

JUVENILE NARCOTICS USE

ISIDOR CHEIN* AND EVA ROSENFELD†

When the most recent wave of narcotics use by juveniles hit the headlines at the turn of the decade, both the lay public and those who might have been expected to know something about it—the psychiatrists, the social scientists, the medical profession in general—were largely in the dark about the meaning, the origin, and the danger of the “epidemic.” For, although this may not have been the first such flare-up of drug using in the living history of this country, no valid and systematic studies of the problem had been made during the previous incidents. The phenomenon had been “viewed with alarm” when it came to public attention before, and there, in the main, the matter of knowledge and insight rested.¹ Thanks to the intervention of the National Institute of Mental Health (United States Public Health Service), however, the recent wave of juvenile drug use became the subject of relatively intensive study.² We are now in the possession of a wealth of information, collected systematically and with a view to testing specific hunches and hypotheses.

The aim of this paper is to summarize our findings concerning the “typical” male juvenile narcotics user in New York City and to trace the “typical” process of addiction. We shall not here describe the methods used in our studies; this information is, however, available elsewhere.³ Reference will be made to the unpublished reports of each of the seven studies on which this article is primarily based.⁴

What, then, do we know about the juvenile drug user and the path he followed to addiction?⁵

* M.A. 1933, Ph.D. 1939, Columbia University. Professor of Psychology, Research Center for Human Relations, New York University. Contributor to various psychological and other technical journals.

† LL.M. 1938, University of Warsaw; Ph.D. 1952, Columbia University. Research Assistant Professor of Psychology, Research Center for Human Relations, New York University. Contributor to various sociological journals.

¹ Although there were few studies of the juvenile opiate addict as such, some orienting information about the problem of addiction was available in the works of A. R. Lindesmith (*Opiate Addiction* (1947)), Bingham Dai (*Opium Addiction in Chicago* (1937)), and Charles E. Terry and Mildred Pellens (*The Opium Problem* (1928)). An extensive bibliography was prepared in 1951 by the Bureau of Applied Social Research, Columbia University, for the National Institute of Mental Health. Most relevant in relation to juvenile addiction is the study by Zimmering *et al*, *Heroin Addiction in Adolescent Boys*, 114 J. NERVOUS & MENTAL DISEASE 19 (1951).

² In addition to its own studies, the National Institute of Mental Health financed one study at the Illinois Institute for Juvenile Research, Chicago, and has been financing a series of studies at the Research Center for Human Relations, New York University, since 1952.

³ See Chein, *Narcotics Use Among Juveniles*, 1 SOCIAL WORK 50 (1956). See also the bibliography appended to this article for a brief summary of the method used in each study.

⁴ The studies were conducted by Eva Rosenfeld, Robert S. Lee, Donald L. Gerard (since September 1954), and Daniel M. Wilner (until July 1954), under the general direction of Isidor Chein. They are listed in a separate bibliography appended to this article.

⁵ All but one of our studies, as well as most other investigations, are focused on males. In the recent waves of drug use, the ratio of male to female users has been about four to one. See RESEARCH

Before attempting a systematic review of our knowledge, it may be helpful first to mention a few strategic facts which will afford some general perspective in viewing the full complexity of the problem.

I

SOME BASIC FACTS: A PERSPECTIVE

1. *Every year since 1949, about 500 new cases of young men (aged sixteen to twenty inclusive) who are involved with narcotics become known in the city of New York*—to city courts, the Probation Department, city hospitals, and the Youth Council Bureau.⁶ The majority of these cases are users of heroin; only a very few are nonusing sellers of heroin or are involved exclusively with marijuana. These figures, however, cover only three of the five boroughs of New York City—Manhattan, Bronx, and Brooklyn—and they give only a minimal estimate of the true incidence of drug involvement, even in these boroughs.

2. *Drug use among juveniles flourishes in the most deprived areas of the city.* Most users live in areas where there are many other users: in the early 1950's, eighty-seven per cent of the cases were located in only thirteen per cent of the city's census tracts.⁷ In a few of these tracts, as many as ten per cent of young men in the sixteen-to-twenty age group were known to be involved with drugs between 1949 and 1952. In recent years, many more areas of the city have become affected; but still, only a small proportion of census tracts has a high rate of drug use.⁸

Areas of high incidence of juvenile drug use are the most deprived areas of the city, where family life is most disrupted, where the population is of the lowest socioeconomic status, and where often-discriminated-against ethnic groups (in New York City, these are Negroes and Puerto Ricans) are highly concentrated.⁹ Efforts to locate, through community agencies, undiscovered concentrations of young users from less deprived areas failed to uncover any but scattered instances of drug involvement. All available evidence pinpoints drug use among juveniles as a type of behavior characteristically associated with neighborhoods of gross socioeconomic deprivation.¹⁰

3. *Drug use leads to a criminal way of life.* The illegality of purchase and possession of opiates and similar drugs makes the drug user a delinquent ipso facto. The high cost of heroin, the drug generally used by juvenile users, also forces spe-

CENTER FOR HUMAN RELATIONS REPORT NO. I, *THE ECOLOGY OF JUVENILE DRUG USE, 1949-1952*, at 16 (1954) (hereinafter cited as RCHR REPORT NO. I). It seemed expedient, therefore, to apply ourselves first to the problem of male users. We are now, however, also engaged in a small but intensive study of twenty female users and hope to have the findings available by the end of this year.

⁶ See RCHR REPORT NO. I, at 12; RESEARCH CENTER FOR HUMAN RELATIONS REPORT NO. I-B, *THE ECOLOGY OF JUVENILE DRUG USE, 1953-1955* (in preparation) (hereinafter cited as RCHR REPORT NO. I-B). The yearly figures are: 1949, 107; 1950, 461; 1951, 805; 1952, 546; 1953, 451; 1954, 580; 1955, 498. (The figure for 1955 is an estimate based on the first ten months of that year.)

⁷ See RCHR REPORT NO. I, at 18.

⁸ See RCHR REPORT NO. I-B.

⁹ See RCHR REPORT NO. I, at 27.

¹⁰ The same conclusion was reached by the Chicago group. See ILLINOIS INSTITUTE FOR JUVENILE RESEARCH, *DRUG ADDICTION AMONG YOUNG PERSONS IN CHICAGO* (1953).

cific delinquency against property, for cash returns. The average addicted youngster spends about forty dollars a week on drugs, often as much as seventy dollars.¹¹ He is too young and unskilled to be able to support his habit by his earnings. The connection between drug use and delinquency for "profit" has been established beyond any doubt. Apart from the users' own free admission of having committed crimes like burglary, there is independent evidence that in those areas of the city where drug rates went up, the proportion of juvenile delinquencies likely to result in cash income also went up, while the proportion of delinquencies which are primarily behavior disturbances (rape, assault, auto theft, disorderly conduct) went down.¹² Available knowledge about the behavior of drug users in juvenile gangs also indicates that they show preference for income-producing delinquencies, as against participation in gang warfare, vandalism, and general hell-raising.¹³

In general, therefore, one may say that the specific symptom of habituation to opiates necessarily leads the youthful user, because of the legal and financial implications, to a *syndrome* of activities which establish him firmly outside of the legitimate pursuits of his peers. Granted the fact of addiction, the victim has no real freedom of choice in the matter.

These basic facts of the extent of the "epidemic," its spatial concentration, and its ties to other forms of delinquency leads us to perceive this phenomenon as a social problem indigenous to areas already suffering from many other problems and with serious consequences to the individual user and the community. But still another fact affects our perspective:

4. *Not all juvenile users become addicts.* It takes most youngsters who eventually become addicted several months, sometimes a year or more, to change from an occasional weekend user to a habitual user of heroin who needs two, three, or even more doses a day.¹⁴ Many occasional users never take the crucial step to addiction, with its physiological manifestations of dependence, increasing tolerance, and withdrawal symptoms. In one sample of ninety-four heroin users—members of antisocial gangs—less than one-half used the drug regularly (that is, daily), even though most of them had been on the drug for more than a year, and, even more significantly, about one-third were decreasing the frequency of use.¹⁵ Thus, we must distinguish between experimentation and habitual use, and, correspondingly, between factors conducive to experimentation and factors conducive to habitation and addiction.

Let us then consider, first, the socio-cultural setting in which experimentation with drugs takes place and, later, aspects of the personality of those youngsters who experiment and become addicted.

¹¹ See RESEARCH CENTER FOR HUMAN RELATIONS REPORT NO. II, PERSONAL BACKGROUND OF DRUG USERS, DELINQUENTS AND CONTROLS 13 (1954) (hereinafter cited as RCHR REPORT NO. II).

¹² See RESEARCH CENTER FOR HUMAN RELATIONS REPORT NO. I-A, DELINQUENCY TRENDS 12 (1954).

¹³ See RESEARCH CENTER FOR HUMAN RELATIONS REPORT NO. III, HEROIN USE AND STREET GANGS 38 (1954) (hereinafter cited as RCHR REPORT NO. III).

¹⁴ See RCHR REPORT NO. II, at 55.

¹⁵ See RCHR REPORT NO. III, at 27-28.

II

THE SOCIOCULTURAL SETTING

Youngsters who experiment with drugs know that what they are doing is both illicit and dangerous. They may not be fully aware of all facts about addiction, but the ones who try the drug are very likely to have *seen* addicts and certainly have *heard* about addicts being jailed, about the pains of withdrawal, and about the high cost of drugs. One would expect that the willingness to experiment with so illicit and dangerous an activity presupposes an attitude to the self, to one's future, and to society which fits in with it.

One of our studies aimed at finding out whether favorable attitudes toward the use of drugs are related to some such system of values and life attitudes. We discovered that this did appear to be the case.¹⁶

1. *A favorable attitude to drugtaking is a part of a "delinquent" orientation to life.* Those eighth-grade school boys who have a favorable attitude to the use of drugs differ from the others in that their orientation to life consists of general pessimism, unhappiness, and a sense of futility on the one hand, and mistrust, negativism, and defiance on the other hand.¹⁷ These youngsters, who feel that life is so futile and who mistrust those in authority so much, have developed a corresponding defensive attitude concerning the manner of getting something out of life: this attitude is manipulative and "devil may care." Among the things they want "much more than almost anything else in the world," these boys particularly wanted "to be able to get other people to do what you want," and "to enjoy life by having lots of thrills and taking chances." Readiness to try an illicit drug which they are told will give them an immediate "kick" and a "high" feeling fits in with such an outlook on life and such a manner of approaching life.

In all three deprived areas of the city which we investigated in this study, there was a sizeable minority of youngsters who expressed this orientation to life. At least one boy in five in each of these neighborhoods gave clear-cut evidence of having such a philosophy.

2. *The delinquent orientation is widespread in some groups.* In some subgroups, however, this delinquent orientation is even more widespread. We found it especially widespread in the "adjustment" classes in Harlem, where there is a high concentration of pupils with severe behavior and learning problems. We also know from

¹⁶ See RESEARCH CENTER FOR HUMAN RELATIONS REPORT NO. IV, THE CULTURAL CLIMATE OF JUVENILE DRUG USE (1956).

¹⁷ To illustrate, such thirteen and fourteen-year-old boys agreed with such statements as:

"There is not much chance that people will really do anything to make this a better world to live in."

"The way things look for the future, most people would be better off if they were never born."

"Everybody is just out for himself. Nobody really cares about anybody else."

"Most policemen can be paid off."

"Most policemen do (not) treat people of all races the same."

"The police often pick on people for no good reason."

"Parents are always looking for things to nag their kids about."

"I often think that parents don't want their kids to have any fun."

other studies of delinquent gangs and "street-corner societies" in deprived areas that this type of orientation dominates their way of thinking and acting.¹⁸

On almost every block in the deprived areas, there are antisocial gangs and "respectable" boys. The chance of a boy becoming exposed to drugs depends, to a large extent, on his association with the delinquent groups.¹⁹ Many boys, possibly a large majority of the youth in these areas, are not directly involved in ongoing delinquent activities and do not participate in the delinquent subculture. Others are on the fringe—not true participants in the delinquent world, but also not completely dissociated from it.

3. *To escape the pull of the delinquent subculture requires determination and support.* The pressure to fall in with the fast, noisy, aggressive "cats" is great. The derisive taunts of "chicken," "yellow," "punk," and "square" are powerful weapons to use against any adolescent boy. The capacity to withstand the appeals as well as the pressures exerted by the delinquent groups depends on the boy's having something very solid to fall back on: inner strength, a clear sense of identity which extends into the future, and the support of friendly and concerned adults. Only then can he afford to dissociate himself effectively from the delinquent subculture and the threat it contains.

This is the picture that emerged from one of our studies,²⁰ in which we investigated various types of adolescents who grew up in the deprived, high-delinquency, and high drug-use areas of the city: (1) delinquents who also used drugs, (2) delinquents who did not use drugs, (3) drug users who were not delinquent prior to their involvement with heroin—for reasons of convenience, we shall refer to these as "nondelinquent"—and (4) a control group of nondelinquent nonusers.

While the first three groups share, in general, the same style of life, many boys in the last group maintain themselves quite apart from the others. They are less casual and more selective about those with whom they go around, and their friendships are more stable. They dissociate themselves from the "other crowd" by adopting a negative attitude and by maintaining no contact whatsoever with them. As one of the boys said: "I just passed them up. Didn't want to associate with those little dirty-mouthed bums. They were headed for trouble."²¹

In their own groups, these "respectable" boys manage to find a wider range of

¹⁸ See, e.g., ALBERT COHEN, *DELINQUENT BOYS: THE CULTURE OF THE GANG* (1955); WILLIAM F. WHYTE, *THE STREET CORNER SOCIETY* (1954); and the writings of Clifford R. Shaw, Henry D. McKay and Solomon Kobrin.

¹⁹ We are using "delinquent groups," "antisocial gangs," and "delinquent subculture" to denote the "street-corner societies" of the "street culture" described by the Chicago investigators as made up of adolescents who "tended to reject school and work as inconsistent with the dominant model of the successful delinquent, and spent virtually all their time in activities centered around delinquency, sex and intoxicants." ILLINOIS INSTITUTE FOR JUVENILE RESEARCH, *op. cit. supra* note 10, at 9. Cf. Albert Cohen's characterization of the delinquent gang subculture as devoted to hedonistic and nonutilitarian activities, as negativistic and defiant with respect to the norms of society at large, as maliciously enjoying the discomfiture of others and plain orneriness, and as a versatile in the variety of outlets for the expression of these attitudes. COHEN, *op. cit. supra* note 18.

²⁰ RCHR REPORT No. II.

²¹ *Id.* at 43.

interesting and stimulating activities than the others ever engage in. For one thing, they engage in more active sports, including hikes and camping. They discuss books and current events. Their daydreams are realistically oriented to future work and family life. They stay on in school longer and appreciate the importance of learning new skills and improving their minds; they tend to show interest and participate in school government, newspaper, or magazines. They do not spend as much time as the others do in hanging around the local candy store, going to movies, or just "goofing off." Most of these boys had a father or a teacher or a priest to whom they could talk about personal things that bothered them. In so far as they had an "ideal" that they would like to emulate, they valued him for what he *was* (e.g., courage, kindness), rather than for what he *had* (e.g., wealth or skills).

Yet, even if a youngster is not firmly dissociated from the delinquent street culture, his association with the latter does not imply being pressured into incontinent use of opiates. The organized delinquent groups, as a rule, condone experimentation with drugs, but frown on those who become habituated.

Before describing patterns of drug use in street gangs and the attitudes of gang members toward the use of drugs by their members, we should point out that none of the juvenile gangs we studied was organized to sell drugs. Considering that most of these gangs were the most troublesome ones to be found in the high drug-use areas of the city and that they engaged in many gang-sponsored illegal activities, this finding makes it most unlikely that juvenile street gangs operate on an organized basis to recruit users. To our knowledge, no such gang has yet been discovered.

4. *Most gangs set limits to drug use by their members.* "It is OK to use heroin if you feel like it as long as you make sure you don't get hooked." This statement (the affirmation of which was a part of what we have described as a delinquent orientation of youngsters in the deprived areas we studied), sums up the attitude of most of the delinquent gangs toward their members who experiment with heroin.²²

In fourteen of the eighteen gangs we studied, the smoking of marijuana and use of heroin was more or less common. About one-third of the 305 members of the gangs had used heroin, but the bulk of the gang members (sixty-five per cent) were either outrightly opposed to the use of heroin or, at least, felt ambivalent about it. Gang leaders who started to use drugs were, moreover, eventually demoted from their leadership position. Still, the attitude of the gang members to users was mostly tolerant—or ambivalent—especially toward occasional rather than addictive users. Very few gang members had strong feelings against the smoking of marijuana.

In general, however, delinquent gangs seem to resist the spread of immoderate drug use in their midst; but the reasons for doing so have little to do with basic moral principles—only with practical considerations. For, on the one hand, drug users are thought to be unreliable "on the job" and, also, can get the whole gang into trouble if arrested together with others. On the other hand, the kinds of interests

²² See RCHR REPORT No. III.

that users have tend to become very limited and specialized; they also form little cliques which threaten the cohesiveness of the gang as a whole. Thus, the careful and restraining attitude to drug taking among the gang members expresses merely the essential incompatibility between "acting-out" delinquency and the habitual use of drugs. In line with this attitude, a "pusher" who is a member of a gang will not tempt a vulnerable fellow member—a physically cured addict who returns from Riverside Hospital or Lexington—but will have no hesitation about tempting a non-member or a member of another gang.

5. *Almost all users got their first dose from someone in their own age group.* Contrary to widespread belief, most addicts were not initiated into the habit by an adult narcotics peddler. Only ten per cent of the addicts whom we interviewed received their first dose from some adult. The overwhelming majority of the boys took their first dose of heroin in the company of a single youngster in their own age group or while with a group of teen-agers. This first trial of narcotics was free to most of the boys—only ten per cent had to pay for their first "shot" or "snort."²³

Getting the first shot of narcotics on school property was the exception rather than the rule—only ten per cent were initiated into heroin use in such a setting. In fact, most of the boys did not try heroin at all until their last year of school or later.²⁴

This, then, is the sociocultural setting in which juvenile experimentation with phenomenon of late adolescence rather than of an earlier period of life. Taking the first dose most often took place in the home of one of the boys, although a large number of boys first tried heroin on the street, on a roof-top, or in a cellar. Frequently, the occasion was just before going to a dance or to a party, probably because the youngster thought that a shot would be a bracer, giving him poise and courage. Within a year after their first trial, ninety per cent of our addicts were using heroin on a regular basis.²⁵

This, then, is the sociocultural setting in which juvenile experimentation with drugs is likely to occur. But, as we have already indicated, not all who experiment become habitual users. Not all people react to opiates in the same way.²⁶ The addiction-prone youngster apparently reacts to the drug in an especially intense manner.

We shall now try to account for the juvenile addict's positive reaction to the opiates in terms of his personality and his family situation.

²³ See RCHR REPORT No. II, at 12.

²⁴ See *id.* at 15.

²⁵ See *id.* at 13.

²⁶ Apart from our own information, the differential reaction to opiates has been established by several studies—most recently, a series of studies at the Harvard Medical School, which demonstrated the relationship between various reactions to various drugs, on the one hand, and personality dynamics, on the other. See Lasagna, vonFelsinger, and Beecher, *Drug-induced Mood Changes in Man*, 157 A.M.A.J. 1006, 1113 (1955).

III

THE ADDICTION-PRONE ADOLESCENT

Our picture of the juvenile addict is a composite of the distinctive characteristics of his personality, his family situation, his peer relations, and his behavior in the course of the process of addiction and in the process of cure and rehabilitation.

Let us first identify the socioeconomic backgrounds of most of the juvenile users. We know that the typical user lives in a poor, disorganized neighborhood. But he does not necessarily come from one of the poorest families living there.

1. *Some users come from the better-off families in the deprived areas.* While studies of juvenile delinquents consistently show that their families come from lower socioeconomic subgroups than the families of nondelinquents in the same city neighborhoods,²⁷ this is not the case with drug users. The families of those of our user group who were not delinquent prior to onset of drug use are similar to the group of controls in terms of such indices of socioeconomic status as occupation of chief breadwinner, financial independence, and housing facilities. The families of those users who were otherwise delinquent before the onset of drug use are of a lower socioeconomic status, similar to that of the other delinquents.²⁸

It is impossible to estimate accurately from our data the proportion of users who have not been previously delinquent. Our best guess²⁹ is that a large minority of the juvenile users—maybe one-fourth—fall in this category. It seems likely that nondelinquent users differ from delinquent users in those aspects of their personalities which are relevant to the youngsters' ability to assume and actively enjoy antisocial behavior. We have not investigated this question, however, and all we can say at present is that the nondelinquent users appear to be somewhat more intelligent and more likely to be able to stay on at school beyond the tenth grade.³⁰ They are also somewhat more oriented to the future.

But, among those who become addicted, both types show the same kinds of malfunctioning personalities.

2. *All juvenile addicts are severely disturbed individuals.* Psychiatric research³¹ into the personality of juvenile opiate addicts indicates that adolescents who become

²⁷ E.g., SHELDON AND ELEANOR GLUECK, *UNRAVELING JUVENILE DELINQUENCY* (1950). In a striking confirmation of this well-established relationship between delinquent behavior and socioeconomic deprivation of the family, we found that the families of those users who had been delinquent prior to onset of drug use were more deprived socially and financially than the families of the "nondelinquent" users.

²⁸ See RCHR REPORT No. II, at 28.

²⁹ This guess is based on the investigation of several samples of juvenile users: two from Riverside Hospital, one from the USPHS Hospital in Lexington, Ky., and one from the Training School for Boys at West Coxsack, N. Y. The issue is complicated by the likelihood that there are personality differences between the prior-delinquent users who become addicted and those who do not, the former presumably resembling the nondelinquent users—we have some not-too-adequate data on this point. A further complication arises from the lack of agreement among researchers in this field as to an appropriate definition of a "delinquent."

³⁰ See RCHR REPORT No. I, at 68 (information based on interviews).

³¹ See especially the study by Gerard and Kornetsky, *Adolescent Opiate Addiction: A Study of Control and Addict Subjects*, 29 *PSYCHIATRIC Q.* 457 (1955).

addicts have deep-rooted, major personality disorders. These disorders were evident either in overt adjustment problems or in serious intrapsychic conflicts, usually both, *prior* to their involvement with drugs. Although there are marked individual differences in the nature of this personality disturbance, a certain set of symptoms appears to be common to most juvenile addicts: They are not able to enter prolonged, close, friendly relations with either peers or adults; they have difficulties in assuming a masculine role; they are frequently overcome by a sense of futility, expectation of failure, and general depression; and they are easily frustrated and made anxious, and they find both frustration and anxiety intolerable. In terms of personality structure, one may say that the potential addict suffers from a weak ego, an inadequately functioning superego, and inadequate masculine identification.

One would expect that such serious personality malfunctioning is acquired in the family setting. One of our studies investigated whether the family experiences of the addicts contain specific factors conducive to the development of the kinds of personality malfunctioning characteristic of addicts.³² A careful comparison of a group of families of addicts and a matched group of families of controls found that the addicts come from grossly pathogenic family environments.

3. *The causes of personality disturbance in juvenile addicts can be traced to their family experiences.* The family life of the addict is conducive to the malformation of the growing personality.

In the first place, conditions essential for the growth of a strong ego are often lacking. Relations between parents are seriously disturbed, as evidenced by separation, divorce, overt hostility, or lack of warmth and mutual interest. As children, the addicts were either overindulged or harshly frustrated.

Secondly, the manner in which the addicts were disciplined and handled as children could not but seriously interfere with the formation of a well-functioning system of inner controls—that is, the superego. The parents (or parent-figures) were often unclear about what standards of behavior they wanted the child to follow and were also inconsistent in their application of principles, rewards, and punishments. And, since the relationship between the parents and child was often hostile or weak, there was no strong incentive for the child to suppress impulses and develop self-discipline.

Finally, as a child, the addict had relatively little chance to identify with, and model himself after, a male figure. In almost one-half the cases, the father was absent, and there was no other male adult in the house during a significant portion of the boy's early childhood. Thus, there was no male to whom the boy would relate in a warm and sustained fashion. And when the father was present, he was either cool or hostile toward the boy or else completely indifferent and had very little to do with him.

All these inadequacies would be likely to interfere with successful growth and

³² RESEARCH CENTER FOR HUMAN RELATIONS REPORT NO. V, THE FAMILY OF THE ADDICT (1956) (hereinafter cited as RCHR REPORT NO. V).

with school adjustment, but most poignantly so at the late adolescent stage when the child begins to face life as an independent adult. At that time also, a feeling of trust in major social institutions and a sense of reality of one's future are of particular importance. The addict's family typically fails to equip him in these respects.

4. *The addict's family is confused about their son's future.*³³ Although the control families are also living in very poor neighborhoods and are just as often members of socially and economically-deprived minority groups, they are able to encourage their sons to plan their future on the basis of their abilities and to make realistic use of the limited opportunities which are open to them. But most of the parents of the addicts have unrealistically low ambitions for their boy. Some of the others, contrariwise, have unrealistically high and grandiose aspirations for the youngster. In either case, what they want for their son's future is inappropriate to their objective family circumstances or to the ability of the youngster. This is a reflection of their general attitude to life and to themselves.

5. *The addict's family is pessimistic and distrustful.*³⁴ Both mothers and fathers of the addicts are either unrealistically pessimistic about their own future or have the fatalistic attitude that life is a gamble. They are also distrustful of representatives of the society, such as teachers and social workers. This combination of attitudes toward themselves, toward society, and toward the boy cannot but help, in the absence of compensating factors, to undermine the confidence of the growing youngster and dampen whatever ambition and initiative he might otherwise have. Thus, the poor personal equipment of the boy reared in such a family and the lack of necessary familial support at the time of adolescence make it unlikely that he will muster the strength necessary to stay away from the delinquent subculture in his neighborhood.

6. *The addiction-prone youngsters live on the periphery of the delinquent subculture.* The general impression of the staff at Riverside Hospital is that most addicts are not active members of organized delinquent groups. Our own study of eighteen such gangs³⁵ indicates that gang members who were habitual users had been rather peripheral members even before the onset of use, and more so after. But in their attitudes and identifications, the users generally clearly belong to the delinquent subculture.

Even before they started using drugs regularly, most users had friends who had been in jail, reformatory, or on probation.³⁶ In their activities, interests, and attitudes, the user group is similar to the delinquent group and differs sharply from the nondelinquent, nonusing boys whom we described above.³⁷ Their leisure is spent aimlessly. They spend a lot of time talking about wanting cars, real expensive

³³ See *ibid.*

³⁴ See *ibid.*

³⁵ RCHR REPORT No. III.

³⁶ This and the following information is taken from RCHR REPORT No. II, at 38-42.

³⁷ See *supra* 56-57.

clothes, and lots of pocket money, but very little time talking about books, current events, and similar things. In their daydreams, they like to picture themselves as wealthy. They value "refinement" and an easy, comfortable life. They mistrust others, feel pessimistic, futile, and depressed.

7. *The addiction-prone youngsters feel anxious about facing adulthood.* Quite contrary to the objective facts, the drug users claim that they have experienced a pressure to act as adults at a younger age than the control group.³⁸ Most of them reported that they were treated as adults when they were fourteen, fifteen, sixteen years old, when, in fact, hardly any of them were ever treated as adults by their families.³⁹ Thus, we have a picture of denial and overcompensation which should probably be interpreted as an indication of their inadequacy in facing adulthood.

Yet, there is evidence that it is precisely the need to face life as an adult that creates the situational stress which often precipitates the onset of drug use. We know, for instance, that the age of sixteen—which in our society is often perceived as a first stepping-stone toward adulthood—is of special importance in the process of addiction: In many ways, the sixteen-year-old boy is most susceptible to the drug;⁴⁰ he is more likely to try the drug at the first opportunity than are younger and older boys; he is more likely to buy the drug on his own initiative; he is more likely to have a positive reaction to his first try.

We know also that the spread of drug use in delinquent gangs tends to be associated with the breakup of the gang at a time when some of the healthier members begin to be concerned with the pleasures and responsibilities of adulthood.⁴¹ Until then, the activities of the gang—rumbles, fights, hell-raising, competitive sports—offer to members and hangers-on a measure of shared status, of security, and of a sense of belonging. But as the group grows older, these joint activities are given up as "kid-stuff," and the maturing youngsters develop more individual concerns about work, future, and a "steady" girl. It is at this stage that those members or hangers-on who are too disturbed emotionally to face the future as adults find themselves seemingly abandoned by their old cronies and begin to feel increasingly anxious.

8. *Heroin reduces the pressure of the addict's personal difficulties.* The positive reaction to heroin (or marijuana or alcohol) is not always immediate. But the addiction-prone youngster, under "helpful" coaching, will again try the drug in an effort to capture the experience of "high" feeling, of increased confidence, of the serenity and relaxation he can observe in the behavior of regular users. Often the drug is taken before going to a dance, to counter anxiety and to induce the detached, confident manner that users seemingly have with girls.⁴² Drug taking at dances is quite common in high drug-rate areas. Marijuana, heroin, benzedrine, even cleaning

³⁸ See RCHR REPORT No. II, at 32.

³⁹ See RCHR REPORT No. V.

⁴⁰ See RCHR REPORT No. II, at 14-15.

⁴¹ See RCHR REPORT No. III, at 12.

⁴² See RCHR REPORT No. I, at 53-56 (information based on interviews).

fluid (carbon tetrachloride) are taken to help assure the manly manner with girls. After experimenting with a variety of these props, the most severely disturbed youngsters discover that heroin is peculiarly effective.

Thus, heroin offers pleasurable relief in situations of strain. In so far as the young person's daily life contains strain and frustration, the relief brought by the drug comes to be welcome at any time. While the less severely disturbed youngsters are satisfied with an occasional shot, the unhappy, anxious ones learn to use the drug as a means of relief from their everyday difficulties.

In a less direct, but more pervasive way, the use of the drug plays a malignantly adaptive function in the life of the severely disturbed youngsters by making it easy for them to deny and to avoid facing their deep-seated personal problems.

9. *The drug habit is a way of life which takes the user outside of real life.* Most habitual heroin users take two or three doses of the drug daily.⁴³ The purchase and injection (most of them "mainline" and often do it in small cliques) come to take up a considerable amount of time and necessitate daily contact with other users and peddlers. The exorbitant price of the drug (in 1953, most of the users we interviewed spent about forty dollars a week, and many spent more) forces the habitual user into types of delinquency that yield ready cash. Those users who were members of delinquent gangs participate less and less in rumbles (gang warfare), joint trips to movies, and sports—but they participate more and more in gang-organized robberies and burglaries.⁴⁴

Their interest in girls decreases. They participate less in house parties and dances where there is a chance for personal contacts with girls. Instead, they participate more in "lineups" and often give evidence of homosexuality in their behavior.⁴⁵

In relation to adults who wish to help them—especially authority figures and therapists—the addicts typically blame all of their personal difficulties on their "habit." If they could only get cured, all would be fine—there is nothing wrong with them, except the accident of their having gotten hooked. And, since everyone knows how enslaving the habit is, no one should hold them personally responsible for the mess they are in.

In view of the adaptive functions of the drug, it should be clear that cure and rehabilitation are not an easy matter.

IV

CURE AND REHABILITATION

The physiological dependence on opiates is difficult but not impossible to break. In areas where the pattern of drug taking is widespread, one would expect that a certain number of comparatively healthy and normal persons will, through incontinent use of the drug, develop physical dependence. Such users might be ex-

⁴³ See *id.* at 56-59 (information based on interviews).

⁴⁴ See RCHR REPORT No. III, at 44.

⁴⁵ See *id.* at 46-48.

pected to be capable of breaking the dependence. Indeed, this seems to be what happens in some cases.

1. *Some users manage to free themselves from the habit, but most do not.* Our investigation of heroin use in delinquent gangs⁴⁶ gives some evidence that a minority of habitual users manages to discontinue drug use (in our gang sample, there were fourteen such cases out of ninety-four present or former heroin users). But many more make the effort and fail (about one-half of the gang sample and, similarly, about one-half of our sample of 100 cases of users interviewed in the personal background study of drug users, delinquents, and controls⁴⁷).

2. *Most users get little or no help.* Figures tell much of the story. For an annual average of about 500 *newly* discovered users under twenty-one years of age (a figure which does not include the undetected cases), the city of New York has one hospital for 140 patients.⁴⁸ Users who are arrested sometimes receive some medical attention, usually limited to easing somewhat the pains of withdrawal. In our sample of ninety-four users who were members of gangs, more than one-half were arrested at one time or another on a variety of charges, but only one in ten received any medical attention related to their use of drugs.⁴⁹

Their parents were also of little help. Most did not do anything to help their sons. Those who did anything usually took drastic, punitive action; they ordered the boy out of the house, took him forcibly to court, beat him. Or they remonstrated, giving expression to their hurt, dismay, and unhappiness. In general, the parents did not seem aware that anything effective could be done to help their children to help themselves.⁵⁰

In spite of so little help, about one-half of the boys made more than one effort to stop using drugs. This was especially true of those users who had not previously been delinquent and who came from relatively cohesive families.⁵¹

It would appear that the most direct, most genuine help sometimes comes from the user's own friends. Group workers report⁵² that gang members sometimes try to dissuade other members who are increasing their intake of heroin. The nature of the support they give indicates that they sense the basic oral needs and the uncontrollable anxiety of the users: they treat the users to food, wine, or marijuana, and they try to be with them all the time and "watch" over them to help at times of stress. The other boys intuitively feel that the user's need for support and his intolerance of anxiety are crucial factors in the process of giving up the habit.

⁴⁶ RCHR REPORT No. III.

⁴⁷ See RCHR REPORT No. II, at 14.

⁴⁸ Average yearly first admissions do not exceed about 200. RIVERSIDE HOSPITAL, 1955 ANNUAL REPORT 5 (n.d.).

⁴⁹ See RCHR REPORT No. III, at 30a.

⁵⁰ See RCHR REPORT No. I, at 59 (information based on interviews). This study was done in 1952, before Riverside Hospital became known. It is likely that more parents are currently familiar with this opportunity for a cure.

⁵¹ See *ibid.*

⁵² See RCHR REPORT No. III, at 60-61.

3. *Users do not easily "take" to psychotherapy.* The experience of therapists working with juvenile users points to several common difficulties in the treatment of users: resistance to insight into inner problems, difficulty in establishing rapport and trust in the therapist, and ease of relapse. Apparently, having discovered an effective palliative in the form of the drug, the user finds it extremely difficult to give it up without at the same time getting some compensatory palliative. There is the unavoidable lapse of time before rapport with the therapist can be established and thus a new source of support made available. Relapse to the use of drugs in this period is almost automatic, at the first opportunity. The experience of Riverside Hospital⁵³—and the evidence from our own follow-up study of thirty Riverside patients over a period of one year⁵⁴—showed that most patients released after a stay of from three to six months relapse almost immediately after leaving the hospital. The preceding statement oversimplifies the problem, since the by-now-expected course of cure generally consists of several cycles of premature release at the insistence of the patient, more or less immediate relapse when the boy returns into his community, and re-admission to the hospital for another period of treatment. The patient, so to speak, needs the experience of repeated failure to convince him that he has been overestimating his powers of self-control, that the trouble is not simply an external "monkey on your back," and that there really is something about himself that needs to be changed before he can be truly cured. But the motivation to be cured needs to be strong, and the recurrent opportunities for therapeutic relationships need to be fully exploited so that the therapy in each cycle can begin at a more advanced level and so that the repeated failures should not be taken as a convincing demonstration of the hopelessness of the struggle. It is, hence, not surprising that even after a few such cycles, very few ex-users can be said to be cured of the habit.⁵⁵

The need for exploring new ways in the rehabilitation of juvenile users is recognized by all concerned. That this exploration can only hope for success if carried out on a reasonably rigorous research basis, with all of the resources that such an effort implies, is perhaps not so widely recognized. The basic problem is easily described. Establish a therapeutic facility, and immediately the pressures begin to mount to take on cases, regardless of the resources available to handle that number of cases on a research or, for that matter, even a therapeutic basis. With large numbers of cases, problems of disciplinary control come to the fore, and the general atmosphere becomes more and more custodial, rather than therapeutic. The case loads of the therapeutic personnel mount to a point where intensive individual case studies—including adequate records and follow-up—and even sustained therapeutic relationships with the cases become impossible. Our own guess is that, with its financial and other resources, the true number of cases that a facility such as Riverside Hospital can handle on a research basis comes closer to fifty than 140. But

⁵³ See RIVERSIDE HOSPITAL, 1954 ANNUAL REPORT 2 (n.d.).

⁵⁴ RCHR REPORT No. VI, POST-HOSPITALIZATION ADJUSTMENT OF ADDICTS TREATED AT RIVERSIDE HOSPITAL (1957).

⁵⁵ See *ibid.*

then, we can well imagine what would happen to the Riverside Hospital budget if it refused to fill more than fifty of its beds at one time.

4. *Users need sustained help over a long period of time.* Therapists who have had some experience with youthful users and are searching for more effective ways of cure and rehabilitation tend to follow one of several broadly conceived paths.

Some believe that the addict should be forcefully kept in a closed institution, in the course of his therapy, for a long period—for at least a year.⁵⁶ This would allow for the establishment of a genuine therapeutic relation, without the diverting influence of drugs.

Others prefer to investigate the feasibility of treating users on an out-patient basis, allowing for use of the drug concurrently with the therapeutic process. It is hoped that as the therapist becomes a genuine source of support, the patient will become capable of giving up the drug.⁵⁷ The greatest difficulty of this approach is the loss of patients who, for one reason or another, elect to withdraw from therapy.

A third approach is used, among other measures, by the staff at the Counselling Clinic at the Northwestern University Medical School in Chicago. Group therapy with addicts while they are in jail aims at developing motivation for therapy in the clinic after release from jail. Here too, the proportion of successful rehabilitation is very small—less than one-fifth.⁵⁸

None of these approaches are related to the recent proposal for legislation to permit prescription or medical administration of opiates to addicts. This measure is commonly conceived of as a measure designed to control the illegal drug market and to make it possible for the addict to avoid criminal activity, rather than as a measure to cure and rehabilitate the addict, but the judicious administration of opiates may also be thought of as part of a therapeutic program.

Whatever approach one takes on any of these issues, there is general concurrence on the need to provide supportive and protective services for the addict in the community.

5. *The postaddict needs support in the community.* The main support is, of course, a sustained relationship with some therapeutically oriented person. Successful cures at Riverside Hospital are, as a rule, with those youngsters who succeeded in establishing genuine contact with a therapist in the institution and, upon release, continued to see the same person in the after-care clinic. It would obviously be desirable for this person to be able to command services which would help to cushion the addict or postaddict from unduly frustrating or anxiety-producing situations. Vocational guidance and placement is one such service. A "transition home" for those whose family situation is too damaging and impedes their efforts

⁵⁶ The Los Angeles Probation Office planned to set up such an institution, but this project has apparently not yet materialized.

⁵⁷ In New York City, for example, a group of thirty therapists recently started treating sixty addicts on such a basis. The Narcotics Addiction Research Project has been initiated and directed by Dr. Marie Nyswander, who was on the staff of the Lexington Hospital for one year.

⁵⁸ Personal communication from Dr. Edward Shimberg to authors, July 1956.

at better adjustment has also been suggested.⁵⁰ Planning of leisure time and social contacts with nondelinquent, non-drug-involved peers is also of prime importance: addicts usually agree that rehabilitation is hopeless if one returns to the same community, the same crowd of "junkies."

V

CONCLUSION

This, then, is an overview of what is known about the juvenile male heroin user. That it must raise many questions about the by-now-traditional approaches to and the customary ways of thinking about the drug user and that it contains many implications for a rational program of prevention, rehabilitation, and control, we are certain. But, for the present at least, we think it best to leave it to the reader to draw his own conclusions.

BIBLIOGRAPHY OF UNPUBLISHED STUDIES CONDUCTED AT THE
RESEARCH CENTER FOR HUMAN RELATIONS, NEW YORK UNIVERSITY

Seven studies of the Epidemiology of Drug Use have been completed by the staff at the Research Center for Human Relations, New York University, in the years 1952-56. Preliminary reports on most of these studies are available to qualified research personnel on request.

REPORT NO. I, THE ECOLOGY OF JUVENILE DRUG USE, 1949-1952 (1954). An ecological analysis of involvement with drugs by males, aged sixteen to twenty, in three boroughs in New York City, between 1949 and 1952. Data were collected from magistrates' courts, city hospitals, and the Youth Council Bureau. Duplications of cases as a consequence of the same case being known to more than one source, or more than once to the same source, were eliminated. Incidence rates were computed for census tracts and health areas. Certain data based on interviews with addicts are also included in this report, but fuller treatment is given in *Report No. II*.

REPORT NO. I-A, DELINQUENCY TRENDS (1954). A comparison of trends in juvenile delinquency (other than drug involvement) in high and low drug-use neighborhoods in Manhattan for 1949-52. Rates of various types of offenses were computed on the basis of court charges for males, aged sixteen to twenty.

REPORT NO. I-B, THE ECOLOGY OF JUVENILE DRUG USE, 1953-1955 (in preparation). A continuation of the original ecological study.

REPORT NO. II, PERSONAL BACKGROUND OF DRUG USERS, DELINQUENTS AND CONTROLS (1954). An exploration by means of interviews and review of case records of the social backgrounds and personal experiences of male heroin-users and nonusers, aged sixteen to twenty, living in relatively high drug-use neighborhoods of New York City. Four groups of about fifty cases each were studied: delinquents who became heroin users, nondelinquents who became users, delinquents who did not become users, and nonusers who were also not otherwise delinquent. Special attention was paid to the social processes involved in becoming an addict and, in the case of the last group, to the way in which such boys manage to avoid delinquency and drug use while growing up in hazardous neighborhoods.

⁵⁰ See RIVERSIDE HOSPITAL, *op. cit. supra* note 48, at 8.

- REPORT No. III, HEROIN USE AND STREET GANGS (1954). Data were collected from detached workers of the New York City Youth Board who had worked with eighteen antisocial street gangs, to study the nature and extent of drug use in these gangs and to compare the characteristics of gang members who use and do not use drugs. The role of the gang in the spread of drug use or resistance to it was examined.
- REPORT No. IV, THE CULTURAL CLIMATE OF JUVENILE DRUG USE (1956). A comparative analysis of the attitude-value-belief climate of thought among eighth-grade boys in three neighborhoods in New York City which vary in prevalence of drug use. This population, younger than the usual age at which users first experiment with drugs, was selected because it represents a potential target group for preventive efforts. Anonymous questionnaires were administered to 925 boys. A cluster analysis of their responses was performed separately for each neighborhood. This type of analysis permits a comparison of the nature of an orientation to delinquency in the three neighborhoods, especially as this relates to favorable attitudes to narcotics, accuracy of information about drugs, and exposure to drug users.
- REPORT No. V, THE FAMILY OF THE ADDICT (1956). Lengthy interviews were conducted with mothers and fathers of thirty addicts and twenty-nine control boys living in neighborhoods of high drug-use in New York City. The two groups were compared as to patterns of family background which are likely to lead to weak ego structure, defective superego development, inadequate masculine identification, lack of realistic middle-class orientation, and distrust of major social institutions.
- REPORT No. VI, POST-HOSPITALIZATION ADJUSTMENT OF ADDICTS TREATED AT RIVERSIDE HOSPITAL (1957). Posthospitalization adjustment of thirty male addicts in work, family relationships, leisure time activities, peer relationships, drug use, and ability to communicate to a therapist in the after-care clinic was compared with the prehospitalization adjustment in these areas. Change in adjustment was also studied as it related to independent measures of the hospital experience, the family background, and psychiatric diagnosis. One year follow-up.
- REPORT No. VIII, THE FEMALE JUVENILE HEROIN USER (in preparation). Twenty first-admission female patients at the Riverside Hospital in New York City were studied by means of psychiatric interviews, psychological testing, and home visits by advanced psychiatric social work students with the families.