NEI

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NARCOTICS EDUCATION, INC.

REALLY LIVING

Really Living

Basic information for scientific education
for the prevention of alcoholism and drug addiction
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Dr. Andrew C. Ivy Series

Daniel Carlsen Series

Personality Features

Who's Who

ANDREW C. IVY, M.D., PH.D., D.Sc., LL.D., F.A.C.P.

Distinguished Professor of Physiology and Head of the Department of Clinical Science, University of Illinois College of Medicine, Chicago; Chairman, International Commission for the Prevention of Alcoholism.

Dr. Ivy is one of the world's best-known physicians and educators. It is estimated that he has addressed more doctors than any other man in the United States. He directs a team of twoscore research workers, but is constantly in the "four corners of the earth" to meet speaking appointments. He has led out in establishing the Institutes of Scientific Studies for the Prevention of Alcoholism.

EDWARD J. MCGOLDRICK, JR.

Director of Bridge House of Alcoholic Therapy, Department of Welfare, New York City.

Dealing with more than five thousand alcoholics over a period of twelve years, Mr. McGoldrick has made his mark in developing a practical, workable approach in solving the thorny problem of alcoholism.

UPTON SINCLAIR

One of America's best-known modern writers, with deep convictions he is not afraid to uphold.

Many social conditions in America have been improved over the years as the result of his fearless writings, an example of which is *The Jungle,* which revolutionized the meat-packing industry.

J. E. "DOC" WEBB

Developer of the fabulous Webb City in St. Petersburg, Florida.

With nearly sixty separate businesses under one direction, this sprawling center is literally one of the spectacular wonders of the modern business world.

those bottles, those accidents, those drunks, those troubles when the bottles went home.

What about the license you had?

In this city the number of licenses is the same year after year. It can't be increased. So, at least two years after I quit selling liquor, I bought up the license even though I didn't use it. I wanted to prevent someone else from getting it, and spent at least $1,200 in buying it, until it ran out.

How would you sum up the results of all this?

The people thronging through the aisles of my stores are happy, our workers are happy, I am happy. I just can't kid J. E. Webb. I was trying to before.

Guide Suggestions

This chapter could be used as a point of informal class discussion dealing with the businessman's problems in a changing world, whether he can still make a living without dealing in alcoholic beverages, and what relationship his personal conscience has to his business.

Chapter X

MARIJUANA— THE ASSASSIN FLOWER

Daniel Carlsen

"In view of the shattered lives I witness daily, I cannot too emphatically stress the need for prevention of drug addiction. This I believe can be achieved only when young people are thoroughly forewarned, and armed with facts concerning marijuana and other narcotics."

With deceptive innocence the marijuana plant has spread its poison across the American scene. Marijuana is a species of the hemp plant, *Cannabis sativa,* but it is known throughout the world under various names: hemp, Indian hemp, cannabis, hashish, and marijuana. In medical literature its active drug is known as *Cannabis indica.*

In Mexico marijuana is called, in the vernacular, "loco weed," with good reason. Many smokers of it are definitely loco, or crazy, while under the drug's influence.

Americans, prone to give a variety of names to a substance, call it "muta," "grafa," "hay," "grass," "muggles," "gauge," "weed," "pot," and "tea." The cigarettes are referred to as "Mary Warners" (although this nickname is fading in popularity), "reefers," "sticks," and "joints." Cigarette butts are "roaches;" and smokers are "tea heads," "weed heads," "vipers," and "reefer heads."

Under any name marijuana is one of the most corrupting influences in our society today—and has been all through history. More than three thousand years ago hashish was referred to as being used in conjunction with

religious rituals. The nuptial ceremony and the war dances among some primitive people included consumption of brewed hemp.

In the thirteenth century the original assassins reportedly took hashish to bolster their courage before committing murder. Some authorities claim, however, that the assassins took opium, not hashish.

Webster's definition for "assassin" comes from *hash-shāshīn*: "One of a Mohammedan secret order, which, at the time of the Crusades, practiced secret murder, committed under the influence of hashish."

Of course we know that crimes of violence are sometimes committed by marijuana smokers, but it does not necessarily follow that everyone who smokes marijuana engages in criminally aggressive acts. No one knows exactly how the drug will affect an individual, and this fact should cause one to think seriously before he lends himself to destruction.

For centuries the hemp plant has grown wild and has been cultivated commercially throughout the world. In Eastern countries it has been smoked in pipes and has been eaten.

The variety of marijuana that we know was introduced into the United States in 1846 purely for medicinal and commercial purposes. Within thirty years it was discarded by the medical profession for more useful drugs. By this time, though, its intoxicating properties had been rumored, and a few people began smoking it for "pleasure."

After 1900, smoking marijuana cigarettes in Mexico increased in popularity and gradually crossed the border into the United States.

Until the Marijuana Act of 1937 was put into effect in this country, marijuana was used to make rope, twine,

and certain grades of paper and cloth. The seed of the flower was mixed with birdseed, supposedly to stimulate birds to sing more vivaciously. From the seed, oil was extracted for manufacturing soap, linoleum, and oil for use in paints.

This weed often thrives unnoticed in our midst, growing wild or cultivated illegally. It can be raised in any one of the states, but is not so potent as that coming from Mexico. If it is cultivated in the North, it is not so strong as it is when grown in the Southern areas.

When the marijuana plant is mature, it reaches a height of from three to sixteen feet, usually four to six feet. It has compound palmate leaves with from five to eleven leaflets or lobes, usually seven. There is always an uneven number of leaves. The leaflets, pointed, with sawlike edges, are dark green blending into pale green. At the end of each branch there is a flower which, when mature, looks like a cluster of yellowish, green seeds; and at the top of the plant is a much larger single flower.

The green plant is sticky to the touch and covered with fine, almost invisible, hair; it smells somewhat like green parsley. When it is dried and smoked in cigarettes, the odor is similar to that of any burning green weeds.

Those who congregate at a "tea" party to smoke marijuana will take great pains to disguise the odor, which clings to clothing, draperies, and upholstery. For this reason incense is often burned. After the party the smokers open all windows and blow sweet-smelling powder around the room to rid it of the peculiar scent of marijuana.

The growing plant is sometimes camouflaged by being cultivated in fields of corn or other tall plants, such as sunflowers. If one is familiar with its distinctive odor and is passing a field where it is hidden from view, he

will immediately recognize an odor not quite like any other in the world. When it grows, it seems almost as though the plant throws out fumes, just as its product throws out its insidious lure of false pleasure.

After being dried, the top leaves are stripped from their stems and coarsely crushed. Operating in furtive haste, the "manicurist" of the plant often fails to take out all the seeds of the pod, or flower. If any seeds or bits of stems are carelessly left in the mixture, the person smoking it will develop a violent headache.

The mixture is rolled in two thin papers to keep the cigarette burning slowly. Papers are sometimes white, sometimes brown, and the reefer is generally thinner in diameter than is an ordinary cigarette made of tobacco.

In sparsely populated sections of Mexico, where fear of detection does not necessitate secrecy, the usable parts of the plants are chopped off and hung to dry, with the flower hanging down. It is never hung out of doors for the sun's rays to reach and parch.

Testifying to the fact that marijuana has not been stamped out in the United States is the appropriation of large quantities of it by investigating officers from time to time. In 1936 alone 386 tons of marijuana plants, bulk and finished products, were seized and destroyed in this country. As alerted law-enforcement agents continue to ferret out the toxic weed, the probability of its being cultivated lessens. But reefers continue to put in an appearance.

At a public hearing on narcotics in 1951, Attorney General Nathaniel Goldstein of New York reported that "in four summer months [of that year] the Sanitation Department destroyed about 40,000 pounds of marijuana growing in lots of four out of the five boroughs of New York City. This amount could be made into 41,000,000 cigarettes, valued by dope peddlers at $20,000,000."

Smokers carefully save the butt, or "roach," be
it becomes stronger as it shortens. A crotch is fo
from a split match, bobby pin, or pair of tweezers to
the butt so that the last possible drag can be taken.
small amount left is often saved, and, after enough
cumulated, is rerolled into new reefers.

Regarding marijuana and its effects on addicts,
are two schools of thought. One believes that marij
incites the majority of users to crime, that smoki
frequently leads to insanity, and that it stimulates
persons to sexual vigor and even violence. The
group believes that only a potential criminal con
crimes under the influence of marijuana, and th
normal person will not be so incited. It does not co
marijuana to be a contributing factor in permanent
tal derangement, or that it has an appreciable infl
on sex drives in most cases.

Is there any actual relationship between crime
marijuana? In the first place, it is a violation of th
to possess, grow, sell, or give away marijuana. The
merely having the drug in one's possession is a cri
felony, unless it is being used for experiments b
authorized researcher.

A person is technically a criminal when he sı
reefers. In addition, he is dealing with other violat
the law when using it. The association can have s
consequences for the novice, bringing about a gr
moral breakdown, disintegration of personality, anc
eral antisocial attitudes. This is not the invariable
but one of the pitfalls encountered.

Bill, whom I had known for several years, w
accountant, mild-mannered, studious, and reserv
was surprised to meet him one evening at a reefe

smoking marijuana. He told me that he had smoked it only twice before.

The girl who had come to the party with Bill was dancing with a man named Derek. The fellow sitting beside Bill was heckling him about Derek's taking his girl away from him. Bill didn't say anything, but his companion went on with it.

"Why don't you be a man?" he jeered. "Assert yourself! Show that guy he can't steal your girl."

Suddenly Bill was on his feet, walking toward the dancing pair. Within a matter of seconds the two men were swinging at each other. Derek's right connected with Bill's jaw, and he crashed to the floor, overturning a table holding food and bottles. Bill described it later, "Something exploded in my brain. I really didn't know what I was doing."

Bill's hand curled around a broken bottle, and the next moment a piercing scream came from Mary's throat. Bill had thrown the broken bottle at Derek, but it struck the girl with tremendous impact, slashing her face and neck.

Under ordinary circumstances, there was nothing in Bill's make-up to indicate this kind of behavior; but with restraints lifted by the action of marijuana. and acting on suggestion, he behaved in a stupid, unreasoning manner that caused irreparable damage.

Bill never smoked another reefer, but he carries with him scars as deep as those that still mark the face of a girl he never dreamed he could harm.

It is misleading to assume only a certain kind of person can become violent under the influence of marijuana. When we introduce into our system a poison that lifts restraints, releases inhibitions, and causes even a *temporary* mental disturbance, anything can, and too frequently does, happen.

Marijuana is an intoxicant, with peculiar features unlike any other drug. It is as definite a weapon in the system as a gun would be in the hand. It is not at all right to inform people that if they are fairly normal they can smoke marijuana without harmful results. You do not know whether that is true; I do not know it; the greatest expert in the world does not know it. I have seen too many cases of normal, decent, right-thinking persons turned, in one soul-shattering second, into destructive, unreasoning *creatures* by taking marijuana.

One pound of unmanicured marijuana in Mexico sells for as little as $10. Transported to the United States, manicured, and rolled into cigarettes, it will sell for as much as from $1,500 to $2,000. With such tremendous profit gained by those in the business of ruining lives, it is clear why any time a person decides to become a "sucker" by experimenting with marijuana, he will pay the price, while peddlers in death and destruction reap the profit.

Marijuana itself is a savage assassin, ready to maim and ruthlessly kill its victims. Those who trade in it might well be described by Webster's definition of the word which is taken from "hashish," first cousin of marijuana: "Assassin: One who kills by surprise or by secret or treacherous assault; esp., a hired or appointed murderer."

Guide Suggestions

Choose the answer which best fits the blank in each of the following sentences:

1. Daniel Carlsen was once .....

a. a narcotics user. *b.* an alcoholic. *c.* a heavy smoker. *d.* a member of Alcoholics Anonymous.

2. "In view of the shattered lives I witness daily, I cannot too emphatically stress the need for .....

....

Guide Suggestions

Choose the answer which best fits the blank in each of the following sentences:

1. When a young person turns to drugs for pleasure or escape, he lights the fuse in the chain reaction to .....
a. burning alive. *b*. destruction. *c*. an early death.
2. Marijuana affects all the .....
a. inhibitions. *b*. senses. *c*. reasoning powers.
3. The greatest danger connected with marijuana is the ....
a. the increasing number of people using it. *b*. the number of teen-agers who are becoming addicted. *c*. the misinformation given the public about it.

DID YOU KNOW?

Heroin can be diluted twenty times and still result in addiction to its user.

There is no real medical cure for addiction to heroin.

It takes at least four and a half months and sometimes much longer to treat a heroin addict, after which he is not cured. His addiction is merely arrested.

Heroin affects every part of the human body.

No one is immune to the addiction properties of heroin.

The only way to be positive that you will never become an addict is never to touch narcotics.

The most susceptible age for becoming a drug addict is between the ages of sixteen and twenty-one.

Chapter XII

HEROIN—OUTLAW KILLER

Daniel Carlsen

FOR twenty-five tormented years I was addicted to narcotics, and experienced the strangling influence of heroin. However, I did not know how extensive its use is among young people until I found recovery from my own enslavement, and began working in a constructive program to help other victims of addiction.

Although scare headlines blaze suddenly in the nation's press, and as quickly die away, few people realize the death and destruction following in heroin's wake and the number of youth who, unprepared for the force of their attacker, are mutilated beyond salvage and abandoned like so much refuse on the rubbish heaps of life.

Most addicts become addicted when very young. Ask any addict, twenty-five, forty-five, or sixty-five years of age, how old he was when he became addicted. In at least 90 per cent of cases the answer is, "Before I was twenty-one." More often it is "sixteen," "seventeen," or "eighteen years." Exceptions, of course, are "medical addicts," who received drugs legitimately for severe pain or prolonged illness, and some "psychopathic" addicts.

Experts give many reasons why individuals take drugs. To my mind there is only one reason why the majority of addicts began taking drugs, and that can be summed up in one word: ignorance. Ignorance of the true effects of the drug have lured most victims into the trap of addiction.

Victor H. Vogel has stated that all the youthful heroin

addicts interviewed by him at the U. S. Public Health Service Hospital in Lexington, Kentucky, gave only one answer, an emphatic No! when he asked them whether they would have started on heroin if they had known what it would do for them.

It has been conclusively proved in experimental research that even animals are not immune to drug addiction. Given addictive drugs regularly, dogs, cats, and monkeys manifest exactly the same symptoms of addiction as their human counterparts.

It is true that certain people are more addiction-prone than others, but that does not mean some individuals are immune to addictive drugs. Make no mistake about it—*no one can withstand the habit-forming properties of heroin,* regardless of his character, will power, or any other quality. Heroin reduces its user to a will-less person who cannot exist without it. Those who have successfully overcome dependence on heroin after being addicted to it are so few as to be considered "miraculous" cases.

Heroin is the trade name for diacetylmorphine, an innocent-looking white powder, resembling ordinary confectioner's sugar. It is an alkaloid derived from morphine which, in turn, comes from opium.

Today's younger addicts refer to heroin as "horse," and along with the older addicts, simply as "H." It is also called "stuff" and "junk."

The drug is sometimes "snorted" (sniffed) by beginning addicts, but few continue taking it this way for any length of time. Most addicts inject the drug at the onset of their addiction. Some "skin-pop" as do many morphine addicts (inject the drug subcutaneously, or into the muscle), but the majority shoot the drug into the "main line" (intravenously, or into the vein).

Few heroin addicts use hypodermic syringes, principally because having one in their possession is against the law, and an added threat to their security. They often fasten a needle to the end of an ordinary eye dropper, with a little "collar" of paper to hold it tightly in place. When an addict finds himself "up tight" for equipment, he might even puncture himself with a safety pin before injecting the drug, a procedure frequently resulting in painful abscesses and serious infections. Implements used by addicts for preparing shots are referred to as "the works."

To view correctly the present widespread usage of heroin and other opiates, we must go to the source—opium.

For centuries man has sought alleviation from suffering, and peace of mind and joy in living. Wise men have found these in truth, religion, philosophy, and art, while others have sought them by artificial means. When narcotics are employed to bring happiness, the transitory pleasure experienced by the user turns to gall, as bitter as the characteristically acrid odor of opium itself.

References to opium go back almost as far as written history. For several thousand years before Christ it was called "the flower of joy" in the Far East and was used by ancient physicians therapeutically. Throughout the centuries it has played a dual role: a servant to the wise doctor and a comfort to the sick, but a ruthless master to those who turn to it for pleasure or escape.

In the early part of the nineteenth century a German apothecary isolated the first alkaloid of opium ever to be extracted in a pure state. This was morphine, named after Morpheus, god of sleep. In the middle of the century, a Scotchman invented the hypodermic syringe for injecting drugs. And in the latter part of the century, in

Germany, heroin was discovered—many times stronger than morphine, from which it is derived.

Ironically, heroin was introduced to America primarily as a cure for morphine addiction. At that time authorities did not realize that heroin was the most addictive drug known to man. It is a potent poison, so powerful that the tiny amount of pure heroin one could put on the tip of a kitchen match would instantly kill the person taking it. However, a person who uses it habitually develops a "tolerance" for the drug, so that he can, and indeed must, take increased amounts of the drug. In a relatively short time the addict is taking enough in a single dosage to kill several nonaddicts.

Chronic use of heroin renders the user incapable of functioning without the drug. As dependence on heroin grows, more and more is needed. In fact, this continues until the tolerance grows so high it is impossible to buy the amount needed by the individual.

When an addict says he needs the drug to feel normal, he is not referring to the "normal" of his preaddiction days. Addiction to heroin results in drastic changes in the person not yet understood by medical science. The addict suffers loss of appetite, weight, and strength. There is a "drying up" of saliva and mucus, an impairment of kidney and intestinal functioning. Respiration and digestion are seriously affected. Perhaps most radical of all is the impact on the central nervous system. The addicted person is at best only half alive, and functions inadequately even with the drug.

Uninformed persons believe the heroin addict is a "sex fiend," but addicts themselves, and doctors familiar with the problem, know that this is not true. Heroin, in time, completely kills the vital sex urge, rendering the

addict not only disinterested in sex but physiologically incapable of sexual acts.

When I work with youth groups, young men often ask me whether they can ever hope to be "normal" again. One boy, planning to marry, inquired whether if he continued free of drugs he could hope to become a father. It is surprising how often addicts believe that they will continue to be half alive even after breaking the shackles of addiction.

Because of the lowering of their general health and resistance to disease, many addicts develop illnesses of which they are not aware. They often die of a disease which progresses unnoticed while they are addicted.

This was almost my experience. I had been taking drugs for a long, unbroken period, and was unaware that a serious condition was present in my kidney. When I entered the Lexington hospital for withdrawal, the doctors discovered I had cancer. They were able to remove the entire kidney, thus saving my life. Some years later, after I had found recovery from drug addiction, cancer developed in my lung. I am sure that if I had been taking drugs at this time, I would not be alive today; but because there was no narcotic in my system to disguise the symptoms and reduce pain, I was able to have the malignancy removed.

Heroin, in addition to "hiding" disease, also kills outright. For several years I worked with a young man of exceptional intelligence and talent. He impressed me because he honestly wanted to stop taking drugs. He succeeded in living without heroin for several periods of brief duration, but because he continued to associate with active addicts, temptation was ever present. When he had reached "the end of his rope," he decided to "kick the habit" at home. He telephoned me to say he would

see me at the end of the week and assured me he would never again take drugs once he "got off" this time. Two days after that telephone conversation he was found in bed, a needle still in his arm, dead from an overdose of heroin. Attempting to reduce the amount gradually, he had unknowingly taken heroin too strong for his system.

This boy might have had a great deal to contribute, and could have become a useful citizen if he had never taken heroin, or had successfully found recovery from addiction. But once a person has fallen prey to heroin, his chance for recovery is slight.

Many addicts die as did this young man, although their deaths are seldom noted in the newspapers. The adulteration of heroin is accomplished in a haphazard manner by the various persons handling it, and no addict knows whether the injection he is taking will be his last. If even a tiny speck of pure heroin remains unadulterated, death may come to the user in a matter of seconds.

A twenty-one-year-old boy who had gone to the Government hospital in Lexington wrote confidently of his "cure," stating that he would never again "touch the stuff." His parents and I were hoping that this was the beginning of a new life for him. However, on the train coming home, he encountered an acquaintance who was going to "get some good stuff" at the first station change. The boy accompanied him, reasoning that "one little pop" wouldn't hurt him. That one shot, too strong for his detoxified system, killed him, and he never reached home to be welcomed by his waiting family.

Another boy, twenty years of age, whom I visited in his home, told me he didn't actually "have a habit," that he was just "joy-popping." When he tried to stop taking

heroin, he admitted he was "hooked" (addicted). There was little I could do to help, other than urge him to go to the hospital for proper withdrawal. This he refused to do, insisting he could "kick his habit" at home. He tried to taper off by taking smaller doses every day. Within a week, he was dead from an overdose.

There is no easy way out of drug addiction. Regardless of the technique employed, the addict suffers intensely. The best way to express his condition during withdrawal is to say, in the words of one addict, "Everything seems to come back to life at once." In addition to physical discomfort, mental torture takes place during and after withdrawal, and the addict is burdened with an inflamed sense of guilt. For these reasons both psychotherapy and physiotherapy are of great benefit.

After withdrawal, which lasts from four and one half to six months usually, the addict still has many problems to overcome before he can consider himself on the road to recovery. The actual withdrawal of the drug is accomplished in a matter of weeks, but the aftereffects last for many months. Having overcome so much misery, it is difficult to undertand why addicts revert to the use of heroin, but most of them do.

In addition to the addict's ignorance of his true condition, he must face the lack of understanding by others. Often because of his past, he must encounter suspicion and hostility from those close to him. Because of his past addiction, he frequently suffers from extreme nervousness and insomnia for months, and even years. All these factors must be understood and controlled by the former addict if he is to cope with his problems and eventually overcome them.

For the majority of addicts, and recovered addicts, there simply aren't any facilities to give them the needed

help and guidance. This is another deterrent to lasting recovery.

Many addicts, as well as the general public, do not realize that once they have been addicted, they are not "cured" by the simple act of withdrawal from drugs. The condition has been arrested and will remain arrested so long as no addictive drugs are taken; but because the patient is now sensitive to drugs that are habit forming, even one dosage will bring his addiction back to life. If the former addict becomes ill, if he finds "things going wrong," if he takes up association with using addicts, the temptation to take "just one shot" is there. Every former addict is "just one shot" removed from active addiction. Once he takes even one small dosage of a narcotic, his desire for more becomes compulsive, almost impossible to resist.

There is fantastic profit in the sale of heroin. The drug can be adulterated many times and still have effect on the user. One ounce purchased in the country where it is initially processed might cost as little as $8 or $10. The original dealer might "cut" the drug (adulterate it by mixing it with milk sugar) so that the price becomes $20. Brought to this country, the heroin is "cut" again and again by various handlers, as many as twenty times, until the original ounce which cost as little as $10 or less, now multiplied, might bring a price of from $400 to $500. Criminals peddling this outlawed drug might easily feel, with stakes so high, that they can afford to take the chance of being apprehended.

Because of the costliness of the drug, many addicts turn to crime who would not otherwise do so. I know of hundreds of young people (and many other addicts as well) who are now in prison for having broken the law in order to secure the funds for purchasing heroin.

Anyone taking heroin automatically becomes a criminal, because it is illegal to purchase it. Therefore, the victim of heroin finds himself in a vicious circle—taking the drug leading to crime, and crime leading to taking the drug.

The novice, or beginning addict, experiences a temporary feeling of well-being. Once hooked, he has no longer any pleasure, but only a driving need to secure more and more of the drug that poisons body and mind, kills the will, and renders a user unfit to associate with any but others trapped in the living death that is heroin addiction.

When youngsters are taught in school that they are *not immune* to drug addiction, we will have come a long way in preventing the plague of youthful drug usage. Unfortunately, people are taught that it is the neurotic, the unstable, the weakling, or the criminal types who become addicted. Naturally most people do not visualize themselves in these categories. This fallacious teaching causes many to believe that *they* can safely "pick up narcotics, and put them down again." Nothing could be further from the truth. By the time the victim learns this fact he is usually lost to the world and enmeshed forever in the vicious trap spun by the narcotic.

Personally I enjoy the wonderful freedom from drugs I sought for so many years, but I am aware that many thousands of despairing addicts are suffering from narcotics ravages, dying needlessly, or living their deathlike lives, believing there is no hope for them. Their loss is the nation's loss. These potentially useful citizens are a dead weight around society's neck.

Prevention of drug addiction is an important task facing all of us. The searchlight of truth, thrown on the superstitions and pseudo facts now accepted as in-

formation, can do much to combat the problem.

Certain truths should be emphasized:

1. No one can take heroin regularly without becoming addicted to it.

2. There is no such thing as "controlling" heroin. It is far too addictable.

3. *In only one way can an individual be certain not to become a slave to heroin, and that is never to touch the vicious drug.*

Guide Suggestions

Here are some suggestive True and False questions based on this chapter.

1. The majority of addicts become addicted when middle-aged.

2. Ignorance of the effects of drugs has no real effect on the prevalence of addiction.

3. Animals are not immune to drug addiction.

4. There are many people who can withstand the addiction-producing properties of heroin regardless of how much they may take.

5. Some addicts develop painful and dangerous infections when they "inject" themselves.

6. Opium is the source of heroin.

7. When a person tries to find peace of mind and happiness in living through such artificial means as dope, his transitory pleasure turns to bitterness.

8. Morphine is the most addictive drug known to man.

9. One of the most dangerous effects of heroin is on the user's nervous system.

10. It is invariably possible for an addict to withdraw from the drug at home without special medical care.

11. When an addict wants to "kick" the habit, he can usually do it without difficulty and with no physical pain.

NEVA JANE LANGLEY, MISS AMERICA WINNER

"Ofttimes I have been asked my opinion about drinking, and my reply has been, 'It seems so unnecessary.'

"A schoolgirl's life is a busy and interesting life if she is building for a successful career in the future. Therefore she has very little time to be bored or unhappy—two reasons which I believe prompt people to drink. Frankly, I have never had the slightest interest in alcoholic beverages and certainly have never felt it necessary to partake of same."

a. education on narcotics. *b*. prevention of drug addiction. *c*. joining A. A.

3. Marijuana is a species of the .....
a. dogwood. *b*. poppy plant. *c*. hemp plant.

4. In Mexico marijuana is called .....
a. reefer. *b*. filthy weed. *c*. loco weed.

5. In Eastern countries marijuana .....
a. has been used for centuries. *b*. has come into use within the last few years. *c*. has been smoked in pipes and has been eaten.

6. It can be raised in .....
a. any one of the states. *b*. any part of the world. *c*. only dry climates.

7. Merely having the drug in one's possession is a .....
a. sign of mental derangement. *b*. crime or felony. *c*. sign that one is doing some research.

8. A person is technically a criminal when he .....
a. passes a car on the highway. *b*. tells a lie. *c*. smokes reefers.

9. Marijuana is .....
a. an intoxicant. *b*. a stimulant. *c*. an anesthetic.

Chapter XI

MARIJUANA — CAUGHT IN THE WEB

Daniel Carlsen

I HAVE many reasons to regret deeply the wasted years I spent as a drug addict. If during that period I can be grateful for one thing, it is that fact that I did not smoke marijuana often. I am not saying that other narcotics are more desirable, but I do know that marijuana is a killer of men's minds and characters.

As nearly as can be determined, marijuana heightens the mood of the moment. If a person is feeling pleasant and at ease when he takes it, he is likely to become gay, even silly, laughing and talking a great deal, and finding everything amusing. If he is tired or depressed, he may become frightened and despairing. If he is feeling frustrated, this might carry over, with the aid of marijuana, into a mood of aggressive hostility toward others.

Most of my reactions to marijuana were normal, I suppose. I laughed a great deal and, yes, even giggled, which is not particularly becoming to a grown man. But a few times I had bad reactions that are hard to forget. A reefer smoker refers to a bad reaction as a "bum kick" or the "bull horrors." At this time he is assailed with the most acute terror imaginable. He becomes suspicious, anxious, panicky—actually paranoiac.

Fortunately, I never became violent under the drug's influence. However, no reasonable theory, from my viewpoint, indicates I might not have become wild at some unguarded moment if I had continued.

One experience in Chicago stands out vividly in my

recollection. Very tired, I went to a "tea" party, and had smoked only half a "joint" before the "bum kick" set in. I was so apprehensive and nervous that I had to leave. As I started walking home, I kept looking behind me to see who was following. With my heart pounding and my hands icy cold, I was almost frozen with terror—of what, I did not know. Half a block from my hotel I saw a policeman standing quietly, and panic swept over me. I knew he was there just waiting to grab me. The fear I felt then was more real than any I have ever experienced when in my right mind. I was shaking violently and drenched with perspiration by the time I reached my hotel room; and, even then, I kept hearing noises outside my door that spelled disaster. For hours I sat on the edge of my bed waiting for the unknown intruders to break in, and finally I fell into an exhausted nightmare. That's a "kick"? I thought. I didn't "dig it," as the "hip cats" say. I was ready to "play it cool," or not smoke any, for a long time after that episode.

It was an unnerving sensation, nothing more, but suppose someone *had* approached me during the time of my magnified sense of danger. In that state of unreasoning terror and, with mechanical self-defense, I might have struck that person, even killed him.

Does marijuana lead to crime? I say Yes. It leads to crime both among so-called potential criminals and among normal persons. There really isn't any such thing as a person who can remain normal while under the influence of marijuana. Even the most lenient observers state that marijuana causes temporary mental disturbances.

Regarding permanent insanity, experts differ. One authority says he believes that marijuana does not cause serious and prolonged mental illness, while another

famous expert says that in many instances persons using marijuana develop a type of dementia from which there is no recovery.

In countries where the hemp plant is used widely, at least 25 per cent of all mental cases are due directly to use of the drug.

When doctors report on what they call temporary disturbances, I wonder whether they ever follow up their surveys. It might be an enlightening experience. I have known innumerable chronic marijuana addicts who have, after a time, had complete mental breakdowns.

I am thinking of Pedro, a boy from Puerto Rico, who began smoking the weed when he was fourteen; I met him four years later. I talked to him many times, trying to help him understand what he was doing to himself.

"This stuff can't hurt me, Danny," he said. "I'm having a 'ball.'"

At nineteen Pedro was deteriorating rapidly, and at twenty he was declared legally insane. I visited him at the hospital, and he stared at me out of dead eyes without a flicker of recognition. It was pathetic to see such a young person completely broken in mind and spirit. His doctor said Pedro would remain in that condition for the rest of his life.

During adolescence and early adulthood, everyone needs to establish a pattern of mental health, so that he can realistically face and solve his problems. *When he turns to drugs for pleasure or escape, he lights the fuse in the chain reaction to destruction.*

Janet was only twenty-two when she came to me, nervous and depressed. "I've been in the middle of a 'teapot,'" she said somberly, "and now I'm out of it."

Like so many marijuana addicts, she had graduated to heroin. Now, temporarily freed of both drugs, she lived

in fear of reverting to addiction. Marijuana was her greatest enemy, she said.

While we were discussing her problem, I learned that her emotional disturbances were so complicated that I was not qualified to guide her. I took her to a psychiatrist and was saddened to hear the verdict.

"There is no way in which you or I can help her," the doctor said gravely. "She is a very sick girl. The only effective treatment for her lies in a hospital, and even so, it will be a long, long time before she will be well."

This girl had had an unhappy childhood in a loveless home. When she first smoked marijuana, she found a false solution to her problems. As exhilaration was followed by depression she found herself so involved that there was no way out of the web.

No one really knows how many cases of mental illness follow marijuana addiction and are precipitated by the drug. So many cases of mental derangement follow the smoking of reefers that it is only logical to believe that they are not just coincidental.

When one depends on artificial means for escaping reality, the price is high, and in the end the victim discovers he has literally been paying for nothing, losing his will, his spirit, and his physical and mental health.

Sex often shares headlines with marijuana. It has been both positively declared and indignantly denied that marijuana stimulates sexual phantasies and results in brutal sex violence. Regardless of what the answer is, no one has ever declaimed that marijuana leads to a healthy sexual adjustment.

We have been discussing the long-range effects or *results* of marijuana intake. Let's see what the more immediate effects are.

As previously pointed out, the use of marijuana releases inhibitions and lifts behavior restraints. It causes intoxication of a unique nature, similar to but not exactly like that derived from the continued use of alcohol or cocaine. It also produces hallucinations and delusions.

One hazard is the drug's unpredictable effect on various individuals. Naturally it does not affect everyone in the same way. No substance known to man does.

In the beginning it often produces exhilaration and a sense of temporary well-being. This "high," however, diminishes as the smoker progresses into addiction.

Marijuana affects all the senses. Its use causes frequent lapses of memory and severe mental disturbance, attacking the central nervous system and distorting judgment. Time and space are seen out of all proportion to reality. It seems sometimes as if a person has lived for hours in the course of a few minutes. Space and distance do not exist. An inch can look like a foot, or a mile.

Walking down the sidewalk, the smoker, while only half a block from the corner, may think that it looks at least three miles away and that he will walk hours to reach it. After he has crossed the street he finds that the curb presents a problem; he might lift his foot high to climb the curb because it seems so tall.

A smoker's breath smells like burnt rope. His eyes are often seriously irritated and so bloodshot that the color is orange-red where it should be white. The drug dilates the pupils of the eyes, making them fixed and staring. His eyelids are often swollen and droop sleepily after he has smoked the weed.

Marijuana increases the rapidity of thought, but in a disconnected manner.

Years ago I moved into a rooming house in Detroit, and on the first day I ran into a "viper," a marijuana

smoker, whom I had known in the South. When he asked me to accompany him to a reefer pad, I did not hesitate.

Returning to my residence, I encountered my landlady at the front door, and stopped to speak to her. I couldn't remember paying the rent, so I stood talking, talking, talking, one part of my brain trying to direct conversation, and the other part attempting to unravel the all-important question: Did I pay my rent? I was aware of the fact that I was jumping from one unfinished sentence to another, and that she was bewildered, but I could not stop the incessant talking that sounded like thunder in my ears.

Finally the confused woman managed to get away from me, and I went to my room. The next morning I found the rent receipt where I had left it the day before. It was unnerving to realize that I had put myself in a position where I didn't know what I was doing or saying, and that I had lost the ability to connect and control thought and action.

Sense perceptions are heightened after one has smoked a reefer. Sometimes colors appear brighter, sounds seem louder or sharper, and sensations more vivid. At the other end of the scale, of course, are those reactions when everything seems grim, unreal, and terrifying. Thoughts come quickly, and the illusion is that one thinks more clearly, reasons and talks better, and performs more efficiently. Actually, it has been proved, time and again, that efficiency is seriously impaired when one smokes marijuana.

How is it that a person begins using such a vicious drug? Few people realize the consequences of taking marijuana. They believe they can put it down after trying it just once. But there are few people who have smoked marijuana only once.

Many people take it through curiosity, or because they want to go along with the crowd, or because they fear the ridicule of others if they refuse.

The secretary of our board of directors (of NACON) was twenty-four years of age before she ever came in contact with any narcotics. She was offered a marijuana cigarette at a social gathering.

"What does it do to you?" she asked.

"Oh, it just makes you drunk," was the reply.

Not being interested in becoming intoxicated and being old enough to be indifferent to the opinion of others, she declined.

"I often wonder what would have happened to me if that marijuana had been offered to me when I was a few years younger," she said.

Perhaps this is part of the answer to youthful addiction today. Adolescents reaching toward adulthood, prone to emulate and experiment, who are exposed to narcotics without being given all the facts concerning them, are ready "suckers" for the bait thrown out.

Regarding the attendant evils of marijuana, Inspector Peter Terranova, chief of the Police Narcotics Squad in New York City, has repeatedly made the statement in public that it is a well-known fact that marijuana is the steppingstone to more deadly drugs, such as heroin.

In 1951, Victor H. Vogel, former medical officer in charge of the United States Public Health Service Hospital at Lexington, Kentucky, also said: "In reviewing the records of the teen-age addicts in the hospital, I learn that without exception, the teen-age addicts [to heroin] *first smoked* marijuana. The established pattern is for marijuana addiction to lead to addiction to other and more serious addicting drugs."

I do not minimize this danger, for it has definitely led

countless unfortunate persons deeper and deeper into the hell of drug addiction via the heroin route; but I do believe this is not the only danger, or even the greatest danger, connected with the vile weed.

Marijuana jeopardizes one's physical, mental, and emotional health; robs its victims of self-control and will power; and causes the user to violate the law and actually risk his own life and the lives of others.

But there is a still greater hazard.

Many people claim marijuana is not addictable. In order to understand this problem, one should know what addiction means. It is made up of three factors: dependence, tolerance, and habituation. *Dependence* means that one must continue to take drugs to feel right. *Tolerance* describes the physical need for increased dosages of drugs. *Habituation* is psychological dependence on drugs.

Marijuana does not produce physical dependence or tolerance, but it does bring out psychological dependence. For those inclined to pooh-pooh the impact of psychological dependence, let me say that it is nothing to be shrugged away, not where marijuana is concerned. I have known this psychological addiction to get a strangle hold on its victims that is most difficult and many times impossible to break. The power of the drug, the strong craving for it, the shattered nervous system, and the depressions that linger long after a user has stopped smoking marijuana must not be underestimated if this problem is viewed fairly.

In my opinion, *the greatest danger connected with marijuana is the misinformation given the public concerning the drug.*

If people are encouraged to believe that only those of poor homes, criminal backgrounds, or unstable make-up

are prone to marijuana addiction, or are affected by using the drug, a false sense of immunity is given them.

The widely accepted theory—and unfortunately, acted-upon theory—that *this* person is liable to fall prey to marijuana if he experiments with it, and *that* person is immune, is utterly false and without basis.

There is one way in which a person can be certain he is safe from the poisonous weed: *Never touch it in any form.* But he should understand why he is not touching it by learning the truth.

If, in addition to proper behavior at home and in the school, children were taught the *truth* about marijuana and other narcotics, we would not have our present epidemic of drug addiction.

I only wish that when I was sixteen years of age and began taking narcotics, which were first given me for medical reasons, some informed adult had told *me* the truth concerning them and the tremendous and tragic consequences of taking them.

I cannot go back now to unravel all the threads that wove the pattern for the waste and heartache that make up my life; but I can go forward, earnestly and unceasingly endeavoring to tell the truth to those who have the right to know what I should have been told.

GOODWIN J. KNIGHT, CALIFORNIA'S GOVERNOR, TALKS TO YOUTH

Dope peddlers are rats. They deserve no mercy whatsoever. Remember that they represent a greater and deadlier evil than a man with a loaded gun pointed at your heart.

1. If you locate a drug or narcotics "pusher" working on your campus, or anywhere among young people, push him away from you. Report immediately to your teacher any suspicious actions you may notice on anyone's part that might indicate the use of drugs or narcotics.
2. Do not attempt to handle the situation yourself. That type of action requires the services of experts.
3. Do not, under any circumstances, sample any substance, pills, powders, liquids, nosedrops, or cigarettes unless you are certain what you are doing.
4. Choose your associates with care. Most youngsters who fall victim to the drug or narcotics habit do so through association with thrill-seekers, or those who are using drugs on occasion or are addicted to them.
5. Do not try to solve a problem involving a friend who has become a drug user. This is a delicate task and should have the assistance of a qualified person. Talk to your parents, or your teacher—they will know what to do, and they won't do anything that will embarrass you or your friend.
6. Don't keep information about dope peddlers to yourself. Help to push the "pusher" right into the arms of the law.
7. Some of you may attend schools where there is no narcotics problem. But the day may come when the problem will present itself. In many schools the problem is acute right now. There is no such thing as a "slight" case of narcotics traffic—one dope peddler on a campus, or one student addict, is one too many.

Chapter XIII

MORPHINE AND CODEINE—

Sisters of the Opium Family

Daniel Carlsen

I WAS first introduced to narcotics when I was sixteen, suffering from an abscessed eardrum. I lived with my foster mother in a hospital where she was staff physician. She—and I—believed that I would become a doctor; and I had often accompanied her on professional visits, listening eagerly to "doctor talk" on the part of the staff.

My mother gave me morphine to relieve the excruciating pain in my ear. I liked the feeling it gave me. In spite of my interest in medicine, I did not know what addiction was or how it was caused, and "narcotics" was only a word to me.

After my ear was operated on, the medication was discontinued. I asked my mother for more of the little white pills. She refused to give them to me, without explanation other than that I did not need them any more. I knew where they were kept, and just as I would wander into the kitchen and steal cookies, I helped myself to the morphine pills. I liked to take them before going to sleep because of the drowsy contentment they produced.

This story is related to show how innocently a person can fall into the addiction trap and to illustrate the glaring ignorance of people regarding narcotics and their power. I associated daily with dozens of doctors and nurses, yet none of them suspected that I was taking drugs.

In the stranger-than-fiction way in which one addict

invariably encounters others, a barber in the hospital recognized certain symptoms in me caused by drugs. He asked me what I was taking, and I showed him my morphine tablets. Then he told me about heroin, which he said would make me feel even better than morphine. Flattered by the older man's interest, and curious about heroin, I bought some from him, and soon was taking it regularly. The barber never explained that I was addicted to the drug.

One day he disappeared, and with him my source of supply. The next day I became violently ill, running a high temperature, vomiting continuously, with attacks of diarrhea and stomach cramps. This, of course, was the withdrawal illness which occurs when an addicted person stops taking drugs. But I knew nothing of this and went to my mother. Alarmed at my condition, she examined me, then called in other doctors. Finally, at a loss, one doctor suggested it might be my appendix, and I was prepared for an emergency operation.

The operation did nothing for me but aggravate my illness. As I lay writhing in agony, believing that I was dying, I remembered how the morphine relieved the pain in my ear. When I asked a nurse to bring me some morphine, she left the room, but did not return. Instead, my foster mother and another doctor came in.

Dawning awareness in her eyes, my mother stood by while the other doctor administered morphine. A person suffering from withdrawal illness becomes completely well as soon as narcotics are taken.

It was then that I saw the horror in my foster mother's eyes. Thus I learned that I was a drug addict, and that this was probably the most dreadful thing that could happen to anyone.

I was sent to another hospital for treatment. Many, many times in the intervening years was I to enter a

hospital for a "cure," to be discharged with the hope that I could resume a normal life, only to slip back into the hell of drug addiction. How many thousands of others are following the same route can only be a matter of speculation.

The number of drug addicts in our country is legion. My heart goes out to every haunted one of them, for I know only too well that theirs is the existence of the damned.

Our present inability to cope with the narcotics problem precludes the possibility of our reclaiming more than a fraction of addicts. In some future, better-informed time many more might be salvaged. Until then it is important that everyone be taught the truth before being exposed to narcotics.

In this way, then, I became acquainted with one of the medical sisters of the opium family; another is codeine. In a discussion of morphine and codeine it might be well to designate their relationship to other drugs. As the term "opiate" indicates, these drugs come from opium.

The opium poppy flourishes throughout the world, particularly in the Far East. It also grows profusely in the Near East, in Middle Europe, and even in Mexico. From the poppy is excreted a milky juice, which turns to a dark, gummy substance upon exposure to air. This is opium, whose deadly effects have been little noted, while an aura of glamour and mystery has surrounded it for centuries.

Opium is extremely bitter to the taste, as are all its by-products. It is eaten, brewed in tea, and smoked. It also is found in some liquid medicines.

From opium is derived morphine, heroin, codeine, dilaudid, laudanum, metopon, pantopon, and paregoric. All these drugs are similar in action, and all are addiction forming.

Heroin has already been discussed in a previous issue of *Listen*. Dilaudid is next to heroin in strength and addictive power, is stolen from the legitimate market, and is used widely among youthful addicts today, with devastating results.

Laudanum, or tincture of opium, is a medicine composed of liquid opium and alcohol. It is as addiction forming as morphine.

Paregoric is a liquid, brownish in color, made up of opium, camphor, and alcohol. It is prescribed for severe abdominal cramps, and some people put it on the gums of their teething babies. In some states it is still sold by drugstores without a prescription's being required.

Metopon is taken hypodermically or orally. It is beneficial for chronic pain, because it takes a longer time for one to become addicted to it than morphine takes. It is expensive and limited in quantity, so it is not so widely used; but a large percentage of patients taking it become addicted.

Pantopon is opium in tablet form, usually taken in one-third grain doses hypodermically. Its color is light brown to dark brown, depending on the opium content.

Morphine and codeine are both white powders, odorless, with a bitter taste, packaged in tablets or pills. Morphine is given hypodermically or orally. Codeine is usually taken in tablet form or in liquid preparations.

For relieving major pain, morphine is the medicine of choice by the average physician. Some people cannot tolerate morphine. One of the advantages offered by heroin, when it was in legal use, was that it could relieve pain as effectively as morphine, when the patient reacted adversely to morphine.

Codeine is used for less intense pain and is most commonly prescribed for headaches and coughs.

Many addicts refer to morphine as "M" or "M S" (morphine sulphate). It is also called "stuff" and "junk," as heroin is. Ironically, some old-time addicts call it "God's medicine," because, they say, "it takes all your troubles away." This is particularly pathetic when one realizes how many troubles it brings to the user.

Morphine is never sniffed, as heroin sometimes is. It is most often taken by subcutaneous injection (into muscle), which is called "skin popping." Some users inject it intravenously (into a vein); and this is termed "main lining."

All opiates are analgesic and may be valuable if used properly and sparingly. However, no one knows when a person will take more than he can tolerate. The first experience sometimes provides the *hook* that holds its victim fast, for some people find a pleasure so gratifying in their first experience that they want more and more, until all pleasure is gone and they are nothing more than creatures driven to exist on poison. The relief of pain for a few days or weeks must be measured against being afflicted with the most terrible kind of pain for years and sometimes for life.

Comparatively little research has been done on addiction thus far. It is an illness so complex and deep-seated that no one fully understands what happens to a person taking drugs. It *is* known that the chronic user undergoes a personality change, that his vital organs are seriously affected, and that his chemistry is altered. Since every part of the human being is affected by opiates, no one can withstand their addictive properties.

One of the myths circulated by hearsay is the story of "my aunt, who had to take morphine for several years and, do you know, she never became addicted to it?" Or, "I had a friend who took narcotics every day for eight months. When he decided to stop, he didn't get sick or crave the drug."

Such stories cannot be substantiated, but they are cited with a great show of authority. Do not believe a story, however glibly told, concerning the person who has taken opiates regularly without becoming an addict. Such a person does not, and cannot, exist.

The person who becomes addicted to morphine for medical reasons and whose primary ailment is cured, still has the problem of addiction to combat. If he cannot overcome it, or does so temporarily, only to slip back, he may fall prey to the criminal element and continue to take morphine provided thus, or be converted to heroin.

Outside of heroin and opium, which are handled almost exclusively by criminals, the other opiates are used by doctors for relief of pain.

Morphine and codeine are prescribed by doctors, but a goodly quantity of morphine is siphoned off the legal market and sold by the underworld. Codeine is never sold illegally.

The "big operators" in the drug racket do not bother with morphine. because it is not sufficiently profitable. Unlike heroin, which can be "cut" (adulterated) twenty or more times, morphine cannot be cut.

In the underworld, morphine is sold in capsules, cubes, and tablets. "Caps" (capsules) sell from $3 to $5 each, tablets by the grain—one fourth of a grain costing $1. (By way of comparison, twenty quarter-grain tablets on prescription cost around a dollar—one twentieth of the amount realized on the illegal market!) Morphine reaches the hands of peddlers by theft from legitimate supplies or by forgery of doctors' prescriptions.

Much milder than morphine, codeine does not produce the euphoria, or "high" feeling. However, it does create addiction which is difficult to overcome.

Years ago I knew a young nurse who became addicted to codeine in a hospital where she worked. She took a half grain of codeine several times for severe headaches, and soon found herself taking it regularly. Without a job or a home, today she is a confirmed addict, has undergone many so-called "cures," but is unable to conquer the evil influence of the drug that lures her time and again back into the trap.

There are three questions most frequently asked me about morphine and codeine:

1. What are some of the things that happen as a result of taking these drugs?

A person usually has a loss of appetite and weight, low resistance to disease, respiratory ailments, unnoticed development of many diseases, frequent heart involvement, kidney disorders, acute constipation, tooth decay, physical deterioration, mental confusion sometimes becoming mania, extreme nervousness and irritability, and destruction of moral judgment and will power.

One great calamity visited upon addicts is that they are lost in a wilderness of the devil's making, cut off from spiritual comfort and faith. Many addicts confess that even though they were reared in religious homes, drugs kill their belief. They are often heard to say, "If there were a God, He wouldn't let me suffer this way."

2. What happens when a person withdraws from these drugs?

He undergoes a series of "shocks" because he has become dependent on narcotics. At first he has an overwhelming drowsiness, yawning constantly. His eyes and nose run, his voice becomes hoarse. He has spasms of violent sneezing. He alternates between feeling extremely cold and feverishly hot, and perspires profusely, ripples of goose flesh covering his entire body.

The muscles of his legs and arms twitch spasmodically. His head, back, legs, and arms ache unbearably. He has violent cramping in the abdomen, with incessant attacks of vomiting and diarrhea. Because he cannot eat he loses an alarming amount of weight during the first week or two of withdrawal.

Insomnia sets in, and he becomes irritable. His pulse and heartbeat fluctuate between very rapid and very slow.

If he has a weak heart he often suffers an attack at this time, sometimes fatal. He becomes irrational, sometimes delirious. Most devastating of all is the mental torture he must endure. At times he is literally "out of his mind."

The addict who is arrested and sent to jail must endure the inhuman "cold turkey," which is abrupt withdrawal without medication. Addicts under these circumstances sometimes die, sometimes commit suicide.

Only a few years ago two girls, both addicts to morphine, committed suicide while withdrawing in jail, by eating broken glass from a smashed light bulb.

3. In view of their suffering, why do addicts revert to using drugs after having been withdrawn from them?

There are many reasons. Although it takes only a few weeks to "wean" the patient off the drug, the aftermath lasts for months, sometimes years. Insomnia torments him, and he cannot safely take medicine to produce sleep. He suffers from depressions, guilt, a sense of unworthiness. Physically he does not even approach a return to normal for a long time. During this trying period either psychological or physiological aggravations can provide reason for taking drugs "just once" for temporary relief. "Just once" is meaningless to the recovered addict, for he has become sensitized to the drugs, and a compulsive craving for more follows the "once."

Thousands of Americans, struggling vainly in the depths of drug addiction, might never have found themselves in this snare if they had only known when they were, and when they were not, on "solid ground" in taking drugs.

Unfortunately there is no solid ground for anyone who takes narcotics. In a matter of weeks, and sometimes days, the person taking opiates finds himself hopelessly enmeshed, unable to rid himself of their mastery, to control his compulsive craving, or even to cope with everyday living problems.

Guide Suggestions

If a medical doctor or law-enforcement officer competent in the narcotic field is available, it would be helpful to arrange an address by him for the class and a question period afterward.

The three questions toward the end of this chapter are especially informative and can well be emphasized.

ROY ROGERS AND DALE EVANS
POPULAR RADIO AND TELEVISION STARS

"If I were to be asked the question, 'Roy, why don't you drink?' I think the most honest answer I could give would be, 'I don't think it is necessary.'

And I don't. My wife, Dale Evans, and I feel we have found about as happy a life as we can hope for; and we have not found that happiness in cocktail parlors, but rather in our everyday activities."

And Dale says:—

"Liquor has no conscience. It is ruthless in its dealings with human beings. It's an insidious menace, particularly to the young people of our country. A social drink seems innocent enough; but before very long, instead of one social drink it becomes two, then three, and finally one feels that in order to be sociable, he *must* take several. Liquor dims the memory of moral values; it clouds the shrine of the soul, while it pays homage to the flesh. . . .

"Many people use liquor as a crutch, as a means of escape from the many demands of today's hectic life. But drinking is not the answer. When the effect of liquor has worn off, the problems are still there, plus a headache and a sense of failure and defeat."

Chapter XIV

MORPHINE AND CODEINE—

Medical Booby Traps

Daniel Carlsen

ANY user of narcotics can be compared to a soldier marching over supposedly solid ground who falls into a camouflaged booby trap. In much the same way the person taking narcotics, confident of his ability to control the drugs, awakens with terrifying suddenness to the realization that he is in a trap from which he cannot escape.

A large proportion of those addicted to morphine and codeine are termed "medical addicts," or "accidental addicts." They have been given the drug for severe pain or prolonged illness, or have taken it without being aware that they would become addicted to it.

The wise physician who finds that his patient has become dependent on narcotics will effect withdrawal from the drug before releasing him. But many patients unfortunate enough to become addicted medically continue to take narcotics long after their original cause for taking drugs has vanished.

Many doctors, including some noted authorities on addiction, believe that once a person has become addicted, he will remain so for the rest of his life. This is often the case. Opiates exert such a power over their victims that it is almost impossible for them to escape.

One man I know proved exceptional in this respect. He was already in middle years when tragedy struck him, unlike average nonmedical addicts who often begin taking drugs during adolescence.

John suffered greatly after the removal of a lung and was given morphine daily for several years. After this period he decided to stop taking the drug, but found withdrawal at

home too unpleasant. He told his doctor he would like to stop taking it, but the doctor sadly told John this was impossible, that he would have to continue taking it for the rest of his life.

Exceptional in every way, John possesses more than a fair share of stubbornness. To talk over the problem, he called on another doctor who was a personal friend of his.

"I'm afraid your own physician is right," he was told. "You need the drug, and you're not breaking the law by taking it. Why not just accept the facts?"

Finding that morphine made him listless and confused mentally, John thought it absurd that he must take a medicine he didn't want. After reading extensively on the subject and seeing the two doctors' opinions echoed in what he read, he went determinedly to the narcotics authorities, who told him about the United States Public Health Service Hospital in Lexington, Kentucky. John applied for admission.

"I was *cured* there, for most unorthodox reasons," he related later. "I left the hospital before I should have, and against medical advice. I was warned that I would probably revert to taking drugs if I left so soon. However, I was so appalled at the attitude of the average addict there, and so depressed about their pessimism concerning a 'cure,' that I felt I must get away from them."

A number of years have passed. John has lived through several serious illnesses and a major operation since then without taking narcotics. He admits it hasn't been easy.

"But all I have to do, when I am tempted to take narcotics to relieve *temporary* pain," John says, "is to think of those poor unfortunate addicts, and the *permanent* misery they must endure. That stops me."

John has learned what few recovered addicts know. Once a person has been addicted, he is sensitive to drugs. If after withdrawal he takes even one dose of narcotics, he is in effect an active addict, and finds it next to impossible to resist taking a second and third dose, until he is again well "hooked."

Many addicts and nonaddicts believe that doctors are indiscriminate in giving narcotics to patients, and that thus they help create addicts. I have occasion to deal with many doctors, and they often refer patients to me. Sometimes they invite me to address hospital staffs. In all cases I find them sympathetic, anxious to avoid causing addiction, and concerned with discovering a means for decreasing its incidence.

It is my opinion that the majority of doctors are extremely conscientious about administering narcotics and that, when addiction does result, they do the best they can to remedy the situation. There are, of course, a few unscrupulous doctors who give out narcotics unnecessarily. They cannot be regarded as doctors at all, but a strange group of calloused souls who have, by their own misconduct, cut themselves off from honor and their own profession.

Doctors themselves, as well as nurses, often become enslaved by narcotics. So common is addiction in the medical profession that it is called an "occupational hazard." It has been said that availability of drugs is responsible for this fact. Being very single-minded regarding this problem, I disagree, and assert that it is ignorance that creates the addiction plague even among doctors and nurses.

Medical textbooks teach them which "types" of persons become addicts. Therefore, the doctor or nurse suffering from exhaustion or nervous tension might easily rationalize that narcotics cannot hurt him, because he isn't "the type." Many of these persons are superior, and know it. They frequently possess high intelligence, good character, and solid backgrounds in social and economic terms. They have learned that inferior people—weaklings, psychopaths, products of broken homes or the slums—are those who become addicts. Yet in taking narcotics, they are reduced themselves to the same status as their unfortunate fellow sufferers.

I believe that when doctors and nurses are taught the truth,—that they only have to be the "human type" to fall prey to narcotics,—the high incidence of addiction in their field will take a sharp drop.

Also, many people in the entertainment world, working beyond their strength, are ensnared in the same way—because

they have "always" heard that "weak" people are the ones who become addicts.

Dr. Bill is an exceptionally gifted surgeon, but every once in a while he has to go away from his practice, in which he is outstanding. What only a few people know is that he goes away for a "cure."

His wife appealed to me several years ago when he was a patient in a fashionable hospital. I called on him and was touched by his abject misery.

"There really isn't any hope for me," he said, turning brilliant eyes on me. "I just don't have will power, in spite of how I try." I explained what I have learned—that no recovered addict has will power against drugs and that after being withdrawn, he is only one injection away from being "hooked" again.

For sixteen months Dr. Bill enjoyed a period of abstinence. Then he was struck with such a painful illness that narcotics were administered. He is struggling now to recuperate from the devilish addiction that has hounded him for years. To take drugs is even more tragic for this man than for the average addict, because he knows how wrong it is.

Doctors or nurses who really understand addiction will never administer narcotics to themselves.

For twenty years I have known one nurse who foolishly took some of her patients' morphine to overcome exhaustion. Recently I received a sad letter from her, still an addict, broken in health and spirit. Morphine holds its slaves in an iron vise.

A banker I know became addicted to morphine thirty-four years ago in Germany. He has had countless "cures." He suffers from chronic insomnia and eventually, after withdrawal, resorts to taking sedatives. In time this causes him to revert to morphine.

Recovered addicts and alcoholics are especially sensitive to barbiturates, usually becoming addicted to them. They may be led back to the original addicting agent.

As addiction to morphine, or any other opiate, progresses,

tolerance for the drug grows, and a person must take more and more to gain the same effect. The person who gains tolerance thrives on poison. His system alters so much that it requires the drug to function at all.

A person may begin taking an eighth or a fourth of a grain of morphine. In time five or ten grains, even fifty or more grains, may be required to attain the beneficial result attained at first with a quarter of a grain.

I knew a man who was given, by a research group, all the morphine he could take for a period of six months. At the end of the period he was taking seventy grains a day—enough to kill seventy nonaddicts.

Dr. Joseph J. Kindred reported a patient who took 140 grains of morphine and sixty grains of cocaine daily.

Doctors and nurses who take codeine have begun doing so with the mistaken notion that they could control it because it is such a "light" opiate. Although codeine gives little euphoric effect, it possesses a peculiar power to strengthen the tired mind and body and to relieve anxiety. Codeine, taken medically, is only one eighth as strong as morphine. Its action is slower, but the codeine addict usually continues to take it for life or graduates to the use of morphine.

Having been withdrawn from morphine fifteen years ago, I can remember trying desperately to remain free of drugs. A kidney ailment sent me to a doctor, who prescribed codeine. I didn't know what I know now about this problem, and I took the codeine unquestioningly. In very short order I was hopelessly caught, and the only way I could get off the codeine hook was to return to taking morphine.

Not aware of the danger in any opiate, people often become addicted to ordinary cough medicines, containing codeine or opium, and sold in drugstores without prescription.

Elixir of terpin hydrate and codeine is a medicine for coughs containing one grain of codeine to the ounce and from 38 to 42 per cent alcohol. In the Army, ETH is called "GI gin" and is taken by the bottle by unwary soldiers.

When a friend of mine went to a drugstore, she asked the pharmacist to recommend something for her three-year-old boy's cough. He brought out a bottle of terpin hydrate and codeine.

"But this contains narcotics!" the woman exclaimed in amazement, reading the label. "Who on earth would give narcotics to a baby?"

"Half of my customers," the druggist assured her. "Most parents are glad to switch to this medicine when I explain its value."

"I don't think you should be allowed to sell anything more dangerous than toothbrushes," the woman said spiritedly. "You're doing a terrible thing, peddling dope to babies! Do you ever think of how much damage you are causing?"

"If you know so much about it, why do you ask *me* for advice?" the druggist said condescendingly. "Go give a lecture to one of my competitors, why don't you? I'm far too busy to argue with you."

This man's attitude was extreme, to say the least, yet many druggists find the sale of medicines such as this a most profitable enterprise.

Another product closely paralleling ETH's popularity is Cheracol, a cough preparation containing codeine, chloroform, and alcohol. Brown's Mixture contains opium, as does paregoric.

[Ed. note: Another such preparation, Coldene, was recently advertised nationally with the *boast* that it contains codeine; yet nothing was said about the habit-forming danger in the drug.]

On the label of these bottles is a warning, in very small letters: "May be habit-forming." I have known a number of persons addicted to one or the other of these medicines. They are usually surprised that such "innocent" medicine can cause so much harm.

All opiates are addiction-forming. This self-evident fact seems incomprehensible to average people. The ordinary person has been schooled to visualize the "dope fiend," a criminal skulking on the borders of society, as the only one who takes, or becomes addicted to, narcotics. When he learns that he, too, is susceptible, true education will be effective.

These cough medicines are called "exempt narcotics." According to the law, customers purchasing them must give their name and address to the druggist; but this requirement is almost never met. Government narcotics agents are supposed to regularly check the druggists' records of these sales.

In many pharmacies a large display of these bottles is featured as prominently as liquor bottles in barrooms, but they spell dynamite for "recovered" addicts or alcoholics. Many of these have slipped back into their trap after taking a few doses of the medicine.

I know people who drink as many as four to eight bottles a day. They are as hopelessly addicted as if they were "shooting" heroin or morphine. One salesman has to commit himself to a hospital at regular intervals for withdrawal from codeine taken in this form. A remarkable feature about this chap is that he never goes on to taking stronger narcotics.

Another suffering man cannot grasp the fact that he is not immune to it. Time after time he has taken a "cure," only to drink some cough medicine when he is beginning to regain his balance. In a matter of weeks he progresses to morphine. The cycle is repeated, and he again goes for a "cure."

Beware the medicine that "makes you feel good," for in almost all cases it is dangerous to take.

"If only patients would follow instructions, we wouldn't have all this trouble," one doctor said sorrowfully to me. Many people do become their "own doctors." When they take a medicine labeled "habit-forming," they are on their way into a trap if they take it repeatedly. Another danger faces the person who takes "double" doses of narcotics given by doctors. A woman suffering from chronic pain

that is not particularly serious, but very distressing, calls on a doctor. Almost any doctor might prescribe codeine for her condition. But this woman calls on six or eight doctors in a week's time. Of course, she has paid the price by becoming addicted, but this might have been prevented if she had known the dangers involved.

There are many dangers inherent in taking morphine and codeine. The experts will tell you that people become addicted because of a "basic underlying disturbance." I disagree with their findings in many cases, basing my opinion on intimate association with many thousands of addicts, some of whom I have observed over a lengthy period of time. What many experts still have to learn is that the use of opiates *causes* mental disturbance.

There are few statistics available on this phase of the problem, but it is readily apparent that opiates actually do impair the mind. Morphine particularly results in mental confusion while the drug is being taken, and often long after it is discontinued. I have seen many morphine addicts progress into a condition of mental illness closely resembling psychosis.

The fact that a researcher in combing an addict's history finds a basis for underlying disturbance, proves little if anything. Almost any human being in our present society has had experiences which would provide groundwork for addiction susceptibility.

The most normal and the least disturbed person will change considerably after becoming addicted to opiates. There is no yardstick for measuring which person will completely break down in the trap of addiction. Taking narcotics results in an erratic way of living. The addict cannot function adequately under the best circumstances.

In taking narcotics, a person is experimenting with death and decay. Nothing wholesome, worth while, or good can come from the experience. No one knows which persons, falling into the trap, will emerge free. Thus far, those successfully overcoming narcotics addiction are negligible, regardless of what type they are.

Guide Suggestions

Match the following half of the sentence with the numbered ending:

a. A user of narcotics is compared to
b. "Medical addicts" are those
c. Opiates exert a power
d. Once a person is addicted he
e. It is ignorance that creates
f. Recovered addicts and alcoholics are
g. Codeine is only
h. The codeine addict usually
i. Elixir of terpin hydrate and codeine
j. Cheracol is a
k. All opiates
l. The use of opiates
m. Some people who use cough medicines constantly
n. In taking narcotics a person is
o. A person need only be of the

1. are as hopelessly addicted to them as if they were using morphine and heroin.
2. experimenting with death and decay.
3. human type to fall prey to addiction.
4. the addiction plague even among doctors and nurses.
5. a soldier who falls into a booby trap.
6. who have taken the drug for severe pain or prolonged illness.
7. causes mental disturbance.
8. are addictable.
9. is called "GI gin" in the Army.
10. is sensitive to drugs.
11. over their victims almost impossible to escape.
12. especially sensitive to barbiturates.
13. cough preparation containing codeine, chloroform, and alcohol.
14. continues to take it for life or graduates to morphine.
15. one eighth as strong as morphine.

ARE BARBITURATES ADDICTION FORMING?

"Addiction to barbiturates is far more serious than is morphine addiction. Addiction to morphine causes much less impairment of mental ability and emotional control." —U.S. Public Health Service Hospital, Lexington, Kentucky.

"Barbiturates produce dependence indistinguishable in many respects from dependence on morphine or on opiates."—Harry Gold, M.D., Cornell Medical College.

"Sleeping-pill addiction is becoming a more serious problem than morphine and heroin addiction for two reasons: first, because sleeping pills are so dangerous, and, second, because in many places it's quite simple to buy them. Also, withdrawal illness after the long use of large amounts of a barbiturate is more severe than from opiate drugs."—Victor H. Vogel, M.D., former medical director, U.S. Public Health Service Hospital, Lexington, Kentucky.

"The barbiturate addiction is particularly vicious. Members of the medical profession will certainly not believe that barbiturates are free from the possibilities of addiction."—Editorial, "J.A.M.A.," 1939.

IN ADDITION TO WHAT BARBITURATES DO FOR PEOPLE, THERE ARE CERTAIN UNDESIRABLE THINGS THEY DO TO PEOPLE

Chapter XV

SLEEPING WATCHDOGS

Daniel Carlsen

IN VIEWING the growing menace of the barbiturate problem, many people are inclined to make note of deaths from overdoses of these drugs, ignoring the no-less-dramatic but little-publicized dangers often accompanying the taking of them. Serious though it is, death is not the only hazard encountered along the sleeping-pill trail.

Barbiturates deaden the higher centers of the brain, which act as the watchdog of the conscience. With this watchdog drugged to sleep, a person forgets inhibitions and learned behavior, and fails to repress wild impulses normally controlled by that portion of the brain.

Does this mean a person should never resort to the use of sleeping pills? Are they really dangerous, as some "alarmists" warn? Or, are they comparatively harmless, as conservative observers declare?

In the short history of the barbiturates, many pro-and-con arguments have been advanced. They have been hailed as a "major medical miracle" on one side and as "products of the devil" on the other.

Barbital, originally called veronal, was discovered in 1903. It is a white, crystalline powder manufactured from chemicals.

In the past fifty-three years, close to 2,000 derivatives of barbituric acid have been developed, with new ones constantly being produced. Not all of these are in general use, but you might be familiar with some of the well-known ones: phenobarbital (or luminal), nembutal, seconal, tuinal, barbital, ipral, thiopenal, sodium amytal, and

sodium pentothal (also called sodium evipal). Manufacturers usually give these products names ending in the syllable "al," to designate relationship to barbital.

Barbiturates are sedative drugs, classified as soporifics or depressants, whose effects are similar to those caused by alcohol. They numb consciousness and depress the central nervous system. Taken at night in full dosage, they are called "hypnotics;" taken during the day in reduced doses, they are termed "sedatives." If they are taken in overdoses, the results are intoxication, acute poisoning, stupor, coma, or death.

Sold in tablets, solutions, or powdered form (contained in colored capsules), barbiturates are most commonly prescribed for insomnia and nervous ailments. They induce sleep, give the user a sense of well-being, cause relaxation, lessen anxiety, and relieve all grades of pain—from headache to that caused by such killers as cancer. Their action ranges from mild sedation to deep anesthesia. Some can be used for a certain type of surgery; others are given prior to, and after, general surgery. They are also valuable in treating epilepsy, nervous disorders, and mental illness.

In addition to what they do *for* people, there are certain undesirable things they do *to* people. Under some conditions they cause drug addiction. They can produce mental confusion, delusions, and hallucinations. Taken excessively, they cause intoxication, wild, assaultive behavior, and are responsible for many highway accidents involving drivers under their influence. They sometimes cause nerve poisoning, brain deterioration, and psychosis. Because they are cumulative, persons taking them continuously often suffer from poisoning, sometimes resulting in death. Some persons are sensitive to them and cannot take them at all without suffering from various complaints: dizziness, faintness, skin rashes, and disorders of the respiratory or circulatory systems.

It would be as irresponsible to stress only the hazards connected with taking barbiturates as it is for those writers who underscore the value of the drugs to report blithely that they really are not dangerous, "except to a certain kind of person."

Like most drugs that can relieve both physical pain and emotional distress, barbiturates can be deadly when misused. Perhaps the real menace is the general public's ignorance about them. *The Journal of the American Medical Association* has referred to them as "potentially dangerous drugs in the hands of the inexperienced person;" yet many people take them—and offer them to friends—as readily as they would a piece of chocolate candy.

Individuals who learn the true facts about these drugs can, if necessary, take them without endangering their mental, moral, or physical health. If many individuals were really informed about barbiturates, fatal accidents and present abuses would decrease accordingly.

In addition to being called "sleeping pills," some people give them more spectacular names. For many years narcotics addicts have called them "bombers" (because of their explosive effects), "goof balls," and "goofers." They call barbiturate addicts "goof-ball artists," a name uniquely appropriate to those intoxicated by the drugs. Also they are given names whose first word describes the color of the particular capsule used.

An increasingly popular practice among thrill-seeking youth and the more jaded members of society is to take barbiturates and alcohol together. While both are depressants, they result in temporary stimulation when used excessively. This suicidal concoction is called "wild geronimos" and frequently leaves in its wake disaster and death.

A doctor's prescription is needed to obtain barbiturates legally.

Barbiturates, controlled by the physician, prove most beneficial for some conditions and can miraculously change a person's life, bringing happiness and ease in place of misery and pain. The case of Mary M—— graphically illustrates their value when properly used.

Mary was a victim of epilepsy, an ailment resistant to treatment until the recent past. Until she reached adolescence, she was normal in every respect. At thirteen she began having epileptic seizures, and became irritable, seclusive, and odd. By the time she was seventeen, she vacillated between depressions and temper tantrums.

If Mary's physician had not given her phenobarbital, she might be a seriously disturbed person today. The drug limited the number of seizures, so that she could take up a socially normal life. Eventually the attacks were completely relieved, and she is now gainfully employed and well adjusted.

Various drugs are used in treating epilepsy. Phenobarbital, dilantin, and the bromides are frequently given, singly or in combination, depending on the patient's individual condition. They have proved efficient in controlling attacks, in some cases eliminating them completely.

One feature creating much controversy is whether or not the barbiturate drugs are addiction-forming. For years after their discovery they were listed as nonaddicting, and this "information" was duly recorded in medical textbooks. Unfortunately, a host of barbiturate victims bear tragic testimony to the error made in this theory.

Patrick was a salesman, pleasant and well liked, who graduated to an executive rank in the sales field, after which he built his own promotion business.

Ambitious and diligent, Patrick often drove himself beyond his strength. While forging ahead on his way to success, he suffered through many sleepless nights, unable to let down. He found what he thought was the solution to his problems when a doctor prescribed phenobarbital.

In a few months Patrick was doubling the amount prescribed, then tripling it, in an effort to recapture the original relief gained by the drug. When his doctor warned him against taking more than prescribed, Patrick did what many other misinformed persons have done. He visited other doctors, switched to seconal, and rapidly built tolerance. The time came when he was taking between twenty-five and thirty capsules a day. To counteract the effect of the sedatives, he took almost half as many amphetamine tablets—a common practice among barbiturate addicts.

Patrick had always been a sensible man, and considered above average in intelligence. It seems incredible that a man of his stability would willingly flirt with death; but so insidious are the effects of barbiturates, taken excessively, that such abuses are the rule among those dependent on them.

The last days of Patrick's addiction found him closer to death than life, suffering from frequent convulsions and comas. His faithful but terrified wife stood beside him, unable to comprehend the nightmarish turn their lives had taken.

In Patrick we see a normal person who was felled in the same manner as others of lesser strength have been. Ignorance of the effects of these drugs excuses no one from the consequences.

Patrick had always been a good citizen, playing a constructive role, both in relation to his family and community. Yet the enormous amounts of barbiturates he took poisoned him, confused his mind, and clouded his judgment. As a result, he lost his business and very nearly his life.

He did not die, and his mind was not permanently affected. But in making the long, difficult trip back to normalcy and health, Patrick had to spend almost a year in a hospital, plus extensive psychiatric treatment. He is extremely fortunate to be well today. Few barbiturate users, as deeply enmeshed in this complex problem as Patrick was, ever find recovery.

One medical expert declares that only psychopathic individuals are liable to become chronic users of excessive amounts of barbiturates. He adds that those who do, want to escape the realities of life and that their underlying problem is mental illness.

It cannot be denied that many who become addicted to the barbiturates prove to be mentally disturbed, but a blanket statement cannot cover the entire barbiturate addict population.

We find working with barbiturate addicts to be extremely difficult in many cases. They are often intractable and unco-operative. This can sometimes be attributed to the action of the drugs and their consequent dulling of the mind of the victim. If the individual has a psychiatric problem which existed prior to his taking barbiturates, he is particularly troublesome in that he has no insight concerning his dual problems and will not accept the help of a qualified therapist.

Esther was a "type" many of you have met, the classic troublemaker who seems destined to live in an atmosphere of unpleasantness and discord.

From early childhood Esther felt that she was rejected by her parents. She believed her sister was considered prettier, brighter, and more lovable. A person possessing a more stable nervous system might not have found these problems so distressing or their results so far-reaching. The fact remains that Esther developed into a person who constantly sought persecution and seemed deliberately to set up situations in which others "rejected" her.

In her middle years Esther's doctor gave her barbiturates. Unlike Patrick, she did not build tolerance rapidly, and dependence did not manifest itself for some time. She took 1½ grains of phenobarbital nightly for more than a year. After ten years of using these drugs regularly, she is taking between eight and ten capsules a day, and it is doubtful that she will increase the amount beyond this point.

A wide variation in tolerances is found in individuals using these drugs. Some people take them in safe, prescribed doses without becoming addicted. Others seem never to reach a "limit," although anyone, regardless of his tolerance, can take an overdose resulting in death.

Esther has not overcome her addiction. Like so many in this group, she fails to recognize her problems for what they are and feels that she "knows more than anyone else." Her doctor believes the only way she can be helped to overcome addiction, or to solve her psychiatric problem, is through long-range hospital care.

Properly controlled, and with the co-operation of the patient, barbiturates could help immeasurably a person with Esther's handicaps. It is a tragedy in this case that the very instrument that might bring about a cure for her primary condition of mental disturbance should prove to be a sharp weapon turned against her.

Many persons who use sleeping pills would be horrified to be classed with drug addicts and alcoholics. They take them for a specific condition, not for a "lift" or "escape." It is usually safe when taken in strict accordance with directions, but everyone should beware of depending too much on a drug that can induce sleep, blot out consciousness, relieve pain and tension, soften grief, and dispel problems. Too often what once we used as a cane becomes a crutch.

There is a possibility of one's becoming addicted to barbiturates, regardless of the initial reason for taking them. Addiction to a drug occurs when a person:

1. Develops habituation (or psychological dependence).

2. Develops physical dependence, or inability to function without the drug.

3. Develops tolerance, or the need to increase the amount to gain the initial effect.

4. Suffers from withdrawal illness when the drug intake is abruptly stopped.

People often confuse the terms "habituation" and "addiction," believing they are interchangeable. You have heard someone say, "Jack is addicted to coffee," because he drinks a great deal of it. He might be habituated, but he is not physiologically addicted to its use.

Tolerance for addicting drugs should not be mistaken for the kind of tolerance developed when taking other types of drugs. When given a drug such as penicillin for a prolonged period, we become tolerant of the drug and immune to its effects. Unhappily, no such immunity is gained when we repeatedly take addicting drugs.

So little research has been done on drug addiction in general, and barbiturates specifically, that many questions are yet to be answered. It is known that it takes much longer to become addicted to barbiturates than to the opiates (opium, heroin, morphine, dilaudid, etc.). No human being can withstand the addictive powers of the opiates when using them regularly, yet some people apparently can, and do, resist addiction to sleeping capsules. No one yet knows why.

Some claim that a basic underlying disturbance causes a person to become dependent on these drugs. This is a theoretical supposition, and we should not place our confidence in it, when the result might be personal tragedy. When you hear someone make this statement, and you *know* you are not mentally disturbed, it is only logical for you to assume that you are immune to addiction. However, many stable, normal persons become victims of barbiturates. On the other hand, innumerable neurotics and more seriously disturbed persons take these compounds regularly without becoming dependent on them.

How does a person who uses barbiturates know when, and if, addiction is a threat? What are the danger signals?

The first rule to be observed is one that common sense dictates. Don't "play doctor." When your doctor prescribes those drugs, he does so with two assets you lack—knowledge and understanding. He knows what your constitutional make-up is and your present physical condition; he also understands the action of the drug he is giving you and how it will probably affect you.

The usually prescribed 1½ grain dosage is sufficient for ordinary conditions, such as insomnia, anxiety, or tension. Patients limiting themselves to this are on comparatively safe ground.

There are, of course, some doctors who give out these pills too freely. Sometimes their action is based on the erroneous belief that the drugs are not addiction-forming. However, we find the average doctor alert to hazards and conscientious about giving out prescriptions indiscriminately.

Dr. Herbert Wieder, former senior psychiatrist at Bellevue Hospital, said in 1951: "Addiction to sleeping pills is far more dangerous to the patient and to society than is heroin addiction."

Barbiturates addiction causes the addict to be a menace both to society and to himself. Barbiturates, like marijuana and alcohol, release inhibitions and drug one's conscience, so that the user has no "watchdog" on his behavior. This, then, is reason enough for repeated emphasis against their indiscriminate use.

Guide Suggestions

When this feature is studied, it would be well to invite a doctor, if one is available, to talk on the nature of barbiturates and the menace they might become to unwary users.

Are the following statements true or false?

..... 1. The brain is the "watchdog" of the conscience.

..... 2. Barbiturates should not be classified as drugs.
..... 3. They have a wide variety of good uses in medicine.
..... 4. An overdose of barbiturates is not particularly dangerous.
..... 5. Many highway accidents can be traced to the use of barbiturates.
..... 6. The general public is very well informed about barbiturates.
..... 7. A "wild geronimo" is a safe and palatable mixture.
..... 8. Barbiturates become dangerous when the user takes them for a "lift."
..... 9. Only psychopathic persons are ever in danger of taking overdoses of barbiturates.
..... 10. It takes much longer to become addicted to barbiturates than to heroin or morphine.

Barbiturates are a menace to you when you—

- **find yourself craving them.**
- **double the amount prescribed.**
- **can no longer be "held" by one pill or capsule.**
- **lose track of how many you have taken.**
- **start taking them in the daytime as well as at night.**
- **get a lift out of them instead of a letdown.**
- **take them for the lift or when you take them for an escape from grief, emotional problems, or just reality.**

A person who becomes addicted to a drug learns that what he once controlled now has mastery over him, and he loses all will power regarding the drug.

Chapter XVI

DOES HAPPINESS COME IN PILLS?

Gilbert Geis

The United States seems to be falling in love with the newest inhabitant of its own medicine cabinet—tranquilizing drugs.

Choruses of warning cries from specialists trained in diagnosis and treatment of mental disorders are showing little result. Stern admonitions from doctors pointing to startling side effects of tranquilizing pills go virtually unheeded.

Tranquilizers, a latter-day "liquor," reveal to the innermost core the instabilities of people who appear unable to live with themselves, who desperately seek the salvation they hope they will find in a pharmaceutical tablet, in a rose-colored aspirin for the soul.

Statistics of this situation are staggering. Estimates indicate that some 20,000,000 Americans—about one out of every four adults—will carry a prescription calling for a tranquilizer to the drugstore this year. Fifty million prescriptions, more than the total for all other drugs except antibiotics and vitamins, will be filled by pharmacists. At least $180,000,000 will be spent in 1958 on "happiness pills."

The tranquilizers are a group of chemical substances of comparatively recent use in the United States, though they have been known in other lands, particularly India, where some were used as herb medicines. They were first employed in the United States to control vomiting, to lower blood pressure, and to aid in relieving a condition known as mucous colitis. Most of them affect the central nervous system and the spinal cord.