

REALITIES OF PSYCHOACTIVE DRUGS AND THEIR USE

"Doctors pour drugs of which they know little,
to cure diseases of which they know less, into
human beings of whom they know nothing."

Voltaire

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INTRODUCTION

After almost fifty years of beleaguered battle, the "law" and its enforcement personnel have yet to achieve an effective way to stamp out narcotic use and addiction. In fact no illicit drug use has been irradiated by penal threat. The Le Dain Commission Interim Report states that regulation by penal threat is clearly demeaning for all of us and should not apply at all to certain of the psychoactive agents, e.g., cannabis products. (1) Have we forgotten that prohibition of alcohol failed miserably? In addition to frustrating criminal proceedings to fight drug abuse we witness appalling inconsistencies in the definition of what is or is not a dangerous drug. The amphetamines, one of the more dangerous psychoactive agents, are manufactured far, far in excess of reasonable "medical" demand. (2) The Bureau of Narcotics and Dangerous Drugs found in 1971 that "92% of amphetamines and barbituates in the illicit market (in the United States) were legitimately manufactured". (3) We will be wise as a community to get away from hysterical preoccupation with the "hideous" effects of "drugs" and look squarely at the syndromes of drug use. What are the circumstances appropriate to our various licit and illicit ways of drugging?

Attention has been given to four concerns in this paper: pharmacological descriptions of psychoactive agents, exploitation (licit and illicit spread and use) of them, as well as control and treatment measures. In the hope that readers will feel that there is something positive about the situation of drug abuse, I would stress that the Commission of Inquiry into the Non-Medical Use of Drugs, the Le Dain Commission, has produced a historically solid and critically positive (as well as accurate) assessment for the Canadian scene.

A similiar mood is becoming prevalent among researchers in the United States, although as recently as last year the House and Senate failed to deal adequately with over-production and use of legal "dangerous" drugs in Bill HR 18583.

I DESCRIPTIONS

The psychoactive drugs are those naturally occurring agents: narcotics (opium, morphine, heroin), caffeine, nicotine, alcohol, coca leaves and cocaine; hallucinogens (hashish, marijuana, psilocybin, peyote and miscellaneous others - nutmeg, fly agaric) as well as those manufactured agents*: synthetic narcotics (methadone); barbituates (phenobarbital, Nembutal, etc.); tranquillizers (meprobamate, Equanil, Valium, Librium, etc.); the amphetamines (Dexedrine, Methedrine, Benzedrine and other central nervous system stimulants, e.g. Preludin, Tenuate, Tepanil, Ritalin, etc.); inhalents and solvents and hallucinogens - sometimes called psychedelics (LSD, also synthetic mescaline and psilocybin), which alter mood or behaviour.

* Note that many names given here are brand names derived from the pharmacological identities - usually similiar - by manufacturers.

TABLE I

AGENT	EFFECTS	ADDICTIVE		USES	PHYSIOLOGICALLY HARMFUL	
		NO	CAN BE		NO	CAN BE
Caffeine	Stimulant	X		Pleasure	X	
Amphetamines	Stimulant		X	Pleasure Medical		X
Cocaine	Stimulant	X		Pleasure		X
Narcotics	Pain relief Tranquillization		X	Pleasure Medical		X
Alcohol	Sedative and Hypnotic		X	Pleasure		X
Barbituates	Hypnotic		X	Pleasure Medical		X
Tranquillizers	Hypnotic		X	Medical		X
LSD	Hallucinogenic	X		Pleasure Medical	X	
Cannabis	Hallucinogenic	X		Pleasure	X	
Psilocybin	Hallucinogenic	X		Pleasure	X	
Peyote	Hallucinogenic	X		Pleasure Ritual	X	
Inhalents	Various	X		Medical Pleasure		X
Organic Solvents	Various		X	Pleasure		X
Aerosol Products	Various	N/A		Pleasure		X
Tobacco	Various		X	Pleasure		X

SOURCE: Oakley, S. Ray; Drugs, Society and Human Behaviour. (C. V. Mosby Company: Saint Louis, 1972) pp. 282 & 283.

II EXPLOITATION

- The Licit Drugs -

Prevalent use of psychoactive agents such as tobacco, coffee, and alcohol is familiar to all of us. In recent years concern over the harmful effects of excessive use has led to such measures as warnings on cigarette packages. The Le Dain Commission carefully noted the dangers of excess among the legal psychoactive agents, e.g. alcohol:

It is estimated that 5.45 percent of the drinking population in Canada, that is about 617,000 persons, consume a hazardous amount of alcohol, defined as 100 ML (about $3\frac{1}{2}$ ounces - equivalent to about five social drinks) of absolute alcohol per day.

The World Health Organization has estimated that in both Canada and the United States the prevalence of dependence on alcohol is 100 times greater than dependence on narcotics.

Widespread advertising helps to spread and encourage the use of these agents. Harm is the result of continued excessive use in most cases. Exceptions to this rule include the barbituates which are lethal if the body's ceiling tolerance is passed, i.e. the body will tolerate barbituates until a certain threshold, after which any additional amount is lethal.

The barbituates are members of a wide selection of legal psychoactive agents manufactured for distribution through the prescription process. The various amphetamine drugs also come under this category. Particularly in the case of the amphetamines, there has been heavy criticism of excessive manufacturing.

Some 8 billion amphetamine tablets are produced annually (1969) in the U.S., yet at the February 1970 Hearings in the House on Bill 18583 to reassign restrictions on manufactured psychoactive drugs Dr. John Hennings, acting

director of the Food and Drug Administration testified that "amphetamines had a limited medical use and their usefulness in controlling obesity was of doubtful value". (5) Widespread manufacture and distribution of amphetamines makes no sense at all if the above view is accurate.

.....amphetamine abuse is not confined to students.

Our case files indicate that the most likely occupational group to be represented are medical personnel; housewives are next, those engaged in nocturnal occupations follow..

.....Addiction to amphetamines also occurs.....

Direct observations of amphetamine addicts now make it clear that amphetamine addiction is more widespread, more incapacitating, more dangerous and socially disrupting than narcotic addiction. (6)

Graham Jones in his recent article in Society, "amphetamine Politics on Capital Hill", called the amphetamines the drug of the White American with money to spend. In the U.S. in 1967 "178 million prescriptions for amphetamines were filled at a retail cost of \$693 million". (7) This figure represented 8% of all prescriptions issued. A study sampling 68 Toronto physicians indicated that:

Prescriptions for mood-modifying drugs constituted one fourth of all prescriptions dispensed to a non hospitalized urban population. Sixty-nine percent of the prescriptions were written for women. (8)

What we have is blatant overuse of these agents, encouraged, no doubt, by a cultural ethic suggesting that bodily ills can be corrected by drugs; that moods, if unpleasant, can be driven away. Manufacturers are the first supporters of chemical cures and among the strongest lobbyists when it comes to restrictive legislation on licit drugs.

When debating Bill 18583 in the Senate, Senator Dodd levelled his opening remarks squarely at the prescription pill industry.

Multihundred million dollar advertising budgets, frequently the most costly ingredient in the price of a pill, have, pill by pill, led, coaxed and seduced post World War II generations into the "freaked out" drug culture.... Detail men employed by drug companies propagandize harried and harassed doctors into pushing their special brand of palliative. Free samples in the doctors office are as common nowadays as inflated fees. (9)

The situation with barbituates is not vastly different.

These derivatives of Barbituric acid are excellent central nervous system depressants and are primarily used "therapeutically for anxiety, insomnia, anesthesia and epilepsy.... The effects of barbituate intoxication are similar to those with alcohol and it is not surprising that they are frequently misused." (10) The particularly damaging aspects of barbituates are the severe withdrawal symptoms from addiction and the tolerance ceiling of the body to barbituate consumption. Once that level is reached, another few milligrams means death.

ILLICIT DRUGS

We could say that the licit drugs mentioned above are the most prevalent of misused drugs in as much as they affect all age ranges and life styles. For the sake of brevity we concentrate in this section on some examples of illicit use of drugs among young persons. At least some perspective on the Vancouver scene is gained.

A survey by the Narcotic Addiction Foundation of "Drug Use Among Vancouver Secondary Students" was completed in March 1971. Over 2400 students ages 13 to 20 responded to the questionnaire administered. "Well over half of the secondary students have been offered at least one drug (excluding alcohol and tobacco) and probably the opportunity to use it." (11) The number using tobacco was about the same as the number using marijuana, although the latter saw much more infrequent use. LSD, methedrine, barbituates and heroin usage were also queried. The distribution was as follows:

	LSD	Meth	Heroin	Glue
Have used but don't anymore	13.3%	5.3%	1.1%	8.5%
Still using	7.9%	1.4%	.6%	.4%

Usage of barbituates (tranquilizers) was: 22.4% on prescription and 8.1% without prescription. About half of the users said they had taken barbituates only once in a year.

SUMMARY OF INCIDENCE OF DRUG USE (12)

PERCENT HAD USED OR WERE USING

Alcohol	60.6%
Cigarettes	42.5%
Marijuana	38.9%
Tranquilizers	30.6%
LSD	21.3%
Glue	8.8%
Methedrine	6.6%
Heroin	1.7%

Table II shows roughly comparative figures for students in other cities and British Columbia overall.

A report of the Addiction Research Foundation of Toronto entitled "Drug Use Among High School Students And Their Parents" found the following break down among students who had used a drug in the last six months:

See Table III.

TABLE II (13)

Comparison of Drug Use

Reported by Six Surveys

Percentage Using at Least Once

Date	Toronto May 68	London May 68	Halifax April 69	Montreal April 69	B. C. Spring 69	Ottawa May 70
<u>Drug</u>						
Tobacco	38	47	47	46	41	37
Alcohol	46	68	40	49	46	56
Marijuana	7	6	7	9	20	19
Speed	7	6	6	6	4	5
Tranquillizers	9	8	6	8	27	3
Glue	6	10	3	2	12	3
LSD	3	1	2	3	7	10
Opiates	2		2	1	1	2

Notes

Grade Levels

Time Span

7,9,11,13	9-13	7,9,11,12	8,10,12,14	8-13	7-13
Last six months	Have you ever?	Last six months	Last six months	Have you ever?	Last two months

TABLE III (14)

Students' Rates of Drug Use

<u>Drug</u>	<u>Percentage of Users</u>
Alcohol	70.3
Tobacco	40.6
Marijuana	12.4
Hashish	10.8
LSD	8.0
Glue	7.6
Opiates	3.6
Speed	5.6
Other hallucinogens	5.6
Tranquillizers	10.1
Barbituates	5.8
Stimulants	9.0

In general, incidence of use is somewhat lower among the Lincoln and Welland County Ontario students compared to Vancouver students.

An important finding of the study was that.... "there was a significant association between parental and student drug use. For every drug examined, where parents were frequent drug users their children were as well.... The conclusion is inescapable that parents who are users of tranquilizers, barbituates, and stimulants are likely to have children who are users of drugs such as marijuana, LSD, solvents, speed, as well as the prescription drugs and alcohol and tobacco." (15) An evaluation of such an association was not pursued by the Vancouver study.

Without doubt, these psychoactive agents are readily available to youth. Some may be available from home, e.g. alcohol, barbituates and amphetamines. Tobacco is easily purchased. Over the counter prescriptions and bootlegging are common acquisition procedures. Cannabis products generally circulate in friendship circles as do LSD and the other chemical hallucinogens, although there is street traffic as well. Speed, i.e. liquid methedrine for injection is considered dangerous even in the drug subculture and users are forced to acquire their speed very secretively - as in the case of narcotics acquisition. A characteristic of many of the chemical agents is that they are easily synthesized even by amateurs.

SUMMARY

Man's use of psychoactive drugs as a palliative for ills, simple pleasure, or whatever is not a new phenomenon. Our generation, however, witnesses a proliferation of chemical agents and an overall availability of drugs that is difficult to understand. It is easy for almost anyone in our culture to induce an altered state upon themselves through the use of licit or illicit agents.

Pharmacologically, the most notorious psychoactive agents, the narcotics, are not the most dangerous. Amphetamines and barbituates can be more deadly. The greatest drug abuse in terms of the number of people whose health and lives are affected is the abuse of alcohol and tobacco.

Increasingly, exposure of young persons to today's variety of drugs is a part of their everyday lives - at home or at large. Without doubt, the status quo attitude about drug abuse is a relative comment depending on who you are. Two comments of the Le Dain Commission Interim Report reflect some measure on the wilting status quo:

....much contemporary drug use simply serves the purpose of relieving the stress and tension which most people, young and old, experience in modern living. Certainly this is a dominant function of alcohol and nicotine which are still the most prevalent drugs in all age groups. It is also true of the large quantities of barbituates consumed by adults. In the vast majority of cases it is idle to look beyond the relief of tension for an explanation. (16)

The motivational patterns underlying drug use also vary to some extent from drug to drug. In the case of cannabis, a major factor appears to be the simple pleasure of the experience. Time after time witnesses have said to us in effect: "We do it for fun. Do not try to find a complicated explanation for it. We do it for pleasure." (17)

III CONTROL AND TREATMENT

Scientists no longer believe that a drug has a single, simple physiological action, essentially the same in all humans. Experimental, anthropological and sociological evidence shows that drug effects differ greatly, depending on variations in physiology, psychology, knowledge and social situation of the drug taker. (18)

Treatment modalities for various types of drug abuse indicate several trends. The present Commission on Drug and Alcohol Abuse under the Provincial Department of Education has stressed that medical models are being de-emphasized and concern of the whole person encouraged. This has been a definite trend in treatment of alcoholics in Ontario.* In Vancouver the Narcotics Addiction Foundation has achieved more encouraging results in the treatment of heroin addicts (methadone program) by advancing from simple administration of methadone on the basis of a urine sample positive for heroin addiction to consultative evaluation of the client's "situational" problems. Some of their programs attempt to involve families in the "rehabilitative" process.

ILLICIT DRUGS

Control of illicit psychoactive drugs is, of course, prohibition by law of use or sale and enforcement of this prohibition through the police and courts. Success of this procedure is limited. Some aspects of the process are very harmful. Illegal users suffer harassment and receive no positive shred of encouragement to change their ways. Police plug away at the same frustrating

* From conversation with Peter Battison, Chairman of the commission under the Department of Education, British Columbia.

cycles of cutting off supplies through a mass roundup of traffickers and starting over again as illicit markets re-establish. The courts and jails are plugged. I can only reiterate the conclusion of the first position paper - there needs to be a review of drug use regulation especially under criminal law.

Most treatment programs for persons addicted to various drugs have a voluntarily intake procedure, although some compulsory programs exist almost always in conjunction with a penal institution or court.

The Narcotic Addiction Foundation treats those who voluntarily seek help. Certain programs treat the addict as a "total institution" along very selective and rigid program lines, e.g. X-Kalay which is modelled after therapeutic communities such as Synanon and Daytop in the United States. Very few people are capable of meeting the conditions of such programs.

An "open" admission type of program in the treatment of female drug abusers is the Elizabeth Fry Society in the lower mainland.

In the case of the hallucinogens, very little in terms of ongoing treatment is available to these users. One reason is that the relative danger of such psychoactive agents is actually rather minimal. So called "freak outs" or "bad trips" in the case of chemical hallucinogens is a problem area. Forms of "psychological counselling" are the usual treatment modality in such cases. In Vancouver at present resources for these services are available through The House (NAF), U.B.C. Health Services and the "flying squads" of Insite (North Vancouver) and similar crisis oriented centres.

An overall consideration in the field of treatment for the hallucinogens is that although actual danger from the agents (in pure form and known safe dosages) is not great, the large number of users increases the likelihood that there will

be a number of users requiring treatment for impure chemicals and overdose.

LICIT DRUGS

Under law, manufacturers of psychoactive agents must meet the minimum standard of the Food and Drugs Act. Volumes are controlled in Canada on the basis of "estimates for legitimate use" and "permits to Licensed Dealers to manufacture or import certain quantities". (19) This type of control does not exist in the United States. Actual consumption of licit psychoactive drugs is intended to be regulated through prescription access which is ostensibly in the hands of the physician or psychiatrist.

The study of Toronto physicians by Cooperstock and Sims indicates that there may be patterns of administering drugs associated to variables such as: types of practice of the physician and age.

The prescribing physician was studied intensively, constituting as he does the intervening variable between patient and drug. Seventy percent of the mood-modifying prescriptions were written by general practitioners, only five percent by psychiatrists. Physicians graduating after 1950 wrote a disproportionately high number. These younger physicians tended also to prescribe more tranquillizers and fewer barbituates than their colleagues, and to prescribe for shorter lengths of time. (20)

Assigning the duties of "gate keeper of licit drugs" to the physician may be an unrealistic burden under current circumstances. I feel that the same sort of "unfair" burden is the lot of the police relative to control of illicit drugs.

Prescriptions, from another point of view, represent control of drug consumption

- and frequently knowledge - by an agent, the physician. The consumer is expected to trust his agent. Yet, drug research is a highly specialized discipline. The physician "may not follow the latest developments in pharmacology, read its journals or attend meetings of its scientific organizations. So he depends for his knowledge of drug effects on such general medical literature as he keeps up with, on his immediate colleagues, and on the knowledge provided by pharmaceutical companies through their literature and salesmen." (21) These comments are not intended to "debunk" the medical profession, but to raise the view that competition and pressures of time etc. are a realistic part of the physician's practice. His patients will be affected in a variety of ways.

A more critical issue - a moral issue - arising from concerns of agent control is apparent in circumstances of drugs administered without consent of the recipient. The administration of amphetamines to allegedly hyperkinetic school children is a not uncommon example where those administering the drug insist that it is for the well-being of the recipient. Such a decision is unilateral and not beyond contention: who is to evaluate the ability of the child to deal with his drugged state? Is it any more valid than his "hyper" state? Perhaps the drug is simply being used by the agent to prevent "unpleasant" behaviour which he would rather not deal with. Some of our mental institutions make widespread use of drugging for purposes of treatment and control.

SUMMARY

A climate is developing that may give birth to reassignment of current illicit drug control to other than criminal law proceedings. Licit drugs such as the barbituates and amphetamines need better regulation. A moral issue revolves

around situations where people are required to ingest drugs involuntarily under the control of an independent agent. Positive directions of treatment of drug addiction should be greatly encouraged. Restructuring of the methadone treatment program by NAF to include "total" assessment of the client indicates the agency's willingness to "treat" problems rather than merely symptoms. Treatment of the dangerous amphetamine and barbituate addictions is almost non-existent.

CONCLUSIONS

Anticipation of "new" treatment programs for drug abusers to be forthcoming from the recently established Commission on Drug and Alcohol Abuse should observe several considerations.

1. Mr. Levi has made a commitment to a program of community resource centres as the backbone of the future Department of Rehabilitation and Social Improvement activities.
2. J. Peter Stein, Chairman of the Provincial Commission, was one of the five members of the Le Dain Commission.
3. Peter Battison who worked two years under the Department of Education on a drug and alcohol abuse commission is also named to the new commission under Norman Levi's Department.

Very likely, B. C. has the climate developing to institute one of the most person-orientated programs for "treatment" of drug abusers that has ever been attempted on a large scale. This program will probably have the advantage of considerable local area input through the community resource centres. The Church should be involved and no doubt will be invited to participate if initiative and competence is shown.

A major problematic consideration relative to these possible developments will be a growing "business" of drug abuse control. Entrepreneurs in this field stand to make a great deal of money. Pressure from this factor could easily offset the success of a person-orientated treatment program.

The church can offer valuable and positive assistance in the following ways:

1. Encourage all positive approaches to treatment focusing on overall factors contributing to a person's drug abuse syndrome.
2. The Church has personnel and can train personnel who are qualified to help with the evaluation of specific "treatment" proposals submitted to the government or the proposed community resource centres.
3. These trained and competent personnel could be valuable in counselling work.
4. The Church can help identify specific needs in specific areas - e.g. the lack of treatment for barbituate and amphetamine addiction in Vancouver.
5. The Church may be able to offer facilities to be used in such programming.

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FOOTNOTES

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A PHILOSOPHY TO THE APPROACH OF DRUG ABUSE WITHIN THE
COMMUNITY RESOURCES PROGRAMME

(by The Honourable Norman Levi)

There is no known cure, as such, for the problem of drug abuse. The solutions lie only within the individual drug abuser and within the people of his community.

There are no professional experts who we can bring in to solve the drug abuse problem.

However, we are fortunate to have hundreds and thousands of preventative experts in every community. They are the people who do the work of our Province. They are the people who raise healthy families, are good neighbours and good friends. They are the men and women who give their love and concern and their time to their children and to the people of the community. They are the people who have the greatest gift of all. They have the gift of giving. In return for this they receive the greatest gift of all. They receive the love and respect of others and their own self-respect. They receive a sense of fulfillment. They receive their euphoria through living and giving. They need no chemicals to obtain their "highs". Their "highs" come from effective living. They have the only solution there is to the problem of drug abuse. They have no need for the constant and excessive use of mood altering chemicals. By giving of themselves they have found something far better than any chemical. This is their immunity -- and it is the only real prevention there is.

If we wish to find a solution to drug abuse, we had better look to these people. Our problems and our solutions lie within ourselves. A community's problems and solutions lie within itself.

There is only one control for drug abuse and that is self-control. It means finding something better out of life than can be found in a glass or in a capsule.

It means effective living. Only the parent who gives of self to spouse and children can pass on that self-control to his children. In the long run, the prevention of drug abuse will be done in the family or will not be done at all.

In any community all adults can be parents to all children. It is in the individual family and in the larger family known as the community, that prevention and solution to drug abuse will be found through effective living, or it will not be found.

Over the years, at different times and in different places on this continent there have been professional programmes and institutions attempting to meet the problem of drug abuse. They have all failed while the problem has increased.

When it comes to drug abuse there are no experts. The closest to it is the person who has gone the route to alcoholism or addiction and eventually has faced up to the simple fact that his problems lie within himself, but he is the first to tell you that he is only an expert for himself. The person who has overcome drug abuse problems has most often followed the path of self-help by helping others. By giving to others, his own inner needs have been met. This is basic to Alcoholics Anonymous philosophy, and it is basic to life. It is the gift of giving. It is the greatest resource in any human being and in any community, and to work out solutions to drug abuse, we are going to have to call upon it.

No one can go into a community and offer a solution to drug abuse or to most of the other related human problems, but we do know that the solutions lie where the problems are; within individuals, within families and within communities.

The people in the big "family" of B.C. have been and are, calling out for help with the very real problems of drug abuse.

In our hearts we know that the only help is self-help, and self-help is helping others.

It is the duty of the government to provide each community with the basis to examine, define and solve our human problems on a face-to-face basis.

This is the one-range goal of the government. There will be no exotic programmes (or imported pedigree professionals), but there will be people made available in each community to start what we have called "THE COMMUNITY RESOURCES PROGRAMME".

What kind of a programme this is will be determined by what we are as human beings, but nothing else.

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