UIC Law Review

Volume 9 | Issue 1 Article 4

Fall 1975

Medico-Legal Aspects of the Social Control of Drugs, 9 J. Marshall J. Prac. & Proc. 60 (1975)

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MEDICO-LEGAL ASPECTS OF THE SOCIAL CONTROL OF DRUGS

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INTRODUCTION

In order to give a perspective on how psychiatrists look at the problems of drug use and abuse one must first be familiar with the kind of information to which psychiatrists are exposed and the kinds of opinions that at least some psychiatrists hold.

Those in the psychiatric profession generally feel that the drug control law approach has been a dismal failure. There are three reasons for this feeling. First, the approach has resulted in the criminalization of people—a negative development. Once a person is addicted to heroin, criminal activity will almost inevitably follow because the ability to function is somewhat impaired and the cost of the drug is very high.

Today, marijuana is a generally accepted agent among our youth. They do not believe the propaganda predicting the ill effects of the drug because they know the establishment is wrong. They know that marijuana is not a hard drug and that it should not be subject to the same legal penalties as those drugs which are properly categorized as such. The punitive effect on sick people and healthy youngsters evidences the failure of the drug control law approach.

Second, the problem is a growing one. Ten years ago there were about 300,000 heroin addicts; now there are 600,000. The number of agents available for abuse is certainly growing. Today many more drugs are being synthesized and the average man is very likely to be taking something, either alcohol, librium, equanil or nicotine.

Third, the drug control law approach has been a failure because the wrong substances are receiving the most legal attention. Compare, for example, the characteristics of the following

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two agents. Which should be the object of more public attention?

One agent has been absolutely proven to cause brain damage. One single dose destroys a certain number of brain cells. The same agent is fatal if approximately five dollars worth of it is taken at one time. Long term use of the agent has proven to cause early senility, fatal damage to certain vital organs, stomach ulcers, disfiguring skin conditions, crippling of the lower extremities and incurable paranoid psychosis. Some evidence suggests this agent is associated with cancer of the liver and of the large intestine. Its use leads to physical dependence with potentially fatal withdrawal, and has been proven to cause social deterioration.

The other agent has been *accused* of many things, including brain damage, genital deterioration, psychological damage and social degeneration, but no single study has satisfactorily proven the truth of any of these accusations. There are major population segments in certain countries using the agent and recent studies by other governments have not demonstrated any ill effects.

The first agent, of course, is alcohol and the second, marijuana. The first is very much available and its use is encouraged in much of the propaganda, while the other is receiving considerable legal attention.

Current literature on alcohol reveals the following information:

1. Alcohol-related health problems account for 26 percent of all admissions to mental hospitals, according to the National Institute of Mental Health.
2. Greater than 40 percent of those persons between the ages of 35 and 65 admitted to mental hospitals have problems related to alcohol abuse. For males, it was 60 percent of that age bracket, based on a sample of 404,000 admissions.
3. A minimum of 10 million Americans had alcohol-related problems in 1974.
4. Public intoxication accounts for one-third of all the arrests each year. One-half of all homicides and one-third of all suicides are probably related to alcohol.
5. Alcohol plays a key role in one-half of all highway fatalities each year.

Oddly, people are arrested for possession of marijuana. But if one compares the threat posed by the use of marijuana with that of alcohol abuse the current legal emphasis is placed on the wrong substance.

Background and History

Drug use has been a part of the culture of all peoples throughout history. Indian gods used soma, the Greek gods ambrosia, the Aztecs peyote and the Incas coca. The Industrial Revolution led to chemical extraction of the active alkaloids, and many new agents may now be synthesized as well.

Along with this, there has been growing production, merchandising and creation of an avid consumer. In 1843, the hypodermic needle was invented and the Civil War gave us what was called the "Soldier's Illness." At that time doctors were chiefly responsible for getting people addicted to some of the hard drugs.

In China there were 15 million addicts in 1906, and in 1937 there were the same number of addicts, despite drastic action to do something with the problem. Some feel that the importation of Chinese laborers led to an opium alkaloid problem in certain segments of this country. Certainly there is a growing medical drug usage. Doctors prescribe immense numbers of drugs. The statistics on the manufacture of certain of the mild tranquilizers and certain of the major tranquilizers are fantastic.

History shows that drugs of this sort were used in a structured manner, associated with religion and other cultural practices. As affluence increases in a society, however, there seems to be a trend for the structural use of an agent to decrease.

Technical Aspects

A drug is a toxic chemical agent which, when used below toxic levels, has potential therapeutic value. The margin of safety is a very important consideration in the medical use of drugs. Certainly, some of the drugs prescribed by the medical profession have a narrow margin of safety, the toxic dose being very close to the therapeutic dose. It is, therefore, necessary to monitor blood levels of people using these drugs to be sure that they stay within the therapeutic range. Another important consideration is the prevention of side effects. Both the acute and the chronic side effects must be considered.

Drug habituation, which is characterized by the essential element of compulsive use of an agent, is of two basic types. First, there is physical dependence causing a change in body metabolism, development of tolerance levels and a withdrawal syndrome. Withdrawal is the major physical danger caused by some drugs. This is true of barbiturates, such as librium and meprobamates, such as equanil, which are widely used in this country.

The other kind of habituation is psychological, the prime factor being the individual's personality. Personality traits can

predispose an individual to become habituated or they may protect an individual from habituation. Certainly, psychological habituation can exist even with non-drugs, such as chocolates.

Some agents, while not capable of generating physical dependency, can create a partial physical dependence. For example, a withdrawal syndrome may result when the agent is discontinued but no tolerance had developed. Some agents, however, produce a total physical dependence with manifestations of all three elements, habituation, tolerance and withdrawal.

The danger of overdose, another medical concern, increases as tolerance is developed to a particular agent. The results initially manifested by small doses of the opium alkalizers diminish as a tolerance to the drug develops. The tolerance may change depending on various states of the body. A sudden illness could change a potentially safe dose into a toxic dose. Prohibitory drug laws have created a street market in which disreputable dealers vary the concentration of the active agent in the substances they sell. Since the strength of the product cannot be reliably estimated by the consumer, it can lead to a dangerous accidental overdose.

Psychological Factors

As a psychiatrist, I would like to talk a little about some of the psychiatric or psychological aspects of increasing drug usage. The first question to be raised is what kinds of psychological phenomena contribute to the problem. All behavior is probably biologically motivated. This applies to individuals as well as to the species as a whole. In general, we constantly attempt to adapt and survive. Symptom formation, whether it be physical or psychological, is an attempt on the part of the individual to adapt to his changing environment. For example, the cough is a very useful physical symptom. It is an attempt on the part of the respiratory system to eliminate some of the toxic by-products that are being produced. Generally it is not a good idea to suppress a cough unless it is preventing sleep or having a similar negative effect.

This process is also characteristic of psychological symptoms. If someone is over-using or abusing a particular agent, he may be making an attempt to adapt to some type of threat or stress, often depression or anxiety. However, symptoms are not always healthy nor are they constructive adaptational techniques. As a cough can deprive one of rest, so a psychological symptom can lead to aberrations in behavior.

The following factors or stresses have created new adaptational challenges which may account for an increasing propensity

to use drugs. First, there is a new sense of mortality or finiteness, brought on by the development of nuclear weaponry and the realization that we are now capable of absolutely destroying ourselves. This realization leads to a new experimentation and experience-seeking; we want everything we can get as soon as possible. The realization of the capability of self-destruction has made us more conscious of the end to the extent of creating a preoccupation with death.

Paradoxically, we still feel or suffer a delusion of indestructibility. Jules Masserman talks about it in this way: Man has three basic fears—the fear of death and physical destruction, of being rejected by others, and a kind of abhorrence to what is called cosmic triviality. We really do not like to believe that we can be hurt or that we can die. We like to believe that we can have ultimate faith in our fellow man and we wish not to be trivial in the cosmic sense.

To compensate for these three fears, all of us have three delusions. One is the delusion of indestructibility. We all seem to believe that as individuals we are immune from tragedy. We go on smoking and racing along the highway at 70 miles an hour because the possibility of something happening to *us* is unthinkable.

To compensate for the fear of social rejection we choose to believe that we are all alike, that we can really trust our fellow man. We believe that given the same information we all behave in the same way, even though daily experience proves otherwise.

To deal with our dread of cosmic triviality, we delude ourselves into thinking that there is some omnipotent servant called whatever you want to call it, God, lady luck, mother nature, medical science or the Illinois lottery, and if you treat it right, it will treat you right.

Some people think that the sick and insane are really those people who have lost their delusions, and that doctors, lawyers, educators and sociologists have the duty to restore these delusions, so that people will be able to cope with reality and function normally.

Another psychological factor that increases the need to adapt is excessive stimulation by advancing electronic bombardment. As means of communication develop, the media make us aware of places and problems we have never seen or experienced. This increased awareness allows us to have a real sense of anxiety about events thousands of miles away. The ability of modern civilization to communicate with other dimensions of our universe subjects us to a great deal more stress. Interaction on

a one to one basis has expanded to encompass communications with planets and with beings in outer space, as well as with our fellow human beings in other societies around the world.

In order to deal with all these stimuli, people search for habits and devices which allow them to focus on one thing at a time. Smoking and nail biting serve such a purpose. Drugs also enhance the ability to concentrate by allowing us to shut off many of the stimuli to which we are being exposed.

Drugs become so associated with certain social settings and social activities that they become a way of life. If an alcoholic in treatment is asked to give up alcohol, he is, in effect, asked to renounce his old habits, friends and activities.

Drug use fills certain voids often brought about by depression and anxiety. Today's society is a ripe environment for depression. The disintegration of the family unit and the immense popularity of divorce are primary causes. Drug abusers are depressed people and a central problem in treating drug abuse is the treatment of depression.

Western society has emphasized the negative aspects of drug use, but positive dimensions do exist. Anything that relieves suffering is useful. More harm results to drug users from unreasonable and punitive social attitudes and legal sanctions than from the drugs themselves. There are many drugs that are dangerous, but the negative point of view by society only adds to the problem. If a person feels that he is evil and a villain in society, his depression will be heightened. If a connection exists between abuse of certain drugs and crime, it may very well be brought about by the drug user's loss of self-esteem. When people dislike themselves, when they feel they are not as worthwhile as others, their behavior deteriorates.

Finally, in the psychological area, a psychological predisposition is a *sine qua non* to addiction. There are occasional heroin users, just as there are social drinkers. Not everyone who takes heroin will become an addict. Certainly, alcohol meets all the criteria for a drug that is potentially physically addictive.

The character of the addict, especially the addict of the opium alkaloids, is changing. Thirty years ago he was a man who perhaps had tuberculosis or some chronic painful disease, was white, and perhaps in poor mental health. Today's addict is more likely to be black and healthy.

Medico-Legal Problems

Certain medical-legal problems remain unresolved by the present scheme of drug control laws. Can doctors use drugs ef-

fectively and yet be subject to restrictive controls? The red-tape involved in prescribing certain medications and meeting license requirements has become increasingly burdensome. Should drug users be committed in order to deny them access to debilitating agents? Incarceration may prove to be the most effective treatment of drug addiction; yet, the criteria for incarcerating people are so stringent that it is unlikely that society will be able to deprive someone of his freedom in order to treat his addiction.

Drug intoxication is often regarded as an exception to the insanity defense. If a person has self-induced the intoxication, insanity will not be available as a defense. But can an addict's use of a drug really be regarded as simply voluntary self-induction? After all, he does have a compulsive need; if he does not take the drug he will become violently ill. Should not the courts at least consider this actual lack of voluntariness in attempting to achieve a just resolution?

Conclusion

Just as an individual uses adaptive techniques, both constructive and non-constructive, to adapt to his environment, the drug control laws represent a sick adaptive technique by society. An attempt is being made to deal with what is perceived as a threat to civilization, but the symptomatology that we are developing and the mechanisms that we are using, are causing more difficulties. So far the cure is worse than the illness.

The hope of the future lies in advanced chemical sophistication. We may be able to come up with some agents that are very selective in their action, that will do some of the good things and not some of the bad things. That is the hope for the future: more drugs but better drugs.