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Teen-Age Narcotic Addiction: The Psychological and Sociological Factors

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TEEN-AGE NARCOTIC ADDICTION: THE PSYCHOLOGICAL
AND SOCIOLOGICAL FACTORS

A Paper

Presented to
the Faculty of Eastern Illinois
State College

In Partial Fulfillment
of the Requirements for the Degree
Masters of Science in Education

by

Mary E. Woolford

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CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS USED

In recent years the American public has been made aware of the increase in teen-age narcotic use and narcotic addiction. The newspaper headlines indicate a mass epidemic of the use of narcotics by this group. They present narcotic use as our ever present social menace, the peril of the country.

Many in authority, while admitting there has been an increase in teen-age use of narcotics since World War II, indicate there is no acute problem in this phase of delinquency. Other authorities show that facts disclosed by recent investigations indicate a very serious situation.

I. THE PROBLEM

Statement of the problem. It was the purpose of this study to define narcotic addiction; (2) to determine the narcotics used by the teen-ager; (3) to attempt to show the extent of teen-age use and addiction; (4) to present the psychological factors which would provide the need for narcotic use and addiction; and (5) to present the sociological factors which lead teen-agers to resort to this form of escape.

Importance of the study. Narcotic use and addiction of teen-agers has received much publicity in recent years. Much

of this has been of a highly exaggerated nature and has given a distorted picture of the true problem. Research and data gathered by authorities has been in respect to particular institutions and has failed to show the problem as a whole. In most cases, little attention has been given to the underlying psychological and sociological causes of teen-age narcotic addiction. In this study, an attempt was made to present the extent of teen-age addiction and to show evidence that social and psychological factors are responsible for teen-age addiction.

II. DEFINITIONS OF TERMS USED

Teen-ager. For the purpose of this paper, the terms "youth", "juvenile", and "teen-ager" are regarded as synonymous and are used interchangeably. They include the age group from twelve to twenty-one years.

Narcotic. Throughout this paper, narcotics and drugs will be used as synonymous and will be considered to be habit forming substances which in proper doses relieve pain and induce sleep.

Narcotic Addiction. Narcotic addiction is a condition acquired by an individual who has used an excessive amount of a certain narcotic and has developed an uncontrollable craving for that narcotic.

Psychological. Psychological shall refer to personal-

ity maladjustment or personality defects.

Sociological. The term "sociological" will refer to human relationships dealing with family, church, school, the community, and society as a whole.

CHAPTER II

WHAT IS DRUG ADDICTION ?

Drug addiction is a condition acquired by a person who has used an excessive amount of a certain narcotic drug and has developed an uncontrollable craving for the drug. As use continues, he develops a tolerance for the drug and must increase the amount used to satisfy his craving. On withdrawal of the drug, the addict suffers intensely.

The craving for drugs is a developed habit. The Expert Committee on Drugs Liable to Produce Addiction of the World Health Organization of the United Nations has defined drug addiction as follows:

Drug addiction is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include:

1. An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means;
2. A tendency to increase the dose;
3. A psychic (psychological) and sometimes a physical dependence on the effects of the drug.¹

Arthur Woods describes the action of addiction from the early stage of drug taking, the "honeymoon stage", at which time the drug can actually exalt the individual. This phase is known as the stimulating or the euphoric phase. The "honeymoon" period is usually exaggerated and is of short

¹Jesse Feiring Williams, Narcotics, the Study of a Modern Problem, (California State Department of Education, 1952), p.3.

duration. The action of the drug on the unaccustomed individual is to deaden sensibility through its effect on the brain and does produce a feeling of security and sense of well-being.

The second and continuing state is that of building a tolerance, the tendency to increase the dosage steadily for constancy of effect. As the dosage increases, the comfort and feeling of pleasure diminishes until eventually the drug no longer serves its function.

The final phase of addiction finds the addict desperately attempting to maintain merely a feeling of normality, and an absence of pain. Without the effects of the drug there is pain. The importance of the addicts's dependence can hardly be over emphasized.²

²Arthur Wood, Dangerous Drug. (New Haven, Connecticut, Yale University Press, 1931), pp. 18-20.

CHAPTER III

THE CHIEF NARCOTICS

The types of addicting drugs which are commonly abused in the United States are usually divided into two classes: the stimulant drugs and the depressant drugs. The depressant drugs tend to induce sleep and lessen nervous irritability. The stimulant drugs are often referred to as the "thrill drugs." They give a temporary sense of elation, a feeling of increased ability, and a sense of superiority.

The depressant drugs which are best known in the United States are opium, morphine, heroin, codeine, demerol, and morphine-like drugs called goof-balls.

Opium is derived from the poppy plant, *Papaver Somniferum*. The opium is found in the unripened pod of the plant. The pod exudes a milk-like juice which when dried is opium. Originally the crude drug was eaten, but because of the bitter taste, it is made into confection or is smoked. Morphine, heroin, and codeine are derivatives of opium. They are brown in color, have a bitter taste, and a heavy odor.

Morphine is the chief alkaloid of opium. It is usually dispensed as a pill and taken orally, or appears as a white powder which is readily soluble in water and is for hypodermic use. For effective results, it is adminis-

tered through the blood stream.

Codeine is known as methymorphine. It is a much weaker narcotic and its power to induce sleep and allay pain is much less than that of morphine. It is used in hypodermic injections for pain relief.

Heroin is an artificial alkaloid which is made by heating morphine with acetyl anhydride. It is a dull white powder with no odor and only a slightly bitter taste. It is viciously habit-forming and very popular in the illicit drug traffic. The powder is sniffed through the nose, put in openings in the skin, or most effectively, used hypodermically.

Demerol is a new synthetic compound that has a morphine-like property. It is used hypodermically. This drug produces moderate withdrawal symptoms for the addict.

"Goof-balls" is the heading for a group of drugs known as hypnotics, sedatives, soporifics, sleeping pills, and barbiturates. These are synthetic drugs and are produced in pill form usually to be taken orally.

The "thrill drugs" or stimulants are cocaine, benzedrine, and marijuana.

Cocaine comes from the plant, Erythroxyton Coca. At one time cocaine was snuffed up the nose, but is now taken largely by the intravenous route. Cocaine is well known for its unpredictable effect on the individual. It is a white flaky-like substance which resembles camphor or epsom salts.

Benzedrine was introduced in the form of pill or inhaler. The paper from the inhaler is often removed and chewed or soaked in coffee, cokes or water and the liquid drank. Cocaine and benzedrine do not build up a physical dependence.

Marijuana comes from the flowering top of the female Indian hemp plant known as Cannabis Sativa. The chief method of taking the drug is smoking it in cigarettes usually termed "sticks" or "reefers". There is the question as to whether it is a narcotic or not. Some authorities consider it a narcotic, while others contend it is not a narcotic. According to Weston it is not a narcotic, but is habit forming. It does build up a psychological dependence and for the purposes of this paper it will be considered a narcotic. It is important because it leads the way to more dangerous drugs.³

Narcotics Chief, Harry J. Anslinger, has reported that teen-agers seldom use cocaine and the other mentioned drugs except marijuana and heroin.⁴ Marijuana is undoubtedly the narcotic most widely used by adolescents. Heroin appears to be the drug most often used by addicts who graduate from marijuana.⁵ Most authorities would agree with Fortnight Magazine that few teen-agers go from cocaine to morphine,

³Paul Weston, Narcotics, (U.S.A. New York: Greenberg Publisher, 1952), p. 85-106.

⁴"Teen-age Dope Addicts: New Problem," U.S. News and World Report, June 29, 1951, p. 18.

⁵Sanford Rothman, "Narcotics Among High School Boys," California Journal of Secondary Education, May 1952, p. 291.

or to opium. Opium requires a lot of paraphernalia that gets in the way and is too cumbersome to lug around. Most teenagers who become addicts graduate from marijuana to heroin.⁶

⁶"Dope: Traffic in Tragedy." Fortnight Magazine, August 20, 1951, p. 12.

CHAPTER IV

EXTENT OF ADDICTION

Approximately one million children are getting into trouble with the law each year. Of this one million, there is the alarming increase in the number of young people who are arrested for the violation of the narcotic laws.⁷

There does not exist at the present time any comprehensive evaluation of the true extent of the problem of narcotic addiction. In considering the figures which do exist, the influence of many factors must be taken into account. In some areas there is a tendency to minimize the statistical data for political or other reasons. Also in other cases there have been efforts to exploit the problem.⁸

Crimes usually come to the attention of enforcement officials through observation, or through complaint of a victim. In this manner officials are able to obtain a fairly accurate percentage of most crimes. Narcotic activity, however, is seldom observed and there is no victim in the usual sense of the word, consequently, there is not a clear picture of illegal narcotic activity and there is more difficulty

⁷"Juvenile Delinquency and Narcotics," The School Review, April, 1953, p. 197.

⁸National Council of the Churches of Christ in the U. S. A., Narcotics: The Churches and the Problem of Narcotic Addiction, 1952, p. 9.

in discovering and controlling it than in other types of crime.

Any statistical evaluation does not adequately reveal the extent of the danger to the community involved. The number may rise and fall with the degree of public attention given to the particular subject. Activity may go underground when public pressure is on, only to reappear when the pressure is off. At least relatively few persons are arrested and convicted as narcotic offenders. In 1950, for example, only 8,539 persons were arrested for narcotic offenses. Yet authorities maintain that less than one per cent of the users of narcotics are ever apprehended.⁹

Statistics are erratic and we mainly receive only guesses on the national picture of teen-age addiction. What the real extent may be is difficult to know. The press and the radio during the past year have reported daily arrests of violators who are charged with possession or sale of large amounts of narcotic drugs. These arrests continue and the press reports indicate that sales are continuing to be made to teen-age youth. Testimony of officials has revealed that there has been, and continues to be, an alarming increase in the use of narcotics by young people.

Data from the courts, police and schools, while set up to serve the purposes of the individual agencies, do

⁹Mabel A. Elliotte, Crime in Modern Society. (New York: Harper and Brothers Publishers., 1952), p. 173.

not present an integrated picture of the extent of addiction.

I. THE NATIONAL PICTURE

Mabel A. Eliotte in her book, Crime in Modern Society, stated that the actual number of persons addicted to narcotics was unknown, but that estimates range from 100,000 to 4,000,000. The 4,000,000 was a figure taken from Wilson's My Six Convicts.¹⁰ Thurman Rice and Rolla N. Harger estimated that there were near one million drug addicts in the United States.¹¹ These seem to be considerably higher than estimates given by other authorities.

The Narcotic Bureau in Washington conservatively estimates that the total number of drug addicts in the United States ranges from 50,000 to 60,000. About 10,000 of the total are teen-agers. There is one vital fact and that is that the figure has climbed steadily since World War II. In American cities the number of arrests for narcotic violations has soared two-hundred per cent.¹²

The council of Churches estimated that from 50,000 to 300,000 young people were addicted throughout the country.

¹⁰Ibid., 173.

¹¹Thurman Rice and Rolla Harger, Tobacco, Sedatives, Narcotics. (Chicago, Illinois: Wheeler Publishing Co., 1949), p. 273.

¹²Will Ousler and Lawrence D. Smith, Narcotics: America's Peril. (Doubleday and Company, Inc., Garden City, N. Y., 1952), p. 42.

To them this constituted a nationwide epidemic.¹³

There can be no question but that there is a marked increase of drug usage by teen-agers. It is, however, impossible to say that this increase is on a national scale for there is no statistical picture. The nearest to a total picture is presented by the Federal Bureau of Investigation in its Uniform Crime Reports.¹⁴

Number and percentage of arrests of persons under 25 years of age for violation of Narcotic Drug Laws.

	Total number of persons arrested	Number under 18 years of age	Number under 21 years of age	Total number under 25 yrs of age	Percent under 18 years of age	Percent under 21 years of age	Total percent under 25 years of age
JANUARY- JUNE 1951	6,168	253	1,259	3,010	4.1	20.4	48.8
JANUARY- JUNE 1946	1,321	23	178	410	1.7	13.5	31.0
JANUARY- JUNE 1941	1,801	--	206	565	---	11.4	31.42

The federal hospitals at Lexington, Kentucky, and at Fort Worth, Texas have made reports which in some degree would present a national picture of the increase of teen-age addiction.

In 1940, the average age of persons admitted to these institutions was thirty-seven and one half years.

¹³National Council of Churches of Christ in the U. S. A., Narcotics--The Churches and the Problem of Narcotic Addiction, 1952, p. 9.

¹⁴State Department of Public Welfare, Madison, Wisconsin, Children and Drugs., March 1952, p. 4.

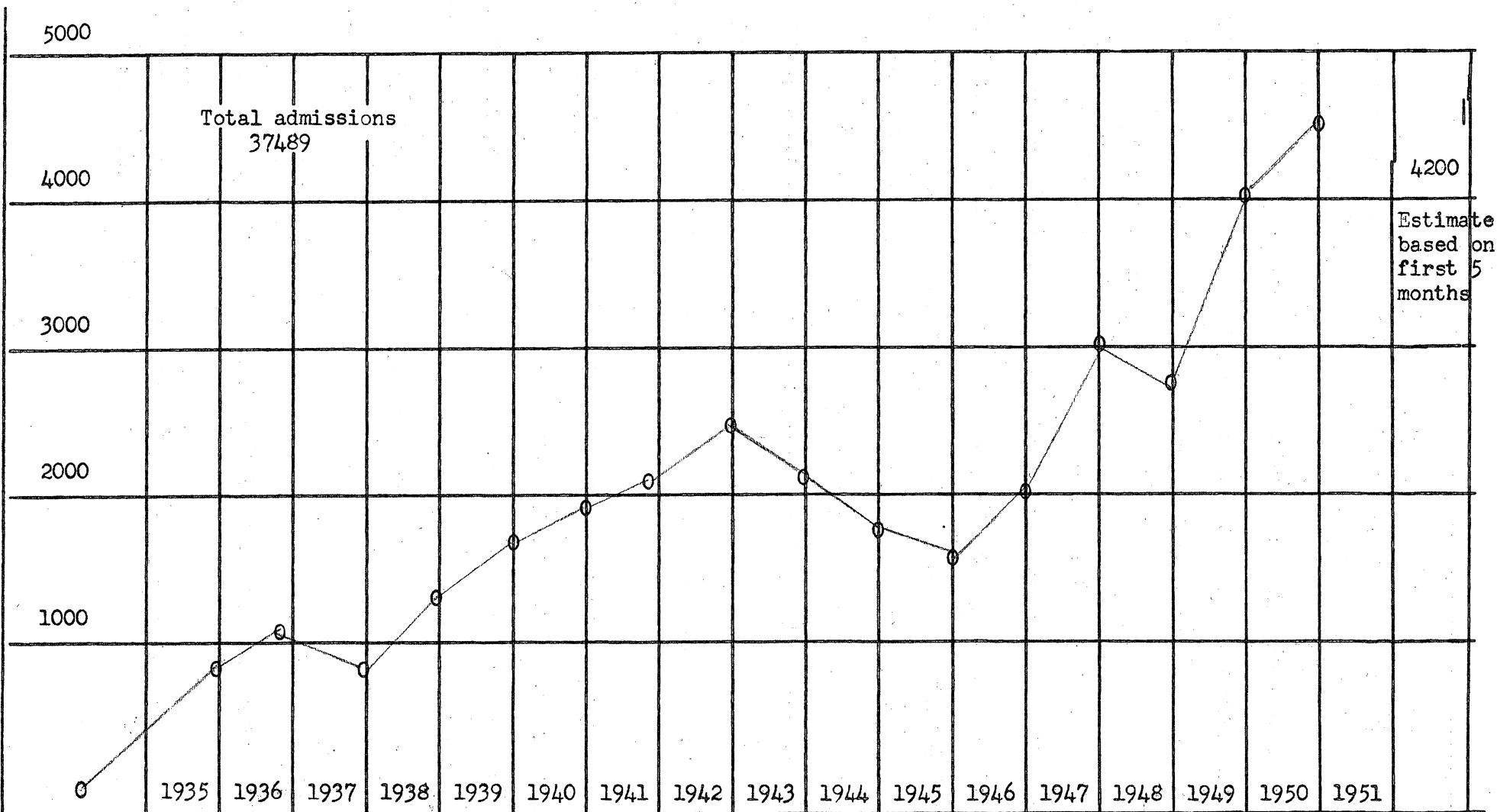
For the same period in 1950, due to the increased admission of persons in the younger age groups, the average age had fallen to twenty-six and seven-tenths years. In 1946, only three admittances were under the age of twenty-one years; in 1950, seven hundred sixty-six admissions to these institutions were from this youthful group. The increase may be further illustrated by the fact that in 1946, three out of 100 patients at the aforementioned hospitals were 21 or under; in 1950, 18 of every 100 persons found at these institutions was of this age group.¹⁵

The Federal Bureau of Narcotics reported that in 1944, thirty percent of all its arreects were of persons under twenty-five years of age. In 1951, this percentage rose to forty-four per cent.¹⁶

¹⁵Assembly Interim Committee, Assembly California Legislature, Progress Report to the Legislature, 1953, Regular Session, pp. 225-226.

¹⁶Ibid., p. 226.

DRUG ADDICTS ADMITTED TO U.S. PUBLIC HEALTH SERVICE NARCOTICS HOSPITALS FROM 1935-1951



Admissions at the two federal hospitals for drug addicts rose from 2700 in 1949 to 4500 in 1950 before falling slightly to an estimated yearly rate of 4200 for 1951. An alarming part of this increase was due to the admission of addicts under 21, which jumped from 22 in 1947 to 440 in 1950 - an increase of 2000 percent.

(17) Victor H., Vogel, "Our Youth and Narcotics," Today's Health, October, 1951, pp. 24-25.

The Narcotic Educational Foundation of America gave the following statistics on addiction. They show the increase in teen-age addiction in major cities of the United States.

Cincinnati: Police report narcotic arrest increases of fifty-five per cent for all ages and thirty-seven per cent for minors in 1951 over 1950.

Milwaukee: This city reveals almost a 100 per cent jump in all narcotic arrests in 1951, including exactly a 100 per cent increase in age fourteen to eighteen group.

Detroit: Detroit reports that narcotic arrests in 1951 went up fifty-two and one half per cent.

Chicago: Chicago reports 4,437 narcotic arrests in 1950, 6,830 in 1951, and 3,592 the first half of the year 1952 - a sixty per cent increase.

San Antonio: This southern city reports a ten per cent increase.

Los Angeles: Los Angeles showed an increase of 100 per cent in children age seventeen and under arrested on dope charges in 1951 over 1950, and a 600 per cent increase in adult dope arrests in ten years.

Seattle: The Seattle police report an eighty-two per cent increase in 1951.¹⁸

According to H. J. Anslinger, the recent increase in teen-age addiction is not general throughout all sections of

¹⁸The Narcotic Educational Foundation of America, Youth and Narcotics, 1952, p. 2.

the country, but rather it is confined mostly to certain segments and certain neighborhoods in some of the larger cities of the country.¹⁹

Albert Deutsch²⁰ and J. D. Ratcliff²¹ agree with Mr. Anslinger that the problem of teen-age drug use and addiction is confined mainly to a few metropolitan centers--notably New York City, Chicago, Philadelphia, Baltimore, Detroit, Los Angeles, Washington, New Orleans, St. Louis, and San Francisco.

II. NEW YORK CITY

The following information presented for the extent of addiction in New York City shows the trend of addiction. It shows there has been an increase in teen-age addiction and that the increase continues.

New York's District Attorney, Frank S. Hogan, asserted that juvenile addiction in New York City had developed in shocking fashion. In 1951, it was estimated that there were at least 15,000 juvenile addicts in New York City. His medical advisor, P. M. Lichtenstein, stated that juvenile addiction in New York City had increased about 200 per cent in

¹⁹H. J. Anslinger, "International Narcotic Control," The Union Signal, February 28, 1953, p. 119.

²⁰Albert Deutsch, "What Can We Do About the Drug Menace," Public Affairs Pamphlet, no.186, 1952, p. 5.

²¹J. D. Ratcliff, "A Sane Look At Teen-Age Addiction," Parents Magazine, November 1951, p. 40.

1950 and was gaining in 1951.²²

The following statistics were reported at public hearings by the Attorney General of the State of New York in June of 1951. They show the seriousness of the situation.²³

OFFENDERS COMMITTED TO CITY CORRECTIONAL INSTITUTIONS ON CHARGES OF NARCOTIC VIOLATIONS

	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>To April 15, 1951</u>
TOTAL	281	329	485	576	1,031	614

The number committed in 1949 is approximately twice that of 1946. The figures for 1951 are only for the first three and one half months of the year. If the rate continued in 1951, there would be a projected figure of 2,400 for the year 1951.

OFFENDERS IN CITY CORRECTION INSTITUTIONS DETERMINED TO BE DRUG USERS OF ADDICTS.²⁴

		<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>To April of 1951</u>
UNDER	Male	18	25	28	42	119	82
21	Female	1	2	0	5	4	10
	Total	19	27	28	47	123	92

The number of teen-agers who were users or addicts of narcotics increased 700 per cent from 1946 to 1950, as shown by the above table. If the rate of admissions for 1951 continued as they are shown for the first three months, there would be 368 admitted for the year 1951, which would show an increase over the 1946 figures of 900 per cent.

²²Harry Elmer Barnes, Society in Transition. (New York: Prentice Hall, Inc.), 822.

²³Welfare Council of New York City, The Menace of Narcotics to the Children of New York, August, 1951., p. 8.

²⁴Ibid., p. 8.

An indication of the seriousness of the situation in New York City is the increase in the number of admissions of teen-agers to Bellevue and Kings Hospitals. For the five year period preceding 1950, 85 teen-age addicts or users were admitted. In the single year of 1950, 54 were admitted. For the first nine and one half months of 1951, 341 addicts or users under the age of 21 were admitted. Of this 341, 79 were 17 years or younger.²⁵

William Jansen, Superintendent of the City's Schools, testified that he believed one out of every 200 school children was using habit forming drugs.²⁶

William Ousler states that one welfare expert working on the neighborhood level in New York claimed that at least 50 per cent of the boys and girls of the metropolitan street corner gang are using reefers or stronger drugs.²⁷

III. CHICAGO

Dr. Lois Higgins, Director of the Crime Prevention Bureau of Chicago, stated that the narcotic plague was ravaging the youth of Chicago. She contended that in 1940, in Chicago, it was unusual to find a minor who was a drug addict. In 1950, out of 4,500 arrests for possession of narcotics, approximately twenty-five per cent were under twenty-one years of age, and many who were over twenty-one started when they were minors.

²⁵National Council of Churches of Christ in the U.S.A., Narcotics: The Churches and the Problem of Narcotic Addiction, 1952, p. 10

²⁶Mabel A. Elliotte, Crime in Modern Society, (New York: Harper and Brothers, 1952), p. 173.

²⁷Will Ousler and Lawrence Smith, Narcotics: America's Peril. (Garden City, New York: Doubleday and Company, Inc., 1952), p. 47.

In 1951, sixty per cent were between seventeen and twenty-five years of age.

The results of a survey on Narcotics recently completed by the Crime Prevention Bureau of Chicago on a study of 6,671 cases cleared through the Central Narcotics Bureau of Chicago between July, 1951 and July, 1952 showed eighty per cent of the total to be between the ages of 17-30; with thirteen per cent in the 17-18-19 year old grouping; forty-seven per cent in the 20-26 year old grouping; and twenty per cent in the 26-30 age group.²⁸

IV. LOS ANGELES

Statistics on addiction in Los Angeles show a decided increase. In 1940, a total of nine juveniles were detained for narcotic offenses. By 1951 that number had increased to over two hundred.²⁹

JUVENILE NARCOTIC ARRESTS AND DISPOSITIONS

Year	Number of arrests	Petitions filed	Per cent of arrests	Population	Arrests per 100,000 population
1940	9	6	66.7	1,504,277	.6
1941	4	3	74.0	1,565,000	.3
1942	2	1	50.0	1,622,000	.1

²⁸Lois Higgins, Dopeology, Crime Prevention Publication, (Chicago, Illinois, January 1953), p. 73.

²⁹Los Angeles Police Department, "A Study of Juvenile Addiction in Los Angeles," Youth and Narcotics, 1953, p. 8.

JUVENILE NARCOTIC ARRESTS AND DISPOSITIONS (Cont.)

1943	15	5	33.3	1,665,000	.9
1944	38	26	68.4	1,703,000	2.2
1945	35	26	74.3	1,746,000	2.0
1946	108	72	66.4	1,819,000	5.9
1947	115	64	55.7	1,875,000	6.1
1948	74	49	66.2	1,917,000	3.9
1949	69	43	62.3	1,948,000	3.5
1950	107	78	72.9	1,957,000	5.5
1951	214	125	58.4	1,974,000	10.8
1952	233	---	----	2,124,185	10.9

An attempt has been made to show the extent of teen-age addiction. Estimates vary from the conservative estimate of the Federal Narcotic Bureau of from 50,000 to 60,000 to the exaggerated estimate of Mr. Wilson, 4,000,000.

For the teen-age problem, statistics from the federal hospitals at Lexington, Kentucky and Fort Worth, Texas give a reliable picture of the increase by showing a scale of admissions. They show an increase of admissions of 2,000 per cent from 1947-1950. Many aspects must be considered here. This does not mean there has been a 2,000 per cent increase in use.

According to the Narcotic Educational Foundation of America, seven major cities showed increase of from ten to one hundred per cent. Taken separately, New York, Chicago, and Los Angeles all show an increase in teen-age addiction.

There is no question but that teen-age addiction is a serious problem, particularly in our large cities.

CHAPTER V

PSYCHOLOGICAL FACTORS

The extent of drug addiction in this country with the recent increase in the teen-age use and addiction has brought before the public the question of the causes or factors which lead youth to the horrible life of addiction. The factors leading to addiction appear to be the result of psychological or sociological conditions which in the eyes of the individual teen-ager constitute a need for "flight from reality".

The psychological factors in drug addiction have been considered by authorities for many years. Most studies made have primarily applied to adults with little or no emphasis given the teen-ager. However, these studies are helpful in considering the teen-age problem.

Dr. Lawrence Kolb, Dr. C. Schultz, William Ossenfort, Robert Felix, Victor Vogel and H. S. Gaskill have made classifications according to the personality types of the individuals who become addicted. Paul Zimmering, James Toolan, Renate Safrin, and Bernard Wortis have made classifications according to personality traits. J. D. Reichard made a classification according to personality factors. Classifications showing motivating forces were made by Sanford Rothman and Mary Rappaport.

Other authorities, though not making classifications as

to types, traits, factors or forces, have shown their concern with the psychological factors by citing examples in which addiction was created by the need for a sense of personal worth and importance; need to escape from feelings of inadequacies; need for satisfying work; need for challenging recreation; and a desire to emulate older people. Several authorities feel teen-agers of today are psychologically oppressed by a confused, uncertain world. Others attribute addiction to youth's enthusiasm for fads and his curiosity and adventuresomeness.

A number of authors have mentioned a "neuropathic constitution" or "neuropathic heredity" but few have gone further in this direction. Before the turn of the century, Alfred Stelle in 1874, B. H. Hartwell in 1889, and J. C. Wilson and Augustus Eshner in 1896, all attributed addiction, in part at least to psychopathological states. Since 1900, an increasing number of authors have mentioned the importance of the psychogenic factors, among them P. M. Lichenstein, L. L. Stanley, and M. C. Mackin. T. D. Crothers, in 1902, recognized the part psychic trauma may play in the development of an addict. R. H. Rhein went so far as to state that any effort to correct the evils of drug addiction must be based on a thorough understanding of the psychologic factors underlying the cause.³⁰

Henri Claude, in 1923, described types of addicts as:

1. Intellectual and imaginative
2. Sensitive and effective
3. Self-willed

³⁰Robert H. Felix, "Some Comments on the Psychopathology of Drug Addiction," Mental Hygiene, 23, (October 1939), p.568.

The intellectual and imaginative types use drugs because of an unhealthy curiosity, the sensitive and effective because of an abnormal sensitivity to pain and pleasure, and the self-willed types use drugs because of loss of will power and indifference.³¹

J. R. Rees, in writing of psychological factors, stated that he believed drug addiction was in almost every case a symptom of psychological maladjustment since, drugs relieved the individual from a sense of oppression resulting from feelings of inferiority.³²

I. CLASSIFICATION OF PERSONALITY TYPES

Both Dr. Lawrence Kolb and Dr. C. Schultz came to the conclusion that most addicts were abnormal before becoming addicted. Dr. Kolb has stated that eighty-six per cent of those addicted were abnormal before addiction. Dr. Schultz raises this percentage to eighty-seven. Kolb formulated the following classification:³³

1. Normal	14%
2. Carefree individuals	38%
3. Definite neuroses	13.5%
4. Habitual criminals	13%
5. Inebriates	21.5%

Kolb's first class, the normal individuals, are those who are accidentally or necessarily addicted in the course of

³¹Ibid., p. 568.

³²Ibid., p. 569.

³³Alfred Lindsmith, "The Drug Addict as a Psychopath," American Sociological Review 5, (December 1940), p. 916.

medical treatment. The carefree individuals he defines as those devoted to pleasure, seeking new sensations. Those he considers definite neuroses are those who actually feel they are ill. The habitual criminal is always a psychopathic and the inebriate is one who has gone from the use of alcohol to narcotics.

Schultz, from his study of three hundred eighteen addicts, made the following classification:

1. Normal	13.2%
2. Inadequate personality	30%
3. Emotional instability	20%
4. Criminalism	13%
5. Paranoid personality	9%
6. Nomadism	8%
7. Homosexuality	6% ³⁴

In 13.2% of his patients, Schultz found little or no evidence that addiction was caused by a psychopathic personality. The majority of the group studied he felt were psychopathic personalities, although some of them appeared to have been fairly normal. In the group of the emotional instable, he felt there was a question as to whether the instability was before addiction or the result of addiction. In his group, criminalism, he found profound egoism combined with complete indifference to ethical issues. In the paranoid personality type, conceit, suspicion, and a stubborn adherence to a fixed idea were found. The group he classifies under nomadism seem to deviate little from the normal individual in that all seem to have a wandering tendency. The percentage with evidence of homosexuality

³⁴Ibid., p. 917.

seem to be consistent with studies of almost any group.

Dr. Lawrence Kolb and Wm. F. Ossenfort made some modifications and an addition of a sixth group to Kolb's first general classification.

1. Normal individuals accidentally addicted
2. Individuals with a psychopathic diathesis or predisposition
3. Psychoneurotic individuals of all types
4. Individuals without psychosis, but with psychopathic personalities of all types
5. Addicts with inebriate personalities
6. Drug addicts with associated psychoses³⁵

Robert Felix interprets Kolb and Ossenfort's classification as to the first group, consisting of persons with normal personalities who have been given narcotics for legitimate medical reasons. When the physical need for the drug is gone, there is no longer the desire for the drug. He considers members of the psychopathic diathesis group as those people who have made a marginal adjustment in their life without difficulties, but those who are devoted to a thrill-seeking existence. To them, drugs constitute their unconscious goal. Those in the psychoneurotic group use drugs for relief from their symptoms. They are, in their own minds, sick individuals. They feel they cannot be expected to meet their problems of normal people and therefore justify their use of drugs. Those of the psychopathic group do not consider social or ethical standards in regard to their activities. They follow their desires and ration-

³⁵Robert H. Felix, "An Appraisal of the Personality Types of the Addict," American Journal of Psychiatry, 100, (January 1944), p. 463.

alize to explain their behavior. They have failed to achieve maturity. Felix defines the sixth category set up by Kolb and Ossenfort, addicts with associated psychosis, as a small group in whom a psychosis was the precipitating cause of the use of the drug.

Felix used Kolb and Ossenfort's classification as a basis and made a more restricted classification:

1. Normal individuals accidentally addicted
2. Psychoneurotic individuals of all types
3. Individuals without psychosis, but with psychopathic personalities of all types
4. Drug addicts with associated psychosis³⁶

H. S. Gaskill listed personality types in his article, "Marijuana, An Intoxicant," who find release in the use of drugs.

1. The melancholic
2. The mentally deficient
3. The early schizophrenic
4. The psychopath³⁷

He stated the habitual users were usually immature individuals who were constantly frustrated in their attempts to find adequate instinctual expression. The psychopaths, he believes, form the great bulk of drug users.

Harris Isbell, chief of the Addiction Research Center at Lexington, Kentucky, considers addiction to be caused by human weakness. He believes it is a symptom of personality maladjustment rather than an illness in its own right. He

³⁶Ibid., p. 465.

³⁷H. S. Gaskill, "Marijuana, An Intoxicant," The American Journal of Psychiatry, 102, (September, 1945), p. 202.

classifies addicts as hedonistic, pleasure seeking individuals (psychopaths) or a psychoneurotics.³⁸ He feels that emotionally normal individuals seldom become slaves to narcotics. The meaning of drugs to most addicts is the pleasure derived from the effects. However, to the aggressive psychopath, the use of drugs represents a means of expressing hostility against society.

Victor H. Vogel made the following classification according to personality types.

1. Normal, or emotionally well adjusted people
2. Neurotic people
3. Psychopathic people

Vogel's first classification consists of those who may use addicting drugs which have been medically prescribed. The neurotic people use the drugs to feel better, 'more normal'. 'More normal' refers to both the physical and mental condition desired. The psychopathic people take drugs for the sensations and thrills they hope to get from them.³⁹

II. CLASSIFICATION ACCORDING TO PERSONALITY TRAITS

Paul Zimmering, James Toolan, Renate Safrin and Bernard S. Wortis in their writing, "Heroin Addiction in Adolescent Boys," reported from a clinical and psychologic study that

³⁸Harris Isbell, "Meeting a Growing Menace, Drug Addiction," National Institutes of Health, Research Branch, Public Health Service Hospital, Lexington, Kentucky, 1951, p. 1.

³⁹Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics, (Science Research Associates, Inc., 1952), p. 20.

they found certain personality traits in the adolescent heroin addicts they examined.

1. A non-aggressive type of social adaptation
2. Close, empathic relationship with the mother
3. Weak object relationships with others
4. Omnipotent strivings
5. A tendency to regression, a readiness to assume a more immature and less socially organized form of adaptation.⁴⁰

They concluded that the origin of addiction depended not so much on the chemical aspect of the drug as the psychologic structure of the individual. The drug served a special significance for these adolescents. They found the outstanding characteristic of the boys studied was that they were not typical gang type boys. As a rule, they were nonaggressive, soft spoken and verbally adept. They had a strong affinity for each other and sought each other as friends. Their manner was inoffensive, they did not appear to be destructive or exploitive, and they seemed to have no undercurrent of restless rebellion. All of the addicts studied had a close empathic relationship with their mother, which they discussed without equivocation and with enthusiasm. They had casual friends, but no real buddies. None of their relationships were so strong that the prospect of their loss deterred them from developing their addiction to drugs. As a group they were not psychoneurotics. Their conditions, according to Zimmering and the others, could be described as personality

⁴⁰Paul Zimmering, James Toolan, Renate Safrin, and Bernard S. Wortis, "Heroin Addiction in Adolescent Boys," Journal of Nervous and Mental Disease, 114, (July 1951), p. 30-34.

disorders and under ordinary circumstances they could make adequate adjustment.

J. D. Reichard made a classification of the personalities studied, in the light of the factors to be considered in erecting a hypothesis, as to the personality of the potential addict. He found the reasons for the development of addiction to largely depend on the following:

1. Degree of discomfort
2. Ability to endure discomfort
3. Strength, character, and orientation of internal controls of behavior

According to Reichard, dissatisfaction, frustration, unhappiness, tension, the discomfort resulting from 'free-floating' anxiety, and many other conditions that disturb the equanimity, must be considered. An almost universal source of discomfort is tension according to Reichard. He defines tension as an exaggeration of normal tonus to a point that produces discomfort. He believes the degree of ability to endure discomfort varies with ethnic groups, with the basis of personality of the individual, with the environment in which the discomfort is encountered, and with the state of health of the individual. To him strength, character, and orientation of internal controls of behavior result from training, either intentional or accidental. The behavior of the individual is regulated almost entirely by external authority.⁴¹

⁴¹J. D. Reichard, "Addiction: Some Theoretical Considerations as to Its Nature, Cause, Prevention, and Treatment," American Journal of Psychiatry, 103, (May 1947), pp. 723-725.

III. CLASSIFICATION ACCORDING TO MOTIVATING FORCES

Sanford Rothman found the motivating forces in the adolescents use of drugs to be:

1. Search for new thrills
2. Escape from personal problems
3. Removal of inhibitions
4. Hero worship

Adolescents are always looking for new thrills, and the use of drugs is being promoted to offer a new kick. They use narcotics for release from tension or as a means of escaping from real or imaginary troubles at home or at school. The release afforded by drugs is a means of removing fears and inhibitions. This means to the users a better adjustment to any situation and thoroughly enjoyed good times.⁴²

Mary B. Rappaport warns that it is important to keep in mind that drug addiction is an indication of a twisted response to stress. To her the addicts is an emotionally disturbed person and his addiction indicated insecurity, unrest, and deep-seated frustration. The addict is one who has personality difficulties which he is unable to untangle or adjust to. The normal individual would be able to adjust to the problem.

She lists the forces which motivate an individual to addiction as:

1. Acceptance for what he is
2. Desire to belong to a group
3. Need to receive and give affection
4. Desire to be important
5. Recognition as an individual
6. Need for channels of expression

⁴²Sanford Rothman, "Narcotics Among High School Boys," California Journal of Secondary Education, (May 1952), p. 292-293.

When these drives are thwarted, the individual may seek outlets which are available despite the social unacceptability of the outlet. Drug addiction provides the outlet.⁴³

The Council of Churches in their study of the problem of addiction agree with Mary Rappaport's fourth force which leads individuals to the use of drugs. They found that a large portion of youthful addicts have become so because of the desire to supply a momentary and illusory sense of personal worth and importance denied them by the element of their environment.⁴⁴

Robert Felix would also be in agreement herein that he feels the use of drugs is one way out for the child who has grown to feel he is not as successful as his classmates or associates, usually because of a sense of insufficient attainment in some field of endeavor or because of serious threats to his security. As a result of past experiences which have forced him to this belief, he has acquired a feeling of inferiority, usually expressed in an attitude of anxious expectation or tension. Often this feeling follows an unhealthy pattern, an attempt to gain a feeling of security and contentment through various means of escape.⁴⁵

⁴³Mary B. Rappaport, Instruction Regarding Narcotics and Habit Forming Drugs, (The University of the State of New York, the State Dept., Albany, New York, October 1952), p. 7.

⁴⁴National Council of Churches of Christ in the U.S.A., Narcotics: The Churches and the Problem of Narcotics Addiction, (1952), p. 18.

⁴⁵Robert H. Felix, "Some Comments on the Psychopathology of Drug Addiction," Mental Hygiene, (October 1939), pp. 567-582.

Dr. W. Linwood Heaver, New York psychiatrist, believes strongly in Rothman's point of the part hero worship plays in the use of drugs. He stresses the fact that the child's first hero and heroine, his first gods, are his parents. If at home he feels he is unloved and unwanted, he turns to school gangs to find some small security. One member of the gang introduces marijuana, and eventually the drug is used to deaden the pain of those suffering from insecurities of the home.⁴⁶

IV. OPINIONS WHICH REFLECT THE PSYCHOLOGICAL FACTORS

Most writers on the subject of teen-age addiction make no formal lists or classifications, but practically all agree there are psychological factors to be considered.

Howard Whitman, when asked on the Town Meeting of the Air, July 10, 1951 what was responsible for the sudden rise in drug addiction among youth, responded that the addicts, the racketeers, and the peddlers were responsible. He went on to say that these people had seen how youth went overboard for fads, bebop, bobbysox and hot rods. They coupled this fact with the fact that youth is vulnerable today because youth is insecure, psychologically oppressed, by a very confused world.⁴⁷

⁴⁶J. D. Radcliff, "A Sane Look At Teen-Age Addiction," Parents Magazine, (November 1951), p. 41.

⁴⁷Town Meeting, Bulletin of America's Town Meeting of the Air, "How Can We Stop Making Addicts of Our Children?", (July 10, 1951), p. 4.

On the same Town Meeting of the Air, George White stated that a nonmedical addict is a psychopathic personality.⁴⁸

On the Northwestern University Reviewing Stand Program of July 1, 1951, Dr. Edward J. Kelleher, Director of the Psychiatric Institute, Municipal Court of Chicago, stated that an addict was a type of individual who is psychologically and probably also physically susceptible.⁴⁹

Albert Deutsch found that a great majority of the addicts suffered from emotional or character disorders which make them 'predisposed' to addiction. He feels that the weak personality structures of some individuals buckle easily under the realities of marginal life and they become easy marks for the drug habit.⁵⁰

Harry R. Hoffman reported on the teen-age addicts arraigned in the Narcotic Court of Chicago. He found that with all the boys studied there was the need of a feeling of relaxation, comfort, and confidence. To Mr. Hoffman, when the feeling is so urgent that one resorts to the use of drugs to get it, he is either very threatened and insecure, or too lacking in courage to withstand stress without some special

⁴⁸Ibid., p. 6.

⁴⁹Northwestern University Reviewing Stand, Can We Stop the Traffic in Narcotics?, (Evanston, Illinois, July 1, 1951), p. 4.

⁵⁰Albert Deutsch, "What We Can Do About the Drug Menace," Public Affairs Pamphlet, No. 186, (1952), p. 12.

gratification.⁵¹

The Assembly Interim Committee Report to the State of California Legislature stated that a psychologically healthy person rarely becomes an addict. The individual whose personality makes him susceptible to addiction does not become an addict unless he is introduced to the drug. After using the drug, the individual finds it helps satisfy his psychological weakness. It helps relieve him temporarily of his feeling of inadequacy and to escape the realities of life which to him present painful conflicts.⁵²

Zena Serrurier found the reasons for drug addiction among teen-age girls to be a complex situation. She stresses the points that the unknown is always a lure and that adolescents are normally curious and adventuresome. It is her belief that when highly undesirable social and economic conditions--poverty, ignorance, racial discrimination and miserable housing make life hard and miserable, it is natural to look for an escape though it may be a temporary one. People with serious personality problems are prone to fall victim to alcoholism, neurotic behavior, narcotic addiction, or to some other destructive form of attempted solution to

⁵¹Harry R. Hoffman, Irene C. Sherman, Fannie Drevitsky, and Forrestine Williams, "Teen-Age Addicts Arraigned in the Narcotic Court of Chicago," Journal of the American Medical Association, 149, (June 14, 1952), p. 658.

⁵²Progress Report to the Legislature, 1953 Regular Session By Assembly Interim Committee, Assembly California Legislature, p. 227.

their difficulties.⁵³

According to Victor Vogel a large portion of the teenage addicts being cared for at the United States Service Hospital at Lexington, Kentucky are considered accidental addicts, which may not be true of addicts outside of the hospitals. They are essentially normal boys and girls who became addicted accidentally from associating with a group of addicts who persuaded them it was the 'smart thing' to do. These young addicts were easily led by others. In their efforts to keep up with the gang they experimented with something they didn't really care about. He believes other young addicts have serious personality problems that make them more susceptible to the use of drugs. Still in the process of growing up, and unable to cope with their problem, the youths may seek comfort in drugs. Drugs offer the insecure youths the equivalent to what their mother gave them when they were small. Addiction of youths is an indication that their parents have failed to supply the love and security they need. Essentially passive, dependent and emotionally immature, many young addicts are not yet ready to take the responsibilities parents expect of them. Drugs reduce their feeling of failure and remove their longings for youthful enjoyments.⁵⁴

⁵³Zena Serrurier, "Narcotics in a School for Behavior Problem Girls," California Journal of Secondary Education, (May 1952), p. 288.

⁵⁴Victor H. Vogel, and Virginia Vogel, Facts About Narcotics, Science Research Associates, Inc., (1952), p. 20.

Jesse Feiring Williams writes that all adolescents go through a difficult emotional period. For some the stage is marked with continual crisis in which frustration and despair predominate, while for others the difficulties of life are met with considerable success. In the shift from dependence upon parents and teachers to reliance upon themselves, all have new experiences, all make mistakes, and some develop personality disorders because of their failures. In a poor environment their problems are intensified and they seek escape. At times, the motive of the adolescent seems to be the disposition to emulate an older person; in other cases there is the urge to satisfy a curiosity about something that is reported to be pleasurable, but socially disapproved.⁵⁵

Juvenile drug addiction, with other forms of delinquency, represents the expression of desires which are otherwise unsatisfied. It is a response to inner and outer pressures.

The young addict may be avoiding a situation in which he feels inadequate and discouraged. He may have developed out of family life antagonism to all forms of authority. He is often a victim of anxieties who feels he must be a 'regular fellow'.

The driving forces for ego and effectual satisfaction lead him to addiction. Often lacking a feeling of security

⁵⁵Jesse Feiring Williams, Narcotics, the Study of a Modern Problem, (California State Department of Education, Sacramento, California, 1952), p. 8.

in family and other social relationships, he feels lack of recognition as a personality, and feels he is inadequate in most fields of endeavor.

CHAPTER VI

SOCIOLOGICAL FACTORS

The problem of teen-age drug addiction is shown by many authorities as a mental health problem of the individual, usually associated with social disintegration. Its largest concentration is located in metropolitan areas where the youth comes from poor neighborhoods, where overcrowding and poverty force the youngster looking for a thrill to go outside the home or the usual acceptable group outlets. While there are numerous examples of experimentation with marijuana cigarettes and other narcotics in small communities, there is rarely the problem where poverty, overcrowding and unemployment are not extensive. This does not account for the occasional youth from satisfactory home surroundings who becomes addicted, unless it is remembered that lack of adjustment or frustration which leads to emotional insecurity plays an important part.

This new group of teen-age addicts on the whole do not exhibit extensive neurotic tendencies. It has been estimated that deteriorated home and environmental circumstances supply about ninety per cent of the recruits. Thus it is a sociological problem rather than one of clinical psychiatry.

The home, the community, agencies of law enforcement, school, church, newspaper, television, motion pictures, adult attitudes, association and world unrest and tension must be

considered in looking at the problem of teen-age addiction from the sociological point of view.

I. THE HOME AND FAMILY

Juvenile drug addiction is more than a formal breach of conventions; it is indicative of an acute breakdown in the normal functions of family life. The loss of parental control shows a breakdown of emotional attachment between parents and the child. Conditions to be considered are physical factors such as family size and crowding; economic and social factors such as the economic status of the house and the structure of the family; socio-psychological factors such as transmission of delinquent attitudes and the role of social class in patterns of rearing, and the influence of ethnic group upon the solidarity of family structure.

PHYSICAL FACTORS: Several studies of family size indicate that a disproportionate number of teen-age addicts spring from large families. It has also been pointed out that family size is related directly to socio-economic status in terms of per capita income, and that the child from a large poverty stricken family may become addicted not necessarily because of size, per se, but because of the crowding, poor housing conditions, bad neighborhood, etc.

Dr. Edward Kelleher, Director of the Psychiatric Institute, Municipal Court of Chicago, has stated that for the

most part the young addicts come from the deprived and discriminated areas, with poor housing and with poor family units, and with poor recreational facilities. They have a defeatist attitude toward life and become escapists; the narcotics they take form an escapism for them.⁵⁶

Harry J. Anslinger has stated that for the most part young addicts come from depressed homes, mainly slum districts. He also stated that of the forty-seven teen-agers arrested for addiction in the District of Columbia in 1951, in almost every case it was the same story. The teen-ager was of an underprivileged family in a crowded section of the city and had joined one of the neighborhood gangs of the discontented, uncontrolled young people which the slums of our big cities are increasingly producing.⁵⁷

OCCUPATION OF THE PARENT: Studies of the occupational backgrounds of fathers indicate an excessive number with slight skills or unskilled, and relatively fewer in semi-skilled and skilled occupations. Similarly, most studies show the greater extent of total unemployment among parents and the greater number of families in which the mother is the sole support or where both parents are employed. In the latter case, there is a marked effect upon the capacity

⁵⁶Northwestern University Reviewing Stand, Can We Stop the Traffic in Narcotics?, Vol. 16, No. 22, (July 1, 1951) p. 4.

⁵⁷Harry J. Anslinger, "The Facts About Our Teen-Age Drug Addicts," Readers Digest, (April, 1952), pp. 137-140.

of the parents for supervision of the children.

Mary Rappaport stressed the fact that in an increasing number of families, more and more home responsibility is being put on the children. Due to the employment of mothers, the absence of fathers, and the shortage of good domestic help, high school pupils are having more responsibility for home management and less preparation for this responsibility.⁵⁸

BROKEN HOMES: There has been an increase in the frequency of the broken homes in the committment of young addicts to the federal hospitals. This would follow the results of research studies which show from official court reports that the incidence of broken homes is higher for delinquents than for nondelinquents.

The Council of Churches made the statement that acute social conditions have resulted in the production of insecure and broken homes. They believe that this type of background is a contributing factor in producing the emotional insecurity which can be observed in a large percentage of adolescents who succumb to the use of narcotics.⁵⁹

A. P. Reporter, Relman Morin, stated that broken homes constitute the largest single factor today in the background of youthful crime, dope addiction, sex aberrations and all

⁵⁸ Mary B. Rappaport, Instruction Regarding Narcotics and Habit Forming Drugs, (The University of the State of New York, The State Department, Albany, New York, October, 1952), p. 6.

⁵⁹ National Council of Churches of Christ in the U.S.A., Narcotics: The Churches and the Problem of Narcotic Addiction.

the 1001 different instances of exotic behavior by young people that crowd the police files.⁶⁰

Personality studies during a seven month period of sixty marijuana addicts hospitalized in the neuropsychiatric service, Regional Hospital, Fort McClellan Alabama, showed that only nine of fifteen per cent came from what is considered a desirable home environment. The other eighty-five per cent had the roots of their personality in bad or broken childhood home situations. The most common factor to all was that of a broken home.⁶¹

FAMILY DISCORD: Studies have shown that uncongenialities, tensions, marital triangles and sexual breaches, frictions over income and expenditures, projections of frustrated ambitions, loss of authority and standing, and other broken threads in family relationships are as important as physical breaks in family structure and contribute to delinquency of all types including drug addiction.

Sol Charen and L. Perelman showed the role of family discord in their personality study. Sixty-eight per cent of the men studied furnished a picture of a father with very undesirable traits. The fathers were described as drunkards, heavily promiscuous and very definitely undesirable by the addict's own standards. However, sixty per

⁶⁰Relman Morin, San Diego Evening Tribune, (August 23, 1951).

⁶¹Sol Charen and L. Perelman, "Personality Studies of Marijuana Addicts," The American Journal of Psychiatry, (May 1946), p. 675.

cent of the mothers were reported as being very strict, with definite ideals of morality and behavior, and as making stern demands to inculcate high moral standards. Another thirty-five per cent described their mothers as being of good moral character, attempting to train sons properly, but not resorting to physical punishment or threats. The authors of the study concluded that these addicts had a father either lacking or of such poor character that he was not a desirable pattern for them to follow; and that parental strife, resulting from the opposing characteristics of father and mother, laid the foundation for inner conflict in their sons. This conflict found expression in the use of drugs.⁶²

RACE: Many minority races, especially the Negro, suffer hardships growing out of the economic, social, and political discriminations against them. Many social scientists have insisted that these groups are not necessarily greater offenders, but that they are more likely to live in situations which are conducive to criminal activity and are more likely to suffer punishment for any such activity. Certainly the Negro, more often than the white person, is a member of the economically depressed group.

Severe racial and cultural prejudices tend to destroy the individual's sense of status and produce feelings of inferiority, insecurity, and fear. Studies have shown that

⁶²Ibid., p. 675.

adolescents coming from backgrounds other than Anglo-American feel they live in an alien, hostile culture that considers their racial characteristics as stamps of inferiority. They suffer almost continuous injuries to self-esteem. Many of their activities such as use of drugs can be understood in terms of their efforts to conceal their wounds.

Elizabeth Lockwood Wheeler wrote in her article in the NEA Journal, "Facts About Drug Addiction," that teen-age addiction is a symptom of rebellion against discrimination, futility, and frustration. She stated that the great majority of teen-age addicts came from minority groups living in slum areas.⁶³

The racial factor appears obvious in the report of "Heroin Addiction in Adolescent Boys" in the Journal of Nervous and Mental Disease. Of the twenty-two boys studied all but one were of Negro or Puerto Rican descent. As a result of other studies made by this group over a period of years, they came to the conclusion that the boys studied suffered psychologically from the discriminatory practices and attitudes directed against their racial group. All of their addicts came from the Harlem area of New York City. This section of New York is notorious for its poverty, intense congestion, filthy slums and high delinquency rates.⁶⁴

⁶³Elizabeth Lockwood Wheeler, "Facts About Drug Addiction," NEA Journal, (March 1953), p. 142.

⁶⁴Paul Zimmering, James Toolan, Renate Safrin, and Bernard S. Wortis, "Heroin Addiction in Adolescent Boys," Journal of Nervous and Mental Disease, 114, (1951), pp. 19-34.

Albert Deutsch found from his studies that the number of Negro and other minority groups children among the teenage addicts is highly disproportionate to their total in the general population. He considers the factor of the marijuana smoking jazz musician and entertainer. These Negro entertainers are great heroes to the teen-ager of that race. But the major factor he feels must be sought in the slum environment, the ghettoed life of most Negro communities, the restricted opportunities of the Negro children, the pent-up resentment against discrimination, and the intensified sense of futility found in all minority groups burdened with the double weight of poverty and discrimination.⁶⁵

In a study by the Crime Prevention Bureau of Chicago of 214 narcotic violators, it was found that eighty-six per cent of these juvenile violators were Negro. Here again, it was stressed that this did not necessarily indicate that the Negro, as such, is the greater offender.⁶⁶

II. THE COMMUNITY

Evidence seems to indicate that the neighborhood, particularly in more socially deteriorated areas, is a logical basis for attack on delinquency of all types including drug addiction. Leonidas H. Berry in his article, "Medical Coun-

⁶⁵Albert Deutsch, What We Can Do About the Drug Menace, Public Affairs Pamphlet, No. 186, (Sept. 1952), p. 14.

⁶⁶Mary Fitzsimmons, Juvenile Narcotic Problem in Chicago, (Crime Prevention Bureau, Chicago, Illinois, October 1952), p.5.

selling Clinics for Young Narcotic Addicts", reported that illicit drugs are planted first in neighborhoods that have the least social and political prestige. The instruments of social malbehavior and crime are usually found in greatest number in areas of greatest depravity. Houses of prostitution, policy wheels, bootleg liquor, and juvenile dope dens are usually found in greatest number in these areas.⁶⁷

Anslinger writes in July 1937 American Magazine of the story of one boy's procurement of drugs. His story shows conditions in many communities of American cities today. He told of buying marijuana in dance halls, from owners of small hamburger joints, from peddlers who appeared near the high schools. He told of booth joints and Bar-B-Q stands, where marijuana could be purchased. Then he told of the shabby apartments of women who provided not only the cigarettes but rooms in which girls and boys could smoke them.⁶⁸

Sanford Rothman tells how arrangements for buying and selling marijuana may be made around school. Malt shops and hamburger stands provide convenient meeting places. Also, traveling to and from jam sessions which feature the latest fads in jazz affords opportunities for obtaining narcotics.⁶⁹

⁶⁷Leonidas H. Berry, "Medical Counseling Clinics for Young Narcotic Addicts," Journal of American Medical Association, 147, (1951), pp. 1129-1132.

⁶⁸H. J. Anslinger, "Marijuana, Assassin of Youth," The American Magazine, (July 1937), p. 40.

⁶⁹Sanford Rothman, "Narcotics Among High School Boys," California Journal of Secondary Education, (May 1952), p. 291.

III. SECONDARY INFLUENCES OF THE COMMUNITY

Numberous studies have indicated that the police and other agencies of law enforcement are at fault in the recent increase of teen-age drug use. A great many of these officers are unfit for their responsibilities. There have been cases where police were actually peddling marijuana and it is not infrequent that officials on our borders are involved in the narcotic racket. There is little wonder that the juvenile has slight respect for these agencies.

The school and the church must also be considered as factors of blame for this teen-age problem. The school has responsibility for the provision of an environment that will give children and youth the opportunities they need for physical activity, for mental stimulation and for social satisfaction. The school should help all concerned with the welfare of youth to give adolescents the opportunities and experiences necessary to develop their latent abilities. Happy, stable individuals rarely succumb to drug addiction.

The churches themselves are in a position to render an important service by interpreting the problem of teen-age addiction not only as a pattern of behavior, but as symptomatic of deep social, emotional, and religious disturbance. The churches have failed in seeing that their ministers are heard and in cooperating with other community agencies in removing the facilities for addiction.

IV. NEWSPAPERS, MOTION PICTURES, TELEVISION AND RADIO

The newspaper, motion pictures, television and radio are factors in encouragement of drug use and addiction. The style and content of many newspaper stories represent a continual glorification of an preoccupation with crime. By so playing up crime, it often appears we are a crime-centered culture. The American reader is little concerned with the ordinary happenings in every day life. The desire to sell more papers far out weighs the interest of most papers for the general public welfare. The great interest of juveniles in motion pictures, the radio and television has caused some to overestimate their importance and others to discount them. All of these entertainment forms probably have some effect, with motion picture and television, due to their visual imagery, having probably the most.

Harry J. Anslinger and the Woman's Christian Temperance Union resolved the following:

"that efforts should be made to discourage indiscriminate use of stories based on the narcotic theme as presently exploited in motion pictures, radio, and television programs and in certain types of magazine and newspaper articles, all of which have the effect of increasing rather than lessening the hazards which lead to drug addiction."⁷⁰

V. PUBLIC ATTITUDES AND FOLLOWING THE ADULT MODEL

In conversation with young narcotic offenders, it is

⁷⁰J. D. Ratcliff, "A Sane Look At Teen-Age Drug Addiction," Parents Magazine, (November 1951), p. 79.

revealed that they regard their actions not too different from the behavior displayed by many ordinary citizens. A large number cite many cases they know about or have read about. Arrests of police, judges, prominent politicians, those in the sports world, etc., aid the young addict in rationalizing his own case.

Sanford Rothman voiced the opinion that certain heroes of modern adolescents who indulge in narcotics are putting their seal of approval upon the use of narcotics in the minds of some teen-agers. Publicizing the arrests of movie stars and popular musicians apparently has its effect upon adolescents.⁷¹

Fortnight Magazine agreed with Mr. Rothman:

Youth needs tinsel and ribbons for its vices and it has, very often, mistakenly identified marijuana with Hollywood glitter. Commissioner Anslinger believes it more than an accident of timing that a wave of youthful addiction coincided with a campaign glamorizing questionable characters. In Los Angeles and other places, youthful devotees of Robert Mitchum defended him as a victim of persecution. More kids than Mitchum would care to know about, took up reefer because of him. He was, of course, only one guy out of Heaven-knows-how-many who hit the weed, but he got caught. In an age where every actor lives in a glass house and is more a figure for emulation than men of art and science, let alone statesmen, he was a hero. Hollywood economics set the wheels to spinning so that it became practically immoral to condemn that adamant hero who paid the price of folly.⁷²

⁷¹Sanford Rothman, "Narcotics Among High School Boys," California Journal of Secondary Education, (May 1952), p. 292.

⁷²"Teen-Age Dope Addiction: Up and Up," Fortnight Magazine, (September 3, 1951), p. 14-15.

VI. THE FACTORS OF ASSOCIATION AND WORLD TENSION

A large portion of the recent teen-age addicts being treated at the U. S. Public Health Service Hospital at Lexington, Kentucky are considered to be accidental addicts. These are essentially normal boys and girls who became addicted accidentally from associating with a group of young addicts who persuaded them it was the smart thing to do. These young people were easily led by others and in their efforts to keep up with the 'gang', they experimented with narcotics and became addicted.⁷³

The role played by association can hardly be over emphasized for it appears again and again as the most obvious cause of addiction.

Many authorities consider this a period of world unrest and tensions and feel that this could easily be a cause of the increase of teen-agers' need for narcotics. Mary Rappaport considers it a factor of importance since she feels that presentday uncertainties are coming to adolescents at a time when they are wavering and may not have had the guidance and preparation to judge carefully before making wise decisions relative to their actions. She also stresses that teen-agers want to be part of their group and that they go along with their companions' activities.⁷⁴

⁷³Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics, (Science Research Associates, Inc., Chicago, Ill., 1951) p. 21.

⁷⁴Mary Rappaport, Instruction Regarding Narcotics and Habit Forming Drugs, (The University of the State of New York, The State Department, Albany 1, New York, October 1952), p. 21.

The Council of Churches relate the present increase in narcotic use to the social pressures incident to a period of history characterized by recurrent wars and alternating depression and high speed production.⁷⁵

Mr. Whitman, on the Town Meeting of the Air, July 10, 1951 voiced the same opinion of an uncertain world. He stated that the tensions are great upon young people.⁷⁶ "What's ahead of us, war or peace? Depression? What is there for Youth? . . . I think we've got a complex world that faces youth, and youth being susceptible to drug addiction, is simply a symptom of our need to organize that world a little better so that youth can have something to look forward to."⁷⁷

Teen-agers react to their environment and reflect that environment. The available studies reveal that the great bulk of teen-age addiction occurs in slum areas of crowding, poor housing and bad neighborhoods. In many cases both parents of the youth are employed and have little time for the supervision and guidance of their children. The factor of the increase in broken homes has a very definite tie-in with teen-age addiction. The restricted opportunities of Negro and other minority groups which lead to resentment against discrimination is expressed in the use of drugs. The com-

⁷⁵National Council of Churches of Christ in the U.S.A., Narcotics: The Churches and the Problem of Narcotic Addiction, (1952), p. 12.

⁷⁶Town Meeting, "How Can We Stop Making Drug Addicts of Our Children," Bulletin of America's Town Meeting of the Air, (July 10, 1951), p. 12.

⁷⁷Ibid., p. 12.

munity which is an area where life is bleak, where wholesome outlets for adolescent energies and drives are meager enhances the desire to seek escape by use of drugs. The failure of the church, school, and law enforcement agencies to hold their responsibilities toward youth have paved the way toward addiction. The newspaper, motion picture, television and radio in glamorizing addiction have made their contribution toward the increase of teen-age use of narcotics and addiction.

CHAPTER VII

CONCLUSIONS

The Expert Committee on Drugs Liable to Produce Addiction of the World Health Organization of the United Nations has defined drug addiction to be a state of periodic or chronic intoxication detrimental to the individual and to society, produced by repeated consumption of a certain drug. Its characteristics include an overpowering desire or need to continue taking the drug, a tendency to increase the dose and a psychic and sometimes physical dependence on the effects of the drug.

Narcotics Chief, Harry J. Anslinger, has reported there is hardly a use by the teen-ager of cocaine or other drugs except for marijuana and heroin. Most teen-agers who become addicts graduate from marijuana to heroin.

There does not exist a clear picture of illegal narcotic activity of teen-agers because of the nature of the offense. Data from schools, courts, and police, while set up to serve the purpose of the individual agencies, do not present an integrated picture. There can be no question but that there is a marked increase of drug usage by teen-agers. It is, however, impossible to say that this increase is on a national scale for there is no statistical picture. The nearest to the total picture can be seen by the increase in

admissions of teen-agers to the federal hospitals. This increase is shown in the drop of the average age from thirty-seven and one half years in 1940 to twenty-six and seven-tenths years in 1950 and in the 2,000 per cent increase in teen-age admissions in the three year period from 1947-1950.

Major cities in the United States showed increases from ten to 100 per cent in the last few years. According to H. J. Anslinger, the increase in teen-age use and addiction is not general throughout the United States, but is confined to certain segments and certain neighborhoods in some of the larger cities of the country.

New York City leads the country in having the most acute problem. In 1951, it was estimated there were at least 15,000 juvenile addicts in the city. An increase of 700 per cent was shown in the number of teen-age offenders in correction institutions from 1946-1950. William Jansen, Superintendent of the city's schools, testified he believed one out of every 200 school children was using habit-forming drugs. Chicago and Los Angeles also have shown alarming increases since World War II.

There is no question but that teen-age addiction is a serious problem, particularly in our larger cities.

The factors leading to addiction appear to be the result of psychological or sociological conditions. The problem of psychological factors which lead to the need for narcotic use was considered before the turn of the century. Recent studies

agree that in most cases of narcotic addiction there is a psychological condition requiring a need of escape. Lawrence Kolb, Robert Felix, Victor Vogel, and others have made classifications according to the personality types of those who become addicted. Other authorities have made classifications according to personality traits and factors. The motivating forces which lead to addiction were given by Sanford Rothman and Mary Rappaport. Most authorities do not consider the teen-age users as neurotics or psychopaths, but do consider the psychological factors such as: Youth's need for a sense of personal worth and importance; his need to escape from feelings of inadequacies; his desire to emulate older people; etc. Often the youth lacks a feeling of security in family and other social relationships and he feels lack of recognition and inadequate in most fields of endeavor. The driving forces for ego and affectional satisfaction lead him to addiction. The psychologically healthy boy or girl will accept the realities of life while those suffering from emotional or character disorders are predisposed to addiction and easy marks for the peddler.

Teen-age addiction is definitely a sociological problem. Its largest concentration is in metropolitan areas. The great bulk appearing in slum areas of crowding, poor neighborhood, and poor housing. In many cases both parents are employed and have little time for the supervision and guidance of their children. The broken home is a contributing factor in pro-

ducing the emotional insecurity which can be observed in a large per cent of the adolescents who succumb to the use of narcotics. The restricted opportunities of Negro and other minority groups which lead to resentment against discrimination is expressed in the use of drugs. The community which is an area where life is bleak and where wholesome outlets for teen-age energies and drives are meager enhances the desire to seek escape by use of drugs. The church, school, police, and other agencies of the community have failed in their responsibilities toward youth and have helped pave the way for addiction. Newspapers, motion pictures, television, and radio in glamorizing addiction have made their contribution in encouraging that problem.

The psychological and sociological factors can hardly be considered separately for it appears one is the result of the other. Especially in the case of the teen-age user and addict it seems the psychological factors which lead to addiction is often a result of the sociological conditions.

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