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WHAT WE CAN DO ABOUT THE DRUG MENACE

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support and actively urge adequate Congressional appropriations toward that end. Perhaps another federal hospital or two should be established to bring such facilities closer to communities where addiction flourishes. It would be a mistake, however, to insist on setting up a large number of local clinics for addicts for two main reasons. The treatment of addiction requires teams of well-trained experts not readily available in most localities. Also needed are carefully designed and equipped facilities for handling this difficult and complex disease.

Together with improvement in our treatment facilities, we need to expand and intensify scientific research into the causes, cure, and prevention of drug addiction. Our scientists need to know more, for instance, about why so many addicts relapse after undergoing curative treatment. They need to know more about why certain individuals become addicts and others don't, even after experimenting with narcotics. As citizens, we can support measures on all governmental levels to aid scientific narcotic research, and also support private research centers.

Addicts Anonymous

In 1947 an organization patterned after Alcoholics Anonymous was founded by patients of the federal hospital at Lexington. The founders called it Addicts Anonymous, and got help in getting started from members of an Alcoholics Anonymous chapter in a nearby town. The organization has the same basic principles of mutual help in warding off the threat of relapse governing the original AA group, which has scored impressive successes in saving many former alcoholics from falling off the wagon. Chapters of Addicts Anonymous have been established in several large cities. All ex-addicts are welcomed as members. So far, the results have been most promising.

Alcohol and Barbiturates

As noted earlier, no anti-narcotics program can be complete without unceasing and strengthened activities against the menace of excessive use of alcohol, sleeping pills, and lesser drugs that are habit-forming. Particularly needed is a more intensified program of public education on the tragic consequences that follow abuse of these drugs, together with more stringent curbs to check the wide-scale excessive use that constitutes a grave social danger.

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Another patient, working in the dairy, once passed behind a cow and received an accidental but painful kick in the leg. He put his arm gently around the cow's neck and said to her in a soft voice, "That's okay, baby, it was my fault. I know you didn't mean to kick me."

In each vocational training section, the supervisor must file a monthly report on every patient in his group, detailing that patient's doings for the past month. The patient is rated in the following areas: interest, attitude toward supervision, cooperation, dependability, care of equipment, and progress in learning skills. This information is then entered by the chief of the vocational training unit on a special record which is periodically reviewed by a "progress board" consisting of himself and members of other sections concerned with the treatment of the patient. The same board reviews requests for reassignment which can be made by any patient through his supervisor.

Recreation, and Addicts Anonymous

The facilities for recreation include nearly every sport except swimming. There is a good-sized gymnasium, a boxing room, weight-lifting room, billiard rooms, game rooms for cards, chess and other table games, two bowling alleys, and individual practice rooms for musicians. Track, softball, touch football and basketball receive plenty of interest both intramurally and in competition with teams from schools and other institutions in the Lexington area.

In the large auditorium the patients are shown movies on Saturdays, Sundays and holidays. Local and traveling orchestras donate their time frequently for performances in the auditorium. The nine-hole golf course draws so many of the patients that they must sign up several days in advance for their turn to play. There are also three large, well-stocked libraries, and a hobby shop for work with leather, wood and plastics.

Several years ago a former patient who knew of the successful results obtained by Alcoholics Anonymous decided that the same program might be helpful to narcotics addicts. After thorough study of AA, and with the full cooperation of the hospital, he organized a group patterned exactly after AA and called Addicts Anonymous. The group is still small—about 35 men and 28 women regularly attending weekly meetings—but the members are enthusiastic. Visiting members of both Addicts Anonymous and Alcoholics Anonymous come to the hospital frequently to work with the patients who have joined the movement. Since there are very few groups outside the hospital many members join Alcoholics Anonymous groups after discharge, and are readily accepted.

The meaning of security

The hospital was organized as a security institution for federal prisoner addicts, and it remains a security institution today. However, the word "security" has many mean-

ings at Lexington. Here it is a matter of keeping people and contraband material out of the hospital and its grounds as much as keeping federal prisoners inside the gates. It means maintaining the welfare of the patients and of those who supervise their activities. It means the protection of federal property. Possibly most important it means the feeling of personal security which every officer and employee of the hospital tries to instill in each patient. Few if any narcotics addicts have the ability to face or cope with authority in their home environments, but they find a needed refuge in the authority at the hospital, and in the knowledge that they are receiving controlled help by people who have accepted them and understand their problems.

The section of general services has charge of all security measures within the hospital, and the uniformed psychiatric and nursing aides are the patients' supervisors whenever they are not working or studying in one of the supervised vocational training units. Each of the aides has received at least one year of on-the-job training and is responsible for his own group of patients, the number in the group depending upon whether they require maximum, moderate or minimum supervision. Most of the aides are stationed in the orientation and dormitory wards, but some move about through the hospital. An aide is present and available to any patient day or night.

Control of travel and the community

Although most of the patients are federal prisoners, no mechanical controls are used in the hospital. One sees many doors of steel bars which were intended to separate various sections of the hospital, but most of them are seldom if ever closed. Patients have much freedom to move about the hospital except in certain sections. However, in nearly all cases, if they are not working at their vocational assignments or in their dormitory section, they must carry passes issued by their supervisor or psychiatric aide. This must be shown at the request of any aide or officer, or at the desk in the central control area through which one must pass in going from any part of the hospital to another.

The windows in the hospital have strong steel crossbars between the panes, and the doors in the dormitory sections have similar windows. Nearly all patients have single or double occupancy rooms in the dormitory sections. The doors are not locked, and may be open or closed as the patient chooses. Each room is furnished with a chair, a table and a bed, but the patients are allowed to exercise their ingenuity in decorating their rooms with drapes, pictures, embroidered pillows, and photographs of loved ones. The materials for decorating are usually from scraps of cloth, wood, leather or plastics from the industries, and are worked on in the hobby shop which is a popular recreation unit. By exchanging materials among themselves the patients manage to acquire nearly anything they want for decoration. The effect is sometimes startling, sometimes pathetic, but always dramatic. The men's dormitory rooms