

NOTES FROM "NARCOTICS AND NARCOTIC ADDICTION" by David W. Maurer, Ph.D.
Victor H. Vogel, M.D.

David W. Maurer, Ph.D.

Professor of English and the Humanities. University of Louisville,
Lecturer on Narcotic Addiction and Criminal Argots. Southern Police
Institute. Louisville, Ky

Victor H. Vogel, M.D.

Medical Officer in Charge. European Activities. U.S. Public Health
Service. Paris, France. Formerly, Medical Officer in Charge U.S. Public
Health Service Hospital. Lexington, Kentucky.

"Drug addiction may be defined as a state in which a person has lost the
power of self-control with reference to a drug, and abuses the drug to
such an extent that the person or society is harmed".

"It should be noted that addiction implies a compulsive and repetitious
use of the drug, and that the harm done the user varies with the degree
of personality disorder which characterizes the addict. In addiction one
or more of the following related but distinct phenomena are always present:

1. Tolerance.
2. Physical dependence, with resulting abstinence illness when the drug
is withdrawn.
3. Habituation or emotional dependence"

"By this definition alcohol would be a drug of addiction if the individ-
ual loses self-control, or if his use of alcohol is injurious to himself
or others, as frequently happens."

"In applying this definition of addiction, reliance on responsible opin-
ions is implied, especially where the reputation of even the freedom of
an individual is involved. Psychiatric opinion should be used to estab-
lish the presence of the kind of personality disorder which characterizes
the addiction-prone individual."

"Legally, the controls on so-called "narcotic drugs" do not cover all true
narcotics, and include some drugs which are not narcotic in nature, that
are depressant and sleep-producing."

"All these drugs, except alcohol, including those now controlled by Federal
Narcotic Laws, are discussed in detail."

"All research done on drug addiction within the past two generations, in-
dicates that addiction itself is not a disease, but rather a symptom of
personality defects which if they did not lead to drug addiction, would
lead to difficulties of other types."

"Drug addicts follow a rather well-defined behavior pattern. They differ
from alcoholics largely in the nature of the drug they use."

On the other hand, normal or well adjusted people can be given opiates
under medical supervision, even to the point of developing a strong phy-
sical dependence, and once the physical dependence is broken through

withdrawal these individuals do not feel the need to return to drugs; in fact the use of drugs is usually unpleasant to them, and the development of tolerance and physical dependence frightens them. While normal people can become addicted to the point where they must have the help of others to break the habit, their addiction need not recur."

"Narcotic addicts are clannish even beyond the degree motivated by maintaining contact with their playmates. They are especially social and are involved here in the dominant group, expressing especially of interest in the company of non-addicts, and are seeking out others who have the same problem. It is significant and forming topic in the conversation of most addicts is the consumption and effect of narcotics; furthermore, the desire of one addict to be with another is often strong enough to motivate his introducing a companion to drugs either directly or indirectly."

"Because of the social stigma attached to opiate addiction, the vast majority of addicts tend to seek the companionship of their own kind, and to avoid, on the whole, personal and social ties with non-addicts in favor of relationships with other addicts."

Here I will make a note of my own opinions:

The above notation is the reason that I am opposed to the straight addict group. The addict should become willing to associate himself with the alcoholic, and Alcoholics Anonymous Open Meetings, as the same basic personality and character defects, same escapism and emotional upset are found in both the addicts, to either alcohol or drugs.

From my own experiences, I have seen young addicts, still not entirely free of drugs, associating with the addicts with a period of sobriety, and attending Alcoholics Anonymous meetings. The close companionship with the addict still using drugs, sets up a "chain-reaction", and the newcomer may be tempted to try "just one more pop", it won't hurt me, I know how to handle it now." The results of these "slips" are usually dangerous and is not healthy for the newcomer, that is free of drug addiction for a period of a few months to a year.

"IT CANNOT BE REPEATED TOO OFTEN THAT ONE IS IMMUNE TO ADDICTION"

"Also among addicts there is a very close relationship between argot (slang) usage and the psychic and physical effect of drugs. As addicts VERBALIZE their reactions to drugs, they also re-inforce the effect which these drugs have on them, and the association pattern with specific experiences tend to create an association pattern which undoubtedly plans a part on the satisfaction which the addicts get from drugs, but also, by use of metaphor (figure of speech) and suggestion, relate the sensations derived from drugs to other physical and emotional sensations, notably those connected with sex.

"Although many underworld people are strongly inclined to be gregarious (associating in herds, or company) addicts are especially so, as some two or more gather, the conversation turns to drugs, which may be consumed simultaneously with the visiting and gossiping that goes on among users."

Here I will make notes of my own opinions and experience.

In my own opinion the "jive" talk and argot of narcotic addiction is not a healthy way for the addict to think and talk, when trying to follow our suggested program, it is suggested that we "let go of our old ideas" in Chapter 5 of the book Alcoholics Anonymous, in so doing we try to live like normal people, and this jargon of the addict does not tend to healthy thinking.

To quote again "This tendency to give drugs a prominent place in the conversation increasing noticeably when addicts gather together in places where drugs are not readily available, such as prisons, a narcotic hospital, or a jail, where the talk of narcotics is continuous and intense".

"The argot (Jargon or slang) used by narcotic addicts, then, reflects the way of life of the addict rather vividly - the ecstasy of narcotics, the necessity for escape from the world of reality, the compensating effect of drugs upon the inadequate personality, the constant preoccupation effect of the needle as a symbol, the eventual exclusion of all other motives of living, and the complete preoccupation with the necessity of securing drugs. There is also an ever-present evidence of the substitution of drugs for sexual activity."

Again my own opinions expressed on this subject;

When first holding meetings to help those addicted to habit forming drugs back in 1951, this was one problem I had trouble with, the addicts would get off the subject of our A.A. Program of recovery, such as discussions of the 12 Steps of recovery, to try to correct our character defects and shortcomings. The conversation would be nothing more than gossip and personal conversation regarding drugs, "kicks", etc and personalities!

In my own opinion we should try to keep our conversation toward benefiting ourselves, not talk about the "kicks" etc. But to work on the suggested steps toward improvement of our daily lives and our ideals, We are through with alcohol and drugs, so why talk about them?. Too, If we wish to have sobriety, spiritual help, a new way of life, we should do something about our personal defects, emotional conflicts, and our instability.

Also in my opinion, there is much to be learned in trying to work the suggested 12 Steps, discussion of various problems in our daily lives, the underlying causes of our addiction to alcohol or drugs, Discussion of our activities in our daily lives to overcome the obsession to use alcohol or habit forming drugs, our telling of our experiences with both problems should be limited to telling, "what we were like, what happened, and what we are like now", as suggested in our book, Alcoholics Anonymous, Chapter 5. We should devote our time in exchanging ideas, to improve our lives, not dwell on personal problems as to our addictions and what caused them entirely, but try to do something constructive about them, TODAY, to overcome defects of character, emotional, mental and spiritual conflicts within us, that caused our lives to become unmanageable. Keeping the conversation on the A.A. program, and the way of life we are seeking for our rehabilitation, sobriety and spiritual advancement. This I am sure will help us to improve our lives and work toward a better life and true serenity and peace of mind.

Betty. T. H. F. D. GROUP.
Santa Monica, California
My 19, 1954