



# THE ROYAL BANK OF CANADA MONTHLY LETTER

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## *Misuse of Drugs: Some Facts*

SOCIETY IS GREATLY TROUBLED by wide-spread reports of the use of drugs in harmful ways. This concern arises from the fact that we do not now have to go to the underworld to find people who abuse drugs, but come upon them in all social classes and in all economic divisions.

No clear guidance is at hand about what steps to take. The general ignorance about the nature and effect of various drugs may be traced to the moral detestation most people have of the improper use of drugs, and their consequent inclination not to think about this unpalatable subject. Without information about the incidence of the habit, and about the legal, medical and social treatment of it, and the causes that give rise to it, people are at a loss.

Account must be taken by those who are leaders in their communities of these undoubted facts: in a mere half century man has been flipped from the horse and buggy into the jet plane and space travel, and within man himself old faiths have crumbled without the development of strong new faiths to replace them. These events cause hitherto unknown stresses. The pressures and demands of society are too much for some people, and they turn to drugs.

There is, however, a healthy spirit in Canada of disbelief in drugs as the answer to weak knees and sick souls. As individuals and as a nation we cannot allow ourselves to sink into the position forecast by Aldous Huxley in his *Brave New World* where all we need to do if we feel worried, anxious, or upset is to take a pill.

Nevertheless, we are conscious that some people find it easier to turn to chemical comfort than to learn to handle their problems in a mature way. Having found a substance that relieves his feelings, a man may return to it again and again for help. Thus he becomes accustomed to depending upon the drug instead of upon his own inner resources and those offered by his family, by his church, by science and by society.

What is the condition of the person who allows himself to become dependent upon drugs? It was strikingly described by Dr. S. J. Holmes, Consultant Psychiatrist with the Alcoholism and Drug Addiction Re-

search Foundation of Ontario, to whose articles and papers this *Letter* is indebted for much basic and up-to-date information.

Dr. Holmes said to the Section of Psychiatry, Academy of Medicine, Toronto: "We can depict man's moods as an ever-changing pattern or spectrum. From hour to hour, influenced by inner and outer events, man's ego moves to and fro across this spectrum. At one end of the spectrum lies melancholia or depression; at the other end is mania or extreme agitation. A normal person stays in the middle range, straying into the extreme regions only rarely; if and when he does enter these regions, his social, psychological, endocrine and other biochemical factors adjust, and harmony occurs. In the emotionally sick person this healthy adjustment does not take place. The person at the agitated end of the spectrum is tense and anxious, and will respond to a drug that will soothe or tranquilize; the person at the opposite end, whose load of depression is so heavy that he can't raise his head and whose life is empty, meaningless, valueless and void, will respond to a mood elevator."

In other words, an individual takes drugs because they offer an easy short-cut way of escape from the reality in which he is involved.

We must be careful in our application of the word "drug". A drug is anything used as a medicine, and the preparation of drugs has been an honourable profession for many centuries.

Pharmacy had its beginnings when human beings first recognized a sensation of pain and consciously administered something in an effort to relieve their discomfort. It may have been a bundle of plant leaves wrapped around an open wound, or perhaps a broth of tree bark drunk to relieve a burning fever.

The pharmaceutical industry has been continuous in its search for better medicines. As research has progressed and as more specific medications have become available, mankind has been able to eliminate many of the diseases which were formerly prevalent and of serious statistical importance.

However, drugs are not always taken with common

sense. They are used by people who feel small in the face of the complexities of life, by people who seek a temporary feeling of importance, by people who wish to depress their anxiety or to raise their spirits, or by people who desire to experience hallucinations. It is this unnatural self-indulgence that is the damaging use of drugs.

### *What drugs do*

Dr. Erik Jacobsen, of Copenhagen, co-discoverer of a substance used in the treatment of alcoholism, suggests that there are five properties of drugs that induce people to use them: (1) They may combat fatigue — stimulants such as caffeine, cocaine, and amphetamine; (2) They may raise a person's mood — alcohol, barbiturates, morphine, amphetamine, meprobamate; (3) They may banish worries — alcohol, tobacco, morphine, meprobamate, barbiturates; (4) They may induce sleep — barbiturates, chloral hydrate, alcohol; (5) They may bring dreams — morphine, cocaine, marijuana, mescaline, lysergic acid (LSD).

In the general run of cases there is little danger of becoming a drug addict if taking the drug is properly supervised by a competent physician. It is improper use of drugs that raises problems, proceeding from habituation to dependency and addiction.

For some people, under some circumstances, any small amount of certain substances is too much. They may form a relationship with the drug that pushes them over the edge into dependency. They are tempted to continue, to increase their consumption, and finally they find themselves unable to stop. They have increased the tolerance of their metabolic and nervous systems so that they need more and more of the drug to attain the same effect.

The World Health Organization defines addiction in this way: "Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) An overpowering desire or need to continue taking the drug and to obtain it by any means; (2) A tendency to increase the dose; (3) A psychic (psychological) and generally a physical dependence on the effects of the drug; (4) Detrimental effect on the individual and society."

The danger is not only psychological, but physical. In seeking fast relief for his anxieties a man may reduce his awareness of symptoms which warn him of severe physical disease. Then he finds himself laid low by an ailment which, drawn to a physician's attention in time, could have been cured or relieved.

Some drugs are regarded as being so dangerous that every possible measure is taken by Parliament and its agencies, by the medical profession and by pharmacists, to prevent their use for non-medical purposes. These drugs may interfere with bodily or mental functions in such a way as to harm the individual and also to endanger other people.

### *Unaware of danger*

Ignorance is the cause of much distress due to drugs. People are unaware of the serious danger to their personality that can result from habituation, or even the smallest uncontrolled experiment with psychoactive drugs such as LSD and STP. Many young people have said that they might not have been curious enough to try drugs if they had known more about them.

One thing is certain. If young people on the verge of becoming dependent upon a drug for relief from this or that physical or psychological distress felt free to visit a doctor without a feeling of guilt and without fearing that they would be ridiculed, lectured, sermonized, or punished, there would be less danger of addiction. Medical people are, in the tradition of their profession, eager and willing to lend assistance and leadership. It must be made known to the young people that the help will be given without censure.

Most addicts are quite ambivalent in their desires with regard to drugs, says Dr. Holmes, "They have a desire to stop using which we can strengthen by acceptance and understanding at all times whether initially or during relapse."

### *Family responsibility*

There is a general belief that much of the venture into drug-taking among young people stems from unsatisfying family life. At some stage, the young person has failed to find in his family that degree of understanding he expected. He has been blocked in his search for maturity. He has not been given assurance that he belongs in the scheme of things. He has been forced to look elsewhere for satisfaction, perhaps within a self that is distorted and deceived by drugs, or among a group also experiencing the hedonistic state of rebellion against parents, teachers and society.

Police have found that most parents are incredulous when they are told that their children are indulging in drugs. The police do not call at a home on such an errand in any spirit of persecution or of reproach, but to inform the parents and give them a chance to serve and save their children.

Wise parents will welcome the warning and respond to it intelligently. They will not rant at their children, but will first take a critical look at the state of their family as a family. They will inquire into their own behaviour. Perhaps they have neglected some constructive parental functions because they were busy with business, sport or social doings. Perhaps they have avoided administering needed discipline because they thought it old-fashioned. Perhaps they have overlooked this and that breach of what is expected of children because they wanted the children to have more pleasure out of life than they had. Perhaps they have no family programme to develop sound personality.

Then, having started at the root cause, they will go on to correct the defects. They will seek the help of professionally qualified people for the rehabilitation of

their children. They will rebuild the family as a household distinguished for its mutual interests, its close relationships, its affectionate loyalties, its bond of union in which the welfare of every member, whatever his needs may be, is recognized as the responsibility of all.

Such a family will give no foothold to the ugliness of habituation to drugs. Partnership in it will fulfil the emotional needs of children, and keep their standards of thought and behaviour far above the shoddy debauchment offered by drugs.

### *Some common drugs*

It is well to know the properties of various drugs, so as to understand their effects and their dangers. Dr. Holmes lists them in this way: (1) Sedative — a drug which depresses the central nervous system, especially at its higher levels, so as to allay nervousness, anxiety, fear and excitement; (2) Hypnotic — used to induce sleep; (3) Tranquillizer — promotes the sense of calmness and well-being without that degree of depression of the central nervous system commonly associated with the action of sedatives or hypnotics; (4) Stimulant — by its action on the central nervous system it temporarily enhances wakefulness and alertness, improves mood and lessens the sense of fatigue; (5) Narcotic — a term commonly limited to drugs like opium, morphine, heroin, cocaine and marijuana. It is a criminal offence for anyone to grow, import, sell or possess a narcotic drug unless authorized.

The 1962 figures from the Narcotic Control Division of the Department of Health and Welfare indicate that there are at least 3,656 narcotic addicts in the country. The records of the Royal Canadian Mounted Police from March 1966 to March 1967 show that there were 943 narcotics convictions, and in the same period 1967-1968 there were 1,915 convictions.

Opium is of little significance in Canada's illicit market. It is smoked almost exclusively by small groups of older persons of oriental extraction. It is used as the source of material for production of several beneficial drug products such as laudanum and paregoric.

Heroin is made by acetylating morphine which is obtained from opium. It is available only on the illicit market, its import and manufacture having been prohibited since 1955. Another compound found in opium is codeine, which can also be made from morphine. This does not appear in contraband traffic to any extent.

Cocaine, extracted from the leaves of the coca plant, has been used medically for many years as a local anaesthetic, but is used improperly for its stimulating effect on the nervous system. It first affects the brain, causing restlessness and excitement, and then moves through the rest of the nervous system. Cocaine is not common in the illicit market because of its cost and its short-lived effect.

The drug benzamphetamine, otherwise known as

"pep pills" and internationally called amphetamine, arouses mental energy, abolishes fatigue, and gives a feeling of liveliness. Dr. Jacobsen says this drug is not yet obsolete, but the world has changed. Our cultural pattern has "changed its slogan from 'efficiency' to 'deliver us from our hurry and worries'." As a consequence the leaning is toward "peace" tablets instead of energizing pills.

Hallucinogenic drugs, those which loosen the mind, have the ability to induce sharp changes in states of awareness, perception, and communication. Some personalities like the "way out feeling" provided by such drugs as LSD 25.

The abusive use of LSD is entirely dependent upon illicit sources of supply. Regulation by the government since 1963 controlled the distribution of LSD by the one pharmaceutical company manufacturing the pure drug to a limited number of investigators. Then growing publicity about the exciting experiences users obtained created a new underground drug industry engaged in the making and distribution of this dangerous drug.

Users of LSD, many of them in the hippie or beatnik fringe, mistake apparent profundity of thought for high intellectual standards. They suffer delusions in their effort to interpret the peculiar things happening to them. They have chronic anxiety reactions, and drift aimlessly through life without social achievements to enrich their lives. They lay themselves open to premature death, because LSD thwarts or removes natural protective attitudes, sensible judgment, and the ability to perceive and evaluate common dangers.

Marijuana is not a new drug. As long ago as 1936 its use was a serious problem in the United States, where it had appeared in high school circles and among other groups where narcotics had never before been a problem. In the treatment and cure of disease this drug has no value whatever, but it has become the subject of debate as to its addiction liability, as a cause of crime, and as the prelude to heroin addiction.

The principal effect of marijuana is upon the mind, says a report of the United States Treasury Department. "Its continued use produces pronounced mental deterioration in many cases. Its more immediate effect apparently is to remove the normal inhibitions of the individual and release any antisocial tendencies which may be present." It may cause dangerous distortions in time, space, motion and behaviour. It may give rise to violent aggressiveness and uncontrolled violence.

The House of Commons was told in March 1968 that there had been 1,415 prosecutions for offences involving the use of marijuana in the preceding eleven months, compared to 94 prosecutions in the previous twelve months.

Tranquillizers are drugs which have a calming influence on worries, true or imaginary. Some are known to be addictive. Useful when properly used, tranquillizers are not intended for those who seek a chemically created world of tranquillity. Their habitual

improper use contributes nothing toward building a problem-free way of life.

If barbiturates have been left to the last in this survey of drugs, it is not because they are unimportant. Their improper use presents a growing menace to society. Properly supervised, barbiturates have a wide range of valuable medical uses. They aid sleep and relieve anxiety; they are used in the management of epilepsy and as sedatives in psychiatry. They have contributed greatly to medical advance.

But the use of short-acting barbiturates as "goof-balls" is of serious concern. It is impossible to estimate with any degree of accuracy the number of chronic barbiturate users and barbiturate addicts in Canada, but it has been estimated that the number exceeds that of opiate addicts several times over.

One authority declares that the barbiturate problem is more devastating than opiate addiction, causing more mental impairment and more motor incoordination. Yet barbiturates in many forms are easy to obtain by chronically anxious psychoneurotic people. They produce all degrees of depression of the central nervous system functions, and may lead to death. Poisoning may occur accidentally when an overdose is taken as a result of impaired judgment or impatience for sleep. The Dominion Bureau of Statistics figures on causes of death in the year 1965 show that barbiturates caused 262 deaths, more than 24 per cent of all deaths due to the effects of poison.

### *Effects on society*

✓ Drug abuse is not something which affects individuals only: it has an effect on society. Drug-taking is spread from the addict to the non-addict through curiosity, daring and the desire to be accepted.

The social contamination due to the drug habit is one reason why the State tries to control consumption. Canada wishes to protect its people.

William Kelly, Deputy Commissioner of the Royal Canadian Mounted Police, declares that illegal drug use is the top crime concern in Canada. He said in an interview in March that narcotics offences increased by 110 per cent in 1967, and added: "It seems that drug use among young people is now the 'in' thing."

Laws are made by Parliament and enforced by the R.C.M.P. and local police forces; there is rigorous Customs scrutiny to prevent the importation of drugs illegally, and Canada is one of many nations united to stamp out illegal international drug traffic.

The law enforcement measures set forth society's expectations and put limits on what is acceptable behaviour in the use of drugs.

✓ It is the function of the law to protect society, and many problems associated with drugs can be treated by legal, moral, and punitive methods. There is still left the matter of liberating the individual, and the standing committee on justice and legal affairs of the House of Commons recommended in March that treatment be substituted for punishment in the case of

drug addicts. It recommended that drug addiction "be recognized primarily as an illness."

There are many varied treatments advocated by medical and mental experts. All cases of addiction are not alike, even when they involve the same drug. They may require different dietary, social, vocational, medical and recreational procedures in different combinations. This is certain: withdrawal and rehabilitation are not "do it yourself" projects. They require competent guidance, therapy and help.

This is recognized by the Alcoholism and Drug Addiction Research Foundation set up by the Province of Ontario. Its study is directed toward learning about drugs likely to lead to addiction, about what sort of persons become addicted to various drugs, and about the processes of addiction itself. It reports to doctors and other professional people and to the public at large on its findings, in the hope that the prevalence of addiction will be reduced.

### *Need for education*

Dr. Holmes said in a panel discussion where the medical profession was recognized as a leader in combating narcotics addiction: "Although we commonly speak of drug addiction as a disease, it is more properly a symptom of disease rooted in social and economic conditions which tend to create dissatisfaction, unhappiness, conflict, tension and strife in the minds and souls of human beings."

Taking unprescribed drugs is not the answer to the problem of living with things as they are. The number of persons who are enjoying satisfying lives without drugs is far in excess of those who become drug addicts.

There is no doubt about the need for education on this point. Our troubling situation demands that education should start at the grade school level and should be continued through high school and into adult education. Parents need authoritative and understandable information which they can pass along to their children.

The proposals of the Montreal Protestant School Board in an effort to discourage student drug use point this up sharply. "We believe that only factual information well presented, and not conjecture based on an emotional appeal, will have an influence on our young people today. The responsibility for communication of this information must be shared by educators, parents, students and the public at large."

The Board proposes a five-pronged operation: films presented by competent persons, an information kit for school principals and guidance counsellors, student discussion groups, home and school programmes, and an information booklet for teachers.

✓ Most healthy young people see through the flimsy logic of the drug appeal when the facts are presented to them in an acceptable way. It is only by conveying to them the proper attitude toward drugs that prevention of drug-taking for inappropriate purposes can be attained.