

From - The Christian Evangelist
Oct. 17, 1951

THE DRUG ADDICTION MENACE

Prevention Lies in Arousing Public Opinion

by Stephen J. Corey

Chaplain, U. S. Public Health
Service Hospital
Lexington, Kentucky

THE NEWSPAPERS have lately been reporting on the drug habit and its complications and consequences, especially in connection with youth addiction.

I feel that I should set down a few of my own observations on this threat to the mental and physical health of our country. I do not claim to be an expert in the matter. I shall write as a chaplain who for more than seven years has been the Protestant pastor in a restricted parish of from twelve to fifteen hundred drug habituates. My chaplaincy is at the U. S. Public Health Service Hospital for drug addicts at Lexington, Kentucky. I can only hope to deal with a few factors in this complicated problem in one article.

This hospital, with the exception of a similar institution at Fort Worth, Texas, is the only hospital in the world where the government has undertaken to cure addiction. I can say that at this institution, with an admirable singleness of purpose, and a highly trained personnel, our government is working night and day to help check, and, so far as possible, eradicate this great evil. I was very ignorant concerning the grave problem of drug addiction when I undertook the work. I have learned much since I began and perhaps I can throw some light on the problem for a largely uninformed Christian fellowship. My chaplaincy has been only a part-time undertaking, but my interest and concern have moved me to put much of my time into the work. I shall put what I write into an attempt to answer several important questions relative to the drug habit and its possible cure.

I What Is Drug Addiction?

Drug addiction is a malady to be cured, but most people look upon it as a crime to be punished. The misleading and false term "dope fiend" has been widely used and has brought much misconception and much ugly prejudice concerning the person who has been trapped by this sinister habit.

Drug addiction might be defined as that continued use of drugs of a narcotic nature, which brings to the user a physical and psychological dependence, so that if the addict is denied the medication, there is a reaction upon the whole system of well-nigh intolerable suffering. It is not only that the drug

is strongly habit forming, but in complete addiction the whole personality is affected and the will to control oneself practically disappears. The longing for the drug overtops all else and life becomes a horrible nightmare without it. Patients have repeatedly said to me that they were as helpless before the dependence on the drug as an epileptic is who confronts a seizure. An alcoholic can usually get on a "bender" and then desist for sometime before another spree. *Not so with the drug addict.* He must have it three or four times a day. He is a continuous, and helpless slave after he once becomes "hooked."

II How Do People Become Addicted?

It should be said here that the drugs deemed addictive and coming under the regulation of the law, are opium and its derivatives, which are morphine, heroin, codeine; and also such drugs as cocaine, peyote, demerol, and marijuana. There are also certain synthetic drugs gradually coming under the restrictions of the law as research proves them to be addictive. The hospital here has a strong research department dealing with such matters.

There are various ways of becoming addicted. The most excusable route is by the way of excessive and continued pain. Certain drugs are remarkable and justifiable medications for relieving intense physical suffering. However, if used too long during pain, or continued afterward, dependent addiction becomes not only possible, but in many cases probable. My own observations would lead me to believe, however, that emotional instability, of one sort or another, is the most frequented pathway to drug addiction. The doctors will bear me out in this conclusion. This instability may be inherent, or it may arise from certain experiences of frustration in family, business, or social life.

In fact, research has proved that much of such instability arises through the maladjustments of childhood which carried over into adult life. It has been proved that certain people are far more susceptible to addiction than are others, because of personality deficiencies. Quite a number of the patients at the hospital have been alcoholics first and have become drug addicts through an attempt to escape the discomfort of

the liquor hangover. Inability to go to work Monday morning, after the weekend drinking, has led some to resort to the temporary lift which the drug affords. In such cases, if the improvisation is continued, the drug becomes the master and liquor falls into the background.

III Can Drug Addiction Be Cured?

While there are many discouragements with regard to a real and permanent overcoming of the drug habit and large numbers never seem to be able to stay cured after treatment, on the other hand there are many real victories. If the habit is of long standing the cure is more difficult. Even in such cases, however, there are notable exceptions. I had a letter recently from a man and his wife, both addicts for more than twenty years and both having been at the hospital more than once, who are now cured, happy, and meeting the issues of life with courage and success. They have been off the drug long enough to prove their recovery and they are busy showing the way out for others who have been addicted to alcohol and drugs.

Dr. Victor H. Vogel, the medical officer who directs the hospital, states that out of the more than 12,000 who have been treated since the hospital opened, careful contact with patients after being discharged would indicate that 20 per cent have never reverted to drugs. He also states that fully 20 per cent more, where contact has been lost, have probably made adjustment to life and society.

It should be said that many patients come back to the hospital several times for treatment. Some come voluntarily, others because they have broken their parole as former prisoners by becoming readdicted. These are not deemed helpless because they have not made the grade, but are treated as any sick person would be who has to return to a hospital for repeated treatment.

When patients leave the hospital after the required four to six months, unless they have left without the approval of the medical staff, they are usually cured and so pronounced. That is, their stay and treatment has carried them beyond the time when they have a physical dependence on drugs. It has been demonstrated that they can

get along without that which formerly enslaved them. However, the real test comes as to whether or not they can stay cured, when they leave the protection of the hospital and meet the stern realities of life. The beginning of the drug habit is the attempt to escape these realities. The temptation is always before one who has once been an addict to attempt the escape again.

There is a psychological element in addiction besides the physical dependence. Because of this, problems arising which cause discomfort, fear, frustration, or unhappiness, can easily bring back the old temptation to free oneself for the moment from the hard reality. Flight, just once, to the familiar drug, usually means the upset of emotional sanity, the eclipse of will and self-management—all is lost and re-enslavement ensues. Many times, just the taking of a drink of liquor throws one momentarily off center and drug addiction recurs.

These times of crises facing one back in real life, away from the hospital and its protection, are where the vital need of religious faith and dependence upon God is one's bulwark against temptation and the overcoming of the great character wreckers, fear and its handmaid, emotional instability.

IV How Is Cure Effected?

The United States Public Health Service Hospital was instituted after a trial had been made of the workings of the Harrison Narcotic Act passed by Congress in 1914. It was proved that such a law did not solve drug addiction. The law made it illegal to possess or use narcotic drugs without a proper physician's prescription and also had other severe restrictions with regard to narcotic drugs. It was especially severe with regard to those who sold narcotic drugs illegally.

Following the passage of the law, thousands were arrested and jailed for breaking it. These drug users were simply being imprisoned as criminals instead of having the very necessary medical and psychiatric care. Sudden deprivation of the drug had tragic effect on many of the users. Imprisonment embittered, instead of curing, the violator and some even committed suicide in their despair without the drug.

It was for the purpose of approaching drug addiction from a humane and scientific standpoint that the great hospital at Lexington was built and equipped. It is likewise a prison, for the majority of the patients have broken the narcotic law and are under sentence. All are patients, however, and the institution is pre-eminently a hospital and one of high professional level.

The hospital is staffed with highly trained psychiatrists, physicians, and nurses as well as trained attendants. Besides the staff there is large equipment for the exercise of occupational therapy for the patients. This includes a thousand-acre farm highly developed in agriculture, a beef herd, a dairy

herd, a piggery, a cannery, machine shop, carpenter shop, furniture factory, tailor shop, bakery, school, library, theatre, chapel, printing shop and other useful features. All of these are used as a part of the treatment and a help toward recovery.

The critical part of the applied cure is the drug withdrawal period, which occupies several weeks. This has to be done with great care and must be grad-

About the Writer



STEPHEN J. COREY, author of this article, after a notable career as a missionary leader and educator among the Disciples, and following "retirement" (so called), became chaplain of the U. S. Public Health Service Hospital, Lexington, Ky.

From this unique vantage point Dr. Corey writes of his close-hand observations of the problem of drug addiction, especially among young people. He speaks each Sunday to 150 to 300 of these unfortunates and conducts innumerable personal interviews with them.

ual, so that both mind and body can stand the serious strain. Many patients come in a very pitiable condition, physically, mentally, and emotionally. The dependence on drugs has in many cases become so complete that the whole system has been brought to a very low level of vitality. As soon as withdrawal is fairly completed, psychiatry, occupational therapy, good food and care enter into the treatment.

V What Part Has Religion in Cure of Addiction?

Help comes to the patient in three ways through religious work: In religious services in the chapel (Protestant, Catholic and Jewish), in private interviews and in the work of the Addicts Anonymous group. My own Sunday evening services in the chapel have had an attendance of from 150 to 300, entirely voluntary. A considerable number of the addicts either are, or have been, church members. One should

say, however, that the patients range all the way from the underworld of the big cities to highly trained professional and business people. We have had the whole range of American life in our services, even including ministers of the gospel.

Preaching is not different from that to the usual congregation, except that there is more emphasis on points of particular need for the patients. The call is needed for self-inventory, penitence, humility, confession of sin, elimination of self-pity, or bitterness. A day-at-a-time practice of religion is essential and above all recognition of the love of God and dependence on him every hour in trust and prayer for guidance. Sins against the dignity and sacredness of personality are constantly emphasized.

The most effective work in my ministry has been in personal counseling. Patients are invited to make dates with me for intimate interviews. The first step in psychiatry, as well as religion, is to get the patient to see that he cannot alone manage his own life, that he has lost control of matters and that he must submerge his ego and humbly accept help. Like the "prodigal son" he must take searching inventory of his weakness and his dilemma and come to himself. The next step is to try and get all bitterness toward others out of his heart, as well as all self-pity for himself. If the patient opens up and is not afraid of making complete confession, he is not only on the way to reform, but is also in a position to add to his possession the resources of faith and reliance on a higher power than himself.

The good work of our Addicts Anonymous group is worthy of treatment by itself, on its own merits. It follows the philosophy and the rules of the Alcoholics Anonymous movement. It has quite a long honor roll of those who have gone out and remained cured. The group was organized over four years ago and was the first among drug addicts. Great help has come from visiting Alcoholics Anonymous men and women who have come for many miles to testify of their victory over drink. A number of those who have been members of the group at the hospital and have gone out and stayed cured, have come back to speak at the meetings and encourage the patients by their own victory over addiction. Both the Alcoholics Anonymous and the Addicts Anonymous members place at the center of their convictions and work the absolute need of a Higher Power in the cure from either liquor or drug addiction. One of my great joys is in the correspondence I have with those who have gone out permanently cured and who give praise to the hospital and tribute to the faith that is in them.

VI What of the Youth Problem?

The newspapers have recently highly dramatized addiction among the youth of America. It is a matter of grave

concern. In the hospital, out of about 1,400 patients, more than 400 are between fifteen and twenty-two years of age! The coming of these young people has greatly increased in the last two years. The problem of cure for these addicts is very great because of their immaturity and lack of purpose in life, and also because of previous condition and environment. While there is occasionally one with good family background (always highly sensationalized in the newspapers), these young addicts are for most part the result of broken homes, youthful maladjustment and the irresponsible tides of juvenile life in our great cities. The majority of these younger addicts came from New York, Chicago, Washington, D. C., New Orleans, and other crowded cities. Many are young

Negroes. The proportion of boys is much greater than that of the girls.

In looking over the records it is pathetic to see how many have no responsible home influences to guide them through the emotional, susceptible and formative years of development. They have become the flotsam and jetsam on the tides that flow through the congested streets and alleys of dense and undisciplined populations. Drug addiction has become an adventurous overflow of juvenile delinquency. Many have started with the daring social gang of their neighborhood, in the smoking of marijuana cigarettes for the exciting "kick" afforded. These soon become the easy victims of the despicable drug "pusher" who entices them into something far more potent and devastating, heroin, or

some other opium derivative. Occasionally, a juvenile with more helpful surroundings, perhaps a high school student, is decoyed into addiction. Even in these cases there is often some unhealthy home maladjustment that leads to frustration and desire for something that will bring even temporary escape from worry, fear, or boredom.

Some hope for these youngsters who have been "hooked" and come to the hospital for cure, lies in the revelation which comes to them of what drug addiction does for adult life. However, prevention will lie in the arousing of public opinion, proper instruction as to the gruesome habit, in home and school classroom and adequate punishment for the drug bootlegger and "pusher," commensurate with the loathsome crime committed.

Favorable Response to Christian Literature Week

Church Leaders Praise Its Values

Across the brotherhood there has been wide and enthusiastic response to the annual observance of Christian Literature Week. It will be observed October 28 to November 4 this year.

Here are but a few comments from church leaders concerning the observance of the week.

● Our CWF used your Bible reading plan last year with very good results. I was very happy to receive it again.—Bernice Knoedler, Vernonia, Ore.

● We think you have a fine idea and we will appreciate your help with literature.—Zack Walker, Laneville, Tex.

● The materials in the packet are to be used at both group and general CWF meetings in October.—Mrs. K. Dale McAlvey, Petoskey, Mich.

● Proved very successful last year.—Chas. L. Woodall, Macon, Ga.

● Christian Literature Week is a "must" on our Church calendar. We believe in informed discipleship.—W. Dean Mason, Cherokee, Okla.

● We hope to create interest enough to further develop a library, especially one for children, youth, and for missionary study interests.—Mrs. T. Howard Stark, Elkton, Ky.

● For the third year we plan a downtown exhibit of Bibles and Testaments, old and in many translations. Also good reading matter.—Lester M. Bickford, Bald Knob, Ark.

● Christian Literature Week is of ever-increasing importance, as it becomes more difficult to get people to read, not only the Bible, but also other good Christian literature.—Paul Eugene Ehly, Fort Scott, Kan.



● We use this week to introduce and obtain subscriptions to Christian publications. It works—it informs.—John L. McCurdy, Mitchellville, Iowa.

● One of the most effective techniques yet for general Christian Education in the brotherhood and in every area of the work of the local church.—James A. Moak, Mayville, Ky.

● For the past three months our CWF has been emphasizing Christian literature and this will be a sure way to put it before the whole church.—Mrs. Norval Knouse, Findlay, O.

● I plan to distribute one-page mimeographed introductions to the suggested biblical books plus a suggested modern book (contemporary) review each month. This week has a worthy emphasis.—Earl C. Davis, Rushville, Ind.

● I think there is an increasing need for emphasis upon this observance. We need wholesome, constructive thinking, and correct information about brotherhood life and work.—Glen W. Mell, Great Falls, Mont.

● I have encouraged the observance of Christian Literature Week for several years, resulting in increased subscriptions to our periodicals. General interest aroused.—Edsel F. Pugh, Bluefield, Va.

● This is a splendid program and needed in our day.—Carl Hoff, Smithville, Mo.

● Your packet is very helpful. We plan to utilize its entire contents. Please send 100 copies of pamphlet "Plan of Reading for Christian Layman."—Warren Newman, Athens, Tex.

● We would not miss this annual opportunity to give added impetus to our constant efforts to encourage good reading.—J. E. Dorman, Pensacola, Fla.

● The Evening Guild of the CWF will sponsor the three-minute talks and publicize the poster.—Mrs. Jack Kniceley, Sidney, Neb.

● We shall emphasize reading the Bible, religious books and church magazines in youth and adult classes.—Mrs. Geo. Dungan, Urbana, Ill.

● This annual observance greatly helps those of us who constantly work for more Christian literature reading.—Hugh J. Sinclair, Oklahoma City, Okla.

● We are starting a church library and will launch our program with a book review.—Mrs. Leonard French, Smithville, Mo.

● We must keep our reading Christian if we would follow Christ.—Floyd W. Case, Huntsville, Mo.