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NARCOTIC ADDICTION

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Our present state of knowledge concerning narcotic addiction is such that no one factor may be reasonably presented as the sole cause. It appears to be most useful to conceive of drug addiction as the resultant of multiple interacting factors. The significance of these factors is variable from patient to patient and only a careful study of each individual will indicate the proper weighting and interplay of these factors. Such a concept seems to be nearer the truth as we know it at the present, and has the additional advantage of pointing up etiological factors that may be dealt with in prevention or rehabilitation.

In addiction among adolescents, there are certain factors which appear to be particularly important. The following list by no means exhausts all possibilities, but does present some of the more commonly observed etiological factors:

1. The usual conflicts of adolescence concerning sex, personal relations and career, involving rebellion against parents and other authorities and the finding of a new adult "self"—all leading to varying degrees of frustration and anxiety.
2. The pathology of adolescents beyond the usual turmoil of this difficult period: e.g. neuroses, psychopathic tendencies, homosexuality and schizophrenia.
3. Realistic situational difficulties leading to conflict and anxiety.
4. The specific pharmaco-psychological effect of narcotics in allaying conflict and anxiety both in the usual conflicts of adolescents and also the pathology of adolescents with the achievement of pleasurable feelings.
5. Age-group (gang) identifications and pressures that effect a psychological acceptance of narcotics as a means of solution of conflicts and anxiety.
6. Socio-psychological factors conducive to associal behavior; e.g. certain areas where asocial behavior is more commonly observed and accepted by the adolescents and is superimposed on the usual transient asocial rebellious attitudes of the adolescents.
7. Development in some instances of the important factor of physical dependency making it difficult or impossible for the addict to stop using drugs without assistance.

8. The interplay of the above factors leading in some instances to petty criminalism stimulated by a need to obtain funds for a sufficient supply of drugs. Also, the pharmaco-psychological effect of drugs themselves tending to lead to a loss of socially directed sublimated drives (e.g. loss of sex drive with narcotics), with all pleasure and satisfaction achieved directly from narcotics alone.

The use of marihuana frequently precedes the use of narcotics. The general effect of marihuana is somewhat different from that of narcotics of the opium group. Marihuana produces a "keyed up" state of mind resembling the feelings produced by a few drinks of alcohol. There is, however, no physical dependency caused by marihuana. A habituation to drugs does develop as a means of allaying anxiety along with the achievement of pleasure, and the adolescent may switch from marihuana to narcotics in conformity with the factors listed above.

The "cure" of addiction is usually difficult. It may be divided into two phases: (1) withdrawal and (2) rehabilitation.

Withdrawal itself is relatively simple if carried out under proper conditions. This includes an adequately guarded ward where drugs will not be available to the patient, physicians and nurses who are thoroughly familiar with the problem of addiction, who will not become alarmed by the withdrawal symptoms and signs and who will be neither too harsh nor too lenient during the withdrawal process.

Procedure of choice is the gradual withdrawal of narcotics over the period of ten days to two weeks, with the use of sedatives and flow baths for a calming effect; intravenous fluids to combat dehydration and loss of electrolytes; bismuth subcarbonate for diarrhea and aspirin for the characteristic aching.

Rehabilitation—the second phase of treatment—is best managed by a psychiatrist who is willing and able to be sufficiently flexible in his therapeutic approach to more exactly approximate the treatment procedure to the specific needs and problems of the patient. While each of the various psychotherapeutic approaches can honestly claim a few successes, psychiatry as a whole has as yet been unable to offer the addict treatment that is successful in a significantly large percentage of cases. Although many of the inner problems are understandable from a psychiatric point of view, the technical difficulties in the psychiatric treatment of the addict are such that the percentage of cures has been small. In general, the more neurotic patient, as opposed to the psychopathic or psychotic patient, does better. Where the medical factors occasioned the start of addiction and the patient is relatively

well integrated and motivation for treatment is good, the prognosis is better than average.

Facilities for the adequate treatment of addicts are relatively few. The United States Public Health Service Hospital at Lexington, Kentucky, is devoted primarily to the treatment of this problem. Treatment facilities for addicts are also available at the United States Public Health Service Hospital at Fort Worth, Texas. The former institution treats both male and female patients; the latter admits male patients only. If the addict has not been a patient at the Lexington hospital previously, application for admission may be obtained by writing to the medical officer-in-charge, informing him that the patient is an addict, has never been at the hospital, and desires admission. After the application has been completed and returned, the patient is told when to come to the hospital.

Another way to obtain admission to this hospital is for the patient to go directly to the chief of police at Lexington, Kentucky, or to the United States Bureau of Narcotics, Room 335, in the Post Office Building at Lexington, Kentucky. The patient may then be brought before the local magistrate who will sentence him to one year's imprisonment, sentence suspended on the condition that he admit himself to the United States Public Health Service Hospital, to remain there until pronounced "cured" within the meaning of the law. This usually entails a stay of four to six months. This "blue grass" commitment is possible because of the Kentucky State Addict Law, according to which addiction itself is an offense against the State.

For patients who have previously been hospitalized at that Institution, and wish readmission, the best procedure is to write to the medical officer-in-charge. These recidivists may "blue grass" themselves.