

May 1971

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Recommended Citation

Cohen, Sidney (1971) "Drug Abuse: A Worldwide Picture," *The Linacre Quarterly*: Vol. 38 : No. 2 , Article 9.
Available at: <http://epublications.marquette.edu/lnq/vol38/iss2/9>



DRUG ABUSE—A Worldwide Picture

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It is rewarding to scan time and space to help understand and deal with the problems that beset us. Have conditions in the past ever existed comparable to the present day preoccupation with drugs? Indeed, they have. On numerous occasions in man's journey through time, mind altering chemicals appeared to threaten or even overwhelm certain cultures. Only a few

examples can be cited now since we are concerned today with the space frame rather than the time frame.

Eighteenth century England was floating in a sea of cheap gin. Some of you will recall Hogarth's print "Gin Lane" where one could become "Drunk for a Penny, Dead Drunk for Tuppence." The consumption of neutral spirits was so great among men, women and children of the working class that for a while it seemed as if the sun would set on the British Empire. Finally, gin was taxed, and daily intoxication became too expensive a practice.

**Presented at the XII Congress of International Federations of Catholic Medical Associations, Washington, D.C., October 13, 1970.*

Opium, of course, has stultified many populations. In the Western world nineteenth century England was a place where laudanum (tincture of opium) could be obtained from the apothecary without difficulty. DeQuincey wrote: "Happiness might now be bought for a penny and carried in the waistcoat pocket. Portable ecstasies might be had in a bottle, and peace of mind sent down by the mail."

It is estimated that during the 1930's 40 million Chinese or 10% of the population were opium smokers. This must have contributed to the decay of the Chinese empire.

In this country patent medicines which soothed babies, killed pain or relieved cough almost invariably contained opium. Just before the Civil War the hypodermic syringe was invented. Morphine had already been extracted from gum opium. It was assumed that addiction would be minimized if the morphine was injected rather than swallowed. As a result of the patent medicine scandal, the indiscriminate use of injectable morphine, and the spread of opium smoking from the West Coast Chinatowns as many as one of every 400 Americans had an opium "habit" during the latter half of the 1800's. In fact, this situation persisted until the second decade of the 20th century.

Similar, but more circumscribed epidemics of ether sniffing, laughing gas inhaling, cocaine snorting and datura eating can be recorded. Each was claimed to be the mind expander of its day.

But to turn to the current scene we should first try to determine our present situation here, and then look at the experience of a few centuries, which may illuminate our own predicament. The chemical abuse situation changes frequently with new drugs, new styles of usage and new populations involved. The following statements are fairly accurate summaries of the existing situation.

1. It is estimated that over six million problem alcoholics exist in the United States. Increasing alcoholism is a consistent feature of all reports, national and international. It is the most serious substance abuse problem that we face.

2. Although tobacco is a minimally psychoactive substance, it is mentioned here to demonstrate that trend reversals can occur even when dependence is considerable. In the past 5 years more than 12 million Americans have stopped smoking cigarettes, and the number of cigarettes consumed has declined during the past two years. Physicians as a group have shown the greatest reduction in cigarette smoking.

3. The use of marijuana and hashish continues to increase. The age groups involved are progressively younger, and very few communities do not have some degree of cannabis use. In a few school districts there has been a leveling off of the rate of increase during the past year.

4. Stimulants and sedatives are being consumed more and more by all age groups. These include the amphetamines, and to a lesser degree cocaine, the barbiturates, the non-barbiturate sedatives, the minor tranquilizers and a number of over-the-counter medications containing scopolamine. The intravenous use of methamphetamine has increased.

5. Hallucinogens continue to be available and used. Considerable mislabeling and adulteration occurs with these substances. LSD usage may be declining, but mescaline, psilocybin and THC are being substituted. According to analyses LSD is the usual ingredient in so-called mescaline, psilocybin and THC.

6. Volatile solvents continue to be used by some very young children and disturbed adults. These vary from airplane cement, lacquer thinner, gasoline and spot remover to refrigerant aerosols, insect and deodorant sprays, and nitrous oxide.

7. During the past two years heroin addiction has increased more rapidly than in earlier years with new consumer markets opening up among white middle class youngsters.

8. Mixtures of the abovementioned substances plus many others are being consumed by some individuals totally immersed in the drug subculture. At times the identity of the material is completely unknown.

The present indulgence in drugs to alter mental functioning is

worldwide. The present upsurge began about 10 years ago when some credulous instructors and students at Harvard took LSD. They then proclaimed that the psychedelic revolution had arrived and that the solution to man's and humanity's problems was at hand. As we review that movement a decade later, it seems evident that very little of the promise was fulfilled. Indeed, still another problem seems to have been added to humanity's burden.

The overuse of all mood changing drugs spread from the large cities and major universities throughout the land. About five years ago young American tourists introduced the practise into other Western countries. However, it is much too oversimplified to believe that the spread of the "American disease" accounts for the pandemic. In fact, a number of countries had preexisting drug problems. In other lands the same conditions that made the time ripe for the misuse of drugs were present: affluence, accelerated social change, breakdown of established belief systems, spiritual unrest, and the coming of age of the mass media.

England has a brisk drug scene with hashish, stimulants, sedatives and acid. However, the most interesting and instructive issue is heroin and the so-called "British system." Until very recently physicians were permitted to prescribe heroin to keep addicts comfortable. This was, in effect, a sort of heroin maintenance. It successfully kept organized narcotic syndicates out of England, but during the past 10 years the in-

creasing number of non-medical addicts, especially juvenile addicts, evoked concern. Finally, two years ago regulations were amended so that only rehabilitation clinics can prescribe heroin to addicts. The effort is to discontinue the drug; failing that, to maintain the patient on reduced amounts of heroin or methadone. Methadone maintenance as practised in the United States seems preferable to heroin maintenance; one dose a day is sufficient, and that can be given by mouth.

Sweden, and to a lesser degree, the other Scandanavian countries, have had difficulties with Preludin, an amphetamine-like compound. Introduced more than a dozen years ago as a safe weight reducing pill, it began being abused when large amounts were swallowed for its euphoriant effect. Later the material was crushed, dissolved and injected intravenously. Over 10,000 people in Sweden inject Preludin despite the fact that stimulants can now be prescribed only with the approval of a special committee. The substance is smuggled in or manufactured in illicit laboratories.

Japan succeeded in overcoming a serious methamphetamine problem after World War II by a combination of education, strict law enforcement and drying up of supplies. More recently, paint thinner inhalation, the return of "pep" pills and of sleeping medications among groups of young people are becoming popular.

Countries on both sides of the Iron Curtain are finding that

hashish is "in" although east of the Elbe, controls manage to keep the prevalence down. So far as I know Nepal is the only country without restrictive legislation for cannabis. This is interesting in view of the many countries of the Middle East and Near East that have traditionally sanctioned the use of cannabis.

There are nations which are depending upon severe penalties to deter drug traffic. Nigeria and Egypt have a death penalty for growing cannabis, and Iran hangs people who are found with quantities of heroin or opium. Whether these sanctions will be effective remains to be seen.

Ceremonial drug use remains in certain cultures — khashish in Arabia, kava in the Melanesian archipelago, betel nut in part of the East Indies, peyote among the Indians of the Native American church, yage among a few Andean tribes, and the ordeal bean still is occasionally used in the Congo. Unfortunately, alcohol, the inexpensive and easily produced beverage tends to displace these ancient ritual drugs.

As a commentary on the motivation for certain indulgences in drugs new to a culture, it is interesting to note a situation in some of India's large cities. Here the old folks drink bhang, a weak decoction of cannabis, while many of their sons and daughters drink Scotch.

Although this brief review is hardly a comprehensive picture of the global drug scene, at least certain highlights are presented which may be meaningful to the situation in this country.