

ADOLESCENT DRUG USE

SIMON L. AUSTER, M.D.*

"The sufferer is tremulous and loses his self-command; he is subject to fits of agitation and depression. He has a haggard appearance. . . . as with other such agents, a renewed dose . . . gives temporary relief, but at the cost of future misery."

THIS description of the effects of coffee was written at the beginning of this century by a professor at Cambridge University, the most distinguished pharmacologist of the time, in a standard medical textbook. In any analysis of the use of drugs, because of the intense passions aroused, it is useful to keep close to the forefront of one's attention the radical change in attitude towards this now-common beverage that the most informed medical opinion has undergone in the past 50 years. Hopefully, it will provide a perspective that will enable us to be more thoughtful and less emotional in our own consideration of these substances.

This discussion will be concerned with most of the spectrum usually considered subject to abuse, with one exception. The discussion will include both those totally prohibited—such as the opiates, cocaine, the hallucinogens, and cannabis derivatives—and those in general use, but subject to control, mainly the amphetamines and barbiturates. It will also touch on the almost infinite range of volatile organic solvents used for sniffing, for example, glue, gasoline, and cleaning fluid. The lone exception is alcohol, usually of relatively minor interest to the population using the other drugs.

Users distinguish between two general classes, the "highs" and the "downs." In the former group are cocaine, the hallucinogens, amphetamines, solvents, and, usually, cannabis. In the latter group are the opiates, the barbiturates, tranquilizers, and, for some people, cannabis derivatives. Within these two general categories, users, even "garbage collectors" who will take anything, are generally aware of differences among the drugs. Thus opiates are referred to as "hard stuff," and the popular button reading "Speed Kills" is a reference to the danger of amphetamines. Barbiturates are known not to mix with alcohol, even in small amounts. The absence of any established long or short term ill effects from cannabis is recognized (and frequently quoted to "squares"), and the latest findings of LSD research are widely known and discussed. It is generally very unwise to attempt to deter young people from drug usage by scare tactics; any audience will invariably contain at least someone who is as knowledgeable as the person giving the lecture, if not more so.

Drug usage cuts across population barriers, although the pattern of usage differs among social groups. The use of cannabis and the opiates among the lower class ghetto residents is an old phenomenon and has been extensively described. Its use by middle and

* *Simon L. Auster, M.D., Director, Fairfax-Falls Church Mental Health Center, Falls Church, Virginia*

upper class youth is relatively new and is probably the single factor most responsible for the current upsurge in community concern about drugs and their effects. Until recently, it was generally accepted as strictly a matter for the police and the Narcotics Bureau; now, more people are growing concerned as the issue becomes more immediate, with their own children getting involved in drug use.

Adolescent users seem to fall into several different categories. While the heavy use of opiates and cannabis by the ghetto population has led to the conclusion that drugs are mainly used to escape from the miserable reality of the users' lives, careful study has revealed consistent differences between the personalities of addicts and non-addicts. Briefly summarized, the former have a significant degree of shortsightedness in their judgment; their capacity for decision making and purposeful action is seriously limited; they see themselves mainly in negative terms; they are unable to form genuine close relationships; they are closely tied to their mothers; and they often are badly confused about their sexual feelings. That the sociological aspects of drug use in this class have been emphasized in relative contrast to the individual aspects is perhaps a reflection of the broader society's appreciation of the close, almost causal, tie between the central elements of lower class ghetto life and the significant areas of disturbance in the personality of the addict, as well as in some appreciation of the greater "need" for escape from the misery of this kind of life.

Drug Use and Social Class

This emphasis, however, should not lead us to overlook some of the similarities between users from this group and those from other social classes. In the middle and upper class population with which I am personally familiar, adolescent users seem to fall into one of three categories.

The first group consists of those who with or without the use of drugs would be readily recognized as psychologically disturbed; this group shows the greatest similar-

ity to the lower class addicts. These are youngsters whose difficulties, should one trouble to look closely, clearly antedated any exposure to drugs, who on close examination show fairly disturbed patterns of family relationships, and for whom the drugs often represent an effort at restitution. For them the drug usage is almost incidental and is not likely to be terminated until the underlying disturbance begins to be altered.

I have come to believe that the major element that drugs provide for this group is a sense of vitality. The ordinary experience of self for these youths is one of an inner void. Any of these drugs, to the extent that they alter internal perceptions, replace this void with some kind of feeling, so necessary for the sense of being alive. While this can be readily mistaken as a search for "kicks," there is an urgency to it that belies such a limited interpretation, that suggests a more profound role for these substances in the individual's functioning, perhaps analogous to that of the medically prescribed tranquilizers in another kind of state. This is one reason why exhortation is not very successful with them. If it comes to the difference between feeling alive and feeling dead, I think most of us will opt to feel alive.

The second group, and probably the largest, includes those who will take almost any drug in a social situation because that is what everyone else is doing, because it is the "in" thing to do. This group is composed mainly of cannabis users, with some trying the hallucinogens and amphetamines and occasionally even heroin. These youths are using the drug as an avenue of gaining and reinforcing group acceptance, and they are relatively indifferent to the particular chemical or its distinctive effect. Their parents very likely went on panty raids when they were in college and their grandparents probably swallowed live goldfish and patronized speakeasies. With this group it is important to note that while the "kick" obtained from the drug is appreciated, and even rhapsodized, it is a distinctly secondary factor in its use. It is the group pressure that determines the use and even, I suspect, much of the praise sung about it.

If these youths have any psychological handicap, it is in their generally narrow view of life and sheep-like tendency to follow the flock. I have encountered a few youngsters who were thrown into a profound depression due to the result of such experimentation. In each case, this followed the use of a hallucinogen, the effect of which was to make the person aware that there is much more to life than his constricted, limiting perspective had allowed him to see until then. The depression was a result of the realization of how much living the person had missed and how much work he would have to do to make up for it. For these youths, I would consider the drug to have been a therapeutic experience, despite themselves.

Perhaps the next largest group is made up of those who use primarily cannabis and the hallucinogens. They often start using them out of curiosity and continue to use them intermittently because they find them helpful in clarifying personal questions with which they might be wrestling. They do not come to rely on these drugs to find answers or to resolve the developmental challenges of their adolescence, but rather only as an occasional adjunct in this process. Adequate and satisfying friendships are consistently characteristic of members of this group. With their parents, however, they may be cordial and friendly or in a state of armed truce with occasional skirmishes. Their academic performance ranges from outstanding to failing and usually parallels the tolerance of the school for experimentation and deviance, and the quality of its teachers. Most of the adolescents in this category whom I have seen clinically have been referred only because someone, usually their parents, panicked at the discovery that they were using drugs.

There is another group of drug users with which I am acquainted that, although constituted mainly of adults with relatively few adolescents, warrants mention, if only to round out the picture. This group is mainly composed of more mature people, healthy, functioning well in the society in both their personal and occupational lives. Members of this group may or may not use cannabis and are focused mainly on the hallucinogens

which they take occasionally. After talking with them, I am left with the feeling that the drug has introduced them to a dimension of experience that I simply do not know the first thing about.

The "hippie" group is a conglomerate, rather than a single type. It contains a large representation of the first, more disturbed, group. Many members of the second group may present themselves as "hippie" for the same reasons they use drugs; it is the "in" thing. Occasionally members of the third group go through a personal crisis, often over philosophical issues, that leads to a temporary withdrawal into the "hippie" community; it has been reported that after about a year or two, they return to their previous state, often with more insight and maturity. For many, this may be an unavoidable stage in their development, similar to the perhaps more familiar and readily understood need of other youth in a similar state of crisis for a period of military service or for a routine, mindless job; both kinds of experience provide breathing spells, the "hippie" unstructured, the others clearly structured.

Use of these drugs is widespread and increasing; a major distributor of all but the "hard" drugs reported in a confidential interview that his sales had been increasing by about 30 percent a year. I would estimate that in a metropolitan area, among middle and upper class adolescents, cannabis users who have had more than one experience with the drug may constitute 50 to 60 percent of the population. Hallucinogens use is 10 to 20 percent; while there are reports that use of LSD-25 has dropped in the college group, primarily because of questions raised about potential genetic damage, this does not seem to have significantly affected its use among the high school group. As many as 10 percent may have experimented with solvent sniffing, but, unlike the other drugs, this is concentrated in the younger group and tends to drop off as the adolescents get older. Amphetamine experimentation may be as high as 20 percent, in large part facilitated by the ready availability of "diet pills," although regular use is probably considerably lower—perhaps no more than 2 to 5 percent. The use

of opiates, while low, is increasing; estimates indicate that from 2 to 10 percent of members of the metropolitan adolescent population have used them more than once.

Much of the experimentation is in some ways a direct result of the scare publicity given to these drugs; many of the youngsters see friends and acquaintances taking them without the threatened horrible results and come to disbelieve all the dire warnings they have been given about the dangers of the drugs, thus opening the door for them to try drugs themselves. I have had occasion to speak with more than a few adolescents who have used opiates fairly heavily for extended periods of time and have had no difficulty in stopping when the drug was no longer available, or when it became too difficult for them to obtain it. This, perhaps more than anything, has made many youngsters skeptical of the warnings about drug usage.

Significance in Living

If we are going to arrive at some understanding of the upsurge in drug usage among the middle and upper class adolescent population, I think it must be sought in the context of contemporary American society much more than in the psychological disturbances of the individual drug users. That this already is recognized to some extent can be seen from the attitude taken toward the drug users of the ghettos; as I described earlier, their dependence is seen predominantly in terms of an effort to escape from an intolerable situation much more than in terms of the individual psychology of the users. Furthermore, any explanation must also take into account why, for many, the movement has been in the direction of certain specific drugs, particularly cannabis and the hallucinogens, rather than alcohol.

The first group of users delineated earlier is relatively small and their use of drugs is merely one item in a spectrum of deviant and disordered behavior; for them, no social explanation is needed. For the second group, drug use is secondary to a fairly simple group phenomenon; and the choice of a drug other than alcohol for this

purpose is primarily a function of the ready availability of the drugs and the shock and horror with which these substances, in contrast to alcohol, are regarded by a large segment of the adult authorities, against whom at least some of the behavior is directed.

It is for the third group that an understanding of the primary factors in drug use is to be found in the context of the broader society. It is important not to overlook the presence and potency of these factors for the other groups as well, despite the secondary role they may have for them. In this third group, the use of drugs can be related to a phenomenon widespread in the population, namely, a search for greater self-understanding and significance in living, an effort to escape the alienation, the confusion, and the uncertainty so rampant in contemporary society, and a wish to become able to grasp the presence of the moment and live their lives, even the most prosaic moments of them, fully and with immediacy. While I believe the extraordinary vogue experienced by psychoanalysis during the past two decades was a prelude to this, the phenomenon has exploded in the past few years with the development of a wide range of activities, all of which have, as a goal, increased self-awareness.

One factor which may account for the current increased need of this kind of experience is that, despite the constants of human existence and relatedness, the contemporary world, the world in which we all live and in which the present adolescent and young adult generations grew up, and which helped shape their mode of living, has undergone such massive structural change, as Marshall McLuhan has attempted to describe, that the context in which these constants are lived out is qualitatively different from that which the older generation experienced in its development. The technology which has led to a threshold where we can choose between annihilation or abundance has radically changed our style of living, and, more subtly, the structure of our environment. And to the extent that we are all in part products of our environments, these youth and young adults are qualitatively different from the older generation. As a consequence, the reference

standards applied in earlier years to assess situations are no longer felt to be relevant or even at all applicable for analyzing a problem.

In the confusion and uncertainty that ensue, anything will be welcomed that may intensify internal experience so as to bring into awareness heretofore unrecognized responses that may help in making an assessment of a complex and puzzling situation. Since self-awareness and understanding is their defined task, psychoanalysis and psychotherapy have been, in the recent past, a major direction in which people turned for help in these areas; however, they were, and continue to be, rejected by many because of the label of sickness associated with their use. More recently, other avenues have been explored for their self-discovery potential. Drugs, through their direct effects of heightening internal perceptions of sensation, thought, and feeling, represent one such avenue, albeit one condemned by the social order.

Group experiences represent another, and acceptable route, traveled at least as much by adults as by youth. These groups are known variously as T-groups, encounter groups, sensory awareness training groups, etc., and are usually considered under the heading of "affective education" or "the human potential movement." They provide a setting in which a person can experience highly intensified and occasionally new, but otherwise appropriate reactions to a variety of prototypical situations. When he is angry, he is intensely so, and knows it; when he is anxious, when he is loving, when he is happy, he feels it so strongly that this cannot be mistaken. This enables the person to clarify his feelings and responses to these situations and to begin to generalize them to situations arising in the course of ordinary living. Eastern forms of meditation, through the insights and understanding to be gained from the conscious direction of attention inward, is yet another avenue to this same goal. A more lonely and more difficult one, demanding exceptional self-discipline, it has attracted many youth as well as adults. I believe that the promise implicit in this approach and the

philosophy underlying it accounts for a significant part of the interest in Eastern philosophy.

Both group experiences and drugs may also provide partial solutions for many of those who are distressed by the contrast between the values they have been taught and the quality of life they experience in their families and communities. For these people, in addition to self-understanding, the immediacy of the group experience provides a person with some sense of significance and worth in his human encounters; and drugs, by turning attention inward, provide some direction in the search for answers to the eternal questions of meaning, as does meditation.

It is important to realize that there is not necessarily any change in values inherent in this situation; quite to the contrary, the problem may be most acute when traditional values are clear and accepted, but the relative uniqueness of the situation creates uncertainty about how these should be applied. This dilemma is perhaps best illustrated by the issue of achievement, so often a focus of intergenerational conflict. As a value, achievement has been one of the keystones of our social order, yet many of contemporary youth, by their disinterest, appear to be rejecting achievement in all areas, academic, economic, whatever. Even among many of those who are achieving, the question, "Achievement for what?" is frequently heard—and is a source of distress to many parents.

This is a deceptive phenomenon; for underlying that question, and indeed the entire issue, can be found the question, "Achievement at the expense of what?" They are not rejecting achievement; rather, aware of Donne's injunction that "no man is an island," they are concerned about the isolation which in their observations of the adult world has all too often been a direct and inevitable consequence of it. When added to this is their perception of the potential of technology for either enhancing the fulfillment of the individual or for increasing his isolation, increasingly being applied in the latter direction, the state of their personal relationships demands greater attention, and

efforts to avoid isolation become a matter of greater urgency. Thus, their initial test of anyone whom they meet is concerned with the degree to which he has transcended the pressures toward personal isolation so pervasive in our society and which they have almost invariably observed and experienced in their own family. For those who have passed this test and have also achieved excellence in their chosen fields, who have been able to maintain both values, as it were, in the face of a cultural pattern that maintains them in opposition to each other, their respect is of the highest order.

Compared to the other group, whose members may use drugs occasionally but primarily look to their peer group for assistance in these areas, the problem with the youngsters who exclusively rely on drugs for these purposes is that they have so little sense of self. Consequently, they are so unable to "get with" a peer group, to bounce the experiences off them, that they cannot make use of that kind of experience. They are pervaded by a sense of futility about life and relationships which leads them to mistrust all relationships, even those with their contemporaries, and turn inward for answers and relief. To the extent that drugs assist in this process through their pharmacological effects, they will be used with little hesitation by this group. The other youngsters have developed sufficient separateness from their families and have enough of an identity to enable them to enter into some kind of relationship with peers, although they too may use these drugs as occasional adjuncts.

These considerations have important implications for those concerned with controlling drug usage. Members of the first group will respond only as the underlying disturbance is alleviated; not only is education ineffective, but even in the face of threats they may not trouble themselves to attempt to hide their continuing usage. A good education program can be expected to have its maximum impact on members of the second group, some of whom it will reach, not unlike the effects of a good education program on the danger of tobacco. Needless to say, such a program must be good; a bad program is

worse than worthless insofar as it creates a "credibility gap." At the same time, members of this group are likely to be deterred from drug use by the threat of legal sanctions to the same degree that such a threat will be a deterrent to any prohibited behavior. In the last two groups, in which use is intermittent and controlled, any fact provided by an education program will be considered in a decision about use, as would any significant data with which they were provided, and the threat of legal sanctions may have some effect. Yet real success in limitation will depend on the development of the kinds of social programs and activities that establish an alternate pathway to the insights being reached through use of the drugs.

While the latter may require the creation of new social institutions, the analysis presented also has implications for preventive programs that can be implemented through those already established. Most important among these is the school, which, as the primary institution with which all children articulate, has the greatest potential for this development. The above considerations suggest that an effective education program could enable the school to achieve this potential. Although such a program should naturally include a strong basic syllabus on drugs themselves for both student and teacher, the greater emphasis must be on educating the teacher and administrator to an understanding of the circumstances leading to drug use among youth, an understanding which, to my knowledge, can only be achieved through the very difficult route of experiential education. It is only after being confronted by the experience which youths are undergoing that generates the vacuum so readily filled by drugs, that the teacher is in a position to develop those non-drug avenues available to fill it, or better, to structure a curriculum free of such a vacuum. If the formulation developed earlier is valid, this would mean building into the curriculum the opportunity for students to experience directness and immediacy and their emotional concomitants, with the areas under study, with each other, and with the teacher. This is the real challenge. □

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