Therefore, the most compelling question is how does the speed freak phenomenon of the 1960s parallel the opioid crisis today?

Both drug crises represent the problematic intersection among pharmaceutical companies, medical providers, and vulnerable young people. Like Smith, Kline & French with amphetamine, Purdue, the maker of OxyContin and other synthetic opioids, systematically downplayed the addictive potential of their product. And like SKF, Purdue supported research that validated an ever-growing list of indications for their drug. Both companies also marketed heavily to physicians. This multipronged approach turned both amphetamines and opioids into widely prescribed, blockbuster drugs.²¹⁹

When a drug is addictive, euphoria-inducing, and plentiful, diversion will ensue. And in the case of both amphetamines in the mid-twentieth century and opioids in the late 1990s and early 2000s, a black market for these drugs quickly emerged. Once a large portion of the population has a taste for a particular drug, it is nearly impossible to contain. Government regulations on manufacture and distribution could not stem the demand for these drugs. When accessing prescriptions became too costly or difficult,

²¹⁹ Art Van Zee, “The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy,” *American Journal of Public Health* 99, no. 2 (February 2009): 221–27, <https://doi.org/10.2105/AJPH.2007.131714>.

many turned to illicitly-produced alternatives.²²⁰ In the 1960s, domestic meth kitchens fed the demand for amphetamine. Today, heroin and fentanyl manufactured abroad and smuggled into the U.S. are the cheaper alternative to prescription opioids.

In the midst of widespread drug abuse, antiquated policies and attitudes that penalize drug users aggravate the problem of addiction. During the 1960s, legislators relied on supply-side strategies that pushed more users into the black market and criminalized addicts instead of providing them with treatment and education. News outlets at the time published sensational stories about “speed freaks” meant to stoke fear and hysteria. The authentic narratives of drugs users were missing. In much the same way, the modern war on drugs marginalizes and criminalizes opioid users. Heroin addicts are folk devils. Treatment is still difficult to access and often guided by puritanical attitudes about sobriety.

Today’s opioid crisis is in a similar phase to the amphetamine crisis confronted by Clark and Smith in the 1970s. We have the opportunity to apply the lessons of their work to ameliorating opioid addiction and stemming overdose deaths.

²²⁰ David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, Mass: Harvard University Press, 2001). Courtwright outlines how drugs become “democratized.” Drugs typically began their careers as expensive and rarified medicine. Eventually the pleasurable and mind-altering properties became known and enter popular consumption, which prompts a change in political status and, ultimately, controversy, alarm and intervention. He specifically discusses the case of amphetamines in which SKF promoted amphetamine so aggressively and for so many conditions that there was bound to be leaking into the black market. Courtwright argues that extramedical use evolves out of authorized medical use in “parallel chain reactions” – the more that companies promote a drug, the more physicians prescribe it and the more chains are set in motion (i.e. giving tabs to a friend).

Lessons for Advocacy

Photography allows us to see the unseen, but there is a tension between “truth” and artistic manipulation. In the case of Larry Clark, the 1963 images in *Tulsa* succeed as art activism because he worked from within his own community. In later photographs, Clark was no longer a participant but an auteur and even a voyeur. Clark’s work teaches us that when the photographer is part of community he is photographing and involves the community in making the images, the narrative is authentic and complex. This nuance is critical to creating an empathic connection between viewer and subject. Since drug use is still stigmatized, any reliance on negative stereotypes may pull the viewer away from the drug user’s psychology and turn the subject into a trope.

There is a long history of using photography to inspire social change, beginning with Jacob Riis and Louis Hine. And in the domestic sphere, there is a tradition of developing and reifying family identity through the use of albums. Clark built on the work of social documentarians as well as on the tradition of family albums to explore his own life and struggles with drug abuse. The natural extension of Clark’s impulse is for communities affected by opioid addiction to shape and share their own narratives through photography. In this way, the outside world can come to acknowledge shared humanity. Graham MacIndoe’s photographs provide one such example of images that compassionately draw attention to heroin addiction.

Dr. David Smith's legacy teaches us that community-based care for substance abuse works. Young, disenfranchised people who had previously lacked access to health services came to the Haight Ashbury Free Clinic and received drug treatment, primary care, and education. And Smith was able to provide that care free of barriers or "hassles." Today, Smith's community-based, integrated model of substance abuse treatment and medical services continues to thrive—and so does his clinic itself, which became San Francisco's HealthRIGHT360. The clinic's approach should be the standard of care for opioid use disorder.²²¹

Smith's shortcomings also provide lessons. In a moment of chaos and uncertainty, Smith fled a needy population of amphetamine users and retreated into research and political advocacy. While he held progressive attitudes about drug abuse, he fearfully subverted them when responding to amphetamine use, casting users as depraved monsters. He was disappointed that hippies, with whom he felt a spiritual and familial connection, had left the Haight.

But ideological connections or differences should not influence the ability to provide care. As providers, we should not allow fear and disappointment to prevent us from thinking critically or empathizing with our patients. Instead, we must be flexible in our understanding of who might use drugs and why and must approach each patient as an individual. With millions of people in the United States struggling with opioid addiction,

²²¹ "Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services" (SAMHSA-HRSA Center for Integrated Health Solutions, May 2013), <https://www.pcpcc.org/sites/default/files/resources/Innovations%20in%20Addictions%20Treatment.pdf>.

opioid users could not possibly be a monolith. Instead, they are a mosaic of human stories and experiences.

APPENDIX

This section describes the current, accepted understanding of the pharmacology of amphetamines as well as legitimate and illicit uses, treatment and legal status. This information about the standard-of-care is important to contextualize how medical understanding and social perceptions of amphetamines have evolved over time, which is discussed in the introduction. But our knowledge of amphetamines will inevitably deepen and become more nuanced with further research. And another stimulant crisis will surely capture the popular imagination.

Pharmacology of Amphetamines

Amphetamines, a class of drugs including amphetamine itself and its chemical derivatives, fall into the general category of psychostimulants. Psychostimulants activate the central and peripheral nervous systems with wide-ranging physiological and psychological effects. Amphetamines act on the nervous system in two main ways. First, amphetamines are structurally derived from phenethylamine, a naturally occurring compound found in cheese and wine. The only difference is the addition of a methyl side chain. However, this modification prevents monoamine oxidase (MAO), an enzyme found in the liver, from breaking down amphetamines. The compound can then enter the bloodstream in significant quantities and act on synapses throughout the body. The synapse is where neurons, the cells that comprise the nervous system, connect and communicate. Because amphetamines are also structurally similar to the

neurotransmitters (or chemical messengers) norepinephrine and dopamine, they are preferentially taken up by neurons that utilize these neurotransmitters.

Once inside the nerve cell, amphetamines act to increase the release of norepinephrine and dopamine by mobilizing them from storage vesicles. These molecules are released into the synaptic cleft, the space between neurons; there, they activate receptors that have downstream effects in the brain and the body. Amphetamines also compete with dopamine and norepinephrine to re-enter the neuron, further elevating the amount of neurotransmitter in the synaptic cleft. Norepinephrine is the major neurotransmitter associated with the sympathetic nervous system, which when activated, causes a “fight or flight” response. Dopamine is understood as the “reward” neurotransmitter and is associated with pleasure and elevated mood. It is also thought to play a major role in addiction.

Neurotransmitter release mediates the peripheral, physiologic effects of amphetamine. More norepinephrine at the synaptic cleft leads to faster heart rate, increased blood pressure, urinary retention, and decreased secretions.²²²

More dopamine in the central nervous system, on the other hand, accounts for elevated energy and concentration, increased speech and movement, and the euphoria and sense of well-being associated with speed. These milder and more desirable effects are seen at low doses. At higher doses, however, over-activation of both the central and peripheral nervous systems can lead to restlessness, stereotyped behavior, irritability, insomnia, aggressiveness, and psychosis as well as physical symptoms, including headache, cardiac arrhythmias, unstable blood pressure, and gastrointestinal distress.

²²² This section draws mainly on the excellent overview of the current biological understanding of amphetamines in Leslie L. Iversen, *Speed, Ecstasy, Ritalin: The Science of Amphetamines*, 9-24.

Fatal poisoning typically manifests as seizure, coma, and bleeding in the brain. Prolonged or large doses are followed by characteristic withdrawal symptoms: depression and fatigue.²²³

In order to cross the blood-brain barrier and act on the central nervous system in these ways, amphetamines are fat-soluble. The rate at which the user experiences these effects depends on the mode of administration. When taken orally in capsule form, amphetamines are slowly absorbed by the digestive tract with a gradual onset and longer duration. However, addicts tend to administer amphetamines in ways that speed up the onset of effects. Users can inject these substances, leading to a nearly instantaneous “flash,” insufflate or snort the drug where it is rapidly absorbed by the nasal mucosa, or smoke it, which allows for quick absorption by the large surface area of the lungs.²²⁴

Amphetamine was originally synthesized in 1929 as a racemic mixture, or an equal combination of mirror-image molecules, and marketed as Benzedrine; today’s trade name is Adderall. Dextroamphetamine, which is the isolated right-handed molecule, was found to be more potent and subsequently sold as Dexedrine. Lisdexamfetamine, known today as Vyvanse, is a drug that is metabolized into dextroamphetamine, leading to slower release and less abuse potential. Methamphetamine or Desoxyn has an additional methyl group compared to amphetamine and is the most potent amphetamine of the three.

²²³ Thomas C. Westfall and David P. Westfall, “Adrenergic Agonists and Antagonists,” in *Goodman & Gilman’s: The Pharmacological Basis of Therapeutics*, ed. Laurence L. Brunton, Bruce A. Chabner, and Björn C. Knollmann, 12th ed. (New York, NY: McGraw-Hill Education, 2011), accessmedicine.mhmedical.com/content.aspx?aid=1127865821.

²²⁴ Iversen, *Speed, Ecstasy, Ritalin: The Science of Amphetamines*, 6-8.

Methylphenidate, trade-named Ritalin and Concerta, is a more complex amphetamine derivative that was found to be less potent than simple amphetamines.²²⁵

Medical Use

Today, amphetamine use is starkly divided between lawful and illicit. Health care providers prescribe amphetamines in vast quantities for the FDA-approved indications of ADHD and narcolepsy as well as off-label uses. One of the largest areas of growth for amphetamines is for the treatment of attention deficit hyperactivity disorder in children. The condition is characterized by difficulty controlling behavior and/or sustaining attention. Roughly 3-5 percent of children have ADHD and, nowadays, are commonly prescribed methylphenidate (Ritalin), an amphetamine derivative, or mixed amphetamine salts (Adderall). Because amphetamines are so often prescribed for this common condition, these drugs are a \$2 billion business with a 20 percent yearly growth rate.²²⁶ A Cochrane Review that examined the efficacy and safety of these drugs for childhood ADHD compared with no drug or placebo found that amphetamines were effective at reducing the main symptoms of ADHD — at least for the short-term. However, adverse effects, such as decreased appetite, insomnia, gastrointestinal symptoms, headache and anxiety, were common. The authors cautioned that the studies bolstering amphetamines

²²⁵ David J. Heal et al., “Amphetamine, Past and Present--a Pharmacological and Clinical Perspective.,” *Journal of Psychopharmacology (Oxford, England)* 27, no. 6 (June 2013): 479–96, <https://doi.org/10.1177/0269881113482532>.

²²⁶ Iversen, *Speed, Ecstasy, Ritalin: The Science of Amphetamines*, 49-50.

as first-line treatment for ADHD in children were at high risk of bias and were short in duration.²²⁷

A separate Cochrane Review looked at efficacy of amphetamines for ADHD in adults. The conclusions were similar to those found in the review on children. Amphetamines decreased symptom severity in the short term as compared to placebo but were associated with higher rates of dropping out of treatment due to adverse effects.²²⁸ Unlike children, adults are able to choose to discontinue treatment, so studies on adults may better represent the side-effect burden of these drugs.

Amphetamines are also FDA-approved for narcolepsy, a sleep disorder characterized by uncontrollable sleep attacks during normal waking hours, which affects 50,000-100,000 people in the United States and requires lifelong treatment. Amphetamines were used as first-line treatment for this disorder starting in the 1930s. Only recently, modafinil debuted as an alternative to amphetamines with a milder side-effect profile and purported decreased abuse potential.²²⁹

Recreational Use

Outside of ADHD, narcolepsy, and off-label uses sanctioned by healthcare providers, the remainder of amphetamine use in the United States is illicit. Whether through diversion of legally produced drugs or covert manufacture, amphetamine abuse is

²²⁷ Salima Punja et al., “Amphetamines for Attention Deficit Hyperactivity Disorder (ADHD) in Children and Adolescents.,” *The Cochrane Database of Systematic Reviews* 2 (February 4, 2016): CD009996, <https://doi.org/10.1002/14651858.CD009996.pub2>.

²²⁸ Xavier Castells et al., “Amphetamines for Attention Deficit Hyperactivity Disorder (ADHD) in Adults.,” *The Cochrane Database of Systematic Reviews*, no. 6 (June 15, 2011): CD007813, <https://doi.org/10.1002/14651858.CD007813.pub2>.

²²⁹ Iversen, *Speed, Ecstasy, Ritalin: The Science of Amphetamines*, 31-32.

significant. In the United States in 2015, 2.6 million people, age 12 and older, were current misusers of prescription stimulants or methamphetamine. That makes amphetamines the third most commonly used illicit drug after marijuana and prescription pain relievers. Among young adults, the rate of misuse of prescription stimulants or methamphetamine is 2.8 percent, exceeding the rate of pain reliever misuse in this group.²³⁰ Though amphetamine abuse is prevalent in the United States, the problem extends beyond our borders. 35.7 million people worldwide use amphetamines and other prescription stimulants according to a 2016 United Nations report. In addition, 170 tons of amphetamine-type stimulants were seized in 2014, representing a new peak.²³¹

The extent of amphetamine misuse begs the question: why are amphetamines so addictive? The biological explanation rests on the ability of these drugs to manipulate dopamine in the brain. Dopamine is thought to mediate the rewarding aspects of drug use even for substances that don't directly impact dopaminergic signaling. With amphetamines, however, the role of dopamine is more clear-cut. Because these drugs increase dopamine in the synaptic cleft, brain areas responsible for euphoria are activated. The nucleus accumbens shell, in particular, is where the brain processes normally pleasurable activities, such as eating or having sex. Direct sampling of released chemicals confirms that amphetamines selectively activate this area. And the response to these drugs does not exist in a vacuum; pleasure is reinforcing and teaches the user to seek out

²³⁰ Center for Behavioral Health Statistics and Quality, "Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health," 2016, HHS Publication No. SMA 16-4984, NSDUH Series H-51, <http://www.samhsa.gov/data/>.

²³¹ United Nations Office on Drugs and Crime, "World Drug Report 2016," United Nations publication, Sales No. E.16.XI.7, https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf.

more drug.²³² Injecting, snorting or smoking amphetamines more quickly activates neurons in the nucleus accumbens, precipitating the sought-after “flash” of euphoria. When the drug wears off, withdrawal ensues. Users experience profound fatigue, depression, and even suicidality. This cycle of rapid onset and offset further reinforces addictive behavior.

Though misuse of prescription stimulants is more common than methamphetamine abuse in the United States, methamphetamine is cast as the most dangerous and addictive amphetamine. The villainization of methamphetamine is the product of decades of social messaging and legislation.²³³ Today, methamphetamine is no longer legally available in the United States. But the distinctions between methamphetamine and other amphetamines are not entirely borne out in experimental research. In animal and human studies, subjects preferred comparable doses and could not distinguish one drug from the other. On a cellular level however, amphetamine was found to have greater activity than methamphetamine at the prefrontal cortex, which

²³² The discussion of current treatment paradigms is drawn from Perry N. Halkitis, Antonio E. Urbina, and Daniel J. Carragher, *Methamphetamine Addiction: Biological Foundations, Psychological Factors, and Social Consequences*, 1st ed (Washington, DC: American Psychological Association, 2009), 27-31.

²³³ Nicholas L. Parsons, *Meth Mania: A History of Methamphetamine* (Boulder, Colorado: Lynne Rienner Publishers, 2014). Parsons argues that there is little relationship between public opinion on a drug and the extent of drug use. Instead, concern over particular drugs are based on news media filtering voices of “claims makers,” typically interest groups or moral entrepreneurs. He identifies three meth scares, the first of which was during the long 1960s. These scares adhere to a cycle, defined by hysteria then supply-side interventions then new stimulant abuse then hysteria. This text provides useful definitions that have informed my arguments. Parsons defines “dope fiend mythology” as the notion that the addict is a violent criminal and moral degenerate with an inferior and abnormal personality, who seeks to convert non-users into addicts. As such, the dope fiend is a “folk devil,” or the personification of evil; this is a central figure to any “moral panic” or disproportionate reaction to the reality of a certain type of deviancy. He defines “pharmacologic determinism” as the idea that a drug’s chemical properties are *solely* responsible for their effect on human behavior.

dampens reward system activation. This difference may account for methamphetamine's reputation as a drug of high abuse potential.²³⁴

Addiction Treatment

Despite the social burden of amphetamine abuse in the United States, no major breakthroughs in treatment have emerged. Today, the standard of care for amphetamine use disorder is psychosocial intervention. The type and intensity of intervention is based on the severity of disease. Using criteria laid out in the latest *Diagnostic and Statistical Manual*, stimulant use disorder is stratified into mild, moderate and severe. These criteria center around symptoms like cravings, behavior that interferes with social functioning, and physiologic indicators like tolerance and withdrawal.²³⁵ For patients with mild disease, first-line treatment is individual or group drug counseling; if unsuccessful, the patient may move onto intensive outpatient therapy and, later, cognitive behavioral therapy or contingency management. For patients with moderate and severe disease, intensive outpatient therapy is first-line with cognitive behavioral therapy and contingency management as alternatives.²³⁶ Cognitive behavioral therapy is a form of talk therapy that focuses on learning skills that help patients sustain abstinence while contingency management uses positive reinforcements like money or vouchers to incentivize abstinence.

²³⁴ Iversen, *Speed, Ecstasy, Ritalin: The Science of Amphetamines*, 87-89.

²³⁵ *Diagnostic and Statistical Manual of Mental Disorders : DSM-5.*, 5th ed. (Washington, D.C. : American Psychiatric Publishing, c2013.).

²³⁶ Kyle Kampman, "Approach to Treatment of Stimulant Use Disorder in Adults," UpToDate, September 12, 2016, https://www.uptodate.com/contents/approach-to-treatment-of-stimulant-use-disorder-in-adults?source=search_result&search=amphetamine%20abuse&selectedTitle=4~51.

Any psychosocial treatment has been shown to be superior to no treatment in terms of increased continuous abstinence at the end of treatment and longest period of abstinence.²³⁷ Cognitive behavioral therapy and contingency management for methamphetamine use disorder, in particular, appear to be effective in the short term, but long-term data is unavailable.²³⁸ There is no evidence to support pharmacotherapy for amphetamine dependence at this time.²³⁹

Legal Status

With the passage of the Drug Abuse Control and Prevention Act of 1970 along with FDA regulations, amphetamines, including amphetamine, methyphenidate, and lisdexamfetamine, are designated schedule II substances. This means that these drugs are considered to have “high potential for abuse” and abuse “may lead to severe psychological or physical dependence.” However, they have an accepted medical use, so they are not classified as schedule I. Because schedule II drugs are controlled substances, Congress has enacted restrictions on the manufacture, distribution, prescribing and

²³⁷ Silvia Minozzi et al., “Psychosocial Interventions for Psychostimulant Misuse.,” *The Cochrane Database of Systematic Reviews* 9 (September 29, 2016): CD011866, <https://doi.org/10.1002/14651858.CD011866.pub2>.

²³⁸ Nicole K Lee and Richard A Rawson, “A Systematic Review of Cognitive And/Or Behavioural Therapies for Methamphetamine Dependence,” *Drug and Alcohol Review* 27, no. 3 (May 2008): 309–317, <https://doi.org/10.1080/09595230801919494>.

²³⁹ Clara Perez-Mana et al., “Efficacy of Psychostimulant Drugs for Amphetamine Abuse or Dependence.,” *The Cochrane Database of Systematic Reviews*, no. 9 (September 2, 2013): CD009695, <https://doi.org/10.1002/14651858.CD009695.pub2>; Javier Ballester, Gerald Valentine, and Mehmet Sofuoglu, “Pharmacological Treatments for Methamphetamine Addiction: Current Status and Future Directions.,” *Expert Review of Clinical Pharmacology* 10, no. 3 (March 2017): 305–314, <https://doi.org/10.1080/17512433.2017.1268916>; Halkitis, Urbina, and Carragher, *Methamphetamine Addiction: Biological Foundations, Psychological Factors, and Social Consequences*, 109.

handling of these substances – all of which are intended to reduce diversion and abuse.²⁴⁰

Today, according to federal sentencing guidelines, amphetamine and methamphetamine users are also subject to mandatory minimum sentencing guidelines if convicted of possession of these drugs. Depending on the amount seized, minimum sentences on the order of years are triggered even for first-time offenders.²⁴¹

²⁴⁰ Schedules of Controlled Substances, 21 C.F.R. § 1308.12.

²⁴¹ United States Sentencing Commission, Guidelines Manual, §3E1.1 (Nov. 2016)

FIGURES

Figure 1: Larry Clark, Billy Mann, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.



*Figure 2: Larry Clark, *Untitled*, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.*



*Figure 3: Larry Clark, *Untitled*, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.*



*Figure 4: Larry Clark, *Untitled*, 1963: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.*



Figure 5: Larry Clark, *Untitled*, 1968: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.

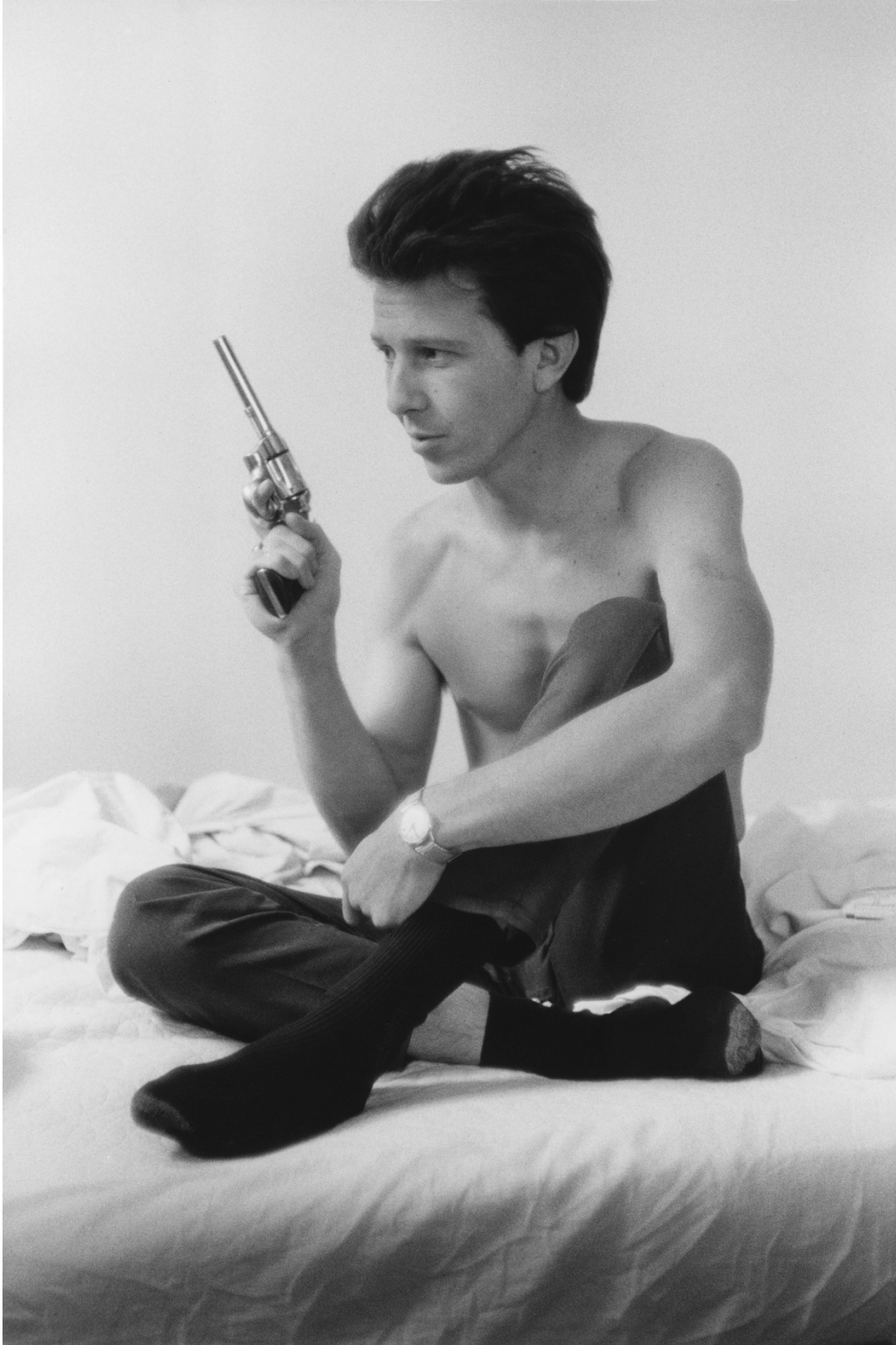


Figure 6: Larry Clark, Dead 1970, 1968: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.



Figure 7: Larry Clark, Accidental gunshot wound, 1971: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.



Figure 8: Larry Clark, *Untitled*, 1971: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.



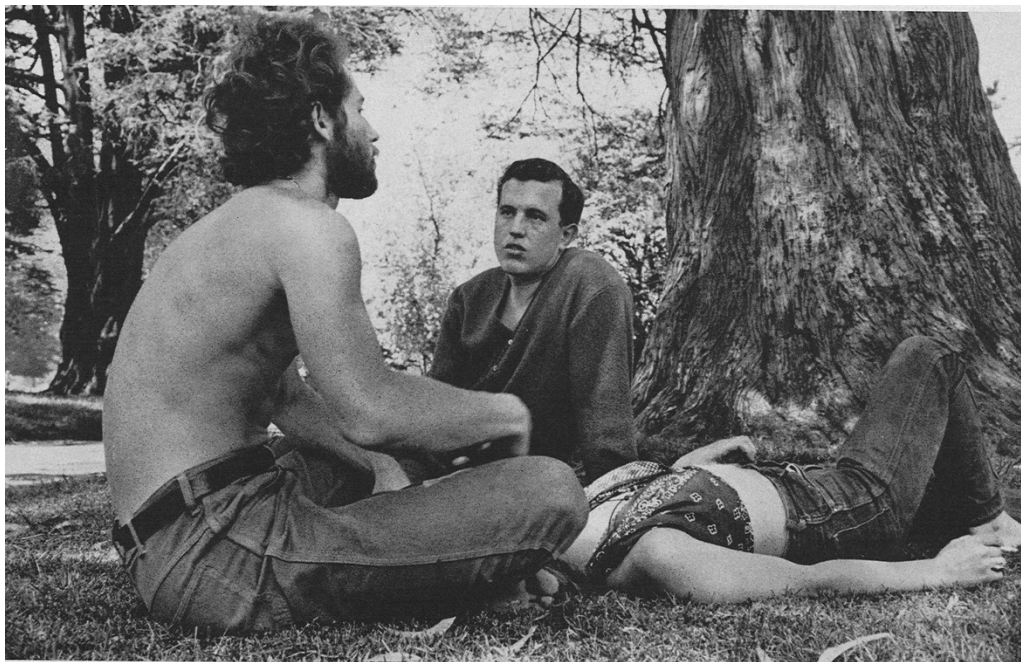
Figure 9: Larry Clark, Untitled, 1971: © Larry Clark; Courtesy of the artist and Luhring Augustine, New York.



Figure 10: Larry Clark, Untitled, 1971: © Larry Clark, Courtesy of the artist and Luhring Augustine, New York.



*Figure 11: Haight Ashbury Free Clinic patients in the waiting room. Gene Anthony, *Waiting Room Clients*, 1967. Courtesy of UCSF Archives & Special Collections.*



in an urban park, David Smith learns from the young.

Figure 12: Dr. David Smith talking with Haight-Ashbury residents. Clipping from 1967 Look article "A Young Doctor's Crusade." Courtesy of UCSF Archives & Special Collections.



POTpourri: Many Views of Marijuana · KCET · Mar. 1968

Figure 13: Dr. David Smith (left) participating in a television taping. Courtesy of UCSF Archives & Special Collections.

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