

THE CHALLENGE OF DRUG ADDICTION

The treatment for drug addiction, which is similar to that for alcoholism, involves rebuilding the patient mentally and physically. After the patient has successfully withdrawn from drugs and begins to regain his health, it is important that he learns to face his problems instead of running from them. This is the most critical aspect to any treatment that the patient might receive, because the same basic problems which drove him to drugs in the first place will still comfort him after he is discharged from a hospital or institution. He should, somehow, learn to resolve these problems without drugs.

The outlook for the drug addict is generally unfavorable, since it has been estimated that approximately 25% of those who are physically cured remain free of drugs after being discharged. This leaves a rather large margin of 75% who will relapse and return to drugs. Aside from the patient's own efforts to remain abstinent, he would be greatly helped if society could, and in some way learn to accept drug addiction as a form of mental illness, rather than a criminal activity. In some cases the social stigma of having been an addict puts an undue pressure on the patient after he returns home.

Where relapses are concerned, it is important that we know that have been addicted to drugs keep one thought uppermost in our minds; if ever we slip, or even feel that we are about to slip, we should at once seek competent medical care or advise, whether it be at a public or private institution. Those who have led successful A.A. lives of sobriety have found that the best antidote for "THAT URGE" to slip is to call another member of AA and just talk things over with him or her. Even a phone call will suffice.

As a whole, we addicts must particularly guard against certain characteristics, some of which are:

1. Resentment
2. Dishonesty
3. Fear
4. Self-pity
5. Jealousy
6. Criticism
7. Intolerance
8. Anger.

If in a personal inventory, we find one or more of these characteristics prevalent in our everyday living, we should take every possible step to neutralize them. Speaking of Steps, the Twelve Steps of the Alcoholics Anonymous program are sincerely recommended. These Twelve Steps were formulated strictly for the purpose of helping the alcoholic to overcome all of the above mentioned characteristics. And they can apply to the addict.

Betty.T.
HFD Group.
1951.

A.DISCUSSION ON DRUG ADDICTION

QUESTION; What chances has a person who has been using drugs 30 years, who has been diagnosed as a confirmed addict by psychiatrists, to stay off drugs.?

COMMENT: Irrespective of how long one has been using drugs they have a good chance to remain off drugs if they SINCERELY DESIRE TO DO SO. However if they allow themselves to think subjectively rather than objectively or have negative thoughts rather than positive thoughts, they have very little chance of staying off drugs whether they have been using them for one year or 30 years. It is very essential that they shut their minds to all negative thoughts. If a person thinks they will always be an addict they will always be an addict but if they will make some effort to DO SOMETHING ABOUT IT they have a good chance to stay off drugs. It is up to the addict himself whether or not he will always be an addict."I am the master of my fate,I am the captain of my soul."

QUESTION; If a person does not think he needs A.A.himself,can he contribute anything to A.A.by attending the meetings.?

COMMENT: If that person is familiar with the philosophy of A.A.,and then thinks he does not need such teachings he must be the supreme egoist. It would be well for him to attend A.A.meetings and try to absorb some of the teachings of the program. He would not contribute one thing to A.A.unless it was his own-self as material to be helped. He would have to get this own thinking straight first before he could even help himself, much less contribute anything toward helping anyone else. It is certain that the A.A.program could contribute a great deal to this type of individual -- and in the end it might be that after he absorbed some of the A.A.program,and started to live it in his daily life,he could then contribute something to A.A. -- but he certainly could not contribute anything as long as he thought he was so perfect that he did not need the help of God,or a Higher Power,and his fellow man.

QUESTION; Why does a drug addict resent being told that his thinking is not straight.?

COMMENT: Because he is a human being even if he is a drug addict.It is a human characteristic to resent being told that you are wrong about anything, The addict resents it more because he knows within his own mind that his thinking is,or has not been,straight; he probably has a guilt feeling and the resentment is a defense mechanism. If a person's thinking is straight they do not know the feeling of resentment,because they keep an open mind and an open heart.

REMEMBER: To keep your thinking straight -- That defects will creep into your life if given half a chance -- You are completely dependant upon God, AS YOU UNDERSTAND GOD -- To ask Him daily for His help,His mercy and His kindness -- To Try to carry the A.A.message to the alcoholic or addict who still suffers -- To pray daily.

THE ADDICT AND THE ALCOHOLIC

In many American prisons and penitentiaries, drug addicts who are interested in group therapy movements are permitted to join A.A. in their institutions. It is believed that the A.A. Program is just as effective for drug addicts as it is for alcoholics, regardless of whether or not the advocates of AA for addicts are in agreement as to relationship between alcoholism and drug addiction.

Today, it is universally accepted that both alcoholism and addiction are, in reality, only secondary conditions and that the real trouble is a personality problem; whether a person tries to destroy his liver with cheap wine or shoots himself silly with heroin or morphine, with a lot of milk sugar and choral thrown in "for free" by the peddler.

The difference that counts most between addiction and alcoholism is that the average addict cannot take the FIRST STEP, toward a cure, and possible rehabilitation, without hospitalization and specialized medical attention, whereas, the average alcoholic can find his way back to sanity and health through A.A. Group meetings and whole hearted acceptance of the program, without being under a doctor's care or being hospitalized -- or thrown behind bars, incidentally, in the case of the addict, most cures -- although they are only temporary -- are effective in penal institutions, and not in hospitals or sanatoriums, simply because these cures, such as they are, were enforced on the addict when they got into trouble with the law. As an addict once put it. "AN IRON CURE IS ONLY THE LONGEST PERIOD BETWEEN TWO SHOTS -- THE LAST SHOT BEFORE THE CURE, AND THE FIRST SHOT AFTER THE CURE!"

An addict who is using habit forming drugs without interruption can do nothing about his condition through A.A. or any other group therapy movement. There is no religion strong enough, no philosophy sufficiently illuminating, no way of life, attractive enough, and no movement of any kind that could compensate the addict's need of drugs when he is TRULY HOOKED! Without drugs, an addict is a sick person and the sickness is real and overwhelming. On the other hand when the alcoholic works his way back to some degree of sobriety, he can still function more or less efficiently as a human being, without liquor.

Throw the addict and an alcoholic into a cell together and watch the results. In the time it takes the alcoholic to work his way back to relative normalcy, disregarding the "shakes" and other comparatively mild symptoms of withdrawal, the drug addict has worked his way down to a state of total uselessness, and it would take the addict at least THREE weeks to begin to recuperating. Convalescence is a longer period, sometimes running into THREE MONTHS OR MORE.

The only time the addict and the alcoholic can meet on what we will call COMMON GROUND is in a penal or medical institution where BOTH have been returned to normal health, regardless of the time it took. Since they are both without the STUFF which is the ESSENCE of their problem -- LIQUOR and DRUGS -- they are good material for the A.A. program. Now that their physical conditions have been cleared up.

their problem becomes the same, with the difference of DEPTH and INTENSITY. It will be more difficult for the drug addict because his DEPENDANCE on (and not "craving for") drugs is GREATER than the alcoholic's NEED for liquor. This NEED remains even though the addict cannot obtain any supplies.

The alcoholic, could be more amenable to a cure than the addict because the addicts case, this bout with ENFORCED withdrawal only crystallizes his NEED of the stuff.

Many alcoholics SWITCH from drink to BARBITURATES or NARCOTICS and find suitable, IF NOT BETTER, RELIEF, but the addict can SWITCH only to other opium derivatives, and there are not many to choose from. No addict has ever found relief from his SICKNESS FOR DRUGS in alcohol or the barbiturates, but the alcoholic will take READILY TO OPIUM DERIVATIVES. (And make his problem that much worse) For the addict there is no substitute for drugs, and there is no way back in CERTAIN progressions. For example opium smoking can make a comfortable switch from the pipe to the needle, but morphine or heroin users cannot go back to opium because his reliance on either of those derivatives has dulled his appreciation of and dependance on opium in its crude form.

Many addict tried alcohol while floundering around, looking for some agent that could inflate the deflated ballon of thier weakened personality. They found alcohol unsatisfactory and finally stumbled on opium derivatives as the abnormal solution of thier abnormal problem. It follows that as the alcoholic accepts liquor as his WAY OUT whereas, the addict-in-the-making cannot, the addicts problem is more, DEEP*SEATED or MORE COMPLEX, or more difficult to compensate. Following this line of thought, we come to the conclusion -- not necessarily correct in all cases -- that the alcoholic was seeking obliviousness to reality, which is what liquor and the barbiturates provide. Before acquiring his habit, The addict can find no relief in that state of oblivion to the world of reality that liquor and soprifices offer, but he does find the CRUTCH that supports his sagging personality in opium, morphine, heroin, pantapon, dilauded, demoral, or other lesser known, opium diravatives.

The limited space allotted this writer does not permit further elaboration on this phase of the problem, and it should be taken for granted, for the sake of this discussion, that the difference -- chemical and physiological, as well as emotional, and psychological -- between the two forms of "compensating agents" liquor and narcotics is of great importance in dealing with the problem of the addict who is in CONDITION TO TRY, the A.A. way of life. Liquor did not help the addict when he tried it, simply, because his problem was deeper and more complex. And therefore HARDER TO REACH. The same applies to the A.A. Program. It could help him but it is much more difficult for him to benefit by it than the alcoholic.

A mathematical formula could help us get a better picture, Let "A" be alcohol, and let "B" be drug addiction. Similarly, Let "X" be alcoholism, and let "Y" be drug addiction. This gives us the proportion formula of A: A:B :: X:Y

The above equation, however, merely supports a statement we made, and proves nothing beyond our contention. But if we give X the value of 1 and Y the value of 3, arbitrarily we prove to ourselves that drug addiction could well be THREE TIMES MORE DIFFICULT TO HANDLE THAN ALCOHOLISM. From there, we move on to the problem we are trying to solve; "X" is to "Y" as the A.A. PROGRAM is to ????.

Since nobody has found the answer to the above problem, all we can do is take the A.A. PROGRAM and multiply it by the difference between addiction and alcoholism, hoping that this simple solution might help fit into the A.A. Program, HE HAS TO TRY THREE TIMES HARDER THAN THE ALCOHOLIC. It might not be the right answer to a major social problem but it will have to do until the right answer comes along.

The lawmaker, the judge, the doctor and the psychiatrist, the preacher, the policeman, and a few meddlers, have all failed to come up with a satisfactory answer -- ACCEPT A.A. AS IT IS: LIVE UP TO IT 24 HOURS A DAY, and make a religion of it. That way, these addicts that HAVE SUCCEEDED IN STAYING OFF DRUGS AND ARE LIVING MORE OR LESS NORMAL AND HAPPY LIVES. They have, at least, made the SOCIAL readjustment expected of them, and that is a major step in itself. It spells REHABILITATION, and rehabilitation is about 75% of the cure.

Not every addict can benefit by the A.A. Program. Perhaps NOT ONE IN TEN! But there are addicts who have succeeded in this new way of life, and until the law and the medical profession, can come up with a better solution to drug addiction, the A.A. PROGRAM REMAINS THE ONLY WAY FOR ADDICTS to TRY to make that all-important social readjustment provided FIRST, that their PHYSICAL CONDITION HAS BEEN CLEARED UP UNDER PROPER MEDICAL CARE.

Emile.Z.
St Vincent de Paul
Montreal.P.Q.Canada.

From: The Crossroads.
A.A.Publication
Excelsior A.A.Group.

*The man who write this article is serving 22 years in prison, through correspondence and a mutual interest in drug addiction, both of us having been drug addicts. He wrote this article for the inmate A.A. Group in prison.

Betty.T. 1954.
H.F.D.Group.
Santa Monica, Calif