

# A MESSAGE ABOUT DRUGS

## WHAT ARE NARCOTIC DRUGS?

The term narcotic refers to opium and to pain relieving drugs made from opium, such as morphine, paregoric and codeine. These and other opiates are obtained from the juice of the opium poppy (*Papaver somniferum*). Heroin, Percodan, and Dilaudid are derivatives of morphine.

Several synthetic drugs such as Demerol and methadone are also classified as narcotics. Narcotics are widely used in medicine as analgesics which relieve pain and induce sleep.

Heroin, sometimes referred to by such slang terms as "Smack," "Scag," "Horse," "Junk," and "H," is morphine chemically altered to make it some three to six times stronger. Since heroin is the narcotic used by most addicts today, these questions and answers will focus on heroin.

## WHAT IS NARCOTIC ADDICTION?

When the abuser of a narcotic gets "hooked"—meaning addicted—his body requires repeated and larger doses of the drug. Once the habit starts, larger and larger doses are required to get the same effects. This happens because the body develops a "tolerance" for the drug.

A second sign of heroin addiction is withdrawal sickness. When the addict stops using the drug, he may sweat, shake, get chills, develop diarrhea and nausea, and suffer sharp abdominal and leg cramps. Modern treatment helps the addict through these withdrawal symptoms. Science now has new evidence that the body's physical addiction may last much longer than previously believed.

There is another kind of drug dependence connected with the use of narcotics. The user develops a craving for the drug for emotional reasons. He comes to depend on the drug as a way to escape facing life.

Narcotic use can become even more of an escape than expected. Contaminated injections or unexpectedly high doses caused over 900 deaths in New York City alone during 1969. Over 200 of these were among teenagers.

## WHAT ARE THE EFFECTS OF THE DRUG?

Typically, the first emotional reaction to heroin is reduction of tension, easing of fears, and relief from worry. Feeling "high" may be followed by a period of inactivity bordering on stupor.

Heroin is usually sold heavily "cut" or adulterated with milk, sugar, quinine, or other materials. Typically it is mixed into a liquid solution and injected into a vein "mainlining," although it can also be injected just under the skin "skin popping," or sniffed through the nose. The latter methods of use are more common among "joy poppers" than confirmed addicts. However, addiction is possible no matter which method is used. Taken in any way, the drug appears to dull the edges of reality. Addicts will relate that heroin "makes my troubles roll off my mind," and "it makes me more sure of myself." As the addict becomes more and more used to the drug, he requires increasing doses to achieve a "high." Eventually, he doesn't even obtain a "high." Instead, he is forced to continue using heroin to avoid the withdrawal sickness. In other words, he now shoots heroin to feel normal.

The drug depresses certain areas of the brain, and may reduce hunger, thirst, and the sex drive. Because addicts do not usually feel hungry, and spend their money for heroin, they can become malnourished and physically and psychologically depleted. Pneumonia, tuberculosis, and venereal disease occur more frequently in addicts than in the rest of the population. The injection of contaminated material and the use of unsterile syringes and needles cause hepatitis and blood infections that may settle in the brain, heart valves, or spread throughout the body.

Withdrawal symptoms appear in the addicted person within 12 or 16 hours after the drug has been last taken and become progressively worse. After 2 or 3 days they begin to subside, and within a week the "junkie" is free from withdrawal symptoms.

## WHO TAKES NARCOTICS?

Studies by the National Institute of Mental Health show that heroin addiction today is found generally among young men of minority groups in ghetto areas. However, heroin usage is spreading to young people of both sexes from more fortunate backgrounds. It is estimated that more than half of the known addicts live in New York State—most of them in New York City. Estimates of the total number of addicts range up to 200,000. Recent figures show that more than half are under 30 years of age, a few as young as 10.

All narcotic addiction in the United States is not limited to the heroin users. Some middle-aged and older people who take narcotic drugs regularly to relieve pain can also become addicted. So do some people who can obtain opiates easily, such as doctors and nurses. They take injections to keep going under pressure, and eventually find themselves locked into narcotic addiction.

## WHAT IS THE LIFE OF AN ADDICT LIKE?

The addict will admit that, once "hooked," obtaining a continued supply becomes the main goal of his life. His concentration on getting money and drugs frequently prevents the addict from continuing either his education or his job. His health is often bad. He may be sick one day from the effects of withdrawal, and sick the next from an overdose. Statistics indicate that his life span may be shortened by 15 to 20 years. He is usually in trouble with his family and in constant threat of trouble with the law. He lives to support his addiction.

## DOES ADDICTION LEAD TO CRIME?

Some studies suggest that many of the known narcotic addicts had some trouble with the law before they became addicted. Once addicted, they may become even more involved with crime because it costs so much to support a heroin habit. For example an addict may have to spend from \$25 to \$100 to buy his day's supply of heroin.

Most authorities agree that the addict's involvement with crime is not a direct effect of the drug itself, but turning to crime is usually the only way he has of getting that much money. The crimes are nearly always theft, prostitution, pimping, or "pushing." When the addict is desperate due to withdrawal sickness, he may resort to violence.

## WHAT ARE THE LEGAL PENALTIES?

New Federal penalty schedules have been enacted by Congress to replace those established under the Narcotic Control Act of 1956. Under this new legislation, the Comprehensive Drug Abuse Prevention and Control Act of 1970, illegal possession is punishable as follows: for a first offense, imprisonment of up to 1 year and/or a maximum \$5,000 fine. Second and subsequent offenses are punishable by up to 3 years of imprisonment and/or a maximum fine of \$10,000.

For unlawful distribution of narcotics in the two schedules of highly dangerous drugs, and for possession with intent to distribute, if a first offense, the penalties are imprisonment up to 15 years and/or \$25,000 maximum fine, with a 3-year special parole term required. Second and subsequent commissions of this offense are punishable by imprisonment or fine twice that otherwise authorized, and a special parole term of 6 years. The penalties are somewhat lower if the drug appears in Schedules III through V, which includes drugs with less abuse potential. A person under 21 years of age is subject to imprisonment for up to 30 years for a first offense and 45 years for subsequent offenses and/or a fine twice that otherwise authorized. Those persons involved in continuing criminal enterprise face imprisonment of 10 years to life, and \$100,000 fine and forfeiture of all profits gained from the enterprise. For a second offense, penalties are set at 20 years to life, a \$200,000 fine, and forfeiture of profits.

## WHAT IS THE TREATMENT FOR ADDICTION?

Medical authorities say that the addict is a sick person. He needs treatment for his personality problems, physical addiction and withdrawal sickness. Then, he needs considerable help to keep him from going back to drug use after his withdrawal.

The most difficult part of his treatment comes after he is out of the hospital. The doctors can help get him off the drug and help to restore his health. But it is harder to keep him from picking up the habit again, for many reasons. Drug-taking may have become his career. His friends may all be addicted. He may have no job skills and his work record is generally poor. He will have great difficulty making a fresh start in life and learning to enjoy existence without drugs.

A number of rehabilitation approaches to the problem of addiction are being tested including ex-addict self-help groups and narcotic substitutes. Rehabilitation means to rebuild—physical, mental, emotional, social, and vocational reconstruction. With many addicts, every aspect of existence will need rehabilitation.

One promising, experimental effort to help addicts is through maintenance on methadone, a narcotic commonly used to treat withdrawal from heroin. When taken regularly, methadone eliminates the craving for heroin as well as its euphoric effects. In some neighborhoods, addicts are maintained on methadone by daily doses administered at a local community clinic. Close supervision is most important including urine analyses to make sure that the addict is following directions about taking no drug but methadone. Counseling, job retraining, and the building of a new way of life must be combined with methadone maintenance treatment.

Because the rebuilding of a life can take many services and special programs, this opportunity for addicts in the past was very limited. The Narcotic Addict Rehabilitation Act of 1966 gives certain addicts a choice of treatment instead of prosecution or imprisonment, or—if they are not charged with crime—the right to ask for treatment on their own initiative or on that of a related person. Federal legislation also provides for a complete range of rehabilitation services to be made available to addicts in their own communities.

## WHAT IS THE NARCOTIC ADDICT REHABILITATION ACT OF 1966?

The Act provides that:

1. An addict charged with a non-violent Federal offense who elects to be committed for treatment instead of prosecuted for his crime can be committed to the Secretary of Health, Education, and Welfare for examination, treatment and rehabilitation.

2. An addict after conviction of a Federal offense can be committed to the Attorney General for a treatment period of no more than 10 years, or for the maximum period of sentence that could be imposed for his conviction.

3. An addict not charged with an offense can be civilly committed to the Secretary of Health, Education, and Welfare for treatment upon his own application, or that of a relative or another "related individual."

Care of the addict after his release from the hospital is a key aspect of his treatment. Aftercare programs provide continuing treatment for up to 3 years in the addict's home community. These programs are individually designed to meet his special needs.

The Act NARA is administered by the National Institute of Mental Health, Department of Health, Education, and Welfare, and by the Department of Justice.

Communities can also receive Federal support for building or staffing narcotic addict treatment centers for people dependent on narcotics and other drugs who want help. These centers are supported by NIMH grants matched by community or state funds. A full range of treatment facilities are available: hospital care, emergency treatment, and outpatient services with all the special rehabilitative facilities that may be required.

## WHAT IS BEING DONE TO LEARN MORE ABOUT ADDICTION?

The Division of Narcotic Addiction and Drug Abuse, National Institute of Mental Health, is the focal point for Federal activities in drug abuse research. The Division operates Clinical Research Centers at Lexington, Kentucky and Fort Worth, Texas. There, scientists are studying patterns of drug use, the nature of addiction, and the psychosocial aspects of the addict. At Lexington, the Addiction Research Center focuses on many basic questions about the process of addiction from the cellular to the human level. New narcotics are screened to prevent highly addictive ones from coming onto the market. The Addiction Research Center is in the forefront in the search for a safe narcotic antagonist which will neutralize the effects of heroin in the body.

For the benefit of Drug  
Education and Rehabilitation

—a RAP session for adults.

Thurs., Nov. 16, 1972 — 7:00 P.M.

FIRST BAPTIST CHURCH

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Kings Mountain, North Carolina

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