

The Saturday Evening

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HOW I WATCH A BALL GAME

By LEO DUROCHER

The Drug Addicts Who
Cure One Another

By JEROME ELLISON

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Two ex-addicts—called "Dan" and "Don" in the story—talk with a Narcotics Anonymous group at the McBurney Y.M.C.A. in New York. Dan, the group's founder, was hospitalized eight times for addiction.

HARRY SALTZMAN

These Drug Addicts Cure One Another

By JEROME ELLISON

A new approach to a tragic social problem—drug addiction—has been found by the ex-addicts of Narcotics Anonymous. Here's how they help users out of their horrible habit—as in the cases of the mining engineer, the hot musician, the minister and the movie actor.

TOM, a young musician just out of a job on a big-name dance band, was pouring out the story of his heroin addiction to a small gathering in a New York City Y.M.C.A. He told how he started three years ago, "fooling around for thrills, never dreaming to get a habit." His band went on the road. One night in Philadelphia he ran out of his drug and became so shaky he couldn't play. It was the first the band management knew of his habit. He was promptly sent home.

"Music business is getting tough with junkies," Tom said.

His audience was sympathetic. It was composed of former drug addicts who had found freedom from addiction. They met twice weekly to make this freedom secure, and worked to help other addicts achieve it. The New York group, founded in 1950 and called Narcotics Anonymous, is one of several which have been piling up evidence that the methods of Alcoholics Anonymous can help release people from other drugs than alcohol—drugs such as opium, heroin, morphine and the barbiturates.

The groups enter a field where patients are many and cures few. The population addicted to opiates has been placed by competent but incompatible authorities at 60,000 and at 180,000. The Federal Bureau of Narcotics estimates that the traffic in illegal opium derivatives grosses \$275,000,000 a year. About 1000 people a month are arrested for violations of Federal, state or local laws regulating the opiates. Addiction to the barbiturates, it is believed, involves more people. There are some 1500 known compounds of barbituric acid, some of them having

pharmaceutical names and others street names such as yellow jacket, red devil and goofball.

Addicts work up to doses sufficient to kill a non-addicted person or an addict with a lesser tolerance. In New York recently, three young addicts met and took equal portions of heroin. Two felt no unusual reaction; the third went into convulsions and in a few hours was dead. Many barbiturate users daily consume quantities which would be lethal to a normal person. Others have demonstrated an ability to use barbiturates for years, under medical supervision, without raising their consumption to dangerous levels.

The drug addict, like the alcoholic, has long been an enigma to those who want to help him. Real contact is most likely to be made, on a principle demonstrated with phenomenal success by Alcoholics Anonymous, by another addict. Does the prospect, writhing with shame, confess to pilfering from his wife's purse to buy drugs? His sponsor once took his children's lunch money. Did he steal the black bag of a loyal family doctor? As a ruse to flimflam druggists, his new friend once impersonated a doctor for several months. The N.A. member first shares his shame with the newcomer. Then he shares his hope and finally, sometimes, his recovery.

To date, the A.A. type of group therapy has been an effective ingredient of "cures"—the word as used here means no drugs for a year or more and an intent of permanent abstinence—in at least 200 cases. Some of these, including Dan, the founder of the New York group, had been pronounced medically hopeless. The "Narco" Group in the United States Public Health

Service Hospital at Lexington, Kentucky, has a transient membership of about eighty men and women patients. The group mails a monthly newswomen letter, *The Key*, free to those who want it, currently a list of 500 names. Many of these are interested but nonaddicted friends. Most are "mail-order members" of the group—addicts who have left the hospital and been without drugs for periods ranging from a few weeks to several years. The H.F.D. (Habit-Forming Drug) Group is a loosely affiliated fellowship of California ex-addicts who keep "clean"—the addicts term for a state of abstinence—by attending Alcoholics Anonymous meetings with volunteer A.A. sponsors. The Federal prison at Lorton, Virginia, has a prisoner group which attracts thirty men to its weekly meetings. Narcotics Anonymous in New York is the sole "free world"—outside-of-institution—group which conducts its own weekly open-to-the-public meetings in the A.A. tradition.

Today's groups of former addicts mark the convergence of two historic narratives, one having to do with alcohol, the other with opium. References to the drug of the poppies go back to 4000 B.C. According to Homer, Helen of Troy used it in a beverage guaranteed to abolish care. Opium was employed to quiet noisy children as early as 1552 B.C. De Quincey and Coleridge are among the famous men to whom it brought disaster. In its dual role it appears today, through its derivatives, as the friend of man in surgery and his enemy in addiction.

The alcoholic strand of the story may be taken up in the Zurich office of the Swiss psychologist Carl Jung, one day late in 1933. At that time the eminent doctor was obliged to impart an unpleasant bit of news to one of his patients, an American businessman who had come for help with a desperate drinking problem. After months of effort and repeated relapses, the doctor admitted that his treatment had been a failure.

"Is there, then," the patient asked, "no hope?" Only if a profound religious experience were undergone, he was told. How, he wanted to know, could such an experience be had? It could not be obtained on order, the doctor said, but if one associated with religious-minded people for a while—

Narcotics Anonymous—A.A.'s Young Brother

THE American interested himself in Frank Buchman's Oxford Group, found sobriety, and told an inebriate friend of his experience. The friend sobered up and took the message to a former drinking partner, a New York stockbroker named Bill. Though he was an agnostic who had never had much use for religion, Bill sobered up. Late in 1935, while on a business trip to Akron, Ohio, he was struck by the thought that he wouldn't be able to keep his sobriety unless he passed on the message. He sought out a heavy-drinking local surgeon named Bob and told him the story to date. They sat down and formulated a program for staying sober—a program featuring twelve Suggested Steps and called Alcoholics Anonymous. Bill devoted full time to carrying the A.A. message, and the news spread. The now-famous article by Jack Alexander in *The Saturday Evening Post* of March 1, 1941, made it nationally known, and by 1944 there were A.A. groups in the major cities.

In June of that year an inebriate mining engineer whom we'll call Houston "hit bottom" with his drinking in Montgomery, Alabama, and the local A.A.'s dried him up. Houston gobbled the A.A. program and began helping other alcoholics. One of the drunks he worked with—a sales executive who can be called Harry—was involved not only with alcohol but also morphine. A.A. took care of the alcoholic factor, but left Harry's drug habit unchanged. Interested and baffled, Houston watched his new friend struggle in his strange self-constructed trap.

The opiate theme of the narrative now reappears. Harry's pattern had been to get roaring drunk, take morphine to avoid a hang-over, get drunk again and take morphine again. Thus he became "hooked"—addicted. He drove through a red light one day and was stopped by a policeman. The officer found morphine and turned him over to the Federal jurisdiction, with the result that Harry spent twenty-

seven months at Lexington, where both voluntary and involuntary patients are accommodated, as a prisoner. After his discharge he met Houston and, through A.A., found relief from the booze issue. The drug problem continued to plague him.

During this period, Houston, through one of those coincidences which A.A.'s like to attribute to a Higher Power, was transferred by his employers to Frankfort, Kentucky, just a few miles from Lexington. "Harry's troubles kept jumping through my brain," Houston says. "I was convinced that the twelve Suggested Steps would work as well for drugs as for alcohol if conscientiously applied. One day I called on Dr. V. H. Vogel, the medical officer then in charge at Lexington. I told him of our work with Harry and offered to assist in starting a group in the hospital. Doctor Vogel accepted the offer and on Feb. 16, 1947, the first meeting was held. Weekly meetings have been going on ever since."

The Phenomenon of "Physical Dependence"

SOME months later, in a strangely woven web of coincidence, Harry reappeared at "Narco" as a voluntary patient and began attending meetings. He was discharged, relapsed, and in a short time was back again. "This time," he says, "it clicked." He has now been free from both alcohol and drugs for more than five years. Twice he has returned to tell his story at meetings, in the A.A. tradition of passing on the good word.

In the fall of 1948 there arrived at Lexington an addict named Dan who had been there before. It was, in fact, his seventh trip; the doctors assumed that he'd continue his periodic visits until he died. This same Dan later founded the small but significant Narcotics Anonymous group in New York. Dan's personal history is the story of an apparently incurable addict apparently cured.

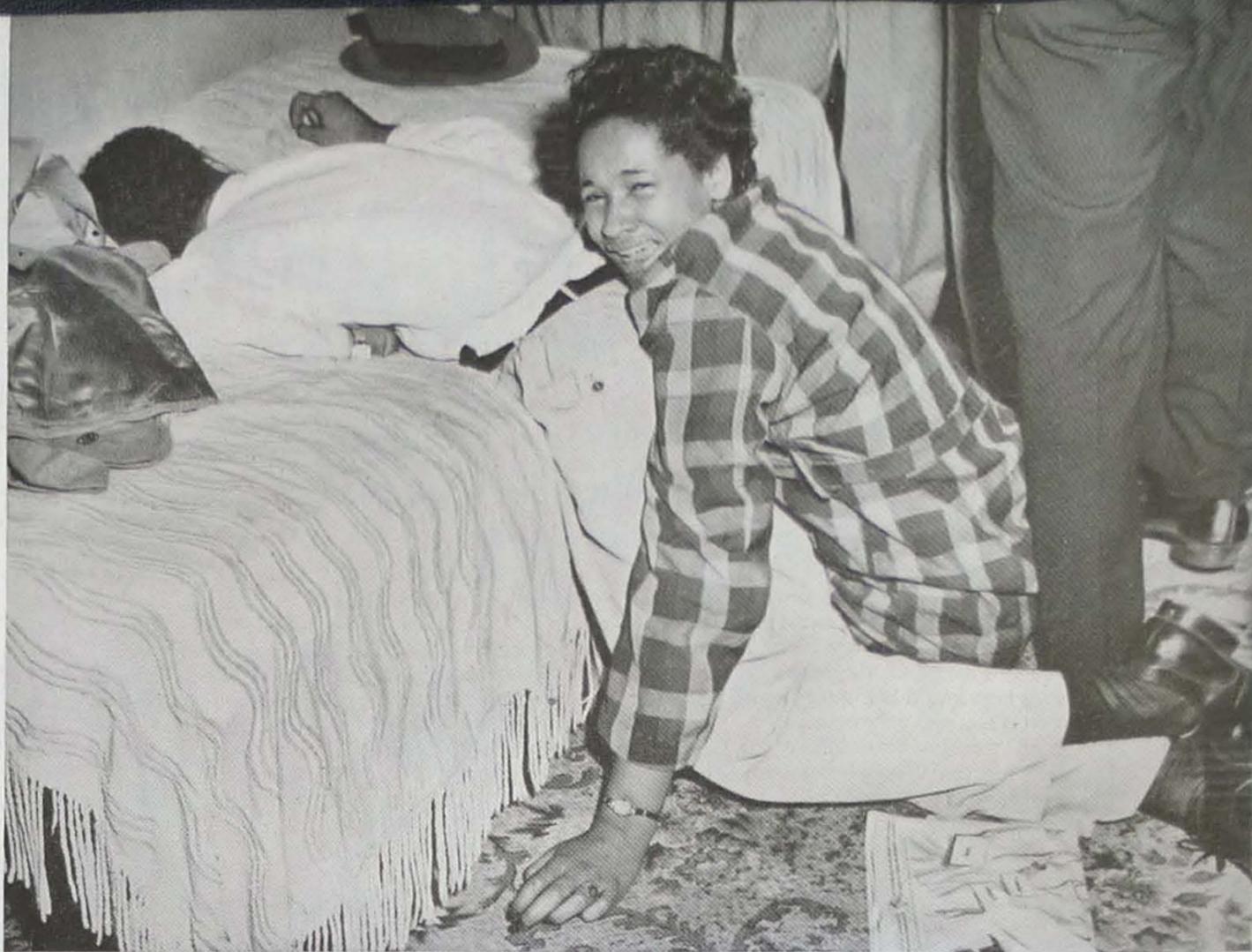
An emotionally unsettled childhood is the rule among addicts, and Dan's childhood follows the pattern. His mother died when he was three years old, his father when he was four. He was adopted by a spinster physician and spent his boyhood with his foster mother, a resident doctor in a Kansas City hospital, and with her relatives in Missouri and Illinois. When he was sixteen he developed an ear ailment and was given opiates to relieve the pain. During and after an operation to correct the condition he received frequent morphine injections. Enjoying the mood of easy, floating forgetfulness they induced, he malingered.

Living in a large hospital gave Dan opportunities to pilfer drugs, and for six months he managed to keep himself regularly supplied. An addict at the hospital had taught him to inject himself, so for a time he was able to recapture the mood at will. He was embarrassing his foster mother professionally, however, and though not yet acknowledging the fact to himself, was becoming known locally as an addict. Sources of drugs began to close up, and one day there was no morphine to be had. He went into an uncontrollable panic which grew worse each hour.

There followed muscular cramps, diarrhea, a freely running nose, tears gushing from his eyes, and two sleepless, terror-filled days and nights. It was Dan's first experience with the mysterious withdrawal sickness which is experienced sooner or later by every addict.

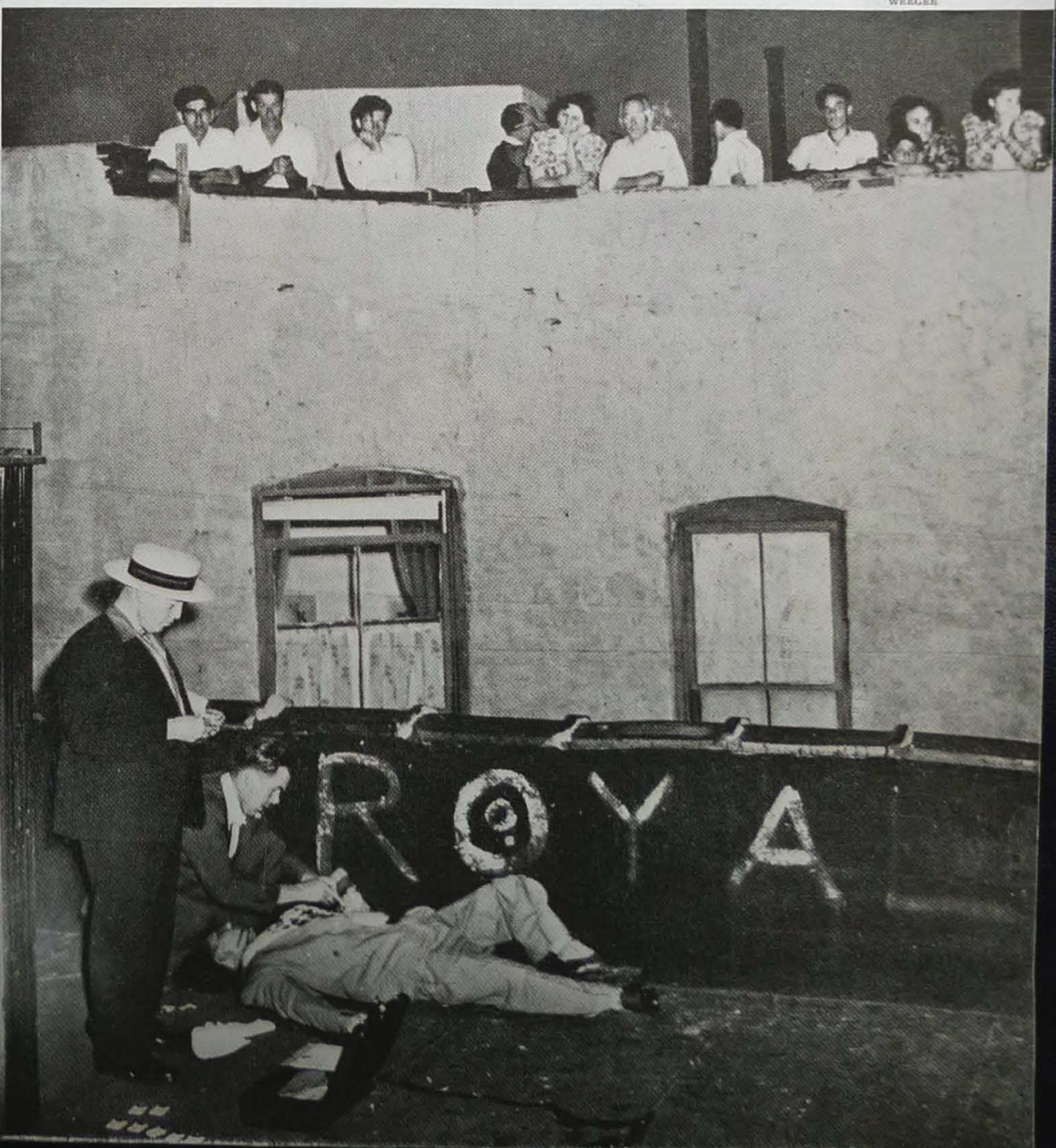
In one of the strangest phenomena known to medicine, the body adjusts to the invasion of certain drugs, altering its chemistry in a few weeks to a basis—called "physical dependence"—on which it can no longer function properly without the drug. How physical dependence differs from habit may be illustrated by imagining a habitual gum chewer deprived of gum. His unease would be due to the denial of habit. If he were denied gum and also water, on which he is physically dependent, he'd feel an increasingly painful craving called thirst. The drug addict's craving is called the "abstinence syndrome," or withdrawal sickness. In extreme cases it includes everything Dan experienced, plus hallucinations and convulsions. Withdrawal of opiates rarely causes the death of a healthy person; sudden cessation of barbiturates has been known to. The violent phase, which is

(Continued on Page 48)



A small fortune in heroin was found in the apartment of this dead man, shot when he resisted arrest by pulling a knife on an officer. About 1000 people a month are arrested on narcotics charges in the U.S.

New York detectives investigate the death of a dope pusher, believed slain for "holding out" on a narcotics syndicate. It is estimated that the nation's illegal opium traffic grosses \$275,000,000 a year.



THESE DRUG ADDICTS CURE ONE ANOTHER

(Continued from Page 23)

usually over in two or three days, may under expert care be largely avoided. Physical dependence gradually diminishes and ordinary habit, of the gum-chewing type, asserts itself.

This is the interval of greatest vulnerability, N.A. members say, to the addict's inevitable good resolutions.

He has formed the habit of using his drug when he feels low. If he breaks off medical supervision before he's physically and mentally back to par, the temptation to relapse may be overwhelming. It is in this period, Dan says, that the addict most needs the kind of understanding he finds in N.A. If he yields to the call of habit, physical dependence is quickly re-established and his body calls for ever greater doses as the price of peace.

Dan went through the cycle dozens of times. Besides the half dozen with-

drawals at Lexington, there were several at city and state institutions, and numerous attempts at self-withdrawal. He tried sudden and complete abstinence, the "cold-turkey" method. He tried relieving the withdrawal pangs with alcohol, and found it only canceled out his ability to think, so he automatically returned to drugs. When he attempted withdrawal with barbiturates he "just about went goofy."

All this, however, was to come later; in his early twenties he had no intention of giving up the use of drugs. Hav-

ing been spotted as an addict in the Kansas City area, he sought fresh fields. He found a job as a salesman and traveled several Midwest states. The demands of his habit and his scrapes with the law made it hard to hold a job long. Drifting from one employment to another, he found himself, in the early 1930's, in Brooklyn.

His attempts at withdrawal resulted in several extended periods of abstinence, the longest of which was three years. When off drugs Dan was an able sales executive and a good provider. He married a Staten Island girl. They had a son. Dan continued to have short relapses, however. Each new one put a further strain on the family tie. For a time, to save money for drugs, he used slugs in the subway turnstiles going to and from work. He was spotted by a subway detective and spent two days in jail. A few months later he was caught passing a forged morphine prescription. As a result, he was among the first prisoner patients at the new United States Public Health Service Hospital for addicts at Lexington, when it was opened on May 28, 1935.

After a year there, he made a supreme effort to be rid of drugs for good. To keep away from the temptations offered by New York drug pushers he found a job with a large Midwest dairy. He worked hard, saved his money and sent for his family. By this time, however, it was too late; his wife refused to come, and a divorce action was begun. "Her rebuff gave me what I thought was a good excuse to go back on drugs," Dan reports. After that, his deterioration accelerated. On his seventh trip to Lexington, in 1948, he was in a profound depression.

After a month of sullen silence, he began attending the group meetings, which were a new feature at the hospital since his last trip. "I still wouldn't talk," he reports, "but I did some listening. I was impressed by what Houston had to say. Harry came back one time and told us his story. For the first time, I began to pray. I was only praying that I would die, but at least it was prayer." He did not die, nor did he recover. Within six months of his discharge he was found in possession of drugs and sent back to Lexington for a year—his eighth and, as it turned out, final trip.

"This time things were different," he says. "Everything Houston and Harry had been saying suddenly made sense. There was a lawyer from a Southern city there at the time, and a Midwestern surgeon. They were in the same mood I was—disgusted with themselves and really ready to change. The three of us used to have long talks with Houston every Saturday morning, besides the regular meetings." All three recently celebrated the fifth anniversary of their emancipation from the drug habit.

Dan, conscious of what seemed to him a miraculous change of attitude, returned to New York full of enthusiasm and hope. The twelfth of the Suggested Steps was to pass on the message to others who needed help. He proposed to form the first outside-of-institution group and call it Narcotics Anonymous—N.A. He contacted other Lexington alumni and suggested they start weekly meetings.

There were certain difficulties. Addicts are not outstandingly gregarious, and when all the excuses were in only three—a house painter named Charlie, a barber named Henry and a waiter we'll call George—were on hand for the first meeting. There was uncertainty about where this would be; nobody, it

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seemed, wanted the addicts around. Besides, missionary, or "twelfth step," work of the new group would be hampered by the law. When the A.A. member is on an errand of mercy he can, if occasion warrants, administer appropriate "medicine" to stave off shakes or delirium long enough to talk a little sense into his prospect. If the N.A. member did so, he'd risk a long term in jail. Drug peddlers were not enthusiastic about the new venture. Rumors were circulated discrediting the group.

Out of the gloom, however, came unexpected rays of friendliness and help. The Salvation Army made room for meetings at its 46th Street cafeteria. Later the McBurney Y.M.C.A., on 23rd Street, offered a meeting room. Two doctors backed their oral support by sending patients to meetings. Two other doctors agreed to serve on an advisory board.

There were slips and backslidings. Meetings were sometimes marred by obstinacy and temper. But three of the original four remained faithful and the group slowly grew. Difficult matters of policy were worked out by trial and error. Some members once thought that a satisfactory withdrawal could be made at home. Some hard nights were endured and it was concluded that the doctors were right—for a proper drug withdrawal institutional care is necessary. Addicts are not admitted to meetings while using drugs. Newcomers are advised to make their withdrawal first, then come to N. A. and learn to live successfully without drugs.

Group statisticians estimate that 5000 inquiries have been answered, constituting a heavy drain on the group's treasury. Some 600 addicts have attended one or more meetings, 90 have attained effective living without drugs. One of these is a motion-picture celebrity, now doing well on his own. One relapse after the first exposure to N.A. principles seems to have been about par, though a number have not found this necessary. "A key fact of which few addicts are aware," Dan says, "is that once he's been addicted, a person can never again take even one dose of any habit-forming drug, including alcohol and the barbiturates, without running into trouble."

The weekly "open"—to the public—meetings are attended by ten to thirty persons—addicts, their friends and families and concerned outsiders. The room is small and, on Friday evenings when more than twenty-five turn up, crowded.

There is an interval of chitchat and visiting, and then, about nine o'clock, the secretary, a Brooklyn housewife, mother and department-store cashier, opens the meeting. In this ceremony all repeat the well-known prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." The secretary then introduces a leader—a member who presents the speakers and renders interlocutor's comments from his own experience with a drugless life. The speakers—traditionally two in an evening—describe their adventures with drugs and with N.A. In two months of meetings I heard a score of these case histories. I also charted the progress of a newcomer, the young musician named Tom, whose first N.A. meeting coincided with my own first reportorial visit.

Within the undeviating certainties of addiction, individual histories reveal a wide assortment of personal variations. Harold, an optometrist, is a "medical" addict; he got his habit from the prescription pad of a doctor who was treating him for osteomyelitis. An outspoken advocate of psychotherapy for all, Harold absorbs a certain amount of ribbing as the group's "psychiatry salesman." Florence, the housewife-cashier-secretary, recently celebrated her first anniversary of freedom from morphine, which she first received twenty-five years ago in a prescription for the relief of menstrual cramps. Carl, an electrician, became interested in the effects of opium smoke thirty years ago, and reached a point where he could not function without his daily pipe. He eventually switched to heroin and his troubles multiplied.

Manny, an executive in a high-pressure advertising agency, and Marian, a registered nurse with heavy administrative responsibilities, began using morphine to relieve fatigue. Don, Marian's husband, regards alcohol as his main addictive drug, but had a bad brush with self-prescribed barbiturates before he came to A.A. and then, with Marian, to N.A. Pat, another young advertising man, nearly died of poisoning from the barbiturates to which he had become heavily addicted. Harold and Carl have now been four years without drugs; Manny, three; Marian, Don and Pat, one.

Perhaps a third of the membership are graduates of the teen-age heroin fad which swept our larger cities a few years ago, and which still enjoys as much of a vogue as dope peddlers can

promote among the present teen-age population. Rita, an attractive daughter of Spanish-American Harlem, was one of the group's first members. Along with a number of her classmates, she began by smoking marijuana cigarettes—a typical introduction to drugs—then took heroin "for thrills." She used the drug four years, became desperately ill, went to Lexington and has now been free of the habit four years. Fred, a war hero, became a heroin addict because he wanted friends. In the teen-age gang to which he aspired, being hooked was a badge of distinction. He sought out the pusher who frequented the vicinity of his high school and got hooked. There followed seven miserable and dangerous years, two of them in combat and one in a veteran's hospital. In December of 1953 he came to N.A. and, he says, "really found friends."

Lawrence's story is the happiest of all. He came to N.A. early in his first addiction, just out of high school, just married, thoroughly alarmed at discovering he was addicted, and desperately seeking a way out. N.A. friends recommended that he get "blue-grassed," an arrangement by which a patient may commit himself under a local statute to remain at Lexington 135 days for what the doctors consider a really adequate treatment. He attended meetings in the hospital and more meetings when he got home. Now happy and grateful, he thanks N.A. His boss recently presented him with a promotion; his wife recently presented him with a son.

Besides the Friday open meeting there is a Tuesday closed meeting at the Y for addicts only. As a special dispensation I was permitted to attend a closed meeting, the purpose of which is to discuss the daily application of the twelve steps.

The step under discussion the night I was there was No. 4: "Make a searching and fearless moral inventory of ourselves." The point was raised as to whether this step might degenerate into self-recrimination and do more harm than good. Old-timers asserted that this was not its proper application. A life of drug addiction, they said, often built up an abnormal load of guilt and fear, which could become so oppressive as to threaten a relapse unless dealt with. When the addict used Step 4 honestly to face up to his past, guilt and fear diminished and he could make constructive plans for his future.

The Narco meetings at Lexington have borne other fruit. There was Charlie, the young GI from Washington, D.C., who once looted first-aid kits in the gun tubs of a Navy transport en route to the Philippines and took his first morphine out of sheer curiosity. After his Army discharge his curiosity led him to heroin and several bad years; then to Lexington, where the Narco Group struck a spark. He heard about Dan's work, went to New York to see him, and on his return to Washington looked around to see what he could do. He discovered that there was a concentration of addicts in the Federal penitentiary at Lorton, Virginia. Working with Alcoholics Anonymous, which already had meetings in the prison, he obtained permission to start a group like the one at Lexington. Now a year old, these meetings, called the Notrol Group—Lorton backward— attract the regular attendance of about thirty addicts. Washington has no free-world group, but Charlie helps a lot of addicts on an individual basis, steering them to A.A. meetings for doctrine.

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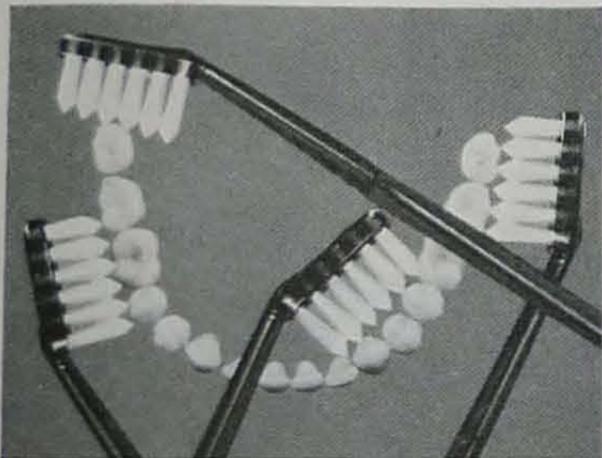
"... Good-by, Gloria. . . . So long, Shirley . . . Barbara . . . Loraine . . ."

THE SATURDAY EVENING POST



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(Continued from Page 49)

Friendliness of ex-drug addicts with former devotees of alcohol sometimes occurs, though Bill, the same who figured so prominently in A.A.'s founding, says a fraternal attitude cannot be depended upon. The average A.A., he says, would merely look blank if asked about drug addiction, and rightly reply that this specialty is outside his understanding. There are, however, a few A.A.'s who have been addicted both to alcohol and to drugs, and these sometimes function as "bridge members."

"If the addict substitutes the word 'drugs' whenever he hears 'alcohol' in the A.A. program, he'll be helped," Houston says. Many ex-addicts, in the larger population centers where meetings run to attendances of hundreds, attend A.A. meetings. The H.F.D. (Habit-Forming Drug) Group, which is activated by an energetic ex-addict and ex-alcoholic of the Los Angeles area named Betty, has dozens of members, but no meetings of its own. Individual ex-addicts who are "making it" the A.A. way include a minister in a Southeastern state, a politician in the deep South, a motion-picture mogul in California and an eminent surgeon of an Eastern city. The roll call of ex-addict groups is small. There is the parent

Narco Group, Addicts Anonymous, P. O. Box 2000, Lexington, Ky.; Narcotics Anonymous, P. O. Box 3, Village Station, New York 14, N.Y.; Notrol Group, % U. S. Penitentiary, Lorton, Va.; H.F.D. Group, % Secretary, Bay Area Rehabilitation Center, 1458 26th St., Santa Monica, Calif.

A frequent and relevant question asked by the casually interested is, "But I thought habit-forming drugs were illegal—where do they get the stuff?" The answer involves an interesting bit of history explaining how opiates came to be illegal. In the early 1800's doctors used them freely to treat the innumerable ills then lumped under the heading, "nervousness." Hypodermic injection of morphine was introduced in 1856. By 1880, opium and morphine preparations were common drugstore items. An 1882 survey estimated that 1 per cent of the population was addicted, and the public became alarmed. A wave of legislation swept the country, beginning in 1885 with an Ohio statute and culminating in the Federal Harrison Narcotic Law of 1914. Immediately after the passage of this prohibitory law, prices of opium, morphine and heroin soared. A fantastically profitable black market developed. Today, \$3000 worth of

heroin purchased abroad brings \$300,000 when finally cut, packaged and sold in America.

Among the judges, social workers and doctors with whom I talked there is a growing feeling that the Harrison Act needs to be re-examined. Dr. Hubert S. Howe, a former Columbia professor of neurology and authority on narcotics, says the statute, like the Volstead Act, "removed the traffic in narcotic drugs from lawful hands and gave it to criminals." In an address before the New York State Medical Society he asserted that the financial props could be knocked from the illegal industry by minor revisions of present laws and rulings, with no risk of addiction becoming more widespread. Doctor Howe proposes a system of regulation similar to that of the United Kingdom, which reports only 364 addicts.

Meanwhile the lot of those who become involved with what our British cousins rightly call "dangerous drugs" is grim. It is just slightly less grim than it might have been five years ago. Since then a few addicts have found a way back from the nightmare alleys of addiction to a normal life which may seem humdrum enough at times, but which when lost, then regained, is found to be a glory.