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the
Narcotic
Addict

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UNDERSTANDING AND HELPING THE NARCOTIC ADDICT

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To

Don and Rose Marie Benton,
"who took the strangers in."

OTHER GROUPS HELPING *The ADDICT*

The two Federal hospitals treat only a proportion of the addicts in the United States. Many are sent to state or Federal correctional institutions. Some of those incarcerated are given educational, vocational, and other rehabilitation services. If the released offender is on parole, he is supervised for a time after his release from the institution.

Some addicts are cared for by nongovernmental agencies and groups. The programs of these groups vary according to their own orientation and understanding of the problem of addiction. This chapter briefly describes some of these groups and their programs.

Narcotics Anonymous

Narcotics Anonymous was organized in 1948. It was patterned after Alcoholics Anonymous. By substituting the term *narcotics* for *alcohol*, Narcotics Anonymous has been able to utilize the Alcoholics Anonymous theory of rehabilitation.

Members meet in groups to discuss their problems with drugs and to apply the principles of Alcoholics Anonymous (Narcotics Anonymous) to their lives. However, Narcotics Anonymous has not met with the same degree of success as has Alcoholics Anonymous. Outside the correctional institutions only a few Narcotics Anonymous Clubs have been functioning for a considerable period of time. Many reasons are given for their lack of success. Some reasons are:

1. Addicts themselves say that discussing drugs in all-addict groups is in itself a hazard for the addict. Many relate incidents of meeting in just such groups—and after talking about drugs for some time the whole group went out and fixed.

2. Sometimes pushers go to addict meetings. They may start out by saying that they want to quit using drugs themselves, but after the discussion gets started, they begin to talk about how good it would be to have a fix. Other addicts report of pushers waiting outside the door of a meeting to taunt and tease the groups as they leave the meeting and tell them that they will be waiting for them when they need a fix.
3. Sometimes members of the narcotic squad attend Narcotics Anonymous meetings. This inhibits addicts from talking about themselves. One of the objectives of the Alcoholics Anonymous Program is to get the alcoholic up before the group as soon as he is able to stand and encourage him to tell all about his problem with alcohol. If the addict gets up and tells all about his problem with drugs, and is heard by a policeman, he may run the risk of being arrested. The reader will want to remember that the alcoholic can tell all about going down to the corner package store and purchasing liquor, sharing it with anyone, and drinking it himself until he went into a stupor. So long as he had money to pay for the liquor and did not steal it or create a disturbance while drinking it, nothing is said as far as the law is concerned. The addict, however, cannot tell of his going out to buy drugs. If he does, he is confessing to a crime (possession of illegal drugs is both a state and Federal offense). He also implicates the seller (state and Federal offense for selling illegal drugs).
4. Some addicts say that, as a general rule, addicts are so dependent that they are unable to provide the strength essential to maintaining a group. The addict seems to run from stress and tension and is unable to tolerate conflict that arises in groups. After a confrontation in a group meeting the addict will miss a meeting or two, then begin to rationalize (at which he is very adept). Before he knows it, he is using drugs again and feels too ashamed to return to the group.

Considering the length of time Narcotics Anonymous has been in existence and the fact that there are so few active Narcotics Anonymous groups, it is obvious that Narcotics Anonymous has not met with the great success in rehabilitating the narcotic addict that the parent group, Alcoholics Anonymous, has enjoyed in rehabilitating the alcoholic. In my opinion, this lack of success is not a reflection upon the principles or the philosophy of Narcotics Anonymous. Rather, it is due to the differences in the personalities of the addict and alcoholic.

Narcotics Anonymous can probably be of significant value if there

are a few reasonably strong persons in the group who can set structures and limitations for the others. These leaders must be free from drugs. They must be strongly motivated to remain free of drugs. They must be able to confront others in the group and challenge them to a life without narcotic drugs. If an addict will give himself over to the program of Narcotics Anonymous and accept and practice the "Twelve Steps," the program will work and the addict will find a way of life free of narcotic drugs.

One of the most significant facets of the Narcotics Anonymous program is its companion group, Nar-anon. This group is made up of the wife or husband, parents or children of addicts. The purpose of their meeting is to learn about the problems of addiction and how they can more effectively live with and be helpful to the addict.

I have had several conversations with Nar-anons. All have been very enthusiastic about their program as well as that of Narcotics Anonymous. The parents of a young addict once said, "It's the greatest thing that ever happened to us. We are actually learning about ourselves in Nar-anon. Now that we are beginning to understand ourselves, we are beginning to understand our son. We have noticed that his relationship with us is changing. He is sharing more with us. We are aware that it is just not him that is changing. We are changing too, and we like it."

Alcoholics Anonymous

Because there are so few Narcotics Anonymous groups outside institutions, some addicts have attended Alcoholics Anonymous meetings. It has been my experience that most Alcoholics Anonymous groups welcome the opportunity to help the addict. They consider the addict to be just another powerless, enslaved person. They believe that the only difference between the alcoholic and the addict is in the masters they serve. And, they want to give the addict every opportunity to accept the philosophy of Alcoholics Anonymous, and to begin to practice it with them.

There is so much in print about Alcoholics Anonymous that I shall not elaborate on its history or its principles. For the pastor who wants to learn more about Alcoholics Anonymous, I would recommend the

book *Alcoholics Anonymous*.¹ The pastor wanting to understand the alcoholic and his problems better will find *Helping the Alcoholic and His Family*² a most helpful resource.

Many alcoholics have some understanding of the problems of the narcotic addict. In nearly every Alcoholics Anonymous meeting I have attended there have been persons who reported use of barbiturates or amphetamine tablets in addition to their use of alcohol. They may have used the tablets to overcome an alcoholic hangover. Others used tablets when alcohol was not available. Some stated they quit drinking alcohol and began using tablets only. Many said they were at first very pleased with themselves to be able to stop using alcohol. They became concerned again, however, when they discovered that they had only traded one master for another. Persons with such experiences have some understanding of the addict and his problem and can be of great assistance to him.

I would recommend that the pastor not refer an addict to an Alcoholics Anonymous group until the addict has been withdrawn from drugs in a hospital. In the first place, the addict usually needs an enforced drug-free environment in order to stop using. As long as drugs are available, it is most difficult for him to stop. Second, when the addict is fixed (in limited amounts) he looks and acts normal. Unlike the alcoholic, it is difficult to determine that the addict is using drugs. While he is under the influence of a drug, he is not helped by Alcoholics Anonymous or anybody else.

The following story was told to me: An addict had attended a small Alcoholics Anonymous club for more than two months. The group met several times a week in a very informal setting. The addict was an active participant in the group. He discussed his problems with drugs. He claimed to know his personality defects and boasted of having conquered the narcotic habit. He became so confident that the group began to suspect something was amiss. They challenged his claim of abstinence. He denied using anything. They continued to pressure him. Finally, he admitted using narcotics daily. He was told that the group couldn't be of any help to him unless he stopped using. He stopped attending the group.

¹ *Alcoholics Anonymous* (New York: Alcoholics Anonymous Inc., 1949).

² Thomas Shipp, *Helping the Alcoholic and His Family* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1963).

Addicts discharged from a hospital or institution will find the door open at Alcoholics Anonymous. I have heard many addicts make excuses for not attending Alcoholics Anonymous. Some claimed they were not welcomed and that alcoholics look down on addicts. In both instances I would think the opposite to be true. Most addicts don't want to face their problems, and they find excuses to keep away from a place where they might have to do so. In Alcoholics Anonymous the addict will have to deal with himself. He may have to admit to himself and others that the image he has maintained is false. He may have to admit his dependency and need for support from something outside himself. He will be expected to become involved in assisting others with their problems.

Many addicts who have been free of narcotic drugs for five to seven years have told me that they owe their narcotic-free life to Alcoholics Anonymous.

Teen Challenge

Teen Challenge is the result of the driving conviction of David Wilkerson who says, "It is impossible to cure a drug addict without God."³ I am inclined to think that most of the people in the helping professions believe they are something like assistants in the Divine Process of healing, although they might not so state publicly. But David Wilkerson makes no apology that his efforts are underwritten by God. Nor is he eager to accept an addict into his program unless the person realizes he has a personal need for God to make a change in his life. Mr. Wilkerson states, "Those who are not willing to accept Him [God] cannot be kept. Those who refuse God's power and the simple Bible way of salvation soon land in jail. When they are desperate enough they will call on God."⁴

Teen Challenge got its start in 1958 when Mr. Wilkerson went to New York City in an attempt to help seven boys who had been indicted for murder. He had been reading *LIFE* magazine, which carried the Michael Farmer story. David said, "I was dumbfounded by a thought that sprang suddenly into my head—full-

³ David Wilkerson, "Positive Cure for Drug Addiction" (New York: Teen Challenge, 1963), p. 18.

⁴ David Wilkerson, "Teen Challenge Marches On," *The Pentecostal Evangel*, No. 2590, Dec. 29, 1963, p. 10.

blown—as though it had come into me from somewhere else. Go to New York City and help those boys."⁵

David went to New York City but was of little assistance to the seven. What he eventually accomplished was perhaps even greater than success in manipulating the course of events for the seven would have been. He was able to gain rapport with many of the teenage gangs that roamed the streets. He preached to them on street corners, in vacant lots, ball parks, any place he could get them together. He became acutely aware of the needs of the rootless teenagers, who form groups for identity, false security, and status and get into mischief beyond their years. This young preacher, raised by a Fundamentalist family, was quickly oriented to life on the streets of Brooklyn. He saw the drinking, fighting, promiscuity, and drug addiction. He saw teen-agers in their quest for pleasure, as well as their search for some meaning in a seemingly hopeless situation, turn to narcotic drugs for solace. He also learned that while these youngsters were addicted to drugs they were not readily available to the message of new life and hope he preached. He made a special effort, therefore, to reach this group.

Although Mr. Wilkerson's attempts to help the seven boys was unsuccessful the publicity he received because of his efforts was a factor in helping him to reach other youngsters. A few of the gangs approached him and wanted to know about his interest in the seven boys. Some accepted his reasons, but others rejected them, thinking he was working an angle. When he began to talk about religion, many who first listened turned away because they were not interested. He began to realize that if he was to make any headway, he must reach the gang leaders. This was to be no simple task. The gang leaders, as a rule, resisted his challenge. Gang leaders had to be tough. They considered any show of religious interest to be a sign of weakness. Most of them ignored Mr. Wilkerson.

He kept working, and eventually some youngsters responded. Some were helped and returned to the streets to tell the others what had happened to them. Some of these reformed addicts were able to convince other addicts with whom Mr. Wilkerson had been unsuccessful, and through their success, his program got under way.

By means of gifts from individuals and churches, Mr. Wilkerson

⁵ David Wilkerson, *The Cross and the Switch Blade* (New York: Bernard Geis Associates, 1963), p. 4.

was able to purchase a house on Clinton Avenue in Brooklyn. This house became the headquarters from which he launched his program to help the addict.

The addicts who responded to Mr. Wilkerson's preaching, plus other addicts attracted by "street services," were brought to the house on Clinton Avenue. Many were addicted at the time, and they soon began to have symptoms of withdrawal. Some were not able to stay and had to leave. Mr. Wilkerson and his staff did whatever they could for the withdrawing addict. Treatment usually consisted of reading Scripture to him, singing hymns, praying for him, and encouraging the addict to pray for himself. They tried to stay with the addict at all times. During the early days of the program, when it was impossible for someone to be with every addict experiencing withdrawal, they would put a tape recorder beside his bed, to play Scripture and hymns.

As the addict began to overcome the withdrawal symptoms, the workers began to stress his need to confess his sin to God, so that God could forgive him and start him upon a new life. Many did not understand what the workers were talking about, but some responded and obeyed the instructions, and their attitude began to change.

As youngsters began to change as a result of the efforts of Mr. Wilkerson and his workers, the community began to take notice. Law enforcement agencies and probation officers began to make referrals.

As the number of referrals increased, Mr. Wilkerson became aware of the need for a more extensive program. He began to look for a place, outside of New York City, to which he could send addicts for further rehabilitation. Again with gifts from interested persons and churches, Mr. Wilkerson opened the second unit of Teen Challenge on a farm at Rehersburg, Pennsylvania. Aware that many teen-agers had never been off the city streets in their life, Mr. Wilkerson believed the farm would be a rich experience for them. In a recent interview, teen-age addicts living on the farms commented: "Sure beats the Harlem streets," "This is the best place for us; we are serving the Lord here," "I know the Lord is watching over me here, but I wasn't sure when I was in the city. It's rough here, but I made it."⁶

⁶ *The New York Times*, February 16, 1964.

Addicts now are admitted to Teen Challenge upon referral of hospitals, clinics, physicians, ministers, and law enforcement or probation officers. Before an addict can be admitted, he must present a health certificate indicating his physical fitness. No person with venereal disease is admitted.

Once admitted, the addict is withdrawn without medication, because Teen Challenge believes experiencing the sickness of withdrawal will be a deterrent to future use of drugs. The addict is asked to promise that he will stay with Teen Challenge six months. No smoking is allowed. Teen Challenge believes if a person cannot overcome a small habit such as using tobacco, he cannot overcome a strong drug like heroin.

Addicts generally stay about two weeks at the center and then are taken to the farm at Rehersburg. There, a staff of ministers and reformed addicts conduct classes in Bible, language, agriculture, woodwork, music, and other subjects. After six to eight months, some are sent to Bible schools or colleges for further study. Others are returned to the city to obtain jobs. Some continue in the organization and assume staff positions.

Those who return to the city to work are assisted by job-placement agencies. All are referred to local churches to continue in their spiritual growth.

The results of Teen Challenge seem encouraging. Mr. Wilkerson reports that hundreds of addicts have been rehabilitated. Criteria for rehabilitation were not revealed to me. Mr. Wilkerson reports that many of his staff members are converted addicts. Several have been working closely with him for over two years. According to Mr. Wilkerson, Teen Challenge keeps a close check on all persons who have been through the program.

Several features of the Teen Challenge program have special significance for helping the addict:

1. Every applicant is interviewed by a committee of ministers and rehabilitated addicts to determine his desire to stop using drugs. In a conversation with me, Mr. Wilkerson said that only one out of ten is accepted. Those accepted must state a belief that God can and will cure their addiction. The applicant must be willing to stay six months and to give up smoking.

2. The entire staff is of one mind in its approach to the addict as well as its goals for him. Its members have all had similar religious

experiences, and their aim is that the addict have such an experience. They believe that as the addict has the religious experience his life will so change that he will no longer need drugs. Mr. Wilkerson calls the experience, "The Baptism of the Holy Spirit." He explains the phenomenon in his book and gives many examples of its effectiveness.⁷

3. When the addict is discharged from Teen Challenge he is placed in a church situation where he finds acceptance and encouragement. His past record of addiction is not a factor in his relationship with the congregation. Because of the spiritual experience, the church group believes the individual is a new creature. His old habits no longer bind him, and the congregation accepts him on the basis of his changes.

During 1963 the program has greatly expanded. Centers have been opened in five cities in this country; another is in Toronto, Canada.

Synanon

The thrust behind the Synanon Movement is its founder, Charles Dederich, who says of himself, "I wanted to be a big man. I wanted to make history, I always wanted to build a better mousetrap."⁸

Though not in the mousetrap business, Mr. Dederich has worked intensely in helping drug addicts. The Synanon Program, only six years old, boasts of more than three hundred clean addicts, living in Synanon Centers in four cities. I do not know the proportion of addict dropout after entering the program.

According to Mr. Dederich, the intention of the program is to "Bring about moral regeneration through the process of education. It is not that we teach anything, but the people in the program learn something. All we try to do is provide a situation in which people can learn to live."⁹

Synanon began to develop in 1958, when several addicts started visiting Mr. Dederich for companionship. An ex-alcoholic, he was

⁷ Wilkerson, *The Cross and the Switch Blade*.

⁸ Daniel Casriel, *So Fair a House: The Story of Synanon* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1963), p. 25.

⁹ Robert Zimmerman, "Synanon, State Seek Same Goals," *The San Diego Union*, January 9, 1964, p. 24.

very active in Alcoholics Anonymous as a speaker and also a "Twelve Step Worker" (one who makes a personal visit on alcoholics who are attempting to stop drinking). Having experienced several financial setbacks, Mr. Dederich had used the last of his funds to rent an apartment. As the number of visitors to his apartment grew, the discussions became louder and the record-playing sessions noisier. Finally, the landlord requested Mr. Dederich to move.

The evicted group pooled their financial resources and rented a store-front building in the amusement park area of Santa Monica, California. This building served as a clubhouse for alcoholics and addicts who wanted fellowship. It also became a dwelling, as people moved in with their few possessions. This usually amounted to the clothing they had on at the time. Since they had no money nor any other place to go, they reasoned they might as well stay with "Chuck" until something better came along.

The major problem of this group was staying alive—with very little money and no means of support it had a difficult time. Yet in spite of the hardship, a community began to develop.

Perhaps the most significant activity was the group sessions held several times a week. In these sessions, everyone was encouraged to express his true feelings. Anything short of violence was permitted. These sessions developed through a process of experimentation. First, "nondirective" meetings were tried, in which participants talked about anything they wanted to. There was no formally designated leadership in the group. This method was found to be unsatisfactory, and the responsibility for leadership was assigned to various group members. The leader would make a formal presentation on some worthwhile subject, then the others would enter the discussion. Finally, Mr. Dederich discovered the most satisfactory meetings were those in which he assumed rigid control over the group. Dederich is a genial, domineering person; when he speaks, the others take notice. He not only raises questions with the members in the group, but he gives directions that he expects them to follow. He said of this procedure, "By the end of July, 1958, I knew I had something that would work with addicts. I knew it."¹⁰

Dederich discovered that the addict needs a firm but understand-

¹⁰ Casriel, *op. cit.*, p. 25.

ing authority figure to set limits for him and hold him within those limits. Said Dederich, "Psychologically, I knew the addict was emotionally immature, a child. I assumed they were like children and treated them as such."¹¹

According to Dederich, the first few months were touch and go. He was responsible for the physical well-being of all who lived at the club. In addition to the financial problem, a break developed between the alcoholics and the addicts. Dederich sided with the addicts. He said of the situation, "The alcoholics were self-centered and not thinking of the group as a whole. They'd put ten cents on the mantel, then consume gallons of coffee. Also, they were too preoccupied with salvation, spiritualism and God. I was trying to run Synanon as a social scientist and psychiatrist would. I didn't like the religious overtones. I felt that Synanon didn't need serenity; we had too much work to do. So I told the alcoholics to get lost."¹² Most of the alcoholics did leave. A few remained in the revised program. Some are still living in Synanon at the present time. The major emphasis shifted to the addict.

Initially, very little control was exerted over the addicts who came to Synanon. They could go when and where they pleased. On occasion, four or five would leave together and, before they returned to Synanon, they would get fixed. During those early days, according to Dederich, no one in the group remained drug-free for more than two or three weeks at a time. He learned that, as a rule, addicts do not possess sufficient strength or motivation to abstain from occasional use. He had to make sure Synanon was drug-free. Addicts were no longer permitted to leave the house until they had been in the program for several months, and then only with Dederich's permission and in the company of some senior member of the group. Anyone who was suspected of a violation was quizzed at a meeting when all Synanon members were present. The humiliation of such an experience helped to prevent the situation from recurring.

Dederich developed the following working premises about addicts:

1. Addicted people should not be blamed for their predicament.
2. They can be praised or punished, but not with hostility.

¹¹ *Ibid.*, p. 24.

¹² *Ibid.*, p. 27.

3. The addict is like a child and is unable to handle a job or money.
4. They have to be inspired in love and loyalty because they have neither.
5. They have no conscience, no morality—no sense of moral responsibility, and therefore no blame. They should not be attacked.

The number of addicts who came to Synanon increased.

In August, 1959, Synanon moved into an old National Guard armory on the beach in Santa Monica. Most of the rent for the first month was paid by an actor's guild that had an interest in the Synanon Movement. The community of Santa Monica did not readily accept the addict rehabilitation center and made several unsuccessful attempts either to close Synanon or to have it moved elsewhere.

In addition to the Santa Monica unit, Synanon operates centers in New Haven, Connecticut; San Diego, California, and the Nevada State Prison. The last was started after the warden heard of the program in Santa Monica and thought it might work in the prison setting. After consulting with Charles Dederich, the warden turned an entire cellblock over to the Synanon group.

After visiting the Santa Monica unit of Synanon and discussing the program with Charles Dederich, it seems to me that its effectiveness is the result of six features:

1. *The intake.* Everyone who applies for admission is screened very carefully. Screening is done by several of the older members. The purpose of the screening is to determine motivation of the applicant. Synanon does not want everyone who wants to come in. Synanon has learned from experience that only those who have a strong determination to rehabilitate themselves will do so. Others will leave at the first conflict. Synanon believes it is better for the program to weed out these persons at the beginning. Another factor bearing upon the intake is the financial stress each person places upon the program. They cannot afford to waste money on people who are not going to stay.

Synanon does not take an addict if he is there because someone told him to go. I have heard of several instances in which people sent addicts to Synanon—only to be refused. Dederich said to me, "We don't want to make it look like we are inviting the person in. We

don't care whether he gets in or not. If he wants to get in, he's practically got to break the door down." Each person admitted is usually charged. Some who have no money are admitted without charge. Others who have reserves of money are expected to pay according to what the committee feels would determine the applicant's motivation. A Scripture reference that Dederich might accept as being applicable to this situation is Matt. 6:21, "For where your treasure is, there will your heart be also."

2. *Withdrawal at Synanon.* Addicts are withdrawn without benefit of any medication. Synanon believes the addict's decision to stop using and to face the experience of withdrawal is an important step in his rehabilitation. They feel if he cannot face the sickness and frustration encountered during withdrawal, he will probably not be able to stand more intense frustrations later on. Second, according to Dederich, many of the addicts who come to Synanon are not addicted at the time. He says of many who are addicted upon arrival that their addiction is more psychological than physical.

During the time of my visit to Synanon, several persons were reportedly being withdrawn in the living-room unit of the armory. It was like a party. Twenty or thirty people were moving about the room. Some were singing; others were reading poetry aloud. Several little groups were talking and laughing. Nearly everyone was drinking coffee and smoking cigarettes. Sometimes persons become sick and have to be put to bed, but generally they are kept out in the living room, where life is going on. Synanon believes that friendly conversation, the music, plus the activity of the group, help to keep down the anxiety the addict experiences as his body adjusts to functioning without drugs.

3. *Work program.* As soon as the addict is physically able he is given an assignment. The addict's first job is usually one of the less desirable chores, such as scrubbing the floors or cleaning the rest rooms. Since there is no paid staff, members have to do all the work, with the most humbling jobs being given to the newcomers. The lowly assignments supposedly have therapeutic value. Dederich said, "We put them in their place and tell them if they ever want to get anywhere it will be up to them. . . ." New members are watched very closely to see that they do their assignment right. They are not

permitted to "goof off." If they do not take their jobs seriously they will be reprimanded and will not be promoted to better jobs.

In time, provided he has handled his job responsibly, the initiate may be assigned other duties. As mentioned earlier, everything is done by the members themselves, from cleaning to cooking to caring for the clothing. Quoting Dederich again, "It's a hell of a job to keep this community going. We have to do everything ourselves. If anybody lets down, somebody else has to do the added work—we just can't have that."¹⁸

4. *The sessions.* The group sessions are perhaps one of the cornerstones of the program. Originally called seminars, the name was changed when a member who was unable to say the word seminar used the word "synanon." The word made a hit with the group, hence the name of the program. In these sessions, members air their views about themselves, others in Synanon, or other important people in their lives. Complete honesty is encouraged. Members thus not only gain insight into themselves; they really see others in the group. In addition to the regularly scheduled sessions, any member can request a session if he has something he wants to talk out, or if he wants to confront someone in the group.

5. *Esprit de corps.* I was deeply impressed with the attitude of the people who were living in the Synanon House. They felt as though they belonged to a very select society and were very proud to belong. A few expressed joy at being clean of narcotic drugs, but most were elated over belonging to a new experiment, a new community within our society. Essentially, Synanon is a way of life. It is a community unto itself. The members live together, they work for each other, they are completely dependent upon one another, and in that particular setting, they are free of narcotic drugs. There seems to be little concern among members as to how they will do when they get into the larger community. Most of them are dealing with the day-to-day problems they experience in the Synanon environment. Many will be living in the house for several years. Those living in Synanon are assured of a drug-free, productive life as long as Synanon survives and they continue in the program.

6. *The man.* In my opinion, there would be no Synanon without

¹⁸ *Ibid.*

Charles Dederich. No doubt many strong personalities have assisted Synanon to become of age. The units in other cities are directed by persons from the original group and, according to reports, their work is excellent. However, I do not think Synanon would have made it through the lean years had it not been for Charles Dederich.

*The Narcotics Committee
of
East Harlem Protestant Parish*

East Harlem Protestant Parish represents a broad concept of the Church ministering to a community. The parish area is the heavily populated East Harlem section of New York City. Privately financed, but with an advisory board made up of representatives of seven Protestant denominations and certain other Protestant groups, East Harlem Protestant Parish provides several parish services in addition to facilities for corporate worship.

One of the services is the Narcotics Committee. This special committee was organized in 1956, although staff and members of East Harlem Protestant Parish had been ministering to addicted persons since 1950. The unit is located in a building having a store front. There is space enough in the unit for several offices and a recreation-meeting room. It is open during certain hours of the day to give psychiatric, medical, and legal services and to provide recreational and social activities to persons addicted to narcotic drugs.

The committee includes several professional persons: a lawyer, a psychiatrist, a sociologist, a hospital referral worker, and others. Although the committee is sponsored by the parish, not everyone on the committee holds the same religious views. The purpose of the committee is to make a positive contribution to persons who use drugs, regardless of their religious views or practices.

The work of the committee is within a framework of its views of addiction, as contained in the following statement:

We affirm that addiction to heroin is in the same category as other addictions, and that all represent varying degrees of rebellion against God. Heroin addiction does not kill the moral sensitivities of the addict, although desire for it almost entirely eliminates a sense of moral

responsibility when the craving for narcotics is upon him. Even the most confirmed addict, however, shows evidence of his moral nature in that he has his own "commandments" of things which he will not do to obtain heroin even when in direst need. Spiritually, addicted people are empty, and they know that they are empty. After the first happy days of addiction are over, despair and meaninglessness press in upon them, offering them no hope. For a small number, rebirth in God has revolutionized their entire personalities, and they have found purpose in life without narcotics. These rebirths point to the possibility of all types of addicted people finding new life in giving their lives to God.¹⁴

The committee provides the following specific services:

1. Referral to hospitals.
2. Advice and help to those returning from hospitals and prisons.
 - (a) Help and advice on finding jobs.
 - (b) Family counseling.
 - (c) Psychiatric counseling, if indicated and desired.
 - (d) Help in finding food, clothing, and shelter for those who have none. The parish pays for these things if necessary.
 - (e) Help in use of leisure time.
 - (f) Spiritual and pastoral counseling.
3. Help in going through the medical withdrawal program.
4. Legal advice, both to those in difficulty with the law and their families.
5. Help with problems faced by and with other agencies such as the Department of Welfare, the courts, probation, and parole.

The services are free to anyone who wants to use them, but usually no one outside the parish area applies. The committee's immediate concern is the people within the confines of its parish area, although information will be given over the phone to individuals and agencies trying to find ways of helping addicted persons who live in East Harlem.

The services are provided as long as persons want to make use of them. The committee has helped some persons for as long as ten years. The committee usually does not make any attempt to follow persons who move out of the neighborhood.

The Narcotics Committee has helped many addicted persons in East Harlem. It is one of the front lines against the narcotics problem.

¹⁴ Norman Eddy, unpublished paper, "A Christian View of Addicts to Narcotics," New York, 1963.

Summary

During the past six years I have talked to or corresponded with leaders in each of these agencies. Each agency has a unique approach to treatment and, according to its reports, has been successful in meeting the needs of people addicted to narcotic drugs.

Perhaps each agency believes its approach to be superior to other approaches. However, I do not think any agency would minimize or deny the many problems involved in helping people overcome the narcotic problem.

Comparative evaluation of the effectiveness of these programs with hospital and correctional programs cannot be done. Addicted persons entering different types of programs probably have markedly different characteristics, especially in motivation and readiness to change. The Federal hospitals and correctional agencies admit a large proportion of addicts involuntarily. In contrast, Teen Challenge accepts only one of ten applicants, and Synanon rejects a substantial number of applicants.

In my experience, what works with one person might not work with the next. Persons in the field who have been working with addicted persons for many years report hearing of some very strange, but effective, approaches to treatment.

It seems to me that we need to gather all the data we can, examine it carefully, and share the knowledge with each other.

CONTINUING PASTORAL RELATIONSHIP

The initial contact between the minister and the addict will often, with the assistance of a physician, result in the hospitalization of the addict. In the hospital, the addict can be medically withdrawn from drugs. Sometimes it may take pressure to get the addict to go to the hospital. He may want to quit drugs but feels that he can't stand the discomfort of withdrawal. Once in a hospital, he will be withdrawn—provided he stays long enough. Usually a week to ten days is sufficient to accomplish physical withdrawal. If the addict is hospitalized in one of our two Federal hospitals, he should be encouraged to remain in the hospital at least five to ten months.

During the period of hospitalization, the minister should continue his relationship with the addict. He may write to the patient as often as he wants. An occasional visit would be a boost to the patient's morale. When the minister visits, he may learn of many of the patient's attitudes about his present situation as well as his plans for the future. The minister may notice that the patient is very confident of his abilities. He may claim to understand his problems completely, to need only to leave the hospital to begin to practice the things he knows that he should do (namely, to let narcotic drugs alone and begin to stand on his own feet). The minister may also notice that the patient may be a little grandiose about the type of work he plans to do. Hopefully, the minister will be optimistic in his forecast for the addict, but he should also represent reality. Addicts are great for evading reality. One of the reasons they use drugs is to avoid facing trying situations. The minister's patient insistence that the addict face reality will not only encourage him but will let him know that someone else is looking into reality with him and that he is not alone.