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Drug Addiction in Youth: The High School and College Level

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Stimulants
Title*

DRUG ADDICTION IN YOUTH:
THE HIGH SCHOOL AND COLLEGE LEVEL

A Special Study Paper
Presented to
Professor Randolph Quick
Ouachita Baptist University

In Complete Fulfillment
of the Requirements for the Course
Special Studies in Sociology

by
Shirley Anne Percy
January 1970

#252

DRUG ADDICTION IN YOUTH:
THE HIGH SCHOOL AND COLLEGE LEVEL

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In a world undergoing enormous transitions, where familial and social supports are eroding and established beliefs are gradually being demolished, it is natural that many will try to modify their awareness--to ease the uncertainties of the day, to avoid psychic pain, to achieve pleasure, to find faith. The old gods falter; the old goals seem pointless. What is left but to chemically dull the senses or, alternatively, create new illusions, new utopian worlds? So it has been in every period of stress; so it is today.

Man changes his world enormously but himself minimally. He has created instant news, transportation that arrives before it has departed, and vast power from imploded atoms; but he remains the superb technological master concealing the impulsive, frightened child within. The training of his intellect has far exceeded the training of his emotions. His rational cerebral cortex outstrips his emotional midbrain.

This disparity between our emotional immaturity and the uncertainties of burgeoning power makes for a threatening and precarious existence. Some try to do something about the current predicament: they try to train themselves and their children in emotional growth and discipline, and they attempt to reduce cruelty, correct injustice, counteract intolerance, prevent dehumanization, and protest against the mindless exploitation of nature. Others take another route: their nerve fails, hopelessness prevails, and they proceed to withdraw from grinding frustrations. They egotistically seek the pleasures and demand the freedoms of the human encounter but refuse its responsibilities. This all can be done without drugs. With drugs it is so much easier.

These are only some of the reasons for the current upsurge of drug-taking behavior among the young in mind. The avoidance of life stress, the retreat from problem solving,

the refusal to cope with adversity, the surrender to defeat, the quest for relevance, and "the death of God"--these and other perplexing situations call forth a search for pharmacological release.

Many of us suffer from a serious disease of affluence: directionlessness. No longer need large segments of this society focus on the struggle to avoid hunger, thirst, and the extremes of temperature which preoccupied their fathers. Unfortunately, new directions and new goals have not yet been acquired. Meanwhile, for others the crushing diseases of poverty remain, and these enhance escape in the form of a bedrugged existence. Although we cannot agree with the means, we try to understand the attractiveness of oblivion, the distancing from hurt, or the fabulous fantasies that drugs can bring.

It is believed that when a person becomes a "head",--be it "pothead," "hophead," "acidhead," "pillhead," or "rumhead"--he has relinquished a core aspect of his existence. He has surrendered his human freedom, his individuation--the potion has become the master. Tillich would have said that his personal "centeredness" has been lost. To paraphrase the statement made about the person vulnerable to alcohol: First the person takes the drug, then the drug takes the person.

Naturally, as with drink, many kinds of drug users exist. But the illegality and the culture-alien aspects of drug usage make it more socially hazardous than the misuse of alcohol. Particularly, the biologically or psychologically unstable and the defeated will become overly involved in excessive taking of mind-altering substances. One is reminded of the fragment from Edgar Lee Master's Spoon River Anthology:

What is this I hear of sorrow and weariness
 Anger, discontent and drooping hopes?
 Degenerate sons and daughters
 Life is too strong for you¹
 It takes life to love life.

How and why does addiction happen? What, if anything, should be done about it? These are the basic questions to which leading authorities address themselves. They are complex questions, not merely in the sense that many factors must be taken into account in answering them, but also in the sense that they reach beyond the borders of the intellect and the devices with which one ordinarily tries to find answers to intellectually challenging questions.²

Whatever the actual numbers of juvenile habitués and true addicts may be, drug use among juveniles is most frequently found in the most deprived areas of the city. The areas of high incidence of drug use are characterized by the high incidence of impoverished families, great concentration of the most discriminated against and least urbanized ethnic groups, and high incidence of disrupted families and other forms of human misery.

The youth who become addicts are clearly related to the delinquent subculture. Even before they started using drugs regularly, most users have had friends who had been in jail, reformatory, or on probation. In their general activities, interests, and attitudes, they resemble the nonusing delinquents and are quite unlike the group in the area of high drug use who neither become delinquents nor drug-users. Their leisure is spent aimlessly, talking about having cars, expensive clothes, pocket money.

Their home life is conducive to the development of disturbed personalities, which they display in abundant measure. Relations between parents are far from ideal, as evidenced by separation, divorce, overt hostility, or lack of warmth. In almost half the cases, there is no father and no other adult

¹Sidney Cohen, The Drug Dilemma (New York: McGraw-Hill, 1969), pp. xi-xiii.

²Isidor Chein, et. al., The Road to H (New York: Basic Books, Inc., 1964), p. 3.

male in the household during a significant portion of the youth's early childhood. As children, they tend to be over-indulged or harshly frustrated. The parents are often unclear about the standards of behavior they want their children to adhere to and tend to be inconsistent in their application of disciplinary measures. Their ambitions for their children are typically unrealistically low, but in other instances they are unrealistically high.³

Until quite recently, most parents of teenagers were not especially concerned with facts about drug abuse. The use and misuse of new and ancient mind-altering preparations were largely matters of medical, pharmaceutical and, as regards control, legal interest. Any compendium on "what every parent should know" might comfortably exclude the subject.

Today our pill-oriented society is alarmed and confused over the growing abuse of drugs among young people. Waves of shock follow in the wake of reports of campus-wide pot. The word "marijuana" has, like it or not, infiltrated the nation's playgrounds.

Furthermore, the problem is real. Drugs such as marijuana, the amphetamines, the barbiturates, the opiates, and LSD have become pot, speed, bennies, goofballs, junk, and acid in the world of youth whose innocence frequently blurs the distinction between being turned-on and turned-off.

Adults whose lives may include some acquaintance with drugs, such as alcohol, tranquilizers and other pills, naturally desire to protect those who are too young to make mature and informed decisions. The issues surrounding the use of dangerous drugs are many. Not the least of these is the law. The law-breaking use of illicit drugs can jeopardize not only health but the pursuit of careers. And for those youngsters whose curiosity may lead from experiment to regular use of

³Ibid., p. 14.

mind-affecting chemicals, there are the potential threats of stunted development and alientation.

Fortunately, there is some evidence that the "New Generation" holds a healthy respect for the facts and for the findings of science. While parental panic and admonition are little value as guidance and tend to stake the fires of adolescent rebellion, knowledge of the facts may help. The current wane in the use of LSD, for example, may be traced at least in part to the reported possibility of genetic damage.⁴

Briefly, some points about the most prominent drugs used among youths will follow.

LSD. A powerful man-made chemical, lysergic acid diethylamide, generally called LSD, was first developed in 1938 from ergot alkaloids. A single ounce is enough to provide three hundred thousand of the usual doses. A mind-altering drug, LSD is legally classed as an hallucinogen.

An average dose, amounting to a speck, has effects that last from eight to ten hours. Users take it in a sugar cube, on a cracker, on a cookie or can lick it off a stamp or other impregnated object. The drug increases the pulse and heart rate, causes a rise in blood pressure and temperature, dilated eye pupils, shaking of the hands, and feet, cold sweaty palms, a flushed face or paleness, shivering, chills with goose-pimples, a wet mouth, irregular breathing, nausea, loss of appetite, and distortion of the physical senses.

A confusing yet common reaction among users is the simultaneous experience of strong, opposite emotions; they may feel simultaneously happy and sad, depressed and elated, or relaxed and tense. They report sensations of losing the normal feeling of boundaries between body and space and get the notion they can float or fly. Effects can be different at different times

⁴Stanley F. Yolles, "Before Your Kid Tries Drugs," The New York Times Magazine, November 17, 1968, p. 124.

in the same individual. Responses, even in carefully controlled studies, cannot be predicted. For this reason, users refer to "good trips" or "bad trips," to describe their experience.

The LSD user loses his sense of time, though he may remain conscious. He is able to reason logically, up to a point, and usually remembers the effects after the drug wears off.

Hospital studies report the following reactions: Panic--the user grows frightened because he cannot stop the drug's action, and he fears he is losing his mind. Paranoia--he becomes increasingly suspicious, feeling that someone is trying to harm him or control his thinking. This feeling may last some seventy hours after the drug has worn off. Recurrence (also known as "flashbacks")--days, weeks, or months after LSD use is stopped, sights and sensations may recur.

Long-last mental illness may result if a nonmedically supervised experience becomes acutely disturbing. The strange sensations and clash of moods caused by the drug can be overwhelming even for a mature person. For young people who are undergoing emotional development and transition, the effects can be even more frightening.⁵

Marijuana. A drug found in the flowering tops and leaves of the Indian hemp plant, *canabis sativa*, marijuana grows in mild climates in countries around the world. The leaves and flowers of the plant are dried and crushed or chopped into small pieces and smoked in short cigarettes or pipes. It can be sniffed or taken in food. The cigarettes are commonly known as reefers, joints, or sticks. The smoke is harsh, and smells like burnt rope or dried grasses, with a sweetish odor. Its use is restricted and subject throughout the world to legal sanctions. Pot, tea, grass, weed, Mary Jane, hash and kif are all names for marijuana.

The long term physical effects are not yet known. Effects on the emotions and senses vary widely, depending on the

⁵Ibid., p. 127.

amount and strength of the marijuana used. The social setting in which it is taken and what the user expects also influence his reaction to the drug. Usually, the effect is felt quickly, in about fifteen minutes after inhaling the smoke of the cigarette, and can last from two to four hours. Reactions range from depression to a feeling of excitement. Some users, however, experience no change of mood at all.

Sense of time and distance frequently become distorted. Any task or decision requiring good reflexes and clear thinking is affected by the drug. One of the more subtle results of regular marijuana use by young people lies in its influence on their personality growth and development--something that has not been determined yet. Scientific findings, however, seem to point to deleterious effects.⁶

Smoking marijuana is often a social activity. One theory of marijuana use has suggested that the user is helped by others to learn how to enjoy the drug. Becker has demonstrated that many Americans who are marijuana users learn to identify the effects of drug use, and learn to smoke the drug in a way which will achieve such effects. They learn how to get "high" and to enjoy the sensations they perceive. A novice is thus conditioned in getting "high" by proper instruction. This view-point places less stress on an inevitable sequence of effects resulting from drug use and calls attention to the cues and expectations provided the drug user by more experienced users.

One dimension of the use of marijuana by young people is their being introduced to a whole new vocabulary. This new vocabulary is similar in many ways to that of the criminal and prison world. There is little doubt that many young marijuana users enjoy participating in the affairs of the "cool" world

⁶Ibid., pp. 127, 129.

by using its slang and idioms. Some of this argot has been integrated into the teenager's slang, e.g. "man", "cool". It is possible that this contiguity with the world of the illegal may lead some marijuana users to engage in further flirtation with this world of "kicks" and hustle".⁷

Stimulant Drugs. Amphetamines, first produced in the 1920's for medical use, are stimulants to the central nervous system. Best known for the ability to combat fatigue and sleepiness, they are also sometimes used to curb appetite. Under the supervision of a physician they may be used legally for medical purposes. The most commonly abused stimulants are Benzedrine, Dexedrine and Methedrine. Pep pills, bennies and speed are common names.

Used without medical prescription, for kicks or staying awake for long periods, these drugs can drive a person to do things beyond his physical endurance that leave him exhausted. Heavy doses may cause a temporary toxic psychosis requiring hospitalization. This is usually accompanied by auditory and visual hallucinations. Abrupt withdrawal after heavy abuse can result in deep and suicidal depression. Long-term heavy users are usually irritable, unstable and, like other chronic drug abusers, show social, intellectual and emotional breakdown.

Sedatives. These belong to a large family of drugs which relax the nervous system. The best known are the barbiturates, first produced in 1846, from barbituric acid.

Taken in normal, medically supervised doses, barbiturates mildly depress the action of the nerves, skeletal muscles and the heart muscle. They slow down the heart rate and breathing, and lower the blood pressure. In higher doses, the effects resemble alcoholic drunkenness: confusion, slurred speech, staggering and deep sleep. These drugs produce physical

⁷Ernest Harms, Drug Addiction in Youth (Oxford: Pergamon Press, 1965), pp. 26-27.

dependence.

Barbiturates are a leading cause of automobile accidents, especially when taken with alcohol. Users sometimes become confused about how many pills they have taken and die of an overdose. Barbiturates are a leading cause of accidental poison deaths in the United States, and frequently implicated suicides.⁸

Narcotics. The term narcotics refers, generally to opium and painkilling drugs made from opium, such as heroin, morphine, methadone and codeine. These and other opiates are obtained from the juice of the poppy fruit. Several synthetic drugs, such as demerol and nalorphine, are also classed as narcotics. Heroin is the narcotic most used by today's addicts. It is often called junk, H, snow, stuff or smack.

Heroin depresses certain areas of the brain and other parts of the nervous system. It reduces hunger, thirst, the sex drive and feeling of pain. When a person addicted to heroin stops the drug, withdrawal sickness sets in. He may sweat, shake, get chills, diarrhea, nausea and suffer sharp abdominal and leg cramps.

Typically, the first emotional reaction to heroin is an easing of fear and a relief from worry. Feeling "high" may be followed by a period of inactivity bordering on stupor. The drug appears to dull reality. Addicts have reported that heroin "makes my troubles roll off my mind", and "it makes me feel more sure of myself".⁹

Legally, heroin is considered the most dangerous of all drugs, and, because of its effects, the manufacture and sale of heroin in the United States has been prohibited by federal law since 1922.

⁸Yolles, op. cit.

⁹Ibid., p. 139.

Recognition of narcotic addicts, especially when they are regularly obtaining a daily dosage, is extremely difficult. Addicts will not reveal their condition, and experience makes them adept at disguising it.¹⁰

Each individual's psychedelic experience is unique. Therefore the evaluation of any such experience is difficult. It may be useful in trying to understand the use of drugs to look at two aspects of that experience. Both accounts are fictional, written by members of the Student Committee on Mental Health at Princeton University. But they are based on actual opinions and facts--as far as they can be determined--concerning LSD "trips".

A Successful Trip:

My sixth LSD experience started as I took four hundred micrograms of LSD and waited thirty minutes for it to take effect. The first stage of the 'trip' was one of pure sensory ecstasy. LSD magnified enormously my capacity for aesthetic experience of music, art, architecture, and nature. Space and time changed. Sometimes it was stretched out as my mind worked faster and music sounded slow enough to be savored note by note. At other times, it varied between normal speed and a dead halt as my attention switched from the action around me to my own thoughts. My perception of distance and magnitude kept changing. Occasionally I could consciously control the variation. Walls seemed to bend as if made of a flexible material. I also experienced synaesthesia, an integration of my senses; I could see music emerge from the speakers and drift toward me in three dimensions and in color.

The second stage was one of recollection and self-analysis. My ability to remember, and practically relive, many long-forgotten incidents was amazing. My self-understanding was greatly increased; it was something like going through several years of psychoanalysis in a few hours. I recognized that some of my values and attitudes result from particular incidents in the past which were traumatic. I learned a great deal about myself and this knowledge has helped me with the questions which I am now facing regarding my future.

On this 'trip' I went beyond the second stage for the

¹⁰Kenneth L. Jones, et. al., Drugs and Alcohol (New York: Harper & Row, 1969), pp. 30, 36.

first time. The third stage is a non-verbal stage of symbolic images. Historical, mythical, and archetypal images filled my mind. Most of them involved characters and situations which said something about mankind and the meaning of life.

The highest stage was close to a mystical experience. I find it difficult to express what little I can remember of this experience, but I felt that all my thoughts, emotions, sensations, and memories were fused into total understanding of myself and my place in the world.

An Unsuccessful Trip:

It was not my first trip that ended in chaos, it was my third. On my first two, my experiences were apparently conventional. There were gaudy lights, the grotesquely real new ways of looking at people, the rapid experiencing of sights, sounds, and feelings. My friends told me that this was expanded consciousness, and so I believed them. Afterwards, I did seem to be able to have new insights on my friends, and I was willing to overlook the very frightening moments of anxiety early in the trips through which my guide helped me.

But it was my third, as I say, which was disastrous. Why, I cannot say. The dose was supposed to be the same (but you can't be sure, of course, unless you're a chemist and have made it yourself). The room was the same, and the guide was there with me. I anticipated greater ecstasy.

But it was early in the trip that I noted that his face was more distorted than usual--strange, I never noticed how ugly he could be. And why did he have to shout at me so loudly? And then it was upon me, that searing pain in my chest, stabbing and growing. I dashed for the kitchen to get a knife to cut it out, but the doorway wasn't there. My guide caught me, held me, and in an hour (or so it seemed), it passed.

Then, I dreamed that I got into a subway, thinking that I would ride it to the end of the line. At once these words, 'end of the line,' assumed awful and multiple proportions. I felt drawn and impelled towards this 'end of the line' where Some Thing was waiting and beckoning. I felt there I might find fulfillment or destruction, or both.

At other times, I awakened into an increasingly incredible and terrifying world. I stood on the edge of a giant elevator shaft, which extended down into the infinite. And insane-looking men kept passing into the elevators and coming out again--the same men, over and over.

Then it was pleasant for a while. A ray of sunshine came in the window and illuminated not only the room but the inside of our bodies. I was light, I floated. I could float up into the sky. I went to the window, but it was locked;

the door, that was the way to fly! I was out of it before my guide could catch me and flying down the stairs. And then the sickening pain in my left shoulder (I afterwards found that I had been caught at the bottom of the stairs, and that my shoulder had been dislocated at that moment). The pain overwhelmed me, and I could no longer recognize people.

It was later that I began to have some contact in the drab ward of the hospital, but not for four weeks was I free enough of hallucinations and order enough in thought and action to be released. Now, three months later, I am approaching a point at which I can return to college.

What about consciousness expansion and mystic experience and new meaning to life? A few of my friends insist that they have all these, and perhaps some do. But it is all too easy to term a rapid jumble of thoughts an increase in consciousness if your friend considers that he has had a mystic experience merely because he has for the first time been able to talk with friends about his feelings and theories; what I don't know about him is whether his feelings are the influence of the drug or the influence of the group.¹¹

Drug addiction is one of the most highly publicized and most morally condemned "social problems" in the United States today. It is considered to involve large and serious amounts of individual and social system malfunctioning and many people find it a terrible affront to their basic moral values.¹²

Apart from therapeutic use of drugs, it seems unreasonable to deny the validity of motivations for drug use other than those implied by the theory of retreatism. One wonders, for example, whether the motivations suggested in the following instances are not sufficient without any reference to those of retreatism: A woman begins to use drugs to share the experience with her lover who is addicted; A scientist takes morphine regularly for several months for experimental and scientific reasons and becomes addicted in the process; A fifteen-year-old

¹¹Student Committee on Mental Health, Psychedelics and the College Student (Princeton: Princeton University Press, 1967), pp. 18, 19.

¹²Bernard Barber, Drugs and Society (New York: Russel Saga Foundation, 1967), p. 133.

Negro boy takes heroin to avoid rejection and ridicule from higher status members of the street corner gang to which he belongs; A pimp uses heroin to delay orgasm.¹³

There are obviously no facile answers to the burgeoning problems contributing to, and resulting from, indiscriminate and promiscuous use of drugs. Many of the problems are rooted in much larger questions facing our society.

It seems likely that within the next two to three years, in many areas of the country, a majority of college and perhaps even of high school students will have at least experimented with drugs.¹⁴

The cliches about prevention and treatment of drug abuse are true, but hardly require repetition. Remarks such as "Drug users are made--not born" or "Dependence on drugs is a symptom of an emotional disorder" do not help answer specific questions. An attempt will be made to go beyond the truisms with a fresh approach to today's drug-abuse problem.

The Parents. One of the great myths of the day is that if a child goes wrong, becomes a drughead, for example, this must be due to parental failure. If the cause is not deprivation or neglect, it must be overprotection or possessiveness.

Most of the arguments which youngsters use to justify their bedrugged episodes are specious. Others are partially true, and a few are valid. If parents set a poor example--have superficial and irrelevant goals and live according to irresponsible or inane standards--how can they hope to influence their child? The most convincing statement that can be made is the parent's way of living. Striving for security, so important in times of hardship and poverty, is an inadequate

¹³Marshall B. Clinard, Anomie and Deviant Behavior (New York: The Free Press, 1964), p. 185.

¹⁴Donald B. Louria, The Drug Scene (New York: McGraw-Hill, 1968), pp.190, 192.

goal during periods of relative affluence. Those middle-class children who do not need to struggle to obtain food and shelter find such an outmoded aspiration unacceptable. Beyond physical survival are more profound and appealing ideals. These should be sought by the parents and, by example, transmitted to the children. It is a feeling of existential meaninglessness which attracts some people to the drug state. The acquisition of a sense of meaningfulness is the antidote. The current problem can be seen as a disease of affluence and nondirection. For many, this generation has not found ways and means of constructively using the time formerly expended on work to evade hunger. Freedom from want has produced a vacuum of time which must be filled with meaningful activities, not time-consuming activities.¹⁵

One teenager's message to the older generation is simple. "Don't try to understand me," he says, "because it doesn't matter. If it makes you happy to think of me as a rebel, or a super-sensitive type, that's okay too, as long as you leave me alone. When it comes to drugs, let's go our separate ways."

Conflict between generations is nothing new for our society. The battle for recognition between youth and the establishment has often centered around prohibited acts or ideas. In the Twenties, kids drank; in the Thirties, they talked politics; in the Forties and Fifties they jumped upon the sexual revolution bandwagon with a vengeance. In the Sixties, they began to turn on.¹⁶

The School. It seems reasonable to insist that usage or trafficking of any illegal drug not be permitted on school grounds. Furthermore, psychological dependence upon mind-altering psychedelics, stimulants, sedatives, and intoxicants

¹⁵Cohen, op. cit., pp. 115, 118-119.

¹⁶Richard Goldstein, 1 in 7: Drugs on Campus (New York: Walker and Co., 1966), p. 226.

is contrary to the goals of the educative process, whether excessive use be on or off campus. If a place of learning is where one's intelligence, capabilities, and skills are developed and enhanced, then habitual displacement of consciousness, reality testing, and reasoning ability is antithetical to its goals. The frequent use of any drug can result in impaired performance.¹⁷

Educational institutions must not ignore their responsibilities in this regard. Once regulations are established in regard to drugs, each institution must demand obedience, or it will encourage not only drug use but also a form of irresponsibility which inevitably will interfere with the learning process. More and more schools and colleges are adopting a firm but fair approach.¹⁸

The teacher, in addition to making the educative process as interesting, constructive, and alive as possible, can also have a great influence on the decision to take or continue to take drugs. He is often the confidant when parents are lacking or have failed to accept their role. The teacher may be the first to learn of, or notice, aberrant behavior due to drugs. He may be able to persuade his pupil by presenting factual information. If reliable information about drugs is not obtained, questionable information will be gathered from street myths.

It is in peer groups that drug taking spreads. The teacher may become aware that one or a few individuals are proselytizing. An epidemic may be prevented by quick action in such instances. School authorities should make the school area a difficult place to obtain or use drugs. It is too much to expect that school authorities can be responsible for activities off campus.

The Therapist. The skilled therapist who knows something about the nature of the drug experience can perform a valuable

¹⁷Cohen, op. cit., pp. 119-120.

¹⁸Louria, loc. cit.

service. The drug practices of the past months or years must be uncovered and understood. Thus a bridge is built that leads the patient back into an enjoyment of this world; a reentry into this life is provided in the best possible manner.

The therapist must help the patient become more responsible, find more significant goals, and begin the long, hard process of psychological maturation. The immaturity which caused them to seek the magic pill must be modified. After a period of individual therapy a psychotherapeutic group may be a place where the members can find the values of the human interaction.

The Legislator. Passing laws can have a beneficial or a harmful effect, depending upon the wisdom of the legislation. With the current upsurge of drug misuse, especially in those of school age, it would seem reasonable to apprehend the supplier rather than to focus on catching the juvenile user or possessor. The maker, the smuggler, the pusher, and the transporter must be found and punished.

In addition to sagacious laws, public education and public cooperation with the laws are needed. Somehow these must also be obtained.¹⁹

During the past year, our thinking has moved in the direction of the problem of rehabilitation and prevention.

As for prevention, the conclusion has been reached that it is not feasible to conceive of worthwhile action programs with a narrowly defined goal of preventing drug use. Drug use among juveniles is perceived as one symptom among many and adults envisage a program aimed at helping personally damaged and environmentally deprived youths to grow up into healthy adults--and that means not users, not delinquents, not mental patients, not recluses.²⁰

¹⁹Cohen, op. cit., pp. 121-125.

²⁰John A. O'Donnell and John C. Ball, Narcotic Addiction (New York: Harper and Row, 1966), p. 141.

The User. The last words are for the student or ex-student who is overinvolved in some drug--narcotic, stimulant, psychedelic, or sedative.

One student admits, "But I can't make it without drugs, I can't get way out there or enjoy". That is his inadequacy, his immaturity. That is where he will stay if he leans on drugs. Everything that can be obtained with drugs can be accomplished without them. It means work, development, growth. The rewards are infinitely greater because he will have done it himself. He will have paid his dues first, and the joy will be so much more genuine because it will be a reward for something he has actually accomplished.

For those who want release from tensions, a feeling of joy just from being alive, and who want to groove with people, be freer and more spontaneous, nonchemical ways are available, but they require training and discipline. This is the price that the user must be willing to pay.²¹

In both deprived and affluent areas, parents and other influential adults must work together to get young people committed. Many young people have a chronic identity problem. This, more than anything else, is the essential ingredient in any attack on the drug problem. Those who are committed to scholastic achievement, extracurricular activities, the community or a variety of other constructive projects, may still experiment with a less dangerous drug such as marijuana, but it is far less likely that they will experiment with more dangerous drugs or will become chronic users of even the mildest of the illicitly used drugs.

In the long run, attempts to achieve commitment in young people must be accompanied by a concerted effort to increase family strength. This can be achieved in part by up-grading family courts and family counseling services. Additionally,

²¹Cohen, op. cit., pp. 125-126.

massive educational campaigns must be undertaken to bring home to parents the effects on their children of their own injudicious behavior or indiscriminate use of drugs. A desire for commitment and realization of the importance of family strength must be inculcated into children during their formative school years. This can be accomplished both by formal courses and by less-formal techniques, but whatever the methods, they must be implemented far more effectively than they are now.

Obviously the illicit use of drugs is sometimes a manifestation of a sick, insecure, angry or unhappy personality. At other times, especially concerning drugs such as marijuana, use represents only a brief fling by exuberant and intemperate youths; dire implications should not be read into such transgressions. Recurrent or chronic illicit use of drugs, however, is often a reflection of our troubled society--a society in which respect for the laws is disdained, which at least temporarily appears to have lost the capacity to make its visions a reality, which appears to be dominated by a technology it cannot or will not control, and in which idealism and achievement appear to have been subverted by an ever-quickening rush to sensate pleasures. Laws can be passed, preventive education undertaken, and millions spent on rehabilitation, but until this society regains its vigor, direction and integrity, the promiscuous, indiscriminate and illicit use of mind-altering and other dangerous drugs will remain a major problem.²²

Ours is a drug-oriented culture. From aspirin to sleeping pills, from tranquilizers to the "pill", Americans of all ages are ingesting drugs in greater variety and greater numbers than ever before.

It is not so much the phenomenon of use, however, but the mis-use and abuse of drugs that bears close investigation.

²²Louria, op. cit., pp. 204-206.

Why do people choose to distort or to ward off reality through chemical means? Perhaps it is with deep-rooted feelings of alienation that society deals. Alienation among the young has been characterized as "rebellion without a cause...rejection without a program...a refusal of what is without a vision of what should be", and scientists are left to probe whatever reasons can be found for this sad anomaly.²³

²³Yolles, op. cit., p. 139.

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