### "CHR IST IAN RESPONSE TO DRUG ABUSE"

By Erne st J . Newsom 12-3-1984

### Introduction

Human beings are homeostatic-seeking organisms. To promote a feeling of homeostasis, artificial substances are frequently ingested. It is generally accepted that many persons develop drug dependence as a means of coping with stressful situations in life. Dependence on drugs tends to become a way of life that adds to rather than solves any underlying stress or problems.

Drug dependency is characterized by the repeated use of substances that have habitual forming properties. Repetitive use of the substance produces a sense of physical well-being and/or temporary release from emotional stress and results in a state of "dependency", psychological dependence, physiological dependence, or both. Drug dependency is problematic in all socioeconomic' groups and geographic regions. The obtaining of drugs becomes a primary need of the drug-dependent person. To fulfill this need, the individual often resorts to illegal activities to get funds to pay for the needed substances. Thus, changes in the individual's lifestyle takes place.

Addiction to a substance also includes other areas of addiction. The person who says he is addicted to heroin alone is incorrect. He is addicted to the lifestyle he has developed, to the whole process of acquiring and administering the heroin to himself. With single drug addiction, there are many addictive elements in the person's life and behavior that support and maintain drug addiction. It is the purpose of this module to objectively examine the phenomenon of drug dependence and to explore the psychiatric technician's role in assessing and intervening to promote a drug-free lifestyle for the chemically addicted client.

### "The Investigation of Narcotics and Control-Substances Offenses"

Narcotics and other drugs are among the most useful tools of modern medicine. At the same time, they can also be destructive because some are potentially addictive. Problems associated with narcotics and controlled-substances use are not new. For many years research has been conducted in the hope of finding solutions to the problems encountered as a result of drug abuse. Inspite of these efforts, drug abuse continue to increase while the age of the average user continués to decrease. Moral, mental, and physical deterioration is the inevitable result.

The investigation of narcotics violations is more difficult than the investigations of other crimes because there is seldom a victim who will complain or voluntarily provide information to law enforcement officers. The violations themselves are seldom observed. As a result, offenses are difficult to discover and control.

The average citizen does not consider the narcotics problem to be a personal one, and does not realize that he or she indirectly pays for addiction. Over 30 percent of the persons arrested for narcotics and drug violations are charged with violations involving hard narcotics, such as heroin and cocaine. But whether the violations involve narcotics or drugs, addictive or non-addictive, the substances must be purchased or stolen. An addict spends between \$35.00 and \$100.00 for a 24 hour supply of heroin. Because the addict cannot legitimately earn this amount, he or she turns to crime. To satisfy a narcotics habit the addict generally must steal goods worth at least five times what is paid for the narcotics. Working alone or in teams, addicts steal thousands of dollars worth of merchandise from food markets, department stores, warehouses and distributors, and often become involved in such crimes as residential

burglary and armed robbery. Inaddition, there are clear indications that organized crime is involved both directly and indirectly in narcotics and drug traffic, principally in processing and importing narcotics and drugs, primarily heroin, as well as the financing of major purchases and wholesale distribution.

# **II Selected Principles**

- 1. Drug-taking is a behavior; therefore, it has meaning and can be understood.
- 2. A behavior persists when it either increases the individual's pleasure or reduces discomfort.
- 3. An individual's perceptions, attitudes, opinions, and beliefs exert substantial influence upon self-behavior.
- 4. Equilibrium requires the ability of an organism to perceive and interpret both internal and external
- 5. Use of drugs is the result of a complex interaction of past experiences and present environment.
- 6. Loneliness is an unpleasant and usually avoided emotional experience accompanied by real or perceived isolation from other human beings.
- 7. Identification of oneself with other individuals or groups of individuals is necessary to decrease or eliminate loneliness.
- 8. Social and culture institutions exist as a result of the needs of man. The individual tend to seek satisfaction of self needs within his/her culture through the channels that culture has established for satisfaction of individual needs.
- 9. Depending upon circumstances and cultural definitions, any given activity or adaptive mechanism may be considered normal and healthy in one situation and abnormal and unhealthy in another situation.
- 10. Dependency upon drugs as a means of coping with problems of every day living adds to rather than resolves underlying stresses and problems.
- 11. Maintenance of both physical and psychological equilibrium requires that the individual have the opportunity for positive, growth. This includes experiences for learning in general and for the acquisition of adaptive problemsolving behavior in particular.

### III. Trends In The Use of Drugs

- A. Historical perspective: Drug dependence is not .a new phenomenon in the United States of America.
  - 1. During the Civil War, the hypodermic syringe was introduced to America. Morphine was widely prescribed to soldiers to relieve pain and dysentery. Morphine dependence was called "soldiers disease".
  - 2. In the 1800's, there was widespread legal distribution of patent medications containing opium. These were dispensed by traveling peddlers. Mrs. Winslow's soothing syrup and Dr. Piere's Golden Medical Discovery were popular remedies.
  - 3. In the 1850's, the Chinese railroad workers brought their cultural habit of smoking opium to America. The practice spread rapidly in the San Francisco area.

## B. Legal Regulations:

- 1. The Federal Food, Drug, and Cosmetic Act of 1906
  - a. This law states that patent medicines containing alcohol, morphine, opium, and other drugs must indicate this on the label. Food and drugs must also meet official U.S. standards of identity and purity.

- b. Public education campaigns leading to the passage of this act encouraged people not to use patent medicines containing opiates. This probably helped curb the making of new drug-dependent individuals. However, the selling of opiumcontaining patent ffiedicines remains legal.
- 2. Harrison Narcotic Act of 1914 (Repealed in 1970)
  - a. This law was the first attempt by the government to control narcotic use within the United States.
  - b. This law eliminated the narcotic-dependent individuals legal source of supply.
    - i. A physician could not legally prescribe a narcotic to keep a person comfortable by maintaining this person's customary use.
    - ii. A physician could' prescribe narcotics for legitimate medical reasons, but drug dependence was not considered a legitimate medical reason. Federal Controlled Substances Act (C.S.A.)
- 3. Federal Controlled Substance Act (C.S.A)

It is also called the comprehensive Drug Abuse act

#### **NARCOTICS**

### 1. NARCOTICS DEFINED:

COCAINE, OPIUM, MORPHINE, CODEINE HEROIN, ALPHA EUCAINE, BETA, EUCAINE, CANNABIS, SATIVA, ISONIPECAINE, AMIDONE SALTS. Derivitives of a narcotic: LOPHOPHORA, DROMORAN, NISENTIL, KETOBEMIDONE

### 2. PEACE OFFICERS:

The Chief of the Division, Department of Justice and the inspectors have the powers and duties of peace officers in the performance of their duties.

### 3. WHO MAY WRITE A NARCOTIC PRESCRIPTION:

1. Physician, (b) Dentist, (c) Chiropodist, (d) Veterinary doctors.

### 4. THE PRESCRIPTION:

- a. Must be written wholly in ink or indelible pencil.
- b. In the handwriting of the prescribing doctor.
- c. Signed and dated as of the date written.
- d. Name and address of person prescribed for.
- e. Name and quantity of the narcotic.

### 5. PRESCRIPTION BOOKS:

- a. Issued by the State.
- b. Serially numbered of 100 each in a group.
- c. Furnished free of cost.
- d. Only one group of books to same prescriber.

### 6. COPIES OF THE FORM:

- a. Original and one copy to person filling prescription.
- b. The original shall be retained by the pharmacist.

- c. The, duplicate is retained by the pharmacist. At the end of the month it is sent to the state.
- d. The third copy remains in the book and shall be retained for two years.
- 7. TO SELF: No person shall prescribe or administer to himself.
- 8. DATING: No person shall antedate or post date a prescription.
- 9. TIME: No person shall fill a prescription unless tendered to him on or before the 7th day following date of filling.

#### 10. RETENTION:

- a. The person who fills the prescription shall keep it on file for at least three years.
- b. A prescription not to be altered.

### **NARCOTICS**

- 1. VISITING: It is unlawful to visit or be in any room or place where narcotics are being or have recently been unlawfully smoked or used.
- 2. PAREGORIC: Can only be sold upon prescription of a physician.
- 3. ADMINISTERING A NARCOTIC: Only a physician or a registered nurse can administer to a narcotic addict.
- 4. EXEMPTED SALES: No prescription is necessary for sales by a retailer to a druggist or a druggist to a: Physician, Dentist, Chiropodist, or Veterinary doctor.

#### 5 FORFEITURE OF VEHICLE:

- a. If used to unlawfully transport or facilitate the sale of a narcotic.
- b. If narcotic unlawfully kept, deposited, or concealed.
- c. If unlawfully possessed by any occupant of vehicle.

## 6. NOTICE OF SEIZURE OF VEHICLE:

- a. Proceedings shall be filed with the County Clerk and served on all owners.
- b. Within 20 days the owners may file a verified answer.
- c. If at the end of 20 days, no answer is filed, the court shall declare the vehicle forfeited to the state.
- d. If an answer is filed, a hearing shall be set on a day not less than 30 days therefrom.
- e. Vehicle turned over to the State Department of Finance.

### 7. SEIZED NARCOTICS:

- a. Shall be order of the court be turned over to the state.
- b. The state may give narcotics to state prisons or hospitals. Except heroin or smoking opium.

### 8. DISPOSITION OF FINES:

- a. State gets 75%
- b. City gets 25%
- c. County, if no city involved, gets 25%

## 9: IMMUNITY OF PEACE OFFICERS:

a. Immune from possession law etc. while making an investigation in line of duty.

### 10. PREVIOUS CONVICTIONS:

- a. For possession: not less than 2 nor more than 20 years.
- b. For transporting etc: 5 years To life.

### **CONCLUSION**

As we consider all the evils of narcotics and its addiction to man, and the corruption to society, we must be deeply concerned about our lives, neighborhoods, homes, churches, and the very existence of our country.

It is most important that we do our part in trying to evangelize the world where we are living, whenever we have the opportunity. We as christians are reminded (I Cor. 6:19,20) "That our body is the temple of God, and that we have been bought with a very expensive price, the life of God's only Son, our Lord and Savior Jesus Christ." We cannot contaminate the temple of God with alcohol or drugs.

We are also admonished in Rom. 12:12, "I urge you therefore brethren, by the mercies of God to present your bodies a living and holy sacrifice, acceptable to God, which is your spiritual service of worship, and do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove' what the will of God is, that which is good and acceptable and perfect." This should be the Christian's response to drug abuse.

### **BIBLIOGRAPHY**

- Aldrich, C. Knight *The Effect of a Synthetic Marijuana like Compound on Musical Talent as Measured by the Seashore Test*, Public Health Report, 59, (March 31, 1944) 431.
- Ausubel, David P.- <u>Drug Addiction: Physiological, Psychological, and Sociological Aspects</u>, New York; Random House, 1958.
- Ball, John C. <u>Marijuana Smoking and the Onset of Heroin Use</u>. Lexington, KY, Addiction Research Center, National Institute of Mental Health, 1967.
- Bloomquist, Edward R. Marijuana: Social Benefit or Social Detriment? California Medicine, 106 (May, 1967) 346.
- Byrd, Oliver E. Report from Medical Journals on Marijuana, Palo Alto: Dept. of Health Education, Stanford University, 1967.
- Drug Abuse: Escape to Nowhere: A guide for Educators, Philadelphia: Smith, Kline and French Laboratories, 1967.
- Drug Abuse: <u>A Manual for Law Enforcement Officers</u>. Philadelphia, Smith, Kline, and French Laboratories, 1967.
- Eddys, Nathan, and others "Drug Dependence Its Significance and Characteristics", Bulletin World Health Organization, 32 (1965) 72T.
- Mauer, David W. and Victor Vogel <u>Narcotics and Narcotics Addiction, 2nd Ed.</u>, Springfield, IL, Charles C. Thomas, 1962.
- Munch, James C., "Narcotics Addiction Problems", "Marijuana and Crime", I.N.O.A.E. 6th Annual Conference Report, (1966) 55.
- Murphy, H. B. M., "The Cannabis Habit", Review of Recent Psychiatric Literature, Bulletin on Narcotics, 15 (January-March 1963), 55.
- Rosenfeld, Albert "Marijuana Millions", Life Magazine, 63 (July 7, 1967) 16.
- Task Force Report: *Narcotics and Drug Abuse*, <u>President's Comm. on Law Enforcement and Administration of Justice, Task Force on Narcotics and Drug Abuse</u>, Washington, D.C., U.S. Government Printing Office, 1967.
- State Dept. of Education, California, Drug Abuse: A Source Book and Guide for Teachers, Sacramento: State Dept. of Education, 1967.