

## ADDICTION AND THE ADDICTED<sup>1</sup>

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In this article I would like to define and outline what addiction means to the public; outline some of the physiological evidence which tends to explain addiction; examine some of the sociological and environmental problems leading to addiction; examine the attitudes of the individuals involved; outline the treatments available to addicts; and finally to examine society's attitude toward the addict, in the hope of possibly clarifying some of the misunderstandings perpetuated toward the addict and to give us a better understanding of the overall picture.

There are an estimated 60,000 narcotic addicts in the United States alone. This is a conservative estimate based on known addicts.

The **cure rate** of this addiction is about two percent on the national level with percentages increasing to 18 and 33 percent in the specialised centers of Lexington, Fort Worth and Los Angeles. In Canada there are an estimated 5,000 addicts with similar "cure rates".

### **What is addiction and why does it occur?**

Let us first try to consider why some people may desire the effects of a narcotic drug. In the past few decades there has been a sharp upswing in the number of adolescents who use narcotic substances, singularly or in a group. The chief substances that are being abused are marihuana and recently, glue sniffing has reached a high degree of sophistication among adolescents.

The main physiological effect of marihuana and glue is similar to that of alcohol. The reason for the abuse of marihuana and similar narcotics has been attributed to undue curiosity on the part of the individual and the availability of these substances. The drug effects upon the body are interpreted as pure pleasure.

Addiction is defined as the development of physical dependence to a drug. This is not to be confused with psychological dependence. The manner in which physical dependence arises is still unknown but current theories deal with neuron receptors and the distortion of stimuli at these sites.

An increase in the number of Nissl granules has been observed in the cat after prolonged use of narcotic substances. It is thought that the same phenomenon may occur in man and be responsible for the exaggerated perception seen in the **Withdrawal Syndrome**. The symptoms of withdrawal include the perception of soft sounds as harsh, dim lights as intensely bright, pain upon touching objects, diarrhea and nausea. In an effort to allay these symptoms, the addict must continue to use a narcotic substance. The former pleasurable effects may be diminished or still present but an increase must be taken to compensate for tolerance. When the tolerance has reached a high degree, addicts may resort to intravenous injection. The withdrawal syndrome may be extremely severe and may even be fatal.

The stages in the development of addiction are very similar but the reasons that these people use drugs are varied and most important in understanding the individual.

In some mental patients a euphoric state is obtained because they deny the real causes of anxiety in their lives. This denial may be very marked and exist as the sole defence mechanism.

The euphoria produced by the narcotic drugs permits a denial of anxiety and fantasy wish fulfilment in the same manner. This use of narcotics as a defence mechanism and psychological crutch is apparent by the elaborate rationalizations given by addicts to explain their habit. Addicts are not mental patients as such and sometimes try to rationalize their socially disapproved behaviour. This is particularly so in alcohol and marihuana abusers. The use of a drug in this

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manner is termed **Psychological Dependence**.

Dr. Perry Mason, N. Y. Bellvue Center has divided the addict population into two parts:

1. The **sociological addict** who lives in the slum areas of metropolitan cities, where unemployment, broken homes, poor education and racial tension often exist. These factors aid in forming a personality structure typical of such situations. The sociological addict usually has a low I.Q., an undermined self-respect and is unstable.
2. The **middle class psychological addict** who has a higher social, economic and educational background and who resort to narcotics to solve individual problems. These could be most readily helped through psychiatry.

Both classifications contain psychiatric factors, in one case they arise from the environment and in the other they arise from the individual. Addicts of both classes have specific personality aberrations which played an important role in the genesis of addiction, its maintenance and the high relapse rate.

Character disorders, inadequate personalities and neuroses are the mental and emotional problems most frequently seen among addicts.

Drug abuse among adolescents occurs at all levels of society. It is never localised and may be found in any area. The practice of glue sniffing is distributed in this manner. It is a craze, which can result in irreversible psychological and physiological damage.

Adolescents abuse drugs for a slightly different reason. Their reasons arise from drives to escape boredom or an unsatisfactory way of life. By the abuse of marihuana and glues they have found a more direct means for satisfaction of needs. They are looking for satisfaction of curiosity towards drugs and alcohol, for extraordinary experiences and pleasures. They are not denying anxieties as a group.

Marihuana itself does not cause physical dependence but tolerance develops rapidly and this may change to complete insensitivity. A choice now faces the adolescent, either to give up drugs or to turn to morphine, heroin, barbiturates and other synthetic drugs.

The majority of persons give up drugs at

this point. Those who continue on until they are addicted have developed a psychological dependence. They make up Mason's two classifications.

Thus far we have examined factors causing addiction, what addiction is, and who is more likely at any time to resort to drugs. There are other addicts who appear to have progressed from marihuana to the addicting drugs without the formation of psychological dependence.

Let us now look at the social view of addiction, how communities regard addiction and how the addict and the community affect each other.

Communities have often used addiction as a scape-goat. Addicts are said to commit one quarter of the nation's crimes and corrupt social morality. The sociological addict would in most of these cases, be responsible. However being an addict is only a symptom of a much broader syndrome.

Some of the most severe and sadistic laws against addicts are found in the United States. They have been described as "immoral, vicious, social lepers". Many of the laws are totally unjust in their aim and purpose and are intended to stamp out addiction by the severest, most forceful means possible. They offer long prison terms, large fines and continuous persecution to drug users and dealers.

Addiction is viewed as a dangerous force capable of destroying social morals and a threat to juvenile morality, law and order.

The addict receives no sympathy from the public. The only thing he can see if he is discovered is the horror of the withdrawal syndrome. He has been made a fugitive and must change his living habits if he is to survive and satisfy his need for narcotics. The longer addiction persists, his self image is degraded further. This increases the aberration which first promoted psychological dependence upon narcotics.

Very few people are able to understand the addict's behaviour as a retreat from his way of life or personal problems. Fear and suspicion mark society's image of the addict. The addict lives in an atmosphere of fear and mistrust. Very few addicts will trust one another for fear of betrayal. The competition for drugs is high and the supply is low.

To provide money to buy drugs, addicts may often turn to prostitution and petty



crime. The person who becomes an addict often comes from groups tending to criminal behaviour. It is true that a large number of delinquents, if they had not used drugs, would probably have departed from delinquency.

Addicts often obtain money by selling cut (diluted) drugs to the adolescent groups. He receives his own supply which may have been previously cut and dilutes it again. By this means one dollar of uncut morphine will increase in value to \$250.00 on the black market.

Most of the attention given to addiction is now focused on trying to cure the addict. The objective of such treatment is to remove the dependence and allow the patient to become a functional, socially approved individual.

*On what basis must the addict attempt to be cured?* Should we regard him as abnormal and focus the treatment on this aspect? Whether the addict is a product of his environment or a person with active psychological problems, we are justified for the purposes of an operational definition in classing all addicts as abnormal. Abnormal here being a rationale for the intervention of authority.

The noted sociologist, T. S. Lindesmith in his book "Social Psychology" makes a major objection to the assumption that only the abnormal may become drug addicts. But if a normal person were to take narcotics with full knowledge of the results, he would experience the same effects and if the drug was withheld withdrawal symptoms would appear. The person's attempts to prevent the appearance of the withdrawal symptoms would certainly be interpreted as addiction. This example only shows that physical dependence may arise in any person who takes narcotics. Lindesmith fails to emphasize the reason why drugs are taken in the first place. It is the motivation behind using drugs which is of greater interest in curing addiction.

Various methods are used to cure addiction. The method used in the past was to isolate the addict and refuse all drugs. Within a few hours fullblown withdrawal symptoms appear and persist up to two weeks. At the end of this time the body slowly returns to normal and the patient may be discharged after a short jail term. Ninety-five percent of these people will return to using narcotics

upon release.

At special centers as Lexington and Fort Worth, a course of withdrawal with replacement drugs and psychiatric care is followed. The rate of remission with this treatment is 60 - 80 percent of admitted cases. These patients are usually from the middle class psychological group of addicts.

In Britain and the U.S. attempts with a gradual reduction plan and making narcotics available by prescription have been unsuccessful. Instead of a reduction, an increase in the addict population occurred.

With present methods of treating addiction in the U.S. there has been a very high relapse rate. The reasons for this are usually based on factors which led to its occurrence in the first place.

A clinic may release a patient as having been cured of his addiction. This is true in so far as his physical addiction is concerned but when the patient returns to his environment he finds that nothing has really changed. It is still a slum area, he has no employment and no increased self respect or stability. Many of his friends are addicted and he will usually start to use drugs again.

Ceremonies, group control and religious ideals are some of the devices used to break addiction by a few organizations. An alcoholic will confess his misdeeds and errors to a very sympathetic audience and with the aid of strong religious and reciprocal ties may break his addiction. Drug addicts do not respond to this type of program due to the small amounts of drug required to cause dependence.

The addict then returns to his home environment and if a relapse is to be prevented, conditions which promote psychological dependence must be altered. He should be able to return to a new environment which has no undesirable effects upon his personality structure. New associations should be formed and satisfying activities found to displace old preoccupations.

Is an addict once cured able to resume his habit without addiction occurring? There are a number of alcoholics who are able to resume social drinking without fear of a relapse. This is found in about 30 percent of the alcoholics released from treatment centers. Such is not the case with drugs since the type of dependence involved is not the same. One is psychological and the other

is mainly physiological.

Various methods of prevention are now being given closer attention as civil authorities understand the problems of treatment. The laws which were once so heavily weighed against the addict are now being focused on the responsible persons who import and sell narcotics. More attention is also given to preventing the spread of addiction.

The Synnon Foundation has laid down the following objectives deserving close consideration:

1. The police should be removed from the picture.
2. Physicians and scientists should study and treat problems with and leading to addiction.
3. The nature of addiction should be thoroughly taught in medical schools.
4. Addicts should be admitted to hos-


pitals where they may be treated.

Psychologist A. Deutsch has suggested that removing the sources of supply would reduce the motivation to use drugs.

Addiction is not an isolated problem to be dealt with as a crime. To ignore it in this way would be a failure to recognize a breakdown in our social structure.

The transition in views concerning addiction is due in part to behaviouristic psychology where the objective is to deal with problems on an individual and group basis. The reports of sociologists as H. S. Becker, Lindsmith, Strauss and others have been beneficial in exposing the causes of addiction.

In the fields of psychology and psychiatry, Dr. P. Mason, G. W. Allport, A. Deutsch, F. Wertham and others have shown that addicts are not great dangers to our social system but merely victims of its abuses and people who are otherwise troubled.




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