

The 1960s, Drugs and the Free Clinic Movement

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My life began on the streets of Bakersfield, immortalized in a song by famed country singer Buck Owens, who I had the pleasure of meeting in San Francisco. Little did I know when I left Bakersfield College in 1958 to attend UC Berkeley and then UC San Francisco Medical School, settling in the Haight Ashbury where the students lived, what a “long, strange trip” I was about to take (Sturges, 1993, 2011).

I stepped into the middle of a major socio-cultural revolution that shook the world I had grown up in during the 1950s to its very foundation. Thanks to Jack Hernandez of the Norman Levan Center for the Humanities at Bakersfield College, I can share my reflections on this time with you.

At UCSF, I enrolled in both medical school and graduate school, studying psychopharmacology, including psychedelic drugs such as LSD. Inspired by Ken Kesey and the Merry Pranksters as described in Tom Wolfe’s “The Electric Kool Aid Acid Test,” and their house band, The Grateful Dead, all fueled by “Owsley Acid” synthesized in the San Francisco Bay Area, large number of young people flocked to the Haight Ashbury with a philosophy of “Better Living through Chemistry.” This peaked in the 1967 media frenzy with the Summer of Love, which generated world-wide attention (Brokaw, 2007). Many now well-known musicians lived in the Haight Ashbury, such as The Grateful Dead, Janis Joplin, The Jefferson Airplane, Country Joe McDonald and members of Crosby, Stills and Nash.

What changed? Was it “Turn on, Tune in, & Drop Out” as Timothy Leary stated with the beginning of the psychedelic drug revolution, or “Turn on, Boot up, Jack In” as Steve Jobs described the beginning of the personal computer revolution (Isaacson, 2011)? Or did the dream become a nightmare with the beginning of the “speed epidemic” which

destroyed the Haight Ashbury in 1968 and continues to devastate both the Central Valley and rural communities across the country (Edwards, 2011; Owen, 2007a, 2007b; Smith, 1969b; Smith & Luce, 1971)?

Many of those using drugs lost or saw a decline in their capacity for taking care of themselves as the summer drew to a close. Drug use quickly became drug abuse. The Summer of Love all too soon disintegrated into a dark period of sexual predators and dealers of more toxic drugs like amphetamines. Like gravity, what goes up must come down; escapism is only temporary and reality is permanent. Some soldiers returning from Vietnam were addicted to heroin because it was so easy to get over there and mitigated the horrors of the war they were fighting. They had passed through the neighborhood on their way to Vietnam and found it attractive with the availability of sex and drugs, so they returned.

The Haight Ashbury neighborhood went into a severe decline. Property values plunged, and most of the storefronts on Haight Street were boarded up until the mid-'70s. People were afraid to walk on the street.

The history of this turbulent period is still being written. In San Francisco and the Santa Clara Valley during the late 1960s, various culture currents flowed together. There was the nascent hacker subculture, the quasi-academics researching the effects of LSD on expanding human potential, and Ken Kesey, whose Merry Pranksters celebrated LSD with music and light shows featuring the band that became known as the Grateful Dead. In the Haight Ashbury, there was the hippie movement, and in Berkeley, there was the anti-war free speech movement. This fusion of flower power and processor power prompted Steve Jobs, co-founder of Apple Computer and a product of the psychedelic 60s, to comment “There was something going on, the best music with the Grateful Dead, Jefferson Airplane, Joan Baez and all the integrated circuit.” (Isaacson, 2011).

Experimentation with and use of drugs became more acceptable to a wider, more middle-class segment of the population, whereas earlier drug use other than alcohol and nicotine

was perceived as having criminal associations. People today are more willing to experiment with drugs than they were previously. Certainly marijuana is more tolerated by more of society. There's increasing acknowledgement that drugs like LSD enhance creativity and the ability to conjure abstract relationships, and that their use enhanced development of the Internet. The drug culture is well documented in many biographies. Drugs opened "doors of perception" and abuse closed them.

The people who invented the 21st Century digital revolution were pot-smoking, acid-dropping, sandal-wearing, long-haired hippies from the West Coast. Like Steve Jobs, they saw things differently, influenced by Ken Kesey and the Merry Pranksters and Stewart Brand of the Whole Earth Catalogue. Together they produced the Trips Festival in 1966, creating a sound and light presentation completely unlike anything the attendees had ever previously experienced – especially after they'd ingested the LSD-spiked vats of Kool-Aid freely offered to them. Most of the hippie generation scorned computers as the embodiment of centralized control, but a tiny contingent, later called the hackers, embraced them and set about transforming them into tools of liberation (Isaacson, 2011).

One of the many social movements that came out of that psychedelic era was the Free Clinic Movement, beginning with the founding of the Haight Ashbury Free Medical Clinic on June 7, 1967 during the peak of the Summer of Love. Founded on the philosophy that "health care is a right, not a privilege," its organizers were motivated by the same liberation and civil rights principles as the other progressive, counter-establishment movements of the time. The Clinic was also a response to the growing drug epidemic, which began with pot and LSD, then devolved to speed, which continues to devastate the San Joaquin Valley, through heroin (today we're seeing the misuse of prescription opioids such as Oxycontin). Part of the original Clinic philosophy was that addiction is a disease and the addict deserves the right to treatment. This was the beginning of the medical specialty of Addiction Medicine, which is now a Board Certified specialty, and the *Journal of Psychoactive Drugs*, the oldest scientific addiction journal in the United States.

The Free Clinic Movement

In late 1968, we organized the National Free Clinic Council (NFCC) to provide organizational support and a network for information exchange (Smith, Bentel, Schwartz, 1971), organizing two symposia in 1969 and 1970. Over 300 free clinic workers attended the 1970 conference and the proceedings were fortuitously printed in *The Free Clinic: A Community Approach to Health Care and Drug Abuse*. Sadly, the first lines in the Introduction report:

The National Advisory Commission on health manpower stated in its report in 1967 that the national health care apparatus is more mishmash than system, a collection of bits and pieces characterized by overlapping, duplication, great gaps, high costs and wasted effort.

As far back as 1932, a national committee, examining the high costs of medical care, published a detailed and comprehensive report describing the ways that the health care delivery system has totally failed throughout America.

I think we all know what's happened – or not – in the intervening 40-plus years.

The greatest challenge to the opening of free clinics was funding. There was never enough, yet representatives of the various clinics could never agree whether it was okay to accept government funding – recall that this was a time of great mistrust of institutions by young people, and it was, for the most part, young people who had the passion to open these clinics. Even the doctors were sometimes seen as suspect. Antagonism toward government representatives who were interested in developing RFPs, towards individual personalities (myself included) and towards clinics that had accepted federal funds, and various other political considerations conjoined to halt the development of a strong, effective, supportive free clinic body. Although the NFCC limped along for a few more years and produced two additional conferences, in 1977 it turned down an offer of federal funds for administrative support and quietly disappeared (Seymour & Smith, 1986).

Currently, the National Association of Free Clinics (NAFC) has taken up the challenge of providing a centralized body for the free clinic movement. They focus on the issues facing the 1200 or so free clinics today in the United States, and have garnered media attention for the need for universal health care by sponsoring one- or two-day health care

events in several cities during the past few years, often in conjunction with local health care providers, as they did in New Orleans in 2010 (www.FreeClinics.us).

A survey of free clinics in 2005-2006 reports that 1007 free clinics offered a health care safety net in 49 states and the District of Columbia. Annually, they provided medical and dental care for 1.8 million individuals. Their mean operating budget was under \$300,000, and 58.7% received no government funding. The clinics were open a mean of 18 hours per week and typically provided chronic disease management, physical examinations, urgent/acute care, and medications (Darnell, 2010). Over 80% of the clinics surveyed opened in the 1990s and 2000s, indicating the ongoing need for medical and dental services beyond government-funded Medicare and Medi-Cal and employer-funded private insurance. Almost a third of the clinics were associated with a hospital; over a quarter had a church affiliation (Darnell, 2010).

The NAFC estimates that the number of patients seen by free clinics doubled to nearly 9 million in 2009 from 2008, while about a million more patients will be seen in 2010. The NAFC reports an average of 5 calls a week from organizations and individuals interested in starting a clinic (DePaul, 2010).

Darnell's survey reveals that free clinic patients were uninsured (92%), and primarily adults ages 18-64, with just under 20% under age 18 or Medicare-eligible. 50% were white, and the income of 97% fell under 200% of the poverty level (in 2005, \$19,140 for a single person). The homeless and immigrants comprised about 81% of the clinic population, and those with substance abuse disorder made up just under 20%. Those with HIV/AIDS comprised another 9.5% of those seen (Darnell, 2010).

Haight Ashbury Free Clinics in 2012

The Haight Ashbury Free Clinics and Walden House, two iconic 1960s non-profit health care agencies, merged into a single organization in July 2011 to provide primary medical care and addiction treatment services to the most vulnerable members of society. The combined organization, led by Dr. Vitka Eisen, CEO of the new Haight Ashbury Free

Clinics-Walden House, emphasized “This merger will give our clients a seamless integration of care, allowing them multiple entry points to access primary and mental health care. We now have the expanded capacity to provide comprehensive medical, substance abuse and mental health care to the community we serve.” The combined organizations create one of the largest private non-profit health care and addiction treatment facilities in the United States and spring from two very different backgrounds (Garcia, 2011).

Since 1967, the Free Clinic has served the uninsured, the homeless and the socio-economically disenfranchised, including those with HIV/AIDS, a vast majority of whom have incomes well below the federal poverty line. In 2010, the primary care clinic provided primary medical care to approximately 8000 individuals.

The Haight Ashbury Free Clinics began as a medical practice designed to deliver health services to the flower children who believed in “better living through chemistry” and flocked to the Haight Ashbury during the Summer of Love (Smith & Luce, 1971). The Clinics’ Detoxification, Rehabilitation and Aftercare program addressed the needs of those whose lives didn’t get better through the chemicals they were ingesting. Methadone maintenance was available in California beginning in 1968, but medication-assisted detoxification on an outpatient basis in a primary care medical setting was a violation of the law, leading to the arrests of some targeted physicians. The development of the phenobarbital detox technique by Smith and Wesson (1971) served as the basis of the Clinics’ outpatient detox program (Wesson, 2011), which was a pioneer in the emerging field of addiction medicine. Women’s health, medical/crisis care at rock concerts, jail psychiatric services and other programs followed.

Walden House began with a very different culture than the medically-oriented Haight Ashbury Free Clinics, basing its classic residential therapeutic community on Synanon, a behavioral change model using confrontational group process and work therapy. The early Walden House model was a rigorous program with harsh administrative responses to infractions, seeking to create a sense of unity, community and structure. As the

organization has grown, it now promotes a culture of education, community, mutual support and respect, hope, health, and changed lives. With the recognition of dual diagnosis patients who exhibit both co-morbid addiction and psychiatric disorders requiring medication, Walden House adapted to changing times and integrated more fully with the medical system. Walden has accepted patients on methadone maintenance for the past 20 years (Bonetta, 2010, Sorensen, 2009).

Walden House also started in the Haight Ashbury at the beginning of the nationwide drug epidemic to help homeless adolescents and young adults with substance abuse problems. Since 1969, it has been nationally known in recovery services, and last year provided services to over 9000 clients with mental health and substance abuse problems in its various residential and outpatient centers throughout California. Walden House has been in the forefront of developing prison treatment programs in the Central Valley and interacting with the criminal justice system. Research on therapeutic communities has found Walden's treatment to be successful up to 18 years after release from prison, reducing new arrests and the health consequences of addictive disease, including HIV risk (Martin, et al., 2011).

San Francisco has an excellent proving ground for such integration in Healthy San Francisco, which offers a model for overcoming what Jean Merwin, RN, Vice President of Healthcare Services at HAFC-Walden House, calls the "patient silo" approach, where patients with multiple disorders are compartmentalized into different systems rather than treated with an integrated approach. The merger will serve as a model for integrating the medical culture and the addiction treatment culture in order to provide improved services in the era of health care reform (Roy & Miller, 2010). Their merger reaffirms that San Francisco remains on the leading edge of innovation and integration of medical substance abuse and mental health services.

In recent years, the Free Clinic Movement has spread across the country, with many faith-based new programs, such as the Jesus Shack's "Mobile Medical" here in Bakersfield (Schmitt, 2011). While the nation is embroiled in a national political debate

on the question of “health care is a right, not a privilege,” free and community-based clinics are seeing their patient loads rise dramatically. In addition, the drug epidemic rages across the country, with drug overdose deaths now the leading cause of death (Warner et al., 2011) as government policies focus more on surveillance, arrests and incarceration through the legal system than education and treatment through the health care system. Studies conducted by Kaiser research physicians and researchers indicate that for every \$1 spent on substance abuse treatment, \$7 is saved that would otherwise be spent on health and social costs (Parthasarathy et al., 2001). Here in California, and in Bakersfield, we’re well aware of the astronomical costs of incarceration, precipitating Governor Brown’s realignment of a segment of the prison population to local counties (Henry, 2011).

The personal computer revolution continues to spread, with its latest incarnation being social media outlets such as Facebook, which permeates every aspect of private life in a fashion that Big Brother could not have imagined. It all started for me in the 1960s as an observer and participant in this counter culture revolution. All I can do to describe my experience is to again quote the Grateful Dead, “What a long, strange trip it’s been.”

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