Narcotic Addiction

John A. O'Donnell
and John C. Ball
editors

Narcotic Addiction / Copyright © 1966 by John A. O'Donnell and John C. Ball. Printed in the United States of America. All rights reserved. No part of this book may be used or reproduced in any manner whatsoever without written permission except in the case of brief quotations embodied in critical articles and reviews. For information address Harper & Row, Publishers, Incorporated, 49 East 33rd Street, New York, N.Y. 10016.

Library of Congress Catalog Card Number: 66-12561

C-1

CONTENTS

PREFACE vii
INTRODUCTION 1

PART I / THE ADDICT TODAY AND YESTERDAY

The World of Needle Park
JAMES MILLS 17
Narcotic Addiction
PERRY M. LICHTENSTEIN 23
Enforcement of the Tennessee Anti-Narcotics Law
LUCIUS P. BROWN 34
The Opium Habit in Michigan
O. MARSHALL 45

PART II / CAUSES AND EFFECTS OF ADDICTION

Medical Aspects of Opiate Addiction
HARRIS ISBELL 62
Heroin Addiction Among Young Men
JOHN P. FORT, JR. 76
Basic Problems in the Social Psychology of Addiction and a Theory
ALFRED R. LINDESMITH 91
Becoming a Marihuana User
HOWARD S. BECKER 109
Narcotics Use Among Juveniles
ISIDOR CHEIN 123
Narcotics and Criminality
HAROLD FINESTONE 141
Physician Drug Addicts
MICHAEL J. PESCOR 164

PART III / TREATMENT OF THE ADDICT

Review of the Operation of Narcotic "Clinics" Between 1919 and 1923
COUNCIL ON MENTAL HEALTH, AMERICAN MEDICAL ASSOCIATION 180

reactive depression can be more serious and may require isolation, precautions against suicide and, possibly, electroconvulsive therapy.

Whatever method of withdrawal is used, addicts will complain. They frequently become discouraged and will discontinue treatment against advice during the latter part of the withdrawal period.

Withdrawal of "Medical Addict"

A small percentage of addicts are individuals with essentially irreversible illnesses. Excluding patients dying from terminal carcinoma, the most common conditions involve the cardiovascular, gastrointestinal, pulmonary, locomotor, and nervous systems. The diseases from which many of these patients suffer, though irreversible, are slowly progressive or stationary. Rayport[5] has shown that the majority of these patients can readily be withdrawn from narcotics and that their discomfort can usually be managed by other methods.

Rehabilitative Treatment

Following completion of withdrawal of drugs and convalescence from the effects of withdrawal, medical and surgical measures designed to correct any physical or organic defects which may be present must be undertaken. In addition, vocational therapy designed to assist the addict in acquiring new skills or reinforcing old skills should be given. The object of vocational therapy is to permit the addict to rehabilitate himself economically following discharge from the institution. Useful work is favored rather than occupational therapy. A full recreational program is also useful. Most addicts are individuals who have never developed either good vocational or recreational habits, and direct participation in both kinds of activity is of considerable importance.

Psychiatric treatment of addiction includes participation in the activities of Narcotics Anonymous, group psychotherapy, and individual psychotherapy. Recent studies have shown that "acceptability for psychotherapy" of a sample of patients voluntarily admitted to the Lexington Hospital and

[5] Rayport, M. Experience in the management of patients medically addicted to narcotics, *J. Amer. Med. Assoc.* 156:684–91, 1954.

remaining two weeks or more was better than 40 per cent. This percentage is far higher than previously supposed. Obviously, complete psychotherapy cannot be given within an institution in a period of a few months. The real object of institutional psychotherapy is to give the patient emotional support, some insight into his problems, and, if possible, to encourage him to seek and continue further psychotherapy following discharge.

Follow-up treatment after discharge from an institution is the weakest and least developed phase of the treatment of narcotic addiction at the present time. Ideally, follow-up treatment should involve a complete environmental change for the addict which would minimize his chances of contacting other addicts, economic rehabilitation, continued supervision, and psychotherapy for a two- to five-year period. Such favorable arrangements can be made in only a few cases.

PREVENTION OF ADDICTION

The most effective method for the prevention of addiction still remains *legal control of the addicting drugs*. Considerable progress has also been made in the international control of the addicting agents, but much still remains to be done in order to eliminate all extra-legal sources of these drugs.

Since addiction essentially spreads from person to person, treatment of addicts is another approach to prevention since it removes a potential source of infection of other persons from the population. Prevention of addiction is also dependent in part upon the development of mental health programs designed to prevent the development of personality aberrations which are associated with addiction. Such programs are only now beginning to be organized, and years will be required before their effect on the incidence of addiction can be assessed.